



unicef 
for every child



“WE ARE AGENTS OF CHANGE”:

ADOLESCENT GIRLS-DRIVEN APPROACHES TO GBV PREVENTION AND RESPONSE IN MIDDLE EAST AND NORTH AFRICA



PHOTOS (CLOCKWISE FROM TOP LEFT): © UNICEF/UN0211136/ SUD-2018-NOORANI-0115; © UNICEF/UN08244/KHUZAIE; © UNICEF/UNI199921/ANMAR

Expanding Access to Gender-Sensitive Health Information and Services in MENA

In recent years, there has been an increased focus on adolescent girls in emergency settings, resulting in the development of more tools and interventions. However, access to gender-sensitive health information and age-appropriate services continue to be a gap. Women and Girls Safe Spaces (WGSS) are often established as part of humanitarian response to provide GBV case management, psychosocial support, health information, service referrals, skill-building and peer connection. UNICEF with the Women’s Refugee Commission and Columbia University undertook an extensive review of existing GBV and gender-sensitive health modules and interventions targeting adolescent girls through safe spaces, resulting in a synthesis of knowledge and good practices that were then supplemented by consultations with adolescent girls and communities in Lebanon, Iraq, and Bangladesh to understand needs and gaps. In all three countries, WGSS were reportedly one of the only places adolescent girls are allowed to go outside of the home, and thus the only place they can get information or linkages to services.

Consultations with adolescent girls and other stakeholders also revealed a great potential to expand access to GBV and gender-sensitive health information and services through WGSS. However, the review and consultations identified capacity gaps for staff and information gaps in programming that could be strengthened to better respond to the expressed needs and priorities of adolescent girls, as well as their existing knowledge gaps. First, existing GBV and gender-sensitive health modules will be revised to better respond to the expressed needs and priorities of adolescent girls, as well as their existing knowledge gaps. Modules will also include capacity building activities for WGSS staff so they can adequately deliver information to adolescent girls. In addition, a monitoring and evaluation toolkit has been created based on the need for evidence-informed interventions. Taken together, the piloting of these new tools and approaches will provide evidence for practitioners who wish to implement or scale up interventions for adolescent girls in humanitarian settings.

“Now we can protect ourselves more. We understand our rights and different types of violence, and consequences of early marriage. It is important to think about our futures”

- Adolescent girl in Iraq

Peer to Peer Awareness in Syria

In many conflict-affected settings, humanitarians’ ability to respond to the needs of women and girls is impeded by security and access limitations, as well as movement restrictions imposed on women and girls by spouses, parents and other family members. As such, traditional approaches to GBV service provision – typically implemented through static facilities – cannot always

reach survivors and those at risk. In Iraq, Ukraine and other settings, UNICEF has established GBV mobile teams to provide immediate response GBV survivors and women and girls at risk. Based on the ‘mobile medical unit’ model, the GBV mobile teams provide psychological first aid and psychosocial support, along with referrals to other specialized services, such as clinical care. Even in acute emergencies, the mobile service delivery approach has proven to be an effective mechanism for reaching women and girls with GBV response services, especially those who are dispersed in host communities and informal settlements. The flexibility and adaptability of the mobile model has enabled GBV service providers to reach women and girls quickly and to expand coverage of GBV service to otherwise inaccessible locations.

“I found these sessions really interesting and realised that all of us can be female role models.”

- Adolescent girl in Syria

Adolescent girls represent one of the highest-risk groups across the globe for multiple forms of gender-based violence, while also facing barriers to accessing humanitarian aid and 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. For many adolescent girls, experiences of early and forced marriage, intimate partner violence, transactional sex (and engagement in other forms of unsafe coping mechanisms) increasingly become normalised and serve to further entrench existing social norms and gender inequity.

Cross Sectoral Approaches to Prevention of Child Marriage in Yemen

Protracted conflicts and displacement, including breakdown of socio-economic safety nets, increases numerous GBV risks, including early marriage. In Yemen, child marriage is entrenched in the culture and a practice that has been ongoing for many decades. The current conflict in the country and the deteriorating economic situation is negatively affecting basic services including health, education and justice, which is putting girls at further risk of child marriage.

UNICEF Yemen, as part of the UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage, is taking a holistic approach to the prevention of child marriage, including a series of strategic shifts to adapt the child marriage programme to the humanitarian context. A key aspect of this has been strengthening efforts to leverage work with other sectors, in particular education, to address areas with high risk of child marriage through capacity building, community engagement and life skills sessions based on the MENA Life Skills and Citizenship

Education Framework. However, in Yemen, the curriculum goes further – adapted to address the issue of child marriage, adolescent girls are also supported to share information with peers, support one another, and advocate in their communities for a safe age for marriage. Adolescent girls who have participated in the programme reflect on improved confidence, stronger social relationships, understanding of the consequences of child marriage, and having intervened with families and friends to delay planned marriages. The approach that has been adopted in Yemen bridges the development and humanitarian divide, tackling prevention of child marriage in a context where the outbreak of cholera, increasing poverty and lack of clean food and water somewhat shifted the focus away from protection priorities to other ‘life saving’ sectors such as health, food and nutrition, and WASH. UNICEF is undertaking a review of the programming to better understand how this approach can be further improved and scaled up in Yemen and implemented in other humanitarian settings.



© UNICEF/UN013090/LYON

Supporting Adolescent Girls Empowerment and Agency in Iraq

Developed jointly by UNICEF and UNFPA, in collaboration with adolescent girls and other GBV partners, the Adolescent Girls Toolkit aims to directly address gender inequalities faced by adolescent girls by building their life skills, awareness of and capacity to identify GBV risks and threats, towards positive health and development outcomes. The toolkit covers life skills, GBV, reproductive health, and financial literacy topics, as well as community engagement, and has been rolled out across Iraq primarily by GBV and child protection partners, but also youth-serving organizations and education partners, and some government service providers. The Adolescent Girls Toolkit has proved to be an effective intervention to reach and support adolescent girls during emergency. The toolkit has been effective in increasing access for girls to psychosocial support and essential information and life skills, particularly as it is being used across sectors (GBV, Child Protection, Youth, Education) that have the same target population but may have different areas of coverage and access. Service providers implementing the toolkit have also

noted that it created an entry point for adolescent girls to access case management and other services, as girls felt supported and comfortable disclosing GBV to staff after participating in the sessions. UNICEF is currently working to strengthen the monitoring and evaluation component of the Toolkit, particularly to better understand the impact of the intervention related to well-being and health indicators.

“With this toolkit in hand, I am now empowered to support young girls in our communities and train others in my organization”

- Adolescent Girls Programming Facilitator in Iraq

