



Inter-agency Rapid Gender Analysis and GBV Assessment – DRC Refugee Influx, Uganda

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Holly Robinson



Author

Holly Robinson – CARE International Rapid Response Team, Gender in Emergencies Specialist
www.care.org

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Cover page photo: Kagoma Reception Centre, Kyangwali

Image: Ruwani Dharmakirthi



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Abbreviations

| | |
|---------------|--|
| ACORD | Agency for Cooperation and Research in Development |
| CAFOMI | Care and Assistance for Forced Migrants |
| CPAGs | Community Protection & safety Action Groups |
| DRC | Democratic Republic of Congo |
| FGD | Focus group discussion |
| GBV | Gender-based violence |
| IASC | Inter-Agency Standing Committee |
| IPV | Intimate partner violence |
| KII | Key informant interview |
| NFI | Non-food item |
| OPM | Office of the Prime Minister |
| PSEA | Protection against sexual exploitation and abuse |
| PSN | Person with Special Needs |
| RGA | Rapid Gender Analysis |
| RWC | Refugee Welfare Council |
| SADD | Sex- and age-disaggregated data |
| SEA | Sexual exploitation and abuse |
| SOP | Standard operating procedure |
| UAM | Unaccompanied Minors |
| VSLA | Village savings and loan associations |
| WASH | Water, sanitation and hygiene |
| WHH | Women-headed household |

Executive Summary

Overstretched and underfunded, the humanitarian response for the influx of DRC refugees into Uganda is struggling to meet the large basic needs. This Inter-Agency Rapid Gender Analysis and Gender-Based Violence (GBV) assessment was conducted with the objective of understanding the gender dimensions of the crisis, and needs and vulnerabilities of the refugees in order to inform a more gender responsive humanitarian response. In particular, it aimed to identify the specific GBV risks and vulnerabilities facing the affected population, and provide targeted recommendations to both CARE and other humanitarian actors on how to address these gaps and vulnerabilities.

GBV is a daily reality in Eastern DRC – both within and outside of the ongoing conflicts. Sexual violence has been a longstanding weapon of war used by parties to the conflicts and, increasingly, this sexual violence has extended through to every-day perpetration by civilians. This violence is situated within a society with deeply rooted discriminatory gender norms, in which women suffer entrenched inequality in all spheres of life and where a man's worth is largely based on his capacity to provide for and protect his family. The sustained conflicts within the country have resulted in decreasing opportunities for men to perform this role, similarly so in displacement in Uganda, where livelihood opportunities are severely diminished.

This assessment found that in conflict, in transit, and in displacement in Uganda, the Congolese refugee population is facing numerous highly traumatic forms of human rights abuses, including various forms of GBV. In the conflict in DRC, sexual violence is systematically perpetrated against women and girls; and kidnapping, physical assault, torture and massacres are used against men and boys. Women and girls often face a compounded risk of additional sexual violence during flight.

The research also **found high levels of many forms of GBV reported as regularly occurring** within the Congolese refugee population in Uganda. It also identified specific risks for a likely increase in GBV for new arrivals, and key risks for a number of forms of exploitation, including sexual exploitation and abuse (SEA). The types of GBV noted as present in the settlements for women and girls include rape; forced and child marriage; intimate partner violence including assault, marital rape, and denial of resources; and denial of schooling opportunities for girls. Child abuse was also raised as a significant concern. A number of specific SEA and human trafficking risks were identified through the research and require further investigation.

The DRC refugee population in Uganda face large unmet basic needs, pressure on already stretched existing resources such as water, and very limited livelihood opportunities available to meet these needs. A number of negative coping mechanisms are being employed as a result. Women and girls are resorting to transactional sex, girls are facing increased pressure to engage in child or forced marriage, and children are being removed from schooling. For men and boys, the emasculation and frustration they experience due to their inability to perform their role as providers and protectors, as well as a lack of psychosocial relief to deal with the trauma they have experienced, is reportedly resulting in alcohol and drug abuse, often leading to increased tension between intimate partners, and ultimately, domestic violence.

A number of key recommendations emerged from this report in response to the widespread gendered challenges, risks, vulnerabilities and gaps facing the DRC refugees in Uganda. Detailed recommendations can be found at the end of the report. The **5 most transformational recommendations** if implemented include:

1. **Mainstream GBV** concerns through all sectors, with specific consideration to WASH

2. **Begin immediate outreach on PSEA** through mass Information, Education and Communication (IEC) campaigns in languages (both oral to address literacy barriers and visual, posters, etc) accessible to refugees and conduct widespread **PSEA training for all humanitarian actors**.
3. Improve GBV screening at transit and reception centres across all locations, and where possible, set up protection desks with capacity to do **GBV screening at major points of arrival**.
4. **Assess the GBV referral pathway** including investigating to what extent the Standard Operating Procedure (SOP) for GBV case management and referral pathway are known and enforced by service providers. Following the assessment, develop an action plan to be implemented.
 - Distribute **PEP kits and emergency contraception** and ensure medical teams at each settlement are **trained in the clinical management of rape**.
5. As a priority, and in recognition of its potential to significantly decrease GBV risks for women and girls, **distribute dignity kits to all women and girls**.

Introduction

Background information

The humanitarian situation in the Democratic Republic of the Congo (DRC) has deteriorated significantly over the last year. The crisis has intensified and spread throughout the country, especially along the eastern border; affecting people in areas previously considered 'stable' and stretching the coping mechanisms of people in already impacted areas.

Gender-based violence (GBV), predominantly against women and girls, is a daily reality in Eastern DRC – perpetrated not only in the conflict, but also in times of stability. The causes of GBV are multiple, complex and aggravated by the chronic conflict that has led to a disruption of the social fabric and emasculation in a society that places high value on a man's capacity to provide for and protect his family. In addition to decades of use of sexual violence as a weapon of war by the various armed groups, there is also widespread and widely accepted perpetration of sexual violence by civilians against other civilians. This is partly due to the limited follow-up after the reintegration of former armed actors,¹ contributing to the increase in chaos and impunity.² This violence by current and former armed actors is overlaid on a foundation of gender inequality that is deeply rooted in discriminatory gender norms. The normalcy of gender inequality in the Congolese society is illustrated by the fact that 60% of men and 75% of women agree that a husband is justified in beating his wife under certain circumstances.³

As a result of intensified inter-communal conflict in DRC, Uganda is seeing a massive increase in arrivals of refugees from DRC. Since the 1 January 2018, 27,706 people have fled inter-ethnic violence and entered Uganda across Lake Albert, and a further 16,112 have arrived from North Kivu through the southwestern border.⁴ Uganda has a total of 251,730 officially registered refugees from DRC⁵ of which 43,818 have arrived since 1 January.⁶ Uganda has a very progressive refugee hosting policy in the region and perhaps the world. The Ugandan Government provides refugees with land for shelter and cultivation, and grants nearly equal rights to refugees as to its own citizens as far as access to social services (health, education), the right to work and the right to free movement are concerned.

The 2018 Inter Agency DRC Refugee Contingency Plan predicted an estimated 60,000 new arrivals from DRC into Uganda by the end of the year. By 20 February, Uganda had already welcomed 71% of this number. The collective analysis had clearly underestimated the situation in DRC and, as a result, humanitarian actors in Uganda were ill-prepared to rapidly respond and scale up their efforts as required. Faced with the sudden large influx of refugees arriving from December 20th 2017, humanitarian partners have been requested by the Office of the Prime Minister (OPM), in charge of refugee management and response in Uganda, and UNHCR, to rapidly scale up the response to the influx. However, scaling up has proved difficult as many actors are already engaged and over-stretched in the South Sudanese refugee response, and no financial resources were made available. It is important to note that the South Sudanese refugee crisis is also largely underfunded, with only 37% of the South Sudanese Refugee Response Plan for Uganda funded in 2017, and only 4% funded so far for 2018.

¹ United Nations. Security Council, 7428th Meeting Coverage. "Fight against Sexual Violence in Conflict Reaches 'New Juncture', Security Council Told". April 2015. <http://www.un.org/press/en/2015/sc11862.doc.htm>

² United Nations Human Rights Office of High Commissioner. *Progress and Obstacles in the Fight against Impunity for Sexual Violence in the DRC*. 2014. Retrieved July 2015 from UN Missions

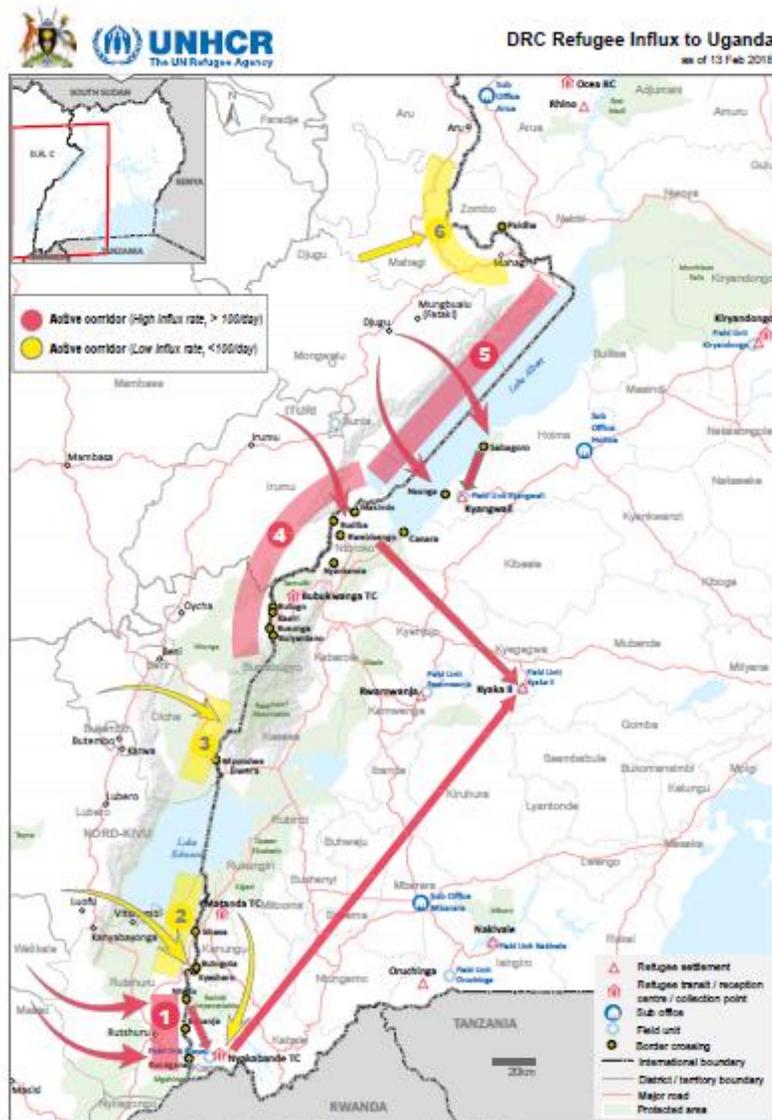
³ *Enquête Démographique et de Santé en République Démocratique du Congo 2013-2014*

⁴ Inter-Agency Emergency Update on the DRC Situation #17, 23th February 2018

⁵ OPM RIMS data, Inter-Agency Emergency Update on the DRC Situation #17, 23th February 2018

⁶ UNHCR wrist-banding data, Inter-Agency Emergency Update on the DRC Situation #17, 23th February 2018

This influx from DRC has also occurred at a time when allegations of fraud, corruption, exploitation, and abuse in the refugee response in Uganda are being brought forward.⁷ These allegations and the subsequent investigations have a significant effect on the capacity to scale-up the response. This is due to



donor reluctance to fund the response until the investigations are completed, as well as a divergence of resources into responding to these allegations, including a needed but very costly verification exercise of refugees. The Government, UN and NGO partners alike are, therefore, overstretched and challenged to respond to the significant and urgent basic needs of the Congolese refugees.

Newly-arrived refugees report having suffered inter-communal violence and have witnessed and / or, in many cases, personally suffered various atrocities and human rights' violations, including GBV. Upon arrival, refugees are in need of water, food, shelter and non-food items (NFIs). At the time of the research, there were large unmet needs in all areas of the response, including in protection, psychosocial support and medical services for GBV survivors, particularly survivors of sexual violence.

This UNHCR map shows the major routes taken by refugees from DRC to enter Uganda as of 13 February 2018. The influx rates from different points of entry have changed rapidly over time,

including throughout the period of the research, and may continue to do so, reflecting the changing dynamics of the conflict in DRC.

A majority of DRC refugees entering Uganda are currently doing so at the southern border crossing at Kisoro, or crossing Lake Albert. At the time of the research, those entering from the southern region are transferred to Nyakabande Transit Centre, and then settled in Kyaka II settlement. Refugees arriving across Lake Albert are transported to Kyangwali settlement where they are registered in the Kagoma Reception Centre, and then settled in new villages where land was quickly being cleared within Kyangwali settlement.

