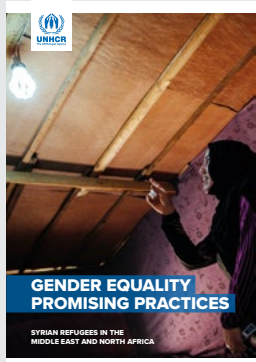




SEXUAL AND GENDER-BASED VIOLENCE (SGBV) PREVENTION, RISK MITIGATION AND RESPONSE

Promising practices

See these publications for additional UNHCR and partner promising practise related to gender equality:



Gender Equality Promising Practices
– Syrian Refugees in MENA –
<https://www.unhcr.org/5a3bab8a4.pdf>



Learning from Experience to Advance Gender
Equality – Promising Practices in Asia –
<https://bit.ly/382t7Lq>

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Cover photo: Schoolgirls traverse the muddy streets in the market in the Hagadera refugee camp in Dadaab © UNHCR/Sebastian Rich

Layout & design: BakOS DESIGN

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ACRONYMS

AAC	Artisan advisory committee	IPV	Intimate partner violence
ACORD	Agency for Cooperation on and Research in Development	IRC	International Rescue Committee
AGD	Age, gender and diversity	ISIL	The Islamic State of Iraq and the Levant
AIDS	Acquired Immune Deficiency Syndrome	KRCS	Kenya Red Cross Society
ARC	American Refugee Committee now known as Alight	LWF	Lutheran World Federation
BCF	Barzany Charity Foundation	OPM	Office of the Prime Minister (Uganda)
CA	Community activist/s	PoC	Person of concern
CAG	Community Action Group	PSN	Person/s with specific needs
CEDOVIP	Centre for Domestic Violence Prevention	RCK	Refugee Consortium of Kenya
DCVAW	Department of Combating Violence Against Women	SASA	Start, Awareness, Support, Action
DRC	Danish Refugee Council	SGBV	Sexual and gender-based violence
DRC	The Democratic Republic of the Congo	TdH	Terre des Hommes
EASE	Economic and social empowerment to reduce violence against women	ToT	Training of trainers
EMAP	Engaging men in accountable practices	TPO	Transcultural Psychosocial Organization
FAQ	Frequently asked questions	UNDP	United Nations Development Programme
GBV	Gender-based violence	UNFPA	United Nations Population Fund
GBVIMS	Gender-based violence information management system	UNHCR	United Nations High Commissioner for Refugees
GNT	Good Neighbors Tanzania	UNICEF	United Nations Children's Fund
GoK	Government of Kenya	VSLA	Village savings and loans associations
HIV	Human immunodeficiency virus	WCC	War Child Canada
		WPE	Women's protection and empowerment

OVERVIEW AND METHODOLOGY

Introduction and rationale

Sexual and gender-based violence (SGBV) is a violation of human rights that denies the human dignity of the individual and hurts human development. The United Nations High Commissioner for Refugees (UNHCR) is committed to ending all forms of SGBV. Across all operations, UNHCR employs a range of programming measures to prevent, mitigate and respond to SGBV.

Documenting promising practices on SGBV prevention, risk mitigation and response means creating a record of what works, when it works and how it works, thus contributing to a process of learning, knowledge development and sharing that is beneficial for the whole organization and the wider community of practitioners. A promising practice facilitates learning by generating lessons that are relevant for dissemination and by providing knowledge to inform the broader thinking about SGBV prevention, risk mitigation and response.

UNHCR regularly collects practices from the field for the following reasons:

- to develop and share results across operations, locations, and among practitioners;
- to account for the diverse ways of adapting and working on prevention, risk mitigation and response;
- to enhance learning and accountability;
- to continuously work towards increasing quality documentation of practices from the field.

The summaries collected here are the first instalment in a process that UNHCR plans to undertake regularly to build documentation, results and evidence, as well as to recognize and inspire. It also aims to complement the published volumes of Gender Equality Promising Practices.¹ It is important to note that some of the practices contained here are already well established in various contexts; this documentation sought to identify the unique aspects of their adaptation and replication in a humanitarian context.

Recognizing a promising practice

For the purpose of this documentation a **promising practice** is defined as a practice that is relevant and effective and has protective and/or transformative potential² for SGBV survivors and persons at-risk of SGBV, as well as for the wider community, as demonstrated by quality and reliable results. It is a successful experience and practice that can include a project, a process of one or more steps, a programme or a tool³ that has been tested and validated and deserves to be shared.⁴

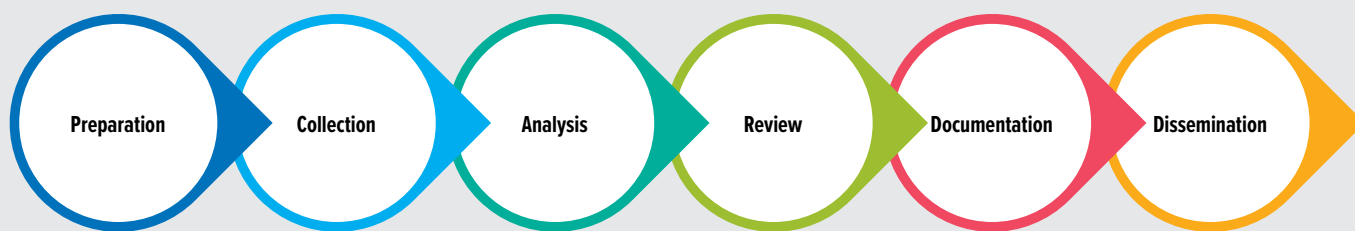
¹ UNHCR Gender Equality Promising Practices: <https://bit.ly/2Lj6KHJ> and <https://bit.ly/3859OBh>

² Having a transformative effect or the potential to be transformative means focusing on and changing the underlying conditions that led or contributed to SGBV. In other words, those practices considered promising are the ones that aimed to have a transformative effect on the structural inequalities or conditions that made SGBV possible. Protective potential also refers to addressing risks and realization of rights.

³ Examples of tools are training modules, guidelines, programme models, etc.; while examples of promising practices at the process level could include the adoption of an inclusive, participatory approach vis-à-vis at-risk sub-groups such as young people, elderly people, persons with disabilities and so on, in line with the 2018 [UNHCR Policy on Age, Gender and Diversity](#).

⁴ It is important to note that there is no globally agreed definition of a promising practice in this field.

The methodology used was developed around the following six stages:



Limitations

The documentation process relied on information provided by country operation teams. A reference group structure was established to provide additional review and to support adherence to the process developed. It is recognized that in-person visits would have added value to the process; however, these were not possible due to time limitations.

Methodology

To preserve a record of the process, a methodological summary and detailed steps are outlined below.

1. Preparation

Following consultations, a series of tools was specifically developed to support the documentation process. These tools were circulated along with the call for submissions and included development of:

- a. a detailed methodology and frequently asked questions (FAQ) to guide submitting teams on how to identify, analyse and document promising practices – including a list of criteria and ways of application;
- b. a document outlining for stakeholders the purpose, scope and expected deliverables;

- c. a short submission template based on key submission criteria; and
- d. an annotated outline of the structure to use for writing up the promising practice following selection.

The selection methodology consisted of a set of submission screening criteria, complemented by more in-depth selection criteria to assess whether the practices can be considered promising and step-by-step guidance on the process.

2. Collection

A Call for Promising Practices on Sexual and Gender-Based Violence (SGBV) Prevention, Risk Mitigation and Response was issued to solicit practices from Operations.

3. Analysis

The initial submission screening criteria included the following considerations:

- **Timeframe:** The practices were implemented in the period from 2013 to 2018, including ongoing initiatives.
- **Results:** Information exists about the situation before the practice was initiated (baseline), and there are observable, and possibly documented, results of the difference the practice is or has been making. If not, what is the likelihood of gathering this information, should necessary support such as guidance, tools, etc. be provided?

The following criteria were used to identify promising practices:

RELEVANCE	IMPACT	PARTICIPATION AND INCLUSION	AGE, GENDER AND DIVERSITY	SUSTAINABILITY	INNOVATION*
<p>The practice demonstrates sensitivity to the cultural, social and economic context and to opportunities and challenges in that context. It also responds to the identified needs and priorities of those it intends to target. The activity's objectives are valid and consistent with the intended results.</p>	<p>The practice has made a difference to the intended beneficiaries, communities, services, capacities or systems where the objectives were to address an institutional gap, a change at different levels or implement a strategy, programme or system.</p>	<p>Participatory methodologies are employed at each stage and within the operation management cycle. Opportunities are sought to reinforce and increase inclusion and meaningful engagement of people of different ages, genders and diverse backgrounds in all activities.</p>	<p>The practice systematically considers the needs, concerns, and priorities of persons of different ages, genders and diverse backgrounds as relevant in the given context.</p>	<p>The practice demonstrates potential for sustainability, including sustainability considerations built into it from the outset; for example, through community/local or national counterparts' engagement and ownership, integration into national and local policies and systems, ways of ensuring institutional and financial support, long-term supply management strategies, etc. The benefits are likely to last.</p>	<p>The practice displays an innovative dimension in the form of tools, systems or approaches, and implements a new or improved good, service or process.</p> <p><i>*It is important to note that while Innovation was also suggested for consideration, it was not a central pillar but was expected to complement and add to them in the overall analysis.</i></p>

➔ **Adherence:** The following interconnected protection mainstreaming elements were adhered to: prioritization of safety and dignity; avoid causing harm; meaningful access; accountability; and participation and empowerment,⁵ reinforced by UNHCR's commitment to the age, gender and diversity (AGD)⁶ and Community-Based and survivor-centred approaches.⁷

In accordance with this process, four practices were determined to meet the criteria.

4. Review

The review process consisted of reference group members ensuring application of the criteria in the initial screening stage and providing clarification and comment.

5. Documentation

In country-teams led the drafting process and were supported to finalise the practices included here.

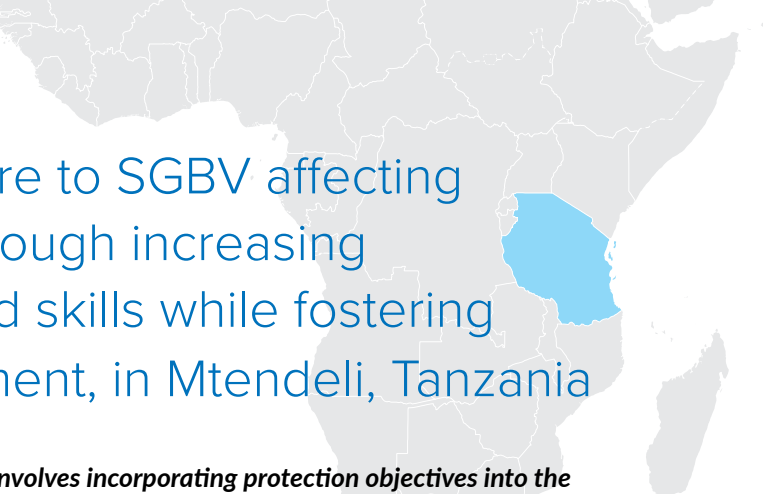
6. Dissemination

The practices, once documented, are disseminated widely through internal UNHCR channels including global, regional and national workshops and on-line posting. The summaries will also be shared specifically with operations interested in replicating or adapting the practices.

⁵ Global Protection Cluster, [Protection Mainstreaming Principles](#)

⁶ [UNHCR AGD Policy](#) 2018

⁷ A survivor-centred approach is put in place through a set of principles – no matter what their role is – in all their interactions with people who have experienced SGBV. They include the rights to safety, confidentiality, and rights to respect, dignity, self-determination and nondiscrimination.



Reducing the risk of exposure to SGBV affecting refugee women artisans, through increasing livelihoods opportunities and skills while fostering self-reliance and empowerment, in Mtendeli, Tanzania

This is an example of integrated programming, which ‘involves incorporating protection objectives into the programming of other sector-specific responses (i.e. beyond the protection sector response) to achieve protection outcomes. Integrated protection programming requires all humanitarian actors to commit, wherever feasible and appropriate, to protection objectives in the design of their activities.’⁹ Within integrated programming, risk mitigation activities must also take place. This type of programming should be designed with the support of specialist staff on gender and SGBV but typically is led by another sector or jointly with Protection.

TITLE

Integrated model of SGBV and livelihoods
‘A Basket of Solutions’

PROJECT OBJECTIVE

To reduce SGBV risk factors faced by Burundian refugee women artisans in Mtendeli camp by improving livelihood opportunities, increasing skills and fostering self-reliance and empowerment⁸

DATE/S

August 2017 – present

POPULATION GROUP/S

Refugees

PARTNERS

Community members, WomenCraft, International Rescue Committee, Good Neighbours Tanzania

MORE INFORMATION

UNHCR Tanzania <https://bit.ly/2DRQ8mx>
and Made51 – <https://bit.ly/382IV1G> and
<https://bit.ly/2PdYSIW>

Project overview

UNHCR, in partnership with the International Rescue Committee (IRC) and WomenCraft, launched an integrated model of SGBV and livelihoods programming called *A Basket of Solutions*.

The artisans produce home décor products for the [WomenCraft Refugee Feature Collection](#) which combines traditional Burundian weaving with colourful modern designs representing the resilience and determination of the refugee artisans. The collection also forms part of the wider [MADE51](#) Collection, UNHCR’s global brand of artisanal home décor and accessories crafted by refugees. In MADE51, UNHCR collaborates with select social enterprises around the world, each of which works directly with refugee artisans to develop and produce a unique line in the MADE51 Collection. [WomenCraft](#) is a social enterprise based in the United Republic of Tanzania that creates and exports a distinctive line of fair-trade home décor. As part of this project they develop the artisans’ basket weaving skills leading to globally marketable outputs, while IRC delivers training on SGBV, leadership and empowerment and creates opportunities to enhance dialogue between men and women via the [Economic and Social Empowerment \(EA\\$E\) Discussion Series](#).

⁸ For another example of similar programming please see UNHCR Learning from Experience to Advance Gender Equality Promising practices in Asia: <https://bit.ly/34JJeLT>

⁹ IASC Policy on Protection in Humanitarian Action (2016) <https://bit.ly/2YbX8nj>

The MADE51 Artisan–SGBV integrated programming model aims to reduce exposure to violence, dependency, exploitation and poverty by offering livelihood opportunities to women, girls, men and boys at risk of SGBV, thus increasing their safety and dignity. The integrated model has a dual protection and livelihoods objective and ensures that risk mitigation measures are included and adjusted over time as needed.

Operational context

Mtendeli camp is located in the country's northwest. It was reopened on 14 January 2016 as part of an emergency response to receive Burundian refugees fleeing Burundi. Many of those fleeing the violence had also previously been refugees in the United Republic of Tanzania. The camp ceased to accept new arrivals in October 2016, when the population reached camp capacity of 50,000 individuals. As of January 2019, 37,398¹⁰ persons of concern were registered in the camp, and approximately 80% of the population in Mtendeli still lived in emergency shelters.¹¹

Approximately 49% of the camp population is female, and the SGBV risks they face are high. According to the Gender-Based Violence Information Management System (GBVIMS)¹² trend analysis, the main SGBV risks faced by women include physical abuse, psychological/emotional abuse and the denial of resources, opportunities and services, mostly by intimate partners. Specifically, from January to December 2017, incident reports received by IRC through its Women's Protection and Empowerment (WPE) programme consistently featured intimate partner violence (IPV)¹³ as the most frequent reported incident context of SGBV, constituting 66%.

