Coordinating Care: Multi-Sectoral GBV Response in Uganda's Refugee Settlements

WEBINAR 4 | 60 Minutes

Presenters

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Welcome

Partnership: Luziibangi International Health School (LIHS) & Massachusetts General Hospital

Series Overview: Building on Webinars 1-3

- Foundation: Clinical management & survivor-centered care
- Vulnerable populations: Barriers to access
- Community & institutions: Prevention strategies

Today's Focus: Multi-sectoral coordination in refugee contexts

Learning Objectives

By the end of this webinar, you will:

1. Understand key GBV risks facing refugees in Uganda's settlements

2. Identify sector-specific response gaps and practical solutions

3. Develop concrete cross-sector collaboration strategies

4. Commit to at least one actionable next step in your sector

Agenda (60 Minutes)

Opening & Context Setting 15 minutes

- Welcome and Uganda refugee landscape
- GBV risks and drivers
- Why coordination matters

Sector Breakout Sessions 20 minutes

- 6 concurrent sector discussions

Plenary Sharing & Synthesis 20 minutes

Action Commitments & Closing 5 minutes

CONTEXT SETTING

10 minutes

Uganda's Refugee Context

1.615 Million	Refugees & asylum seekers
81%	Women and children
57% + 31%	From South Sudan + DRC
13 Settlements	Northwest & Southwest regions
105,405	Women identified at risk

Major Refugee Settlements

NORTHWEST REGION (Majority)

- Adjumani Settlement
- Bidibidi Settlement (one of world's largest)
- Rhino Camp Settlement

SOUTHWEST REGION

- Nakivale Settlement
- Kyangwali Settlement

CENTRAL

- Kampala (urban refugees)

Gender-Based Violence in Refugee Settings

Most Common Forms:

- Intimate partner violence (physical, emotional, economic)
- Sexual exploitation and abuse, including survival sex
- Child marriage and forced marriage
- Sexual violence (conflict-related and opportunistic)
- Violence against children framed as 'discipline'

Emerging Concerns:

- Technology-facilitated GBV
- Exploitation in exchange for aid/services

GBV Risk Drivers in Refugee Contexts

Conflict & Displacement

- Trauma from countries of origin (South Sudan, DRC conflicts)
- Breakdown of social protection structures
- Family separation and loss of male providers

Economic Vulnerability

- Extreme poverty and resource scarcity
- Limited livelihood opportunities
- Funding cuts reducing food rations and services

Social & Cultural Factors

- Harmful gender norms accepting violence
- Substance abuse and stress
- Overcrowding and lack of privacy
- Multiple ethnic groups with varying practices

Critical Service Gaps

Health System Strain

- Insufficient health facilities, medication stock-outs
- Limited mental health and psychosocial support
- Poor clinical management of rape survivors

Protection Gaps

- Weak referral systems and case tracking
- Geographic isolation limiting access to justice
- Inadequate safe houses and emergency shelter

Coordination Challenges

- Fragmented, siloed programming (GBV vs. child protection)
- Parallel humanitarian systems not integrated with national structures
- Short-term funding undermining sustainability

The Case for Multi-Sectoral Coordination

No single sector can address GBV alone

Survivors need seamless access to:

✓ Emergency healthcare (PEP, EC, treatment)

✓ Ongoing mental health support

✓ Safety and protection from further harm

✓ Justice and legal redress

✓ Economic support and empowerment

Coordinated responses:

- Prevent survivors from falling through cracks
- Reduce re-traumatization from repeated storytelling
- Improve accountability across sectors
- Ensure sustainable integration with national systems

National & International Framework

Uganda National Policies:

- National Action Plan on Elimination of GBV (2016-2021)
- Ministry of Health: Clinical Management of Rape Guidelines
- ReHoPE Strategy: Refugee and Host Population Empowerment
- National Development Plan III: 30% GBV reduction target by 2025

International Standards:

- UNHCR GBV prevention and response framework
- GBV AoR coordination guidelines
- WHO clinical management protocols
- IASC GBV guidelines for humanitarian settings

SECTOR BREAKOUT SESSIONS

20 minutes

Breakout Session Structure

You will join ONE of three sector-specific groups:

1. Education (Schools, vocational centers) and Digital & Media (Radio, social media, communications)

2. Hospitals (Tertiary/referral level) and Primary Health Care (Health centers, clinics)

3. Law & Justice (Police, courts, legal aid) and Advocacy & NGOs (Community mobilization)

Discussion Guide (All Sectors)

1. IDENTIFY KEY GBV RISKS (8 minutes)

What are the top 3 GBV risks in your sector's refugee work?

2. MAP RESPONSE GAPS (8 minutes)

What prevents effective GBV prevention/response in your sector?

