



**CREATING VIRTUAL SAFE SPACES LED
BY REFUGEE WOMEN TO PREVENT AND
RESPOND TO GENDER-BASED VIOLENCE
DURING COVID-19-RELATED MOVEMENT
RESTRICTIONS**

**An emerging practice
in Community-Based Protection
in Malaysia**



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Cover photo: Some of the refugee women participants meeting in-person in Malaysia. While the majority of group sessions take place online, some groups have met in-person occasionally after government Covid-19 restrictions were lifted in late 2021.

Photo credit: © UNHCR/Yante Ismail

Title: Creating virtual safe spaces through online group chats led by refugee women.

Project objective: To prevent and respond to gender-based violence (GBV) during COVID-19-related movement restrictions.

Dates: August 2020 – present

Population groups: Refugees and asylum-seekers

Partners: Research team from the University of New South Wales (UNSW) in Australia; Universiti Malaya; three local non-governmental organizations [NGOs] (Asylum Access, Malaysian Social Research Institute [MSRI] and Tenaganita); existing network of non-profit and public institutions that provide services to GBV survivors

OVERVIEW OF PROJECT

Since mid-2020, UNHCR Malaysia has supported virtual safe spaces to provide women with psychosocial support through eight online group chats, led by refugee women. The aim of these chats is to prevent and respond to GBV against refugee and asylum-seeking women and girls. The initiative was prompted by movement restrictions imposed due to COVID-19, and has proven successful and helpful during lockdowns and beyond. The positive effects already documented are a result of equal and collaborative relationships among all main project actors, whose strengths and roles complement each other: UNHCR; an academic team; three local NGOs; an existing network of non-profit and public institutions that provide services to GBV survivors; and the participating refugee women. These women, who come from seven different communities, have significantly shaped all aspects of the project, from inception to implementation, to monitoring and evaluation.



Fajar Santoadi (Tenaganita) reviewing the UNSW project report. Local NGOs MSRI, Tenaganita, and Asylum Access are crucial partners in the running of the project. © UNHCR/Victor Chan

Intimate partner violence and child marriage are generally accepted among asylum-seeking and refugee populations in Malaysia. They are deeply rooted in conservative beliefs, and aggravated by displacement. Many asylum-seeking and refugee women do not have access to mobile phones or the internet. They often live inconspicuously, some of them in remote areas where electricity may not be available. Since the Government of Malaysia is not party to the 1951 Refugee Convention, asylum-seekers and refugees often live at the margins of society. All these intersecting factors impede their access to protection information and services.

The **COVID-19 pandemic and associated movement restrictions since 2020** have exacerbated these problems. To curb the spread of COVID-19, the Government imposed a Movement Control Order (MCO) from 2020 to mid-2021, followed by a plan that still entails movement restrictions.¹ The MCO in particular has had a devastating impact on refugees' livelihoods, overall well-being and access to services. It has also worsened the lack of community support activities for women and girls, and created severe obstacles for refugee and asylum-seeking women and girls who are at risk of GBV. GBV incidents have reportedly increased within communities of concern.



RESOURCES AND PARTNERSHIPS

UNHCR Malaysia decided to expand its community support for women and girls at risk of GBV while the MCO was in place, in response to protection needs. UNHCR developed the project as part of a wider project called “Refugee Women and Girls – Key to the Global Compact on Refugees” (RWG-GCR).² The wider project aims to implement and monitor commitments to advancing gender equality, ending GBV, and implementing UNHCR’s age, gender and diversity (AGD) approach and policy³ in the Global Compact on Refugees (GCR).

It is partly funded by the Australian Government and UNHCR, and receives in-kind support from an **academic research team from UNSW in Australia and Universiti Malaya, and three local NGOs** (Asylum Access,⁴ MSRI⁵ and Tenaganita⁶).

Under this project, the research team had already built a close rapport with multiple refugee women during consultations. When the first COVID-19 lockdown was imposed, the team organized and facilitated a collective online discussion with women participating in RWG-GCR.