Importantly, it is acknowledged that incidents of SGBV continue to go unreported while many, if not all, women in the camp can be considered at-risk of SGBV due to the significant and documented risk factors such as firewood collection; chronic lack of livelihoods opportunities primarily due to restrictions on freedom of movement and the right to work; lack of access to markets; and strained household situations alongside entrenched social norms and patriarchy.¹⁴ The majority of the population depends on firewood collected outside the refugee camp as a principal energy source; women, who are primarily responsible for this activity, face considerable risks of SGBV, despite increased police patrolling and community efforts to address the problem.

SGBV risks were exacerbated in 2018 when reductions in food rations were introduced, compounding poverty levels and forcing many refugees to engage in casual work within and around the camp, thus further exposing refugee women and adolescent girls to potential exploitation and abuse. Other documented risk factors include distance from latrines and a lack of lighting. Despite significant attention and advocacy, these risk factors remain unresolved because of insufficient resources.

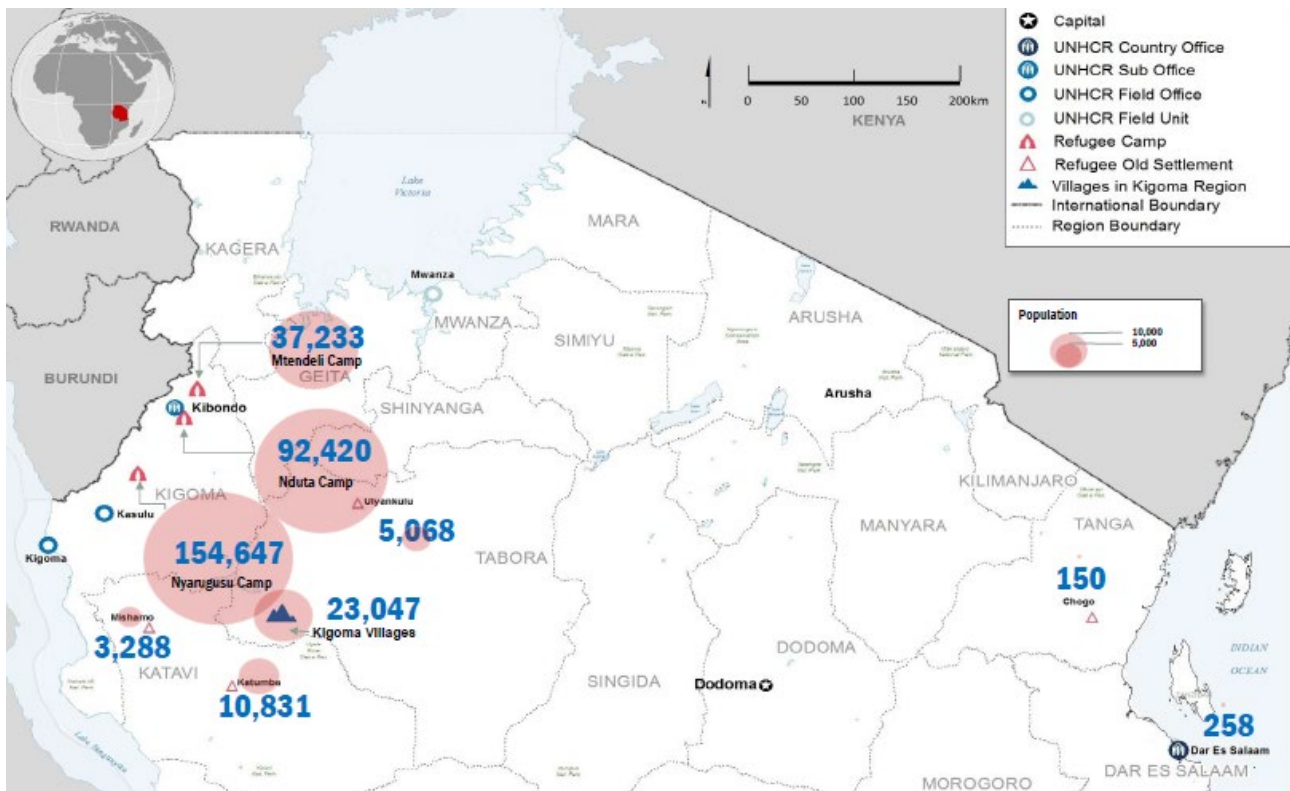
¹⁰ [UNHCR Tanzania statistics January 2019](#)

¹¹ UNHCR Tanzania shelter section statistics

¹² The [GBVIMS](#) was created to harmonize GBV data produced through service delivery in humanitarian settings. The GBVIMS enables humanitarian actors to safely collect, store and analyse reported GBV incident data, and facilitates safe and ethical sharing of data with other local actors.

¹³ The 2017 Interagency GBV Case Management Guidelines specify that Intimate Partner Violence occurs between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships) and is defined as behaviour that causes physical, sexual or psychological harm and may include denial of resources, opportunities or services.

¹⁴ SGBV Sub Working Group Tanzania – trend analysis 2018; UNHCR 2018 Participatory Assessment: <https://bit.ly/2LkL4eu>



United Republic of Tanzania Refugee Population Update, December 2018.

Project background

From the beginning of the emergency, women would gather in IRC-run safe spaces located across the camps to practise their traditional crafts, socialize and later sell their products. The artisans specialize in a traditional basket coiling technique, mixing natural, replenishable fibres with unravelled grain sacks to create colourful, intricate designs. However, the camps offered limited opportunity to market the goods and sales were limited to infrequent visitors to the safe spaces, so support was requested to find markets for the products.

Against this backdrop, and with funding support from [Safe from the Start](#), UNHCR and IRC together with [WomenCraft](#) launched the integrated SGBV and livelihoods project *A Basket of Solutions* for refugee women artisans in Mtendeli camp.

A Basket of Solutions offers an opportunity for Burundian refugee women to earn an income through their craft, become self-reliant and contribute to their families and host

communities. Refugees receive the opportunity to access technical training in design and product development through the LSE and learn new skill sets where needed, and together develop a product that seeks to build on traditional heritage and culture, harnessing existing artisanal skills. As artisans gain experience, they take on increasing ownership and leadership in guiding new artisans, and become leaders and role models. The peer-to-peer support that is formed in strong artisan group, is proven to improve psychosocial well-being by enabling social and economic inclusion and stronger cultural ties to host communities.

In partnership with the World Fair Trade Organization (WFTO), MADE51 sets the ethical compliance standards that LSE partners must meet in their work with refugees. This ensures that the [10 principles of Fair Trade](#) are met which includes assurances that each artisan receives a fair wage, enjoys decent and fair working conditions, with no harm to their safety and dignity, including working free from sexual harassment, abuse and violence.¹⁵ Coupled with UNHCR principles of

¹⁵ Learn more about Made51 - <https://www.made51.org/qa-with-made51/>.

protection and policy guidelines in Age, Gender and Diversity, MADE51 works closely with UNHCR field colleagues and partners to ensure protection principles are upheld and that refugee artisans are participating in local value chains in a safe and dignified way.

Process and activities

Phase I of *A Basket of Solutions* lasted from August to December 2017, while Phase II ran from April to December 2018. Phase III began in March 2019.

Phase I: August to December 2017

- ➔ **Formation of artisan groups and initial production:** Fifty (50) skilled women artisans already creating products were readily identified. IRC conducted a voluntary selection process, and the artisans agreed to participate in a project with an enhanced market-based approach. The 50 artisans were then trained on further artisanal technical production and basic business modelling in collaboration with WomenCraft and IRC. At the same time, and with the artisans' approval, their spouses participated in a project orientation to learn about the process and the project's desired outcomes. This aspect was important for managing the expectations of artisans' family members.
- ➔ **Design and marketing:** Building on their cultural knowledge of basket weaving techniques, the artisans were taught more internationally marketable designs and received training in new pattern-making using moulds and other measuring tools to ensure a standardized production process. With WomenCraft's technical supervision and support, the artisans produced samples in order to learn how to use the new tools and implement novel designs and shapes. Production was carried out within the IRC's Women Centre, which is considered a safe space for the artisans.
- ➔ **Leadership, participation and ownership:** The 50 artisans were divided into two groups, each with an elected chairperson, secretary and accountant. One experienced artisan was nominated 'lead artisan' and sat on WomenCraft's Artisan Advisory Committee (AAC), acting as a point of liaison between the artisans and WomenCraft. The AAC receives and communicates orders, monitors and supervises order production and timeframe, and oversees final quality control. Artisans can provide feedback and/or concerns through different channels, including WomenCraft, IRC and UNHCR complaints mechanisms; concerns mostly relate to clarifications on day-to-day implementation, including artisan payment schedules. IRC also conducted complementary leadership training on a bi-monthly basis. The training sessions included lectures and exercises on leadership skills to build capacity and confidence in mentoring other women in their communities. They also sought to enhance a community-based approach to protection, with the aim of reducing exposure to SGBV both while in the camp and if they return to Burundi.
- ➔ **Business training:** This training focused on quality assurance and meeting delivery targets to initiate the group to a client-based mentality. Business and numerical skills training was delivered by IRC and Good Neighbors Tanzania (GNT) – the lead livelihoods agency in the camp – to support the artisans in developing their professional capacities. Under IRC's programming, women artisans were offered the opportunity to participate in initiatives such as Village Savings and Loan Associations (VSLAs) to improve their savings skills and reduce security threats connected with keeping cash from their income in their homes.
- ➔ **SGBV prevention and response activities:** Specific training was conducted to educate participants on concepts and types of SGBV, as well as prevention and response mechanisms available in the community, ensuring that artisans have support to address any issues and barriers to participation they may face. WomenCraft's staff also participated in the bi-monthly SGBV training. Group members who wish to seek services are confidentially referred, with consent, to case management and psychosocial support services that are available on site and are part of IRC's activities.



MADE51 WomenCraft, Burundian Refugee Collection © WomenCraft

Phase II: April to December 2018

Building on Phase I, Phase II generally expanded activities; highlights are summarized below.

Artisanal production

Following WomenCraft's participation in several national and international exhibitions at the end of Phase I, the product design underwent some revision to improve marketability. Organization of the artisan team was also reviewed to improve production efficiency and speed. MADE51 and WomenCraft spearheaded marketing activities while the artisan women were trained to work on individual item codes and order request details. Following are specific activities that took place during production.

- **Monthly field visits to solidify a sustainable supply chain:** Three week-long field visits were completed in August, September and October 2018 with a focus on solidifying the supply chain. All Mtendeli artisan group members attended

WomenCraft-facilitated trainings which focused on raw material sourcing, production systems, quality control, communication, logistics and artisan payments. While ongoing monitoring is necessary, key systems were put into place to ensure reliable and timely fulfilment of large- and small-volume orders.

- **Finalizing costing and pricing of refugee products:** A production time study and supply chain analysis were conducted. All costs for producing and sourcing products from the camp were evaluated and included in final costing and pricing for each product of the refugee collection.
- **Marketing the refugee collection and monitoring sales and marketing efforts for the refugee line:** Demand for refugee collection products was scaled up through active marketing campaigns, MADE51 customer engagement, sales trips and attendance at domestic and/or international trade fairs, including participation at one international fair and three domestic fairs, as well as one domestic sales trip.

➤ **Preparing and launching the design workshop for the 2019 refugee line:** Through the 2018 design workshop an experimental/complementary refugee product line was developed exploring new/innovative materials, shapes, designs and colours. Some 49 product samples were developed in the design workshop.

➤ **Expanding the number of refugee artisans:** Based on an evaluation of demand versus production capacity, the number of new refugee artisans to be trained was determined, and suitable artisans were identified within the refugee population. Thirty-nine (39) new artisans were trained in all production and quality-control procedures. Thanks to the artisan expansion, the refugee artisan group continues to be able to reliably meet demand for all orders received. All refugee artisans participated in a 14-day training with WomenCraft.

➤ **Continuous skills development:** At the culmination of Phase I, it was observed that some of the artisans would benefit from skills development to improve the quality of their work. Additional training was offered in Phase II as WomenCraft continued to work with the same participants to improve their production quality and efficiency. Phase I participants also received a refresher training on leadership, business and numerical skills which will increase their power to take on roles that increase their social status and their ability to form a group and lead people.

Leadership, participation and ownership

Group organizational structures were strengthened through leadership and conflict resolution training spearheaded by WomenCraft. Other specific activities included:

➤ **Fostering independent operations:** All Mtendeli artisan group members attended the WomenCraft-facilitated trainings, which focused on strong leadership, defined roles and responsibilities, conflict resolution and internal weaving support from lead artisans. While ongoing capacity development is necessary, sustainable internal artisan group structures were put in place whereby one elected artisan acts as the group leader and intermediary between WomenCraft and the group.



Member of the artisan group in Mtendeli
© WomenCraft/Ueli Litscher

➤ **Leadership development:** While WomenCraft's training focused on leadership for production and group work, IRC conducted separate leadership trainings on a bi-monthly basis to develop the artisans' capacity and confidence in mentoring other women in their communities on issues relating to SGBV and empowerment. As in Phase I, the goal of this training was to enhance a community-based protection approach.

➤ IRC in collaboration with GNT also conducted business skills refresher training for 60 women weavers with the aim of equipping the women in business selection, market survey, entrepreneurship and decision-making. Moreover, through the initial leadership training, emphasis is also placed on peer-to-peer education, mentoring and skills transfer from artisan to artisan, which increases ownership, self-reliance and potential for any future scale-up.

¹⁶ UNHCR Tanzania

A timeline of Phase II's main activities is summarized in the following chart:¹⁶

Phase II – 2018								
April	May	June	July	Aug	Sep	Oct	Nov	Dec
Kick-off meetings between IRC WomenCraft, UNHCR								
Assessments and focus groups								
	Baseline survey							
		Artisanal production enhanced by solidifying reliable and sustainable supply chain: raw material, production systems, quality control, finalize costing and pricing of products						
		Leadership trainings on leadership roles & responsibilities, conflict resolution						
		Integration to VSLAs						
		SGBV training for women		SGBV training for women		SGBV training for women		SGBV training for women
			EA\$E Discussion series with women/spouses on financial management, entrepreneurship					
			Leadership trainings to foster a community-based approach to protection		Leadership trainings to foster a community-based approach to protection		Leadership trainings to foster a community-based approach to protection	

SGBV prevention and response activities

🕒 **SGBV capacity development:** Refresher training was conducted for 97 artisans on basic SGBV concepts, consequences of SGBV, referral pathways and the importance of early reporting. In parallel to the continuation of SGBV trainings from Phase I, IRC now additionally implements the [EA\\$E](#) Theory of Change Discussion Group series¹⁷ as part of their broader WPE programme in the refugee camps. The implementation included a gender discussion series with artisan women and their spouses on decision-making; effective communication and negotiation skills; household financial flow; planning and budgeting household resources together; and creating peaceful relationships.

