

Biography and Session Introduction

- Nicodemus Oro works for Care International, Uganda. Two presentations in one.
- He presents on attempts, often unsuccessful, to integrate the Batwa (Pigmy) people into Ugandan agricultural societies.
- He presents on Gender Related Violence, and the role of MISIP to mainstream improved policies into NGOs and government in order to diffuse this vicious cycle in homes, workplaces, and in the general society.

Batwa Experience in South Western Uganda



Background

Evicted from BMNPs in 1991

No systematic resettlement

Selective compensation for non Batwa.

Denied access to forest resources for livelihoods

Denied access to cultural sites

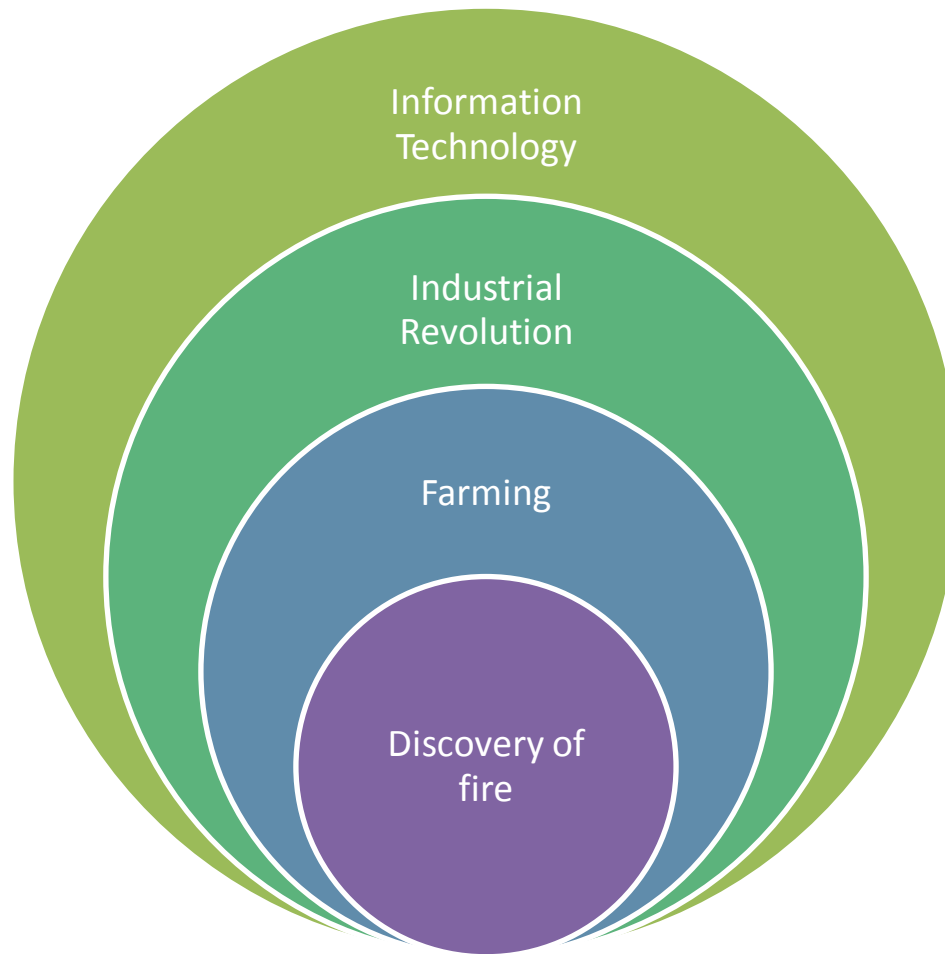
Increased vulnerability and poverty deepened marginalization and exclusion from social, political and economic spheres.