Life-threatening challenges are already emerging, with a cholera outbreak officially declared by the Ministry of Health on the 23rd February. As of 23 February, there have been 26 deaths and 668 suspected cholera cases reported in Kyangwali.⁸

⁷ For information, see: UNHCR, *UNHCR welcomes Uganda's commitment to fight corruption in refugee programmes*, 09 February 2018

⁸ Inter-Agency Emergency Update on the DRC Situation #17, 23th February 2018

The Rapid Gender Analysis (RGA) and Gender-Based Violence (GBV) Assessment objectives

There are **three main objectives** to this research, to:

- **Understand the gender dimensions of this crisis** and the differentiated gender needs and vulnerabilities of refugees, in order to inform a more gender responsive humanitarian response, including identification of gender gaps and barriers but also identification of opportunities for empowering refugee women and girls in the response;
- **Identify the specific GBV risks and vulnerabilities** facing the affected population, assessing the specific needs and gaps in GBV prevention and response and any other related and associated protection risks;
- **Provide targeted recommendations to CARE and other humanitarian actors** on how to deliver a more gender responsive response in key sectors and specifically on how to address the identified GBV risks and gaps in the GBV response.

Methodology

In preparation for the study, CARE sought and received approval from OPM at both the national and settlement level. CARE International in Uganda's National Humanitarian Coordinator conducted a pre-assessment visit of the research locations to gather initial information, introduce the research objectives to partners, and seek engagement of response actors on the ground. During this planning phase, CARE also introduced the research to both UNHCR and UNFPA at the national level, and sought their collaboration. Invitations to attend a session to review the data collection tools and methodology were sent to UNHCR, UNFPA, and a number of partners, with the tool revision and methodology workshop held on 5 February in Kampala.

Primary research was undertaken from 7 to 16 February, with secondary data research and follow up calls with agencies conducted the following week. Primary research was conducted at:

- Bunagana border crossing point, Kisoro
- Nyakabande Transit Centre
- Kyaka II settlement
- One of the main Lake Albert landing sites, Sebagoro
- Kyangwali settlement, including Kagoma Reception Centre.

The research was led by a CARE International Rapid Response Team Gender in Emergencies Specialist, and supported by a team of CARE International in Uganda staff; as well as joined for portions of the data collection by staff from the Danish Refugee Council, CAFOMI, Save the Children and ACORD, agencies that also contributed significantly to the research by helping to arrange the fieldwork. Across the research period, the data collection team included two female staff from CARE, one male staff member from ACORD, and two male staff from Danish Refugee Council.

Focus group discussions (FGDs) were segregated by sex and age, and all interviews/FGD with women and girls were undertaken by a female facilitator and a female translator; with the exception of one key informant interview (KII) in which the woman requested to talk to the male facilitator and translator.

Most facilitators had experience working directly in GBV response and prevention work and with survivors. For those who were not, they were trained on the ethics and responsibilities of conducting research on GBV; how to talk to survivors in the case of a disclosure; as well as how, if requested, to safely refer a survivor with informed consent.

Research methods included:

- **Safety audits** through observation, transect walks and interviews;
- **24 FGDs** divided by sex and age, as well as between new arrivals and refugees settled in Uganda for some time, with a total of **298** of people (full breakdown of the sample below);
- **KIIs** with **19 refugees** and with **15 targeted actors**, including those from child protection, medical, GBV response and prevention (legal, medical, case management, prevention, psychosocial support), and protection sectors;
- **Secondary data review** as per list in Annex 1;
- **GBV Service Mapping** was intended but, as can be seen below, was rendered difficult by the need for actors to start responding to the influx.

The data analysis and report writing was undertaken by the CARE International specialist.

A **presentation of the draft report and findings**, with invitations widely distributed to different humanitarian partners and donors supporting the response, was held at the CARE office in Kampala on 27 February, with the aim of collating feedback to include in the final report. Verbal feedback received throughout the ensuing discussion was included in the final draft. The draft report was also shared for feedback with UNHCR and all NGOs who collaborated in the research - Save the Children, Danish Refugee Council, CAFOMI, and Accord. Feedback that was received was analysed and, to the extent possible, incorporated in this final version of the report.

Sample

Table 1: Assessment sample size, refugee population

| | Women | | Girls | | Men | | Boys | | TOTAL |
|-------------------------------|--------------|-----------|--------------|-----------|--------------|-----------|--------------|-----------|------------|
| | New arrivals | Long-term | |
| No. of FGD groups | 6 | 1 | 3 | 1 | 5 | 2 | 5 | 1 | 24 |
| Total no. of FGD participants | 79 | 12 | 37 | 9 | 65 | 29 | 54 | 13 | 298 |
| No. of KII with refugees | 6 | 7 | 2 | 1 | 2 | 1 | | | 19 |
| Total participants | 85 | 19 | 39 | 10 | 67 | 30 | 54 | 13 | 317 |
| | 104 | | 49 | | 97 | | 67 | | |
| % participants | 32.8% | | 15.5% | | 30.6% | | 21.1% | | |

As seen from this sample, a total of **317 refugees** were interviewed, of which **245 (77%) were new arrivals and 72 (23%) long-term settled refugees**. See Annex 3 for details on FDGs and KIIs per location.

The long-term DRC refugee population (those who have been settled for several years) was included in the research to ensure the findings captured their experiences as a part of the “host population” that new arrivals are integrating into; but also to provide insights into the longer-term risks and vulnerabilities that the current influx might also face. Whilst it is recognised that risks and vulnerabilities change over time, the research demonstrated that both the long-term settled refugees and the new arrivals faced similar

experiences from the country-of-origin and through their flight. Therefore, it offers a considerable opportunity to investigate two key issues:

- The likely tensions and associated security risks that may arise between longer-term settled refugees and the new arrivals;
- A reflection on the GBV, security and specific gendered needs and risks for the longer-term settled refugees - potentially a good indicator of what the situation may look like for the new arrivals once the initial phase of the response has passed.

Limitations

The research had several **limitations**. A very significant challenge was that the data collection ended up coinciding with a peak in the influx of refugees from DRC with daily arrivals jumping from an average of 300 to 400 to a peak of 3,975 arrivals on 9 February.⁹ In response to the sudden influx and, based on the significant GBV needs identified, CARE itself decided to deploy a response in Kyangwali immediately. As a result, some of the assessment team were redirected to the response and the sample size and timeline of the research had to be adapted accordingly.

This sudden, large influx also had the effect of overstressing everyone responding on the ground, meaning that it was extremely difficult to discuss with other actors, or conduct the Service Mapping component of the research. It also had the additional implication of increasing the burden of work on the field staff from different organisations working on the data collection itself. Given these challenges, we could only conduct 15 KIIs with actors and service providers, and priority was given to FGDs & KIIs with the DRC refugee population. However, attempts to make follow-up calls were made in the event it was not possible to talk to different partners. In addition, UNHCR, OPM, NGOs working in the settlements and various actors were also offered the chance to review and provide feedback on the draft report findings during the presentation at the CARE office on 27 February with the main objective of ensuring the experience, knowledge, and lessons learned from those on the ground were captured as best as possible. Lastly, the full report was shared with participating agencies and UNHCR for full review and feedback, as mentioned above.

The greatest challenge of the assessment was **the lack of safe, confidential spaces** to speak with research participants. The majority of FGDs had to take place in open spaces under trees. Whilst male and female participants reported they felt safe to talk under these conditions, it did not provide the protected space where this type of research on sensitive topics like GBV would ideally take place and the attention that FGDs attracted from the community may have limited participants' responses, but also the possibility for researchers to probe deeper as they feared exposing research participants.

While recognising the significant needs of the population at this early stage of the intervention, this report **aims to address only the most pressing gender and GBV concerns, gaps, vulnerabilities and needs identified at the time of the research** in order to help the humanitarian response prioritise. This is particularly relevant given how overstretched all partners responding on the ground currently report to be, as well as the severe lack of funding currently available for the response.

Lastly, it is important to bear in mind that this type of Rapid Gender Analysis and Gender-Based Violence assessment primarily uses qualitative research methods, mainly FGDs, as described in the methodology section. It provides valuable insight about research participants' perceptions, views and opinions on the discussed topics at a given time and in a given location. While it does generate indications on trends, findings should not be extrapolated to the full population of Congolese refugees. However, it raises

⁹ UNHCR Bi-Weekly DRC Info-Graph, *Uganda Refugee Response: DRC Situation*, 16th February, can be found at: <https://ugandarefugees.org/category/policy-and-management/situation-reports/?r=48>

awareness on risks that are likely to exist elsewhere if similar conditions exist. Therefore, *the stories and examples shared below are not indicative of behaviour occurring in all families or in all cases, and should not be read as a plural experience of all women and girls, nor of all men and boys. Rather, they are shared to exemplify the risks and the types of GBV that are reported as present within the community.*

Findings and Analysis

Sex and Age Disaggregated Data

Since 1 January 2018, 43,818 refugees from DRC have arrived in Uganda through differing entry points.¹⁰ As of 15 February, a total 41,769 refugees (old and new arrivals) are in Kyangwali; and 34,461 in Kyaka II.¹¹

It proved difficult to gather sex- and age-disaggregated data (SADD) on the new influx of DRC refugees in real time. The research was able to source data for new arrivals at Nyakabande Refugee Transit Centre, who are then transferred to Kyaka II settlement (see table 1). However, while we were unable to secure the same data for **new** arrivals for Kyangwali settlement, we do have the SADD breakdown for the **total** population of the settlement (see table 2).

Table 2: SADD for arrivals at Nyakabande Refugee Transit Centre – Kisoro from 1 January - 21 February 2018¹²

| | 0-4 years | | 5-11 years | | 12-17 years | | 18-59 years | | 60+ years | | TOTAL |
|-------|-----------|------|------------|------|-------------|-----|-------------|------|-----------|-----|-------|
| | M | F | M | F | M | F | M | F | M | F | |
| No. | 1807 | 1764 | 1866 | 1677 | 983 | 831 | 3280 | 3087 | 154 | 214 | |
| % | 11.5 | 11.3 | 11.9 | 10.7 | 6.3 | 5.3 | 20.9 | 19.7 | 1.0 | 1.4 | |
| TOTAL | 3571 | | 3543 | | 1814 | | 6367 | | 368 | | 15663 |
| | 22.8% | | 22.6% | | 11.6% | | 40.7% | | 2.3% | | 100% |

According to the above, new arrivals coming through Nyakabande Refugee Transit Centre between 1 January and 21 February 2018 are comprised of 57% children under 18, 40.7% between 18 and 59 years, and 2.3% are elderly people. **Women and girls comprise 48.3% of these arrivals.**

Table 2: SADD for the total population registered at Kyangwali Settlement¹³

| | 0-4 years | | 5-11 years | | 12-17 years | | 18-59 years | | 60+ years | | TOTAL |
|-------|-----------|------|------------|------|-------------|------|-------------|------|-----------|-----|-------|
| | M | F | M | F | M | F | M | F | M | F | |
| No. | 3993 | 3953 | 4578 | 4402 | 2714 | 2664 | 6294 | 7195 | 437 | 483 | |
| % | 10.9 | 10.8 | 12.5 | 12 | 7.4 | 7.3 | 17.1 | 19.6 | 1.2 | 1.3 | |
| TOTAL | 7946 | | 8980 | | 5378 | | 13498 | | 920 | | 36722 |
| | 21.6% | | 24.5% | | 14.6% | | 36.8% | | 2.5% | | 100% |

Based on the total number of registered refugees in Kyangwali settlement (new and old arrivals) as of 22 February, 60.8% of the total population are children under 18 years; 36.8% are between 18 and 59 years, and 2.5% are elderly. **Women and girls comprise 50.9% of the settlement population.**

Consistent with these figures, of the total DRC refugee population in Uganda, 61% are children under 18; 22% are adult women; 15% are adult men; and 2% are elderly (above 60).¹⁴

At the time of the primary data collection for the assessment, the identification of persons with special needs (PSN) had halted in Kyangwali settlement due to the rapid influx. However, at the time of writing the report, the identification process had restarted. As of 20 February, 1,536 PSNs were identified in Kyaka II

¹⁰ UNHCR wrist-banding data, Inter-Agency Emergency Update on the DRC Situation #17, 23 February 2018

¹¹ Inter-Agency Emergency Update on the DRC Situation #16, 20 February 2018

¹² Nyakabande Refugees Transit Centre – Kisoro *Daily Statistics from 1 January 2018 to 21 February 2018*

¹³ OPM RIM data, as of 22 February

¹⁴ Ibid.

settlement, including 355 unaccompanied minors and separated children.¹⁵ As of 2 March, 1,697 PSNs among the new arrivals had been identified in Kyangwali settlement, including 490 unaccompanied children, 307 separated children, and four child mothers.¹⁶ The number of pregnant or lactating women, female- or child-headed households, polygamous families, and those with a disability is unknown. Through the research, the population noted that large numbers of unaccompanied children and orphans, as well as pregnant and lactating women were present.

