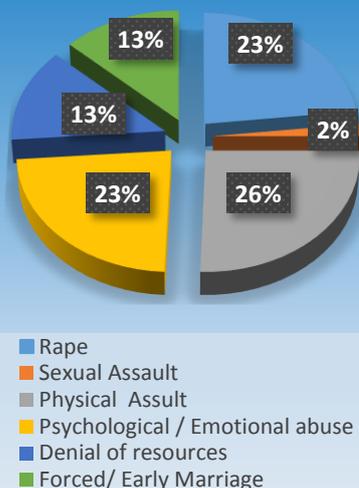


Key Figures

617

Total incidents Jan-Feb

SGBV incidents in February



LWF SGBV Team handing over equipment to Hospital Management

February developments

- 338(37M/301F) incidents were reported from 13 refugee hosting districts. Physical assault, psychosocial abuse and rape were the most prevalent SGBV types reported. Key drivers of SGBV include gender inequalities, conflict, power-imbalances, insufficient food at home and alcoholism, alcohol consumption and presence of discos in settlements.
- UNHCR in conjunction with LWF provided material support (medical equipment) to the SGBV Clinical room located at the Adjumani hospital. The availability of the room and equipment will support both refugees and host community survivors.
- In the same period, Bira health centre received an Ambulance from LWF as part of the pilot project funded by UNFPA. The Ambulance will improve response to SGBV cases, pregnant mothers and other emergencies in refugee and host communities.
- UNHCR Health and SGBV teams, together with female community leaders, OPM, IRC, CARE, MTI, Save the Children and MSF, conducted a joint monitoring of five Health Facilities of Omugo and lower Rhino camp to identify gaps and best practices in managing SGBV cases.

The results of this exercise will be socialized with relevant stakeholders once monitoring is carried out in Imvepi and Lobule settlements in March.

- UNHCR facilitated a participatory dissemination of the updated referral pathway for SGBV response in Omugo. All organizations that are part of the referral pathway gathered and presented services they provided, as a mechanism to promote a direct contact between the different actors involved, in order to improve coordination and assistance to SGBV survivors. The session was attended by partners providing protection, health, safety and security, psychosocial support and legal assistance, but also the active participation of community leaders who are members of Refugee Welfare Council (RWC) and SGBV committees.
- In Arua, UNHCR facilitated 4 ad-hoc case conferences with OPM, DRC and IRC to provide guidance and technical support in the management of critical cases that partners had failed to respond to. UNHCR intervened to facilitate the coordination with the shelter sector, promote timely inter-settlement transfers and follow up on the implementation of case action plans. As an achievement, two PSN semi-permanent shelters for survivors were finalized in the month of February and four more will be made available in March.

Interventions	Number	%
Safe House /Shelter	24	7%
Health/Medical Services	75	22%
Legal Assistance services	103	31%
Psychosocial Services	300	89%
Safety and Security Services	49	15%
Livelihood Services	69	21%

- In February, 31 sessions of “**Engaging Men in Accountable Practices**” (EMAP) were conducted in Imvepi and Omugo, benefitting a total of 122 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. Similar sessions were conducted across the zones of Bidibidi settlement with participation of 144 men. According to community reports, there are notable positive changes in the behaviour and actions of men involved in the sessions. An assessment will be conducted in June to explore behavioural changes of men involved in SGBV prevention activities.

- **Girls shine:** Since January 2019, the IRC conducted 17 sessions of its Girl Shine methodology to address the barriers to development and education of girls aged 10-19, including violence, isolation, early marriage and other harmful traditional practices. 140 girls discussed about social and emotional skills, stress management, power and trust. As a result, girls are learning how to control impulses, understand ones feelings and emotions, recognize healthy relationships and deal with challenges. Moreover, the IRC conducted four focus group discussions (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.

Coordination

- As of February, UNHCR Sub Office (SO) Arua received a delegation from the Ministry of Gender, Labour and Social Development, who visited West Nile to conduct a fact-finding mission. A joint session with OPM, UNHCR, protection partners and SGBV community structures was held in Rhino Camp to inform the Ministry of the main gaps persisting in Arua Settlements. In this framework, the Central Government authorities confirmed their intentions to coordinate actions with OPM and Arua District to strengthen the prevention of SGBV in the region through community-based interventions. However, they will not prioritize any action to support SGBV response.
- In Kiryandongo, the first SGBV Sub-working group meeting of the year was held. Members agreed to prioritize the use of intake forms, harmonize plans and coordinate dialogues within the settlement.

- UNHCR guided and worked with partners in Kiryandongo to conclude the SGBV SOPs, provided guidance on how to manage the Female friendly spaces and jointly with partners finalized the consolidated SGBV work plan for 2019.