During the three-month discussion series, artisans and their male partners participated in facilitated talks to ensure that men understand the artisan activities, the benefits that this will trigger, and their wider social benefits. These discussions built on the initial orientations that the spouses participated in and created space for male participants to reflect on their individual behaviour and household dynamics. A total of 24 male spouses and partners completed the sessions.

- **Establishing safety mechanisms:** Refugees in the United Republic of Tanzania do not have formal access to banking, so to address their need to have a safe place to keep money, and to mitigate potential harmful consequences of participation in the project, IRC incorporated the artisans into the VSLA groups that are part of the EA\$E intervention. VSLAs help participants access financial savings and loans services and in this case, they also provided a safe space for women to keep their income.

¹⁷ See IRC – <https://bit.ly/2qg3nKt>



Mtendeli camp 2017 ©UNHCR/Georgina Goodwin

- **Ongoing monitoring and mitigating SGBV and other risks:** By generating substantial income for the artisans, a *Basket of Solutions* may unintentionally result in increasing their exposure to risk of SGBV and other forms of violence. Examples include conflict with neighbours, family members and ex-husbands. To address this, IRC included the artisans in the VSLA project and conducts regular check-ins with individual group members.

The EA\$E Discussion Group Series introduced by IRC was intended to address possible intra-household dynamics and exposure to risk of SGBV between artisans and their male partners. Thanks to their participatory methods, EA\$E discussions – particularly the gender component – have been shown in other contexts to have the potential to reduce IPV in the household¹⁸ and increase project participants' well-being. The sessions in Mtendeli with the artisans and their spouses aim to challenge gender norms about financial decision-making (money and assets) using non-threatening entry points, and to improve overall household well-being, thus mitigating the potential risk of increased violence as a result of participating in economic empowerment programmes.

¹⁸ IRC Programme Implementation Manual, EA\$E, 2012

Participation and accountability

The voluntary repatriation of Burundian refugees that started in September 2017 affected Phase I, with 9 of the 50 original artisans voluntarily repatriating to Burundi. Phase II saw the introduction of 39 new members directly selected in April 2018 by the original cohort of 50 women, resulting in a total of 80 women participating in the project by the end of Phase II in December 2018.

Membership is diverse and inclusive in age and geographical background from country of origin and includes artisans with disabilities. The project site is in a protected environment inside IRC's Women Centre at the heart of Mtendeli Camp; it is accessible by wheelchair. The artisans are all female, but their male partners are also involved in IRC's programme through sensitization on gender, SGBV and women's financial empowerment, including membership in VSLAs and business skills training.

The possibility of adding additional artisan members to the project is discussed in the monthly coordination meeting between IRC, WomenCraft and UNHCR. Potential new members are interviewed using a set of questions similar to the Phase I baseline survey conducted in August 2017, and data is analysed and discussed with existing members.

Selection is made based on a range of skills a participant might bring to the group, for example leadership potential and master weaving skills. Participants who are engaged in other livelihoods programmes or who cannot commit to a 12-month engagement are deprioritized. With support from IRC, UNHCR has been running a baseline survey and end-line survey every year. Selected results from the monitoring data thus far are summarized in the following section.

Results and achievements

The MADE51 Collection was officially launched in February 2018 at the Ambiente international trade show in Frankfurt, Germany and has since been showcased at other trade shows in Europe and Asia.

Baseline, mid-line and end-line surveys are conducted by IRC and UNHCR with all the artisans to monitor and evaluate project impact results. Measurement of impact included data on any change in earned income, use of income, technical skills obtained, leadership skills developed, reduction of exposure to SGBV and changes in social and psychological well-being. The monitoring exercise aimed at quantifying socio-economic and protection indicators that are often not measured beyond qualitative assessment.

Initial Phase I results were promising in terms of both product marketability, income generation and improved livelihoods, and SGBV prevention and mitigation and women's empowerment. Production capacity and product quality were good and customer feedback from international trade shows has been overwhelmingly positive, as shown by significant order quantities.

“ The project has helped me to earn income and support the family. The project also advised me how to live with my neighbours in peace and how to resolve problems with the neighbours.”

The Phase I end-line survey specifically showed promising progress around improvement in food security, income, dynamics related to household decision-making and the likelihood of women taking more proactive roles in the community. Quantitative outcomes from the end-line survey included:

- **Food security improved significantly, from 1.4 to 2.7 meals a day.**
- **Women reporting on being able to voice opinions on household decision-making increased from 75% to 100%.**
- **70% of participants reported an increase in their monthly income or expenditure by more than 50% compared to the baseline.**
- **Based on WomenCraft artisan income reports, the value of orders placed increased by 24% from 2017 to 2018 in the same reporting period.¹⁹**

IRC's EA\$E Discussion Series has also proven beneficial in increasing women's self-reliance and participants reported being more confident in speaking out about issues that affect them, as well as working to identify solutions. The following quotes highlight the reported changes:

“ Before joining the group, I was not able to make savings and my husband used to sell food. Although he was employed, he never provided for family meals or clothing. But after joining this project, I managed to provide meals at home and clothes for my children. Also, I am happy because I am able to save from the baskets I make. Another good thing is my husband's behaviour change after attending the group discussion series where he was able to recognize my contribution to the household and value it. We now make decisions together and this makes me happier.”

“ I can hire labour at my farm because I'm pregnant and I can't farm.”

¹⁹ Data from artisan group income reports, 2017 and 2018.

Lessons learned

Lessons learned in Phase I (2017) were addressed in Phase II and continue to be addressed in Phase III.

- ✔ Coordination was hampered initially due to limited information flow and challenges in maintaining regular communication due to location, etc. To resolve this the team established a regular schedule of bi-monthly calls joined by all stakeholders.
- ✔ Partnership arrangements and contract modalities for non-traditional partnerships required more time than anticipated and should be considered from the outset.
- ✔ It is essential to have a dedicated on-site project manager and to factor this into the costs from the outset.
- ✔ Monthly review meetings are necessary to assess gaps and address them promptly. This is essential to ensure the project is on track and that any unintended risks or delays in implementation can be dealt with.
- ✔ Strengthening exit strategies and long-term planning for individual members of the group is essential, especially given changing operational environments. Where necessary, this could be supported through individual case management.
- ✔ The availability of an assured market for the products helped the artisans maintain commitment throughout the project cycle compared to similar interventions in other refugee camps in the country.
- ✔ As the project matures, its scope should be assessed to include additional high-risk groups such as out-of-school young mothers, to increase their income and include them in activities within a safe, nurturing environment.

It was determined that the potential for scaling up would depend on the following considerations:

1. volume of demand for the products;
2. sustainability of the business model;
3. protection benefits felt by the artisans;
4. capacity for artisans to lead and advocate for themselves; and
5. continued interest from the refugee women to join the artisan group.

Tips for replication

- ✔ Conducting a baseline survey will provide information on the protection issues faced by the artisans, which ensures that the project design helps to mitigate potential SGBV risks.
- ✔ Coordinate with stakeholders to agree to times for monthly review meetings.
- ✔ Allow enough time for finalizing partnership arrangements and contract modalities for non-traditional partnerships.
- ✔ Design the programmes to anticipate and adjust to changes to the operational environment such as voluntary repatriation.
- ✔ Establishing a feedback channel and continuous monitoring is essential to address unintended harmful consequences or emerging issues.
- ✔ Joint monitoring of the implementation plan, provision of support to individual members and fostering group development and leadership activities is essential.
- ✔ Orienting actors not familiar with working with refugee communities is an important step in the process; this includes SGBV training for the local social enterprises.
- ✔ Where applicable, and to maintain support and rapport among all stakeholders, ensure the local social enterprise has adequate access to the artisans (i.e. coordinate and apply for permits for a camp setting).
- ✔ Include male family members in SGBV sensitization and empowerment/leadership training with the female artisans to promote positive gender relations and joint decision-making at household level.
- ✔ Provide additional support and or case management to women with specific needs in the group where necessary throughout the project cycle.



Reducing violence against women and girls using SASA!, an evidence-informed community mobilisation prevention approach, in Adjumani, Uganda

This is an example of prevention programming, which recognizes that SGBV is preventable and refers to actions that stop SGBV from ever occurring. It seeks to address the root causes of SGBV, namely gender inequality, patriarchal gender norms and unequal power relations between individuals. This type of programming should be designed with the support of specialist staff on gender and SGBV.

TITLE

Preventing violence against women and children using SASA!, a community mobilisation approach, in Adjumani refugee settlement in Uganda

PROJECT OBJECTIVE

To reduce violence against women and girls

DATE/S

June 2015 – ongoing

POPULATION GROUP/S

Refugees from South Sudan

PARTNERS

Community members, American Refugee Committee (ARC), Agency for Cooperation on and Research in Development (ACORD), CARE, Danish Refugee Council (DRC), International Rescue Committee (IRC), Lutheran World Federations (LWF), Transcultural Psychosocial Organization Uganda (TPO), War Child Canada (WCC), UNFPA and UN Women

MORE INFORMATION

UNHCR Uganda
<https://www.unhcr.org/uganda.html> and
Raising Voices <http://raisingvoices.org/>

Project overview

This section summarizes the adaptation of the SASA! community mobilisation model to prevent violence against women and HIV/AIDS in a refugee settlement in Uganda. The United Nations Declaration on the Elimination of Violence Against Women (1993) defines violence against women as ‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.’²⁰ SASA!, which means ‘**Now**’ in Kiswahili, is an acronym for the four phases of the approach: **Start, Awareness, Support, Action**. It is a community-driven methodology implemented by UNHCR and partners with the aim of transforming cultural power imbalances between women and men to prevent SGBV and HIV/AIDS.

In 2015, UNHCR and the Office of the Prime Minister (OPM) began implementing SASA! together with partners and UN sister organizations²¹ across refugee settlements in Uganda. At present, SASA! is implemented in 30 refugee settlements in 12 refugee hosting districts and is the most widely used methodology for SGBV prevention in the refugee context in Uganda.

Analysis here draws primarily from data gathered in the first two phases of implementation in the Adjumani refugee settlement, where Initial Rapid Assessments demonstrate the approach’s positive influence on addressing power dynamics in relationships and broader community norms.

²⁰ Declaration on the Elimination of Violence against Women: <https://bit.ly/2P940Of>

²¹ See list of Partners above.

Operational context

Uganda has a long-standing history of generously hosting refugees, with 1,205,913 refugees and asylum-seekers as of January 2019.²² A significant majority of refugees fled from South Sudan, followed by the Democratic Republic of the Congo (DRC) and Burundi; the country has received more than 1 million refugees from the DRC and South Sudan since July 2016.²³ The largest settlements are located in the northern region of the country.

The refugee population faces a plethora of protection challenges including SGBV, with 85% of women and children – who represent 82% of the South Sudanese refugee population²⁴ – at heightened risk of SGBV before or during flight. Of all incidents reported in refugee settlements in Uganda, 90% are reported by females.²⁵ The top three categories of incidents reported in 2018 were physical assault at 36%, psychological/emotional violence at 22% and rape at 21%; these were mostly perpetrated by intimate and/or former partners (IPV).²⁶ The above reporting notwithstanding, there is still need to break the stigma surrounding SGBV, as according to anecdotal reports, the vast majority of incidents go unreported. Awareness-raising remains important to increase both understanding of SGBV and the reporting of incidents, while high-quality prevention activities must be strengthened.

The underlying root causes of SGBV include gender inequality and power imbalances between women and men, and harmful social norms that promote acceptance and normalization of systemic abuse and practices, such as child and forced marriage.²⁷ Weak legal frameworks and a culture of silence serve to increase stigma and shame exacerbates the problem. Other noted factors contributing to incidents of SGBV include poverty, alcohol abuse,

limited education and livelihood opportunities, and limited participation of women in settlement activities and/or leadership roles. Conflict-related sexual violence has been reported from both South Sudan and the Democratic Republic of the Congo, an important factor in addressing the consequences of SGBV.²⁸

Project background

The SASA! methodology seeks to redress the gender power imbalance and promote positive behavioural and attitudinal change, with the goal of preventing SGBV and HIV/AIDS. SASA! was developed by the non-governmental organization (NGO) Raising Voices and was initially implemented in 2008 in four communities in Kampala as a randomized control trial. This was done in partnership with the Centre for Domestic Violence Prevention (CEDOVIP), the Gender Violence and Health Centre at the London School of Hygiene and Tropical Medicine, Makerere University and PATH. The study found that *'After just under 3 years of intervention programming, women in intervention communities were 52% less likely to report past year experience of physical intimate partner violence (IPV), compared with women in control communities...and while these findings are promising, they represent only a subset of SASA!'s potential impacts on the nature and extent of IPV.'*²⁹

The study also found fundamental attitudinal change, with a marked reduction in the acceptance of physical IPV (76% SASA! communities vs. 26% control communities) and increased acceptance that women can refuse sex (94% SASA! communities vs. 74% control communities).

²² UNHCR Uganda statistics 2019: <https://data2.unhcr.org/en/documents/details/67906>

²³ UNHCR Uganda profile: <http://reporting.unhcr.org/node/5129>

²⁴ UNHCR Uganda Country Refugee Response Plan 2018, UNHCR South Sudan Regional Refugee Response Plan 2018

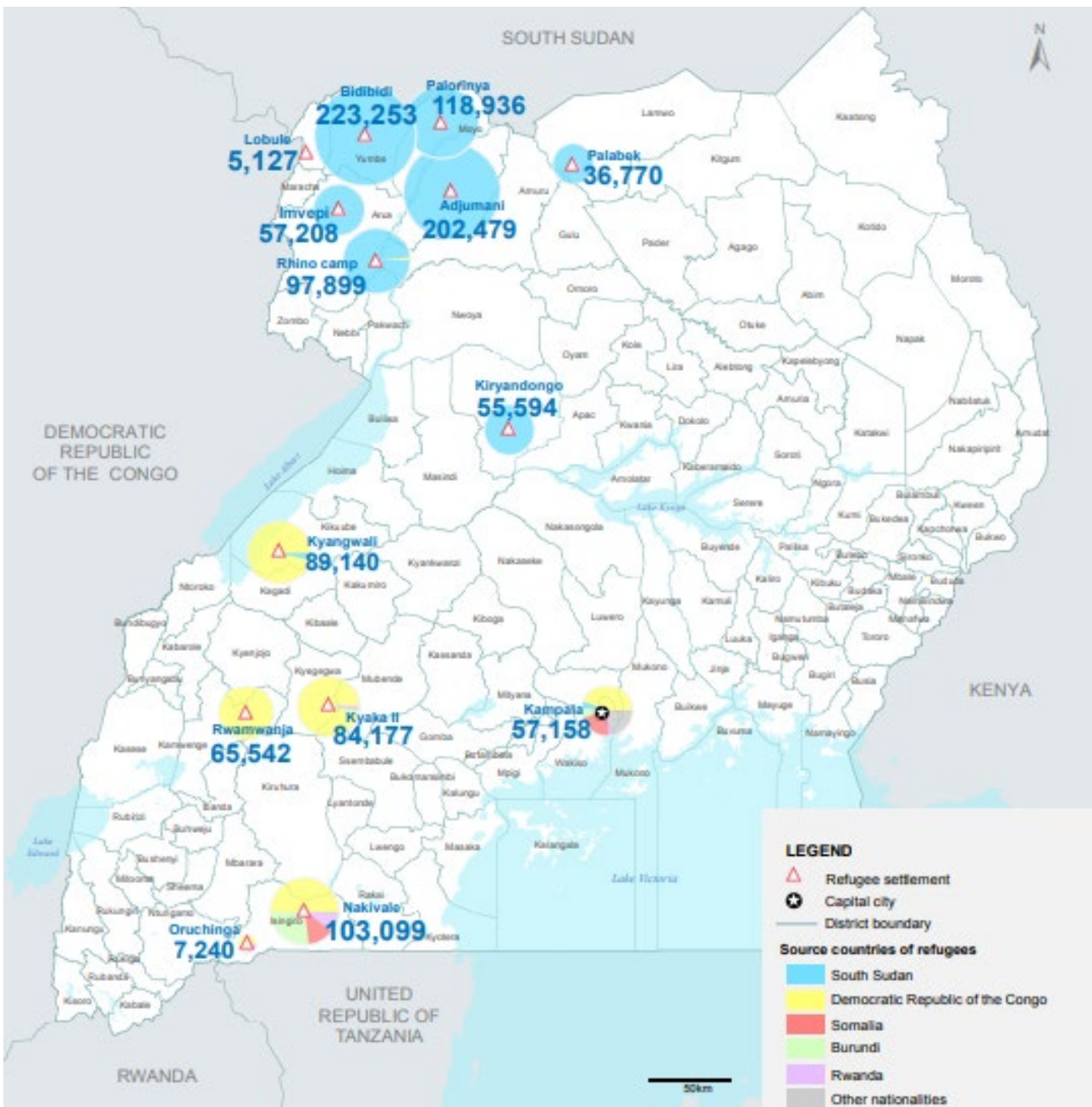
²⁵ Ibid.

