Key Milestones
Garnered in 2018

gender@refugeelawproject.org
Acknowledgements

Special Appreciation to our Donors for the generous funding support

Ministry of Foreign Affairs

The Kingdom of the Netherlands in Uganda
Team Members

All Gendered Beings
G&S envisions a conducive environments in which all people **understand, attain, recover and enjoy** their sexual and gendered being and rights regardless of legal status.
A context where all people can understand, attain, recover, and enjoy their sexual & gendered being & rights regardless of legal status.
‘...all people understand...’

- Information sessions
- Awareness raising sessions
- Community policing
- Trainings & Mentorship
- Debates
- Survivor-led awareness

Conducive environment in which all people understand their sexual & gendered being
## Activities

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<tr>
<th>Activities</th>
<th>Planned</th>
<th>Executed</th>
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<td>Training</td>
<td>1,200</td>
<td>1,617</td>
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<td>Awareness &amp; Information</td>
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<td>14,800</td>
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### Incomputable reach

- Radio & TV Talkshows

### Projection vs. Reach

- **Projection**: 14,800
- **Reach**: 18,654

### Education & Inform all people about CRSV

- **Refugees**: 67.5%
- **Hosts**: 32.5%

- 18,654 people informed about CRSV
Vision Cont’d

...where people attain, recover and **enjoy** their gendered beings

‘Core Focus’
Focus

Ensuring Best Practices to SGBV prevention and response, Documentation of best practices, Advocacy & Lobbying on key SGBV issues of focus and Research on gender and sexuality issues.
Ensuring/Modeling Best Practices
Modelling Best Practices

Which model? ➔ SRSD

Screen

Experiences of war (Before, During, & After Flight)

Refer

Support

Approve Facilities (Physical)

Medical Experiences
Transport
Supplementary feeding
Assistive devices
Families for adherence

External (Other Partners)

Success Stories
Testimonies

Audio-visual
Online tools

Screening Tool (using PDAs/Profiling Tools)

RALP

Therapy (Psychological)

Families for adherence

Document
2018 Figures behind the SRSD Model

**Screened** 4,316 (Jan-Dec 17 2018)  (1,474 M, 2,822 F, 20 SGNC)

**Identified** 1,432 survivors of war-related injuries (33 percent) of those screened

**Supported** 1,054  (78m, 135f) – 74 percent of cases identified

**Referred** 1,054  (78m, 135f) Yet to refer 378

**Documented** Satisfaction, Success Stories, Testimonies – A work in progress
Screening Tool (using PDAs) Experiences of war (Before, During, & After Flight)

Enabling disclosure for war-related injuries

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<th>Female</th>
<th>SGNC</th>
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<td>1,474</td>
<td>2,822</td>
<td>20</td>
<td>4,316</td>
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<td>%</td>
<td>34.2</td>
<td>65.4</td>
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4,316 Screened

33.2% Disclosure

1,432 disclosed of exp. of war-related injuries (Planned 1,296)

Tackling Silences around CRSV

Which harms individual survivors, their immediate families, and communities

Screened 4,316 (Planned 8,640)
Refer

Approved Health Facilities (Physical)

External
(Partner Orgns.)

RLP

Therapy (Psychological)

Bridging the Research – Service provision divide

Medical Rehabilitation

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<td>57.9</td>
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<td>Male</td>
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<tr>
<td>Total</td>
<td>1,054</td>
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Revolutionising humanitarian interventions in refugee hosting areas

Yet to refer 378

1,080 Planned

1,726 Referred

672 Other Institutions (Not tracked, yet!)

1,054 Referred to RLP

57.9% Female
1.0% SGNC
41.1% Male

Planned

Referred

Other Institutions (Not tracked, yet!)
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<th>Gender &amp; Sexuality</th>
<th>Screening Freq</th>
<th>Screening %</th>
<th>Referral Freq</th>
<th>Referral %</th>
<th>% S-R</th>
<th>Caretakers Transported Freq</th>
<th>Total Transported Freq</th>
<th>Estimated # of Visits</th>
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<td>65.38</td>
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<td>21.6</td>
<td>481</td>
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<td>34.15</td>
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<td>24.4</td>
<td>822</td>
<td>1,876</td>
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Approx. 5,628 Visits

Screening in %:
- Female: 65.38%
- Male: 34.15%

Referrals in %:
- Female: 57.87%
- Male: 41.08%

Screen – Refer – Support (T/port)
Support (Caretakers)

What about me? – Caretaker turned ‘Client’

From One to Many – The multiplier effect

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<th>From Caretaker to Client</th>
<th>Freq</th>
<th>%</th>
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<td>17</td>
<td>70.8</td>
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Caretaker not required 22%

