

HOW TO GUIDE

Reproductive Health in Refugee Situations

Building a Team Approach to the Prevention and Response to Sexual Violence

**Report of a Technical Mission
Kigoma, Tanzania
September 1998
UNHCR**



The HOW TO GUIDE: This is the fourth in a planned series to document field experiences on HOW various actors undertook the implementation of Reproductive Health activities. The document was compiled by the Lizzie Jago who served as a UNHCR consultant for five months in Kigoma, Tanzania. Her overall aim was to assist in strengthening a coordinated approach to sexual violence programming with all actors working in the refugee situations in Tanzania.

The audience of the guide is field-based refugee workers including UN system, NGOs and governments staff in the health, community services, protection and other related sectors.

Each HOW TO GUIDE documents one field experience which demonstrates an innovative approach to a particular area of RH. It documents how one refugee situation undertook an activity. There are many more such examples. The HOW TO GUIDE is not meant as a definitive recommendation on how to do something, but should be used and adapted as appropriate for each refugee setting.

It is hoped that the HOW TO GUIDE series will stimulate a sharing of other similar examples of how various refugee situations are undertaking activities to strengthen responses to the reproductive health needs of refugees.

If you have any questions, please contact the specific actors directly involved in the example given. In this case, please direct your queries to UNHCR - Tanzania Desk, CP 2500, Geneva, Switzerland, 1202 or UNHCR, Sub-Office Kigoma, Tanzania, Fax: 255 6954497 or e:mail- TANKI@unhcr.

Other HOW TO GUIDES in the series:

1. Crisis Intervention Teams: Responding to Sexual Violence in Ngara, Tanzania January 1997
2. From Awareness to Action: Eradicating Female Genital Mutilation with Somali Refugees in Eastern Ethiopia - May 1998
3. Reproductive Health Education for Adolescents - Prepared by International Rescue Committee - Guinea - February 1998
5. Strengthening Safe Motherhood Services in Kigoma and Ngara - December 1998

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Special Note: The term "survivor of sexual violence" is used throughout this document to replace the term "victim".

1. WHAT IS THE PURPOSE OF THIS HOW TO GUIDE?

Sexual violence is a complex issue. In a refugee situation, tackling the problem involves the coordinated efforts of many actors—UNHCR, other UN partners, NGOs, local authorities, local police—all of whom have different capabilities, priorities and expectations.

This HOW-TO GUIDE describes the processes by which the various actors already working on the issue of sexual violence in the camps in western Tanzania were brought together to help build a more cohesive and effective programme. Since the camps were spread out over a large region and accommodated various ethnic groups, different methods were used in different locations.

This GUIDE also includes training materials, checklists and forms that can be adapted for use in other areas.

2. WHO CAN BENEFIT FROM THIS GUIDE?

This GUIDE is for anyone working with refugees who would like to address the problem of sexual violence. While this GUIDE describes coordinating actors in already-established programmes, lessons learnt from this experience will also be valuable for those initiating programmes in the early phase of a refugee situation.

After reading this GUIDE, field workers should be able to:

- define the role and responsibilities of the actors involved;
- assess the training needs of the actors and design checklists and training packages for them;
- help establish a programme and determine whether the organisation and methods used meet the needs of the refugees involved;
- develop a comprehensive and confidential reporting system; and
- build a team approach to sexual violence programming.

3. WHAT WAS THE BACKGROUND TO THE CONSULTANCY?

Sexual violence had, for some time, been recognised as a problem within the camps in western Tanzania. In 1997, a study conducted by the International Rescue Committee (IRC) revealed a high level of sexual violence against women and young girls in Kanembwa camp in Kibondo.

Activities to address and prevent the problem were stymied by a lack of coordination amongst all the actors involved in the sexual violence programme. A consultant was dispatched (initially on a three-month contract, but that was later extended two additional months) to assess the problem and prepare recommendations for how to respond to it.

4. WHAT WERE THE CONSULTANT'S TERMS OF REFERENCE?

Under the direct supervision of the Head of Sub Office, Kigoma, Tanzania, and in close cooperation with other relevant staff and with technical guidance from Geneva, PTSS Senior Community Services Officer, the consultant was contracted to:

Coordinate with protection and health staff, relevant implementing partners, government authorities and refugee representatives on the following:

- a. Undertake a survey in the Kigoma region on the prevalence of sexual violence.
- b. Give special attention to the prevalence of sexual violence against children/youth.
- c. Design culturally acceptable, confidential reporting systems on sexual violence.
- d. Assess community responses to sexual violence, including attitudes towards survivors of sexual violence, attitudes towards children born as a result of sexual violence, and community coping mechanisms in the wake of sexual violence.
- e. Set up and/or reinforce culturally acceptable community support systems for survivors of sexual violence. Give special attention to community support systems for children/youth.
- f. Prepare recommendations for further professional responses to the occurrence of sexual violence amongst refugees, in general.
- g. Prepare and initiate training programmes on sexual violence for UNHCR staff, implementing partners, Tanzanian police and refugees.
- h. Recommend preventive actions to be undertaken by UNHCR, local authorities, implementing partners and refugees.
- i. In collaboration with protection staff, prepare cases for legal action against offenders and follow up.
- j. Prepare monthly reports and an end-of-mission report.
- k. Undertake any other relevant duties in relation to the above that may be assigned by the Head of Sub Office.

This consultant had a background in community services with experience in sexual violence programmes, particularly within western Tanzania, and a good understanding of camp circumstances and all the actors involved.

The emphasis of the consultancy was to work with all actors to build an effective and cohesive team, with a common goal, to respond to and work to prevent sexual violence within the refugee community and respond to the needs of survivors.

5. HOW DID THE CONSULTANT WORK?

Since this consultancy was very much about building a team, the consultant decided to adopt a participatory approach. All those involved in the process were keen to be a part of it and had much to say. Their comments were encouraged. Initially, many involved seemed to want to be told how to proceed (“Well, you’re the consultant; you tell us what to do...” was frequently heard); however, the “dictatorial approach” was resisted. It was important that those involved in the programme felt they had some ownership of it and could sustain it once the consultant left.

The consultancy progressed through the following stages:

- a. Consulting with all the actors involved, either separately or in groups to determine their views on the current sexual violence programmes.
- b. Arranging discussion groups and meetings to plan the next steps.
- c. Organising which NGOs worked where and determining budget implications.

- d. Identifying trainers and planning training sessions.
- e. Working with various community groups.
- f. Looking for “new information” from a variety of sources (local and international NGOs, government officials, previous staff members).
- g. Arranging information exchange visits of workers from Kasulu to Kibondo.
- h. Holding a regional workshop with all key people to identify problems, propose solutions and plan the next steps.
- i. Planning a week-long workshop for participants from Kasulu and Ngara, run by IRC Kibondo, covering all aspects of their programme. (This workshop took place in November 1998.)

6. WHAT IS UNHCR’S POLICY ON SEXUAL VIOLENCE?

The Executive Committee conclusion no. 73 (XLIV) – 1993 states that EXCOM

“Strongly condemns persecution through sexual violence, which not only constitutes a gross violation of human rights, as well as, when committed in the context of armed conflict, a grave breach of humanitarian law, but is also a particularly serious offense to human dignity.”

In the field, the consultant found it difficult to determine what, exactly, UNHCR was prepared to do about incidents of sexual violence. The phrase “the protection of women” was heard many times; but what happens at night in a refugee camp, when there are no UNHCR staff present? (This problem should be addressed; and UNHCR should draft a list of concrete responses it is prepared to make in these circumstances.)

Sexual Violence Against Refugees, Guidelines on Prevention and Response (Geneva, 1995) offered some practical field policy. In the section on responding to incidents of sexual violence, the book highlights key points to remember:

- ensure the physical safety of the survivor;
- prevent any further suffering by the survivor;
- be guided by the best interests of the survivor;
- respect the survivor’s wishes in all instances;
- guarantee confidentiality;
- be sensitive, discreet, friendly and compassionate when dealing with the survivor;
- ensure same-gender interviewer/interpreter/doctor (when this was not possible, a “gender-sensitive” person was employed, instead).

