



UNHCR Monthly Protection Update Sexual and Gender Based Violence (SGBV) March 2019

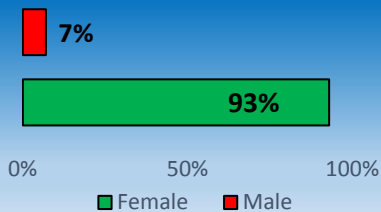
Key Figures

863

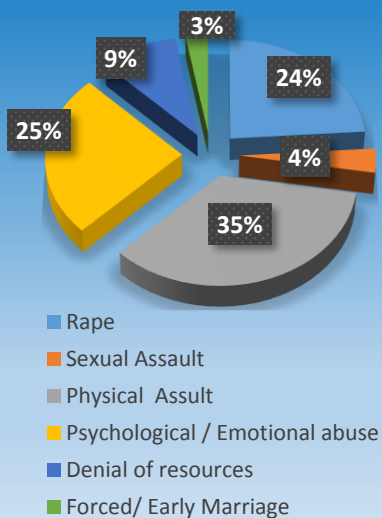
*(801F/62M)

Total incidents
Jan-March

Sex of survivors



SGBV incidents in March



UNHCR staff during follow up group discussions with teenage mothers in Bidibidi, Zone 2

March developments

- 322 (300F/22M) incidents were reported from the refugee hosting districts of Uganda. Physical assault was the most prevalent incident followed by rape and psychosocial abuse. The majority of the incidents were perpetrated by family and intimate partners. Key drivers of SGBV highlighted include gender inequality, conflict, power-imbalances, insufficient food at home and alcoholism, and presence of discos in settlements.
- In February and March, UNHCR Health and SGBV teams, together with community female leaders, OPM, IRC, CARE, HADS, MTI, Save the Children, MSF and Koboko DLG, conducted a joint monitoring of ten Health Facilities of Rhino Camp, Imvepi and Koboko to identify gaps and best practices in managing SGBV survivors' cases. It was observed that health facilities in Koboko District still need to improve the implementation of recommendations which include ensuring medical care through adoption of the survivor-centred approach, as well as documentation of medical examination findings and follow up on cases.
- Women Safe Spaces:** UNHCR held a meeting with CARE International and UNFPA to discuss plans to

construct safe spaces in Adjumani and Lamwo. CARE International informed UNHCR that they had received funding from UNFPA to construct 14 safe spaces (10 in Adjumani and 4 in Lamwo) for women in the refugee settlements. During the meeting, UNHCR proposed the following settlements: Maaji, Alere, Oligi, Nyumanzi, Ayilo, Pagirinya, Boroli, Agojo and Olua to be considered for the construction of the safe spaces. UNHCR also highlighted the need for safe spaces for the youth and male survivors. The project is funded for 5 years.

- EMAP:** As of March, IRC facilitated 41 sessions of “Engaging Men in Accountable Practices” (EMAP) in Imvepi and Omugo, benefitting a total of 295 men. The male groups discussed gender roles in their homes and explored the good practices they need to adopt to ensure an equal distribution of power and opportunities within their families.

Coordination

- The National GBV Working Group discussed areas of improved coordination with the field based Working Groups. Similar meetings were also held for the Urban as well as the field based working groups. In Kiryandongo, the meeting deliberated on the finalization of the referral pathways. In Adjumani, the meeting agreed to prioritise the review of SGBV SOPs, Information Sharing Protocol, SGBV coordination working group ToRs, and SGBV referral pathways. In Nakivale the stakeholders agreed to establish a PSEA task force under the SGBV working group.

Interventions	Number	%
Safe House /Shelter	6	2%
Health/Medical Services	93	29%
Legal Assistance services	63	20%
Psychosocial Services	322	100%
Safety and Security Services	56	17%
Livelihood Services	36	11%

- IRC in coordination with UNHCR initiated the Q1 Safety audit exercise data collection taking place across the Zones with support from other partners and community leaders. This will help in identification of key SGBV/protection risks and mitigation strategies within the communities.

Community participation in SGBV prevention

- In Nakivale and Oruchinga, 23 SGBV community outreaches were conducted targeting 789 (399M/390F).
- In Rwamwanja, awareness meetings were conducted on mainstreaming gender into environment and energy in 22 primary schools. The meetings were attended by 64(54M/10F). The Youth Advocate for Development in Rwamwanja also conducted SGBV community awareness session in Kyempango B2 and C2, attended by 170 (76M/94F).
- Bidibidi partners in coordination with government, host and refugee communities celebrated the international women's day in Zone 2 village 3 with participation of over 1500 community members. Key messages passed based on the need to strengthen women empowerment and work collectively to promote safe environment for women. Refugee representatives identified challenges of inadequate economic empowerment opportunities for women, irregular supply of sanitary materials and soap, risks of SGBV and negative cultural practices as core issues affecting women.