Findings on Gender Roles and Responsibilities

Research shows that life in DRC is structured within a **strict patriarchal understanding of the roles and responsibilities of women and men**, with both men and women strongly observing adherence to, and **sustaining unequal gender norms**. This understanding has specific impact on the ways in which women, men, boys, and girls live their lives, the opportunities they are afforded, and the violence and risks to which they are exposed throughout their lifetime.

The family remains the cornerstone institution of society, with men responsible for taking care of, by protecting and providing for, the family. Ideas of masculinity in DRC are a rigid interpretation of traditional ideas of a man – at its most reductive: to be financially independent, and consequently the breadwinner and the protector of the family. Women in DRC have on average 6.6 children, and 22% of women reported being in a polygamous relationship,¹⁷ although limited information around the structure and implications of these polygamous relationships was found.

In line with this, **women in DRC suffer from deep-rooted gender discrimination**. DRC is ranked 153 out of 188 countries in the Gender Inequality Index.¹⁸ Women and girls are traditionally seen as subordinate to men – and therefore live with the low social status, harmful cultural practices, denial of opportunities and resources, and gender-based violence that accompanies this.¹⁹ This inequality can be demonstrated in the gender gap in the statistics in: education (48% of women and 74% of men have secondary or higher education; 15% of women and only 4% of men aged 15-49 have no education);²⁰ as well as influencing the right to own land (women require their husband's authorisation to buy land, and while women's rights to inherit land is codified in law, customary laws deny them this right);²¹ and participation in public life (for example, women hold 8.9% of seats in national parliament).²²

Division of labour

These inequalities have clear implications for the responsibilities and roles that women and men perform. In DRC, **women and girls are largely responsible for all reproductive duties and domestic work** (including washing, cleaning, cooking, fetching water, childcare, etc.). Throughout the research it was

¹⁵ Inter-Agency Emergency Update on the DRC Situation #16, 20 February 2018

¹⁶ UNHCR data shared as feedback from draft report

¹⁷ *Deuxième enquête démographique et de santé*, 2014

¹⁸ A composite measure reflecting inequalities between women and men in reproductive health, the labour market, and empowerment. UNDP, *Human Development Report 2016: Gender Inequality Index* <http://hdr.undp.org/en/composite/GII>

¹⁹ For further information, see: Bjorkhaug, I., and Boas, M., *Men, women, and GBV in North Kivu, DRC*, Fafo Report 2014, <https://reliefweb.int/sites/reliefweb.int/files/resources/20386.pdf> ; Brun, D., *Données sur l'égalité des sexes en République Démocratique du Congo*, Social Development Direct, 24 October 2016; Deepan, P. *Men, Faith, and Masculinities: DRC*, Tearfund, <https://www.wewillspeakout.org/wp-content/uploads/2014/06/Men-faith-and-masculinities-DRC-FINAL.pdf>

²⁰ *Deuxième enquête démographique et de santé*, 2014

²¹ Davis et al., *DRC Gender Country Profile 2014*, Swedish Embassy, DFID, EU Delegation, Embassy of Canada

²² The World Bank Data, *Proportion of seats held by women in national parliaments – DRC*, <https://data.worldbank.org/indicator/SG.GEN.PARL.ZS?locations=CD>

shared that this has not changed during displacement – women and girls are still responsible for all domestic labour, with men and boys largely only contributing by occasionally collecting water.

Outside of the domestic sphere, **both women and men in DRC work**. At the last national survey, 72% of women and 81% of men aged 15-49 years reported having participated in work in the previous 12 months. The proportion of women working at the time of the survey increased with age (41% of 15-19 year olds compared to 82% of 45-49 year olds). Their reported work is largely in the agricultural sector, largely smallholder subsistence farming (58% for females; and 51% for males) and trade (35% for females; and 25% for men), with 12% of men employed as technicians.²³

Congolese men are resistant to ideas of gender equality. This includes being comfortable with women working beyond a means of escaping poverty.²⁴ This resistance was also shared by men during primary data collection, and acknowledged by women, noting, for example, *“Men don’t like it when women work, but they can’t complain because we bring home money.”*²⁵ Throughout the sustained periods of conflict, women are also increasingly contributing financially to the household.²⁶ This was noted amongst the FGDs, with women sharing that during periods of conflict, men and boys’ capacity to move freely was severely restrained for fear of kidnapping, abduction or killings; and, therefore, women were taking up more of the work. Amongst the long-term settled refugees in Uganda, it was also shared that WHH who now have the burden of the full responsibility to provide for the family have reportedly started working in areas previously thought only to be for men, such as construction, if this work is available.

Decision making and control of resources

Decision making within the household has traditionally remained with the male head of household. This situation has not changed during displacement. In the last census in DRC, it was reported that 53% of women participate in decisions about visits to her family and friends, 46% in decisions about her healthcare and 26% do not participate in either of these decisions.²⁷ During the research, it was shared that men generally make major decisions and that it is largely understood that women have no contribution to such decisions. However, it is worth noting that this was not the case for *all* research participants; with some women and men sharing that they made joint decisions as a couple. In DRC, it was found that only 29% of women decide how to use the money they earn²⁸ and both women and girls spoken to in the settlements agreed that denial of resources is common practice.

This dynamic is clearly no longer relevant for WHH - those who have separated with their husband during flight, are widows or who are no longer with their spouses. The absence of a male head of household was causing significant distress to WHH spoken to – who felt they were left without a provider, and little capacity to fulfil both the role of male and female.

Gender changes during conflict and in displacement

Pre-existing inequalities in gender roles and relations can be aggravated or transformed by conflict and through displacement. During the conflict in DRC, the possibilities for income-generating activities have diminished. In addition, security concerns regarding movement were significant enough to impact men’s

²³ Republique Democratique du Congo, *Deuxieme Enquete demographique et de sante (EDS-RDC II 2013-2014)*, September 2014

²⁴ Sleg, H., Barker, G. and Levov, R. *Gender Relations, Sexual and Gender-Based Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of Congo: Results from the International Men and Gender Equality Survey (IMAGES)*,

²⁵ Refugee woman, Kyangwali

²⁶ Bjorkhaug, I., and Boas, M., *Men, women, and GBV in North Kivu, DRC*, Fafo Report 2014

²⁷ *Deuxieme enquete demographique et de sante*, 2014

²⁸ CARE DRC Gender in Brief, 2017

capacity to find paid work that did still exist. For example, during the research, men and women shared that the risk to men and boys at heated moments of the conflict was too great for them to leave their house (due to the fear of abduction, physical abuse and kidnapping) and therefore women often had to start working more outside of the house.

This underemployment and the constant insecurity faced by the population have led to a limited capacity for men and boys to fulfil their traditional roles as the breadwinner and power-holder. Being the provider

“Our future is dead, we are not constructive. It is as if we are in a ditch.”

- Long-term settled DRC refugee man, Kyaka II

and the protector is, within the cultural narrative, the key indicator for becoming a male adult and citizen.²⁹ Conflict and displacement have reduced their capacity to perform this role creating a very **disempowering situation for men and boys**. The humiliation and frustration of this experience, without other avenues to

reimagine this role, can result in the reassertion of power and release of frustration through negative means, particularly aggression and violence against women and children.³⁰ Whilst this disempowerment is not exactly the provocation for the risk of sexual violence in itself, it does often exacerbate pre-existing risks for it.

Many men and boys who participated in the research confirmed this disempowerment, reporting feeling **hopeless and frustrated around their incapacity to fulfil their role as provider for the family** due to a lack of livelihood opportunities. Women amongst the long-term settled refugees reported an increase in divorce/long-term separation due to increased tension between intimate partners as a result of a failure of the man to fulfil his role as provider. Women who had experienced this reported that tension in the household rose, and their husband then went to look for work elsewhere to support the family, but when failing to do so, could not return. The idea of men being *unable* to return speaks to the pressures on men to fulfil their role as providers, and the shame associated with being incapable of doing so. Research in DRC supports this, indicating high levels of stress and shame amongst men due to the lack of work and the capacity to provide – 75% of men who participated reported being ashamed of facing their families because they cannot provide basic financial needs, and 53% of men reported having considered leaving their families because of a lack of income.³¹ In Uganda, women shared that men will stay away because *“they can’t come back with nothing”* and will often marry again with women who can support them; the practice of getting a *“sugar – mummy”* as the community described it. When discussing “divorce”, it appeared that a number of women referred to their husbands leaving and finding a new wife – in effect polygamy – however without providing any form of support to the previous family. For the DRC population living in Uganda, statistics on the prevalence of polygamy was not found. This data is important to collect in order to understand the implications for families and the way they interact with aid.

Gendered Needs and Vulnerabilities

A number of clear priority areas in regards to gender and the sectorial response emerged from the research. Primarily these include a number of concerns and issues related to WASH, nutrition and shelter, as well as concerns and issues regarding PSNs. These are captured below.

²⁹ Bjorkhaug, I., and Boas, M., *Men, women, and GBV in North Kivu, DRC*, Fafo Report 2014

³⁰ Lwambo, D. ‘Before the war, I was a man’: men and masculinities in the Eastern Democratic Republic of Congo, *Gender and Development* Vol. 21, Issue 1., March 2013

³¹ Sleggh, H., Barker, G. and Levkov, R. *Gender Relations, Sexual and Gender-Based Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of Congo: Results from the International Men and Gender Equality Survey (IMAGES)*

WASH

Beyond the widespread concern regarding the huge gaps in meeting basic emergency standards in the WASH response across all sites, specific concerns emerged regarding gender and WASH. These include:

Gender and GBV mainstreaming

- At the time of the research, in the settlements, there was minimal, or **no gender segregation of temporary latrines** and no locks on doors, contributing to fears around the safety of using the latrines for women and girls.
- Whilst the newest arrivals at Kyangwali are receiving solar lights as a part of their NFI kit, those settled earlier (for example, those who were settled in December) in Kyangwali, and everyone who participated in the research in Kyaka II reported that they **did not receive any light source, and there is no light in the community**³². As a result, whilst some girls reported they light a fire on a stick and wave it before them to use the latrine at night, many women and girls reported they do not use the latrines at night. Many reported digging holes on their plot for themselves and their children to use at night while others reported that they wait until morning. The practise of waiting can have specific health implications for women and girls, particularly for pregnant women and girls; and open defecation has serious risks for the health of the whole population, as evidenced by the current cholera epidemic.

The differences in distributions may also contribute to tension between communities hearing rumours of differences between what refugees are receiving. This could be a potential risk for those who did receive solar lights, marking them targets for theft, (which was reportedly occurring in the settlements).

- For refugees settled recently before the research took place, **no bathing spaces** had yet been constructed. As a result, women and girls reported that they were bathing only during the night, out in the open. This practise is exposing women and girls to risk, as well as causing considerable distress, particularly during menstruation.

Menstrual hygiene management

With the exception of a one-off distribution of disposable pads for those who were registered at Nyakabande Transit Centre, newly arrived and recently settled women and girls reported **not having received any form of dignity kit or any form of menstrual hygiene materials**³³. This has specific ramifications for their movement, safety and dignity during menstruation. Managing menstrual hygiene in the absence of sanitary materials is made even more difficult by limited access to water and often having only one set of clothing only combined with limited access to safe spaces to bathe and privately wash clothing and menstrual cloth.

Women and girls reported dealing with the lack of sanitary materials through a number of ways:

- Using their underwear, although most reported only having one or two pairs;
- Tearing up other clothing, sleeping materials, baby clothing or materials to use in place of a pad;
- Remaining housebound during the time they are menstruating.

³² Since the time of the research, solar powered lamps have been placed at key locations in the settlements and there is a plan to distribute solar lamps to the new arrivals who did not receive them.

³³ Menstrual hygiene materials are distributed twice a year in the settlement, each time covering six months. The last distribution took place in October 2017, missing the newest influx.

Persons with Special Needs

The identification of persons with special needs (PSNs), and therefore the provision of specific support, had been a challenge at the time of the research and in the rapid ramp-up of the response. In Kyangwali, the process was temporarily halted at the time of the sudden influx due to the overwhelming numbers of new arrivals and limited resources. Whilst the identification process is now ongoing in both settlements, when the assessment was undertaken, this was not yet evident in Kyangwali and, as such, a number of concerns were raised:

- There was no specific nutrition support provided for pregnant and lactating women within the community;
- **There was a lack of shelter support for PSNs.** This was particularly a concern for the elderly and for WHH or child-headed households. These groups shared that they often did not have the skillset, knowledge, physical strength or capacity to construct a safe shelter. Those who had money would pay men within the community to construct their shelters, but those without could not and were often living in flimsy shelters that offered no protection. With the rainy season coming, this is of increasing concern³⁴;
- The long distances required to walk for water or other services is creating **specific concerns for the elderly** amongst the population, many of whom reported being responsible for young children. This was particularly concerning in settlements such as Marembo C in Kyangwali, where the population reported not having received water in their tank for a week – and therefore having to walk extremely long distances over difficult terrain to the nearest river.

