

SGBV Sub-Working Group
Syrian, African and Iraqi Refugee Response in Egypt
Meeting minutes

Date: 14 March 2016

Time: 10:00 – 12:00

Venue: UNHCR Cairo, Zamalek Office, training room

Chair: UNHCR

Participants: MSF, StARS, Save the Children, Caritas Egypt, AMU, CARE, EFRR, ACSFT, Refuge Egypt, PSTIC, UNFPA

1. Introduction and review of action points from previous meeting and endorsement of minutes
2. Updates from SGBV members concerning current SGBV priority activities/projects
3. Presentation by CARE on legal procedures for SGBV incidents
4. Filling of 3W matrix
5. AoB: information sharing protocol for HIV, SGBV and LGBTI cases

1. Introduction

UNHCR reminded the members to provide feedback on the information brochures for refugees which had been circulated to gather updated contact details and information on services (including services offered by them that are not funded by UNHCR). UNHCR offered to re-circulate the email, and members agreed to provide feedback by Wednesday, 16th March to Gina Bylang, bylang@unhcr.org.

- *Action point – Members to provide feedback on information brochures for refugees by 16th March*

UNHCR informed that Plan International had been selected as new partner for UNHCR in livelihoods. It was decided that UNHCR will invite Plan to the next SWG meeting to present their livelihoods program.

- *Action point – UNHCR to invite Plan for a presentation on their livelihoods program during the next meeting*

UNHCR reiterated that the members should regularly provide Daniele Tessandori (tessando@unhcr.org) with information on issues regarding the issuance of birth certificates. Members should compile case numbers, actions taken so far and challenges encountered on a regular basis. UNHCR offered to have Daniele come to an SWG meeting should there be need for clarification and/or discussion on this. In case more specific work is needed on the issuance of birth certificates, a task force could be formed by the SWG.

- *Action point – Members to provide Daniele Tessandori with information on cases where issuance of birth certificates was unsuccessful*

StARS reported that they started a tracking system for people in need of birth certificates.

UNHCR informed that an Activity Info Training took place on 2nd March. Partners are reminded that for March, the reporting deadline is 5th April and that for this month only, the reporting will be done in parallel with the system used so far.

- *Action point – Members to report on March activities in Activity Info by 5th April*

UNHCR reminded CRS to share the referral form and selection criteria for their livelihoods program.

- *Action point – CRS to share the referral form and selection criteria for their livelihoods program*

UNHCR asked the members to share information on planned outreach activities on a regular basis with the SWG.

- *Action point – Members to share information on planned outreach activities on a regular basis*

Save the Children informed that their report which contains information on targeting girls and women was done almost a year ago and questioned whether it would still be relevant for the members of the SWG. Save the children offered to get more information on the content of the report until the next meeting so that the members can decide if it should be shared.

- *Action point – Save the Children to provide further information on the content of the report in next meeting*

2. Updates from SGBV members concerning current SGBV priority activities/projects

EFRR reported that they shared a first draft of legal guidelines for SGBV cases in Arabic with UNHCR. UNHCR will circulate it to the members for their comments. Members should note that the parts on physical assault, forced and early marriage, marital rape, and FGM are missing in this first draft as EFRR are still working on those. The final version should be available before the next SWG meeting.

- *Action point – UNHCR to share EFRR's legal guidelines with SWG members for their comments*

MSF inquired about the difference between Care's and EFRR's legal assistance. EFRR explained that they are funded by UNHCR for legal assistance, but not specifically for SGBV. Care and EFRR informed that both organizations provide legal services to SGBV survivors and accept referrals from partners.

UNHCR informed that a training on the post-rape kit for medical practitioners is planned on 10th/11th April in Alexandria. It was further mentioned that coverage for dealing with SGBV survivors along the North coast is ensured and that a sufficient amount of PEP kits are available.

UNHCR informed that the Health WG is going to discuss confidentiality in its next meeting on 17th March. During the meeting, UNHCR and medical partners will inform of their procedures regarding confidentiality and the sharing of medical information.

MSF reported that they attended to 40 cases of SGBV in the past month. 50% of cases reported to them within 72 hours of the incident. MSF believe that the reasons for not seeking assistance within 72 hours are that refugees are not aware of the service and/or the importance of receiving timely assistance. However, compared to last year when only 4 cases per month were treated within the 72 hour timeframe, the number of cases reporting an incident in a timely manner has increased significantly. This is an indicator that the outreach activities that have been undertaken are leading to a positive change.

