## Security for women

An assessment by the International Rescue Committee in 1996 in Kibondo District, Tanzania, indicated that 27 per cent of women between the ages of 12 and 49 had experienced sexual violence since becoming refugees.

ased on these findings, IRC established its Sexual and Genderbased Violence (SGBV) programme to design strategies to meet the immediate needs of SGBV survivors. The programme has been driven by a focus on the survivors and their rights, and a participatory methodology that has allowed the refugees to make their own decisions about the nature of the programme and the services it provides. Since late 1996, this programme has addressed the issues of rape, domestic violence and early marriage, and, at the request of the refugee women involved, has also been instrumental in facilitating the supply of ready-made sanitary pads.

## A. Drop-In Centres

Within these refugee camps, there are no social outlets for women to discuss the issues they face as women and as refugees. Most community structures are dominated by men. In a mixed sex meeting, refugee women are unable to discuss issues such as sexual and gender-based violence, reproductive health concerns and family problems. IRC's programme aimed a) to provide women with a community-level, gender-sensitive forum for discussion, b) to reduce the number of incidents and c) to raise awareness in the community about the issue.

Drop-In Centres were opened in all four camps offering confidential, emotional and psychological support; emergency contraceptives and medical and legal services are also available. From the start of the programme in late 1996 to 30 June 1999, 2,124 people were offered services through the Drop-In Centres: 478 (21 per cent) were incidents of rape, 929 (40 per cent) domestic violence, 147 (7 per cent) abduction/early marriage, and 102 (5 per cent) sexual harassment. 237 women (11 per cent) came with

complaints related to STDs, and 364 (16 per cent) sought help with gynaecological health. Of all these cases, 683 sought legal actions.

Extensive awareness-raising work has been done with refugee leaders, both men and women, so that sexual gender violence will be seen as a community issue. Furthermore, at the interagency level, UNHCR stationed an assistant protection officer in Kibondo; UN agencies and NGOs made public statements declaring their support for the programme; and NGOs,

the Ministry of Home Affairs and the police committed themselves to 'sensitizing' their staff.

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More recently, UNHCR received funding for SGBV programmes in five sub-Saharan African countries. In Kibondo, UNHCR is funding dedicated SGBV staff for IRC and other social service agencies, two Tanzanian lawyers to follow up on the legal cases, and more UNHCR staff dedicated to SGBV issues.

## B. Supply of sanitary material

There is no steady supply of ready-made sanitary material for refugee women. Most women, when fleeing war, have no chance to remember and collect the material they usually use. Yet when they arrive in the camps, women refugees live with the cultural expectation that menstruation will be kept invisible and secret. This is nearly impossible in the camp, especially when women have to undertake more public work like gathering wood or water or collecting ration food. Many are forced to remain indoors for up to a week every month; others report being beaten by their husbands

during their menstrual periods. Moreover, menstruation often becomes heavier and more irregular when women experience extreme levels of stress - such as in war and flight. Ready-made sanitary pads could be given at reception to all female new arrivals over 12 years of age, as part of the package of non-food items.

In the past, in the Kibondo camps, squares of absorbent flannel were cut and distributed to women and girls over 12 years of age. This material was warmly welcomed. However, many newcomers were not provided with the material. In addition, until recently, it was simply cut and handed out as finished squares and was therefore not as useful as it could be. Sometimes women diverted the pieces into meeting a more immediate need, like covering a child. For others, the material wore out and they had nothing with which to replace it. Ideally such material should be sewn into a finished product, based on a pattern designed and then produced by the

> refugee women themselves.

Women leaders in the camps came up with a tentative design based on what they used in

Burundi (with strings for tying it in place as most women in the camp do not have underwear). Groups of women then made samples to be tested within the camps and, later, focus group discussions collected feedback on the design as well as the willingness of women to produce them. A standard design was finalized and funding for their production has recently been secured.

The women's groups, as well as producing finished sanitary material, are also a forum for women to discuss issues of importance freely and with confidentiality. They can support survivors of violence and continue awareness-raising, in a safe and friendly environment, on issues of violence.

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