



**HIGH-LEVEL WORKSHOP ON CHILD PROTECTION AND GENDER BASED
VIOLENCE PREVENTION AND RESPONSE ASSOCIATED WITH
INFRASTRUCTURE INVESTMENTS,**

Kampala, 2018

Workshop Report

Date: December 13, 2018

Venue: Golden Tulip Hotel, Kampala

Overview

The high-level workshop was convened to share promising practices and lessons learned from the Supporting Children's Opportunities through Protection and Empowerment (SCOPE) Project— to inform ongoing discussions and actions, led by the Ministry of Gender, Labour and Social Development (MGLSD) and United Nations International Children's Emergency Fund (UNICEF) focused on building a sustainable and scalable protection system. The Guidance Note on Protection from Sexual Exploitation and Abuse (SEA) in Road Projects was also disseminated. The note provides practical guidance on identifying, assessing and managing the risks from sexual exploitation and abuse in road projects; based on the experiences of the World Bank's Transport and Social Development teams in Uganda.

Workshop participants included representatives from the (MGLSD), Uganda National Roads Authority (UNRA), Ministry of Energy and Mineral Development, Kampala Capital City Authority (KCCA), Office of the Prime Minister (OPM), Ministry of Health (MoH), Directorate of Public Prosecution (DPP), Kamwenge and Kabarole District Local Government (DLGs), and project staff from the four specialized Civil Society Organizations (International Justice Mission, Building Resources Across Communities (BRAC), Joy for Children Uganda, World Vision International) involved in SCOPE implementation. The total number of participants was 45.

Supporting Children's Opportunities through Protection and Empowerment (SCOPE) Project

SCOPE (2017-2018) is a World Bank-funded project implemented by the Ministry of Gender, Labour, and Social Development in partnership with CSOs and Kabarole and Kamwenge District Local Governments (DLGs). The CSOs include World Vision, BRAC, International Justice Mission (IJM) and Joy for Children Uganda (JFC). The project was part of the broader efforts by the World Bank to prevent and mitigate risks of SEA, as well as other forms of GBV in World Bank-supported infrastructure and other area-based investment projects. This is consistent with recommendations outlined in the Inspection Panel's Management Action Plan (MAP) for the Uganda Transport Sector Development Project (TSDP).

The overall goal of the project is to enhance the provision of prevention and response services for child survivors of sexual violence in Kamwenge and Kabarole districts. In addition, SCOPE sought to enhance the capacity of the service delivery system to achieve the mutually reinforcing goals of responding to and preventing sexual violence against children. The design of the project took into consideration the lessons learned from the implementation of the Emergency Child Protection Response (ECPR) program; which was developed and implemented following the Inspection Panel investigation of the TSDP in 2015 that revealed wide-ranging cases of sexual exploitation and abuse (SEA) and other forms of GBV during the construction

of the 65 kilometer (KM) Fort Portal-Kamwenge road, most notably at Bigodi. The ECPR was implemented in collaboration with the MGLSD, Uganda National Roads Authority (UNRA), and district authorities in the two districts of Kamwenge and Kabarole.

Lessons Learned from SCOPE implementation

“From Crisis to Opportunity – The Journey of the SCOPE project”

Margarita Puerto Gomez, the Task Team Leader (TTL) of SCOPE presented an overview of the project. She observed that response to sexual abuse of women and girls is, in a large part, a government mandate. Cognizant of this, SCOPE focused on building this capacity within the existing structures. The MGLSD contracted four specialized CSOs with expertise in GBV prevention and response, to strengthen systems for prevention and response to sexual violence; through, for example, training and technical assistance to, and close collaboration with local government and community structures. She noted that SCOPE demonstrates ways in which local response capacity can be strengthened to enhance access to prevention and response services for child survivors and those at risk of sexual violence; especially in contexts with high acceptability of violence against women and girls, low institutional capacity and presence of large infrastructure projects. The project also demonstrates the effectiveness of partnerships between government and CSOs in enhancing access to both prevention and response services for survivors of violence.