Further information was taken from the *Inter-Agency Field Manual on Reproductive Health in Refugee Situations* (draft for field-testing 1996).

7. WHAT ARE THE SPECIFICS OF THE REFUGEE CAMPS IN WESTERN TANZANIA?

Ethnic and political conflict, both in Burundi and in the Democratic Republic of the Congo (formerly Zaire) in 1996, and in Burundi in 1993, resulted in the exodus of thousands of people from those countries seeking refuge in Tanzania. These refugees

(some 80,000 Congolese and 350,000 Burundians) were accommodated in 11 camps in western Tanzania.

The camps were located as follows:

Ngara	2 camps	Burundians from 1993 and the 1997 round-up of those previously living in Tanzanian villages
Kibondo	4 camps	Burundians from 1993 and 1996, including a few mixed marriages and special protection cases
Kasulu	4 camps	One hosting Congolese from 1996, three hosting Burundians from 1993 and 1996
Lugufu	1 camp	Congolese from 1996 (these refugees were being moved to Kasulu)

These clusters of camps were a long way from each other, making work difficult and time-consuming. A lack of UNHCR staff often hindered organisation and coordination of the programmes.

The Kigoma-Kasulu-Kibondo-Ngara road is continuous, with Lugufu to the northeast of Kigoma. Average driving times were as follows:

Kigoma to Lugufu	- 2.5 hours
Kigoma to Kasulu	- 3 hours
Kasulu to Kibondo	- 5 hours
Kibondo to Ngara	- 5 hours

These driving times could almost double during rainy season.

8. HOW ARE THE CAMPS ADMINISTERED?

UNHCR has overall responsibility for coordinating the maintenance of the camps, with NGO implementing partners conducting most of the activities. UNHCR is divided into several sectors: community services (including education), protection, health, nutrition, field, roads, repatriation, water and sanitation, and logistics.

There are two sub-offices, Ngara and Kigoma, with Kasulu and Kibondo as field offices under the administration of the Kigoma sub-office. Understaffing at UNHCR meant that no officer or even assistant was present for every sector in each location.

Sexual violence programmes span three different sectors: community services, health and protection. As a result, there were complications and confusion concerning who was in charge of what and who should report to whom.

9. HOW WERE THE SEXUAL VIOLENCE PROGRAMMES ORGANISED IN THE CAMPS?

The programmes were different in Kibondo and Kasulu, both in the way in which they were organised and in the methodologies used in running activities.

In Kibondo, the sexual violence programme was run by one NGO (IRC) in all four camps. Although IRC also ran the health activities in all four camps and the community services in two camps, the sexual violence programme was independent, with its own budget and staff. The programme, which was cohesive and boasted strong aims and methodologies, included refugees in all stages and worked toward establishing a culturally sensitive and appropriate response to sexual violence. "Drop-in" centres were constructed in or near the maternity unit of the medical facilities where survivors (mainly women) could find treatment and advice. Survivors' confidentiality was ensured as much as possible.

UNHCR had a community services officer and a protection assistant (but no health officer) at the location. But an absence of a clear reporting system resulted in confused and ineffective initial reporting and monitoring among all concerned.

In Kasulu, the sexual violence activities were run as part of the community services and health programme. Four different NGOs (Christian Outreach, Africare, Tanzanian Red Cross and African Education Fund) were involved. UNHCR deployed a protection assistant and a part-time community services assistant (on mission from Kigoma), but no health personnel. As a result, the community services NGOs took the lead role, in close collaboration with health NGOs; but there was no lead UNHCR person to coordinate and direct the activities.

There was also no special place for survivors to seek assistance. Survivors went either to the hospital or community services compound, but neither had staff specially trained to respond to incidents of sexual violence. Sexual violence activities did not benefit from an independent budget; they were lumped together with "women's issues or activities". Since national and international staff were frequently overloaded with work, activities to address sexual violence tended to slip down the list of priorities.

10. WHAT WAS THE RESULT OF THIS STRUCTURE?

The Kibondo project was focused and able to respond to sexual violence in a culturally appropriate way. With valuable knowledge, statistics and experience, project staff could consult readily with police, local authorities and UNHCR for the benefit of the survivors.

One disadvantage of the programme was that it could become isolated from other camp activities. In particular, the project could be regarded as distinct from women's groups, income-generating activities and adult education, all of which could help a survivor recover from the trauma of sexual violence and reintegrate into society. At the time of the consultancy, this concern was being addressed.

In Kasulu, the programme was in relative disarray. There was a committed group of people, but they were often too busy with other activities. UNHCR showed no leadership in the programme. While there was community involvement, the lack of a common goal meant very little was achieved.

A UNHCR Senior Community Services Officer from Dar es Salaam trained some community and health workers on sexual violence in 1997. The goal was to set up Crisis Intervention Teams (CITs), such as existed in Ngara. But with little in the way of follow-up, these teams had soon faded into non-existence.

The best illustration of the difference between the programmes in the two locations is the number of survivors each programme assisted. From the beginning of 1997 to March 1998, more than 1,000 women visited the “drop-in” centres in Kibondo. During the same period, only 23 people requested assistance in Kasulu.

11. WHAT WERE THE MAJOR PROBLEMS OF THE PROGRAMME IN KASULU?

The following is a summary of the main problems of the programme in Kasulu. Some of these difficulties were also encountered in the Kibondo project.

- Lack of accurate knowledge—amongst all involved—of Tanzanian law. (This resulted in varying interpretations, deep-rooted beliefs, and general confusion, i.e., there was no firm basis upon which to build a programme.)
- No real understanding of what the term “sexual violence” means. Many thought it just meant rape, and so there were frequent misunderstandings during discussions.
- Under-reporting of cases, for a variety of reasons. This meant survivors could not benefit from available assistance and the needs of the community were not being met.
- Loss of confidence in UNHCR by the refugee community, since they felt that “nothing was being done.”
- Lack of appropriate and sensitive medical treatment and follow-up. Medical staff were frequently ill-equipped (in both experience and basic knowledge) to examine survivors of sexual violence. They were also often reluctant to get “involved”. Most senior medical staff were male. Facilities were often placed in areas in which confidentiality could not be guaranteed.
- Insensitivity, little knowledge or experience and a lack of understanding of the problem by most people involved. There was little or no respect for the wishes of the survivor, particularly amongst senior staff and local authorities.
- Lack of an overall, common goal. All actors had their own ideas and agendas and there was little meeting of the minds.
- Lack of coordination, particularly by UNHCR. This was largely due to the lack of a goal and often inadequate staffing.
- Insufficient understanding of the cultural context and community involvement.
- Poor resources, especially concerning the Ministry of Home Affairs (MHA), police and legal authorities, vehicles, fuel, handsets and office equipment. What little did exist was often poorly—if at all—organised.
- Lack of police action to follow up cases, for a variety of reasons.
- Lack of UNHCR protection follow-up, due to insufficient resources, staffing and poor time management.
- Different cultural attitudes towards sexual violence from all involved: western/African; male/female.

12. WHAT WERE THE MOST POSITIVE ASPECTS OF THE PROGRAMME?

- There were some well-motivated staff amongst all the actors. Although there was a lack of coordination and some differing goals, in general there was a core of motivated people at the heart of the programme.

- Most of the programme staff in Kasulu were either Tanzanian or refugees, ensuring that decisions would be culturally appropriate and that the programme would be sustainable, since staff turnover was small.
- Since a lot of work had been done in the camps, sexual violence was no longer a taboo subject. People talked about it.
- There was a good level of support and interest in the programme from some high-level UNHCR staff.
- There was good collaboration amongst all NGOs concerned.
- There were experienced resource people in the Tanzanian legal system (such as the Tanzanian Women's Law Association in Dar es Salaam).

