



care®

CARE UGANDA

ANNUAL REPORT 2016-2017
FINANCIAL YEARS

Greetings from CARE International in Uganda



Once again it is my pleasure to welcome you to CARE International Annual Report combining Fiscal Years 2016 and 2017¹. It has been an exceptionally challenging but equally rewarding two years where our humanitarian mandate took over our long term development work as Uganda saw hundreds of thousands of refugees from South Sudan cross the border in search of refuge and protection. Our existing program in West Nile was not prepared to face such a large number of people in need. The rest of the international community was equally ill prepared and yet, looking back, we can all be proud of Uganda's response and I am certainly proud of CARE's contribution. We managed to scale up our response rapidly in critical areas of protection, Gender Based Violence and Sexual and Reproductive Health. Yet, every time I have been to West Nile and heard women and girls recount their stories, I felt sad, angry and frustrated that we could not do more.

Despite Uganda's progressive refugee and asylum seekers' policy, the refugee crisis remained largely underfunded during 2016 and 2017. Various assessments and studies conducted by CARE showed how our collective incapacity to meet the basic needs of refugee women and girls left them with no other choice than selling their bodies and giving sexual favors in exchange for a bag of flour, beans or pads to manage their period. What type of social justice is this after having been through the indelible physical and mental torture inflicted through war, sexual violence and rape inside South Sudan? Yet, seeing the impact of our programs has kept our amazing team going. We sought comfort and energy in the smiles of the girls, women, families and communities we reached, even if we knew that many more were in need. We redoubled our humanitarian advocacy efforts to influence donors inside and outside Uganda. We learnt to listen more and better to what women and girls have to tell us. We influenced sectoral strategies to be more gender responsive and sensitized and trained other actors in the importance of addressing Gender in Emergencies and in protecting refugees from Sexual Exploitation and Abuse.

Despite our heavy attention on the refugee situation, we continued our long term development program from which we also borrowed approaches and models for our humanitarian response. Our financial inclusion, women's economic empowerment and natural

¹ The exact period of our fiscal year is from July 1st to June 30th



resources governance programs carried on while putting their expertise at the disposal of our growing humanitarian portfolio in search of more gender responsive durable and holistic solutions.

In all we did during these two years, our partnerships remained pivotal to our success. We strengthened our ties with the women movement through various joint actions and campaigns, mostly around GBV. We consolidated our collaboration with the Government of Uganda both at national level (e.g. Office of the Prime Minister, Ministry of Agriculture, Animal Industry and Fisheries (MAAIF), Ministry of Finance, National Forest Authority, Ministry of Water and Environment, Ministry of Gender, Ministry of Health) and at District level. We engaged actively with UN and peer agencies in various Technical Working Groups and Inter Agency fora and we co-created new products with our private sector and banking partners to facilitate access to financial services for women and girls and support their economic empowerment.

We also took time to pause and reflect at the end of FY16 on what our new strategy for the next five years should look like, considering the change in context with such a large refugee population but also considering other challenges, opportunities and trends facing Uganda. During the course of FY17, we worked on the development of this new strategy jointly with our colleagues in Rwanda, Burundi and DRC. Prevention of and response to GBV will be taking an even more central stage in our work moving forward. We look forward to launching our new strategy in FY18 as we continue to reflect on what we learnt during 2016 and 2017.

I extend my sincere thanks to the partners, NGOs, CBOs, Coalitions and Alliances, Local Governments, Line Ministries, Directorates and Parliamentary committees, UN Agencies and donors that have worked with us to deliver these life-changing experiences. We continue to pledge our unwavering commitment to supporting vulnerable and poor women, girls, men and boys to break out of poverty and live a dignified life, free from violence.

In solidarity with women and girls of Uganda, South Sudan and the Great Lakes,

Delphine Pinault

Country Director

Vision

We seek a world of hope, tolerance and social justice, where poverty has been overcome and all people live with dignity and security.

CARE will be a global force and a partner of choice within a worldwide movement dedicated to ending poverty. We will be known everywhere for our unshakeable commitment to the dignity of people.

Focus

We put women and girls in the center because we know that we cannot overcome poverty until all people have equal rights and opportunities.

Mission

CARE works around the globe to save lives, defeat poverty and achieve social justice.

We facilitate lasting change by:



Addressing discrimination in all its forms



Providing economic opportunity



Influencing policy decision at all levels



Strengthening capacity for self-help



Delivering relief in emergencies

Core Values

TRANSFORMATION

We believe in urgent action, innovation, and the necessity of transformation – within the world and our own organization.

INTEGRITY

We are accountable to the people and partners we humbly serve, transparently sharing our results, stories and lessons.

DIVERSITY

We know that by embracing differences, actively including a variety of voices, and joining together we can solve the world's most complex problems.

EQUALITY

We believe in the equal value of every human being and the importance of respecting and honoring each individual; we know that change happens through people.

EXCELLENCE

We challenge ourselves to the highest levels of learning and performance, tapping the best of human spirit to create impact.



Impact Group

POOR AND VULNERABLE WOMEN AND GIRLS AT HIGH RISK OF ABUSE AND EXPLOITATION

While CARE is a strong defender of gender equality, our focus remains on women and girls as our “impact group” because we recognize the acute discrimination and various forms of Gender Based Violence (GBV) they suffer from compared to their male counterparts. Many Ugandan men and boys also suffer from various forms of deprivation, neglect and abuse. However, women and girls are at a much greater disadvantage simply because of their gender due to the patriarchal society that attributes more value to men and boys. For this reason, our programming in Uganda during fiscal years 2016 and 2017 remained largely focused on women and girls who on average represented 58% for 2016 and 66% for 2017 of our program participants, but we also worked deliberately with men and boys, both as change agents for greater gender inequality and as beneficiaries in their own right.

During 2016 and 2017, our beneficiary profile saw more refugee women and girls included compared to past years as a result of the large influx of refugees from South Sudan that started in July 2016. This also prompted CARE to adapt its Role Model Men & Boys (RMM&B) model (see page 21) to the humanitarian context, generating precious lessons on how to engage men and boys in a refugee and post conflict context.

Program History & Increased focus on Gender Based Violence

CARE International has been active in Uganda since 1969 and working in the country continuously since 1979, implementing a diverse portfolio ranging from emergency services to

economic development and civil society strengthening. During fiscal years 2016 and 2017, our programming continued to be organized around three main programs:



NUWEP

The Northern Ugandan Women Empowerment Program

NUWEP, mostly through its two ADA funded interventions, focused on socioeconomic peaceful post conflict transition in Northern Uganda, ensuring that women are not left behind and that gender transformation is central to the transition.



WAYFIP

The Women and Youth Financial Inclusion Program

WAYFIP, with a range of donor support, expanded CARE's work on financial services for women's empowerment, mainly through the creation of more Village Savings and Loans Associations (VSLAs) and various gender responsive financial products (e-keys, e-wallets, etc).



WENG

The Women Empowerment in Natural Resources Governance Program

WENG, mainly with DANIDA support, addressed women and girls' dependence on natural resources for their survival and enhanced their right to participate in the governance of these resources.