3. PROPOSE SOLUTIONS (10 minutes)

Develop 1-2 actionable interventions you can realistically implement

4. PLAN COLLABORATION (4 minutes)

Identify 1 other sector you MUST partner with and why

SECTOR 1: Education

Schools & Vocational Centers in Settlements

Key GBV Risks to Discuss:

- Sexual exploitation by teachers/staff
- Unsafe infrastructure (toilets, lighting, isolated areas)
- Early pregnancy and child marriage
- Violence as 'discipline'
- Safety barriers for girls (menstrual hygiene, travel)

SECTOR 2: Hospitals

Tertiary/Referral Level Facilities

Key GBV Risks to Discuss:

- Secondary trauma from insensitive care
- Confidentiality breaches in crowded facilities
- Delayed survivor presentation (>72 hours for PEP/EC)
- Poor forensic evidence collection
- No systematic follow-up after emergency care

SECTOR 3: Primary Health Care

Health Centers II/III/IV, NGO Clinics

Key GBV Risks to Discuss:

- Lack of privacy in small communities
- Stock-outs of PEP, emergency contraception, STI treatment
- Staff lacking specialized GBV training
- Limited mental health services
- Missed opportunities to screen for GBV in routine care

SECTOR 4: Law & Justice

Police, Courts, Legal Aid, District Officials

Key GBV Risks to Discuss:

- Police insensitivity and victim-blaming
- Language barriers, lack of interpretation
- Weak evidence collection compromising cases
- Long delays and impunity for perpetrators
- Conflict between formal and traditional justice
- Survivors withdrawing cases due to lack of support

SECTOR 5: Advocacy & NGOs

Community Mobilization & Prevention

Key GBV Risks to Discuss:

- Harmful norms accepting violence deeply embedded
- Economic vulnerability driving exploitation
- Male resistance to gender equality programming
- Survivor stigma preventing help-seeking
- Fragmented prevention programs
- Short-term funding undermining sustainability

SECTOR 6: Digital & Media

Radio, Social Media, Journalism

Key GBV Risks to Discuss:

- Sensationalized, victim-blaming media coverage
- Breaches of survivor confidentiality by journalists
- Technology-facilitated GBV (surveillance, image sharing)
- Harmful gender stereotypes in media content
- Misinformation about GBV services and rights

Remember Your Four Questions

As you discuss, document:

1. Top 3 GBV risks in your sector

2. Main response gaps preventing effective action

3. 1-2 actionable solutions (realistic, resource-appropriate)

4. One essential partnership with another sector

Be ready to share!

PLENARY SHARING

20 minutes

Sector Reports (1-3 minutes each)

Each group will share:

✓ Top GBV risk identified by your group

✓ Most promising solution proposed

✓ Essential partnership needed with another sector

Facilitator will note common themes and collaboration opportunities

Key Coordination Principles

1. SURVIVOR-CENTERED

Respect survivor choices, ensure confidentiality

2. DO NO HARM

Avoid re-traumatization through poor coordination

3. CLEAR REFERRAL PATHWAYS

Every sector knows where and how to refer

4. INTEGRATED NOT PARALLEL

Build on national systems, don't duplicate

5. ACCOUNTABILITY

Track cases without breaching confidentiality

From Discussion to Action

Operationalizing Multi-Sectoral Coordination:

- Establish district/settlement GBV coordination meetings
- Develop shared referral directory with contact information
- Create simple case referral forms (respecting confidentiality)
- Conduct joint service mapping to identify gaps
- Align with District Action Committees on GBV
- Participate in national coordination structures

ACTION COMMITMENTS

5 minutes

Your 30-Day Commitment

Each participant commits to ONE action in next 30 days:

Example commitments by sector:

- Education: Conduct school safety audit with students
- Hospital: Develop simple GBV clinical protocol poster
- Primary Care: Train Village Health Teams on GBV identification
- Justice: Organize joint police-health training on evidence
- NGO: Initiate men and boys dialogue group in settlement
- Media: Develop journalist GBV reporting guidelines

Share your commitment in the chat!

Building Your Network

Cross-Sector Collaboration Starts Now:

✓ Exchange contact information with at least one person from another sector

✓ Identify one concrete way you can collaborate in the next quarter

✓ Join the webinar WhatsApp group for ongoing coordination

✓ Participate in district GBV working groups

Together we are stronger!

Key Takeaways

1. GBV in refugee settings requires ALL sectors working together

2. Simple, practical solutions CAN improve survivor outcomes

3. Integration with national systems ensures sustainability beyond humanitarian phase

4. Each sector has a unique role; coordination multiplies impact

5. Refugee populations face heightened vulnerabilities requiring specialized, coordinated response

Resources Shared Today

You will receive:

- Webinar slides with sector-specific case examples
- Uganda GBV referral pathway template
- Contact list for cross-sector collaboration
- Required reading list and key references
- Quick evaluation survey link (please complete!)
- All materials will be emailed within 24 hours

Next Steps

IMMEDIATE (This Week):

- Complete evaluation survey
- Connect with at least one other sector participant
- Review your sector's case brief and solutions

SHORT-TERM (Next 30 Days):

- Implement your committed action
- Attend/initiate district GBV coordination meeting
- Share learnings with colleagues

ONGOING:

- Participate in cross-sector coordination
- Advocate for integrated GBV systems

Your Feedback Matters

Help us improve future webinars:

📋 Evaluation Survey Link:

[Survey link will be shared in chat]

Takes only 3 minutes!

Your input helps us:

✓ Strengthen content and delivery

✓ Better address your sector needs

✓ Plan future webinars in this series

✓ Demonstrate impact to funders

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From Parallel Systems to Coordinated Care

Together we can build a Uganda where every refugee survivor can access the support they deserve.

THANK YOU