

UNHCR Monthly Protection Update

Sexual and Gender Based Violence (SGBV)

June 2019

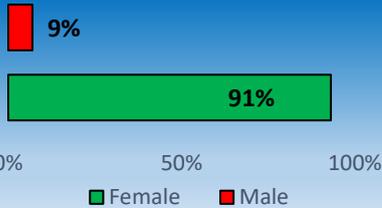


Key Figures

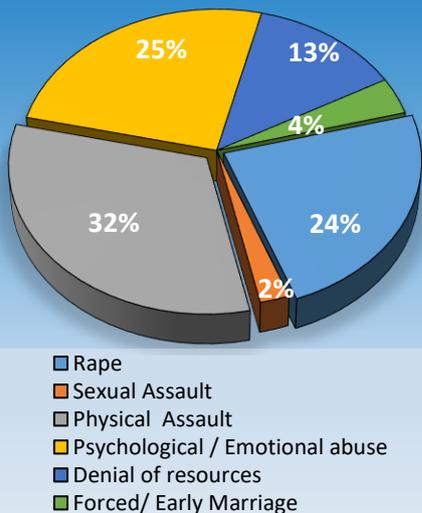
2206

Total incidents January - June

Sex of survivors



SGBV incidents January - June



SGBV interventions Jan-June

Interventions	Number	%
Safe House /Shelter	40	2%
Health/Medical Services	581	26%
Legal Assistance services	738	33%
Psychosocial Services	2206	100%
Safety and Security Services	417	19%
Livelihood Services	369	17%

Key highlights

- A total of **2206** (2011F/195M) incidents were reported between January and June 2019 from refugee hosting districts. In June, **387** (345F/42M) incidents were reported out of which **48** cases concerned child survivors. In comparison to May, there has been a 16% decrease in the number of incidents reported. Physical assault (123) remained the most prevalent incident followed by psychological/emotional abuse (110), rape (85), denial of resources (51), forced/early marriage (12) and sexual assault (6). Power dynamics in relationships continues to be the main contributing factor to SGBV. Other drivers include scarcity of fuel and natural resources increasing risks of attacks, limited livelihood opportunities, poverty and conflict among others.
- 45 solar street lights were installed in Imvepi and Rhino Camp under the Spotlight Initiative. The selection of the dark spots was informed by Safety Audits previously conducted and consultations with zonal field focal points and Sub-County chiefs.
- 04 Safety Audits were conducted by the International Rescue Committee (IRC) and Humanitarian Assistance and Development Services (HADS) in Arua during which 99 focus group discussions (FGD) were held with 1062 persons of concern (PoCs) and a number of key informants interviewed. The objective of the audit was to assess the physical conditions of the settlements in relation to the safety of women, girls, men and boys, to inform prevention and mitigation initiatives. The audits also sought to assess the quality of multi-sectoral response services provided by authorities.
- Refugee women continued accessing Women Centres where they could enjoy a safe space to share experiences, learn leadership, entrepreneurial and life skills. As of June, 4044 women and girls in Arua had accessed the centres. Two Female Adult Literacy (FAL) groups were established, reaching 40 refugees, while 11 mobile Group Psycho-social support (PSS) sessions reached 249.
- In Bidibidi, IRC engaged 128 Adolescent girls in the Girl shine sessions and life skills activities at the Women and Girls' Centres. IRC also engaged 79 men in EMAP sessions with the aim of increasing male engagement in SGBV prevention and response as well as working with men to foster individual behavioral change. In Arua, as of June, IRC conducted 44 sessions of its Girl Shine methodology reaching 227 girls distributed in 12 groups. IRC conducted 04 FGDs with 29 girls and their caregivers, to prepare a training on early marriage that was carried out for 8 protection staff and community volunteers.
- As of June, 60 EMAP sessions reaching 295 men distributed in 6 different groups have been conducted in Imvepi and Rhino camp. The male groups reflected on gender roles and explored good practices to adopt to ensure equal distribution of power and opportunities within families.

Coordination

- In Rwamwanja, 35 (24M/11F) members of the stakeholder's forum committee for Zero Tolerance Village Alliance (ZTVA) of Kikurra A and B met to evaluate the ZTVA in the villages, they were satisfied with ZTVA interventions, reflected in the fact that no cases of violence had been registered with the Refugee Welfare Councils (RWC) since its implementation.
- As at the end of June, UNHCR Health and SGBV teams, together with community female leaders, OPM, IRC, CARE, HADS, MTI, SCI, MSF and KDLG, conducted a joint monitoring of 10 health facilities of Rhino Camp, Imvepi and Koboko to identify gaps and best practices in managing SGBV survivors' cases.

