



INCREASING ACCESS, INCREASING HEALING: Mobile Approach to GBV Service Provision and Community Mobilisation in Lebanon

Introduction

The influx of the Syrian refugee population in Lebanon – over one million have now registered with UNHCR – has created an environment of extreme vulnerability. In the absence of formal camps, refugees are scattered across the country, with many living in unsafe shelters and with inadequate access to food, clean water, or close-by hospitals and schools. Host communities are caught in the middle, their living conditions also deteriorating. Tensions between refugees and Lebanese host communities are growing due to myriad factors, such as job scarcity, crowded schools, land disputes, and domestic political unrest fuelled by the ongoing Syrian conflict. In this context, reaching refugees with needed services is extremely challenging, as they are often “hidden” among the host population in urban or peri-urban areas, and lack both information and ability to move freely to points of delivery. Identifying and assessing refugees, ensuring they have accurate information about their rights and entitlements, and effectively delivering services to them across the wide range of settlements amid often hostile local populations, are the defining challenges of the refugee crisis in Lebanon.

In this environment, the risks to refugee women and girls are exceptionally high. The lack of formal settlements and the dispersed nature of displacement in Lebanon not only exposes women and girls to high risks of exploitation, but also limits their access to static services due to economic, logistic and safety concerns. IRC’s experience in implementing GBV response services in Lebanon since late 2012 has clearly demonstrated the need for flexible approaches to service provision that combine static safe spaces with mobile activities that can reach even women and girls whose movements are restricted.

The Need: The daily reality of Syrian women and girls

IRC has conducted a range of assessments since the beginning of the crisis in Syria. As early as July 2012, a gender-based violence (GBV) assessment found Syrian women and girls in Lebanon faced an increased risk of GBV, including sexual violence, elevated levels of intimate partner violence (IPV), early marriage, and survival sex. GBV survivors were unlikely to seek support due to the risk of being killed by their families, shame, and fear of facing a continued cycle of physical and sexual violence. Moreover, survivors were found to be reluctant to report GBV due to limited or restricted access to information about availability of services and support, particularly those that are relevant to survivors of gender-based violence. Since 2012, Syrian women and girls have continuously reaffirmed the daily risks they face, the harassment that is now part and parcel of their lives, and the reduced mobility that has been imposed as a result.¹

In February and March 2014, IRC conducted a qualitative assessment of the specific needs and protection risks faced by Syrian and Lebanese adolescent girls in Wadi Khaled (Akkar) and Bar Elias (Bekaa). Through focus group discussions with girls between the ages of 11 and 18 and their parents, the assessment looked at coping mechanisms, access to and delivery of information, awareness of existing services and issues related to GBV such as seeking support. Key findings included:

- Adolescent girls are regularly exposed to verbal sexual abuse and they constantly fear sexual and physical assault and abduction.
- Adolescent girls experience severe isolation and restrictions on their movements; respondents expressed this was particularly true for adolescent girls not accessing IRC’s WGCCs. The majority of respondents reported physical and verbal abuse in the home.

¹ "Are We Listening?" International Rescue Committee. September 2014.
http://www.rescue.org/sites/default/files/page_wrappers/assets/syria/pdf/IRC_WomenInSyria_Report_WEB.pdf

- Adolescent girls said that if they experienced sexual violence, they would not report it for fear of the reaction they may face from their family and community. Girls do not tell their parents if they experience violence, such as sexual harassment, as they are afraid of having their movement restricted even further.
- Early marriage is perceived as a form of protection and financial security for adolescent girls themselves and their family. Although respondents reported that girls also married young in Syria, the average age of marriage among Syrian girls has dropped from an average of 17-18 years to 14-15 among the Syrian refugee population in Lebanon.

In April 2014, IRC conducted a qualitative evaluation of psychosocial support activities offered in its WGCCs in Bekaa and Akkar to assess their impact on coping strategies, informal support networks and safety and security of women and girls participating in the activities. Women and girls reported overall satisfaction with the range and quality of services provided in the WGCCs and stressed the importance of having safe spaces for women only that give beneficiaries a sense of security and reassurance. Several women and girls reported that leaving their tents or houses is socially unacceptable, yet they are nevertheless allowed (by parents and husbands) to attend activities at IRC’s WGCC because of the learning opportunity in an environment dedicated exclusively to women and the transportation service offered by IRC. The evaluation showed that WGCCs offer a suitable environment for beneficiaries to build their own support networks, developed through activities and emotional support groups, and to develop stronger coping mechanisms and increase their sense of general safety and security.

“After participating in the activities, I am not afraid anymore of going out, and sometimes I take my children to the public garden. Going out allowed me to have a new life and to meet new people. I am no longer afraid for my children’s future because I learned new things that increased my self-confidence, and can count on myself more in the future.”

Additionally, as part of its current Women’s Protection and Empowerment (WPE) program, which provides GBV response services and risk mitigation activities in the Akkar, Bekaa and Tripoli 5 regions of Lebanon, IRC conducts safety assessments on a regular basis to identify and, whenever possible, mitigate GBV risks faced by women and girls through referrals to service providers and provision of accurate information. Although the impact of these factors varies across different geographical areas, safety assessments and protection monitoring activities show that it is extremely dramatic amongst

recently displaced women and girls, particularly if they are not accompanied by men, who reside in border villages and are not able to relocate.

- Ongoing Risks Facing Women and Girls**
- Unplanned and overcrowded housing
 - Fear of verbal abuse, sexual harassment and discrimination
 - Early marriage of adolescent girls
 - Limited mobility of women and girls
 - Lack of information about available services and entitlements of refugees
 - Increasing discontinuation of services in remote and border areas due to insecurity, limited resources and gaps in coordination mechanisms

While these evaluations and safety assessments confirmed the importance and relevance of WGCCs and their services, IRC’s experience in Lebanon and the analysis of program data conducted by the SGBV Taskforce show that only a small proportion of refugee women and girls are able to access such safe spaces and, even then, only when safe transportation is provided on a regular basis². Dedicated services for women and girls, and in particular for GBV survivors, are delivered by a number of national and

international actors within Lebanon either through static safe spaces (Women and Girls Community Centers, Women Resource Centers, Listening and Counselling Centers, etc) or through a limited number of roving teams that respond to referrals by other NGOs, UNHCR, or other actors. Safe spaces provide a

² As such, all IRC WGCCs provide a bus service 4-5 days per week.

respite for thousands of women and girls throughout the country from the isolation, depression and lack of support networks ensuing displacement, in addition to essential GBV response services such as case management, clinical management of rape and psychosocial support.

Meeting Syrian women and girls where they are: how the mobile approach started

In a bid to respond to the needs and concerns expressed by women and girls, in 2013, IRC decided to widen the scope of its programming, and set up mobile GBV services.

