



UNICEF GBViE HELPDESK

EVIDENCE DIGEST

Latest evidence and research

GBV SERVICE DELIVERY

[Evaluation of a Mobile Approach to GBV Service Delivery among Syrian Refugees in Lebanon](#) (June 2018)

Only 9% of registered Syrian refugees in the Middle East and North Africa live in camps, with the rest in host communities and often facing considerable barriers in accessing essential services. This evaluation looks at the International Rescue Committee's innovative mobile approach to GBV service delivery among Syrian refugees in Lebanon. It finds that mobile models, in which GBV service providers travel to women's own communities, are a potentially important way of accessing hard-to-reach refugee populations in non-camp humanitarian contexts.

This qualitative evaluation is based on in-depth interviews with IRC staff (11 interviews), Syrian refugee women (40) and adolescent girls (26). Participants described how the GBV services had increased their knowledge and self-confidence, reduced feelings of isolation and strengthened social networks.

The model itself was assessed to be feasible, but requires skilled, creative staff to understand needs and negotiate access, establish credibility, and ensure confidentiality. In situations of displacement, it is important for GBV mobile teams to build trust through regular visits to the same locations. Core elements of the programme need to be slowly phased in, such as community engagement, support groups, and casework.

IRC recognised the logistical costs involved in referrals (e.g. transportation costs for initial and follow-up visits) and set aside specific funds to ensure staff could quickly assist emergency referrals. One on-going challenge is referring survivors to legal and medical services, due to the lack of quality services available.

Recommendations include: integrating other types of services into the GBV mobile approach, for example medical and legal

providers, as well as building the capacity of community members to manage some case management functions (e.g. support groups, referrals) in order to ensure long-term sustainability.

SAFETY PLANNING FOR TECHNOLOGY

[Displaced Women and Girls' Interactions with Information and Communication Technology in Lebanon and Harm Reduction Considerations for Humanitarian Settings](#) (March 2018)

Information and Communication Technology (ICT) has both risks and opportunities for women and girls in humanitarian settings. This research summarises the findings from a survey conducted with displaced woman and girls aged 15–50 in Lebanon from May to June 2017.

Adolescent girls aged 15–17 had the lowest usage of technology at 55%, compared to the population average of 95%. Barriers to device ownership and access include the prohibitive cost, low technical literacy, disapproval from family/friends/community, and fear of harassment on WhatsApp or phones.

Although technologies have potential in humanitarian settings to increase access to information, referrals to service provision, and also can help providers with data collection, it is important that these opportunities are balanced against the real and perceived risks of technology for women and girls.

Recommendations include conducting participatory assessments before introducing any ICT solution to avoid causing unintentional harm, raising awareness about technology abuse, and managing risk at the design stage (e.g. including data protection considerations).

Evidence and Research (continued)

VIOLENCE AGAINST ADOLESCENT GIRLS

[Safety, Trust and Disclosure: A Qualitative Examination of Violence against Refugee Adolescents in Kiziba Camp, Rwanda](#) (March 2018)

This study uses qualitative data to examine the nature of violence against refugee adolescents. Focus group discussions were conducted with 70 adolescents (42 girls, 28 boys) and 68 caregivers from the Democratic Republic of Congo (DRC), now living in Kiziba Camp, Rwanda.

Participants described the specific protection risks that adolescent refugees face in the camp, such as violence related to overcrowded housing, travelling to collect firewood, and food insecurity. For example, adolescents often leave crowded family living arrangements and seek shelter with non-family members, placing them at risk of physical and sexual violence. Caregivers noted that larger shelters to accommodate adolescents with their families would help reduce sexual abuse.

Intergenerational conflict between caregivers and adolescents was also perceived to negatively impact the protective environment. Adolescents described feeling misunderstood by their caregivers, which affected their willingness to report abuse. Although most adolescents were aware of the options for reporting abuse in the camp, these were under-used due to shame associated with formal disclosure.

Findings suggest that GBV programming should address the varied risks to which adolescents are exposed, working at the micro level (e.g. building communication and trust between adolescents and caregivers to encourage disclosure), exo-level (e.g. investing in housing and energy to reduce structural risks), and macro-level (e.g. addressing harmful gender norms around sexual violence against adolescent girls).

[Preventing Violence against Conflict-Affected Adolescent Girls: Findings from Ethiopia, DRC and Pakistan](#) (March 2018)

Adolescent girls face unique risks and vulnerabilities in humanitarian settings due to their gender and age as well as the environment. This evaluation of a life skills and safe spaces programme by International Rescue Committee and Colombia University looks at the feasibility, efficacy and acceptability of an intervention to reduce girls' exposure to sexual violence.

In Pakistan, a mixed-methods evaluation concluded that programme content was perceived as acceptable and freedom of movement, safety, self-esteem, and hope increased over time in Pakistan for those girls using the services. In Ethiopia and DRC, cluster-randomised controlled trials were used to assess the life skills and safe spaces programme. At 12-month follow-up, the intervention was not significantly associated with reduction in exposure to sexual violence, suggesting that further research and programmatic adaptations are needed to prevent adolescent violence in humanitarian contexts.