¹ Malaysia moved out of the MCO in June 2021 and is currently implementing a phased approach towards allowing meetings in person and travel, among other things. There might not be a return to strict lockdowns unless there is a severe outbreak. Nonetheless, the socioeconomic and GBV risks of COVID-19 restrictions remain.

² See www.arts.unsw.edu.au/sites/default/files/documents/Women-as-Key-to-GCR_Malaysia-report_Oct-2019.pdf. The academic team is made up of Linda Bartolomei, Eileen Pittaway and Geraldine Doney at UNSW, and Shanthi Thambiah at Universiti Malaya.

³ Available from www.unhcr.org/protection/women/4e7757449/unhcr-age-gender-and-diversity-policy.html.

⁴ See <https://asylumaccess.org/where-we-work/malaysia/>.

⁵ See <https://msri.org.my/>.

⁶ See <https://tenaganita.net/>.

UNHCR Malaysia offered to fund a project that they would identify as a major gap. The refugee women asked to be trained in providing psychosocial first aid so that they could provide support in their own language without interpreters, and support women within their community.

UNHCR's total planned **budget** to run the project over 10 months in 2021 was US\$ 44,000 for the NGO partner administering the project, MSRI, not including 4 per cent for Partner Integrity Capacity and Support Costs.

Staffing expenditures consisted of:

- **a coordinator**, working full time on coordination of cases in the referral network, data management and reporting; and **a project manager and accounting assistant**, each working half time;
- **stipends for the 16 refugee women focal points**, meant to reflect the amount of time the focal points invested in the project each month;
- **an interpreter**, for interpretation during debriefs.



Focal points meet to discuss upcoming group sessions. © UNHCR/Victor Chan

The three local NGOs that UNHCR has partnered with have been responsible for:

- **Creating and running a system to receive referrals from the refugee women focal points** for issues within their communities (e.g. GBV cases, health concerns, education needs, requests for updates on resettlement, financial aid). Partner NGOs with supporting roles (Asylum Access and Tenaganita), as well as others in the GBV network, provide the services. Professional counselling and mental health support is provided virtually on online platforms.
- **Providing the focal points with key information** relevant to GBV and to support refugees more generally. This includes information on GBV services, health services, COVID-19 vaccinations, UNHCR registration and document renewal.



PROJECT PROCESS AND STRUCTURE

When the first COVID-19 restrictions were put in place in 2020, UNHCR Malaysia and its partners supported the establishment of online groups led by refugee women to constitute “**virtual safe spaces**” on Google Meet and WhatsApp. The groups aim to provide a safe space for refugee women and girls to express their concerns and challenges, and to provide them directly with psychological first aid while informing them about GBV services, including psychosocial counselling and other forms of support. Group discussions focus on coping with the MCO as an entry point to establish a trusted platform where women and girls can express their concerns, which may reveal broader issues in mental health, GBV and individual social problems. The purpose is to look after community well-being via remote engagement and, if needed and possible, face-to-face engagement. In line with the survivor-centred approach, individual GBV cases are not discussed within the group. When a survivor discloses a GBV case (usually in bilateral discussions with focal points outside the group setting), focal points provide them with psychological first aid and connect them with the relevant GBV services.

The project has two **objectives**:

- **To enable refugee women leaders to organize** virtual social engagement for women in their community, as a safe space to share their experiences and to learn from each other about ways to cope during COVID-19-related movement restrictions.
- **To maintain and improve refugee women’s well-being** through their virtual engagement with other women and families in their community.

