



Syrian refugee and Lebanese women and adolescent girls participate in an age-appropriate SGBV support group to strengthen coping skills, decision-making and healing. © UNHCR/ Rita-Flora Kevorkian / 2016

5

# MOBILE SGBV PREVENTION AND RESPONSE SERVICES – LEBANON

<p><b>Population Group:</b> Syrian refugee and Lebanese women and girls in urban and peri-urban settings, with a particular focus on adolescent girls.</p>	<p><b>Project Objective:</b> Mitigate the risk of sexual and gender-based violence by providing information, strengthening social and interpersonal skills and case management for the safe referral of survivors of violence and those who may be at risk of it.</p>	<p><b>Implementing Partners:</b> The International Rescue Committee.</p>
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## 1. Project overview

The International Rescue Committee (IRC), with financial support from UNHCR, provides mobile sexual and gender-based violence (SGBV) prevention and response services in five districts of Tripoli in Lebanon: Bchare, Denieh, Koura, Menieh and Zgharta. This project, begun in 2014, is designed to provide services for girls and women from both the Syrian refugee population and the Lebanese host community. It is part of a broader project to provide a favourable protection environment for Syrian refugees in North Lebanon, which includes both static and mobile SGBV prevention and response services.

The mobile services target women and girls who are at risk or survivors of SGBV; have restricted mobility due to security concerns, cultural norms and/or disabilities; and who have limited access to information or face restrictions in obtaining it. The mobile services include psychosocial support, case management, referrals to service providers, life-skills training, age-appropriate support groups and dedicated activities for adolescent girls. The mobile approach has proved effective in its ability to reach high-risk groups who either have limited access to SGBV protection services or none at all.

## 2. Context and needs

In mid-2016, Lebanon was host to 1,049,364 refugees and asylum-seekers, 98 per cent of whom are Syrians who were forced to flee the armed conflict in their country.<sup>1</sup> Lebanon also hosts 449,957 registered Palestinian refugees who receive protection and assistance from the United Nations Relief and Work Agency for Palestine (UNRWA).<sup>2</sup> Due to the absence of formal refugee camps (aside from those for Palestinian refugees), the refugees from Syria are scattered across host communities throughout Lebanon. As a consequence, it is particularly challenging to reach out to them and provide them with needed services. This difficulty is compounded by restrictions imposed on the refugees' and asylum-seekers' freedom of movement for security reasons, which may prevent them from accessing service delivery points.

Issues related to valid residency documentation, reductions in assistance, tensions with host communities and limited opportunities for financial independence further increase the vulnerability of refugees and restrict their mobility. For women and girls, these hindrances are compounded by cultural and social barriers to mobility that in some cases leave them unable to gain access to services, including medical and legal assistance.

The [Gender-Based Violence Information Management System](#) (GBVIMS), participatory assessments, focus group discussions and monitoring throughout 2015 highlighted how prolonged displacement continued to increase the risks of SGBV for refugees and asylum-seekers, with 87 per cent of incidents reported occurring after arrival in Lebanon. The most commonly reported forms of violence against Syrian refugees include physical assault, domestic and sexual violence, denial of resources and both child and forced marriage.<sup>3</sup> Syrian refugee women also report being forced to resort to sex work to cover the basic needs of their families.<sup>4</sup>

The dispersed nature of the refugee population in Lebanon and related economic, logistical and safety concerns limits the access of SGBV survivors to services, including those provided at static community centres. Under-reporting of SGBV fuelled by shame, stigma and fear of reprisals also remains a large challenge. For these reasons, it is of particular importance to reach out to and identify refugees at risk of SGBV, ensure they have accurate information about their rights and are provided access to effective, safe and ethical services.

Since November 2012, the IRC has gained considerable experience in developing and implementing SGBV programmes in Lebanon. It has found that a community-based approach that encourages women and girls to attend activities on a regular basis, including group psychosocial activities, is the most effective way to promote help-seeking behaviours and to encourage them to access SGBV response services.

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<sup>1</sup> UNHCR, [Population Statistics – Midyear 2016 Stats](#).

<sup>2</sup> UNRWA, [Where we work: Lebanon](#).

<sup>3</sup> UNFPA, [Gender Based Violence Against Women and Girls Displaced by the Syrian Conflict in South Lebanon and North Jordan: Scope of Violence and Health Correlates](#) (2015).

<sup>4</sup> Idem.

