

What is an effective model of care for GBV survivors in a refugee camp?

Evaluation of a task-sharing approach for GBV case management in the Dadaab refugee camps

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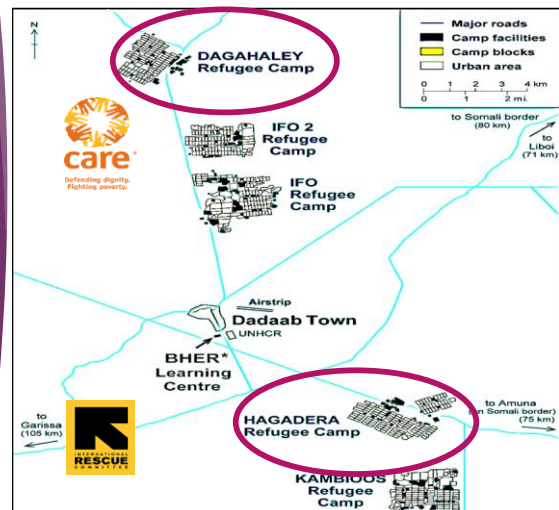
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Programme Partners

International Rescue Committee
CARE International



The Setting

DADAAB REFUGEE CAMPS



Dadaab refugee camps

- Opened in 1992



<http://data.unhcr.org/horn-of-africa/region.php?id=3&country=110>



Dadaab refugee camps

- ▶ Opened in 1992
- ▶ Designed for 90,000 people, but as of July 2016 UNHCR census there were 338,403 people – 95% Somalis
- ▶ Poor access to basic amenities, food, water, poor sanitation, living, & economic conditions
- ▶ High levels of insecurity
- ▶ Politically sensitive



The Intervention:

GBV COMPREHENSIVE CASE MANAGEMENT WITH TASK SHARING

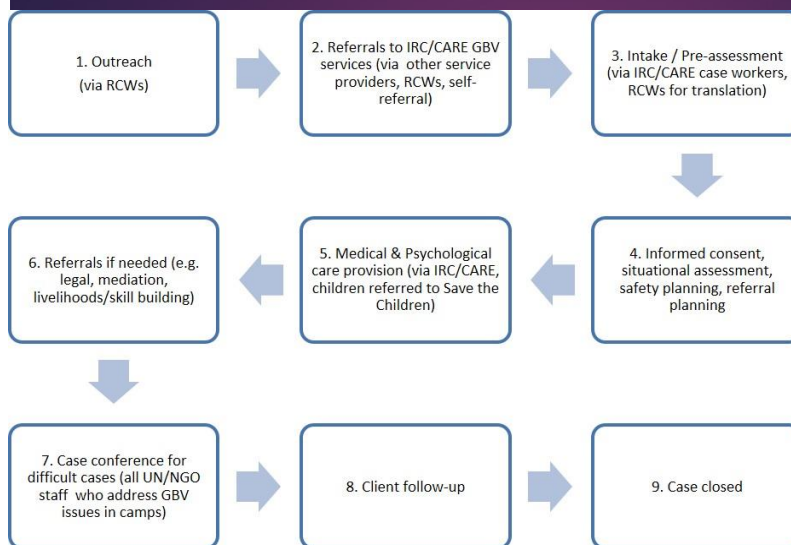
GBV Comprehensive Case Management in the Dadaab Refugee Camps

- Led and run by **IRC and CARE Kenyan national staff**
- Recruit and train **refugee community workers (RCWs)** to **share tasks** needed to deliver comprehensive case management services
- Build relationships with local **religious leaders, community leaders and other referral agencies**
- Case management is embedded within **other GBV prevention and response programming**



<https://medium.com/@IRCEurope/voices-of-dadaab-fd09255881df>

Individualised Comprehensive Case Management



Service provision is handled by two categories of workers:

- (i) **National staff** - skilled case managers and counsellors delivering GBV services and referrals to survivors
- (ii) **Refugee Community Workers (RCWs)**- refugees trained in GBV response and outreach work

Research

QUESTIONS AND METHODS

Addressing an evidence gap

No rigorous evaluations in a refugee camp of comprehensive case management with task sharing.



