Refugee and Migrant Situation Analysis

In 2020, over 34,000 refugees and migrants arrived in Italy after risking their lives crossing the Mediterranean, an increase of 198% compared to 2019. 79,938 refugees were in the reception system as of December 2020, including 7,080 unaccompanied and separated children (UASC). The ongoing conflict in Libya contributed to a steep surge in arrivals throughout 2020. Women and girls accounted for 20% of asylum applicants. As of December 2020, girls accounted for 3.6% of unaccompanied or separated children in the Italian reception system. Nevertheless, it has to be noted that UAS girls are not always identified and registered as such and therefore might be underrepresented in official statistics.

The journeys through the Mediterranean migration routes are difficult and risky. Many women and girls have survived gender-based violence (GBV), including child marriage, domestic violence and female genital mutilation, as well as trafficking. The central Mediterranean route through Libya is particularly dangerous with staggering high levels of sexual violence reported. Their challenges do not end once they reach Italy where they remain at high risk of experiencing further GBV. The COVID-19 outbreak has severely impacted the health and wellbeing of refugees and migrants and exacerbated the unique vulnerabilities of women and girls, including exposure to GBV. Men and boys are also subjected to high levels of sexual violence travelling along the central Mediterranean route, and sexual exploitation and abuse of adolescent refugee and migrant boys in Italy has been documented.

There is significant regional variation in access to quality GBV services due to a decentralised system in Italy. The COVID-19 pandemic has exacerbated the challenges already faced by migrant and refugee women and girls in accessing support, which include: a lack of linguistic and cultural mediators within services; limited multi-cultural expertise of service providers; limited knowledge of GBV services; general distrust and fear of public services due in part to their legal status.

UNICEF Priorities and GBV Strategy

UNICEF continues to provide critical lifesaving services and information to enhance the range and accessibility of GBV prevention, mitigation and response services for refugee and migrant women and children in Italy, through a multi-sectoral response in close collaboration with the child protection response. Due to the COVID-19 pandemic, some services shifted to remote modalities and GBV information and key messages were integrated into health activities in critical locations. The interventions in Italy focus on strengthening the protection system, also through knowledge generation, evidence-based advocacy and capacity development of frontline workers, working closely with strategic institutions such as ministries, universities and civil society organizations. This approach is based on UNICEF’s CB-FRAME Theory of Change, which supports better access to quality services, decreases the likelihood of GBV, and aims to address the root causes of GBV through policy and legal reform.

GBV Programme Updates and Achievements

UNICEF and partners reached 1,273 refugees and migrants with GBV prevention and response activities. Services include case management, individual and group psychosocial support, material assistance, and referral to other services mostly delivered though an outreach approach. UNICEF supported the establishment of a Women and Girls Safe Space (WGSS) in Palermo to promote women’s and girls’ safety and resilience.

Since the beginning of the COVID-19 pandemic, UNICEF increased the dissemination of key information to facilitate access to GBV services through multiple channels, including social media and messaging platforms. This approach allowed to reach almost 200,000 individuals. Individuals were reached on a regular basis with information

KEY POPULATION FIGURES

| Over 34,000 refugees and migrants arrived |
| 79,938 migrants and refugees in the reception system |
| 7,080 unaccompanied and separated children in the reception system, 3.6% were girls. |

20% of all asylum applicants were women and girls.

RESULTS AT A GLANCE

| Target June 2021 | 1,600 |
|REACHED Dec 2020 | 1,273 |

100% of polled beneficiaries would recommend UNICEF-supported services to others.

Beneficiary Feedback

- Did the service provider help you to adjust to remote service delivery? 80%
- Did the staff express themselves clearly? 88%
- Did the staff treat you in an open minded and non-judgemental way? 94%
- Was the staff friendly? 94%
- Did you feel that the staff respected your privacy and that they were trustworthy? 100%

100% of polled beneficiaries report knowing how to respond if a friend told them they have experienced GBV.

197,344 people accessed information on GBV.
UNICEF continued to strengthen service providers’ competencies through technical support to partners and trainings. The capacity of 418 frontline workers on GBV related issues was strengthened through a mix of in-person and remote approaches. The training curriculum developed by UNICEF and the Women’s Refugee Commission ‘Supporting survivors of violence. The role of Linguistic and Cultural Mediators’ was delivered through remote modalities, with over 90% of surveyed participants showing an improvement of their knowledge.

UNICEF continued to foster collaborations with key institutions to prevent GBV and advance the rights of women and girls, also through knowledge generation and information sharing. UNICEF advocated on the risks and challenges of unaccompanied and separated girls with stakeholders and institutions, through the dissemination of the Analysis Note ‘Making the invisible visible: unaccompanied and separated girls in Bulgaria, Greece, Italy and Serbia’. To foster young women’s leadership on challenges and solutions on gender equality and GBV, UNICEF organized the event ‘Girls, the world is listening you’, with the participation of migrant, refugee and Italian young women as well as the President of the Parliamentary Commission against Femicide. The event reached over 80,000 views.

Inter-agency collaboration resulted in the publication of a pocket guide with IOM and UNHCR on how to provide initial support to survivors based on global practices, which was also disseminated by the Ministry of Interior to all Prefectures in Italy. The rollout of the resource is ongoing, and it includes the development of a e-learning tool. A research to understand the impact of COVID-19 on migrant and refugee women and girls’ safety and well-being is currently ongoing.

### In Focus: Programme adaptations and response to COVID-19

COVID-19 has exacerbated GBV risks as well as presented challenges for UNICEF and its partners in delivering GBV services in Italy. UNICEF and partners were required to re-programme and re-prioritize activities to accommodate lockdown restrictions and meet the increased needs of the migrant and refugee population. Physical safe spaces were closed and limits were placed on in-person activities, particularly group activities, during the lockdown. As a result, some group activities and trainings had to be suspended. However, UNICEF partners quickly shifted to remote service delivery modalities, took steps to ensure GBV mainstreaming in their response, and continued some in-person activities with additional safety precautions.

Remote Psychosocial First Aid and counselling was offered online or over the phone to GBV survivors, individuals at risk and vulnerable migrants and refugees. To meet the increased needs of refugee and migrant populations, partners continued some in-person outreach activities through mobile teams in informal settlements. Hygiene kits were distributed outside the formal reception system (including in transit areas and informal settlements) as both an infection prevention strategy and a GBV risk mitigation strategy. Emergency shelter within commercial structures was offered to a small number of very vulnerable individuals, including GBV survivors.

UNICEF and partners used multiple remote platforms and languages to share messages about GBV with women and girls. Messaging was tailored to amplify information about the national GBV helpline. By integrating GBV issues into the U-Report platform, users were able to receive tailored messages on topics including stress management, sexual and reproductive health and rights, and GBV services. UNICEF developed a partnership with a well-known online editorial company to increase the reach of tailored messages on specific GBV risks and available support mechanisms. In doing so, UNICEF reached over 600,000 people on social media and had over 72,000 interactions. In addition, a mobile outreach team continued to provide in-person information to at-risk individuals on health issues and GBV services.

### Endnotes

1. Phase III of the programme is October 2019–June 2021, therefore this factsheet does not cover the entirety of Phase III of the programme.
5. Information for this case study was provided and translated by UNICEF Italy.
6. Supra note 2.
10. To access the GBVIE Theory of Change visit: https://www.unicef.org/evaldatabase/files/Full_report_with_cover_UNICEF_Multi-country_GBVIIEvaluation1.pdf