Key Lessons

During the workshop, the implementing partners were invited to share SCOPE implementation experiences and lessons learned. Presentations and discussions were structured around four learning areas:

- a) Case management and community-level referral systems strengthening
- b) Enhancing access to emergency healthcare and psychosocial support for survivors of sexual violence
- c) Community-based violence prevention
- d) Enhancing multisectoral coordination

The structuring reflected the multi-sectoral approach adopted by the project; based on the recognition that sexual exploitation and violence against children can only be adequately addressed through a holistic effort, bringing together several organizations, actors and structures.

CASE MANAGEMENT AND COMMUNITY-LEVEL REFERRAL SYSTEMS STRENGTHENING

To improve case management and strengthen legal/justice response, SCOPE activities centered on improving the capacity of statutory duty bearers and key government actors with the mandate to respond to sexual violence, including police officers, justice/legal actors, probation and social welfare officers, and health care providers. Targeted training workshops were conducted to (a) build technical medico-legal and

case management skills; and (b) improve the use of trauma-informed, survivor-focused approaches, which are critical for survivor recovery and successful prosecutions. The approach to training included both classroom-type training and ongoing case-specific mentorship.

The training covered several themes: investigation and response to sexual violence against children, forensic evidence collection, survivor-centered approaches, communication with child survivors, trauma-informed counseling, etc. For each training, all actors were brought together to enable multi-disciplinary discussion and linkage-building. For case-specific mentorship, the project investigative, legal and psycho-social support experts worked alongside government duty bearers (e.g. police, probation and social welfare officers) on certain cases of sexual violence to provide case-specific, hands-on mentorship and coaching; to improve their technical skills, build the use of survivor-focused and child-friendly approaches.

In addition, through IJM the project organized and sponsored a 10-day 'mobile' high court criminal session in Kamwenge during which 17 aggravated defilement cases were heard, resulting in 12 convictions. IJM worked alongside the police, community development officers (CDOs), health workers and Regional State Attorney (RSA) leading up to and during trial stage; to investigate cases, collect additional evidence, follow up on files, and provide care and support to the survivor and their family, etc. For example, IJM worked with the RSA to ensure that the files are complete and support the summoning of witnesses.

Results:

- **Over 60 Justice Law and Order Sector and Community Based Services Department** staff trained on sexual abuse case management and referral, including trauma-informed and survivor-centered approaches
- In-depth legal support (including investigative support) on cases involving 17 survivors and 9 perpetrators
- This 'mobile court' heard 17 aggravated defilement cases in Kamwenge, resulting in 12 convictions

Key lessons

1. Mentorship as part of capacity building: classroom training provide the foundation of knowledge/capacity in responding to SVAC, but they are more effective when accompanied by case-specific support.
2. Including multi-disciplinary actors at all training is important and creates additional benefits. Even if the target is (e.g.) social workers, including other actors (e.g. health, police) creates a platform for nuanced discussions on how to work better together. For example, joint training served as an opportunity to discuss how police can involve PSWOs/CDOs in ensuring that children have support during/after an investigation, or how health workers can work with police to better understand medical evidence collection.
3. Tracking of case progress remains challenging because of investigation and court processes that require time. SCOPE may not report on cases successfully prosecuted but the investigation capacity left on the ground will contribute significantly.
4. Given the high level of staff attrition and turnover, capacity-building efforts also need to build a sustainable mechanism for ongoing training and orientation of new staff.
5. Many cases of sexual violence fail at the police post level, where investigations are often poorly done, and psycho-social and case management support skills are limited. More support required for lower-level police posts is required.

