



GOVERNMENT OF UGANDA

MINISTRY OF GENDER, LABOUR AND
SOCIAL DEVELOPMENT

***Uganda Management of Social Risk and Gender
Based Violence Prevention and Response Project***

The 5-Year Indigenous Minority Peoples Plan (IMPP)

The Batwa - Kisoro District

April, 2017

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EXECUTIVE SUMMARY

The Batwa are one of the Indigenous Marginalised Peoples (IMP) of Uganda found in Kisoro District (one of the project selected districts). Given the presence of the Batwa in the project area, the Uganda Management of Social Risk and Gender Based Violence (GBV) Prevention and Response Project triggered the World Bank OP 4.10 on Indigenous People. The Ministry of Gender, Labour and Social Development has therefore developed an Indigenous Minority Peoples Plan (IMPP) for the Batwa in Kisoro District (KD). This plan is based on consultations with the Batwa and key stakeholders currently working in the area as well as the leadership of KD. This IMPP proposes needed actions to enhance project benefits for the Batwa as well as address potential negative impacts on the Batwa community given their already disadvantaged situation as a marginalised minority group, hard to reach and with a reportedly high GBV prevalence.

The IMPP had three objectives: i) to identify the potential benefits of the project under preparation to the Batwa community ii) to identify the potential negative impacts of the project on the Batwa and iii) to propose and cost interventions to enhance benefits, mitigate negative impacts and address bottlenecks to project success. This plan proposes implementation arrangements that take into account the challenges identified during consultations with the Batwa community and leaders.

This report describes the strategy adopted to ensure - Free Prior Informed Consultations (FPIC) before Community Dialogue sessions were conducted. The FPIC was attained during a 5 day pre-visit to the district and 14 day field visit during which consultations were conducted with 7 out of the 37 Batwa community clusters. Furthermore, during the disclosure meetings, the Batwa key opinion leaders were requested to provide FPIC with respect to the proposed/ potential GBV mitigation measures. In addition, discussions with a range of key informants in KD were conducted to inform the development of the IMPP.

The overall findings point to a high level of GBV among both the Batwa and the non Batwa (Bakiga and Bafumbira) communities in the area. This is largely attributable to social and cultural norms that perpetuate the low status of women and, putting both women and girls at a very high risk of emotional and physical abuse. The scarcity of productive resources, particularly land, has contributed to many conflicts around ownership and use. In such cases women and girls have been victims of violence and abuse.

The consultations revealed the absence of appropriate referral and redress mechanisms for GBV with limited voice among women in existing male-dominated conflict resolution community processes and forums. In addition, service coverage among the Batwa, particularly for psychosocial support, health, police and justice are generally limited by a number of factors including long distances to these facilities due to geographical location, poverty impeding access and use, lack of outreach services, fear of stigma both within the community and at service points, unfriendly and poor services among others.

The IMPP proposes actions that will reinforce efforts towards addressing high tolerance levels of GBV among the Batwa. This will be achieved through a multi-channel approach to community sensitization through churches, schools, community gatherings and others. This will also include identifying male champions and promoting overall male engagement in GBV prevention and response, strengthening referral systems, training of police and health workers to reduce and eventually eliminate stigma, intensifying outreach services (including identification of safe spaces) to

improve coverage and closely monitoring interventions. It is recommended that the Kisoro District Administration partner with existing FBOs and NGOs to support and monitor closely the delivery of GBV prevention and response services to the Batwa.

ABBREVIATIONS AND ACRONYMS

ADRA	Adventist Development and Relief Agency
BMCT	Bwindi Mgahinga Conservation Trust
CDCAP	Center for Disease Control and Prevention
CDD	Community Driven Development
CEDOVIP	Center for Domestic Violence Prevention
CESCR	Covenant on Economic, Social and Cultural Rights
CSO	Civil Society Organisation
EOC	Equal Opportunities Commission
ESA	Education Standards Agency
FAL	Functional Adult Literacy
GBV	Gender Based Violence
ILO	International labour Organization
JLOS	Justice Law and Order Sector
KCK	Kituo Cha Katiba
KD	Kisoro District
KDLG	Kisoro District Local Government
LC	Local Council
MGLSD	Ministry of Gender Labour and Social Development
MGNP	Mgahinga Gorilla National Park
MOH	Ministry of Health
MOJCA	Ministry of Justice and Constitutional Affairs
MRG	Minority Rights Group
NDP	National Development Plan
NEMA	National Environment Management Authority
NGO	Non-Governmental Organisation
NPHC	National Population and Housing Census
PFIC	Free Prior Informed Consent
RDC	Resident District Commissioner
SDSP	Social Development Sector Plan
UBOS	Uganda Bureau of Statistics
UDHS	Uganda Demographic and Health Survey
ULA	Uganda Land Alliance
UNICEF	United Nations Children's Education Fund
UOBDU	United Organization for Batwa Development in Uganda
UPE	Universal Primary Education
UWA	Uganda Wildlife Authority
UWEP	Uganda Women Entrepreneurship Program
WB	World Bank
WHO	World Health Organization
YLP	Youth Livelihood Program

CHAPTER 1: INTRODUCTION

1.1 BACKGROUND INFORMATION

The Government of Uganda, with support from the International Development Association, is preparing a Gender Based Violence (GBV) Prevention and Response Project (GBVPRP). The proposed project is focused on the Prevention of Gender-Based Violence (GBV) and the management of the gender dimensions of social risk. The project is consistent with the Bank's twin goals of ending absolute poverty and boosting shared prosperity and with the objectives of the World Bank's 2011 regional strategy for Africa.

1.1.1 Project Development Objective

The project development objective is to increase access to GBV prevention programs and multi-sectoral response services by groups at risk in targeted districts. The seeks to: (i) increase access to GBV prevention programs; and (ii) increase utilization of multi-sectoral response services for survivors of GBV in targeted districts.

1.1.2 Project Beneficiary Areas

Project resources will be concentrated in the following 12 districts for the required level of intensity to achieve results in terms of both the prevention and response dimension of the intervention: Wakiso, Masaka, Mukono, Mbale, Sironko, Kamuli, Alebtong, Apac, Zombo, Hoima, Kisoro, Kamwenge. These geographical areas were selected in order to primarily target the most densely populated districts with the highest risk of GBV.

1.1.3 Project Components

The project components are as follows: comprise Component 1- GBV Prevention with a focus on GBV Prevention in the workplace and GBV Prevention at community level. Its Component 2 will address GBV Response specifically, Health Sector Response and JLOS Sector Response. The third component (Component 3) will be on Project Management, Capacity Building and Monitoring and Evaluation.

1.1.4 Project Financing

The overall public sector cost of the project is estimated at US\$40 million.

1.1.5 Key project activities

The interventions under the project, specifically its Component 2 involve improvement in provision of health services and thus, handling of medical products which is likely to contribute to increased generation of medical waste in the health facilities and small scale infrastructure works, and renovations/expansion at existing health centers. The civil works will likely pose health and safety issues, including issues relating to the management of construction waste. The potential environmental impacts can be adequately managed by integrating environmental and due diligence into the sub-project cycle. Because of the likely overall limited likely environmental and social impacts, the project is assigned EA category B.

1.2 THE INDIGENOUS MINORITY PEOPLES' PLAN

1.2.1 Purpose and Scope

This project shall be implemented in Kisoro District, and include the Batwa as its target group. . This IMPP has been developed to ensure that project benefits are enhanced and negative impacts mitigated. This IMPP documents the key positive and negative impacts of the project on the Batwa. It provides guidance on how positive impacts can be enhanced and suggests necessary actions for mitigating negative impacts on the Batwa. The plan further suggests implementation arrangements that ensure consistency between the IMPP and the implementation arrangements put in place for the project. This is expected to improve the sustainability of the efforts to target the Batwa.

1.2.2 Preparation of IMPP

The IMPP has been prepared in accordance with applicable World Bank safeguard policy OP 4.10 and involved review of relevant literature; field reconnaissance visits which included ensuring that FPIC was attained, public consultations and discussions with relevant sector institutions, including districts, NGOs, statutory agencies and local communities.

1.2.3 Rationale of the IMPP

The National Culture Policy, 2006 stipulates the need for proactive interventions that ensure inclusion of the Indigenous Marginalised People such as the Batwa. Given the known vulnerabilities and marginalisation from most development programs, efforts have been made to consult this community to ensure that potential facilitating factors are harnessed while barriers and negative impacted are addressed and well mitigated. This plan aims to ensure that the Batwa are adequately reached with needed services for maximum benefit for GBV prevention and response. This proposed project Includes both prevention and response interventions on GBV:

- (i) Prevention programs are expected to be adjusted in Kisoro district to include additional features and culturally appropriate outreach services in order to better address the specific risks of GBV among the Batwa; and
- (ii) Improvements in district level service delivery (particularly in terms of referral by MoGLSD Community Development Officers and District Officers, Police, and Health. Similarly the measures included in the IMPP will focus on reskilling MoGLSD staff, Health Workers, Police on how to effectively handle the specific activities and stigma associated with the reporting of GBV cases among the Batwa. This will also involve addressing cultural bias among service providers themselves to avoid re-victimization, further stigmatization of the Batwa as formal services to deal with issues of GBV.

1.2.4 World Bank's Safeguards Policies

With regard to this project, World Bank safeguard Policies triggered are summarized on Table below:

Summary of WB safeguards policies in relation to the project

Safeguard Policies	Triggered?		Remarks
	Yes	No	
OP 4.01 Environmental Assessment	✓		<p>The interventions under the project will involve small-scale improvements of existing health facilities to improve on their functionalities. The envisaged civil works will pose localized health and safety risks besides generating construction waste. Therefore, OP/BP 4.01 is triggered.</p> <p>Since the participating health facilities are not yet determined or known, this Environmental Management Framework has been prepared to guide management of environmental aspects. Once the specific sites and respective activities have been identified, appropriate EA will be undertaken i.e. project briefs or ESMPs.</p>
OP 4.04 Natural Habitats		X	The project will have not be implemented in areas of natural habitats hence this policy will not be triggered.
OP 4.09 Pest Management		X	The project will not entail use of pesticides.
OP 4.11 Physical Cultural Resources		X	This safeguard is not expected to be triggered because project investments will small-scale civil works/excavations and in case of any accidental discoveries of PCRs, a Chance Finds Procedures has been prepared in this EMF.
OP 4.12 Involuntary Resettlement,		X	There will be neither be land take nor any resettlement or compensation hence this safeguards policy will not be triggered.
OP 4.10 Indigenous People	✓		This policy will be triggered because the District of Kisoro inhabited by the <i>Batwa</i> is one of the beneficiary areas. An Indigenous Marginalized People Plan has been prepared to address special interests of the Batwa.
OP 4.37 Forests		X	The project is not expected to affect the management of forests and neither will it support forest nor logging operations.
OP 4.37 Safety of Dams		X	The project will not support or depend on dams.
OP 7.50 Projects on International Waterways		X	This does not apply to the project.
OP 7.60 Projects in Disputed Areas.		X	The project will not be implemented in disputed areas.

CHAPTER 2: CONTEXT AND POLICY FRAMEWORK

2.1 THE CONTEXT

In Uganda, the IMP in a generic sense refers to a distinct, vulnerable, social and cultural group possessing the following characteristics in varying degrees:

- a. Self-identification as members of a distinct indigenous cultural group and recognition of this identify by others.
- b. Collective attachment to geographically distinct habitats or ancestral territories in the project area and to the natural resources in these habitats and territories.
- c. Customary cultural, economic, social or political institutions that are spate form those of the dominant society and cultures.
- d. An indigenous language, often different from the official language of the country or region.
- e) Generally vulnerable by their nature of life; the community they live in and highly susceptible to extinction.

For this plan, the United Nations and World Bank criterion to identify indigenous peoples from the 65 ethnic groups in Uganda has been adapted. Uganda uses aboriginality, to the exclusion of other factors, as the only method of identifying IMP. There are 3 groups of persons in Uganda that have been identified as satisfying the international criteria for the identification of indigenous peoples. These include the Batwa, Benet, and Ik. These people have historically suffered, and continue to suffer disempowerment and discrimination on economic, social and cultural grounds.

Their livelihood is threatened mainly by the dwindling access to land and natural resources on which they depend either as pastoralists or as hunter-gatherers. It will be demonstrated, however, that although the law in Uganda does not expressly recognize IMP, it makes provision for addressing some of the negative effects arising from ethnic vulnerability and imbalances. The Constitution, in the section on National Objectives and Directive Principles of State Policy, provides that every effort shall be made to integrate all peoples while at the same time recognizing the existence of, amongst others, their ethnic, religious and cultural diversity. In this regard, the Constitution requires that everything necessary be done to promote a culture of co-operation, understanding, appreciation, tolerance and respect for each other's customs, traditions and beliefs.

The Constitution of Uganda even makes provision for the adoption of affirmative action in favour of marginalized groups in order to address historical imbalances. The National Objectives also make provision for the fair representation of marginalized groups on all constitutional and other bodies. These provisions have direct relevance to IMPs and could be used to compel government to undertake special measures to address the needs of these people.

2.1 THE LEGAL FRAMEWORK

(1) The 1995 Constitution of Uganda

The 1995 Constitution offers no express mention for IMP but Article 32 places a mandatory duty on the State to take affirmative action in favour of groups who have been historically disadvantaged and discriminated against.

(2) The Equal Opportunities Act, 2007

The Act gives effect to the State's constitutional mandate to eliminate discrimination and inequalities against any individual or group of persons on the ground of sex, age, race, colour, ethnic origin, tribe, birth, creed or religion, health status, social or economic standing, political opinion or disability, and the need to take affirmative action in favour of groups marginalized on the basis of gender, age, disability or any other reason created by history, tradition or custom for the purpose of redressing imbalances which exist against them.

