

Key Figures

SGBV incidents reported from January to August 2018

Type of Incidents	Total incidents	%
Physical Assault	1,447	36%
Rape	870	21%
Psychological / Emotional abuse	867	21%
Denial of resources	399	10%
Forced/ Early Marriage	265	7%
Sexual Assault	206	5%
Total	4,054 (88M, 3966F)	100%

Interventions made January-August, 2018

Type of Interventions	Number of beneficiaries	%
Psychosocial services	4,054	100%
Legal assistance services	1,486	37%
Health/Medical services	649	18%
Livelihood services	361	9%
Safety and security services	268	8%
Safe house /Shelter	101	2%

UNHCR Monthly Update Protection Sexual and Gender Based Violence (SGBV) January - August 2018

Developments

- A total of 552 (50M, 502F) new incidents were identified, managed and reported bringing the cumulative number of reported incidents to 4054 since January, 2018. It is important to note that much as the reported number of early marriages is low, cases could be much higher given the fact that reporting is hampered by negative cultural norms. This further compounded by the fact that most of the perpetrators are caregivers of the survivors.
- Some of the contributing factors to violence include couple arguments arising from reduced food rations, poverty etc. SGBV actors continue to provide awareness campaigns and survivor-centred, multi-sectoral response services to reported incidents. Each reported case received at least one form of intervention, namely, psychosocial, health, legal, livelihood, safe house and police services based on need and client consent.
- UNHCR reached out to a number of partners operating in Kampala as part of enhancing coordination with key Operational Partners engaged in providing SGBV services. Among them were: Centre for Domestic Violence Prevention (CEDOVIP) African Centre for Treatment and Rehabilitation of Torture Victims (ACTV; Jesuit Refugee Service (JRS) Refugee Law Project (RLP) and, ActionAid Uganda. UNHCR requested these partners to systematically share information of vulnerable refugee survivors of SGBV who seek their services, to facilitate more coordinated follow-up and to become part of the SGBV sub working group for Kampala once it is formed. UNHCR will continue reinforcing synergies with other organizations that inter-phase with refugees, with the aim of improving coordination and reporting on SGBV interventions.
- UNHCR attended the World Bank presentation of the First Draft Inception Report on an assessment of GBV Prevention and Response and Child Protection Services to the stakeholders. The assessment is planned to be undertaken in refugee hosting districts

and focuses primarily on host communities. It will complement previous assessments jointly conducted by UN agencies under the leadership of UNHCR. The World Bank consultants made a presentation on the assessment tools, desk review findings and overall research methodology to be employed in the assessment. UNHCR made a presentation on the methodology, key findings and lessons learnt from the “joint assessment on measures, services and safeguards for the protection of women and girls in Uganda”. A discussion followed on how to leverage synergies between the two assessments, in order to adequately inform the processes of programming for SGBV in refugee hosting districts for both refugees and the host community.

- UNHCR and partners continued with SGBV awareness sessions, aimed at ensuring the refugee participation in community-based prevention and response to SGBV, and to increase awareness on the referral pathway. A total of 413 such sessions targeting 21,553 audiences from different levels of the refugee community were conducted, bringing the total number of such sessions held since the start of the year to 2064 and reaching 117,877 refugees. Participants further gave their perspectives on the main causes of SGBV which included: idleness, power imbalance, alcohol abuse, early marriages, high school dropout rates (also attributed to limited opportunities for post primary education which in turn contributes to early marriages), a proliferation of disco halls, poverty, long distances to schools negatively affecting the safety and school retention especially of girls, lack of scholastic material support for the child-headed families, inadequate lighting and ignorance about the risks associated with early marriages. They further highlighted male engagement, participation of women in decision making, availing opportunities for post primary-education, and meaningful engagement of the youth and livelihood opportunities as some of the ways that could be effective in combating SGBV. In Bidibidi, to compliment sensitization efforts, the SGBV referral pathway has been massively disseminated during the period with billboards, signposts erected, brochures and posters printed and shared. Efforts will continue being made to strengthen these joint dialogues and also act on the perspectives given by the community.
- Engaging men and boys continues to be a key prevention strategy for SGBV, a number of trainings and sensitization sessions were carried out and attended by over 200 men in Rhino and Imvepi settlements. The sessions discussed the importance of joint decision making in homes and peaceful co-existence among couples aimed at reinforcing positive masculinity and meaningfully engaging men in combating SGBV. In Bidibidi, a community mobilization strategy for SGBV prevention through the use of community parliament on engaging men and boys was also organized and attended by 1,534 (F 814, M 720) individuals. The session proved very effective in creating awareness on male engagement as men and boys debated on their role in SGBV prevention and response.
- In an effort to enhance economic empowerment as an SGBV prevention and response tool, mainstreamed livelihood programs for survivors and women at risk were prioritized in Bidibidi. VSLA training was conducted for five days targeting representatives from Women and Youth groups with a total attendance of 14 participants and VSLA kits were provided to 8 women’s groups (survivors and women at risk) to support saving activities at women’s centres.
- In Kyangwali, activities aimed at mainstreaming protection in food distribution commenced, with WFP being invited to an SGBV working group meeting. UNHCR and WFP will continue working