Community participation in SGBV prevention

- In Arua as of June, 437 awareness and sensitization campaigns were held reaching out to 36,623 (20,770F/15,853M) refugees and host communities. The topics covered include among others the effects of early marriage, misuse of power as a root cause of GBV, effects of economic violence, girl child education, SEA, Sexual and Reproductive Health Rights, Menstrual Hygiene Management (MHM), domestic violence and referral pathways.
- In Bidibidi, 3584 (1,414M/2,170F) community members were reached through the campaign against teenage pregnancy and continuous SGBV community prevention activities conducted by UNHCR partners. Key messages disseminated focused on individual and community roles in SGBV prevention, positive behaviors, minimizing risks and exposure to violence, existing SGBV services and support to survivors among others.
- 27 community outreach and awareness raising sessions were conducted reaching 529 (279F/250M) PoCs in Nakivale and 267 (181F/86M) Oruchinga. The topics covered include GBV Referral pathway, types of sexual violence, contributing factors and benefit of timely reporting of sexual violence.
- In Rwamwanja, 01 community sensitization was conducted through Music Dance and Drama. 95 individuals (57F/38M) were in attendance. These were sensitized by four groups comprised of 100 members (62F/38M).

- 11 awareness sessions were conducted in Adjumani (Ayilo II, Alere and Olijji) reaching 214 (115F/99M) PoCs. The sessions sought to foster a positive change of attitude in balancing power relationships and support for SGBV survivors.
- Routine Psychosocial support activities continued at the women and girls' safe spaces with 148 women and girls (including survivors) engaged in group psychosocial sessions and experience sharing, 174 participated in VSLA group meeting activities, 106 in the Functional Adult Literacy classes, 140 in knitting, beading and tailoring while 32 took part in bakery.
- In Bidibidi, Refugee Law Project (RLP) held a radio talk show to raise awareness on SGBV. The discussions focused on forms of SGBV, prevention strategies, ongoing efforts and challenges. Additionally, in Adjumani a SASA Soap opera on Support and Power Balance was translated into Madi and Arabic and aired on Aulogo radio station.
- In Adjumani, 07 review meetings were held with 200 individuals from different community structures of community activists, community watch groups, youth pyramids and male action groups (MAGs). The aim of the meeting was to discuss the progress of their activities and actions as well as challenges they face.
- In Nakivale, 02 Community dialogue meetings were conducted with community leaders of Michinga zone, Oruchinga and Ruhoko B zone. The meeting brought together 19 (13M/6F) leaders from Nakivale and 28 (12F/16M) from Oruchinga. The discussions focused on; balancing power in the household and the role of community leaders. The leaders urged IRC to continue with separate awareness raising sessions for women and men, training of leaders on SGBV prevention and response. They also highlighted the need to form male groups to act as role models.
- Mass legal information campaigns were conducted in Nakivale and Oruchinga. 10 sessions were conducted reaching out to 580 (329F/251M) PoCs in Nakivale and 04 sessions reaching 186 (130F/56M) in Oruchinga. The topics of discussion included PF3 Forms, sexual offences and their punishments, police bond and bail.
- A Safety Audit dissemination workshop was conducted in Nakivale and attended by 30 (13F/17M) individuals from UNHCR, Community leaders RWC, Police, Nsamizi, Refugee Law Project, ARC and Tutapona.

- In Kyaka, 04 FGDs were conducted in Itambabiniga, Humura, Sweswe, Kitonzi. The discussions sought to assess SGBV prevention and response mechanisms in place and how community engagement can be enhanced. Additionally, 02 dialogue meetings reaching 362 (144M/218F) individuals were conducted in Itambabiniga and Buliti. Participants discussed SGBV risks, out of school youth, denial of resources, alcoholism and limited support to women at risk.
- 04 awareness meetings were conducted in Kyaka targeting new arrivals. 03 of these meetings were held at the Reception Centre and 01 in Kakoni. 3,134 (1,116M/2,018F) individuals were sensitized on types of SGBV, referral pathways and were informed of available services.
- In Kyaka, 03 SGBV drama group meetings for 51 (14M/37F) members were conducted. The groups were equipped with key SGBV messages and supported to include these messages in their scripts and songs. They were also provided with Visibility materials (T-shirts and Caps) and a set of drums.