(3) The Local Government Act, Cap 243

The Law mentions that the local government system is based on the District as a unit under which there are Lower Local Governments and administrative units: Municipalities, Counties, Sub county/Divisions/Town Councils, Parishes/Wards and Villages. These administrative units are charged to handle most of the local matters: legislation, revenue, political and socio-economic and women must be represented for decision making at all those levels by 30%. This therefore means that at local Council level *ceteris paribus*, the people of Uganda including women and girls have the minimum support necessary to live a respected and peaceful life. Currently, there are 116 Districts, One Capital City of Kampala and 41 Municipal Councils.

(4) The Domestic Violence Act, 2010

The Act stipulates the various offences if spouse(s) cause violence to each other. The Act further provides for institutions and the jurisdictions to handle domestic violence cases. The institutions range from local council courts, police, and magistrates to health workers. The local council courts are mandated to handle matters related to children. Economic abuse, physical violence, emotional abuse, and sexual violence are included in the Act. The act also provides for protection orders for survivors of domestic violence to leave their respective homes.

(5) Other International Frameworks

There are other International instruments ratified and some domesticized which include among others the (i) Universal Declaration of Human Rights, (ii) International Covenant on Civil and Political Rights, 1966, (iii) International Covenant on Economic Social and Cultural Rights, 1966, (v) The Declaration on the Rights of Minorities 1992, and (vi) The African Charter on Human and People's rights 1981 (vi) Declaration on the Rights of Persons belonging to National or Ethnic, Religious and Linguistic Minorities (1992).

2.2 THE POLICY FRAMEWORK

(1) The Uganda Culture Policy, 2006

The policy states that Ugandans have different beliefs and traditions that are deeply rooted in their cultural and religious values which have contributed to the propagation of social harmony and development. However, these beliefs, traditions and values sometimes conflict with modern laws. Some of these include; widow inheritance and female genital cutting. This has led some people to regard culture as retrogressive. The policy proposes cultural change, strengthening of the family unit, cultural industry promotion for livelihood and promotion of indigenous knowledge, values and norms.

(2) The National Policy on Elimination of Gender Based Violence, 2016

The policy provides a framework for the implementation of comprehensive GBV prevention measures and provision of multi-sectoral support services for survivors. It also outlines the role of various state and non-state actors at local and national levels, strategic actions, and milestones for measuring progress. The new policy plays a key role in addressing critical gaps in GBV response, such as the lack of functioning referral systems that coordinate health, social, law enforcement, and judicial sectors.

(3) The Decentralization Policy, 1993

The policy stipulates that Local councils, more specifically the local government councils have been granted wide-ranging powers. Local government councils are the highest political authority in their areas of jurisdiction, with both executive and legislative powers. In addition, the policy provided that two or more districts may, in accordance with article 178 of the Constitution, cooperate in the areas of culture and development and may, for that purpose, form and support councils, trust funds or secretariat. The policy further emphasizes that sector or line ministries affected by decentralization are gradually expected to concentrate on national policy and standards, ensuring compliance with national standards, inspection, training, providing technical advice, mentoring, monitoring and evaluation. Line ministries are no longer responsible for the direct delivery of transferred services. It is the local governments that are accountable to the people for the provision of devolved services and other services that affect people's wellbeing.

(4) The Uganda Gender Policy, 2007

This policy identifies GBV and discrimination of women and girls by some cultural practices as challenges to women and people's emancipation to social economic development. The policy proscribes gender and livelihood in terms of resource utilization and control, social protection and labour dynamics in a family and household setting as well as promotion rights free from GBV and injustice of all forms.

(5) The National Orphans and other Vulnerable Children's policy, 2004

The policy provides for the enjoyment of rights and responsibilities of the orphans and other vulnerable children and all interventions need to take the family and community (including the cultural and social norms) as first line response.

(6) National Land Policy, 2010

This policy addresses contemporary land issues in Uganda and regarding land rights of ethnic minorities. The policy provides for Government shall in its use and management of natural resources, recognize and protect the right to ancestral lands of ethnic minority groups. In addition it also provides that Government shall pay prompt, adequate and fair compensation to ethnic minority groups that are displaced from their ancestral land by government action. Under the policy, Government will take measures among others to pay compensation to those ethnic minorities that have in the past been driven off their ancestral lands for preservation or conservation purposes.

(7) World Bank Policies

The World Bank's policy on Indigenous Peoples (OP 4.10) is specific in underscoring the need for borrowers and the Bank staff to identify indigenous peoples, consult with them, ensure that they participate in and benefit from Bank funded operations in a culturally appropriate way and ensuring that the adverse impacts are avoided, minimized or mitigated.

2.3 THE PLANS

(1) Uganda Vision 2040

Uganda's Vision 2040 stipulates a plan to promote equal opportunities and enjoyment of human rights for both men and women, provides for care and protection of vulnerable groups either by age, social class, location, disability, gender or disaster, ensure gender responsive policies, programmes and actions.

(2) The 2nd National Development Plan NDP II (2015/16-2019/20)

The Plan emphasizes gender equality as a basis for development and the elimination of GBV as a key strategic action.

(3) The Social Development Sector Plan (SDSP) 2015/16-2019/20

The Plan underlines the expansion of GBV prevention and response programs as a priority area of action.

2.4 INSTITUTIONAL FRAMEWORK

(1) Ministry of Gender Labor and Social development

The Ministry has the overall mandate to mobilize and empower communities to harness their potential through Skills Developments, labor productivity and Cultural Growth for Sustainable and Gender Responsiveness Development of all Ugandan citizens including indigenous minority groups. There is an enabling legislative and policy framework to guide service delivery among the Indigenous and Vulnerable Groups e.g. Equal Opportunities Act and Regulations, The National Equal Opportunities Policy, National social protection Policy, National policy on Elimination of GBV and the Equity Promotion Strategy.

In terms of overall project implementation, the role of prevention and response to GBV is achieved through functions of Directorate of Gender and Community Development (specifically the Department of Gender and Women Affairs, Department of Culture and Family Affairs, and Department of Community Development) and Directorate of Social Protection (Specifically the Department of Youth and Children Affairs, Department of Disability and Elderly and Department of Equity and Rights).

However, issues of ethnic and indigenous minorities are handled by Department of Culture and Family Affairs and Department of Equity and Rights in collaboration with Equal Opportunities Commission and Programme for Social Assistance Grant Empowerment (SAGE). There are over 40 Ministry officials and over 17 officers (16 CDO and 1 Probation officer) in Kisoro district that contribute to achievement of GBV prevention and response. However, these officers have limited capacity in management of GBV among indigenous minority groups. Apart from national interventions, there is no specific GBV prevention and response actions for the Batwa community in Kisoro. This is attributed to the limited availability of resources to effectively provide GBV prevention interventions and monitor progress. Additionally there are no national indicators for tracking GBV among the ethnic minorities particularly the Batwa community. Currently there are no specific government interventions for GBV prevention and response among the Batwa community.

Given the above, the project will include additional institutional strengthening for MOGLSD specifically focused on the implementation of the IMPP. These measures are outlined in the IMPP Action Plan and have been integrated in the overall project cost.

(2) JLOS

This sector emphasises the administration of justice and the referral system for GBV. The creation, for example, of the Child family protection directorate at Uganda police is to emphasise the redress system.

(3) The Local Governments

The Local Governments have a mandate of offering services nearer to the people. These services range from basic community infrastructure, primary health care, universal primary education to probationary and community based services. There are a number GBV-related cases have been handled.

In a nutshell, Uganda has rich legal, policy and institutional framework as given above whose basis lies to make the IMPP for the Batwa in Kisoro District.

CHAPTER 3: PROFILE OF THE BATWA

Regionally

The Batwa of the Great Lakes Region are a Pygmy people once hunter gatherers in the mountain and lowland forests around Lake Kivu and West and Central Africa. “Pygmy” is a term used to designate small-stature hunter-gatherer peoples of the equatorial forests of Central Africa. This term is rarely used by Pygmies themselves and is often used by outsiders in a derogatory way. Many groups prefer designations that correspond to specific areas of forest. The name Batwa carries a similar ambivalence to the term Pygmy and only tone and context indicate whether the term is being used insultingly or respectfully. Some researchers in Uganda have indicated that the Batwa prefer to call themselves *Abayanda*.

The Batwa inhabit parts of Southern Uganda, Eastern DRC, Rwanda and Burundi. Overall population is estimated between 70,000 and 80,000 dispersed over an area of approximately 100,000 km². The Batwa are minority in all countries they occupy, making up to 0.7 % of the population, which limits their significance as a political force. In all areas occupied by the Batwa incoming agriculturalists, particularly from the 19th century onwards established themselves in larger numbers. Deforestation and land dispossession have contributed to high levels of impoverishment and marginalization among the Batwa. This process has been further exacerbated by the recent creation of natural parks and conservation areas from the 1990’s.

The Batwa clearly identify themselves as indigenous groups. Batwa organizations involved in the international indigenous rights movement identify themselves as a “First People” emphasizing they have no history of migration. The Batwa distinguish themselves into three main groups: (i) “Foresters” or Impunuy (probably fewer than 7,000 have currently direct access to the forest; (ii) “Fisherfolk” unlikely to exceed 4,000 people; and (iii) “Potters” making up the majority of

contemporary Batwa (60,000 to 70,000 people). With de-forestation, many Batwa came to depend on pottery that has come to replace hunting and gathering as the symbol of Batwa identity. This reflects the increasing importance of women's activities in terms of the groups' livelihoods. With hunting overall outlawed men's contribution to the household has significantly diminished.

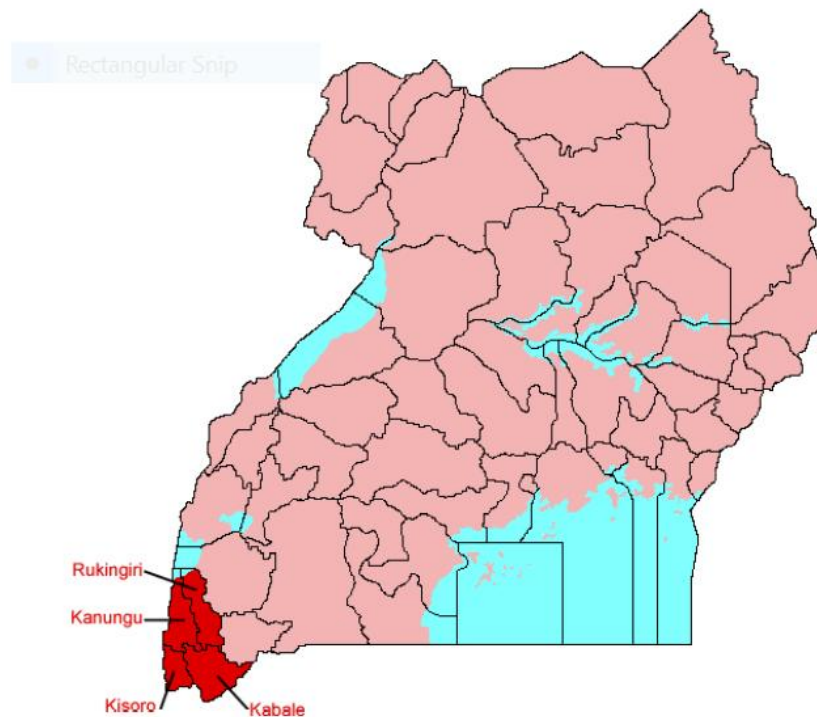
In Uganda

In Uganda, the national population and housing census of 2014 estimated the population of Batwa to be about 6,200 with about 3,000 women and 3,000 men predominantly living in rural areas. The Batwa are believed to have migrated from the Ituri Forest of the Democratic Republic of Congo in search of wild animals to hunt, hence the name Kisoro, literally meaning "the area occupied by wild animals". The Batwa live in small huts mainly made from sticks and grass. The Batwa speak several different languages today including Kinyarwanda, Rukiga, Rufumbira. The establishment of the Bwindi and Mgahinga National Parks for Mountain Gorillas in 1991 enabled the authorities to evict the Batwa definitely from the forest. Their households are scattered in various settlements in villages located adjacent to the forest. They include: Murubindi, Kashasha; Gitebe-Kanaba, Biizi-Rugeshi–Murora, Mukasaayi that comprises two settlements, Karengyere-Rwamahano and Kinyarushengye. The overall Batwa population in Kisoro is estimated at approximately 2,000 people in 37 clusters (or communities). Clusters are loosely defined kinship groups akin to clans with households either related by marriage and/or linked through a common livelihood strategy.

Forced from their traditional homeland and lacking resources, the Batwa are now dependent on Non-Governmental Organisations (NGOs), Faith Based Organisations (FBOs), donors and well-wishers for survival. Their traditional language, Rutwa, has long been subsumed under Rukiga and Rifumbira/Kinyarwanda, the languages of the dominant ethnic neighbours (Bakiga and Bafumbira); and most of them (over 95%) have not had any formal education. They share a naming system, including clan names and associated rituals of totems and taboos. Without access to clean water, healthcare or sanitation they are forced to live in shacks made from old pieces of cardboard and plastic bags, and have a tendency of investing in large family sizes, including polygamy.

The Batwa are traditionally talented in unique music, drama, art and crafts, although, they are yet to economically harness the talents and establish a sustainable livelihood. The Batwa are observed juggling traditional rituals and contemporary religious practices. Some of them visit shrines and the modern church services. The Batwa numbers embracing modern religion, especially Anglicanism and Pentecostalism is difficult to estimate because of multiple religious alliances or beliefs.