Existing services for GBV survivors in Lebanon that are not linked to safe spaces and rely on roving teams mostly limit their services to the provision of case management conducted during home visits. While this approach does address some of the barriers to access outlined above, it also raises a number of concerns in terms of quality and safety of services offered to GBV survivors. Home visits for cases of GBV are not recommended by international guidelines and global best practices as they can expose survivors and have serious consequences for their safety and security, especially in contexts where honour killings are practiced. Additionally, home visits do not create opportunities for women and girls, including GBV survivors, who may be facing depression, isolation, or restriction of movement, to be involved in group PSS activities that create opportunities for women and girls to increase their support networks in their new communities. Furthermore, mobile approaches that focus on case management tend to rely exclusively on referrals from other agencies and therefore, only tend to reach a small number of survivors who choose to disclose and seek support from a case management agency.

IRC's experience implementing GBV response and prevention programming in Lebanon since 2012 clearly points to the need to engage with communities over in more than one-off visits through a comprehensive range of activities to build solid relationships of trust that encourage GBV survivors to come forward and seek services. As such, IRC mobile approach to provision of services for women and girls, in particular GBV survivors, has focused on interventions that prioritise building trust, assessing their needs beyond basic and immediate response and putting in place medium- to long-term strategies for risk mitigation and GBV prevention.

Activities implemented by the mobile teams are modifications of the approach undertaken in static locations such as psychosocial support, case management services, information, safety assessments and risk mitigation activities. These activities include case management and individual service provision for women and girls, including GBV survivors, age-appropriate psychosocial support activities, parenting skills and emotional support sessions, recreational activities, community mobilisation, and a dedicated life-skills curriculum for adolescent girls. Focal points are identified among women and girls in each community targeted by mobile teams to provide support in engaging community members, consulting women and girls during the design of psychosocial activities to ensure relevance for each group, and disseminating information about the available services.

Selection of locations has been based on remoteness, level of needs of women and girls as identified during a preliminary assessment of each community, and lack of available GBV and other types of services including health or education. The combination of these factors increases the vulnerability of women and girls to violence and thus these locations have been prioritised. In addition, all activities are in alignment with the Regional Response Plan and the Lebanon Crisis Response Plan (LCRP). The mobile teams will typically intervene in a community for 6 months to one year – a period of time that has, through the experience of the mobile teams, demonstrated sufficient to build relationships and trust with women and girls, to facilitate a cycle of various activities, and to conduct individual case management and psychosocial support that may be ongoing following the exit from a community. While the duration varies according to the needs of women and girls, experience thus far with the mobile approach has seen interventions of approximate this time period.

Engaging Syrian women and girls where they are: how the Mobile Teams intervene

What do the mobile teams offer?

Understanding the risks of home-based case management and service provision, IRC has established a minimum set of standards for intervention of mobile teams detailed within this learning document. The crux of the mobile approach is the establishment of safe spaces within communities. This location is identified by women and girls through discussions with IRC mobile teams as a place that feels confidential and safe and where activities can be conducted comfortably. Additionally, it is a location that the women and girls have identified as somewhere they can access safely. Without the establishment of a mobile safe space, the activities implemented by IRC are limited and do not include case management.

As noted above, IRC prioritises the identification of safe spaces that allow for confidential, secure case management areas; as such, should a woman or girl disclose an incident of GBV or request individual case management support, the case worker is trained and able to provide these services. IRC case workers are trained to provide quality case management and individual psychosocial support for GBV survivors and are in the process of piloting the usage of client satisfaction surveys to better understand if the needs of survivors are being met through case management and how better support can be provided. Additionally, IRC makes referrals according to the need and consent of survivors. Information is provided to all survivors on the range of services that are available, including how these can be accessed and the support that can be provided. In many of the locations where the mobile teams operate, there are few, if any, other services available. In the event that a service such as health care is necessary and unavailable, IRC advocates for health services, particularly through mobile health teams that can respond more rapidly, and works to find ways to transport survivors to receive the appropriate health services in the nearest location.

IRC is currently piloting the usage of tablets for case management, including the initial intake and assessment form, with mobile teams that operate in a remote area of Lebanon extremely close to the Syrian border. Through the usage of tablets for data collection and cloud storage, it is hoped that there is a greater guarantee of safety and confidentiality, specifically given that in mobile settings safe storage of data may be more difficult to achieve. This tablet data collection feeds into the overall usage of the Gender Based Violence Information Management System (GBVIMS)³ that IRC uses internally as well as part of an inter-agency initiative to better shape programs based on reported incidents of GBV. The IRC uses data reported by survivors who have consented to share their aggregate data through the GBVIMS to enhance programming and advocate for identified gaps in service provision to be filled.

All activities that are implemented are determined in conjunction with women and girls as per their needs and preferences. Age appropriate group psychosocial activities are facilitated to foster the creation of informal support networks amongst women and adolescent girls and strengthen positive coping skills. These activities include skills building activities, non-formal education and recreational activities, as well as eight-week cycles of Emotional Support Groups⁴. Emotional support groups are a psychosocial intervention aimed at increasing positive coping skills amongst women and girls affected by violence and displacement and building informal support networks.

“I felt comfortable, due to the fact that all the women sitting in the room understand each other because we are all passing through similar experiences”

³ The Gender Based Violence Information Management System (GBVIMS) is an inter-agency system designed to capture information on reported incidents of GBV (GBVIMS.com)

⁴ IRC and ABAAD developed a manual for Emotional Support Groups that IRC uses to guide training and implementation of these groups

The activities and the approach are modified from the static activities in that the time frame is shortened and activities are also modified based on the particular needs of women and girls in a particular community. As such, the ESG curriculum that is used in static sites may not necessarily be fully implemented in the mobile locations. If topics are removed or changed, it is done through consultation within the IRC team incorporating feedback and the expressed needs of women and girls participating in the activities.

IRC adapted its life-skills curriculum for adolescent girls, *My Safety, My Wellbeing*⁵, for a mobile setting, utilising drama for sessions aimed at equipping girls with essential knowledge and skills to identify and minimise exposure to GBV risks, as well as to seek for support in case of need. This modification was necessary due to the differences in community-based safe spaces versus static safe spaces, in terms of privacy, where activities take place, and the length of time. The Life Skills through Drama curriculum includes specific sessions on sensitive issues like early marriage, healthy relationships and sexual harassment that were identified by adolescent girls as key concerns. The sessions are interactive and encourage the adolescent girls to discuss key issues and support each other to find solutions; as a result, they also provide an opportunity for adolescent girls to strengthen the social support structures that are often lost during displacement. Parenting skills sessions are offered to both women and men in the community as part of the strategy to engage gatekeepers in identifying needs of adolescent girls and promote a safe and protective environment for this at-risk group.

