

**BARRIERS TO GENDER-BASED VIOLENCE SURVIVORS SEEKING
ACCESS TO SUPPORT IN HUMANITARIAN SETTINGS IN TANZANIA:
THE CASE OF NYARUGUSU, NDUTA AND MTENDELI REFUGEE CAMP**

BONAVITHA BURCHARD GAHAIHI

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF HUMANITARIAN
ACTION, COOPERATION DEVELOPMENT
DEPARTMENT OF POLITICAL SCIENCE, PUBLIC ADMINISTRATION,
HISTORY AND PHILOSOPHY
THE OPEN UNIVERSITY OF TANZANIA**

2023

CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by The Open University of Tanzania, a dissertation titled: “*Barriers to Gender-Based Violence Survivors Seeking Access to Support in Humanitarian Settings in Tanzania. A Case of Nyarugusu, Nduta And Mtendeli Refugee Camp.*” In partial fulfilment of the requirements for the award of Degree of Masters in Humanitarian Action, Cooperation Development (MHACD) of The Open University of Tanzania.

.....
Dr Jacob Lisakafu
(Supervisor)

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Date

DEDICATION

This work is dedicated to the Almighty God and my lovely husband and sons.

ACKNOWLEDGEMENT

Firstly, I thank my Almighty God for His wonderful mercy and grace that were with me the whole time of undertaking this study. Again, my sincere appreciation goes to my supervisor for the excellent supervision he did throughout the whole time of undertaking my research. Further, I do say thanks to my course work lecturers as well the entire community of the Open University of Tanzania for supporting me through enriching my knowledge and skills, which all advanced my ability in developing this study. Lastly, my sincere gratitude goes to my family, my husband and my sons in particular for their tireless support and patience throughout the time of undertaking my research study.

May God bless you all and excel professionally.

ABSTRACT

The study assessed the barriers to gender-based violence survivors seeking access to support with focus to Nyarugusu, Nduta and Mtendeli refugee camp. Specifically, the study assessed the availability of GBV support mechanism within and outside the refugee camp, accessibility of the available GBV support mechanism by GBV survivor within and outside the refugee camp and the key obstacles towards help-seeking by GBV survivors. Through a qualitative approach, data for this study were collected using document review, key informants' interviews, and focus group discussion. The findings revealed that there are various places and institutions within and outside the refugee camps that provide services to the help-seekers in regard to GBV issues in the areas. Among others, there are knowledge centers, Positive parenting group, paralegals, gender and children desks, fit families, MTAKUWWA committees and CSOs. However, there were significant challenges uncovered hindering the access to support including: stigmatization by families and community members; a sense of being helpless over their situation; a fear/insecurity of future violence in both the camps and the host community; being denied access to GBV service premises by guards; confidentiality and corruption and limited knowledge of how to seek assistance from existing GBV services. The findings of this study led to the conclusion that refugee and host community GBV survivor (s) suffer the multidimensional ramifications of such perpetuated violence in the most personal way possible in terms of physical, psychological, and economic violence.

Keywords: *Gender-Based Violence (GBV), Help-Seeking Behaviour, Humanitarian Setting, Refugee and Gender-Based Violence Survivor.*

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LIST OF ABBREVIATIONS

AVE	Average Variance Extracted
CBOs	Community-Based Organizations
COVID-19	Coronavirus Disease of 2019
CSOs	Civil Society Organizations
DHS	Demographic and Housing Statistics
DRC	Danish Refugees Council
EA	East Africa
FDGs	Focus Group Discussions
GBV	Gender-Based Violence
INGOs	International Non Governmental organizations
IOM	International Organization for Migration
IPV	Intimate Partner Violence
IRC	International Rescue Committee
KII	Key Informant Interview
KIPAFO	Kibondo Paralegal Foundation
KJP	Kigoma Joint Project
LGA	Local Government Authorities
MHACD	Masters in Humanitarian Action, Cooperation Development
MoHCDGEC	Ministry of Health, Community Development, Gender, Elderly and Children
MTAKUWWA	Mpango wa Taifa wa Kupambana na Ukatili dhidi ya Wanawake na Watoto
NGOs	Non-governmental Organizations

NPA-VAWC	National Plan of Action for the Prevention and Eradication of Violence against Women and Children
NRC	Norwegian Refugee Council
PF3	Police Form 3
PPE	Personal Protective Equipment
SGBV	Sexual and Gender-Based Violence
SPSS	Statistical Package for the Social Sciences
TPB	Theory of Planned Behavior
TCRS	Tanganyika Christian Relief Services
TGNP	Tanzania Gender Networking Programme
UN	United Nations
UNFPA	United Nations Fund for Population Activities
UNHRC	United Nations Human Rights Council
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAWC	Violence Against Women and Children
VAWG	Violence Against Women and Girls
WAPAO	Wakwanza Paralegal Foundation.
WFFV	Women Free from Violence
WHO	World Health Organizations
WLAC	Women Legal Aid Center

CHAPTER ONE

INTRODUCTION AND BACKGROUND TO RESEARCH PROBLEM

1.1 Introduction

This study aimed at assessing the barriers to gender-based violence survivors seeking access to support in Nyarugusu, Nduta and Mtendeli refugee camp. The researcher conducted this study covering the period of 20 year ranging from 2010 to 2023. Through systematic arrangement and rigorous investigations, the findings are presented in tables, charts, discussions, and conclusions drawn as per the findings.

This chapter includes background to the study discussing Gender-Based Violence (GBV) among survivors in humanitarian settings from the global context to the local, specifically in Nyarugusu, Nduta And Mtendeli Refugee camps. Furthermore, this section presents the statement of the problem, general objective and specific objectives, and research questions. Also, this chapter includes the significance, the organisation and finally the summary of the study chapter will be presented in this section.

1.2 Background to Research Problem

In a global setting, Gender-Based Violence (GBV) is a significant challenge phenomenon (Radez & Reardon, 2021). For more than 20 years there has been continuous discussion concerning GBV especially help-seeking behavior in different settings (Eigenhuis, 2021). It has also been recognized as a rapid growing problem in humanitarian setting, because of its fragility nature increases the vulnerability to

GBV among the majority of population. In humanitarian setting, it was reported that one in five women has experienced GBV, however, due to existence of various factors hampering the reporting of GBV cases in then the number could be higher than reported given the fact that the survivors are hesitant to be disclosed (Eigenhuis, 2021).

In developed countries, for example, the European Agency for Fundamental Rights conducted a survey in 2014 that showed that approximately 33% of women living in the European Union and the United Kingdom had experienced gender-based violence since the age of 15. This figure was based on the experiences of women who were at least 15 years old (EIGE, 2014). The same study demonstrates that the prevalence of GBV in the countries of the EU and the United Kingdom leads to a loss of economic growth due to a loss of output as a result of injuries experienced by the victim of GBV in various areas. It was estimated that the entire annual costs of GBV would amount to approximately 259 billion euros (CARE International, 2018). In developed countries such as France and the United Kingdom, for example, the impact of gender-based violence (GBV) on particular individuals can vary due to the intersections of race, ethnicity, color, migrant or refugee status, sexual orientation, disability, location, and other identity factors (Government of France, 2020). This is also true in other countries.

In humanitarian settings, there has been an increase in some forms of gender-based violence (GBV), such as during the pandemic. For instance, the number of calls made to the national domestic violence helpline in Colombia increased by 150%

between 25 March and 25 June 2020 (compared to the same period in 2019), and in France, the number of reports of domestic violence cases increased by more than 30% in March after the country's lockdown was implemented (OECD, 2020). When all of these different aspects are considered together, it becomes clear that GBV has an effect on multiple aspects of the lives of survivors and victims, particularly those who are in humanitarian settings. These aspects include their ability to seek assistance from security, health care, and justice mechanisms, as well as their physical and mental health and well-being (Government of France, 2020).

In least developed countries as well, GBV is an important human rights issues, in humanitarian settings in particular, which have a long-term impact for survivors in terms of their health and well-being. GBV especially in refugees' camps has been recognized as a severe social and health challenge in many humanitarian settings, while even more severe in many African countries due to cultural aspects and beliefs (Odwe & Obare, 2018). Despite such high prevalence of violence against women and men in many African countries at humanitarian settings, any kind of help seeking, or disclosure of violence is quite low. Most of refugees and internal displaced persons in humanitarian setting most time are tolerant of GBV because of fear of being forced to flee the camp for their protection or being forced departed by false allegations (Murphy & Ellsberg, 2020). This tolerance may make refugees and internal displaced persons more vulnerable to experience more violence within a humanitarian setting. Refugees and internal displaced persons who want to seek help may sometime believe that disclosing violence or seeking help for abuse can lead to more violence and shame. Willingness to help seeking among survivors, depends on

the availability of potential support sources and assurance of being listened to and protected.

In connection to the above paragraph, help-seeking behavior is a complex behavior when it comes to decision-making process. GBV survivors' help-seeking behaviors especially in refugees setting consist of three main components which include the problem, the helper, and the recipient. Help-seeking behavior involve interaction between the three components to respond to the issue. In this regard, the first component which is the problem in this study can be referred as the GBV, and the helper is the service provider at the refugee camps while the recipient is the survivor. There has been ongoing violation of human rights in different refugee camps around the world, and Africa is not different (Odwe & Obare, 2018). The level of help-seeking by the survivor is incredibly low compared to the number of GBV cases in majority of refugee camps.

In Kenya for instance, Gender-based violence is more severe to women compare to men. According to the annual reports of 2017 says, sexual abuse cases were more than 2,532 while physical violence were 422, furthermore, 90% of all reported cases were reported by women and girls (Muuo & Muthuri, 2020). Thus, GBV issue has been camouflaged by the socio-cultural stigmatization that associated with any kind of attempt by the survivors to help-see about their experience. For instance, a study done in Nyarugusu refugee camp in 2015 by Refugee International found that about 30-66% of women and girls never told anyone about what happened to them regarding GBV. Study by Odwe, Obare, & Francis, (2018) titled "Attitudes towards

help-seeking for sexual and gender-based violence in humanitarian settings: the case of Rwamwanja refugee settlement scheme in Uganda”. Even though there are various development agencies and government responding to GBV cases and put several strategies and measure to tackle issues around GBV, but still the rate of GBV disclosure and seeking help is quite low within humanitarian setting (Murphy & Ellsberg, 2020). GBV is an umbrella term for any kind of harmful act based on socially ascribed gender differences perpetrated against a person’s will. In this study the term GBV is associated with a wide range of physical, emotional, sexual harm or suffering, psychological and mental health consequences. This study will focus on GBV against both women and men. Furthermore, GBV has obtained worldwide recognition by various development agencies as a grave social and human rights concern.

As elsewhere, GBV is widespread in Tanzania. More than 20% of Tanzanian women aged 15-49 reported sexual violence and 40% physical violence, according to the 2010 TDHS (National Bureau of statistics, 2012). More than 43.6% of 15-49-year-old Tanzanian women reported lifetime physical and sexual violence, according to a 2016 survey. While few women seek GBV health and support services, help-seeking in Tanzania remains low (Mtaita & Jahn et al., 2021). Only 1.1% of 43.6% of women who experienced GBV in 2016 sought health care services. Odwe et al. (2018), Muuo et al. (2020), and Nyato et. (2019) highlighted that GBV survivors experience stigma and fear of being isolated from society and re-victimized, therefore they fail to seek help. In humanitarian settings, GBV manifests as rape, sexual assault, physical violence, psychological attack, and denial of resources, opportunities, and

services. Majority of GBV survivors in humanitarian settings are women and children, however men and boys encounter GBV too. In June 2016, 105 (99F 6M) distinct instances of GBV, from resource denial to sexual assault, were documented at Nyarugusu refugee camp (Nyato, et al., 2019).

In 2016, the UNHCR reported a high prevalence of GBV cases in three refugee camps in Tanzania, but a low rate of survivors seeking help from camp service providers. More than 242,499 refugees and asylum-seekers are in Nyarugusu, Nduta, and Mtendeli refugee camps in Western North Tanzania. Nyarugusu had the most GBV occurrences in 2016, followed by Mtendeli. Rape, physical assault, resource deprivation, and psychological and emotional abuse are recorded in these three refugee camps. Most GBV incidences in refugee camps are caused by alcohol and drug abuse, disagreement over reproductive health rights, polygamous marriages, firewood gathering, early marriage, and inadequate tent conditions (Muuo et al., 2020). It's frightening that in some regions of the country, various sorts of violence are socially acceptable (Nyato, et al., 2019). Stigma and fear prevent GBV survivors from seeking care, increasing the number of cases in the country. Tanzania's Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) has worked with other partners to increase the health service response and legal steps to prevent GBV and support GBV survivors. The National Plan of Action for the Prevention and Eradication of Violence against Women and Children (NPA-VAWC) 2017/18–2021/22 emphasizes efficient and effective police response, gender-sensitive prosecution services, and health and social welfare services to address violence against women and children. But also, organizations like International

Rescue Committee (IRC), HelpAge international, and Tanganyika Christian Relief Services (TCRS) have been providing medical, legal, safety, and psychosocial services to the camps as stipulated under the multi-sectoral response to GBV and inter-agency strategic plan implemented since January 2016 to prevent, reduce risks, and mitigate consequences of exposure to SGBV experienced by women, men, and girls.

Furthermore, the Government of Tanzania and civil society organizations have been working together to expand various centers for comprehensive post GBV service, and continue to scale-up GBV friendly police desks, launch a national hotline to report abuse, strengthen social worker training, increase awareness among communities and introduce different budget tools for local government authorities to ensure funding availability at the local level (Fleischman, 2021). However, with all the above-mentioned interventions carried out by the government and other stakeholder, the rate of help seeking and disclosure of GBV case is still low within Tanzania emergency settings. Thus, call for attention to understand the existing stamping blocks among survivors for more support and user-friendly interventions.

1.3 Statement of the Research Problem

Gender-based violence negatively affects the survivors' well-being and their lives in general. It is noted that for those who are in humanitarian setting especially refugee camps, GBV affect them disproportionately and that they are the majority of victims compare to those in a normal setting (UNICEF, 2022). Furthermore, in the humanitarian setting those who survive GBV most of time suffer psychological and

physical scars, but often do not seek support with the belief that nothing can be done for them, and whether perceived or real lack of ability to access service (Raftery, & Howard et al., 2022). Considering these issues, the Government of Tanzania, Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDEG), and other stakeholders have strengthened the health care response and legal steps to prevent GBV and support GBV survivors. The National Plan of Action for the Prevention and Eradication of Violence against Women and Children (NPA-VAWC) 2017/18–2021/22 emphasizes efficient and effective police response, gender-sensitive prosecution services, and health and social welfare services to address violence against women and children (USAID, 2017). Despite efforts in reacting to GBV cases and implementing strategies and procedures to address GBV, the rate of GBV disclosure and seeking support remains low in Tanzanian refugee camps. Other research on GBV were undertaken in diverse settings, themes, contexts, and times, hence there is a knowledge gap in methodology and contexts. This study aims to fill this knowledge gap by assessing the barriers gender-based violence survivors face in Tanzania's Nyarugusu, Nduta, and Mtendeli refugee camps.

1.4 Research Objective

The main objective of this study was to assess the barriers to gender-based violence survivors seeking access to support in Nyarugusu, Nduta and Mtendeli refugee camp.