13. WHO WAS MOST INVOLVED IN THE PROGRAMME?

Since a sexual violence programme encompasses many different areas, it is important that many different actors are involved. In the refugee context, the actors involved included:

- The refugee community (men, women and children; young and old).
- UNHCR (principally the health, community services and protection sectors).
- Health NGOs.
- Community services NGOs.
- Local police (and magistrates).
- Ministry of Home Affairs (MHA).

14. WHAT WERE THE ROLES AND RESPONSIBILITIES OF THOSE INVOLVED?

For everyone involved to work as a team, it was necessary for each to be aware of the specific part they played. This could have been accomplished in a workshop; instead it was initially accomplished through informal and formal discussions with all actors.

In addition to assuming roles and responsibilities, each actor had his/her own idea about what he/she wanted to achieve. Since sexual violence is an emotive subject, each individual brings to the subject his/her own opinions and attitudes borne from his/her culture and experience. When professional policy was not clear, personal policy often took over. Since many people involved in the programme were strong and influential characters, problems arose when personal, rather than professional, opinions were introduced. Conflicts between personal and professional goals, priorities and attitudes can stymie the effectiveness of a team.

The following are the roles and responsibilities of:

a) *The refugee community*

- work with other actors, and all sectors of the community, to try to prevent sexual violence from occurring (this could involve awareness campaigns, escorted collection of firewood, changing attitudes, etc.);
- encourage survivors to report the violence and seek help and to provide help and protection when possible;

- seek ways to show perpetrators that their behaviour is unacceptable and bring them to justice (i.e., see that they are punished);
- identify positive and negative cultural attitudes, practices and beliefs related to sexual violence within the community; change the negative and reinforce the positive.

b) UNHCR (protection, community services, health)

- coordinate and monitor all aspects of the programme, working closely with NGO partners and local authorities;
- ensure that the wishes of the survivor are respected and that confidentiality is ensured;
- ensure there is an efficient and appropriate reporting and response system in place and that appropriate medical and community care is given;
- ensure adequate protection follow-up of cases and that protection measures are in place to help prevent incidents of sexual violence;
- monitor the work of the police and MHA in the field, ensuring that it is timely and sensitive to the needs of the survivor and the community;
- ensure sufficient logistics and staffing to run the programme;
- follow cases coming to trial, ensuring adequate provision of accommodation and food for survivors and witnesses coming from the camp to the court;
- ensure that all involved have an accurate understanding of Tanzanian law regarding sexual violence.

c) Health NGOs

- develop and conduct medical protocols;
- train health staff in the areas of medical treatment and counselling, ensuring staff are gender sensitive and sympathetic to the issue;
- set up a suitable system or buildings (such as the Kibondo “drop-in” centres) so survivors can report and be treated confidentially;
- liaise with other NGOs, UNHCR and Tanzanian officials;
- provide medical testimony and evidence in court, if necessary;
- ensure that adequate and appropriate drugs and testing facilities are available.

d) Community services NGOs

- implement the programme in the camps; work with the community to establish a system that will enable survivors to report and receive appropriate care and follow-up;
- ensure community participation in assessing, planning and implementing programmes;
- ensure that the wishes of the survivor are respected at all times;
- report regularly to UNHCR and liaise with other NGOs and local authorities;
- conduct community awareness campaigns, education projects and discussion groups;

- train staff and relevant refugee community members in key areas.

e) *Local police*

- maintain law and order within the camps in accordance with the laws of Tanzania;
- have an adequate and accurate knowledge of that law;
- follow cases rapidly and efficiently, following correct police procedure;
- report regularly to MHA and UNHCR on the progress of cases;
- handle cases sensitively, ensuring adequate interview locations and appropriately trained staff;
- organise logistical support, such as having documents made available, transporting perpetrators to court and/or prison.

f) *Ministry of Home Affairs (MHA)*

- maintain law and order in the camps in accordance with the laws of Tanzania;
- ensure that correct procedures are followed (especially by police) when handling a case;
- issue travel permits for refugees attending court cases;
- have regular meetings with UNHCR to ensure Tanzanian officials are adequately monitored;
- liaise with all involved.

15. WHAT WERE THE ORGANISATIONAL PRIORITIES OF THOSE INVOLVED?

All parties involved recognised that sexual violence was a problem and they wanted to do something about it. In addition to their roles and responsibilities, they also had their own priorities for action within their organisation or community.

Members of the **refugee community** were disillusioned with UNHCR and afraid of the police. They felt their hands were tied and could do little to address the problem of sexual violence. Initially, they were reluctant to voice their opinions because they felt they had not been listened to before.

In general, **men** wanted incidents of sexual violence to be “solved” as quickly as possible to keep the affair quiet and avoid the shame it brought to the family. **Women** tended to want to see “justice” done. They wanted the perpetrator to be brought to trial and punished, the survivor to be protected from more attacks and women’s rights to be promoted and upheld. However, they did not feel that “punishment” need always be meted out in Tanzanian courts. In some cases, often those less severe than rape, “community courts” could be used.

The **police and MHA**, as law and government officers, saw sexual violence as a crime that should be reported and pursued, regardless of the wishes of the survivor or her family or of the consequences. In fact, of the cases reported to the police, very few were followed and even fewer were followed successfully, usually because of inadequate resources and experience, poor attitudes and bad management.

The **health and community services NGOs** advocated that the survivor's wishes should be respected and that she should be given as much information as possible so she could decide what course to take. Supporting the refugees' views, they did not advocate reporting all cases to the police. They promoted refugees' involvement in all aspects of the programme.

UNHCR wanted to "control" the programme and ensure that something was done. Its priority was implementing and monitoring activities. UNHCR wanted rapid and visible results in the form of statistics and court cases. Staff were divided as to whether all cases should be reported to the police or not.

16. HOW DID THIS WORK?

As there was little coordination amongst the various actors, the goals of each had never been discussed. Some organisations' goals conflicted with those of other organisations; some goals undermined other goals.

Personal opinions frequently clashed with professional policy. This was particularly evident amongst those in authority within the police, UNHCR and NGOs. Where no clear policy had been established, individuals pursued their personal agendas.

The main problem areas were:

- reporting cases;
- methodology;
- coordination and "ownership" of the programme.

a) *Reporting cases*

Cases were usually reported either to the hospital, the community services NGO or the police. Few cases were reported. According to those involved, cases were not reported because of:

- shame to the survivor and family if the incident became known;
- fear of retribution by the perpetrator and/or family on the survivor and/or her family, especially if the perpetrator was arrested;
- fear of the police and the possibility of insensitivity, bribery, brutality; and
- the feeling that not much would be done, so there was no point in reporting, especially to the police and to UNHCR.

How did the goals clash?

The police, MHA and some Tanzanian nationals working for UNHCR and NGOs believed that all cases of sexual violence had to be reported first to the police so a Police Form 3 could be completed which, in turn, would authorise medical facilities to give the necessary examination and treatment. In fact, this practice had been stopped two years earlier.

Since the most influential staff in Kasulu, including those working for UNHCR, believed this was still the procedure, the programme was run accordingly. (In Kibondo, IRC reached an agreement with the magistrate, the chief of police and MHA officials allowing a survivor to report to IRC without first going to the police.) Since it was deemed mandatory to go to the police first, very few survivors came forward at all.

Survivors were therefore not receiving the medical and social assistance that was their right. In essence, there was no “programme” for them.

Later in the consultancy it was agreed that while the survivor did not have to report to the police, NGOs and UNHCR would make available to the police and the MHA the number and nature of incidents occurring in their camps. These monthly or bi-weekly reports would enable all to see patterns and trends and to intervene when and where possible. Not everyone was happy with this, as the “right to know” was still paramount amongst several Tanzanian officials.

b) Methodology

Most of the NGOs involved encouraged community participation in assessing, planning and establishing programmes. This is a necessarily slow process and it clashed with UNHCR’s goal of setting up rapid responses to sexual violence.

