

Violence, uncertainty, and resilience among refugee women and community workers:

An evaluation of gender-based violence case management services in the Dadaab refugee camps



Policy brief

Violence against women and girls (VAWG) is now recognised as a serious and widespread global health issue. With one in three women affected globally,¹ violence acts as both a cause and consequence of gender inequality. During a humanitarian crisis, the risk of such violence is heightened, often continuing after the early phases of a crisis. In recent years, evidence of the magnitude of VAWG in humanitarian settings has expanded, leading to a better understanding of its prevalence, forms, and drivers. For example, a recent study in South Sudan revealed “that women and girls are at greatest risk of physical, sexual, and emotional harm at the hands of family members or intimate partners, including during periods of conflict.”²

Despite a growing field of research on the prevalence and dynamics of VAWG in humanitarian settings, there is still limited evidence on how to provide effective prevention and response services to survivors of violence in humanitarian contexts. One approach, comprehensive case management, seeks to improve survivors’ social, psychological, and safety outcomes through integrated services encompassing psychosocial care and managed referrals to medical, legal, and other services. This approach has been further adapted

to refugee contexts. In the refugee camps of Dadaab, Kenya, the International Rescue Committee (IRC) and CARE International (CARE) developed a broader implementation of traditional outreach, community mobilisation, and case management for survivors of gender-based violence (GBV) to include task sharing³ with refugees, where refugee community workers are trained to deliver specific aspects of GBV-related outreach, service delivery, and referral support.

To date, there has been limited rigorous research on this broader GBV case management plus task sharing approach in the context of a refugee camp setting. Understanding this model and its outcomes is crucial for improving donor and government priorities, and for designing effective and appropriate responses that support women and girls. This brief, therefore, highlights key findings from the Dadaab refugee camp context, including the distinct violence refugee community workers face in their dual role of community members and GBV activists living side by side with survivors and perpetrators of violence in a refugee camp context. Together, these findings inform specific recommendations that policymakers, UN agencies, and donors should adopt to improve VAWG prevention and response programmes and policy.

1 Devries KM, Mak JY, Garcia-Moreno C, Petzold M, Child JC, Falder G, Lim S, Bacchus LJ, Engell RE, Rosenfeld L, Pallitto C. The global prevalence of intimate partner violence against women. *Science*. 2013 Jun 28;340(6140):1527-8.

2 Global Women’s Institute and International Rescue Committee. (2017). *No Safe Place: A Lifetime of Violence for Conflict-Affected Women and Girls in South Sudan*. Washington DC: George Washington University and London: IRC.

3 Task sharing is defined by the World Health Organization as “delegating new tasks to existing or new cadres with either less training or narrowly tailored training.”



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The research

As part of the *What Works to Prevent Violence against Women and Girls* programme funded by the UK Government's Department for International Development,⁴ the London School of Hygiene & Tropical Medicine (LSHTM) and the African Population and Health Research Centre (APHRC) conducted research between 2014 and 2017 in two camps within the Dadaab refugee complex⁵ where IRC and CARE were implementing a GBV case management plus task sharing model.

This research aimed to understand how a GBV response model of comprehensive case management with task sharing works to influence access to care, wellbeing, and health and safety among GBV survivors in the Dadaab refugee camps. Women accessing GBV services completed multiple interviews while receiving care and refugee community workers completed a survey on their work and personal histories of violence. Qualitative interviews were also conducted with women accessing services and with IRC and CARE GBV national staff and refugee community workers. This helped to gain a better insight into the context of GBV in Dadaab, the working relationship between staff and survivors, the unique challenges refugee community workers face, and the implications of a potential camp closure.



⁴ See *What Works to Prevent Violence against Women and Girls*, <http://whatworks.co.za/>

⁵ At the time this research was conducted, the Dadaab refugee complex comprised five camps - Hagadera, Dagahaley, Ifo, Ifo II, and Kambioos – with IRC and CARE providing GBV services in Hagadera and Dagahaley respectively.

Key findings

Refugee community workers face a number of specific risks, challenges, opportunities, and rewards.

One in three refugee community workers in Dadaab reported experiencing threats or physical violence in the last 12 months as a direct result of their GBV work. Additional burdens refugee community workers reported included heavy workloads, encountering sometimes violent community resistance, and logistical challenges of transportation. Female refugee community workers face additional hardships, often survivors of GBV themselves, as well as bearing the brunt of gender inequitable roles within the household. Despite this, 93% of refugee community workers stated their work was rewarding or extremely rewarding.

Survivors reported the GBV case management model with task sharing was satisfactory.