Strengthening community-level referral mechanisms

Referrals are an important step in case management, strengthening activities centered on improving case identification, referral, and referral tracking. This included:

- a) 16 radio talk shows on GBV redress mechanisms, reporting and referral pathways, and existing community support mechanisms for survivors,
 - b) 35 structured dialogue meetings with community members and community-based violence prevention structures— to build a support network within the community to ensure survivors are linked to care and services,
 - c) dissemination of Information Education Communication (IEC) materials on referral mechanisms and pathways, and
- Case follow-up and family support. Project social workers and trained community volunteers conduct home visits to identify and/or follow-up on cases of sexual violence and link survivors to appropriate services. Where necessary, survivors and their family members were supported using the “Urgent Action Fund” to access multi-sectoral services. **80 cases of sexual abuse** identified at community-level and referred to JFCU. **31 survivors supported using the Urgent Action**

Key Lessons

- Strengthening referrals is a critical component in increasing demand and utilization of multisectoral VAC services. However, for referrals to be effective they need to link responsive and viable services that can process and act upon the referrals in an adequate way. For example, if the community is empowered to report cases, the law enforcement, social protection, and health-related structures to which they report must ably respond. Therefore, investments in referral mechanisms need to go together with efforts to improve the response capacity of the response structures.
- Tracking and documentation of referrals is essential. Tracking cases across services is important to ensure referral completion
- Sustaining and expanding the referral system requires active district leadership and coordination

Key observations from workshop participants

- It is good that SCOPE focuses on strengthening the capacity of relevant local government structures. This is a more sustainable.
- More emphasis should be placed on developing a country-wide case management system (with clear and strong mandate and protocols) and ensure that all partners are building the same system. Such a system is essential in ensuring that vulnerable children and/or households are identified, their needs correctly assessed and that they receive cross-sectoral support.
- There is a need for a more comprehensive and systematic response, of which referral mechanisms and case management are crucial elements. Referral mechanisms are essential both to managing services within sectors (such as health, education or justice systems) and for supporting referrals across services. Effective referral systems are necessary to support effective case management by skilled service providers

ENHANCING ACCESS TO EMERGENCY HEALTHCARE AND PSYCHOSOCIAL SUPPORT FOR SURVIVORS OF SEXUAL VIOLENCE

Access to high quality, confidential and integrated healthcare service is a critical and life-saving component of a multisectoral response to sexual exploitation and abuse. The presenter highlighted specific activities aimed at improving access to emergency health care and psycho-social support for survivors of sexual violence under SCOPE:

- 44 health care providers in selected facilities¹ were trained on case management, including trauma-informed care (TIC) for survivors in line with World Health Organization Clinical Guidelines on responding to Children and Adolescents who have been sexually abused. In addition, health workers received training on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), a components-based psychosocial treatment model developed to address the trauma associated with child sexual abuse.
- SCOPE established child-friendly spaces in Bigodi and Ruteete Health Center IIIs, which have enabled over 482 child survivors to access safe and non-stigmatizing services.
- 24 community-based facilitators were identified and trained on the provision of psychosocial support (PSS) to survivors of sexual violence. These play a key role in the provision of psychosocial care to survivors, including PSS assessments and referral, and provision of individual counseling and/or group psychosocial support to survivors.

Key lessons

- Need to integrate psychosocial support aspects in training of the different community-level structures.

¹ The health workers that attended the training were from selected facilities, namely: Bigodi and Bunoga health centers in Kamwenge District and Ruteete, Rurama, Kataraka and Nkuruba health facilities in Kabarole District.

COMMUNITY-BASED VIOLENCE PREVENTION

Community-based violence prevention activities included (a) empowerment and skills building for adolescent survivors, and those at risk, of sexual violence, (b) community mobilization, (d) and school-based violence prevention activities.

- Based on the ELA model, 35 adolescent clubs established and supported, reaching over 1,050 adolescents at risk of sexual violence with behavioral-based training on life skills. Out of these, 278 survivors of sexual violence or at risk were equipped with livelihood and vocational skills: hairdressing, tailoring, knitting, craft making, etc. The MGLSD and District Local Government are seeking to sustain the project results, to the extent possible, through existing social protection programs so that the vulnerable adolescents continue to benefit from the knowledge and the skills acquired under SCOPE. For example, 213 adolescents were seconded to benefit from the MGLSD's Youth Livelihood Programme (YLP) in Kamwenge and Kabarole district.
- SCOPE also supported community-level interventions focused on engaging communities to prevent violence against children, change harmful, violence-supportive social norms and building community-support systems for violence prevention. These interventions were carried in communities and schools and included 28 community dialogues, and identification and training of 33 (male) behavioral change champions to promote active engagement of men and boys in violence prevention efforts. These activities were underpinned by the recognition that effective prevention of VAWG requires engaging, inspiring and supporting a diverse range of community members, groups and institutions.