Participation and access to information

Significant issues surfaced during the research regarding **access to information**. Threading across all conversations with newly arrived refugees who participated in the FGDs, issues such as the lack of knowledge about the following were shared:

- They did not know what services were available to them;
- Where to go for support, who to ask if there was an issue, how to report a security concern, or what to do in regards to the many registration challenges arising (for example, how an unaccompanied girl could join her recently arrived sisters on their registration);
- Many of the participants also shared they did not know when the next food distribution would come, or who to ask about this.

For long-term settled refugees, refugees commonly shared a lack of information around how decisions on the beneficiaries of ongoing support (such as food distribution) was made.

A contributing factor to the difficulties in information distribution is the **language barrier** for the newest influx in Kyangwali, who largely do not speak Swahili or English but Kigegere, therefore making it difficult for actors to rapidly increase their outreach, or speak directly with the population.

Newly arrived women and girls were particularly unaware of how or where to access services. Among the long-term settled refugees, boys and girls reported a lack of involvement and participation in aid delivery and relevance, stating that only adults were involved in decision-making or participatory discussions.

³⁴ At the time of writing the report, nutrition support for pregnant and lactating women and shelter support for PSNs have resumed in Kyangwali

Whilst some actors responded to preliminary findings of the assessment that structures have been put in place to enhance communication with the refugee community (such as protection desks at transit/reception centres³⁵), the main message behind this finding is that **the participants in the research were largely unaware of these services or support if they are indeed present**. For example, survivors of sexual violence from the new arrivals that approached the researcher to disclose their personal stories shared that they had never sought help in Uganda, and did not know that there were any services available to them.

Psycho-social support needs

The trauma that the DRC refugee population is living with is significant. Research in North Kivu in 2014 found that 70% of men and 80% of women reported at least one conflict-related traumatic event,³⁶ and everyone who participated in this research spoke openly of witnessing, if not surviving, atrocious violations of human rights and violence including murder, sexual violence, abductions and beatings. Women shared that many children had witnessed violence, rape and killings. Amongst the longer-term settled refugees, some spoke of the long-standing trauma they continue to live with and women in particular shared a number of physical indications of this stress, including prolonged headaches, flashbacks and continuing to live in fear.

The same 2014 study found that men's coping strategies to deal with the negative psychological consequences as a result of the conflict in DRC largely involved strategies of avoidance that would reduce feelings of vulnerability, including substance abuse. Women however, turned to differing forms of help, or to religion.³⁷ The gendered means through which the refugees cope with their trauma can have implications for protection concerns arising in the community, particularly in relation to substance abuse, which was shared to be of concern in the settlements in Uganda, as discussed below.

Coping Mechanisms

Livelihood opportunities

As can be expected in such displacement situations, loss of livelihood opportunities was **the most pressing challenge or concern noted by all refugees who participated in the research** – both newly arrived and settled and across both settlements - with particular regard to the loss of land to cultivate food for their survival. For long-term refugees, a lack of livelihood opportunities remains the overwhelming challenge impacting their capacity to rebuild beyond basic survival.

In **Nyakabande Transit Centre**, service providers shared that they knew women would go out into the community to try and find work to buy additional food to feed their children, through either farming or domestic work.

In **Kyaka II Settlement**, beyond cultivation by long-term refugees, very little livelihood strategies were reported to be occurring. Some respondents noted that women would farm or do domestic work for nationals or that they would sell their NFIs. Largely however, participants reported that many refugees, in

³⁵ At the time of finalizing the report, protection desks have been placed in new areas within the settlement, community outreach volunteers have been identified whose role includes dissemination of information in the community, and child protection committees have been established.

³⁶ Including loss of property, displacement, loss of family member or child, personal injury, or the experience of sexual violence. Sleggh, H., Barker, G. and Levitov, R. *Gender Relations, Sexual and Gender-Based Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of Congo: Results from the International Men and Gender Equality Survey (IMAGES)*. Washington, DC, and Capetown, South Africa: Promundo-US and Sonke Gender Justice. May 2014.

³⁷ Ibid.

the absence of any livelihoods activities, remained idle and that transactional sex was the main available work for women and girls – as further discussed in the following section.

In **Kyangwali Settlement**, some newly arrived women and girls reported walking long distances to the lakeside to buy and sell fish and men shared that they would go into the forest to cut wood for poles to sell to other refugees. Long-term refugees shared that they had been cultivating crops before the new arrivals came and their land was redistributed (as discussed further on) and that some operated small shops in the settlement.

Across both **Kyaka II and Kyangwali Settlements**, refugees are facing serious concerns regarding the loss of their farming land. With the new influx, the land previously used for cultivation is being redistributed to new arrivals. As such, the already fragile resilience of the settled refugee population is put at risk. Many participants in this research, particularly WHHs, reported that this redistribution has removed their sole source of livelihood.

Women and girl respondents indicated that they were often part of **self-organised women's savings groups in DRC** but that the loss of their belongings and capital made it impossible for them to begin again. Women and girls overwhelmingly asked for capital to re-start their small trade and business and men and boys sought opportunities to go back to work.

As a result of these challenges, a key number of negative coping mechanisms are being used, which are outlined below.

Transactional sex

Transactional or 'survival sex' is often used by women and girls in crises as one of the only means to make money due to the absence of other livelihood opportunities. This has been seen in refugee settings around the world, including in Uganda, with particular association to risks of sexual exploitation or other protection concerns such as human trafficking.

The testimonies shared by the research participants demonstrate that the scale of women and girls resorting to this negative coping strategy is widespread. The candour with which women and girls spoke of transactional sex as a means to feed their families, in the absence of any form of gainful employment, was concerning.

“You count yourself lucky if someone wants to buy your body – this means you’ll have more than before.”

- Long-term settled DRC refugee woman, Kyaka II

Women and girls in Kyaka II Settlement, particularly those from the long-term population, were particularly explicit about how widespread transactional sex is as a strategy to survive. This was especially noted as something to which WHH and young unaccompanied girls – including girls as young as 10 years – resort to. It was shared that both nationals, and other refugees were the purchasers.

When asked about the rate of such transactions, women in Kyaka II Settlement shared that they would take *“Whatever we are offered, sometimes 1000 [Ugandan shillings]. Anything you get is more than nothing.”* They also shared that transactional sex is usually accompanied by drinking, so *“you don’t have to feel anything.”* While the sample size of settled refugees in Kyangwali Settlement was smaller, those who participated in the research also confirmed that transactional sex was a common way for women and girls, and less often for men, to make money and that it would occur most often when women and in particular girls would drink in bars and then set appointments to meet men.

Child marriage

Child marriage is reportedly being employed as a coping strategy by both newly arrived and long-term refugees. This will be discussed in the following section on GBV.

Substance abuse

Research participants shared that drinking is a major issue facing the long-term refugee communities, both as a coping strategy to deal with trauma experienced in DRC, and with continued trauma, such as having to resort to transactional/'survival' sex. Drinking is also used as a means to deal with the frustration around the lack of livelihood opportunities or meaningful opportunities to rebuild their lives. A number of men and boys in particular shared that they resort to alcohol, and some also shared using other drugs (without naming which ones), as a way to cope with idleness and frustration. Whilst a smaller proportion, some women and girls also noted they were drinking. The increased risk of GBV with substance abuse is discussed below in the GBV section.

Pulling children out of school

In **Kyaka II Settlement**, long-term refugees explained that their children are not in school because they have no money to pay for their education and the supporting materials.

New arrivals shared that schools were requesting funds to accept children. Whilst service providers noted that this form of exploitation had been resolved and the schooling is now free, research participants were not aware and were therefore still not sending their children to school. One woman shared that the reason she did not send her children to school related to the quality of education available.

In **Kyangwali Settlement**, the small sample of long-term refugees shared that while their children are currently in school, they would have to pull them out as a result of losing the land they were previously cultivating. School was free, they acknowledged, but they could not afford the uniforms and books if they could no longer farm. Newer arrivals, however, faced different challenges; in some areas, the refugees were not aware of schooling opportunities;³⁸ and in others, **girls were prohibited to go because the timing of the school conflicted with the chores they had to do at home** and, therefore, they were staying at home whilst boys went to school.³⁹

The variety of issues surrounding the reasons children are not attending school is concerning – with particular reference to the prohibition of girls going to school. Beyond recognising the individual rights of children to an education, there is also a strong association between the profound effect that women's educational attainment can have on a number of key development indicators including improved child health and human capital, and lower fertility. This association is reflected in statistics from DRC. Women with more than a secondary education have on average 2.9 children, whilst those with no education have an average of 7.4 – these figures also correspond to the wealth of the household, with wealthier households having significantly less children per woman (4.9 per woman) than those in the poorest households (7.6).⁴⁰ A holistic understanding of the long-term implications of a generation of children left without educational opportunity can help to frame the importance of investing in this as a priority for the response.

³⁸ As was the case in Marembo C

³⁹ As was reportedly the case in Mombasa

⁴⁰ *Deuxième enquête démographique et de santé*, 2014

GBV and Protection

As expected, the longer that participants in the assessment have been in Uganda, the more they were able to identify their protection and safety concerns. Seen from the perspective of the extremely traumatic conflict the population has fled, it is reasonable to surmise that the safety concerns in Uganda are viewed in relative terms. As such, the risks in Uganda may not be as immediately concerning to refugees as the longstanding and horrific forms of violence that forced them to flee the DRC. The analysis of the assessment findings indicated that this did not reflect the *absence* of security, safety, or GBV concerns facing newly arrived refugees, but rather that they were preoccupied with more preeminent issues (feeding their children, building a shelter, finding water). Whilst newer arrivals took more time to expose the security concerns in Uganda, they still emerged throughout most of the discussions; including with those who had settled on their plots one week prior to the assessment.

The research **found high levels of many forms of GBV reported as regularly occurring** within the population. It also identified specific risks for a likely increase in GBV for new arrivals, and key risks for a number of forms of exploitation, including sexual exploitation and abuse (SEA). Specific GBV and protection concerns arose not only within the different sites visited, but also between the different villages within each settlement. When clear differences were evident, these are specified. However, much of the risks and experiences were occurring across the different locations, and therefore will be shared as a general reflection. However, as already expressed in the limitations section of this report, *the stories and examples shared below are not indicative of behaviour occurring in all families or in all cases, and should not be read as a plural experience of all women and girls, nor of all men and boys. Rather, they are shared to exemplify the risks and the types GBV that are reported as present within the community.*

In DRC

Sexual violence has been employed in the conflict in DRC as a tactic of war – with individual and gang rape used strategically against opposing religious, political or ethnic groups. Sexual violence in DRC is predominantly perpetrated against women and girls.⁴¹ Whilst rape as a weapon of war has become a resounding narrative around the conflict in DRC, locating sexual violence within the broader implications of gender inequality, and not honing in on one (albeit very important, and alarming) result of this, can help to uncover the wide-ranging expressions of violence and human rights abuses facing the DRC population. The general climate of impunity, corruption and conflict, coupled with poor law enforcement and a weak judicial infrastructure, as well as the underlying structure of systemic gender inequality, has resulted in GBV becoming a daily reality outside of conflict for many women and girls in DRC, and for those now in Uganda.

The violent conflict in Eastern DRC is highly gendered in nature, with both women and girls, and men and boys experiencing specific forms of violence aimed at destroying social cohesion, denigrating society, and traumatising survivors.

⁴¹ In the April 2017 Report of the Secretary-General on conflict-related sexual violence, out of the 514 cases of conflict-related sexual violence verified, three survivors were men, and one was a boy.
<https://reliefweb.int/sites/reliefweb.int/files/resources/N1708433.pdf>

Despite the trauma and stigma surrounding the disclosure of sexual violence, which results in significant underreporting of such violence, women and girls who participated in the research shared stories of widespread forms of GBV occurring in DRC, during the flight, and for those settled long-term, in displacement in Uganda. Men and boys also shared stories of gendered violence perpetrated both in DRC and, whilst significantly less so, also in Uganda over the longer term. **Women and girls** shared that sexual

“We are raped at school, on the way to school, and at home.”

- Newly arrived DRC refugee girl speaking of sexual violence against girls outside of conflict in DRC

violence is the prevailing form of violence inflicted upon them in the conflict. Rape, gang rape, kidnapping to be forcibly married to armed actors, and forced incest is so intrinsically woven into the tactics of different armed groups that women and girls reported that it would happen at any moment – in the day, at night, in the forest, whilst going to their plots, and while fleeing. Women shared that their children often had to watch sexual violence

perpetrated against their female relatives, and reports were heard of fathers being forced to rape their daughters, and sons their mothers and sisters.

Furthermore, stories shared within this study supported previous research that indicates that the prevalence of sexual violence inflicted in conflicts over many years, the associated destruction of authority and community structure due to the ongoing conflict, and the impunity that perpetrators benefit from has seen sexual violence, and in particular the rape of women and girls extend far beyond perpetration by armed actors, and into everyday life. Sexual violence by intimate partners in DRC is high: 49% of women report ever having experienced sexual violence from a male intimate partner, and 66% of women report they have been forced to have sexual relations by either a partner or a non-partner.⁴²

Women across the two settlements who participated in this research disclosed that marital rape was normalised behaviour in relationships, and all age groups and sexes noted that girls faced high risk of rape in DRC, particularly at school by their classmates.

