

SEXUAL AND GENDER BASED VIOLENCE (SGBV) SITUATION IN NYARUGUSU REFUGEE CAMP

31 March 2016

CONTEXT

Nyarugusu Camp

Nyarugusu camp located in North West Tanzania is host to 142, 431 persons of concern to UNHCR. 65, 102 are pre-influx and the majority of whom are from Democratic Republic of Congo (DRC). Between April and October 2015, the camp also received new arrivals from Burundi. The total number of children among the newly arrived population stands at 57.5% and the total number of women and children stands at 78.1.¹

SGBV Background

Sexual and Gender-based violence (SGBV) among persons of concern is manifested in many forms, including but not limited to, rape, sexual assault, physical assault, domestic violence, early marriage, sexual exploitation and abuse, and sexual harassment. Whereas the majority of survivors and persons at risk are women and girls, men and boys can also experience SGBV. In situations of forced displacement violence can occur in the country of origin, during flight and/or in the country of asylum.

The sexual and gender based violence (SGBV) sub working group (SWG) is the coordinating body with the objective of strengthening SGBV prevention and response in the context of the refugee response in Nyarugusu. The SWG is a sub group of the Protection Working Group (PWG) and is chaired by UNHCR and the International Rescue Committee (IRC) under the refugee coordination model led by UNHCR. Members of the SWG include government actors, international and national nongovernmental organizations and UN agencies.

The SWG facilitates multisectoral, inter-disciplinary Inter-Agency programming and provision of adequate services in accordance with international standards and guidelines.² It is aimed at ensuring the provision of accessible, prompt, confidential and appropriate services to survivors of SGBV and reduction of risk of SGBV. The SWG focuses on ensuring these services for all persons of concern to UNHCR.

The SWG has agreed an Inter-Agency strategy developed in the context of the broader protection strategy for the refugee response including the Regional Refugee Response Plan³ developed to respond to the Burundi crisis.

¹ UNHCR Statistics – 1 March 2016 - [Inter-agency Information Sharing Portal - Tanzania Burundi Response](#)

² Revised IASC Guidelines for GBV Interventions in Humanitarian Settings 2015; SPHERE, Call to Action on Protection from Gender-based Violence in Emergencies.

³ <http://data.unhcr.org/burundi/documents.php?page=1&view=grid&Org%5B%5D=1>

Reported SGBV Cases, Trends and Analysis

Reported SGBV incidents are recorded in the Gender-Based Violence Information Management System (GBV IMS) that ensures safe, ethical and standardized collection of SGBV data as well as effective protection of confidentiality and privacy of the survivor. Report and analysis of data are exclusively based on reported SGBV incidents only and is in no way indicative of prevalence of SGBV. The International Rescue Committee (IRC) is the lead organization providing SGBV prevention and response activities in Nyarugusu refugee camp and also manages GBV IMS.

In March 2016, there were 94 (80F 14M) newly reported incidents of SGBV, a slight reduction from February with 117 (100F 17M) new incidents reported. As in previous months the majority of incidents were reported by females, at 85% of all reported incidents. This is the same as February and a slight decline from January (89%). Physical assault accounted the highest number of reported incidents at 31% (29). This is consistent with reporting in February where it was also 31% (36) which as a 6% increase from January where it represented 25% (25). The second highest reported category was psychological and emotional abuse at 23% (22) and denial of resources, opportunities and services also, 23% (22).⁴ Reporting of denial of resources had been increasing significantly since January where it represented 8% (8) and 15% (18) in February. Sexual violence (rape and sexual assault) accounted for 22% (21) of reported incidents. Sexual violence incidents related to the collection of firewood, farming in the bush, early sexual activity amongst children and rape within domestic settings.

