

<b>Meeting of SGBV Working Group / Kampala (DRAFT)</b>			
<b>Date and venue</b>	<b>15/10/2019 10:00am-12:00pam at UNHCR</b>		
<b>Lead Co-lead</b>	<b>UNFPA : Doreen Komuhangi, <a href="mailto:komuhangi@unfpa.org">komuhangi@unfpa.org</a>, and Rosemary Kindyomunda, <a href="mailto:kindyomunda@unfpa.org">kindyomunda@unfpa.org</a></b> <b>UNHCR: Pauline Laker, <a href="mailto:Laker@unhcr.org">Laker@unhcr.org</a> , and Mildred Ouma, <a href="mailto:ouma@unhcr.org">ouma@unhcr.org</a>,</b>		
<b>Attendance</b>	MGLSD, CARE, IJM, RLP, IRC, LWF, ARC, UNHCR and UNFPA		
<b>Absent with Apologies</b>	WHO		
<b>Agenda</b>	<ol style="list-style-type: none"> <li>1. Introductions</li> <li>2. Review of previous minutes</li> <li>3. Review of previous meeting minutes.</li> <li>4. Presentation by ARC on MHPSS KAP Survey conducted in Kyaka II refugee Settlement and hosting communities.</li> <li>5. Updates on the Key SGBV Activities</li> <li>6. AOB</li> </ol>		
<b><i>Discussion points</i></b>	<b><i>Summary</i></b>	<b><i>Recommendations / Action points</i></b>	<b><i>Responsible Party</i></b>
Introductions	Introductions were made.		
<b>2. Review of previous minutes</b>	There were no follow up actions from the previous minutes	The minutes were adopted	

<p><b>3. Presentation by ARC on MHPSS KAP Survey conducted in Kyaka II refugee Settlement and hosting in 2018</b></p>	<p>-ARC is the main implementing partner for mental health and psychosocial in Kyaka II settlement. They made presentations on MHPSS findings from two surveys conducted in Kyaka II refugee settlement in 2018 and 2019.</p> <p>-The 2019 survey was a follow up assessment which focused on gauging the psychosocial wellbeing of the new arrivals in Kyaka with a bid to assess overlapping effects and trends of MH concerns among the old and new caseloads.</p> <p>-The survey targeted new arrivals and those who had been in the settlement aged between 12-45+ although actual participants in the study started from 13years. There were more female respondents than men.</p> <p><u>Insights in the study</u></p> <p>-Kyakka has a high number of people who have not received any formal education.</p> <p>-War, accidents and chronic illnesses among the most significant causes of distress.</p> <p>-Listening to gospel music, alcoholism, smoking etc. was listed among the top coping mechanisms for respondents</p> <p>-The community can tell MH needs by referring to some symptoms. Slightly over 50% knew someone with a mental health need</p> <p>-Quest for resettlement including information gaps around the issue emerged as one of the most emphasized drivers for mental health needs raised by respondents.</p> <p>-It was established that the community has</p>	<ul style="list-style-type: none"> <li>• It was suggested that ARC strengthens linkages between the two presentations (surveys) for ease of analysis or usability of findings by the different actors.</li> <li>• The study did not fully address the linkage between MHPSS and SGBV</li> <li>• Partners observed that resettlement is quite misunderstood by refugees. UNHCR requested to continue to share information across refugee platforms</li> <li>• There is need to clearly highlight the MHPSS prevalence in Kyakka for purposes of advocacy. Suicide trends in Kyakka were not alarming according to records Police and Health Units.</li> <li>• Sexual minorities continue to struggle with access to services. ARC to follow up a slot in the SGBV working group to share their work with sexual minorities focused MHPSS</li> <li>• Strengthening community-based structures can strengthen MHPSS services.</li> <li>• There is need to strengthen the link between MHPSS and SGBV</li> </ul>	<p>UNHCR</p> <p>ARC</p>
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	<p>tailored names referring to individuals who manifest mental health needs for instance Kiwelewele</p> <p>-SGBV mentioned as a risk for mental health needs.</p> <p>-Water points are hotspots for SGBV while most male survivors are automatically labeled as having mental health condition</p> <p>-KIs highlighted need for mainstreaming interventions as there still are more needs in the communities.</p> <p>-Influx of new arrivals is associated with high distress levels among refugees already in the settlements. Their presence triggers fresh memories of their experiences while in their countries of origin as well as in transit to settlement in Uganda.</p> <p>-In other cases, those already in the settlement are anxious about sharing resources with new arrivals which further increases distress.</p>	<p>including through awareness activities among others.</p> <ul style="list-style-type: none"> <li>• Access is affected by long distances for clients to service points</li> <li>•</li> <li>•</li> </ul>	
<p><b>Key Partner Updates</b></p>	<p><b>CARE</b> Visited Sebagoro in Kyangwali and provided material assistance such as cloths and food to the new arrivals.</p> <p><b>IRC</b> – launched a new 3-year program with funding from BPRM with Mercy Corps and YARID targeting Urban refugees in Makindye, Kamwokya and Kawempe. They will be providing capacity for partners and through existing structures</p>	<p>All to Note</p>	<p>All to Note</p>