To meet these objectives, the project has three **goals**:

1. To provide **refugee women and girls** at risk of GBV with access to community support groups and to capacity-building (more on this in the next subsection).
2. To empower **refugee women leaders** with the skills and knowledge to safely handle disclosures and refer survivors to GBV services, in two ways:
 - a. by giving them the tools and knowledge to organize and empower their communities to join virtual or physical groups for GBV survivors and their supporters;
 - b. by improving their capacity to assist in GBV cases, through online training that gives them a better understanding of the interventions they can get from the right service providers.
3. To strengthen the multisectoral systems for coordination, referral and aid within **UNHCR’s network of partners (which includes the three partner NGOs, plus a wider network of service providers for GBV survivors⁷)**. This includes improving GBV survivors’ access to mental health and psychosocial support services through referral pathways, and improving the situation of the most vulnerable GBV survivors through financial aid.⁸ The expected outcome is that partners enhance their coordination for case referrals, including emergency assistance.

The project has **focused on refugee communities in seven language groups who live in one region** of the country, the Klang Valley. It has targeted all major refugee groups, based on the languages used.⁹ In 2021, the demographics of participants (16 focal points and 135 group members altogether) – all women and girls – were as follows:

- Age: 3 per cent (5 girls) under 18 years old; 97 per cent (146) adults.
- Language: 25 per cent Rohingya; 12.5 per cent Chin; 12.5 per cent Farsi; 25 per cent Arabic; 12.5 per cent Urdu; 12.5 per cent Somali.

Women and girls can request to join the support group through the focal points, with the assurance

⁷ Two types of institutions provide services to all GBV refugee survivors (not just those in the project): non-profit institutions, such as NGOs, which focus on case management, health, protection and livelihoods; and public institutions, including hospitals, government clinics, the police and welfare departments. Referrals are made to these institutions by the focal points themselves, through the project referral system supervised by lead partner MSRI, or occasionally by UNHCR.

⁸ Criteria for vulnerability include single parenthood, a risk of eviction, health issues, joblessness, youth and older age.

⁹ Arabic (Middle Eastern and Yemeni dialects), Burmese, Farsi, Rohingya, Somali and Urdu.



Peer support group sessions facilitated amongst Somali refugee women allow them to speak about their experiences of gender-based violence and gain strength from each other. © UNHCR/Patricia Krivanek

that the information they give remains confidential. The **focal points can also invite women and girls** from their community to join. Some focal points liaised with other community leaders to identify women who might benefit from the project, while others drew on their own networks and community knowledge.¹⁰

The **focal points identify women and girls to join** their groups based on two criteria. The first and most important is the risk of GBV. Second, heightened socioeconomic or psychosocial risk due to the COVID-19 lockdown is considered, enabling the inclusion of single mothers, and women and girls either facing financial constraints, requiring psychosocial support, or expressing an interest in joining.

Within each language group in these communities, the project team selects at least two refugee women to lead the corresponding virtual group as a pair, co-facilitating and supporting each other as focal points (more pairs are selected for language groups with larger populations). Women must meet several criteria to be selected:

- They must have trust and influence in their community, and a good understanding of it.
- They must have formal or informal experience in supporting GBV survivors within their communities, and in working on gender or women's and girls' issues in their community, social norms, and advocacy.

- They must have experience working with groups at heightened protection risk, or be ready to do so.
- They must be willing and available to lead and do the work required, and able to manage risks and challenges from the community (such as being seen as the "enemy" by some men).
- They must have sound communication, writing and reading skills.

The project team has appointed a **Management Committee consisting of volunteers or representatives from the main groups, communities and organizations involved** in the project. Its main task is to oversee the project plan, budget and implementation, to select the focal points, and to contribute to the support group for the focal points.

Twice a month, the project holds a debrief that brings together the refugee women focal points, a representative from each partner NGO, UNHCR, and UNSW.¹¹ These debriefs serve for sharing updates, insights and feedback, and typically last 1.5 to 2 hours. In particular, they provide an opportunity for the focal points to share key issues that their group members face and to bring up queries. In response, the partner NGOs and UNHCR endeavour to give precise and timely information. As a complement to the debriefs, there is a well-used WhatsApp chat for exchanging information and updates, and for following up on emerging problems.

¹⁰ However, when girls (i.e. under 18 years old) wish to join, they must be accompanied by their mothers, and the project obtains their assent and their mother's consent.