Each program continued to address the main issue for which it was designed. All three programs address governance challenges and gender inequality as underlying drivers and Gender Based Violence. All three programs have also worked closely with Civil Society Organizations (CSOs) and the Government of Uganda, particularly on “building gender competent and committed organizations” that have the systems and capacity to drive gender transformation.

Shifting to tackling Gender Based Violence across the continuum of aid

CARE Uganda and in the Great Lakes has over a decade and a half programmatic history in addressing Gender Based Violence. We work on prevention by changing social norms, by empowering women and girls, by promoting more power sharing and less dominant forms of masculinity. We work on response as well by directly facilitating access of survivors to GBV services and through policy advocacy for continued investment in quality services, including legal assistance. Jointly with the women movement in Uganda and the Region, CARE has also played instrumental roles in the passing of various resolutions and frameworks, like the UN Resolution 1325, 1820, the Goma Declaration, the Kampala Declaration. During 2016 and 2017, each of our three long term development program has addressed GBV

in one form or another. Under NUWEP, we have worked on Sexual and Reproductive Health Rights as women’s control over their bodily integrity was challenged post conflict. GBV prevention and Engaging Men and Boys for uptake of SRH services was an integral part of the program. WENG has reduced the risk of domestic and other forms of violence due to women’s increased access and control over natural resources such as land and forests, with support from me. Likewise, under WAYFIP, we have worked with men to ensure that women’s increased access and control over financial resources (including savings, loans etc) is not causing violence at home through training women on negotiating skills and once again working with men.



Embracing Partnerships

Under all three programs, CARE has taken great strides in building the capacity of and working closely with CSOs and the various levels of Government structures. Under the WENG and NUWEP programmes, we supported our CSO partners with the passing of several policies and laws, including the Forest Regulations, Benefit Sharing Guidelines, Climate Change Bill, cancelling of illegal land titles, UNSCR 1325 and 1820 and the Goma Declaration, and the Gulu District with passing an Ordinance on alcohol production. We celebrated a decade long advocacy efforts when, in December 2016, President Museveni officially launched the new GBV Policy (see page 24). Under NUWEP, our Learning For Change (L4C) ADA funded initiative has trained 507 staff and stakeholders from 7 partners CSOs on gender transformative programming, including Gender Equity and Diversity at the work floor, women leadership and psychosocial support, gender responsive Results Based Management, Women centered Evidence Based Advocacy etc. Under our humanitarian

programme, we built the capacity of both international, national non-governmental organizations and government partners on Protection from Sexual Exploitation and Abuse (PSEA) and in Gender in Emergencies (GiE). We have learnt a tremendous amount as well from our broad diversity of partners who continue to bring their in depth expertise of local dynamics, social norms, power relations, policies and their networks. We have continued to walk our journey of convener, bringing and connecting a range of actors who would not necessarily otherwise engage with each other through various events during which women and girls are also given a space to voice their issues. We have also continued to work with private sector actors, both by holding them accountable (e.g. under WENG around investments and illegal acquisitions of land and natural resources) and as allies (e.g. under WAYFIP our banking partners work on making financial services affordable for poor and excluded women and girls).

WE WORK WITH

- * CSOs
- * GOVERNMENT
- * PRIVATE SECTOR COMPANIES

BUILD CAPACITY

CONVENE

CREATE ACCOUNTABILITY

IMPROVE SERVICES







Gender in Emergencies

With the influx of refugees from South Sudan, drawing from its global expertise, CARE Uganda has become a leader for integrating gender into sectoral responses.

Our Gender in Emergencies (GiE) work recognizes that crises have different impacts on people dependent on their age, sex, life experiences and many other factors and there are different concerns, needs and abilities to cope, based on these varying impacts and experiences.

Starting July 2016, CARE was one of the few organizations to support gender integration in the emergency response to the refugee influx through the use of its rapid gender analysis (RGA) tool in various settlements to understand the different needs, capacities, and coping strategies of women, men, boys and girls and inform CARE's and other stakeholders' response. Using the RGA information and our Gender Marker, we addressed gender dimensions into all of our programming to ensure that adequate and efficient services were provided with equal access to all. We supported women's participation and leadership in decision making to ensure women have meaningful opportunities for participation in the response and in leadership roles within their communities. We incorporated gender into our monitoring, evaluation, accountability and learning (MEAL) in order to understand, learn from, and respond to the changing gendered realities. We influenced sectors. For example, in shelter, we successfully advocated to



adoption of shelter models aligned with Inter Agency Shelter and GBV guidelines.

Our humanitarian program during 2016 and 2017 was largely an integrated Protection / SRH and GBV intervention, offering case management services to GBV survivors, training service providers (e.g. health personnel on clinical management of rape, on the GBV referral pathway, etc) but also borrowing from our long term development prevention models to reduce acceptance of violence in refugee settlements. The program integrated Sexual Reproductive Health (SRH), centered on the SRH Minimum Integrated Service Package - MISP- for emergencies, shelter for Persons with Special Needs, and GBV prevention and response because pregnant and lactating refugee women and girls are at higher risks and because the absence of shelter exposes women and girls to all sorts of abuse and exploitation.

This shift to addressing GBV more deliberately across our portfolio in Uganda and in the Great Lakes is the natural consequence of the alarming continued large scale use of Violence Against Women and Girls (VAWG) whether in “normal” circumstances and / or during conflict and displacement. 2016 and 2017 have demonstrated that sexual violence continues to be used as a weapon of war in neighboring countries. Unfortunately, though the country is peaceful compared to some of its neighbors, Ugandan women and girls continue to be subject to the worst forms of violence and exploitation, with some of the highest rates of early and forced marriages, teenage pregnancies, leading to an increase of new HIV infections, particularly among girls and young women ages 15-24. Domestic violence is rampant and hinders women’s development potential. This shift has informed the formulation of a new program strategy for CARE Uganda, heavily focused on women and girls’ rights to a life free from violence and that will officially have started in 2018.



Contribution to CARE International Program strategy outcome areas

Though CARE Uganda has its own strategy as mentioned above, it contributes to the four core outcome areas of CARE International Program Strategy and measures its reach and impact against these four outcome areas. The use of four common outcome areas also enables CARE to aggregate participants and impact data at a global scale.



PEOPLE REACHED

FY 2016 and 2017



CRITICAL LIFE-SAVING
HUMANITARIAN ASSISTANCE

107,738
FY 2016

244,000
FY 2017



SRH & GBV
ASSISTANCE

270,263
FY 2016

146,000
FY 2017



FOOD AND NUTRITION SECURITY
AND CLIMATE RESILIENCE

815,329²
FY 2016

86,000
FY 2017



ECONOMIC RESOURCES
FOR WOMEN

79,311
FY 2016

117,007
FY 2017

² Our FOREST project has a very large advocacy component and helped pass a lot of regulations. If enforced, this could benefit 689,227 people across Uganda.



Critical life-saving humanitarian assistance

Humanitarian crises, including conflict, disasters and chronic insecurity and vulnerability are both a cause and effect of poverty and injustice. Humanitarian action helps to save lives and support affected host communities and displaced populations to recover and grow more resilient.

