

# DRAFT PROTECTION CLUSTER STRATEGY - 2008

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# PROTECTION CLUSTER STRATEGY - 2008

## 1. Background

The operationalisation of this strategy implies further development of the inter-cluster coordination mechanism necessary, *inter alia*, to provide response actions and to avoid overlapping and duplication of efforts.

Part of the concerns identified in this strategy are included in the Peace Recovery and Development Plan (PRDP) for Northern Uganda (2007-2010). All the activities of the Protection Cluster will therefore be implemented within the framework of the PRDP.

## 2. Scope

The present strategy pertains to the protection of the populations in conflict affected or insecure parts of Uganda

## 3. Legal, Policy and Operational Framework

- International human rights and humanitarian law
- UN's Guiding Principles on Internal Displacement
- National IDP Policy
- OVC National Policy, Good principles for Working with Formerly Abducted and Other Vulnerable War Affected Children in Uganda,
- National legislation (Constitution, Children's Act, penal code art 125&129 etc.)
- Inter-agency guidelines and operational plans:
  - IASC guidance note on using the cluster approach
  - IASC Guidelines for Gender-Based Violence in Humanitarian Settings
  - 2007 CHAP and CAP
  - Interagency framework for separated and unaccompanied children
  - Global IASC Protection Cluster Working Group reports
  - GBV Sub-Cluster programme guidelines for Acholi, Lango and Teso
- WHO Clinical Management of Survivors of Rape
- Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse, 2003
- Ethical, Methodological and Safety Guidelines for Research, Monitoring and Documentation of Sexual Violence in Emergencies (in publication)
- Peace, Recovery and Development Plan (PRDP) for Northern Uganda (2007-2010)
- District Development Plans

## 4. Situation Analysis and Assessment

After a period of uncertainty at the beginning of 2007, the Juba peace talks continued, with an agreement on Agenda Item 3 (accountability and reconciliation) which was achieved prior to the talks'adjournment at the end of June for the consultations on implementation mechanisms. Initial

results of the consultations indicate that victims have called for both the LRA and government forces to be held accountable for crimes committed, but expressed widespread support for amnesty for less responsible offenders. Reconciliation is viewed by most as relying upon prior public acknowledgements (truth) and reparation (compensation) and will need to involve local, especially religious and traditional, leaders. Popular consultations have also revealed the possible need for establishing a truth and reconciliation commission and addressing the victims' rights to compensation and reparations.

The tripartite agreement between the Governments of Uganda, Rwanda and the Democratic Republic of the Congo not to support armed rebel movements on any of their territories and the Pact on Security, Stability and Development in the Great Lakes Region, signed on 15 December 2006 in Nairobi by the Governments of Angola, Burundi, Central African Republic, Democratic Republic of the Congo, Kenya, Republic of Congo, Rwanda, Sudan, Tanzania, Uganda and Zambia, have been viewed as stabilising factors. However, recent tensions in eastern Democratic Republic of the Congo and their possible regional spill-over effect have raised concerns. Additional regional tensions have been heightened by the discovery of oil reserves in the border area of Lake Albert and the subsequent border dispute between the Governments of Uganda and the Democratic Republic of the Congo. Concern has been raised by the influx of Kenyans in the Mount Elgon area associated with the approaching elections, the expulsion of Ugandans from Tanzania, and the withdrawal of the Sudan People's Liberation Army/Movement (SPLA/M) from the unity government in Khartoum.

The launch of the Peace, Recovery and Development Plan (PRDP) for Northern Uganda, with its potential for increased social sector funding, and the Poverty Eradication Action Plan (PEAP) represent elements of hope. In 2007, Burundi and Rwanda successfully joined the East African Community.

#### **Human Rights**

Improvement in the human rights situation in 2007 was observed in northern and north-eastern Uganda, as well as in Karamoja, with the progressive return of law enforcement officials and judicial personnel contributing to the restoration of civilian rule of law. Housing, land and property rights emerged as issues of concern as increasing numbers of persons accessed their land, with disputes occurring at individual, family and clan levels. Additional challenges have emerged in ensuring the rights of the most vulnerable groups, such as single women, female- and child-headed households orphans and unaccompanied children, persons with disabilities, as well as older persons. Access to justice for survivors of gender-based violence remains a significant challenge. In Karamoja, human rights monitoring of disarmament operations will continue; however, the continued lack of systematic action taken by the UPDF to eliminate impunity and to hold members of the armed forces accountable for alleged human rights violations remains a source of concern. There is also a need for a more effective civilian law enforcement response to the activities of illegally-armed Karimojong.

#### **Security and Access**

On the security front, access in northern Uganda (particularly in Acholi and Lango) continues to improve. The only organisation continuing to use military escorts in northern Uganda is the World Food Programme (WFP) for their food distributions. However, all United Nations agencies continue to be required to use military escorts in Karamoja, where an estimated 65% of all security incidents reported countrywide occurred. However, the recruitment, training and deployment of Special Police Constables and ASTUs has helped to improve security in Acholi and Teso, although concerns as to the disarmament, demobilisation and reintegration of local militias, proliferation of small arms and activities of criminal elements (known locally as *boo kec*) remain.

#### **Population movement**

Overall the population is leaving the camps but the movement is more important in certain districts. Official limitations to Freedom of Movement are still imposed in Lamwo County – Kitgum. In Lango only one camp has remained while the 99% of the population has returned to their villages

of origin. In Acholi the movement out of camps is more important in Pader . In Teso the return process has started both in Amuria and Katakwi Districts.

## **5. Definition of Scenarios**

In consultation with the humanitarian community and based on Inter-Agency Standing Committee (IASC) and cluster discussions on the current trends and the status of the social sectors, the IASC-Uganda members have developed the following scenarios:

### **Most Likely Scenario**

#### **Core Assumptions**

The Juba peace talks between the Government and LRA continue and/or conclude and the cessation of hostilities continues to hold, leading to an increasing trend of return and resettlement in northern Uganda. Some internally displaced persons, particularly extremely vulnerable individuals, are expected to remain in the camps throughout 2008 or longer, resulting in the need to continue activities in all three location types – namely, camps, transit sites and villages of origin. Incomplete demobilisation of the LDUs and auxiliary forces and continued weak law enforcement mechanisms are expected to lead to continued increased criminal activities in return areas. Continued deployment of ASTUs in frontline sub-counties should result in fewer Karimojong raiding activities, although incidents may be expected to continue, as may out-migration of Karimojong. Increased population in return areas will demand increased provision of basic social services. However, continued inadequate social service infrastructure and civilian staffing, including high levels of absenteeism, lack of hazard incentives and other governmental financial supports, as well as a failure to fully resume sub-county and parish-level administration despite strengthened local governance structures, will mean continued poverty and above-average levels of malnutrition and mortality for the population in return areas. Access to land may be expected to increase as a result of the returns, so may reports of UXO-related incidents, disputes over land rights and re-emergence of controlled, but neglected, diseases. Increased agricultural support to returning households will be needed to ensure food security. Recovery and development work will increasingly be programmatically linked to the PRDP. However, given the lack of a clearly defined funding mechanism for the PRDP, some recovery projects will be included within the CAP, increasing the total requirements in 2008 above 2007. Nevertheless, humanitarian funding is expected to decrease, signalling the anticipated shift to a recovery and development paradigm in 2009. Persisting weak civil judicial and protection mechanisms are expected, while reports of human rights abuses, including child rights violations and gender-based violence may increase as the mechanisms are strengthened. Continued vulnerability to new hydro-meteorological and geo-tectonic events, as well as the longer-term effects of the 2007 flooding in eastern Uganda will have humanitarian impacts on the population, requiring increased capacity for rapid response to new emergencies and disaster preparedness. Sustained instability in eastern Democratic Republic of the Congo is likely to lead to new influxes of refugees, while the slow pace of socio-economic recovery in Southern Sudan should be conducive to an expansion of livelihood opportunities and basic services, allowing for the repatriation of up to 50,000 refugees.