The community-participation method also implies that refugees “own” the programme and others, such as UNHCR, the police, MHA, would have to listen to their needs, ideas and suggestions. This was a foreign concept to some involved; some disliked being “dictated to” by the refugees.

UNHCR wanted clear statistics from its implementing partners to be able to show donors, amongst others, that the programme was effective. But community-led programmes are often slow in delivering statistics, at least initially. If an outside agency (in this case, UNHCR) constantly demands statistics, the responsibility for running the programme eventually falls to that agency and the community loses control of the programme.

c) Coordination and “ownership” of the programme

This programme did not belong to one group alone—and this is where many of its problems lay. Each group followed its own policy: the police and MHA followed Tanzanian law (as they interpreted it); the health NGOs followed their medical protocol; community services NGOs responded to the needs of the community; and UNHCR tried to coordinate all into an effective and cohesive team but hadn’t yet decided which of its sectors – protection, health or community services – should take the lead.

The multi-sectoral aspect of the programme, while essential to its efficacy, was causing great problems in coordinating actors and building a team. The consultant emphasized that, at times, actors would have to let go of some of their firmly held beliefs and attitudes to allow for consensus. There must be leaders to promote this idea or an effective, cohesive team will never be built.

17. WAS THE COMMUNITY INCLUDED?

Without a basic understanding of how the community perceived the issue, little could be done that was either relevant or effective. As much as possible, the programme had to be owned and run by the community. Therefore, the community had to be consulted from the start.

In Kasulu, a lack of time and overburdened community services staff meant that the community was not included as much as it should have been. Some agencies didn’t

understand the concept of community participation, while in others, only refugee “workers” were consulted, not the community, as a whole.

18. WHAT WERE THE UNDERLYING PRINCIPLES OF THE SEXUAL VIOLENCE PROGRAMME?

Those working in the programme wanted to establish a set of principles that would guide their activities. A cohesive “code of practice” would, they believed, be an effective way of unifying the many different beliefs and ideas the actors brought to their work.

It was agreed that three people, all of whom had experience in creating such a professional code, would put together a set of principles that they would then present to the whole group for discussion and ratification.

The agreed principles were:

- the welfare of the survivor is paramount;
- the survivor’s wishes must be respected;
- The survivor has the right to information about all options available to him/her and the opportunity to discuss their implications (the right to informed choice);
- interventions should take into account that the survivor is a member of a family and a community (a holistic approach);
- confidentiality should be safeguarded at all times;
- the identity of the survivor should be released only on a need-to-know basis;
- focal points should have the necessary support and training available to them;
- perpetrators should be brought to justice. The consequences for the perpetrator should be a balance of punishment for the crime committed and “treatment” to prevent him/her from repeating the offense (especially in the case of child offenders);
- consideration should be given as to whether wider protection problems must be identified and addressed (such as protection of a survivor’s family from the perpetrator’s family).

These principles were presented to the participants of the workshop held in July and were widely accepted.

In hindsight, it would have been better for all those involved to decide on the principles, perhaps in small groups, and then gather to discuss them, rather than having one very small group of people “present” their decision to the others. This would allow for greater participation and encourage a better understanding of what a “principle” is and what the group is trying to achieve by establishing principles.

19. HOW WAS THE PROBLEM OF NON-REPORTING ADDRESSED?

When sexual violence occurred in Kasulu, information about the incident was relayed, as quickly as possible via handwritten message, from the point of reporting in the field (usually the community services or health compounds) to MHA, police or UNHCR personnel. The weaknesses of this practice were:

- there was no list of questions to be answered, so there was inconsistent information;
- confidentiality could not be guaranteed;
- there were no clear lines of communication;
- there was no ensured follow-up;
- the system was not monitored;
- the roles and responsibilities of those communicating were unclear.

a) *What was done? The reporting system*

A reporting system formalises the path of communication. At each step in the process, it was important to determine who needs to know what information and why. Confidentiality had to be safeguarded at all times.

Small committees were set up in each camp to design a system of reporting, at camp level, which would work in their camp. These committees consisted of

- national and refugee health workers;
- national and refugee community service workers;
- key members of the refugee community (usually women's representatives).

These committees were asked to imagine the most vulnerable person in the camp and be sure the reporting system would be accessible to him/her at all stages. The committees decided that the most vulnerable person might, in this case, be a 15-year-old unaccompanied minor, living alone, looking after younger siblings. Would she feel able to use the system as it was designed?

The committees were given two weeks to work on this task. Then the entire group met, along with UNHCR field officers, MHA and police representatives. The committees presented their ideas either verbally or in diagram form.

b) *The resulting systems*

All camps designed similar systems (a summary is presented in diagram?)

The first phase

- The survivor reports to either community services or health at respective compounds (or directly to the police, if preferred).
- Workers then assist the survivor in going to other services, ensuring that medical treatment and counselling are provided.
- If the survivor requests, workers will assist the survivor in going to the police.

Main discussion points

- Would the survivor know where to go in the community services or health compound?
- Would the survivor know who to talk to? Would they have to tell their story several times before they found the right person?
- Would the survivor feel safe? Would his/her confidentiality be respected?

- Would the worker feel safe if it was generally known that he/she was dealing with cases of sexual violence?
- How do you ensure that survivors of sexual violence know where to go to get help, but at the same time ensure that when survivors go to a designated place or person they are not automatically known as survivors of sexual violence?
- Shouldn't all survivors report to the police first so they can get a medical examination? (This point underscores the need to be clear about the laws of the country.)

The second phase

- The survivor and worker(s) report the incident to UNHCR via the field office.
- The field worker then reports to the UNHCR protection officer.
- If the survivor wishes, the protection officer follows the case and contacts police. The protection officer is then contact and liaison point for cases coming to trial.

Main discussion points

- Should UNHCR be informed of all cases? Why?
- Should the police and MHA be informed of all cases? Why?
- Should UNHCR and/or the police be obliged to follow all cases? Does the survivor have the right to choose whether or not his/her case is followed?
- What information should be given back to the survivor and the community? How? By whom?
- Who is responsible for ensuring that the survivor and/or witnesses are in court to hear the case? How would this be organised?

20. HOW WERE THE REPORTING SYSTEM AND FORM ADOPTED?

The consultant decided that a form for reporting had to be designed before any progress could be made. The original group of NGO, refugee and national workers agreed upon a form (see appendix) that was then distributed to all community services and health NGOs in the camps.

The new reporting system, adopted during the regional workshop in July and then implemented, took longer to design and more people were involved in crafting it. Some remained unhappy with certain aspects, such as giving the survivor the option to report to the police or not. But old attitudes require time to adapt to new systems.

21. WHAT IS THE BEST WAY TO WORK WITH THE REPORTING SYSTEM AND FORM?

To use the system and form effectively, ask the following questions:

- Is there a clear, uniform understanding of what is meant by sexual violence, its causes and consequences?
- Do all involved understand the host country's laws relating to sexual violence?

- Do all involved share a common goal for and a common vision of the sexual violence programme?
- Can all actors see what each contributes to the whole?
- Is there an agreed code of practice, or principles, which underlies the work?
- Is the reporting system clear, accessible and effective? Does it meet the needs of all involved? Is it understood by all?
- Have other needs been identified for future attention?
- Have logistical and material needs been identified and solutions proposed?
- Are all actors capable of assuming their responsibilities? What may be needed to ensure they are?

22. HOW DID THE CONSULTANT BEGIN WORKING WITH THE COMMUNITY?

Several “community” discussions and activities had been held, but little had been achieved. As a result, the refugees were frustrated and disillusioned. Their perception was that UNHCR and NGOs had done nothing, since incidents of sexual violence still occurred, and they were convinced the police were equally ineffective and that hospitals were often unwilling to treat survivors. The refugees felt their hands were tied and they did not feel they had any power to change the situation.

Starting up a participatory approach to the programme was going to be difficult given the refugees’ frustration and resentment. People wanted answers and actions, not more discussions.

After talking with refugee and local NGO staff, a different approach was agreed upon for each camp.