Reporting of intimate partner violence case incidents accounted for 49% (46) of all incidents which is consistent with reporting in January and February. In March 56% (53) of alleged perpetrators were classified as either intimate partners or spouses, or other family members (other than spouse or caregiver). This is a marginal decrease from February where it was 60% (71). A total of 16% (15) of alleged perpetrators were unknown. A total of 66% (62) of all reported incidents occurred in the evening or night time. As of 31 March 2016 there were 310 newly reported incidents of SGBV in 2016 see chart 1 below.

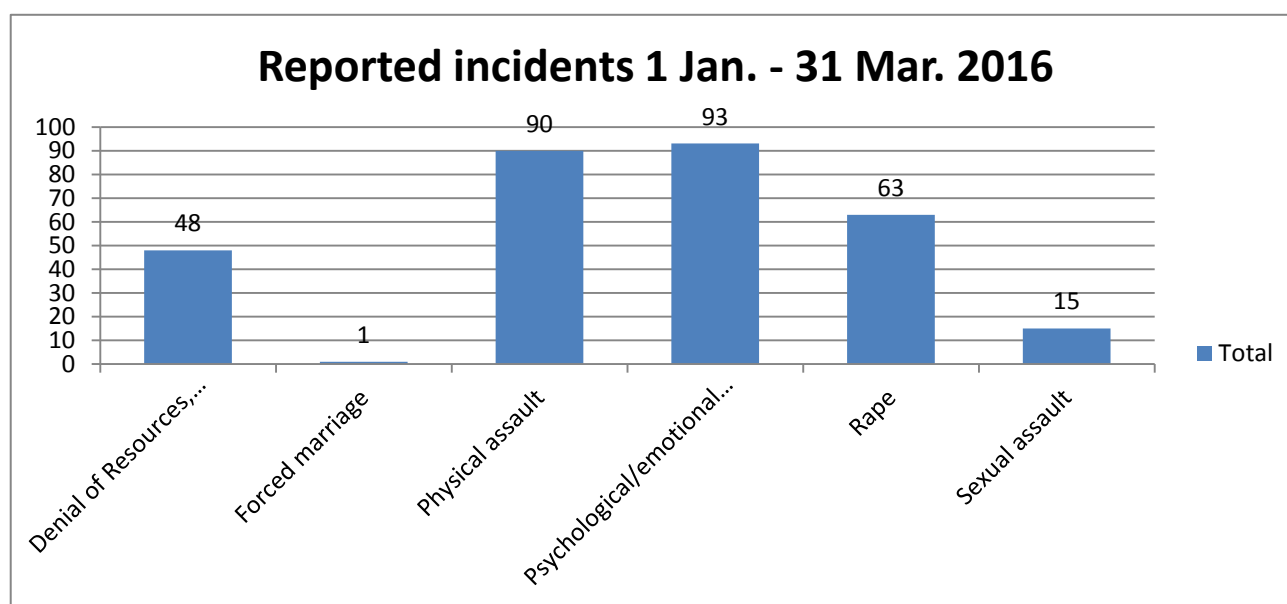


Chart 1

⁴ **Denial of Resources, Opportunities or Services:** denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty are not recorded. **Psychological/Emotional Abuse:** infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. – [GBVIMS Classification Tool](#)

MULTI-SECTORAL RESPONSE TO SGBV INCIDENTS

Multi-sectoral response services (medical, legal, safety and psychosocial) services are in place and functioning. Case management services are being provided. Provision of those services is based on guiding SGBV principles, including a survivor-centered approach, non-discriminatory access to all services and respect of privacy. Material needs are also being provided for where possible on a case-by-case basis.

Provision of psychosocial services continues to be the main specialized service provided with 100% (94) of survivors in March receiving psychosocial support, similar to January and February. Referrals for security/protection related services also continue to be high along with need for medical and health related services. Survivors continue to decline referrals for legal assistance services due to it not being applicable in their specific case or because they do not wish to pursue legal redress further.