**Triggers** for this scenario include support for the continuation of the Juba peace talks and the cantonment of LRA cadres outside of northern Uganda; partial demobilisation of the LDUs and auxiliary forces; continued deployment of ASTUs and maintenance of the current UPDF strategy towards sometimes-forced disarmament in Karamoja; implementation of the PRDP; occurrence of new hydro-meteorological and/or geo-tectonic events; continued tensions in eastern Democratic Republic of the Congo; and continued implementation of the CPA in Sudan.

**Humanitarian Consequences** of the most likely scenario include the need to continue support for the transition to recovery and development. This involves strengthened implementation of the Parish Approach to the delivery of humanitarian assistance, while phasing out site-specific aid delivery in camps and sharpening the focus of emergency assistance on extremely vulnerable individuals. The clusters should anticipate a decreasing caseload of beneficiaries of emergency programmes across the Acholi, Lango and Teso sub-regions and an increasing caseload of

beneficiaries of early recovery programmes. Extremely vulnerable individuals and those subjected to external or climatic shocks will require traditional emergency assistance. The focus in Karamoja should be on strengthening and diversifying livelihoods. Increased investment of national financial and human resources in Acholi, Lango and Teso sub-regions will be required to ensure basic service provision for returnees, while humanitarian activities should shift to supporting the rehabilitation and maintenance of existing structures in return areas and responding to new emergency needs. Protection monitoring and reporting mechanisms will continue to work in support of the weak – but growing – government capacity for civil administration and law enforcement. Increased access to basic services in return areas should result in decreasing cases of family separation. The level of emergency funding will decrease as donors and the Government focus increasingly on recovery and development activities in parishes and villages of return.

On the basis of the most likely scenario, the clusters have agreed to plan for the following caseload:

**In Lango sub-region**, the return is expected to be completed by the end of 2007; however, recovery for the 466,000 formerly displaced persons will remain problematic in 2008.

**In Acholi sub-region**, approximately 380,000 IDPs will complete their return in 2008, while 490,000 will be in transit sites, and approximately 220,000, including extremely vulnerable individuals and original residents, will remain in the camps as they are closed and/or rehabilitated into what they were prior to the conflict, i.e. villages, trading centres, central administrative areas.

**In Teso sub-region**, approximately 53,000 current IDPs will complete their return by the end of 2008, while 53,000 will be in transit and 26,000, including extremely vulnerable individuals and original residents, will remain in camps as they are closed and/or rehabilitated into what they were prior to the conflict, i.e. villages, trading centres, central administrative areas.

**In Karamoja**, the continued effects of extreme poverty, climatic hazards, insecurity resulting from small arms and light weapons proliferation, livestock rustling and raiding activities and human rights abuses associated with forced disarmament will require continued advocacy for protection, as well as assistance for more than half a million people.

**For refugees in Uganda** it is expected that some 50,000 Sudanese and 4,000 Congolese refugees may repatriate during the course of 2008. However, continued insecurity in eastern Democratic Republic of Congo could provoke renewed influxes of Congolese. Overall, the refugee population in Uganda is expected to decrease.

## **Best Case Scenario**

### **Core Assumptions**

The Juba peace talks conclude successfully, prompting full return of internally displaced persons in northern Uganda to their villages of origin and closure or collaborative rehabilitation of former camps to what they were prior to the conflict, i.e. villages, trading centres, central administrative areas. The provisions of the peace agreements are implemented successfully, including those for disarmament, demobilisation and reintegration (DDR) of all armed elements associated with the LRA, LDUs and other auxiliary forces and for relevant transitional justice mechanisms. Greater balance between disarmament and development initiatives in the Karamoja sub-region and the effective deployment of ASTUs throughout frontline districts and within Karamoja sub-region helps to increase security throughout northern Uganda. Significant improvement in the human rights situation is achieved by the restoration of civilian law and order mechanisms, including increased investment in staffing and the return of civilian personnel, such as civilian security, social service and judicial personnel. Increased economic investment by the Government and commercial activity across northern Uganda decreases poverty and vulnerability, and investment in staffing and the return of education and health care staff to

their duty posts leads to enhanced access to basic social services. Effective prevention decreases the incidence of HIV infection. Favourable climatic and geo-tectonic conditions predominate. Improved relations with and between neighbouring states, including the Democratic Republic of the Congo, Kenya, Rwanda and Sudan, result in a decrease in refugees and asylum seekers in Uganda.

**Triggers** for this scenario would include the conclusion of peace talks between the Government of Uganda and the LRA; implementation of the peace agreement, including issues related to accountability and reconciliation and DDR of LRA, LDUs and other auxiliary forces; systematic implementation of the PRDP for northern Uganda; cessation of forced disarmament operations (including cordon-and-search operations) in the Karamoja sub-region; improved positioning of local governance structures to make better use of conditional grants; resolution of territorial ambiguities and continuing regional engagement to oppose the operation of illegally-armed elements in neighbouring states; consolidation of peace and recovery in Sudan; holding of peaceful elections in Kenya; resolution of the internal tension in eastern Democratic Republic of the Congo; and introduction of cessation clauses for the voluntary repatriation of Rwandans.

## **Worst Case Scenario**

### **Core Assumptions**

The LRA and UPDF resume hostilities, with an attendant increase in human rights violations, leading to a mass return of the civilian population to the camps and flight of civilian personnel and services to safe areas. Redeployment of the UPDF to northern Uganda results in increased violence in Karamoja and frontline districts of northern Uganda due to lower UPDF presence and resumed activity by LDUs and other auxiliary forces. Human rights violations against the civilian population increase. Lack of economic investment in northern Uganda and/or lack of return on investment in the CHOGM negatively impacts social sector budgets. Lack of accurate information about prevention leads to increased HIV incidence, while disruption in the supply of antiretroviral (ARV) drugs leads to growing resistance among HIV patients. Neglect of human and animal health care systems leads to epidemic incidence of neglected or previously controlled tropical diseases. Predominantly intemperate weather patterns provoke either flooding, drought or both and/or severe geo-tectonic activity occurs, worsening the humanitarian situation in affected areas. Out-migration of Karimojong increases, primarily among women, children and other vulnerable individuals, leading to increased human rights abuses, including forced repatriations. Deteriorating relations with neighbouring states lead to accelerated forced return of Ugandans. Increased instability in regions bordering Uganda, including eastern Democratic Republic of the Congo, the Mount Elgon region of Kenya, and/or Southern Sudan leads to influxes of refugees and asylum seekers. Open conflict between Uganda and neighbouring states erupts over disputed territory and/or activities by illegally-armed forces based across the border in neighbouring countries resume.

**Triggers** for this scenario would include failure of the Juba peace talks and resumption of open conflict between the UPDF and LRA in northern Uganda, the Democratic Republic of the Congo and Sudan; redeployment of UPDF from Karamoja to northern Uganda and resumption of LDU and other auxiliary forces' activities; failure of CHOGM to return on economic investment; severe hydro-meteorological or geo-tectonic activity in Uganda and/or the region; continued insecurity in eastern Democratic Republic of the Congo, failure of the Comprehensive Peace Agreement (CPA) in Sudan and/or increased tension in western Kenya; breakdown in negotiations between Uganda and neighbouring states over disputed territory.

