



HUMANITARIAN INNOVATION FUND
Exploring new collaborations to address Gender-based Violence
HIF GBV Seed Funding - Narrative template

- Please try not to exceed 6 pages (Arial, 12pts)-

Organisation Name	Women and Health Alliance International (WAHA)
Project Title	Using mobile phone technology to address GBV among adolescent Syrian refugees in Izmir, Turkey
Partner(s)	Relief Society for Syrian Refugees, Gobe Group, Beth Israel Deaconess Medical Center at Harvard Medical School, London School of Hygiene and Tropical Medicine, University of New South Wales
Problem addressed / Theme	Gender-based violence among adolescent Syrian refugees
Location	Izmir, Turkey
Start Date	May 1, 2016
End Date	September 30, 2016
Total Funding	£10,000
Total Spent	£10,000

ACTIVITIES CARRIED OUT

1. Describe all the activities carried out. Please attach a workplan or log frame, if these were used.

Focus group discussions were carried out with 3 groups of Syrian adolescent girls, 3 groups of Syrian adolescent boys and 2 groups of Syrian community members living in Izmir, Turkey (workplan attached). Focus group discussions were audio-recorded and preliminary data analysis was conducted to assess GBV risk and mobile phone usage among the study population. Based on focus group discussion findings demonstrating acceptability and feasibility of SMS messaging to reach the population and share information, RapidPro SMS messaging, along with other messaging platforms, were developed and programmed and tested. Additionally, team members

conducted community mapping of danger and safe zones in Izmir. The data were compiled and a map was generated that will be validated by women and girls living in the community.

2. If you have made changes or amendments to the planned activities and objectives that have not been detailed in an *Agreement Amendment Form*, please list them here.

In-depth interviews were added as an amendment to field activities as a precautionary measure in the event that it was not possible to conduct focus group discussions. The field team was ultimately able to conduct focus group discussions as planned, and in-depth interviews were not carried out. As described below, the SMS piloting was not conducted due to government restrictions on mass communication at the time of the study.

ACHIEVEMENTS

3. Has the project demonstrated the success of the idea?

By 'success' we mean that the idea has proven effective.

Significantly successful

Please explain further:

The project demonstrated success in understanding GBV risks among the study population and acceptability and feasibility of using an SMS messaging tool to inform the community about GBV risks and safe and danger zones. Data provided evidence that mobile tools are relevant in disseminating essential information and reaching technologically literate populations. SMS platforms were programmed and tested, however, due to the political challenges and context, the SMS pilot could not be conducted.

4. Please describe how the project achieved the planned objectives, and describe all of the results achieved through the activities indicated in Question 1.

The project achieved objective 1) determine GBV risks among Syrian adolescents and explore opportunities for using a mobile phone-based platform, through conducting focus group discussions with adolescent girls, adolescent boys, and community members. Data from focus group discussions were collected and analysed to meet this objective and increase the evidence base for GBV risks in among this displaced population. Objective 2) Conduct a youth-led community mapping exercise of local GBV danger zones and safe zones for adolescents in the community, was achieved with the study team conducting a mapping exercise of Izmir and identifying risk areas for women and girls. Study participants validated the accuracy of the community map. The pilot of the RapidPro tool, intending to send information relating to GBV risks in the community in Izmir and safe and danger zones, was not feasible during the study period due to governmental surveying and blocking of mass communication. Objective 3) Assemble key partners to share knowledge about Syrian adolescents and GBV in Turkey, was not achieved due to

the political environment in Turkey and the no-assembly rule that was in place at the time of the study. Although an in-person workshop will not be held, key findings and results will be disseminated among study partners and stakeholders.

MULTI-DISCIPLINARY CONSORTIUM

5. Describe the impact of the cross-sector collaboration on the project in general and in which ways the fresh skillset has allowed to address the problem differently.

Collaboration among academic, humanitarian and design innovation professionals was essential in conceptualizing the project and conducting field activities. Each team member brought significant expertise to the intervention design and implementation processes. Team members with backgrounds in in gender-based violence and research in humanitarian settings developed the research design and methodology, and the intervention was developed and carried out by team members specialized in adolescent health programming, innovation and technological design. The various skillsets in the team were instrumental in designing effective research methods to assess the problem and piloting a mobile phone-based intervention to reach the population at-risk of gender-based violence.

