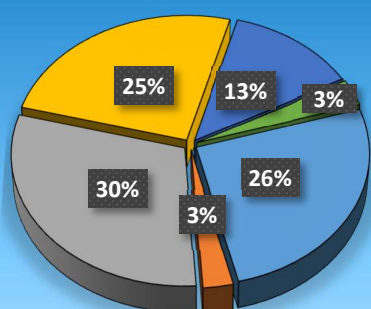


Key Figures

4297

Total incidents Jan -Nov

SGBV Incidents Jan- Nov, 2019



SGBV interventions January -November 2019

Interventions	Number	%
Safe House /Shelter	92	2%
Health/Medical Services	1030	24%
Legal Assistance services	1547	36%
Psychosocial Services	4102	95%
Safety and Security Services	666	15%
Livelihood Services	709	16%

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



Girls in Arua settlement ready for a football match during the 16 Days of Activism

Key highlights

- 4297 SGBV incidents were managed, documented and reported between January and November 2019 in refugee settlements. 87% of the survivors are female and 13% are males. Child survivors accounted for 14% of the reported cases. In November, 248 (235F/13M) incidents were reported.
- Some of the contributing factors for the violence include, issues of power imbalance, low household income levels, long distances to fetch firewood, alcohol abuse, having multiple sex partners among men, disagreements among couples after distribution of cash / food triggering physical and emotional abuse. Late and under-reporting of SGBV cases remains a major concern. Most cases of rape are managed beyond the 72 hours while some cases have been reported to have occurred in the country of origin. There has been a marked improvement in the referral system within the community, with greater emphasis being made on a community-based approach as a strategic approach. As a result, majority of the referrals made in November 2019 were done by the community as well as individually by the survivors.
- 95% of the survivors received basic counselling from SGBV actors along with other health, legal, police and livelihood assistance. While specialized counselling was not available for most survivors, some were referred to specialized service providers for Mental Health and psychological support.
- 16 Days of Activism:** This year's global theme, 'End Gender-Based Violence in the World of Work', highlighted the need to address SGBV in all situations of work, whether it impacts our own personnel or our persons of concern. This year's national theme was "Orange the World # Hear Me Too: End Violence Against Women and Girls". In Arua, partners and community structures engaged in awareness-raising activities on ending SGBV in the world of work through sports, community dialogues, music and drama. In Kyangwali, a joint actors community forum inclusive of awareness sessions, dialogues and debates were held. In Adjumani, community sensitization was done through dialogues on early marriage, child abuse, and power sharing at household levels. In Kiryandongo, partners jointly held community dialogues on SGBV prevention and response. In several settlements, awareness raising was done using music, dance and drama performances among others.

- **ProGres V4 roll-out:** To strengthen case management and documentation, UNHCR in Adjumani conducted a 3 day roll-out training for ProGres V4 Child Protection and SGBV modules from 19 to 21 November 2019 and was facilitated by Child Protection and SGBV Focal Persons for ProGres V4. 55 UNHCR and partner staff were in attendance. Key action points included the completion of the partner vulnerability assessment (Equipment/IT Connectivity), Opening of User Accounts for UNHCR and Partner case management staff, continuous technical support for Child Protection and SGBV partners, refresher trainings for Child Protection and SGBV partners, uploading all CP and SGBV cases into proGres V4 and Contextualization of the National SOPs for CP and SGBV ProGres V4 modules.
- **SASA! Implementation:** As Adjumani Sub-Office transitions to the SASA! Action phase, the SASA! Support phase drama presentation was used to reach community groups such as market vendors and taxi operators in Pagirinya Settlement. The drama skit presented by 14 actors (9M/5F) focused on how survivors of rape can be supported. The audience asked questions regarding police forms, payment for medical examinations, and legal implications of rape which were clarified by SGBV case workers. Community members were also sensitized on their role to support SGBV survivors through the referral pathway. In Kiryandongo, a rapid survey on SASA! Phase 2 (Awareness) to find out the thoughts about relationships between men and women, and their attitudes towards violence against women which in turn informs the progress of the awareness phase. Similar activities also took place in Yumbe/Bidibidi, reaching out to 7725 (4798F/2927M) community members. Messages focused on SGBV categories, causes, consequences and use of referral pathways across the five zones of Bidibidi. 67 members of the two female groups were also taken through the EMAP sessions in zone 5 in effort to foster understanding of men and women on SGBV issues. UNHCR also conducted training on Sexual Harassment, Exploitation and Abuse for ARC and other partners staff.