## **5. Goal**

To ensure the protection of the population in conflict-affected and insecure areas of Uganda.

## 6. Objectives by Sub Region

### 6.1. ACHOLI

Protection concerns	Protection Objectives	Priority Interventions
		<i>Cross cutting intervention:</i>
<b>PROTECTION</b>		
1.1 Forced eviction 1.2 Inadequate livelihood 1.3 Inadequate mine action 1.4 Inter or intra community or conflict 1.5 Inadequate land dispute resolution mechanisms 1.6 Lack of basic services to support the process of return and resettlement 1.7 Uncertainty of the outcome of the peace talks 1.8 Inadequate access to justice and civilian law enforcement 1.9 Transition from military to civilian law enforcement 1.10 Difficulties for PSN/EVIs to find durable solutions 1.11 Inadequate information to make a free and informed decisions 1.12 Lack of clarity on the structure and leadership governing the transition from emergency to recovery 1.13 Insufficient shelter materials to support the process of return and resettlement (bush fires) 1.14 Security concern in Eastern part of Acholi region (Karamoja/South Sudanese - Langi) 1.15 Inadequate communication among stakeholders 1.16 Inadequate implementation of reintegration programme of former combatants and UPDF auxiliary	1. To Support the creation of a protective environment for informed, voluntary and sustainable return, local integration or settlement in another part of the country, in safety and dignity	1.1 Baseline data gathering and monitoring 1.2 Advocacy for service delivery and referral to other clusters and government and donors 1.3 Mass information campaigns 1.4 Advocacy for peaceful resolution of the conflict 1.5 Strengthening/building capacity of traditional and formal justice system 1.6 Support to PSN/EVIs for achieving durable solutions 1.7 Strengthening/support to local council/government 1.8 Advocacy for Freedom of Movement 1.9 Advocacy for disarmament of auxiliary forces 1.10 Advocacy for the government to come up with clear guidelines to solve land disputes between IDPs and land owners 1.11 Establishment of legal counselling mechanisms 1.12 Advocacy for mine action 1.13 Advocacy for livelihood activities 1.14 To establish a referral system and feedback

<p>forces</p> <p>1.17 Proliferation of small arms</p> <p>1.18 Shifting from Camp leaders structure to local administration system</p> <ul style="list-style-type: none"> <li>• Population registration</li> <li>• Referral system</li> <li>• Governing system</li> </ul> <p>2.1 Inadequate understanding of the Rights Based Approach by stakeholders</p> <p>2.2 Inadequate support for Rights Based Approach</p> <p>2.3 Appropriate channeling of available resources</p> <p>2.4 Inadequate flexibility in operations and programmes</p> <p>2.5 Inadequate information sharing between stakeholders</p>	<p>2. To Ensure the implementation of human rights based approach and uphold human rights standards in programming and activities</p>	<p>2.1 Trainings on HR Based Approach for stakeholders</p> <p>2.2 Roll out of participatory approach (inclusive of Age Gender and Diversity Mainstreaming) at all levels, with different topics and thematic focus groups</p> <p>2.3 To ensure flexibility in implementation of programmes</p> <p>2.4 Advocacy for the implementation of already existing national standards for services delivery</p> <p>2.5 Monitoring and Evaluation of programmes and activities</p>
<b>CHILD PROTECTION</b>		
<p>3.1 Vulnerable children: e.g. high dropout rates in school, abusive families, exploitation...</p> <p>3.2 Children left behind in the return process</p>	<p>3. To expand and strengthen local government and community based structures and mechanisms to address child protection issues and concerns</p>	<p>3.1.1 identification – develop identification criteria</p> <p>3.1.2 Provision of direct services to reduce their vulnerability (psychosocial support, FTR)</p> <p>3.1.3 Community sensitization on issues affecting children</p> <p>3.1.4 Referral (livelihood, NFI distribution, education ...)</p> <p>3.1.5 Develop effective referral system for service provision</p> <p>3.1.6 Support vulnerable families for livelihood and IGA</p> <p>3.1.7 Develop guidelines for livelihood</p> <p>3.1.8 Assessment of reasons for school drop out</p> <p>3.1.9 Go Back to School campaigns</p> <p>3.2.1 Community sensitization on risks of child separation to both parents and children</p> <p>3.2.2 Advocacy with other services providers and clusters</p>

<p>3.3 children in conflict with the law</p> <p>3.4 Early and forced marriages</p> <p>3.5 Child trafficking and child labor</p> <p>3.6 Mentally and physically disabled children (children with specific needs)</p> <p>3.7 Successful reintegration of Formerly abducted children/sexually abused children/children born in captivity</p> <p>3.8 Street children</p> <p>3.9 1612 – child soldier recruitment in armed forces, sexually abused and exploited children.</p> <p>3.10 Low staffing especially female staff</p> <p>3.11 Capacity in low for existing staff, especially in child protection in terms of knowledge and training</p> <p>3.12 Limited facilities for service provision for children</p> <p>3.13 Local structures (LCs, SC chiefs) inadequate training and knowledge, thus</p>		<p>3.2.3 Empower children with copying mechanisms</p> <p>3.2.4 Use of community structures to monitor the wellbeing of children</p> <p>3.3.1 Sensitization of children and youth on juvenile law</p> <p>3.3.2 Support the LC court system to function effectively (minor crimes)</p> <p>3.3.3 Regular training for police especially the Special Police Constables on juvenile law</p> <p>3.3.4 Establish, train and support community based structures to rehabilitate children in conflict with the law.</p> <p>3.3.5 Facilitation and support of the reunification and follow up of children in conflict with the law (probation Officer)</p> <p>3.4.1 Community dialogue or sensitization for girls, parents on the dangers of early marriage.'</p> <p>3.4.2 Birth registration should be strengthened</p> <p>3.4.3 Sensitization on the law of marriage and reporting</p> <p>3.4.4 Advocate for the enforcement of child rights to education</p> <p>3.4.5 Livelihood support for vulnerable households</p> <p>3.5.1 Assessment identification of children</p> <p>3.5.2 Sensitization on the dangers of child trafficking and child labour</p> <p>3.5.3 Advocate for alternative livelihood support for the families</p> <p>3.6.1 Identification</p> <p>3.6.2 Sensitization on acceptance and support</p> <p>3.6.3 Referral for specialized services (home based care)</p> <p>3.7.1 Follow up on affected children to identify their needs</p> <p>3.7.2 Mass psychosocial/support to child families and the community</p> <p>3.7.3 Provide/refer for livelihood support</p> <p>3.8.1 Identification and assessment for reasons on street</p> <p>3.8.2 Psychosocial support</p> <p>3.8.3 FTR/Alternative placement</p> <p>3.8.4 Reintegration support (education, livelihood, vocation skills)</p> <p>3.9.1 Training of the armed forces on child rights issues</p> <p>3.9.2 Monitoring, reporting and follow up</p> <p>3.10.1 Advocate with the local government for the recruitment of staff especially female and support their deployment (CDOs, teachers, police, PO, health staff etc)</p> <p>3.11.1 Provide targeted training and support for functionality</p> <p>3.12.1 Advocate with district leaders for improved facilities for their staff</p> <p>3.12.2 Advocate/support for the functionality of district and sub-county CFPUs</p> <p>3.13.1 Regular sensitization &amp; training on child rights/protection</p> <p>3.13.2 Support the LC system in enhancing their roles (juvenile justice, birth</p>
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<p>compromise instead of protecting children</p> <p>3.14 lack of minimum standards and its usage at all levels ( harmonized training, incentives )</p> <p>3.15 No effective coordination and supervision (CDOs)</p> <p>3.16 Lack of clear and effective referral Pathways</p> <p>3.17 Domestic violence</p> <p>3.18 Transitional justice</p>		<p>registration, etc)</p> <p>3.14.1 Develop and roll out minimum standards (establishment, roles, responsibilities, support and training)</p> <p>3.15.1 Strengthen CDOs for effective supervision and coordination of community structures</p> <p>3.15.2 Identification of lead agencies to support CDOs</p> <p>3.16.1 Develop useable NGO and Government service providers referral documents/systems</p> <p>3.16.2 Effective linkages/network</p> <p>3.16.3 Follow up with service providers on referred cases</p> <p>3.18.1 Gather views of children (participation of children in the transitional justice system), AGDM</p> <p>3.18.2 Follow up activities</p>
<b>GBV</b>		
<p><b><u>Inadequate access to safety/ security</u></b></p> <p>4.1 Abuse of power by some security personnel - Police/ UPDF/ ASTU LDUs (e.g. incidents of police as perpetrators)</p> <p>4.2 Inadequate community confidence in security personnel</p> <p>4.3 Limited respect for code of conduct/ corruption within police – demand for money in exchange for services (e.g. survivor to pay for transport of perpetrator or for PF3 form)</p> <p>4.4 <b>Insufficient numbers of police</b></p> <p>4.5 <b>Limited resources of police (transport, space, etc)</b></p> <p>4.6 Limited awareness/ appropriate training of (male and female) police regarding GBV</p> <p>4.7 No specialised unit for handling of GBV cases within the police/ weakness of child family protection unit within the police</p> <p>4.8 Limited awareness and capacity of</p>	<p>4. To prevent and respond to GBV in line with IASC guidelines and strengthen Government and non-government structures, systems and services to promote and protect women’s and children’s rights in relation to GBV</p>	<p><b><u>Inadequate access to safety/ security</u></b></p> <p>4.1 Training for police and security personnel (UPDF/ ASTU) on GBV issues:</p> <ul style="list-style-type: none"> <li>• GBV related laws (including use of PF3form)</li> <li>• Code of conduct</li> <li>• IASC Guidelines/ multi-sectoral response</li> <li>• Guiding principles</li> </ul> <p>4.2 <b>Support to police to handle GBV issues (adequate transport, information technology, stationary)</b></p> <p>4.3 Raising awareness of community about police and court procedures related to GBV cases</p> <p>4.4 Advocate for issuance (at national/district level) of directive from Police to provide guidance/ minimum standard to police on appropriate handling of GBV cases</p> <p>4.5 Assessment/ Monitoring of police response to GBV</p> <p>4.6 <b>Advocate for increased staffing / improved facilities of police units</b></p> <p>4.7 Strengthening the child/ family protection units of police</p> <p>4.8 Training local authorities to refer appropriately</p>

