Refugee Community Outreach Workers Trained to Detect and Respond to SGBV

**SGBV**

UNHCR has promoted the creation of community outreach networks. Outreach workers/mobilizers are selected from within the community and are trained on detecting and responding to SGBV cases.

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**Background**

As Yemeni labor law restricts refugees’ access to legal employment, their livelihoods and ability to be self-reliant are extremely limited. In camps, food insufficiency has been widely reported. This has resulted in many urban refugees sleeping on the streets and refugee parents in urban and camp settings leaving their children alone while they look for extra sources of income, or encouraging them to drop out of school to engage in income-generating activities. A consequence of the poor economic situation has been the proliferation of SGBV. However, these matters remain largely unreported, especially in urban settings, due to sensitivity to SGBV issues in the Yemeni culture. This situation led UNHCR to think of ways to facilitate the reporting of SGBV amongst PoC.

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**Location**

Yemen

**Time & Duration**

2010 - present

**Population Groups**

Refugee and asylum seekers

**Actors**

UNHCR, outreach workers
Description

UNHCR establishes a network of community outreach workers/mobilizers from within the community to raise awareness about SGBV and enhance both prevention and response. These workers engage in awareness-raising campaigns on a regular basis and conduct informative sessions on SGBV. Teams composed of 4 social counselors and 18 community mobilizers visit blocks and tent areas in camps every working day to educate the community about SGBV, particularly the importance of reporting incidents, including on behalf of others. When SGBV cases are reported and survivors are identified, they receive psychological and social support and are reintegrated into their community. Additionally, they receive clinical assistance such as protection from unwanted pregnancy as result of rape, STI prevention, and all other required medical care. Survivors are also encouraged to pursue legal remedies through the judicial system.

Impact and Results

- The community is more knowledgeable about SGBV.
- Prevention of and response to SGBV cases is enhanced.
- Levels of SGBV reporting have increased.
- 20 sessions, for roughly 20 people per group session, occurred on a monthly basis in 2010 for a total of 223 sessions. In addition to SGBV (including FGM), awareness-raising also addressed HIV/AIDS, health, hygiene and nutrition, family planning, prevention of malaria, marriage and divorce documentation, self-dependence, the importance of girls’ education and communal solidarity.
- In Kharaz camp, female representation in community structures increased from 30% to 45% while in Basateen female representation increased from 30% to 53%.
- A total of 2,469 refugees and asylum seekers and 161 UNHCR and partner staff participated in SGBV training in Kharaz, Aden and Sana’a during 2011.

Steps to Implementation

- UNHCR works jointly with the community to identify refugee protection risks in relation to SGBV and encourage them to find their own solutions.
- UNHCR selects a network of community outreach workers and trains them on SGBV, including how detect and respond to individual cases.
- UNHCR works closely with the network of community outreach workers in the planning and implementation of awareness-raising campaigns and other activities.
- UNHCR ensures that women and men participate equally in the community outreach network.
- UNHCR regularly consults the community about their views on the programme and ways in which it could be improved.

Constraints

- A small number of SGBV incidents are reported due to the high sensitivity of SGBV in Yemeni culture.
- Refugees’ vulnerability to SGBV increased as a result of increased restrictions on access to the labor market during the political and social unrest in Yemen during 2011.
- High inflation rates inhibit refugees’ ability to improve their livelihoods and become self-reliant, leading to adverse coping strategies such as survival sex.
- In some communities, males assume the majority of leadership positions and dominate decision-making, which hampers women’s participation in community structures.
Lessons Learned/Keys to Success

- UNHCR must raise awareness within the community about the impacts of SGBV on children.
- Engaging and empowering communities is the most effective method to tackle SGBV.
- Community workers need to be trained on addressing survival sex using a holistic approach, considering issues such as health, education and livelihoods.
- Efforts to tackle SGBV must focus on prevention.
- Effective changes within a community cannot be imposed, but require collaboration with refugees through their active involvement in participatory assessments and community-led initiatives.