Map 1: Presence of Batwa in South-Western Uganda (*Kidd, C. 2008 Development Discourse and the Batwa of South West Uganda*)



Map B: Kisoro, Kabale and Kanungu Districts of Uganda²⁸

Social organization

While the majority of Batwa are no longer able to hunter/gather this traditional form of livelihood has had an impact in the Batwa form of social organization. The group has been defined as an “immediate return society” characterized by: (i) mobility, with temporary camps being set up by groups of around 60 people in quickly built structures. This facilitates Batwa’s ability to remain mobile/move to avoid conflict with dominant groups; (ii) obtaining immediate and direct return for labor – consuming most of the food obtained immediately and rarely storing surpluses; (iii) great stress is placed on obligatory sharing to regulate the development of inequality among the group. This contributes to a relative equality between members of specific camps. It also creates a dynamic where people are able to reject leaders whom they feel go beyond their competence or fail to consult and can make effective political representation difficult.

Widespread discrimination

Dominant non-Batwa ethnic groups frequently hold discriminatory views of the Batwa (“uncivilized”/“sub-human”). Communities are often segregated and settle at the edges of population centers. Stereotypical assertion of Batwa inferiority by dominant groups is used to justify

abuses against the Batwa. Consistently, local people were found to view the Batwa as inferior and they were routinely described as dirty.

Insecurity of subsistence strategies and limited access to basic services

Many Batwa communities perceive their rights over land as collective rights. Weak political leadership has made it difficult to address the issue of land encroachment and dispossession. Land dispossession has occurred through: (i) eviction (including following the establishment of natural parks and reservations); (ii) encroachment through intimidation with neighbours extending boundaries of their fields to incorporate Batwa land; (iii) sale of land as the key asset in times of famine/poor harvests.

A few Batwa own very little agricultural land, and the least productive, (one acre or less per household), in designated locations in hard-to-reach hilly terrain near the forest obtained from development agencies such as the Adventist Development and Relief Agency, BMCT (Bwindi Mgahinga Conservation Trust) and AICM (African International Christian Ministry).

However, the Batwa still carry out some activities illegally in the forests such as wild hunting, collection of honey, mushrooms, water, bamboo for basket making, building poles, making of bee hives and fire wood collection. The forest is also of cultural importance to the Batwa, who offer religious sacrifices to their gods.

Widespread poverty and lack of official documentation create additional barriers for the Batwa to access basic services (namely health services or justice services):

- (i) the vast majority of the Batwa are dependent on traditional medicine when ill. The Batwa have limited awareness of their right to free health care as a “vulnerable and marginalized minority”. Discrimination by health staff also limit health service seeking behavior among the Batwa as they are often subject to humiliation by health care professionals and other patients (not being treated until everyone else has been attended to, not being allowed to sit with other patients, for example).
- (ii) Miscarriages of justice against the Batwa are common in the literature with non-Batwa colluding with officials to expropriate Batwa land for example.
- (iii) Access to education is a major issue with less than 0.5% of the Batwa population regionally reported to have a full secondary education. Children, especially adolescents, play a key part in households’ livelihood strategies. Similarly, for households that could afford fees and associated costs, discrimination is a key barrier to being admitted in school.

Violence

Given widespread levels of discrimination, reports of violence against the Batwa by non-Batwa are common. Women further persistent sexual abuse at the hands of neighbours often on their way to the fields. There are equally high levels of violence among the Batwa themselves. In many areas dispossession has led to breakdown of social relations among the Batwa and increased tension among spouses.

Gender Based Violence

Recent survey findings on SGBV in Kisoro District and Kigezi region in general (Box 1) reveal high level of GBV among both the Batwa and the non Batwa (Bakiga and Bafumbira) largely associated with social and cultural norms that perpetuate the low status of women, putting both women and girls at a very high risk of all forms of emotional and physical abuse. Detailed situation analysis of the prevalence of GBV among the Batwa are annexed to the IMP: (i) Baseline Survey Report among

the Batwa - in 14 Batwa communities in Kisoro District (2016); and (ii) Situation Analysis of GBV among the Batwa in South- Western Uganda (2009). Key issues raised are outlined in Box 1 below.

Box 1: SGBV survey (*Baseline Survey Report on SGBV UOBDU 2016*)¹ established that: (i) both Batwa and non-Batwa communities (Bakiga and Bafumbira, the dominant communities) around them possessed limited information about women's rights and often times confused such rights with gender roles and responsibilities. Violence against women was 'very common'; (ii) of the individual Batwakazi interviewed 100% of them had ever experienced violence with 64% of them experiencing it on an on-going basis; (iii) 57% of the Batwakazi had been sexually abused; and 46% of the Batwakazi had 'ever been raped' by their husbands. This violence against Batwakazi was reported as 'on going'; (iv) Violence against women was perpetuated by husbands, non-Batwa community members and community leaders at different levels; (v) The wide spread violation of Batwakazi's rights was largely attributed to alcoholism, Batwa's low self-esteem, poverty and low education levels among others.

The violation of Batwakazi's rights was found to have short and long term adverse effects on the health, psychological, social and economic effects on the victims that needed a collaborative effort to be sustainably addressed. The likelihood of collaborative efforts to address SGBV was especially apparent given the fact that a substantial proportion of the rights abuse victims testified that they had experienced positive outcomes as a result of approaching one or more agencies for support. However, there were also worrying reports that some GBV survivors had never sought help which may have some irreversible adverse effects on their lives.

Generally both Batwa and Non-Batwa expressed a need to be supported to be able to prevent and respond to SGBV and deal with its effects. It was encouraging to note that Batwa themselves realized the need for behavioral change especially as regards alcohol consumption so as to prevent SGBV. Respondents also noted that in order to sustainably prevent SGBV and/or deal with its effect, Batwa especially women and girls needed to be supported to establish income generating projects so as to be empowered to resist men and/or seek for appropriate support in case they are abused.

Based on the findings of the study, the study team realizes that it is possible to have a Batwa community where everybody is happy and enjoying their rights. However for this to be a reality; different actors have to come together to support to Batwa to; understand and respect human rights and have stable and worthwhile livelihood sources. In the short run however, it may be necessary to set up a network of trained peer counselors and functional rehabilitation centers ensure that appropriate information, and tailored guidance and support is locally available. In addition, Batwa may need to be facilitated to access functional adult literacy services so as to be able to access and use available information.

CHAPTER 4: SELECTION OF COMMUNITIES FOR CONSULTATIONS

¹ by African International Christian Ministry (AICM) and United Organization for Batwa Development in Uganda (UOBDU) between November 2008 to April 2009 in the three districts of Kanungu, Kisoro and Kabale in southwestern Uganda.

A cluster is a group of Batwa members living in close proximity in form of extended families related either by blood, marriage, migration, religious beliefs. The clusters are not permanent institutions. Each cluster is independent from the other with its own leader, in most cases Bakuru b'emirango (clan leaders). However in case there is need to convene on issues of mutual interest affecting the Batwa, the cluster leaders come together and address them jointly. This is done on an ad hoc basis.

The Batwa Community of Kisoro District is located in 37 clusters (*see Appendix 2: Batwa Population distribution, 2014: Population and Housing Census*). Out of the 37 Batwa clusters in Kisoro district, eleven were purposely selected against the shown criteria indicated in Table 1 (Selection of the Batwa clusters and criteria).

TABLE 1: SELECTION OF THE BATWA CLUSTERS AND CRITERIA

The targeted clusters	Criteria against which they were selected were: (i) reported/estimated incidence of GBV; (ii) types of livelihoods and relative levels of deprivation among the Batwa; (iii) accessibility of the community/proximity to services (remote vs urban areas); and (iv) additional risk factors for GBV (alcohol consumption/tourism with linkages to sex work). Overall the analysis focused on three types of communities: (i) urban/peri-urban with estimated high GBV prevalence; (ii) remote/rural areas with estimated high GBV prevalence and (iii) remote/rural areas with estimated low GBV prevalence. The three types are described below.
TYPE 1 - urban/peri-urban with estimated high GBV prevalence.	
Mikingo (Combines <i>Bigina and Kisoro</i> <i>Town council</i> <i>communities</i>] Total population: 159 Population consulted: 40 people of which 13 women	Urban or peri-urban community, accessible with services present but not utilized high levels of deprivation, high levels of GBV reported and increased risk factors for GBV. Batwa communities that live in urban centres where the urban dynamics Batwa living in the urban areas where services are in close proximity [in terms of distance] and yet inaccessible to the Batwa. The services are inaccessible because of cost /unaffordability; illiteracy limited awareness about some of the medical services; stigmatisation; High levels of vulnerability of adolescent girls and boys; [justice systems; health care services access and utilization; off-farm livelihoods challenges and opportunities [begging in the urban Kisoro town; pickpocketing; crime rates, alcoholism] etc]; reported high GBV incidence, single mothers; orphans and vulnerable children.
Kanyabukungu <i>[found in</i> <i>Nyakabande sub-</i> <i>county]</i> Total population: 39	Peri-urban community, accessible with services present but not utilized high levels of deprivation, high levels of GBV reported. Both clusters are located close to each other in Murora and Nyakabande subcounties. The areas have more or less been integrated in the dominant Bafumbira settled communities. Information available [on the Bafumbira in general] at the district reveal that these areas have high GBV incidences. Specific attention in this community was being made on the assessment of the differentials [between Batwa and the non-Batwa] --in the GBV incidences ie This is why one assumption is being made, that GBV

Population consulted: 25 people of which 15 women	incidences among the Batwa are more or less not different from the rest of the communities, the Bafumbira; hence the need for assessing the differences (if any) of GBV situation
Biizi 104 Rugeshi 56 <i>[found in Murora sub-county]</i> Total population: 160 Population consulted: 15 people of which 5 women	Peri-urban community, accessible with services present but not utilized high levels of deprivation, high levels of GBV reported. Both clusters are located close to each other in Murora and Nyakabande subcounties. The areas have more or less been integrated in the dominant Bafumbira settled communities. Information available [on the Bafumbira in general] at the district reveal that these areas have high GBV incidences. Specific attention in this community was being made on the assessment of the differentials [between Batwa and the non-Batwa] --in the GBV incidences ie This is why one assumption is being made, that GBV incidences among the Batwa are more or less not different from the rest of the communities, the Bafumbira; hence the need for assessing the differences (if any) of GBV situation
TYPE 2: remote/rural areas with estimated high GBV prevalence.	
Rushaaga,3 Kashija, 34 Ryabihuku, 12 Nyabaremura 33 <i>[found in Rubuguri Parish, Kirundu sub-county]</i> Total population: 138 Population consulted: 26 people of which 8 women	Rural/remote community, limited access to services, livelihood interventions for the Batwa, high levels of GBV reported, and increased risk factors for GBV. This area there is reportedly high incidence of GBV and inaccessibility [n terms of costs and distance] to services. (inadequately equipped health centre of Rubuguri; the area has no access to legal aid services); it is an area that has high tourism traffic and reports of young girls engaging in sex work; It is also area where there are tangible economic empowerment interventions for the Batwa
Mukungu Total population: 167 Population consulted: 40 people of which 20 women	Rural/remote community, limited access to services, high levels of deprivation, high levels of GBV reported. Community with very high GBV incidences [hosting both Batwa and their Bafumbira dominant neighbours; high polygamy; live in far remote inaccessible areas
Gatera <i>[found in Mabuyemeru village]</i>	Rural/remote community, limited access to services, high levels of deprivation, low levels of GBV reported. Presence Batwa educational centre [Mabuyemeru SDA Primary School]; high Batwa parents with pupils in school; strong cultures and recent introduction of Christian religion

Total population: 101 Population consulted: 29 people of which 20 women	
TYPE 3: remote/rural areas with estimated low GBV prevalence.	
Biraara Total population: 115 Population consulted: 35 people of which 15 women	Rural/remote community, limited access to services, high levels of deprivation, low levels of GBV reported. Settled Batwa community that have been resettled onto Church donated land; low reported incidence of GBV. Batwa live among the dominant Bafumbira that discriminate against them.

From the total Batwa population in Kisoro district (2,000 people), 210 people were consulted as part of the preparation process for the IMPP. The distribution of consulted groups and selection of clusters is outlined in the table below. The typology of the 37 clusters and their distribution across the three types of communities selected for the consultations is also outlined.

Consultations	Typology	clusters	Sampled population	Total cluster population
FGD-M FGD-F Youth CPC	T1	<ul style="list-style-type: none"> Mikingo <i>[Bigina and Kisoro Town council]</i>	40	159
FGD-M FGD-F Youth CD	T2	<ul style="list-style-type: none"> Rushaaga, 3 Kashija, 34 Ryabihuku, 12 Nyabaremura 33 <i>[found in Rubuguri Parish, Kirundu sub-county]</i>	26	138
FGD-M FGD-F CD	T3	Biraara 115	35	115
FGD-M FGD-F Youth CD	T2	Mukungu 167	40	167

FGD-M FGD-F Youth CD	T2	Gateera 101 <i>[found in Mabuyemeru village]</i>	29	140
FGD-M FGD-F CPC	T1	• Kanyabukungu 39 <i>[found in Nyakabande sub-county]</i>	25	39
FGD-M FGD-F CD	T1	Biizi 104 Rugeshi 56 <i>[found in Murora sub-county]</i>	15	160
96		TOTAL CLUSTERS: 11	210	918

Consultation process

Following the cluster selection outlined above, the consultation process for the development of the IMP was as follows.

Preparatory Phase

During the Inception phase, five consultative meetings [with the Project Coordination led by the Assistant Commissioner for Occupational Safety alongside other technical staff of the Ministry] were held with the objective of:

- Harmonizing the tasks of the assignment i.e. reaching an understanding on some aspects of the tasks and project areas to be visited which were agreed upon; and
- Compilation of relevant literature sources for use by the consultation team. The team has embarked on systematic review of the relevant documents which provide basic information on the project. The meetings served to inform the Consultation team requirements for fieldwork, clarification on Ministry's obligations in this process and agreeing on both the timelines and deliverables for the work.

