

FACTSHEET

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

31 August 2016

CONTEXT

Camps in North West Tanzania

The refugee camps in North West Tanzania are host to 222,795 refugees and asylum-seekers including 65,336 registered pre-influx and currently hosted in Nyarugusu camp. The majority of them are from Democratic Republic of Congo (DRC). Since April 2015, the camps have received a total of 157,459 Burundian new arrivals. The total proportion of children among the newly arrived population stands at 57.9% and the total number of women and children stands at 78.3%.¹ Nyarugusu remains the largest camp in North-Western Tanzania hosting 59.2% 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.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 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 Plan³ developed to respond to the Burundi crisis.

¹ UNHCR Statistics – 31 August 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

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.⁴ 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 reported incidents are broken down in the below 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 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.

Nyarugusu Refugee Camp

In August 2016, there were 172 (166F 6M) newly reported incidents, a significant increase compared to the previous two months (87 incidents reported in July and 106 reported in June 2016). As all previous months the majority of incidents were reported by females, with 96% of all reported incidents affecting women and girls. The cumulative reported incidents (country of origin, during flight and in country of asylum) are shown below in chart 1.

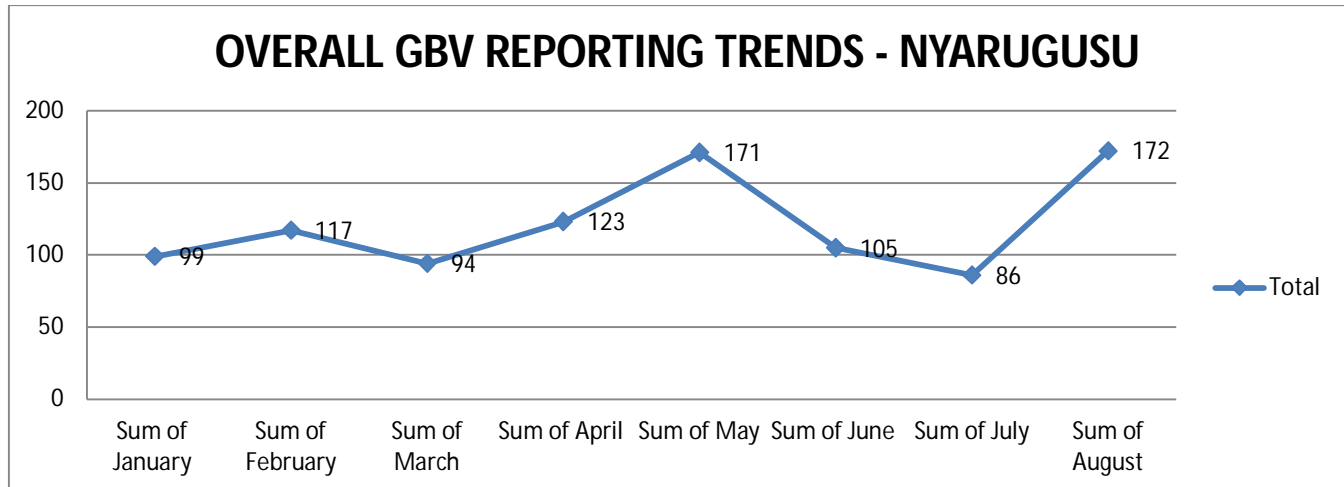


Chart 1

Reports have increased across a number of incident types particularly: physical assault, denial of resources and psychological and emotional abuse. There was almost a doubling in actual incidents of denial of resources and physical assault. The majority of these incidents were within domestic settings by intimate partners. This has been a continuous trend over the months partly due to the entrenched gender norms and in part due to conflict over resources, men increasing engaging in extra marital affairs in the camp and alcohol abuse.

The increase again in overall reporting in August 2016 is partially attributed to the increased screening activities for Congolese new arrivals. Some 15% (26) of all reported incidents in August 2016 were reported by newly arrived asylum-seekers. Additionally, the increase is attributed to increased mobile outreach through the legal clinics, increased staffing at the support centres, the establishment of an outreach tent in zone 9--bringing services closer to the more populated zones--and increased trust in services, as was raised by the community in various outreach discussions.