1.4.1 Specific Research Objectives

- i) To determine the availability of GBV support mechanism within and outside

the refugee camp

- ii) To examine the accessibility of the available GBV support mechanism by GBV survivor within an outside the refugee camp
- iii) To identify the key obstacles towards help-seeking by GBV survivors

1.5 Research Questions

- i) Was there any support mechanism for GBV survivor within and outside the camp?
- ii) How accessible was the support mechanism for GBV survivor?
- iii) What were the key obstacles towards help-seeking by GBV survivors?

1.6 Significance of the Study

The study's findings have provided great addition to academic literature since they will help students in gender, social, and development programs understand gender-based violence in humanitarian settings in Tanzania, partners of help-seeking, and key obstacles to help-seeking. Other scholars can explore topics not covered in this study. The study's findings will be used by policymakers to plan, alter, and formulate national policies, and by government institutions to direct their operations on preventing gender-based violence in humanitarian settings and at the national level. Humanitarian groups, the commercial sector, and other stakeholders can utilize the information to reflect and review their policies and initiatives against gender-based violence. The researcher expects that the findings would help non-governmental organizations and the government identify the primary impediments to aid-seeking by GBV survivors in Tanzanian refugee camps. Thus, boost their GBV intervention

as the study will provide evidence as a guideline for improving services to GBV survivors to respond more effectively to GBV cases in refugee camps.

1.7 Organization of the Study

This dissertation is composed of six chapters; Chapter one of the study contains an introduction, giving a background of the study, providing the statement of the problem, objectives of the study, significance of the study, and summary of the chapter. In chapter one, the study outlines the overview of the GBV issue in regard to help-seeking behaviour in humanitarian settings from global, regional, and local contexts. Moreover, chapter one highlights the efforts in reacting to Gender-Based Violence (GBV) cases and implementing strategies and procedures to address GBV.

Chapter two presents scholars' work on the barriers to help-seeking behaviour in response to GBV, as well as definitions of the key terminologies employed in this study. It also presents the theory used in this study and underlines the grounds for the theory's adaptation. Furthermore, in chapter two, the researcher acknowledges earlier studies on gender-based violence in humanitarian settings and help-seeking behaviour, which were discussed in the literature review and background sections of this study. Lastly it indicated the research gap and conceptual framework variables.

Chapter three consists of the research methodology which was used in the study. This chapter explains how the research was conducted covering the research design, the research philosophy, sampling techniques, qualitative data collection, analysis techniques employed to meet the targeted research objectives, ethical considerations, and the study limitations.

Chapter Four presents the findings of the study. The findings are organized in two sections such as section one presents the social demographic information of the respondents; while section two presents the findings and discussion of the relationships between independent variables and dependent variables in connection with the research objectives.

Chapter Five outlines the discussion of the findings in relation to other literature from other researchers who have worked on the topic in question. The discussion of findings is presented in three sections according to the study objectives such as the first section covers the topic of the availability of GBV Support Mechanism Within and Outside The Refugee Camp. The second section discusses the topic of the accessibility of the Available GBV Support Mechanism by GBV Survivor Within and Outside the Refugee Camp. The last section discusses the topic of the key obstacles towards help-seeking by GBV Survivors.

Chapter six presents the study conclusion and recommendations in relation to the findings of this study, which were covered in chapters four and five. The recommendations were firstly offered for community level interventions to key stakeholders in the humanitarian setting. Secondly, were offered for the policy level interventions and last recommendations were extended to academic organizations and research centres for future researchers

1.8 Summary

The chapter highlighted the pervasive nature of GBV in humanitarian settings, where women, girls, and other marginalized groups face increased risks due to disrupted

social structures, lack of security, and limited access to essential services. Also, it discussed various forms violence including physical, sexual, psychological, and economic violence and how women and girls are particularly vulnerable. Factors influencing help-seeking behaviour include cultural norms, stigma, fear of reprisal, lack of awareness of available services, and limited access to resources were also discussed in this chapter from global to local contexts. Furthermore, despite the prevalence of GBV, efforts towards eradicating GBV in humanitarian settings still survivors encounter several barriers that inhibit their help-seeking behaviour. This information introduces us to chapter two for in-depth examination and analysis of existing literature, scholarly articles, books, and other relevant sources that are related to the area of study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

This chapter will review theoretical literature reviews, empirical literature reviews, conceptual framework and identify research gaps related to barriers to gender-based violence survivors seeking access to support in a humanitarian setting.

2.2 Conceptual Definitions

2.2.1 Humanitarian Setting

In this study definition by the Sphere project will be used to define Humanitarian setting: “Humanitarian setting” is defined based on the criteria specified by the Sphere Standards, which describes humanitarian action as taking place in “a range of situations including natural disasters, conflict, slow- and rapid-onset events, rural and urban environments, and complex political emergencies in all countries” (The-Sphere-Project, 2011). As such, this study uses a broad definition of humanitarian settings, and includes countries that have experienced any type of situation outlined in the definition above, as well as those within any phase of the emergency or recovery process (The-Sphere-Project, 2011).

2.2.2 Gender-Bases Violence (GBV)

According to the definition by UNHCR, gender-based violence can be defined as harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. As quoted from UNHCR that “Gender-based violence (GBV) is a serious violation of human rights and a life-

threatening health and protection issue. It is estimated that one in three women will experience sexual or physical violence in their lifetime. During displacement and times of crisis, the threat of GBV significantly increases for women and girls” (UNHCR, 2020).

2.3 Theoretical Framework

Many theories have been advanced to explain the link between hindrance factors in help-seeking behavior and GBV. A researcher grounds this study to the following theory.

2.3.1 Theory of Planned Behavior

The theory of planned behavior was founded by Icek Ajzen in 1985, (Joel M, 2011). This theory originated from the theory of reasoned action of Ajzen as human behavior (LumenCandela, 2020). In 1985 Icek Ajzen authored an article titled “from intentions to action” guided by theory of reasoned action, hence, the development of the theory of planned behavior based on the assumption of human behavior from the theory of reasoned action (Nnabuchionye, 2020). The theory of planned behavior (TPB) comprises of three main component which guide discussion, the components include, person’s attitude, their perceived behavioral control, and the subjective norms of society which all influence a person’s intention and ultimately the final behavior (Chandrasekara, 2016).

The main assumption of theory of planned behavior is that an individual’s behavior intentions and attitudes about a certain behavior is determined by being able to

understand that person's behavior and normative beliefs as well as the social norms for the society that they are within (Nnabuchionye, 2020).

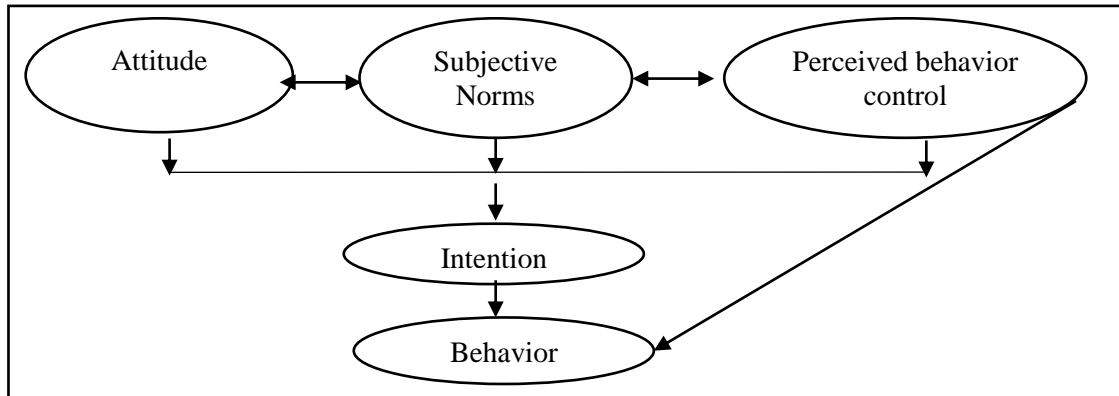


Figure 2.1: Theory of planned behavior

Source: Adopted from Wikipedia, 2021

The main strength of TPB is that it considers the perceived behavior control if a person genuinely believes that they have control over the behavior which they want to carry out. The fact that the theory of planned behavior gives important information for an individual who is making a prediction by taking into consideration the variables as inputs into the theory is the primary reason why this theory is considered to be so profound. This makes the prediction of behavior more reliable, particularly in comparison to the theory of reasoned action. In addition to this, the theory is helpful in gathering information that may be used to determine which behaviors are the most resistant to change. However, the weakness of the theory of planned behavior is that it does not consider the gap that exists between an individual's intentions and their actual actions. In addition to this, it has been pointed out that this theory does not consider other behavioral elements such as emotions. Emotions have the ability to influence our perception, as well as our beliefs and our propensity to behave. On the other hand, the theory of planned behavior is an excellent tool for

determining the nature of the relationship between attitudes and behavioral intentions. It does not answer the question of how to identify the behaviors that lead to a change in behavior.

Relevance of this theory (TPB) to this study is because, the theory uses a person's personal attitude and opinion altogether with their perceived control of the behavior and societies' subjective norms to influence their behavioral intention which lead to the behavior or action. Considering these arguments and assumptions of TPB it can be related to the gender-based violence such as if a perpetrator of GBV feel that they do not have a control of their negative attitude of perpetuating gender violence within their community. It then led to the perpetrator being more likely to carry out the violence. In the same vein, if the community at large do not approve or tolerate gender-based violence, then it would have a negative impact on a perpetrator's intention for violence. Thus, a person's attitude and perceived behavior control can have a positive or negative impact on their intention to act, but the community reaction and intervention can help to reduce the likely of negative intention toward gender-based violence.

2.4 Empirical Literature Review

In this section the study discusses past research studies relate to this study topic, which is barriers to gender-based violence survivors seeking access to support in Nyarugusu and Nduta refugee camp. Furthermore, the researcher discusses precisely what was done and what was found from other studies to identify the gap and guide the research of this study topic.

2.4.1 Availability of GBV Supportive Mechanism Within and Outside the Refugee Camp

McCleary-Sills and her colleagues (2013) found that despite the high rate of violence, there is not enough official support for survivors. This is despite the frequent violence. Access to health, psychosocial, and legal resources for GBV survivors remains limited despite increased awareness and policy efforts to address the issue. In most African nations, such as Tanzania, there aren't enough educated medical experts to provide GBV-specific care. According to McCleary-Sills et al. (2013), more initiatives should attempt to boost the availability and quality of services for GBV survivors, especially in humanitarian settings. These initiatives should be implemented more often. The study also revealed that survivors face many hurdles when seeking legal remedies for gender-based abuse. Existing criminal code and complex reporting mechanisms are major barriers. In Tanzania, it's normal procedure to treat a victim who wants care without first speaking to authorities. Despite these improvements and legal services, there are still chances in the nation's current legislation to mobilize and reaffirm the country's commitment to preventing and reacting to gender-based violence (GBV), (McCleary-Sills, 2013).

The study done by Ofwona (2018) titled “barriers to help seeking faced by women survivors of gender-based violence (GBV) in Kesses Sub-count of Uasin Gishu county”. The study main objective was to determine whether women survivors of GBV in Kesses sub-county seek help. The study employed a cross-section exploratory method, and data were collected from fifty-five women GBV survivor through qualitative methods such as semi-structured interview, case narrative and

key informant interview as well as focus group discussion by adopting snowball sampling technique.

The study findings revealed that the rate for reporting of GBV cases is exceptionally low among the women survivors. The low rate of seeking or reporting GBV incidents among the community was revealed as result of cultural believes, poor legal system and justice dispensations for the abused victims, economic deprivation of the abused, high stigma among abused women, and the frequent resort to local dispute resolution mechanisms. This study recommended the government to work towards addressing cultural norms and practices that encourage GBV against women. The study strength is on the methodology such as qualitative in nature as it managed to capture and precisely explain the barriers to help-seeking faced by women survivors of gender-based violence (GBV).

However, the study was limited in term of sample size, which was small and geographical limited, thus the findings for this study may not be generalized to the total population of women survivors of GBV especially in Tanzania humanitarian setting. Furthermore, the study method of data collection used were mainly qualitative in nature, hence, the findings limit to pursue concrete, statistical relationships which may lead to overlooking of broader themes and relationship between help-seeking and GBV issue. Hence, the need for further studies to complement the gap in term of research method by employing a triangulation method of adopting both secondary and primary data collection methods as well as covering a wider geographical area.

Parvin et al. (2016) published "Disclosure and aid seeking behavior of women subjected to physical spousal violence in Dhaka slums." The study examined the help-seeking behavior of women in Dhaka slums exposed to physical spousal violence. The cross-sectional study took six months. The study looked at violence disclosure, help seeking, and their correlations among randomly selected married women in Dhaka slums. This study included 2604 samples. High numbers of married women reported GBV, but few sought helps. High acceptance of violence prompted most women not to seek aid. Also, most GBV survivors sought informal help, whereas few sought professional help. Abuse motivated most people to seek help. Many survivors of physical abuse never sought help; the study found. Widespread acceptance of violence hinders help-seeking whereas disclosure increases help-seeking.

The study by Parvin et al, (2016) had a few limitations, including a cross-sectional design that did not allow the researcher to draw casual inferences because it included only married women at the time of data collection, so women whose relationships ended or were not in marriage were not addressed. Study results may not be generalizable.

2.4.2 Accessibility of The Available GBV Support Mechanism by GBV Survivors Within an Outside the Refugee Camp

Odwe, Undie, & Francis (2018) published "Attitudes towards help-seeking for sexual and gender-based violence in humanitarian settings: the case of Rwamwanja refugee settlement project in Uganda." This study examined the relationship between seeking

care and knowledge and perceptions of SGBV among men and women in Uganda. The study was quantitative, 601 respondents completed a questionnaire, and a chi-square test and multivariate logistic regression model were used. Women who suffered GBV and felt it was unreasonable were more likely to seek help than others. This study found that women who believed GBV was not tolerated in the community were more likely to seek care. Also, female GBV survivors are more likely to seek care than men (Odwe, Undie, & Francis, 2018). The study advocated boosting knowledge and progressive attitudes toward GBV to foster positive help-seeking attitudes and behaviors.

However, this study had few limitations which may lead the findings not being generalized or applicable in several contexts. First, the study was quantitative in nature, excluded the qualitative method and employed only one method for data collection of primary data that is questionnaire. Since the study was quantitative in nature, the findings for the study might be limited because of the structured questionnaire used by the researcher since it focusses only on what the researcher want. Hence, limit any other information that might be captured by qualitative methods. Also, the study engaged only the head of refugee households whereby majority of them were male, hence, this might not be a true reflection regarding GBV issues since majority of victims are female and, in some cases, male counterparts who are heads of the families are the perpetrators. Also, the study failed to engage other stakeholders within the refugee camps who provides services to GBV survivors.

Fidan (2017) studied women's help-seeking behavior for intimate partner violence in Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe. The study examined Sub-Saharan women's help-seeking behavior. Several hypotheses were established and tested to identify factors associated with partner violence help-seeking behavior, including resources (economic reliance), gender/feminist, and survivor perspectives. The study used DHS data (DHS). Employment level was partially linked to women's help-seeking behavior, according to study (Fidan, 2017). Justifying wife-beating decreased help-seeking, while husbands' controlling behaviors enhanced it. Physical violence increased women's official and informal help-seeking (Fidan, 2017). Emotional violence victims seek help more often than sexual violence victims. Intimate relationship violence victims seek informal and formal treatment. Formal aid is more widespread among Sub-Saharan African women. Fidan's (2017) study has some limitations that may affect its conclusions. First, the study collected data only through documentation review, making it cross-sectional. Thus, it's impossible to tell if the identified elements that underline women's help-seeking behavior through DHS review are causal mechanisms for GBV survivor. Also, self-reported measurements of women's help-seeking cannot be validated by formal and informal sources.

