



Republic of Uganda



Uganda National Roads Authority

**PROPOSED UPGRADING OF THE 105-KM KOBOKO-YUMBE-MOYO ROAD**



**GENDER-BASED VIOLENCE (GBV) ACTION PLAN**

Prepared by



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## LIST OF ACRONYMS

| <b>Abbreviation</b> |   | <b>Definition</b>                                |
|---------------------|---|--|
| ARSDP               | - | Albertine Region Sustainable Development Project |
| CBO                 | - | Community Based Organisation                     |
| CDO                 | - | Community Development Officer                    |
| CoC                 | - | Code of Conduct                                  |
| DRC                 | - | Democratic Republic of Congo                     |
| DHS                 | - | Demographic Health Survey                        |
| ED                  | - | Executive Director                               |
| ESHS                | - | Environmental Social health and Safety           |
| ESIA                | - | Environment and Social Impact Assessment         |
| ESIP                | - | Environment and Social Implementation Plan       |
| ESMP                | - | Environment and Social Management Plan           |
| ESSP                | - | Environment and Social Safeguards Policy         |
| ESMS                | - | Environment and Social Management System         |
| FGD                 | - | Focus Group Discussion                           |
| GBV                 | - | Gender-Based Violence                            |
| GMC                 | - | Grievance Management Committee                   |
| GRM                 | - | Grievance Redress Mechanism                      |
| IA                  | - | Implementing Agency                              |
| IASC                | - | Inter-Agency Standing Committee                  |
| IEC                 | - | Information Education and Communication          |
| KYM                 | - | Koboko –Yumbe – Moyo                             |
| LC                  | - | Local Council                                    |
| M&E                 | - | Monitoring and Evaluation                        |
| MoES                | - | Ministry of Education and Sports                 |
| MGLSD               | - | Ministry of Gender Labour and Social Development |
| MoH                 | - | Ministry of Health                               |
| NGO/s               | - | Non-Governmental Organization/s                  |
| NSP                 | - | Nominated Service Provider                       |
| OPM                 | - | Office of the Prime Minister                     |
| OSH                 | - | Occupational Safety and Health                   |
| PAP                 | - | Project Affected Person                          |
| SEA                 | - | Sexual Exploitation and Abuse                    |
| SDS                 | - | Social Development Specialist                    |
| SH                  | - | Sexual Harassment                                |
| ToR                 | - | Terms of Reference                               |
| UNHCR               | - | United Nations High Commission for Refugees      |
| UNRA                | - | Uganda National Roads Authority                  |
| VAC                 | - | Violence Against Children                        |
| WB                  | - | World Bank                                       |

## **Name of project: Upgrading of Koboko-Yumbe-Moyo 105km**

**Client:** Prepared by JBN Consults and Planners Ltd for Uganda National Roads Authority.

**Level of Risk Identified through Risk Assessment:** High

**Level of Risk Based on Contextual Analysis/Expertise:** High

### **Introduction**

The Koboko-Yumbe-Moyo (KYM) project aims to enhance transport connectivity to improve supply of goods and access to social services in three refugee hosting districts of Uganda and to enhance capacity of the Uganda National Roads Authority. The KYM road corridor is in the Northern part of the country where most of the refugee settlements are located and the density of paved roads is least in the country. This road passes close to Bidi Bidi (the biggest refugee settlement), Lobule, and Palorinya refugee settlements and this road corridor also connects the countries of DRC and South Sudan to the Republic of Uganda. Additionally, several international and national organizations are located in this area and are providing humanitarian assistance. Also, there are several schools, health centers, water points etc, serving refugees and host communities. However, social services are not efficiently delivered due to lack of transport infrastructure.

Selected social indicators such as household-based agricultural activities, household economy and welfare, household health, access to community services such as schools and health facilities, housing conditions, illiteracy status and level of education all seem to show that this region is well below the national average with Moyo being the worst. Improvement of the proposed road corridor would reduce the travel time taken by relief trucks travelling from Koboko to Yumbe to provide supplies to the refugees via the host communities; uplift the economic condition of the region; create direct/indirect job opportunities; improve the health conditions and positively influence the literacy rates in the region.

This GBV Action Plan details the operational measures that will be put in place to assess and mitigate the risks of gender-based violence, including sexual exploitation and abuse (SEA) and sexual harassment that are project related and how they will be integrated over the life of the project. This includes procedures for preventing and responding to SEA/SH including managing these grievances.

### **Contextual GBV Risks**

Upgrading of the KYM road will involve large civil works and will require a huge labor force and associated goods and services that may not be met locally. As such construction workers will be brought from outside the project area. Construction workers are predominantly male, typically separated from their families on the construction site for extended periods of time. If not carefully managed, an influx of labor can negatively impact a project area, in the context of high acceptability of violence against women and girls.

In Uganda gender-based violence (GBV) is quite prevalent, 46% of women aged 15-49 have experienced physical, sexual or emotional violence. GBV is widely accepted, 49% of women and 41% of men believing that it is justified for a man to beat his wife (DHS,2016). According to a recent assessment of the 11 districts with refugee-hosting communities (OPM and World Bank 2019), GBV is a key protection-

related concern, including domestic violence, sexual abuse and harmful traditional practices, which affects both refugee and host communities. The highest poverty levels in Uganda is in the refugee hosting districts of Northern and West Nile regions, with close to half (48 percent, DHS 2016) of the population living below the poverty line. Refugees livelihood depend on relief aid and continuous provision of sustenance by international and national relief agencies making them more vulnerable to many forms of abuse including sexual exploitation and abuse (SEA), rape, forced and child marriage and intimate partner violence.

Additionally, KYM are Muslim dominated communities with most community members practicing polygamy, a risk factor for GBV. Focus group discussions during the project social assessment, shows that forced and early marriage of girls is a common cultural practice, and that women and girls do not freely participate in public consultations. School enrollment and retention rates among girls in the refugee hosting districts are exceptionally low, a result of their domestic responsibilities, child marriage, teenage pregnancy, lack of money for school fees, long distances to schools, and lack of sanitation facilities and supplies among other factors (Ministry of Education and Sports 2016).

It's therefore essential for the project to take into consideration the high labor influx, the high levels of poverty, polygamy, harmful cultural practices and norms, violence against women and girls in the context of refugee hosting districts interacting to exacerbate the risk of GBV/SEA. If not well managed, these factors can lead to further marginalization and abuse of women, girls and children who are already vulnerable.

### **Definition of GBV/SEA/SH**

The Inter-Agency Standing Committee (IASC)<sup>1</sup> defines gender-based violence as “an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. GBV broadly encompasses physical, sexual, economic, psychological/emotional abuse/violence including threats and coercion, and harmful practices occurring between individuals, within families and in the community at large. These include sexual violence, domestic or intimate partner violence, trafficking, forced and/or early marriage, and other traditional practices that cause harm.

The United Nations<sup>2</sup> defines “**sexual exploitation**” as any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Sexual abuse on the other hand is “the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.” SEA is therefore a form of gender-based violence and generally refers to acts perpetrated against beneficiaries of a project by staff, contractors, consultants, workers and Partners.

**Sexual harassment** occurs between personnel/staff and involves any unwelcome sexual advance or unwanted verbal or physical conduct of a sexual nature.

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<sup>1</sup> Inter-Agency Standing Committee- the primary mechanism for inter-agency coordination of humanitarian assistance among UN and non-UN humanitarian partners.

<sup>2</sup> Secretary-General’s Bulletin on “Special Measures for Protection from Sexual Exploitation and Sexual Abuse” (ST/SGC/2003/13)

## EXISTING RISK MANAGEMENT SYSTEMS/GAPS

Based on the experience in implementing bank funded projects in Uganda, UNRA already has developed several measures to ensure the protection of people and communities it works with, including mechanisms to limit, report and respond to potential cases of sexual exploitation and abuse and sexual harassment cases as outlined below:

### a) UNRA Corporate Policies on SEA/SH

UNRA has policies that provide for protection of workers and the community against SEA/SH. Contractors are required to have in place a social safeguard Policy that protects workers and community members against SEA, sexual harassment, gender, child abuse, recruitment and anti-retaliation. Any act of SEA constitutes serious misconduct and is a ground for disciplinary measures, including summary dismissal and referral to enforcement authorities for criminal prosecution, where appropriate. The policies on SEA cover acts which occur at or away from the workplace, during or outside working hours, including sexual relations with children (under the age of 18), survival sex, sex for employment, goods assistance or services for sex, including prostitution. Implementation of SEA/SH activities on KYM road project will be guided by these policies and the established systems and procedures. Some of the policies include: -

- The Environment and Social Safeguards Policy (ESSP) which prohibits all forms of child abuse, child labour, sexual abuse and harassment, and defilement among others as stipulated in section 3.3 of the ESSP
- Gender and Equity Policy which affirms UNRA's commitment to elimination of work place harassment. Section 6 (c) states that UNRA is committed to providing a working environment free from sexual abuse, aggression and abuse of authority at the workplace;
- The UNRA Human Resource Policy is explicit on sexual harassment and protection of victims of SH. In Section 15.2.1 it is stated that sexual harassment of any kind shall not be tolerated. The policy provides for avenues of reporting and subjects perpetrators to penalties including dismissal if proven guilty.

It will be a contractual requirement for the contractors to have in place a policy on SEA/SH for regular compliance monitoring. It will also be a responsibility of the supervision consultant and the PIU to ensure that applicable policies on SEA/SH are in place, monitor compliance with the policy provisions and apply penalties as provided for in the contract in case the contractor does not comply.