⁴ See the GBV IMS classification tool for more information - http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf

Nduta Refugee Camp

In August 2016, there were 79 (75F 4M) newly reported incidents reflecting a decrease compared to June (88) and July (98) 2016. As in previous months, the majority of incidents were reported by females, with 95% of all reported incidents affecting women and girls. An analysis of the incidents by context shows that intimate partner violence (IPV) is the most reported case context at 52% (41) in August 2016. Another 16% (13) incidents took place inside or during flight from Burundi; all the latter were incidents of rape. The cumulative reported incidents (country of origin, during flight and in country of asylum) are shown below in chart 2.

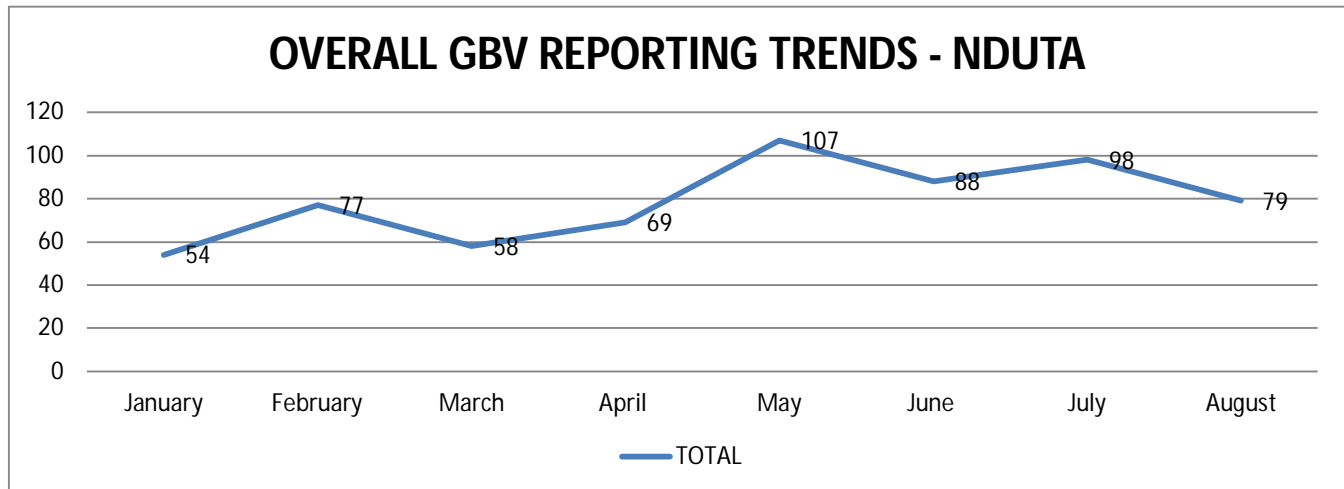


Chart 2

Mtendeli Refugee Camp

In August 2016, there were 71 (70F 1M) reported incidents reflecting an increase from July (40) and a marginal increase on June (69) 2016. As in previous months, the majority of incidents were reported by females, with 98% of all reported incidents affecting women and girls. Of these incidents 21% (15) occurred during flight, 80% (12) of which were rape incidents, the others were physical assault. Intimate partner violence (IPV) continued to be the most reported case context at 49% (35). The cumulative reported incidents (country of origin, during flight and in country of asylum) are shown below in chart 3.