Another study done by Seth (2015) titled “A qualitative study of help seeking behaviors, treatment preferences and community supports among South Asian Americans”. The main purpose of this study was to discuss the utilization of community resources by South Asian Americans within the context of help-seeking behaviors by members of this broad community and how helping professionals

involved with this diverse group can better serve and understand the needs of community members. The study employed qualitative methodology whereby data were collected through semi-structured interview, with ten of the interviews conducted via Skype and two conducted in person. The collected data were analyzed through thematic analysis technique. The finding indicated that majority of people who seek help within their community is because there is a conducive environment for the service to be accessible and information is easily available. Furthermore, the finding indicated that help-seeker most of the time prefer to seek help where they are feeling more comfortable. In this light, it can be concluded that, help-seeking behavior is associated with different factors such as culture, environment and personal preference and comfortability.

2.4.3 Barrier to Help-Seeking Behaviors

A study done by Kawaguchi (2020) on help-seeking Pathways and Barriers of GBV Survivors in South Sudanese Refugee Settlements in Uganda. This study revealed that communities that have been compelled to flee their homes as a result of armed conflict, such as those who now reside in refugee camps, face a significant challenge in the form of gender-based violence, also known as GBV. In the years following the passage of Resolution 1325 by the United Nations Security Council, the international community and the nations that are members of the UN have made great strides toward combating gender-based violence (GBV) (Kawaguchi, 2020).

However, offering support just to those who actively seek help is insufficient, and there is a need to create more effective ways to extend support to people who

experience such issues, as well as to prevent new occurrences of gender-based violence from occurring. For instance, during COVID-19, pre-existing barriers to help-seeking were intensified, and new hurdles were established for GBV survivors, particularly those living in humanitarian settings, which limit and impede their access to and use of services. There are a number of obstacles, some of which include, but are not limited to, a lack of transportation to service delivery points, money and other resources to access providers in person or remotely, accurate information about gender-based violence services, and technology to access information about services.

Additionally, during COVID-19 there were movement restrictions and quarantine measures in place, both of which made it impossible to get in-person services. In addition, there was a worry that survivors could be discouraged from seeking assistance because of the possibility of catching COVID-19 at the health and GBV service point. Last but not least, one of the obstacles has been the shortage of skilled service providers and frontline workers, personal protective equipment (PPE), mental health and psychological support, as well as infrastructure and operational processes to facilitate remote service provision (Kawaguchi, 2020).

A study done by Mtaita et al, (2021) titled “knowledge, experience and perception of gender-based violence health service: A mixed method study on adolescent girls and young women in Tanzania. The main aim was to evaluate knowledge, experience, and perception of gender-based violence among adolescent girls and young women. The study employed both qualitative and quantitative method of data collection. The

study design was cross section whereby a total of 403 respondents were engaged in Dar es salaam, Tanzania for data collection. The study used semi-structured in-depth interview and structured questionnaire. The study findings revealed that majority of adolescent girls and young women who received GBV knowledge are more likely to seek help for GBV service include health service. Further, findings revealed that there is also a limited knowledge on where the GBV survivor can seek help for GBV as well as availability and utilization of GBV services. The study recommended that there should be a coordination actions to reach more women who remain unaware of GBV health services offered at health facilities by improving GBV service quality and bettering interventions aimed at reducing GBV among women in Tanzania.

2.5 Research Gap

The study acknowledges previous studies done regarding gender-based violence in humanitarian settings and help-seeking behaviour as highlighted in the literature review section and in the background section of this study. However, those studies left a knowledge gap that this study intends to fill. The knowledge gap ranges from the limitation of methods, respondents, sample size, geographical location and context used by previous studies conducted in relation to gender-based violence and help-seeking behaviour. For instance, Ofwona (2018) looked at barriers to help-seeking faced by women survivors of gender-based violence (GBV) in the Kesses Sub-count of Uasin Gishu county, Odwe, Undie, & Francis (2018) looked at attitudes toward help-seeking for sexual and gender-based violence in humanitarian settings: the case of Rwamwanja refugee settlement scheme in Uganda, Fidan, (2017) looked at women's Help-seeking Behavior for Intimate Partner Violence In Sub-Saharan

Africa: Rwanda, Tanzania, Uganda, Zambia, and Zimbabwe, Parvin et al, (2016) looked at disclosure and help-seeking behaviour of women exposed to physical spousal violence in Dhaka slums and Mtaita et al, (2021) looked at knowledge, experience and perception of gender-based violence health service: A mixed method study on adolescent girls and young women in Tanzania.

Despite the knowledge gained from the previous literature review, the number of people seeking help and using the services available in humanitarian settings remains persistently low. This is despite the fact that there have been reports of incredibly low levels of help-seeking behaviour. Therefore, it is necessary to understand the characteristics that are peculiar to the situation in order to identify the barriers that prevent GBV survivors in refugee camps from seeking help and support. Although great efforts have been made to draw attention to help-seeking behaviour and GBV issues, particularly in humanitarian settings, the lack of data on the prevalence, characteristics, and factors as barriers to help-seeking behaviour has led to a low rate of reported GBV cases in those areas while the GBV issue is remarkably high. In addition, the context of Tanzania's refugee camps is not well understood, and only limited research has been done on the barriers that survivors of gender-based violence face when attempting to access help and support in Tanzania's humanitarian settings. Thus, the currently study is slightly different from the above studies as this research intends to assess the barriers to gender-based violence survivors seeking access to support in Nyarugusu, Nduta and Mtendeli refugee camp, Tanzania.

2.6 Conceptual Framework

The conceptual framework for this study is built and modified from Fidan (2017) and Odwe et al, (2018). According to Fidan (2017) and Odwe et al, (2018) this framework explains the relationship between availability, accessibility, obstacles and seeking GBV support. The conceptual framework for this study is built on four independent variables and one dependent variables. Independent variables in this study include availability, accessibility of support mechanism, exposure to GBV and awareness of GBV support mechanism. The key dependent variable of interest in this study is seeking access to support by GBV survivors. According to the conceptual framework in order for a survivor to seek and access GBV support there must be a supportive mechanism. Support mechanism in this case include several factors which influence the likelihood that the survivor will seek and access GBV support, these factors include availability of service which should be accessible by the survivor.

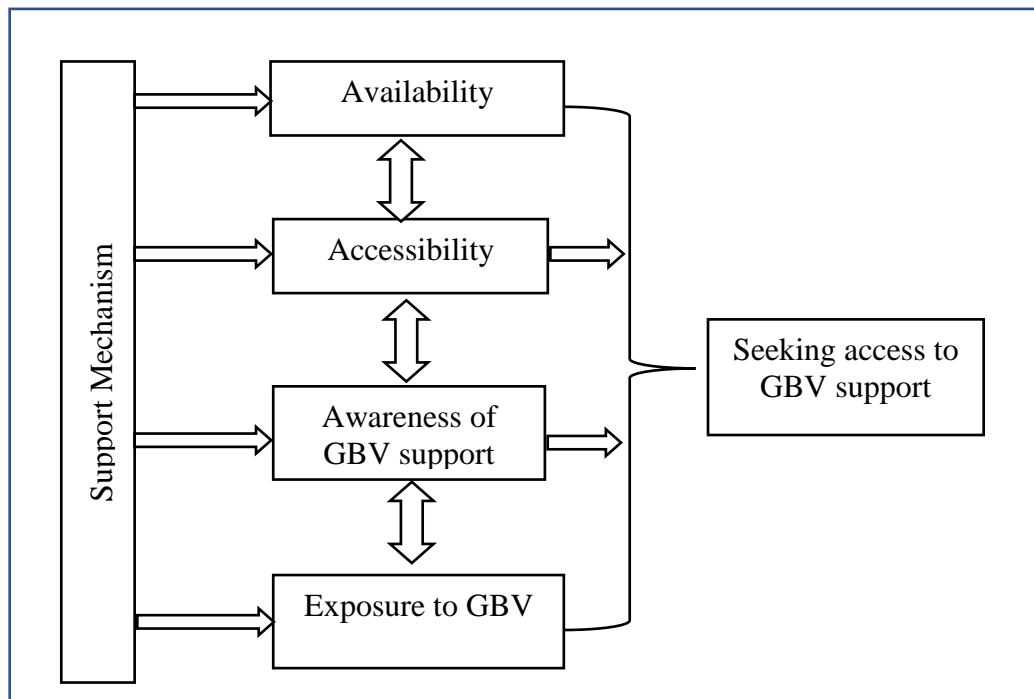


Figure 2.4: Barrier to gender- based violence survivors seeking access.

Source: Modified from Fidan (2017) and Odwe et al, (2018)

In connection to the availability and accessibility, people and especially the survivors must be aware of the available GBV support and have an idea of how to access those services, additionally, the GBV concept should be exposed to the community at large and the GBV survivor so that they can create an effective supportive mechanism for survivor to access and seek help when it comes to GBV issues.

2.7 Summary

This chapter focused on exploring the barriers to help-seeking behaviours among survivors of gender-based violence (GBV) in humanitarian settings. The existing research and studies were reviewed to identify common obstacles that prevent survivors from seeking assistance in the fragile contexts but also identify the knowledge gaps that the researcher sought to fill. A number of barriers were identified from other researcher who thought of addressing these barriers requires a comprehensive approach that involves raising awareness, destigmatizing GBV, strengthening legal frameworks, improving service accessibility, and providing trauma-informed care. Additionally, fostering collaboration between humanitarian actors, local communities, and survivors themselves is essential for creating a supportive environment that encourages help-seeking behaviour and facilitates the healing process. Knowing all of these, paved the way to chapter three that provides a systematic and rigorous approach to research design, data collection processes and methods, and analysis.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter explains how the research was conducted covering the research design, the research philosophy, sampling techniques, qualitative data collection, analysis techniques employed to meet the targeted research objectives, ethical considerations, and the study limitations.

3.2 Research Philosophy

The study employed a pragmatism philosophy. This paradigm is associated with action, intervention, and constructive knowledge. This study has picked out pragmatism as one possible and important research paradigm for qualitative research in understanding the factors influencing help-seeking behaviour in response to GBV in the humanitarian setting. This philosophy aims for constructive knowledge that is appreciated for being useful in action and different program interventions in relation to GBV in humanitarian setting.

3.3 Research Design

This study employed descriptive research design adopting qualitative approach, which allowed the researcher to explore individuals from simple through complex interventions, relationships, communities, or programs (Kothari, 2014) and supports the conception and the succeeding reformation of the phenomena in the subject. The research used an inductive approach within which, inductive reasoning starts with the observations and theories are proposed towards the end of the research process as a

result of observations. With the inductive approach, beginning with a topic, researchers develop empirical generalizations and identify preliminary relationships as they progress through their research (Cooper, 2003).

3.4 The Study Area

This study focused on three refugee camps as the case study which are Nyarugusu, Nduta and Mtendeli refugee camp. The selection of these camps as the case study was because these camps are one of the largest and best-known refugee camps of the 21st century, with around 250,000 refugees. Also, there have been several reported cases in 2015 by Refugee International which found that about 30-66% of women and girls experienced GBV but unfortunately, they never sought help about what happened to them. Furthermore, the selected study area made it easy to be accessed by the researcher and many researchers have not yet conducted research in this area and specifically to help-seeking behavior, hence necessitated this study to develop interests over the area to reveal what other researchers have not revealed from this area.



Figure 3.1: Nduta, Mtendeli and Nyarugusu Refugee Camps

Source: UNHCR Data Portal (2018)

3.5 Sample Frame

The process of selecting units from a study population in order to obtain a general overview of results representative of the population is what is referred to as sampling (Cooper, 2003). The sample frame for this included households from the study area, women, and men GBV survivors, institutions representatives from international and national humanitarian and other organisations working with GBV prevention in the camps. The selection of this sample frame was due to the fact that a researcher does not have access to the entire population of interest, therefore, in this study a researcher must rely upon the selected sample frame to represent all of the elements of the population of interest.

3.6 Sampling Strategy

The sampling strategy refers to the plan set forth by a researcher to be sure that the sample used in the study represents the population from which a researcher drew the sample (Monique et al., 2019). The sampling strategy helps with the accuracy of the results during data collection and analysis. Because this is a qualitative study, the researcher will use a non-probability sampling technique because of the nature of the subject. In non-probability sampling, rather than selecting samples at random, the researcher instead relies on his or her own personal opinion to make selections for the samples (McLeod, 2014). The purpose of this study was to collect information from key informants who were in a position to provide information that is relevant and pertinent with relation to the research objectives for this study.

3.7 Sample Size

Since this is a qualitative study, it intends to fill in the gaps left by other researchers by looking for depth of meaning and getting deeper into the conversation about the research questions. This is different from a quantitative study, which tends to ask yes/no or rating scale questions. So, the research used saturation technique to determine the sample size, whereby this method looked into the topic of interest with the respondent until there was nothing else to learn. Saturation is the point at which ‘additional data do not lead to any new emergent themes (Minton & Kahle, 2014). When new data tend to be redundant from data already collected, or in interviews, when the study does not produce new information from the incoming representatives, it is then time to stop collecting information and start analyzing what has been collected (Monique et al., 2019).

3.8 Sampling Technique

Sampling techniques is the process of studying the population during data collection. (Kaiser, 2019). It’s important in this research because it determines the accuracy of the results. The sample population therefore was selected using snowball sampling techniques and convenience sampling.

3.8.1 Snowball Sampling Technique

The Snowball Sampling technique is a non-probability sampling method in which a researcher begins with a small population of known individuals (GBV survivors) and expands the sample by asking those initial participants to identify others that should participate in the study (Monique et al., 2019). The reason for employing this

technique was to ensure each engaged respondent (GBV survivor) was a target respondent for this study, this was due to the fact that this approach provided an opportunity for the current respondent to help recruit future respondents. Hence, this approach was particularly useful to link one GBV survivor to another for effective data collection. Through this technique, the research was able to gather information about the availability and accessibility of the supportive mechanism for GBV support within and outside the camps site and obstacles to help-seeking by GBV survivors.

3.8.2 Convenient Sampling Technique

Convenience sampling is a type of nonprobability sampling in which people are sampled simply because they are "convenient" sources of data for researchers (Cooper, 2003). Convenient sampling is preferred by researchers because it is very useful in situations where time and cost is a constraint as well as readiness and availability of the sampled respondents is a constraint, thus, researcher chosen this method for quick data collection (Rickwood & Thomas, 2012). This study employed this sampling technique to interviewed programs officers and gender specialist as well as social welfare officers from international and national humanitarian and other organizations working on GBV prevention in the camps. Through this technique research was able to collect more data from non-GBV survivors who providing support and help within the camps, due to nature of their work and availability a researcher had to employ this technique because they are convenient source of data for this study.