²⁶ UNHCR [Monthly Protection Update SGBV September 2018](#). UNHCR coordinates all SGBV interventions in refugee settlements in coordination with other key actors. The [GBV Information Management System \(GBVIMS\)](#) is used in all settlements to enable humanitarian actors to effectively and safely collect, store, analyse and share data reported by SGBV survivors to UNHCR for compilation and analysis.

²⁷ UNHCR Uganda Country Refugee Response Plan 2018

²⁸ Report of the Secretary-General on conflict-related sexual violence S/2018/250 <https://bit.ly/2rM3UUW>

²⁹ Abramsky, T., Devries, K., et al. 2012 The impact of SASA!, a community mobilization intervention, on women's experiences of intimate partner violence: secondary findings from a cluster randomized trial in Kampala, Uganda.



Population statistics – UNHCR Uganda January 2019

The SASA! approach was introduced in the refugee context in Uganda in 2013 by the American Refugee Committee (ARC). At the time there was no systematic implementation of a tested approach for SGBV prevention. It is now the most widely used community-based mobilization approach for SGBV prevention in the setting.

The South Sudanese refugee influx in 2015 led to an increase in the number of actors working on

SGBV prevention, risk mitigation and response in the settlements. This brought more resources and expertise, allowing the SASA! methodology to be adopted and embraced by partners, the Office of the Prime Minister and UNHCR in 2015, with the aim to strengthen SGBV prevention programmes and standardize messages around SGBV across settlements.

SASA! programming is jointly implemented by all stakeholders operating in the Adjumani Refugee Settlement.³⁰ Behavioural and attitudinal change takes time and SASA! programming requires planning for a multi-year perspective. The initial randomized control trial indicated a time requirement of between three years eight months and four years. The SASA! methodology goes far deeper than awareness-raising, by supporting community members through the stages of behaviour change. It also provides stakeholders with clear objectives and outcomes to achieve for each phase of implementation. SASA! aims first to engage in dialogue on staff members' attitudes before any staff can facilitate the process of community behaviour change.

Process and activities

The SASA! methodology is evidence-based and gender transformative; it is systematically implemented to address root causes of SGBV and instigate attitude and behaviour change in communities around violence against women and its connection to HIV/AIDS. The approach draws heavily on two theoretical frameworks: the Ecological Model, which recognizes the complex interplay of individual, relationship, community, and societal-level factors underpinning risks and root causes of SGBV,³¹ and the Stages of Change Theory or the Transtheoretical Model of Change,³² which identifies key phases for individual-level behaviour change.

SASA! seeks to change individuals' attitudes and community norms and structures by supporting entire communities through a phased process of change. Adaptation to account for the distinct characteristics of displacement contexts is essential.³³ In all contexts fidelity to the programme must be maintained, including the following steps:³⁴



Group session on 'power over' at a market in Palabek Settlement © ARC/OCEN

1. Gender-power analysis

This analysis maintains that the root cause of violence against women is the power imbalance between women and men at individual and structural levels, and that men and women can balance power positively in their relationships, families and communities. SASA! explores different types of power through the four phases, supporting staff and community members to reflect on how they use power in their relationships, families and communities. In practice, this means that the SASA! team spends time exploring power, violence against women and activism in their own lives and in the community. They train Community Activists (CAs) who then facilitate informal activities with their peers, neighbours and the wider community to critically reflect on power and violence and how it is used in relationships, families and the community, sparking conversations on how power can be used positively.

³⁰ American Refugee Committee, Lutheran World Federation, Danish Refugee Council, International Rescue Committee, TPO Uganda, Voice for Humanity, Office of the Prime Minister, Adjumani District local government, Tutapona, War Child Canada, OXFAM, ACORD, UNFPA, UNWOMEN, UNHCR, Refugee leaders and SGBV Community committees.

³¹ Heise L.L., 1998. Violence against women: an integrated, ecological framework. *Violence Against Women* 4(3): 262-90

³² Prochaska J.O., Diclemente C.C., Norcross J.C. 1992 In search of how people change—applications to addictive behaviors. *American Psychology* 47(9): 1102-14

³³ See Implementing SASA! in Humanitarian Settings: Tips and Tools: <https://bit.ly/2rN09hU>

³⁴ Raising Voices 2017 Fidelity to the SASA! Activist Kit, Programming for Prevention Series, Brief No.2, Kampala, Uganda

SASA! Phases

START



The Start phase corresponds to “pre-contemplation.”

- The *SASA!* Team starts to foster *power within* themselves to address the connection between violence against women and HIV/AIDS—engaging only a small selection of additional community members in this phase.

AWARENESS



The Awareness phase corresponds to “contemplation.”

- The *SASA!* Team engages the community to become aware of men’s *power over* women and how the community’s silence about this power imbalance perpetuates violence against women and its connection to HIV/AIDS.

SUPPORT



The Support phase corresponds to “preparation for action.”

- The *SASA!* Team engages the community in offering support to one another—joining their *power with* others to confront the dual pandemics of violence against women and HIV/AIDS.

ACTION



The Action phase corresponds to “action” and “maintenance.”

- The *SASA!* Team engages the community in using their *power to* take action, with an aim to normalize shared power and non-violence, demonstrate its benefits, and as a result prevent violence against women and HIV.

SASA Introduction – <https://bit.ly/34LHGRx> © Raising Voices

2. A phased-in approach

SASA! is implemented over four phases that reflect the Stages of Change Theory. The **Start** phase nurtures one’s ‘power within;’ the **Awareness** Phase deepens analysis of men’s ‘power over’ women and how this is tolerated within communities; the **Support** Phase encourages joining ‘power with’ others; and the **Action** Phase equips the use of ‘power to’ enact and sustain positive change.

In the Stages of Change Theory, individuals first acknowledge there is a problem; they think critically about the problem and learn more about it. Then, they can look for alternatives and build skills and

support to make a change. Finally, they can make change and try to sustain it. *SASA!* aims to first initiate a dialogue on staff members’ attitudes before any staff can facilitate the process of community behaviour change.

Monitoring and evaluation tools assess progress at each phase and determine readiness for the subsequent phase.

The **Start** Phase addresses the ‘pre-contemplation’ stage of change and is about fostering power within individuals and communities to begin recognizing which power dynamics exist, when power is misused and learning about using one’s own power to positively affect change. Recognizing that an explicit focus on SGBV at this stage may be off-putting to those being engaged for the first time, critical discussion of power and the imbalance of power are centred instead. CAs and a wider group of men and women who are interested in issues relating to violence are selected and trained on the entire methodology with a focus on this phase. Particular effort is made to foster inclusion, as the intention is to have as many activists as possible.

The **Awareness** Phase addresses the ‘contemplation’ stage of change, where communities begin to understand men’s power over women, the misuse of that power to control women and how HIV is both a cause and consequence of power over women and girls. Control may be physical, verbal, intimidation or reinforcing social norms. Through role-play activities, door-to-door visits, community film projections, community participatory dramas, poster discussions and public events, CAs reach a range of community members, encourage self-reflection and help to create the understanding that a balance of power benefits everyone.

The **Support** Phase corresponds to the ‘preparedness for action’ stage of change and is where power is shared towards a common goal of gender power equality. This might mean supporting survivors of violence, individuals offering themselves to end gender-based violence and choosing to be nonviolent and look for alternatives to violence. Activities focus on helping people to develop appropriate skills to reduce inequities in their relationships, and to challenge and respond appropriately to violence in their communities.

Lastly, the **Action** Phase addresses the ‘action and maintenance’ stages of change where communities consolidate and normalize the power to enjoy the full spectrum of human rights, including the freedom experienced by women and men to achieve their full potential, no longer bound by norms that accept men’s power over women. Each phase of the SASA! model takes the community through training based on documented, comprehensive toolkits, which can be customized.³⁵

3. Holistic community engagement (circles of influence)

To stimulate changes in harmful social norms, SASA! incrementally engages members of the community at all levels of the Ecological Model³⁶ – individual, relationship, community and society – to build a critical mass for change. At the start of SASA! implementation, community asset mapping is conducted to identify local resources, including specific people, locations, groups, events and items that can be engaged during prevention activities. Examples include identifying a religious leader who speaks out against violence, an HIV/AIDS awareness group that educates others about HIV/AIDS prevention, a proactive men’s group in the community or a local drama group that presents performances about non-violence. Community asset mapping is a tool that can also be used to identify marginalized community members and persons with specific needs. Choosing the right place to meet is also essential, with priority given to habitual and comfortable meeting places. SASA! particularly encourages informal and door-to-door activities, making activities very accessible.

In the Adjumani settlement, key resource persons were identified during community asset mapping including CAs and community action groups (CAGs). CAGs are informal groups existing in every community that can contribute to SASA! efforts, such as a drama group acting-out several SGBV-related topics, a women’s group providing peer support to fellow women in the refugee community, a youth group that gathers for recreational

³⁵ See the Raising Voices SASA! Activist Kit: <http://raisingvoices.org/sasa/download-sasa/>

³⁶ Heise L.L., 1998. Violence against women: an integrated, ecological framework. *Violence Against Women* 4(3): 262-90

activities, and a group of people living with HIV/AIDS.

Notably, in the Adjumani implementation, community members who had benefitted from UNHCR's Safe from the Start (SftS) projects were included. Having already undertaken SGBV response training as part of SftS projects, they were actively involved in SGBV awareness raising throughout the community, thus making them instrumental towards the building of a critical mass for change. Each CA had Terms of Reference (ToR) and upon selection, each CA signed a Memorandum of Understanding (MoU) with their respective organization.

Key steps in programme initiation:

- Partnerships were established between UNHCR and INGOs addressing SGBV.
- Joint planning among all implementers was done through the coordination of the SGBV working group.
- UNHCR and ARC conducted organizational assessments on SGBV-related capacity and supported the introduction of SASA! methodology to heads of offices of different organizations.
- Community participation was initiated through training of CAs and refugee leaders.
- Budgeting and cost sharing for trainings and rapid assessments were coordinated among all implementers, including a five-day training per phase for staff and partners leading the work, and three days for CA and CAGs.
- SASA technical consultant was hired to conduct SASA trainings.
- Weekly / bi-weekly community meetings were held with CAs. Mini-trainings, clarification on roles and responsibilities, reporting and addressing CA needs were covered during these meetings.
- Materials were adapted (language) and printed.

4. SASA! strategies

For change to be sustainable it has to go deeper than awareness raising: 'SASA! moves beyond information giving and gets personal, encouraging critical self-reflection with the aim of inspiring women and men to feel compelled to action, in their own lives and in the community.'³⁷ Establishment and training of SASA! community activists was the most critical activity at the start of SASA! implementation: over 1,500 CAs in 30 refugee settlements were trained. CAs meet community members for informal discussions using creative communication materials translated into local languages and techniques. This is done through door-to-door campaigns and focus group discussions.

CAs conduct awareness together with partner staff during public events. CAs typically live within a 30-minute walking distance of the neighbours with whom they interact, and each SASA! community includes several activists. They meet community members or colleagues where they are engaged in general activities, such as in the marketplace, at home, the workplace, mechanics shop, near the water pump, etc. Though CAs focus on prevention, they are also equipped with basic training on SGBV, including safe disclosures and referrals, and they know the pathways for referring survivors who disclose to them to services.

The methodology develops capacities that already exist in the community, thus building in sustainability from the beginning. Communities are supported to engage with and explore alternative solutions to the challenges that affect them. The model builds on the strength of existing structures like community drama groups, religious leaders, youth groups, women's, men's and children's clubs, so long as they actively engage in and positively support SGBV prevention.

Community ownership is a core element of SASA! whereby CAs are identified by their own community and are trained, mentored and encouraged to take the lead on SGBV campaigns. CAs are selected in collaboration with the community by using an age, gender and diversity approach during the Start Phase whereby 50% of selected CAs are female

³⁷ Raising Voices 2017 Fidelity to the SASA! Activist Kit, Programming for Prevention Series, Brief No.2, Kampala, Uganda



Girls who completed Secondary School in Dadaab and dream of going to University. © UNHCR/Anthony Karumba

and 50% are male. CAs with disabilities and from minority tribes have also been specifically included, where possible.

CAs and relevant refugee community-based structures are trained by UNHCR, OPM and partners on each phase of SASA! and its implementation, highlighting key activities, objectives and outcomes and drawing up work plans to support delivery.

In June 2015, SASA! was launched by UNHCR and OPM with support from partners implementing the methodology in the Adjumani settlements with a training for staff representatives from different organizations, aimed at understanding SASA! An intensive SASA! follow-up training was conducted in Adjumani in November 2015 targeting districts, SGBV-related actors and UNHCR staff from Adjumani, Arua and Kiryandongo settlements where SASA! was adopted and rolled-out.

In January 2016, UNHCR commissioned an independent SGBV baseline survey among South Sudanese refugees in Arua and Adjumani districts in the West Nile region.³⁸ Fifty-nine per cent (59%) of the respondents were female and 73% were under 35 years of age. The survey found the following:³⁹

- 44% of respondents knew a community member who had experienced SGBV within the six months preceding the study.
- 26% of respondents reported having experienced SGBV in the preceding six months, and nearly 20% of the SGBV survivors did not report the incident or seek assistance.
- Most respondents (90%) believed that there are community members who do not report when they face SGBV because of stigma, shame, family reaction and dissolution; distant services and high medical costs in private clinics; and the perception of SGBV as a private matter.