The kick-off meetings also served to verify the available information and status of the existing systems, processes and procedures and to obtain clarification and guidance with regards to the scope of work (SoW) taking into account the need to refocus some consultation issues from the stakeholders to keep the IMPP within the required project scope.

The Consultation team reviewed a number of reports and other documentation, related to GBV (Appendix 1: Literature/ Documents that were reviewed: References). These documents provided a guide on a number of aspects relating to the project.

Field visits

The Consultation team visited Kisoro district from 15th –29th March 2017 and gathered baseline information through community dialogue, Focus Group Discussions (FGDs) and key informant interviews. . While in the field, the teams made a courtesy visit to Wilson Tibugyenda, the Chief Administrative Officer (CAO) for Kisoro District and Abel Bizimaana, the Chairperson, Kisoro District to introduce the plan and purpose of the visit.

In consultations with Sarah Kigongo, the District Community Development Officers (DCDOs) and CDOs, a list of key stakeholders was drawn. The stakeholders were identified and put under priority and optional categories based on their roles in the GBV project and its interventions. Letters requesting the Consultation Team to hold consultative meetings with the stakeholders were drafted and delivered by the CDOs to the stakeholders identified. The letters were accompanied by the Consultation Team's itinerary for the consultations.

The Batwa community living in the vicinity to Mabuyemeru SDA Primary school were initially contacted through the school Head teacher who made appointments with both the Batwa parents' Chairperson, as well as some parents and their children. Upon meeting the identified persons, they were briefed about the project and requested to provide formal written letters of consent permitting the Consultation Team to consult and take photograph with them (both the pupils and their parents). Through a snowballing process, the identified Batwa also contacted their colleagues in other communities. Later the identified Batwa individuals and communities were visited for the consultations.

Arising from the stakeholder consultations, the Batwa sample clusters (Table 1: Selection of the Batwa clusters and criteria) were chosen taking into account, levels of prevalence of GBV and some on-going interventions in those areas. Largely, the sampled clusters where consultations were made provided relevant information which is representative of the Batwa Community social cultural practices and values.

The consultations were carried out in Rufumbira and Rukiga simultaneously, since these are languages that best articulate Batwa's norms and values; and they are commonly used and understood in the targeted Batwa community. Here, participants were asked to freely voice their concerns regarding GBV, especially response, reporting and referral. As earlier indicated, the Batwa's indigenous language has long been subsumed under the Rukiga and Rufumbira, - languages of the dominant neighbours.

Views and opinions were generated through Focus Group Dialogues (FGD) and Key Informant Interviews (KII). Here participants were asked to freely voice their concerns regarding GBV, especially response, reporting and referral.

During the consultations, the Consultation Team took the relevant notes, photographs and at the same time made keen observation of the respondents' gestures while reacting and responding to GBV issues in the consultations.

Free, Prior and Informed Consent

In preparation of this IMPP discussions to secure the Free, Prior and Informed Consent (FPIC) of the communities for the IMPP consultations themselves were held from 8th – 12th March 2017 with

Batwa community. The purpose was to obtain their consent for the proposed discussions; to know whether they would be available to talk to the consultation team; and to understand in advance of the preparations, Batwa's unique social tastes and preferences when being consulted. This was an important process to inform the Batwa community about the plan and to directly hear their concerns and seek recommendations that inform the design and implementation of the IMPP. This approach helped in establishing trust between the potential service providers (MGLSD) and potential service receivers (Batwa community) for future project implementation. The approach intended to ensure that consultations are designed in such a way that are effective in helping MGLSD to understand the Batwa's specific needs when it comes to GBV prevention and response.

The FPIC method was seen as a positive step to help establish a constructive dialogue for both parties to identify GBV challenges and specific needs to the Batwa community in Kisoro District and collectively establish appropriate recommendation with unbiased participation. As the initial activity for the IMP consultation, the process of the FPIC with the Batwa community, their leadership and key stakeholders was made in all the 7 sampled Batwa clusters in Kisoro District. This exercise took 5 days was carried out by the Kisoro IMP consultation Team.

Overall approach to the identification of key informants and participants in consultations

Through a "snow-balling approach" community leaders, were also requested to identify their 'colleagues' with similar qualities – to influence and mobilise the Batwa for free participation in the assessment. Categories of targeted people who attended this meeting were mainly men groups – 18 years and above; youth groups (mixed male and females) aged 15 – 35 years; child protection committees at sub-county level; school children; local and "Batwa Bakuru b'emiryango" (clan based cultural authorities, often confined to specific ridges). The community dialogues were held with the men, youth and children.

In Kisoro District, the assessment team was supported by Sarah Kigongo, the DCDO, Kisoro District, and all the sub-county CDOs that are located in the 5 sub-counties that where the assessment was made. The DCDO linked the entire team to the Sub-County CDO for easy of coordination. The sub-county CDOs are familiar with the Batwa clusters and leadership. The CDOs' mobilisation and raising awareness about the importance of the assessment served an important activity in preparing the Batwa's participation in the assessment.

During the consultations, the Consultation team took the relevant notes, photographs and at the same time made keen observation of the respondents' gestures while reacting and responding to issues in the consultations.

At the end of each day of the community consultations, the team members attended a daily de-briefing meeting during which we compiled a final daily report of all consultations done. On completion of field activities, the assessment team had a de-briefing session with district administration (the CAO, LC5 and the DCDO) during which the feedback on key issues was discussed and consensus generated over all the Batwa GBV issues presented in this report.

The FPIC Modalities Differed by Individual and Community as Follows.

The Batwa of Gateera Mabuyemeru community live in the vicinity to Mabuyemeru SDA Primary school, - the school that was primarily established for the education of Batwa children. The Batwa that have children in school were initially contacted through Gilverzio Nkuruziiza, the Head teacher of Mabuyemeru SDA Primary school. The Head teacher made appointments with both the Batwa parents' Chairperson, some Parents and their children. Upon meeting the Parents' Chairperson, and Batwa parents were requested to provide formal written letters of consent permitting the Team to consult and take photograph with them (both the pupils and their parents).

The UOBDU staff for mobilization: In Kisoro District, an NGO, the United Organization of Batwa Development in Uganda (UOBDU) is the only NGO in Kisoro district that employs Batwa. Since the UOBDU's mission is to coordinate Batwa programs, their Batwa staff (Alice Nyamihanda, Allen Musabyimaana; and John Rwubaka) were identified to link the Team with Batwa communities' leaders and key informants. They were briefed about the project and requested to make appointments with their respective community leaders. Through snowballing process, the identified Batwa also contacted their colleagues in other communities. Later the identified Batwa individuals and communities were visited for the assessment.

The overview of the consultations held with the Batwa are included in Annex 4 to the IMPP and provide an overview of the issues discussed. Additional supporting documentation (video) of the consultations is also available for further consultation. The links to these video clips are also included in Annex 4.

The consultations focused on collecting information on the overall situation of the Batwa as it pertains to GBV. Data collected was used to inform the development of the IMPP and proposed activities to ensure that the Batwa were able to benefit equitably from project interventions. Based on the consultations conducted the communities confirmed the broad community support for the proposed project interventions.

Disclosure Meetings: Methodology

These were held from the 14th -17th April 2017 in Kisoro district and it involved the following steps; *Mobilization and Participation of the Batwa and other Stakeholders:* Through the available contacts of the Batwa opinion leaders in each of their clusters, opinion leaders were identified, visited in their clusters; and others were called through telephone contacts specifically those who had earlier participated in the FPIC and community consultations. This was done in one day. Then the following day, the participants were gathered in the Kisoro District council hall for the disclosure meeting [see Disclosure meeting methodology: where all stakeholders were divided into separate groups for review of the GBV issues [potential risks and mitigation measures]. The disclosure proceedings were conducted in both English and kifumbira (Batwa local language). This was followed by plenary sessions to generate consensus on the issues included in this IMPP. Based on the consultations conducted and feedback received from the communities confirmed the broad community support for the proposed project interventions.

Community Dialogue

After obtaining free prior and informed consent, community dialogue sessions were arranged to formally consult and hear the Batwa community views about GBV. The dialogue sessions were conducted in such a way that there were free conversations during the 14 days consultation exercise.

One such dialogue was held in each cluster (a total of seven). In the dialogue sessions, the informants were at will to share their practical experience of GBV including a demonstration of some items used in GBV like “enkoni” (stick used by men to batter their wives). Key findings from the Batwa consultations have been documented in the IMPP.

Focus Group Discussions

A total of 20 Focus Groups Discussions were conducted as part of the preparation process.

In each site 1 FGD was conducted with men and a separate one held with women. These separate FGDs with women were held to create enabling conditions for their participation and to ensure they were able to freely express their concerns and discuss issues of GBV more freely. In addition 4 FGDs were conducted with youth (both girls and boys) and two additional FGDs were held with Child Protection Committees across all sites. An average 8 people participated in each of the FGDs.

2.3.7 Key Informant Interviews (KIIs) - A total of 10 KIIs were conducted with the main stakeholders working with the Batwa on GBV issues. In and around the 37 Batwa clusters, there are a number of NGOs working with the Batwa. For example, in Mukungu, there is Muhabura Diocese that operates a school, builds Batwa houses and runs a church within the Batwa clusters proximity. In Biraara, there are two churches whose original mission is spiritual nourishment and saving peoples souls; as well as buying land and building houses for the Batwa. The churches render the psychosocial support in addition to their mission. This is compared to Rubuguri where the Batwa work hand in hand with Tour and travel companies to earn a living through entertainment, music, dance and drama.

The key stakeholders below were identified as the ones that directly work on GBV issues at the district level. In addition, the CDO supported the identification of the organizations with the largest interventions currently with Batwa communities.

S/N	ORGANISATION	SERVICES / INTERVENTIONS
1	UOBDU	Education; Legal support; Livelihood; Capacity building; Radio talk shows; Human rights
2	ADRA	Education; Livelihood; Health education; Construction of schools Health cards
3	MUHABURA DIOCESE	Psychosocial support; land provision; resettlement through provision of housing;
4	LIFT UP JESUS Faith Based Organization	Building houses; Education; Food supplies; Providing beddings; Medical camp.
5	BMCT Bwindi Mgahinga Conservation Trust	Schools construction; Education support; Provision for food for some Batwa
6	CARE INTERNATIONAL	Built houses- mud houses/semi temporary; Livelihoods; Provision of land
7	UWA [Uganda Wildlife Authority]	Batwa trail and tourism promotion [involving Batwa to earn some income]

8	BAPTISM CHURCH [FBO]	Educations; Sponsors Batwa kids with help from compassion Uganda
9	LOCAL GOVERNMENT [Kisoro District]	Advocacy; Lobbying and advocacy; Coordination; UWEP; CDD support; FAL activities; Women entrepreneurship; Technical support services
10	Police and judiciary	Law and order; Security and safety; legal aid;

CHAPTER 5: KEY IMPP CONSULTATION FINDINGS

During the consultations, key issues were documented according to the three types of communities consulted and a summary has been attached in Appendix 4

5.1. GENDER BASED VIOLENCE PREVENTION

Key issues noted were as follows;

Power relations

During the consultations the team identified power and gender relations between the men and the women as one of the drivers of GBV. This is likely to affect women's access to project information and benefiting from project interventions. Participants were of the view that information should address existing power relations and ensure that women access information about the project through specialised packages targeting women and girls.

Alcohol consumption

Community members cited instances high consumption of alcohol among men .Women sell alcohol in the village centers which increases their vulnerability to sexual and physical abuse.in other instances husbands ask for daily earning from women.

Failure to deliver or declare the daily earnings was said to be a source of wife beating at home.

The potential risk anticipated by the community members was that the incomes and enhanced live hood would increase alcohol consumption if not regulated.it is proposed that the project should emphasise behavioural change intervention alongside supporting local governments to regulate alcohol consumption.

Health seeking behaviour

During the consultations, community members cited a reluctance by expectant mothers to seek medical care services. This is attributed to the Batwa's traditional way of life, cultural values and norms which do not allow a male healthcare provider to attend to pregnant women during delivery. In addition expectant mothers prefer services of Traditional Birth Attendants (TBA) given their friendly approach, affordability and accessibility. The current health care service delivery system is offered by the Bakiga and Bafumbira who are said to be discriminatory to the Batwa. This subsequently affects the Batwa's health care seeking behaviour.

The potential project risk is that this poor health seeking behaviour among the Batwa community shall hinder access and utilisation of the GBV health response services. The project should therefore address the social –cultural and discriminatory issues associated with health seeking behaviour.

Conflict resolution.

The community members revealed that they rely on informal cultural structures e.g clan leaders, grandmothers, elders and mothers' in law to solve prevailing conflicts such as GBV irrespective of

the gravity of the incident. The anticipated project risk is that the formal referral pathway to the GBV response services shall not be fully utilised. The project should therefore sensitize the Batwa community members on the National GBV referral guidelines and strengthen the collaboration between the formal and informal referral systems.

Cultural myth

From the consultations, it was revealed that traditionally, the non Batwa (Bafumbira and Bakiga) believe that the Batwa females are a source of “healing” for HIV/AIDS and backache there by increasing rape, defilement and early marriage. The community proposed that the project should address the existing negative cultural norms that fuel GBV through intensified sensitization and adoption of evidence based behaviour change approaches.

Livelihood among the batwa

Land which was the main source of livelihood among the batwa was gazetted. According to the community, this condition has forced both men and women to work for a daily piecemeal. The project should have an element of affirmative action for the batwa during implementation of the livelihood empowerment interventions.

5.2 GENDER BASED VIOLENCE AND SOCIAL RISKS RESPONSE MECHANISMS

5.2.1 National Response mechanism

Ministry of Gender has the overall mandate of ensuring that marginalised groups such as IMP are equally and equitably catered for. There are two directorates of Gender and Community Development and Social protection which concern themselves with this mandate. The Ministry of Justice and Constitutional Affairs; Ministry of Local Government, Ministry of Health and Internal Affairs ensure that there is implementation of initiatives and that there is a proper referral system in administration of justice and fairness.