3.9 Types of Data

In the course of the study, the researcher collected qualitative for both secondary and primary sources of data. The gathering of both secondary and primary data is to balance the limitation of one data type with another one. Also, to create a deeper understanding of the resulting data. Primary data for qualitative data was collected regarding the availability of GBV support mechanisms within and outside the refugee camp, accessibility of the available GBV support mechanism by GBV survivor within an outside the refugee camp and the key obstacles towards help-seeking by GBV survivors. Additionally, primary data for qualitative data was obtained from the respondents through interviews and Focus group discussion. On the other hand, secondary information obtained through reviewing of published materials on the subject of the study including published reports on help-seeking behaviour, academic and newspaper articles on the subject of the study will be explored for secondary data collection.

3.10 Data Collection Methods

As noted by Yetts (2003) data collection involves collecting information from all the relevant sources to find answers to the research questions, test the hypothesis and evaluate the outcomes. Data collection for qualitative studies relies on multiple data collection sources and methods such as document review, key informants' interviews, questionnaires, FGD, and observation. In order to seek convergence and corroboration, qualitative researchers usually use at least two resources through using different data sources and methods to have triangulation of information. The aim of triangulation is to ratify the evidence after confirmation from other sources

(Monique et al., 2019). For effective collection of all the information required, the study employed document review, in-depth interview, and focus group discussion data collection methods.

These methods used sometimes together to ensure checks and balances as they complement one another. The use of these methods altogether will be to ensure the validity and reliability of the data to be collected; it was possible to collect as much information as possible since the methods suit all social groups. The researcher was aware that some of the respondents might not be open to freely sharing their views during interviews but there was also those who felt more comfortable providing data through discussion as a team.

3.10.1 Document Review

Document analysis is a systematic procedure for reviewing or evaluating documents both printed and electronic (computer-based and Internet-transmitted) material (Kothari, 2014). The purpose of document review, then, is to identify what information falls within the scope of the research questions of this study. Furthermore, the study employed the document review method in combination with other qualitative methods such as interviews and focus group discussions as a means of triangulation. This method involved the review of GBV reports and project documents of organization working at the camps in response to GBV. Furthermore, the review also involved progress and context analysis and annual reports. Moreover, online information was gathered from website of the NGOs sector regarding help-seeking and GBV.

3.10.2 Key Informant Interview

Key informant interviews involve interviewing a select group of individuals who are likely to provide needed information, ideas, and insights on a particular subject (Kothari, 2014). In key informant interview only, a small number of informants are interviewed. Such informants are selected because they possess information or ideas that can be solicited by the researcher. Key informant interviews are essentially qualitative interviews they are conducted using interview guides that list the topics and issues to be covered during a session. The advantage of this method is because a researcher collects information that comes directly from knowledgeable people who know what is going on in the community but also a researcher was able to collect information from a wide range of respondents include police gender desk officers, program officers, GBV survivors who have first-hand knowledge about the study topic. These respondent experts, with their particular knowledge and understanding of GBV and help-seeking behaviour, can provide insight on the subject matter Also, the method is cheap and easy to apply, and it helps to obtain in-depth information. Given the nature of the study, the researcher used unstructured interviews to collect data from, a police officer at gender desk programs officers, gender specialists as well as social welfare officers from international and national humanitarian and other organizations working with GBV prevention in the camps.

3.10.3 Focus Group Discussion

The focus group discussion involves a group of people gathered to discuss a topic on the table under the administration of moderators (Kothari, 2014). It is a form of qualitative research where questions are asked about their perception's attitudes,

beliefs, opinions or ideas. This study employed FGD because this method allowed respondents to freely talk with other group members which are very unlike other research methods, thus, this method was employed to complement other methods such as key informant interviews, and document review. The groups of 10 people with one moderator and one recorder were gathered for discussion. The group was made up of homogenous members where there was a focus group discussion program and social and human welfare officers irrespectively.

3.11 Data Analysis Technique

Data analysis utilizes statistical and logical tools to describe, illustrate, condense, and analyze data. McLeod (2018) states analytic processes help generate inductive inferences from data and separate the phenomenon of interest from statistical fluctuations. This study used content analysis. Content analysis is the researcher's instinctive interpretation of textual material (Monique et al., 2019). Content analysis was used to analyze vast amounts of verbal data. Through context analysis, a researcher quantifies and analyzes research question factors and concepts. A researcher can also deduce messages from texts, especially after an interview. A researcher can explain behavioral responses to communications by organizing collected data into themes.

3.12 Ethical Issues and Considerations

The study adhered to all ethical issues. Ethical issues are very crucial in research since they guide the researcher on what is permissible. The researcher observed all ethical issues including informed consent, the confidentiality of information, privacy

and anonymity of respondents. In addition, research clearance was obtained from the University as well as a camp entrance permit after following all strategies as required.

3.13 Reliability

Reliability is the extent to which results are constant over time and an accurate reflection of the overall population under study. If study results can be repeated using a similar methodology, the research instrument is reliable (Yetts, 2018). Cronbach's alpha was utilized to examine construct dependability by triangulating data from focus group discussions, interviews, and secondary sources. Cronbach's Alpha tests research constructs' dependability. Glesne and Peshkin say alpha above 0.7 is acceptable (1992).

3.14 Validity

Validity determines if the research measures what it's supposed to or how accurate the outcomes are. Researchers establish validity by asking questions and looking for answers in previous studies. The researcher developed questions to identify what data to collect and how. A researcher checked the average variance extracted (AVE) measurement by converging a large portion of indicators/questionnaire items (Yetts, 2018). A researcher also ensured that the measurement methods are precise and accurate. Before collecting field data, a pilot study was done. A part of the research population was interviewed and given focus groups before data collecting begins. The pilot study improved data collection.

3.15 Summary

Chapter three focused on the methodology employed to study the barriers towards help-seeking behaviours among survivors of gender-based violence (GBV) in humanitarian settings. The researchers adopted a descriptive research design where a qualitative approach was used to gain an in-depth understanding of the experiences and perspectives of GBV survivors. Data collection involved individual interviews and focus group discussions with GBV survivors and document review for the secondary data. The researchers recruited participants from diverse backgrounds to capture a range of perspectives. The study employed a content analysis approach to analyze the collected data. The researchers transcribed the interviews and discussions and then coded the data systematically. The qualitative approach allowed for a comprehensive understanding of the complex factors affecting survivors' decisions and actions. The findings from this chapter informed the next chapter which is chapter four presenting the findings of this study.

CHAPTER FOUR

FINDINGS

4.1 Introduction

In this section of the report, the research presents the social demographic information of the respondents, including their gender, educational background, and their personal experiences with the barriers that survivors of gender-based violence face when trying to gain access to support in humanitarian settings in Tanzania. In addition, the discussion of the relationships between independent variables and dependent variables in connection with the research objectives can be found in this section of the study. After that, the research presents the results of the data analysis in various formats, including figures, tables, and so on.

In addition, the findings section of this chapter will be presented in a manner consistent with the three objectives established for this research. Therefore, the first section of the findings will concentrate on responses to the first objective, which is "Is there any support mechanism for GBV survivor within and outside the camp"? then followed by the second research question "How accessible is the support mechanism for GBV survivor", and finally the third research question "What are the key obstacles towards help-seeking by GBV survivors". Following the conclusion of each presentation, there is discussion of the findings in relation to other literatures from other researchers who have worked on the topic in question.

4.2 Social Demographic Information

Social demographic information of the respondents is presented in this section, start

with the gender of the respondents, followed by age, location of the respondents and categories of the respondents in relation to their responsibility within the community. The main aim was to reveal the relationship and understanding of the respondents in regard to barriers that survivors of gender-based violence face when trying to gain access to support in humanitarian settings in Tanzania.

4.2.1 Gender of the Respondents

The researcher was interested in learning the gender of the respondents in relation to their understanding of the barriers that survivors of gender-based violence face when trying to gain access to support in humanitarian settings. In addition, the research was interested in knowing the perception and response of males and females on the topic of this study in order to establish the underlying reasons for the barriers that survivors of GBV face in relation to help-seeking.

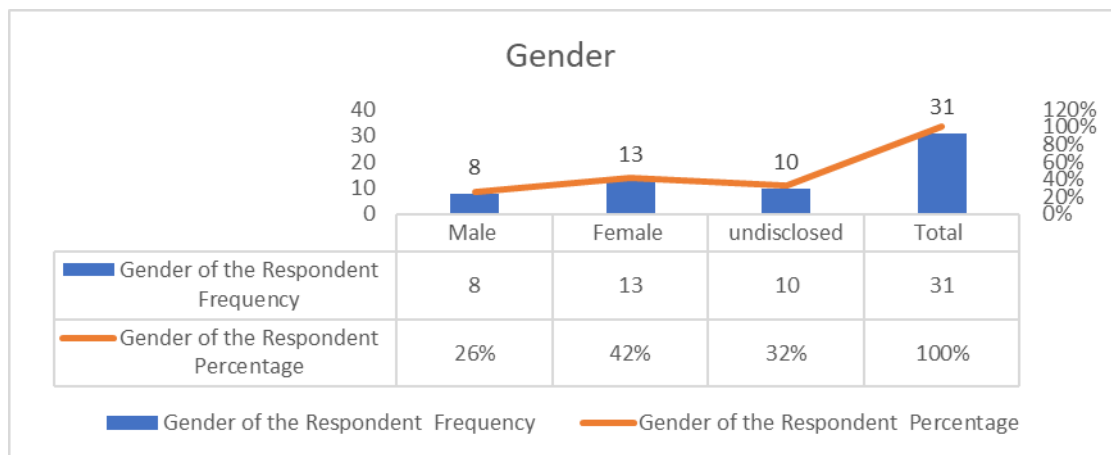


Figure 4.1: Gender of the respondent

Source: Field Data, Author (2023)

The findings in relation to the gender of the respondents, according to the context analysis, revealed that 13 respondents were female, accounting for 42% of the total

sampled respondents, while 8 respondents were male, accounting for 26% of the total respondents, and 10 respondents, accounting for 32% of the total respondents, did not respond to the gender questions.

4.2.2 Age of the Respondent

It was essential for a researcher to be aware of the age background of each key informant in order to determine how it may affect the findings of the study because the topic focused on the GBV, and usually age affect how people respond to things as age changes over time. Using a method known as thematic analysis, the researcher analysed how different age groups of respondents responded to the survey questions. According to the findings, the majority of the respondents (21 respondents), which accounted for 68% of the total respondent, did not disclose their age while participating in the discussion.

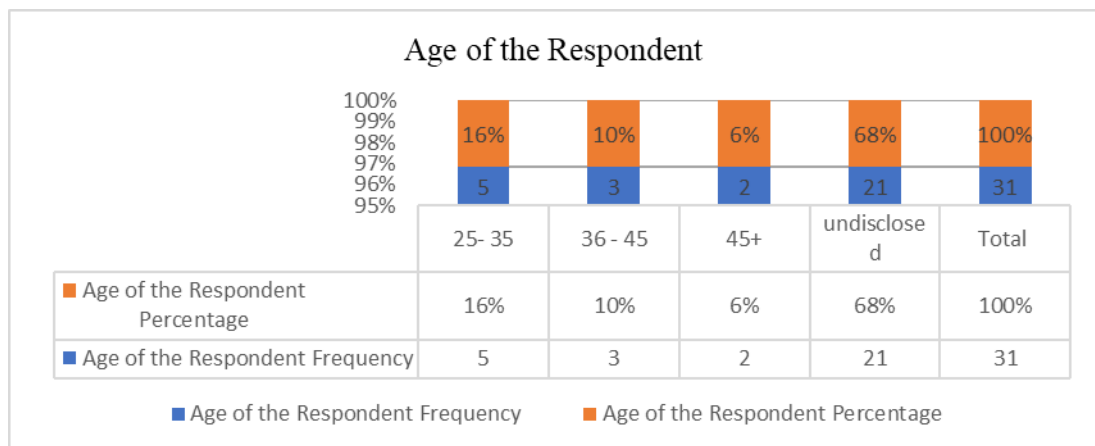


Figure 4.2: Gender of the respondent

Source: Field Data, Author, (2023)

On the other hand, 5 respondents, which accounted for 16% of the total respondent, indicated that they belonged to the age group range of 25-35 years. Others,

approximately three (3) respondents, who accounted for 10% of the total respondents, belong to the age group ranging from 36-45 years old, and last but not least, two (2) respondents, who accounted for 6% of the total respondents, indicated to belong from the age group range from above 45 years old.

4.2.3 Respondent's Categories

In order to provide context for the findings of the study, the researcher had an interest in learning more about the different respondent groups. During the process of collecting data, the researcher conducted interviews and group discussions with various groups of respondents. These participants included government officials working in a variety of roles, such as social welfare officer, development officer, ward officer, and district officer. Other categories included non-governmental organizations (NGOs) from a variety of organizations, health sectors, and community-based organizations.

The primary objective was to determine the contribution that each of the various available stakeholders in a humanitarian setting made toward providing support for survivors of GBV in the region. According to the findings of this study, there are a number of different players in the humanitarian setting who advocate against gender-based violence in the humanitarian setting. For example, the researcher had interactions with GBV survivors which accounted for 29% (9) of the sampled population, representatives from the Positive parenting group, which accounted for 13% (4) of the total sampled population; from the MTAKUWWA committees - Mpango wa Taifa wa Kupambana na Ukatili dhidi ya Wanawake na Watoto

(MTAKUWWA) group, which accounted for 16% of the total sampled population; and from the knowledge center and gender desk. There were five LGAs, which accounted for 16% of the total, and there were four representatives from the health sector, which accounted for 13%. Table 4.1 provides more detailed findings.

Table 4.1: Respondent categories

Respondent categories	Frequency	Percentage
Positive Parenting Group	4	13%
MTAKUWWA	5	16%
LGAs Office	5	16%
NGOs Sector	4	13%
Health Sector	4	13%
GBV Survivors	9	29%
Total	31	100%

Source: Author, 2023

4.3 Presentation of Findings Based on the Study Objectives

In this section of the findings, the researcher will focus on the study's most significant findings and how those findings relate to the study's specific objectives. The findings will be categorised according to the research objectives, beginning with the first objective, and going up to the third. Following the presentation of each set of findings, there is a discussion regarding the findings of other related studies. The first objective of this study, for example, was to determine the availability of GBV support mechanisms inside and outside the refugee camp. The second objective was to examine the accessibility of the available GBV support mechanisms by GBV survivors both inside and outside the refugee camp. The third objective was to determine the primary barriers that prevent GBV survivors from seeking assistance.

4.3.1 Availability of GBV Support Mechanism Within and Outside the Refugee Camp

The first objective of this study was to determine the availability of GBV support mechanisms within and outside the refugee camp. It was revealed that there are various places and institutions within and outside the refugee camps that provide services to the help-seekers in regard to GBV issues in the areas. Among others, there are various supportive mechanisms outside the camp for instance, there is a knowledge center which is known as positive parenting group, paralegals, gender desks, fit families, MTAKUWWA committees and CSOs. These have been acting as the supportive mechanism for help-seekers within and outside the camp when it comes to GBV and help-seeking.

4.3.1.1 MTAKUWWA Committees

In relation to the first objective of this study, which was to determine the accessibility of the GBV support mechanisms inside and outside the refugee camp, this study found that there were support mechanisms for GBV survivors both inside and outside the camp. According to the study's findings, there are committees that serve as supportive mechanisms in the areas relating to the GBV issue. One example of these committees which are under MTAKUWWA national action plan. MTAKUWWA in full is "Mpango wa Taifa wa Kupambana na Ukatili dhidi ya Wanawake na Watoto".