INTER-AGENCY STRATEGIC PLANNING

An Inter-Agency strategy and action plan for preventing and responding to SGBV was been agreed and implemented from January 2016. The strategy outlines priority strategic and thematic objectives and associated activities to ensure comprehensive SGBV programming to increase quality and program for enhanced prevention and response activities.⁵ The strategy will be accompanied by a time bound action plan for implementation, monitoring and measuring progress against agreed targets on a quarterly basis. It was agreed in a March SWG that the workplan would be revised to reflect the new activities which are coming on line from April.

The overarching purpose of the strategy is to prevent, reduce risks and mitigate consequences of exposure to SGBV experienced by women, men, boys and girls. It is developed in accordance with Age, Gender, Diversity principles.⁶

INTER-AGENCY ACHIEVEMENTS

Coordination

The SGBV SWG met twice per month during this period. The Inter Agency SGBV strategy, workplan and training plan for 2016 was finalized and was endorsed in January. The process of developing the Inter-Agency Standard Operating Procedures (SOPs) on prevention and response was initiated. Key documents were drafted and circulated for input and the referral pathway was revised during March. The SGBV case conference met weekly and revised operating procedures to enhance the efficiency of the conference.

The prevention from sexual exploitation and abuse taskforce (PSEA TF) met on five occasions and developed documents for the roll out of the PSEA activities in Nyarugusu. Specific guidance was provided on completing the PSEA checklists and internal flowcharts by UNHCR.

Key updates from the period included the establishment of new community structures on SGBV prevention and response. Actions for joint collaboration with the Health sector were agreed. Additionally, actions were agreed on establishment of the community based working groups on SGBV and training of community leaders on SGBV and referral pathways. A thematic working meeting on child related SGBV issues was held with members of the child

⁵ GBV AoR Handbook for Coordinating Gender Based Violence in Humanitarian Settings

http://www.unicef.org/protection/files/GBV_Handbook_Long_Version.pdf

⁶ <http://www.unhcr.org/4e7757449.html>

protection sub working group (CPSWG) and agreed steps were determined including amending standard operating procedures (SOPs) and initiating a targeted campaign.

The SWGs also took action on specific initiatives were taken regarding emerging trends including increasing information available to the community and collaboration with key actors in food and environment. Support was provided to the environment/energy partners to develop information material on efficient cooking practices, to share information and improve escort systems.

Consultations with the community to feed into the Community Based Complaints Mechanism were initiated. Input on sexual and reproductive health (SRH) activities was also shared with Health partners.

Training

A number of training activities took place during the period. In January an orientation for frontline workers from OXFAM and Médecins Sans Frontières (MSF) on safe identification and referral pathways was conducted.

In February, UNHCR delivered a short session on prevention from sexual exploitation and abuse (PSEA) to the police training organized by IRC. The Women's Legal Aid Centre (WLAC) and IRC co-facilitated training for law enforcement officials in Kasulu. Specific sessions were delivered on the role of law enforcers in responding to incidents of SGBV. Four days of tailored SGBV training was provided to police officers 48 (12F, 36M) stationed in Nyarugusu, including officers from the gender and child desk. The training was co-facilitated by IRC, WLAC and UNHCR.

A component on the concept and importance of menstrual hygiene management (MHM) and protection was delivered to the MHM training participants organised by Tanzania Water and Environmental Sanitation (TWESA) in Nyarugusu. Furthermore a one-day training for the WASH sector on SGBV and standards took place on 12 February 2016 with participants from *Médecins Sans Frontières* (MSF), TWESA and OXFAM. Refresher training on case management principles and practices was delivered by IRC to IRC case workers.

In March, the IRC organized a three day refresher training for case workers as part of ongoing mentorship and capacity building for case workers to effectively respond to cases. A team from Johns Hopkins and Muhimbili University also conducted training in advance of a pilot on specialized intimate partner violence (IPV) psycho social support in the Congolese community. This is part of a two-year project initiated in April 2015.