As IRC's engagement in these mobile locations is for a finite period of time, it is vital to engage the community in GBV risk identification, mitigation, and prevention. As such, IRC engages community focal points and volunteers to build capacity about GBV core concepts, psychological first aid, and safe referrals to enable them to support survivors of GBV in their community. In addition, communities receive training on GBV risk identification and advocacy and communication skills to enable them to jointly assess safety and security concerns affecting women and girls and devise community-led advocacy campaigns or other strategies to mitigate such risks. This aspect to the mobile approach was developed in response to a need identified by communities to be better equipped to address GBV risks.

In particular, community safety planning⁶ is an exercise that IRC is using to respond to threats to the safety and security of women and girls in a given community that has been extremely useful in mobile settings where IRC remains for only a limited period of time. 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 protect women and girls. Community safety planning leverages individual and community-level responsibility to create a safe environment and reminds all participants of their specific role in mitigating and preventing gender based violence.

It is crucial that from the beginning of the intervention, women and girls know that the activities and presence of IRC in the area is limited to 6-12 months. This ensures that they are aware that the services will not be provided indefinitely; additionally it allows further community engagement in the risk mitigation activities. Ideally, two months before exiting, women and girls are reminded that activities will be ending and during the last month, the women and girls are reminded more regularly.

By the end of the 6-12 month intervention, information sessions on all services available in the area and at least one cycle of activities should have been completed, including the Life Skills through Drama curriculum, *Parenting Skills*, and/or emotional support groups, in addition to any individual case management and psychosocial support. Additionally, focal points are trained on GBV core concepts and

⁵ Based on the adolescent girls assessment and the IRC's global experience working with adolescent girls, the WPE team developed a curriculum called *My Safety, My Wellbeing* that aims to equip adolescent girls with knowledge and skills they need to help prevent and respond to GBV.

⁶ Community safety planning tools

safe referrals as well as having been part of sessions on community-based safety planning and risk mitigation. Men are regularly engaged in focus group discussions and included in community safety planning for risk mitigation.

During the last month, a final assessment of needs may be conducted. Outcomes from this assessment could include referrals of individuals or the community as a whole for particular activities or services; follow up information sessions conducted prior to exiting the community; or follow up sessions conducted with focal points on the topics covered during their capacity building. Additionally, IRC will follow up on any community safety plans, other community mobilisation activities, and finalise case management activities. Should individuals continue to need case management services, they will be referred according to their wishes to the nearest IRC mobile team or WGCC for further support by IRC prior to exiting the community.

As part of the work IRC does when first starting activities in a community, a mapping is done to identify who the actors are in the area and what services are provided. This information is shared with women and girls throughout the activities. When preparing to exit a community, IRC also updates the service mapping document to ensure it contains the contact information of service providers and a description of their services in the area. Typically, this is hung in the hall or space that was used as a safe space as well as distributed to community focal points for later reference. IRC also ensures that all women and girls have the hotline number and IEC material that include information on the nearest WGCC.

As part of the departure from a community, IRC organises a celebratory event with the women and girls to highlight their achievements, the knowledge they have gained, and the process they have gone through. This is also an opportunity for women and girls to discuss how they would like to take activities forward once IRC is no longer present. In some cases, a concrete action plan is developed for how they will continue to meet and in others, it is a more informal agreement.

IRC also facilitates discussions with community focal points, leaders, municipal heads, religious leaders, local NGOs, and partners to explain that IRC will be exiting the community. It is an opportunity to share what has been done in terms of the life skills, recreational and psychosocial activities as well as ensure that the correct contact information is documented for these actors to have on hand in the future. It has also been important to stress that although IRC will not be implementing activities in that location any longer, resources are still available through the hotline, WGCCs and mobile teams, and that requests can and should still be made for support should there be particular needs.

When a mobile team has formally exited a location, a summary report is written for internal documentation that includes contact information for community focal points, community leaders, municipalities, other service providers, etc in the location, as well as highlighting the challenges, major GBV risks reported, and action plan developed that can be used as a reference document for later interventions in this area if needed. While this may not happen in all circumstances due to the phased implementation of mobile teams across Lebanon, it is a practice that IRC is now putting in place systematically.

When and where do the mobile teams intervene?

Each mobile team identifies locations that have critical levels of needs and presence of risks of GBV. Currently, IRC has mobile teams covering areas in Central, West and North Bekaa, Tripoli, and Akkar that are not covered by WGCCs or other static centers or, more importantly, where women and girls are not able to access centers or services for mobility reasons. Each location is visited on a weekly basis for a period of six months to one year as noted above, at the end of which the mobile teams work with the community to develop community driven safety and risk mitigation plans before exiting the location. Over the course of one year, each mobile team may reach up to eight distinct locations with the services described above and identifies community members who serve as focal points in all locations to ensure the continuation of referrals for case management of GBV cases and other urgent situations.

Criteria for Identifying Mobile Locations

- Reports of high GBV risks or incidents
- Women and girls report being unable to reach WGCCs due to distance, movement restrictions, or other reasons
- Acceptance of IRC services in the area/location
- Security situation is stable enough for intervention
- Referral from within IRC programming, IRC Partners, UNHCR or other UN agencies, other Humanitarian Actors or Government officials or through sectoral working groups
- Lack of services, in particular specialised GBV services

Locations are specifically identified through conducting outreach visits and focus group discussions⁷ following a referral from any of the above listed actors to an area that meets the other requirements. IRC first conducts a safety audit that uses observational techniques to identify potential risks for women and girls in the community. This is followed by participatory and community-driven discussions to better understand these risks as well as identify any others. Based on the risks identified as well as the needs expressed by women and girls, IRC makes a decision on the deployment of a mobile team to a particular location. IRC also conducts security assessments to ensure that the locations meet the necessary criteria for safe intervention by IRC.

How do the mobile teams intervene?

Once the decision has been made to deploy a mobile team, a safe space needs to be identified; this is a location within a community that is identified by women and girls as a place that feels private and safe and where activities can be conducted comfortably; the community is informed that IRC is conducted activities in this location, so it is not a space that is seen as secretive, rather a place that women and girls go for activities separate from men and boys. The identification of this space is essential to the mobile approach. As such, the process requires time and takes into account the feelings of women and girls through start up focus group discussions.

⁷ IRC uses a GBV assessment Toolkit that is inspired from its evaluated Emergency and Response preparedness model (gbvresponders.org) that combines observational tools (safety audits) with community-based techniques (focus group discussions and community mapping) to understand the risks facing women and girls in communities.

