



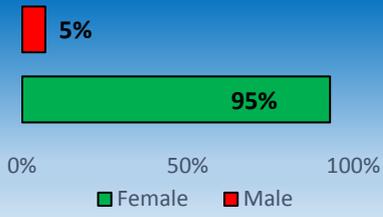
# UNHCR Monthly Protection Update Sexual and Gender Based Violence (SGBV) April 2019

## Key Figures

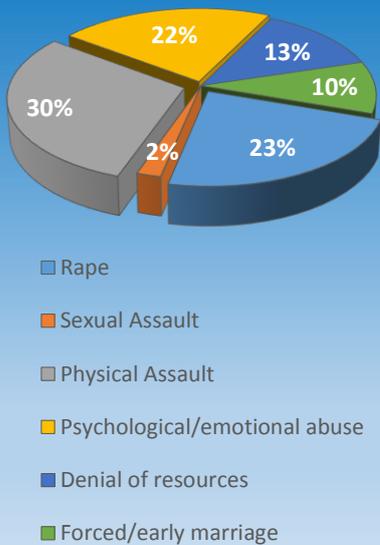
1258

Total incidents  
Jan-April

### Sex of survivors



### SGBV incidents in April



Interventions	Number	%
Safe House /Shelter	2	1%
Health/Medical Services	63	20%
Legal Assistance services	165	52%
Psychosocial Services	296	93%
Safety and Security Services	29	9%
Livelihood Services	43	13%



CFPU police officer facilitating an SGBV community awareness session organized by ARC in Yangani cluster

### April developments

- 319 (304F/15M) incidents were reported from the refugee hosting districts. Physical assault was the most prevalent incident followed by rape and psychological abuse. The majority of the incidents occurred at household level, perpetrated by family and intimate partners. Key drivers of SGBV include gender inequality, conflict, power-imbalances, toxic/negative Masculinity and Patriarchy as related to Gender (In) equality, insufficient food at home and alcoholism, and presence of discos in settlements.
- Refugee women continued accessing Women Centers where they benefitted from various activities including psychosocial group counselling, knitting, tailoring, bakery, hair dressing, music and drama. In Imvepi, 3,129 women and girls had accessed the Women Centres. A further 249 women also benefitted from mobile group psycho social support (PSS) sessions, to further supplement the existing Women Centers, LWF received additional funding from UNFPA to construct 4 women temporary safe spaces in Palabek refugee settlement and 06 in Adjumani. The temporary safe

spaces will augment the 10 safe spaces currently being constructed in Adjumani and Lamwo districts by CARE International with funding from UNWOMEN.

- As of April, IRC conducted 28 sessions of its **Girl Shine methodology** to address barriers to development and education of girls aged 10-19. 140 girls discussed about social and emotional skills, stress management, power and trust. As a result, girls are learning how to control impulses, understand their feelings and emotions, recognize healthy relationships and deal with challenges. IRC also conducted four focus group discussions (FGD) with 29 girls and their caregivers to prepare a training on early marriage that was carried out for 8 protection staff and community volunteers.
  - UNHCR and partners continued with prevention activities using various methodologies. In Arua, as of April, IRC facilitated 55 EMAP sessions benefitting 295 men in Imvepi and Omugo zone, Rhino camp. The male groups discussed gender roles in their homes and explored good practices they needed to adopt to ensure equal distribution of power and opportunities in their families. 03 out of 04 EMAP groups of Imvepi have completed the whole curriculum and will graduate shortly.
- PSEA:** Within Bidibidi settlement, one incident of sexual violence was perpetrated by a military personnel. The perpetrator was arrested and legal proceedings are ongoing.

To mitigate further risk, UNHCR has involved OPM in planning for a training for military personnel and police on code of conduct, PSEA and humanitarian principles to be conducted in May.

