



# INNOVATIVE APPROACHES TO GBV SERVICE PROVISION IN EMERGENCIES

PREVENTION • RESPONSE • RISK MITIGATION

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Across the globe, an increasing number of people require humanitarian assistance; yet, in many emergency-affected locations – such as Iraq, Libya, Somalia, Syria and Yemen – humanitarian access is often complicated and unpredictable. In addition to exacerbating gender-based violence (GBV) risks, such situations also increase the barriers women and girls face to accessing services, due to cultural norms that restrict their mobility; domestic responsibilities that keep them isolated in their homes;

and/or protective approaches employed by their relatives in an attempt to shield them from violence. Even in the most challenging settings, UNICEF delivers innovative solutions to strengthen availability, accessibility and quality of GBV response services. With the COVID-19 pandemic, UNICEF had to capitalize further on its innovations in order to reach women and girls and help them to seek for help despite the lockdowns and quarantine restrictions enacted by Governments to respond to the pandemic.

## Virtual safe spaces for adolescent girls

Safe spaces for women and girls have been established as a key approach of reaching adolescent girls and providing them with access to Sexual and Reproductive Health (SRH) information, links to services, skill-building, peer connection, and support. Yet, access to physical safe spaces is often limited for adolescent girls because of security concerns, gender norms, and domestic responsibilities. UNICEF has been developing a platform to act as a virtual safe space for adolescent girls to access gender-based violence information. The virtual safe space model is designed to facilitate access to information and services in a way that is safe, culturally appropriate and accessible to adolescent girls, particularly those who face higher levels of marginalisation, such as girls with disabilities and married girls. Piloting of the virtual safe space platform has taken place in Iraq and Lebanon with adolescent girls, their female parents/caregivers and female staff working at traditional (“static”) safe spaces. Adolescent girls provided feedback throughout the piloting phase and felt strongly that the information provided by the VSS

platform was essential for girls their age. Following piloting in Iraq and Lebanon, UNICEF and partners identified several areas for expansion, including adding content for women and girls beyond SRH information. UNICEF is now working to expand content and reach of the virtual safe space platform to respond more broadly to the needs of women and girls and reaching countries outside of the Middle East and North Africa. In the context of COVID-19 – and the limitations on gathering in physical safe space – there has been even more demand to expand this platform as a way to enable women and girls to access information on (A)SRH; GBV; Life Skills; Self Care and Empowerment. Through this project, UNICEF sees exciting potential to respond to need and compile learning that will improve women and adolescent girls’ access to information and services in other humanitarian settings as well.



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# Utilizing technology to improve the reach and quality of GBV response services

Delivering quality GBV case management services requires structured supervision and support for frontline staff. Yet, in emergency contexts – due to active conflict, insecurity and movement restrictions – the locations where local caseworkers deliver GBV services are often physically inaccessible to their supervisors. In such contexts, remote supervision is an increasingly important strategy to ensure quality care for GBV survivors. Primero/GBVIMS+ is a technological solution for GBV case management that contributes to improved quality of care for survivors. The system offers a protected platform that allows electronic referral of cases and facilitates remote collaboration between caseworkers and supervisors. In Iraq and Nigeria, Primero/GBVIMS+ users have indicated that the platform has improved monitoring of trends in reported cases of GBV, strengthened caseworker supervision and quality control, and helped identify solutions to complex case

management issues. Through application of technology, Primero/GBVIMS+ is improving GBV service provision in emergency settings and increasing accountability to survivors. Currently, Primero/GBVIMS+ has been rolled out in Bangladesh, Lebanon, Libya and Nigeria and is used by over 10 organizations and 160 users. In response to the COVID-19 pandemic, Primero/GBVIMS+ saw an uptake in requests for deployments currently planned in Iraq, Myanmar, South Sudan, Somalia and Syria in 2020. Primero/GBVIMS+ indeed enables the safe and confidential collection of data during GBV remote service delivery, without the burden of safe storage of paper forms. In addition, UNICEF is developing an e-learning tool for self-pace training of end-users to respond to the travel restrictions in the context of COVID-19 and ensure the sustainability of capacity building on the platform.