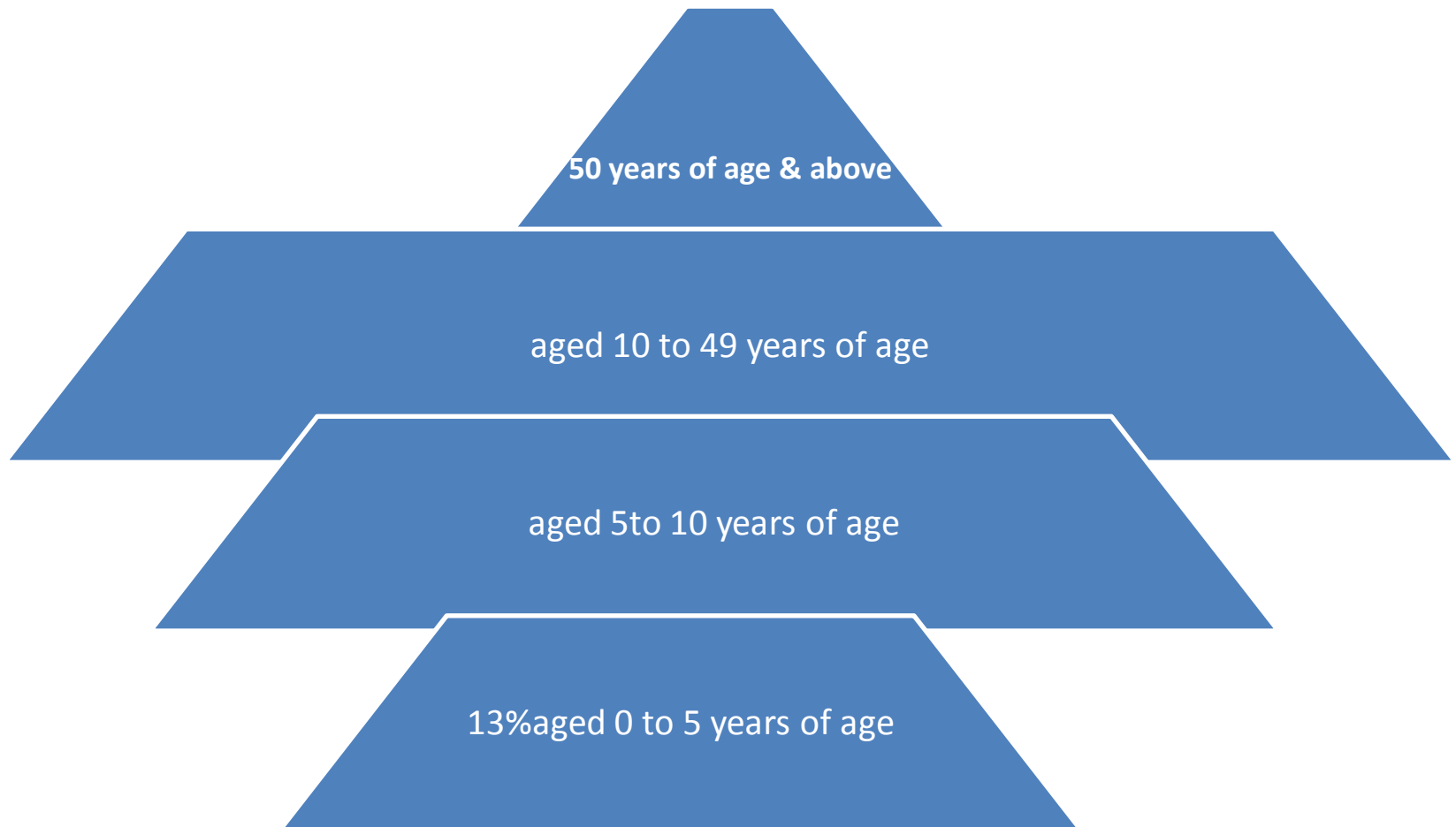
1991 and beyond

- Landless
- Homeless
- Powerless
- Caught up a midst different ethnic groups, different orientation and at different level of development and empowerment (Bakiga, Bafumbira etc
- Intervention by development actors efforts started; uncoordinated and some misdirected because of attitude and failure to appreciate the different stages of development.