Prevention and outreach

In January, a total of 1,321 (435M, 510F, 210B and 166G) refugees were reached through tailored prevention and outreach information sessions at the zonal level. Information on SGBV and entry points for disclosure was also delivered. Nine mobilization meetings were held with the Burundian community leaders on the issue of safety and security among community members and to encourage early reporting of incidents to the concerned authorities for action and availing of services. Outreach also included specific meetings with Congolese leaders on the same issues.

Community dialogue was initiated with community members (43F, 82M) on the effects of violence against women and girls including one community meeting with the host community on of sharing natural resources. Specific focus groups with (40) male members of the Burundian community aged 20-70 were conducted by UNHCR in February to increase understanding on community knowledge and attitudes toward SGBV. This information will be gathered on an ongoing basis and will inform further activity planning and entry points for behavioral change activities. As part of the 2016 Inter-Agency participatory assessment specific focus groups with men, women, boys and girls were conducted and included the theme of safety and security including SGBV.

Advocacy activities began in clubs in all 16 schools in the Congolese community initiated by IRC. Themes included: girls education, consequences in engaging in early sexual activity, prevention from sexual exploitation and abuse, prevention

of corruption and corporal punishment. More than 3500+ students attended the events. A total of 340 female participants and 23 literacy facilitators participated in events to promote adult female literacy and numeracy classes.

In March, the IRC outreach team conducted 19 outreach sessions across the camp aimed at raising awareness on SGBV issues on the concept, root causes and ways to address them and report. A total of 6,248 (F3279, M2228, G362 and B379) persons attended. Specific issues addressed and discussed included referral pathways, economic independence and entrepreneurship.

A total of 1,822 (629F, 422M, 487G and 284B) participants were reached in International Women's Day (IWD) campaign planning activities led by IRC. Groups were established in all zones to inform and lead planning. On 8 March approximately 4,735 (2,685F, 1,557M, 265G and 228B) were reached in a variety of activities including community debates, marches and community cinema. Additionally a total of 318 (113F, 79M, 78G, 48B) participated in consultations on SGBV sensitization across the camp throughout the period. The IRC, Police and Women's Legal Aid Centre (WLAC) discussed referral pathways and services with 149 participants (F 89 and M60).

On a weekly basis WLAC continues to deliver regular informational radio sessions broadcast on Radio Kwizera bring information on women's rights and accessing justice to the population.

Three Village Savings and Loan Association (VSLA) groups met (attended by 37 members) to discuss challenges facing the group and devise solutions. Other outreach included meetings with women engaged in literacy groups, and specific activities at the temporary women's center reaching 83F and 15M participants. Distribution of learning materials to the literacy group trainers was completed by IRC. Community consultations were conducted with 132 women on mobilization for literacy class attendance and involvement in Village Savings and Loans Association (VSLA) activities. In March, the IRC facilitated 21 outreach sessions with women involved in the Bureau of Population, Refugees and Migration (PRM) funded functional literacy and numeracy skills together with the skills facilitators from E2 and F2 focused on improvement of life skills for women. A total of 340 female participants and 23 literacy facilitators participated.

Thirty four girl members of the adolescent's girls groups participated in income generating activities run by IRC. Raw materials were provided to the women's center to encourage social activities and the creation of a safe space for discussion of common issues. IRC also continued to follow-up on the adolescent girl's project initiated in 2015. Follow-up visits were conducted on activities of the mentees, mentors and girl groups engaged in small business activities and met with 341, mentors, 21 mentees and 27 girl groups involved in smaller scale business activities. One meeting was held with 68 participants where successes such as the return to school of 30 mentees as well as successful sales and business development were reported. An additional 210 girls participated in football activities.

IRC delivered 1,676 sanitary kits to Burundian new arrivals including school girls. IRC and partners continued to distribute material assistance to persons with specific needs during this period.