¹¹ Debriefs took place once a month in the first year of the project, but since 2021 they have been held every fortnight. On UNHCR's side, the same person attends every debrief, to ensure continuity and enable the focal points to communicate with UNHCR directly. Since October 2021, a UNHCR member from the team on communicating with communities has joined too.

ACTIVITIES

1

CAPACITY-BUILDING FOR REFUGEE WOMEN FOCAL POINTS

In their first month, refugee women focal points receive two forms of support for onboarding to prepare them to lead the support groups. First, UNHCR, UNSW researchers and one of the partner NGOs **assesses their capacity** to carry out online discussions and their knowledge on psychosocial first aid, GBV and child protection.

Second, UNHCR, UNSW researchers and one of the partner NGOs develop and run **initial training** (carried out remotely) on GBV, child protection, protection from sexual exploitation and abuse (PSEA), and mental health and psychosocial support, including psychosocial first aid. They also organize sessions on group dynamics, peer

support, skills in group facilitation, and how to run online groups and conduct online sessions. The focal points also receive advice on when they should run their sessions so that participating women and girls can avoid suspicion by GBV perpetrators in their families. All this equips the focal points not just to manage the information discussed in the online groups, but also to refer GBV survivors – with their consent – to services for case management and other professional support.

In addition, the project provides focal points with access to **equipment** (a smartphone and Internet data) **and a stipend**.

2

SUPPORT GROUP SESSIONS

Each pair of trained focal points then sets up and leads an online group that provides psychosocial support to women and girls through **three monthly sessions of 1 to 2 hours each**. The project has run eight continuous groups with 16 focal points from seven language groups in 2020 and 2021. Each pair led a group of 15–20 women participants, who sometimes held sessions in smaller subgroups of eight and sometimes informally in larger groups, since family members and friends sometimes sit in on the meetings. Each focal point, in a pair, can alternate as facilitator and co-facilitator. The pair jointly record and report on the progress of their group every month. The online sessions take place on WhatsApp or Google Meet, since when asked, refugee women stated that they preferred using these two platforms.

The focal points decide on **the topics of each session, which are open to suggestion from group members**. Some groups follow the same sequence as that in the focal points' training. Others start with different topics and activities to meet their group's particular needs, be it immediate problems due to COVID-19 or topics that help participants to build trust with the focal points and each other before moving on to less openly discussed issues such as GBV.

The online sessions predominantly reach women with access to smartphones. Women who lack such access participate by meeting up with women who do have access, making small groups. In 2020 and 2021, all eight groups have been meeting virtually, while three have also occasionally met in refugee community centres.

3

CASE REFERRALS AND EMERGENCY ASSISTANCE

When a survivor discloses experiencing GBV, GBV risk or an urgent need, focal points **provide them with psychological first aid, inform them about services and connect them to the relevant services**.

In addition, some of the project funding has been designated as an emergency fund to pay for

health care (other than sexual and reproductive health care) and transportation costs in response to a GBV case, and to **meet certain emergency needs** of the most vulnerable women and girls (defined by the previously mentioned criteria on vulnerability), such as registration for a temporary shelter, assistance with rent, or food aid.



Deborah is conducting a virtual support group sessions with refugee women from Myanmar. © UNHCR/Patricia Krivanek

ACHIEVEMENTS, RESULTS AND IMPACT

The project has been very successful. It has been achieving its intended outcomes and largely meeting or exceeding its participation targets for focal points, training and group members in 2020 and 2021. The project has:

- **been very positive for women participants** as a space for discussion and learning about problems and possible resources and solutions, including on the sensitive topic of GBV. It has benefited participants' mental health and their ability to identify practical support through advice, advocacy and referrals from the focal points.
- **empowered women focal points.** The skill sets developed by the refugee women leaders have boosted their confidence, self-esteem, knowledge of resources, ability to lead in their communities, and connections with each other.
- **strengthened links, information-sharing and mutual understanding between refugee communities and service providers.** For example, in the first six months of 2021, 100 per cent of women at risk of and survivors of GBV were supported to access GBV services and other relevant services. Ninety-two women at risk, survivors of GBV and children at risk have been supported to access services.