### b) Code of Conduct

It is mandatory for all contractors to ensure all workers sign a Code of Conduct (CoC) that specifies appropriate behavioral conduct, responsibility and penalties for non-compliance with SEA/SH, among other social misconducts. UNRA supports contractors to develop CoCs with clauses on SEA/SH compliance and ensures that they enforce the codes. The CoC prohibits sexual relations with minors, subordinates, vulnerable groups, and protects them against various forms of sexual harassment in the workplace. The CoC is translated into local languages and explained to workers in languages that they understand by the National Service Provided (NSP). Communities will also be made aware of the CoC provisions by the NSP during sensitizations. The NSP will have the prerequisite qualifications and experience required to engage women and men in a sensitive manner.

c) Referral pathways

Referral Pathways were established in collaboration with other agencies and service providers like Police, MGLSD, MoH, and District Local Governments for effective management of SEA/SH and to facilitate access to services. UNRA has an MOU with MGLSD and has adopted the referral pathways which has several entry points and referrals including the Local Council I (LCI), police, traditional/religious/community leaders, psychosocial service providers (CSOs, CBOs) Legal Aid clinics, Medical/Health facilities and the courts of law, which work to ensure that survivors freely and safely navigate and benefit from well-coordinated services. Additionally, UNRA has a support protocol that provides a framework of cooperation in response to SEA/SH survivors' support, incident notification and referral forms. The pathways will be reviewed by the NSP in consultation with other service providers to update and reflect available services in the project areas for adoption by the KYM Project.

d) Establishment of a reporting mechanism

UNRA has developed a strong SEA/SH reporting protocol that provides for timely and safe reporting of SEA/SH incidences. The protocol, guided by a survivor centric approach outlines professional standards and work ethics for the protection of women and children, including confidentiality, consent, safety and also outlines the roles and responsibilities of the key actors i.e. UNRA, supervising consultant, NSP, contractor and other government line ministries and NGOs.

Any dedicated Grievance Redress Mechanism (GRM) entry point/person who receives information on alleged incidence of SEA/SH must report to the NSP within 12 hours of the receipt. UNRA is to update and adopt referral pathways for the project area established by MGLSD. These will be promoted and adopted by the KYM road construction project.

The project GRM will consist of SEA/SH reporting channels/entry points which include:

- Trained GMCs and Community Focal points whose role is to receive and refer cases appropriately to the NSP and other GBV service providers;
- The Nominated Service Provider (an NGO to be hired and entrusted with the responsibility of receiving cases, providing psychosocial support and ensuring follow-up support and case management).
- At the PIU, UNRA will recruit a Social Development Specialist (SDS) specialized in GBV who will be responsible for the management of all social risks on the project, including SEA/SH. This will be the focal point/entry point for SEA/SH reporting. The SDS will also be responsible for supervision of the NSP and the Resident Engineers' Social Safeguards staff. Project workers and other stakeholders including district local governments will be informed of the SDS's role. They will be trained to facilitate a survivor centered approach ensuring safe and confidential referrals and case follow up either from the community or from project workers. In addition, UNRA ESHS staff involved in SEA/SH compliance supervision and monitoring will be trained. UNRA will work closely and coordinate with service providers (Community/Council, Police, Health, Psychosocial Service Provider, traditional/religious/community leaders, Magistrate Court) to ensure survivors access timely services including the project GRM for accountability according to the needs and wishes of the survivor.

UNRA will also maintain strong coordination with the MGLSD as stipulated in the Memorandum of Understanding signed between the two entities defining working relationships, roles and responsibilities. At the Local Government level UNRA will work with the Community Development Department (Probation Office) to refer cases. The Department represents the MGLSD in the district and its roles have been defined in the attached referral pathways and the support protocol.

The GBV referral pathway will be updated by the KYM project to facilitate access to a minimum package of services where available. Annex A – Incident Notification Form and Annex B – Monthly GBV/VAC Incident Log will be used to compile monthly GBV/SEA cases. This documentation will be updated before project implementation.

The following procedure will be undertaken using an established standardized report form in line with a survivor centered approach according to their wishes and needs:

1. Getting the details of the survivor of GBV/SEA/SH
2. Documenting the details of the case
3. Refer survivor to appropriate service providers for GBV/SEA related services
4. Support Survivor through the NSP to ensure access to services
5. Coordinate with service providers/duty bearers to ensure GBV Cases are appropriately handled and survivors access appropriate services

Besides management of the mandated institutional response mechanism as outlined in the referral pathways, UNRA has a responsibility for reporting to the World Bank as part of the reporting requirements. The NSP for GBV/SEA/SH will spearhead the coordinated responses and collection of information for immediate reporting within the mandatory 12 hours reporting timelines from time of known incident. In addition, the NSP will upon receipt of information on GBV/SEA/SH immediately refer the case to appropriate duty bearers as outlined in the support protocol/referral pathway.

#### e) Grievance Redress Mechanism

UNRA has a GRM that handles complaints and feedback from all stakeholders involved in the project. The GRM not only aims at strengthening accountability to communities but also helps to identify a range of protection, fraud and diversion issues as well as other concerns related to the delivery of the project. Complaints should be received through the Grievance Management Committee (GMC) located within a 3km distance. Each GMC comprises of six members with a 50% women representation selected by the community/PAPs. They will serve as a referral point to qualified service providers/NSP as appropriate. Other channels of reporting include suggestion boxes and workers' councils.

UNRA's GRM is responsive to SEA/SH and consists of different channels for reporting SEA/SH including trusted community focal points (para social workers) who will receive complaints reported in person to the GMC and the Nominated Service Provider (NGO to be recruited). The Community focal points and GMCs will be trained on the survivor centered approach and GBV guiding principles, data management and, roles and responsibilities to facilitate safe, ethical and confidential referrals.

The other channels through which GBV/SEA/SH cases can be reported include: telephone calls (either using pay phone or UNRA toll free lines, information will be received by the client care team who refer GBV/SEA cases to the SDS, who refers the case to the appropriate project NSP for case management. Suggestion boxes at UNRA stations or the contractor's sites will also be used as channels of communication. Individuals will also be free to walk into UNRA offices (Head Office/Station) or project offices to report cases. All projects have a client care team as a first point of contact for any complains including GBV/SEA. The Client care team then refer GBV/SEA cases to the SDS, who also refers to the NSP for further management. Any case that will be reported/referred here will be followed up and investigated. The project will further build the capacity of the Client Care team on GBV/SEA handling.

f) National Service Provider (NSP)

UNRA shall recruit a dedicated GBV Service Provider (NSP). UNRA will introduce the service provider to all GMCs and all stakeholders in the area of operation. Reports of alleged SEA/SH reported to the GMC, community focal points, suggestion boxes and other entry points will be referred to the NSP for psychosocial support services, case management and referrals. Currently SEA/SH incidents received from the GMC and community focal points (with consent of the survivor) are forwarded to NSP for service provision, documentation and referrals.

g) Accountability and Response framework

UNRA has in place a project guide document– “Support Protocol - Pathways to Service Provision for Survivors of GBV and VAC” for the Albertine Region Sustainable Development Project (ARSDP) which spells out responsibilities for the various stakeholders involved in support of GBV/SEA/VAC survivors.

According to this protocol, the NSP is the focal point for all GBV/SEA cases, all cases reported/referred to the project gets to the NSP. The NSP is responsible for documentation, provision of GBV case management, referrals and follow up. The NSP informs the SDS of a GBV/SEA incident, the SDS verifies the SEA allegations, with recommendations and sends the report to the supervising consultant. The Supervising Consultant is responsible for all project workers and ensures that GBV/SEA policies are adhered to, workers have a signed COC that prohibits SEA/SH and they are trained on these issues. The supervising consultant is responsible for submitting the report to the Project Manager who prepares a response and sends to UNRA Executive Director, who then communicates about the incident to the Bank. At the project inception, this could be adopted and strengthened for KYM to guide the formulation of the Accountability and Response Framework for KYM. This will also be informed by lessons from the current practice

h) Implementation of the Action Plan

This Action Plan will be implemented and monitored by UNRA, supported by the SDS and GBV specialist. UNRA intends to secure all the required specialists before the project civil works commence.

**ACTION PLAN**

This section details the specific measures for mitigating SEA/SH risks under the KYM project. These include the mitigation measures already in place as well as steps to be undertaken to further mitigate and respond to risks and cases/allegation of GBV/SEA in the project sites.

**GBV Including SEA/SH Prevention and Response Action Plan**

|           | <b>Activity to Address SEA/SH risk</b>  | <b>Steps to be taken</b>   | <b>Time Lines</b>   | <b>Responsible</b>  | <b>Monitoring (Who will monitor)</b> | <b>Output indicators</b>  | <b>Estimated Budgets (UGX)</b>                            |
|-----------|---|--|---|---|--------------------------------------|---|---|
| <b>1</b>  | <b>Sensitize the IA on the importance of addressing SEA/SH on the project, and the mechanisms that will be implemented</b>  |  |   |   |                                      |   |   |
|           | Training IA/PIU (Management/leadership) on SEA/SH to include <ol style="list-style-type: none"> <li>Accountability and response framework</li> <li>Responsibilities and reporting</li> <li>Confidentiality and whistle blower protection clauses</li> </ol> | <ul style="list-style-type: none"> <li>Develop ToR</li> <li>Secure technical expertise,</li> <li>Prepare the training module and materials</li> <li>Conduct training for targeted members of TMT (including the ED) and members of the PIU</li> <li>Include SEA/SH as an agenda in quarterly meetings</li> </ul> | Quarter 1 following signing of the works contract<br><br>Quarterly (Throughout Project implementation.) | UNRA Project Staff, External Facilitators and Nominated Service providers (NSPs)  | UNRA                                 | Number of training conducted<br>Number of IA/PU (Management/leadership) members trained | 40,000,000  |
| <b>2</b>  | <b>Conduct GBV/SEA assessment at project sites</b>  |  |   |   |                                      |   |   |
|           | Conduct a GBV/SEA risk assessment in project area to inform risk mitigation strategies  | <ul style="list-style-type: none"> <li>Nominated Service Provider to conduct the assessment</li> <li>Conduct a desk review of GBV/VAC in refugee hosting districts for hosting communities. (GBV/VAC study Report, World Bank 2019)</li> </ul>   | First quarter after signing works contract  | UNRA Staff and Nominated Service Provider External Facilitators/Consultant        | UNRA                                 | GBV/SEA risk report   | 50,000,000  |
| <b>3</b>  | <b>Map out GBV/SEA prevention and response service providers</b>  |  |   |   |                                      |   |   |
| <i>a.</i> | Delivery GBV/SEA/SH interventions by a qualified service provider   | <ul style="list-style-type: none"> <li>Develop TOR for the Nominated Service Provider (NSP)</li> <li>Procure qualified NSP to conduct the assessment</li> </ul>  | First quarter after signing works contract  | UNRA  | UNRA                                 | GBV/SEA Nominated service provider in place   | 1,500,000,000<br>The budget is for the NSP (NGO services) |
| <i>b.</i> | Map out and review capacity and quality of GBV/SEA/VAC service Providers in the project area  | <ul style="list-style-type: none"> <li>Review World Bank and UNHCR reports on existing and capacity service providers</li> <li>Conduct field visits to identify and map out key actors and service providers on GBV/SEA in project area and collect data at the community/sub county level.</li> </ul>           | First quarter after signing works contract<br><br>First quarter as part of the baseline data            | NSP<br><br>UNRA project staff a NSP, Resident Engineer.<br><br>GBV/SEA Specialist | UNRA                                 | Status Report   | NSP Budget  |

