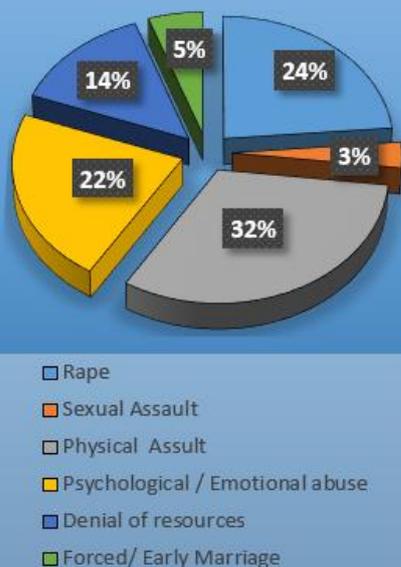


Key Figures

279

Incidents in January



Integrated village meeting - Imvepi Settlement.

January developments

- 279 new incidents (256F/23M) were reported from 13 refugee hosting districts and documented in the GBVIMS. All survivors received basic counselling along with other services such as health, legal, safe house, security and livelihood assistance.
- **PSEA awareness sessions:** In Arua 150 (87M/63F) RWC's, community based volunteers, LCs, Women Counsellors were trained on PSEA including the reporting channels and their roles as leaders to ensure reporting of sexual exploitation and abuse (SEA) cases and reduce the risk of exposure to the vice. Other topics included their legal responsibilities to ensure survivors of violence access services, enhance reporting to mention but a few.
- **Capacity building for service providers:** To strengthen reporting and referrals of SEA incidents, IRC conducted a 3 day training on PSEA for partners and CBOs in Yumbe with participation of 28 partners and 14 CBO members. Participants from this training are expected to provide similar learning sessions within their organisations and to their beneficiaries. These will initiate the formation of a SEA committee in Bidibidi to amplify reporting of

cases.

- In Arua, 15 (6F/9M) Service Providers drawn from the Police, Health workers, Community leaders, Women Representatives from RWCs and LCs and NGO partners were trained on SGBV prevention, response and strengthening the referral pathway in Imvepi settlement.

Community mobilization and outreach:

- In Adjumani 5 mentorship meetings were conducted during the reporting period, aimed at checking on the performance and challenges of the Awareness phase and strategies on how to roll out SASA Support phase with Activists. This was done in the settlement of Maaji I, II, III, Olijj and Mireiyi and a total of 103 refugee participants (34M/69F) attended.
- In Rhino, 4 training sessions targeting 148 adolescent girls on reproductive health and SGBV, were organized with the aim of equipping the girls to be change agents against SGBV and encouraging them to prevent and fight abuse and perpetrators. The girls also received a set of dignity kit (soap, sanitary pads, basin, bucket and underwear) for their reproductive health. A further 4 training sessions on life skills targeting 168 adolescent (89 girls and 79 boys) were conducted in the same location with the aim of positioning the adolescents as change agents in addressing their sexuality issues and to be able to support sexuality education for their peers and community.