Following these initial discussions, IRC identifies possible locations for safe spaces which are suggested to women and girls for their feedback. Generally, IRC tries to identify locations that are easily

Minimum Standards for a Mobile Safe Space

- 1-2 rooms for activities and 1 room for case management and focused PSS activities; ideally there will be separate rooms for women and girls but this is not always available
- The case management room is co-located to the activity rooms so that it can be accessed without notice
- Separate entrance that is securable with a lock
- Simple furniture available (e.g. tables, chairs, etc)
- Accessible bathroom
- Private (e.g. no one can overhear discussions from outside the room or can view what is happening)
- In the case of usage of tents or other community-based solutions, the space is not used by male refugees (to live or for other activities); or that male refugees do not access during the day and women and girls feel comfortable in the space.

accessible—close to the gathering points for women and girls and no more than a 10-15 minute walk along a route that is safe for them. Additionally, IRC identifies particular locations based on the possibility for them to be confidential and safe for women and girls. Consideration is given to whether there are many men and boys who pass a great deal of time in the location or whether it is a safe distance from the border, military, or other risks, for example. IRC will discuss options for a safe space with women and girls to understand their opinions on the accessibility of the spot.

Whenever feasible, IRC establishes mobile safe spaces in public or common space, such as a municipal building, mosque or public school, if at all possible.

This is for two main reasons – 1. The space will remain available for women and girls on days when IRC is not facilitating services and activities, as well as after IRC exits from a community; 2. IRC does not pay rent for usage of rooms for safe spaces. However, IRC will conduct basic rehabilitation or provide supplies for the space as a way to contribute to the community to increase acceptance of IRC using the space and of the activities.

If a public space is not available, mobile safe spaces may be established in privately owned buildings, such as wedding halls or extra rooms in a house or apartment, in centers managed by local organisations that are conducting different types of activities, or in tents, if refugees reside in informal tented settlements, and these are the only options. These community spaces are typically equipped with basic furniture to comfortably conduct group activities and, when feasible, to create a private and confidential space for case management. In other cases, alternative spaces, such as health facilities, have been used to provide safe and confidential services to GBV survivors.

If all of these standards are not met, IRC can provide simple rehabilitation/material support if that will make the space suitable, including:

- Adding wooden separators to create a private room to be used for case management should there be space for this kind of division
- Provision of tables, chairs, couches, etc as part of the rehabilitation.
- Installation of bathrooms

IRC ensures that these aspects of establishing the safe spaces are completed prior to beginning implementation of activities.

If a safe space in a community cannot be established, IRC only conducts community mobilisation and recreational activities and refers women and girls to the nearest mobile location or WGCC for case management services and structured psychosocial support interventions such as emotional support groups. However, throughout the period of time that community mobilisation activities may be taking place, IRC continues to work to identify a space that could be used for case management. The strategy for any location where a safe space cannot be identified should be discussed immediately with the supervisor to avoid creating expectations in the community that cannot be met; so that further harm is not caused as a result of raising awareness about services that are not available.

If the minimum standards are not met, IRC will not conduct case management and psychosocial support activities in the community and refers to the nearest WGCC or mobile location

Who makes up the mobile teams?

Currently, each mobile team is made up of a caseworker, a community mobiliser, and a driver; additionally IRC is expanding to include an assistant for dedicated adolescent girls' activities on each team and is piloting having a male community mobiliser in Wadi Khaled to engage men. The inclusion of a staff member dedicated to work with adolescent girls on the mobile teams was driven by an understanding of the particular risks and vulnerabilities facing this population. In particular, due to the various factors identified in the assessment conducted on the circumstances of adolescent girls as well anecdotal information, it was evident that they are further restricted in their movement and were not able to reach services. Roving amongst field locations, this structure enables IRC to conduct case management and psychosocial support activities as well as community mobilisation and outreach activities.

MOBILE TEAM ROLES & RESPONSIBILITIES

- Identify communities and safe spaces
- Build key relationships
- Conduct focus group discussions that are part of initial assessments

Case Worker

- Conduct case management sessions
- Facilitate focused psychosocial support (PSS) activities including emotional support groups
- Train community focal points on GBV core concepts and safe referrals

Community Mobiliser

- Conduct focus group discussions
- Map local services
- Conduct GBV assessments
- Referrals & advocacy for non-GBV services
- Facilitate community safety planning
- Identify and train community focal points
- Supervise and support trainers for non-PSS activities
- Facilitate sessions on parenting skills and life skills, such as Arab Women Speak Out
- Disseminate information on services

Adolescent Girls Assistant

- Conduct focus group discussions with AGs
- Facilitate the Life Skills through Drama curriculum
- Engage gate keepers (parents and guardians, etc) through FGDs and discussions
- Ensure adolescent girls' involvement in psycho-social and community mobilisation activities
- Train and support adolescent girl mentors

What resources are needed for the mobile teams?

IRC mobile teams are supported by specialised staff, including case management officers, adolescent girls' officers, senior officers, and program managers, who provide technical support and capacity building. This level of staffing and technical support has been critical for the success of these teams. To ensure staff are equipped with skills to provide quality case management and psychosocial support and facilitate emotional support groups (ESGs), the WPE team receives ongoing trainings and mentoring on GBV core concepts and guiding principles, GBV Case Management, Life Skills through Drama, GBV Assessment Tools, Emotional Support Group, facilitation skills and creating supportive environments, as well as advocacy trainings that focus on community-involvement. Those trainings are in conjunction with individual guided skills practice and mentoring to support concurrent case management. This constant capacity building and support is essential to this mobile approach. As the mobile teams must be more flexible and adaptive than staff working in static centers, it is vital that they are confident in the skills and knowledge necessary to provide high quality services.

This mobile approach to service delivery is a lighter model than static approaches, as such the resources required are different. As with static GBV interventions, the most important resources for the mobile teams are human resources. This is even more important given the trust-building that is required between the teams and the community in a short period of time. As such, changes in staff members can have a devastating impact on the ability of a mobile team to intervene. IRC has focused on having stable teams, case workers and community mobilisers paired to ensure that they are able to work together and support the various aspects of work. Additionally, having a dedicated driver per team has ensured that the mobile teams are supported by someone who is knowledgeable of the locations and who is known in the community as being part of the team which has been critical; this not only affects safety and security as the mobile teams are often in extremely remote locations, but also increases acceptance of IRC within the community because they become familiar with the team as a whole.

Lessons Learned: Achievements and Challenges of the Mobile Approach

IRC has been able to learn many critical lessons related to the implementation of quality services and activities through a mobile approach, and thus has been able to be flexible and adaptable.