UNHCR Yumbe Head of Sub-Office during the 2019 international women's day celebration in zone 2

- A review meeting was conducted with community activists in Pagirinya settlement and attended by 11 (3M/8F) activists. The purpose of the review meeting was to find out the understanding of Community Activists regarding SASA support phase to SGBV prevention. In Adjumani, two meetings were held with community activists and

drama groups in all the 7 settlements of Zone A to review activities in the SASA! Support phase 3. This year's work plan emphasizes SGBV prevention through community's direct support to each other.

- In Lamwo, AWYAD carried out 8 conversations with the men own Fora in zones 6, and 5 A & B reaching 152 men. Topics of discussion were men's involvement in SGBV prevention and participants demonstrated an eagerness to get involved in the fight against violence though they requested to also be involved in creational and hand craft making like their womenfolk, to further enhance their participation.
- In Kiryandongo, DRC conducted a meeting with SGBV community activists. 31 (16M/15F) members attended the meeting and among others, discussed the formation of drama groups for awareness creation activities, community mobilization for awareness sessions and assessment of the costumes and music kits required for aiding performances. Members resolved that they should have a meeting on a monthly basis to assess their work and discuss way forward.
- A community dialogue on defilement and rape was conducted in Kiryandongo with the aim creating awareness on the effects of the vice in the community and possible solutions. It was agreed that parents should ensure they talk to their children both girls and boys. The community also requested that UNHCR and partners should go to schools and sensitize their children on the same.
- In Bidibidi, UNHCR in coordination with IRC health sector led a follow up discussion with pregnant teenage girls and child mothers in zone 2 aimed at discussing their ability to access services, coping strategies, support being provided, key challenges and recommendations. Key recommendations and generated actions will be integrated into the service delivery strategies.
- Other routine community engagement activities in Bidibidi such as sensitization, dialogues, women group forums, prevention and psychosocial activities at women centres and adolescent girl's sessions were conducted with various SGBV prevention messages reaching out to 1,005 (432M/573F) community members.
- As of March, 239 awareness and sensitization sessions were held in Arua, reaching out to 28,301

(15,953F/12,348M) refugees and host communities. The methodologies used to carry out the sessions included door to door sensitization, family/community dialogues, barazas, dance, drama, radio talk shows and mass campaigns.

Capacity building

- ARC in partnership with UNHCR and OPM facilitated a 1 day refresher training for Police and OPM staff in Yumbe on 26th March 2019. The training reached out to 22 (7F/15M) participants. The main objectives of the training was to strengthen the capacity of the police and OPM to efficiently respond to GBV in accordance with the best case management practices as well improve coordination for service provision to POCs by partners, police and OPM.



DPC- Yumbe District presenting a session on criminal investigation



UNHCR SGBV focal person facilitating a session on case management best practices during the Police and OPM training organised by ARC/UNHCR on 26 March, 2019, Yumbe District.

- In Bidibidi, IRC conducted a 04 days training for 39 (female) staff, refugee women and girls from all sites for a Participatory Action Research on SEA during aid delivery under BPRM funding. The objective was to review and jointly adapt data collection methods, introducing a range of methods from which to choose such as participant observation, storytelling, and community mapping.

- ARC conducted a 02 days specialised training for 20 (13F/7M) health workers on clinical care for sexual assault survivors and general case management in Bidibidi. This was aimed at addressing knowledge gaps on clinical management of rape survivors and improving on service delivery to survivors.
- UNHCR conducted a 03 days training on the use of the ProGres V4 SGBV module for implementing partners and UNHCR SGBV focal points in the South West operation. The training was attended by 45 participants.
- In Rwamanja, 9 community activists (6M/3F) were trained on the Zero Tolerance Village Alliance method.
- UNHCR Arua and CARE conducted a training on Protection and Prevention of Sexual Exploitation and Abuse (PSEA) for 44 community and religious leaders (20F/24M) of Omugo. The primary objective of this capacity building activity was to strengthen the understanding and capacity of these community structures in identification of protection risks, GBV and SEA as well as to make timely and appropriate referrals to case workers operating in their locality. UNHCR also conducted four trainings on PSEA reaching 194 (107M/87F) RWC’s, religious leaders, community based volunteers, LCs, Women Counsellors. The participants were informed about the existing reporting channels and their contribution as leaders to prevent and respond to this form of SGBV.
- In March, UNHCR Sub office in Arua delivered a training on SGBV in displacement settings to CAFOMI, Koboko District Health Authorities and Ugandan Red Cross operating at Kuluba Collection Centre (6F/8M). The training sought to strengthen the capacity of these actors to adequately identify and refer cases to Imvepi reception centre. The same workshop will be further rolled out to Imvepi, Ocea and Omugo centres.
- In March, a total of 408 (191F/217 M) community and religious leaders, members of RWCs, GBV Task Forces and GBV Clubs of Primary and Secondary Schools were trained in Rhino Camp, Imvepi and Lobule Settlements. The topics covered during these sessions included core protection approaches, SGBV basic concepts, guiding principles and minimum standards,

referral pathways and protection from Sexual Exploitation and Abuse.