together on preventing, and responding to SGBV incidents relating to the food distribution process. In addition, UNHCR has committed to monitoring distribution sites for SGBV as well as PSN vulnerabilities as a priority area.

Achievements

- SO Arua carried out a Joint Assessment with GBV and education partners including OPM at a private school in Rhino Camp to assess the vulnerability of students accessing private education to SGBV. Three old cases of SGBV from former students were identified, and the key areas of vulnerability pointed out to the school administration. Consequently, a number of mitigating measures were put in place including invitation of staff to SGBV trainings, discussions with students and continued monitoring to ensure this private school completes the licensing process at District level as required, including permits and safeguards for the boarding section. Additionally, appropriate support will be offered to the old cases identified during the assessment. UNHCR also delivered PSEA sessions in conjunction with UNHCR education team for “Better Interaction and Innovation in the Teacher-Learning Process” in Rhino, Imvepi, and Lobule settlements as part of ensuring safe school environment for girls. The team delivered messages on PSEA key principles, the important role teachers play in identifying and responding to PSEA and the referral pathway. It is instructive within this context, that teachers can be a first stop for cases of SEA and play an important role in prevention and response. In BidiBidi, a three day training was conducted for 45 partner staffs while 4 field based sensitizations were conducted for contractors, extension workers, volunteers and community structures with a total of 53 individuals engaged in group discussions on PSEA.
- UNHCR finalised the process of defining activities that could be implemented using the EU-UN Spotlight Initiative in refugee settings. Key in the formulation of the activities was to align with the instructions from the Spotlight Initiative to earmark 40% of the funding to Sexual and Reproductive health which was communicated at the tail end of the Program Development. UNHCR is one of the five Recipient UN Organizations for the two year fund and was allocated \$1.85 million from the funding and has been working with the Uganda Technical team.
- A SASA! Baseline survey was conducted in Omugo settlement and brought together 36 FGDs. A similar baseline survey was also concluded in Bidibidi, where 1,583 individual were interviewed. Data analysis is ongoing with final reports expected in September. Additionally, training was conducted on the first phase of SASA! targeting 45(20M, 25F) community activists in Omugo, Rhino and Imvepi settlements, with the aim of building more knowledge on local activism, create understanding among activists on their communities and act accordingly to prevent SGBV and contribute to ending silence around SGBV. An introductory community meeting for the leaders was also conducted in Imvepi and attended by 88 (61M, 27F) leaders. The above activities were done in response to identified gaps in knowledge noted in the roll out of the first phase. In Kyangwali, a SASA! Awareness phase Trainer of Trainees (TOT) training was conducted with the aim of providing partners and refugee social workers with knowledge and skills for implementation of the phase geared towards SGBV prevention and response. 18 (11 females and 7 males) partner staff attended.
- As a follow-up to concerns on increasing cases of child sexual violence, a teenage pregnancy assessment was initiated in Bidibidi with the aim of generating statistical evidence in the

settlement, exploring the risk factors and generate recommendations for medium and long-term actions and measures for the protection of girls from teenage pregnancy and SGBV. The report will be shared in September.