5.2.2 Local Response mechanisms

The Batwa community has come together to promote and protect their interest under the umbrella of UOBDU which is a registered NGO established in 2000 to respond to development issues. However, here are other institutions, such as the ones in the following table.

Table 333: List of GBV service providers "who's doing what" [ranked according to magnitude of impact]

S/ N	ORGANISATION	SERVICES INTERVENTIONS	Comments/ remarks
1	UOBDU	Education; Legal support; Livelihood; Capacity building; Radio talk shows; Human rights	They are strong at reaching out to the Batwa communities [i.e. community outreach, sensitization]; they are good at Partnership and collaboration, but have limited technical competence in service delivery
2	ADRA	Education; Livelihood; Health education; Construction of schools Health cards	They have a long history [over 20 years] of working closely with the Batwa but have limited financial resources to assist in the Batwa education and health issues [ie their key areas of focus]
3	MUHABURA DIOCESE	Psychosocial support; land provision; resettlement through provision of housing;	Spiritual growth and morals of the Batwa; have provided land upon which the Batwa are settled [but the land remains the Diocese property].
4	LIFT UP JESUS Faith Based Organization	Building houses; Education; Food supplies; Providing beddings; Medical camp.	Have their niche in providing decent housing; and moral / spiritual growth
5	BMCT Bwindi Mgahinga Conservation Trust	Schools construction; Education support; Provision for food for some Batwa	Provided land to the Batwa and economic empowerment (goats, sheep and farm inputs); but they are targeting both Batwa and non-Batwa communities that live near the Bwindi – Mgahinga National parks
6	CARE INTERNATIONAL	Built houses- mud houses/semi temporary; Livelihoods; Provision of land	Focuses on economic empowerment of the Batwa
7	UWA [Uganda Wildlife Authority]	Batwa trail and tourism promotion [involving Batwa to earn some income]	They have recently started planning to reach out to Batwa [set aside UGX120 million only – will finalise the Batwa program by end of March 2017]
8	BAPTISM CHURCH [FBO]	Educations; Sponsors Batwa kids with help from compassion Uganda	Are helping some Batwa with education [payment of scholastic materials]
9	LOCAL GOVERNMENT [Kisoro District]	Advocacy; Lobbying and advocacy; Coordination; UWEP; CDD support; FAL activities; Women entrepreneurship; Technical support services	The district has already passed a Council Resolution to provide the Batwa with land; but they are challenged by provision of modest infrastructure, housing and feeding in the short run as the Batwa settled down to produce their own food

10	Police and judiciary	Law and order; Security and safety; legal aid;	Dispute resolution; referral services
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APPENDIX BB

Key issues that were raised by the Batwa during the consultations are outlined in the table 4 below. The main concerns and issues are presented for each of the seven clusters targeted for the preparation of the IMPP. In addition, table 5 presents a

GBV issues	Food insecurity and lack of nutrition	Lack of education	limited incomes <i>Lack of financial capacity to access GBV response services</i>	“kucw’encuro” (fending for food for daily living)	Limited GBV awareness	High inequality	conflict management/ resolution [redress of grievances ; & dependent on their traditional institutions]	Myths Eg sex with Batwacures some ailments (HIV/AIDS and backaches	legal aid services	Negative masculinity: men are considered superior to women	seeking medical services [dependence on traditional health care providers/ systems]	Men battering wives	Alcohol & drug abuse	neglect of family responsibilities	Marginalization & discrimination [by dominant neighbours (Bakiga and Bafumbira)]	Stereotyping
(1) Mikingo, Kisoro town council	Get one meal a day; many mothers & breast feeding live by begging;	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Spend a lot on alcohol [especially men]; neglect of family responsibilities	✓	✓	some Batwa girls and women are waylaid and raped or defiled
(2) Rubuguri	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	especially men & youth/ adolescents	✓	✓	✓
(3) Biraara	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓	Spend a lot on alcohol [especially men]	✓	✓	✓
(4) Mukungu	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Request access sacred places of worshi	✓	Spend a lot on alcohol [especially men]	✓	✓	✓

											p, historic al sites, medicin al herbs					
(5) Gatera and Mabuyem eru	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
(6) Nyakaba nde	Batwa with atleast an acre of land	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	
(7) Murora	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table 5: Summary recommendations to strengthen project design from the consultations

Critical issues pertaining to GBV identified through consultations	Recommendations of areas to strengthen the extension of project benefits to the Batwa – These have been used as inputs to the preparation to the costed Action Plan	Source of the recommendations
<p>Low awareness on GBV on GBV likely to generate negative attitudes from the community about the project</p>	<ul style="list-style-type: none"> • Carrying out rigorous awareness GBV campaigns through family cluster meetings, radios, IEC materials • Consensus building on acceptable or unacceptable Batwa community social norms and grievance redress mechanisms at family level. • Integrating parenting training and sessions in the GBV awareness creation • Sensitization of the Batwa on positive cultural values, norms and practices and the 10 National ethical values • Deliberate awareness and sensitization GBV program in the local language is a strong door out of GBV • Emphasis on Batwa education and retention in school • Strengthening the existing Functional Adult Literacy (FAL) classes among the Batwa communities, incorporate GBV into the FAL curriculum, train FAL instructors on GBV • Use of drama groups to educate the Batwa on GBV from within the FAL classes • Intensive training of health workers and Lower local councils on GBV • Identify Batwa activists within their communities and train them on GBV and empower them in formulation of bye laws, follow up on GBV cases and referral forms 	<ul style="list-style-type: none"> • Community development officers • Media • Batwa representatives • CSOs like ACFODE, UOBDO • Police
<p>Exclusion of Batwa in the process of implementation</p>	<ul style="list-style-type: none"> • Ensure effective implementation of the National regulations and laws designed to protect the marginalized people in particular, Equal opportunities Act, (2007) • Create and implement an affirmative action for inclusion of the Batwa in the political (Local Council) system. All Batwa will have the opportunity to participate in and benefit from the project if they get involved in political decision making • Integration of poverty alleviation initiatives in GBV prevention for the Batwa including safe water, construction of simple shelters and supply of planting seeds • Support groups should be formed between Batwa and non-Batwa to enable them build a sense of trust. • Batwa should be included in all social gatherings teach them to work together • Support economic livelihoods specifically for the 	<ul style="list-style-type: none"> • District leaders • Heads of departments • Community development officers • CSOs like UOBDO, ACFODE • Media

	indigenous groups <ul style="list-style-type: none"> • Conduct district key stakeholders meeting with Equal Opportunities Commission on the issues of Batwa representation at all leadership levels. 	
Non-male involvement likely to lead to project failure because of existing social norms	<ul style="list-style-type: none"> • Identify and recognize male role models • Design male targeted activities to keep them busy [disinterest them from alcoholism] • Ensure joint sessions for males and females • Awareness and sensitization/ Male seminars 	Community Based Services Department CSOs like Lift Up Jesus, ACFODE Batwa representatives CDOS
Distortion of existing community structures for handling GBV cases	Strengthen the informal and formal referral pathways for GBV response Strengthening of community structures like the “Batwa Bakuru b’Emiryango” and supporting them to track report and refer GBV cases for appropriate management. Translation of IEC materials on GBV into local languages	District leaders Heads of departments like DCDO, Probation officer and DHO Police Local councils CDOs Court of justice
Failure to address community priority needs	Integration of interventions that address community basic needs such as (water, education, livelihood, food, charcoal stoves etc.) as mitigation measures for GBV prevention and other social risks in the community	CDOs Batwa CSOs
Traditional justice system which condones GBV	<ul style="list-style-type: none"> • Orienting, training and inclusion of the Bakuru B’emiryango on the Local Council Court structures so that the Batwa are confident and free with the modern court system. • Prioritization of the Batwa GBV survivors in court proceedings. For example, the Batwa priority health card could be an instrument to use even in referring GBV cases e.g. creating fast track initiative in Courts of Law to deal with, pregnant, breastfeeding offenders to protect the unborn and infants. • Training of the District/Sub County Orphans and Vulnerable Children Coordination Committee (DOVCC/SOVCC) members on members on GBV handling and human rights, rehabilitation and psychosocial support for Survivors and overall coordination and monitoring of GBV activities at district level 	Police District leaders DCDO, Probation officer and CDOs Court of justice CSOs Batwa representatives Religious leaders like Dioscence of Muhabura, Lift Up Jesus church
Financial barrier to access GBV	<ul style="list-style-type: none"> • Promotion of pro-bono services to the Batwa GBV survivors through mobilization of Lawyers and 	Heads of departments like

response services	<p>advocates to provide free legal services.</p> <ul style="list-style-type: none"> • Provision of relief items e.g. clothing, food, transport, sanitary wear to the Batwa. 	<p>Health, community and probation officer</p> <p>CSOs</p> <p>Batwa representative</p>
Denial of GBV survivors quality (multi-disciplinary) services due to poor coordination of the duty bearers:	<ul style="list-style-type: none"> • Promote strategic partnerships and networks to facilitate multi-sectoral planning, coordination and reporting of social risks and GBV interventions at all levels. This will promote synergy and facilitate optimal use of available technical and financial resources • Ensure formulation and operationalization of standard guidelines on the basic minimum standard for GBV response at community level 	<p>Heads of departments</p> <p>CDOs</p> <p>Local councils</p> <p>Police</p> <p>CSOs</p>
Inadequate Capacity to respond to for GBV Services	<ul style="list-style-type: none"> • Institutional strengthening of MoGLSD, participating sectors (MoH, MoES, MoJCA, MoIA, JLOS, Police and Prisons) to respond to the increased demand for services; i.e. training and equipping personnel with appropriate skills and tools to improve their competences to respond to GBV e.g. skills in collection and preservation of forensic evidence and referral for medical officers, laboratory technicians, clinical officers, nurses and Midwives • Development and updating of Standard Operating Procedures (SOPs) for all the Sectors to standardize management of GBV cases • Supporting infrastructure development and systematic review of guidelines for optimal utilization for GBV services e.g. Shelters, GBV corners, safe rooms at Police stations, audio- video hearing as well as special gadgets and interpreters for PWDs (e.g. brails for the blind, hearing aid) and transport for coordination units at district and lower levels • Integration of GBV Response services into health care services delivery and other social services for example, the use of the “Batwa priority health cards.” 	<p>DCDO</p> <p>Heads of departments</p> <p>CSOs</p> <p>Police</p> <p>Media</p> <p>Religious leaders</p> <p>Batwa representatives</p> <p>Local councils</p> <p>Court of justice</p>
Poor coordination and inadequate service delivery due to lack of M&E system and Service Providers’ Management	<ul style="list-style-type: none"> • Institutionalization of social risk and GBV indicators in the Social Sector M&E System to strengthen the National data collection system on GBV for timely comprehensive reporting • Promote and support operational research as part of project implementation for evidence-based programming in GBV and other social risks mitigation. • Creation of MIS for all service providers in the district. 	<p>CAO’s office</p> <p>Heads of departments</p> <p>CDOs</p> <p>CSOs</p> <p>Batwa representatives</p>

Information System		
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CHAPTER 6: INDIGENOUS MINORITY PEOPLES 5-YEAR WORKPLAN AND BUDGET ESTIMATES

Based on the situational analysis and detailed consultations carried out with the Batwa community, the following IMPP was developed with the dual objective of: (i) ensuring that the specific barriers to access the services on GBV prevention and response to be offered under the project by the Batwa are effectively addressed; and (ii) that the potential negative impacts on the intervention – namely, further re – victimization and stigmatization of the Batwa as they are encouraged to seek formal GBV response services are avoided or mitigated.

The IMPP is specifically aligned with the proposed project components. Given the partnerships to be established with civil society for implementation with Community Based GBV Prevention (Component 1B) and the setting up of a GBV Advisory Centre and Shelter in Kisoro, the project will require that civil society partners selected for project implementation in Kisoro bring on board specific expertise on working with Batwa (relevant staff) or partner with local organizations with local organizations with track record of working with this specific group.

The overall cost of IMPP is US\$125,000 over a five year period. The remaining funds for the implementation of activities in Kisoro district are already budgeted under Component 1B, 2A and 2B and 3 in the project's detailed project budget. This will include: (i) community based prevention activities; (ii) strengthening response services to improve the quality of the services provided to survivors of GBV (with a specific focus on health, security and judicial services). In order to streamline additional implementation additional funds will be programmed for the civil society partner responsible for the implementation of Component 1B in Kisoro district.