### 3. Process and activities

IRC staff engage directly with refugee and host communities in order to lay the groundwork for mobile SGBV services for women and girls. This involves extensive interaction in order to identify community outreach volunteers as well as gatekeepers such as parents and husbands. IRC staff recruit and train female refugee and host-community outreach volunteers on gender-based violence (GBV) core concepts, GBV risk assessment tools and psychological first aid. The outreach volunteers then disseminate information on services and mobilize the community, as well as find safe spaces for the provision of mobile services. The outreach volunteers are trained to assess SGBV risks in the community, especially those faced by women and girls, using participatory and observational methods. GBV risk assessment tools include focus group discussions, community mapping and safety audits, all of which are employed after the trust of the community is gained.

Mobile services are offered in communities with a reportedly high incidence of SGBV and low levels of access to services. Women and girls from these communities select the precise location where they would like services to be provided; this ensures the space can be accessed in a safe and secure manner.

There are currently 12 mobile teams in the IRC Women's Protection and Empowerment Program, five of which service the Tripoli districts. Each mobile team is made up of a female caseworker, a female community mobilizer and a male driver. The mobile teams are supported by specialized staff, including case management officers, adolescent girls' officers and programme managers, who provide technical support and capacity building. Four male IRC community mobilizers support the work of the mobile teams on a rotational basis by disseminating information about IRC services and raising awareness among men on GBV.

The services provided by the mobile teams are adapted from those provided at the static centres. They include age-appropriate psychosocial activities, including support groups; case management, including referrals to other services such as health and legal services; parenting and life skills; recreational activities and community mobilization. The aim is to provide quality, holistic, survivor-centred case management.

Age-appropriate support groups for women and girls are facilitated by female caseworkers. The support groups aim to strengthen existing coping skills to deal with life challenges and promote confidence, decision making and healing. In addition, a self-development curriculum is facilitated with women, [Arab Women Speak Out](#) which addresses issues of power, decision making, self-confidence and other topics.<sup>5</sup> This activity encourages women to take more active roles in their families and communities. Additional activities are implemented based on needs assessments and consultation with women and adolescent girls.

The mobile services also implement an Adolescent Girls Initiative by maintaining contact with and providing support to adolescent refugee girls. In 2014, the IRC conducted an assessment of adolescent girls and their mothers, fathers and other gatekeepers in order to understand more clearly their needs and interests. The assessment covered coping mechanisms, SGBV risks and access to and delivery of information and services. Based on this assessment and continued collaboration with adolescent girls, the courses described below were developed. In 2015 the IRC conducted an additional assessment of the particular needs of engaged or married girls and adapted the course curriculum to reflect their needs.

Two courses have been designed to meet the specific needs articulated by adolescent girls and equip them with the knowledge and skills to mitigate, prevent and respond to GBV. The first course, [My Safety, My Well-Being](#) (MSMW),<sup>6</sup> was designed primarily for Syrian refugee and Lebanese adolescent girls living near IRC centres (where the courses are conducted and psychosocial support services are provided). The MSMW course consists of 24 sessions held twice a week, with each session lasting approximately two hours. The

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<sup>5</sup> K4Health Project, [Arab Women Speak Out](#), toolkit and flashcards (1999).

<sup>6</sup> IRC, [My Safety, My Well-Being: Course curriculum and facilitator guide](#) (2016).

second course, [Life Skills through Drama](#),<sup>7</sup> has been adapted from the MSMW curriculum to be conducted in more fluid circumstances, such as community safe spaces. This course consists of 12 sessions, each lasting some two hours. While the same topics and issues are addressed, the structure and flexibility of the latter course is better suited to the mobile locations.

At the end of both courses, the participants receive assistance to develop safety plans that take into account their specific risks, including forced and child marriage. They are also required to devise a project (through exercises such as drama, songs and making presentations) that examines GBV in their community. A mother-daughter day is also organized to strengthen the relationships between adolescent girls and their mothers.

To increase the sustainability of the Adolescent Girls Initiative, girls with leadership potential are trained to become mentors to other girls in their community. Mentors must be older than 15, show an interest in mentoring and have attended more than 50 per cent of the mentor training programme. The training includes sessions on mentorship skills, GBV prevention and response, confidentiality, individual case referrals and how to be positive role models. Mentors support their peers, either individually or in groups, to address the challenges they face.

In addition, parenting skills sessions are offered to both women and men in the community as part of the strategy to engage gatekeepers in identifying the needs of adolescent girls and promoting a safe and protective environment for this at-risk group.

Men and boys are also targeted as part of the prevention strategy. They are encouraged to raise their awareness of SGBV, engaged in advocacy efforts and assisted to become agents of change towards gender equality. In cases of SGBV against men or boys, men are referred to other local and international service providers and boys to child protection agencies, as these organizations have expertise in this area.

## 4. Partners and resources

This IRC programme receives financial support from the United States' Department of State's Bureau of Population, Refugees, and Migration; the NoVo Foundation; the Swedish International Development Cooperation Agency; UNHCR and the United Nations Children's Fund (UNICEF).