	<p><b>ARC</b></p> <ul style="list-style-type: none"> <li>-Successfully concluded the PRM year 1 funding in Nakivale, Oruchinga, Kyangwale, Bidibidi and Kyaka II and Implementation for year II has started.</li> <li>-Conducted a training for Judicial Officers in Nakivale and Oruchinga settlemts.</li> <li>-Organizing for Clinical Management of Rape training in Palabek and this will be jointly done with IRC targeting health workers, police and judicial officers.</li> <li>-Plans for the SASA! start phase assessment are underway in Kyangwali for the new villages</li> <li>-BidiBidi and Palabek - Planning for transition to support phase. A rapid assessment is being planned.</li> </ul> <p><b>TPO Uganda</b></p> <ul style="list-style-type: none"> <li>- On going screening on MH in Kyaka and Palabek</li> </ul> <p>Provided Psychological First Aid Trainings to actors in Palabek</p> <ul style="list-style-type: none"> <li>- Conducting Ongoing Cognitive Behavioral Therapy activities for survivors of SGBV in Kiryandongo, Bidibidi, Palorinya, Palabek, Adjumani, Arua and Kyakka</li> </ul> <p><b>LWF</b></p> <p>SASA! rapid assessment for support phase</p>		
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	<p>Received 400 dignity kits Leading the sixteen days of activism</p> <p><b>DRC</b> Informed the meeting Ongoing discussions around the sexual offenses bill offer an opportunity for partners to engage</p> <p><b>Interaid Uganda</b> Conducted ongoing activities on SGBV case management and awareness among the urban refugees.</p> <p><b>UNHCR</b> UN staff were trained by Raising voices on SASA! Together. UNDP received a 4year Livelihood funding to support host community and refugees in Adjumani, Lawmo, and Moyo. The funding will address the livelihood gaps for PSNs in the three locations.</p> <p><b>UNFPA</b> is working with Inter religious council at national level on SGBV prevention and response activities. Delivered 450 dignity kits in Adjumani</p> <p><b>MGLSD</b> -National Male involvement strategy. Expect partners to adapt the strategy in the</p>	<p>Provide additional information on where activities will be scheduled.</p> <p>MGLSD to disseminate soft copies or hard copies to partners Harmonization will determine the participation of MGLSD as a co-chair</p>	<p>MGLSD</p>
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	<p>humanitarian context</p> <p>-MGLSD is working on the GBV referral pathway and it is hoped to be out by end of next quarter once approved.</p> <p>-Sixteen days coordination – national preparation meetings ongoing. Theme: <i><b>Orange the world #Hearmetoo: Ending violence against women and girls.</b></i> The ministry is moving towards a harmonized system strengthening to ensure that structures are coordinated.</p>	<p>of the working group</p> <p>Humanitarian Actors are invited to participate in the National 16 days preparatory meeting organized by the ministry</p>	
<b>Next meeting</b>	November 12 <sup>th</sup> , 2019 at UNFPA Office.		