FAITH-BASED GBV PROGRAMMING

[Challenges and Opportunities for Effective GBV Programming in Muslim Faith Based Development Organisations: Yemen Case Study](#)

(March 2018)

This case study highlights Islamic Relief's GBV programming during the humanitarian crisis in Yemen. It notes that in Yemen, Muslim faith-based development organisations such as Islamic Relief are key players in preventing and responding to GBV. They are able to link universal understandings of GBV with local communities, and are ideally placed to change social and structural norms to fight GBV. For further information and to access the full paper, contact the Humanitarian Academy for Development (HAD) at: research@had-int.org



Policy and News

The Inter-Agency Standing Committee (IASC) has published the new [IASC Gender Handbook for Humanitarian Action](#) - a practical tool for humanitarian workers to mainstream gender equality across sectors. The protection chapter focuses on the following goals: ensuring the right to a life free from violence and abuse; access to documentation and registration; access to justice and accountability; security from protection threats; and counteracting harmful cultural practices and social stigma.

In April 2018, the [Stockholm Forum on Gender Equality](#) was held to mobilise civil society, governments, private sector and academia to intensify efforts for a gender equal world, including sharing experiences of tackling GBV.

Regional consultations are currently being conducted for the [IASC Guidelines on Inclusion of Persons with Disabilities in Humanitarian Action](#). This workshop report shares the recommendations from the [Asia Regional Consultation with GBV & Gender Actors](#), for example that GBV-related risks of women and girls with disabilities, especially those with psychosocial and intellectual disabilities, should be highlighted in the guidance. It was also noted that the Guidelines should include minimum standards with simple, practical steps for non-disability specialists in resource-limited settings.

It is not uncommon for non-GBV specialized actors to be the entry point to GBV referral pathways. This note by the SGBV Sub-Working Group in Jordan provides guidance on [Safe Referrals of SGBV survivors](#) by non-GBV specialized actors to GBV case management organisations in Jordan.

Georgetown University's Institute for Women, Peace and Security conducted a review of [The Use of UN Sanctions to Address Conflict-related Sexual Violence](#). The report reveals inconsistency across sanctions regimes, delayed focus on sexual violence, and weak implementation of sanctions.

The IRC has launched a new [GBV Pocket Guide](#) resource for use on iTunes and Google Play, with step-by-step guidance and tools to humanitarian practitioners across all sectors on how to support survivors of GBV when there are no GBV services, referral pathways or focal points in your area.

Misconduct within Humanitarian Organisations is the topic of the May podcast on the [Gender at Work Podcast](#) series (a bi-monthly podcast series). The discussants reflect on sexual exploitation and abuse that takes place in humanitarian settings and the organizational cultures that keep it in place.

In May 2018, five UN agencies presented an overview of the UN Joint Programme on Essential Services for Women and Girls Subject to Violence. The [Essential Services Package for Women and Girls Subject to Violence: Core Elements and Quality Guidelines](#) is the main policy guidance of the Joint Programme.

GBViE HELPDESK

The Helpdesk query service is intended to support UNICEF global, regional or country office staff and UNICEF implementing partners.

You can contact the GBViE Helpdesk by emailing us: enquiries@gbviehelpdesk.org.uk and we will respond to you within 24 hours during weekdays.

GBViE CONTACT

The [GBViE Helpdesk](#) is available 09.30-17.30 (UK time), Monday to Friday.



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[Strengthening Child Protection and GBV Prevention and Response for Women, Children, and Youth with Disabilities](#) (February 2018)

This collection of guidance notes and tools was developed by UNICEF Lebanon with the Women's Refugee Commission (WRC). It includes key principles for addressing child protection (CP) and GBV, and guidance for GBV and CP partners on disability inclusion in:

- Case management of survivors and at-risk women, children and youth with disabilities;
- Outreach, safe identification and referral of women, children and youth with disabilities;
- Psychosocial support programmes.

[UNICEF GBViE Queries](#)

UNICEF's GBViE Helpdesk has conducted the following research reports, which are now available online:

- [Setting up a Safe Shelter](#) – summary of global standards / guidelines on setting up a safe house
- [GBV Case Management](#) – an overview of resources to assess the quality of GBV case management services
- [Safety Audits: A How-to Guide](#) – a how-to guide on conducting safety audits in camps or settlements
- [GBV and Cash Programming](#) – a guide on how cash transfers can be used as a GBV intervention
- [Working with Mediators and Translators](#) – a review of using cultural mediators and translators in child protection programming, particularly with unaccompanied or separated children, or in any GBV programming
- [Caring for Children Born of Rape](#) – a resource list with strategies and practical tools for caring for children born of rape

[GBViE Helpdesk Group Clinic: Systems Strengthening](#)

UNICEF and the GBViE Helpdesk co-hosted a group clinic on 18th July. The clinic was attended by GBV and sector experts, and focused on the important and widespread ways in which GBV programming can and does contribute to system strengthening. Discussions included the sharing of approaches to and lessons learnt from working to develop and strengthen local systems through GBV programming in a variety of humanitarian contexts.

This clinic was organised in recognition of both the pervasiveness of GBV in emergency settings, and the ways in which GBV programming can be an important entry point to improving existing national and local systems to support long-term change. The clinic built on an upcoming Helpdesk Knowledge Product on 'Systems Strengthening in GBViE Programming', which will be circulated in the next few weeks.

For more information any of the featured news items, please contact the GBViE Helpdesk.