³⁸ Rujumba, et. al., 2016. Interagency SGBV Assessment of South Sudanese Refugees in West Nile, Uganda.

³⁹ Multiple responses were permitted per question.

- Public places where SGBV was reported to have occurred included the home (62%), water points (54%) and food distribution centres (41%), along with schools (36%), markets (34%), social gatherings, roads/paths and firewood collection points.
- Attitudinally, wife beating was widely supported by 82% of the respondents. A man who paid dowry was not to be denied sex was supported by 41% of the respondents, while the perception that couples should tolerate and conceal SGBV was supported by 60%.
- Most respondents (56%) believed that harsh parenting helps children to become good and responsible in future.
- 81% of respondents revealed that violence against women is a private matter to be resolved in the family.

Planning for and implementation of the SASA! Start Phase began in 2016.

Participation and accountability

SASA! works on the principle that every person regardless of age and gender can do something to end violence against women. Recognizing that an explicit focus on gender can be initially daunting for some participants, and that *'all community members are likely to have been disempowered at some point in their lives, this focus supports the broader engagement of both women and men in intervention activities.'*⁴⁰

The central focus of the intervention is to promote a critical analysis and discussion of power and power inequalities. This approach proved to be more acceptable for community members to initiate dialogue.

Feedback from community members is actively gathered by CAs and community drama members in real time. This feedback is then relayed to supervisory staff at the regular meetings and programme adjustments can be made immediately.

SASA! activity monitoring tools are completed and analysed at every stage of implementation. CAs who required support to complete reports were allowed to do so orally or were supported.

The SASA! approach embraces the key protection elements⁴¹ of prioritizing safety and dignity and avoiding causing harm in all stages of the intervention's application. The SASA! language of 'power' as opposed to 'violence' was well-received by the community, as well as the use of 'survivor' instead of 'victim'.

The SASA! Implementation Kit provides a blueprint for communication material which was then contextualized to the settlement situation. The approach enhances meaningful access⁴² to information by the community through community dialogues and meetings on services provided and how to access them. In the refugee settlements, SASA! implementation strategies included all the outreach methods present in the settlements such as communication materials, media and advocacy, training and local activism.

⁴⁰ Abramsky, T., Devries, K., et. al. 2012. The impact of SASA!, a community mobilization intervention, on women's experiences of intimate partner violence: secondary findings from a cluster randomized trial in Kampala, Uganda.

⁴¹ The following protection elements must be taken into account in all humanitarian activities: 1. Prioritize safety and dignity and avoid causing harm; 2. Meaningful Access; 3. Accountability; 4. Participation and empowerment.

⁴² Meaningful access entails arranging for people's access to assistance and services in proportion to need and without any barriers, with attention to particularly vulnerable individuals.

TYPES OF ACTIVITIES

Local activism: Informal discussions led by over 1,500 CAs with door-to-door campaigns and focus groups discussions.

Communication materials: Posters were tested with the community and adapted accordingly for widespread use.

Media and advocacy: Sessions with government and refugee and religious leaders were conducted to continuously build support. Radio talk shows on gender, power and SGBV were held on local district radios, and key actors from the refugee and host communities were invited to be panellists; the shows were recorded and played back during other activities.

Training: The initial training helped participants to shape their attitudes on SGBV and HIV, and the subsequent five-day trainings built staff and CA knowledge and skills to use the SASA! materials and promote activism within their circles of influence.

This methodology gains its legitimacy through having community buy-in at the fore, thus in addition to UNHCR and partners' support, ownership resides within the community. Participation is engrained within the SASA! methodology through consultative processes and engagement with the community – including activists and existing structures – to critically reflect on existing power dynamics as a means to challenge and change them in both their own lives and the community. UNHCR and partners maintain oversight of the implementation and ensure adherence to the key protection elements.

Results and achievements

The following results are organized by implementation phase. They do not include information on either the Support Phase, which is currently underway, or the final Action Phase, which has not yet been implemented. To gauge progress in achieving the SASA! objectives of preventing SGBV and promoting the benefits of non-violent relationships, each phase concludes with a rapid assessment of how the programme is benefiting the community. In addition, ongoing monitoring of CAs in the community by partners and UNHCR provides a further instrument for project monitoring.

Start Phase

The Start Phase of SASA! was intended to achieve the following results:

- The SASA! team is created.
- The SASA! team demonstrates knowledge of the meaning of power, that men's power over women is the root cause of gender-based violence and the effects of violence.
- The SASA! team demonstrates the attitude that everyone has power, violence against women is unjust and balanced power between men and women is healthy, safe and of benefit to both.
- Select community members understand the goals of SASA! and join the SASA! team in implementation.

In May 2017, after one year and five months of implementation, a rapid assessment was conducted⁴³ in Adjumani to measure the results of the Start Phase. A total of 423 respondents, 64% female, were interviewed in 19 refugee settlements.⁴⁴ The newly established settlements such as Agojo and Pagirinya were also included in the assessment to document community perceptions, attitudes, behaviours and knowledge about SGBV and HIV/AIDS.

⁴³ Rapid Assessment for the Start Phase May 2017

⁴⁴ These were Ayilo 1, Ayilo 2, Olua 1, Olua 2, Boroli 1, Boroli 2, Mongula 1, Mongula 2, Mireyi, Alere, Olijji, Maaji 1, Maaji 2, Maaji 3, Agojo, Baratuku, Elema, Nyumanzi and Pagirinya settlements

The Start Phase rapid assessment revealed that the community had taken action towards preventing violence against women by engaging with others in promoting non-violent relationships between women and men. They had also begun to acknowledge harmful power dynamics. A majority of community members reported a significant change in behaviour and in recognizing the importance of discussing relationship matters among themselves, providing support to others who are experiencing violence and carrying out peer-to-peer or group awareness activities within the community. Data stemming from the rapid assessment indicated the following trends:

- 72% of community members claimed they had talked with their partner about how to improve their relationship in the preceding 12 months.
- 79% of community members had provided support to someone experiencing or using violence. Support may include approaching and talking to a survivor or perpetrator about available services; escorting a survivor to a service provider; accommodating a woman who is not safe in her home; or alerting aid workers or police of an SGBV incident.
- 81% of respondents spread the message that violence against women is not okay, to at least one other person.
- 68% of respondents had engaged with others to promote non-violent relationships between women and men.
- 84% of community members took action towards the prevention of violence against women.

Awareness Phase

The intended results of the Awareness Phase specific to staff responsibilities and community mobilization were:

- The SASA! team has developed a plan for adapting the Awareness Phase to their communities and all circles of influence were engaged.
- The SASA! team has demonstrated thorough understanding of how to facilitate community mobilization that influences community members' knowledge and attitudes. They further understand men's power over women and how silence about it causes SGBV and HIV/AIDS.
- The community demonstrates knowledge of the meaning of power, types of SGBV, consequences of SGBV and its connection to HIV/AIDS, and attitudes that SGBV is unjust, women and men should not keep to the roles the community sets for them, women should not be blamed for the violence against them and men using violence can choose to be non-violent.

In September 2018, a second rapid assessment was conducted with 3,457 respondents, 68% female, across 18 refugee settlements to determine the results of the SASA! second phase (Awareness). Respondents were surveyed in their homes and six focus group discussions with 15 to 20 individuals per group were also conducted for the different target categories in different settlements.⁴⁵ Selected results indicated the following:

- 71% of respondents do not believe that violence in a relationship is normal.
- 59% of respondents do not believe a man who disciplines his wife makes the family stronger.
- 55% of respondents do not believe women should tolerate violence in order to keep the family together.
- 70% of respondents do not believe a man has the right to hit a woman if the housework is not done to his satisfaction.

⁴⁵ Male youth in Olua I, female youth in Agojo, male adults in Pagirinya, adult females in Maaji II, a special category composed of leaders in Nyumanzi and a special category composed of persons with specific needs (PSNs) and youth leaders in Ayilo II.



Adapted SASA! poster in the Adjumani refugee settlement adapted from SASA! posters – <http://raisingvoices.org/>

The rapid assessment demonstrated the need to enhance sensitization on women’s right to refuse sex and on the issues of women tolerating violence to keep their families together and women or men being blamed for the violence against them. It also indicated a significant shift in attitude regarding power dynamics, generating the recommendation to move to the Support Phase. The increased knowledge in the community on the harmful use of power led to a general increase in reporting of SGBV incidents.

Importantly, the Awareness Phase reached some milestones in addition to having addressed the challenges stemming from the Start Phase (outlined below in lessons learned), including an increased general awareness of the connection between SGBV and HIV/AIDs.

Implementation quality remained a core focus for the team; additional prioritized funding by partners allowed for additional training to be conducted, improving the quality of the work. The improvement was sustained through supervision and quarterly mentorship meetings conducted to support the CAs. Additionally, partners engaged CAGs in SASA! activities to provide support in the roll-out of the Support Phase.

Support Phase

The SASA! Support Phase is intended to ensure that staff have a thorough understanding that joining hands with others can influence social norms. Furthermore, it aims for community members to demonstrate that they can find support for balancing power in relationships, discuss the benefits of non-violence, reach out to SGBV survivors and avoid making decisions for them, identify formal and informal mechanisms of support for women experiencing violence and support others to speak out on violence.

The SASA! Support Phase was started in October 2018 with training for 32 individuals from UNHCR, partner organizations (CARE, DRC, LWF) and staff from OPM implementing SASA! in Adjumani. The phase will be implemented for a period of one year before reviewing programme implementation results.

Lessons learned

The SASA! methodology is unique in its focus on addressing power imbalances within the community to transform gender relations through positive, benefit-based conversations.⁴⁶

- ✔ Full buy-in from all participating organizations is essential to ensure leadership, resource allocation and commitment to achieving intended results.
- ✔ Joint implementation with as wide a range of stakeholders as possible yields higher quality and better results.
- ✔ Finding the right language matters when identifying conversation entry points in the community. A perceived overemphasis on gender equality or using language that is unfamiliar or perceived as not in line with community values was a significant deterrent to engagement.
- ✔ SASA! can be implemented in humanitarian contexts, but the timing has to be right. As per SASA! guidelines, the community must be stabilized before initial community work can begin. Programming for prevention work from the outset of an emergency is encouraged.
- ✔ SASA! methodology can be implemented alongside other approaches such as the Safe from the Start Initiative and Male Engage models; it particularly benefits from implementation with the Engaging Men in Accountable Practices (EMAP) and Zero Tolerance Village Alliance models. Coordination is required to bring the partners together and discuss complementary implementation strategies.
- ✔ Notwithstanding efforts to ensure male participation, low attendance by men was initially observed. Over time, men have increased their proactive engagement with and attendance at activities thanks to enhanced and more nuanced sensitization. Maintaining trained staff and proactively mitigating the impact of turnover is essential to support this.
- ✔ Influxes or other significant events may cause disruptions to the programming; any

contingency planning must include how to pause activities, including relevant communications, in case of such an event.

- ✔ Acknowledge that trained community members will be spending a lot of time implementing the activities, which takes them away from other income-generating, productive or leisure time activities. The expectations for participation and the measures that can be put in place to acknowledge this time – such as material support – must be well established to better enable members to carry out their work. Designing the plan around places where community members already congregate is an important way to reach as many people as possible. This approach worked particularly well to engage men informally and has resulted in increasing numbers of male participants. It also cuts down on the need for locating and resourcing venues.

Being a Community Activist requires motivation and time. CAs are critical to the community mobilization model and in-kind material assistance was provided to CAs to support them in carrying out their activities, e.g. stationery, torches, gumboots, raincoats, bicycles, t-shirts and umbrellas. Transportation costs are also provided to ensure participation at quarterly meetings.

CAs agreed on working at least three times per week at times convenient to their own schedule.

- ✔ The use of adapted and tested SASA! communication materials offered a moment to improve on typical outreach and communication methods and materials overall.
- ✔ Coordination must be anchored in a clear place such as the respective SGBV coordination structure.
- ✔ Strong teamwork and coordination by partners implementing SASA! is a key foundation and needs to be factored into the workplan. Coordination activities must be regular and can be included in or added on to ongoing SGBV coordination mechanisms.

⁴⁶ See Raising Voices Practicing Benefits-Based Conversations: Issue Framing: <https://bit.ly/2rTSka1>

Tips for replication

- ✔ A multi-year approach is essential to the model's success. Commitment is required to ensure that implementation, once started, is continuous and not disrupted. This also includes a commitment to prioritize resources for the approach's implementation, as well as for fundraising.
- ✔ SASA! is about holistic engagement, which starts within the organization. This means providing organizational space to critically reflect on one's own power and existing hierarchies within communities, the organization and the humanitarian context.
- ✔ If there are multiple partners implementing the approach, it is essential to have not only a coordinated workplan, inclusive of training activities, but also coordinated costing and budgeting. Coordination helps to ensure that resources are optimized and to support further fundraising efforts.
- ✔ Maintaining the four SASA! stages is crucial: Gender Power Analysis, Phased-in Approach, Holistic Community Engagement and Activism.
- ✔ Prepare and plan for adaptations. Decide what kind of adaptation is needed (e.g. translation, cultural changes, issue integration, implementation innovation) and adapt phase by phase so that there is continuous learning and improvement.
- ✔ Dedicated staff to oversee and implement the approach, including offering mentorship and coaching, is essential at all stages of implementation. Supporting the retention of trained staff is also critical to minimize disruption to implementation and maintain the quality of its support.
- ✔ Ensuring implementation quality is a continuous requirement, and staff will have to be trained on a regular basis. Resources for this must be prioritized as part of the plan. In addition to ensuring a multi-year budgeting outlook, always budget for SASA! trainings. Budgets should include training fees for hiring SASA!-accredited Technical Advisors to train the SASA! team when transitioning to the next phase.
- ✔ Staff turnover must be planned for when considering oversight and capacity development. It is recommended to train as many staff as possible in each organization to avoid loss of knowledge and skills and to enhance dedicated, high-quality mentoring and coaching.
- ✔ Implementation requires different surveys including baseline, rapid assessment and end-line surveys, in addition to vigorous routine monitoring and evaluation. Continuous monitoring is essential for quality assurance purposes and for documenting outcomes that might require adjustment or inspire further activities.
- ✔ Rapid assessment surveys must be conducted before transiting to the next phase;⁴⁷ these are critical in monitoring and adjusting implementation.
- ✔ Regular orientation sessions should be planned to ensure that all actors in a given setting – including police, front-line medical workers, etc. – understand the approach and can identify what they might contribute directly or indirectly.
- ✔ High-quality asset mapping and continuous checking in with participants is critical to help in choosing the right meeting places.

The adaptation of SASA! in refugee settlements in Uganda has been done with the technical support of [Raising Voices](#).

⁴⁷ Rapid Assessment for the Start Phase May 2017, and Rapid Assessment for the Awareness Phase September 2018

KENYA AND IRAQ

This is an example of prevention programming, which recognizes that SGBV is preventable and refers to actions that stop SGBV from ever occurring. These often address the root causes of SGBV, namely patriarchal gender norms and unequal power relations between individuals. This type of programming should be designed with the support of specialist staff on gender and SGBV.

Engaging men in accountable practices

Engaging Men through Accountable Practice (EMAP) is a one-year intervention developed by IRC. The adaptations outlined here were undertaken by UNHCR and partners in two locations.

