

SEXUAL AND GENDER BASED VIOLENCE (SGBV) SITUATION IN NYARUGUSU, NDUTA AND MTENDELI REFUGEE CAMPS

31 October 2016

CONTEXT

Camps in North West Tanzania

The refugee camps in North West Tanzania are host to 242,499 refugees and asylum-seekers. This includes 61,663 registered pre-influx and currently hosted in Nyarugusu camp, the majority of whom are from Democratic Republic of Congo (DRC). Since April 2015, the camps have received a total of 180,786 Burundian new arrivals. Some 10,784 new arrivals were registered in October. Nyarugusu remains the largest camp in North-Western Tanzania hosting 53.1% of the total population of concern.

SGBV Background

The sexual and gender based violence (SGBV) sub working groups (SWGs) are the coordinating body with the objective of strengthening SGBV prevention and response in the context of the refugee response in both Nyarugusu, Mtendeli and Nduta refugee camps. The SWGs are sub groups of the Protection Working Group (PWG) and are chaired by UNHCR and the International Rescue Committee (IRC), under the refugee coordination model led by UNHCR. Members of the SWGs include government actors, international and national non-governmental organizations and UN agencies. Meetings take place on a biweekly basis in both UNHCR Kibondo Sub Office (Mondays) and UNHCR Field Office in Nyarugusu refugee camp (Fridays).

The SWGs facilitate multi-sectoral, inter-disciplinary Inter-Agency programming and provision of adequate services in accordance with international standards and guidelines.¹ It is aimed at ensuring the provision of accessible, prompt, confidential and appropriate multi-sectoral services (safety, legal, psycho-social and medical) to survivors of SGBV and reduction of risk of SGBV. The SWGs focus on ensuring these services for all persons of concern to UNHCR. The SWGs have agreed on an Inter-Agency strategy (for all locations) developed in the context of the broader protection strategy for the refugee response including the Regional Refugee Response Plan² developed to respond to the Burundi crisis.

¹ Revised IASC Guidelines for GBV Interventions in Humanitarian Settings 2015; SPHERE, Call to Action on Protection from Gender-based Violence in Emergencies.

² <http://data.unhcr.org/burundi/documents.php?page=1&view=grid&Org%5B%5D=1>

Reported SGBV Cases, Trends and Analysis

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, forced marriage, psychological and emotional abuse and denial of resources, opportunities and services.³ 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.

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. Analysis of data is exclusively based on reported SGBV incidents only and it is not indicative of prevalence of SGBV. The International Rescue Committee (IRC) is the lead organization providing SGBV prevention and response activities in Nyarugusu, Nduta and Mtendeli refugee camps and also manages the GBV IMS. The reported incidents are broken down in the below trends and analysis.

Nyarugusu refugee camp

In October 2016, there were 173 (168F 5M) newly reported incidents of SGBV. As in previous months the majority of incidents were reported by females, with 97% of all reported incidents affecting women and girls. There was again a very marginal decrease in actual reported incidents of rape in October. Physical assault, denial of resources and psychological and emotional abuse all remained high. Overall, reported key contributing risk factors in October included alcohol and drug abuse, conflict over reproductive health rights, polygamous marriages, firewood collection, early marriage and poor shelter conditions (tents). Approximately 407 (220F 127M) new arrivals were screened in October and six cases of SGBV incidents were identified. Referrals from the Southern border entry points also marginally increased on previous months due to enhanced linkages.

Nduta refugee camp

In October 2016, there were 104 (103F 1M) newly reported incidents of SGBV reflecting a sharp increase in reported incidents on previous months. This is partly due to the reopening of Nduta to new arrivals on 7 October. As in previous months, the majority of incidents were reported by females, with 99% of all reported incidents affecting women and girls. Of the reported incidents 12.5% (13) occurred (almost all sexual violence) inside Burundi or during flight and increase from September where it was 7% (7). Of those incidents reported from the camp or the perimeter of the camp, they were reported from all zones.

Mtendeli refugee camp

In October 2016, there were 42 (40F 2M) reported incidents of SGBV a sharp decrease on September 70 (67F 3M) and August 71 (70F 1M). As in previous months the majority of incidents were reported by females, with 95% of all reported incidents affecting women and girls. Of all reported incidents in October two reported to have happened in Burundi or during flight. The sharp decline in reporting of rape incidents is partly attributed to the fact that as of 7 October Mtendeli stopped receiving new arrivals. Reported key contributing factors in those incidents reported from inside the camp included abuse of power, alcohol abuse, family conflicts and abuse of power.

³ See the GBV IMS classification tool for more information - http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf

An overview of all reported incidents in 2016 is presented in chart 1 below.