Key Lessons

- Securing and retaining club member participation and commitment is critical for intervention effectiveness. Continued investments in and diversification of club activities is necessary for maintaining membership, participation, and social impacts.
- Need to balance fidelity to evidence-based models with necessary modifications for the local context. Evidence-based models such as BRAC's ELA need to be adapted to the context and specific vulnerabilities the girls face. For instance, the ELA model needs to be adapted to address specific dynamics of GBV, such as SEA, associated with labor influx in communities. There could be a need to adapt the BRAC's graduated approach – which delays economic components until the life skills training intervention is completed. The livelihood component of the ELA model should be introduced much earlier in the project life cycle.
- Pressure and influence from young men continue to be a key driver of the vulnerabilities of young women when it comes to their SRH outcomes. Therefore, intentional efforts are required to engage young men in efforts to address sexual violence.
- For continuity/sustainability, it is important to link clubs to government social protection programs such as the Youth Livelihood Program (YLP) and the Uganda Women Entrepreneurship Programme (UWEP). Linkage of adolescents in BRAC ELA clubs by the districts as a way of sustaining the empowerment component requires intensive orientation of these groups on procedures and processes of accessing funds.
- Effective prevention of sexual violence requires strong community engagement and enhancing local response systems

Response to participant questions:

- The cost of each girl engaged in the ELA Model is USD 30 per year, including a monthly allowance for mentors
- The participation rate of the girls and drop out varies and this could be linked to the fatigue that girls get during the daily activities, drop out is 20%
- Local artisans were used as trainers during vocational and skills training

ENHANCING MULTISECTORAL COORDINATION

Effective prevention of and response to VAWG call for multisectoral, coordinated action among health and social services actors, legal and security actors, and the community. Cognizant of this SCOPE supported the establishment and operationalization of District Action Centers (DACs) in the two districts to improve **case management** and enhance **multisectoral coordination**.

- The centers were established in line with the MGLSD guidelines on the establishment and operationalization of DACs. The Probation and Social Welfare Officer (PSWO) in each district heads and coordinates the DAC, which uses the national toll-free 116 Child helpline district database for reporting and tracking cases of abuse.
- To operationalize and improve the functionality of the DACs, SCOPE implementing partners supported the development of tools to help assess child safety, health, psycho-social, and legal needs, and provided technical backstopping; through training staff on psychosocial support, case conferencing and follow-up as well as referral pathway management.
- The DAC manages and responds to all case types, but the focus of the SCOPE project is cases of sexual violence against children (SVAC). The DAC team (PSWO, CDOs, Police, Health Officers, Education Officer, IJM and other IPs) holds case management meetings to systematically present, discuss, and plan actions and follow-ups for cases of sexual violence against children.

Results:

- Through the establishment of the DACs, the project strengthened and increased case reporting through the child helpline in the districts. Over 80 cases of sexual violence against children have been managed in the DAC.
- Through the DAC, cases of sexual violence are handled in a multidisciplinary manner, following systematic steps: case identification, registration, assessment, planning, implementation, monitoring, and closure. Monthly case management meetings were conducted; providing a forum for the DAC team (PSWO, CDOs, Police, Health Officers, Education Officer) to assess the progress of old cases, systematically review new cases, and discuss plans for follow-up. Action plans are developed for all cases tracked.

To ensure the sustainability of the DAC, the DAC leadership engaged other actors and development partners such as UNICEF to support specific activities and infrastructural requirements. For example, the CBSD in Kamwenge district requested and received 2 motorcycles from UNICEF to support the Kamwenge

DAC in case management and follow up. One was given to the District Probation and Social Welfare Officer and another to the Child and Family Protection Unit (CFPU). These motorcycles have supported the DAC to follow up on the reported cases timely. At the project closure, the Lutheran World Federation (LWF) had offered to continue supporting the coordination meetings for GBV and child protection in Kamwenge district.