Men and boys also suffered significant levels of gendered violence within the conflict. Men and boys are reportedly routinely kidnapped and abducted in Eastern DRC for a number of reasons: for ransom, whereby they are tortured and their family are expected to pay for their release or else they are killed; to be used as porters by armed groups; and boys for forced recruitment and training as combatants. Beyond kidnap, men and boys reported experiencing high levels of physical assault and torture; everyone reported that many men and boys were massacred during raids; and while less openly discussed, a number of boys who participated in the research reported that **sexual violence** was also used against boys by armed groups after they were kidnapped. Boys who shared this indicated that they knew this not from personal experience, but from stories recounted to them from their friends who had been kidnapped and escaped. Sexual violence perpetrated against men and boys in the conflict has been reported as occurring in the DRC conflict, but is expected to be particularly underreported due to the stigma, shame, and humiliation faced by male survivors.

“I was kidnapped for one week. I was later taken to hospital and found that my wife and child were killed, so I had to run for my life.”

- Newly arrived DRC refugee man

In Transit

GBV risks and experiences in-transit appeared to differ greatly according to the different routes taken. Those who entered Uganda by crossing Lake Albert from Ituri reported very little additional violence or

⁴² Sleg, H., Barker, G. and Levto, R. *Gender Relations, Sexual and Gender-Based Violence and the Effects of Conflict on Women and Men in Nroth Kivu, Eastern Democratic Republic of Congo: Results from the International Men and Gender Equality Survey (IMAGES)*, May 2014

threat whilst in transit. At the time of the assessment, new arrivals reported that the waterfront border was not guarded by armed actors, and that the total time of travel from fleeing from their home to reaching Uganda was usually around one day. However, the price of crossing was reported to have rapidly increased as the demand and urgency rose, and the crossing itself posed significant risks. Some refugees drowned while crossing, and others reportedly died on the DRC side whilst hiding in fear in the water for the boats to arrive.

Since the rapid increase of the influx in mid-February, the influx decreased again at this border crossing. Reports from those who made it through indicate that armed actors are now blocking people from fleeing through this route and, therefore, it is imagined that the risk of further violence while fleeing is high. This also indicates that the decrease in arrivals may only be temporary. The risks facing the population still in DRC waiting to cross, as well as those who cannot afford to take the boats and who were, therefore, reported to be hiding in the bush, are unknown at the time of writing this report. Given the increased armed monitoring of the border, the rising cost of transit, and the escalation of the conflict, the possibility of exploitation (sexual or otherwise) rises for the refugees forced to flee without resources.

Those **arriving through Kisoro** reported a far riskier flight, sharing that they faced numerous points of exploitation, violence and rape during flight. The level of GBV faced during this flight was reportedly multifarious and included:

- **Rape of women and girls by armed actors** hiding in the bush as they fled; and physical assault and kidnapping of men and boys;
- **Numerous levels of exploitation and abuse faced by refugees at the border crossing point** on the DRC side. This included verbal harassment demanding information on why they were fleeing; consistent reports of theft of all possessions and money they fled with; and arrest and incarceration of men and boys who are not released until they pay. It was reported that, where the man has no money, his wife or relatives are brought in and forced to pay by mobile money before the man is released.
- Some respondents also reported sexual assault and rape of women and girls at the border.
- From the long-term settled refugees, one FGD of boys shared that **sexual violence was used against boys during their flight in previous years**. They shared that boys were kidnapped and offered to militant leaders for sexual acts as a form of “*ritual*”.

“The border guards take everything you have with you. They will even unwrap your baby to check for money. They yelled at us, asking us why we would leave Congo. They don’t let you go unless you give them everything.”

- Newly arrived DRC refugee woman

The differing experiences have the observable impact of those arriving across Lake Albert during the period of the assessment often arriving with significantly more personal items than in Kisoro; and clearly have specific implications for the compounded levels of trauma inflicted upon those arriving in the South-West. In particular, the reports of rape being perpetrated during flight underscores the need for immediate medical screening and awareness-raising on the availability and importance of the 72-hour period for life-saving clinical management of rape health services upon arrival in Uganda.

In Uganda

In 2017, there were 154 GBV incidents reported in Kyaka II Settlement, and 205 in Kyangwali. Due to the sensitivities and challenges in reporting, and the high social tolerance for GBV, it is assumed that GBV is significantly underreported. In all refugee settlements in Uganda across this time period, 33% of reported

GBV cases were physical assault, 24% psychological/emotional abuse, 21% rape, 11% denial of resources, 6% sexual assault and 5% forced and early child marriage.⁴³

Sexual violence

Reports of sexual violence occurring in Uganda was one of the greatest differentiators noted by the research between the two settlements. In **Kyangwali**, whilst differing forms of GBV were of significant concern, rape or other forms of sexual violence were not noted by participants to be a significant risk. While general fears of sexual violence existed at the usual hotspots – when collecting firewood and water and when using the latrines, particularly at night – newly-arrived refugees did not report knowledge or experience of actual cases of rape occurring. The sample size was unfortunately small amongst the older settled refugee population but those who participated in the research also did not consider rape a behaviour that was occurring in the settlement. This was with the exception of one woman who shared that rape outside the domestic sphere is very common.

In **Kyaka II**, however, rape outside of the home was widely spoken of amongst the settled refugee population. Women and girls shared that they faced a high risk of rape and that this risk had increased over the time they had been settled. They shared that the perpetrators are both nationals and refugees and that a few areas of major risks include:

- During the journey to and from **collecting water**, particularly because this sees some girls returning at dusk or darkness. This was largely reported as a risk for girls who collect water.
- During the journey to **source food** outside of the settlement and a **particular risk for girls** was noted when going to the shops. In one FGD composed of 12 women, it was shared that shopkeepers have been known to prime young girls the first few times they come to a shop by giving them sweets or a gift and then raping them once they have built some trust.
- For WHH in particular, **rape was reported to also be happening in their homes**. WHH shared that their doors are weak and easy to break down and that perpetrators know where WHH live and will break into their houses and demand sex, accompanied by threats to kill them or burn their houses down if they report it.

In terms of **reporting sexual violence**, varied ideas were shared across all settlements – women and girls indicated that despite the prevalence of rape and other forms of sexual violence, at the community level stigma surrounding being a survivor still persists. The trauma of sexual violence is often compounded by a secondary trauma of being ridiculed, rejected, and isolated as a result of the shame and stigma of being a survivor. Therefore, some survivors would not officially report due to shame or fear, while others would. Others would not report because of a belief that perpetrators would pay off police and the case would be dropped. Some girls shared that girls who report rape in DRC would be caned if they told their parents, whilst some women reported that their husbands would leave them if they found out they were a survivor. However, we must recognise that this is not a plural experience; some survivors reported that their husbands knew of their rape, and stood by them. Importantly, however, the language used in these cases indicated that the responsibility for the violence and, therefore,

“How can a man report such an incident, boys are expected to be strong. None of us has ever been a victim and even then we would not report. Police will not believe us, they only protect girls.”

- Long-term settled DRC refugee boy, Kyaka II

⁴³ GBV IMS Annual Report for Uganda Refugee Settlements and Urban Kampala, January-December 2017
https://ugandarefugees.org/wp-content/uploads/SGBV-Annual-Statistics-Report-Uganda_Jan_Dec_2017.pdf

the burden of the crime is often still relegated to the survivor. For example, it was noted that husbands “*forgave*” their wives for being raped. Most women and girls reported that whilst they would not want the community to know due to the stigma and associated consequences it holds, they would share with their friends for support.

For men and boys, the stigma and humiliation surrounding being a survivor of sexual violence is perhaps even more severe than for women and girls. Given the rigid ideas around masculinity and the deep destruction of that construct that acts of sexual violence inflicts, men and boys were not only reluctant to discuss that sexual violence occurs, but were also clear they would not report it if it did occur.

Domestic violence

Domestic violence in both of the settlements was shared as an issue and one that participants felt was growing as a result of the increased pressure on families. Amongst new arrivals, this issue was not shared as openly, but was still discussed as occurring within the community.

Intimate partner violence (IPV) as an expression of gender inequality is a highly present and normalised practice in Eastern DRC. In one study, 47% of men reported having perpetrated physical violence against a female partner,⁴⁴ and 75% of women reported that a man is justified in beating his wife for at least one reason.⁴⁵ As noted earlier, **marital rape** was also considered a fairly regular issue facing many women and one that has continued in Uganda if their partner was still with them. The women who participated in this research did not consider this form of rape to be of the same calibre of violence as rape outside of intimate partners.

“...there are always fights at home because our father sometimes decides to take money to a bar and Mama wants to buy food at home.”

- Long-term settled DRC refugee boy, Kyaka II

Women, men, boys and girls across both settlements shared that, as a result of strict gendered power dynamics in the home, the male head of household was responsible for making decisions, including how to spend money. Women shared that back in DRC when they were making their own money, it was common practice for the man to take this money and

that this **denial of resources** continued in Uganda. Boys and girls shared that fathers would make the decision about whether girls could go to school.

Long-term settled refugees who were living with their partners reported that **men’s drinking** was of concern, and that **it was increasingly causing fighting, violence and tension in homes**, expressed as IPV, but also as violence against their children. The high rate of women living as WHH amongst long-term settled refugees in Kyaka II shared this was a result of the incapacity for men to fulfil their role as providers, and the tension that rose as a result of that in the household.

Child abuse is of notable concern in both settlements, and particularly relevant given the extremely high number of children amongst the community (61% of the total DRC refugee population).⁴⁶ Some orphans or unaccompanied children living with extended family members or strangers shared that they were not treated fairly – with some girls reporting they suffered from an increased burden of domestic work, pressures to leave the house, and abuse for taking some of the resources of the family. A number of participants noted

⁴⁴ Sleg, H., Barker, G. and Levtov, R. *Gender Relations, Sexual and Gender-Based Violence and the Effects of Conflict on Women and Men in North Kivu, Eastern Democratic Republic of Congo: Results from the International Men and Gender Equality Survey (IMAGES)*, May 2014

⁴⁵ *Deuxième enquête démographique et de santé*, 2014

⁴⁶ *Deuxième enquête démographique et de santé*, 2014

issues of young girls being harassed and often “chased” from home by their fathers once they reach a certain age.

Child marriage

Child marriage is a reality in DRC with 37% of women aged 20-24 years at the time of the last census reporting that they were married before the age of 18; and 27% of women aged 15-19 years have begun childbearing, 21% are mothers, and 6% were currently pregnant. The rate of adolescent fertility is considerably higher for girls living in the poorest households (42%) than those in the wealthiest (15%).⁴⁷

“If someone comes to you and wants to marry your daughter – this is what we call luck. Maybe you might get more support then [from the man and his family].”

- Long-term settled DRC refugee woman, Kyaka II

Newly settled girls who participated in the research in Kyangwali report that they already face significant pressure to get married and that girls they know have already done so. They shared that the girls they knew had done this was as a result of either being kicked out or pressured out of their homes; being forcibly married by family members as a way to reduce the burden on the household; or as a coping strategy employed by girls themselves, particularly unaccompanied or orphaned girls, who identify this a survival strategy.

In Kyaka II Settlement, amongst long-term settled refugees, women and girls both shared that child marriage was also a practice employed as a way to get additional support, or to reduce the burden on the household. Given that this community was also largely not sending their children to school, marriage offered an opportunity for additional support for WHH who considered marrying their daughters a way of having a man's input into the care of the whole family.

Sexual exploitation and abuse risks⁴⁸

As a part of RGA and GBV assessments, CARE routinely tries to include the identification of sexual exploitation and abuse (SEA) risks within sites and settlements as a way to highlight these concerns and ensure the humanitarian response is aware of and upholds its protection against sexual exploitation and abuse (PSEA) responsibilities. The following SEA risks were identified in the course of this assessment through observation and the interviews conducted, but are by no means exhaustive.

⁴⁷ Ibid.

⁴⁸ The various cases of SEA identified through this research were reported through relevant mechanisms of relevant institutions.

SEA

In a particularly concerning anecdote, one respondent noted that “workers” from the settlement would arrange to meet young girls and take them outside of the settlement, into Hoima or other towns, for transactional sex – because “they [the workers] are known in the settlement”.

She shared that these men would attract girls by bringing them gifts from their travels, as a way to prime them to go with them.

She explained that for young girls, particularly those who are unaccompanied and are not in school, the attraction for such “work” was high.

This story indicates the importance of not only investigating these potential abuses, but instigating the set-up of rigorous and meaningfully accessible PSEA mechanisms within the communities, as well as a comprehensive roll-out of trainings across all partners, organisations, and contractors involved in the response.