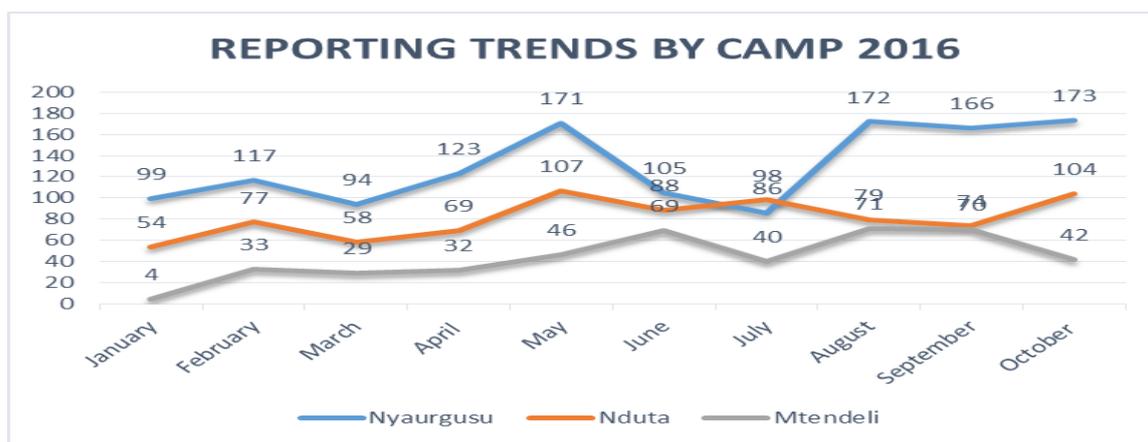


Chart 1

MULTI-SECTORAL RESPONSE TO SGBV INCIDENTS

Multi-sectoral response services (medical, legal, safety and psychosocial) 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 where possible on a case-by-case basis. In Nyarugusu in October 256 (255F and 1M) survivors received material support. Referrals between organisations are in place but most identified incidents are self-referrals accounting for 94% in Nduta and Mtendeli. The SWG agreed to put in place a simplified referral card to assist in ensuring survivors receive services.

Provision of psychosocial services continues to be the main specialized service provided with 100% of survivors in October receiving psychosocial support mainly in the form of case management. In Nduta and Mtendeli counseling (individual and group) was provided for 818 cases (new and previously reported).

Referral for legal services continued to increase across all camps and referrals were also made to medical, shelter, safety and security services as appropriate. The increased legal counseling and support to survivors has resulted in 46 cases referred for legal support, one perpetrator was convicted and seven other cases were filed in Kibondo in October.

The issue of lack of counseling rooms in Nyarugusu to accommodate the increasing caseload posed a major challenge for case workers. The IRC communicated the challenge to UNHCR who have provided additional funding to construct additional counseling rooms. At the time of report, construction was underway. Additional confidential space for screening new arrivals is also being considered together with other protection service providers.

INTER-AGENCY STRATEGIC PLANNING

The Inter-Agency strategy and action plan for preventing and responding to SGBV has been implemented since January 2016. 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.⁴ In June 2016, the SGBV Inter-Agency strategy was consolidated across all locations and in October 2016 the work plans and training plans were again consolidated among all actors.

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

The main coordination activity in October was the completion of the Burundi Regional Response Plan (RRRP) and the Contingency Plan for Congolese new arrivals. The plans include a continued focus on the provision of quality comprehensive case management services to survivors of SGBV, including facilitation access to legal assistance, psychosocial support, health and medical services, including clinical management of rape and provision of post exposure prophylaxis (PEP) and safety and security services. Early identification and appropriate referrals will be a priority from the border entry points and within the camps.

Further, continued work in the community to build trust and improve safe reporting to provide timely response and continued follow-up as part of enhanced case management, will remain a key focus. Work with existing structures such as identified local women community groups, whose knowledge and skills can be enhanced to act as first responders in facilitating safe and timely referrals, supporting follow up and social reintegration for SGBV survivors as part of psychosocial support, are all key priorities.

As part of longer term initiatives the improvement of access to justice services will be an essential activity as well as increased engagement with the district level social protection systems building on the work done in 2016. Building on this other community based initiatives will continue to be a priority and work with the leadership and the Community Based Protection Networks (CBPN) will be enhanced in 2017 with a priority focus on prevention initiatives. Increasing the number and scale of prevention specific activities will be a key priority across all camps. Common indicators and outputs were agreed by both SGBV SWGs.

INTER-AGENCY ACHIEVEMENTS

Coordination

Two SWG meetings took place in Kibondo and solutions were identified to address key issues, such as how to strengthen the coordination and activities addressing risk factors related to child sexual abuse incidents, the upcoming 16 Days Campaign, increasing coordinated outreach to persons with specific needs and gaps in the provision of WASH services. As noted earlier, the SGBV SWGs agreed to common indicators and outputs to guide the implementation of the 2017 programme of work.

The IRC GBV and reproductive health (RH) teams agreed to hold joint weekly meetings on Tuesdays to review SGBV cases handled at the IRC RH unit. In order to reduce the waiting time for SGBV survivors, the RH sector allocated three additional rooms at Health Post 4 in Nyarugusu to be used for SGBV case management services.

The IRC participated in the Nyarugusu security task force meeting and shared SGBV reporting trends related to security in and around the camp. A joint meeting between UNHCR, IRC and Ministry of Home Affairs (MHA) Nduta was held to agree on how to improve common reporting and information sharing.