23. MTABILA CAMP (BURUNDIAN REFUGEES) – INITIAL SESSIONS

The consultant worked only with a group of 50 women. Two were employed by the community services NGO, the others included block and village leaders, church representatives and members of income-generation groups. None of these women had participated in any previous discussions or trainings on sexual violence held by the NGOs or UNHCR. Although the group was larger than anticipated, it worked well.

The women came for two consecutive half-days (budget constraints dictated that NGOs could not offer whole days, including lunch). The agenda for the first day was as follows:

9:00 – 9:10	Welcome
9:10 – 9:30	Introduction game in pairs (find out five things about your partner, then tell the group)
9:30 – 10:30	Tell the group about your partner
10:30 – 10:45	Question: “What do you think ‘sexual violence’ means?”
10:45 – 11:30	Group discussion on the question (during which tea and bread was served)
11:30 – 12:30	Presentation and feedback of discussion
12:30 – 13:00	Question: “What did you do on this day last week?”

The introduction game, although lengthy, was necessary since many of the women did not know each other. (The camp was large and split into two sections: those who had arrived in 1993 and those who had arrived in 1996.)

Many of the women were illiterate, so groups could present their discussion ideas in drawings or writing with one woman elected as spokesperson.

a) ***Feedback on the question "What do you think 'sexual violence' means?":***

- being forced to do sexual acts against your will (i.e., rape);
- not being respected as a person in your own right;
- being forced by your husband to have more children than you want;
- not being allowed to practice your own religion; being forced to join that of your husband;
- being forced to have sex by your husband right after you have given birth;
- being expected to walk long distances to fetch and carry heavy loads of firewood, often in dangerous places at risk of being sexually attacked;
- not being able to say what they would like for their children; all decisions made by your husband (i.e., often, only boys were sent to school, not girls).

Most of these responses fall within the realm of "women's rights" rather than what one thinks of a sexual violence. However, it was important not to correct the women, but to allow them to express themselves and identify their problems freely.

b) ***"What did you do on this day last week?"***

During this exercise, the leader goes around the group asking each person to name one thing she did on this day a week before. The reply is then written on a display paper. Each person must say something that has not been said before; if she can't think of anything different, she passes her turn. The idea is to make a list of all the different activities women do in one day, illustrating the importance of their role in society and just how busy they are. The women in this group came up with 34 different activities.

The point was then made that, on top of all this, they are also subject to sexual violence. Is this the way they want to live? The question was left to simmer overnight.

The second morning's agenda was as follows:

9:00 – 9:10	Welcome, recap of previous day
9:10 – 10:00	Question and discussion in groups: "What is your vision of how women in your society should live?"
10:00 – 11:00	Feedback and discussion in plenary
11:00 – 11:30	Discussion in groups by block: "How do we get from the problems we discussed yesterday to the vision we discussed today?" (tea and bread is served)
11:30 – 12:30	Feedback, discussion and planning for what the group can do next

c) ***Feedback on the question "What is your vision of how women in your society should live?" (responses were given in either picture form or in very short statements)***

The women responded that

- they wanted to be listened to and respected as equal members of the community;
- they wanted to have their say in matters of the home: how many children, who went to school, how the money was spent;
- they wanted men to help with firewood and water collection;
- they wanted change; they did not want to remain as they were.

d) *Feedback from the second session (“How do we get from the problems we discussed yesterday to the vision we discussed today?”)*

The discussions were heated, with some women saying it just wasn’t possible and others adamant that it was, but it would take a long time. Some of the main points made:

What was needed?

- a change of attitude, both among women and men;
- dialogues on sexual violence, both amongst and between men and women (not necessarily in the form of “education” or large community meetings, but informally and one-to-one, such as in the marketplace, the food line, while waiting for water).

How could this be achieved?

- most of the women in the group agreed to talk to at least four other women;
- during the following week, asking them the same questions that had been asked in the sessions;
- any survivors identified during these talks would be referred to the community services NGO compound;
- members of particular community groups, churches or income-generation schemes would also hold similar discussions with other members of those groups;
- block and village leaders wanted to set up a small survey to determine how many women in their areas were survivors; the community services NGO agreed to follow up on this;
- the women agreed to meet with the community services NGO women’s officer in one month to see how far they had come and to discuss their next steps.

24. NYARAGUSU CAMP (CONGOLESE REFUGEES) – COMMUNITY DISCUSSIONS

There had been a good amount of work with the community in this camp, via discussion groups, training sessions and awareness campaigns. Yet very few cases of sexual violence were being reported to NGOs, even though the refugees said that sexual violence was a big problem in the camp.

The Congolese were known to be more outspoken than their Burundian counterparts, so a series of discussion groups was set up in the hope that through information sharing, the programme could move forward.

The discussion groups were held over one week, with morning and afternoon sessions. Participants included teachers, youth workers, community workers, village and zone

leaders (men and women), religious leaders, women's group representatives, women's rights group activists, health workers and educators on sexual violence. Most of these people were illiterate; nearly all of them had participated in some of the activities on sexual violence conducted by the NGO.

Groups were organised by location. Each group discussed a different topic. At the end of the week, the results of all the discussions were gathered in pamphlet form and distributed to the participants at a later date. At that time, each group would be able to comment on the ideas of the other groups.

Questions covered during these discussions included:

- What is sexual violence?
- How is it manifested in the camp?
- In a perfect world, how would you like to see the role and position of women in society?
- How can we reach that "perfect world"? What would be the main stumbling blocks?
- What are the main causes of sexual violence?
- What are the main effects of sexual violence (for survivor, perpetrator and the community, in general)?
- Who are most vulnerable to sexual violence?
- How can we protect them?
- How can we prevent sexual violence in all its forms?
- What is the traditional system of "sex education" in your culture? Is it still functioning in the camp? How can it be reinforced? changed? supplemented?
- Sexual violence is a crime under the tribunal law. How does that function? What does it achieve? Is it acceptable? How did it function in your home country?
- How can we achieve justice in the camp? What is the punishment for sexual violence? Is it enough?
- Are children survivors of sexual violence considered special cases? What can be done for them?
- Is the issue of sexual violence of concern to you?
- What has already been done in the camp to address this issue? Did it work? Why or why not?
- What would you do if your neighbour was raped?
- What would you suggest be done in the camp to address the issue of sexual and gender-based violence?

The main points addressed in the discussions included:

a) *The roles of men and women in the society*

Both men and women in the community saw the need to address the issue of sexual violence. Women saw the pain and shame of the survivor; men tended to see the resulting "fallen" status of the survivor as a problem, especially if those survivors were their wives or daughters. Initially, participants cited poverty, idleness or living in close proximity as the main causes of sexual violence. But after lengthy discussions, nearly everyone agreed that the differing status of men and women in society was the principal cause. Cultural standards, practices and beliefs were all cited as factors;

change was considered key to addressing the problem. Yet men resisted the idea of change more strongly than women (no doubt because they had more to change). During some very emotional discussions, men repeatedly lamented that just when they thought they had lost everything—their friends, their families, their homes—they were being “made” to lose their culture, too.

b) Collecting firewood

Several women in the camp suffered attacks while fetching firewood outside the camp. At first, discussions about how to solve this problem centred on the possibility of UNHCR providing firewood inside the camp and UNHCR providing food which didn't require as much cooking and providing fuel-efficient stoves. Then it was proposed that women should go out in groups to fetch firewood. But it was noted, through experience, that women tended to run when attacked, and the slowest would be caught. The consultant finally suggested that perhaps men could go and collect firewood instead of women. Both men and women loudly denounced the idea, saying it was contrary to the culture and unacceptable. After a lengthy discussion on culture versus security, one of the men solemnly stated that he would rather have his own wife raped by a stranger whilst collecting firewood than suffer the degradation and shame of collecting the firewood, himself. Others agreed. There was very little discussion after that.

c) Justice

The community had no confidence in the police. It was clear that in Kasulu camps, the police had done very little: few cases were followed, none had come to trial, and perpetrators were allowed to go free to torment their survivors again. Local tribunals seemed the only place to find justice. People were also deterred from reporting because of the possibility of long prison sentences. The Congolese did not want to leave their compatriots behind if they should repatriate—even if those compatriots were convicted criminals.