Areas of focus	Specific Activity	Additional cost/ Observations
COMPONENT 1B – Prevention of GBV at Community level		
The community intervention on GBV prevention in Kisoro district will include the following elements to be implemented by the Community Development Officer in partnership with the selected NGO Partner. The requirements to carry out these activities will be included in the Terms of Reference for the NGO Partner to be competitively selected by MoGLSD. The costs below estimate only the additional resources that are expected to be required for the contracting of the NGO Partner for Kisoro. They assume that additional funds will be needed to reach out to the 1928 Batwa Community members at district level.		
Culturally appropriate awareness and sensitization	Sensitization of the Batwa, Bakiga and Bafumbira men on GBV issues	US\$5,000
	Develop and disseminate culturally appropriate IEC messages on GBV in local languages and using the most relevant mechanism considering the high rates of illiteracy (radio programs, community sessions). This will target Batwa men and boys, as well as adult women and adolescent girls. Specific messages will be tailored to groups in	US\$20,000

	the community considered particularly vulnerable, namely adolescent girls and xxx [please add as relevant]	
	Provide additional awareness raising sessions on GBV and child protection at household level.	US\$10,000
Capacity building of duty bearers at community level	<p>Orientation of Bakuru b'emiryango, grandparents (mothers and fathers), traditional birth attendants, tailored training for health workers, paralegals, and community development workers, cultural leaders, FBOs, NGOs, SOVCCs and VHTs.</p> <p>This will also include specific sessions organized in coordination with educational institutions.</p>	<p>No additional budget requirements as these activities are already planned for in the budget for Component 1B in Kisoro district in the project detailed budget table. It is estimated that approximately US\$1.5 million will be programed for GBV prevention activities in Kisoro. In line with the detailed project description, an initial mapping of key opinion leaders will take place at the start of such interventions. This will be done by the civil society partner selected for project implementation in Kisoro.</p>
Ensure culturally appropriate services are available at the Advisory Centre and shelter to be established in Kisoro district.	<p>The services to be provided in the advisory center include: (i) legal aid, (ii) referral to health, police and justice services by specialized staff that will act as victims' advocates. [This is expected to help address the specific barriers in terms of access to services identified in Batwa communities – namely the reluctance in approaching service providers.]; (iii) referral to livelihood interventions at community level; and (iv) temporary accommodation for survivors as relevant.</p> <p>Resources under the IPP will ensure that shelter staff are appropriately trained: (i) on the specific cultural issues pertaining to GBV among the Batwa – these are specifically the high levels of acceptability of such violence (when compared to the non-Batwa); the reluctance to approach formal</p>	<p>US\$15,000 – this will be programed for the additional training needed only. The costs of establishing and running the advisory center and shelter in Kisoro has already been included in the detailed project budget under component 1B.</p>

	service providers; (iii) the strong preference for mediation/informal resolution mechanisms within the Batwa community for instances of GBV; and (ii) are trained to assess their own biases regarding the Batwa to avoid further stigmatization/ re-victimization.	
Livelihoods support and gender transformative training	Extend livelihood support and gender transformative training planned under Component 1B to the Batwa community more broadly. In the overall project design, the approach proposed focuses primarily on adolescent boys and girls. In the Batwa community this will be modified to include adult men and women given the high levels of deprivation and prevalence of GBV. The support will include: (i) support for the formation of savings groups, consolidation of such groups during a 1 year period with the support of a dedicated community facilitator; and (ii) grants to be provided to groups that meet a set of “readiness criteria” at the end of Year 2 to implement livelihoods plans to be carried out with the support of a dedicated facilitator (this can include business development support and/or vocational training and apprenticeship arrangements). This will be in line with the overall approach to livelihood support set out under the project’s Component 1B.	US\$50,000 – This will cover additional costs of facilitation and supervision given the added challenges of working with extremely vulnerable and marginalized groups in this type of program. The cost of livelihood intervention is already included in the cost of Component 1B as noted above.
<p align="center">Component 2 – GBV Response</p> <p>Component 2 focuses on strengthening the capacity of frontline service providers to improve responsiveness to the needs of GBV survivors and better quality services. The IMPP will fund additional training sessions for staff in Kisoro district to address cultural bias against the Batwa. To streamline implementation it is proposed that these sessions be conducted in partnership with the civil society organizations selected to work in Kisoro district.</p>		
Capacity building of service providers to address bias	Additional training of health service providers and UPF in relevant sub-counties of Kisoro district.	US\$5,000 – This will cover additional training costs and printing of relevant materials. Costs of overall training, staff are

		already included in the cost of Component 1.
Component 3 – Project Management, Training and Monitoring and Evaluation		
Data collection on GBV	The component will support the development of a streamlined system of data collection on GBV. This will be piloted in the 13 districts covered by the project and include Kisoro district. Data collection tool/s will include specific variables on GBV prevention and response among Indigenous Marginalized People so that access to services by the Batwa can be tracked.	No additional costs required. Funding for this activity is already fully covered by the costs of the database development in Component 3 (as per the project's detailed cost table).
Capacity building for Ministry and district officials	Training on management and response to GBV among indigenous minority and vulnerable groups	US \$ 20,000 – this will be cover 2 trainings at national and district level on GBV management and response among indigenous minority and vulnerable groups
Monitoring and Support supervision to project sites in Kisoro district	Ministry and District officials shall conduct quarterly and monthly visits respectively to oversee implementation of project interventions among the Batwa communities	US \$ 10,000 – this will cover additional costs of monitoring and supervision given the added challenges of working with extremely vulnerable and marginalized groups. This is in addition to Monitoring costs catered for in Component 3.

CHAPTER 7: IMPLEMENTATION MEASURES AND INSTITUTIONAL ARRANGEMENTS

7.1 COMMUNITY PARTICIPATION IN IDENTIFICATION AND IMPLEMENTATION OF INTERVENTIONS

Project design and its implementation strategy shall ensure that Batwa's concerns are sufficiently addressed. This approach shall be manifested in the following:

- i) The Batwa shall be encouraged and given first priority to partake in all stages of the GBV implementation and project monitoring.
- ii) The design of facilities serving the Batwa shall be given great consideration to their sensitive cultural norms and beliefs, such as involving the Batwa (from Kisoro district) as peer educators, paralegals and counsellors to fully appreciate the norms and values of their culture.
- iii) In a bid to solicit suggestions and views to monitor services from the Batwa, participatory discussions, workshops, Key Informant interviews and FGDs shall be regularly carried out. Further still, separate sessions (by men, women and youth) shall be held with them to tap into their views and concerns about the project.
- iv) The Batwa community involvement in implementation shall be actively sought.

7.2 PROCEDURES TO ADDRESS GRIEVANCES ARISING FROM PROJECT IMPLEMENTATION

Grievance Redress mechanism refers to a complaint instrument through which project affected persons and communities may raise their concerns to the project developer and find ways through which these grievances could be handled. Grievance Redress Mechanism (GRM) will therefore aim to provide a two-way channel for the project to receive and respond to grievances from IP or other interested parties. Grievances will be managed by a committee based in each of the Batwa communities in close consultation with the DCDO at sub-county level in local government areas of jurisdiction along the project area as is the practice.

The Kisoro District Local Government through the selected NGO/CSO will put in place a simplified Grievance Redress mechanism to address and resolve issues that may emerge from project implementation in the Batwa community as follows:

1) The GRM for engagement with the Batwa community in Kisoro will be detailed as part of the detailed protocol for the implementation of Component 1 B. This will be developed within 6 months of project effectiveness. Given the short preparation time-frame, year 1 of project implementation will be used to complete key elements of detailed project preparation. This will include the protocol for GBV prevention activities at field level, training needs assessment and design of training programs for service providers and the detailed design of the GRM. No field activities will be implemented before the GRM is established. Considering the vulnerability of the Batwa, high rates of illiteracy it will be important for the GRM procedures to make extensive use of community consultations to elicit feedback on project implementation. The design of the GRM will follow the key principles laid out below:

- (a) Community Facilitators will share the GMR principles and approach through community meetings with the Batwa. This will include the intake mechanisms for grievances and standards for responses. NGOS in Kisoro currently working with the Batwa will be included in these

dissemination sessions to ensure they are aware of the avenues for grievance redress and can provide support to the Batwa community as needed;

- (b) In addition, community facilitators will hold regular meetings with the Batwa community to collect feedback on project implementation at least on a quarterly basis. These discussions will focus explicitly on eliciting feedback on the quality of the implementation and discussing potential grievances with the community. Based on good practices of engaging IP groups through GRM this is expected to help surface grievances and concerns in a context where IP communities may be reluctant to lodge grievances through formal systems

7.3 *MONITORING AND EVALUATION*

Project indicators to be collected by the civil society partners responsible for the implementation of Component 1B in Kisoro district will include a specific tag on IMP and provide data on the services specifically provided to the Batwa. In order to streamline data collection, no separate indicators will be developed for interventions with the Batwa – rather existing indicators in the project's Results Framework will be collected for the Batwa community. The objective of monitoring shall be to identify implementation problems and successes as early as possible and also determine the extent to which activities are being implemented effectively and help to identify areas that need improvement. Monthly reports will be prepared to recommend corrective actions at Batwa Community before the next monitoring report. A specific assessment of project implementation with the Batwa community will be prepared by the civil society partner and submitted quarterly to the MoGSLD

Key indicators to be collected to monitor the implementation of the IMP are as follows:

- Direct project beneficiaries of which numbers of Batwa
 - Percentage of reported cases of GBV that receive at least two multi-disciplinary services in Batwa communities
 - Percentage of eligible reported cases of GBV who receive PEP treatment in 72 h in the Batwa community
 - Number of savings groups receiving support for livelihoods plans in line with project procedures in Batwa communities
 - Number of Batwa GBV survivors accessing services through the pilot shelter in Kisoro.
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APPENDIX 2: BATWA POPULATION DISTRIBUTION, 2014: POPULATION AND HOUSING CENSUS

This shows the Batwa profile [shown in Appendix 2]. The selection criteria for each of the identified Batwa cluster have been shown in Table 1. Among others, the criteria were on GBV incidences [high GBV incidences such as Murora and Mikingo for the high levels of vulnerability of adolescent girls and boys; hard to reach clusters ie the ones in difficult areas to reach, such as Mukungu and Rubuguri; representativeness [out of areas with similar qualities, only one location would be selected] etc

SUMMARY OF KISORO POPULATION

NO	COMMUNITY	NO.OF HOUSEHOLDS	FEMALE	MALE	TOTAL
1	BIGINA	5	20	14	34
2	BIIZI	21	55	49	104
3	BIRARA	28	45	70	115
4	BUBALE	5	14	12	26
5	BUHIMA	4	1	4	5
6	BUHINGA	2	9	3	12
7	BUSARO	7	16	17	33
8	BUTOBO	5	11	7	18
9	GAHINGA	26	39	57	96
10	GATERA	27	52	49	101
11	GITEBE	35	73	72	145
12	IGABIRO	8	19	18	37
13	KABALE	8	20	20	40
14	KABONERO	2	5	5	10
15	KABUGA	2	10	5	15
16	KAGANO	17	30	37	67
17	KAMUGOYI	13	28	25	53
18	KANYABUKUNGU	10	23	16	39
19	KANYAMAHENE	6	11	10	21
20	KASHIJA	7	19	15	34
21	KIBURARA	2	3	2	5
	KIGEZI	11	28	18	46
22	KIKOMO	24	62	61	123
23	KISORO HILL	38	60	65	125
24	KYOGO	3	9	4	13
25	MUKAZIBA	3	10	6	16
26	MUKUNGU	37	86	81	167
27	MUSASA	19	38	46	84
28	MUYOVE	8	26	15	41
29	NYABAREMURA	8	14	19	33
30	NYABIYONGA	2	5	4	9
31	RUGESHI	11	31	25	56
32	RUHANGA	1	1	2	3
33	RUKERI	23	47	42	89
34	RUSHAGA	17	33	26	59
35	RUSHEKE	9	23	19	42
36	RYABIHUKU	2	6	6	12
	TOTAL	456	982	946	1928

APPENDIX 3: ATTENDANCE LIST - BATWA CONSULTATIONS

1. Agnes	F	2. MahirweKellen	F	3. Nyiramaronkosofia	F
4. Ajerakyikambashas ha	F	5. Mahukubabitanga	M	6. Nyirambahirescovia	F
7. Akakwansa patience	F	8. Manirihoairenti	F	9. Nyiramuchobeata	F
10. Arinaitwerobina	F	11. Mashakaegurasi	F	12. Nyiramugisha Sharon	F
13. Atuhairecatherine	F	14. Matozinorah	F	15. Nyiramutuzolidia	F
16. Bagaza john	M	17. MawombePriska	F	18. Nyirandikubwimanava yoleti	F
19. Bagiritimweanet	F	20. MawombwePriska	F	21. Nyiranezajovanice	F
22. Bakeyarimulunyama soko	M	23. Mbabazisusan	F	24. Nyirantesuyeedisa	F
25. Bambarizegeorge	M	26. Mbarimo immaculate	F	27. Nyirarukundojastine	F
28. Banono john	M	29. Mbarushimana Robert	M	30. Nyirasekunyeanti	F
31. Barekyerahoenocen ti	M	32. Mbiyajore	F	33. Nyirateguyeedisi	F
34. Bariyanga	M	35. Mishemburoagness	F	36. Nyiratuhutunyeperusi	F
37. Bavakureanatori	M	38. Mugishagoretii	F	39. Nyirazayirentakirunte mura	F
40. Bayisabekate	F	41. Mugishaleonali	M	42. Nzikunvatomas	M
43. Benoniruhanga	M	44. Mujawimana Debora	F	45. Paul mahigirane	M
46. Bizimanaabel	M	47. Mujuniannah	F	48. Paul mahigirane	M
49. Buzukita e	M	50. Munica Emily	F	51. Phenius king	M
52. Cyizanyenipher	F	53. Munyambabazifiyadora	F	54. Pr. Sebukara john	M
55. Dinyanaevahine	F	56. Munyarugerero Wilson	M	57. Rev. ruzaza s	M
58. Dusabeketi	F	59. Muranuragodfrey	M	60. Ruganintwari john	M
61. Dusabeyeremia	M	62. Murenza Milton	M	63. Ruganintwari john	M
64. Dusabeyeremia	M	65. Musabeyezudorotia	F	66. Ruhangaariyofred	M
67. Dusegearirue	F	68. Muserukagladys	F	69. Rukundoemilly	F
70. Faidaphiona	F	71. Mushambontirenganya	M	72. Ruzaza Christopher	M
73. Fakuhenkualice	F	74. Mutundaenocka	M	75. Rwenekyeefurayimu	M