4.3.1.2 Vikundi vya Malezi Chanya (Positive Parenting Groups)

In continuation with the discussion from the previous section, there is a second kind

of support mechanism in the surrounding community that is known as positive parenting groups. These groups were established through the Kigoma Joint program. The Kigoma Joint initiative (KJP) is an area-based United Nations joint initiative that aims to strengthen human security and development in the Kigoma region via collaboration with a variety of stakeholders including the local host community.

The program incorporated sixteen different UN agencies and was designed in partnership with the regional and local authorities. It was developed on the basis of the development needs of Kigoma as well as the comparative advantages of the UN in Tanzania. Positive parenting groups have been established in Kigoma by many organizations, such as NRC, IRC, DRC, WOTESAWA, and other initiatives in order to oppose and put an end to gender-based violence at the level of the village. This has been made possible by training on positive parenting skills that have been provided by a variety of stakeholder groups. By providing education, correcting children upbringing and development; educating children on sexual violence; making appeals to the community; and encouraging community members to join the effort of groups formation in other places of the areas where they do not exist. These groups were originally initiated by organizations which were providing humanitarian assistances for refugees in the region. This was to ensure parents are becoming the key champions in preventing all forms of GBV, right from their home and creating awareness among children whilst at young age.

Additionally, the group offers evidence support to the police and the court if they have it and if it is required. The District Councils in Kigoma region has given them

the legitimate authority to access fund in the form of women's group loans allocated at each District council for the purpose of keeping the groups together with income generating activities, equipping women with financial resources so they could reduce some of the financial barriers that hinders group initiatives but also influence the violation of women and children's rights. However, this is a form of regional contributions/ efforts in the process of fighting against gender-based violence in Kigoma region and especially the refugees host communities/districts which are Kasulu and Kibondo.

During the discussion that took place in the focus group, one of the participants shared their opinion, and it was quoted as saying that;

“Those who initiated the process in the very beginning were the organisations that arrived to provide assistance to the refugees”
(Representative from the refugee host community, March 2023).

Service and support offered by positive parenting groups in relation to GBV include;

- Carry out an investigation into the GBV case.
- Notify the appropriate authorities.
- With the assistance of the community ward police, bring the perpetrator to justice.
- Assist survivors in access to health care.
- Assist the survivors with any additional legal assistance that may be required for their rights to be observed.

One more respondent from the group that was discussing the topic was quoted saying that;

“We're investigating the best way to approach the survivor, as it's unethical to interview her or him in public and unlikely that you'll get accurate information. Instead, we use what we've learned by asking the survivor why they were targeted and by whom. After identifying the responsible party, we work with local law enforcement and ward or ward officials to plan for the suspect's arrest. Typically, the offender is reported to the police, while the victim is referred to a health care practitioner. The perpetrator will then be taken to court, where we can lawfully testify to what we observed.” (Representative from paralegal, April 2023).

4.3.1.3 Fit Families (Familia za Kuaminika)

Outside of the refugee camps, there are various support mechanisms, including the one known as Fit Families. Fit families work serve as Safe Houses. These families in the region are selected by the relevant Council from among the capable families who volunteered themselves. These families provide services, among other things, provision of safe but temporary shelter to children who have been survivors of GBV, while the council seek for a more permanent solution. According to the findings of this study, the relevant district council authority issues a call for expression of interests for families to apply, evaluates the applications of families that have volunteered to serve as the fit families, and the respective district councils authority selects families which meet the selection criteria. Subsequently, the relevant district council authority provides training to the families on child protection and safety in collaboration with other stakeholders particularly NGOs, Paralegals, social welfare department and police gender desk officers. In the event when there is a child who is at risk of being abused or has just survived from the GBV, the respective authorities handle that child to one of the trustworthy family.

During the discussion that took place in through focus group, one of the participants shared their opinion, and it was quoted as saying that;

“Children who have been the victims of sexual violence are placed with loving families who have volunteered their homes and their time to provide a place of refuge for the children. The respective Council decided on these families to participate as fit families. This is a temporary solution that will be put in place while the council investigates more permanent alternatives” (Representative from the refugee host community, March 2023).

For example, there is only one (1) Safe House in the Kasulu Rural District, which means that it is unable to meet the requirements of receiving and serving a large number of children at the same time. In the past, there were a lot of Fit Families in Kasulu village; however, due to the fact that many of them did not fulfill their responsibilities in their entirety, the Community Welfare Unit was forced to reevaluate them all and withdraw the ones that were underperforming as per the agreement. Currently there are only nine (9) Fit Families that are effectively functioning in Kasulu village. The children typically do not remain for an extended period given the increasing costs living and the fact that Fit Families are not financially facilitated by the government or any humanitarian actor organization. They are most likely re to main there for a week or slightly longer, after which the council works to providing them with alternative services, such as allowing them to go back to their homes when the situation has improved.

4.3.1.4 Police Gender and children Desk and Paralegal

Both inside and outside of the refugee camps, there are gender desks and paralegal offices that offer support to survivors and the general community in relation to issues

involving domestic violence and sexual assault. According to the findings of the study, one of the kinds of assistance that is offered is legal assistance. This kind of assistance consists of non-governmental organizations and other stakeholders providing training to refugee paralegals so that they can educate other refugee groups on their rights by means of forums, workshops, training, and conferences that are typically held within the camps. These refugee paralegals contribute to the capacity strengthening program of various stakeholders, such as the United Nations High Commissioner for Refugees (UNHCR), IRC& NRC, the Danish Refugee Council, and other non-governmental organizations (NGOs), to appropriately handle refugee cases of gender-based violence (GBV). Within the camps, refugee paralegals participate in a variety of activities, including those that aim at raising awareness. The findings also revealed that paralegals occasionally receive training from a variety of stakeholders such as the Women Legal Aid Center (WLAC) and the Ministry of constitution and Law. According to the findings of the research, there were two paralegal organizations located beyond the camp that helped and training to the local community during the time that the data was being collected. These organizations were the Kibondo Paralegal Foundation (KIPAFO) and the Wakwanza Paralegal Foundation (WAPAO).

During the discussion that took place in the focus group, one of the participants shared their opinion, and it was quoted saying that;

“They offer the person who has been harmed assistance in the form of legal representation by inquiring about the subsequent actions taken in order to direct the victim in the right direction to access services. This assistance is provided whenever an incident takes place” (Representative from the refugee host community, March 2023).

4.3.1.5 United Nations Agency, INGO, and NGO

Different kinds of GBV-supportive mechanisms are provided to refugees by a variety of actors, both inside and outside of the refugee camps. Some actors have been providing training for refugees to become paralegals so that they can assist other refugees. It was pointed out that the trainings on paralegal are basic legal training or more extensive to provide legal assistance to facilitate access to rights and justice, and after that, they are being supervised by a lawyer, law office, or any other institution that deals with legal matters¹². Others provide instruction to refugees within the camps on business and other projects that can be used to make a living. The findings further revealed that these actors such as UNHCR, UNICEF, UNFPA, IRC, and NRC strive to provide not only basic services such as drinking water, education, shelter, and social service due to limited funding, but also legal service, psychosocial, medical tools, and deploying technical expertise to offer service needed in the camps and host community. UNFPA provides the following types of support to IRC and NRC in their capacity as implementing partners for the purpose of implementing a variety of programs within the camp through the following strategies:

Intervention: The project supports community awareness through:

- Radio programs
- Leaflets and giveaways

¹ <https://www.fmreview.org/economies/musenga>

² <https://www.ibanet.org/MediaHandler?id=c0a1f2cc-0a0c-4e97-a180-fa6fc53b4a32>

- One stop center through TGNP-Mtandao (10 centres established in Kigoma Region)
- Working with local government and Police Gender Desks
- Male engagement initiatives
- Working with interfaith committees

Responding:

- Supports One Stop Centres which combine police, psychologists, health experts and social workers. Two of One Stop Centres were established at Maweni Regional Hospital and Kasulu.
- Established Gender and Children Desks (7 in Kigoma region) and trained police officers.
- Trained health care workers on GBV clinical management.
- Distributed PEP Kits
- Trained health care workers and distributed computers for data management.
- Supported to purchase 16 motorcycles for the GBV responses team.
- Trained First Time Mothers on information dissemination and referrals.

**4.3.2 Accessibility of the Available GBV Support Mechanism by GBV Survivor
Within and Outside the Refugee Camp**

The second objective of this study was to examine the survivors' accessibility to help-seeking for GBV services and support available within and outside the camp. It was revealed that there are various places and institutions within and outside the refugee camps that provide services to the help-seekers in regard to GBV issues in the areas. These services included a variety of others, including but not limited to

health and psychological support, protection from injustice and the provision of legal aid, availability of education and information services, and training services. These are some of the services that are offered both inside and outside of the refugee camps; further discussion of the specifics can be found below.

4.3.2.1 Health and Psychology Support

The findings of the study indicated that each instance of gender-based violence within the refugee camp and host communities constitutes a violation of an individual's rights and has the potential to have a significant impact on a survivor's sense of safety, health, and quality of life. Therefore, in a variety of programs that have been put into place by various organizations both inside and outside of the camps, which are actively aiding and support to the survivors. They are working together with the trained refugee to provide survivors with individualized and ongoing assistance to aid in their recovery from traumatic events and to ensure that they receive assistance that is, tailored to their specific requirements and preferences.

The following is a paraphrased version of the thoughts expressed by one of the participants during the conversation that took place in the focus group;

“When a child is taken to a nearby hospital for support and checkup in case of any sexual abuse, the information is provided by various stakeholder groups within the refugee camp and the community that is hosting the refugees. Therefore, information regarding the location of services and sources of support is not difficult to obtain. However, there are obstacles, such as when you try to take a child who was a victim of that sexual abuse to a clinic, such as the Makere clinic, and you discover that the people responsible for offering that service are not there. If the child is not taken in within the required amount of time after the abuse, there is a significant risk that the evidence will be lost. Since the investigators will be unable to get the child transported quickly,

additional time will be wasted” (Representative from the refugee host community, March 2023).

The findings additionally revealed that services such as hospitals and clinics which provide medical and emotional support, documentation that can be used to access the legal system and support legal proceedings, information about and referrals to legal aid, counselling services for survivors of violence, support groups, and places of safety if survivor cannot return home are available and prepared to offer support to survivors of gender-based violence. However, in order to access these services, one must first present the police form number three (PF3), which is designed to assist GBV survivors in obtaining immediate medical attention at a clinic or hospital. This is one example of the difficulty that can be encountered when attempting to use these services. In the event that an individual does not possess the PF3, they are always unable to access the service in a timely manner. This appears to be a challenge due to the fact that it can take some time to obtain the PF3 and travel to the clinic or hospital for such services. This is due to the fact that in most communities, the police station and the clinic or hospital are not always in close proximity to one another despite that PF3 plans is known to be of significant importance for a survivor to access medical support and to be used as evidence in court to assist the survivor in obtaining justice, particularly for sexual violence.

The following is a paraphrased version of the thoughts expressed by one of the participants during the conversation that took place in the focus group.

“The accessibility of GBV survivor's services in the surrounding areas, close to where our office is located, is improving, while access to survivor services in other regions is poor. This is because the

accessibility of survivors' services varies depending on the location of the survivor and availability of assistance provision actors. Also, after the survivor has received medical attention, they are urged to check in at the police station that is close to them within their geographically locations. This is an important step to be taken in the process of obtaining rights and justice, however it can only be taken by the survivor of the attack or by a family member/ guardian or an authorised member of the community, particularly in situations where the survivor is a child(minor)" (Representative from LGAs, April 2023).

4.3.2.2 Justice and Legal Aid Protection

In connection to the first objective findings on gender desk and paralegal as one among the available supportive mechanisms within and outside the refugee camp that offer GBV support. Following the discussion with representatives from the gender desk, paralegal, international non-governmental organisation (INGO), and non-governmental organisation (NGO) sectors, it was revealed that survivors of gender-based violence (GBV) both within the refugee camp and the communities that are hosting the refugees are free to choose whether or not to report any form of GBV incident. However, they are all encouraged to report all forms of GBV and seek for support so to put to an end the experiences of such incidences. There are gender desk and refugee paralegals both within and at the host community that are readily available to provide this type of service to survivors. Such services are provided at free of charge therefore the survivor is encouraged to present their cases for support. When a survivor seeks legal assistance, it is necessary to obtain both the survivor's account of the abuse incident as well as verification of the abuse incident.

The following is a paraphrased version of the thoughts expressed by one of the participants during the conversation that took place in the focus group.

“Legal assistance is offered both within the refugee camp and in the communities that are hosting the refugees, and that it is both easy to access and readily available. This is due to the fact that there is a gender desk and a paralegal office that can be accessed at any time of the day or night. However, whether or not the incident is reported is ultimately up to the survivor; regardless, the strong emphasis from the organizations and the police to strongly encourage refugees and the community members around the host communities to report any instances of sexual or domestic violence” (Representative from NGO, April 2023).

A representative from a refugee paralegal was quoted saying;

“Anyone can come to us for assistance with a range of issues in regard to GBV, including discrimination in camp or a lack of safety in camp. Everyone is treated with respect and decency here at the camp, and anyone can come to us for help with these issues. On the other hand, there are problems with trust, "harassment" within the camp. The fact that people are not always treated in the same manner causes me to assume that things are not always fair in all situations.” (Representative from the refugee paralegal host community, March 2023).

4.3.2.3 Education and Information Service Availability

The researcher had an interest in finding out whether or not the available actors both inside and outside of the camps provide information, education, and training pertaining to GBV, and whether or not these resources are easily accessible by the refugees. After conducting an analysis of the data obtained from the host community as well as various actors working in and outside the refugee camps, such as officials from the local government, representatives from community-based organizations, NGOs, and INGOs, etc. It was discovered that through the Kigoma Joint Programme which was implemented by UNFPA in partnership with the IRC and NRC, more refugee and host community members had access to information, education, and training opportunities. As a result, the entire refugee community as well as the host communities are well equipped with information and knowledge on GBV and are

aware of the locations where certain information sources are found. In addition, through the program that is already in place, it provides a response to a wide variety of issues that are faced not only by the refugees and migrants in the region but also by the surrounding host communities.

One of the survivors at the refugee host community quoted saying that;

“We were able to deepen our knowledge on a wide range of topics as a consequence of the training possibilities made available to us by the International Rescue Committee (IRC). Some of the topics that we have learned more about include gender equality, human rights, and the prevention of gender-based violence (GBV). The training is conducted over the course of a few days and places a substantial emphasis on gender issues as well as domestic abuse.” (Representative from the refugee survivor host community, April 2023).

It was brought to attention that there are responsible individuals working within the refugee camps as a part of a team that includes UNFPA, IRC, and NRC. This team operates under the direct supervision of the GBV team leader and receives guidance and support from the protection coordinator. They are responsible for bringing attention to the issue of gender-based violence (GBV), as well as educating refugee communities and host communities on how to respond to the issues and where to find the necessary services. The implementation of prevention and risk reduction activities, which includes risk identification, as well as efforts that mobilize the community and camp leadership in risk reduction and preventive strategies against GBV are also carried out as part of the activities that are carried out to ensure that information is disseminated to the community in an orderly fashion. This includes targeted awareness raising, outreach, and training on GBV issues affecting women, men, boys, and girls in the assigned refugee camp/village and partners to reduce risks

and prevent GBV. Additionally, this includes raising awareness on GBV Prevention and legal services provided in the camp.