The tribunals, composed almost entirely of men, did little for the survivors. They levied small fines that trivialised the crime and let the perpetrator off free. (One man said he had been paid a goat in compensation for the rape of his 10-year-old daughter. Though he agreed that nothing would be enough to remedy what had happened to his daughter, he was satisfied with what he got.) But the tribunals did help achieve a measure of family reconciliation that the community deemed was as important as justice.

Community pressure to prevent a perpetrator from committing the same crime again did not seem as strong in the camp as it might have in the home country. People feared what the perpetrator might do if crossed, rather than joined together to banish him from their society.

d) What should be done now, in this camp, to combat sexual violence?

The fact that no new ideas were generated indicated that the time was right to offer new suggestions to the community.

25. MUYOVOSI CAMP (BURUNDIAN REFUGEES) – ONE-DAY “TRAINING” SESSION

Nearly all of the activities that addressed the issue of sexual violence in this camp were in the form of “training” activities. Those involved did not want to go over material they had learned before (such as “what is sexual violence?”), so it was agreed they would not.

Instead, the consultant met with community workers, a few teachers and women’s representatives (about 40 people in all, both men and women) and discussed what actions had already been taken. Discussion also focused on children as survivors of violence, since children had been the survivors in several of the recent cases in the camp.

The session was not successful. The group was used to a teaching method, and so instead of participating in discussions, participants only wanted to take notes. No one ventured any ideas on how to protect children from sexual violence.

26. WHAT ARE THE BEST WAYS TO WORK WITH THE COMMUNITY?

The following actions are essential in working with the community:

- Include community members in all aspects of the programme—assessment, planning and implementation; don’t just ask for their views.
- Involve relevant segments of the community.
- Determine how sexual violence is seen within the culture. Is this acceptable, particularly to those who are vulnerable to abuse?
- Help the community identify what needs to be changed and what needs to be reinforced concerning their responses and attitudes to sexual violence.
- Determine how the community’s values and attitudes relate to the host country’s laws on sexual violence.

Points to remember:

- It takes time to work with the community; don’t be tempted to rush.
- Be prepared to go back to square one if you think it is necessary.
- A programme that responds to sexual violence will not meet the needs of the community unless that community is involved in all aspects of its development and maintenance.

27. WHAT IS THE BEST WAY TO WORK WITH MALE MEMBERS OF THE COMMUNITY?

Though men should be involved in the discussions, the Kibondo experience demonstrated that men have a restricting effect on women. This was also seen in Kasulu. In Mtabila camp, where only women were present, the discussions were frank and flowing. In Muyovosi and Nyaragusu, discussions tended to be dominated by the male participants. Women should meet alone for initial sessions so they will feel free to speak honestly about sexual violence. Men can become involved in these discussions later. (And they, too, can benefit from same-sex discussions in the earliest stages of the programme.)

28. IS SEX EDUCATION IN THE COMMUNITY IMPORTANT?

- a) *Who are the “sex educators” in the community?*

Amongst the Congolese, the traditional sex educator, especially for girls, was the grandmother. When a girl was preparing to marry, the grandmother would tell her what was expected of her and the two grandmothers together would examine the girl to verify that she was still a virgin. Although these practices are changing, in many families parents still do not talk to their children about sex; sex education is left to the grandparents.

b) *What was the situation in the camps?*

Since there were relatively few elders in the camps (they had either been too old to leave their country or had died en route), many families had no members of the “grandparent” generation present. This gap in the traditional transfer of sex education came to light as youth, particularly girls, increasingly sought information about sex from community workers.

c) *What happened?*

Community workers and reproductive health workers arranged a series of discussion groups and trainings on sex for youth. These activities were well received by the participants.

d) *How can sex education be strengthened in these situations?*

- Know who the traditional sex educators are.
- Determine whether they are present and functioning as sex educators in the refugee situation.
- Identify and train groups that can fill that role.

29. HOW SHOULD ONE HANDLE THE PROBLEM OF VIOLENCE AGAINST CHILDREN?

Sixty-five per cent of the reported cases of sexual violence in Kasulu involved children of 16 years or younger; the figure rose to 73 per cent when youth of 17 and 18 years were included.

The refugee community cited the following reasons for the disturbingly high rate of sexual violence against children:

- Children were “easy” victims, since they were physically weaker.
- It was easier to report the rape of a child, since there was less social stigma attached and less shame for the person reporting, who was usually an adult.
- Children were seen as “clean” and free from sexually transmitted diseases.
- A breakdown of social values in the camps had led to a higher level of child abuse that was reportedly not seen in the home country (this assertion was difficult to verify).
- Nearly half the attackers in these cases were also children; it was easier for them to attack other children.
- Three of these cases were school children abused by their teachers as a bribe to gain good grades. This practice also occurred in the home country.

Aid workers must handle children, both survivors and perpetrators, differently than they would handle adults. Children, especially very young children, often have difficulty expressing themselves. In cases of sexual violence, they frequently don't even have the right vocabulary.

In addition, the obvious anger of parents does not always help the child. Refugee workers found family reconciliation particularly difficult when the survivor was a child.

Points to remember:

Children as survivors

- Children need to be reassured that you believe what they are telling you.
- You should tell them they are not to blame; it was not their fault.
- Assure them that you will not tell anyone else what they are telling you; or if you feel you need to tell others, then you will talk with them first (this can be difficult, and some find it better not to say this).
- Remember that children often don't understand what has happened to them, so encourage them to express themselves using different means (games, drawings, drama, puppets, story-telling).
- Be aware that some children will find it difficult to discuss their experiences and will tell the story as if it happened to someone else or to their "friend".
- Children will often not tell their story on the first meeting. Be patient and be prepared to meet with the child several times.
- It is not necessary for the child to tell his/her story to a "worker"; he/she can talk to a parent, teacher or friend.
- Parents can also have a difficult time coping with what has happened to their child.

Children as perpetrators

- Refugee children are subject to the law of the host country.
- "Justice" should be a mixture of punishment for the crime committed and "treatment" to help prevent the child from committing the crime again.
- The child perpetrator will often have social problems him/herself. These should be investigated and appropriate assistance should be given whenever possible.
- Western views on how to raise, punish and correct children often differ greatly from those of other cultures. Be sensitive but firm; and remember the child has rights.

30. WHAT KIND OF TRAINING IS NEEDED AND SHOULD BE PROVIDED?

There was not enough time in the consultancy to organise many trainings; but the training needs of the various parties were discussed and identified. The following is a list of topics suggested by those involved in the programme:

a) Community service and health NGOs (Kasulu)

- Establishing the IRC Kibondo system in Kasulu. This will involve principles and methods of community participation, how to conduct the initial assessment,

how to set up “drop-in” centres, staff organisation and levels, reporting systems and forms, working with other actors, including the police and MHA.

- Working with the men in the community (using IRC experience to demonstrate how and when to do this).
- Gaining a basic understanding of Tanzanian law on sexual violence and how it functions. This will enable workers to advise survivors on their options for proceeding with their cases.
- Determining roles and responsibilities within the programme.
- Running an information campaign and discussion groups with all sectors of the community. Topics would include how the reporting system works, what help and advice is available, prevention and reproductive health information.

b) *Health*

- Conducting an initial examination and follow-up. Determining what to look for and record during the initial examination in the event the case is later brought to trial (i.e., medical evidence). This should be organised in conjunction with legal authorities, magistrate, police.
- Providing initial and follow-up treatment including a comprehensive form/checklist to be followed by the relevant medical practitioner; determining what tests should be done (i.e., STDs, pregnancy).
- Learning how to approach a survivor of sexual violence and offer counselling.

c) *Police, MHA*

- Developing an understanding of what Tanzanian law says about sexual violence and how the law functions.
- Understanding what is meant by “sexual violence” and what forms of it are seen in the camps.
- Explaining how the sexual violence programmes function in the camps and related cultural constraints and practices.
- Determining the roles and responsibilities within the sexual violence programme.

d) *UNHCR*

- Developing an understanding of what Tanzanian law says about sexual violence and how the law functions.
- Understanding what is meant by “sexual violence” and what forms of it are seen in the camps.
- Determining the role of UNHCR in responding to and preventing sexual violence.
- Determining the varying roles of protection, community services, health and field staff within the sexual violence programme and how they interact with each other.
- Understanding the reporting system and form and how they work.