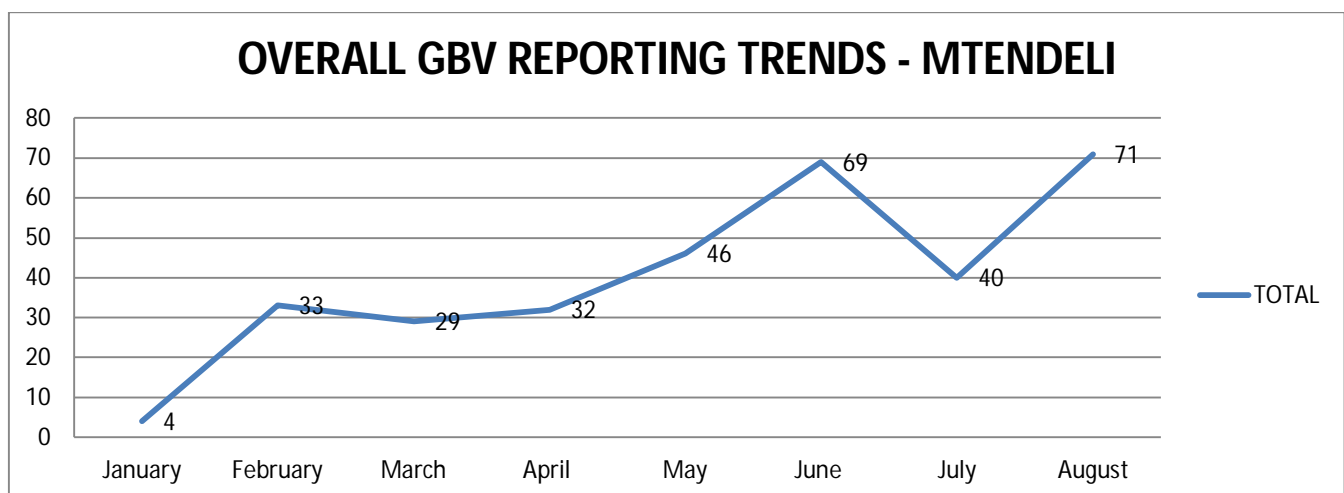


Chart 3

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.

Provision of psychosocial services continues to be the main specialized service provided with 100% of survivors in August 2016 receiving psychosocial support mainly in the form of case management. Referral for legal services continued to increase across all camps and referrals were also made to medical, shelter, safety and security. The SGBV sub-sector and Health sector are continuing to share information across all camps to disseminate information about the importance of early reporting and closer collaboration with the child protection sub sector continues in prevention and response to incidents affecting children.

Group therapy sessions continued in this period as part of the response to the large caseload. In Nduta and Mtendeli camps, 15 groups met with approximately 10 participants per group. The participants, led by IRC Psychosocial Officers, made action plans for how they can change their situations and proactively address issues they are faced with. It also provides an opportunity for women especially to build resiliency and additional support structures. In Nyarugusu, in August 2016, some 706 (670F, 36M) counseling sessions were conducted, of which 428 (412F, 16M) were follow-up sessions.

Increased and sustained support to increase and maintain the quality of case management processing remains a critical need. Additional ECHO funding received in this period will address some of the gaps in the provision of case management and increase prevention activities. Additional sustained funding will be required to bridge the needs from 2016 to 2017.

In August 2016, 1,526 women and 488 girls were screened at the border entry points (Manyovu, Lumasi, Mkarazi, Malenga, Bukirilo, Katanga and Kigadye) as part of increased efforts to ensure early identification and provision of emergency services. Information packages were distributed to the border entry points to ensure access to updated information.

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 In June 2016, the SGBV Inter-Agency strategy was consolidated across all locations and in August 2016 the work plans and training plans were consolidated among all actors. There is one strategy with individual work plans and training plans per camp location which were finalized in July 2016.

In August 2016, as part of the Inter-Agency Contingency Planning exercise, the SGBV sub sector developed draft contingency plan in case of any increase in the number of new arrivals. Priority needs were identified.

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

INTER-AGENCY ACHIEVEMENTS

Coordination

Four SGBV SWGs met across both in UNHCR Field Office in Nyarugusu refugee camp and UNHCR Kibondo Sub Office in August 2016. Some of the key activities centred on intensifying Inter-Agency collaboration and outreach on increasing attendance at Child Friendly Spaces (CFS) when caregivers are engaged in other activities such as food distributions. The number of children attending the Plan international CFS in Nduta increased within the first two weeks of the coordinated campaign.

The draft test SOPs were finalized along with the revised referral pathways per location, work plans and training plans. It was agreed that two levels of training would be most beneficial and that it will be rolled out according to sector rather than agency or organization. It was agreed to harmonize it with the prevention from sexual exploitation and abuse (PSEA) training roll out to consolidate processes to the extent possible.

The SGBV sub sector, in collaboration with child protection, community based protection and public health (community health outreach specifically) are working on a campaign on alcohol abuse considering the regulation, prevention and recovery programmes in the camps.

Prevention and outreach

IRC conducted a protection monitoring assessment to understand accessibility, availability and awareness of SGBV services among persons with specific needs across different zones in all camps. Analysis will inform improved service delivery and outreach. Safety mapping activities were undertaken in Zone 9 in Nyarugusu with 373 (121W, 141M, 52G and 59B) participants. Recommendations were shared with relevant partners and sectors. During safety planning meetings in Nyarugusu it was agreed to leave children in the care of elderly neighbors rather than allowing them to wander freely in the camp.



