*Reaching Refugee Survivors of Gender-Based Violence:*

# EVALUATION OF A MOBILE APPROACH TO SERVICE DELIVERY IN LEBANON

## BACKGROUND

The global number of refugees, asylum-seekers and internally displaced people has reached an all-time high.[1] As of 2015, 65.3 million people had been forcibly displaced as a result of persecution, conflict, violence and human rights violations.[2]

**The increase in displaced persons has been driven largely by the war in Syria, which has resulted in 4.8 million refugees, over half of whom are female.[3]**

Only 10 percent of all registered Syrian refugees across the Middle East and North Africa live in camps[4], with the rest embedded in host communities. In Lebanon, which now has the largest concentration of refugees per capita in the world[5] (including over 1.2 million Syrian refugees[6]), 18 percent of the displaced Syrian population lives in informal tented settlements, while the majority resides in houses and shelters in host communities.

In these settings, the risks to refugee women and girls are exceptionally high. Refugees are torn from the traditional safety nets provided by friends and family and disconnected from neighbors and the larger community. Women and girls, in particular, may be isolated within their homes, further limiting their access to social networks and essential services. These circumstances, combined with the stress and vulnerability created by displacement, can lead to physical, sexual and emotional abuse, including physical assault, verbal threats and intimidation, rape and early and forced marriage.[7,8] Beyond physical injury, these experiences can cause depression, stress, anxiety and reduced self-efficacy in survivors.[9,10,11]

Psychosocial support services (PSS) and case management services can be life-saving in this context, protecting women and girls from future harm and promoting their social and emotional wellbeing.[12] However, survivors are often difficult to reach with essential services due to stigma and gender inequalities that leave women and girls less likely to access services. This challenge is further compounded for those living outside of camps given the dispersed nature of the population and their often-restricted mobility.

> *"I go home [from work] tired, and I start to contemplate and to think: we used to live in grace in our country…I look at the Lebanese and I think…to be honest, I think: they're going to school, and they have the prettiest clothes, and they live in the best houses…. And on the other side, we're working so hard."*
>
> – ADOLESCENT PARTICIPANT, 15 YEARS

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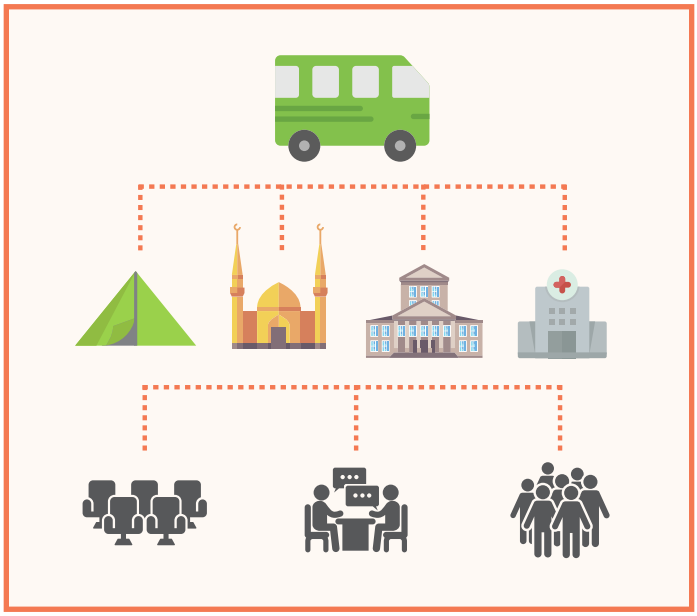
# GENDER-BASED VIOLENCE MOBILE SERVICE DELIVERY APPROACH IN LEBANON

In order to bring services to "hidden" and isolated Syrian refugee women and girls in Lebanon, and with support from the U.S. State Department's Bureau of Population, Refugees, and Migration, the NoVo Foundation, and the Swedish International Development Cooperation Agency, the International Rescue Committee (IRC) implemented an innovative mobile approach to gender-based violence (GBV) response and risk mitigation service delivery in Wadi Khaled, Lebanon in 2014.

This program provides women and girls free access to emotional support groups, recreational activities and a case worker who can provide counseling and psychosocial support and connect them to legal, health and other necessary services. But unlike most GBV services that are located in fixed centers and require women and girls to travel to them, the IRC's mobile services meet women and girls where they are. One day per week over the course of about six months, the IRC conducts activities in women's and girls' own communities in locations that are comfortable and familiar, such as clinics, mosques and community centers.

In 2015, the International Center for Research on Women (ICRW) and the IRC collaborated to evaluate this approach. The purpose of this evaluation was to assess the extent to which the mobile service delivery approach is able to meet the safety and support needs of refugee women and girls.