|    |   |  |  |  |  |   |  |
|----|---|--|--|--|--|---|--|
| b. | Stakeholder consultations   | <ul style="list-style-type: none"> <li>Develop interview/ facilitation guides</li> <li>Conduct stakeholder meetings/FGDs</li> <li>Conduct regular SEA/SH safety audits</li> <li>Prepare field visit reports</li> </ul>   | <p>Prior to initiating construction.</p> <p>Maintained throughout Project implementation.</p>          | UNRA Project Staff<br><br>NSP Resident Engineer                        | UNRA   | Number of stakeholder consultations done  | NSP Budget   |
| c. | Develop and or/update a multi-sectoral GBV/SEA referral pathway(s) in line with the National Systems and guidelines developed by MGLSD. | <ul style="list-style-type: none"> <li>NSP to undertake a review of to MGLSD guidelines for referral of GBV cases</li> <li>On the basis of mapped GBV/SEA prevention and response service providers develop/update a GBV/SEA/VAC referral list for service providers.</li> <li>Disseminate the referral pathway/list to stakeholders including service providers</li> </ul>                                    | <p>First quarter after signing works contract</p> <p>Maintained throughout project implementation.</p> | NSP  | UNRA in strong coordination with Districts and national systems. | <p>Referral pathway developed/updated</p> <p>Number/type of GBV/SEA preventive and response services available.</p> <p>No. of referrals of SEA/SH incidents to the project GRM/NPS by other service providers</p> | NSP Budget   |
| 4  | <b>Strengthen Institutional capacity for GBV/SEA risk mitigation and response</b>   |  |  |  |  |   |  |
| a. | Engage/hire a GBV/SEA Specialist in UNRA to supervise and provide technical support for the implementation of GBV/SEA Action Plan       | <ul style="list-style-type: none"> <li>Procure services of a qualified and competent GBV/SEA specialist to supervise and provide technical support for the implementation of GBV/SEA in projects. UNRA has social development specialists that have been supporting GBV and VAC activities in road projects and these will support initial phases of the project before the GBV specialist is hired</li> </ul> | In the first Quarter after contract signing  | UNRA project Management  | UNRA   | Qualified GBV/VAC specialist hired  | 660,000,000<br><br>(Based on a rate of USD 5000 per month for the 3 years) |
| b. | Support capacity of local systems to prevent and respond to GBV/SEA (police, health, legal, CDO's, CBO's)                               | <ul style="list-style-type: none"> <li>Identify key stakeholders to engage</li> <li>Develop training plan</li> <li>Develop training material/ content using global/national</li> </ul>   | Maintained throughout Project implementation.  | UNRA project staff and the Nominated Service Provider Specialized NGOs | UNRA in coordination with MGLSD, Police, specialized NGOs        | <p>Number of trainings conducted</p> <p>Number of coordination meetings conducted</p>   | 100,000,000  |

|          |   |   |  |   |      |   |  |
|----------|---|---|--|---|------|---|--|
|          | <p>i)Strengthen the reporting mechanisms &amp; procedures of local systems</p> <p>ii)Strengthen a survivor centred referral and response.</p> <p>iii)Strengthen coordination for better services with local/national GBV/SEA service providers</p>                          | <p>standards, human rights and survivor centered approaches</p> <ul style="list-style-type: none"> <li>• Conduct training and mentoring</li> <li>• Conduct regular coordination meetings with service providers for effective referrals</li> </ul>  |  |   |      | <p>Level of satisfaction of GBV/SEA survivors with services received</p> <p>Level of Community awareness about GBV and SEA referral pathway</p> |  |
| <b>5</b> | <b><i>Integrate GBV/SEA risk management in Contractors' Environment and Social Implementation Plan (ESIP)</i></b>   |   |  |   |      |   |  |
| a)       | Incorporate GBV/SEA risk in the Contractor's Environment and Social Implementation Plan (ESIP)  | <ul style="list-style-type: none"> <li>• Integrate GBV/VAC considerations in the Contractor's Environment and Social Implementation Plan (ESIP)</li> </ul>  | Quarter 2 after signing of the works contract during project implementation.                         | Contractor, Supervised by RE NSP to provide support     | UNRA | Updated ESIP with GBV/VAC   | Contractor + NSP Budget                  |
| b)       | Develop and establish/review SEA/GBV response and accountability framework to include: Allegation Procedures to report SEA/GBV incidents and internally for case accountability procedures which should clearly lay out confidentiality requirements for dealing with cases | <ul style="list-style-type: none"> <li>• Develop/review SEA/GBV Allegation Procedures to report SEA/SH issues</li> <li>• Inform employees and the community on how to report cases of SEA/SH, CoC breaches to the GRM, and how such cases are handled</li> <li>• Develop mechanisms to hold accountable alleged perpetrators; disciplinary action for violation of the CoC by workers.</li> </ul> | <p>Quarter 2 after signing of works contract</p> <p>During project implementation.</p>               | <p>UNRA Project Staff;</p> <p>Contractor</p> <p>NSP</p> | UNRA | An established and functional accountability framework  |  |
| <b>6</b> | <b><i>Review the IA's capacity to prevent and respond to GBV/SEA</i></b>  |   |  |   |      |   |  |
| a)       | <p>Review for attention to GBV/SEA:</p> <p>a. Human resource manuals and staff capacity.</p> <p>b. Existing GBV/SEA Policies and procedures.</p> <p>c. Project code of conduct.</p>   | <ul style="list-style-type: none"> <li>• Capacity assessment of implementing agency</li> <li>• Review UNRA ESMS and procedures/Guidelines</li> <li>• Review the UNRA Referral Pathways and reporting mechanisms</li> </ul>  | <p>During the first Quarter of Contract signing</p> <p>To continue during Project Implementation</p> | UNRA project Management GBV Specialist                  | UNRA | <p>GBV/SEA prevention and mitigation measures addressed in policy documents</p> <p>Establish how the referral pathway will be strengthened</p>  | To be financed as internal UNRA activity |

|          |   |   |  |  |      |  |  |
|----------|---|---|--|--|------|--|--|
|          |   | <ul style="list-style-type: none"> <li>Review Project Frameworks to identify GBV/SEA policies and procedures.</li> </ul>  |  |  |      |  |  |
| b)       | Recruit/train an officer on GBV/SEA specific skills to support supervise issues related | <ul style="list-style-type: none"> <li>Recruit/train an officer with GBV/SEA skills</li> </ul>  | In the first Quarter after contract signing  | UNRA Management and project staff      | UNRA | A qualified and competent GBV/VAC staff recruited  | Covered under 4 (a)                      |
| c)       | Develop M&E programme   | <ul style="list-style-type: none"> <li>Develop a comprehensive M&amp;E plan to monitor work plan implementation</li> <li>Monitor SEA/SH Implementation Plan</li> </ul>                        | In Quarter 2 after contract signing<br><br>Maintained throughout Project implementation. | GBV/SEA Specialist<br><br>UNRA and NSP | UNRA | M&E framework in place   | To be financed as internal UNRA activity |
| d)       | Conduct GBV/SEA orientation training for project staff                                  | <ul style="list-style-type: none"> <li>Develop a training plan</li> <li>Develop training materials</li> <li>Conduct training for project staff</li> </ul>                                     | Quarter 2 after contract signing<br><br>Retraining during Project implementation.        | UNRA GBV/SEA program Specialist        | UNRA | Number of training conducted for project staff<br><br>Percentage of workers that have attended CoC training. | 10,000,000                               |
| <b>7</b> | <b><i>Inform project affected communities about GBV/SEA/SH risks</i></b>                |   |  |  |      |  |  |
| a)       | Establish partnerships with CBOs/CSO's and local government institution                 | <ul style="list-style-type: none"> <li>Identify and select partners and officially inform them</li> <li>Engage partners, conducting joint community meetings and awareness raising</li> </ul> | Quarter 1 of contract signing<br><br>Maintained throughout Project implementation.       | UNRA project staff and the NSP         | UNRA | Number of partnerships formed  | NSP Budget                               |
| b)       | Identify, train and establish community focal point for GBV/SEA/VAC activities          | <ul style="list-style-type: none"> <li>Establish a trained, dedicated and committed network of community focal persons that includes</li> </ul>   | Quarter 1 of contract signing<br><br>Maintained throughout Project implementation.       | UNRA project staff and the NSP         | UNRA | No. of focal points and persons identified and trained   | 250,000,000                              |
| c)       | Develop Stakeholder Engagement Plan for GBV/SEA related issues                          | <ul style="list-style-type: none"> <li>Develop a comprehensive GBV/SEA Stakeholder Plan</li> </ul>  | Quarter 1 of contract signing<br><br>Maintained throughout Project implementation.       | UNRA NSP                               | UNRA | Stakeholder Implementation plan developed  | NSP Budget                               |