Research aim and questions

Research Aim:

To understand how the GBV model of **comprehensive case management with task sharing** can influence access, well-being, and health and safety outcomes among refugee GBV survivors in the Dadaab refugee camps.

Research Questions:

1. What is the **context of GBV** in the Dadaab refugee camps?
2. What are **the roles and experiences of national staff and RCWs** who deliver GBV services?
3. Is a comprehensive case management using task sharing an **acceptable, feasible and effective approach** at improving the safety, health and well-being of survivors?

Methodology

► Convergent parallel mixed methods study design

- Quantitative and qualitative data are equally important
- Allows for triangulation
- Captured perspectives of the survivors and the GBV service providers (RCWs and national staff)

METHODS & DATA COLLECTION

2015
Phase 1

- Cross-Sectional surveys with **71 RCWs**
- In-depth Interviews with **20 RCWs**
- In-depth Interviews with **15 national staff**

2016
Phase 2

- Longitudinal survey with 3 time-points. T1 – **209 survivors at intake**, T2 (4-6 weeks after T1) 136 and T3 (10-12 weeks after T1) 88 survivors accessing GBV care

2017
Phase 2 & 3

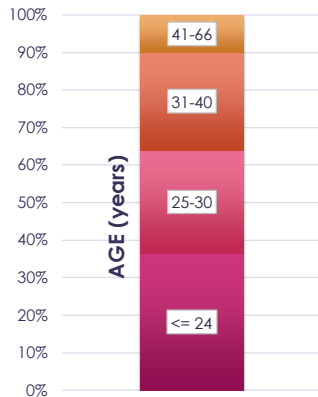
- In-depth Interviews with **34 Survivors** - 22 were already survey participants and 12 were new participants.
- Follow-up in-depth interviews with **5 RCWs and 3 national staff**

Results

WHAT IS THE CONTEXT OF GENDER BASED VIOLENCE IN DADAAB?



Survivor demographics (n=209)



38% cannot read or write / 53% cannot add or subtract

45% have an intimate partner

58% do not earn an income in Dadaab

9% born in Dadaab

99% Muslim and 94% Somali

41% care for 4+ children

41% have no other family members in Dadaab

27% started living with their partner at 11-14 years old

RCW household demographics

65% of RCWs are currently married

72% of RCWs were married or lived with an intimate partner at some point

RCWs were age 13-31 when they first lived with an intimate partner

N=71

N=68

42% of RCWs care for 4+ children



52% of RCWs care for at least one disabled, elderly or long term sick individual

N=68

Refugee Community Workers

■ RCWs (n=71) ■ Survivors (n=207)

Non-partner Violence
(sexual)

Non-partner Violence
(physical & sexual)

Intimate Partner Violence
(sexual)

Intimate Partner Violence
(physical & sexual)

"It didn't happen to me just once, they [the attackers] came several times to my house. You know, the problem is with a woman who lives alone, because there is no one to protect her. These rape cases happened more than four times... and I have proof, I can show you... they have affected me and my children, and even when my daughter goes to school, she is insulted. My son is also insulted when he is fetching water... everyone in the block knows my business and the attacks..." (Survivor, 34 years)

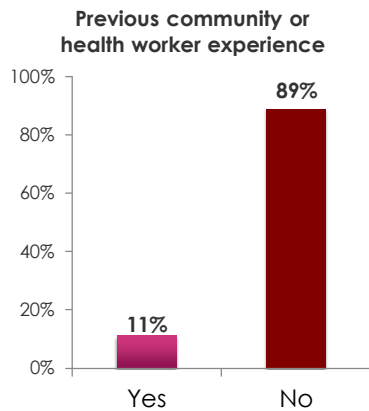
"Like women being battered... the people say the man married her and he took the responsibility of taking care of her. If she is battered, she shouldn't share because he is her husband. It's normal for the community."

