



UNICEF GBViE HELPDESK

EVIDENCE DIGEST

Latest evidence and research

GBV CASE MANAGEMENT

[Violence, Uncertainty and Resilience among Refugee Women and Community Workers – An Evaluation of GBV Services in the Dadaab Refugee Camps](#) (February 2018)

The Dadaab camps in Kenya are home to more than 235,000 refugees. The International Rescue Committee and Care have been training refugees, known as refugee community workers, to deliver aspects of GBV prevention and response as part of a unique case-management model. With funding from DFID, the London School of Hygiene and Tropical Medicine and the African Population Health Research Center have conducted an evaluation of this model to better understand its feasibility, acceptability, and influence among female survivors accessing care.

The evaluation found that the GBV case-management model is working well, particularly in terms of improving mental health outcomes. 82% of the women surveyed said that their interactions with refugee community workers had a positive effect and 66% reported that working with refugee community workers was helpful. However, survivors expressed concerns about confidentiality, mistranslations and perceived biases based on clan difference.

In addition, the study highlights the risks, challenges, opportunities and rewards experienced by refugee community workers in providing GBV response services and programmes in Dadaab, including violence from family and community members as a result of their work. Overall, the study concludes that the model is feasible and should be supported further, although research is needed to determine whether the model is applicable to other settings. Recommendations include additional support to refugee community workers, including capacity building, a reduced workload, and counselling.

[Attitudes Towards Help-seeking for Sexual and Gender-based Violence in Humanitarian Settings: the Case of Rwamwanja Refugee Settlement Scheme in Uganda](#) (March 2018)

Attitudes towards help-seeking of survivors of sexual violence and, for women, other forms of gender-based violence are an important determinant of service use. This study, by the Population Council, is based on a survey of 601 heads of refugee households (261 females and 340 males) in Rwamwanja Refugees Settlement Scheme, South West Uganda. Women were more likely to seek help if they have progressive attitudes, feel that GBV is not tolerated in the community, have not personally experienced violence, and are aware of the timing for post-exposure prophylaxis. The authors conclude that targeted interventions aimed at promoting awareness and progressive attitudes towards GBV are likely to encourage positive help-seeking attitudes and behaviors in humanitarian contexts.

CHILD, EARLY AND FORCED MARRIAGE

[Making Sense of Child, Early and Forced Marriage among Syrian Refugee Girls: A Mixed-Methods Study in Lebanon](#) (January 2018)

A complex range of factors contribute to early marriage amongst Syrian refugees, according to this study in Lebanon which collected 1,422 self-interpreted stories from married and unmarried Syrian girls, Syrian parents as well as married and unmarried men using SenseMaker (a mixed-method data collection tool). The study was conducted in Lebanon by the ABAAD Resource Centre and Queens University. The study reveals gendered differences between perceptions of what drives early marriage. Men believe that girls' decision to marry is primarily a financial coping strategy, whereas girls prioritise their protection from GBV and harassment. Syrian parents perceive that the risk of GBV is higher for their daughters in Lebanon than

Evidence and Research (continued)

it was in Syria. Key recommendations include the need for improved safety for Syrian girls in Lebanon, including safe spaces and safe modes of transportation. Given the differences in how men and women perceive child marriage, gender-specific strategies are recommended to reduce child marriage. Social norms work with males and females should continue to be a priority

ECONOMIC AND SOCIAL COSTS

[South Sudan: Economic and Social Impact of Violence against Women and Girls](#) (December 2017)

This DFID-funded study, from the What Works Programme, outlines the ways in which failure to address GBV in South Sudan continues to place an unsustainable burden on the economy and society. Through its impact on formal and informal workplaces, GBV undermines economic growth – a major factor in the spiraling conflict that cannot be separated from the political impact of GBV.

At an individual level, GBV in South Sudan reduces human capital and women's capacity for work, childcare and social and community engagement; while at the level of society as a whole, it plays a destabilising role, reinforcing conflict dynamics.

USE OF TECHNOLOGY IN HUMANITARIAN SETTINGS

[Safety Planning for Technology: Displaced Women and Girls' Interactions with Information and Communication Technology in Lebanon](#)

(March 2018)

Funded by the International Rescue Committee, this report highlights how appropriate use of mobile technology in humanitarian settings can have positive micro- and macro-level impacts for women and girls, including increased access to information to support decision making; increasing access to services; and strengthening self-esteem. However, these potential benefits need to be reconciled with specific challenges:

unique barriers to accessing and utilizing technology; and the risks that technology might (unintentionally) exacerbate GBV. Programmes that seek to capitalize on the potential benefits of technology – an area that deserves increased exploration – should proceed with caution, and implement only based on an understanding of the globally common and locally unique barriers to and risks associated with usage. Using research findings drawn from Lebanon, this article provides recommendations for service providers on how to safely introduce ICT into programming for women and girls, including around risk assessment, participatory research and scoping methods, awareness raising around technology abuse, and programme design and adaptation.

VIOLENCE AGAINST ADOLESCENT GIRLS

[How Gender Norms are Reinforced through Violence Against Adolescent Girls in Two Conflict-Affected Populations](#) (February 2018)

This DFID-funded study examines the treatment of adolescent girls in two conflict-affected populations: villages in South Kivu, Democratic Republic of Congo, and Sudanese and South Sudanese refugees in Ethiopian camps. Through in-depth, semi-structured interviews with caregivers and girls aged 12-4 (in DRC) and 13-19 (in Ethiopia), the study examined three areas: perceptions of responsibility for girls' safety; perceptions of girls' responsibility for interactions with men and boys" and community perceptions of appropriate responses to physical violence and rape committed against girls.