|          |  |   |   |              |   |  |  |
|----------|--|---|---|--------------|---|--|--|
| d)       | Develop information dissemination strategy   | <ul style="list-style-type: none"> <li>Develop a strategy</li> <li>Identify the methods to disseminate the information</li> <li>Disclosure of information to stakeholders through multimedia outlets</li> </ul> | <p>Quarter 1 of contract signing</p> <p>Maintained throughout Project implementation.</p> | UNRA<br>NSP  | UNRA in coordination with MGLSD             | A GBV/SEA communication strategy in place        | Covered under IEC Materials development) |
| e)       | Develop relevant IEC materials for community engagements   | <ul style="list-style-type: none"> <li>Develop relevant IEC materials translated in local languages of the project location</li> </ul>  | <p>Quarter 2 of contract signing</p> <p>Maintained throughout Project implementation.</p> | UNRA<br>NSP  | UNRA In coordination with MGLSD, OPM and WB | No and type of GBV/SEA IEC material developed    | 100,000,000                              |
| f)       | Outreach to schools on the risks of GBV/SEA  | <ul style="list-style-type: none"> <li>Develop a school outreach Plan in consultation with the School heads</li> <li>Conduct sensitization targeting teachers, parents and students</li> </ul>                  | <p>Quarter 1 of contract signing</p> <p>Maintained throughout Project implementation.</p> | UNRA<br>NSP  | UNRA  | Number of school outreaches conducted            | Covered under NSP Budget                 |
| g)       | Conduct community sensitization  | <ul style="list-style-type: none"> <li>Develop a Community GBV/SEA and VAC sensitization program, material and messages</li> <li>Conduct community sensitization</li> </ul>                                     | <p>Quarter 1 of contract signing</p> <p>Maintained throughout Project implementation.</p> | UNRA and NSP | UNRA  | Number of community sensitization conducted      | Covered under NSP Budget                 |
| <b>8</b> | <b><i>GBV/SEA sensitive channels for reporting in GRM</i></b>  |   |   |              |   |  |  |
| a)       | Develop/Review GRM for specific GBV/SEA/SH procedures  | <ul style="list-style-type: none"> <li>Undertake internal review of GRM for GBV/SEA mitigation</li> <li>Integrate GBV/SEA entry points within the GRM with clear procedures</li> </ul>                          | <p>Quarter 1 after signing of works contract</p>  | UNRA         | UNRA GBV/SEA Specialist                     | GRM with GBV/SEA procedure integrated in the GRM |  |
| b.       | Identify and train GBV/SEA/SH focal points within the GMC who will be responsible GBV/SEA cases and referrals to the NSP and or other relevant | <ul style="list-style-type: none"> <li>Identify and select GBV/SEA focal persons within the GRC</li> <li>Clarify the role of the focal points in GBV/SEA as referral points</li> </ul>                          | <p>During Quarter 2 following signing of the works contract</p>                           | UNRA<br>NSP  | UNRA  | GBV focal points selected and trained            | Covered under 7 (b)                      |

|          |   |   |   |   |                    |  |  |
|----------|---|---|---|---|--------------------|--|--|
|          | stakeholders as defined in the referral pathway.  | <ul style="list-style-type: none"> <li>Train the focal points on GBV/SEA basics and the referral pathway</li> </ul>   | Retraining during project implementation.   |   |                    |  |  |
| c)       | Review GRM reports/logs for GBV/SEA sensitivity   | <ul style="list-style-type: none"> <li>Review logs for GBV/SEA documentation to ensure it follows standards for documenting GBV/SEA cases</li> </ul>  | During project implementation.  | NSP<br>UNRA                                   | UNRA               | Number of GBV/SEA cases documented   | NSP Budget   |
| <b>9</b> | <b><i>Define and reinforce GBV/SEA/SH requirements in procurement processes and contracts</i></b> |   |   |   |                    |  |  |
| a.       | Incorporate GBV/SEA/Requirements and expectations in the contractor and consultants' contracts.   | <ul style="list-style-type: none"> <li>Ensure that GBV/SEA issues are incorporated in all contracts signed by contractors and consultants</li> </ul>  | During project implementation.  | UNRA  | UNRA<br>World Bank | GBV/SEA standards in procurement/contract document   |  |
| b.       | Allocation of funds for GBV/SEA/SH related costs in procurement documents.                        | <ul style="list-style-type: none"> <li>Clearly define SEA/SH requirements and expectations in the bid documents</li> </ul>  | During preparation of bid and Contract documents                                    | UNRA  | UNRA<br>World Bank | <p>Bid documents with clearly defined SEA/SH requirements</p> <p>Contract documents with clearly defined SEA/SH clauses/requirements</p> |  |
| c.       | Workers (Contractor/consultant) sensitization on GBV/SEA.   | <ul style="list-style-type: none"> <li>Develop a training plan for workers, contractors and consultants</li> <li>Conduct training on GBV/SEA risks, responsibilities and legal/policy requirements</li> </ul>   | <p>Quarter 2 after signing works contract</p> <p>During project implementation.</p> | UNRA, NSP, GBV/SEA Consultant                 | UNRA               | Number of contractors' and consultants staff trained,  | 20,000,000 (Includes fees for external Facilitators) |
| d.       | Codes of Conduct signed and translated in the local language                                      | <ul style="list-style-type: none"> <li>Define the requirements to be included in the CoC which addresses GBV/SEA/SH</li> <li>Review CoC for provisions/clauses that guard against GBV/SEA/SH</li> <li>Have CoCs signed by all those with a physical presence at the project site.</li> <li>Train project-related staff on the behavior obligations under the CoCs.</li> </ul> | During Project implementation   | Contractor<br>RE<br>NSP<br>GBV/SEA Specialist | RE<br>UNRA         | Percentage of workers that have signed a CoC   | Covered under Contractor's Cost and NSP              |

|           |  |   |   |            |            |  |   |
|-----------|--|---|---|------------|------------|--|---|
| <b>10</b> | <b><i>Separate toilet and shower facilities for men and women and GBV/SEA-free signage</i></b>   |   |   |            |            |  |   |
| a.        | Provide separate facilities for men and women and display signs, posters and pamphlets around the project site that signal to workers and the community that the project site is an area where GBV/SEA is prohibited | <ul style="list-style-type: none"> <li>• Provide separate facilities</li> <li>• Design and print pamphlets and posters.</li> <li>• Distribute the pamphlets and posters to the project site</li> <li>• Install signage on the facilities</li> </ul> Visit Project gangs/camps to check on the availability and usability of separate sanitary facilities. | In quarter of Contract signing<br><br>During project implementation | Contractor | RE<br>UNRA | Separate toilet and shower facilities for men and women<br><br>Display signs/IEC materials | Covered under Contractor's Cost and IEC materials |

## **ANNEXES**



**Uganda National Roads Authority**

**ANNEX A: INCIDENT NOTIFICATION/REPORTING FORM**

*(Note: It is important that incidences of Gender Based Violence/ Sexual Exploitation and Abuse/Sexual Harassment/Violence Against Children, severe criminality and other social risks that may involve project staff are documented and brought to attention of UNRA for information and determination if further investigation is needed to avoid any possible negative consequences on the Project)*

|  |                 |
|--|-----------------|
| From:  |                 |
| Title / Organisation:  |                 |
| To:  |                 |
| Title / Organisation   |                 |
| Date of submission:  |                 |
| <b>Details of Incidence</b>  |                 |
| <b>Incident No. (Month/No) e.g. first safety GBV/SEA Incident in the July</b>                      | <b>S07/01</b>   |
| Nature Incident (e.g. Multiple Fatality t)   |                 |
| Severity of incident   | High/ Very High |
| Who is the victim? (Project worker or third party)   |                 |
| Occupation of project staff involved / suspected to be involved incident? (if known at this stage) |                 |
| Date Incident Happened   |                 |
| Location of Incident   |                 |
| Date / Time Incident Reported to Contractor / Consultant   |                 |
| Details of Person(s) Who Reported  |                 |
| To Whom was incident Reported?   |                 |
| Mode of Reporting (verbal/written report) – <i>if written attach report.</i>                       |                 |

|  |  |
|--|--|
| Details of the Incident (key facts pertaining to the incident and how it happened)   |  |
| Who else was informed about this incident?   |  |
| What Action (s) has been taken by contractor / Consultant to address the problem? And When?  |  |
| <b>Details of Actions By UNRA</b>  |  |
| Name / position of UNRA staff incident was reported  |  |
| Comments / Recommendations for UNRA staff for which Incident was first reported  |  |
| 2 <sup>nd</sup> Name/Position / Department for which incident was reported to in UNRA.<br><br>Comments / Follow up Action Recommended. |  |





## ANNEX C: OPTIONS IN THE GBV REFERRAL PATHWAYS

| OPTION 1  |   |                      |
|---|---|----------------------|
| SERVICE PROVIDER  | SERVICE PACKAGE   | GBV REFERRAL PATHWAY |
| <p><b>Report to Local Council 1 (LC1) for cases relating to physical assault without injuries, economic violence, verbal/emotional abuse</b></p> <p><b>Note:</b><br/>The LC court is not allowed to hear or intervene in any sex related case like rape, attempted rape, defilement, attempted defilement, Sodomy Such cases are reported directly to police.</p> | <ul style="list-style-type: none"> <li>• The community or the victim/survivor reports the case to LC1</li> <li>• The LC can mediate and where mediation fails, it hears the case as a court</li> <li>• The LC1 court serves hearing notice to survivor and perpetrator.</li> <li>• Hearing of case takes place in public if the case is not sensitive</li> <li>• Decision of court is reached by consensus</li> <li>• Where consensus fails, judgment is recorded and the person who is not happy with the decision appeals to LC2 within 14 days.</li> <li>• Where a child is involved in the case, he/she is referred to Probation office for action on child's welfare.</li> <li>• LC court may make a written referral to Police or Magistrate where perpetrator is a repeat offender.</li> </ul> |                      |

## OPTION 2

| SERVICE PROVIDER  | SERVICE PACKAGE  | GBV REFERRAL PATHWAY  |
|---|--|---|
| <p><b>Report to Police</b></p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• All capital offences (rape, aggravated defilement, murder). are reported to police and any other cases of GBV.</li> <li>• In case of rape and defilement, the victim/survivor should not bath/wash clothes before medical examination.</li> <li>• The victim/survivor must be taken for medical examination and provision of PEP and ECP within 72 hours/3days to prevent HIV infection, and to avoid pregnancies. The service provider follows up the case.</li> </ul> | <ul style="list-style-type: none"> <li>• Victim/community report the case to the Police officer.</li> <li>• Police officer fills in part (a) of PF3, gives victim/survivor a reference number, and refers her to a medical/health practitioner.</li> <li>• Victim/survivor is examined and medical practitioner fills in part (b) of PF3.</li> <li>• If it is a sexual assault case, the police fill in part (a) of PF24 A.</li> <li>• The police refer the accused to a Health/Medical Practitioner.</li> <li>• Police may refer a case involving a child to the probation office.</li> <li>• Police may refer a victim/survivor to a shelter or for psychosocial counseling.</li> <li>• Police continues with investigations and forwards the case to Directorate of Public Prosecutions for prosecution before the Court.</li> <li>• The Court hears the case until its concluded.</li> </ul> | <p style="text-align: center;"><b>Entry point</b></p> <pre> graph TD     Police((Police)) --&gt; MedicalCare((Medical Care))     Police --&gt; Probation((Probation))     Police --&gt; MagistratesCourt((Magistrates Court))     Police --&gt; ShelterLegalAidCounseling((Shelter, Legal Aid, Counseling))     Probation --&gt; ShelterLegalAidCounseling     </pre> |