### Coordination

- As part of implementing the Inter Agency PSEA Action Plan, UNHCR Arua and OPM chaired a meeting on completion of the PSEA Community Based Complaints Mechanism (CBCM) work plan for Imvepi and Rhino camp settlements. 03 PSEA CBCM work plans were developed and shared with Arua PSEA focal persons for technical analysis and guidance. Key pending issues include submission of partner focal points for capacity building and implementation of PSEA CBCM activities.
- The office continued with preparatory activities aimed at effectively hosting a Safe from the Start reevaluation mission to Uganda, which aims at evaluating the impact of the “Safe from the Start” projects that were implemented in Adjumani, Arua and Kyangwali. It is anticipated that the mission will advocate for additional funding for the SGBV program taking into consideration the positive impact of the “Safe from the Start” projects in the refugee settlements. The mission is expected in Uganda from 30th June to 13th July 2019.
- UNHCR Arua held a quarterly coordination meeting with all protection partners engaging in SGBV prevention and response across different settlements of Arua which enabled participants share and discuss achievements, challenges, best practices and “lessons learned” in 2019. Partners agreed to support community structures in defining TORs and work plans, include basic concepts on legal action against perpetrators in their trainings to community volunteers, strengthen the involvement of host population in their activities, mobilize resources to improve the security of Protection Houses of Rhino Camp amongst others.
- UNHCR continued to participate in monthly coordination meetings. In Adjumani, the monthly coordination working group meeting discussed the Interagency Referral Form and reviewed the working group’s Terms of Reference. To improve engagement with men and boys in SGBV prevention and response, UNFPA shared the

National Strategy on Male Involvement in SGBV Prevention and Response developed in 2017 by the Ministry of Gender, Labour and Social Services. In Lamwo, participants reviewed and finalized the SGBV SOPs and Information Sharing Protocol (ISP).

### Community participation in SGBV prevention

- Bidibidi refugee settlement successfully launched a 06 month inter-sector campaign to combat teenage pregnancy and early (child) marriage across the 5 zones with a theme; “together we will protect our girls. The activities entailed inter village sports gala, mass community gathering and community aerobics mobilizing and sensitizing youth and community members from the refugee and host communities. After the campaign launch, several activities were conducted across the zones including school debates with a theme; “**Books first Babies later**”, reproductive health sessions in schools and health facilities and sensitization events with men, boys , women and girls at the women’s centers and within the community reaching out to over 7,000 community members. The campaign is being supported by partners in all sectors and OPM, various activities are expected to continue across the settlement.
- Routine community engagement activities in Bidibidi settlement like community policing, dialogue meetings, women group forums, prevention and psychosocial activities at women centres and adolescent girl’s sessions involving community members from both refugee and host communities were supported by ARC and IRC reaching out to 1,005 (432M/573F).
- Psychosocial support and life skill activities continue with 113 attending VSLA group meetings (all eight VSLA groups that enrolled in EASE discussion series have completed the eight sessions).



*Campaign launch in Ariwa, Zone 5 - Bidibidi*

- In Nakivale and Oruchinga, 146 community outreaches were conducted on GBV topics reaching 2,913 (1,129M/1,784F) PoCs.
- In Rwamwanja, the GBV task force meeting was held and 65 community members (31M/34F) participated.
- In Bidibidi, IRC facilitated a two days for 10 (4F/6M) new community volunteers in zone5 aimed at increasing knowledge and skills in SGBV prevention and response.
- In Kisoro and Matanda, 04 FGDs were conducted and 264 (110M/154 F) attended. 01 FGD was exclusively held with women of reproductive age. 33 women attended the FGDs in Nyakabande Transit Centre.
- 04 focus groups discussion conducted and 405 (250M/155F) attended in Matanda Transit Centre.
- In Kyaka, 07 joint awareness meetings were conducted and 1,878 (917F/961M) participated. Additionally, a quarterly meeting was held with 98(40F/58M) participants from the community structures of RWCs, SGBV community activists and paralegals. Further, 62 (29M/33F) SGBV activists were supported with incentive items such sugar, bar of soap, and Sacket of salt. 14 visits to two protection houses were conducted and residents were supported with laundry soap and PSS.
- As of April, 289 awareness and sensitization sessions were held in Arua reaching out to 30,576 (17,171F/13,405M) 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, mass campaigns as well as community parliament.
- In Palabek settlement, ARC in collaboration with UNHCR, OPM and Police and Partners (LWF, WCC, TPO, AWYAD, FRC and Grass root) conducted joint community awareness campaigns on SGBV. The team used the SASA tool and the focus was on power relations between men and women in the community. A total of 255 refugees (141F/114M) participated in the campaigns.
- DRC had a second quarterly meeting with key refugee leaders, social workers and 30 (19F/11M) community activists. Key issues that emerged include increase in teenage and early pregnancy, child/ forced marriages, illegal abortions especially in Ranch 37 leading to medical complications among the victims, increased drug and substance abuse especially in clusters E and J. It was proposed that increasing awareness against these vices coupled with arresting parents and guardians that are abetting child marriages and child neglect should be undertaken.
- As of April, UNHCR facilitated a participatory dissemination of the updated referral pathway for SGBV response in Omugo zone, Rhino camp. All the organizations that are part of the referral pathway gathered and presented the services they provide, 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 counted with the active participation of community leaders who are members of RWC and SGBV committees.
- In Rwawmanja, ZTVA training was conducted for 180 community members (75M/105F) from kikirura A & B villages to act as agents of social transformation aimed at building positive behavioural and attitude change through the theme “Each one teaches two”.
- 28 students (21F/7M) participated in the training of the SGBV School club in Paluda secondary school, in Palabek refugee settlement aimed at enhancing awareness on SGBV, referral pathways and reporting mechanisms.
- As at the end of April, a total of 453 (206F/247M) community and religious leaders, members of RWCs, Neighbourhood Watch Groups, GBV Task Forces and GBV Clubs of Primary and Secondary Schools were trained in all settlements of Arua. 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.