## Ensuring real-time information on available services for GBV survivors

Services and infrastructure mapping are critical to allow organizations to determine appropriate referrals for survivors as part of the multisectoral response to GBV. In many contexts, a referral pathway or service mapping already exists. However, depending on national strategies being implemented to combat COVID-19 pandemic - for example, partial or complete lockdown - GBV actors at the field level are having to shift modalities for how they provide GBV case management. These changes must be captured and reflected quickly in their referral pathways. In most contexts, especially in humanitarian response, the time to revise the existing referral pathways may be limited and oftentimes, information available is outdated. This results in the inability of service providers to refer survivors to the appropriate services, sometimes lifesaving for women and girls. This challenge is added to lockdown and confinement orders enacted by Governments in response to the COVID-19 pandemic which limits the capacity of service providers to come together to update services available. In order to address challenges in updating referral pathways remotely and making information widely accessible to



women and girls on the available services in the context of COVID-19 pandemic and beyond, UNICEF, in collaboration with the GBV AoR, is building on existing applications in order to develop an open-source digital platform to enable remote updating of referral pathways. As such, UNICEF hopes to create an environment where the survivor is empowered to make an informed decision as to whether she wishes to accept or decline a service.

# Mainstreaming GBV messages in COVID-19 chatbots

Since the beginning of the COVID-19 pandemic, alerts have gone out in many countries regarding the alarming rise in abuse and violence against women and girls. Orders of confinement and social distancing by Governments have led to isolation of women and girls in their homes with abusive partners or other family members. Isolation and increased economic pressure within households are contributing factors that heighten opportunities for controlling behaviour of perpetrators of violence. In such context of confinement and lockdown orders, women and girls and especially survivors of intimate partner violence are faced with greater barriers to reach for help. The closures of Women and girls safe spaces across humanitarian settings leave hundreds of thousands of women and girls without access to the fora they have come to rely on for accurate information, social networking, psychosocial support, health care, and post-rape referrals.

WHO and other UN agencies, governments, public health institutions, I/NGOs and other service providers are using digital channels to make relevant COVID-19 information available to the public and address misinformation. These COVID-19 bots simulate conversations with users, using either some level of Artificial Intelligence (AI) or pre-defined decision trees. However, currently these chatbots are not sufficiently programmed to recognize user inputs in free-text fields when they disclose incidents of GBV and respond appropriately. As a result, responses generated by chatbots are generally unhelpful if users input concerns about risks or incidents of violence into free text fields. This is a missed opportunity to provide automated information on services available and empowering messages for survivors seeking help. In order to tackle this challenge, UNICEF is developing and integrating discreet GBV service contact information and provide those actively seeking help with details about the availability of services and how to access them.



UNICEF's U-Report is a mobile messaging platform that addresses issues that affect children and women as well as community members and service providers - by either collecting information to improve programmes or by directly providing information. It works with the most basic phones and has over 10 million members in 68 countries. It also works