Needs

- Need for continued expansion of post primary education opportunities in addition to other meaningful engagement of the adolescents and youth, as a mitigation measure against SGBV. Refugees need support both for SGBV prevention and response.
- Due to the negative social stigma associated with SGBV and risks to personal security, survivors are often reluctant to seek assistance. In order to encourage SGBV survivors to seek assistance, the availability of specialized services and safe spaces is essential. A key priority in this regard is the establishment of additional women safe spaces in a number of refugee settlements, as the existing ones are inadequate.
- Survivors also need emergency and life-saving services including medical services, which are often inadequate or lacking. Psycho-social and legal support services need systematic and institutional support to strengthen their capacity. Above all, these services need to be available and accessible to refugees. Community mediation initiatives, including the engagement of men and boys remain critical to address the root causes of violence.
- There is a need to create safe environments through establishing access to energy as well as adequate lighting in off-grid areas like, markets and trading centers, public latrines etc in all villages and train groups as care takers of the lighting systems as a community based protection mechanism.
- Build more capacity in the men to men SGBV advocacy groups within the settlements.
- Improve on the resource envelop for SGBV to ensure adequate response and prevention mechanism.
- Provide capacity building for justice system staff including: Police, Prisons, Judiciary, Lawyers, community leaders, and staff on Refugee Protection.

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.
- 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.
- Using integrated programming to mainstream SGBV prevention and response into all sectors, in particular: shelter, WASH and child protection.

Challenges

- Forced displacement contributes to changing family dynamics: men who used to provide support for their family in their country of origin become unemployed and idle in Uganda and sometimes adopt negative coping mechanisms, such as abuse of alcohol, leading to domestic violence. Because of their inability to provide for their own families, contravening the gender stereotypes that impose men to be the house breadwinner, men are also exposed to stigmatization by their female partners, becoming exposed to emotional and psychological abuse as well as physical assault.
- Poverty and lack of economic prospects, coupled with cultural beliefs, lead to harmful traditional practices like early marriages and make women and girls vulnerable to SGBV. Sometimes families opt to marry daughters in order to ease the pressure on scarce resources in the household and access resources paid as dowry. Also, transactional and survival sex as a negative coping mechanism as a consequence of the aforementioned has been noted.
- Difficulties relating to the lack of systematised information sharing from the partners, particularly those that do not have implementation agreements with UNHCR, which affect the accuracy of data on SGBV.
- Given the active conflicts in the major Countries of Origin, a large proportion of the SGBV incidents happened prior to flight, making it difficult for the survivors to effectively pursue legal redress. Moreover, SGBV is wide-spread and worsened by conflict and the high incidence has created a negative perception in the community who view it as normal.
- Survivors of SGBV in the settlements are silenced by the fear of stigmatization and fear of retaliation from perpetrators and the situation is compounded by a general mistrust of the systems and community leaders.
- The police in the refuge settlements are understaffed and some even have no means to arrest perpetrators, no transport and no holding cells. This has influenced community member's reluctance to report cases and also the increased reliance on community structures which in most instances does not serve the interests of the survivor and might actually lead to re-victimization.
- There have been noted concerns of delays within the referral pathway with some partners not prioritizing non-sexual violence signalling a need for stakeholder engagement on SGBV case management with a focus on service access and referrals. The disparity of service fee at the government owned health facilities for sexual and physical assault survivors filling police examination form for criminal investigation and court prosecution is also another challenge, especially in the urban areas. Perceived bureaucracy within the judiciary and police, mishandling of case files, poor facilitation in the justice systems, lack of co-operation from complaints and constant transfer of public servants (especially in the police and the Judiciary) resulted in delays in prosecution of cases or even non sanctioning of case files due to lack of vital evidence on file.

- Despite the numerous interventions on SGBV prevention and response, SGBV remains under reported. Specific groups of survivors particularly marginalized and older groups as well as male survivors and sexual minorities are inadvertently overlooked by service provision, enduring tremendous risks of ongoing abuse. This is compounded by the limited knowledge by refugees of the procedures to access services owing to inadequate knowledge on the institutional frameworks.
- Late reporting of cases inhibits survivor's timely access to services especially sexual assaults, as many refugees are unaware of the importance of early reporting of cases.
- Addressing LGBTI remains a challenge, given the hostile legal environment and general negative perceptions on LGBTI in Uganda.

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)