METHODOLOGY

6. Describe how the methodology used was or was not appropriate to carry out the planned activities or achieve the planned objectives.

Conducting focus group discussions with Syrian adolescents and community members was an appropriate method to achieve the planned objectives of determining mobile phone use and assessing risk of gender-based violence among adolescent refugees in Izmir, Turkey. Focus group discussions were helpful in uncovering general perceptions and allowed study participants to speak broadly about safety risks without being linked to their comments. The focus group discussions revealed high levels of access to mobile phones, uses of mobile phones, and potential barriers of a future mobile phone-based intervention. The discussions also highlighted perceived risks of gender-based violence for young women and youth in Izmir and concerns for safety in the community. The SMS testing was helpful in trialling the technology and understanding potential barriers or limitations when bringing the project to scale.

MAJOR OBSTACLES

7. Please list the three most significant obstacles faced during the implementation of the project and describe how they affected the planned activities and results.

Obstacle	Impact of Obstacle
1. Insecurity	Safety concerns for team members and study participants delayed project activities in the field.
2. Political environment	GBV workshop was postponed due to the no-assembly rule, and piloting of the

3. Time	SMS messages was not conducted due to restrictions on mass communication. The duration of the seed funding allowed for collaboration and innovation, but given the ongoing insecurity in the study site, the project team could not conduct all proposed project activities during the three month grant period.
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8. Please indicate what steps were taken to address these obstacles and whether the solutions were effective.

Solution	Effective?
1. Additional safety precautions taken	Yes
2. Respecting no-assembly rule	Yes
3. Efficiency	Yes

OPTIONAL: BENEFICIARIES/HUMANITARIAN INTERVENTIONS IMPACTED

If your project was intended to impact upon beneficiaries, please answer question 9.

9. Indicate the affected population as well as the humanitarian interventions that have benefited from the project.

The data collected is intended to inform future GBV interventions that would impact / benefit Syrian refugees, in particular adolescents, living in Izmir, Turkey.

PARTNERSHIPS AND COLLABORATION

10. Did the consortium composition change during the course of the project and why?

Due to sensitivity relating to academic research in Turkey following the attempted coup d'état, Izmir University is not listed above as a formal study partner for this project. However, Izmir University has made numerous contributions to this project and collaborated with WAHA throughout the course of the project.

11. Are there plans to continue your partnership, either while continuing this project or working on other ones?

- Yes, with this innovation
- Yes, with another project

Please describe further:

WAHA International continues to work with the Relief Society for Syrian Refugees (SMDD) in order to provide services for the Syrian refugee community in Izmir. WAHA International will collaborate with this partner to incorporate GBV services in the WAHA community centre in Izmir, and launch GBV prevention and awareness raising activities to mobilize and engage men in the community.

WAHA International will also continue partnerships with the academic partners: Beth Israel Deaconess Medical Center at Harvard Medical School, London School of Hygiene and Tropical Medicine and University of New South Wales in order to carry out further research on GBV risks among the Syrian refugee population and inform programming for this population. WAHA International will seek to work with Gobe Group on bringing SMS messaging to scale.

While WAHA International does not currently have plans to continue working with Izmir University, this partner will be considered for future projects.

DISSEMINATION

12. Please describe any steps taken to disseminate the outcomes of the project.

Please include all completed and forthcoming, as well as all planned and unplanned products (for example, research and policy reports, journal articles, video blogs, evaluations).

The findings from this research will be disseminated in oral, report and/or manuscript form.

NEXT STEPS

13. Will the project be replicated, carried forward or scaled up?

Yes

Please describe further:

Based on study findings, WAHA is seeking to further integrate and strengthen GBV programming in the WAHA community centre in Izmir. The program will include GBV prevention and response services, and SMS messages to community members to raise awareness of GBV risk and existing resources at the WAHA community centre. The team members will seek additional funding to scale up the SMS intervention.

14. If the project could be carried forward, replicated or scaled up, please list the three most important issues or actions that will need to be considered (*where 1 = most important and 3 = least important*)

Suggestion/issue
1
Testing SMS messaging platforms on wider-scale (including ensuring confidentiality of messages, phone credit for women)

and girls to reply to SMS messages)

2. Explore platforms that could be used to report incidents through SMS messages while protecting confidentiality

3 Explore how a scaled up SMS program could be integrated into existing community services and which services would need to be strengthened (i.e. telephone helpline, training of staff in GBV response)