The sudden influx of South Sudanese refugees into West Nile Region of Uganda in July 2016 shifted the country office focus to providing this population with critical life-saving services. CARE Uganda responded in the sectors of shelter,

hygiene, GBV, Protection and SRH. During 2017, the growth of our humanitarian program in West Nile, particularly around critical services for women and girls in the sectors of SRH and GBV, stands as one of our most significant achievements. In the second half of 2017, we successfully raised funds for humanitarian assistance with livelihood components, aimed at strengthening refugee women, girls and host communities' livelihood base to gradually become less dependent on in kind aid and reduce the use of harmful coping mechanisms.



IMPACT

Shelter and better hygiene for South Sudanese refugees in Rhino Camp project:

400% increase of latrine ratio in Rhino Camp



Integrated WASH, Shelter and Protection Response to Newly Arrived South Sudan Refugees and Host Communities in Yumbe (Bidibidi) and Arua (Rhino Camp and Imvepi) Districts of Uganda project:

40  temporary shelters built for Persons with Special Needs in Imvepi settlement

846  Semi-permanent shelters built in Rhino and Imvepi settlement

Better Living Conditions for Refugees from South Sudan in Rhino Camp Project:

Though at small scale, CARE was one of the first actor to use development models with refugees.

We trained:

3  women groups in income generating activities with 72 members

2  Youth groups with 28 members started saving, reducing the high risks coping strategies they were reverting to survive, including transactional sex

This has informed the development of large scale livelihood programs targeting refugees and their host communities in 2018.



SHR & GBV

GBV is both a cause and a consequence of poverty and gender inequality. At household and community level, physical and emotional violence limits women's and girls' mobility and overall well-being, livelihoods, access to education and health services as well as participation in political and leadership processes. GBV also has enormous economic costs in terms of services (health, police, legal), and decreased productivity which effects family income, mental health and food security. CARE believes that addressing GBV is essential across our work, impacts every sector and cannot be accomplished without male involvement. As part of our holistic approach to ending inequality, we work with men and boys to engage them in discussions about gender equality and violence so they can become champions of change in their communities. We use the engaging men and boys approach to raise awareness, create community dialogue and improve access to sexual and reproductive health services.

CARE was the first humanitarian actor to pilot the engaging of Men and Boys in the refugee sector. Lessons learnt were presented at the high level Solidarity Summit for Refugees in June 2017, with support from UNFPA and UNWOMEN with whom CARE co-organized a session on empowering women and girls during emergencies.

During the reporting period, a large part of our humanitarian portfolio encompassed providing GBV and SRH services to South Sudanese refugees who have survived extreme levels of human rights abuses, physical and sexual violence. NUWEP has also successfully addressed GBV and SRH in an integrated manner, generating evidence on how engaging men and boys can lead to uptake of critical SRMCH services for women and girls. In the ADA funded SRMCH project, the male engagement approach was considered one of the most successful component of the project.



IMPACT

SRMCH project:

3 x more men escort their wives for health services reported by health center staff



26%



Reported a significant increase in supportive behaviours from male heads of households reported by sampled female participants



leading to uptake of SRMCH services



100%

of targeted health centers demonstrated improvements in how SRMCH services are offered

Humanitarian Program:



383

volunteers trained as GBV preventers



151

GBV service providers trained to continue to deliver critical services to GBV survivors



481

GBV Cases case managed and referred to services

Primarily from the refugee but also the host community, mainly in the West Nile Region.

We came across many more cases but there is still a lot of fears to report combined with widespread acceptance of violence.





Food and nutrition security and climate resilience

Climate change affects hundreds of thousands of people in Uganda and the increasingly unpredictable seasonal patterns are destroying or threatening to destroy the livelihoods of farmers and others dependent on natural resources. The countries' poorest and most vulnerable, who are least responsible for causing climate change, will continue to unfairly bear the brunt of its impacts. Additionally, increasing pressure due to natural disasters and climate change has the potential of creating conflict, especially in low resource settings such as refugee settlements and hosting communities.

During FY16 and 17, several parts of Uganda were hit with severe drought as a result of climate change and this continues to pose a serious threat to Uganda's Agricultural sector, which is the highest income earner to the economy and families all over the nation. Therefore, CARE has remained committed to building community resilience to climate change through our Partners for Resilience (PFR) project in Northern Uganda, particularly in Otuke district. PFR has made significant contributions to the Climate Change Bill in Uganda. CARE has supported in reviewing the principles of the bill and design of the road map, facilitated an independent review of the National Climate Change policy against other similar policies, and organized awareness raising sessions for members of parliament, district officials, CSOs/

CBOs, media and community structures. In all these advocacy efforts, CARE also drew attention to the gender dimensions of climate change.

We have also ensured that the Forest depletion as a result of illegal logging and population pressure is brought to the attention of the leaders through media advocacy in our FOREST project. We have educated and worked with communities adjacent to forest areas to become forest defenders rather than destroyers. Our community based monitoring groups have successfully foiled over fifty (50) attempts to illegally cut down forests in Western Uganda.

CARE Uganda's experience with communities living adjacent to protected areas has consistently confirmed that mismanagement, degradation and depletion of natural resources and/or access restrictions disproportionately impacts poor rural women and girls. A study conducted by CARE Uganda in Kyenjojo, Mubende, and Kyegegwa Districts demonstrated that the combined depletion of Uganda's natural resource base with the effects of climate change and limited investments in strengthening resilience to more erratic weather patterns has a negative impact on food and nutrition security.

IMPACT

SCORE project:



95%

of targeted households take a balanced diet. This in an increased from 57%

FOREST project:



Adoption of the Forest Regulations which guide sustainable forest management



Adoption of the benefit sharing guidelines for central forest reserves communities



Cancellation of 154 illegal land titles in central forest reserves



Establishment of the Tree Fund – which is a mechanism for financing the forestry sector

PfR Phase I:



75%



of the Otuke community have turned to more sustainable forms of agro-forestry and applied risk reduction measures on their farms and home gardens

PfR Phase II:



MAAIF supported to develop a

**GENDER
RESPONSIVE
CSA STRATEGY**



MAAIF supported to

**document climate smart
agriculture best practices** into a catalogue for the benefit of the entire country



Economic resources for women

Based on CARE's own experience and global evidence, addressing gender inequality and women's economic empowerment is one of the most imperative strategies for reducing poverty and tackling social injustice.

Women and youth, particularly adolescent girls and young women, face significant disparities in Uganda, placing them amongst the most vulnerable and marginalized members of their communities. They have limited livelihood prospects, education opportunities, low ownership of assets, and unequal decision-making powers at household and community level. As a result, they struggle to access economic opportunities. CARE supports women and girls' economic empowerment across Uganda with an emphasis on sustainable and diversified livelihoods through engaging with markets and stimulating access to and utilization of financial services. CARE also improves gender relations within the community and at household level by addressing gender power dynamics in decision making over productive assets and incomes, reducing the risk of domestic and intimate partner violence caused by women's economic empowerment.

Our experience has demonstrated that even empowered women cannot fully enjoy the benefits from their increased incomes, mobility, self-confidence and self-esteem if their male partners (fathers, sexual partners, husbands, brothers,

etc.) in their homes and in the community are not part of that transformation. Therefore, as mentioned above, working with men on their behaviors to become champions of gender equality is critical for women's sustainable and safe access to economic resources.