MSF further highlighted that UNFPA have a very good and funny play on FGM and asked UNFPA to share information and contact details on this with the SWG. In addition, MSF shared that the first case of FGM will undergo disinfibulation. SWG members are encouraged to provide information on female applicants who could be considered for this procedure.

➤ *Action point – UNFPA to share information on and contact details for the FGM play*

StARS reported that the caseload in all of their programs has been increasing and that they currently have a waiting list for their PSS programs. They highlighted that SGBV survivors are always prioritized for assistance.

StARS informed that they are also identifying LGBTI cases with resettlement needs due to exposure to sexual violence, discrimination by communities and difficulties to integrate in Egypt. They highlighted that connecting refugees belonging to the LGBTI community with support organizations is challenging as it can expose them to threats.

UNHCR requested that the Protection or SGBV Unit be made aware of LGBTI cases identified by members of the SWG so that their specific needs can be considered in the processing.

StARS informed that IOM was conducting breast cancer screenings, but that the information was not shared widely. There might be another round of screenings in the future.

StARS reported that they held a 10 day introductory training covering topics like PSS, SGBV, refugee rights, and UNHCR procedures for new staff and volunteers. In addition, they informed that sexual health awareness raising sessions had been provided to StARS students and that it is being considered providing them to other schools in the future.

StARS inquired whether the El Nadeem Center had been closed down. MSF stated that to their knowledge, the center is still providing care for victims of torture, but is keeping a very low profile.

MSF informed that all of their clinicians are licensed in Egypt, although some originate from other countries.

AMU informed that they are in the process of selecting female intern doctors to respond to female survivors of SGBV - both refugees and Egyptians - in Haram and Giza governorates. The most prevalent issues currently reported to their clinics are child marriage and domestic violence. Psychological care is provided on a case by case basis by professionals from outside AMU which get paid by the organization.

AMU reported being in the process of establishing a Safe Space in Haram which is expected to open at the beginning of May.

UNHCR informed that 3W matrixes were compiled in the Protection and CP WGs. The CP WG also updated and finalized its TORs, defined its goal for 2016 as well as priorities and activities for this year. UNHCR suggested to do the same exercise for the SGBV SWG. In addition, UNHCR proposed to host a workshop with the SWG members to devise an inter-agency referral pathway. For the referral pathway, the SWG should use the survivor-centered approach. The result is envisaged to be a poster which details what a survivor should do after an SGBV incident.

MSF and **StARS** proposed to do the elaboration of a referral pathway as a joint exercise for all WGs, as survivors require services that cover various sectors.

UNHCR advised to start the process in the SGBV SWG and to then decide if a workshop including other WGs is required.

- *Action point – UNHCR to recirculate the SWG TORs which will be revised along with the goals and priorities for 2016 in the next SWG meeting*
- *Action point – UNHCR to propose a date for a workshop with the SWG members to devise a clear referral pathway*

3. Presentation by CARE on legal procedures for SGBV incidents

CARE's lawyer informed that the law is clear with regard to persons that have been exposed to sexual violence. However, in practice the police are often unwilling to apply the law or unaware of it. Therefore, the lawyer suggested that survivors are advised to have a lawyer accompany them to the police station to ensure appropriate action is taken from the beginning. After reporting the incident to the police, the survivor and the lawyer should go directly to the prosecutor's office to ensure that a referral to a forensic specialist is made promptly and evidence is collected in a timely manner. Members should be aware that the presence of a lawyer is mandatory when going to the prosecutor's office and that the whole procedure is free of charge.

In case where a survivor reports an incident on their own and the police neglects taking appropriate action, the survivor should then approach the prosecutor's office together with a lawyer. The prosecutor will instruct the police to act in accordance with the law.

Overall, it was highlighted that there is a big risk of losing the critical 72 hour timeframe for the treatment of rape survivors as the prosecutor's office is not open 24/7, unlike police stations. Consequently, the whole process, including the referral from the prosecutor to a forensic specialist and the examination, is likely to take longer than 72 hours.

The lawyer further informed that a medical report is regarded only as a consultative reference by Egyptian courts and does not constitute proof of a rape incident. Only forensic evidence is accepted as proof, and the prosecutor is the only entity that can ask for an appointment for the collection of forensic evidence. In reality, this means that the 72 hour timeframe will be lost by the time a survivor gets examined by a forensic specialist.