For example, one of the people who participated in the group discussion was quoted as saying;

“Together with my best friend, I recently took part in a program aimed at addressing gender-based violence that was organized by the United Nations Human Rights Council in collaboration with NRC and other local partners. During the course of the program's implementation, many different kinds of messages and bit of information were conveyed via a variety of channels, including camp directors, organizations, campaigns, and the media, to name just a few of these numerous channels. The program was successful in reducing the number of instances of domestic violence, and it was also helpful in raising awareness about how important it is to seek assistance.” (Representative from the refugee survivor host community, April 2023).

The following is a quote from one of the participants who participated in the group discussion with the representatives from the Paralegal:

“There is information everywhere in regard to the GBV issue and how to respond to it when someone encounters it.” For example, there are social welfare officers who support and provide services to survivors in the area; however, there are not enough officers, and not all police stations have gender desks. That is the only challenge at the moment, but with regard to information, a variety of actors have been sharing information and raising awareness about the gender-based violence issue. Therefore, as paralegals, we are typically in the position to offer both legal support and education on topics of law that are related to GBV. The local social welfare officers are of great assistance in my community because, in the event of any incidents, they typically respond very quickly” (Representative from LGAs, April 2023).

Another respondent mentioned that;

“We are aware that GBV is wrong because the law prohibits it, and it is not acceptable within the society. Therefore, legal action ought to be taken against those individuals who break the law. Inside and outside of the refugee camps, we have a number of organizations that are working

on the (GBV). In addition, we have a committee known as MTAKUWWA that is dedicated to serving the survivors. This committee offers both social and legal assistance to those who have survived. In the course of our work, we frequently involve the police gender desk as a first point of contact in order to contribute to the delivery of awareness and education in relation to the incidents; however, we also work closely with the court. In the past, there was an organization called WILAC that helped to provide survivors with legal assistance as well” (Representative from paralegal, March 2023).

4.3.2.4 GBV Training Service Availability

The purpose of the study was to find the answers to the questions of whether or not training and services related to GBV are provided by available actors both inside and outside the camps. Whether or not these training opportunities are easily accessible to both the refugees and the host communities. After the information obtained from the locals and other stakeholders (such as the local government, CBOs, NGOs, and UN agencies, among others) has been analyzed. The findings have indicated that there are a variety of training programs both inside and outside of the refugee camps, including the communities that are hosting the refugees. This training teaches participants about the various forms of sexual and gender-based violence (SGBV) and provides them with guidance on how to provide psychosocial support to victims of SGBV. The focus is on providing direct assistance to refugee and host communities who have survived GBV. It trains refugees and GBV team leaders, as well as various actors both inside and outside the camps, skills and knowledge on how to respond to disclosures of SGBV and how to provide psychosocial support to GBV survivors. The trainings are also offered to keep the service providers updated with the updated version of guiding tools or protocols in supporting the GBV survivors.

The following is a quote from one of the participants who participated in the group discussion with the representatives from the refugee host communities;

“In addition to human rights and the empowerment of women, girls and boys, the IRC organization gives us the opportunity to enrol ourselves in training and gain knowledge about gender, gender equality, and gender-based violence (GBV). The training is conducted over the course of several weeks, and the primary topics of discussion are gender and GBV. During the training and learning session, IRC facilitators will ask participants to discuss Gender-Based Violence (GBV)-related behaviors that need to be addressed in a camp setting and what those behaviors are. This training will focus on gender issues and domestic violence” (Representative from INGO, March 2023).

4.3.2.5 Gender Transformative Initiatives

The purpose of this study was to determine whether gender transformative initiatives are offered by available parties both inside and outside of the camps, as well as whether refugees and host communities can easily access these initiatives. The research on this subject showed that various gender-transformative initiatives are offered by various actors such as UNHCR, UNCEF, UNFPA, IRC, and NRC both inside and outside the refugee camp. The research also showed how important it is for people of all identities, including women, men, girls, and boys, to have the freedom to make their own decisions because doing so will increase their capacity and confidence to seek assistance in cases of GBV. For instance, in Kigoma's host community, such as Kibondo, it has been shown that as women have greater access to and involvement in economic opportunities, family income rises and VAWC decreases. For instance, as mentioned by one of the respondents from the refugee host community that “in Kigoma, women make up the majority of the local market vendors meaning they have access to participate in income generating activities to have their own financial freedom.” A disproportionate amount of economic and other

resources, including land and livestock, are owned by women. The proportion of women in leadership and power positions has increased. Even so, there are still some societies that do not respect women in leadership roles. GBV issues are exacerbated by a lack of confidence in some women, male dominance in resource ownership in some communities, and unequal resource distribution between men and women. In light of this, the respondents provided the following recommendations: more awareness should be spread, women should be given more agency in order to boost their self-confidence, and men who are overly dependent on their wives should be made aware that a higher family income results from the joint efforts of both men and women participation in income generating activities.

4.3.3 Key Obstacles Towards Help-Seeking by GBV Survivors

The third and final objective of this research was to explore the key barriers towards help-seeking by GBV survivors. The researcher interviewed both women and men in the host communities to get their perspectives on the factors that may discourage survivors of GBV, both inside and outside of the camp, from seeking help. Accounts from the in-depth interview and group discussion revealed several key obstacles that the majority of respondents mentioned when attempting to access care and support for GBV services at the centers. Among the most significant challenges that were uncovered were the following: a sense of being stigmatized by their families or other community members within the camp and/or host community; a sense of being helpless over their situation; a fear of future violence; insecurity in both the camps and the host community; and being denied access to GBV service premises by guards. In addition, it was mentioned that there is a barrier surrounding

confidentiality and corruption, in addition to a limited knowledge of how to seek assistance from pre-existing GBV services.

During the focus group discussion, one respondent from the host community was quoted as saying;

"The obstacle to help-seeking by GBV survivor are similar to those mentioned above that when a survivor or person subjected to violence goes to the police to seek for a PF3 before admitted to the hospital." There is a high possibility that will not receive the PF3 in a timely manner. If you are in a situation in which you are required to go to the hospital right away, you will not be accepted there if you do not have your PF3, as this can sometimes have an impact on the assistance that is provided to the survivors if there is a delay in receiving the service" (Representative from the refugee host community, March 2023).

Some of the other challenges that were mentioned by the respondents include, but are not limited to the following:

- i) Delays in obtaining necessary medications especially when surviving patient requires intensive care and assistance due to lack of the PF3 or delay in provision of the PF3.
- ii) Not all legal services, such as the gender desk in the police department, are located within the host community, for example in Makere ward.
- iii) Stigmatization that occurs at the family and community level
- iv) Economic difficulties, due to the fact that certain locations demand payment before one can access certain services.
- v) There are often delays in the court proceedings, and the entire process can take an exceedingly long time.
- vi) Children had a lower level of awareness regarding GBV.

- vii) Parental engagement or community engagement in offering relevant information for obtaining justice and rights of the survivors.

Despite the fact that a variety of actors both inside and outside the camp play a significant role. This is to ensure that knowledge, information, service, and support are provided to all survivors of gender-based violence both within the camp and within the host community. There are still a number of gaps in the provision of these things (knowledge, information, service, and support). Nevertheless, during the discussion that took place in the focus group, a few of the women reported having difficulty in gaining access to fully enjoy the service that was provided by the actors. This is due to the fact that some of the respondents complained about the delays and the amount of time they had to wait in order to receive the necessary service. One of the respondents shared her story about requesting assistance from the host community.

One of the representatives from the refugee host community who is a survivor quoted saying;

“Help-seeking can be difficult in the context of gender-based violence (GBV) because, as far as I can recall, it was difficult for me to get in touch with the gender desk at the police station and the hospital until I finally did. This is because the roads and other infrastructure were in terrible condition, and some of the services were located in a significant distance from where I lived. In addition to this, the perpetrator, who was a member of my extended family, was apprehended by the police and brought before the court, but he was released due to a lack of proof and family issues” (Representative from the refugee survivor host community, April 2023).

Another respondent quoted saying;

“I’ve been through domestic violence before, and now I’m too scared to ask his relatives for help. Because the perpetrator was a close family friend, I am terrified that if I seek help, I will be treated even more unfairly or separated from my beloved ones.” (Representative from the refugee survivor host community, March 2023).

4.4 Limitation of the Study Findings

This section of the study discusses the challenges that were encountered by the researcher during data collection and analysis and how the researcher responded to those challenges.

According to the initial research methodology in the refugee context, the researcher of the study encountered a number of unexpected research challenges due to a degree of unpredictability and uncertainty for data collection and interaction with the key respondents of the study. The nature of camp settings and sensitivity of the GBV issues posed some restrictions for the research to access all targeted sample frame within the camps. Information sharing was also limited during data collection due to confidentiality and other factors beyond the researcher's control. As a result, the researcher had to involve other available refugee, staff working directly and indirectly with the refugee at the camp, the refugees host community, team leaders, and representatives from various institutions working to support the refugee camps both inside and outside the camps.

Limited the access of the research team to the refugee camps' residential areas regardless of the government granted research permit through the Refugees Service Department under the Ministry of Home affairs. To address this, the following strategies were implemented to securer complete data is collected;

- While in Kigoma, the researcher worked alongside the data collection team to improve data collection tools and engage with refugee host communities and nearby respondents from refugee camps. Furthermore, representatives from refugees paralegals and other refugee host community-based organizations were involved.
- To complement the primary data gathered through the focus group discussion and interview, the researcher conducts a literature review as part of the data collection method. But also, to fill a data gap that left by not being able to access all refugee GBV survivors in the camp. As a result, the research utilized the most recent materials from humanitarian organizations to analyze the data and present the findings for this study.

Due numerous restrictions in accessing the refugee camps, the researcher required a government research permit ranging from the national to the local level as identification documents in order to conduct academic research in the refugee host communities. The researcher realized that obtaining permission to enter refugee camps was a time-consuming and bureaucratic process.

The UNHCR/UN Protocols and the government protocols do not speak to each other for example, what the government of Tanzania accepted to them were not accepted due to sensitivity and confidentiality of GBV issues in the camp especially accessing the refugee residential areas. All of these limitations affected the research in one way or another. Thus, the best option and methodology adopted was to work in close collaboration with both local and international humanitarian agencies in Kigoma.

Also, engaged the refugee who some of them were not survivor but have knowledge and experiences of the processes of obtaining support, the survivor, and refugee host communities were also engaged in the data collection.

4.5 Summary

The fourth chapter of the presented the key findings of the study. The findings kept light on various challenges and barriers that survivors encounter while seeking support and assistance services. The significant barriers included stigma and shame, a lack of awareness, fear of retaliation, and the limited availability and accessibility of treatments. Due to geographical constraints a lack of transportation, or financial constraints, survivors frequently encountered difficulties physically contacting service providers or getting critical help. Survivors frequently faced emotional obstacles such as dread, anxiety, sadness, and trauma. These psychological challenges affected their motivation and ability to seek help and support. Understanding these barriers aided the researcher in expanding the discussion in comparison to previous studies conducted in chapter five, as well as informing the study in regard to the formulation of recommendations for this study in chapter six.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Socio-Demographic Information of the Respondents

Concisely, the finding demonstrates that the majority of the respondents were female. This may suggest that the majority of females are the ones who primarily participate in initiatives addressing gender-based violence, are more aware of GBV, and are also more likely to provide support to a GBV survivor who is seeking help. According to the findings of the study that was carried out by Women Free from Violence (WFFV) in conjunction with the Parliamentary Assembly of the Netherlands in the year 2023. The report on the role of men and boys in preventing gender-based violence revealed that the fight against gender-based violence had been led for decades by women and women's rights movements. On the other hand, the Council of Europe Convention on the prevention and combating of violence against women and domestic violence (also known as the "Istanbul Convention") highlights the fact that men and boys also play an important role in the fight against this type of violence. They need to be more conscious of the fact that, in addition to being part of the problem, they are also part of the solution. Acting to prevent and combat gender-based violence against women and girls is a responsibility that falls squarely on the shoulders of men and boys (PACE, 2023).

In connection with the first objective of this study, the findings of this study on gender imply that both men and women play an important role in ensuring that survivors of gender-based violence in humanitarian settings are supported by all

means available within the areas in which they live. In addition to this, they are important players in the fight against Gender-Based Violence in humanitarian settings. Therefore, the researcher of this study can conclude by indicating that there is a positive relationship between an increase in helping-seeking behaviors and the involvement of both genders in the prevention of GBV in humanitarian settings.

Because age indicates a different stage in a person's life cycle, the ages of the people who participated in this study have an effect on the conclusions that can be drawn from the data. Because people's capacities to respond to research questions vary and change over the course of their lives, it was essential to have a good understanding of where individuals are in the life cycle.

Thus, the researcher of this study can argue that age is a factor that affects people and can either increase or decrease their capacity to exercise their rights in relation to help-seeking behaviour within the society, which is one of the reasons the researcher of this study included the age of the respondent to this study in order to obtain more accurate results from the study. The findings may imply that, given that the majority of respondents are of a younger age, there ought to be a significant role played by youth in the prevention of GBV and the provision of support to help-seekers in humanitarian settings with the goal of maintaining and promoting security.

5.2 Availability of GBV Support Mechanism Within and Outside The Refugee Camp

The first objective of this study was to determine the availability of GBV support mechanisms within and outside the refugee camp. It was revealed that there are

various places and institutions within and outside the refugee camps that provide services to the help-seekers in regard to GBV issues in the areas. Among others, there are various supportive mechanisms outside the camp for instance, there are knowledge centers known as a positive parenting group, paralegals, gender desks, fit families, MTAKUWWA committees and CSOs.

The National Plan of Action to End Violence Against Women and Children (NPAVAWC) is the result of the consolidation of eight separate action plans addressing violence against women and children into a single comprehensive plan with the goal of eradicating violence against women and children across the nation over the course of the next five years³. With the goal of addressing the issues of protecting women and children in the country against GBV, the government has established a National Action Plan for the Elimination of Violence Against Women and Children (MTAKUWWA) in partnership with stakeholders. There are committees formed under this action plan to improve the coordination, management, and monitoring of violence interventions in the country with the aim of reducing all forms of violence. Thus, the responsibility of all stakeholders who implement interventions to prevent and eradicate violence against women and children to use this guideline in the areas they manage as it directs the way the committee is formed and its responsibilities. The committee formed as a result of the formation of the MTAKUWWA strives to protect women's and children's rights while promoting their freedom. These committee that under the action plan they are primarily responsible for creating awareness of and providing the right information regarding

³ <https://www.pmo.go.tz/uploads/documents/sw-1622795384-MWONGOZO%20WA%20MTAKUWWA.pdf>

gender-based violence (GBV) in the relevant area (from the village, ward, district, and national level), delivering education and incitement of GBV, and referring survivors of GBV to relevant stakeholders such as gender/police desks and social welfare offices as well as other non-governmental organizations that provide service to survivors of GBV.