All four CARE Uganda programs, and particularly WAYFIP and WENG use CARE's well known Village Savings and Loans Associations (VSLA) as a platform for Women's Economic Empowerment. CARE has used VSLAs as real engines for economic development as well as for social protection and building social capital. While the initial methodology emphasizes self-selection, CARE has adapted the methodology to various contexts and objectives (putting more or less emphasis on savings, on "social" loans or on "productive" loans, etc), including in the humanitarian sector.

In FY16, we initiated three new projects with the Government through the Ministry of Finance and with funding from IFAD on the Promoting Financial Inclusion in Rural Areas project (PROFIRA) to form and strengthen over 1,319 VSLA groups in 148 sub counties in thirty-six (36) districts of West Nile, North Eastern Uganda – Karamoja, and Eastern Uganda – Soroti, Bukwo, Kween, Kapchorwa, Pallisa and Tororo. It is worth noting that women constitute over 76% of the composition of these groups.

During 2017, under the ADA Learning For Change project, we adapted our women Leadership training approach that is usually delivered through VSLAs, to include Psychosocial support, based on experience showing that many extremely poor women who have experienced violence cannot fully engage and benefit from economic empowerment opportunities if their psychological needs (depression, sadness, trauma) are not addressed. Since then, psychosocial support is a core element of CARE's Women Leadership Strategy, also including topics such as self-esteem, self-confidence, public speaking skills,

negotiation skills, knowledge of one's rights (with a focus on a life free from violence). Under the WAYFIP, the Gates funded Digital Sub Wallets for Financial Empowerment of Women project uses an innovative approach to improving women's equitable influence over household financial decisions by utilizing mobile financial technology. Through this project, women are supported with mobile money sub-wallets that specifically target women's priorities and households are trained on financial planning models that target gender and intergenerational conflict resolution.

IMPACT

All projects:



1,214

New VSLAs
formed with



33,094 members
of which 70% are women

The Digital Sub-wallets for Financial Empowerment of Women project:

126 people set targets and saved
using the E-Wallets of which



61 are women



1,056

VSLA groups linked to
formal financial services

Amazing Grace

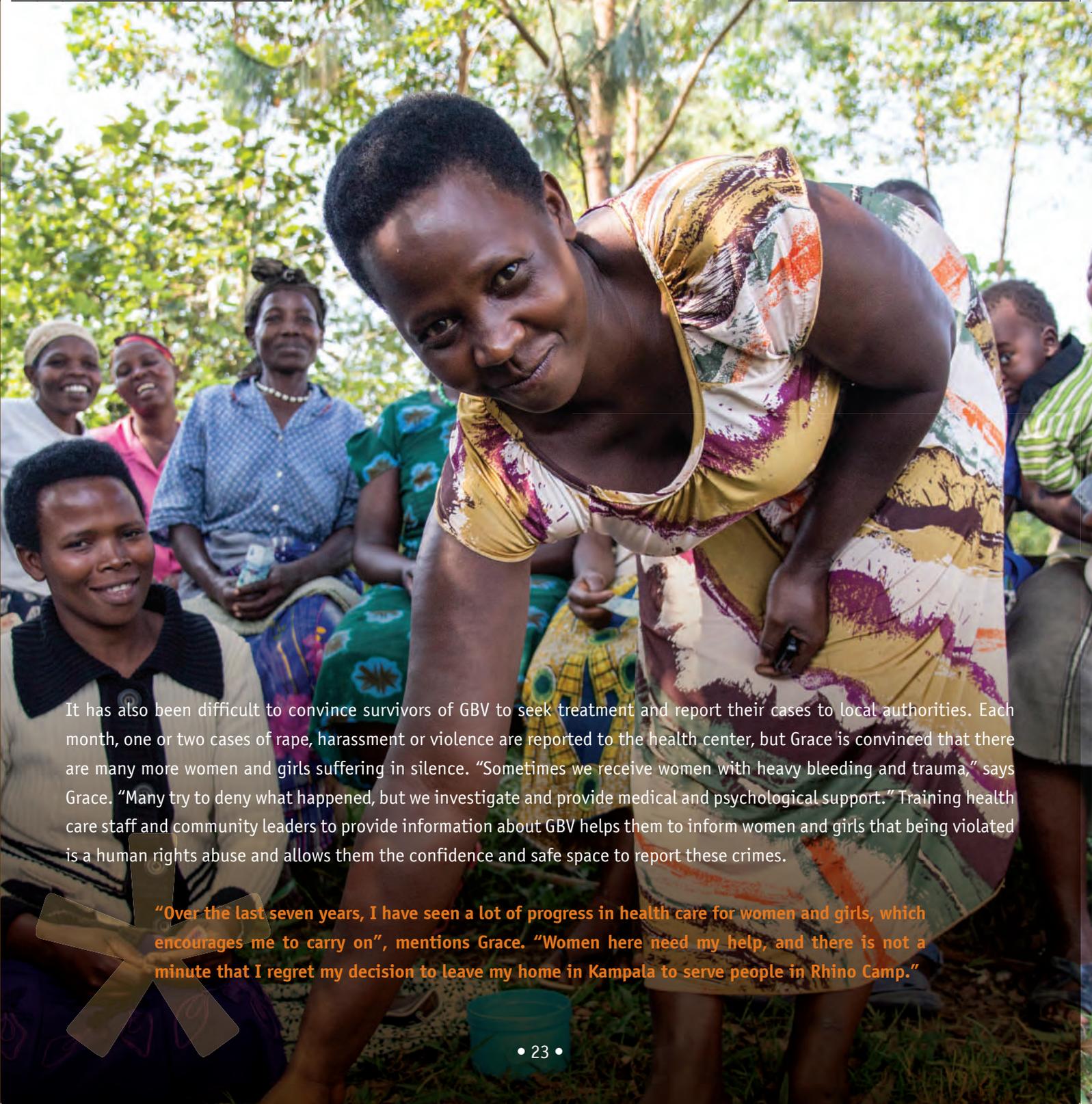
The sun is sweltering as hundreds of refugee women carrying children patiently wait for treatment outside of a health center in Northern Uganda. The door opens, and a middle-aged woman with curly hair and a compelling smile steps out. This is Grace, one of six midwives working in the maternity unit at the Ocea Health Centre in Rhino Camp, one of Uganda's largest refugee settlements. Grace is a mother of four who left her home in Kampala seven years ago to serve in Rhino Camp. Now, she provides care and support to South Sudanese women and girls who fled their war-torn home.

Since the start of the South Sudanese conflict three years ago, more than 80,000 people have sought refuge in Rhino Camp. The latest bout of violence in July 2016 is forcing up to 300 refugees, mostly women and girls in need of physical and psychological support, to flee to Rhino daily.

Grace can't count on her fingers the number of babies she has helped deliver or how many mothers' lives she has saved throughout her years at the maternity ward. Some stories she will never forget:

"A few years ago, a mother went into labor 25 kilometers away from the center. She had complications and was about to lose the baby, but her family had no money for treatment," tells Grace. "Desperate, she went into the bush to die. Miraculously, a friend found her and brought her to our health center and we transferred her to Arua hospital. Sadly, her baby passed away, but the mother survived."

Today, Grace and her colleagues can treat most difficult pregnancies on their own. "Since we participated in midwife training, there are less cases needing to be transferred to the regional hospital," explains Grace. "We also got new equipment, like vacuum aspiration sets, which help to treat miscarriages." But despite these lifesaving improvements, midwives and women still face many daily struggles, for instance, the long distances between the center and some homes and limited space to treat patients.