### Capacity building

- In Hoima, UNHCR conducted 05 training sessions on power and gender, SGBV and SEA for 243 school teachers in response to refugees’ complaints of sexual harassment of students in schools. A

meeting will be organized with the teachers to see how a similar training could be conducted for school-age children in the settlement.

- In Hoima, HIJRA conducted training on clinical Management for rape and sexual assault survivors. The training was attended by 14 participants from different organizations and sought to improve the capacity to work with survivors, raise awareness and develop strategic partnerships with organizations with expertise.
- In Kiryandongo settlement, a training on psychosocial skills was conducted for 17 (8F/9M) senior women and men teachers. The training sought to equip teachers with skills on how best to handle children's psychosocial issues. The training was geared towards improving performance in schools and preparing children for a better future.
- ARC provided in-kind material support to police and OPM to strengthen case management and improve quality of service for survivors and the community at large. The support provided included 160 litres of fuel to police at Yangani, Odravu and Yumbe CPS and OPM Bidibidi to support child birth registration, 1 filing cabinet to Yangani police post, 4 punching machines, 180 copies of PF3 forms, and 6 reams of photocopying papers to the 3 police stations of Yangani, Odravu and Yumbe Central Police Station.
- In Bidibidi, ARC facilitated a two days SASA training for 24 (11F/13M) Community Activists in Yangani cluster aimed at strengthening their capacities in SASA! Methodology as an approach to prevent and respond to GBV within their communities.
- In Nakivale, Safety Audit tools review training were conducted for 19 (12M/7F) participants. They included Refugee Law Project, Windle International, IRC staff and Volunteers.
- Training on GBV core concepts for 31 (12M/19F) participants including UNHCR, OPM, HIJRA, Refugee Law Project, Windle International, Police, Tutapona, and Nsamizi.
- As of April, CARE conducted one training for 15 (6F/9M) service providers (police, health workers, protection partners) and community leaders (women RWCs and LCs) on SGBV prevention and response in Imvepi settlement.
- A workshop on PSEA Community- Based

Complaint Mechanisms was held in Arua, in compliance with the Inter-Agency Action Plan on PSEA of the UNCT in Uganda. The training was attended by 45 (23F/20M) partner staff from Rhino Camp, Imvepi and Lobule settlements. During the workshop partners initiated settlement-specific action plans that will be implemented locally to setup safe and confidential reporting mechanisms within each organization, as well as response services for PSEA survivors.

- The SGBV specialist from Hoima conducted a 2 day training (17 and 18 April 2019) for teachers in settlement schools on SEA and a total of 85 teachers attended. With this timely training, it is envisaged that there will be improved prevention, reporting and response of SEA cases in school settings.

### 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.
- 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

## 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.
- 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.
- 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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