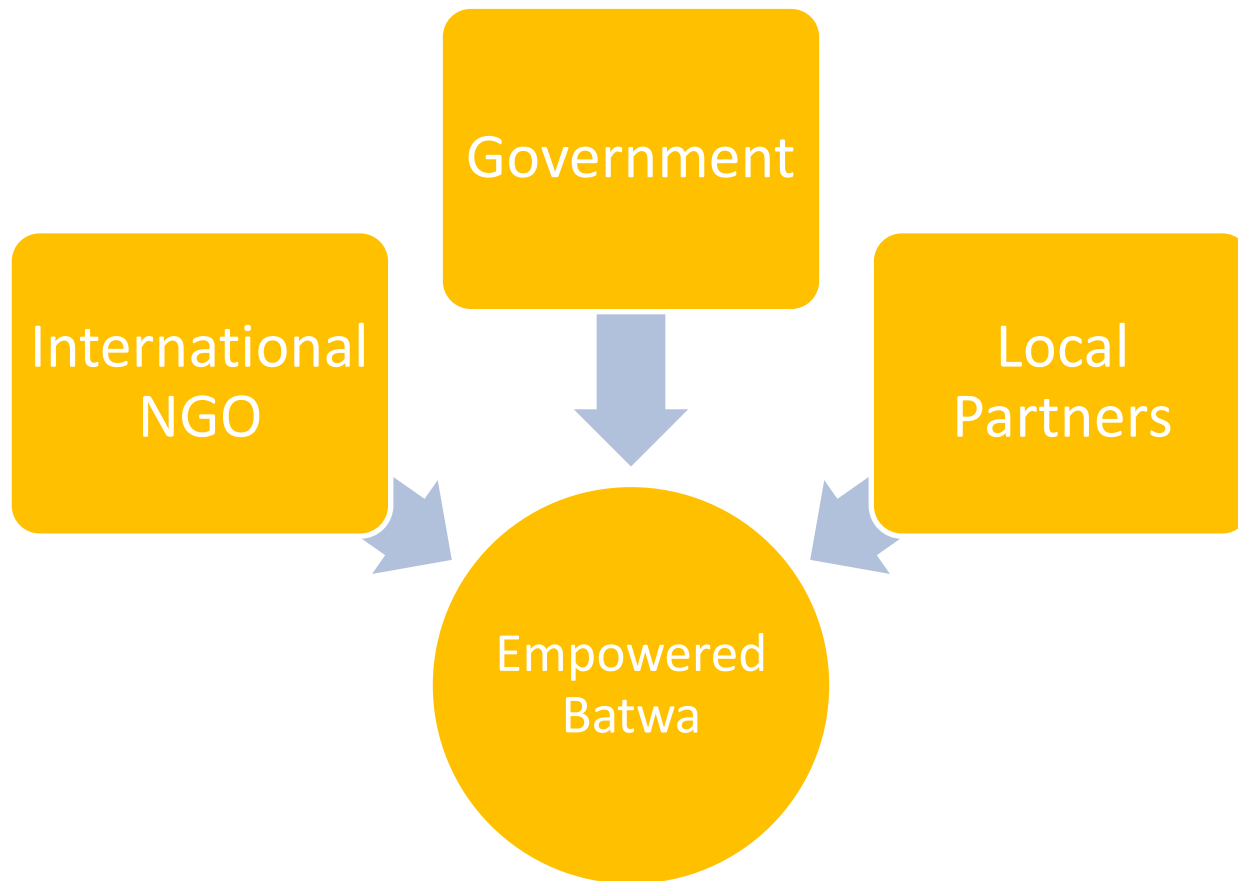
Man- Evolution/transition stages



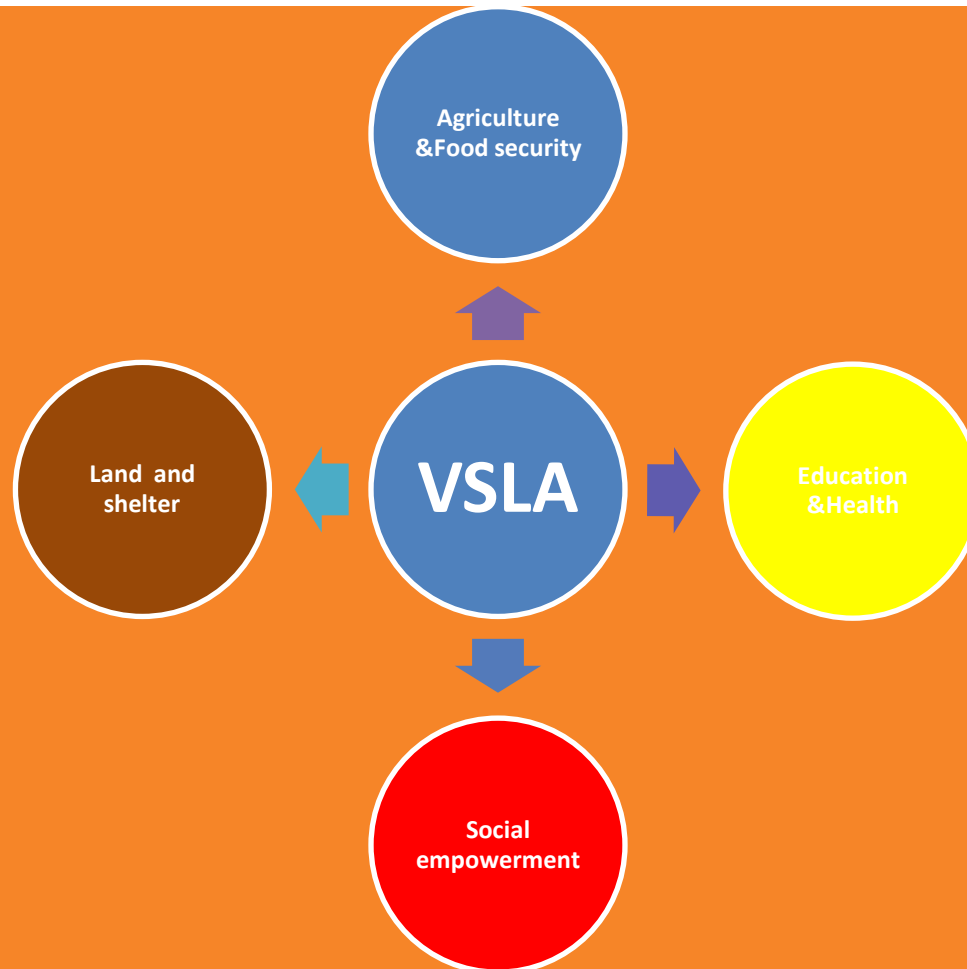
Batwa population structure



Coordination and harmonization



Village Saving and Loans Association



Turning point





The process





The Sky is the limit



VSLA

- **VSLA** –Promotes group cohesion
- **Communication** – *Common language used thus effective a cross different age*
- **Negotiation** – *on regulations and other resources*
- *Mediation*
- *Formation of effective structures*

Key milestone achieved.

◊ Saving and borrowing among the Batwa is now being accepted by everybody as the result of VSLA approach.