UNHCR and IRC represented the SGBV SWG at a regional workshop on SGBV community based initiatives and presented on the pilot Nguvu project which is an integrated intimate partner violence (IPV) and mental health program being tested in Nyarugusu.

Prevention and outreach

The IRC team conducted 457 outreach sessions reaching out to 17,545 (5,794W, 4,766M, 3,550G and 3,435B) in Nduta and Mtendeli camp. The SGBV awareness raising sessions led to the identification of 83 (71W and 21M) individuals who came forward to seek assessment. In addition, the IRC conducted one outreach in schools targeting children and reached 74 children (34G and 40B) in Mtendeli.

In Nyarugusu, the IRC team reached 2,567 (1,744F and 823M) Congolese and Burundian community members through daily SGBV prevention and response outreach activities. The participants engaged in discussions on various topics

focused on how the community can prevent SGBV. This is part of the approach to increasingly engage the community in SGBV prevention and identify community capacities to address identified issues.

The IRC outreach team participated in two commemoration events conducted in Mtendeli to mark World Mental Health Day on 10 October to share messages on SGBV prevention.

In Nyarugusu, the IRC GBV team and the IRC-hosted Child Protection Social Welfare Officer will conduct joint outreach on prevention abuse and exploitation of children in the community. In Kibondo, the SGBV SWG agreed to take joint measures to enhance the knowledge of children on how to report and to strengthen systems and community-based prevention activities.

There are now 10 community-based groups engaged in SGBV prevention and response in Mtendeli. This includes seven zone based groups, one women’s group and one men’s group and one SGBV prevention in schools club.

As part of the engaging men in accountable practices (EMAP) project four groups of men, each consisting of 25 members, are continuing with discussions in the sixth week of the series. A total of 74 men have started participating in men’s discussions in small groups in Kibondo. In Nyarugusu, the IRC EMAP facilitators mobilized men from Zone 12 to participate in EMAP sessions. As a result of the efforts 103 men have been reached, and of these 48 men registered to start sessions while the rest were still undecided. However the ongoing brick-making in advance of the rainy season has had a direct impact on attendance. Of the men already participating in the groups, there has been positive feedback on their participation. One man shared that he wanted to join the discussions after noticing how his friend who participates in the sessions had changed to be a more responsible man by staying home to cook and take care of the children when his wife busy.



IRC facilitating a community training session in Nduta, Kibondo. Source: IRC Gallery.

Training

The IRC held skills enhancement training with 56 caseworkers in Nyarugusu. The first group of 26 caseworkers were trained on 17-18 October, and the second group on 19-20 October.

In Nyarugusu the limited community support to reintegrate survivors has posed a threat to long-term recovery. The IRC held a two-day capacity building training for community based groups (20 Burundian and 156 Congolese participants) to empower the community with skills and knowledge to lead SGBV prevention efforts in the community and provide support to survivors as part of social integration processes.

CHALLENGES AND RESPONSES

In October challenges were identified with WASH facilities at the reception villages in Nduta, which started to host new arrivals once again. The SGBV SWG addressed the issue and the WASH sector committed to rectify the situation and ensure all new facilities are built in line with agreed protection standards. A similar survey was conducted in Nyarugusu at the areas hosting Congolese new arrivals and recommendations made to the WASH sector.

The SGBV SWG expressed its concern regarding the prolonged use of mass shelters in Nyarugusu for Congolese new arrivals and the associated protection concerns. These concerns have been addressed directly by UNHCR to MHA for identification of a solution. In Nduta, the increased camp population has been raised as a concern in particular vis-à-vis the over consumption of firewood and need for a revised strategy in that regard.

The lack of identification of referrals from the border entry points was highlighted as an issue this month. The health screening tool is being revised to assist in identifying incidents and IRC will post psychosocial officers at each entry point to assist in improving information flow, provision of emergency services and referrals where necessary.

The increased anecdotal reporting on the issue of early marriage will be addressed through a joint early marriage campaign in Nduta and Mtendeli in November.

The current level of funding in 2016 for UNHCR Tanzania stands at 69% for its Burundi emergency response with a gap of US\$ 23.1 million as at 31 October 2016. As such, the response to the Burundian refugee emergency remains underfunded, especially as resources are needed to provide protection and basic assistance and respond to the urgent needs of refugees including, among others, in prevention and response to SGBV.

Members of the SGBV SWGs in Nyarugusu, Nduta and Mtendeli: HelpAge International, International Rescue Committee (IRC), Médecins Sans Frontières (MSF), Ministry of Home Affairs, United Republic of Tanzania (MHA), Muhimbili University of Health and Allied Sciences (MUHAS), OXFAM, Plan International, Save the Children, Tanganika Christian Relief Services (TCRS), Tanzania Police Force, Tanzania Water and Environmental Sanitation (TWESA), Tanzanian Red Cross Society (TRCS), The United Nations Children’s Fund (UNICEF), United Nations Entity for Gender Equality and the Empowerment of Women (UN WOMEN), United Nations High Commissioner for Refugees (UNHCR), United Nations Population Fund (UNFPA), United Nations World Food Programme (WFP), Women’s Legal Aid Center (WLAC).

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.

