

SGBV Sub-Working Group Syrian, African and Iraqi Refugee Response in Egypt Meeting Minutes –October 2016

Date: 10 October 2016 Time: 10:00 – 12:00 Venue: UNHCR Cairo, Zamalek Office

Chair: UNHCR

Participants: 15 participants from ACSFT, StARS, CARE, PSTIC, CRS, Refuge Egypt, IOM, UNFPA and UNHCR(SGBV and Health)

Agenda:

- 1. Endorsement of last meeting minutes (10')
- 2. Presentation of the programme and the campaign of Save the Children: Save the Children (40')
- 3. Updates from the task force: IOM (25')
- 4. Discussion on good practices of working with perpetrators (20')
- 5. The 16 Days of Activism Against Gender-Based Violence Campaign (15)
- 6. Updates on activities/ trends/ challenges (10')
- 7. AOB (10')

1. Endorsement of last meeting minutes

Organizations agreed endorsement of last meeting minutes.

 Action points UNFPA to circulate the list of hospital the organization have trained. UNHCR to circulate the birth registration leaflet.

2. Presentation of the programme and the campaign of Save the Children: Save the Children

Given the absence of Save the Children, the presentation was postponed to the next meeting.

3. Updates from the task force: IOM

IOM shared the update from the taskforce:

- The second taskforce meeting was held on September 27th chaired by IOM, with CARE, StARS and UNHCR. PSTIC and UNFPA were not able to attend.
- Both the poster and the leaflet will have the illustrations of different types of SGBV incidents. The main phrase
 of the materials was revised as "Have you ever been subjected to physical, sexual or psychological abuse, or
 been denied to assess to recourses because of your gender either in home or outside? If you have, regardless of
 who you are, then you are a survivor of SGBV." The poster may have key contact information along with
 emergency numbers and a QR code that contains a link of more detail information.
- The taskforce team will discuss more how to explain the different types of SGBV for the leaflet. The posters and the leaflets will be displayed together.

UNHCR suggested to review the sentence as "If you have, regardless of who you are, you can seek assistance with the following services", to avoid directly qualifying PoC as survivors.

UNHCR circulated the updated Inter-Agency referral pathway sheet.

PSTIC suggested to revise the document to present PSTIC at the top urgent medical care as the organization provide the 24/7 emergency help line and the services of accompaniment for refugees who need to access MSF and other urgent health care by those who can help interpretation of the languages. PSTIC voiced their concern that some organizations were not accessible after the working hours, highlighting the importance of accompaniment with refugees when they need to approach to, for example, MSF at 2AM right after the incident.

UNHCR agreed to add the information of PSTIC's accompaniment and the services by those who speak the languages available after the working hour and the holidays/weekend on the referral sheet. UNHCR reminded that each organization is responsible for the information on the referral pathway sheet they shared.

- Action point –
 IOM to call the third taskforce meeting and to share the updated at the next SWG meeting.
 UNHCR to make the final amendment of the pathway sheet and to circulate it among the SGBV.
- 4. Discussion on good practices of working with perpetrators

StARS proposed to have discussion on good practices and any experiences of working with perpetrators. StARS explained the challenge they face/would face when both the survivor and the perpetrators are both clients of the organizations. StARS inquired if other organizations are providing the services for perpetrators if they seek services that help to change their behavior.

PSTIC shared their experience of working with DV perpetrators for anger management and psychosocial services. PSTIC have a number of cases that the perpetrators of rape within a community then PSTIC report the name to UNHCR. A balance between confidentiality and the responsibility of reporting in order to avoid further incident is difficult. There is also a case that a woman abuses her child. These situation are communicated among service providers.

IOM voiced a concern that organizations are not in the situation to judge the abusing mother and the situation.

UNHCR states that those issues are related to two pillars: legal and security, that are the responsibility of the State. While organizations have shared their concern related the possibility for refuge survivors of SGBV to successfully file a criminal case with regards to SGBV incident in the current context, he survivor is the one who make a decision on whether she/he wants to take a legal action, and for this decision to be informed, the survivor need to be counselled on the available options to seek justice, the reality of the procedure and the chances of success. We should further discuss with the support of legal partners, in order to able advise the survivors what kind of supports would be available, what would be the step of the legal process and how long it would take. The situation reported to UNHCR should be the one that the survivor reported, with regards to both the incident and the alleged perpetrator. UNHCR does not have the authority to decide who is a perpetrator, but the reported information will be carefully assessed to mitigate the risks to have a survivor and the perpetrator resettled together, or to resettle the person who commit this type of crime, while it is still very complicated decision that requires judgments/decisions from authority.

StARS asked any experience of police report in such cases. PSTIC shared their experience of their police report regarding SGBV survivor who was a child and legal process. The organization reported that the whole process severely harmed the situation of the child, without leading to any positive legal decision.

UNHCR Health Unit introduced the center supported by UNODC new unit of forensic unit for SGBV, that started operating three months ago, operated by Ministry of Justice. There is no information so far on successful action taken at this stage.