<p>local authorities on GBV, guiding principles, and referral services</p> <p><b><u>Inadequate access to justice</u></b></p> <p>4.9 Limited knowledge of legal procedures in communities</p> <p>4.10 Limited legal services for GBV survivors</p> <p>4.11 Inadequate clarity around PF3 form by key actors – Police, health workers, service providers</p> <p>4.12 Cost (legal fees – civil cases, transport) and delays involved in taking a case forward within the court system</p> <p>4.13 Heavy burden to provide evidence to pursue case in court of law (e.g. medical doctor must complete the PF3 within narrow time frame and belief that only govt M.O. can fill the form)</p> <p>4.14 Inadequate staffing of courts</p> <p>4.15 Limited confidence of community in judicial system</p> <p>4.16 Limited of capacity of local authorities and opinion leaders on GBV including understanding of which courts can handle which types of cases</p> <p><b><u>Inadequate access to appropriate health and psychosocial services</u></b></p> <p>4.17 Non-functional referral pathways/ GBV focal persons in many communities</p> <p>4.18 Few trained health workers and insufficiently trained health workers</p> <p>4.19 Few doctors in region to fill PF3 form</p> <p>4.20 Trained health workers reluctant to provide clinical management of rape services because due to belief that the PF3 is required and fear of having to testify in criminal proceedings</p> <p>4.21 Limited coverage of PEP, ECP, STI prophylaxis</p> <p>4.22 Delays in access to qualified health provider and drugs</p> <p>4.23 In some places, police demand to</p>		<p><b><u>Inadequate access to justice</u></b></p> <p>4.9 Advocacy for passing of Domestic Relations Bill</p> <p>4.10 Training relevant authorities on sexual offences and dissemination of relevant laws</p> <p>4.11 Convene a national multi-sectoral conference of high level stakeholders to discuss issues related to access to justice for GBV survivors and to develop suggested amendments to law/ policy</p> <p>4.12 Raising awareness of community about police and court procedures related to GBV cases (<i>same as above</i>)</p> <p>4.13 Advocate for issuance (at national/district level) of directive from Ministry of Justice/ MOH/ Ministry of Internal Affairs to provide guidance to police/ health workers on appropriate handling of GBV cases</p> <p>4.14 Training and support for legal service providers/ paralegals in each district to support survivors to pursue legal cases against GBV perpetrators</p> <p>4.15 Sensitisation of judicial actors on GBV</p> <p>4.16 Advocate for additional changes to defilement law (reduction of the age of consensus)</p> <p>4.17 Sensitisation of communities regarding changes in defilement law</p> <p><b><u>Inadequate access to appropriate health and psychosocial services</u></b></p> <p>4.18 National level advocacy with MOH, MOJ, and MGLSD to change law/ policy around PF3 form to expand cadres of qualified health personnel permitted (govt/ PNFP) to complete the PF3 form</p> <p>4.19 Advocate for issuance of directive from MOH (national) and DHOs (districts) to health workers regarding appropriate handling of GBV cases (free, confidential services to be provided timely and with/without PF3 form)</p> <p>4.20 Training (initial/ refresher) and support supervision/follow-up of health workers at hospitals, HC IVs, IIIs on clinical management of rape per MOH Guidelines</p> <p>4.21 Ensure adequate and consistent supply of PEP/ ECP/ STI prophylaxis through direct procurement by development partners for 2008</p> <p>4.22 Convene stakeholders to develop a strategy for national procurement/ distribution of PEP</p> <p>4.23 Introduce standard PEP monitoring tools</p> <p>4.24 Awareness raising of community and LCs about consequences of GBV, available services, referral of cases</p> <p>4.25 Training and support for community structures (CDOs and volunteers) to</p>
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Comment [MC1]: Not Sue