It has also been difficult to convince survivors of GBV to seek treatment and report their cases to local authorities. Each month, one or two cases of rape, harassment or violence are reported to the health center, but Grace is convinced that there are many more women and girls suffering in silence. “Sometimes we receive women with heavy bleeding and trauma,” says Grace. “Many try to deny what happened, but we investigate and provide medical and psychological support.” Training health care staff and community leaders to provide information about GBV helps them to inform women and girls that being violated is a human rights abuse and allows them the confidence and safe space to report these crimes.

“Over the last seven years, I have seen a lot of progress in health care for women and girls, which encourages me to carry on”, mentions Grace. “Women here need my help, and there is not a minute that I regret my decision to leave my home in Kampala to serve people in Rhino Camp.”





CARE's 10-year long effort in advocating for Uganda's National Gender Based Violence Policy

Background

In Uganda, Gender Based Violence (GBV) is pervasive and affects all members of society - regardless of economic situation, age or sex - but is particularly rampant among poor women and girls who have less knowledge of their rights and limited access to services, including few options to seek legal redress in a context of prevailing impunity. 56% of Ugandan women have experienced physical violence since age 15, and 28% have experienced sexual violence³. GBV is largely considered as normal, illustrated by the fact that 58% of women and 43% of men believe it is acceptable for a husband to hit or beat his wife for specific reasons⁴.

“Incidences of GBV in the country are mainly rooted in roles of men and women ascribed by society, with male dominance and female subordination leading to unequal power relations in families and the community”

(Uganda Demographic and Health Survey 2006)

GBV was declared a violation of human rights by the United Nations General assembly in its Declaration on the Elimination of All Forms of Violence against women in 1993. Uganda attempted to follow suit by strengthening its legal framework against GBV. As such, the Prohibition of Trafficking in Persons Act was passed in 2009, and the Elimination of Female Genital Mutilation Act as well as the Domestic Violence Act in 2010. Uganda has an action plan in place to address the United Nations Security Council Resolutions 1325 and 1820 and the Goma Declaration on Eradicating Sexual Violence and Ending Impunity in the Great Lakes Region, and is a signatory to key international treaties, including the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Kampala Declaration on Sexual and Gender Based Violence and the Maputo Protocol on the Rights of Women in Africa.

Despite all these efforts, the absence of a National GBV policy remained an apparent barrier to effectively addressing

³ Uganda Bureau of Statistics (UBOS) and ICF International Inc. 2012. Uganda Demographic and Health Survey 2011. Kampala, Uganda: UBOS and Calverton, Maryland: ICF International Inc.

⁴ Ibid.



GBV in Uganda, as funds could not be allocated for the implementation of the Domestic Violence Act and other relevant laws by the different key government sectors. Thus, Uganda embarked on the process of developing a GBV policy in 2006. Ten years later, on 17 August 2016, the National Policy on Elimination of Gender Based Violence for Uganda was finally passed after a decade-long concerted effort by civil society organizations, women's organizations, the media and government representatives.

While many different stakeholders were part of the journey leading to the National Policy on Elimination of Gender Based Violence, this brief aims at documenting CARE's contribution to this success. It presents the key milestones and initiatives undertaken by CARE in support of the development and adoption of the GBV policy in Uganda, as well as offers reflections on what has worked well and less well in this process and key learning that can inform similar future efforts by CARE and others.

The National GBV Policy

The National GBV Policy's objectives and strategic policy actions are focused on the advancement of human and women's rights. Its objectives are to:



REDUCE

the prevalence of Gender Based Violence and foster a zero tolerance environment.



PROMOTE

comprehensive care and support services to survivors of Gender Based Violence.



PROVIDE

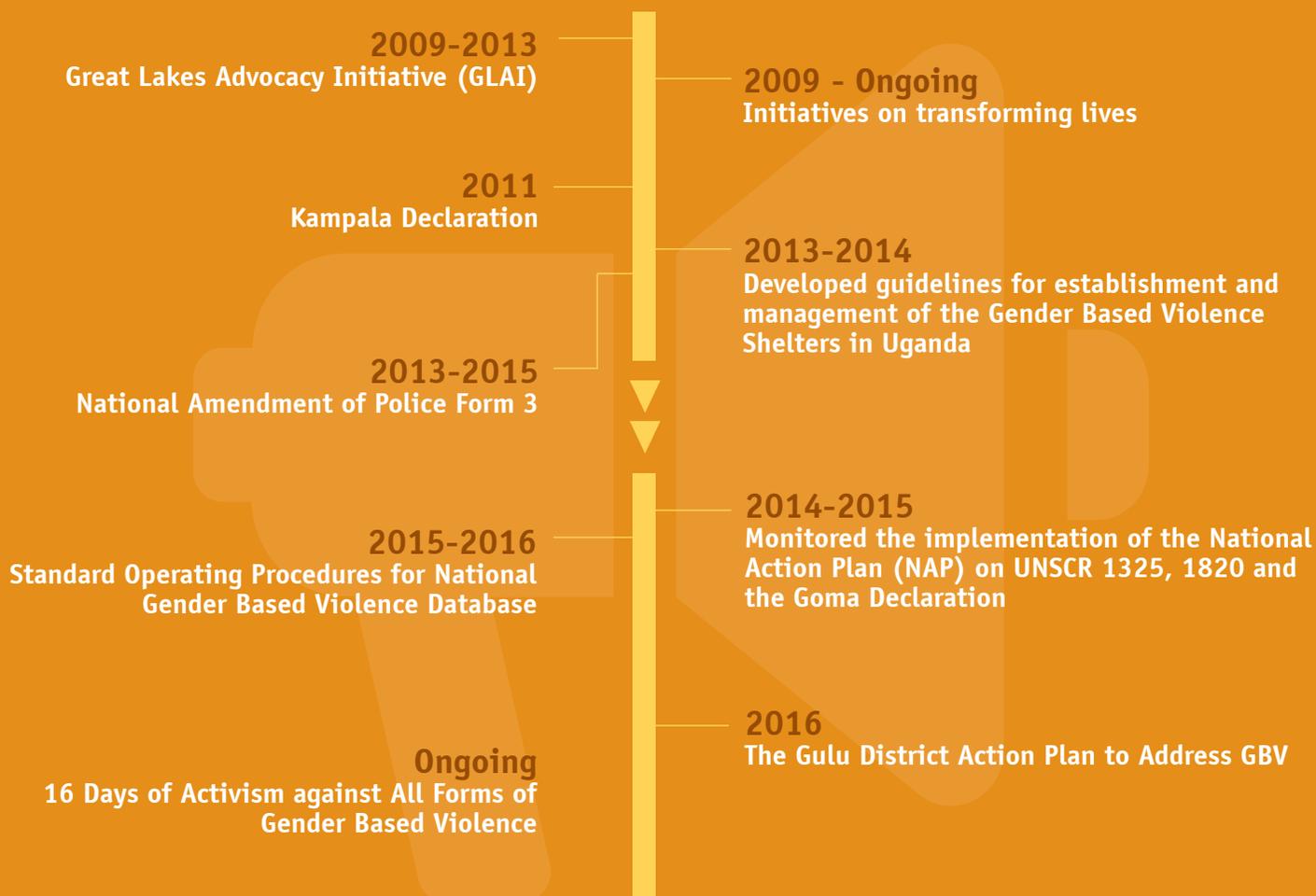
a framework for ensuring accountability and elimination of impunity for Gender Based Violence.