Capacity building

- A training of trainers (ToT) on SASA! was conducted in Arua. 30 staff and community-volunteers reviewed the implementation of the first phase “Start” and unpacked the concept of “Power Over”. During the training, participants developed a first draft of a work plan for each settlement to continue working with “SASA! Community activists and community action groups. Following the ToT, DRC implemented a 3-day capacity building session to strengthen the intervention of 162 (88F/74M) members of Odobu, Siripi, Eden, Ocea and Tika communities of Rhino Camp.
- In Kyangwali settlement, HIJRA conducted a 2-day training for community activists on SASA! with a bias on the “Awareness phase”. 50 (28M/22F) participants attended the training. It is paramount that the community structures develop an understanding of the SASA! monitoring tools and be in position to apply these tools in their daily work. HIJRA also conducted a 05-day SASA! awareness phase training targeting staff, partners and Kikuube District Local Government (KDLG). 20(13M/7F) individuals took part in the training.
- LWF in collaboration with the Judiciary and Police, conducted 02 trainings on criminal investigations to enhance the capacity of Police Personnel to prevent and respond to crime. 42 (5F/37M) individuals (25 refugees and 17 host community personnel) participated in the training. Major topics included; investigative mind skilling, understanding crime and the criminal process. A clear action point on enhancing investigation was drawn by the team at all levels posing solutions for existing gaps such as poor exhibit management.
- With the support of the UNHCR Regional Hub Nairobi, 02 consultants from Nairobi conducted a 4-day training on SGBV reporting for partners, Village Health Teams and the Refugee welfare committee in Nakivale and Oruchinga. 48 (27F/21M) participants attended the training. The training covered SGBV guiding principles, forensic management, types of evidence and focused on the chain of evidence process, documentation as well as SGBV reporting.
- A training and engagement of Male Action Groups (MAGs) was conducted at Kasonga Youth centre, Kyangwali. The training focused on community responsibility towards managing community-based referrals, SGBV concepts, referral systems available, Feedback Referral and Resolution Mechanism (FRRM), the roles of MAGs in community engagement, principles of working with SGBV clients and timely feedback.
- Cumulatively, UNHCR conducted 05 trainings on PSEA reaching 238 (131M/107F) RWC’s, religious leaders, community-based volunteers, Local council (LC) Women Counsellors in Arua. The participants were informed about existing reporting channels and their contribution as leaders to prevent and respond to SEA.
- UNHCR 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), to strengthen the capacity of these actors in identification and referral of cases.
- IRC conducted 02 trainings on women leadership and participation in Imvepi and Omugo zone (Rhino camp) reaching 53 female refugees. Topics of the two-day capacity building included women self-awareness, roles and responsibilities of leaders, leadership skills, code of conduct, PSEA, SGBV prevention and response. As a result, formal leadership structures were created for the Women and Girls centres in these locations.
- As of the end of June, TPO conducted a training on Psychological First Aid (PFA) in Lobule settlement, benefitting 54 (26F, 28M) staff of

HADS, Police, OPM and members of SGBV-related Community Structures. The activity reinforced the skills that these actors must possess for identification, basic counselling and referral of survivors.

- As of the end of June, HADS and DRC carried out six trainings in Lobule and Rhino Camp for the MAGs formed in 2018. These capacity building activities were attended by 129 male community members and addressed topics such as gender, SGBV, gender roles and division of labour, agents of socialization and fatherhood, and emphasized on self-reflection. The exercises concluded with a mapping of the community and development of work plans for the MAGs at village level. The members are now serving as role models and do general outreach to places where men gather in the community. They also provide individual coaching of identified men in their neighborhood.
- IRC with funding from UNHCR conducted a 5 day's training on Clinical Care for Sexual Assault Survivors (CCSAS) for 30 (9M/21F) health workers; 10 from government health centres and 20 from health facilities operated by partners. This training aimed at equipping health workers with knowledge and skills in sexual assault survivor management.
- Using the SASA! Methodology, ARC conducted mentorship and learning session for 29 (10F/19M) community activists and leaders of community drama groups in Yangani cluster aimed at increasing knowledge and skills in facilitating community engagements and awareness to create behavioural change.
- IRC through UNHCR funding also conducted a staff capacity building training for 10 staff on case management to increase knowledge and skills in SGBV prevention and response.

Challenges

- Underreporting of SGBV cases 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 and excessive alcohol abuse 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 practices.
- Girls have limited access to secondary school education. This is propagated by various factors that increase the dropout rate of school girls 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. There is an urgent need for alternative recreation opportunities that enable youth engage in constructive and meaningful ways.
- 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.
- Some Refugee Welfare Council (RWC's) are surpassing their jurisdiction and managing cases outside their limits. There is need for capacity building training for community leaders on case management
- Resources for capacity building of the community-based structures to enhance SGBV prevention and

response are poorly facilitated. This creates gaps in SGBV identification and reporting.

- There is a gap in male engagement and support to male survivors by partners being exhibited by the lack of comprehensive case support and follow up on male survivors and low engagement of men and boys in routine SGBV prevention activities.
- Long distances to food distribution increases risks of exposure to SGBV.

Strategy

- 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.
 - Using integrated programming to mainstream SGBV prevention and response into all sectors, in particular; shelter, WASH and child protection.
 - Application of the SASA! Approach and the Zero Tolerance Village Alliance (ZTVA) to reduce the risk of SGBV in the settlements.
 - In South West, refresher SGBV/GBV IMS 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)

Contact: Mildred Ouma (oumam@unhcr.org)