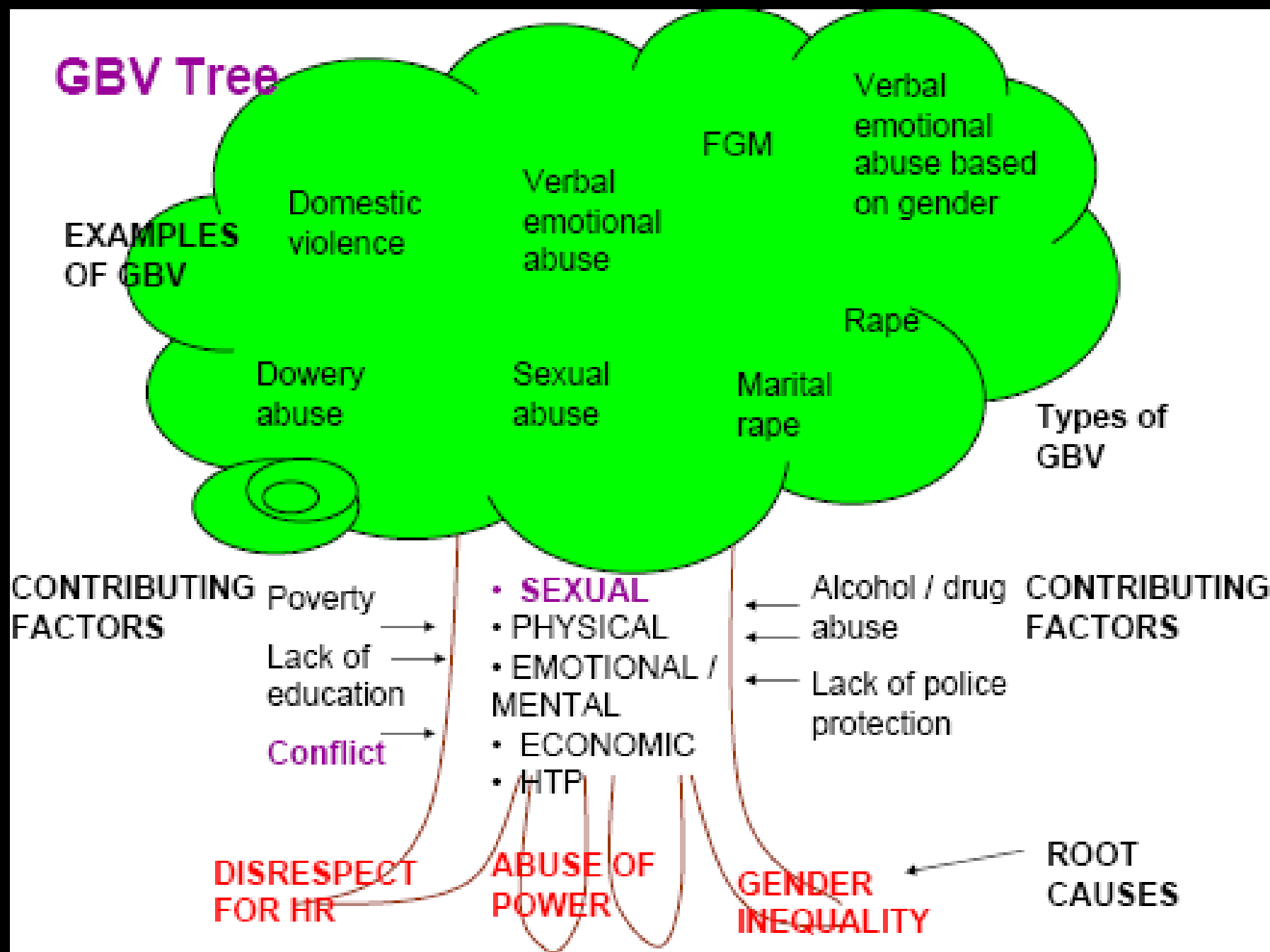
Challenges and lessons learnt

- Weak economic base of Batwa affects individual share value in the VSLA group – Affects the amount to be borrowed for reinvestment.
- Batwa communities have not had a chance for steady transition and are caught up amidst many Development theories/approaches with a variety of strategies at their disposal.

Gender Based Violence Arua- West Nile

- No common terminology among humanitarian agencies: SGBV, GBV, VAW
- No consensus on definitions
- But it can be defined as
 - ‘An **umbrella** term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed differences between males and females’
 - There are also different types or forms of violence: (1) **sexual** (2) physical; (3) harmful traditional practices; (4) socio-economic; and (5) emotional and psychological
- UNHCR definition
 - ... gender-based violence is violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or **sexual** harm or suffering, threats of such acts, coercion and other deprivations of liberty....

GBV Tree



Attitudes that contribute to the problem

- “Wife beating is an accepted custom...we are wasting our time debating the issue.”- **Papua New Guinea** member of Parliament during debate on wife battering
- “Scriptures must be fulfilled. Violence against women is a sign of the end times, which we can’t do anything about.”- **Nairobi** pastor citing 2 Timothy 3:1-5
- “... through questions related to her sexual life it is possible to tell if the woman is responsible for the attack, because in most cases, it is the woman who provokes the aggression”- Agent from the **Mexico City** Attorney General’s Office
- “Are you a virgin? If you are not a virgin, why do you complain? This is normal.”- Assistant to public prosecutor in **Peru** answering a woman who reported sexual abuse by police officers while in custody