<p>be present during medical examination</p> <p>4.24 Cases not reported at all or not reported timely</p> <p>4.25 Inadequate awareness of available services, referral pathways and rights of survivor</p> <p>4.26 Inadequate transport/ proximity to service providers</p> <p>4.27 Inadequate capacity of local authorities and opinion leaders on GBV</p> <p><b><u>Factors contributing to violence in IDP communities</u></b></p> <p>4.28 Widespread alcohol abuse contributes to domestic violence</p> <p>4.29 Children and women alone in mother camps/ satellite sites are vulnerable</p> <p>4.30 Some parents look to benefit/ recoup expenses from defilement cases</p> <p>4.31 Poverty/ limited livelihood opportunities increase vulnerability to sexual exploitation and trafficking</p> <p>4.32 Far distance of water and fuel sources and roads insecure for women and girls</p> <p>4.33 General acceptance by men, women, and community leaders of male authority over women and girls</p> <p>4.34 Acceptance by some women of domestic violence as norm</p> <p>4.35 Limited effectiveness/ coherence of some prevention messages</p> <p>4.36 Resistance from local authorities and opinion leaders around GBV issues</p> <p>4.37 Loss of power by some men increasing resentment and abuse</p> <p>4.38 Limited livelihood opportunities for men and women</p> <p><b><u>Inadequate coordination of GBV prevention and response efforts</u></b></p>	<p>provide referral and psychosocial support</p> <p>4.26 Integration of counselling/ psychosocial support for GBV survivors into community development structures/ activities to increase number of community counselling points</p> <p>4.27 Joint (multi-agency) review of service provider approach to defilement cases</p> <p><b><u>Factors contributing to violence in IDP communities</u></b></p> <p>4.28 Participatory development of strategic BCC approaches to GBV prevention which include targeted messages for various population groups (men, women, youth, LCs etc)</p> <p>4.29 Regional/ national workshop to share and develop IEC materials with coherent messages</p> <p>4.30 Targeting of schools and faith based organizations in GBV prevention efforts</p> <p>4.31 KAP survey to measure effect of GBV prevention activities</p> <p>4.32 Conduct safety audits and debriefing with stakeholders in the community</p> <p>4.33 Joint (multi-agency) review of service provider approach to defilement cases (same as above)</p> <p>4.34 Development of demonstration/ pilot IGA opportunities/ guidelines for targeting both men and women (gender-balanced) OR family unit</p> <p>4.35 Referral of survivors to existing livelihood interventions</p> <p><b><u>Inadequate coordination of GBV prevention and response efforts</u></b></p> <p>4.36 Support for multi-sectoral networking/ coordination at community (sub-county/ parish) level</p> <p>4.37 Improve effectiveness of GBV coordination efforts at district level</p> <p>4.38 Strengthen the leadership role and commitment of districts in GBV</p>
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		coordination and service provision 4.39 Development of standardized data collection mechanism to track trends in reporting of cases to various service providers (police, probation, case management agencies, health centres)
<b>HUMAN RIGHTS AND RULE OF LAW</b>		
<p><b>LAW ENFORCEMENT</b></p> <p>5.1 Insufficient training of law enforcement personnel (e.g. SPCs, LAPs)</p> <p>5.2 Low level of understanding of procedures</p> <p>5.3 Lack of human resources (# of police personnel inadequate)</p> <p>5.4 Inadequate material support</p> <p>5.5 Need to restore civilian trust in police</p> <p>5.6 Need to improve police response</p> <p>5.7 Corruption</p> <p>5.8 Late payments affects activities</p> <p><b>LOCAL AUTHORITIES</b></p> <p>5.9 Inadequate understanding of legislation</p> <p>5.10 Lack of accountability; monitoring</p> <p>5.11 Inadequate knowledge of Human Rights</p> <p>5.12 Inadequate staffing; material support</p> <p>5.13 LC Courts not always present – procedures not known/not implemented</p> <p>5.14 LC1 &amp; LC2 elections – legality</p> <p>5.15 Breakdown of traditional systems because of displacement</p> <p>5.16 Marginalization of vulnerable groups in the court system; LC decision making process</p> <p>5.17 Abuse of power – lack of integrity</p> <p><b>JUDICIAL AUTHORITIES</b></p> <p>5.18 Inadequate staffing; material support/resources</p> <p>5.19 Lack of accountability; monitoring</p> <p>5.20 Motivation; political will (influence of corruption)</p>	<p>5. To strengthen effective central and local civilian administration of justice systems and to increase access to justice and accountability by advocating for and supporting the establishment of civilian law enforcement and judicial structures</p>	<p>5a Training &gt; Law enforcement</p> <p>5b Training &gt; Local authorities</p> <p>5c Material support &gt; Local authorities</p> <p>5d Monitoring &gt; Judicial authorities</p> <p>5e Legal Aid &gt; Judiciary</p> <p>5f Information campaign</p> <p>5g Coordination and mapping of trainings (e.g. WWW matrix)</p>

<p>5.21 Insufficient provision of legal aid/assistance  5.22 Inadequate knowledge of access to justice (unclear channels)  5.23 Lack of awareness of rights (not available information)  5.24 High cost of accessing justice  5.25 Inadequate infrastructure  5.26 Independence of the judiciary</p> <p>6.1 Lack of clear objectives &gt; response mechanisms (reporting channels unclear)  6.2 Weak existing monitoring and reporting structures (local level)  6.3 Weak civil society (e.g. National NGOs)  6.4 National NGOs excluded from meetings (lack of involvement) &gt; meetings are not relevant, &gt; Invitations extended but attendance is poor  6.5 Single agency advocacy is ineffective  6.6 Weak national NGO capacity building</p> <p><i>Thematic priorities</i></p> <ul style="list-style-type: none"> <li>- <i>Priorities</i></li> <li>- <i>Land &amp; property</i></li> <li>- <i>Access to justice options</i></li> <li>- <i>Access to basic services</i></li> <li>- <i>Infrastructure</i></li> <li>- <i>Security</i></li> <li>- <i>Impunity</i></li> <li>- <i>Peace process; transitional justice, post conflict reconciliation and recovery</i></li> <li>- <i>Information</i></li> <li>- <i>Advocacy</i></li> </ul>	<p>6. To strengthen human rights monitoring and reporting mechanisms</p>	<p>6a Monitoring, reporting and follow-up  6b Clarify referral pathways protection cases  6c Capacity building of national NGO/civil society advocacy  6d District level and joint protection interventions</p>
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## 6.2. KARAMOJA

Protection concerns	Protection	Priority Interventions
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	Objectives	Cross cutting intervention:
<b>PROTECTION</b>		
	<ol style="list-style-type: none"> <li>1. To Support the creation of a protective environment for informed, voluntary and sustainable return, local integration or settlement in another part of the country, in safety and dignity</li> <li>2. To Ensure the implementation of human rights based approach and uphold human rights standards in programming and activities</li> </ol>	
<b>CHILD PROTECTION</b>		
	<ol style="list-style-type: none"> <li>3. To expand and strengthen local government and community based structures and</li> </ol>	

	mechanisms to address child protection issues and concerns	
<b>GBV</b>		
	4. To prevent and respond to GBV in line with IASC guidelines and strengthen Government and non-government structures, systems and services to promote and protect women's and children's rights in relation to GBV	
<b>HUMAN RIGHTS AND RULE OF LAW</b>		
	5. To strengthen effective central and local civilian administration of justice systems and to increase	

	<p>access to justice and accountability by advocating for and supporting the establishment of civilian law enforcement and judicial structures</p> <p>6. To strengthen human rights monitoring and reporting mechanisms</p>	
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### 6.3. LANGO