Participants during the IRC training for Youth Volunteers at the Plan International CFS in Mtendeli. Source IRC Gallery.

Dialogue forums with religious leaders continued in August. In Nyarugusu the issue of how to increase community engagement and understanding on the involvement of religious leaders in GBV prevention activities was a key area that was discussed and activities were developed as part of their work plan. Mobile legal aid clinics continued to bring access to information closer to the population. This was done through an Inter-Agency activity led by IRC in Nyarugusu and WLAC in Nduta and Mtendeli.

A total of 4,964 (2,028 women, 1,424 men, 869 girls and 643 boys) participants were reached in activities in all locations. Some of the key themes included the issue of firewood collection and efficient cooking practices. In Nduta, Plan International and IRC outreach at CFS' 1, 2 and 3 were 899 children were reached with messages on types of GBV and discussed topics including: 'Boys and girls have the same right to play,' 'Boys and girls have the same right to education' and 'Boys and girls should report to parents or caretakers if they feel to be hurt or abused, experience bad touches etc.' This ongoing educational awareness focuses on key areas, available services for GBV survivors and the importance of early reporting of GBV cases.

As part of the ongoing activities at the CFSs, IRC and Plan International collaborated to reach 295 boys and 152 girls with messages on types of SGBV, importance of early reporting and available services for SGBV survivors. A woman and girl's monthly forum led by IRC took place with 178 women and girls who discussed and agreed ways forward on specific issues affecting them. Other group discussions with women included 250 participants.

Registration of male participants from the Burundian community in the Engaging Men in Accountable Practices (EMAP) programme continues with 99 men registered in August 2016. There are now eight groups formed across both communities in Nyarugusu. EMAP in Nduta continues with 97 women in 8 groups. The men's groups in Nduta will begin on 12 September 2016.

Two community football matches where GBV messages were delivered took place in Nduta in August 2016. These matches are part of the sports for change programme of activities. An interactive activity with female singers from the community who delivered messages through song and discussion reached 1787 (676F 424M 405G 282B) in Zone 11 in Nduta. Literacy activities continue across all camps in the IRC Support Centres.

Training

The IRC Prevention team trained 50 (24F 26M) Plan International volunteers in Nduta. The training covered the key concepts of GBV types, causes and consequences, referral pathway, guiding principles and legal activities. IRC conducted training for 28 (22F 35M) non-clinical staff including security guards from TCRS, Plan and IRC on sexual and gender based violence in Nduta and Mtendeli refugee camps.

Three trainings were held with 125 (59F 66M) youth from Plan International's Youth Center to raise awareness on GBV and come to common understanding of the meaning of GBV, protection from sexual abuse and exploitation, referral pathways and available services and entry points.

Training for IRC case management staff took place prior to the roll out of group therapy interventions. Case management mentorship and case management coaching is ongoing in all locations. 434 participants were registered in training activities such as tailoring, knitting, basket and mat making and cookery in Nyarugusu.

'This tailoring class has helped me a lot, I have something to do and I have the place where I can go and meet with other women and exchange ideas. I even forget my problems...I go back home happy, when I remember those jokes in class I laugh, even myself I'm happy and the good news is that in just a month I know how to sew skirts and I'm sure I will be an expert.'

Female participant during an IRC run tailoring workshop in Nyarugusu.

CHALLENGES AND RESPONSES

Measures to address challenges and risk factors associated with firewood collection are ongoing in all camps through camp management partners, environment partners, Police Force of Tanzania and others, as noted above. The results of Government surveys on additional sites for sustainable management of firewood remain pending and a response is expected in September 2016.

The need for additional small scale income generation activities was highlighted among women as a key area of need as was the creation of markets for products made in the camps. These issues will be addressed as part of the Livelihoods Strategy currently being developed.

The issue of alcohol abuse is a serious challenge in the community and a key contributing risk factor. Discussions were initiated with MHA and camp management, TWESA and DRC on the issue of regulation and with the community on the issue of recovery programmes and dangers to health. An action plan is being developed for coordinated response and action.

UNHCR Tanzania requires US\$74,882,786 for emergency response, including SGBV, to the Burundi refugee situation in 2016. The current level of funding in 2016 for UNHCR Tanzania stands at is 59% for its Burundi emergency response with a gap of US\$ 30.8 million as at 6 September 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 Nation 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.