- In Adjumani 05 awareness sessions on the prevention of SGBV were held and attended by 140 participants (38F/102M). A further 06 meetings were carried out with the male action groups in Ayilo II, Olijj and Mungula I&II during the month and attended by 40 participants. These meetings are intended to increase engagement and change mind set of men and boys towards prevention and response to SGBV.
 - In Imvempi and Rhino Camp, a total of 92 awareness and sensitization campaign sessions were held, reaching out to 11,609 (7343F/4266M) refugees and host communities. This helped the team disseminate information on women and girls centre services and the referral pathway. Other discussions were held on harmful cultural practices to families and community and empowering the men, women, girls and boys to access information on SGBV while emphasizing on: reporting of SGBV cases to partners and leaders within 72 hours; PSEA and its reporting mechanisms, SGBV and Security Risks; SGBV and personal hygiene, Sexual Reproductive Health Rights, Complaints/Feedback mechanisms, SGBV Referral Pathway, women's participation, governance decision making and the role of leaders in women's empowerment. The methodologies used to carry out the sessions included door to door sensitization, family/community dialogues, mass campaigns to mention but a few.
 - In the same settlements, 8 girl shine sessions with 134 girls were conducted and focused on communicating without words and managing stress. The topics discussed included; listening skills and emotional skills and this helped to empower the girls to learn how to control impulses, understand one's feelings and emotions and learn how to deal with challenges and enhance healthy relationships. Similarly, Six (6) EMAP sessions were conducted with 122 men in focusing on gender roles in the home. This enabled the men to explore: the harmful traditional practices/beliefs and how to address them as well as generate the good practices men need to adopt with their families to ensure they all feel safe.
 - Other routine activities at the women centres continued with 150 adolescent girls participating in the Girl shine sessions with a focus on preparing for school. Various life skills activities also took place, including baking, knitting, soap making and others. The EA\$E discussion group series sessions with the VSLA women and their spouses were attended by 21 spouses.
- SGBV Coordination and meetings**
- On 15 January 2019, officials from the Ministry of Gender and OPM Kampala held a meeting with the Kiryandongo Settlement SGBV Task Force/players aimed at understanding the SGBV situation in the settlement, how SGBV issues are addressed, as well as, the challenges in addressing SGBV in the community. The SGBV Principal Officer from the Ministry of Gender called upon the community to always open up and report SGBV incidents to police and the concerned authorities in a bid to end SGBV in the settlement. The community acknowledged the existence of SGBV and highlighted lack of Gender balance/empowerment, alcoholism, poverty as well as ignorance as the key drivers towards SGBV. They further applauded the SGBV partners and stakeholders for their efforts in addressing SGBV including community sensitizations through dialogues, individual guidance and counselling and strengthening of community structures to address SGBV issues.
 - UNHCR Arua received a delegation from Kampala of the Ministry of Gender, Labour and Social Development. The activities included a joint session in Rhino with UNHCR, Protection Partners and SGBV community structures. Key discussions on major gaps identified was shared with the team who have pledged to join their efforts with the team to enhance response and prevention activities.
 - The SGBV working group in Adjumani held its first meeting at the district with all the partners to coordinate the prevention and response activities and suggest better performance approaches in 2019 to ensure the risk of the community to SGBV and HIV/AIDS is reduced. The working group came up with an activity plan for the year that will help guide their work and increase their impact within the communities.
 - A one day training was conducted for women group in Maratatu on sewing and making re-usable sanitary pads as a part of improvement of Menstrual Hygiene Management (MHM) project and reached 40 women. The training aimed at engaging women outside of schools in understanding the basic

knowledge on sewing and making pads, and facts about MHM and the disposal of re-useable sanitary materials.

- In Kiryandongo, a joint community awareness dialogue was conducted in Cluster MR on mental and psychological effects of SGBV and was attended by DRC, ACORD and UNHCR.
- As a follow up on the AGD Deep Dive mission, a joint discussion with partners regarding the implementation plan of action, challenges/gaps and planned activities was reviewed. The purpose of the plan of action was to ensure the new policy and 10 core action that were prioritised with timelines is implemented by all stakeholders. It was recommended that UNHCR should conduct a brief training on the new policy to enable all partners understand this new approach better.
- DRC together with the police sensitized the community of cluster N at reception centre on SGBV, child protection and legal services. The meeting was attended by 61(52F/9M) community members. Issues of concern discussed were human rights and timely reporting of cases, strong cultural practices that lead to compromise of SGBV cases and the proposed way forward.
- In Kisoro, 1 focus group discussion on sex education was held with 54 teenage girls aged 12-20 years. Girls cited peer pressure and need to change diet as their reasons for engaging in early sex. In Nakivale, ARC organized SGBV training to 33 (12F/21M) police officers from Insingiro, Nakivale and Rugaga stations. The training was also attended by staff from UNHCR, OPM, MTI and the Magistrate grade one Insingiro. In Kyaka II, SGBV sub working group meeting was held and attended by OPM, police, protection and health partners.
- In Ntoroko1 awareness session on SGBV prevention was conducted on domestic violence and attended by 30 PoCs (18M/12F).
- In Nakivale, information sharing sessions was attended by 51 (37M/14F) POCs in Rubondo on IRC women's protection and empowerment programming.

Achievements

- In Oruchinga, knowledge assessment on SGBV was conducted to identify gaps in principles of working with SGBV survivors and referral pathways.
- In Rwamwanja community verification and

registration of GBV groups that will be engaged in community sensitizations was conducted. A total number of 739 (357F/382M) from 25 groups were registered including 12 youth groups, 4 male engagement groups and 9 women anti-violence groups from Base camp, Ntenungi, Kyempango, Mahiga, Kaihora, Mahani, Buguta and Kikura zones.