CHALLENGES AND RESPONSES

Considering the urgent protection risks related to the collection of firewood, UNHCR is working with the Government to develop a strategy for sustainable environmental management and the identification and roll out of alternatives to firewood, in particular bio mass briquetting.

In response to the increased need for community level psycho social support (PSS), MSF initiated a new program to respond to community needs. IRC also initiated a new mental health and psycho social support (MHPSS) program providing level 1-3 support for adult non-SGBV cases. IRC continues to provide specialized support to survivors of SGBV. IRC continues to provide specialized support to survivors of SGBV. Increased staffing is required to provide long-term PSS and case management services to SGBV survivors. This is a key priority activity.

To address issues of high levels of reported violence within domestic settings increased community level group PSS is being conducted to assist with issues of trauma, depression and SGBV prevention. The roll out of engaging men in accountable practices (EMAP) is also planned by IRC with the support of UNHCR in response to the high levels of reported IPV. The roll out of the economic and social empowerment (EASE) was also initiated by IRC.

In order to develop more comprehensive and prioritized needs a community safety mapping for community level solar lighting is being developed. To address immediate needs solar lantern distribution to all households was completed.

Considering the need for additional emergency spaces for protection cases the SGBV SWG is mapping areas where additional safe spaces can be located. Other community protection mechanisms are being expanded including safe spaces in community locations where survivors can be referred with consent. In view of the number of children being left unattended across the camp a joint Child Protection/SGBV community outreach on parenting skills and awareness raising was initiated and increased outreach to children on reporting points is being planned.

Furthermore discussions around the use of alcohol in camp led to advocacy with the government to regulate the sale of alcohol more closely. This was agreed, and the government held meetings with different vendors regarding the regulations.

The issue of lack of engagement by the community is being addressed through enhanced community outreach and the creation of community based working groups on SGBV. These working groups will collaborate closely with the SGBV SWG. To increase women's participation in community structures, UNHCR has initiated community women's groups to increase female participation at the zonal level. More leadership training for female refugee leaders is planned and new groups at the zonal level are being initiated to encourage increased participation.

Increasing awareness among community members of referral pathways will be addressed through increased outreach and a planned series of radio magazine programs to be broadcast over Radio Amani (community radio) in the camp. The request for women's economic empowerment activities and difficult financial situation of many families will be partly addressed through the development of a handicraft cooperative to capacitate on the skills of the community. A proposal is in development but further investment in livelihoods is necessary.

Members of the SGBV SWG in Nyarugusu: the Government of Tanzania's Ministry of Home Affairs (MHA), Babawatoto Tanzania, Community Environmental Management and Development Organisation (CEMDO), International Rescue Committee (IRC), Médecins Sans Frontières (MSF Belgium, Switzerland and Holland), Oxfam Great Britain (Oxfam GB), Save the Children, Tanzanian Red Cross and Red Crescent Society (TRCS), Tanzanian Water and Environmental Sanitation (TWESA), the United Nations Population Fund (UNFPA), the United Nations Children's Emergency Fund (UNICEF), Women's Legal Aid Centre (WLAC) and the World Food Program (WFP). UNHCR and partners are grateful to the Government and people of Tanzania for their generosity and long standing commitment to hosting refugees.

Everyone has a responsibility to contribute to enhanced SGBV prevention and response and to ensure safety of women and girls, men and boys.

GOVERNMENT, DONORS, POLICY MAKERS and HUMANITARIAN/HUMAN RIGHTS AGENCIES:

Provide sufficient resources to ensure effective prevention and response to SGBV.

Ensure programs protect and mitigate the risks of women, girls, men and boys to further harm.

Support the enactment and enforcement of laws and policies that protect women and girls in accordance to international standards.

COMMUNITY MEMBERS and HUMANITARIAN WORKERS:

Challenge negative beliefs, attitudes and practices that perpetuate SGBV.

Support men and women, and the youth who oppose SGBV.