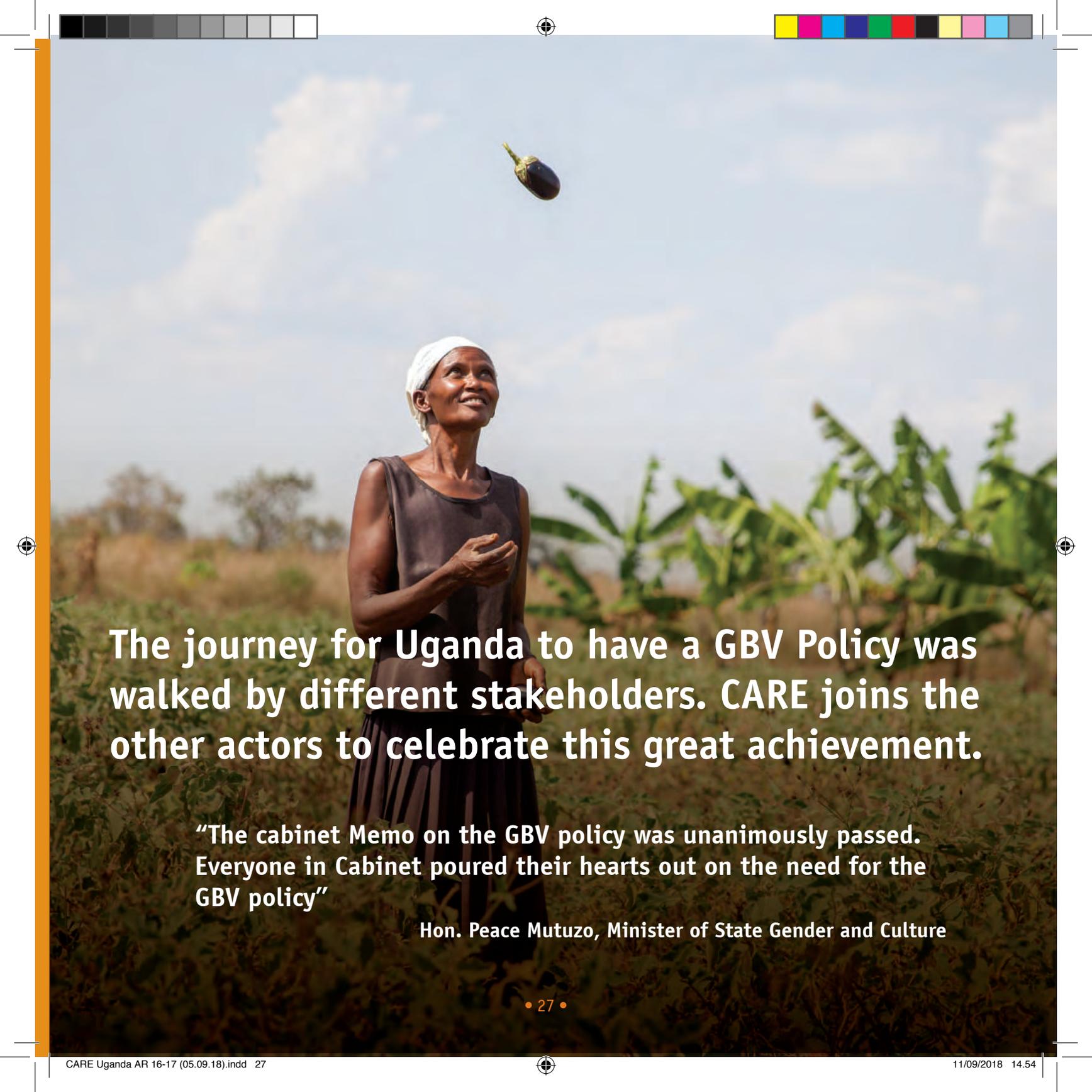
Further, the Policy prioritizes the following strategies:

- Strengthening coordination among Government institutions, CSOs and the Private Sector for GBV prevention and response;
- Sensitization on positive social norms and attitudes within communities;
- Promoting male involvement in prevention and response to GBV;
- Strengthening community-based prevention programs;
- Engaging the media in broadly disseminating key information about GBV prevention and response;
- Mainstreaming GBV issues in legislation, sectoral policies, programs and strategic plans.



Overview of CARE'S contribution to the GBV Policy adoption



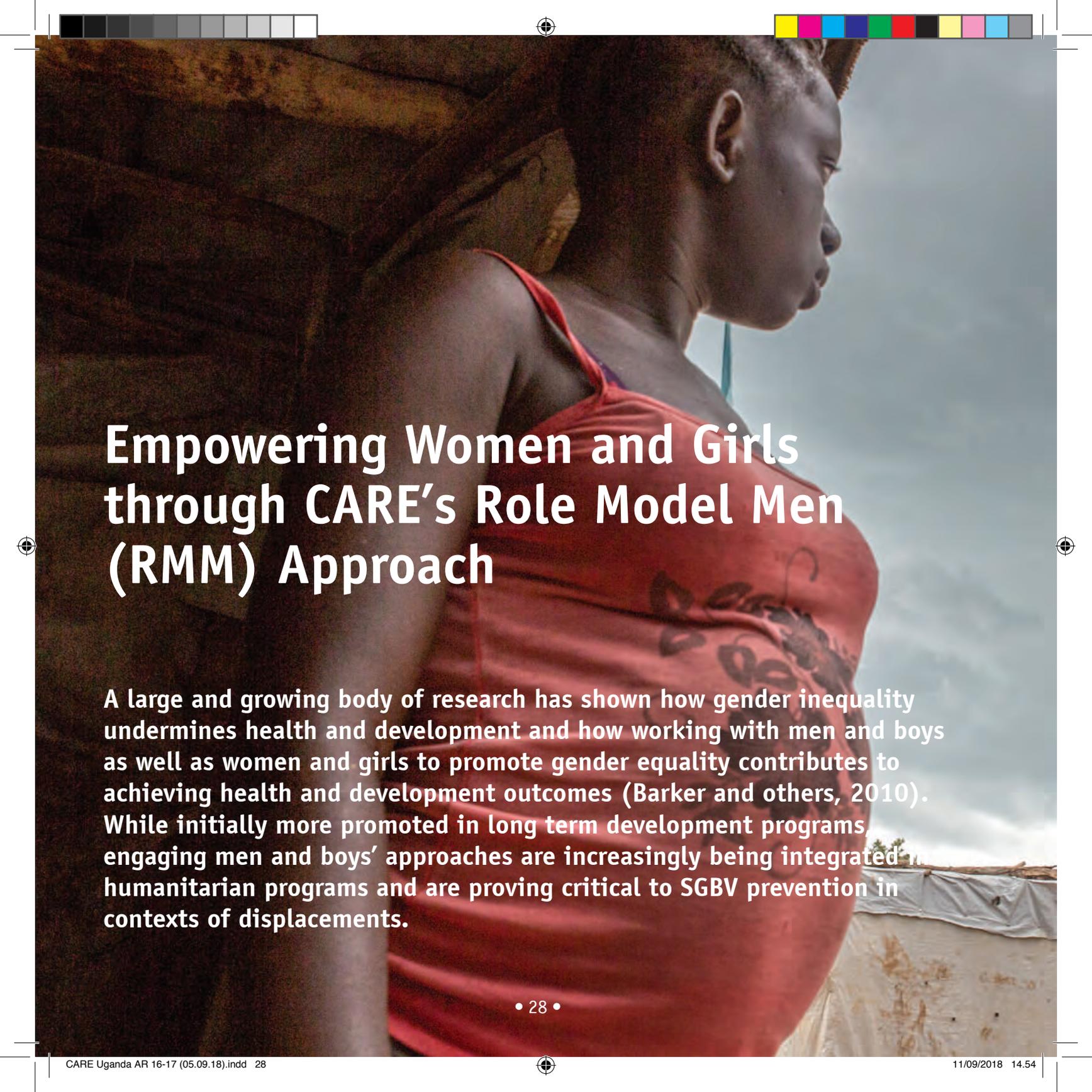
A woman wearing a white headwrap and a dark sleeveless top stands in a field of green plants. She is looking upwards with a smile, and a single eggplant is suspended in the air above her. The background shows a clear blue sky with some clouds and more greenery.