- In Kyangwali, awareness sessions were conducted on SGBV and PSEA in all the villages to educate the community on strategies in case management, outreach/awareness through the referral pathway and the reporting lines with the available legal framework. In total, 4 outreach sessions / awareness raising campaigns reaching 431 refugees (248M /183F). One of the outreach was aimed at formation of Male action groups – community-based voluntary structures that will be supporting in awareness sessions/outreaches with particular focus on the engagement of men and supporting of women in GBV prevention and response.
- Following safety risks reported, UNHCR, OPM, IRC and community leaders started village SGBV risk mapping with 1 conducted in zone 3 were key “hotspots”, unsafe routes, dark and busy routes among others were identified. Mapping results will inform community awareness on safety and minimising SGBV risks and collective action in addressing risks identified. Community leaders who participated have immediately engaged the neighbourhood watch team to monitor and patrol risky routes ahead of the consolidation and dissemination of the report. The exercise will continue to other zones during February. Also, to address the concern of high child sexual abuses reported in 2018, awareness campaigns with messages on ending SGBV against children were conducted with 1,012 (410M/602F) community members reached through information sessions, sensitisations, dialogues, meetings and education sessions at the women centres.
- To increase male engagement, IRC in the implementation of the 2nd cycle of EMAP formed 9 new EMAP groups across the zones with 117 men and 108 women participating in the sessions through the month. This was aimed at increasing accountable practices within homes to end intimate partner violence and SGBV within the community.

Needs

- Extensive coverage of solar street lights across all the settlements to minimize dark spots and reduce exposure of women and girls to SGBV.
- Improved access to alternative sources of energy that would limit the exposure of girls to SGBV during firewood fetching, but would also prevent the selling of FIs and NFIs in which households are incurring to, in order to buy wood.
- Adequate lighting in dark spaces and especially vulnerable spots at night such as markets, firewood collection areas, and public latrines.
- Most Health Centers lack spaces that can guarantee privacy both at the moment of registration for services and during consultation. There is a systematic shortage of medication (ECP, antibiotics) required for post-exposure prophylaxis and a lack of follow-up on cases where PEP was taken.
- Improved access to alternative sources of energy and livelihood that would limit the exposure of girls to SGBV during firewood fetching as it is now the main option and a female-dominated task.
- Police focal person (s) need to be further trained on case management procedures and guidelines as well as legal response to GBV to enhance survivor-centred approaches.

Challenges

- The reduced access to vocational trainings and livelihoods opportunities increases the vulnerability of women and girls, especially those who are acting as head of household and are responsible for the care of a significant number of other family members. These circumstances increase their exposure to sexual exploitation, sexual abuse and survival sex.
- Poverty, Alcoholism and negative power use by men.
- Inadequate support for the police, Probation and Social Welfare Department during case follow-up
- Due to cultural gendered dynamics, it can be difficult to encourage active participation of women in trainings or capacity building activities. Many women find their role to be more of a passive one in the community and therefore do not engage in as an empowered manner as the men.
- There continues to be delays in the referral pathway with partners not efficiently coordinating. Health

and caseworker partners have said they do not often interact leading to a lack of follow up and potential lack of capacity building on issues surrounding SGBV. This can also lead to late reporting which is especially dangerous in cases where ECP, PEP, or medical examinations and evidence gathering is needed.

Strategy

- SGBV prevention and response activities are being pursued in close cooperation with UN agencies and NGO partners. UNHCR also works closely with the Government in the areas of social services, security, and the judiciary. UNHCR works to improve access to quality of services related to SGBV prevention and response, including:
 - Providing safe environments for women and girls through mass communication, community mobilization, and establishment of Women Resource Centres and listening and counselling centres;
 - Improving outreach to refugees, including through mobile activities to ensure identification and safe referral of SGBV survivors and those at risk;
 - Strengthening existing specialized services for SGBV survivors, such as psychosocial, medical and legal services and support survivors to the same, adopting a survivor centered 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.
 - Promoting engagement of men and boys in SGBV prevention and response.
 - Strengthening key partnerships with UN agencies, NGOs, Government, and local communities to reinforce SGBV prevention, response and coordination mechanism.
 - 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.
 - 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 in SGBV prevention and response.

- In the Urban, UNHCR and InterAid Uganda continue to contribute to SGBV prevention and response through a multi sectoral strategy, a systematic identification system to ensure that SGBV survivors are timely identified and provided with multi- sectorial support including medical, legal, security, and psychosocial support. Key approaches such as survivor centred approach, AGD sensitive approach, community-based protection approach and rights-based approach are used and also partners are encouraged to use these approaches for dealing with SGBV. A 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.
- 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 on the substance

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)