The project has also **contributed to a wider impact.** First, thanks to the project, UNHCR and its partners have **supported more asylum-seeking and refugee women**, through a wider reach, meaningful support and successful awareness-raising of the

services available during the uncertainties of the COVID-19 pandemic.

Second, the project has **brought together multiple stakeholders** to support refugee women's leadership and participation, and in addressing GBV.

Third, the focal points themselves are **sharing their learning and experience with their communities**, and sharing information with service providers to inform their responses. There has also been transmission within the safe space groups: focal points who exit their role have trained the new focal points on how to carry out their responsibilities. Moreover, lead partner MSRI has been putting together a succession plan for the systematic training of new focal points to replace focal points wanting to give up their role.

The sustainability of the project, of its activities and therefore of its ongoing and future gains, remains a challenge. By the end of the first year, no institutionalized or sustainable steps had been taken to regularly link women community leaders, service providers and NGOs, or to include refugee women more in projects or solutions. Furthermore, the networks and support provided for refugee women to develop their leadership were limited to within the scope of the project. In response, the NGO managing the project in 2021, MSRI, designed a strategy for sustainability and exit: generating income from community-based activities; and sufficiently building participants' capacities in protection against, and response to, GBV; building relationships with local authorities, and fundraising and networking with funders and donors.



- 💡 **Investing time before the start of the project in building relationships and trust between UNHCR, the NGO service providers and the refugee women, especially the focal points,** has been a fundamental factor for success:
 - ➔ The relationship with most of the 16 refugee women focal points was initially established in July 2019 during a two-week consultation organized by the UNSW. That relationship then deepened and matured over a year of continued exchanges before the project began in 2020.
 - ➔ More broadly, this one-year period allowed UNHCR, UNSW, the project partners and the focal points to establish trust and open communication with one another before the start of the project.
- 💡 **Ensuring that the project was genuinely led by refugee women** has been crucial:
 - ➔ The focal points know that they are not there merely to rubber-stamp the plans of UNSW, UNHCR and the NGO partners, but instead have power to shape the project.
 - ➔ The refugee focal points have been consulted at each step of the project development. They provide input on the modalities and topics of sessions, on the number of sessions per month, and on accountability mechanisms such as reports and debrief sessions. They have also had an important voice in the initial and additional capacity-building that they receive.
- 💡 **Constant and open communication throughout the project** has been essential to success. Good communication has been facilitated as follows:
 - ➔ The key dimension has been communication between focal points on the one hand, and with UNHCR, the NGO partners and UNSW on the other hand.
 - ➔ This is achieved through the fortnightly meetings and constant communication on WhatsApp. The focal points bring up issues faced by their communities with UNHCR and the NGO partners in these settings.
 - ➔ **The WhatsApp group for the project team** has proven invaluable as an effective and transparent means of communication. UNHCR, UNSW and representatives of the participating NGOs are in the WhatsApp group chat with all the focal points, and have been highly responsive.
- ➔ Over time, relationships and trust between project actors have become stronger. As a result, the bimonthly debriefings have seen all parties share more in-depth and meaningful information, enabling UNHCR and the partner NGOs to learn more about the challenges, concerns and needs of the communities they serve, and to circulate accurate and updated information.
- 💡 **Providing the focal points with the resources they needed (training, equipment and stipend)** has been crucial to success. This has shown them that their time and efforts are appreciated and valuable. It has also created the conditions necessary to run the project well. For example, there were no notable problems of judgment or power relations between focal points and group members, or among group members, which may be due in part to the quality of focal points' leadership.
- 💡 **Removing undue burdens (especially financial ones) on the refugees who may wish to join** the project has been helpful. Providing stipends to the focal points, and providing data for focal points and refugee participants have been instrumental in this.
- 💡 **Empowering the focal points to request and provide tangible assistance to refugees whom participants identify as facing emergency risks** has lent credibility and legitimacy to the project in participants' eyes.
- 💡 **Receiving support from three local partner NGOs that are complementary, collaborative and experienced with refugee issues and community-based approaches** has been decisive:
 - ➔ These partners have been able to cover a wide variety of issues (e.g. GBV, child protection, health, food aid, monetary aid and fundraising, referrals for documentation, Refugee Status Determination [RSD]).
 - ➔ All three partners already work closely with refugees in other aspects of their work, and have brought that institutional knowledge and community-based experience to the project. This has helped them to effectively communicate with the refugee focal points and identify risks, issues and potential solutions in relation to refugee women and girls.
- 💡 **The online approach has entailed lower costs, fewer time demands and fewer physical risks** than in-person support groups. Even after the MCO was lifted, virtual training, engagement and support proved to be possible.