Survivors and RCWs report experiences of violence

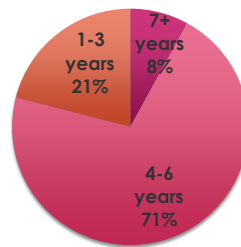
Results

ROLES AND EXPERIENCES

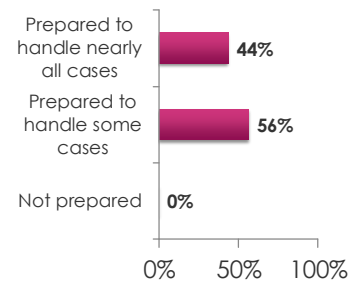
Commitment to RCWs to deliver services



Total years employed by IRC/CARE



RCW reflection on feeling prepared



N = 71

RCW capacity building: independence and sustainability

"In terms of capacity building, sometimes we have to see the officer in charge when dealing with a client because we don't have enough knowledge and skills to carry out our work properly."

*If we had this necessary knowledge, we will be more independent from the officers thus doing our work properly... we need **more training on counseling... we need more training like case management**, so that when the officers are not on the ground, we are able to handle even the cases... even in the future when we go back to our country, we will be able to perform these duties well."*

(RCW, male)

RCWs essential to improving acceptability of GBV services

*"One thing is acceptability of our programs in the community. The **community is able to understand much more from community case workers** than from us because they live with them and understand the system and everything that happens there.*

*Number two is that **the community is able to have some level of trust in what we offer...** if the community case workers do not address the issues in the best way possible, then the community cannot even trust us to a point of even coming to the office.*

That has also made us work very well, and again, it has really assisted the community..."

(National staff, male)

Work-related violence: Violence, injury and fear for delivering GBV services

■ Male RCWs

■ Female RCWs

Feel unsafe working with survivors in the community sometimes

Threats from other refugees b/c of work-related tasks

Ever been hit or hurt with an object by another refugee because of your GBV work

Injury due to work-related task (last 12 months)

"...there was a time that I was hurt. Two times... the worst time for me was when I lost my badge and I was hurt... the second time I was about to lose my teeth during a mentorship program for school girls to sensitize them about the importance of girl-child education... one father was against the programme while his daughter was supporting it. He hit me with the cane saying I was the one creating the problem. He hit me till I lost consciousness.... the police who were there helped and arrested the man and also his daughter." (RCW, male)

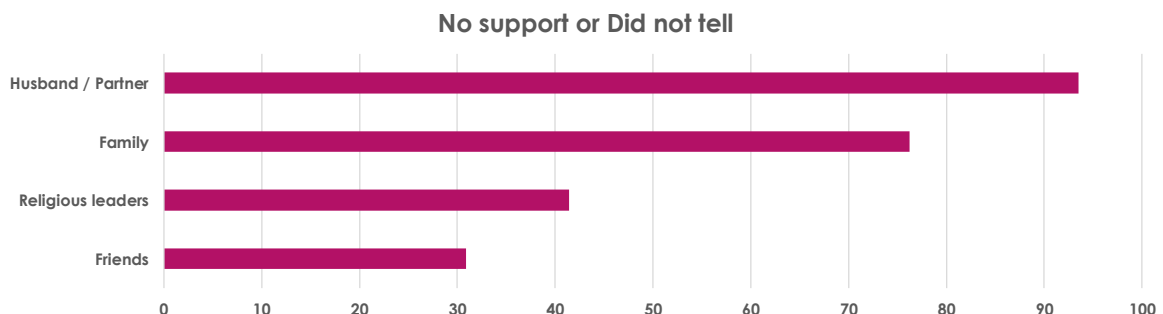
Barriers to care: Community resistance

67% RCWs report community resistance
25% RCWs rank elders as most resistant to their GBV work

- ▶ Women not always encouraged to go to GBV centres or follow up appointments.
- ▶ Elders often mediate at the community level.
- ▶ Women viewed as disrespectful if they return to the GBV centre after the case is handled by the elders.

Barriers to care: Social support lacking

Most women did not have social support and encouragement to attend services



Barriers to care: Referral services face their own challenges

82% of women reported not accessing referral services

"Maybe what I can say is the **referral pathways**, because you find that at some point you would like to refer a client to a certain organisation for him/her to receive more help, but **you find that the response is not immediate... you may find that he/she comes back saying that they haven't been helped... or that there were other challenges...** That is the key limitation I can remember."