It should be noted that there is no use in getting a medical report from a public hospital before reporting a rape incident to the police as it will not be accepted as evidence in court because it was not commissioned by the prosecutor.

An additional challenge is that the legal definition of rape is restrictive in Egypt as it only applies to the penetration of a vagina by a penis and thus only refers to female survivors (women and girls). This means that male rape, even if it involves a minor, is never legally classified as rape. Similarly, marital rape does not exist in Egyptian law. Such cases can only be reported as sexual assaults.

After a sexual assault, survivors can go to any public hospital, and the issued medical report will be accepted as proof in court. SWG members should be aware that medical reports which are not issued by a public hospital, such as MSF reports, are only accepted by the court as a reference, but not as proof. For sexual and physical assaults, a medical report is required by the court in order to prove the incident. The procedure applies both for refugees and Egyptians.

It is important to note that there is no legal requirement for a survivor to know the name of the perpetrator. The police is obliged to investigate unknown perpetrators. However, the investigation is more likely to succeed if a survivor knows the name of the perpetrator and/or has witnesses for the incident.

Children, accompanied or unaccompanied ones, have the legal right to report SGBV incidents to the police on their own. However, in practice their claim will appear stronger if they are accompanied by a guardian. It was highlighted that a child is likely to have to repeat what happened 3 - 4 times; once to the police, once to the prosecutor, once to the doctor, and once to the court.

The lawyer informed that there are now police officers which were trained to provide PSS. However, they are not well trained.

The lawyer stated that there is no additional benefit to reporting SGBV incidents besides having the incident recorded and seeking justice.

With regards to pregnancy as a result of rape, the lawyer informed that abortion is illegal in Egypt, even for such cases. Upon birth, the baby is given a virtual last name because the father is unknown. Legally, the possibility of a formal adoption for children born out of rape does not exist, but survivors have the right to give their child to an orphanage or a family. This is not considered child abandonment under Egyptian law. For cultural and religious reasons, orphanages officially do not accept children whose parents are unknown. In practice, it is done unofficially which leads to problems if the mother changes her mind and wants to get the child back, as she has no record of the child being hers. In such cases, the mother should report to the police as early as possible, ideally within 72 hours.

Obtaining a birth certificate for a child whose father is unknown is difficult as according to the law, the names and nationalities of both parents need to be known to issue a birth certificate. In Egypt, a child cannot legally have a nationality based on the mother's nationality. In this regard, refugees' are treated like nationals, i.e. no transfer of nationality through the mother is possible. However, if the personal status law in the mother's country of origin allows for the transfer of nationality from mother to child, the mother can approach her Embassy and get her nationality transferred to her child even if the name of the father is unknown.

Members of the SWG pointed out that due to these legal challenges, there are many cases where the mother registers her baby as a sibling instead of as her own child although this is not legally allowed.

CARE proposed that their lawyer provide trainings to case managers and social workers on legal first aid as the discussion in the SWG showed that there is a need for this. UNHCR offered to support the roll-out of these trainings.

- *Action point – UNHCR to discuss the modalities of a legal first aid training with CARE*

4. Filling of 3W matrix

As there was not enough time to fill the 3W matrix, the members decided that they will complete the matrix themselves and send it to Gina Bylang (bylang@unhcr.org).

- *Action point – SWG members to send completed 3W matrix to UNHCR by COB on Monday, 28th March*

5. AoB

StARS inquired about information sharing procedures for inter-agency referrals of HIV, SGBV and LGBTI cases.

MSF reported never sharing medical reports of SGBV incidents with partners as this information belongs to the patient. While every patient has a right to request a medical report, the report does not prove that someone has been raped as it is not a forensic certificate.

UNHCR informed that there is a standard information sharing protocol for inter-agency referrals of HIV, SGBV and LGBTI cases. As this should be adapted to the specific context, UNHCR recommended that the SWG review and adapt it in the next meeting. As a general rule, only limited details of an incident and the case number should be shared by email. The survivor's name should not be provided and only a very limited number of people should be copied in the email (focal point of partner organization, their supervisor and the sender's own supervisor if needed). For HIV cases, UNHCR's Health Unit informed that no specific information regarding the medical condition should be put in emails. Instead, members should write 'serious health condition/ chronic disease'.

- *Action point – UNHCR to share the information sharing protocol for inter-agency referrals for HIV, SGBV and LGBTI cases and SWG members to review, discuss and revise it in one of the next meetings*
- Next SGBV SWG meeting: 11th April 2016