Protection concerns	Protection Objectives	Priority Interventions
		<i>Cross cutting intervention:</i>
<b>PROTECTION</b>		
<p>1.1 Low involvement of Government and Local Authorities</p> <p>1.2 Land disputes: - between neighbors  - IDPs born in Camps don't know where their land is  - Property issues linked to culture  - Evictions</p> <p>1.3 PSNs/EVIs: difficulties to achieve a durable solution</p> <p>1.4 Break down of social network/traditional structures</p> <p>1.5 Inadequate social/economic infrastructures in return areas</p> <p>1.6 Access to livelihood (with special regard to PSNs/EVIs)</p>	<p>1. To Support the creation of a protective environment for informed, voluntary and sustainable return, local integration or settlement in another part of the country, in safety and dignity</p>	<p>1.1 Awareness raising of local communities on responsibilities and obligations of the government and Local Authorities</p> <p>1.2 Confidence building of local communities towards authorities</p> <p>1.3 Plan and prepare the hand over of the Protection Cluster to national and local authorities and bodies (e.g. UHRC) in the framework of the PRDP</p> <p>1.4 Advocacy for awareness raising and implementation of the PRDP including clarity on its governing mechanisms</p> <p>1.5 Advocacy for clear, right based guidelines from the Government on land issues</p> <p>1.6 Support the effective use of traditional mechanism to solve the disputes</p> <p>1.7 <u>Operationalisation of the Land Committees</u></p>



<p><b><u>SYSTEM</u></b>  3.1 Weak/limited capacity of the service providers  3.2. Limited functional structures  3.3 Lack of coordination inter- NGO, Government –Ngos  3.4Lack of attention to protection issues during the planning process  3.5 Monitoring/reporting system is weak or not in place  <b><u>VIOLENCE/ABUSE/EXPLOITATION LEVEL</u></b>  3.6 Limited services (legal, medical, administration and social) to support protection concerns/issues  3.7 Unnoticed/ unreported cases (ignorance/attitude)  3.8 Lack of basic livelihood predispose children to violence/abuses/exploitation  3.9 Breakdown of cultural values  <b><u>SITUATION IN SCHOOL</u></b>  3.10 Poor structures (classrooms, sanitation etc)  3.10.1. Lack of facilities for children with special needs  3.11 Lack of scholastic materials/facilities including specific facilities (i.e. changing rooms) for girls  3.12 Poor Conditions/settings  3.13 Exploitation in school settings  <b><u>OTHERS</u></b>  3.14 Insufficient birth registration system (not all the new born [0 to 5] are registered and for those from 6 and above the system is not credible)  3.15 No Juvenile justice/structure present structure (juvenile remand house)  3.16 Lack of quality interventions on reintegration of children formerly associated with armed groups  3.17 Inadequate services for child mothers and their children</p>	<p>3. To expand and strengthen local government and community based structures and mechanisms to address child protection issues and concerns</p>	<p>3.1 Dissemination of minimum standards and guidelines (IASC, MOGLSD)  3.2 Building the capacity of protection structures to ensure the application of standards and functions  3.3 Rollout of child protection lead agencies in all sub counties to support CDOS  3.4 Integration of child protection issues into the main strategic plans  3.5 Rollout of CPCs monthly reporting format at all levels  3.6 Improvement of the infrastructures in the affected communities to ensure effective service provision (health...)  3.7 Increasing awareness on community responsibility on child protection  3.8 Providing IGAs to specific vulnerable children based on needs  3.9 Continuous engagement of cultural leaders to reinstitute positive cultural values that support child protection  3.10 Adopt the safe and protective school initiative i.e. orientation of school leadership, PTA etc.  3.11 Improvement in the school infrastructure and condition of services for teachers in the affected areas.  3.12 Support the establishment of and effective and credible birth registration system to ensure that 100% of the children are registered and receive a birth certificate  3.13 Campaign to increase awareness of parents on the importance of registration and birth certificate  3.14 Support the effort of the government to implement the programs for the reintegration of children formerly associated with armed groups</p>
<b>GBV</b>		

**LIMITED ACCESS TO LEGAL/JUSTICE SERVICES**

- 4.1 Limited access to legal aid services
- 4.2 Limited funding for legal aid services
- 4.3 Legal process lengthy and costly
- 4.4 Limited options for transport to Police, Courts and health units
- 4.5 Only one Judge presiding over capital offences for the all of Lango sub region
- 4.6 Lack of commitment and high levels of negligence
- 4.7 Inadequate funding for Police
- 4.8 Sensitisation awareness on laws and order very low at community level
- 4.9 Decreased sensitivity of cultural institution leaders
- 4.10 Inadequate legal justice safety in Rural settings
- 4.11 Defilement and other capital offences settled by Police and other local authorities

**LIMITED ACCESS TO HEALTH SERVICES**

- 4.12 Little knowledge about health services available and health consequences and need
- 4.13 Beliefs about medical services incorrect (myths etc.)
- 4.14 Limited access/availability of PEP and EC (in very few health centres)
- 4.15 Inadequate number of practitioners trained on CMR
- 4.16 Community health workers limited skills and knowledge
- 4.17 Lack of clarity about process/procedures to access medical services-CMR in relation to legal follow up
- 4.18 HCT services limited (connected to PEP)
- 4.19 Medical officer's low motivation and unwillingness to testify in courts

**PSYCOSOCIAL**

- 4.20 Lack of confidentiality
- 4.21 Lack of psychological skills within the community based service providers
- 4.22 Inadequate follow up of cases
- 4.23 Limited safe havens, less safe space at

- 4. To prevent and respond to GBV in line with IASC guidelines and strengthen Government and non-government structures, systems and services to promote and protect women's and children's rights in relation to GBV

**LEGAL/JUSTICE**

- 4.1 Advocacy and resource mobilization for legal aid services
- 4.2 Capacity building with M & E on GBV prevention and response for all relevant law enforcement
- 4.3 Capacity building with M & E on GV prevention and response for local (formal and informal) leaders and community members
- 4.4 Advocacy for court/legal justice processes to be decentralized to lower level and/or mobile court system
- 4.5 Advocacy for stronger/better management and supervision of Police at district level to Police at sub county/parish level
- 4.6 Advocate for a review of national policies and guidelines that are currently creating barriers to health and justice (MoH, MoIA, MoGI etc.)
- 4.7 Disseminate information about processes/procedures to access medical services –CMR in relation to legal follow up
- 4.8 Conduct IEC for community members and law enforcement /service providers on medical/legal procedures for GBV.

**HEALT**

- 4.9 BBC awareness raising with M&E on health needs and medical services available: community leadehrs, service providers and religious groups
- 4.10 Advocacy on PEP procurement, distribution to health centers urban and rural
- 4.11 Budget advocacy on CMR training
- 4.12 Advocacy on reviewing qualification title and number of medical service providers recognized to provide CMR including private heath facilities
- 4.13 Training and capacity building with M & E for village heath workers, TBA etc. on GBV prevention and response
- 4.14 Advocacy for HCT and relate resource mobilization

**PSYCOSOCIAL**

- 4.15 Increased training ad awareness raising for

Comment [MC2]: By whom

Comment [MC3]: Specify

Comment [MC4]: If compared to when?