Sexual Violence

- a. includes at least: rape/attempted rape, sexual abuse, and sexual exploitation
- b. is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim...”
- c. takes many forms, including rape, sexual slavery and/or trafficking, forced pregnancy, sexual harassment, sexual exploitation and/or abuse, and forced abortion



Interagency Coordination Guidelines

The purpose of these guidelines is

To enable key stakeholders from each sector:

- ✓ Protection
- ✓ Water & sanitation
- ✓ Food security and nutrition
- ✓ Shelter & site planning, & non-food items
- ✓ Health & community services
- ✓ Education



To work with the cross-cutting functions of:

- ✓ Coordination
- ✓ Assessment & Monitoring
- ✓ Human Resources
- ✓ Information Education Communication

Minimum **multisectoral interventions to prevent & respond to sexual violence during the early phase of an emergency**

Preventing SV

- Your coordination team should:
 - ✓ Ensure all languages & dialects are represented among service providers or that interpreters are available

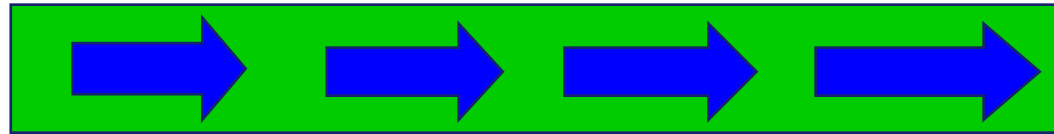
- ✓ Hire female
 - service providers
 - Community health workers
 - Programme staff
 - Interpreterswhere possible

Building Comprehensive GBV services *as the situation allows*

Emergency

Post-emergency

Destabilizing event



Durable solutions

- Protection system
- Medical services
- Psychosocial support
- Community aware

Comprehensive GBV services

MISP

Implementing & integrating comprehensive GBV services

Loss of essential services

Restoration of essential services

Relative stability

Return to normality

Building on MISP

Expanded Services:

1. Continue collaboration with relevant sectors/clusters

- ✓ Multisectoral programming model is best practice
- ✓ Requires your coordination team to actively participate in sector/cluster coordination activities & inter-sector/ cluster coordination activities
- ✓ Requires collaboration with community members including adolescents

Building on the MISP

Expanded Services:

2. Integrate GBV into needs assessments for comprehensive SRH service planning

- ✓ Work with other GBV actors to collect the following information:
 - Level of community awareness
 - International & local actors working on GBV
 - Existence of SOPs, protocols & reporting forms
 - Location and type of services
 - Level of adherence to guiding principles
 - SRH service provider training needs
 - Types and number of GBV cases reported

Building on the MISp

Expanded Services:

3. Expand clinical care

- ✓ Ensure service providers are trained to provide clinical care for survivors of GBV including:
 - Domestic/intimate partner violence
 - Female Genital Mutilation
 - Forced early marriage
 - Adolescent-friendly services
 - Other forms of GBV

Building on the MISP

Expanded Services:

4. Expand psychological and social care, including:

- ✓ Identifying & training existing resources in the community
- ✓ Developing women and girls' support groups
- ✓ Creating drop-in centres for survivors
- ✓ Providing material support as needed
- ✓ Encouraging the use of traditional resources where appropriate

Building on the MISp

Expanded Services:

5. Conduct monitoring

- ✓ Include in SOPs
- ✓ Share information (ensuring confidentiality)
- ✓ Monitor quality of care regularly
- ✓ Indicators include:
 - Number, sex and age of reported cases per month
 - Timing of emergency contraception provision
 - Timing of PEP provision

Building on the MISP

Expanded Services:

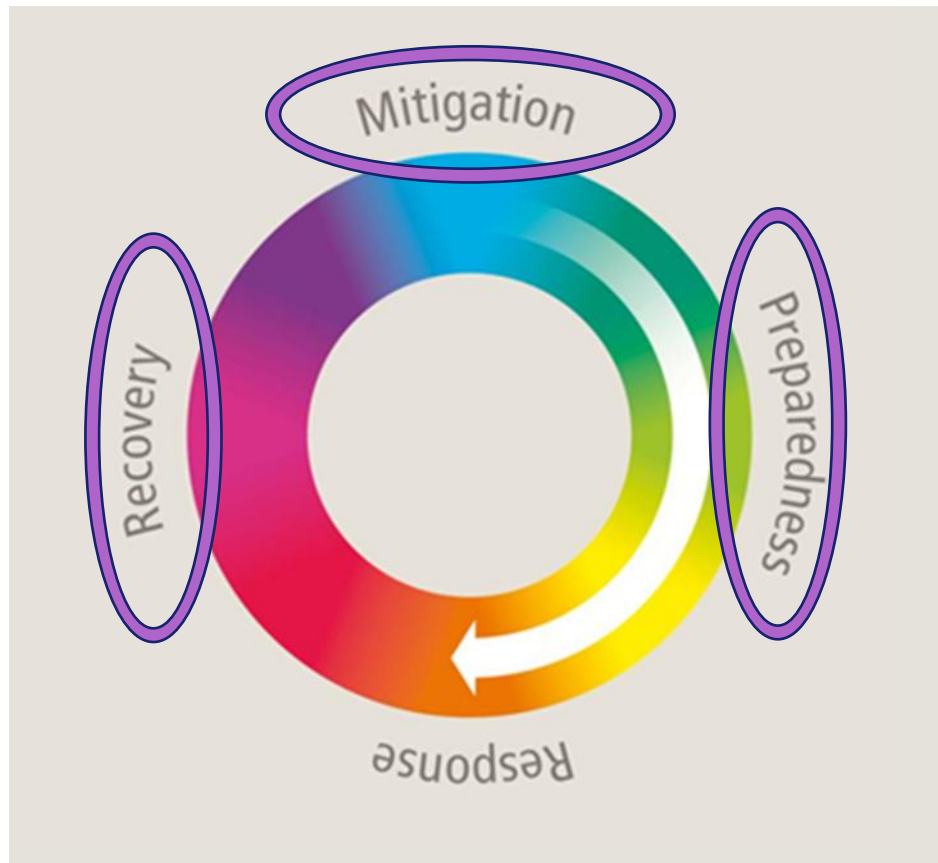
6. Support initiatives to prevent GBV

- ✓ Actively involve men and boys
- ✓ Address other forms of GBV
- ✓ Advocate for the enactment &/or enforcement of national laws against GBV
- ✓ Target income generation programmes to girls & women

Building on the MISP

Build comprehensive GBV prevention and response programming into health systems in the

preparedness phase AND as they are *rebuilt*



- ✓ To build resilience
- ✓ To reduce vulnerability
- ✓ To mitigate the impact of GBV on populations surviving this and future emergencies

Building on the MISP

- ✓ In preparedness and recovery:
 - Integrate comprehensive GBV services into national policies, programmes & curricula

Health systems building blocks	Plan for comprehensive SRH services, e.g.
Service delivery	<ul style="list-style-type: none">- Identify SRH needs- identify suitable sites for SRH service delivery
Health workforce	<ul style="list-style-type: none">- assess staff capacity and train
Health information system	<ul style="list-style-type: none">- include SRH information in HIS
Medical commodities	<ul style="list-style-type: none">- support/strengthen RH commodity supply lines
Financing	<ul style="list-style-type: none">- identify SRH financing possibilities
Governance, leadership	<ul style="list-style-type: none">- review RH-related laws, policies, protocols

Preparing to respond

What can be done by
your coordination team

now to:

- ✓ ensure prevention and response mechanisms are in place to address

Sexual Violence during the
acute phase of a crisis

&

Gender Based Violence as
the situation allows?



(VULNERABILITY + HAZARD)

CAPACITY

=

DISASTER

Key Messages all

- Planning for comprehensive GBV services must commence at the onset of an emergency
- Comprehensive GBV services which build on the MISP should be implemented as the situation allows
- Comprehensive GBV services address all types, root causes and contributing factors of gender based violence
- Building GBV prevention and response activities into health systems *in the preparedness phase* AND as they are *rebuilt post-crisis* increases resilience and reduces vulnerability to GBV for populations surviving future emergencies

End

Thank you very
Much