## 5. Participation and accountability

Recognizing the importance of empowering communities to be agents of their own protection, the IRC identifies and builds the capacity of outreach volunteers from both the refugee and host communities. Both volunteers and gatekeepers are identified through wide outreach by IRC staff, including discussions with women and girls about influential figures in their communities from whom they feel comfortable seeking information.

Women and adolescent girls are reached through extensive outreach, including with their parents, husbands and other gatekeepers. The girls and women themselves decide whether or not they wish to participate in activities, while IRC ensures that the activities and courses offered meet the needs that the women and girls have identified.

Feedback mechanisms for the SGBV mobile services include comments provided in feedback forms, interviews and case management satisfaction surveys. The surveys solicit feedback specifically related

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<sup>7</sup> IRC, [Life Skills through Drama](#).

to case management to ensure that social workers are held accountable to minimum standards, including prioritizing the safety and comfort of women and girls during case management sessions. The IRC also has a dedicated reporting mechanism for complaints and claims related to misconduct. For monitoring purposes, the IRC also uses a site tracker, a bi-weekly monitoring sheet and records relevant information in the [Gender-Based Violence Information Management System \(GBVIMS\)](#).

For the courses, girls are given the opportunity to provide feedback on various aspects such as facilitation, space, curricula topics and group dynamics after each session and adjustments are made accordingly. The IRC updates the course curricula regularly based on lessons learned and feedback received.

The IRC also applies an outreach approach to ensure that women and girls with mobility restrictions are provided with information. This provides opportunities to ask adolescent girls about girls in their communities who may not be able to come to activities or who previously came to sessions but no longer participate in them.

## Age, Gender and Diversity Approach

The mobile approach is unique in that it facilitates access to SGBV prevention and response for women and girls of varying ages and abilities as well as in involving refugees and host communities. It increases participation in and access to services and resources by reaching out to women and girls who are unable to take part in activities in a centre or are uncomfortable doing so. In addition, it provides targeted services and support to adolescent girls.

The engagement of men is ensured at all stages and has proved to be key to the success of the mobile services and the protection of women and girls participating in the activities. As previously mentioned, services target women and girls, but if men and boys are identified as survivors or at risk of SGBV they are referred to service providers with expertise in supporting male survivors.

## 6. Results

According to the 2015 International Center for Research on Women (ICRW) independent [Evaluation of a Mobile Approach to Service Delivery in Lebanon](#), mobile services have contributed to improvements in the wellbeing of Syrian refugee women and girls. Specifically, the mobile services have been found to:<sup>8</sup>

- Broaden the social networks of Syrian women and girls, helping build social cohesion and increasing their access to information, material resources, advice and support.
- Improve the communication skills and coping mechanisms of Syrian women and girls, thereby improving family relations.
- Break down barriers between Syrians and Lebanese, helping to combat discrimination against refugees.
- Provide Syrian women and girls with an opportunity to enjoy themselves and relieve stress.
- Increase the knowledge of Syrian women and girls of safety-promoting strategies, healthy coping techniques, effective communication skills and management of their health and that of their families.
- Help Syrian women and girls regain a sense of self and purpose and bolster their self-esteem.

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<sup>8</sup> Pamela Lilleston et al., [Reaching Refugee Survivors of Gender-based Violence: Evaluation of a Mobile Approach to Service Delivery in Lebanon](#) (ICRW: 2016).

## Sustainability

The mobile services adopt a community-based approach. Building leadership among women and girls and engaging men as agents of change promotes these services' sustainability, though more efforts are needed. However, there should be no problem in maintaining the areas used by the mobile services, since these are generally public spaces.

Community outreach volunteers are pivotal to the sustainability of the mobile services, as it is the volunteers who refer survivors to IRC caseworkers, conduct community mobilization activities and organize women for psychosocial support sessions even after the mobile services have left a community.

Consultations with community members (such as women, men, girls, boys, local authorities and community-based organizations) have resulted in the development of an exit strategy that will secure the continuity of services after a six-month intervention in the targeted community. The strategy includes the safe referral of SGBV survivors, community mobilization, identification and training of community outreach volunteers and the development of a community safety plan. Community safety planning involves various groups within the community, including adolescent girls, adult women and men, in identifying risks and putting in place simple measures to prevent SGBV.

In addition, the IRC has trained more than 15 organizations (including international and local NGOs and UN agencies) on the two courses for adolescent girls to ensure that they can continue to provide these courses beyond the scope of the IRC programme.