Comment [MC5]: Explain

Comment [MC8]: jnjnj

Comment [MC9]: please explain

<p>district, sub county and parish levels</p> <p>4.24 Limited livelihood and economic opportunities for men, women and the youth</p> <p>4.25 Low land ownership by women</p> <p>4.26 Low decision making and contribution by women</p> <p>4.27 High vulnerability due to temporary family separation leading to abuse and exploitation</p> <p><b>COORDINATION</b></p> <p>4.28 Inadequate situational analysis and regular monitoring/assessment of GBV in rural and urban areas</p> <p>4.29 Referral system in Lira and urban areas are weak</p> <p>4.30 Coordination between district offices like Health, CDO and gender is weak</p> <p>4.31 Lack of transparency and accountability among the service providers</p> <p>4.32 Lack of information sharing among the service providers</p> <p>4.33 Distribution of services, since the gaps are variable</p> <p>4.34 Inadequate understanding, engagement, involvement and commitment of district leaders</p> <p>4.35 Most vulnerable groups in community not considered</p>	<p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-45deg);">DRAFT</p>	<p>teachers on GBV prevention and response</p> <p>4.16 Provide, mobilize, disseminate IEC on psychosocial re: GBV community members (utilizing community structures)</p> <p>4.17 Improve coordination with livelihood partners, Government and non government</p> <p>4.18 Advocacy for livelihood to targeted vulnerable groups</p> <p>4.19 Advocacy for the provision of IGA for men, women and youth</p> <p>4.20 Advocacy for extension and strengthen positive male involvement and participation</p> <p>4.21 Advocacy around women and land rights</p> <p>4.22 Advocacy for gender balance in community dialogue, reconciliation and conflict resolution</p> <p><b>COORDINATION</b></p> <p>4.23 Conduct situation analysis on GBV in rural and urban areas and share/distribute findings for program/district planning, resource mobilization and program M&amp;E (led and supported by the Government)</p> <p>4.24 Conduct regular (quarterly) multisectorial assessment on GBV for M&amp;E, advocacy and resource mobilization and share/distribute</p> <p>4.25 Develop/improve database tracking system data collection for GBV cases: Government led and supported</p> <p>4.26 Strengthen referral system (Govt. and non govt.) information sharing process</p> <p>4.27 Identify gaps in service coverage and advocacy /resources mobilization</p> <p>4.28 Budget advocacy for district planning and budgets for GBV prevention and response</p> <p>4.29 Advocacy for the creation of district level task forces for advocacy on GBV to politicians and senior district officials/services providers</p> <p>4.30 Develop multisectoral GBV exit strategy with benchmarks; handover to district government counterparts signed by accountable partners</p>
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**Comment [MC6]:** Explain what is temporary family separation in Lango

**Comment [MC10]:** explain: participation and involvement in what?

**Comment [MC11]:** Should be more specific

**Comment [MC7]:** To be reformulated

<b>HUMAN RIGHTS AND RULE OF LAW</b>		
<p><b><u>POLICE</u></b>            5.1 Transport and logistic            5.2 Inadequate number deployed            5.3 Limited capacity to attend human right issues            5.4 Inadequate PF3 (not enough or sold)            5.5. Limited # of Police surgeons/unwillingness of other doctors to cooperate            5.6 Corruption leading to mismanagement of cases</p> <p><b><u>PRISONS</u></b>            5.8 Inadequate infrastructures            5.9 Limited knowledge of Human Rights by prisons warders            5.10 Inadequate logistical support from the central Government            5.11 Inadequate rehabilitation programmes in the prisons            5.12 Lack of remand home for juvenile offenders            5.13 Inadequate medical facilities for inmates</p> <p><b><u>JUDICIARY</u></b>            5.14 Limited number of magistrates on the ground            5.15 Lack of Logistics            Housing limited (courts)            5.16 Established courts not operational            5.17 Medical ethics vis a vis sexual offence law            5.18 Prolonged pre-trial detention for capital offences</p> <p><b><u>LC COURTS</u></b>            5.19 Limited knowledge of legal matters            5.20 LCorruption leading to mismanagement of</p>	<p>5. To strengthen effective central and local civilian administration of justice systems and to increase access to justice and accountability by advocating for and supporting the establishment of civilian law enforcement and judicial structures</p>	<p><b><u>POLICE</u></b>            5.1 Advocate with DIGP to streamlines transport/logistic problem issues            5.2 Increase # of personnel deployed to attain target set in PRDP            5.3 Conduct Human Rights training            5.4 Increased supply of PF3 forms to outpost            5.5 Recruit police surgeons. Advocate with MoH to initiate doctors compliance with court request (e.g. testimony+signing of medical forms)            5.6 Effectively monitoring the cases in collaboration with all stakeholders</p> <p><b><u>PRISONS</u></b>            5.7 Build more structures/renovation of existing ones            5.8 Training on Human Rights for prison warders            5.9 Provision of logistical support/drugs to prisons            5.10 Initiate/strengthen existing rehabilitative programmes in prison            5.11 Advocate for alternative restorative justice mechanism for offenders  <b>5.12</b> Deploy medical personnel to each prison facility</p> <p><b><u>JUDICIARY</u></b>            5.13 Recruitment of more judicial officers            5.14 Provide more logistical support to the judiciary            5.15 Construction of courts            5.16 Revive the Sub Courts which were closed            5.17 Medical personnel should be sensitised abut sexual offence law  <b>5.18</b> Advocacy for more funding of High Court session and amending the constitution to include a statutory period for the pre-trial detention</p> <p><b><u>LC COURTS</u></b>            5.19 Build he capacity of the LC Courts on legal</p>

<p>cases</p> <p>5.21 ToRs of the courts not clear</p> <p>5.22 Limited knowledge of the community on legal procedures</p> <p>5.23 Weak operation of community service</p> <p>5.24 Weak chain link operation</p> <p><b>HR MONITORING</b></p> <p>6.1 Lack of systematic community based Human Rights structures</p> <p>6.2 Lack of community involvement in HR reporting</p> <p>6.3 Lack of confidence in the Judicial System</p> <p>6.4 Negative traditions and cultural stereotypes (e.g. domestic violence)</p>	<p>6. To strengthen human rights monitoring and reporting mechanisms</p>	<p>issues, jurisdiction and Human Rights</p> <p>5.20 Establish a monitoring and reporting mechanism to check on corrupt tendencies within LC Court System to ensure accountability.</p> <p>5.21 Community sensitisation on Human Right and legal matters/procedures</p> <p>5.22 Strengthen the operation of community services programs</p> <p><b>HR MONITORING</b></p> <p>6.1 Establish and strengthen community based HR monitoring structures (training)</p> <p>6.2 Carry out community dialogue/awareness raising meeting</p> <p>6.3 Community sensitization on mainstreaming HRBA in all programs and PRDP</p>
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6.4.TESO		
Protection concerns	Protection Objectives	Priority Interventions
<b>Cross cutting intervention:</b>		
<b>PROTECTION</b>		
<p>1.1 Forced Evictions</p> <p>1.2 EVIs/PSNs don't have resources to achieve a durable solutions</p> <p>1.3 Access to accurate information</p> <p>1.4 Inadequate basic services</p> <p>1.5 Access (road network) to return areas</p> <p>1.6 Inadequate/insufficient deployment</p>	<p>1. To Support the creation of a protective environment for informed, voluntary and sustainable return, local integration or settlement in another part of</p>	<p>1.1 a) Monitoring the return process with special attention to forced eviction; b) Advocacy for durable solution c) legal aid</p> <p>1.2 Support the district and community to help the EVIs/PSNs to achieve a durable solution;</p> <p>1.3 Support to responsible district officials (i.e. information officers, planning etc.) and civil society to collect and distribute accurate information (training of information providers).</p> <p>1.4 Advocacy for basic services</p> <p>1.5 Advocacy for infrastructures</p> <p>1.6 a) Monitor to identify the gaps/needs b) advocacy for increased ASTU</p>