ADVERSE FACTORS AND CONSTRAINTS

- 💡 **Several structural factors are limiting refugee women's involvement:**
 - ➔ a lack of security;
 - ➔ a lack of access to bank accounts;
 - ➔ a lack of systems to include women unable to work in English;
 - ➔ uneven skills among the women, which creates challenges for developing training or resources.
- 💡 **The focal points need more diversified capacity-building activities.**
 - ➔ Focal points have uneven, and sometimes limited, skills in English language and information and communications technology (ICT), which is a barrier to writing reports and submitting documents.
 - ➔ The focal points themselves voiced the need for further training:
 - **language classes** in functional English and the main national language (Bahasa Malaysia), **training in handling high-risk intimate partner violence, in child protection, in advocacy,¹² and in project proposal and management;**
 - **training in skills for immediate and longer-term income-generating activities, ideally from home,** including skills in social media and networking.
 - ➔ With funding from UNHCR, two partner NGOs have assisted in connecting the focal points to the requested training, including through a collaboration with a top private university in the country.
 - ➔ Based on a simple assessment given to all focal points on their understanding of the implementation plan and their roles, one of the lead NGOs observed the need for a **refresher course on project objectives and the code of conduct** at least once every six months.
- 💡 **Focal points' work can be draining and requires mitigation, protection and support:**
 - ➔ Focal points' **workload can be extremely taxing**, as their role requires running three sessions a month, writing reports, attending debriefs every fortnight and attending to the needs of their group. Having the focal points work in pairs helps to some degree, but burnout is a risk.
- ➔ **Group members have high expectations of focal points and focal points receive (re-)traumatizing information** from group members, while often being powerless to make a difference or provide any help at all in some situations.
- ➔ Some focal points **face hostility or violence from men** in their communities.
- ➔ **Focal points need more support for their self-care**, which the project did not sufficiently address in its first year. Since 2021, the project has put greater emphasis on supporting focal points' self-care, so that they always have a trusted and reliable support system.
- ➔ In its first year (2020), the project **had not prepared its response enough to protect and do no harm regarding the focal points**, but it rectified this in its second year. In particular, the lead partner NGO has linked the focal points to self-care workshops. Nonetheless, the heavy workload, feeling of powerlessness, and hostility from some men are persistent problems.
- ➔ **Earmarking the emergency budget for GBV-related medical care has limited the relevant assistance available** to refugee and asylum-seeking women and girls. Cash-based interventions (CBIs) would meet those needs more flexibly. In particular, after 15 months of lockdown, there are needs related to livelihoods, eviction, fees for temporary accommodation while escaping risk of abuse, and support for survivors' children.
- 💡 **The project needs to strengthen:**
 - ➔ **its fundraising capacity**, to supplement funding for training and for emergency CBIs;
 - ➔ **its network of community-based support systems** for women and girls.
- 💡 **The project needs to better mainstream AGD, in addition to focusing on women and girls.** By the end of the first year, a few of the focal points tried to invite women of a range of ages, or target more vulnerable women. However, the design does not focus strongly on an AGD-inclusive approach, and this has left its mark: there are few older members, few (if any) members with disabilities, and few (if any) lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) members.