**OPTION 3**

| SERVICE PROVIDER  | SERVICE PACKAGE  | GBV REFERRAL PATHWAY   |
|---|--|--|
| <p><b>Report to Medical/Health Practitioner</b></p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• The Victim/survivor in critical condition should be taken for medical care before reporting to police or any other service provider. At the same time, there should be collaboration to have Police Form 3 and 24A filled.</li> <li>• In case of rape/defilement, the victim/survivor should not wash before medical examination.</li> <li>• The victim/survivor must be medically examined, treated and provided with PEP and ECP within 72 hours/ 3days to prevent HIV infection and to avoid pregnancies.</li> <li>• The service providers should follow up the cases.</li> </ul> | <ul style="list-style-type: none"> <li>• Medical/Health Practitioner receives victim</li> <li>• Medical/Health Practitioner offers required medical assistance to the victim/survivor including provision of PEP/ECP</li> <li>• If Medical/ health practitioner suspects GBV , she/he accurately documents the visit of the victim</li> <li>• Inform the victim/survivor of options available within the support system</li> <li>• Makes herself/himself available to testify in court regarding the case where necessary</li> </ul> | <p style="text-align: center;"><b>Entry Point</b></p> <pre> graph TD     A("Medical Care, Health Units I, II, III, IV, General Hospital Referral Hospital") --&gt; B("Shelter, Counseling, Legal Aid")     A --&gt; C("Police")     C --&gt; D("Magistrates Court")     </pre> |

**OPTION 4**

| SERVICE PROVIDER  | SERVICE PACKAGE   | GBV REFERRAL PATHWAY  |
|---|---|---|
| <p><b>Report to traditional /religious/ community leaders, CSOs</b></p> <p><b>Note:</b></p> <ul style="list-style-type: none"> <li>• In case of economic and/or emotional abuse the traditional/religious/community leaders may handle the case.</li> <li>• Traditional/community/religious leaders shall not handle capital and sexual offences. They have to be referred to police.</li> <li>• In case of defilement and rape, the victim/survivor must be taken for medical examination, treatment and provided with PEP and ECP within 72 hours/ 3 days to prevent HIV infection and to avoid unwanted pregnancies.</li> <li>• The service providers should follow up the cases.</li> </ul> | <ul style="list-style-type: none"> <li>• The victim/survivor, the complainant or her/his relatives reports the case to cultural/religious leaders.</li> <li>• The leaders invite the perpetrator for a meeting.</li> <li>• Leaders discuss the issues, and may give advice to the parties. Advice may include counseling, reconciliation, restitution, apology, or any other advice that the leaders may deem fit.</li> <li>• If victim/survivor has been injured, refer to a health centre for medical care. She may also be referred to other service providers depending on her rehabilitation needs.</li> </ul> | <p><b>Entry point</b></p> <pre> graph TD     A([Community Leaders, CSOs]) --&gt; B([Police])     A --&gt; C([Medical Care])     A --&gt; D([Shelter])     B --&gt; E([Magistrates Courts])     B --&gt; D     C --&gt; D     </pre> |

**OPTION 5**

| SERVICE PROVIDER  | SERVICE PACKAGE  | GBV REFERRAL PATHWAY   |
|---|--|--|
| <p><b>Report to Psychosocial Service Provider (CSOs, CBOs, Probation Officer Legal Aid Clinics)</b></p> <p><b>Note</b></p> <ul style="list-style-type: none"> <li>• A victim/survivor can report directly for Psychosocial, Legal Aid, legal services Probation Officer etc.</li> <li>• The victim/survivor must be taken for medical examination and treatment, provided with PEP and ECP within 72 hours/ 3 days to prevent HIV infection and to avoid pregnancies.</li> <li>• The service providers should follow up the cases.</li> </ul> | <ul style="list-style-type: none"> <li>• A victim/survivor’s file is opened.</li> <li>• Receive counseling, provision of shelter in case it is needed</li> <li>• Refer either to the police, if the victim has not reported the case, or to a health centre or government hospital in case of defilement or rape, for the required medical report.</li> <li>• Accompany and support victim/survivor at police and court meetings</li> <li>• The service provider follows up the case</li> <li>• You may provide skills training</li> </ul> | <p><b>Entry Point</b></p> <pre> graph TD     A((Probation officer<br/>Psychosocial<br/>Legal Aid,)) --&gt; B((Medical Care))     A --&gt; C((Shelter))     A --&gt; D([Police])     B --&gt; D     D --&gt; E([Magistrates Court])     C --&gt; E     </pre> |

**OPTION 6**

| SERVICE PROVIDER   | SERVICE PACKAGE  | GBV REFERRAL PATHWAY   |
|--|--|--|
| <p><b>Report to the Magistrate Court</b></p> <p><u>Note:</u></p> <ul style="list-style-type: none"> <li>• A victim/survivor can report directly to a magistrate court</li> <li>• The victim/survivor can be referred to a shelter or medical care</li> </ul> | <ul style="list-style-type: none"> <li>• A victim's complaint is recorded in writing</li> <li>• Summons are issued to the perpetrator</li> <li>• Court hears the case to its conclusion</li> </ul> | <p style="text-align: center;"><b>Entry Point</b></p> <pre> graph TD     MC([Magistrates Court]) --&gt; MCare([Medical Care])     MC --&gt; Shelter([Shelter])     MC --&gt; PLA([Psychosocial Legal Aid])     MC --&gt; Police([Police])     </pre> |



**Uganda National Roads Authority**

**ANNEX D:**

**ALBERTINE REGION SUSTAINABLE DEVELOPMENT PROJECT  
UPGRADING OF KYENJOJO – KABWOYA ROAD TO BITUMEN STANDADARD**

**RESPONSE SUPPORT PROTOCOL  
GENDER BASED VIOLENCE AND VIOLENCE AGAINST CHILDREN**

**Pathways to Service Provision for Survivors of GBV and VAC**

**November 2017**

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## DEFINITION OF TERMS

**A Safeguard** means a rule or institution that helps ensure that investments of development activities meet minimum environmental, social and governance standards.

**Domestic Violence** is defined as any of the following acts or threat such as: Physical or sexual abuse, Economic abuse, Emotional, verbal or psychological abuse, including any conduct that makes another person feel constantly unhappy, humiliated, ridiculed, afraid or depressed or inadequate or worthless; Harassment, including sexual harassment and intimidation

**Environmental and Social Impact Assessment (ESIA)** means the application of an agreed procedure for evaluating the likely impact(s) of a proposed activity or individual projects on the biophysical and social environment;

**Environmental and Social Management System (ESMS)** means a set of policies, procedures, guidelines, checklists and internal capacity to identify and manage environmental and social risks of activities of an institution and activities executed by other entities on behalf of the institution.

**First Point of Contact** - The first point of contact is defined as the person, actor or service provider for example Police, Local Leader, Project staff, government agencies, NGO/CBO service providers, parents/guardians, teacher, traditional, religious, or other community Leaders and any other individual person(s) to whom the victim first reports an incident of abuse

**Gender Based Violence** - an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments. The term "gender-based violence" highlights the gender dimension of these types of acts; in other words, the relationship between male and female. It reveals the females' subordinate status in society and their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence. **Examples of GBV include:** Sexual violence (sexual exploitation/abuse and forced prostitution), Domestic violence, Trafficking, forced/early marriage and others

**Perpetrator** - A person, group or institution that inflicts, supports or condones violence or other abuse against a person or groups of persons.

**Referrals** in general describe the processes of how a child or woman gets in touch with an individual professional or institution about her case and how professionals and institutions communicate and work together to provide her with comprehensive support. Partners in a referral network usually include different government departments, women's organizations, community organizations, medical institutions and others. There is also the possibility of self-referral, where a child or woman approaches an agency herself, which is low in case of restricted mobility. As a principle of good clinical practice, referrals should happen with the consent of the woman concerned. However, in some cases, it may be justified that referrals by a family member

or an agency occur without the child or woman's consent, in cases where her life is at risk, like high risk of suicide, threat of being killed, child marriage or concealed defilement or rape due to social, economic and / or cultural context (UNFPA 2010).

A Referral system can be defined as a comprehensive institutional framework that connects various entities with well-defined and delineated (albeit in some cases overlapping) mandates, responsibilities and powers into a network of cooperation, with the overall aim of ensuring the **protection and assistance** of survivors, to aid in their full recovery and empowerment, the **prevention** of GBV and the **prosecution** of perpetrators. Referral mechanisms work on the basis of efficient lines of communication and establish clearly outlined referral pathways and procedures, with clear and simple sequential steps (UNFPA 2010).

Sexual Exploitation and Abuse (SEA)

**sexual exploitation**" means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. "**sexual abuse**" means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. Therefore, **SEA** occurs against a beneficiary or vulnerable member of the community.

**Sexual Harassment** is defined as any behavior of a sexual nature that affects the dignity of women and men, which is considered as unwanted, unacceptable, inappropriate and offensive to the recipient, and that creates an intimidating, hostile, unstable or offensive work environment.<sup>3</sup> **Sexual harassment** occurs for example when one employee makes continued, unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature, to another employee, against his or her wishes.

**Sexual Violence:** any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting including but not limited to home and work. It involves psychological intimidation, blackmail or other threats – for instance, the threat of physical harm, of being dismissed from a job or of not obtaining a job that is sought. It may also occur when the person aggressed is unable to give consent – for instance, while drunk, drugged, asleep or mentally incapable of understanding the situation. It includes rape, defined as physically forced or otherwise coerced penetration even if slight – of the vulva or anus, using a penis, other body parts or an object.