The findings suggest how communities use violence as a tool to enforce the importance of girls practicing community-defined 'good' adolescent girl behaviour. It suggests how programmes should work with community structures and leaders to address victim-blaming, silence surrounding experiences of violence and justification of abuse, in order to make interpersonal and community-level norms relating to responses to abuse more protective of adolescent girls.



Policy and News

A new [toolkit for optimizing cash-based interventions for protection from GBV](#) aims to assist cash and GBV practitioners to ensure protection from GBV for crisis- and conflict-affected populations. Produced by the Women's Refugee Commission, Mercy Corps and the International Rescue Committee, the toolkit is based on learning from three pilot settings in Jordan, Somalia and Niger. It also includes an accompanying [video](#) about the roles and responsibilities of cash and GBV actors in mainstreaming GBV considerations in cash based interventions, and utilizing cash within GBV response.

The Women's Refugee Commission has shared lessons from four workshops on [strengthening GBV prevention and response in urban humanitarian contexts](#). Humanitarian and non-humanitarian actors in Quito, Delhi, Beirut, and Kampala shared new tools, strategies, case studies and promising practice for preventing GBV for urban refugees.

In February 2018, the first [End Violence Solutions Summit](#) was held in Stockholm, Sweden to share solutions for preventing violence against boys and girls, ending with the [Stockholm Solutions Summit Proclamation](#).

The Interagency Working Group on Reproductive Health in Crisis (IAWG) has called on the international community to ensure that the sexual and reproductive health and [protection needs of Rohingya women and girls displaced in Bangladesh](#) are fully met. IAWG notes that the crisis in Myanmar and the displacement into Bangladesh has exacerbated GBV, with reports of forced prostitution, trafficking, and sexual violence within the camps, including child marriage, intimate partner violence, and sexual exploitation and abuse.

International Rescue Committee has shared their learning on [protecting and empowering adolescent girls from gender-based violence in emergencies](#). Recommendations include providing long-term, dedicated funding to adolescent girls in humanitarian settings, and tailoring programmes to specifically address the root causes of GBV and providing adolescent-friendly GBV services.

UNFPA has launched a [new free online course on managing gender-based violence programmes in emergencies](#). The course is aimed at GBV specialists, as well as humanitarian or development practitioners. It is available in English, French and Spanish.

A [new international summer school on gender-based violence in emergencies](#) has been announced at University College Dublin in Ireland. The Irish Aid-supported summer school will be an intensive and blended 4-week learning course held in June 2018, with 2 weeks online and 2 weeks in-person. Registration opens in late March.



GBViE HELPDESK

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

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GBViE CONTACT

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



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UNICEF News and research



[Evaluating the Communities Care Programme: Best Practice for Rigorous Research to Evaluate GBV Prevention and Response Programmes in Humanitarian Settings](#) (January 2018)

UNICEF's Communities Care pilot is a primary prevention and response programme premised on the idea that within the context of conflict and displacement, there is an opportunity for positive change in social norms that support gender equity, and decrease GBV. This article highlights the use of best practices in GBV research to rigorously evaluate Communities Care in Somalia and South Sudan. It emphasises the importance of collaboratively building in-country capacity with local and global partners to successfully conduct formative research. The study shares learning from a longitudinal, mixed-methods community-based trial. It highlights the importance of measuring changes in social norms and shares the process of developing a social norms measure during the study to examine the effectiveness of GBV programming in humanitarian settings.

[UNICEF GBViE Resource Pack](#)

UNICEF's GBViE Resource Pack is based on key GBV-related learning needs identified as part a 2016 global evaluation of UNICEF GBViE programming. It serves as a comprehensive guide aimed at assisting country offices before, during and after emergencies, to design, implement and monitor GBV interventions appropriate to the programming context and phase

[GBViE Helpdesk Group Clinics: Education, and Case Management](#)

In January, UNICEF and the GBViE Helpdesk co-hosted a Group Clinic on integrating GBV considerations into education programming in emergencies. Attending school in humanitarian settings can pose a serious risk from a GBV perspective, due to the erosion of standard protection mechanisms, travelling to and from school sites, a lack of supervisory staff, and increased

reliance on unknown or underqualified staff. Yet schools also have the potential to serve as a safe space through which to improve prevention of and response to GBV. This Clinic, attended by over 50 sector specialists and partners, focused specifically on the [IASC Guidelines for GBV Interventions in Humanitarian Action](#), which set out recommended actions for key response sectors at different stages of the humanitarian programme cycle.

The second Clinic, in February, focused on case management for GBViE survivors, which is critical in supporting the rights and needs of survivors. Effective case management can provide a structured framework for ensuring survivors receive appropriate care, referral and follow-up; however, while the actors providing case management services have increased, delivering effective and ethical case management in humanitarian settings is challenging and risk-laden. The Clinic focusing on the [Interagency Gender-Based Violence Case Management Guidelines](#) and [Caring for Child Survivors of Sexual Abuse](#) guidelines, two different but complementary tools for case management in emergency settings.

[Coming Soon! Knowledge Product on GBViE Programming and Systems Strengthening](#)

The UNICEF GBViE team has commissioned the GBViE Helpdesk to produce a Knowledge Product to illustrate how GBViE interventions strengthen existing national and local systems, which in turn promotes resilience and rights. The Product will serve to reinforce good practice approaches for GBV specialists, and can be used as an advocacy tool for specialists to illustrate the value of supporting programmes to address GBViE.

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