The journey for Uganda to have a GBV Policy was walked by different stakeholders. CARE joins the other actors to celebrate this great achievement.

“The cabinet Memo on the GBV policy was unanimously passed. Everyone in Cabinet poured their hearts out on the need for the GBV policy”

Hon. Peace Mutuzo, Minister of State Gender and Culture



A woman in a red tank top is shown in profile, looking towards the right. She is standing in front of a large, dark, textured wall. The background shows a cloudy sky and a white tarp. The image is framed by a dark border with registration marks and color bars at the top and bottom.

Empowering Women and Girls through CARE's Role Model Men (RMM) Approach

A large and growing body of research has shown how gender inequality undermines health and development and how working with men and boys as well as women and girls to promote gender equality contributes to achieving health and development outcomes (Barker and others, 2010). While initially more promoted in long term development programs, engaging men and boys' approaches are increasingly being integrated in humanitarian programs and are proving critical to SGBV prevention in contexts of displacements.

Our model works with men at three levels:

- 1. Men as clients:** this considers men's needs and encourages them to use different services, such as SRH (using condoms, Family Planning), HIV testing and counseling, counseling and psychosocial support; In the South Sudanese refugee context, more emphasis is put on psychosocial support which is also partly provided through the Role Model Men and CARE's GBV staff and volunteers.
- 2. Men as supportive partners:** this considers men as allies and resources in improving their own as well as women's well being, as a result of their engagement in a variety of areas – maternal health, family planning, neonatal care. In the South Sudanese refugee context, we have de-emphasized this level somewhat to prioritize 1 and 3, based on findings from various analysis and feedback from our teams.
- 3. Men as agents of change or "Role Model Men":** in the current refugee setting, this is the most intensive, critical but also most difficult to carry out because it expects men to make individual changes in an unsupportive environment and with a lot of uncertainties about the future. This involves supporting men with their own personal transformation (e.g. abandoning alcohol, managing frustrations without violence, sharing power, etc) and using their personal experience of change to support fellow men.





Impact



INDIVIDUAL AND PERSONAL LEVEL

- **Shifting views towards themselves (more self-esteem) and others (more respect and tolerance)**
- **Changing notions of masculinity**
- **Changing values toward gender equality**
- **Improved mental health, reduced levels of depression**



HOUSEHOLD AND INTIMATE RELATIONS

- **Household communication and mutual support**
- **Transforming dynamic of violence**
- **Changing household division of labor**



PEER AND COMMUNITY RELATIONS

- **Acting as counselors and educators within their communities**
- **Community organizing**
- **Reduces of risk of conflict with other male refugees and with hosting communities**

As the RMM approach primarily relies on behavior change, the 'Journeys of Transformation' of refugee RMM are still in early stages and, thus, the impact cannot yet be fully understood but testimonies from women and girls living with or nearby the RMM are very encouraging. Our experiences in

Northern Uganda have shown that, if the men are supported long-term, they will turn into real agents of change, leading to a reduction of SGBV, more joint decision-making between men and women in the household and, ultimately, increasing resilience of women and girls to shocks and disasters.





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refugee RMM have been trained. Reaching:

4,336

Men in Rhino Settlement

Lessons learnt and recommendations

Our experience adapting the NUWEP RMM model to the refugee context is promising and we have already learnt valuable lessons to further improve and adapt the model:

- Under NUWEP, RMM already reported losing friends (“Friends started avoiding my home lest I ‘infect’ their homes.”). However, the fear of losing support from other men and of being stigmatized is greater among refugees who have already lost many friends and family due to the conflict and subsequent displacement; Suspicion and jealousy over RMM’s intentions is a reality in the refugee setting, perhaps driven in part by the prevailing lack of trust due to the conflict in South Sudan. Hence, more attention from the onset to sensitizing the entire refugee community, and men in particular, on the rationale and objectives of the model is critical.
- The original model in NUWEP was linking RMM to men in ten households. This needs to be revisited in the refugee context. Many households are headed by women who are exposed to violent men outside their household, from both refugee and host communities. Instead of reaching to households, RMM will be supported to reach to other men organized in men groups.
- RMM or EMB models should as much as possible be linked or integrated in economic activities. Under NUWEP, CARE was able to enroll RMM and the men they reached in livelihood enhancing activities while working with them on their change process. In the emergency response, resources are more limited and CARE does not have its own livelihood initiatives. Yet, having economic activities to accompany the RMM approach provides an incentive for men’s participation as well as a “therapy” for depression and for rebuilding hope for the future. To compensate for the lack of economic activities, a stipend will be paid to RMM to cover opportunity costs for their volunteer work and opportunities for linkages with other livelihood programs are being identified;
- The short term funding cycles for emergency response are not conducive for models that work on long term behavior change. Longer term and more predictable funding, at least 18 months, is required to ensure a cohort of well-trained RMM can take the work forward independently;
- Though CARE is just starting to identify and train RMM within the hosting community, we believe that promoting collaboration on positive masculinity between refugee and host community men and boys can have a catalytic effect on reducing the risk of conflicts between the two communities.



