The data in this document reflects only reported cases and should not be considered as representative of the total incidents or prevalence of sexual and gender-based violence (SGBV) among refugees in Uganda.
**Contributing Factors**

Key contributing factors include power imbalance in relationships, scarcity of food, alcoholism, denial of resources (e.g. food, household items, money), harmful traditional practices such as forced and early marriages, changing gender roles that leave men idle or feeling disempowered, limited access to post-primary schools (in all settlements), limited opportunities for livelihoods prompting recourse to survival sex, poverty increasing vulnerability to sexual and other forms of exploitation and abuse, covering long distances to fetch firewood and grass for thatching huts. Incidents of rape and sexual assault were also reported to have occurred especially during flight to the country of asylum. Under-reporting of SGBV cases countrywide in refugee settings remains a major concern.

**Interventions**

4,822 (96%) survivors received psychosocial support along with assistance to access other services such as medical (962), legal (1,327), safe house (172), livelihood (534) and safety and security (240).

Alongside such interventions to respond to the needs of SGBV survivors, UNHCR and partners are pursuing a multitude of activities for SGBV prevention including awareness-raising and capacity-building, with active engagement of the community.

**Recommendations**

- Enhance SGBV prevention activities targeting intimate partners and adolescents in and out of school, single and vulnerable women, girls and elders.
- SGBV coordination forums at field level to jointly develop strategies on addressing the concern of under-reporting of incidents.
- Increase prevention activities at household level, and hotspots in settlements such as water points and trading centers in the settlements.
- Mainstream SGBV prevention and response activities into livelihoods and other sectoral interventions.
- Increase follow-up efforts on cases identified, assessed and referred to other service providers, including harmonization of data on interventions reflected in the GBVIMS.
- Strengthen coordination with and participation of police, livelihood and medical staff in SGBV coordination forums at National and field level.
- Promote activities on safe environments and safe access to domestic energy.
- Strengthen the standardization of SGBV reporting.