<p>of ASTU</p> <p>1.7 Trauma (past experience)</p> <p>1.8 Inadequate trust in Law enforcement</p> <p>1.9 Access to law &amp; enforcement services</p> <p>1.10 Inadequate communication /coordination between Teso and Karamoja local authorities and civil society.</p> <p>1.11 Land disputes (land owners wants the land back – land encroachers)</p> <p>1.12 District border disputes between Moroto and Katakwi people are prevented from settling in their land (order given by the minister of land).</p> <p>2.1 Lack/inadequate consultation/ involvement of communities in planning processes which affect their lives by the Government, UN, CSOs/NGOs...)</p> <p>2.2 Lack of understanding/knowledge of HRBA</p> <p>2.3 Inadequate empowerment pf communities</p> <p>2.4 Inadequate monitor the implementation of the HRBA</p> <p>2.5 Limited responsiveness to concerns/needs of EVIs/PSNs.</p>	<p>the country, in safety and dignity</p> <p>2. To Ensure the implementation of human rights based approach and uphold human rights standards in programming and activities</p>	<p>deployment c) establishment of early warning system (in liaison with the community)</p> <p>1.7 a) mass information campaign/sharing; b) support cross border meetings/activities (Karamoja/.Teso); c) initiate a feedback mechanisms (announce when responsible for raids have been arrested)</p> <p>1.8</p> <p>1.9</p> <p>1.10 See 1.7 b)</p> <p>1.11 a) Capacity building of mechanisms with jurisdiction to decide/solve land disputes; b) advocacy/establishing of legal aids mechanisms (legal clinics).</p> <p>1.12 Advocacy at local and national level for the technical team to establish the borders and for the central government to take a decision</p> <p>2.1 Training on Age Gender and Diversity Mainstreaming</p> <p>2.2 Involvement of IDP/community representatives in consultative/decision making processes</p> <p>2.3 Training of Parish Development Committee (PDC), Assistant Community development +offices, DHRPP/District Human Rights Desks/Committees on HRBA</p> <p>2.4 Advocacy for mainstreaming HRBA principles in the PRDP</p> <p>2.5 Integration of HRBA principles into development programs of all partners/stakeholders and local government.</p> <p>2.6 Advocacy for reflection of EVIs/PSNs concerns in District Development Plan.</p>
<b>CHILD PROTECTION</b>		
<p><b><u>Structures and system</u></b> <u>Gov. structures/Police (CPFU)</u></p> <p>3.1 Lack of staffing (Assistant Community Development Officers) especially Amuria and Katakwi</p>	<p>3. To expand and strengthen local government and community</p>	<p><b><u>Structures and system</u></b> <u>Gov. structures/Police (CPFU)</u></p> <p>3.1 Advocate for recruitment and deployment of government officials</p>

<p>3.2 Lack of capacity on Child Protection (knowledge and skills) <u>Community based structures</u></p> <p>3.3 Uneven functionality of Child Protection Committees (limited capacity to address CP issues)</p> <p>3.4 Lack of common guidelines <u>NGOs/ Service Providers</u></p> <p>3.5 Uneven capacity and skills to address CP issues</p> <p><b><u>CP Mechanisms</u></b></p> <p>3.6 Weak coordination and reporting mechanisms at district and sub county level</p> <p>3.7 No common data collection and information sharing mechanisms</p> <p>3.8 Difficulties in ensuring timely appropriate referral/follow up</p> <p><b><u>Thematic issues</u></b></p> <p>3.9 Children in contact with the law</p> <p>3.10 Children living and working on the street</p> <p>3.11 Out-migrant children</p> <p>3.12 Exploitative labor</p> <p>3.13 Return and reintegration of formerly abducted children to Teso</p> <p>3.14 Property grabbing from vulnerable children and their relatives</p> <p>3.15 Sexual Exploitation and Abuse</p>	<p>based structures and mechanisms to address child protection issues and concerns</p>	<p>3.2 Basic orientation on Child Protection using IASC/MoG training models and specific training materials <u>Community based structures, NGOs and Service Providers</u></p> <p>3.3 Roll out of IASC minimum standards on establishing support to Child Protection Committees</p> <p><b><u>CP Mechanisms</u></b></p> <p>3.6 Strengthen district Child Protection working group and under its oversight:</p> <ul style="list-style-type: none"> <li>• Strengthen CP lead agency system</li> <li>• Establish common data collection and info sharing</li> <li>• Mapping of services and strengthening coordination between service provider</li> </ul> <p><b><u>Thematic issues</u></b></p> <p>3.9 Monitoring and advocacy to ensure separation of children from adults (seek temporary and safe care arrangements) and for children not to be kept in detention</p> <p>3.10 Monitoring, family tracing and family reunification (seek temporary and safe care arrangements)</p> <p>3.11 Monitoring (seek temporary and safe care arrangements)</p> <p>3.12 Monitoring</p> <p>3.13 Consultative meeting of relevant stakeholders. Share principles and guidelines on reintegration of formerly abducted children. Coordinated return and reintegration (including database).</p> <p>3.14 Document, cares, report to district authorities and Uganda Human Rights Commission</p> <p>See GBV</p>
<b>GBV</b>		
<p><b><u>Medical</u></b></p> <p>4.1 Lack of post rape care services (lack</p>	<p>4. To prevent and</p>	<p><b><u>Medical</u></b></p> <p>4.1 Clinical management of rape training (MoH, UNFPA, WHO) and provision</p>

<p>of supplies, drugs, lack of staff, capacity to Clinic Management of Rape</p> <p>4.2 Cost attached to medical examination and treatment</p> <p>4.3 lack of information on availability of services and on the importance of seeking medical care</p> <p><b><u>Survivors</u></b></p> <p>4.4 Support to survivor inadequate/weak (which may lead to further harm and stigmatisation)</p> <p>4.5 No adequate information and choices are presented to the survivors</p> <p><b><u>Service providers</u></b></p> <p>4.6 No adequate training and experience on handling survivors and applying core principles</p> <p><b><u>Perpetrators</u></b></p> <p>4.7 Security personnel are involved in GBV (e.g. ASTU)</p> <p><b><u>Psychosocial Services</u></b></p> <p>4.9 Limited PSS response (coverage)</p> <p><b><u>Police</u></b></p> <p>4.10 Police Form 3, lack of transport</p> <p><b><u>Legal</u></b></p> <p>4.11 Mismanagement of cases</p>	<p>respond to GBV in line with IASC guidelines and strengthen Government and non-government structures, systems and services to promote and protect women's and children's rights in relation to GBV</p>	<p>of PEP kits</p> <p>4.2 Documentation of cases and report to relevant authorities</p> <p>4.3 Community sensitization on the importance of seeking medical support</p> <p><b><u>Service providers including government structures</u></b></p> <p>4.6</p> <p>a. Regular and ongoing training on basic principles on how to handle cases (development and dissemination of Information Education and C material)</p> <p>b. CP systems oriented on basic post rape care response and linked with medical services</p> <p><b><u>Perpetrators</u></b></p> <p>4.8 Training for security personnel</p> <p>4.9 Technical consultations with all stakeholders on procedures and processes for survivors access to health care and justice Rolling out GBV monthly reporting format (IASC) Mapping of services and referral pathways</p> <p>4.10 Document cases where fees have been charged or treatment denial</p>
<b>HUMAN RIGHTS AND RULE OF LAW</b>		
<p><b><u>Civilian Law Enforcement</u></b></p> <p>5.1 HR violations committed during investigations, arrest and detention</p>	<p>5. To strengthen effective central and local civilian administration of justice systems and to increase</p>	<p><b><u>Civilian Law Enforcement</u></b></p> <p>5.1</p> <p>a. Training and other forms of Capacity Building</p> <p>b. Continue to lobby for admin/logistical support</p> <p>c. Advocate for speedy/fair/effective internal accountability process</p> <p>d. Sustain communities empowerment through sensitization/support capacity building in monitoring at grass root level</p> <p>e. Support UHRC in investigation and litigation of HR violations</p>