Tanzanian law

Since sexual violence is a crime, all involved need to have a basic understanding of the laws of the host country related to this crime.

This was particularly important in Tanzania, where the law on sexual violence had recently been reviewed and a new bill on sexual violence had been adopted without amendments. Although the bill was effective from 1 July 1998, not all people involved with the law in all areas of Tanzania knew about the changes and how to implement them. So there was a period of some confusion, when both old and new ideas and practices were in play at the same time.

UNHCR sought to assist the Tanzanian government by providing training sessions on the amendments to the law. These sessions would be run by Tanzanian lawyers (in particular, representatives from the Tanzanian Women's Law Association) and target those working in refugee-affected areas. In this way, all people working in the sexual violence programme—refugees, police, and staff from MHA, UNHCR, and NGOs—would be able to work from the same body of knowledge.

Trainers

There were a large number of experienced, qualified people who could lead the training sessions in Tanzania. The following list suggests who can be tapped in other situations:

- Members of the refugee community experienced in: health care, cultural coping mechanisms, attitudes towards sexual violence, children's and women's issues, including children's and women's rights, community participation and mobilisation.
- National and international NGO and UNHCR workers with experience similar to that listed above. Also helpful would be experience in: sexual violence programmes in other countries and/or situations, international law, human rights law.
- Experienced health personnel, such as the District Medical Officer.
- Women's activist groups (such as, in Tanzania, the Tanzanian Women's Law Association and the Tanzanian Women's Media Association).

31. HOW CAN ONE TRY TO PREVENT SEXUAL VIOLENCE?

Many people think that sexual violence is part of human nature and, as such, is not preventable. Comments such as "well, it happens," "men can't control themselves," "it's part of society," "women ask for it" are heard frequently. Certainly the incidence of sexual violence, particularly as a war crime, is increasing (or, at least, our awareness of these incidences is growing). But that does not mean we should be resigned to it as inevitable.

Prevention is difficult to promote. It is perceived as being either too intangible a goal or too great a task. But the consultant discussed prevention with all involved and noted the importance of the following:

a) Reinforcing the response

Nearly all participants agreed that the best form of prevention was to reinforce the response, particular in the area of law enforcement. One of the biggest problems in the camps was the perception that the police were ineffective and the refugee

community felt that perpetrators could “get away with it” and not be discouraged from attacking again.

Young men interviewed on the subject of abduction (early marriage) made the point very clear. A practice had evolved in the camps whereby young men would “rape” young girls so they could “take” them as wives, since they could not afford the high dowries demanded by the families. (Within both the Burundian and Congolese cultures, a man could “own” a woman as a wife once he had sex with her.) Since the police never arrested anyone and the local community tribunals imposed fines of only about 5,000 TZ shillings (a dowry could be more than 10 times that amount), the young men felt this practice had been “allowed” to increase.

Everyone felt this practice could be prevented or, at least, discouraged, if those charged of this rape were arrested and brought to justice (the current sentence for such a crime in Tanzania is life imprisonment).

b) *Camp structure*

UNHCR guidelines on sexual violence should be consulted when designing camps. Information campaigns on the sites could help prevent young girls from being lured away by men offering them “help” (as occurred in Kibondo).

c) *Community awareness*

Education campaigns on adolescent sexual behaviour, the causes and effects of sexual violence, safe sex, reproductive health, teenage pregnancies, etc., are all beneficial. It is equally important to hold discussions on the position of women in the society and the changing roles of men and women in the refugee context. Refugees cited these social upheavals as one of the principal causes of sexual violence in the camps.

d) *Reinforcing community deterrents*

Both the Burundian and Congolese communities have their own methods of dealing with a “rapist”—often ostracising him from the community, not allowing him to drink beer in the bar or trade in the market, and sometimes not allowing him to marry. These activities should be encouraged and supported. The community should not be made to feel it is powerless to deter crime because it is now a *refugee* community.

In Kibondo, the refugee courts or tribunals were made more effective and acceptable to the women in the society and more consistent with Tanzanian law. It was believed that strengthening the communities’ own laws would help deter some forms of domestic violence, molestation and sexual abuse.

32. WHAT ARE THE BEST WAYS TO MONITOR AND EVALUATE THE PROBLEM OF SEXUAL VIOLENCE?

One cannot measure the reduction of sexual violence without first knowing the scope of the problem. Yet acquiring baseline statistics is not easy since people are, in general, reluctant to talk about the problem. Surveys may not be well designed or culturally sensitive so respondents may not give true answers to questions.

In Kibondo, IRC worked closely with refugee women to plan and conduct a baseline study at the start of its programme. IRC used a sample survey method, focusing on a designated area within the camp (asking set questions and comparing the answers) and on more detailed interviews with individuals who came forward after discussion groups. Taken together, these two methods can provide a fairly good picture of the general situation.

Initial baseline surveys provide:

- concrete evidence to prove to officials and others that sexual violence is a problem in the camps (people tend to say that since no one is reporting sexual violence, none is occurring);
- useful information on the kind and frequency of sexual violence so workers can plan an appropriate programme; and
- statistics that can be compared against later surveys to assess the effectiveness of the interventions.

It should be noted that once a programme of this kind has begun, the number of survivors reporting will initially increase (if the programme is successful). People will say you have “created” a problem, since there are now more women complaining of sexual violence (this accusation was frequently heard in Tanzania). Don’t let that argument prevent you from continuing. As the programme develops, the numbers may level off or the types of incidents may change, as happened in Kibondo where, as time went on, more incidents of domestic violence were reported.

As with any survey, you should always ensure that the results of the survey are compiled and interpreted accurately.

33. WHAT COSTS ARE INVOLVED?

In Kasulu, the project costs were minimal since the project did not have a budget of its own and all costs were absorbed by the various units and organisations involved. However, since everything was dependent on the goodwill and availability of those involved, there was little money available for training, materials or visits to other camps.

In Kibondo, the programme had its own budget and was thus far more autonomous. There were two international, two national and five refugee staff members; women representatives in the camps did much of the work. There was also a construction budget for “drop-in” centres and money set aside for training, vehicles and fuel.

It was suggested that, in future, sexual violence programmes should be a designated element of the community services and health programmes. With their own budgets and staff, they can become autonomous and active programmes.

34. WHAT ARE THE LIMITATIONS OF WORKING WITHIN A REFUGEE SETTING?

- Changes of attitude take a very long time, usually far longer than the refugee situation lasts.
- You cannot protect all refugees all the time; sexual violence will occur.
- You cannot always remove the battered wife from the husband and the camp, or the abused child from the home.

- Refugee staff in the camp will continue to feel insecure because of threats from other refugees.

35. WHAT PROBLEMS DID THE CONSULTANT ENCOUNTER?

- Lack of a clear understanding of Tanzanian law. Personnel in the field and UNHCR officials in Branch Office recognised the need to understand the law and the effect current practices were having on the rights of women.
- Lack of a common goal. While much work was done on this issue, several members remained unwilling or unable to see the programme from any other viewpoint but their own. This narrow perspective hindered the team-building process in which all should be willing to give and take.
- Budget constraints. At the time of the consultancy, UNHCR and the NGOs were suffering budget constraints, particularly in community services. Programmes had to be cut to a minimum. Operating in this environment was very difficult, especially when one was trying to organise training sessions.
- The consultancy, itself, had no budget, so all activities and materials had to come out of existing budgets.
- The geographical organisation of UNHCR (the sub-office was three hours from the nearest field office) made communication difficult and time-consuming.
- There was a lack of clear patterns of leadership within UNHCR. Understaffing meant that there was frequently no officer or assistant present for certain sectors (such as community services in Kasulu).
- Many people did not have adequate knowledge of or experience in sexual violence, though many sympathised with the survivors' plight.
- Many of those involved needed constant support, especially in the early stages. It was thus difficult to move the programme forward when only the consultant could provide that support.