Since IRC began providing mobile GBV services in the North and the Bekaa in December 2013, anecdotal data indicates that women and girls in the targeted communities have been relieved at the idea of being reached by services, both GBV response and prevention activities as well as referrals to other

Pilot: Rapid Response Team (RRT)

- *Composed to one trained caseworker, one community mobilisers and one adolescent girls assistant, the RRT has been designed to respond to emergencies and situations presenting acute risks of GBV.*
- *Once a community in need is identified, the team will devise a response plan within 72 hours.*
- *Conduct information sessions with women and girls affected by the emergency to disseminate information about available services, including GBV response services, rights and entitlements*
- *Organise emergency emotional support group sessions (ESG) to respond to immediate emotional and psychosocial distress often caused by displacement and other stressful circumstances*
- *Offer case management and individual psychosocial support if appropriate*
- *Conduct rapid safety assessments in collaboration with the community to identify immediate risks faced by women and girls*
- *Develop response plans for each community for a determined amount of time based on needs*
- *Time-bound interventions of a maximum of 6 weeks; communities are referred to another IRC mobile team should a longer intervention be required*

Example interventions: working with women and girls in a collective shelter before they are evicted and relocated; influx of refugees in a particular location

service providers, and enrollment in group activities was immediately high. In addition, disclosures of GBV incidents and uptake of case management services have been proportionally higher than those that IRC observed in the initial phases of operation of the WGCCs which is unusual given that the period of trust building has normally been longer in the experience of IRC's service provision in Lebanon since 2012. These trends appear to be driven by the regular presence of mobile teams in a given community, which leads to the development of relationships of trust with women and girls. Additionally, trust has been further strengthened as the mobile teams are going to women and girls, rather than asking them to come to IRC in its static centers. Anecdotal evidence suggests that women and girls are more comfortable attending activities that are closer to their communities given the mobility restrictions and that having IRC come to the communities reduces stress over movement. The accessibility of the mobile safe spaces has also allowed women and girls to easily access the activities and make informed decisions about their own participation.

As the mobile teams are present at the community-level for an extended period of time, IRC has been able to identify protection concerns affecting women and girls in various types of locations and analyse various linkages between exposure to GBV and risk factors related to the environment, the availability of services, phase of emergency, and so on. This has led to better programming and targeting. For example, based on these analyses, IRC has modified safety assessments and is now capturing information on:

- New arrivals from Syria (including large influxes)
- Internal displacement within Lebanon due to economic, security or other considerations
- Creation of a new informal tented settlement or collective shelter
- Evictions or threats of eviction
- Discontinuation of material assistance or other services
- Concentration of female-headed households in a particular location
- Lack of documentation and/or UNHCR registration
- Presence of checkpoints limiting access to service points
- Large households with limited resources and presence of adolescent girls within the household
- Engagement of women and girls in unskilled labour (e.g. agriculture and domestic work)
- High levels of tension between refugee and host community

Generally, this has assisted IRC mobile teams in better structuring activities and interventions, but such analyses also enable IRC to make referrals to appropriate service providers to meet the needs and gaps identified by communities.

Using this mobile approach, women and girls who are particularly vulnerable to and at risk of GBV are reached with essential services.

Given the context for Syrian women and girls in Lebanon, especially regarding mobility and access to services as well as the risk factors, the mobile approach has increased access to GBV response and prevention activities. IRC mobile teams have reached 35 locations across the North and Bekaa which enabled access to over 3,000 women and girls. The sites were selected based on the criteria detailed above, including that women and girls were not permitted to leave their settlements to participate in activities in WGCCs. Due to the flexibility in the organisation of activities, involvement of women and girls in determining activities, and the regular, consistent interaction between IRC mobile teams and specific communities over a sustained period of time, the programming has been able to adapt to meet the particular needs and circumstances of each location.

Mobile interventions require staff members to adapt and think creatively while adhering to best practices and guiding principles; as such, mobile teams require careful supervision and support to ensure that standards are upheld.

The mobile approach requires that teams are able to adapt activities, plans, and interventions, often on the spot or during activities. This requires an extremely deep understanding of the curricula and tools, as well

as confidence and high capacity for individual case management and psychosocial service provision. As such, these mobile teams require especially careful supervision and support to ensure that they are well-grounded in the basic and advanced skills needed to intervene in line with best practice and standards related to case management, guiding principles of GBV, IASC guidelines, and other globally understood guidance. IRC has implemented a structured debrief and support system that occurs on a daily and weekly basis; this allows for teams to discuss challenges they are facing and activities or actions that were effective in a particular location allowing for learning across the mobile teams in a region and for support to be provided to the teams to address challenges. Additionally, capacity building, coaching, and mentoring are ongoing to ensure that the mobile teams are confident with their skills and knowledge. This occurs, for example, through debriefs of the mobile teams with the Senior Officer and case management meetings between the Case Workers and Case Management Officer that are used not only to discuss difficulties in cases but also to continuously practice necessary skills among others.

Mobile interventions require adapted tools and activities in order for them to be successful in community-based safe spaces.

IRC recognised the need for tools and activities to be modified in order for them to be implementable in community-based safe spaces. Not only is the duration of time shorter in mobile locations than in WGCCs, the environment requires changes for the activities to be conducted in safe and comfortable manner. For example, IRC modified the structure for the emotional support groups and introduced an additional life skills curriculum for women⁸ to strengthen components of activities on building social networks and creating community-based safety nets among women and girls. Similarly, IRC modified the *My Safety, My Wellbeing* curriculum to better access vulnerable adolescent girls who might be unable to commit to a 12-week course. The curriculum was re-designed into six independent modules, consisting of 12 sessions that can be delivered in a minimum of six sessions, thereby allowing adolescent girls with limited free time to choose the most relevant modules they wish to attend. Drama-based techniques, which were favored by adolescent girls during the assessment conducted by IRC in February 2014, are used in this adaptation to ensure the curriculum is accessible to girls with varying levels of literacy, while also providing a creative and interactive outlet for girls who are incredibly isolated and in need of both information and recreational activities. Such flexibility in adaptation of activities, curricula, and tools is essential for the mobile approach to be effective.

Identification of safe spaces where women and girls are comfortable is critical.

The mobile approach for GBV service delivery is grounded in the need for a confidential safe space where women and girls feel comfortable. With this as the non-negotiable standard for provision of mobile intervention, IRC mobile teams are able to uphold the standards for confidentiality, privacy, and safety for women and girls in all activities. Additionally, by focusing on identification of a public space within the

“The safe space is one of the safest spaces we visit and is a place where we are free to express ourselves and share a good time with others.”

community or location, the safe space ideally becomes a place where women and girls are able to meet freely, even outside of the activities conducted by IRC. Although these are often informal agreements with the mayor or appropriate authority, rather than formal MoUs, experience has shown that in many locations women and girls do continue to meet in the same location other than for IRC activities. It has been challenging to identify suitable locations for safe spaces, in particular for case

management. In some locations, there are few public places or there has been reluctance from the *shawish*⁹ or municipal leader for activities to be conducted in the place that exist; additionally, when using a private space, conducting activities has been reliant on the schedule of the space’s owner. To address these challenges, IRC has modified approaches for identifying safe spaces, including

⁸ *Arab Women Speak Out* is a life skills curriculum developed by Johns Hopkins University and that IRC has begun to adapt to use in Lebanon.