Financial information

Project name	Donor Name	Project dates	Total Award Value in USD	FY 16 Expenditure in USD	FY 17 Expenditure in USD
WAYFIP					
Banking on Change (BOC) II	Barclays (CARE UK)	1 Jan 2013 to 31 Dec 2015	2,056,170	375,579.06	
Barclays Project link	Barclays (CARE UK)	4 May 2016 to 3 May 2017	332,932	8,638.18	267,587.08
Digitalized Financial services for the youth	Financial Sector Deepening Uganda	13 Aug 2013 to 30 April 2017	284,880	122,611.97	151,736.20
Digital Sub-wallets for increased Financial Empowerment of Women	Bill and Melinda Gates Foundation	19 Nov 2015 to 31 Dec 2019	798,062	63,240.16	170,768.32
Project for Financial Inclusion in Rural Areas- Eastern and North-Eastern Uganda (PROFIRA)	IFAD through Government of Uganda	5 Oct 2016 to 5 Sept 2019	1,225,000	15,739.28	483,020.98
Sustainable Response for Improving the Lives of Vulnerable Children and their Households (SCORE)	USAID through AVSI	13 April 2013 to 12 April 2016	8,198,880	1,065,554.66	
Project for Financial Inclusion in Rural Areas (PROFIRA) - West Nile	IFAD through Government of Uganda	Nov 2016 – Oct 2019	291,168	FY 17	52,467.58
NUWEP					
Women Economic Empowerment (WEP) III	ADA (CARE Austria)	1 Jan 2013 to 31 Dec 2015	1,118,440	286,515.03	
Sexual Reproductive Maternal Child Health initiative (SRMCH)	ADA (CARE Austria)	1 Sept 2014 to 31 Aug 2017	351,107.61	89,044.64	134,892.98
Policy Dialogue	ADA (CARE Austria)	1 Dec 2014 to 30 Nov 2016	38,460	10,599.95	
Northern Uganda War affected Youth Livelihood Enhancement Initiative (NUWY-LEI)-Thune Foundation	Thune Foundation (CARE Denmark)	1 July 2012 to 31 Dec 2015	76,934	18,936.26	
Northern Uganda War affected Youth Livelihood Enhancement Initiative (NUWYLEI) -Telethon Foundation	Telethon Foundation (CARE Denmark)	1 July 2012 to 31 Dec 2015	57,346	25,196.18	
Learning for Change	ADA (CARE Austria)	1 April 2016 to 31 March 2019	1,028,000	43,619.36	244,059.20



Project name	Donor Name	Project dates	Total Award Value in USD	FY 16 Expenditure in USD	FY 17 Expenditure in USD
Gender Equality and Women Empowerment (GEWEP), Phase II	NORAD (CARE Norway)	1 March 2016 to 30 April 2017	354,086	28,134.47	326,826.42
Gender Equality and Women Empowerment (GEWEP), Phase I	NORAD (CARE Norway)	1 Jan 2014 to 28 Feb 2016	1,151,780	216,768.60	
Strengthening Multisectoral Approach to Gender Based Violence (SGBV)	UNFPA Uganda	1 Jan 2016 to 31 Dec 2016	252,941	132,946.28	
Partners For Resilience (PFR), Phase I	Dutch MOFA (CARE Netherlands)	1 Jan 2011 to 31 Dec 2015	819,471	76,042.00	
Strengthening Multisectoral Approach to Gender Based Violence (SGBV) – long-term component	UNFPA	1 Jan 2017 to 31 Dec 2017	160,000	FY 17	339,386.29
WENG					
Forest Resources Sector Transparency (FOREST)	DANIDA through CARE Denmark	1 April 2013 to 31 Dec 2017	3,781,280	630,381.27	596,077.34
Safe Water Uganda	Emory University / General Electric Foundation	1 April 2016 to 31 Sept 2017	142,779	3,553.79	80,489.67
Partners For Resilience (PFR), Phase II	Dutch MOFA (CARE Netherlands)	1 Jan 2016 to 31 Dec 2020	894,756	46,413.38	87,239.43
HUMANITARIAN					
Shelter and better hygiene for South Sudanese refugees	Czech Republic MOFA (CARE Czech Republic)	1 May 2015 to 30 Nov 2015	81,222.2	75,978.12	
Better Living Conditions for Refugees from South Sudan in Rhino Camp	Czech Republic MOFA (CARE Czech Republic)	1 Jan 2016 to 31 Dec 2016	89,791	4,441.12	
Strengthening Multisectoral Approach to Gender Based Violence (SGBV) -Humanitarian component	UNFPA Uganda	1 Jan 2016 to 31 Dec 2016	147,000	207,408.15	



Financial information continued

Project name	Donor Name	Project dates	Total Award Value in USD	FY 16 Expenditure in USD	FY 17 Expenditure in USD
Strengthening Multisectoral Approach to Gender Based Violence (SGBV) -Humanitarian component	UNFPA Uganda	1 Jan 2017 to 31 Dec 2017	137,000	FY 17	154,593.97
SAFPAC	Anonymous Donor	1 Jan 2017 to 31 Dec 2017	150,000	FY 17	5,743.64
Emergency Aid for Refugees from South Sudan in Rhino and Imvepi Camps in Uganda	Czech Republic MOFA / CARE Czech Republic	1 March 2017 to 31 Nov 2017	150,000	FY 17	5,119.69
Integrated WASH, Shelter and Protection Response to Newly Arrived South Sudan Refugees and Host Communities in Yumbe (Bidibidi) and Arua (Rhino Camp and Imvepi) Districts of Uganda	ECHO through Oxfam / CARE UK	1 April 2017 to 30 September 2018	2,358,200	FY 17	121,820.50
Multi Sectoral Assistance to South Sudanese Refugees and Host Communities in West Nile (Bidibidi, Palorinya and Rhino Camps)	ECHO through Mercy Corps / CARE UK	15 May 2017 to 14 August 2018	986,977	FY 17	No Expenditure
GRAND TOTAL:				3,547,341.91	3,221,829.15

Administrative costs charged to above grants and included above	568,121.00	508,967
% of administrative costs charged to above grants and included above	16.0%	12.95%
Expenditure from unrestricted resources (for proposal development, research, learning & program quality events, shared project costs not attributable to grants, emergency preparedness, attending regional & global events of CARE International)	416,965.01	716,744
Administrative costs charged to unrestricted resources and included above	129,748.00	129,256
% of administrative costs charged to unrestricted resources	31.12%	18%
Total expenditure (from unrestricted and restricted grants)	3,964,306.92	3,938,573.14
% of administrative costs versus total expenditure	18%	13%

Donors

DONORS

Austrian Development Agency (ADA)

Danish Telethon

Thune Foundation

Norwegian Agency for Development Cooperation (NORAD)

United Nations Population Fund (UNFPA) Uganda

Dutch Ministry of Foreign Affairs (MOFA)

Danish International Development Agency (DANIDA)

Czech Republic Ministry of Foreign Affairs (MOFA)

European Civil Protection and Humanitarian Aid Operations (ECHO)

United States Agency for International Development (USAID)

International Fund for Agricultural Development (IFAD)

Bill and Melinda Gates Foundation

Barclays

Emory University

General Electric Foundation

Financial Sector Deepening Uganda

FUNDING PARTNERS

Government of Uganda

Association of Volunteers in International Service (AVSI)

Oxfam

Mercy Corps

Horizont 3000

CARE MEMBER PARTNERS

CARE Austria

CARE Czech Republic

CARE Denmark

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CARE USA



CARE works with poor communities in developing countries to end extreme poverty and injustice.

In Uganda, we focus on women and girls and addressing the root causes of Gender Based Violence through access to Sexual and Reproductive Health Services, including GBV services, economic empowerment and leadership of women and girls as well as policy advocacy.

We work across the continuum of aid and deliver both long term development as well as humanitarian interventions. We have 70 years' experience in successfully fighting poverty and gender inequality, and have helped change the lives of over 65 million people around the world, of whom 817,373 in Uganda during financial years 2016 and 2017.

CARE International in Uganda

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