The findings collaborate with the study done by Hemfrey (2017) which stated that according to the strengthened Community Response to Violence Against Women and Girls (VAWG) program that Womenkind worldwide implemented. Paralegal known as women legal aid centers from Kigoma worked together with womenkind and other stakeholder to provide free legal advice and services to stakeholders as a result of the training of community Paralegals in the refugee camp of Nyarugusu. The paralegal provides huge support to refugee and ensure that the fundamental rights of women and girls are respected and upheld within the refugee camps and in their community. Furthermore, the study pointed out that Women Legal Aid Center is also training a network of local service providers, which includes police, community chiefs, youth groups, and local militias. These individuals, in turn, contribute to implementing large-scale public awareness campaigns and distributing learning materials to communities.

In addition to the above paragraph, the researcher of this study concludes that paralegals could successfully advocate on survivors' behalf with the UNHCR to have survivors relocated to a different section of the camp in case of GBV incidents as part of ensuring safety and security within the camps.

Different kinds of GBV-supportive mechanisms are provided to refugees by a variety of actors, both inside and outside of the refugee camps. Some actors have been providing training for refugees to become paralegals so that they can assist other refugees. These findings are relevant to the research that was carried out in Kenya by Christian (2018), which revealed that some refugees in Nairobi have been trained as paralegals to support fellow refugees by the non-governmental organization (NGO) Kituo Cha Sheria, which is supported by the UN Refugee Agency (UNHCR) and the UN Migration Agency (IOM).

A person who provides legal assistance to facilitate access to rights and justice and who has either fundamental legal training or more extensive practical legal experience can be described as having the qualifications of a paralegal. In most cases, the work that they do is supervised by an attorney, law office, or other legal institution. Through forums, workshops, training, and conferences, refugee paralegals educate refugee groups and public authorities on refugee rights. They also contribute to the capacity-building program of authorities to appropriately handle refugee cases, including how they conduct, stop, arrest, and detain forced migrants and how refugee documents should be issued and verified. They also participate in activities designed to raise awareness among government representatives in order to increase the latter's familiarity with issues pertaining to refugees.

5.3 Accessibility of the Available GBV Support Mechanism by GBV Survivor Within and Outside the Refugee Camp

The second objective of this study was to examine the survivors' accessibility to

help-seeking for GBV services and support available within and outside the camp. The findings additionally revealed that services such as hospitals and clinics which provide medical and emotional support, documentation that can be used to access the legal system and support legal proceedings, Information about and referrals to legal aid, counselling services for survivors of violence, support groups, and places of safety if survivor cannot return home are available and prepared to offer support to survivors of gender-based violence. This finding relates with the evaluation report that was done by Wambanda (2020). According to the findings of a report that Wambanda recently presented on the topic of providing psychosocial and medical assistance to urban refugee survivors and those who are at risk of sexual and gender-based violence (SGBV) in Kampala, Uganda. It was discovered that refugees in Uganda, both inside and outside of camps, have been offered full support and are able to easily access health and psychological support from a variety of relevant actors assigned for certain services. This was the case both inside and outside of the camps. For instance, Wambanda pointed out that the IOM in Uganda has established a contract with Nakasero Hospital, which is a private health facility that, among other things, provides specialized treatment and management of health complications arising from incidences of sexual violence affecting both male and female survivors. Counsellors from the IOM would identify refugees who have medical complaints and direct them to the Nakasero hospital.

In accordance with the clinical and policy guidelines developed by the WHO for the health sector's response to sexual violence, the medical professionals at Nakasero then evaluate the severity of the cases and make appropriate recommendations for

first-line medical support. IOM also engages with a variety of stakeholders in the health sector, such as government entities, non-governmental organizations, and private organisations, to identify focal persons in organizations for efficient referrals for medical conditions unrelated to SGBV in order to ensure effective medical referrals for specialised medical treatment. This is done in order to ensure that effective medical referrals are made.

The finding suggests that legal assistance is readily available within the refugee camp and can be accessed in an uncomplicated manner. As a result, various stakeholders, and the community as a whole need to encourage or assist survivors in becoming aware of their rights, claiming those rights, and making decisions regarding the pursuit of justice that are well informed. It was brought to everyone's attention that in most cases, a survivor is required to go to the local police station in order to file a report. Typically, the report is given to the gender desk officer at the police station that is located at closest to the person who made the report. The officer in charge aids in writing a statement of the incident to the survivor when they report the incident to the gender desk. This statement is part of the legal evidence that will be presented to the court. Following the filing of a police report, the police detain the perpetrator, continue their investigation, and support bringing them before a court.

Furthermore, according to a 2014 study by Obodoruku, the majority of refugees in humanitarian settings have a strong desire for safety and security during their time in the camp and after they return home. Some refugees, fearing for their lives if they returned to their countries of origin, have chosen to remain in refugee camps rather

than return. In this light refugees prefer not often to report GBV incidents while the legal support is available and can be accessed by any refugee within the camp. Nonetheless, some refugees continue to seek asylum in numerous countries or with the assistance of the UNHCR due to the lack of safety and ongoing conflicts or wars in their home countries. In southwest Ethiopia, Deribe et al. (2012) found that housewives were less likely to report sexual violence than employed women. These findings are consistent with the findings of the study. Existing legislation does not adequately protect women from intimate partner violence (IPV) because women lack a firm understanding of their legal rights, face barriers to learning about those rights, and are not adequately protected from intimate partner violence (IPV).

It was discovered that through the Kigoma Joint Programme which was implemented by UNFPA in partnership with the IRC and NRC, more refugee and host community members had access to information, education, and training opportunities. The finding corresponds with the research that was conducted by USAID (2018) in Kenya. The findings of the USAID report showed that the UNHCR has acknowledged that gender-based violence is a pervasive issue in Kakuma Camp and that it has supported efforts to reduce the problem for a number of years. Although the official health statistics for the camp report low rates of GBV, it is generally accepted that a significant amount of GBV that is not being reported continues to occur. While incidents of domestic violence are not reported because they are generally perceived as being unremarkable and culturally normative, violence that originates from outside sources is underreported because of the subsequent stigma and the risk of reprisals for victims and their families. Many of the people who live

in the camp view physical assault as a natural and acceptable response on the part of an angry husband or father.

The findings have indicated that there are a variety of training programs both inside and outside of the refugee camps, including the communities that are hosting the refugees. This training teaches participants about the various forms of sexual and gender-based violence (SGBV) and provides them with guidance on how to provide psychosocial support to victims of SGBV. According to the findings of research conducted by Garca-Moreno et al. (2015), there is the potential for this to be accomplished by increasing the number of times that women and men who have been survivors of GBV access the services to which they are entitled through a variety of interventions centred on training and awareness raising in the health sector. It was reported that the majority of people are aware of the benefits of seeking help in cases of gender-based violence (GBV), so the training that was delivered encouraged both women and men to speak out against GBV and seek help through stakeholder-based support and advocacy groups in refugee camp areas.

The findings revealed that various gender-transformative initiatives are offered by various actors such as UNHCR, UNCEF, UNFPA, IRC, and NRC both inside and outside the refugee camp. The research also showed how important it is for people of all identities, including women, men, girls, and boys, to have the freedom to make their own decisions because doing so will increase their capacity and confidence to seek assistance in cases of GBV.

This finding is related to the research conducted by Ahsan (2020), which found that it is essential to provide a gender-transformative humanitarian response during times of emergency by empowering women, men, girls, and boys of varying identities. It is of the utmost importance to understand the ways in which gender roles and power relations intersect with other identity factors such as age, ethnicity, disability, sexual orientation, language, socioeconomic class, and political status, as well as the ways in which this may exacerbate inequalities in crisis situations. A comprehension of gender and intersectionality in times of crisis is necessary in order for any humanitarian response to be effective in meeting the various requirements of a variety of different groups.

5.4 Key Obstacles Towards Help-Seeking by GBV Survivors

The findings on the key barrier towards help-seeking by GBV survivors, it was revealed that there is a barrier surrounding confidentiality and corruption, in addition to a limited knowledge of how to seek assistance from pre-existing GBV services. This study corroborates with the study done by Muuo et al., (2020) emphasized that in order to reduce barrier to help-seeking among refugee within the camp, the success of community-based GBV awareness raising campaigns should be put into action.

The study further recommended that such events to be expanded, such as those that focus on social norm change, specifically targeting gender-power relations, and those that share information on what services are available for GBV survivors. For example, in a setting where a high self-perceived severity of the act of violence

facilitates seeking help, education about the severity of health risks associated with GBV may be a motivating factor for seeking care. Governments, international development organizations, non-governmental organizations (NGOs), faith-based organizations, women's rights organizations, and community organizations can all play a role in challenging and shifting cultural norms.

To achieve this, society as a whole would need to undergo significant change. Community-level strategies include individual and group activities with community members, influential individuals, community groups, and, increasingly, perpetrators. A number of local and women's rights organizations already have experience in this area than can be employed to create a positive community change. Furthermore, as a development and humanitarian issue, international NGOs and aid funders have become increasingly interested in and invested in combating GBV.

5.5 Summary

The fifth chapter of the dissertation discusses the findings linked to the barriers that hinders survivors of gender-based violence (GBV) from seeking help in humanitarian settings. In comparison to other research, the chapter analyzes the data gathered throughout the study and highlights major themes and insights regarding the barriers faced by GBV survivors when seeking help. Overall, the chapter indicates that the barriers to help-seeking behavior among GBV survivors in humanitarian settings are multifaceted and intricately linked. It highlights the importance of a comprehensive strategy that addresses individual, societal, and structural variables in order to facilitate and encourage survivors to seek help. This method necessitates

public awareness campaigns, focused interventions, community engagement, and enhancements to service delivery, policy, and legal frameworks. By addressing these barriers, it is possible to create an environment that supports GBV survivors and ensures their access to vital services and justice.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

The conclusion and recommendations chapter play a vital role in summarizing the findings and insights gained from previous chapters. This chapter provides an opportunity to highlight the key barriers identified, reflect on their significance, and offer practical recommendations to address these barriers effectively according to the research objectives.

6.2 Summary of the Key Findings

The study explored the various barriers that impede survivors of gender-based violence (GBV) from seeking help in humanitarian settings. The first objective of this study was to determine the availability of GBV support mechanisms within and outside the refugee camp. It was revealed that there are various places and institutions within and outside the refugee camps that provide services to the help-seekers in regard to GBV issues in the areas. Among others, there are various supportive mechanisms outside the camp for instance, there are knowledge centres, including positive parenting group, paralegals, gender desks, fit families, MTAKUWWA committees and CSOs. Secondly, It was revealed that there are various places and institutions within and outside the refugee camps that provide services to the help-seekers in regard to GBV issues in the areas. These services included a variety of others, including but not limited to health and psychological support, protection from injustice and the provision of legal aid, availability of

education and information services, and training services. Thirdly, according to the last objective of the study, among the key barriers include survivors' fear of retribution from perpetrators or their associates if they disclose their experiences, insufficient or inaccessible services, such as medical care, psychosocial support, legal aid, and safe accommodation, present substantial barriers for survivors. Limited knowledge about available services and rights among survivors and their host communities impeded help-seeking behaviour.

6.3 Conclusion

In connection to the above section on summary of the key findings and overall findings which were covered in chapter four. The findings of this study lead the researcher to the conclusion that refugee and host community GBV survivor (s) suffer the multidimensional ramifications of such perpetuated violence in the most personal way possible. These ramifications include physical, psychological, and economic violence. However, one can draw the conclusion that certain conditions both inside and outside the refugee camp make it difficult or somewhat impossible for refugees to seek assistance because of the actors in the surrounding environment.

There is access to knowledge and information regarding GBV service and support, and a variety of actors play a significant role in ensuring that refugees and host communities are aware of the services that are available to them in regard to GBV as well as their rights in the event that they are survivors of GBV. In addition, the actors in the Kigoma region have been advocating against gender-based violence both inside and outside of the community that is hosting them (UNHCR, IRC, and NRC,

among others). Therefore, having a strong connection to the host community and other service providers, having the socially recognized and accepted criminality of GBV, and having trust between the survivor and the help providers can enable progress to be made in the process of seeking help within and outside of the refugee camp. However, the findings of the study revealed that in the same light, these actors and stakeholders including the service providers for the GBV help-seekers can discourage further help-seeking service such as a long time spent to access the service or seeking for justice from the court, shortage of expertise in some areas, geographical location of service centers, and stigma from family and community members as well as the bureaucratic behaviours in the process of seeking access for support, all of which appear to be obstacles for some of the GBV survivors.

The researcher concludes that gender-based violence is an extremely relevant issue. It is not an individual issue; rather, it is a community issue that calls for collective efforts. As a result, actors both inside and outside of the refugee camps ought to collaborate closely in order to enhance the help-seeking of services and support provided to refugee and host communities. Additionally, when everyone is held accountable, everybody comes out on top. Because men and boys make up the majority of people who commit sexual and gender-based violence, enlisting their support is essential if we want to end this significant problem.

In addition, the researcher is able to draw the conclusion that, based on the process of data collection and analysis, it was observed that humanitarian settings are dynamic places, and researchers need to adopt a reflexive design to capture the many

emerging states of issues that can occur during the process of data collection. This conclusion can be reached as a result of the findings of the research project. When conducting research in humanitarian settings, it is necessary to maintain a flexible approach in order to account for the unforeseen obstacles that may interfere with research activities. Because of this, the study period will typically need to be extended, and additional flexible budgets will be needed to cover any delays or unexpectedly extended data collection periods needed to account for any fundamental shifts in the context. These investments are required in order to understand the obstacles that prevent refugees from seeking assistance in their behavior. The unexpectedly smaller sample size, the high rates of loss to follow-up, and the delays in follow-up are not solely an absence of data or a limitation of the research; rather, they are in and of themselves a statement of what was taking place in the host community in the Kigoma region because the researcher was unable to access the refugees within the camps.

Moreover, the researcher concludes that among the most significant challenges that were uncovered were the following: a sense of being stigmatized by their families or other community members within the camp and/or host community; a sense of being helpless over their situation; a fear of future violence; insecurity in both the camps and the host community; and being denied access to GBV service premises by guards. In addition, it was mentioned that there is a barrier surrounding confidentiality and corruption, in addition to limited knowledge of how to seek assistance from pre-existing GBV services.

Last but not least, the study concluded that conducting research on GBV in refugee camps is difficult but possible. As a result, the researchers recommend that stakeholders working in these settings, including donors, should provide guidance about how to keep academic research flexible, provides access to students whose topic of interest around refugee and aware of the amount of time, human and financial resources this might require. However, stakeholders need to speak to each other, have common entrance permits and other procedures without contradicting the researchers.

6.4 Recommendations

Based on the findings and discussion from chapter four and five on barriers toward help-seeking behaviours among gender-based violence (GBV) survivors in humanitarian settings, the following recommendations can be made:

6.4.1 The level of the Community

The following recommendations are offered to local NGOs, media outlets, and civil society organisations that are active in the humanitarian setting:

- i) From the findings, it was revealed that there is a limitation of knowledge and information in regard to GBV and available service and support. Thus, the study recommends that, Implementation of comprehensive awareness and education campaigns within the refugee camps and host communities to increase knowledge about GBV, its consequences, and available support and services. These campaigns should address cultural norms, misconceptions, and stigmas surrounding GBV and promote the importance of seeking help.