¹² Topics requested included filing a police report, preparing reports for protection requests, using complaint mechanisms for services, self-protection in the workplace, and family planning and reproductive health.



UNHCR, the partner NGOs, and focal points meet for a debrief every fortnight to provide feedback on group sessions and bring forward relevant issues raised by group participants. © UNHCR/Victor Chan



Most group sessions take place online through video or voice calls on platforms such as WhatsApp. © UNHCR/Victor Chan

TIPS FOR REPLICATION AND SCALING UP

- ✓ **Consider building an AGD-inclusive approach to group membership** from the start to foster membership by diverse women and girls, especially by older women and by women and girls with disabilities.
- ✓ **Ensure that the roles and responsibilities of community focal points are clearly outlined**, in line for example with the International Rescue Committee guidelines on mobile and remote delivery of GBV services.¹³
- ✓ **Where possible, use a mixed mode of virtual and physical engagement** for the support groups. Some of the groups found that their members were more willing to open up face-to-face. At the same time, given the benefits of the project as run so far, **retain a virtual component** even if movement restrictions are lifted.
- ✓ As the project develops, **build up the capacities of women leaders**, connecting them to the capacity-building they would like (e.g. project management, livelihoods or language learning).
- ✓ **To scale up the project**, several options could be adopted, either alone or combined:
 - ➔ **Increase the number of focal points and communities reached.**
 - ➔ **Increase funding for:**
 - **emergency interventions**, especially for single mothers, child-headed households, women at risk of eviction, women who are potentially at risk of intimate partner violence, and women and children with disabilities;
 - **capacity-building for the focal points** (e.g. to pay for trainers, to rent physical space, to provide a data stipend for online training or an allowance for attending training);
 - **capacity-building for the group participants**, including language classes and training on project management.
- ➔ **Expand the project to other regions**, ideally with partners already in these regions who could provide the same level of guidance and support as the current partners. For example, UNHCR Malaysia now has qualified partners in both northern and southern Peninsular Malaysia.
- ✓ **Take into account the costs of providing a smartphone** to focal points without one, **and a data stipend** to both focal points and participants. Nonetheless, implementing NGOs should, to the extent possible, arrange to make Internet data directly available to focal points and participants.
- ✓ **Work on connections to wider sources of material and immaterial support and services for women and girls**, such as:
 - ➔ **community-based income generation** for refugee women's subsistence;
 - ➔ **good rapport with local authorities**, to assist vulnerable women and girls;
 - ➔ **healthy relationships and collaboration with men community leaders.**

¹³ Available from <https://gbvresponders.org/response/mobile-and-remote-gbv-service-delivery/>.

MORE INFORMATION

Most of the resources for this specific project, such as training materials, are not currently available online. However, the larger programme that the project is part of does offer some online resources:

- Project website: www.unsw.edu.au/arts-design-architecture/our-schools/social-sciences/our-research/research-networks/forced-migration-research-network/projects/gender-audits-global-compact-refugees0.
- Pittaway, E., Bartolomei, L., Doney, G., Thambiah, S., and Faiz, A. (2019). *Refugee Women and Girls: Key to The Global Compact on Refugees. Kuala Lumpur Consultations Report*. Available from www.arts.unsw.edu.au/sites/default/files/documents/Women-as-Key-to-GCR_Malaysia-report_Oct-2019.pdf.

On emerging practices more generally:

To learn about how and why to categorize an operational practice as a promising practice, emerging practice or case study, please refer to the two-page distinction table¹⁴ extracted from the methodology and background document¹⁵ on collecting practices and case studies.

You are welcome to submit new case studies and practices through this online form.¹⁶

¹⁴ Internal resource. Available from <https://bit.ly/3ATt3MN>.

¹⁵ Internal resource. Available from <https://bit.ly/34exy8O>.

¹⁶ Internal resource. Available from <https://bit.ly/34eS1dt>.

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