EMAP provides staff in humanitarian settings with an evidence-based curriculum and field-tested approach for engaging men in an individual behaviour change process, guided by opinions and concerns raised by women. The EMAP framework provides a method and structure for honouring women's leadership and developing male engagement in a way that improves, rather than endangers, the lives of women and girls in conflict-affected settings.⁴⁸ EMAP aims to prevent violence through attitudinal change by providing participants with the chance to rethink and take responsibility for their actions, as they become aware of existing power dynamics. UNHCR, in collaboration with partners, implemented EMAP for the first time in 2015 in Dadaab, Kenya and subsequently in Qustapa, Iraq starting in 2018.

The intervention's objective is to reduce and gradually end all forms of SGBV and harmful traditional practices exercised against women and girls. It promotes gender equality within the community by engaging women and men separately in constructive dialogue and discussion on individual behaviour choices. Through the EMAP intervention, men and women rethink their beliefs and views and acknowledge the role and rights of women and girls within their community. EMAP is meant to be implemented in settings where services for survivors already exist.

A core aspect of the EMAP intervention is its built-in Accountability Practice. Accountability Practice is a framework for engaging men in preventing violence against women and girls in safe and effective ways that strengthen the voices and leadership of women. It is also a toolset that helps men become allies to women and girls and helps women to be accountable to other women.

Accountable Practice occurs on two levels within the EMAP intervention: personal and relational. Accountable Practice is ongoing and cuts across all stages of implementation. Facilitators utilize several tools to practise personal and relational accountability,⁴⁹ both for themselves and for discussion group participants:

- **Weekly Meetings** provide opportunities for facilitators and supervisors to share feedback and address issues as they arise.
- **Accountability Checklists** are self-assessment tools that assist staff to identify and focus on challenges related to Accountable Practice; facilitators and supervisors are required to assess five areas: weekly meetings, women's input, facilitator relationship, participant relationship and personal accountability.
- **Integrating Women's Voices** ensures that women participants decide which points they want to share with the men's groups during their final session; the EMAP facilitators then integrate the points in the men's sessions.

⁴⁸ IRC [Introductory Guide Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice](#) 2013

⁴⁹ IRC [Introductory Guide Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice](#) 2013

➔ **Men's Personal Action Plans** provide male participants the space to dialogue with women in their lives so that they can determine what concrete steps they can take to become allies to women and girls. This happens as the participants progress through the sessions.

Implementation requires a team of at least three people: a female facilitator to lead the women's discussion groups, a male facilitator to lead the men's discussion groups and a supervisor. The supervisor's role is to provide ongoing support and monitoring throughout the intervention.⁵⁰ EMAP is structured around the following sequential phases:

Phase 1: Staff Training

EMAP begins with an intensive training of trainers (ToT) for staff that will implement the programme. The ToT is intended to be conducted over a four-week period and to be led by two trainers, one female and one male. During this training period, staff become familiar with the EMAP intervention and framework, and determine safety strategies, outreach plans and support structures. A large part of EMAP training requires programme staff to reflect on their own attitudes and beliefs about gender transformation and *power with*, *power within* and *power over*. Personal beliefs and norms are reflected upon as well as the rights of women and girls.

Before they can support others to reflect, EMAP facilitators must understand how they have been affected by the messages (i.e. deeply held beliefs by men and the power structures that support them) that lead to violence against women and girls and which have been part of their socialization. If staff are not properly trained to use EMAP, the intervention may not achieve the desired goal. Male engagement activities in particular run the risk of inadvertently recreating the very dynamics they seek to transform, which can lead to causing harm. The facilitators are provided with tools on how to identify and address challenging and harmful statements that could risk reinforcing harmful attitudes during discussions. They are also rigorously trained on how to facilitate discussions in



A Community Activist conducting a dialogue on 'power over' with community members in Palabek settlement, Lamwo District © ARC/OCEN

communities and equipped with knowledge on how to address potentially hostile discussions and how to ensure participation and inclusion of women's voices.

Staff facilitating EMAP sessions fill out Accountability Checklists, completing them prior to weekly EMAP meetings. Similarly, the facilitators are trained on the use and application of monitoring tools.

Phase 2: Community Introductions

After the ToT, the two facilitators introduce EMAP to male and female community support structures – including teachers, religious leaders, women leaders and influential community members – as important allies in the smooth running of the intervention. Because community leaders help determine and guide social and cultural norms, their feelings and attitudes on changes in society can be important hindering or enabling factors. Moreover, leaders

⁵⁰ IRC [Introductory Guide Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice](#) 2013

can play an influential role in encouraging men in the community to participate in the discussion groups. It is therefore important to meet widely with community leaders and to first introduce EMAP to them. At the same time, it is important to introduce EMAP to community members at large, using existing forums such as women's groups. As EMAP is intended to build on pre-existing services for women, these groups should be contacted early on to introduce the intervention.⁵¹

The IRC EMAP Introductory Guide indicates this phase should last for two months: three weeks for meeting with community leaders, two weeks for meetings with community members, and a further three weeks for meetings with existing women's groups/leaders.

Additionally, regular EMAP team meetings should also commence during the community introduction phase.

Phase 3: Women's Groups

Women's groups should accommodate 10 to 20 women identified to participate in the discussion on gender concerns and women's involvement in the EMAP curriculum. Given the experiential nature of the process, it is important to ensure that the groups are not too large and that the facilitator is trained to have direct interaction with the participants.

Applicants to participate in the discussion group should be older than 20 (preferably at least 25, as per the EMAP Guide selection criteria); they should have been part of the community for a minimum of six months; and they should expect to live there for at least the coming six months. This helps ensure sustainability and that those trained will be able to undertake the activities once sessions have concluded. They should be able to actively participate in group activities and show commitment to attend sessions regularly without incentives. The interview for recruitment into the EMAP group provides a thorough explanation

of the programme's objectives and contributes to managing participants' expectations. As it is a volunteer role, all activities are arranged at the convenience of the participants. Prior involvement in programming on violence against women and girls (VAWG) or supporting women in the community is ideal but not a requirement.⁵²

The women-only groups are meant to gather weekly for a total of eight weeks, led by a female facilitator. The main purpose is to create a safe space for women to voice their reactions and concerns around the intervention. The group also allows women an opportunity to discuss their priorities and experiences regarding what it means to be a woman in their community, which in turn informs the curriculum for the male discussion series. In addition, participants in the women's curriculum will learn about the root causes of SGBV and identify their own attitudes and behaviours in relation to gender roles.

By exploring gender socialization,⁵³ women can begin to identify ways of partnering with men to create new ways of thinking and behaving. The female groups should begin at least eight weeks prior to the men's discussion groups so that the issues raised by women can be adequately integrated into the men's curriculum.

Once the men's and women's groups are familiar with the EMAP intervention and support has been created (as confirmed by information documented in the weekly reports and Accountability Checklists), identified female participants will hold women's curriculum sessions with direct implementation from partners. Ideally, women's discussions are held over eight sessions focusing on their understanding about their safety and security concerns, violence, effects of violence and the measures to undertake to ensure women's silence is broken and in the process, men are mobilized to respond to the women's issues and concerns.

⁵¹ IRC [Implementation Guide. Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice](#) 2015

⁵² IRC [Introductory Guide Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice](#) 2013

⁵³ UNICEF [What is Gender Socialization and why does it matter?](#) 2017 says that 'gender socialization is the process by which individuals develop, refine and learn to 'do' gender through internalizing gender norms and roles as they interact with key agents of socialization, such as their family, social networks and other social institutions.'

Phase 4: Men's Groups

Men's discussions are conducted over sixteen sessions. The sessions with men aim at enabling men to feel women's world of violence and to create individual behaviour change that recognizes the need for a gender transformed society.

These groups are composed of 10 to 20 men. Selection criteria are similar to those applied to the women's group, namely age above 20 (preferably at least 25); being part of the community for at least six months and planning to keep living there for at least the next six months; being able to actively participate to the activities of the group; and a commitment to participating in all sessions without incentives. In addition to these criteria, male applicants should also be interviewed regarding their reasons for taking part in EMAP. They must demonstrate that they are willing to change their belief system and their individual behaviour and that they are not violent against women or girls. Furthermore, it is made clear during the interview that physical or sexual violence during the intervention will be grounds for expulsion from the group.⁵⁴

Recruitment for the men's curriculum begins six weeks after initiation of the women's discussion groups, while discussions only commence once the women's groups have concluded their eight-week programme. Recruitment is conducted by both the female and male facilitators and consists of a community meeting with interested men, followed by individual interviews.⁵⁵ The weekly discussion groups for men are intended to be for men only and led by a male facilitator.

The men's curriculum runs over 16 weeks, during which time men move through a process of individual behavioural change, from basic awareness of SGBV to practising change in different areas of their own lives and acting as allies to women and girls. For instance, men establish personal accountability plans where they are required to challenge certain cultural beliefs such as those regarding household chores. They are asked to assist with certain chores in their homes that are

commonly believed to be exclusively female, like cooking and cleaning. During the weekly sessions the men report the reactions they received while challenging the harmful beliefs. The men are encouraged to continue taking on the chores as a way of practising change as part of the challenge to take concrete steps to change unequal power relationships with the women in their own lives.

Phase 5: Assessments and Next Steps

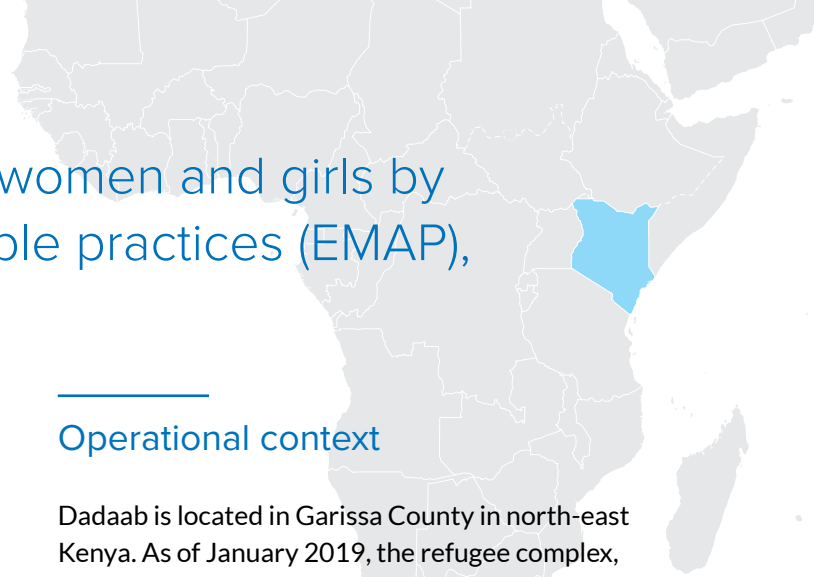
While the men's curriculum is being implemented, participants from the women's discussion sessions continue to meet on a monthly basis with the female facilitator. In addition, women are encouraged to meet individually with the facilitator if they choose, to discuss changes they are making in their lives as a result of the weekly sessions. At the end of the men's 16-week curriculum, both male and female participants meet in single-sex groups to reflect on the intervention and plan for next steps. A final weekly meeting with the EMAP facilitators and the supervisor occurs after these reflection meetings with participants, during which programme staff can assess overall feedback and provide recommendations for improving EMAP.

Throughout the entire intervention, and in line with the built-in Accountability Framework, the programme staff is expected to have weekly meetings to ensure that the women's voices are integrated into the men's sessions, accountability checklists are reviewed, and any challenges are discussed and addressed.

⁵⁴ IRC [Introductory Guide Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice](#) 2013

⁵⁵ IRC [Introductory Guide Preventing Violence Against Women and Girls: Engaging Men Through Accountable Practice](#) 2013

Reducing violence against women and girls by engaging men in accountable practices (EMAP), in Dadaab, Kenya



TITLE
Engaging Men through Accountable Practice (EMAP) in Dadaab, Kenya

PROJECT OBJECTIVE
To address power imbalance and prevent violence against women in Dadaab refugee complex

DATE/S
April 2015 – ongoing

POPULATION GROUP/S
Refugees

PARTNERS
Community members, the International Rescue Committee, the Danish Refugee Council, the Kenya Red Cross Society and the Refugee Consortium of Kenya

MORE INFORMATION
UNHCR Kenya kenna@unhcr.org and <https://www.unhcr.org/ke/>

Operational context

Dadaab is located in Garissa County in north-east Kenya. As of January 2019, the refugee complex, one of the world's largest,⁵⁶ is home to 201,979⁵⁷ registered refugees and asylum-seekers from nine countries: Somalia, Ethiopia, South Sudan, the Democratic Republic of Congo, Burundi, Uganda, Sudan, Rwanda and Eritrea, although Somalis make up the large majority (96.2%) of the refugees hosted, followed by Ethiopians (3.1%).⁵⁸

The Dadaab refugee complex consists of four camps: Dagahaley, Ifo, Ifo 2 and Hagadera. The first three are located in Lagdera (Dadaab) district while Hagadera is located in the neighbouring Fafi district. There is a considerable difference between the camps established in 1991 and 1992 (Ifo, Dagahaley, Hagadera), and the camp established in 2011 (Ifo 2). Many of the residents in the 'old' camps arrived in Dadaab in the 1990s and have children and grandchildren who were born in the camps. They resemble organically grown towns and have developed into commercial hubs connecting north-eastern Kenya and southern Somalia. In contrast, most of the residents in the new camp, Ifo 2, arrived during the 2011 famine and are mainly pastoralists. The consolidation of Ifo 2 camp progresses slowly, primarily due to shortages of local building materials coupled with the presence of 1,996 undocumented people (858 households) who are not entitled to land and shelter materials insofar as they are not registered.⁵⁹ Kambioos camp was also part of the refugee complex although it was officially closed in April 2017 when the last 6,435 refugees there moved to Hagadera camp, which is the largest in Dadaab with more than 86,000 inhabitants.

Project overview

Women and girls are exposed to SGBV in Kenya's Dadaab refugee complex largely due to persistent harmful cultural beliefs and practices combined with power imbalances and patriarchal attitudes, behaviours and accepted social norms. In order to tackle the root causes of reported incidents and work towards reducing SGBV in the Dadaab refugee complex, UNHCR and its partners implemented EMAP. This was the first time it was adapted specifically in a refugee context. It has been implemented continuously since 2015, yielding positive results.

⁵⁶ Hossain, M. et. al. 2018. Violence, uncertainty, and resilience among refugee women and community workers: An evaluation of gender-based violence case management services in the Dadaab refugee camps.

⁵⁷ [UNHCR Kenya Statistics January 2019](#)

⁵⁸ [UNHCR Kenya Statistics January 2019](#)

⁵⁹ [UNHCR Dadaab Bi-Weekly Operational Update April 2018](#)

The Government of Kenya manages the complex with the support of UNHCR, together with local and international actors supporting the provision of services including health, education, water and sanitation, and protection. Due to prolonged regional insecurity and conflict, drought and famine in Central and East Africa, Dadaab has continued to experience an influx of refugees from Somalia and other countries. Like many other refugee camps, it is characterized by lack of adequate access to basic amenities, food and water, along with poor sanitation, living and economic conditions.