Male 32%

Female 46%

Assistive devices
Medical expenses
Adherence support
Psychosocial support
Supplementary feeding

From Care to Many – The multiplier effect

Medical expenses
Psychosocial support
Supplementary feeding
Assistive devices
Adherence support
Support (Physical)

- Building/Promoting trust
- Strengthening family support
- Enabling disclosure
- Strengthening refugee-host relations

Participatory and Supportive healing
Support (Psychological) - 4,494 Counselling Sessions

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<th>Gender</th>
<th>Indiv. Prep</th>
<th>%</th>
<th>Family Prep</th>
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<th>General</th>
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<td>2,890</td>
<td>99.9</td>
<td>550</td>
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adherence

Client Families
Settlement Authorities/Partners
Neighbors
Community Leader

55.2% 2.2% 42.6%
A context where all people enjoy their sexual & gendered being & rights regardless of legal status.
A glimpse of recovery following medical and psychological recovery

!!!Warning!!!

Graphical & nude photos ahead
(Depicting pre and post medical rehabilitation support)
Documenting Recovery

1,054
Referred for medical rehab.

939
Recovery visits conducted & documented

Progress analysis informed further referrals – Scientific analysis yet to start
Documenting Success Stories

21 Years Running

24 Success Stories documented & Archived

9 15
I ____________ ____________ testify as follows;

1) I was born in 1982 in a place called Kirocho found in North Kivu. My parents had eight children and I am the second born. I had four brothers and three sisters. My father was a business man selling cars and my mother was a housewife. Life at home was very good because my father was in position to provide for us all our needs.

2) In 1990 I started primary school at ______________ school found in Goma and completed in 1996. And then joined ________ ____________ still in Goma from 1996 up to 1999 when I fell sick of appendicitis and was bed ridden for three months. After recovering my parents suggested that I stay at home for the whole year and join school again the following year.

3) In 2000 I joined ______ Secondary school and I completed in 2008 and was awarded a diploma.
Ignited conversation on Investigation & Documentation of CRSV by Religious Leaders in Uganda
Whilst UNHCR published a Guidance Note (NNGN #4) on working with men and boys, refugee male survivors of sexual violence still struggle to access services. What is UNHCR doing about this?
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<td>RLP Staff, Uganda Police</td>
<td>Dr. Chris Doki, Police Officer, Susan Aciro, Jesse Nkuoro, Patience Kabatoba, David Oren, Winfred Aciro, Mary Kampogo, Jackson Odong and Patrick Obiri</td>
<td>Jnr Tbiga Abagye</td>
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<td>Jnr Tbiga Abagye</td>
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</table>
Strategic Goal

“To be a leading programme nationally and internationally in providing, documenting and disseminating inclusive SGBVP prevention and response interventions…”

Settlements

Industry Level

District Level

Leadership in organising events

Support Group Mentorship

Indiscriminative support

National Level

Modeling discipline & professionalism

International

Reference point (State & Non State Actors requesting to document our success stories)
2018 Projection – SRSD Model

**Screen**
- Host & Children
- Cover backlog
- Screen Caretakers

**Refer**
- Tracking External Referrals

**Support**
- Support Group Registration
- Stock taking on WWSG

**Document**
- Caretakers testimonies
- Compendium of Survivors’ Voices
- Online Reporting

- Tracking External Referrals
- Support Group Registration
- Stock taking on WWSG
The Herculean Background

Storage & Archival
(NMPDC?)

Overwhelming demand
(Other settlements?)

Over expectations from patients

Frustrating bureaucracies

Structural challenges that limits confidentiality
(Office Space)

UNDERSTAFFED HEALTH FACILITIES

To Every Challenge, there is an Opportunity
<table>
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<th>Kiryandongo</th>
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Funfunding Prospects? YES! But... (Fingers Crossed!)
2018 Projection – Advocacy for SRSD Model

- Internal capacity building esp. new staff
- Donor Working Group
- Presentation of results
2018 Projection – Advocacy for SRSD Model

Organise the IV SSI

Disseminate Progress and Lessons on Strengthening Refugee Host Relations

Settlements
District Level
National Level
International
2018 Projection – Advocacy for SRSD Model

Advocate for buy-in
the SRSD Model at
National Level

University Students
(Medical, Refugee,
Psychology, Legal, & Gender)
We are making a difference!

May this legacy live long!
“You do not have to be an ‘EXPERT’ to tackle CRSV. The ‘little’ things we do means a lot to survivors, their families, communities, and world over” – Gender & Sexuality Team (RLP).

Ambition is required for us to tackle conflict-related sexual violence

Thank you!

It’s possible but requires rigour and walking the talks!