⁹ The *shawish* is the community leader in a settlement or village

rehabilitation of rooms (e.g. dividing rooms to make them more appropriate for the activities or putting up curtains to ensure privacy) and engaging with landlords, *shawish*, and sheikhs who are supportive of the work being done by IRC to ensure their commitment to allowing the safe space to be available.

Trust has been built with women and girls faster than through the static approach.

As noted above, disclosure of GBV incidents and participation in activities with the mobile teams occurs more quickly in community-based safe spaces than in the static centers. There are many factors that likely contribute to this. Due to fear of harassment and violence as well as family dynamics, many women and girls face limited mobility from their locations and at times even their homes. Women and girls have expressed appreciation for this approach to activities that brings activities and services to them in the community. Additionally, for the duration of the intervention, there is weekly interaction between the mobile teams and women and girls which has increased the levels of comfort between the team and the community. In many cases because IRC is the only service provider in a location, women and girls often have no one else to raise concerns and thus share challenges and issues that relate to other sectors but that also increase their risk or vulnerability to violence. As such, the mobile teams also build trust in the community by not only providing support and services for GBV prevention and response, but also by advocating with other service providers or actors to meet the needs of these communities.

Additionally, IRC's experience has shown that building the trust with the women and girls started by building trust with the community as a whole. Meeting with key leaders in the community, in addition to introducing men to the program has been critical. Using these links, IRC has been able to explain the program, including engaging men in sharing information about the activities with women and girls in their communities. While the level of this engagement has been done on a case by case basis, it has been important in increasing acceptance within the community for the activities being implemented and allowing women and girls who may face mobility restrictions to access services and activities.

Support networks are built between women and girls who live in the same location, yet may not normally meet or interact.

Although some women and girls do live in households and communities where there was a previous connection from Syria, in many other circumstances, the informal settlements, collective and other shelter solutions are not made up of families with extended connection. As such, many women and girls find themselves in situations where they do not have support networks within the community in which they live. Although IRC does encourage women and girls from particular informal settlements to attend activities in the WGCCs, this does not always happen. With the mobile approach, because the women and girls participating in the activities are all from the same community, there are more opportunities for relationships and support networks to be built. Women and girls have expressed that through these activities, even though they have left their country and family and friends in different places, they have the chance to gather and meet together which is a positive change in their lives. Additionally, women and girls have emphasised the importance of the trust and relationships built between them and this helps them to feel more comfortable in the area in which they are living. Such feedback indicates the importance of conducting these activities at the community level to allow such support networks and safety nets to be built.

“We benefit from supporting each other, especially given that we went through very hard conditions. As well as we learned how to deal with pressure, hard situations and pressures from each other.”

The safety and security risks for women and girls are heightened if proper procedures are not used; as such adhering to strict minimum standards is essential.

When conducting activities that are center-based, there is far more control over the location, environment, security, and overall dynamics; in community-based safe spaces, the mobile teams have far less control over these elements. As such, there are also more possibilities for privacy and safety to be breached. This

is a risk when implementing GBV activities generally and one that is heightened in the mobile approach. To address this issue, IRC has focused on building the capacity of staff members to ensure that locations selected are located in areas that are as safe as possible and that feedback is regularly taken from women and girls on how comfortable they feel with the activities, the location, the timing, and other factors. An additional layer in the mobile approach is also that women and girls are not separated from the location where the perpetrator may be; that is, with center-based case management and service provision, women and girls are in the center and thus away from the perpetrator. In this mobile approach, due to the goal of easy accessibility for women and girls from their homes, this also increases the possibility that the perpetrators remain nearby if they come from the community or if it is intimate partner violence or among family. As such, the guiding principles of confidentiality and safety and security are even more critical. Both of these issues re-highlight the importance of the identification of safe spaces when activities are first beginning, including a safe and secure location for case management.

The mobile approach increases the ability to access more areas and have a larger coverage with a more cost effective model

Although the center-based approach is extremely important and should be continued as an effective way of providing services and activities for women and girls including GBV survivors, the mobile approach has proved to be a lighter model in terms of the financial resources required. Additionally, as women and girls face increasing movement restrictions, the ability to reach out to them is of the utmost importance. With a movable team and set of activities, the interventions are able to have broader reach to areas where women and girls are not otherwise accessing services. The financial implications of this mobile model are lighter than center-based models due to the lack of costs associated with rent and center-management and upkeep. IRC's approach of using public spaces when possible, not paying rent and only requiring a small investment in rehabilitation or renovation in each mobile location significantly reduces the cost of implementation. However, it is vital that staff members and materials are adequately funded in this approach; as noted above, the success of the mobile approach is based on well-trained staff members and a solid supervision model.

Mobile activities have created more opportunities to engage men in GBV risk mitigation & prevention

In addition to changing the engagement with women and girls, the mobile approach has allowed for more work to be done with men. IRC mobile teams engage men in focus group discussions and community mapping to understand the risks facing women and girls in the community as well as in community safety planning. This engagement with men has proved extremely important – particularly when identifying community-based solutions for risks being faced by women and girls. Having a male community mobiliser as part of two mobile teams has also provided opportunities to engage men in deeper discussions on GBV issues. In the future, it would be valuable to consider having male community mobilisers working with more of the mobile teams to strengthen these interactions and to more fully engage men in GBV response, risk mitigation, and prevention.

Security for mobile teams can affect trust with community

IRC mobile teams are operating in areas that are typically more remote and at times more insecure. As such, the security situation has, at times, prevented teams from going to locations on the scheduled days. IRC mobile teams have the support of specialised security focal points within IRC who are able to provide the necessary assessments and guidance. Although the mobile teams have focal points within each location and are able to communicate the change in schedule, this does affect trust with women and girls. To address this, IRC always immediately re-schedules the visit when the security situation allows and regularly communicates with the focal points who are responsible for sharing information with the other women and girls. This has not proved to be a significant challenge for IRC, but important to consider for mobile interventions.

The mobile approach requires strong multi-sectoral engagement in order for interventions to be successful.

IRC mobile teams are often the only service provider of any kind in locations where they are operating. As such, there are often needs outside of GBV services. As part of the overall support to communities and as part of GBV risk mitigation, IRC facilitates community referrals to relevant service providers – for example, if there is a need for general medical services, if many members of a community are having issues with their ATM cards, if there is a shortage of WASH facilities, and so on. These are related to GBV risks and important for the overall community well-being.