SGBV awareness sessions

- Since beginning 2019, 158 awareness and sensitization sessions reaching out to 18,594 (10,656F/ 7,938M) refugees and host communities were conducted in Arua.
- SGBV and child protection partners conducted back to school campaigns in Yumbe reaching a total of 13 schools and 2,010 community members. Key messages focused on encouraging girl child education, prioritising retention and completion of school for all learners, promoting risk free environment for girls/ boys and prevention of SGBV against children.
- Routine community awareness sessions reaching 1,807 (572M/1235F) community members were conducted by in Bidibidi, where key notable issues raised by participants included alcohol abuse, youth redundancy and inadequate service provision.
- Life skills and psychosocial activities continued at the Women and girls centre with 144 adolescent girls participating in the Girl shine sessions and life skills activities, 141 group members for VSLA group meeting activities and 45 of the spouses of the VSLA women turned up for EA\$E discussions, 127 in knitting/tailoring while 58 in baking.
- In Adjumani, the SGBV Sub-Working group conducted focus group discussions with refugees and host communities in Pagirinya, Mireyi, Agojo, Maaji 11 and Ukusi Joni Sub County. The FGD’s sought to better understand how to improve community ownership and engagement in SGBV activities.



Community members at Ukusijoni Sub-County in the Feedback session with partners

Capacity building:

- In Lobule settlement, a four-day training for Male Action Groups formed last year was conducted. The training was attended by 40 male community members. Topics discussed included gender roles SGBV, division of labour, agents of socialisation and fatherhood. The training concluded with a mapping of the community and development of work plans for Male Action Groups at village level. The members will serve as role models and do general outreach to places where men gather in the community as well as do individual coaching of identified men in their neighbourhood.
- SO Arua conducted three trainings on PSEA reaching 150 (87M/63F) RWC's, community based volunteers, Local Councils (LCs), and 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.
- Role Model Men and Boys (RMMBs) were trained under the "*Women, Adolescents and Youth (WAY) Rights and Empowerment programme*" in Adjumani. The participants were selected and seconded by the community, of which 15 members had been drawn from the Male Action Group (MAG). The participation was at 70% nationals and 30% refugees. Four refugees from Alere settlement and 32 nationals were trained. Members from other settlements like Maaji 1, 2, 3, Mireyi and Mungula have already been trained. The trained MAGs work closely with LCs and RWCs as well as all the other structures and partners on SGBV prevention and response in their communities. Each member of the group is attached to 10 families closest to them to provide close mentorship.



The MAGs/RMMBs during the training session

- Following allegations of sexual harassment of students identified during the 2018 AGDM exercise, a meeting was held with 25 head teachers,

the District Inspector of Schools, UNHCR and OPM in Hoima. The participants agreed to conduct specific trainings on SEA and SGBV for teachers and school personnel, which will be delivered in March by UNHCR, WIU, HIJRA and other partners.

- Since January 2019, 2,488 women and girls accessed the Women Centres of Imvepi Settlement where they could enjoy a safe space for discussion and sharing experiences, but also enhance their leadership, entrepreneurial and life skills. The activities they engaged in include psychosocial group counselling, knitting, tailoring, bakery, hair dressing, music and drama. In addition to this, 42 women were trained to be part of female Village Savings and Loans Associations (VSLAs). The activity aimed at strengthening their abilities to save and manage resources, so to prepare them to borrow and repay loans to start livelihoods projects.
- A 4 day TOT session on the Zero Tolerance Village Alliance (ZTVA) model was conducted for 10 (7M/3F) community members in Base Camp 4 (Rwamwanja).
- In Imvepi, 15 (6F/9M) service providers (police, health workers, protection partners) and community leaders (women RWCs and LCs) were trained on SGBV prevention and response. This activity helped participants understand their role in reducing the occurrence of SGBV, as well as referral mechanisms available to support survivors.
- In Kiryandongo, UNHCR delivered a one-day training on SGBV and PSEA to 15 participants from Internews. These included newly recruited community correspondents, Internews staff, and one representative from Spice FM radio station. The objectives were to build the knowledge on existing SGBV services in the settlement, and to capacitate them on basic ethical and safety principles for reporting and advocating on SGBV.
- An orientation training for 10 (3F/7M) data collectors was conducted to support SASA! Status mapping data collection exercises planned to start on 28th February till 8th March, 2019 in zone 5 of Bidibidi. The orientation sought to familiarize data collectors with the tools and maintain the ethical standards during data collection.
- In Bidibidi, 32 women were trained on making reusable pads. The training sought to empower

women to be self-reliant and improve menstrual hygiene management.

Challenges

- Under reporting of SGBV cases creates challenges in providing assistance to the survivors.
- Routine partner presence within the zones was noted by leaders and community members as a barrier to timely access to services and slow response.
- Partners are reporting specific challenges in obtaining services for SGBV survivors at health clinics. A major issue is the mandatory completion of police form 3, which is a critical part of documenting cases for prosecution and legal pursuits. It is alleged that Clinical staff request “motivation fees” to complete the form. UNHCR is currently exploring this issue.
- Increasing mental disorders amongst women and men, and excessive alcohol abuse amongst men compounded by inadequate mental health interventions.
- Limited access to basic necessities 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 SGBV 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.
- Refresher SGBV/GBV IMS training for the partner staff in the different 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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