



Podcasters at the Bokolmango refugee camp. Dr. Vandana Sharma.

INTERVENTIONS TO REDUCE GENDER-BASED VIOLENCE IN HUMANITARIAN SETTINGS

Globally, recent years have seen the highest levels of displacement on record. This adds extra urgency to the need to close evidence gaps and identify how to reduce and respond to the risks of gender-based violence (GBV) in humanitarian settings.

Forced displacement increases the risks of GBV, especially intimate partner violence. In some humanitarian settings, sexual violence is also exacerbated. Girls' mobility is often restricted, and rates of child marriage may increase. Women and girls can experience violence at every stage of their journeys, including during flight, during refuge, in transit countries, and when they return home to a war-ravaged setting.

Several research interventions funded by the [Development Marketplace: Innovations to Address GBV](#) show promise in humanitarian settings.

DEVELOPING STRATEGIES TO REDUCE CHILD MARRIAGE

RESULTS

In addition to the profound negative impact on girls' physical and psychological health, child marriage limits access to formal education and increases vulnerability to GBV. Girls who marry early are at greater risk of experiencing intimate partner violence, and tend to be less healthy, less productive and less empowered. Researchers from

[Queen's University](#) and the [ABAAD Resource Center for Gender Equality](#) studied the experience of Syrian refugee girls in Lebanon.

The study found that increased poverty, protection concerns, and a lack of services and protective social and legal mechanisms exacerbated child marriage among Syrian girls. It also found a difference between how men and women perceive why child marriage happens. Men mainly thought it happened because of increased poverty while women felt it was because of increased insecurity. This suggests that it may be more effective to use different

strategies according to gender to address the drivers that lead to the acceptability and practice of early marriage by men and women.

PRIORITIZING MENTAL HEALTHCARE

RESULTS

Healthcare providers in refugee camps in Greece reported seeing a shift from refugees presenting with acute physical health issues to them presenting with mental health disorders and found there was a heightened risk of GBV. [Women and Health Alliance](#) found that addressing mental health disorders and GBV should be prioritized among refugees in Greece, including psychosocial training for healthcare providers and strengthening referral mechanisms for specialized care. Their findings also emphasized the importance of incorporating female healthcare providers and interpreters into medical teams, and highlighted a need for coordination between NGOs and health authorities.

INNOVATIVE STORY-TELLING APPROACHES

RESULTS

A multi-disciplinary team of physicians, academics, practitioners and journalists from [Fondation Hironnelle](#), [Harvard T.H. Chan School of Public Health](#), [Addis Ababa University School of Public Health](#) and [Women and Health Alliance International Ethiopia](#) explored using podcasts

to prevent intimate partner violence among Somali refugees in Dollo Ado, Ethiopia.

The researchers created a podcaster training curriculum, and recruited refugees in Bokolmanyo refugee camp for training in podcasting. Podcasts were recorded around the camp with participating community members, and edited together in Somali to create a final series of 16 episodes called *Unite for a Better Life*. The podcasts focus on underlying factors the refugees identified that contribute to intimate partner violence in this setting, including gender and gender norms, healthy and unhealthy relationships, and give people practical advice on how to build healthy relationships based on, for example, effective listening skills, or handling conflict in a healthy way.

EMPOWERMENT TRAINING

WORK IN PROGRESS

[Fundación Plan Internacional España](#) and [Johns Hopkins Bloomberg School of Public Health](#) study whether empowerment training, delivered during the provision of efficient and clean cooking technology, can impact gender-based violence in a refugee camp setting in Rwanda.

Targeted empowerment training, undertaken over 3-4 days, aims to improve mental health and increase personal agency, as well as improve uptake and use of clean fuels and cookstoves. This has

already been shown to enhance productivity, self-efficacy, and fortitude. The next stage of this study, which is engaging men as well as women, will establish if it has an impact on GBV.

TECHNOLOGY TO SUPPORT SURVIVOR-CENTRED CRIME PROSECUTION

WORK IN PROGRESS

MediCapt is a mobile application created by [Physicians for Human Rights](#) that clinicians in the Democratic Republic of the Congo and Kenya use to collect, document, and preserve forensic medical evidence to support prosecutions of sexual violence crimes. Physicians for Human Rights is conducting a preliminary study of MediCapt, to close a gap in evidence about the use of mobile health technology for collecting quality evidence and its role in a survivor-centered approach to forensic medical examination of sexual violence in post-conflict settings. ■

Development Marketplace: Innovations to Address Gender-Based Violence funds ground-breaking GBV research in low- and middle-income countries across the globe. It is a partnership between the [World Bank Group](#) and the [Sexual Violence Research Initiative](#). Over four years, the partnership has funded research projects in 28 countries.