76. Flora nyirashamba	F	77. N guhirwaallen	F	78. Ryemagoba jack	M
79. Fr. Sebatwale	M	80. Nasasirajorwani	F	81. Sagent peter	M
82. Gasigwa Emanuel	M	83. Natukunda Lydia	F	84. Sebasore Wilson	M
85. Gasigwamwirutsi	F	86. Nemeyebosco	M	87. Semuco Julius	M
88. Gasoda john	M	89. Ngirumpatse Emmanuel	M	90. Senasente	F
91. Goretimugisha	F	92. Ngirumpatse Emmanuel	M	93. Serugendomos	M
94. Gurirofrancis	M	95. Niniyo Juliet	F	96. Shahunkren	F
97. Habimana hope	M	98. Niyibizifarida	F	99. Shariotimahoro	F
100. Habyarimana joseph	M	101. Niyonzima john	M	102. Sirivianyigsha	F
103. Hakiza Emanuel	M	104. Nizeyimana focus	M	105. Sunday Bernard P	M
106. Hope Ruzazaaradukunda	F	107. Nsenga Emmanuel	M	108. Tatineelina	F
109. Jack bategeza	M	110. Nsengiyunvagato	F	111. Tezikyanyemilia	F
112. Janet	F	113. Nsohoyingomacos ma	M	114. Tibugyenda Wilson	M
115. Janet	F	116. Ntakirutimananyara zayire	F	117. Tiriganakabibi	F
118. Joan is	F	119. Ntawerafuni e	M	120. Tiriganyakabibi	F
121. Jojirasito	M	122. Ntuyenabomukiza	M	123. Topistajackline	F
124. Julius nsabimana	M	125. Nyambuhuraarifozi na	F	126. Tugumeverenah	F
127. Kabennizeye	F	128. nyamihanda peace	F	129. Tuhomemaria	F
130. Kaben Robert	M	131. Nyamvura	F	132. Tukamushajeneras i	F
133. Kadundujovia	F	134. Nyanvurafrestus	M	135. Tumuhewe Erick	M
136. Kakuru w	M	137. Nyirabahire john	M	138. Tumushambemeri	F
139. Kamajombapro	F	140. Nyirabakuzimanam	F	141. Tushemerirwe don	M

via			aria				
142. Kamanamugisha	M		143. Nyirabazuguyusitina	F		144. Uwamahoroshariroti	F
145. Kanyaruhara Emmanuel	M		146. Nyirabihirepurukerina	M		147. Uwimama Beatrice	F
148. Karuhiseagnes	F		149. Nyirabikari Judith	F		150. Uwimanafadi	F
151. Kavuneramzam	M		152. Nyiragafarasi	M		153. Uwimanafadi	F
154. Kederisi betty	F		155. Nyiragaharushahan yinda	F		156. Uwimanavanice	F
157. Kezia	F		158. Nyiragambazajozilrini	F		159. Zapine	F
160. Kidumajames	M		161. Nyiragatatitafrorensi	F		162. Zimbehire	M
163. Kigongosarah	F		164. Nyiragatitaforerenci	F			
165. Kitanukunda peruse	F		166. Nyiragurirobitresi	F			
167. Kositantitindim weba	F		168. Nyirakadomora	M			
169. Kwitegetse Juliet	F		170. Nyirakanyagejovani s	F			
171. Kwizerzabdu	M		172. Nyirakokojakirine	F			
173. Kyizanyejenifa	F		174. Nyiramahirwedora	F			
175. Mahangamariko	M		176. Nyiramahirwejackli ne	F			
177. Mahangamariko	M		178. Nyiramanajovia	F			

APPENDIX 4: SUMMARY OF COMMUNITY CONSULTATIONS

Date of Meeting: 20th & 21st March 2017	Venue of Meeting: Mikingo, Kanyabukungu <i>[found in Nyakabande sub-county]</i> Biizi; Rugeshi <i>[found in Murora sub-county]</i>	Record by: Priver Atwine
Subject of meeting: Discussion of GBV prevention and response among the Batwa communities.	Meeting with: Meeting with: <ul style="list-style-type: none"> a. Adult male batwa b. Adult female batwa c. Youth boys and girls d. Child Protection Committee 	
Item	Summary of proceedings	
	Introduction	
01.	The team leader introduced his team and explained the overall objective of their visit particularly on the GOU/WB project components and concluded by informing members that kisoro district is among the 13 project districts thus the need for the community consultations	
	Issues discussed	
02.	Describe GBV in context of Indigenous Minority groups particularly the batwa in Kisoro? Women are the main victims of GBV due to power and gender relations between the men and the women favouring men as superior to women. Community myth exists among the non batwa e.g having sex with Batwa cures some disease ailments (HIV/AIDS and backaches) this has fueled incidences of sexual assault, rape and defilement of the batwa girls and women.	
03.	What are the drivers of GBV High alcohol consumption among both men and women. High levels of poverty.	
04.	Identify any challenges to access to services The Batwa's traditional way of life, cultural values and norms does not allow a male healthcare provider to attend to women during delivery and hence this makes them reluctant to seek medical services from the health centre. Lack of financial capacity to access GBV response services since the husband who are sometimes the perpetrators decide the mode of utilization of resources within the households. Corruption among service providers who insist for payment before accessing GBV referral services	
05.	What do you propose as measures to prevent GBV? Consensus building on acceptable or unacceptable Batwa community social norms and grievance redress mechanisms at family level. Support economic livelihoods specifically for the indigenous groups. Design male targeted activities to keep them busy [disinterest them from alcoholism]	

Date of Meeting: 22nd March 2017 & 23rd March 2017	Venue of Meeting: Rushaaga, Kashija, Ryabihuku, Nyabaremura <i>[found in Rubuguri Parish,</i> <i>Kirundu sub-county,</i> Mukungu; Gatera <i>[found in</i> <i>Mabuyemeru village]</i>	Record by: Innocent Byarunhanga
Subject of meeting: Discussion of GBV prevention and response among the Batwa communities.	Meeting with: Meeting with: <ul style="list-style-type: none"> a. Adult male batwa b. Adult female batwa c. Youth boys and girls d. Child Protection Committee 	
Item	Summary of proceedings	
	Introduction	
01.	The team leader introduced his team and explained the overall objective of their visit particularly on the GOU/WB project components and concluded by informing members that kisoro district is among the 13 project districts thus the need for the community consultations	
	Issues discussed	
02.	Describe GBV in context of Indigenous Minority groups particularly the batwa in Kisoro? Batwa rely on informal community structures [clan leaders, grandmothers, elders, mothers' in law, etc) for conflict resolution and GBV referrals; strong stereotyping to social cultural practices such as refusal to bury placentas after birth. Hostile relationship between the Batwa and their dominant non batwa neighbours characterised by 'discrimination, marginalisation and stereotyping'.	
03.	What are the drivers of GBV High alcohol consumption; non ownership of land depriving the batwa of decent housing and agricultural land (promotion of sex trade in exchange for food, and any other source of livelihood); high rate of tourism which is considered as the major source of income thus promoting sex trade	
04.	Identify any challenges to access to services Limited resources to access GBV referral services in respect of the terrain; low level of political and technical representation in existing district structures to lobby for provision of appropriate services	
05.	What do you propose as measures to prevent GBV? Conduct rigorous awareness through family cluster meeting; Use of Music, Dance and Drama to educate Batwa on GBV; Enhancement implementation of affirmative action for inclusion of batwa in political leadership structures	

Date of Meeting: 22nd March 2017&23rd March 2017		Venue of Meting: Biraara	Record by: Innocent Byaruhanga
Subject of meeting: Discussion of GBV prevention and response among the Batwa communities.		Meeting with: Meeting with: a. Adult male batwa b. Adult female batwa c. Community Dialogue	
Item	Summary of proceedings		
	Introduction		
01.	The team leader introduced his team and explained the overall objective of their visit particularly on the GOU/WB project components and concluded by informing members that kisoro district is among the 13 project districts thus the need for the community consultations		
	Issues discussed		
02.	Describe GBV in context of Indigenous Minority groups particularly the batwa in Kisoro? Women are the main victims of GBV due to power and gender relations between the men and the women favouring men as superior to women. Community myth exists among the non batwa that having sex with Batwa cures some disease ailments (HIV/AIDS and backaches) this has fueled incidences of sexual assault, rape and defilement of the batwa girls and women.		
03.	What are the drivers of GBV Women are forced to declare their daily earnings to the husband who spends it on alcohol neglecting provision of family needs particularly food for vulnerable persons like breast feeding mothers and children.		
04.	Identify any challenges to access to services The Batwa’s traditional way of life, cultural values and norms does not allow a male healthcare provider to attend to women during delivery and hence this makes them reluctant to seek medical services from the health centre. Lack of financial capacity to access GBV response services since the husband who are sometimes the perpetrators decide the mode of utilization of resources within the households		
05.	What do you propose as measures to prevent GBV? Consensus building on acceptable or unacceptable Batwa community social norms and grievance redress mechanisms at family level. Support economic livelihoods specifically for the indigenous groups. Design male targeted activities to keep them busy [disinterest them from alcoholism)		

No.	Overview of consultations		
1.0	Time when the consultations took place		
1.1	Free, Prior Informed Consent (FPIC)	8 th March 2017: FPIC process (initial contacts & identifying key persons) were made with: UOBDU Office and Kisoro district Leadership; Mikingo & Bigina; Kanyabukungu <i>[located in Nyakabande sub-county]</i> ; Biizi and Rugeshi <i>[located in Murora sub-county]</i> ; Biraara	
		9 th – 10 th March 2017: FPIC process continued in the communities of: Mikingo & Bigina; Kanyabukungu <i>[located in Nyakabande sub-county]</i> ; Biizi and Rugeshi <i>[located in Murora sub-county]</i> ; Biraara	
		11 th March 2017: FPIC process (initial contacts & identifying key persons) was made in the communities of Mukungu; Gatera <i>[located in Mabuyemeru village]</i> ; Rushaaga, Kashija, Ryabihuku, Nyabaremura, <i>[located in Rubuguri Parish, Kirundu sub-county]</i>	
		11 th - 12 th March 2017: FPIC process continued in the Batwa communities of Mukungu; Gatera <i>[located in Mabuyemeru village]</i> ; Rushaaga, Kashija, Ryabihuku, Nyabaremura, <i>[located in Rubuguri Parish, Kirundu sub-county]</i>	
1.2	Batwa community consultations: 15 th –29 th March 2017		
		16 th March 2017	Mikingo & Bigina – Batwa within Kisoro Town Council on Kisoro hill
		17 th –18 th March 2017	Biraara Batwa community
		19 th - 20 th March 2017	Kanyabukungu <i>[located in Nyakabande sub-county]</i> ; Biizi and Rugeshi <i>[located in Murora sub-county]</i>
		20 th March 2017	Rushaaga, Kashija, Ryabihuku, Nyabaremura, <i>[located in Rubuguri Parish, Kirundu sub-county]</i>
		21 st March 2017	Gateera <i>[located in Mabuyemeru village]</i>
		22 th March 2017	Kisoro Town Council/ District Officials
		23 th March 2017	UOBDU, DCDO, Lift Up Jesus
		24 th March 2017	Muhabura Diocese, Kisoro Police
		25 th March 2017	Mikingo & Bigina – Batwa within Kisoro Town Council on Kisoro hill
		26 th March 2017	Mukungu
1.3	IMPP Batwa Community Disclosure Meetings: 14 th -17 th April 2017		
		15 th April 2017	Contacts and mobilization of the Batwa communities
		16 th April 2017	IMPP DISCLOSURE MEETING , Kisoro Town Council Hall

<i>Additional Documentation of consultations</i>		
2.0 Documentation for the FPIC for consultations	Video Clip 1: Francis Sembagare, Batwa elder of Biraara Batwa cluster that had previously been contacted (briefed about the Project aims and objectives) was making introductory remarks and introducing the Consultations Team Leader to the Batwa. Similar strategies of identifying a Batwa community leader helping the Team to identify relevant respondents (through snowballing method) proved useful as an initial stage in the FPIC.	Refer to the images and video clips https://www.youtube.com/watch?v=mszxDnpyUCo https://www.youtube.com/watch?v=cSMU8F7F7Q https://www.youtube.com/watch?v=WoMSQDQAIWs https://www.youtube.com/watch?v=wQtYcDhBqqA
3.0 Presentation in culturally acceptable manner	One of the means of consultations and presentation of socio-cultural issues to the Batwa in a culturally acceptable manner is to ' <i>okneevunga</i> ' that involves poetic-reciting and dancing ones' family roots. The <i>okneevunga</i> is also used as 'ice-breakers' and a form of introductions (eg a respected guest/visitors); and one's competence skills and appreciation of Batwa's cultural heritage.	Refer to the images and video clips https://www.youtube.com/watch?v=mszxDnpyUCo https://www.youtube.com/watch?v=cSMU8F7F7Q https://www.youtube.com/watch?v=WoMSQDQAIWs https://www.youtube.com/watch?v=wQtYcDhBqqA

	Documentation: Video Clip 2: Consultations Team Leader [on the Right] with Batwa cultural dances and songs. This was in Mukungu Batwa cluster	
4.0 Translations during the consultations	All the Team Members have the competency skills in speaking, reading, writing in the local languages, Rukiga and Rufumbira Documentation: Video Clip 3: Consultations Team Leader undertaking consultations in the local languages [Rukiga / Rufumbira]	Refer to the images and video clips as proof/ evidence https://www.youtube.com/watch?v=mszxDnpyUCo https://www.youtube.com/watch?v=cSMU8F7F7Q https://www.youtube.com/watch?v=WoMSQDQAIWs https://www.youtube.com/watch?v=wQtYcDhBqqA

APPENDIX 5: COMMUNITY DIALOGUE MEETINGS QUESTIONS

Community Mobilization to change social and cultural norms *(that were administered to all groups)*

1. What are the existing social and cultural norms in your community (facilitator identifies negative and positive)
2. How do these social and cultural norms impact on GBV
3. How do we strengthen positive social and cultural norms in addressing GBV
4. How do we address the negative social and cultural norms in addressing GBV?