**Survivor** - A preferred term for a person who has lived through an incident of Gender-Based Violence and Violence against Children

**Suspect** - A person believed to be guilty of a specified offence or crime without proof.

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<sup>3</sup> International Labour Organization

**Violence against Children** refers to “any act of violence that results in, or is likely to result in, physical, sexual and psychological harm to children and girls, whether occurring in private or in public. Other harmful acts are included such as early marriage.

## **PREAMBLE**

WHEREAS Government of Uganda represented by Uganda National Roads Authority (UNRA) is undertaking upgrading of Kyenjojo –Kabwoya Road to Bitumen Standard with financing from World Bank / Government of Uganda for three years period that commenced in April 2016.

AND WHEREAS UNRA through Environmental and Social Impact Analysis and Uganda Demographic Survey (2014) identify the high social risks associated with the Kyenjojo – Kabwoya Road Project including high prevalence of GBV and VAC in the districts of Hoima, Kagadi and Kyenjojo, and limited response in terms of medical, psychosocial and legal support; and also considering the current reporting mechanisms;

AND WHEREAS UNRA in collaboration with District Local Governments of Hoima, Kagadi and Kyenjojo, Civil Society Organizations, Local Communities and Road Contracting Staff conducted a joint stakeholder mapping and analysis of district actors and national actors including Ministry of Gender, Labour and Social Development, Ministry of Health, Ministry of Education and Sports, Ministry of Internal Affairs/ Police, Judiciary among others with a stake in responding to GBV /VAC response within the project area.

IN COGNIZANCE that Uganda has strong institutional and policy framework like the Uganda Gender Policy 2007, the Orphans and other vulnerable children Policy 2004, the Domestic Violence Act 2010, the Children Act Cap 59, 1997 to regulate and enforce against GBV and VAC and different planning frameworks like Vision 2040, National Development Plan (NDP), District Development Plans (DDP), Sub county Development Plans (SCDP) which clearly outline the objectives and interventions on gender equity and protection of children against any forms of violence.

FURTHER COGNINANCE that GBV and VAC have different referral pathways, this protocol provides an overarching approach and focuses on the intersections between GBV and VAC. In nutshell this GBV and VAC Support Protocol is a guidance document that aims to ensure that all survivors/victims of GBV and VAC (Domestic violence, sexual exploitation and abuse, sexual harrassment and sexual violence) receive a prompt and comprehensive response from service providers that meets their needs from the first point of contact onwards.

Now therefore, this Support Protocol provides a framework of cooperation and tapping into opportunities for building comprehensive response to GBV/VAC survivors' support through joint action and networking based on different mandates among the respective Government of Uganda Ministries, Departments and Agencies – Uganda National Roads Authority (UNRA), Ministry of Gender, Labour and Social Development ( MGLSD), Ministry of Health (MoH), Ministry of Education and Sports (MoES), Uganda Police including Family and Child Protection Units (FCPUs), Judiciary, District Local Governments ( Hoima, Kagadi and Kyenjojo) and Non-Governmental Organisations (NGOs) to ensure an effective referral system for comprehensive response to, and coordination of, services for victims/ survivors of Gender Based Violence and Violence Against Children (Domestic and sexual violence).

## OBJECTIVES OF THE PROTOCOL

The specific objectives of the GBV/VAC survivor support protocol include:

- Raise awareness among all key stakeholders about GBV and intersections with VAC and services available for survivors and the referral pathways available to connect survivors to multiple services
- Ensure that survivors/victims of GBV and VAC receive prompt and coordinated response from service providers.
- Ensure that holistic and comprehensive support services are being provided for survivors/victims of GBV/VAC. This will include **free medical care**, counselling and psycho-social support, protective care<sup>4</sup> services, and legal services including legal advice and representation, mediation and litigation
- Ensure that existing policies and agreed procedures are followed with maximum opportunity for the provision of support services to survivors/victims and for prosecution of perpetrators
- Ensure that standards of professional practices are prescribed and followed with regards to confidentiality, information sharing and recording of sensitive information
- Develop a framework for monitoring and evaluation of services offered to survivors of GBV and VAC based on agreed priority areas of interventions

## PROFESSIONAL STANDARDS AND ETHICS FOR WORKING WITH WOMEN AND CHILDREN

- All actors and professionals working on GBV/VAC will be expected to exhibit high standards of integrity and exhibit high professionalism and working in the best interest of the survivors.
- Every actor must work to ensure that the child or woman survivor is always protected from further abuse.
- High level of maximum confidentiality about the child or woman survivor's situation must be upheld at all times (for example does not indicate the name of the survivor in a public document).
- Seeking consent of the woman and a child or their parents as appropriate at all times and before taking any further step such as referral to the next level

## ROLES AND RESPONSIBILITIES OF KEY STAKEHOLDERS

The following key mandates, roles and responsibilities played by different stakeholders provide a strong basis for a framework of cooperation and opportunities for building comprehensive response to GBV/VAC survivors' support.

### Uganda National Roads Authority

UNRA has developed and approved an Environment and Social Safeguards Policy<sup>5</sup>, which clearly sets out commitments to, and requirements for, sound environmental and social management including response to GBV and VAC while undertaking its functions in road

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<sup>4</sup> Protection care services may include emergency / temporary shelter provided by institutions such as Police, ministry of Gender, Labour and Social Development or placement within reliable community institutions / families

<sup>5</sup> UNRA Environment and Social Safeguard Policy adopted in August 2016, available at the link

<https://www.unra.go.ug/images/stories/notices/16/october/UNRA%20Envinment%20policy.pdf>

construction, rehabilitation and maintenance. The Policy takes into account and works within Uganda's policy, legal and regulatory framework<sup>6</sup>, policy and guidance requirements of the Ministry of Works and Transport as well as taking into consideration multilateral agreements and conventions where Uganda is a party. The policy also takes into consideration conditions of financing agreements with development partners. One of the commitments within the ES policy is UNRA's safeguard and commitment to address GBV and VAC concerns, support to vulnerable people (including those with disabilities) by UNRA staff, Supervising Consultants, Contractors and other Nominated Service Providers.

The specific Roles and Responsibilities of UNRA in addressing GBV and VAC include the following

#### **UNRA Management and Staff**

- Ensure social risks associated with the road project including GBV and VAC are effectively analyzed
- Work out sound mitigation measures for GBV and VAC specifically
- Have in place a detailed work plan with clear activities for support to GBV/VAC victims including support to survivors
- Carry out sound stakeholder analysis and put in place partnerships and coordination mechanisms for effective GBV / VAC responses
- Ensure prevention and response strategies to GBV and VAC supported by the projects are implemented
- Ensure timely detection, reporting and escalation of GBV/VAC cases to relevant channels in accordance with E&S reporting protocols.
- Ensure a coordinated approach to planning, implementation and monitoring of GBV/VAC interventions with national and project level stakeholders

#### **Supervising Consultant / Resident Engineer**

- Supervising the contractor and nominated service providers to ensure effective implementation of GBV/VAC plans (prevention and response including support activities for survivors)
- Report promptly any cases of GBV/VAC to relevant channels
- Implement GBV/VAC plans as reflected in the Social Management Plan
- Report promptly any cases of GBV/VAC detected to relevant channels as per established reporting protocol Ensure road workers are sensitized on GBV/VAC and sign code of conduct
- Ensure ongoing monitoring and early detection of GBV/VAC amongst workers and communities

#### **Service Providers for Managing GBV and VAC**

- Draw up regular plans for addressing GBV and VAC in line contractual obligations and National Protocols

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<sup>6</sup> The policies, laws and regulations include: National Environment Act, the Employment Act, the Occupational Health and Safety Act, Land Acquisition and compensation Act, the Water Statute, Water Resources Regulations, Water (Waste Discharge) Regulations, the Water Supply Regulations, the Sewerage Regulations, the Public Health Act, the Factories Act, the Workers' Compensation Act, the Trade Union Decree, the Employment Decree, The National multi-sectoral HIV/AIDS policy, the National Strategic Framework for the HIV/AIDS prevention and care, The Local Government Act, the National Gender Policy and the Social Development Sector Strategic Investment Plan. The Uganda National Road Authority Act 2006 establishes the functions and operational remit for UNRA.

- Schedule and conduct awareness activities on GBV/VAC with identified target groups including communities, workers and other key stakeholders
- Report promptly any cases of abuse detected to RE and other relevant channels
- Implement GBV/VAC response activities in support of survivors specifically
  - -
  - Conduct outreach programs and provide counseling and psycho-social support to GBV/VAC survivors and their families including support to family reconciliation through trained actors
  - Assist survivors to access health care services including emergency medical attention
  - Assist survivors to access Legal Aid services
  - Support linkages for livelihood support, education and vocational skills for VAC/GBV survivors
- Ongoing liaison and coordination with key stakeholders in implementation of GBV/VAC activities
- Support systems development for effective referral for GBV/VAC survivors in a concerted effort with other actors
- Provide referral assistance to identified survivors
- Facilitate technical capacity building activities with targeted groups including the districts and community structures.
- Provide assistance for transportation support for victims/survivors to attend court sessions, police stations to make statements or follow ups, hospitals for medical and other purposes.
- Provide psycho – social support to families and survivors of GBV/VAC
- Facilitate regular coordination meetings with stakeholders to review progress, share learning and next actions
- Conduct regular monitoring and evaluation of GBV and VAC activities

### **Ministry of Gender, Labour and Social Development (MGLSD)**

MGLSD is the key mandated ministry focusing on policy formulation and implementation, technical capacity building on GBV/VAC including development and or approval of IEC materials. The Ministry operates a GBV and VAC helpline (116) for emergency response. It is responsible for operating GBV and VAC Action Centres as a one-stop centre for providing psycho-social support and information on referral services for fast referral of GBV/VAC survivors. The role of the Ministry as defined in this protocol will include the following: -

- Technical guidance on matters of institutional, policy and legislation framework
- Advocacy for law reform and policy development in relation to women and children at National Level.
- Technical capacity of partners working closely with UNRA and host districts
- Provision of psycho-social support
- Management of Helpline 116
- Technical support in development of referral pathways
- Conduct periodic support visits to the road project for technical back-stopping
- Provision/approval of IEC materials
- Coordination with UNRA and other actors in implementation of GBV and VAC activities

- Monitoring Child Protection and Gender-based violence activities at National and within the districts e.g. district departments, NGOs, as well as the monitoring of trends of GBV/VAC and concerns.
- Monitoring courts of law to check on the progress in as far as administering justice regarding GBV and VAC cases.
- Monitoring gender and child welfare institutions such as approved schools, shelters (interim care centers and homes) in as far as providing quality care services in concerned.
- Support Family casework through better facilitation of responsible district departments: Family mediation in situations where GBV occurs between two minors, Referral for legal, medical, educational services and provision of skills training to victims of GBV abuse, Provision of shelter for victims of GBV and VAC, and family tracing and reunification for victim of GBV/VAC
- Provide appropriate facilitation to relevant departments at national and districts (including provision of transport facilities) for effective support of survivors such as enabling them travel to attend court sessions, police stations to make statements, hospitals for medical and make any other travel for other service provisions.