## 7. Lessons learned

Despite their successes, mobile services can be challenging to implement. Lessons learned are highlighted below:

- Some families considered the sexual education module, which is included in the courses for adolescent girls, inappropriate. To respond to their concerns, the mobile team made significant efforts to reach out to each community and educate its members on the importance of sexual education for adolescent girls. It was emphasized that such information should be provided only by trained professionals.
- Some families prevented adolescent girls who had been identified as in need of training (as SGBV survivors or persons with disabilities) from availing of it. This was addressed by the IRC through having several outreach strategies to disseminate information about available services. These strategies include:
  - ▶ **Referrals from outreach volunteers:** The outreach volunteers identify adolescent girls and make referrals to the respective community mobilizers as appropriate and when consent is provided.
  - ▶ **Word of mouth:** Indirectly ask women and adolescent girls who already attend our activities about whether all adolescent girls in your community go to school; how do they spend their day; and if there are any adolescent girls in your community who cannot go outside the informal settlements.
  - ▶ **Referrals:** Referrals from other women and girls who attended the activities.
  - ▶ **Door to door visits.**

## Potential Risks and Mitigation Strategies

Risk	Mitigation
The safety and confidentiality of survivors can be compromised should they be accessing services in inappropriate locations.	It is essential that the space where mobile services are provided be closed to non-participants.  In high-risk communities where a safe space may not exist, funds should be allocated to improve the safety and confidentiality of the space, or activities should be conducted in a private home and case management provided over the phone.
The focus of the mobile services on women and girls can lead some men in the community to feel excluded and to express reservations about the programme and even to challenge it.	By involving men and boys as agents of change, including through outreach sessions, mobile services teams can overcome this challenge and encourage men and boys to become partners in efforts to gain gender equality.

## 8. Recommendations

The IRC's mobile service in Lebanon is a promising approach for accessing hard-to-reach populations of women and girls, and in particular refugees, with SGBV prevention and response services. When aiming to replicate this programme in another context, there are several recommendations that should be considered:

- Although mobile services increase access, both static and mobile services should be maintained and promoted. Static services are vital in providing more reliable safe spaces for psychosocial support and training courses, as well as enabling more mobile women and girls to access services.
- Continue the emphasis on outreach, consultation and participation of women, men, girls and boys of concern and local leaders throughout the project. This includes training to become community outreach volunteers.
- Map and establish good working relationships with national and local service providers, to establish a strong referral network.
- SGBV service delivery for men and boys is a field to be explored. Adequate procedures and training are required for staff providing these services, and referral networks for men and boys must be identified. In addition, mobile services should be trained and ready to provide services and referrals to lesbian, gay, bisexual, transgender, and intersex (LGBTI) persons of concern.
- The feedback received during the training sessions on reproductive health reiterated the importance of understanding the differing needs and perspectives among adolescent girls and not mistaking them for a homogenous group. For example, girls who are already survivors of child marriage require training on reproductive health that is different from what others may require. For this reason, a separate session for married adolescents, focusing on subjects such as contraception and financial literacy, has been developed.
- The participation of married adolescent girls may be met with resistance, due to fear that the information they receive in training could disrupt their family lives. To overcome this resistance, the mobile teams conduct specific community outreach programmes aimed at engaging husbands in order to assuage their fears. This approach has been successful in increasing the participation of married adolescent girls in the programme.

## 9. More information

UNHCR Lebanon: [lebbe@unhcr.org](mailto:lebbe@unhcr.org)

IRC Website: <https://www.rescue.org/>

IRC's Women Protection and Empowerment in Lebanon: <http://ircwpelebanon.org>

IRC Lebanon Women's Protection and Empowerment Senior Manager – Petronille Geara: [petronille.geara@rescue.org](mailto:petronille.geara@rescue.org)

IRC, [My Safety. My Well-Being: Course curriculum and facilitator guide](#) (2016).

IRC, [Life Skills through Drama](#).

[Arab Women Speak Out](#), Manual and flashcards in Arabic.

[A Girl Stepping Forward](#), highlights the achievements of adolescent girls during and after attendance in these activities.

Pamela Lilleston et al, [Reaching Refugee Survivors of Gender-Based Violence: Evaluation of a Mobile Approach to Service Delivery in Lebanon](#) (ICRW, 2016).

### Other Resources

[IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#) (2015).

[Gender-Based Violence Information Management System](#) (GBVIMS).

[UNHCR SGBV Prevention and Response Training Package](#) (October 2016).

[UNHCR Action against Sexual and Gender-Based Violence and Response: An Updated Strategy](#) (June 2011).

[UNHCR Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons – Guidelines for Prevention and Response](#) (May 2003).

Faysal El Kak, Male Survivors of Sexual Assault: A Manual on Evaluation and Management for General Practitioners (MOSAIC), in [Arabic](#), in [English](#).

[Amani Campaign Implementation Guide – Jordan](#) (2014)