Women and girls account for about 51.2%⁶⁰ of the Dadaab population overall, and this is broadly reflected evenly across all four camps. The highest percentage of women is found in Dagahaley camp with 51.3% and the lowest in Ifo 2 with 49%.⁶¹ Long distances from services, population congestion and the sometimes unpredictable and volatile security situation in Dadaab pose significant risk factors for women and girls in the camps.

Some 97% of the incidents reported annually are reported by women.⁶² Rape, forced marriage, physical assault, psychological abuse and denial of resources have been reported in the camps, mostly by women and girls but occasionally by men and boys. The majority of SGBV cases are allegedly perpetrated in the domestic sphere, mostly recorded in the GBVIMS as Intimate Partner Violence (IPV).⁶³

Research conducted by the International Rescue Committee in 2014 in Domis camp in Iraq, Dadaab camp in Kenya and Ajuong Thok settlement in South Sudan⁶⁴ highlighted the importance of male inclusion in SGBV prevention, especially IPV programmes, to redress the culturally entrenched unequal power relations between women and men.

Prior to the introduction of EMAP, women in Dadaab highlighted that men are the decision-makers at the community, family and relationship levels. Men decide whom to marry, to whom one is to be married and who does or does not attend school. Men decide on clan or community disputes, through the traditional dispute mechanism known as *Maslaha*.⁶⁵ Women in contrast fulfil roles considered to be subordinate, including taking care of animals, going to the market and fetching firewood – all activities which increase women's vulnerability to abuse.

⁶⁰ [UNHCR Kenya statistics January 2019](#)

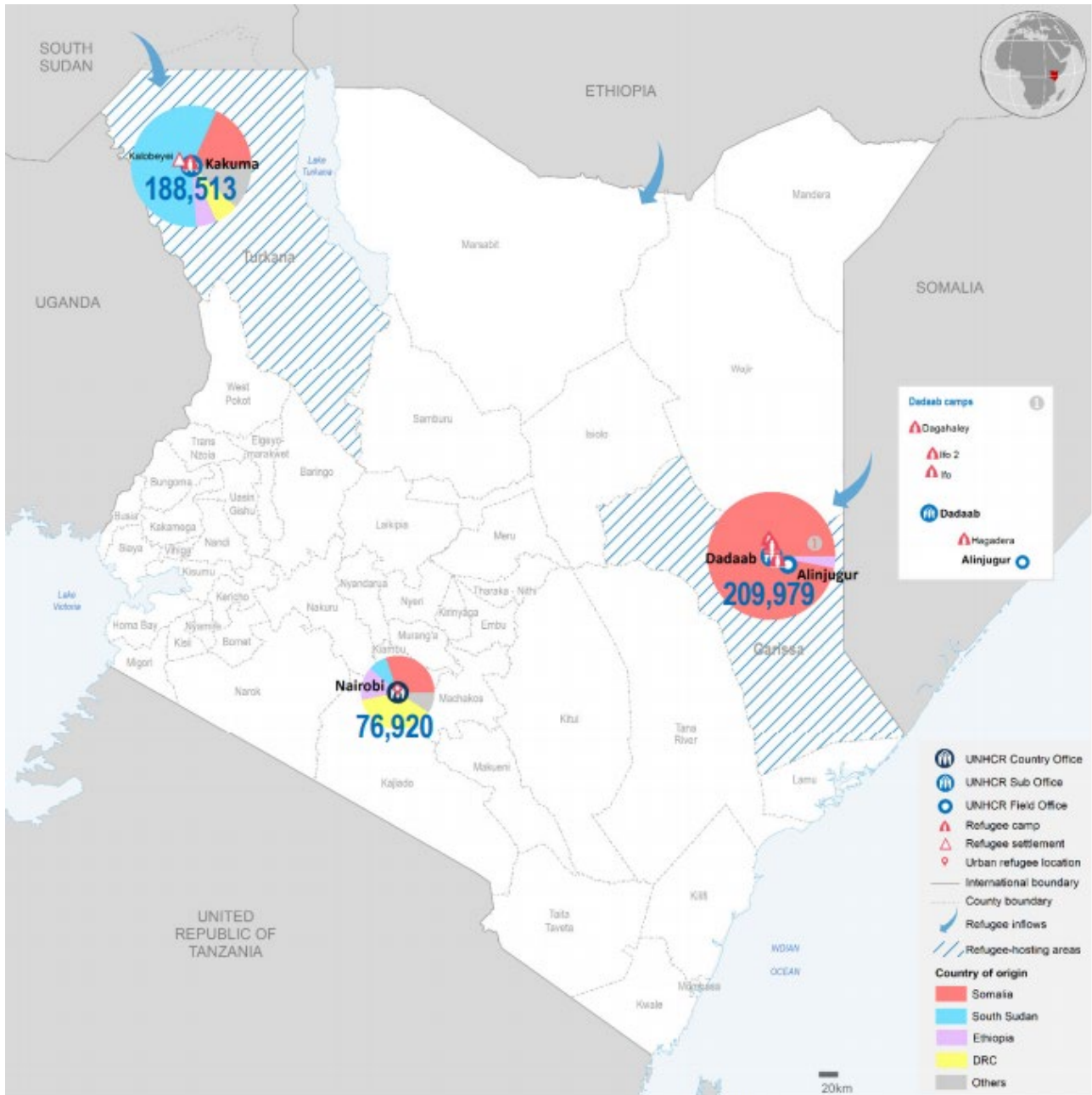
⁶¹ [UNHCR Kenya statistics January 2019](#)

⁶² Danish Relief Council 2016 [Preventing gender-based violence in Dadaab Refugee Camp: Engaging men through accountable practice \(EMAP\)](#)

⁶³ Danish Relief Council 2016 [Preventing gender-based violence in Dadaab Refugee Camp: Engaging men through accountable practice \(EMAP\)](#)

⁶⁴ IRC 2015 [Private violence, public concern: Intimate partner violence in humanitarian settings](#)

⁶⁵ According to the Oxford Dictionary of Islam, the term *maslahah* 'consists of prohibiting or permitting something on the basis of whether or not it serves the public's benefit or welfare.'



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Sources: UNHCR Kenya. Statistics based on UNHCR's Refugee Registration System, proGres Author: UNHCR Kenya - Data Management Unit Nairobi Feedback: kennadom@unhcr.org

Kenya Refugee Population Update, December 2018.

Project background

In 2015, for the first time UNHCR implemented EMAP in four camps in Dadaab – Ifo, Ifo2, Kambioos and Hagadera – as a response to issues raised by the community. To add traction to EMAP's transformational change process, UNHCR coordinated the pilot project roll-out in collaboration with the International Rescue Committee (IRC), the Danish Refugee Council

(DRC) and the Kenya Red Cross Society (KRCS). Broadly understood, transformational change is the process whereby the planned 'positive results of an intervention are not only achieved, but also sustained over time.'⁶⁶ In the context of the current practice, this refers to EMAP's potential to bring about long-lasting changes in attitudes and behaviours by revisiting the unequal power dynamics between men and women.

⁶⁶ UNDP [Supporting Transformational Change](#) 2011



Ifo 2 camp, Dadaab © UNHCR/Assadullah Nasrullah

Process and activities

Phase 1: Staff Training

UNHCR's main partners addressing SGBV prevention in Dadaab (IRC, DRC, KRCS and RCK) were trained in this Phase. The staff included in the training were from both protection and non-protection areas of expertise and play a major role in prevention, risk mitigation and response to SGBV across the region.

Recognizing that this intervention requires meticulous facilitation and knowledge on gender and SGBV, a key criterion for success lies in having sufficiently trained staff. A team of one male staff member from UNHCR and one female staff member from IRC who had benefited from the Global ToT in Bangkok in 2015 trained staff from various organizations interested in rolling out EMAP.

The training is experiential and seeks to allow participants to continuously reflect on their personal attitudes and beliefs as a foundation for understanding the root causes of SGBV. From experience, the whole training process takes

between eight and 10 days and the entire EMAP staffing structure must be trained together. In Dadaab, training has been repeated every year to address gaps created by staff turnover.

Phase 2: Community Introductions

When introducing the intervention in the Dadaab camps, the EMAP teams approached community structures composed of elected community leaders in each camp, explaining that the intervention aims to engage men as agents of change through structured, weekly discussions. The leaders were informed of the duration of the intervention and that the participants will be men and women volunteers from the community.

The leaders were also informed that about the methodology, which is guided by the voices of women from the same community and begins with a series of discussions with women to inform men's dialogue groups. It includes continuous feedback loops with women throughout the process so that the work with men is grounded in, and accountable to, women's views and objectives.



Refugees discussing education opportunities in Dadaab, Kenya © UNHCR/Anthony Karumba

The leaders are essential for facilitating introductions with the participants recruited for the sessions, as this enhances accountability. Community meetings were conducted with the support of community development workers who interact with EMAP groups in their local languages of Somali, Oromo, Nuer, Dinka, Gambella and Congolese for better understanding during the implementation process.

Phase 3: Women's Groups

Once the EMAP facilitation team in each camp was identified, the female facilitator, under the tutelage of the EMAP supervisors, mobilized and oriented women of different ages and backgrounds to voluntarily attend the EMAP weekly sessions. The mobilization was different in each camp and had the support of 22 to 30 volunteers. The majority of the women participants were either married, divorced or separated and between 20 and 38 years old.

The women volunteers were collectively involved in making decisions on the structure of their meetings, agreeing on a common location and time for when and where to meet. In most instances, the meetings were held in the morning hours, to allow participants to use their afternoon for running errands. Recognizing the sensitive nature of the personal accounts that arise during the discussions,

the principles of confidentiality were reiterated before, during and after the sessions. This provided a safe space for the women to share their priorities, aspirations, experiences and wishes, including on how they wished the men would listen to their voices.

For example, in the sessions held with women, most of them mentioned the following forms and of violence and incident contexts: physical, sexual, psychological violence and intimate partner violence; child marriage; Female Genital Mutilation (FGM); and denial of resources, opportunities and services. The participatory session created a safe space where women could open up and discuss the violence that is happening in public and private spaces in their community.

Additionally, the participants identified the main root causes and contributing factors of SGBV. They benefitted from understanding the types of SGBV as well as the help available to seek pathways to prevention. The process of recognizing their own attitudes and behaviours in relation to gender roles was paramount. The women's discussions were characterized by enthusiasm, learning and sharing of ideas. Throughout the eight weeks that the discussions took place, the women – who requested more meetings – found a platform to voice their collective concerns on myriad issues that gained traction towards building a more peaceful society.

Phase 4: Men's Groups

After identifying the EMAP facilitation team in each camp, just before the end of the women's sessions, men of different ages and backgrounds were mobilized and oriented to attend the EMAP weekly sessions by the male facilitator, under the tutelage of the EMAP supervisor. In some locations there were few men; the number of male volunteers ranged from 16 to 26 in each camp. Like the women, the majority of the male participants were either married, divorced or separated, between 20 to 38 years old. The men also agreed on a common location and time for their meetings. Their meetings were held in the morning. To create a safe space, the principles of confidentiality were reiterated before, during and after the sessions. There was a challenge in retaining men in the sessions due to competing priorities.

Phase 5: Assessments and Next Steps

The EMAP intervention was well received by the community; both men and women were enthusiastic to join and participate in the sessions.

Participation and accountability

The EMAP staffing structure is not heavy: in each of the four camp locations the community staff comprised an EMAP supervisor and one male and one female facilitator leading the men's and women's groups respectively. The experience in Dadaab was that programme staff already assigned to other duties took on the additional role of EMAP staff. However, it is advisable that the co-facilitators be dedicated solely to EMAP due to the intensity of the programme. Each facilitator submitted a duly completed form that reflects their personal accountability. Tools meant for both men and women were also used in guiding participants to follow up on their commitments towards behaviour change.

Importantly, EMAP has been implemented alongside other existing interventions, including SASA! Community-Based Approach to Prevention and Response to SGBV and HIV/AIDS. It was found to be very useful to sequence the interventions, and immediately after completing the EMAP discussions, interested volunteers were transitioned into another community-based intervention such as SASA!

Since 2015, approximately 919 individuals (520 female, 399 male) have completed the EMAP intervention in Dadaab. The table below shows the breakdown for each camp location:

Year	Ifo 2		Ifo		Hagadera		Kambioos		Humanitarian Staff		TOTAL
	F	M	F	M	F	M	F	M	F	M	
2015	90	70	60	55	30	25	30	28	14	14	416
2016	120	54	30	30	30	26			12	12	314
2017					32	20				57	109
2018					30	26			12	12	80
TOTAL	210	124	90	85	122	97	30	28	133	919	

EMAP has built-in structures and processes that allow for accountable practice to occur at different levels: men become accountable to women and girls; women become accountable to other women, especially those marginalized; and staff gain the skills needed to affect individual change and action – both for themselves and for discussion group participants. Weekly meetings between the EMAP supervisor and facilitators, and weekly situation reports on participant safety concerns allow for prompt action to be taken to mitigate risk.

Community introductions in Phase 2 took place in local languages and dialects to build momentum, manage expectations and maximize volunteer interest, recruitment and participation for the following phases. In Phase 3, the women's groups were held over a period of eight weeks and were led by a lead female facilitator who ensured confidentiality of the discussions and anonymity of participants. The women's discussion input fed directly into the male curriculum. The men's discussions in Phase 4 lasted 16 weeks. During the discussions, the male facilitators modelled positive behaviour which included speaking out when a woman or girl is facing any kind of violence in the community, consulting with their partners on decisions that affect them in the home and assisting with household chores. The facilitator's role was not to use force or wield undue influence, but rather to induce self-awareness among male participants around power dynamics and culturally entrenched gender roles. This allowed for a realization of the power and privileges ascribed to men in society, and how they can be harnessed to prevent SGBV.



World Refugee day in Dadaab 2016 © UNHCR/Assadullah Nasrullah

Results and achievements

Observations from the women's groups showed that EMAP presented a community platform for raising marginalized voices in the community. It provided an empowering forum for women to voice their contribution towards gender socialization in the community. Their aspirations indicated a resolve to move from the state of subordination to one of leadership, where their decisions can count. There was a realization that women also have a voice, and that this voice needs to be heard.

Overall, women sought to provide men with honest feedback about their behaviour and its impact. Women were adamant that men recognize the challenges faced by women in the community and step up by becoming allies. Most of the men who went through the discussions took actions to prevent SGBV in their communities. Some of the attitude changes in men were informed by the stories presented by their immediate family members. For instance, one male participant from Ifo 2 began assisting his wife with domestic chores with the aim of supporting the whole family. In another camp, the men proactively held consultations with their spouses before making decisions.

In most intervention locations, men demonstrated the EMAP approach by partaking in skits, songs and drama productions during public celebrations, on how they relate to women in the community. This displayed positive change for other men in the community. Men were celebrated during public events as good examples for other men in the community. Most of the men who were honoured were EMAP graduates and this triggered much interest in the wider community. This is not a part of the EMAP guidance but has been an element much appreciated by the community.

Moreover, men indicated that EMAP was eye opening, particularly as they came to understand the daily challenges women face when interacting with men. Informed by this knowledge, they developed individual plans on how to consciously meet the needs of women in their community.