### **Ministry of Health**

Working directly or through its network of health centres 2, 3, 4 and hospitals, the Ministry provides key medical remediation for GBV/VAC survivors. The national level is key in resourcing health facilities for the district level. In addition, MoH develops IEC materials some of which are relevant for GBV/VAC. Furthermore, Ministry of Health regulates all health care service providers to ensure they provide quality health care for clients. The following specific roles and responsibilities to ensure that quality health services are available and affordable to victims/survivors of GBV/VAC.

- Provide free medical examination and treatment, including Emergency Contraception and Post Exposure Prophylaxis when appropriate, and follow-up for all victims of GBV, and other forms of abuse i.e. physical abuse, neglect etc.
- If first point of contact is lower Health Unit 2, 3, provide emergency examination, provide emergency treatment, and submit referral to the doctor with full findings noted in the referral letter and attached report.
- Following the assessment and treatment by a doctor, send the medical report to Police /Family and Child Protection Unit, to assist the investigation and prosecution process with the consent of the victim/survivor/legal guardian.
- Make other necessary referrals to appropriate partners.
- Working in collaboration with UNRA and other stakeholders /service providers on the project, facilitate Community awareness sessions on GBV and VAC, emphasizing the need of survivors of sexual violence to seek services within 72hours of the incident.
- With support of National MoH and District Director of Health Services ensure a coordinated approach to referral for GBV/VAC survivors and ease process of referral by different actors
- Provide practicing MoH clinical staff in the districts with advice on the identification of signs and symptoms of mental health disorders for survivors and perpetrators.
- Provide follow up support of GBV/VAC survivors to monitor progress of treatment and need for further examination and referral.

## **Ministry of Education and Sports**

**Ministry of Education and Sports** sets out national guidelines for awareness raising and preventive mechanisms of child abuse including a code of conduct for students and teachers regarding child abuse. Training school counsellors' mainly senior women and head teachers is encouraged for enhancing students' skills in self-protection and longer stay at school and completion for a bright future. The Ministry of Education is finalizing a Sexuality Education Policy to guide among others awareness creation on sex education in schools.

***The roles and responsibilities of MoES at the national and district levels in relation to children and women victims of all forms of violence and abuse are as follows***

- Ensure all teachers and non-teaching staff adhere to the code of conduct for teachers developed by the Government in relation to professional obligations and behaviour regarding appropriate relationships with children.
- Ensure each school has nominated senior woman and man teachers to educate children on sexual abuse
- Where school staff is the first point of contact (i.e. the child making the first disclosure of abuse to the teacher or non-teaching staff), the staff is obligated to report the case to the Head Teacher, Police in order for the matter to be formally investigated.
- Where the child / student is in need of urgent medical attention, immediate referral is made to the nearest Health 3 or 4 for urgent attention.
- Teachers /staff to whom the child first discloses document details of the disclosure in confidence to protect the dignity and privacy of the child.
- Carryout regular surveillance to detect behavior patterns of pupils and make referrals of cases of concern to the relevant authorities.
- MoES management and district leaders ensure effective implementation of the Code of Conduct for Teachers and other education personnel to accountability related to perpetration of abuse.
- Mobilise and sensitise parents about child abuse signs and symptoms both within school and communities / homes
- Working in collaboration with the project and other actors, educate school children on abuse warning signs and symptoms and encourage reporting of their experiences of violence, no matter who the perpetrator

## **Ministry of Finance**

The key roles and responsibilities at national and district levels in relation to children and women victims of all forms of abuse with include:

- Ensure mainstreaming of GBV and VAC in the national development budgets
- Provide adequate financial resources to Ministries, Departments /Agencies and districts for implementation of the support protocol.

## **Uganda Police**

The Ministry of Internal Affairs working through Uganda Police exists to ensure law, order and security of people and property of all Uganda citizens. Within the Police there is a Police Family and Child Protection Unit in a very district and GBV desk at the National Police Head Quarters. **In regard to support protocol for children and women victims of all forms of**

**violence, Police both at National, District and Community Level s is obligated with carrying out the following roles and responsibilities as per mandate**

- Provide transportation support to survivors for emergency medical to hospitals and if necessary and to attend court sessions as appropriate
- Mandated to investigate of all forms of abuse (sexual abuse and violence, physical abuse, exploitation, including commercial exploitation, including child trafficking).
- Enhance effective partnerships and work in close collaboration with all actors especially UNRA, MGLSD, MoES, district local governments and Judiciary in an effort to combat all forms of abuse against children and women.
- Advise to victims and families/care givers on the process of investigation and prosecution.
- Gathering evidence for presentation to court for prosecution of alleged perpetrators of the abuse.
- Making referrals for medical assessment and treatment when the Police is the first point of contact and there is no medical report.
- Working closely with MGLSD, Probation, Police Family and Child Protection Unit, and NGOs make referrals for, or direct provision of, shelter, psychosocial care and legal advice.
- Provide regular update with progress of investigations to a range of stakeholders through an established coordination mechanism.
- Working with UNRA, and other stakeholders from time to time, facilitate awareness raising and outreach activities to communities, groups and institutions on GBV and VAC along the project areas, especially related to the legal ramifications of these acts.
- Carryout regular surveillance of hotspot workplaces along the road to detect incidences of GBV and VAC
- Provide witness support in collaboration with other partners and agencies such as testifying in court of law.

**The Judiciary**

The judiciary is the arm of government that interprets and applies the law in the name of the state. Within the project area, the Resident State Attorneys and Magistrate Courts are very key for delivery of justice to GBV/VAC offenders.

The following roles and responsibilities are expected of the Judiciary:

- Ensure that the survivors of GBV and VAC enjoy their constitutional right to access to a lawyer who would defend them in the court of law.
- Establish and ensure an efficient implementation of a system that guarantees GBV and VAC survivors' rights to a speedy and fair trial.
- Survivors and witnesses wishing to testify at the court are adequately protected.
- Ensure interpreters for survivors and witnesses particularly those who find difficulty in understanding the language spoken at the court.
- Allow for testimony by survivors and witnesses of GBV and VAC cases to be done in camera / closed courts.
- In conduction with MGLSD, districts and UNRA /Project, Court officials will be trained on GBV/VAC focusing on women's rights, children's rights and protection issues with support of reference materials for GBV and Child Rights Acts
- Involve the Judiciary in GBV and VAC coordination activities with other stakeholders

## **District Local Governments (Hoima, Kagadi and Kyenjojo)**

The ARSDP cuts through the districts of Hoima, Kagadi and Kyenjojo districts. The District Local Governments are mandated to identify, plan, implement and monitor all development programmes within their district that foster development/ poverty reduction and the socio-economic transformation of their people. If not well addressed GBV/VAC can retard socio-economic progress of any society.

### **The districts have key roles and responsibilities to play in relation to children and women survivors of GBV and VAC including:**

- Support government relevant departments (health, community-based services, education etc.) with adequate resources required to enable them provide appropriate services to survivors of GBV and VAC.
- Protect the welfare and promote the rights of children and women within its area of authority and shall ensure that within the district, government agencies such as Police, Internal Security, Probation, Community Development, Gender and Youth and Children departments liaise with each other in matters concerning violence women and children and other crimes.
- Ensure women and child welfare departments provide necessary remediation and support services to survivors in collaboration / coordination with other key stakeholders
- Collaborate with National Level Government Institutions such as MGLSD, UNRA, Ministry of Finance, Judiciary, and Police to provide resources and support to district level line departments for efficient implementation of GBV and VAC programmes
- Work with MGLSD to develop a system to coordinate the activities of service providers within the district.
- Ensure effective collaboration with religious, cultural and community leaders to develop by-laws on violence against women and children and where such laws exist reinforce them.
- Ensure awareness raising on GBV and child protection issues for stakeholders for preventive and responsive measures at community level.
- Institute a coordination mechanism where all actors – national, district both government and non-governmental can coordinate implementation of GBV and VAC activities
- Carryout monitoring of all institutions and programmes providing remediation and support services( health, legal, psycho-social, economic, education, etc.) to check on their performance and challenges

### **CSOs (NGOs and FBOs)**

A number of CSOs have been mapped within the project area by UNRA in collaboration with other stakeholders and they are expected to provide support to GBV/VAC survivors. These include among others:

- Legal Aid Organisations in support of Hoima, Kagadi & Kyenjojo including: World Voices, Legal Aid Clinics (LDC), Justice Centres and Uganda Human Rights Commission.

Understanding and linking with Legal Aid service providers for sustainable referral is vital.

- Other NGOs have identified and mapped as providing GBV/VAC survivors' support services either directly or indirectly include
- Infectious Disease Institute (IDI) in Kagadi and Hoima districts
- Baylor Uganda in Kyenjojo district.
- World Voices Uganda (WVU) - Kagadi
- Kibaale Civil Society Organization (KCSO) - Kagadi
- Uganda Rural Development Training (URDT) - Kagadi
- World Vision Hoima and Kagadi /Pachwa – Hoima/ partly Kagadi
- Action for Community Development ( Acodev)- Hoima/ Kabwoya and Kyenjojo
- Mustard Seed Babies Home – Hoima / Kabwoya
- Hoima District Farmers Association ( HODFA) – Hoima
- Bantwana Kyenjojo
- Ride Africa Kyenjojo
- SOSY/ ACODEV ( Hoima & Kyenjojo)
- Baylor Uganda ( Kyenjojo)
- Bringing Hope to the Family ( Kyenjojo)
- God's Care Ministries ( Kyenjojo)
- Compassion ( Kyenjojo)
- Kind Uganda ( Kyenjojo)

The above CSOs by their nature have differing roles and activities, for example legal advocacy, vocational/skills training, psycho-social counselling, livelihoods. As a way of working, the NGOs have been clustered based on specific category of services they provide to survivors of gender-based violence, including sexual and physical assault.