Livelihood and economic empowerment interventions for vulnerable adolescent girls and boys (Youth Group)

1. What Livelihood and economic interventions are available for the adolescent girls and boys (in and out of school) in your community? *(Probe: group's experiences – negative and positive) Probe in respect of GBV)*
2. How can the above successful economic empowerment interventions be sustained?
3. How do we address the factors that led to failure of some economic interventions?

Preamble: facilitator gives a detailed background of upcoming project

4. What opportunities would be available for vulnerable adolescent girls and boys? *(equity, inclusiveness and participation) (Probe: Is there easy access and fair distribution)*
5. What is your role in ensuring sustainability of this project (economic interventions)? *(Probe: in relation to GBV prevention and response)*
6. What would you want to see in this project in regards to GBV

Community Level response and referral for GBV survivors *(Men and Women)*

1. When a GBV case happens, how is it managed? *(probe individual, family/household, clan, community)*
2. Are there any challenges in handling GBV in your community? *(probe for those at individual, family/household, clan, community services, health centers, police and Justice)*
3. Please suggest possible ways of handling GBV in your community? *(probe for those at individual, family/household, clan, community services, health centers, police and Justice)*

District Local Government officials

1. What are the existing social and cultural norms in your community (facilitator identifies negative and positive)
2. How do these social and cultural norms impact on GBV? *(Probe: magnitude of GBV and who is most affected)*
3. What are the risk matters that have contributed to vulnerability to GBV?
4. What has your organization done to address these risk matters and respond to GBV cases?
5. Has GBV prevention and response been integrated in policy, program, workplan and budget? *(Probe: amount of funds allocated, release and utilization)*
6. What sectors are implementing GBV programs? *Probe for successes and challenges*
7. What can be done to mainstream GBV in all sectors?
8. How does GBV impact on development programs in your district?
9. What is the likely impact of the project on your district?
10. What factors are likely to hinder the success of the project in your district?
11. How do we mitigate the negative factors that are likely to affect the project?
12. Are there mechanisms to prevent and mitigate GBV amongst the staff?

13. Have you been receiving any services in response to GBV? If yes, what are these services and who offered them? (probe for services offered at Health centers, police and Justice)

Health Centre

14. What are the common GBV cases that you work on? (Probe: on staffing levels, room for examination of GBV survivor)
15. What prevention measures do you have for GBV victims

APPENDIX 6: IMAGES / PHOTOGRAPHS FROM THE FREE PRIOR INFORMED CONSULTATIONS (FPIC) PROCESS



[1] **ABOVE** Batwa cluster of Mikingo, Kisoro Municipality, [2] **BELOW** Batwa cluster representatives from Mukungu village (carrying the stretcher with which to transport the sick to health workers)



[1] **ABOVE** Batwa cluster of Mikingo, Kisoro Municipality, [2] **BELOW** Batwakazi's group from Biraara village (carrying the stretcher with which to transport the sick to health workers)



[1] ABOVE Batwakazi's group of Rubuguri, [2] BELOW Batwa youth group from Mukung village



[1] ABOVE Batwa men's group of Gatera Mabuyemeru, **[2] BELOW** Bakiga men from Mukung village

Goreti Mugisha with daughter and their letter permitting us to take their photograph and stories]



Some of the Batwa reside in such very poor housing units made of polythene papers and cardboards
[Kabanankye, the Consultations Team Leader – standing on the Right of the house]

① Njewe Chairman P.T.A
 Mabuyemeru. Nemereye. Kabanankye
 Nababyeyi Kandi nabana bishuri
 Kumbwanya walyu wa
 Mabuyemeru P. school
 Njewe Chairperson P.T.A
 1. Munyambabazi Fiyadora FX 0786197009
 2. Bavakure Anatori 0775461425
 3. Jack Bategyera — Member

② 21/3/2017
 Njewe mukuru wabatwa bamabuyemeru
 nemereye kabanankye kuvugana nabana
 batwa babatwa abarimushuri mabuyemeru
 natwe ababyeyi babatwa twitiriza kuvugana
 natwe
 njewe mawombe Priska
 Goreti mugisha
 Dusabe yeremia 0778127408
 Kente zokuririka asantu ngobaze
 murukiko Shilingi 45000/=

the Batwa is UGX45,000/=

Myself, the Chairman Parents Teachers' Association (PTA) together with parents (with school children in Mabuyemeru SDA Primary school) and school children have agreed that Kabanankye (Consultation Team leader) consults all of us (about GBV issues). Signed, the Chairman P.T.A. [Munyambabazi Fiyadora 0786197009; Bavakure Anatori 0775461425; Jack Bategyera ----- Member]

Myself, the Chairman of the Batwa school [Mabuyemeru SDA Primary school] together with Batwa children and their parents have permitted Kabanankye (Consultation Team leader) to consults all of us (about GBV issues). (1) Mawombe Priska; (2) Goreti Mugisha; (3) Dusabe Yeremia 0778127408. [The money for mobilisation of

(3) BATWA WOMEN
BIRAARA VILLAGE

NAME		
1	Tumuhimbise	Rozeti
2	Karasa	Jesika
3	Ayikamiye	Vasitima
4	Vumirya	Sipera
5	Muhawe	Penina
6	Mugabiwe	Oriveya
7	Tawederaudi	Jolley
8	Mamahoro	Meri
9	Nyira Kadadiri	Ridiya
10	Nyiraka	Basikariya
11	Nyiramugisha	Serina
12	Ayebare	Jozetini
13	Jesika	Buroro
14	Juraha	Liyeti
15	Kazeni	Zenike

Pura Ewuyikira
Itwe abatwa Babwara Abatasigana abakadika h
Kukakabaganyi m.s Kabani Kabanu

17/3/2017

We, the Batwa of Biraara Abatasigana Group, of Biraara village that have written (signed here under) have agreed to meet and consult KABAN Kabanukye

To Kabann Kabanankye: -----We the Batwa of Rubuguri have agreed that Kabann takes our photographs and discusses with us (GBV consultations). *Singed by Tumuheirwe Eric as Chairman of the people in this photograph*

④ To Kabann Kabanankye
I twe Abatwa ba Rubuguri
twe ikiriza ngu Kabann
Ateene ebishushani kandi
Agambe naitwe
twamwikiriza Iwe twena
abari mukishushani
ninye chairman na
bagenzi banywe abari
mubishushani ni eziina
Tumuheirwe Eric

APPENDIX 6: IMAGES / PHOTOGRAPHS OF HEALTH PRIORITY CARDS

This card is given to Batwa household members for presentation at government hospitals and health centers in Kisoro district with the aim of encouraging them to visit and utilise the available resources therein.

This CARD gives priority access to the holder at all government health centers. It can be accepted at all government hospitals and health centers in Kisoro district ONLY.

Its purpose is to enable health workers identify the Batwa health service seekers so as to accord them timely and additional customer care aimed at encouraging them to regularly visit health facilities.

The District Health Officer (DHO) or district leadership may withdraw use of this card as and when they deem it necessary and or when convinced that enough affirmative action has been realised among the Batwa communities.

**This intervention is jointly implemented
by**

**KISORO DISTRICT HEALTH DEPARTMENT and ADRA UGANDA
under**

**BATWA HEALTH AND NUTRITION ENHANCEMENT (BAHANE) PROJECT
funded by
ADRA INTERNATIONAL**

HEALTH

THE HOLDER

KISORO

MU

He or she expects



Prior
With s

APPENDIX 7: IMPP DISCLOSURE MEETING

IMPP - Disclosure Meeting, 15th April 2017

Indigenous Minority Peoples Plan (IMPP): Batwa - Kisoro District

Social Risk Management: Gender Based Violence Prevention and Response Project

AGENDA

1. Prayer
2. Introductions
3. Setting Ground Rules
4. Program Objectives
5. Official Opening of the Disclosure Meeting
6. Presentation of the draft IMPP – Highlights
7. Group Discussions
8. Plenary Session
9. Official Closing of the Disclosure Meeting
10. Closing Prayer

Background

The Batwa are one of the Indigenous Marginalised Peoples (IMP) of Uganda found in Kisoro District (one of the project selected districts. Given the presence of the Batwa in the project area, the Uganda Management of Social Risk and Gender Based Violence (GBV) Prevention and Response Project triggered the World Bank OP 4.10 on Indigenous People. The Ministry of Gender, Labour and Social Development has therefore developed an Indigenous Minority Peoples Plan (IMPP) for the Batwa in Kisoro District (KD). This plan is based on consultations with the Batwa and key stakeholders currently working in the area as well as the leadership of KD. This IMPP proposes needed actions to enhance project benefits for the Batwa as well as address potential negative impacts on the Batwa community given their already disadvantaged situation as a marginalised minority group, hard to reach and with a reportedly high GBV prevalence.

The IMPP had three objectives: i) to identify the potential benefits of the project under preparation to the Batwa community ii) to identify the potential negative impacts of the project on the Batwa and iii) to propose and cost interventions to enhance benefits, mitigate negative impacts and address bottlenecks to project success. This plan proposes implementation arrangements that take into account the challenges identified during consultations with the Batwa community and leaders.

Proceedings of the meeting	Recommended action/responsible person

<p><u>Min 1: Opening Prayer</u> The Opening Prayer was led by Rev. Herbart Mujabwami from Muhabura Dioscence.</p>	<p>All participants</p>
<p><u>Min 2 : Self Introductions</u></p> <p>It was proposed that since there were some people attending for the first time, members introduce themselves in order to know one on other. The list of all the 47 participants is attached (Participants List). There were 47Participants (28 Batwa and 20 non-Batwa {Bakiga and Bafumbira} in attendance. Group Photographs are also attached: Image 1, 2, ---6.</p>	<p>All participants</p>
<p><u>Minute 3: Setting up of Ground Rules</u> The DCDO Kisoro, led the participants into setting the operational working environment as follows;</p> <ul style="list-style-type: none"> i. Time keeping ii. Phones to be in silence mode iii. Both males and females to be given equal opportunity to speak iv. Minimize on the uncoordinated movements 	<p>All participants</p>
<p><u>Min 4: Meeting Objectives</u> The representative of the MGLSD highlighted the disclosure meeting objectives as stated below;</p> <ul style="list-style-type: none"> v. Share with the Batwa and stakeholders the findings vi. To discuss the potential risks / anticipated problems and proposed mitigation measures are realistic and genuine vii. To incorporate the Batwa and stakeholders' input for programme ownership 	<p>DCDO Kisoro</p>
<p><u>Min 5: Official Opening of the Disclosure Meeting</u> The IMPP meeting was officially opened by the Chairman, Kisoro District Mr. Abel Bizimaana who appreciated their commitment in eliminating GBV in Kisoro District. He noted that GBV is a problem in the district and therefore needed involvement of all stakeholders in higher and lower local government. He appreciated the Ministry and World Bank for this Initiative. The Chairperson LCV noted that Batwa require a lot of attention since they are in transitional lifestyle and there is a need to adopt to the civilised life style.</p>	<p>LCV Chairperson - Kisoro</p>

He therefore declared the disclosure meeting opened.

Min 7: Presentation of the draft IMPP

The MGLSD representative highlighted the key contents of the IMPP with particular to community consultation and recommendations.

Min 8: Plenary

The facilitator asked comments per section. Some of the comments raised include the following;

- i. Strengthening the existing Functional Adult Literacy
- ii. Intensify training of health workers and lower local councils on GBV
- iii. Conduct key district stakeholders meeting
- iv. Design male targeted activities to keep them busy [disinterest them from alcoholism]

There being no other business, the meeting was adjourned at 1.03pm.

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APPENDIX 8: IMPP DISCLOSURE MEETING

IMPP - Disclosure Meeting on 16th April 2017

Indigenous Minority Peoples Plan (IMPP): Batwa - Kisoro District

Social Risk Management: Gender Based Violence Prevention and Response Project

AGENDA

1. Prayer
2. Introductions
3. Welcome remarks by the Clan leader
4. Presentation of the draft IMPP – Highlights
5. Plenary Session
6. Closing Prayer

<u>Min 1: Opening Prayer</u> The Opening Prayer was led by the Clan leader from Mukingo. He asked for God's guidance and blessing in the project.	All participants
<u>Min 2 : Self Introductions</u> Community members introduced themselves as per the attendance register attached. Facilitators also introduced themselves.	All participants
<u>Min 3: Welcome remarks from the Clan leader</u> The Clan leader welcomed participants, particularly those from far for sparing time to join them in this important meeting. He thanked God for the life. The Clan leader assured all members that the community supports initiatives that help people live better. He called upon all members to pay attention to the discussions for so that they learn and benefit from the knowledge.	All participants
<u>Min 4: Presentation of Highlights of IMPP Draft Report</u> The MGLSD representative highlighted the key contents of the IMPP with particular to community consultation and recommendations.	
<u>Min 5: Plenary</u> The facilitator asked comments per section. Some of the comments raised include the following; viii. Strengthening of community structures like clan leaders and support them to refer GBV cases to authorities	DCDO Kisoro

<p>instead of mediation only</p> <ul style="list-style-type: none"> ix. Resettlement of the landless Batwa to be handled by the DLG and Implementing partners x. Identify and train Batwa activists in GBV prevention and response xi. Use of drama groups in awareness raising xii. Inclusive provision of social services like education, health, agriculture, safe water and sanitation, demand for equitable allocation of park revenue under the revenue sharing scheme and improved community access road network to Batwa communities. <p>There being no other business, the meeting was adjourned at 12.23pm.</p> <p>Min 6: Closing prayer by Women's leader.</p>	
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The Chairperson LCV Kisoro during the official opening of the IMPP Disclosure meeting



Participants in attendance posing for the group photo



Participants divided into 2 working groups L- Technical people and politicians, R- Batwa and CSOs