IRC also engages in capacity building, training, and support to other sectors, in particular the health sector. IRC continues to support trainings on clinical care of sexual assault survivors (CCSAS) and clinical management of rape (CMR), in addition to training on GBV core concepts, safe referrals and psychological first aid to ensure smoother access to health services (beyond clinical management of rape that might not be available in remote locations) for GBV survivors. Additionally, this builds a collaborative network linking health facilities with GBV frontline staff to facilitate mutual referrals and, when possible, sharing of premises to conduct case management in a safe and confidential space.

Through the work of mobile teams, IRC regularly engages with local organisations working in the operational area or location regardless of the services that are being provided. Building these networks ensures that IRC is accepted in the local community and also potentially builds a stronger relationship between the local organisations and the community of women and girls with whom IRC is engaging.

Next Steps for Learning – Detailed Evaluation of Mobile Service Delivery in Wadi Khaled

Understanding that the mobile approach to service delivery is still in nascent stages, through support from BPRM and SIDA, IRC and the International Center for Research on Women (ICRW) has begun an assessment of the mobile service delivery approach. The aim of the evaluation will be to document alternative models for GBV response and prevention programming within urban (non-camp) refugee contexts with a focus on the following two themes:

- Evaluating the extent to which community-based GBV response and prevention models can meet international standards and best practices to guarantee safety and security of survivors and quality of services
- Evaluating the extent to which GBV response and prevention services, as defined within the scope of this project, respond to immediate needs of refugee women and girls affected by acute emergency situations

Through this study, ICRW will provide an in-depth examination of the perceived benefits of mobile service delivery and provide recommendations on how to further strengthen these services so as to ensure the highest quality of care. This evaluation will allow ICRW and IRC to achieve a more complete understanding of whether and how both mobile and static services compare to international standards and best practices to guarantee safety and security of survivors, and toward providing recommendations for refining the program or mobile approaches in the future.

Annex: General Structure of Intervention through Mobile Teams

Purpose: To create a guidance plan for the mobile teams on implementing WPE program activities and delivering services in Lebanon.

Background: The plan provided in this document is based on a typical intervention used in setting and implementing WPE activities in mobile locations and on existing strategies. It is important to note that this intervention plan is based on previous experience and might not be the ideal way in all contexts or circumstances. Other actions can be added or removed based on availability or absence of different resources and/or needs.

Staffing: Each mobile team is formed by a caseworker, a community mobiliser, and a driver; additionally IRC is expanding to include an assistant for dedicated adolescent girls' activities on each team and is piloting having a male community mobiliser for two teams to particularly engage men.

General Structure: designed in five stages-

1. Selecting a site/location
2. Identifying safe spaces
3. Starting up
4. Implementation of Activities
5. Exiting the site/location

1. Selecting a site/location:

Selection criteria for a site/location:

- Reports of high GBV risks or incidents
- Women and girls unable to reach WGCCs due to distance, movement restrictions, or other reasons
- Acceptance of IRC services in the area/location
- Security situation is stable enough for intervention
- Referral from within IRC programming, IRC Partners, UNHCR or other UN agencies, other Humanitarian Actors or Government officials or through sectoral working groups
- Lack of services, in particular specialised GBV services

2. Identifying safe space:

Selection criteria of safe space:

- Location and accessibility: middle of the town or close to women and girls gathering points – needs to be accessible by foot.
- Structure: 1-2 rooms for activities and 1 room for case management and focused PSS activities; ideally there would be separate rooms for women and girls but this is not always available
- The case management room is co-located to the activity rooms that it can be accessed without notice
- Safety and confidentiality: **[Checklist]**
 - Make sure that no men are always located outside the safe spaces
 - Secure location (no military presence, etc)
 - The rooms are confidential or can be made confidential (installing doors, curtains, etc)
- Separate entrance that is securable with a lock
- Simple furniture available (tables, chairs, etc)
- Accessible bathroom
- In the case of usage of tents or other community-based solutions, the room is not used by male refugees (to live or for other activities)

- Public/Common space: it is better to use a public/common place for the activities for two reasons:
 - Women and girls can use this space after IRC exists to continue meeting.
 - Rehabilitating or providing supplies for the space as a form of giving back to the community creates acceptance with the community in general (since IRC does not pay rent).

Possible safe spaces:

- Local NGOs/Women's Associations
 - Schools
 - MOSA – SDC
 - Family halls used for weddings and funerals
 - Municipality halls
 - Public Library
 - Hall in PHC
 - Hall in churches and mosques (usually in Mosques there are female-only halls)
- Note: If a safe space in a community is not available, it is possible to only conduct community mobilisation activities and refer women and girls to the nearest safe mobile location or WGCC for case management services. The strategy for any location where a safe space cannot be identified should be discussed immediately with the supervisor to avoid creating expectations in the community that cannot be met; so that further harm is not caused as a result of raising awareness about services that are not available.

3. Starting up:

Program Manager and Senior Field Manager (or Head of Office) introduce IRC and WPE to:

- Municipalities
- Local service providers
- Relevant local leaders

Screening to gain a general overview of distribution of village or ITS:

- Process:
 - Gathering information from municipalities and local authorities. It is important to be cautious and make sure not to draw any attention – it is best to stick to the general questions.
 - Informally gathering basic information from women in that area by unofficial discussions that take place in small shops or mini bakeries...etc. This approach has proven to be very useful in getting the contact information of individuals in the municipality, local leaders, and women's associations if present.
 - Liaising with ROVs and volunteers of other organisations can also be a primary source of information.
 - Driving around the area to get to know its geographic layout while maintaining a low profile.
- Information we are looking for:
 - Distribution of Syrian refugees in the area.
 - Locality of women and girls in the area and their accessibility to services including for GBV
 - Geographic location and general information on existing services in the area.
 - Estimate number of women and girls in the area.
 - General information about women in the area (presence of a women league, activities that women are engaged in, information on how women spend their time, etc).
- Expected outcome:
 - Geographic map of area.

- Division of area in to smaller sub-areas.
- Primary knowledge about the lives of the women in the area.

4. Implementation of Activities:

Initial Activities:

- Start up Focus group discussions [tool]
- Start up activities: activities can be repeated several times during the six month period as needed
 - Information sessions: *Facts for Life*
 - Distribution of dignity kits (if applicable and possible)
 - Tea and Coffee sessions (include general introductions of IRC)
 - Screening of case management video to introduce case management services.
- Outreach visits: ongoing
 - Introduce IRC, WPE, and WGCC to the community, especially to women and girls through house to house visits if appropriate or to areas where women and girls gather.
 - Inform women and girls about WPE activities and invite participation.
 - Identify referral or information needs.
 - Follow up on points above as needed.
- Identify outreach volunteers/community focal points.