Given **Kisoro** is a border town where cross-country trade is conducted, the transitory movement of people through the town is high. Refugees who arrive at Bunagara are transported to Nyakabande Transit Centre. However, if they arrive at night, they are taken to the police station, where they stay in sex-segregated tents, which are by the roadside. WASH facilities are available but, at the time of the research, these arrivals were not provided with any food or NFIs, only water. Refugees often come with no belongings (much of it having been looted), dehydrated and having not eaten for some time. The risk of opportunities for SEA of this population is clear; women arriving with hungry and thirsty children and without any money, are located by the roadside, in an area in which many truck drivers are transiting through.

In **Nyakabande Transit Centre**, it was shared that women and children are going into the community seeking work. There is a risk that exploitative labour or sexual exploitation may be offered as a means for women and girls to get food or money. It was shared that some children have not returned from these

attempts to find work, with the stated suspicion that this is a result of child marriage. Additionally, participants in the research reported that they were aware that children who have gone into Kisoro to find work had been raped and sexually assaulted.

As noted earlier, amongst long-term settled refugees in **Kyaka II**, transactional sex as a means of meeting unmet needs in the face of little livelihood opportunities was noted to be highly prevalent. In Kyaka II, there have been livelihood programmes targeting SGBV survivors and those involved in transactional sex alongside counselling and health support for women involved in transactional sex. However, due to insufficient funds, the scale has been very small and not sufficient to cover the needs. There is a risk that SEA may coexist with these risky behaviours. In addition, getting a “sugar-mummy” or “sugar-daddy” was noted in a number of discussions to be a way for refugee women and men to survive. Such relationships have the potential to be exploitative. Stories were shared that refugees, without alternative means of seeking livelihoods, could survive by finding wealthy nationals to marry or take care of them.

The SEA risks at the **Sebagoro** landing site are similar to that of Bunagara. The refugees are arriving hungry, thirsty and some without any possessions (although most with significantly more than those arriving in Kisoro). At the time of the research, there was minimal lighting and very little services available at the site. The only food distribution was of high-energy biscuits, reportedly only given to those who enter on the buses. Whilst the population is being encouraged to quickly board buses to the transit centre, at the time of the assessment many refugees reported staying at Sebagoro for a number of days to await their lost family members’ arrival. This leaves people sleeping outside with their children, with terrible WASH facilities and no food. The risk for SEA is high, particularly for the women who have travelled with many children.

Despite a small sample size, long-term settled refugees in **Kyangwali** also reported that transactional sex is occurring, largely by women and girls, but also by men. Women and girls are reportedly offering transactional sex at bars, and at the lakeside, with the associated SEA risks as noted earlier. One respondent stated that “leaders” - it was unclear exactly to whom the respondent was referring - are

exploiting refugees by requiring them to pay money to build a latrine on their plot and that the refugees had no way to contest or refuse the demand, as “other actors” would support the leaders’ claim.

Additional to the above-mentioned identified risks, a disturbing practice targeting boys was also shared in a FGD in one of the settlements. In this FGD, one boy reported that people were trying to convince boys in their community to engage in sexual acts with men with the promise of resettlement. Given the lack of livelihood opportunities, most refugee boys are focusing on resettlement and adults were reportedly luring them into forced sexual acts with adult men by saying that LGBTI cases are offered enhanced resettlement opportunities. Once this was shared, a number of boys in the FGD confirmed that they were aware that this practice was occurring.

PSEA trainings and official codes of conduct to be signed upon employment were not official standard practice by all organisations, and not all actors working with the refugees along the different routes were trained in PSEA;

Inter-tribal and community tension

A number of potential protection risks and tensions were noted by different respondents as existing between communities. For newly arrived refugees in both settlements, inter-tribal tension brought from DRC was present within the sites with fears of different tribes being settled close to one another. These were largely unsubstantiated fears at the time, in that nothing had occurred, but the fear of tribes being close to one another who may have been in conflict in DRC was still very present. In particular, these fears were related to shared water points, with respondents indicating that they had fears of the potential harm that might be inflicted against their tribe’s women and girls when collecting water at a point that a rival tribe also did. However, at the time of writing this report, these fears have materialized already in expressed tensions as evidenced by recent incidents in Kagoma Reception Centre in Kyangwali.

More evident however at the time of the research were the tensions arising between the newly-settled refugees and the long-term settled refugees, related largely to the pressure on resources in the settlement. Long-term refugees across both settlements shared great concerns regarding the redistribution of their cultivation plots to the new arrivals and the increased pressure this would put on the already limited water available to them.

In **Kyaka II Settlement**, some of the newly arrived refugees shared that long-term refugees were making them pay to get water out of the borehole, insisting that it was not for their use. While this may not be a deliberate form of exploitation as some water committees in refugee settlements in Uganda have already established user fee systems, it does create a risk of conflict. Water in Kyaka II appeared to be a particular concern across both new and long-term settled refugees and a key issue for potential conflict.

In Marembo C in **Kyangwali Settlement**, girls and women shared that they were experiencing issues when collecting firewood. They reported that long-term settled refugee herders were running after them, sometimes naked, to chase them from collecting firewood in the area where they herd their animals.

It is likely that continued issues of this type will grow if meaningful livelihood opportunities are not configured into the long-term aid propositions. During such conflicts, women and girls are greater risks.

Trafficking

Refugees participating in the research reported two cases related to kidnapped women. One woman in Kyaka II reported that her daughter was kidnapped whilst working in transactional sex; and a group of men discussed that their sisters were kidnapped and forced to work in nationals’ businesses or houses.

Additionally, one KII reported that **the practice of selling women as wives and maids is established through a network of agents in the areas surrounding refugee settlements** in the South-West and West of Uganda. They shared that men pay agents 100,000-150,000 Ugandan shillings plus transport costs to find them a wife from the refugee settlements. The agents then go to refugee settlements and take women and girls to be married to these men based in the areas surrounding the settlements but also as far away as the East of Uganda. These agents reportedly convince girls to go with them through offering them a better life with more opportunity outside of the settlement. Some families are reportedly involved in the discussions while others are not. The many unaccompanied and orphaned girls who are within the settlements, often already under significant pressure by their hosting families to leave, are at particular risk of being exploited in this manner. The KII indicated that some of these girls end up in abusive relationships.

These agents also reportedly provide services to find maids amongst the refugee population. The 'fee' for such service was shared to be 50,000 shillings. One such case was shared where a refugee girl who had run away after being mistreated by her stepmother was approached by an agent to become a maid some years ago. Considering it a good opportunity, she took the job. She worked for two years for the family, without being paid, before she left.

Whilst it may not be significantly reported yet, these examples and the risks identified in the research demonstrate **the risk of trafficking is high**. There are large numbers of children, many reportedly unaccompanied, in the settlements, from which reports were received of girls either running away or being forced from their host families' houses. Associated issues such as transactional sex and other negative coping strategies by these groups are already being reported. Human trafficking is occurring in Uganda⁴⁹ and the likelihood that trafficking networks will take advantage of the vulnerabilities of this population is high.

GBV Response and Prevention

As noted in the limitations, this research faced significant difficulties in conducting the GBV mapping component of the assessment. As such, the following section is based on a smaller sample than desired. At the time of the research, GBV actors that were spoken to shared that they are overstretched and underfunded and, as a result, are challenged in being able to meet the grave protection and GBV concerns and needs identified above. Some of the major gaps and challenges that exist in the response include:

- **Referral pathways** exist in all three locations (Nyakabande, Kyaka II and Kyangwali) but actors shared that they required strengthening, particularly through the training of service providers. Additionally, it was shared that there are particular challenges in ensuring that GBV survivors identified in Nyakabande Transit Centre were properly referred to service providers in Kyaka II after they were transferred;
- **No women and girls' safe spaces** were identified in any of the sites, and a lack of spaces for adolescent girls and boys was noted;
- A **lack of private spaces for survivors in medical facilities** was noted in KIIs with GBV actors, and was evident in those medical facilities visited;⁵⁰
- **Challenges in communicating the services available** due the language barrier as already noted, as well as a lack of outreach and awareness— compounded by the response being completely overwhelmed and overstretched. Self-identifying survivors who participated in this research were unaware of the services or support that was available to them;

⁴⁹ The Republic of Uganda's National Action Plan for Prevention of Trafficking in Persons in Uganda notes that "*Uganda is a source, transit, and destination point for victims of Trafficking in Persons*". 2015, Ministry for Internal Affairs, <https://www.mia.go.ug/sites/default/files/PTIP-National%20Action%20Plan%20revised1.pdf>

⁵⁰The research team visited the medical facility at Nyakabande Transit Centre, Bujuburu Health Centre III in Kyaka II – but this was also reported in KIIs by other GBV actors

- Gap in being able to **offer medical response, particularly clinical management of rape (PEP kit, emergency contraceptive, etc), within 72 hours** for survivors arriving in this time period in areas where this should be feasible – pointing to challenges in GBV screening. For example, at **Sebagoro landing site, there was no protection desk**⁵¹; and in Nyakabande, whilst there *are* GBV response services and screening there are clearly some issues. Some of the refugees who participated in this research were not aware of this, including one survivor who reported she was raped in transit, had been at the transit centre for over 72 hours but did not know that there were GBV services available. **Across all sites, there was a lack of information materials or outreach** upon immediate arrival to indicate the services available and the value and importance of accessing life-saving medical care within 72 hours;
- Given the anticipated **significant psychosocial support needs** for this large population of GBV survivors and witnesses to and survivors of other horrific and traumatic events, partners on the ground note a significant gap in the number of trained staff available to provide psychosocial support and professional trauma counselling;
- At the time of the assessment, there had been **no distribution of dignity kits**. Dignity kits contain a set of hygiene and sanitary as well as other items tailored to the localised specific needs of women and girls of reproductive age. They are designed to help women and girls maintain dignity within the challenges of a crisis, but are also designed to promote and support their safety and mobility with the aim of decreasing GBV risks;⁵²
- Given the high number of children, it was noted and shared that there is **not enough child protection actors** and a lack of training for service providers on responding to the specific needs of child survivors. At the time of writing up the assessment, however, it was noted that child protection actors were starting up activities in the settlements.
- Lack of livelihood programmes linked to GBV outcomes.

⁵¹ Although there is no permanent protection desk at Sebagoro landing site, PSNs are being identified by protection staff on the ground.

⁵² For more information, see the Global Protection Cluster, *Dignity Kits Guidance Note*, https://www.humanitarianresponse.info/system/files/documents/files/dignity_kits_guidance_note_en.pdf

Conclusions

GBV is a daily reality in Eastern DRC – both within and outside of the ongoing conflicts. Sexual violence has been a longstanding weapon of war used by parties to the conflicts and, increasingly, this sexual violence has extended through to every-day perpetration by civilians. This violence is situated within a society with deeply rooted discriminatory gender norms, in which women suffer entrenched inequality in all spheres of life and where a man's worth is largely based on his capacity to provide for and protect his family. The sustained conflicts within the country have resulted in decreasing opportunities for men to perform this role, similarly so in displacement in Uganda, where livelihood opportunities are severely diminished.

This assessment found that in conflict, in transit, and in displacement in Uganda, the Congolese refugee population is facing numerous highly traumatic forms of human rights abuses, including various forms of GBV.

Now, displaced in Uganda, women and girls in the refugee population are vulnerable to ongoing exploitation and abuse. The types of GBV noted as present in the settlements include rape; forced and child marriage; intimate partner violence including assault, marital rape, and denial of resources; child abuse; and denial of schooling opportunities for girls. A number of specific SEA and trafficking risks were also identified through the research and require further investigation.

The DRC refugee population in Uganda face large unmet basic needs, pressure on already limited existing resources such as water, and very limited livelihood opportunities available to meet these needs. A number of negative coping mechanisms are being employed as a result. Women and girls are resorting to transactional sex, girls are facing increased pressure to engage in child or forced marriage, and children are being removed from schooling. For men and boys, the experienced emasculation and frustration due to their inability pre to perform their role as providers and protectors, as well as a lack of psychosocial relief to deal with the trauma they have experienced, is reportedly resulting in alcohol and drug abuse, and often leading to increased tension between intimate partners, and ultimately, domestic violence.

Recommendations

Immediate recommendations

Within the immediate term, the humanitarian response needs to prioritise life-saving assistance, protection and support of the DRC influx. The gender, protection and GBV recommendations emerging from this assessment for immediate attention, include:

ENSURE THE RESPONSE IS MORE AGE, GENDER AND VULNERABILITY RESPONSIVE

- **Make sex- and age-disaggregated data, as well as PSN stratification** on the new influx of refugees available quickly, if possible in real-time, in order to help humanitarian actors plan accordingly to meet the different needs represented in the population.
- **Organize routine consultations of all refugee groups** (old and new case load) and host community to get a deeper understanding of the views they have and issues they face to ensure the response is relevant, taking into account those who feel particularly excluded (women, girls and younger men).