As part of the protocol, the CSOs will provide support along the following:

- Reporting – any NGOs receiving a report of an alleged abuse from a survivor is obligated to inform the survivor of her option to report to other services providers following the documented referral pathways.
- NGOs will provide medical, counselling and other forms of psychosocial support as per their funded mandate and areas of expertise.
- NGOs identified in the field of GBV/VAC will be incorporated into the district GBV clusters and coordination mechanism and will endeavor to attend District GBV and Child Protection meetings
- NGOs providing GBV/VAC services such as medical, counselling and other services will be obligated to provide services to acceptable professional standard taking into account the importance of confidentiality in handling such cases and always act in the best interest of the survivors. NGOs providing technical and financial support for GBV and VAC along the road project will be required to coordinate their plans with the districts and other actors for effective referral system and coordinated response to GBV/VAC survivors 'needs.

## **Reporting and Case Coordination Responsibilities**

- All key actors as specified in the appropriate sections, are encouraged to use the reporting pathways, as outlined in Annexes C & D, when the child or woman victim presents to the first point of contact.
- Disclosures of abuse should be documented by the agency to which the disclosure has been made. The written record should consist of an account of the alleged abuse, and any observations as to the child's or women's physical and emotional state, as this may be required as evidence to assist a successful prosecution, should the survivor wish to pursue this route.
- District Coordination Centers will always prioritize the survivor's decisions with respect to cases they come forward to report. The DACs will closely and continuously follow up investigations by the Police, coordinate provision of medical treatment and other remedial support for the survivors' i.e. psychosocial support, counselling etc. in a highly coordinated approach with cooperation of key stakeholders on a regular basis and provide weekly brief reports.
- GBV/VAC monthly district coordination meetings will be held on a monthly basis with the core team of players in the management of cases including: District Internal Security Officers, District Police Commanders and District Community Services / Probation on one hand and BRAC, Social Management Team of the ARSDP / UNRA to review progress with investigations prioritizing the confidentiality of survivor's, avoiding use of any identifiable characterizes and names during the meetings.
- GBV/VAC district quarterly meetings will be held drawing participation / representation from the key stakeholders – UNRA, MGLSD, MoH, Police, MoES, CSOs, District Local Governments, Supervising Consultant, Contractor, COHEPCO and BRAC. BRAC will take a lead in coordinating this initiative with support of core coordination team
- GBV/VAC Cluster meetings may be held from time to time as part of ongoing effort for GBV/VAC response

## **MONITORING AND EVALUATION**

BRAC and COHEPCO as nominated service providers and part of the ARSDP/UNRA road project will be lead actors in monitoring of GBV/VAC activities and compiling progress report for submission to UNRA through established procedure.

## **THE REFERRAL PATHWAYS**

In doing referral, the importance of minimizing further trauma to the survivors must be emphasized, and the efficiency of professionals who are in place to support them must be maximized

The Ministry of Gender, Labour and Social Development has developed GBV referral pathways outlined below. These will be promoted and adopted on the ARSDP and among key stakeholders to build systematic response to the support needs of GBV and VAC survivors. The MGLSD's referral pathways are presented in diagram form (attached as Annexes C & D) and each diagram denotes the referral pathways to be followed at the first point of contact i.e. when the child or woman victim of abuse first presents for help and/or to report an incident of abuse

- i) Pathway 1: Community / Local Council 1 entry pathway through referral system involving Police, Medical, Probation, Legal aid, counselling, CSOs, to Courts
- ii) Pathway 2: The Police entry pathways through medical, probation, legal aid and Court of law
- iii) Pathway 3: Medical/Health Entry pathway –medical – police – psycho-social – legal aid – courts of law
- iv) Pathway 4: Traditional /religious/ community leaders, CSOs – Police –Medical – Psycho-social – legal aid – court
- v) Pathway 5: Psychosocial Service Provider (CSOs, CBOs, Probation Officer Legal Aid) – Police – Medical – Shelter – Court
- vi) Pathway 6: Magistrate Court Entry Pathway – Medical – Police – Shelter – Legal Aid
- vii) Pathway 7: Road Project Pathway (proposed by UNRA) – Road Project – Police – Medical- Shelter- Psycho-social – Legal Aid – Court - Livelihoods Support -

The above GBV referral pathway will be taken advantage on the ARSDP to facilitate access to a minimum package of services as specified at each point in the referral pathway.

## Summary – Priority Package of Actions for GBV/VAC Interventions on ARSDP

Basis on the analysis the population of interest and key stakeholders, table below presents an overview of a priority summary package for GBV/VAC interventions to be implemented to address: Prevention, Reporting, Responding, and Supporting Partnerships for GBV/VAC effective action to be delivered on the ARSDP project.



**Table 2: ARSDP – Priority Package of GBV/VAC Interventions**

| 1. Prevention<br>( IEC /Behavioural Change Communication (BCC) on GBV/VAC   | 2. Monitoring, Identification & Reporting  | 3. Remedial /Support Services to GBV/VAC Survivors   | Partnerships and Coordination for GBV/VAC interventions  |
|---|--|--|--|
| <ol style="list-style-type: none"> <li>1. IEC and GBV/VAC common messages for specific target groups</li> <li>2. General Workers’ Education including on workers’ code of conduct</li> <li>3. Drivers and Operators’ specific education on GBV/VAC and workers’ code of conduct</li> <li>4. Sub-Contractors and Service Providers’ specific education on GBV/VAC and workers’ code of conduct</li> <li>5. Landlords education on GBV/VAC and workers on workers’ code of conduct</li> <li>6. New Staff induction and training on GBV/VAC and workers’ code of conduct</li> <li>7. Change Makers training targeting teachers including senior women teachers, children protection structures,</li> </ol> | <ol style="list-style-type: none"> <li>1. Monitoring of risky / identified hotspot areas for detection of child abuse / GBV incidents</li> <li>2. Reporting new identified cases of child abuse and GBV</li> <li>3. Police Apprehension of GBV/VAC perpetrators</li> <li>4. Follow up of reported cases</li> </ol> | <ol style="list-style-type: none"> <li>1. Survivor and family Tracing</li> <li>2. Mapping / establishing Referral Pathways and protocol for supporting survivors ( legal aid, health care, psycho-social, investigation)</li> <li>3. Remedial /Support Service Delivery <ul style="list-style-type: none"> <li>• Emergency medical and ongoing health care</li> <li>• Psycho-social</li> <li>• Legal aid services</li> <li>• Assistance for Referral for GBV/VAC Survivors e.g. with transport / medical fees</li> <li>• Outreach / Home Based Care to survivors and their families<sup>7</sup></li> </ul> </li> </ol> | <ol style="list-style-type: none"> <li>1. Establish / enhanced Partnerships &amp; Coordination Mechanisms with National and District Stakeholders <ul style="list-style-type: none"> <li>• MOU UNRA- MoGLSD that guides collaboration on GBV/VAC in road infrastructure</li> <li>• Joint GBV/VAC programming with MoGLSD and District Stakeholders</li> <li>• Establishment of district GBV/VAC coordination mechanisms including coordination of support</li> </ul> </li> </ol> |

<sup>7</sup> (Implemented by BRAC) to include home visits for survivor tracing, home-based survivor and family psycho-social counselling, family reconciliation sessions, referral for appropriate services, any other home-based support

|  |  |   |   |
|--|--|---|---|
| <p>para-social workers, peer educators, Boda Boda, Religious and Community Leaders</p> <p><b>8. Conduct School Children Education / sensitisation programme</b></p> <p><b>9. Conduct Peer education</b> for out of school adolescent through ELA clubs</p> <p><b>10. Conduct Community GBV/VAC awareness programmes</b> through GMCs, Religious /cultural, SoVCCs, CPAs, ELA clubs, led by COHEPCO and BRAC working with Community –Based Services of the District Local Governments.</p> <p><b>11. Conduct Mothers specific Forums and Parents Meetings</b></p> <p><b>12. Conduct School Girls Mentorship Programme</b> emphasising career guidance and need stay longer in school and making informed choices.</p> | <p>with Police, other response pathways and District Coordination units</p> <p><b>5. Monthly update</b> of every reported case including case closeout</p> | <p><b>4. Support / linkages</b> for education, skills / vocational training</p> <p><b>5. Support / linkages</b> for sustainable livelihood / Income generation activities ( IGAs) e.g. Agriculture, other IGAs</p> <p><b>6. Support for start-up inputs</b> for IGAs to most deserving survivors and caregivers</p> | <p>protocols for survivors with GBV/VAC actors either through the District Joint Support Protocol or Bilateral Protocols with identified actors as appropriate</p> <ul style="list-style-type: none"> <li>• Quarterly inter-agency district GBV/VAC coordination meetings closely coordinated by CBSs, BRAC and COHEPCO</li> <li><b>2.</b> District technical capacity building in GBV/VAC (IEC, orientation and training of target district GBV/VAC duty bearers – Police, Health, Community Services, education, Resident State Attorneys, Judiciary, and selected NGOs.</li> </ul> |
|--|--|---|---|

**IDENTIFIED MULTI-STAKEHOLDER ACTORS FOR COORDINATED GBV RESPONSE FOR UNRA's ARSDP: KYENJOJO-KABWOYA ROAD UPGRADE PROJECT**

1. UNRA
2. Uganda Police
3. Ministry of Gender, Labour and Social Development
4. Ministry of Education
5. Ministry of Health
6. District Local Government Hoima
7. District Local Government Kagadi
8. District Local Government Kyenjojo
9. Representative of CSOs Hoima
10. Representative of CSOs Kagadi
11. Representative of CSOs Kyenjojo