Community mobilisation:

- Service mapping and health service mapping [tool]: should be done as soon as the safe space is selected to ensure staff is aware of the services available and their quality.
 - For all services in the area.
 - Expected outcome:
 - Service providers and local NGOs in the area to know about WPE activities.
 - To gather information about the services that other NGOs provide to be able to develop service sheet.
- Safety audit: [tool]
 - For each sub-area.
 - Filing each document for sub-areas in a separate file.
- Focus group discussion and/or community mapping: [tool]
 - For each sub-area and group within these subareas.
 - File in respective folders.
 - Used to later develop a response plan.
- Community mobilisation Response:
 - Referrals (individual or community level).
 - Community safety planning. [tool]
 - Community-based advocacy.
- Community based trainings for community focal points:
 - For the response to be successful it is important to train different parties on the following:
 - Psycho-social First Aid
 - GBV Core Principles
 - Risk Assessment
 - Community-based Advocacy
- Target participants:
 - Health workers (nurses and doctors) [excluding Risk Assessment and Community-based Advocacy training]
 - Frontlines [excluding Risk Assessment and Community-based Advocacy training]

- ROVs and outreach workers
 - FP in the communities (both women and men)
 - Adult women and adolescent girls who participate in WPE activities and have provided informed consent
 - FP in the municipalities (if possible)
- Note: These trainings are part of a long term strategy as it is the basis of building on the capacity of communities as a whole to be able to do safe and confidential GBV referrals as well as advocate for the safety of women and girls in their community. Moreover, trainees will have an influential impact once IRC has exited the community as they will be the ones mobilising the community, following up on the action plan, and on making sure that the activities continue.

Services:

- Case management.
- Hotline availability 24/7: To receive referrals (on presence of GBV risks in a community) and case management.

Basic psycho-social activities:

Below are examples of skills building, recreational, and non-formal educational activities that will have a psycho-social component due to the presence of a Case Manager (these activities will be conducted with or without the use of a trainer):

- Handcraft
- Knitting
- Accessories
- Henna
- Skin care
- Cooking or desert classes
- English/French classes
- Literacy classes
- Drawing classes
- Tea and coffee sessions
- Other activities as requested by the women and girls; within the budget and resources of IRC WPE

Focused activities:

- Emotional support sessions: for adult women and adolescent girls.
- *Arab Women Speak Out*: for adult women.
- Parenting skills: for mothers and fathers.
- *Life Skills through Drama*: for adolescent girls.

Roles and responsibilities:

<u>Community Mobilisers</u>	<u>Adolescent Girls Assistants</u>
<ul style="list-style-type: none"> ● Conduct start up focus group discussions ● Identify communities and safe spaces ● Build key relationships ● Map local services 	<ul style="list-style-type: none"> ● Conduct start up focus group discussions with adolescent girls ● Facilitate the Life Skills through Drama curriculum ● Engage gate keepers (parents and guardians,

<ul style="list-style-type: none"> • Assess GBV risks (using tools) <ul style="list-style-type: none"> ○ FGD ○ Safety Audits ○ Community Mapping • Refer (communities and individuals) • Advocate within IRC and community • Facilitate community safety planning sessions • Identify and support community FPs • Train community FPs <ul style="list-style-type: none"> ○ Risk assessment ○ Community safety planning ○ Community-based advocacy • Disseminate information on services (other NGOs and IRC) • Recruit for activities 	<p>etc) through FGDs, discussions, etc.</p> <ul style="list-style-type: none"> • Ensure adolescent girls' involvement in psycho-social and community mobilisation activities • Facilitate or co-facilitate: <ul style="list-style-type: none"> ○ GBV risk assessments ○ Community safety planning ○ ESGs ○ Skills building, non-formal education, and parenting skills activities ○ Community-based advocacy • Train and support adolescent girl mentors • Recruit adolescent girls for activities
<p style="text-align: center;">Male Community Mobilisers:</p> <ul style="list-style-type: none"> • Conduct start up focus group with men • Support in identifying communities and safe spaces • Map local services • Assess GBV risks (using tools) <ul style="list-style-type: none"> ○ FGD with men and boys ○ Safety Audits ○ Community mapping with men and boys • Facilitate safety planning sessions with men and boys (on risks affecting women and girls) • Refer (communities and individuals) • Advocate within IRC and community • Disseminate information on services (other NGOs and IRC) • Conduct dialogues with men on GBV prevention and gender roles (once strategy is developed) 	<p style="text-align: center;">Case worker</p> <ul style="list-style-type: none"> • Conduct case management sessions • Facilitate or co-facilitate: <ul style="list-style-type: none"> ○ PSS activities ○ ESGs ○ Focused activities (parenting skills, AWSO) ○ Information sessions • Supervise and support trainers of the PSS activities • Train community FPs on PFA and GBV core concepts

5. Exiting the site/location:

- Women and girls should know that our presence in the area is limited to 6 month. Two months before existing, the women and girls should be reminded of when we will be exiting. During the last month, the women and girls should be reminded on a weekly basis. During the last week, the reminder should be done daily.
- By the end of the 6-12 months, all of the following activities should have been completed:
 - Training of focal points on GBV core concepts, PFA, and GBV risk assessment at a minimum. (Ideally, community-based advocacy and safety planning training should also have been completed)
- At least one cycle of the following activities should have been completed:
 - Life Skills through Drama
 - ESG

- AWSO or Parenting Skills
 - Engagement of men in one or more risk assessment and mitigation activity (unless there are particular safety concerns preventing this)
 - Information sessions on all services available in the area
- Conduct a final assessment of needs that should include:
 - Referrals (individual and/or community if needed and/or requested).
 - Follow up session(s) on any topic delivered (topic of information session, modules in ESG, AWSO, and Life Skills through Drama). A number of sessions can be provided depending on the needs and demands.
 - Follow up on community safety plan or any other community mobilisation activity.
 - Follow up on case management and case closures (if applicable).
 - Follow up/refresher on sessions delivered in the trainings for the community focal points (PFA, risk assessment ...etc), if needed and requested.
- Prepare a document that contains all the contact information of service providers and a description of their services; to be hanged in the hall and distributed around to community focal points for later reference.
- Make sure that all women and girls have the hotline number and IEC material. Inform the women that they can contact WPE if any kind of risk comes up or if we are needed.
- Celebration- Organise an event with the women and girls to celebrate their achievements, the knowledge they have gained, and the progress they have made.
- “What’s next” sessions (can be facilitated with different groups) to prepare an action plan for how women and girls would continue to meet after IRC exits. Trainees should take a role in this process.
- IRC should document the contact information of the community focal points, community leaders, municipalities ...etc. as well as challenges, major GBV risks reported, action plan (above) ... etc, to be used as a reference document for later interventions in this area as required by the rapid response team.
- IRC to inform local authorities, municipalities, local NGOs, and partners of its exit. IRC should stress on WPE availability in case of an acute emergency through the Rapid Response Team in addition to the hotline service that will remain available.

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