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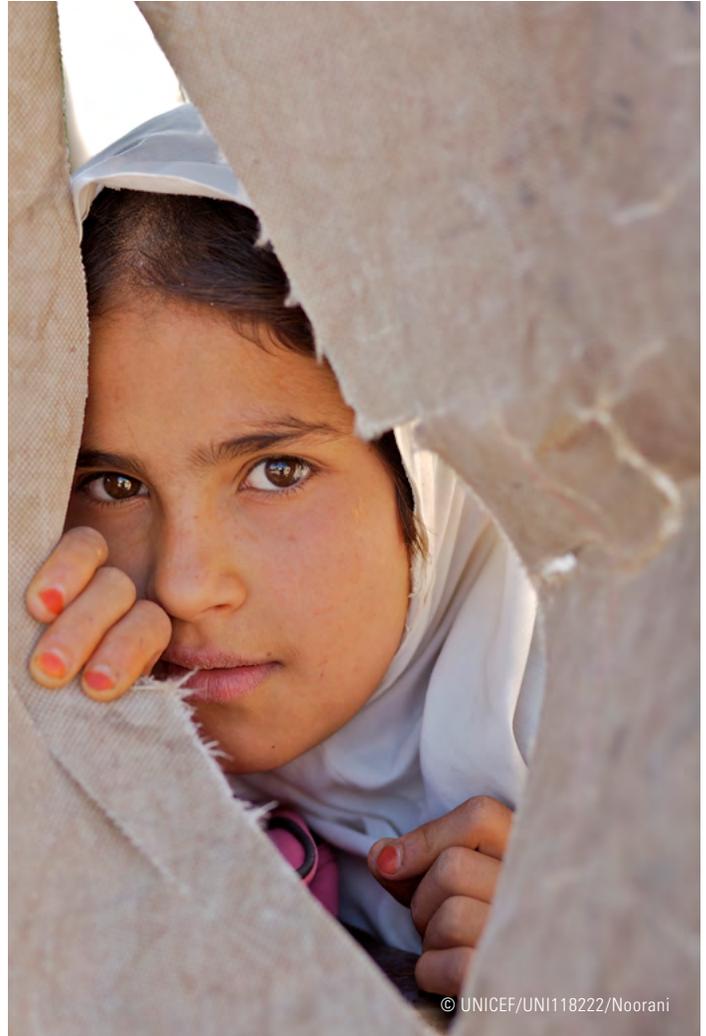
across social media platforms and applications including WhatsApp, Facebook Messenger, Viber and Telegram. UNICEF has used U-Report in a wide range of humanitarian contexts- North East Nigeria, the Democratic Republic of Congo, Bangladesh, Indonesia and Iraq for example- and it was recently used to gauge the perceptions of Malawians on issues related to Violence Against Women and Girls. Importantly, U-Report respondents remain anonymous and their responses are kept confidential. In response to the COVID-19 emergency, UNICEF developed a U-Report COVID-19 bot that has been accessed by over 10 million people already and will expand its GBV messaging through this channel.

# Lebanon: Clinical Management of Rape Mobile Application

Following an incident of sexual assault, there is a limited time window during which medical treatment can prevent HIV transmission, other sexually-transmitted diseases, and unwanted pregnancy. As such, clinical management of rape (CMR) services have been recognized as a lifesaving component of humanitarian response. However, in many settings, the availability of such services is extremely limited or, in some cases, non-existent. In Lebanon, though service providers have received training on CMR, the availability of CMR services remains quite low. The Ministry of Public Health and other partners have highlighted the need for additional capacity building and tools to support healthcare providers in Lebanon to deliver appropriate care to sexual assault survivors. In response, UNICEF Lebanon has increased training and coaching of frontline staff in health facilities. In parallel, they developed a downloadable CMR mobile application (CMR App) to provide guidance on the key steps of CMR treatment in a user-friendly manner.

Available in English and Arabic, the app guides the user through the clinical care process and includes reminders on “soft skills,” such as supportive communication techniques when interacting with survivors of assault. The CMR App provides links to local GBV referral pathways to provide basic information on age- and gender-sensitive response services – such as women and girls safe spaces, GBV case management, mental health and psychosocial support, and legal counseling – available in the user’s vicinity.

The CMR App was initially rolled out with frontline healthcare providers who were already been trained on CMR and survivor-centred response. Initial targets were set to reach nearly 40 medical facilities and over 550 health frontline workers across Lebanon. Based on the initial usage, UNICEF identified several updates and adaptations to improve the user experience and are finalising version 2 of the App. Healthcare providers have expressed that having an easy-to-use application for quick reference will strength-



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en their ability to deliver survivor-centred clinical care. This innovative solution to delivering lifesaving GBV services has the potential for scale-up in multiple contexts to support frontline health workers to deliver survivor-centred, age appropriate CMR services and strengthen referrals to other specialised services.