

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

30 April 2016

CONTEXT

Nyarugusu Camp

Nyarugusu camp located in North West Tanzania is host to 138,449 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

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 multi-sectoral services (safety, legal, psycho-social and medical) 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 April 2016, there were 123 (108F 15M) newly reported incidents. As in previous months the majority of incidents were reported by females, with 88% of all reported incidents affecting women and girls. Physical assault accounted the highest number of reported incidents at 31% (29). This is consistent with reporting in February and March where it was also 31%. The second highest reported category was psychological and emotional abuse at 20% (30). Denial of resources, opportunities and services accounted for 16% (20).⁴ Reporting of denial of resources has been increasing steadily since January where it was 8% (8) and it is linked to the perpetration of intimate partner violence.

Sexual violence (rape and sexual assault) accounted for 28% (35) of all reported incidents which is a significant increase from March where it was 22% (21). Some contributing factors around rape and sexual assault in April included peer pressure amongst teenagers, some women reported risks from walking to and from the market and approximately 9 incidents were related to walking in the bush and/or collecting firewood. Reporting of intimate partner violence (IPV) case incidents accounted for 54% (67) which is an increase from January and February. Consistently there has been an increase in reported IPV incidents in recent months. As of 30 April 2016 there were 433 newly reported incidents of SGBV in 2016.

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 for where possible on a case-by-case basis. Provision of psychosocial services continues to be the main specialized service provided with 98% (121) of survivors in April receiving psychosocial support mainly in the form of case management. Referrals for security/protection related services also continue to be high along with need for medical and health related response services.

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.⁵ The implementation was reviewed in April and the workplan revised to adapt to the current operational environment. Particular challenges relating to the implementation of the plan concern funding gaps and thereby a reduction in the number of activities, particularly outreach, conducted.

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](#)

⁵ <http://www.unhcr.org/4e7757449.html>

INTER-AGENCY ACHIEVEMENTS

Coordination

Two sub working group meetings took place in April. The focus of the meetings this month was on the review of the implementation workplan, the composition and terms of reference (ToR) of the community based working groups (CBWG) on SGBV in Nyarugusu and the draft standard operating procedures (SOPs). It was agreed that there will be one set of SOPs for all sites in the Kigoma Region. In April, an Inter-Agency strategic planning meeting was held between UNHCR, UNICEF, UN Women, UNFPA and IRC to review implementation and coordination of new activities. A coordination meeting between IRC and UNHCR Kibondo Sub Office and Kasulu Field Office took place to ensure continued harmonization and planning. Weekly case conferences continued to discuss protracted and complex cases. Additionally IRC held six case review meetings in different support centers to review difficult cases and find solutions.

A research project on informal justice mechanisms in the camp was initiated with a view to understanding the informal legal systems and preferences of the community. The research is expected to be completed by end of June. UNHCR and IRC also worked with colleagues from the Nguvu project technical team from Muhimbili University of Health and Allied Sciences (MUHAS) and Johns Hopkins University. The project is looking at mental health and intimate partner violence (IPV) specifically within the Congolese community. The learning from the implementation is expected to be expanded to all populations in 2017.

Prevention and outreach

The Nguvu project in collaboration with IRC and UNHCR conducted a gender mapping activity aiming at analyzing the psychological effects on women as a result of intimate partner violence (IPV). FGDs and key informant interviews took place with key stakeholders. A safety mapping exercise was initiated by UNHCR in zones 8-12 to consider priority areas for community level lighting if funding can be secured. Following discussions with UNHCR, the GBV Prevention and Advocacy team in collaboration with CEMDO conducted a campaign across all zones to give information on efficient cooking practices, building mud stoves and safety.



Community members participating in a safety mapping exercise with UNHCR. ©UNHCR/A. Msabaha

The IRC GBV Women's Empowerment team conducted four outreach sessions with women entrepreneurs and literacy volunteers, with a total of 69 participants (335F and 5M). The IRC Adolescent Girls Project (AGP) conducted outreach sessions with 67 girls from new population (zone 8). The IRC outreach team conducted 17 outreach sessions in zones 2, 4, 7, 8, 10, 11, 12, on available services and entry points, types of GBV and the reasons and importance of early reporting of GBV incidents. A total of 771 community members (383F, 2078M, 39G and 71B) participated in these sessions. The IRC team also conducted two outreach sessions with 86 women at women centers in villages FE and E2. The sessions covered issues such as participation and project maintenance as well as hygiene.

IRC recruited eight new incentive staff from the Congolese and Burundian communities to work in the Economic and Social Empowerment (EASE) project. New recruits will receive thorough training on the EASE approach before beginning work on the project which will be initiated in May 2016. Similarly eight incentive staff were recruited from the Congolese and Burundian communities and trained on the EMAP (Engage Men in Accountable Practices) approach. It will be rolled out from May 2016 beginning with women focused discussions for eight weeks and later 16 weeks discussions with men informed by issues raised from the women's discussions.

Training

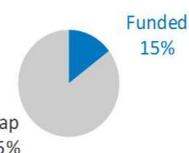
The Nguvu team delivered training on IPV and possible interventions. A tailored training session was delivered by UNHCR to camp-based service providers in Nyarugusu on SGBV and related services. The training was organized by WLAC. The IRC outreach team delivered training to 180 (76F and 104M) volunteers working in newly established community based groups (male, female and youth) with the aim of sensitizing the community on SGBV and enhancing the referral system.

CHALLENGES AND RESPONSES

Economic empowerment continues to be a major gap. Discussions were held to establish a more formalized mechanism for handicraft cooperatives. An assessment was also conducted by Good Neighbours International on opportunities for livelihoods in Nyarugusu. Gaps related to accessing justice are being assessed in both the SGBV and Protection working groups. Female unaccompanied children (UAC) are reporting exposure to exploitation due to economic circumstances. All known cases are being addressed directly to reduce exposure to negative coping mechanisms. Expansion of activities for youth remains a gap as does the need for increased number of case workers to effectively respond to cases in the long term. Presently prioritization of case needs is being conducted to manage the case load.

The competition for natural resources and NFIs continues to put persons of concern at-risk of SGBV. UNHCR has drafted an environment strategy and is beginning a testing of biomass briquettes. A camp-wide campaign by IRC and CEMDO delivered messages on safety and efficient cooking practices to all zones. The SGBV SWG has also recommended that there are clear sanctions for abuse of position among community leaders and that all elected leaders sign a code of conduct (CoC) and undergoes training on their roles and responsibilities.

UNHCR Tanzania requires US\$38,852,798 in order to address the needs, including SGBV, for residual refugee caseload including some 60,000 DR Congolese as well as support local integration of new Tanzanian citizens. At the end of April, **15% (US\$5,694,629)** had been received.



UNHCR Tanzania requires US\$74,882,786 for emergency response, including SGBV, to the Burundi refugee situation in 2016. At the end of April, **38% (US\$28,402,785)** of the funding has been received.

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.