36. WHAT SHOULD BE DONE DIFFERENTLY NEXT TIME?

- Focus initially on clarifying Tanzanian law and the UNHCR policy on sexual violence and how the two interact.
- Hold more cross-camp visits at an earlier stage to exchange experiences.
- Delegate immediately one UNHCR staff member per field office as the focal point responsible for sexual violence.
- Be more forceful with the police, monitoring and following-up their work at an earlier stage and more rigorously.
- Hold regular discussion and training groups with UNHCR and NGO personnel from the beginning.
- Spend more time, initially, in Dar es Salaam contacting relevant women's groups.
- Focus more on solving internal coordination difficulties within UNHCR amongst the protection, community services and health sectors.
- Conduct a survey in Kasulu like the one done in Kibondo.

APPENDIX 1

CONFIDENTIAL (IBANGA) SEXUAL and GENDER VIOLENCE IMMEDIATE INCIDENT REPORT FORM

I. INOMERO Y-IKESI (case number) _____ ITARIKI:(date of interview) _____

IKAMBI: (camp) _____

IZINA: (name) _____

IMYAKA: (age) _____ IGITSINA: (sex) _____

AHO ABA MW-IKAMBI (address) _____

KUMWANA IZINA RY-UMUYEYI CANKE RY-UMUREZI : (If a child, name of parent, relation, foster care) _____ UBUCUTI : (relationship) _____

II. THE ASSAILANT (INKOZI Z-IKIBI) IGITIGIRI C-INKOZYI-IKIBI: (number of assailants) _____

IZINA CANKE / AMAZINA YABO: _____

(name/s of assailant or assailants)

IMYAKA: (age (s) _____

AHO BABA MW-IKAMBI (address in the camp) _____

UBUCUTI BAFITANIYE: (relationship to survivor) _____

INKOZI Y-IKIBI NI UMUGABO WIWE CANKE UMUHABARA?(is the assailant a husband or boyfriend?) _____

IKIBANZA N-ITARIKI BABIRANIYEKO? (if husband, place and date of marriage) _____

IGITIGIRI C-ABANA (number of children) _____

III. IGISIDA: (THE INCIDENT)

ITARIKI Y-IGISIDA: (date of incident) _____ IGIHE: (time) _____

IKIBANZA: (location) _____

UKO IMPANUKA YAGENZE: (description of the incident)

IV. IGIKORWA CAKOZWE: (action taken by staff - medical, legal, local court, follow-up)

KWA MUGANGA: (medical: injuries, examination, pregnancy, ECP, STDs, etc.)

IBININI (emergency contraceptives?) _____ ITARIKI/IGIHE YARONSE IBININI: (date/time) _____

UWAGI RIWE NABI YOBA ASHAKA GUKURIKIRANA IKESI YIWE?

(does the survivor want legal/police involvement) _____

ITARIKI / IGIHE - UNHCR YABIMENYE (date/time UNHCR protection informed) _____

Completed by: _____

**CONFIDENTIAL
SEXUAL VIOLENCE INFORMATION FORM**

Case Number: _____ Date of Interview: _____

Age: _____ Marital Status: _____

Currently living with: _____

Camp: _____ Nationality: _____

Number and age of children: _____

Date and time of incident: _____

Location: _____

Describe what happen to you: _____

Number of assailants: _____ Name and/or description: _____

Who was with you when you were victimized: _____

Do you believe you were specifically targeted for any reason? No Yes

Why? _____

Did you have any problems as a result of the incident? _____

Did you receive any medical attention? No Yes

What? _____

What is your greatest concern related to this incident? _____

Have you been victimized more than once? Yes No

Has this incident been reported to the? Police MHA UNHCR Field Officer

Would you like the police and UNHCR protection to follow-up your case? Yes NO

Or is this case for UNHCR information only? Yes No

What follow up will be done ?

By Community Services? _____

By Health ? _____

Complete by: _____ NGO _____

APPENDIX 2

Definition of 'Sexual Violence' used in Kigoma

Although there are many different definitions for sexual violence, Kigoma decided to use the one given by IRC Kibondo in their report 'Pain Too Deep For Tears'.

'Sexual violence is defined as the act of forcing another individual, through violence, threats, deception, cultural expectations, weapons, or economic circumstances, to engage in sexual behaviour against his or her will. In circumstances of sexual violence a person has no choice to refuse or pursue other options without severe social, physical, or psychological consequences.'

Other terms and definitions are:

"Rape is an aggressive, violent criminal act where one person forces another to have sex without consent. The level of aggressiveness does not define the act of rape: whether the perpetrator uses more or less force, or simply uses threats, the crime is still rape. Rape also includes the more contested areas such as cultural expectations that force young women to marry and sexually service men not of their choosing.

Statutory rape is sexual intercourse with someone under a specific age, which is deemed to be unlawful. The survivor is presumed by law to be unable to give consent by reason of his or her tender age. In Burundi, this definition applies to girls under 18 years and below, and under Tanzanian law to girls 15 years and below.

Many forms of sexual violence do not fall under the classic concept of rape (vaginal penetration by a penis), such as insertion of objects into genital openings, oral and anal coitus, attempted rape, stripping someone of their clothes, using sexually abusive language, and other sexually abusive acts performed by a third person(s).

Hence the term **'sexual violence'** is used to cover all forms of sexual threat, assault, interference and exploitation including statutory rape and molestation without physical harm or penetration.

Gender relations refer to the socially (rather than the biologically) determined characteristics of men's and women's positions in society. Thus gender analysis examines both women and men and the relative positions between them. Social practices that promote gender inequalities become accepted as normal under different criteria such as cultural, judicial, educational and political practices.

Gender-based violence is violence directed specifically against a woman (or man) because she is a woman (man), or which affects women (men) disproportionately. It includes but is not limited to physical, sexual, and psychological violence in the family, within the general community, and that violence is perpetrated or condoned by the state."

APPENDIX 3

Major Points to Follow-up as a Result of the Consultancy

There were several areas touched upon during the consultancy which need close monitoring:

1. Training

- Training for the health sectors on protocol and examination technique of a survivor should be followed up and implemented.
- Training on The Tanzanian law to be implemented by TAWLA (Tanzanian Women's Law Association)

2. Policy

Policy lines on 'sexual violence' for all parties should be made clear, practical and concrete, so that all can follow them, and thus limit the amount of personal interpretation.

3. Contacts and Information gathering

TAWLA was an excellent resource for the programme. Further resources should be sought such as local NGOs (Kuleana in Mwanza), active groups and individuals, police information and trainings in Dar-Es-Salaam, African based human rights groups etc.

4. Mainstreaming and budgets.

It should be closely monitored that the provision of a separate budget for sexual violence does not preclude the activities from being seen as part of a holistic approach. Many activities currently in the camps such as peace education, youth apprenticeship training, education – are all a part of building a cohesive society which can prevent and educate against sexual violence occurring. The budget provided for sexual violence should not be seen as replacing these activities in any way, but as a compliment to them, assisting in the support for the survivor when required.

5. Focal Points and Task Force

The focal points and the Task Force were new and need support and encouragement. Discussions need to continue on who should lead the Task Force and how the sectors can work closely together.

6. Capacity building

It was evident that many of the staff involved did not have sufficient capacity to carry out their duties. More training is needed to lead to all staff having the right attitude, knowledge and capacity to undertake their tasks.