- ii) Inaccessibility and availability of GBV service and support in some areas due to the geographical setting were revealed to be significant barriers to help-seeking. Thus, the study recommends that government, local organizations and stakeholders to enhance service provision and reduce barriers related to transportation, distance, and cost in order to improve the accessibility and availability of services.
- iii) Training and capacity building: Provide training to humanitarian aid workers, healthcare professionals, and community leaders on how to appropriately respond to GBV survivors. This includes developing their skills in identifying, supporting, and referring survivors to the relevant services. Strengthening the capacity of local organizations can promote sustainable and culturally sensitive assistance.
- iv) Stigma and shame were revealed to be among the barriers to help-seeking. Therefore, the study recommends that different actors should engage with community leaders, religious figures, and influential individuals to challenge harmful traditional practices, gender norms, and the stigma associated with GBV. Community-based approaches, such as support groups and community dialogues, community interactive theaters, behavioral change communications, can help challenge existing beliefs and norms.

6.4.2 The level of Policy

The following recommendations are made to legal affairs, which are involved directly and indirectly in addressing the health concerns and the well-being of the refugees:

- i) Corruption and confidentiality were revealed to be among the significant barriers to help-seeking. Therefore, the study recommends that various actors both local organizations, government and international development agencies should advocate for and support the implementation of robust legal frameworks that address GBV and protect survivors. This includes ensuring that laws are enforced, strengthening the justice system's capacity to handle GBV cases, and promoting survivor-friendly legal processes.

6.5 Areas for Future Research

The study's findings have contributed additional knowledge to academic literature to help students in gender, social, and development programs understand gender-based violence in humanitarian settings in Tanzania, partners of help-seeking, and key obstacles to help-seeking. However, due to financial and time resources limitation, there are areas that the researcher could not tackle. Therefore, the study recommends academic organizations and research centres that are participating in the investigation of gender-based violence (GBV) to investigate more on:

- i) Research into how attitudes and actions can shift in response to GBV in humanitarian contexts is urgently needed. This can improve the willingness of women and men who have experienced GBV to reach out for help and shed light on effective strategies for preventing and reducing GBV.
- ii) Women who have experienced GBV are more likely to make use of health care services if researchers look into ways to encourage both women and men who have experienced GBV to seek assistance.

6.6 Summary

The sixth chapter focuses on the conclusion and recommendations concerning barriers to help-seeking behaviours among survivors of gender-based violence (GBV) in humanitarian settings. The chapter summarizes the key findings from the previous chapters and offers helpful recommendations for addressing the identified barriers. Humanitarian actors can strengthen the support and resources available to GBV survivors by implementing the aforementioned recommendations, enabling their healing and recovery.

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APPENDICES

Research Clearance, Camp entrance permits and Tools for The Topic Barriers to Gender-Based Violence Survivors Seeking Access to Support in Humanitarian Settings in Tanzania”

APPENDIX I: Research Clearance Letter

THE UNITED REPUBLIC OF TANZANIA



MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE OPEN UNIVERSITY OF TANZANIA



Ref. No OUT/ PG201985881

3rd January 2023

Regional Administrative Secretary,
Kigoma Region,
P.O Box 125,
KIGOMA.

Dear Regional Administrative Secretary,

RE: RESEARCH CLEARANCE FOR MS BONAVIDHA BURCHARD GAHAIHI, REG NO: PG201985881

2. The Open University of Tanzania was established by an Act of Parliament No. 17 of 1992, which became operational on the 1st March 1993 by public notice No.55 in the official Gazette. The Act was however replaced by the Open University of Tanzania Charter of 2005, which became operational on 1st January 2007. In line with the Charter, the Open University of Tanzania mission is to generate and apply knowledge through research.

3. To facilitate and to simplify research process therefore, the act empowers the Vice Chancellor of the Open University of Tanzania to issue research clearance, on behalf of the Government of Tanzania and Tanzania Commission for Science and Technology, to both its staff and students who are doing research in Tanzania. With this brief background, the purpose of this letter is to introduce to you **Ms. Bonavitha Burchard Gahaihi, Reg. No: PG201985881)** pursuing **Master of Humanitarian Action, Cooperation Development (MHACD)**. We here by grant this clearance to conduct a

research titled “**Barriers to Gender-based Violence Survivors Seeking Access to Support in Humanitarian Settings in Tanzania: A Case of Nyarugusu, Nduta and Mtendeli Refugee Camp**”. She will collect her data at Nyarugusu, Nduta and Mtendeli Refugee Camps in Kigoma Region from 4th January to 4th February 2023.

4. In case you need any further information, kindly do not hesitate to contact the Deputy Vice Chancellor (Academic) of the Open University of Tanzania, P.O.Box 23409, Dar es Salaam. Tel: 022-2-2668820. We lastly thank you in advance for your assumed cooperation and facilitation of this research academic activity.

Yours sincerely,

THE OPEN UNIVERSITY OF TANZANIA



Prof. Magreth S. Bushesha

For: **VICE CHANCELLOR**

APPENDIX II: Research Permit from the Ministry of Home Affairs-Refugees Service Department

**THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF HOME AFFAIRS
REFUGEE SERVICES DEPARTMENT**

Tel: +255-22-2112035/40
Fax: +255-2122617/2120486
Email: drs@moha.go.tz
Website: www.moha.go.tz



9 Ohio Street,
P. O. Box 12264,
11483 DAR ES SALAAM

In reply please quote:

Re.No.EF.46/320/01/49

Zonal Coordinator,
Refugee Services Department,
P.O. Box 1012,
KIGOMA.

10th February, 2023

*Rep. Aed.
22/02/2023
[Signature]*



Re: **PERMISSION TO ENTER NYARUGUSU AND NDUTA REFUGEE CAMPS**

In accordance with Sect. 20 (1) of the Refugee Act. No. 9 of 1998, permission is hereby granted to under mentioned Student from The open university of Tanzania to enter Nyarugusu and Nduta Refugee Camps in Kigoma Region.

Name and Gender	Title	Organisation	Nationality
Ms. Bonavitha Burchard Gahaihi (F)	Researcher	Open University	Tanzanian

Purpose of the visit: To conduct a study titled "Barriers to Gender-based violence Survivors Seeking Access to Support in Humanitarian Settings in Tanzania".

Conditions:

- Duration:** This permit is valid from **10th February to 13th March, 2023.**
- Reporting:** She should report to Zonal Coordinator in Kigoma Region and MoHA authority in the field before starting to conduct her research.
- Working hours:** She must vacate from camp before 1730 hours.

[Signature]
Col. Maisha M. Rajabu
For: **DIRECTOR**

APPENDIX III: Research Clearance from Kigoma Region Administrative Secretary

THE UNITED REPUBLIC OF TANZANIA
PRESIDENT'S OFFICE
REGIONAL ADMINISTRATION AND LOCAL GOVERNMENT

Telegram: "REGCOM"
Tel. No: 028-280-2330
Fax: 0282802330
Email: ras@kigoma.go.tz



Regional Commissioner's Office,
2 Mkoani Street,
P.O.Box. 125,
47180 KIGOMA.

In reply please quote:

Ref. No. DA.73/274/02"N"/161

25/01/2023.

The District Executive Director,
KIBONDO, KASULU and KAKONKO.

RE: RESEARCH CLEARANCE FOR MS BONAVIDA BURCHARD GAHAIHI,
REG. NO.PG201985881

The heading above is very much concerned.

2. I'm writing to introduce **Ms Bonavitha Burchard Gahaihi** who is pursuing Master of Humanitarian Action, Cooperation Development MHACD at Open University of Tanzania. Currently is collecting data for his MHACD research titled "**Barriers to Gender – based Violence Survivors Seeking Access to Support in Humanitarian Setting in Tanzania: A case of Nyarugusu, Nduta and Mtendeli Refugee Camp**".
3. The researcher has been granted permission to conduct research from **04th January, 2023 to 04th February, 2023**. The researcher should consult Ministry of Home Affairs for further approval before entering into Refugee camp.
4. Please assist him for his success.

Ntime B. Mwalyambi

ACTING REGIONAL ADMINISTRATIVE SECRETARY
KIGOMA.

FOR: REGIONAL ADMINISTRATIVE SECRETARY
KIGOMA

Copy: - District Administrative Secretary,
KIBONDO, KASULU and KAKONKO.

“ Vice Chancellor,
P.O.Box 23409,
THE OPEN UNIVERSITY OF TANZANIA.

“ Ms Bonavitha Burchard Gahaihi,
MHACD Student,
P.O.Box 23409,
THE OPEN UNIVERSITY OF TANZANIA.

APPENDIX IV: Research Clearance from Kasuyu District Executive Director

MKOA WA KIGOMA
HALMASHAURI YA WILAYA YA KASULU
 (Barua zote ziandikwe kwa Mkurugenzi Mtendaji)



Simu Na. +255 028 2810339

Fax Na. +255 028 2810339

E-Mail/Baruapep:ded@kasuludc.go.tz

Website:www.kasuludc.go.tz

Kumb. Na.KSDC/P.40/65/71

Ofisi ya Mkurugenzi Mtendaji,

S. L. P 97,

Kasulu — Kigoma,

TANZANIA.**31/01/2023**

Mtendaji wa Kijiji cha Nyarugusu,

Halmashauri ya Wilaya Kasulu

S.L.P. 97,

KASULU.

YAH: KUMTAMBULISHA BW BONAVITHA BURCHARD GAHAIHI
KUFANYA UTAFITI KATIKA ENEO LAKO LA UTAWALA

Rejea somo tajwa hapo juu.

Tafadhali rejea barua yenye Kumb. Na. DA.73/274/02"N"/161 ya tarehe 25/01/2023 kutoka kwa Katibu Tawala wa Mkoa wa Kigoma, barua hiyo ilikuwa ikimtambulisha Bw. Bonavitha Burchard Gahaihi kwa ajili ya kufanya utafiti juu ya Ukatili wa kijisia.

Kwa barua hii unaelekezwa kutoa ushirikiano chanya kwa mtafiti tajwa hapo juu ili aweze kufanikisha masomo yake.

Nakutakia utekelezaji mwema.

Magreth Syldron,

Kny. MKURUGENZI MTENDAJI
HALMASHAURI YA WILAYA,
KASULU.

APPENDIX V: Research Clearance from Kibondo District Executive Director

JAMHURI YA MUUNGANO WA TANZANIA
OFISI YA RAIS TAWALA ZA MIKOA NA SERIKALI ZA MITAA
HALMASHAURI YA WILAYA YA KIBONDO



Unapojibu tafadhali taja:

Kumb. Na: HW/A/E.10/151/11

Tarehe: 03.02. 2023

Mtendaji wa Kata,
Kata ya Murungu,
KIBONDO.

YAH: KUFANYA UTAFITI

Tafadhali husika na kichwa cha barua hapo juu.

2. Ninamtambulisha kwenu ndugu **Ms Bonavitha Burchard Gahaihi** kutoka Chuo Kikuu Huria cha Tanzania kwa ajili ya kuja kufanya utafiti unaohusu "**Barriers to Gender- based Violence Survivors Seeking Access to Support in Humanitarian Setting in Tanzania**".

3. Aidha unatakiwa kumpokea na kumpa ushirikiano katika kipindi chote atakachokuwa akikusanya taarifa hizo.

Nawatakiwa majukumu mema.

Epiphania Daniel
Epiphania Daniel
Kny: Mkurugenzi Mtendaji (W)
KIBONDO



APPENDIX VI: Consent Form

Dear respondent, my name is; **Bonavitha Burchard Gahaihi** a postgraduate student from The Open University of Tanzania. I am undertaking research on *Barriers to Gender-Based Violence Survivors Seeking Access To Support In Humanitarian Settings In Tanzania*. The purpose of the study is to understand the public's perceptions and attitudes to gender-based violence (GBV) and to investigate the patterns of help-seeking by survivors of GBV as well as to identify barriers to help-seeking. Findings of this study will be used by the researcher for academic purposes and will create awareness on the above issues.

You have been selected to participate in this study based on your experience of GBV. Participation in this study is voluntary and you are free to withdraw at any time should you wish to do so. The information you supply will be treated with utmost confidence without disclosing it to anyone and any recordings made will be destroyed immediately after the transcriptions have been made. Your participation in this study will be beneficial in shedding light on the matter of GBV and with greater awareness a lot can be done to better the services available to survivors of GBV. Thank you.

Feel free to ask any questions in case you need clarification.

Respondent's Consent:

I have understood the above information and I give my consent to participate in the study.

Sign..... Date

Thank You for Your Cooperation

APPENDIX VII: Interview Guide – Survivors of GBV OR GUARDIAN

1. Basic information
 - Age:
 - Gender:
 - Level of education:
 - Whom do you live with?
2. What level of your parent's/ guardian's education level?
3. Do you understand or aware of GBV?
4. What do you know about the police gender desk?
5. Have you ever been a victim of GBV? If yes, did you report the matter to the police station or seek help somewhere?
6. Which section of the police station or a place did you report the abuse or seek help?
7. Were you served by a male or a female officer? Were you comfortable? Why?
8. How can a victim of GBV access GBV support here in the area?
9. Was there privacy when seeking help or support in regard to GBV?
10. How was the reception or how were you received and attended when seeking help or support?
11. How were the help-seeking facilities and infrastructure in your area? (Tables, chairs, stationery, walls etc.)
12. Were you taken for safety if going back home was not safe when seeking help?
13. Were the responsible people when first seeking help referring you or the victim to the relevant health and social agencies?

Exist question:

Is there any information or comments that you would like to make concerning the effectiveness of help-seeking situation in your area?

**APPENDIX VIII: Interview Guide – NGOs, Parents and Other Stakeholders
in The Areas Dealing with GBV in the Refugee Camps**

1. Basic information
 - Age:
 - Gender:
 - Level of education:
 - Occupation:
2. Do you understand or aware of GBV in your area?
3. What do you know about help-seeking and support to GBV survivors?
4. How can you describe the accessibility of GBV support in the area?
5. What is the range of services offered in this area? (Probe: Are these services free? If not, what is the cost?)
6. Where is the first place the survivors come for help? If not, in your opinion, where do they go first?
7. Are there sources of social or legal support for survivors of GBV around here? Where and what do they do?
8. What are the barriers you know of, that prevent survivors from seeking help? (Probe for economic, structural, individual, and social barriers)
9. In your opinion what do you think should be done to reduce the above-mentioned barriers?
10. What activities are being done in efforts to reduce GBV cases in the area?
11. What are the challenges encountered by the GBV survivors in accessing support or help in the area?

Exist question:

1. Is there any information or comments that you would like to make concerning the effectiveness of help-seeking situation in your area?

**APPENDIX IX: Focus Group Discussion Guidelines– NGOs, Stakeholders and
Police Gender Desk Officers**

Introduction:

Everyone in the room should begin by introducing themselves, saying their name, the name of an organization they work for/ occupation, and their perspective on the issue of GBV and help-seeking behavior in the area.

Guideline questions:

1. Which services are offered in regard to help-seeking by GBV survivors in the area?
2. To what extent are the help-seeking services provided to survivors of gender-based violence accessible?
3. Are the community aware of the service or support provided by different stakeholders in the area?
4. Where do the GBV survivors seek help when experiencing GBV?
5. What are the common GBV cases in the area?
6. What are the challenges encountered when GBV survivors seek help or support in the area?
7. What is the recommendation for improving the availability and access of GBV support mechanisms for GBV survivors?