- As of March, HADS carried out a four-day training in Lobule for the Male Action Groups formed last year in the eight villages. The capacity building activity was facilitated by a CARE specialist on male engagement and attended by 40 male community members. It concluded with a mapping of the community and development of work plans for the Male Action Groups at village level.

Challenges

- Underreporting of SGBV cases remains a major concern due to a variety of factors including stigma, shame, family reactions and dissolution, perception of SGBV as a private matter, or lack of confidence in reporting channels. Most survivors remain silent due to fear of reprisals and/or mistrust on getting supported if reported.
- Limited staffing at government facilities and police posts continues to affect service access by survivors.
- Increasing mental disorders amongst women and men, and excessive alcohol abuse amongst men compounded by inadequate mental health interventions.
- Limited access to basic necessities including sufficient hygiene kits leads to negative coping strategies that increase the risk of SGBV.
- Partners' financial constraints leading to reduction in staff physical presence at the field, support to SGBV community structures, material support at the women centres and routine SGBV awareness activities. This results in reduced SGBV case intake and community engagement. Efforts are being made to strengthen the capacity of community structures to ensure sustainable approaches for SGBV prevention and response.
- Access to justice for SGBV survivors is still a gap with inadequate knowledge and support for legal processes, logistical support to police for timely case management support and rejection of medical examination (PF3 filled) by non-governmental health facilities. Efforts are being made to engage district health officers, police and court to harmonise medical examination practice in Yumbe. Community sensitization on access to justice continues to be strengthened.
- Girls have limited access to secondary school education. This is propagated by various factors that increase the dropout rate of school girls which

further contributing to the risk of child marriage and other forms of SGBV.

- Release of perpetrators without proper community sensitization which jeopardizes the safety of survivors and reporting of SGBV cases.
- Limited socialization opportunities in refugee settlements leading youth to resort to Video Halls for entertainment. Communities have identified these spaces as hot spots for SGBV, where women and girls get intoxicated with alcohol and end up experiencing sexual abuse. There is an urgent need for alternative recreation opportunities that enable youth engage in constructive and meaningful ways.
- The reduced access to vocational trainings and livelihood opportunities increases vulnerability of women and girls to sexual exploitation and abuse.
- Inadequate counselling space (outreach programme) for GBV and other critical protection cases has been noted particularly in South West.
- Inadequate support for the police, Probation and Social Welfare Department during case follow-up.

Strategy

SGBV prevention and response activities are pursued in close cooperation with UN agencies, NGO partners and the Government of Uganda. UNHCR works to improve access to quality services in SGBV prevention and response, including:

- Providing safe environments for women and girls through mass communication, community mobilization, and establishment of Women Resource Centres as well as listening and counselling centres.
- Strengthening existing specialized services for SGBV survivors such as psychosocial, medical and legal services and support survivors to the same, adopting a survivor centred approach particularly intensifying psychosocial interventions for IPV (Intimate Partner Violence) survivors who may fall vulnerable to a variety of mental health issues and remain hidden.
- Application of the SASA! Approach and the Zero Tolerance Village Alliance (ZTVA) to reduce the risk of SGBV in the settlements.
- Using integrated programming to mainstream SGBV prevention and response into all sectors, in particular; shelter, WASH and child protection.

- In the Urban, UNHCR and InterAid Uganda continue to contribute to SGBV prevention and response through a multi sectoral strategy. However, stronger collaboration is required with some organizations such as JRS, RLP, CEDOVIP, ACTV and ActionAid Uganda that provide services linked to SGBV in Kampala with their own funding.
- In South West, refresher SGBV/GBVIMS training for the partner staff in the different locations of Rwamwanja, Ntoroko and Kyaka II settlements are planned for enhanced SGBV data management.
- Awareness raising, sensitization, and advocacy within communities to address under-reporting of GBV cases in communities, early reporting, witness to SGBV incidents, Court process and community responsibilities towards SGBV prevention and response.
- Training and capacity building of community based committees/ groups implementing SGBV initiatives in community.
- Protection of refugees from sexual exploitation and abuse through intensifying community mobilization and sensitization.
- Improving outreach to refugees, including through mobile activities to ensure identification and safe referral of SGBV survivors and those at risk
- Strengthening key partnerships with UN agencies, NGOs, Government, and local communities to reinforce SGBV prevention, response and coordination mechanism.
- Promoting engagement of men and boys in SGBV prevention and response.

UNHCR implementing partners

Government of Uganda, Humanitarian Initiative Just Relief Aid (HIJRA), Danish Refugee Council (DRC), Lutheran World Federation (LWF), International Rescue Committee (IRC), Humanitarian Assistance and Development Services (HADS), CARE International Care and Assistance for Forced Migrants (CAFOMI) and American Refugee Council (ARC), Inter Aid Uganda (IAU)

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