(National staff, female)

Barriers to care: New priorities with repatriation and verification activities

During the repatriation and verification exercise **many staff...were withdrawn** from the normal referral pathway and put on those verification and repatriation desks...**So it took longer for these people to be attended to.**

Also, many people were going for repatriation itself, so people could come and report a case, you document it, you refer it, then later after that first contact **they feel like the priority has now changed**, they should be going for registration, for repatriation. **Along the way they do not go to the referral points.**

So in a way, **it meant it took longer for them to go to the referral point and also for them to be attended even when they were there.**

[National Staff, 34 yrs, Male]

Case management: Repatriation impact

*There are time that GBV cases we find, **we need them back for an activity or for group therapy.** Then we go to the blocks and they will look for a person, maybe one to three persons might say **they were taken to Kalabeyei or they were taken to Somalia for repatriation.***

[RCW, 31 yrs, Male]



<http://www.unhcr.org/afr/news/latest/2015/8/55c221ad9/100-somali-refugees-arrive-home-mogadishu-kenya.html>

Results

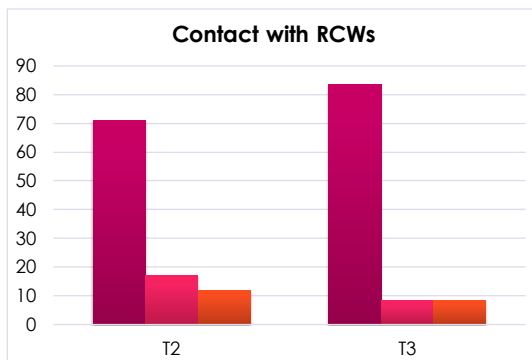
SURVIVORS PERSPECTIVES ON GBV SERVICES

Survivor perspectives

- ▶ 82% of survivors reported that their interactions with the RCWs had a 'positive effect'
- ▶ 66% of survivors surveyed reported that working with a RCW was "helpful".
- ▶ When asked how what they would change about the GBV services, the majority of women reported "nothing".
- ▶ Respondents spoke highly of the counselling and support they received and the material support they were given:

"They gave me peace of mind which is the most important thing someone can offer, and they gave me [a] mosquito net." (survivor, 38 years)

Case management: Many women did not return for follow-up visits (>70%)



Conclusions

- ▶ Survivors and staff (RCWs and national staff) face continued violence and insecurity
 - ▶ Attention needs to be paid to the violence RCWs experience due to their work including providing psychological support
 - ▶ RCWs are essential to improving accessibility and acceptability of GBV response in the camps – outreach, prevention activities, local leader relationship, bridge language and cultural barriers
 - ▶ Community support and social support levels are low, possibly preventing women from returning to services
-

Conclusions

- ▶ Camp closure announcement disrupted service delivery – referrals unavailable, women busy with verification activities
 - ▶ GBV services were acceptable for some survivors but lack of follow-up visits indicate that barriers need to be addressed
 - ▶ Services appear to be reaching some women with the greatest psychological support needs
-

Credits

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Howard Mollett



GBV METHODS SHORT COURSE applications open

“Researching Gender-Based Violence: Methods and Meaning”

Who should apply:

Individuals who will conduct or commission research on gender based violence

Location:

Gender Violence & Health Centre, London School of Hygiene & Tropical Medicine (London, UK)

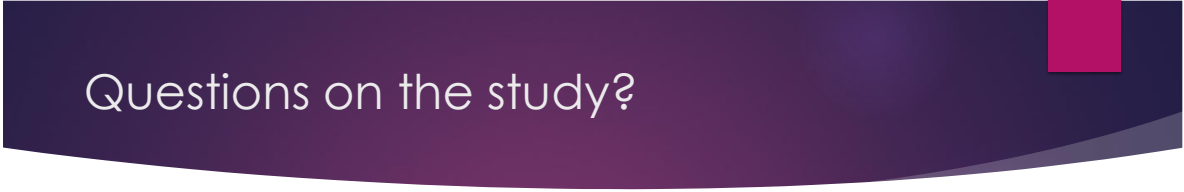
Dates:

12-16 February 2018

Details:

<https://www.lshtm.ac.uk/study/courses/short-courses/gender-violence>





Questions on the study?

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