82% reported that their interactions with refugee community workers had a positive effect. However, having refugee community workers deliver services to their own community was not without its challenges, and survivors and national staff raised issues around confidentiality, mistranslations, and perceived biases based on clan differences.

Contextual factors play an influential role on GBV case management and referrals.

This research was conducted during a time of unexpected upheaval and disruption in Dadaab, following the announcement of a (now-delayed) camp closure three months into data collection with survivors. This political upheaval created anxiety and fear amongst the refugees, including the refugee community workers, influenced camp morale, women's uptake of GBV services, and access to referral agencies.

Research on GBV case management services is complex.

In this study, most women did not return for follow-up case management visits, limiting conclusions on the influence of case management on outcomes. While testimony from GBV survivors showed that support services had a positive effect in their lives, within the cohort no significant changes were noted in levels of hope for the future, coping strategies, perceptions of safety, or physical health. However, improvements in mental health outcomes were found over time. Promisingly, women with higher levels of poor mental health outcomes appeared to access the services more frequently, suggesting that the Dadaab case management model with task sharing successfully reached the women with the greatest need for psychological support.

Policy recommendations

This study confirmed that a GBV case management model using task sharing with refugee community workers is feasible and acceptable, and has the potential to reach vulnerable women and provide critical support to improve their health and safety. However, the complex nature of a camp setting, long-term displacement, and the recruitment of refugees to conduct sensitive work in their own community means that there are significant challenges that need to be addressed. In order for humanitarian practitioners to safely and effectively implement this approach, donors and policymakers should:

Prioritise funding for specialised GBV prevention and response services in protracted crises.

GBV programming is inadequately resourced across all contexts, especially protracted crises such as Dadaab, where there are not enough well-trained staff and community workers to meet the needs of women and girls in relation to quality case management, psychosocial support, and follow-up. This should include specific funding to address barriers to the employment and promotion of female national staff and female refugee workers, in order to follow best practice in relation to GBV service delivery for women and girls. Additionally, specific funding is needed for prevention work to address long-term behaviour change on gender and social norms.

Fund and promote localised in-depth roll outs of the 2017 Interagency GBV Case Management Guidelines⁶ to reach all actors involved in GBV case management services, including refugee community workers.

These should be adopted across all emergencies as the key standards to ensure that high-quality and safe GBV case management is provided, with female national staff and refugee community workers leading response and psychosocial support for survivors. Financial resources for in-depth trainings and other capacity-building activities of staff and refugee community workers (or other community members involved in GBV response) are often deprioritised in emergencies, compromising the adherence to international standards and best practice.

Support the further development and testing of GBV case management models in humanitarian settings.

Case management is the cornerstone of GBV response services; this research illustrates how case management can be adapted for refugee settings such as Dadaab. Support is needed to further develop GBV case management approaches in complex humanitarian settings. This may mean funding innovative or pilot programmes where organisations have adapted case management approaches in different ways, along with supporting knowledge sharing and the development of good practice in GBV case management, particularly with regards to task sharing and the use of community workers; as well allowing for flexible and inclusive hiring practices in order to support female workers and the provision of safety measures and psychological support for community workers facing backlash against their work.

Promote the inclusion of GBV prevention and response in global frameworks, and ownership by refugee women and women's movements to deliver GBV services.

Global frameworks such as the *Call to Action on Protection from Gender-based Violence in Emergencies*, the Grand Bargain, the World Humanitarian Summit's *Five Core Commitments to Women and Girls*, and the Sustainable Development Goals (SDGs) all include specific attention to VAWG and localising response efforts. Women and girls living in Dadaab since 2000 were excluded from efforts to tackle GBV through the Millennium Development Goals; they must now be included and targeted in governments' plans to reach the SDGs. Policymakers should likewise ensure that VAWG prevention and response is prioritised in other global frameworks such as the *Global Compact on Refugees*. In order to fulfill their obligations under these frameworks, donors should revise policies and strategies to prioritise, fund, promote and strengthen local partnerships along with humanitarian agencies, and be held accountable to pledges made on the protection of women and girls.

Invest in continued efforts to build the evidence base in innovative GBV case management models.

In order to further understand how this model of care would work in other humanitarian settings and the adaptations necessary for it to function effectively, as well as to capture secondary outcomes of GBV case management, more research is required. Investment in longitudinal research to determine the long-term impact of using GBV case management services is needed. Donors would be well-placed to support these efforts as part of their commitments under global and national-level policy initiatives and strategies.

6 Interagency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings. First ed, 2017.

* The photos in this brief do not represent women and girls who themselves have been affected by gender-based violence nor who accessed services.