ACSFT shared their experience with the survivor who approached MSF for medical care, but also sought to file a police report which required the forensic examination. In this case, the survivor the approached to the forensic examination three days after the incident and this access was too late. **PSTIC** stated that if the survivor mentioned that she wished to press charge first, we could have assisted her to approach forensic examination first, then MSF.

UNHCR mentioned that this discussion took place during the referral pathway workshop, to decide whether medical care should be prioritized on the collection of evidence by the forensic doctor, and that MSF had confirmed that the urgent medical treatment does not destroy the evidence. Moreover, as UNFPA confirmed based on the experience with Egyptian survivors, the forensic examination takes long time and may lead to preventing the survivor to access medical care in a timely manner, affecting both her/his health and dignity.

Refuge Egypt stated that before the medical examination at their clinic they ask if the survivor wishes to press charge, if she does, they suggests the police report and forensic examination first.

PSTIC stated that preparation for filing a police report has to be done carefully because oftentimes the survivor is not appropriately interviewed at the police station. The organization also mentioned that the IA referral pathway sheet is a safe plan for medical assistance, but do not put the emphasis on legal assistance as the priority.

UNHCR reminded that at the beginning of the process of developing the referral pathway, the SWG organizations discussed this question in details, and agreed based on their experience and the standard principles that the priority is to ensure the medical access as a priority. As discussed with UNFPA based on the Egyptian cases, the survivors are not provided with medical care/PEP kit at the forensic doctors, which leads to serious medical issue, while the chances of success for criminal charges to be pressed against the perpetrators are very limited, according to partners' experience.

PSTIC added that the survivor also needs to go to the police station near the incident first, and only then a police would tell the survivor where to go for the forensic examination. The organization stated that the presence of the lawyer at the police station is essential in emergency situation.

UNHCR mentioned that there are several organizations providing legal support to SGBV survivors as mentioned in the referral pathway, among which CARE. Organizations can contact to CARE directly to request legal assistance from the lawyers for SGBV; CARE is one of the legal partners of UNHCR along with ACSFT and EFFR. UNHCR does not need to be approached prior to referral for legal assistance to CARE, but the SGBV FP should be copied for follow-up.

PSTIC voiced concern over the accessibility to CARE after working hours. *CARE* mentioned their emergency line does not work for 24 hours/ 7days.

UNHCR summarized the points of discussion: 1) The organizations should systematically ask the SGBV survivor about her/his willingness to report to the police. 2) The organization should be able to explain to the survivor possible consequences and the procedure of the police report and how the organization can assist her/him. UNHCR also mentioned that more information on progress could be discussed with the GoE. The SGBV Chair, will look at the possibility to invite someone from those agencies or NCW to present their progress/works. The SWG member may also continue to share the experiences and challenges regarding legal actions.

The SWG Members showed their interests to invite the agencies and agreed to regularly update and share their experiences regarding the legal action and support in the SWG meetings.

> Action point –

UNHCR to reach out to invite the relevant department of the GoE to the SGBV SWG.

5. 16 days activism

UNHCR announced that the global theme for *The 16 Days of Activism against Sexual and Gender-Based Violence 2016*: "From Peace in the Home to Peace in the World: Make Education Safe for All." UNHCR invited the organizations to present their plans of activities/events/campaigns for the activism at the next SWG meeting.

> Action point

- UNHCR to send the web link regarding the Activism theme and material
- UNHCR to invite their Education Unit to the next SWG as the theme is related to Education.
- The organizations participating in the Activism to present their plans of activities at the next SWG meeting.

6. Updates on activities/ trends/ challenges

Update from *REFUGEE Egypt*:

- The organization has 6 SGBV cases to follow up and one new case. The organization started using the specialized form for SGBV cases to ensure the survivor's access to a comprehensive medical package of antenatal care along with complication follow-up. The organization reopened the 6th October City clinic and employed the new social worker called a 'patient navigator' who assists refugees to approach governmental agencies in order to facilitate the services at the public hospitals though his interaction.

7. AOB

- Next SGBV SWG meeting: Monday, November 14th, 10:00-12:00
- UNHCR Office Zamalek
- Topics: TBC

Action points

	Action	Lead Organisation	Deadline
1	Save the Children to provide a presentation regarding the campaign and the livelihood program	Save the Children	Next meeting
2	UNFPA to share the list of hospitals which are trained by UNFPA along with the information of the focal point of forensic examination	UNFPA	Next meeting
3	UNHCR to circulate the birth registration leaflet	UNHCR	ASAP
4	UNHCR to make the final amendment of the pathway sheet and to circulate it	UNHCR	ASAP
5	IOM to call the 3rd task force meeting and to report the update to the SWG	IOM	Next meeting
6	UNHCR to send the web link regarding the Activism theme and material	UNHCR	ASAP
7	The organizations participating in The 16 Day of Activism to present their plans of activities	All	Next meeting