- **Set up, train and provide ongoing accompaniment and support to inclusive Refugee Welfare Council structures** in the new villages to ensure newly arrived refugees quickly have a formal body able to represent the views and issues of all and serve as an interlocutor to the humanitarian community and local authorities. Supporting a genuine participatory process of RWC set up is critical to ensure that the most vulnerable refugees can exercise their voice in choosing their representatives. Likewise, women of different ages (including young women) **should not only be equally represented but also supported to engage meaningfully within these structures**. This requires immediately **investing in leadership skills training and accompaniment for women to build their confidence and capacity** to represent their peers in a public forum (e.g. public speaking skills, negotiation skills, etc). Similarly, it is important to ensure that younger men are given an opportunity to stand as RWC member, given their feeling of exclusion and disengagement from participation.
- Ensure aid, the various services and support (eg. distributions, schooling, awareness raising sessions, etc) are open / happening / delivered at hours and in locations **that are accessible by all refugees**, specifically taking into consideration the high burden of domestic labour women and girls are undertaking.
- **Urgently invest in targeted gender and age sensitive psychosocial support and trauma counselling**, in recognition of the high levels of trauma that refugee women, men, girls and boys are living with as well as the potential implications for the community in leaving this untreated. This should include:
 - **For women and girls**, setting up “women and girls only centres & information support desks” at strategic locations (at reception centres, in the settlements) for all women and girls but particularly for GBV survivors where immediate counselling should be provided and from where referrals should be made for case management. In addition to being a “first line of response”, the centres should offer a range of additional services, including information on SEA, on SRH with a focus on pre and post-natal care for pregnant women, individual and group counselling sessions, occupational counselling sessions, special sessions for adolescent girls on risks they face, etc;
 - **Interventions also targeting men of all ages and older boys**, in recognition of the particular challenges, sensitivities, and aversion men and boys may have to accessing psychosocial support. Such interventions should include sensitization on alcohol and other substance abuse;
 - **Child-centred psychosocial support interventions** (e.g. play groups, art therapy such as drawing, painting, singing, dancing, sports, etc) with respect to the wide-ranging implications of the trauma they have both witnessed and survived;
 - **Targeted psychosocial interventions that aim to support healing at the community level and also work toward preventing conflict**, with the aim of bringing communities together for reconciliation. Work with women’s groups, leadership structures, opinion leaders in the refugee (both old and new caseload) and host community, and prioritise empowering the community to manage these initiatives herself. This could include public dialogues, theatre, community radio, and other community-based activities that aim to rebuild a sense of community, solidarity and family that was destroyed in the conflict in DRC and also at risk in Uganda due to the scarce resources available to the response.
- Urgently **identify, train and monitor translators and volunteers** from within the newly arrived refugees, considering language issues between old and new case load. Translators who will be

working on psychosocial support, protection and in GBV response will require additional training (on conduct during translation, on confidentiality, etc) and close monitoring to ensure their behaviour does not put the persons they translate for at risk.

PROTECTION SPECIFIC RECOMMENDATIONS

- Reduce the likelihood of pushing new arrivals into risky behaviours and potential exploitation to access food for themselves and their children by **making food** (at least cold meals if hot food is logistically complex) **available in transit**. Specifically, for refugees arriving at night at Bunagana border point and being transferred to the police station to stay overnight, some form of food distribution must be available.
- At the time of the research, PSN identification and support had been halted for the new influx in Kyangwali Settlement. As a result, PSNs were being settled on their plots without the tailored support required, leaving them vulnerable to additional risks. While PSN identification has resumed since then, there **is a need to go back and retroactively identify PSNs who were registered without PSN screening at the time**. The immediate and pressing targeted support required for PSNs include:
 - The **provision of targeted nutrition and health screening to pregnant and lactating women**;
 - **Shelter support for PSNs**: This support should respect the OPM and UNHCR shelter model, as well as IASC global GBV and Shelter Guidelines;
 - Protection for Unaccompanied Minors and Child Headed Households and other vulnerable groups, including the provision of **targeted support to families hosting extra children** to minimise harmful behaviours such as pushing girls into child marriage or exploitative forms of labour (e.g. domestic work).
- Urgently conduct **participatory protection and safety audits** in new villages / zones of the settlements to identify safety and protection risks, using a gender lens, and develop and implement **Joint Safety and Protection Action Plans** based on findings, with contributions from the various actors and under the leadership of RWCs. This may include installing solar operating lighting systems in dark areas, clearing bush to improve safe access to certain locations, accompanying children en route to / from schools if attacks are reported on certain routes, etc.
- Set-up, train, equip and accompany **Community Protection & safety Action Groups** (CPAGs), ideally composed of men, women and youth, to implement the community level activities identified in the above referred Joint Safety and Protection Action Plans, including but not limited to patrolling in identified “hot spots”. Ensure CPAGs are known and supported by the Police, RWCs and all humanitarian actors in their area of operation. Where possible, to support broader conflict prevention efforts, support the creation of CPAGs with a mix of old and new case load refugees and host community members.

SEA SPECIFIC RECOMMENDATIONS

- Urgently establish an **inter-agency complaints & feedback reporting mechanism that also allows capturing cases of Sexual Exploitation and Abuse**, as well as an accompanying outreach and awareness campaign to encourage reporting along with information on what and how to report. Investments in effectively managing, responding to, and investigating SEA allegations from this mechanism will be required, particularly **investing in the capacity to confidentially investigate** reports of abuses.

- **Begin immediate outreach on PSEA** through mass Information, Education and Communication (IEC) campaigns in languages (both oral to address literacy barriers and visual, posters, etc.) accessible to refugees on:
 - The occurrence of child and forced marriages and the harmful consequences for girls and young women;
 - **The criteria and process of resettlement**, as well as how to report (see complaints channel above) on exploitative or abusive behaviours in relation to resettlement;
 - The importance of schooling for children and the equal right to education for girls and boys.
- **All agencies** involved in the response **should conduct widespread PSEA training** immediately and if possible, **jointly**, using similar concepts and standards. Core training needs to cover what SEA is, individuals' responsibilities and obligations, SEA risks and how to mitigate them and how to report. Core training should include all agencies' staff but also third parties (e.g. contractors and vendors with special attention to border and security guards, those driving the trucks and buses responsible for transporting refugees between locations, cleaners hired at different sites, sub-contracted local partners, translators, volunteers, etc). Specific training should also target Ugandan institutions with a Protection mandate with priority given to Police and the Military. For all, but particularly for the Police, the training should include how to identify and report potential **human trafficking**.
- In order for PSEA training to be truly effective, all organisations need to recognise their responsibility to not only train their staff and contractors but to institutionalise and foster a culture that supports and encourages reporting and accountability. For this to occur, organisations must acknowledge that no organisation is immune from the risks, and therefore all need to be diligent in having open conversations on how to better protect the refugees. This includes recognising the fear of reporting that may exist and working to alleviate these fears; as well as acknowledging that the high staff turnover in humanitarian response work will require systematic, ongoing training and refreshers for all staff. For donors, this demands recognition that PSEA requires investment – not only on trainings, but to ensure the reporting mechanisms are in place, and that investigations can be undertaken.
- **Probe further and open investigations into the SEA allegations shared within this research.** These investigations should not only be focussed on identifying and prosecuting perpetrators but also on identifying and supporting survivors.

GBV SPECIFIC RECOMMENDATIONS

- **Mainstream GBV** concerns through all sectors, with specific consideration to WASH.
 - Latrines in settlements should be, at a very minimum, **segregated by sex**; and with the rapid scale-up towards more permanent structures, should have **lockable doors**;
 - **Solar light distribution** within the NFI kits will help alleviate fears of using latrines at night, and help to minimise open defecation or the practice of refusing to go at night;
 - Ensure that women and girls have **a safe space to bathe** to help reduce further GBV risks;
 - **Install solar operated lighting systems at water points** to provide protection to women and girls fetching water when dark. See also recommendation on participatory protection and safety audits.

- Training for **non-GBV actors** on the basics of a survivor-centred approach and how and where to refer if a survivor discloses to them;
- Considering the links between being out of school and GBV, **an urgent assessment is required into children’s school attendance in the settlements**, to better understand the prevalence and reasons for children, and girls in particular, not attending school – to inform a targeted response;
- As a priority, and in recognition of its potential to significantly decrease GBV risks for women and girls, **distribute dignity kits to all women and girls**. These kits should include, at the very minimum, menstrual hygiene materials, a culturally appropriate change of clothing and underwear. In areas in which water is more easily accessible, **consider introducing menstrual cups**, not only as a way to help women manage their menstruation but also as an entry point to discuss GBV.⁵³
- Increase efforts to **ensure new arrivals who may still be within the 72-hour period can access emergency GBV services**, are informed of available services and referred. Some immediate measures to do so could include:
 - Improve GBV screening at transit and reception centres across all locations, and where possible, set up protection desks with capacity to do GBV screening, at major points of arrival;
 - Increase awareness-raising sessions and information availability and accessibility at the reception and transit centres on the services available at the site, and why accessing medical care within 72 hours can be life-saving. For example, at Nyakabande transit centre and Kagoma Reception centre, use the time that people are waiting in line to register or get a hot meal to do outreach and awareness raising on emergency GBV services. Information on GBV services should also be made available in local languages more prominently at all locations, (border points and landing sites, collection and reception centres, in the settlements, in protection agencies “offices” and desks, in health facilities, at Police stations).
 - Distribute **PEP kits and emergency contraception** and ensure medical teams at each settlement are **trained in the clinical management of rape**.
 - As mentioned above, set up “women and girls only centres & information support desks” **in the settlements**, including in reception centres, to support GBV screening and provide immediate first line counselling and referrals to GBV survivors referred to by protection desks and / or registration officers.
- **Strengthen GBV response referral pathways** across all sites starting with a **targeted assessment to better understand the gaps in the GBV referral pathway**. This should include investigating to what extent the Standard Operating Procedure (SOP) for GBV case management and referral pathway are known and enforced by service providers. Following the assessment, an action plan should be developed and implemented, including targeted training to the key actors in the referral pathway (Health, Police, Justice);
- In addition to actions informed by the above assessment, the below already identified **priority actions** to improve GBV referral pathways should be implemented:

⁵³ As has been successfully piloted by CARE International Uganda in Rhino settlement.

- Specific training on how to support and respond to **child survivors** for medical providers and police officers;
- The creation of **safe, confidential sex and age specific spaces** for survivors in medical facilities and in police stations;
- The deployment of additional **Police officers, and particularly more female officers**, given the increase in refugee population.
- Immediate distribution of Police Form 3 in Police stations and rapid training on its use.

Mid-term recommendations

- This RGA should be **updated and revised** as the crisis unfolds and relief efforts continue. Up-to-date gender analysis of the shifting gender dynamics within the community will allow for more effective and appropriate programming and will ensure humanitarian assistance is tailored to the specific and different needs of women, men, boys and girls.
- **Monitor the functioning of the Refugee Welfare Councils over time.** Putting in place a systematic check to ensure that RWCs are performing well, and that there is no abuse of power can help to protect against potential exploitation. Given that, over time, RWC are often increasingly relied on by humanitarian organisations for a number of activities, monitoring that they remain representative and that exploitation is not occurring is the responsibility of those relying on them. At the same time, **refugees should be empowered to hold their RWC accountable** (e.g. through score cards mechanism) and continued investments in empowering women and girls in particular to hold these structures accountable are needed.
- **Develop livelihood strategies that are sensitive to, and linked to the gender dynamics and GBV risks and protection concerns present in the community.** Design livelihood interventions with the aim of empowering women and girls, and that offer more dignified livelihood options. Providing income generating activities for women and men can have dual benefits. For women, offering dignified opportunities to work can help leverage the opening of more economically empowering situations, with the additional benefit of improved educational and health outcomes for the family. For men and boys, economic empowerment can help to mitigate some of the trauma and frustration of the emasculation and disempowerment of displacement – a factor often leading to abuse within the home.
 - For example, instead of cash transfers alone, **consider linking cash to savings groups** as a graduation strategy (including an amount for saving into the cash amount) to reduce dependence on transfers and help the refugee community build resilience and as a means of offering alternative opportunities that may help women and girls avoid resorting to riskier behaviours. This should be done based on a robust vulnerability assessment and should include poor and vulnerable old case load refugees.
 - Consider livelihood strategies that offer capital for women and girls to rebuild or begin their businesses.
- **Widespread, sustained outreach, behaviour change, and prevention work** on GBV is a clear long-term need. GBV is an everyday reality for many women and girls in this community. Changing deeply entrenched unequal gender norms and relations that underpins this violence requires a long-term, sustained approach to help build constructive dialogue between men and women on how to foster more equal, supportive relationships; and how to reimagine the roles and

responsibilities of men and women. Methods used elsewhere in Uganda, including with refugee populations, like the SASA! methodology can be applied here to mobilise communities to prevent violence.