Lessons learned

- Responding to sexual violence against children requires a ‘systems-approach’; i.e. working across multiple sectors (not just within one sector such as education, health or child protection) and with multiple stakeholders (not just with social workers, but also volunteers at community level).
- Capacity building training, continuous mentoring, development of tools and monthly meetings have improved case management capacity
- District commitment and leadership is key: SCOPE’s implementation has benefited from a strong commitment of district local governments.

THE GOOD PRACTICE NOTE ON ADDRESSING GBV IN INVESTMENT PROJECT FINANCING INVOLVING MAJOR CIVIL WORK

Diana Arango, Senior Gender-Based Violence and Development Specialist at the World Bank presented a summary of the Good Practice Note on addressing GBV in investment project financing. She noted that the GBV note is part of World Bank’s response to the 2017 recommendations of the independent task force of external experts which provided guidance on how the WB could strengthen its systems to prevent and respond to GBV in its projects.

The note sets out good practices on identifying, assessing and managing the risks of GBV. She stressed that addressing GBV in contexts of infrastructural development requires an in-depth understanding of the GBV risks associated, and the factors that contribute to and influence the type and extent of GBV. Any mitigation measures should address both the risk of GBV that could result from project activities and those that are contextual or already present within the community. She emphasized that GBV-GPN will be applied to all new projects.

BUILDING A SUSTAINABLE AND SCALABLE PROTECTION SYSTEM

Birgithe Lund-Henriksen, the Chief, Child Protection, UNICEF Uganda delivered a presentation, highlighting the intricacies and complexities of building a sustainable and scalable protection system in Uganda.

She observed that building a protection system grounded in national standards, laws and regulations, and created and sustained locally, is the best way to prevent and respond to the violence against children (VAC) and GBV. However, in Uganda, the process is fraught with challenges. Notably:

- a) Funding levels for social services in most local governments are too low to achieve improvements in outcomes
- b) No standardized case management systems: multiple coordination structures, case management tools, training packages, volunteer structures, and guidelines, among others. For example:

- Various training packages have been developed for different duty bearers by different actors. There are no standards for capacity building. She observed that SCOPE has generated good training materials that need to be integrated into the national standard training package.
 - Different volunteer structures at the village level depending on development and implementing partner (Para Social Workers, Child Protection Committee Members, Village Case Managers, SCOPE-Community facilitators)
- c) There are multiple information systems. Currently, the Probation and Social Welfare Officer is expected to engage with multiple information management systems- GBV, OVC, Child Helpline, childcare database, etc. This is neither realistic, efficient nor effective
 - d) The social welfare structure is largely invisible in the government structure with no ministry, directorate, department or unit of social welfare
 - e) The name “District Action Centers” does not reinforce the critical role of social welfare; should be called Probation and Social Welfare Offices so that we can build on lessons from SCOPE and reinforce PSWO.
 - f) Need to professionalize social welfare, and clarify roles and responsibilities between social welfare and community development officers

To build a sustainable and scalable protection system, she highlighted the need to:

- a) Build Consensus
 - Ensure all partners are building the same protection system
 - Go beyond bilateral discussions with government and bring all key partners on board
- b) Clarify roles and responsibilities across key line ministries (MoGLSD, MoLG, JLOS, MDAs, MoH, MoES) as protection is cross-sectoral
- c) Build on existing good practices from different partners
- d) Capture learning in writing and feed learning into national discussions
- e) Facilitate consensus building across key components of the protection system under MoGLSD leadership. Potential areas of discussion: Coordination, information management, planning and budgeting, capacity building, strengthening social welfare- including case management and referrals, volunteers and community engagement, parenting
- f) Capture consensus of the protection system in key government documents- regulations, guidelines, SOPs, etc.