Community participation in SGBV prevention and response

- As of November, 376 awareness and sensitization sessions were conducted in Imvepi, Rhino camp and Lobule settlements reaching 77,959 (40,866F/37,093M) refugees and host communities. The topics included: effects of child/forced marriages at the individual, family and community levels, misuse of power as a root cause of SGBV, harms of alcoholism, effects of economical violence, importance of girl child education, Protection from Sexual Exploitation and Abuse (PSEA), Sexual and Reproductive Health Rights, Menstrual Hygiene Management, domestic violence,

referral pathways, HIV as a consequence of SGBV, domestic violence related to cash distribution among others. The sessions were conducted by partner staff and community structures, including Gender Task Forces, Male Action Groups and Community Activists. The methodologies used included door to door sensitization, family/community dialogues, barazas as well as mass campaigns. Similarly, 92 sessions of “Engaging Men in Accountable Practices” (EMAP) in Imvepi and Omugo, were conducted, reaching 542 (200F/342M) persons distributed in different groups. The male groups reflected on gender roles in their homes and explored the good practices they need to adopt to ensure equal distribution of power and opportunities within their families.

- In Kiryandongo, two awareness sessions focusing on basic concepts of SGBV, referral pathways, child friendly space and female friendly spaces were conducted reaching out to 54 persons (49F/5M). The community raised issues such as child marriages, children missing school and moving alone at night, high school dues, etc. as some of the driving factors for SGBV in the community.
- In Matanda transit centre, five SGBV dialogues were conducted to raise awareness on SGBV prevention and response through related topics including child marriage, causes of SGBV among others. Survivors raised issues such as lack of warm clothes since some come with one pair. 647 (343M/304F) persons of concern attended the awareness dialogues. Participants were encouraged to report cases early to receive effective support.
- As of the end of November, 7,958 women and girls accessed the Women Centres of Imvepi and Rhino Camp Settlements, where they accessed a safe space for discussion and experience-sharing. The activities they engaged in included psychosocial group counselling, sensitization on SGBV and referral pathways, knitting, tailoring, bakery, hair dressing, music and drama. Also, 64 female refugees attended functional adult literacy classes. In addition, mobile group psychosocial support sessions for 947 women that otherwise would not be able to benefit from these activities because of limited mobility and long distances were held at the community level.
- As of the end of November, in Arua, 53 sessions of the 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. 254 girls distributed in groups of 25 members discussed about social and emotional skills, healthy relationships, communicating choices and stress management. As a result, girls learnt how to control impulses, understand one’s feelings and emotions, recognize healthy relationships and deal with

challenges. Moreover, a stronger self-esteem was observed in most beneficiaries. As one beneficiary stated: "I can now look at myself and make better decisions for myself". Similar activities under the girl shine approach were organised in Yumbe/Bidibidi reaching 336 adolescent girls at girls and women safe centres. A further 147 women and girls participated in group psychosocial support activities and experience sharing in the women safe centres. 306 women continued to attend adult literacy classes across the five zones of Bidibidi while another 154 women participated in tailoring, beading, knitting and 44 women participated in bakery training. These engagements are aimed at preventing women from participating in negative coping mechanisms such as survival sex.

- In Arua, a community dialogue was conducted and attended by 31 (9F/22M) cultural leaders and religious leaders in cluster B Bimbo Church to discuss their contribution to community based psychosocial support and trauma care in relation to SGBV prevention and response. The leaders were enlightened on their role in ending violence against women and girls and urged partners to target the youth more with SGBV prevention and response interventions.

Capacity Development

- In Arua, UNHCR, DRC, IRC, CARE and HADS continue their effort to strengthen community capacities in, and ownership of, SGBV protection and response mechanisms. As of November, these partners trained 736 (420F/316M) members of community structures including gender task forces (GTFs), Refugee Welfare Committees (RWC), Community Activists (CAs), Male Action Groups (MAGs) and community volunteers. The community members were trained on SGBV core concepts, as well as on their roles and responsibilities which mainly included identification and referral of cases, as well as awareness-raising and behavioural transformation in their communities.
- On 18 November, UNHCR conducted a training for SGBV partners on the procedures for the referral to, and the management of, Protection Houses of Imvepi and Rhino Camp Settlements. This enabled participants revise standard operating procedures for Protection Houses adopted last year and propose adjustments to its content. Moreover, agreements were reached on the roles and responsibilities of Child Voice (partner running the Protection House of Imvepi) and the Protection partner in charge of case management in the settlement. In this regard, the case action plans of the survivors will be updated, and specific follow-up actions will be assigned to the different organizations involved. Moreover, induction on SGBV guiding principles and PSEA was conducted for the staff of Imvepi Protection House, including security guards.