- Given some key areas of risk noted to be facing women and girls – such as in markets, shops, and on route to accessing services or support – these sustained efforts for GBV prevention have to also **target the host community**.
- For **true social change** and transformation of gender relations in such a displaced and divided population, interventions should have to tackle the inequality inherent at every level but specific attention should be given to:
 - **At the family and relationship level:** Interventions will have to target behaviour change around healthy, nonviolent relationships and decision-making. Additional data and analysis of the **practice of polygamy in DRC and in the settlements**, and how this interacts with families' access to aid, coping strategies, and violence or risk is also needed.
 - **At the community level:** approaches that strengthen social ties, social networks for women and girls but also reduce the risk of conflict between various groups (between different ethnic groups among refugees, between old case and new caseload refugees, between refugees and host community) through group formation and group activities should be supported. For one example, VSLAs can begin to foster social cohesion while providing a strong support network for members, including women.
 - **At all levels: investment in refugee and host community women and girls' leadership** to participate in various formal and non-formal structures, in a way that offers them a substantive capacity to represent their opinions, is needed.
 - **At all levels, Engaging Men and Boys** and supporting them to develop less violent forms of masculinity while recognizing and addressing their own needs. Building on CARE's experience, this could involve training **role model men and boys**, who will then be supported to form **Male Action Groups** in the community. The Male Action Groups become safe spaces for men and boys to discuss their problems and redefine what masculinity may be, or could look like in the new environment. Having Male Action Groups with mixed refugee (old case load, new case load) and host community men and boys could have the additional benefit of reducing the risk of conflict between these groups.

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Annex 2: Timeline

- 5 February 2018** – Tool and methodology workshop, Kampala
- 7 February 2018** – Travel day
- 8 February 2018** – Fieldwork Bunagana border point and Nyakabande Transit Centre
- 9 February 2018** – Travel day
- 10 - 13 February** – Fieldwork Kyangwali and Sebagoro
- 14 February 2018** – Travel day
- 15 – 16 February 2018** – Fieldwork Kyaka II
- 20th February 2018** – Sharing highlights of research at Inter Agency meeting
- 27th February 2018** – Presentation of findings to humanitarian community and its donors in CARE Kampala office

Annex 3: FGD and KII by Location

| | Number of FGD with refugees | | | | | Number of KII with refugees | | | | |
|---------------------------|-----------------------------|------|-------|-------|-------|-----------------------------|------|-------|-------|-------|
| | MEN | BOYS | WOMEN | GIRLS | TOTAL | MEN | BOYS | WOMEN | GIRLS | TOTAL |
| Nyakabande Transit Centre | | 1 | | | 1 | | | 1 | | 1 |
| Kyaka II settlement | 3 | 3 | 4 | 2 | 12 | 1 | | 6 | 1 | 8 |
| Sebagoro landing site | 1 | | 1 | | 2 | | | | | |
| Kyangwali settlement | 3 | 2 | 2 | 2 | 9 | 2 | | 6 | 2 | 10 |
| TOTAL | 7 | 6 | 7 | 4 | 24 | | | | | 19 |

Villages in which research was undertaken:

Kyaka II:

- Mukondo
- Kakoni B
- Byabakora I
- Bukere

Kyangwali:

- Marembo C
- Mombasa
- Kagoma

In addition, KIIs were undertaken as follows: 2 at Bunagana border point, 6 at Nyakabande Transit Centre, 3 at Kyangwali, 3 at Kyaka II, 1 in Kampala

Annex 4: FGD Tool

Rapid Gender and GBV Analysis - FGD discussion

ESSENTIAL STEPS & INFORMATION BEFORE STARTING THE FOCUS GROUP DISCUSSION

Introduce all facilitators and translators. Present the purpose of the discussion:

- Firstly, provide some general information about your organisation
- Explain that the purpose of the focus group discussion is to understand concerns and needs for women, men, boys and girls to help inform CARE’s programming, to share with other organisations to adapt theirs, and to be used in advocacy to ensure the response is meeting the specific needs identified
- Explain what we will do with this information and make sure that you do not make false promises

Advise the participants in the group discussions that:

- Participation is voluntary
- No one is obligated to respond to any questions if s/he does not wish
- Participants can leave the discussion at any time
- No one is obligated to share personal experiences if s/he does not wish
- If sharing examples or experiences, individual names should not be shared
- Everyone is asked to be respectful when others speak
- The facilitator might interrupt discussion, but only to ensure that everyone has an opportunity to speak and no one person dominates the discussion

Agree on confidentiality:

- Keep all discussion confidential
- Do not share details of the discussion later, whether with people who are present or not
- If someone asks, explain that you were speaking about the health concerns of women and girls

Ask permission to take notes:

- No one’s identity will be mentioned
- The purpose of the notes is to ensure that the information collected is precise

I. Identification

Date: _____ Camp/Community/Location: _____

FGD participants and number: (Please list the age and marital status of the individual participants in the correct column).
(S - single; M - married; W - widow)

| | | Women | Men | Boys | Girls | PSN? evident, please specify. | IF |
|---|---------------------|-------|-----|------|-------|--|----|
| 1 | Age, marital status | | | | | | |
| 2 | Age, marital status | | | | | | |
| 3 | Age, marital status | | | | | | |
| 4 | Age, marital status | | | | | | |
| 5 | Age, marital status | | | | | | |
| 6 | Age, marital status | | | | | | |

| | | | | | | | | | | | |
|----|---------------------|--|--|--|--|--|--|--|--|--|--|
| 7 | Age, marital status | | | | | | | | | | |
| 8 | Age, marital status | | | | | | | | | | |
| 9 | Age, marital status | | | | | | | | | | |
| 10 | Age, marital status | | | | | | | | | | |
| 11 | Age, marital status | | | | | | | | | | |
| 12 | Age, marital status | | | | | | | | | | |

Status: Longer-term refugees (note how long they have lived here. Provide a range if applicable)

New arrival refugees

If a women's group, how many within the group are the head of their households?

If translation, from (which language): _____ to _____

Major ethnic groups in the group (note different nationalities for longer-term refugee groups):

Name of facilitators:

II. DISCUSSION

1. We would like to understand the situation that forced you to flee to Uganda, and what your time in transit looked like. Can you please tell me what happened that forced you to flee and what happened afterwards?
2. In the conflict that you fled, was there specific violence targeted at women/men/girls/boys? (Please probe for each). (Probe – gendered violence in transit)

We would like to ask you about the roles and responsibilities of women, men, boys and girls in your community and about these roles in the current situation

3. Can you help me to understand the different responsibilities of women, men, boys and girls within the household? How do women/men/boys/girls spend their time?
4. How has this changed now? What is the main difference in your roles and responsibilities here? What effect has any change had on your family relations, and on your community?
5. What kind of decisions do women, and men take within a family? (Please explain the differences) Has this changed since the conflict and how? If this has changed, how have these changes impacted the family/community? How do female-headed households make decisions (eg. are others involved)? (If having difficulties answering, consider probing on specific examples -Cash expenditure; assets and resources (land, animal, food crop, other); sharing of food production (consumption/ sale); utilisation of the assistance received (food, cash, etc.); decisions around who can go to hospital or health clinic and who pays for medical treatment and transport to the clinic, if required; movement outside the family for women and girls; children's education (fees/enrolment or withdrawal from school, marriage of daughters/sons)

6. **What assistance have you received so far? Do women, men, boys and girls have equal access and control over each of the assistance given?** *If not noted, please probe to understand how they are accessing (food assistance, water, nutrition, NFIs, livelihood opportunities, health services, sexual and reproductive health including family planning, specific assistance for pregnant and lactating women)*
7. **What are the biggest gaps in this assistance? What are the priority needs for women/men/boys/girls (ask regarding the group you are discussing with)?**
8. **Who is most vulnerable in your community? What are they vulnerable to, and why? What are the different vulnerabilities of women, men, boys and girls?** (Don't assume only women and girls are vulnerable.)
9. **Who has been consulted about the humanitarian response and how? Are women and men both participating in assessments and programs?**
10. **Are there any traditional practices/cultural beliefs that may prevent women from participating to decision making at household and community levels?**
11. **Were there any women/men organisations at home in DRC? Please explain. Are there women/men organisations (civil society, community groups, etc.) in this community/camp? If yes, what organisations? Are they functional? (Running meetings and/or activities?) Do they have any interaction with the international humanitarian response/organisations?**

COPING STRATEGIES

We would now like to ask you about how women, men, boys and girls are coping.

12. **I understand the situation is very difficult here. Given this, what different coping mechanisms are women, men, boys and girls using?**
13. **Are women, men, boys, or girls leaving this community to conduct paid work? If yes, what are they doing?**

Protection and Gender-based violence - GBV

We would like to ask you a few questions about the security of women, men, boys and girls after the crisis (ask the women and girls specific questions in women and girls FDGs and men and boys specific questions in men and boys FDGs) *Note: You may choose to use community mapping to approach questions*

14. **(ASK ONLY ABOUT THE GROUP YOU ARE TALKING TO) In this community/site, are there places where women/girls OR men/boys feel unsafe or try to avoid? (Day? Night?) What issues make them feel unsafe?**
15. **(ASK ONLY ABOUT THE GROUP YOU ARE TALKING TO) Are there places where women and girls OR men/boys can go to voice concerns? (And do they use these places?) Are there certain people or authorities (within or outside the community) that women/girls OR men/boys trust to voice concerns to?**

16. What were the main risks of gender-based violence that girls, women, boys and men faced in your community in DRC? If they are not mentioned, probe about all forms of GBV, including child/human trafficking, kidnapping/abduction, exploitation and abuse (including SEA), physical violence, slavery, domestic violence, sexual assault, rape, survival sex/transactional sex, early or forced marriage, denial of resources or opportunities, traditional harmful practices (eg. FGM, widowhood rites), other. **NOTE: PLEASE be specific for each group (W,M,B,G) and what type of violence, where (eg at home, at school..), and by whom (the group of people – eg. Husbands/mother-in law/military/armed group - not the individual perpetrator)**

17. What are the main risks of gender-based violence that girls, women, boys and men face in your community now you are here in Uganda? If they are not mentioned, probe about all forms of GBV, including child/human trafficking, kidnapping/abduction, exploitation and abuse (including SEA), physical violence, slavery, domestic violence, sexual assault, rape, survival sex/transactional sex, early or forced marriage, denial of resources or opportunities, traditional harmful practices (eg. FGM, widowhood rites), other. **NOTE: PLEASE be specific for each group (W,M,B,G) and what type of violence, where (eg at home, at school..), and by whom (the group of people – eg. Husbands/mother-in law/military/armed group - not the individual perpetrator)**

18. Explain where or under which circumstances sexual violence happen usually, now that you are in Uganda? (You can use the below boxes to probe)

- At home
- On the way to/from market
- At the toilet/latrines
- On the way to/from or while collecting wood outside the camp/community
- At school – on the way to/from school
- At the water point/On the way to/from the water point
- During the distribution of assistance (Food, Cash or NFI distribution)
- Don't know
- Others, please specify _____

19. Which security groups are present in this camp/community?

20. Do these forces ensure safety and security for women and girls from GBV risks? Do women and girls feel safe and protected by their presence? Please explain.

If a woman/girl experiences sexual violence, do they usually seek help? Yes
No

21. If yes, from whom?

- Family member
- Friend
- Chief of the community
- Religious leader
- Police
- Humanitarian actors (NGO, UN agencies)
- Don't know
- Other, please specify: _____

22. If no, explain why they won't seek help

23. If a man/boy experiences sexual violence, do they usually seek help? Yes
No

24. If yes, from whom?

- Family member
- Friend
- Chief of the community
- Religious leader
- Health centre
- Police

- Humanitarian actors (NGO, UN agencies)
- Don't know
- Other, to be defined: _____

25. If no, explain why they won't seek help

26. What usually happens to the perpetrator of sexual violence? Are they identified and punished? If not, why not? Is this different for perpetrators against men and boys, and women and girls?

27. What do women and girls do to protect themselves from violence? What does the community do to protect women and girls from violence?

28. What do you suggest in order to prevent GBV from happening in this community/camp?

29. What do you think would most improve your life here? What are your hopes for the future?

CONCLUDE THE DISCUSSION

- Thank participants for their time and their contributions.
- Remind participants that the purpose of this discussion was to better understand the needs and concerns of women and girls, men and boys since the crisis.
- Explain the next steps. Again, repeat what you will do with this information and what purpose it will eventually serve. Also inform participants if you will be back.
- Remind participants of their agreement to confidentiality.
- Remind participants not to share information or the names of other participants with others in the community.
- Ask participants if they have questions.
- If anyone wishes to speak in private, respond that the facilitator will be available after the meeting.

CARE International Secretariat:

Chemis de Balaxert 7-9
1219 Chatelaine, Geneva
Switzerland

Tel: +41 22 795 10 20

Fax: +41 22 795 10 29

cisecretariat@careinternational.org

www.care-international.org

CARE Gender in Emergencies:

emergencygender@careinternational.org

<http://gender.care2share.wikispaces.net/Gender+in+Emergencies>

CARE International in Uganda

P. O. Box 7280, 2nd Floor, Kalamu House. Plot 1B, Kira Road, Kampala, Uganda

Tel: +256 312 258 100 / +256 312 258 130

UGACareuganda@care.org

www.careuganda.org

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