# METHODOLOGY

The evaluation was conducted in Wadi Khaled, Lebanon, an enclave located on the border with Syria in Lebanon's northern Akkar district.


*Map of Lebanon and Syria, with Marker on Wadi Khaled*

The evaluation consisted of two components:

1. One-time qualitative field research in and around Wadi Khaled, Lebanon: The qualitative assessment took place in October 2015 at data collection sites in and around Wadi Khaled, Lebanon. Interviewers conducted semi-structured, in-depth interviews with 38 Syrian refugee women (aged 18 and over), 26 Syrian refugee adolescent girls (aged 14-17), and 11 IRC staff members. They also conducted observations of safe spaces and PSS activities.

2. Ongoing collection and analysis of programmatic monitoring data: IRC staff collected monitoring data on the mobile service delivery approach using four different tools: a site tracker, a bi-weekly monitoring sheet, the Gender-Based Violence Information Management System (GBVIMS) and a case management satisfaction survey.

## RESULTS

Evaluation findings indicate that the safety and support needs of refugee women and girls in Wadi Khaled were acute: at the interpersonal level, they experienced social and financial marginalization, loss of social networks, inequitable gender power dynamics, GBV and limited access to essential services. At the individual level, they experienced emotional distress and a reduced sense of self.

The mobile services improved the wellbeing of Syrian refugee women and girls by:

- Broadening Syrian women's and girls' social networks and building social cohesion;
- Increasing their access to support in the form of social relationships and the emotional support they provided, as well as advice, information and some resources;
- Improving Syrian women's and girls' communication skills and coping mechanisms, thereby ameliorating family relations;
- Breaking down barriers between Syrians and Lebanese and combatting stigma against refugees;
- Providing Syrian women and girls with an opportunity to have fun and engage in stress-relief;
- Increasing their knowledge of safety-promoting strategies, healthy coping techniques, effective communication skills and ability to manage their own health and that of their families; and
- Helping Syrian women and girls regain a sense of self and purpose and bolstering self-worth.

Despite the challenging context within which the GBV response and risk mitigation mobile service delivery model operated, a number of key features facilitated its ability to effectively and ethically provide services to women and girl refugees embedded in host communities. These included the flexibility and adaptability of the model, identification of appropriate safe spaces for service delivery, employment of highly qualified staff, staggered delivery of services and a flexible approach to case management.

> *We became one group. So when you would talk to your neighbor and she would express her worries and concerns, you'd know what's bothering her and you'd become closer to her. This is the most important thing - we started to communicate with each other. It's true we're neighbors, but we weren't always together.*
>
> – Adult participant, 24 years

> *It's a man's world here, and everything is forbidden to the woman. [IRC] taught us that even if it won't be heard, a woman must voice her opinion about anything and such, as in… asserting your presence in the house.*
>
> – Adult participant, 24 years

> *There was a nice… atmosphere. For example, this one is withdrawn; this one has lost her husband; this one has her husband disappeared. Every one of us is withdrawn, closed to everyone; then you come here, you have fun, you vent a little bit. You have the whole world on your shoulders, then you come here and there's some chatting, and a nice gathering.*
>
> – Adult participant, 33 years

## RECOMMENDATIONS

Key recommendations for practitioners, donors and advocates may help enhance dissemination and future implementation of mobile service delivery models for GBV response and risk mitigation.

**Practitioners should:**

- Engage community leaders, service providers and affected populations early and often;
- Set the foundation for a replicable program model;
- Identify core program elements and phase them in as trust is built with the community members;
- Remain flexible and adaptable to changing circumstances;
- Expand the model to integrate additional service providers and activities over time;
- Build the capacity of local community members to foster sustainable outcomes; and
- Conduct rigorous evaluation and testing of mobile approaches to GBV service delivery.

**Donors and policy-makers should:**

- Support more innovative and flexible mobile approaches to provide services to those who are hard-to-reach;
- Scale up proven programs with longer-term investments to encourage sustainability;
- Leverage influence with other donors and policy-makers to support mobile service delivery in tandem with static services; and
- Ensure funding utilized in mobile service delivery prioritizes the safety and confidentiality of women and girls seeking services.

**Advocates and humanitarian actors should:**

- Raise awareness of the availability of mobile services in the communities in which they operate;
- Mobilize local community leaders and members to advocate for social norms change; and
- Advocate for changes in policies and laws that inhibit women and girls' access to services.

*ICRW is grateful for the support of the U.S. Department of State's Bureau of Population, Refugees, and Migration (PRM), NoVo Foundation, and Swedish International Development Cooperation Agency (Sida). We thank IRC staff for facilitating qualitative data collection and collecting ongoing monitoring data to support the evaluation, and participants who shared their experiences.*