- On 18-22 November, IRC and the District Health Office conducted a training on clinical management of rape for 20 health workers (8F/12M) of Arua district health facilities. This activity addressed the technical requirements to provide timely and adequate health care to survivors, document their physical conditions for judicial purposes and assist women and girls in a survivor-centred manner that puts their safety, security and dignity at the centre of the process.
- On 20-21 November, UNHCR supported a training on SGBV organized by DRC for its staff and members of local Government (5M/10 F). Sessions covered SGBV definition and core concepts, forms of SGBV, SGBV response and risk mitigation among others. This activity created an enabling environment for survivor to disclose the violence they suffered and to timely respond to their protection needs in an age-appropriate manner and in line with the survivor-centred approach.

SGBV Coordination and Meetings

- On 4 November, a workshop on SGBV mainstreaming and integrated programming was conducted in Arua with the participation of WASH, Livelihoods, Education, Shelter, Health and Protection sectors. The activity gave participants the opportunity to understand the key role they can play in SGBV risk-mitigation and prevention. Moreover, it enabled them to review the National Action Plan for SGBV mainstreaming 2019-2021 adopted by UNHCR Uganda, so to identify key actions to be reflected in the 2020 programming. UNHCR sector leads are expected to take lead in SGBV mainstreaming through the PPAs with partners.
- In Kiryandongo, DRC conducted the monthly meeting with SGBV community-based structures (Male Action Groups and Community Activists) which comprised of 25 persons (11F & 14M) to refresh them on their roles and responsibilities and discuss key issues arising in the sector. Child abuse by parents, sexual assault, theft, and cluster leaders soliciting for money to handle cases in the community were some of the issues that were discussed.
- In Adjumani, LWF held six review meetings with SGBV community-based structures (Community Activists, drama groups, watch groups and Youth Pyramids) comprising of 173 (93M & 80F) members in Agojo, Ayilo 1, Baratuku, Boroli, Nyumanzi and Pagirinya Settlements. Participants identified late reporting of cases and inadequate material support (torches, umbrellas, gumboots and raincoat) to facilitate their work as key challenges. The groups plan to reach the youth with SGBV prevention and positive life skills messages during the extended school holidays as a measure to reduce SGBV related incidences.

Gaps and Challenges

- Underreporting of SGBV cases is a key concern due to numerous factors including stigma, shame, family reaction and dissolution, perception of SGBV as a private matter, lack of confidence in reporting channels. Most survivors remain silent due to fear of reprisals and/or mistrust on getting supported if reported.
- Limited access to necessities including sufficient hygiene kits leads to negative coping strategies that increase the risk of SGBV.
- 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. This is exacerbated by the lack of understanding of Host Country Laws by survivors who perceive the style of justice as non-responsive to their needs.
- Early marriage is still a big challenge leading to school dropout.

Strategy

- 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 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 locations are planned for enhanced SGBV data management.
- Awareness raising and advocacy within communities to address under-reporting of GBV 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.
- 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.

Stories of change

Arising out of a sensitive case rape case that involved a child survivor, psychosocial counselling was provided to the survivor and her caretaker and the re-admission of the girl to class was successfully negotiated with the headmaster of her school. Moreover, upon the request and consent of the caretaker, a community dialogue on child marriage was held in the village of the survivor, as a mechanism to reduce the pressure that community leaders were exerting on the family to settle the incident with a marriage between the perpetrator and the survivor. The survivor thus successfully continued with her studies and was protected from possible retaliation and intimidation in the community, sitting her end of year exams. Her case was later submitted for inter-settlement relocation and the family will continue getting support to pursue justice through the courts. This case will potentially serve as a deterrence and aid in social norm change in the community.

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)

Contact: Mildred Ouma (oumam@unhcr.org)