Lessons learned

- ✔ The tools used in EMAP have also proven useful in training sessions related to the Protection from Sexual Exploitation and Abuse (PSEA) due to EMAP's comprehensive discussion of power dynamics referring to all stakeholders.
- ✔ The intervention by design aims to challenge harmful gender norms and beliefs. It is important to ensure a single-sex, protective and confidential space, where participants can feel safe voicing their opinions and aspirations. Women must be engaged, informed and empowered throughout the intervention, as EMAP intrinsically seeks to address and redress these aspects. The male curriculum must be informed by the women's opinions, views and needs to ensure the intervention's success.
- ✔ It was imperative to address the risks women face with regards to SGBV by discussing them before activities with men began. Women's concerns were given priority; because they are the ones who know where danger lies in the community, they must be consulted and their views respected. The women were given the opportunity to discuss how violence affects them, their children and the community as a whole. They were able to discuss the dynamics around why violence occurs. This was an opportunity to reflect on how the violence has been entrenched through socialization.
- ✔ EMAP provided an opportunity to analyse how power, privilege and gender work in every participating community. However, if staff are not properly trained to use EMAP and support the community in undertaking such analysis, it may not achieve the desired goal. More specifically, one risk observed was that male engagement activities may inadvertently recreate the very dynamics they seek to transform, which can lead to causing harm.

Tips for replication

- ✔ Humanitarian funding cycles can present challenges for multi-year prevention programming. It is recommended to start small and seek the commitment of the organization to prioritize resources for initiation alongside an agreement for multi-year programming.
- ✔ If resources are low, determine which minimum features of the project could be replicated without impeding the overall design and approach, and start with those.
- ✔ It is not possible to shorten multi-year prevention programmes into short implementation periods and this should not be attempted. It can be harmful and affects the quality of tried and tested models.
- ✔ Document the process to create a *story of change* that can be used for advocacy and resource mobilization purposes.
- ✔ Initial investment in ensuring teams are adequately trained and supported is essential to set a solid foundation for the project. Change begins with self-reflection.
- ✔ Bringing as many partners on board from as early as possible is important to ensure broad reach and consistency in messaging and objective setting.
- ✔ Knowing and working together with the community to develop the design and adapting it for context-appropriateness is critical.
- ✔ Engaging participants with previous experience in SGBV prevention work or similar is ideal for the initial group of participants.

Reducing violence against women and girls by engaging men in accountable practices (EMAP), in Qushtapa, Iraq

TITLE
Engaging Men through Accountable Practice (EMAP) in Qushtapa Refugee camp in Erbil – Iraq

PROJECT OBJECTIVE
To adapt and pilot the EMAP model to reduce and gradually end SGBV in the Qustapa Refugee Camp

DATE/S
July – December 2018

POPULATION GROUP/S
Refugees

PARTNERS
Community members, Department of Combating Violence Against Women, Terre des Hommes and the Barzany Charity Foundation

MORE INFORMATION
UNHCR Iraq <https://bit.ly/2LgwAMu>

Project overview

The IRC's EMAP was implemented in Qushtapa Refugee Camp, Erbil Governorates, Iraq from July to December 2018. UNHCR supported the implementation alongside the Department of Combating Violence Against Women (DCVAW), Terre des Hommes (TdH), and the Barzany Charity Foundation (BCF) which co-facilitated a series of discussions with women's and men's groups. Following the intervention, the majority of women

reported feeling empowered while the majority of men acknowledged the importance of gender equality in their community.

Operational context

Ongoing conflict in the region has resulted in 252,526 registered Syrian refugees as of 31 December 2018.⁶⁷ Some 37% (93,790 persons) live in nine camps and 63% (158,736 persons) in non-camp/urban areas.⁶⁸ Continued violence between armed groups and government forces in Iraq and neighbouring countries has also resulted in over two million internally displaced persons (IDPs) across the country, with a further four million IDP returnees and 6.7 million people in need of humanitarian assistance.⁶⁹

Across Iraq, insecurity, lack of freedom of movement, violations of humanitarian law, violence and unfair practices (including ethnic or sectarian discrimination in accessing safety, basic services, livelihood opportunities, housing and other citizenship rights, and having endured arbitrary arrest and detention) threaten to exacerbate inter-communal tensions. SGBV is widespread in both in-camp and out-of-camp settings, particularly against women and girls. Certain groups – including female-headed-households, widows, women and girls with disabilities, and adolescent girls, and those with perceived affiliation with the Islamic State of Iraq and the Levant (ISIL)⁷⁰ – remain especially at risk of abuse and face challenges accessing humanitarian aid.⁷¹

⁶⁷ [UNHCR Iraq statistics December 2018](#)

⁶⁸ Ibid.

⁶⁹ [Iraq: Humanitarian Needs Overview 2019](#)

⁷⁰ ISIL is an armed group that has been designated a terrorist organization by the United Nations.

⁷¹ [Iraq: Humanitarian Needs Overview 2019](#)

Major threats include domestic violence, sexual violence, intimate partner violence, sexual exploitation and abuse, child marriage and harmful coping strategies. These are continued causes of concern and perpetrators are rarely brought to justice. Perhaps most troubling is the fact that SGBV is among the most tolerated violations against refugee, IDP and returnee women and girls, and to a lesser extent men and boys, among the communities in Iraq.

This tolerance is attributed to myriad factors linked to deeply rooted gender inequality and social norms that disempower and discriminate against women, as well as a lack of access to socio-economic and livelihood opportunities, shrinking resources, reduced humanitarian assistance and limited access to education opportunities.

More specifically in the Erbil Governorates, local authorities, in collaboration with UNHCR, have established camps to accommodate the influx of Syrian refugees to Erbil, which has increased significantly since August 2013. There are four permanent camps in Erbil: Kawergosk, Qushtapa, Darashakran and Basirma camps. By November 2018, UNHCR accounted for 59,173 female Syrian refugees registered in its database, representing 46.07% of the total Syrian refugee population. There are 128,675 refugees in Erbil, representing the 51% of all refugees in Iraq. Among them, approximately 23% are in camps while the rest have chosen to live outside.⁷²

In June 2018, Qushtapa camp had 3,870 female Syrian refugees (49%) and was the second most populated by females of the four camps.⁷³ It was selected to be the location for the EMAP pilot project because of the high number of reported SGBV incidents. In addition, it had limited community-based activities in comparison with other camps, despite the existence of well-structured community representation. Although a Refugee Council, Women's Committee, Youth Committee and community leaders/elders are in place and present, the refugee community indicated that their needs and concerns were not being met.

Project background

Following the successful implementation of the project in a refugee context in Kenya, it was decided to replicate the model in Iraq with technical support from the Kenya team. As UNHCR's main government partner addressing SGBV prevention and case management, the Department of Combating Violence Against Women implemented EMAP alongside Terre des Hommes (TdH), UNHCR's partner for child protection in Qushtapa, and the Barzany Charity Foundation.

Process and activities

Phase 1: Staff Training

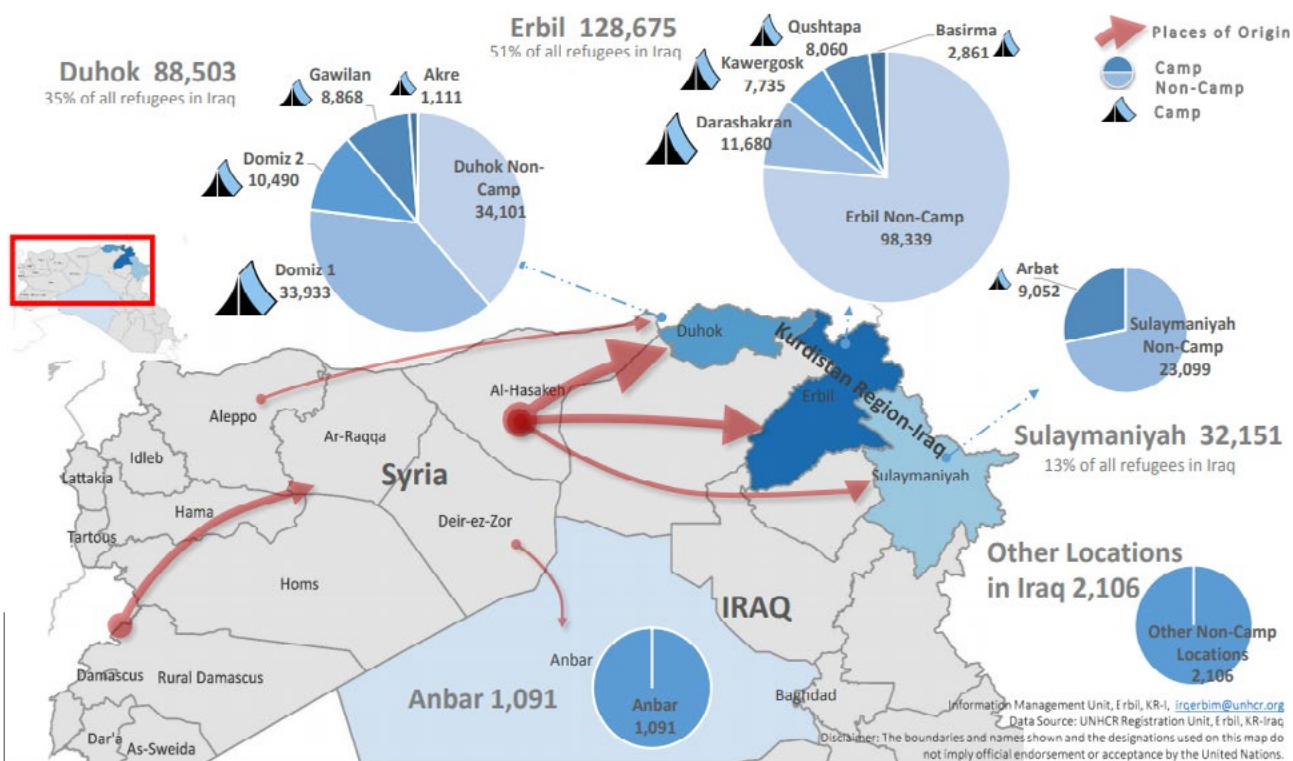
EMAP implementation began with a ToT for staff in the Iraq operation who would pilot the programme. A total of 30 participants were selected from different UNHCR field and sub-offices from all over the country and key partners implementing prevention and response to SGBV and child protection activities.

The training was conducted during a one-week period, during which staff became familiar with the EMAP intervention and framework, and how to determine safety strategies, outreach plans and support structures. As indicated, a large part of the training required staff to reflect on their own attitudes and beliefs about gender equality and power.

More focused follow-up training was conducted for Erbil UNHCR staff including five staff members from UNHCR partners (DCVAW, TdH and BCF), to ensure that they were well prepared for the pilot project roll-out in the Qushtapa camp. A female social worker from TdH worked alongside a female staff member from DCVAW to facilitate the women's groups and a male BCF staff member worked alongside a DCVAW man to facilitate the men's groups. The supervisor was from TdH. Facilitators were trained on how to facilitate discussions, how to

⁷² UNHCR Iraq Factsheet May 2019 <https://data2.unhcr.org/en/situations/syria/location/15>

⁷³ UNHCR Erbil camp profile June 2018: <https://bit.ly/2YeaAY8>



Syrian refugee statistics and locations in Iraq, December 2018, UNHCR

address challenging and harmful statements made by women’s and men’s groups, updating weekly and monthly reporting templates and how to ensure the inclusion of women’s voices in discussions with the men group.

Phase 2: Community Introductions

The EMAP project in Qushtapa refugee camp was warmly received by both women’s and men’s groups within the community. To manage expectations and fully socialize the intervention, a process of community mobilization was conducted before the project started. In July, preparation meetings were held with members of the community where they were introduced to EMAP’s philosophy, the intervention’s purposes and aims were presented and the methodology was explained. Furthermore, the role of community leaders was stressed as a key ingredient in EMAP’s success, along with the importance of their accountability to the project. The women committee members, female youth members and outreach volunteers were enthusiastic to be part of the pilot project. Among the male elders and community leaders, initial views were mixed. Some welcomed the idea while others did not. The male participants were volunteers who expressed interest.

Phase 3: Women’s Groups

Despite the mixed reception at initial meetings, what was obvious was that majority of the women and girls who were present in the hall were excited about the idea.

The implementers were keen to have balanced participation by community members, including workers inside the camp who are employed by different NGOs, outreach volunteers, members of the women and youth committees and women with limited literacy who work in the home. A total of 19 women were selected to participate.

The women’s group gathered once a week for a total of eight weeks. A location and time was agreed on from the beginning. The women and the facilitators created a WhatsApp group to facilitate communication and to confirm the location and time of meetings. Most of the time, the meetings took place at 10:00 and lasted for two hours.

Facilitators assured participants that the information discussed was confidential and not to be shared with other actors, reiterating that they should respect the same approach and not talk about the issues and views of other participants with outsiders or even at home. This created a



Qustapa refugee camp 2014 © UNHCR/Dominic Nahr

feeling of comfort and a safe space for participants to voice their reactions and concerns around the intervention. The group also provided women an opportunity to discuss their priorities and experiences regarding what it means to be a woman in their community, which informed the curriculum for the male discussion series. Additionally, the participants were able to learn about the root causes of SGBV, reporting channels and how to identify their own attitudes and behaviours in relation to gender roles.

Throughout the sessions, the women were very active and described the weekly meetings as a forum where they expressed their views without constraints. They considered it a psycho-social support opportunity, where they stepped out of their routine work or home life. It was a place where they established new friendships, and they always looked forward to attending the sessions. Attitudes and behaviours changed throughout the sessions, and more women found courage to actively speak up. Some also changed their attitudes regarding harmful practices and became supporters of gender equality.

Phase 4: Men's Groups

Men's groups were composed of 17 men. Selection criteria were similar to those used for the women's group. Participants had mixed profiles; they generally did not have a known history of violent behaviour and the groups included some participants with positive views of gender equality. The EMAP method requires that men's group participants are not currently violent. Towards the third session, two men dropped out due to conflicting work schedules, but they were replaced with two other participants who expressed interest in joining the meetings. The men also formed a WhatsApp group to keep in contact with each other and to confirm the time and location of meetings. The meeting time was adjusted to take place in the afternoon rather than in the morning to accommodate some of the men's work commitments. Instead of meeting at 10:00, meetings took place at 12:00 or 13:00 and lasted for two hours.



Women's group session in Erbil ©UNHCR/Doaa Elbayad

Phase 5: Assessments and Next Steps

The original EMAP methodology needed some adjustments to fit the context. For example, the male curriculum was adjusted based on the types of SGBV incidents which women and girls reported from within their community in the camp, in their workplace or at the household level. Forced marriage and denial of resources as well as household decision-making and responsibility for household chores were the main topics chosen for discussion. The eight-week women's sessions and the 16-week men's sessions were conducted on a weekly basis to ensure that the pilot project was finalized before the end of the year. While this is not an anomaly for the EMAP intervention, the pace is intense and requires consistent commitment by all.

Participation and accountability

Participants included male and female young people and adults (between 18 and 50 years old) whose professions included teaching, social work, business ownership, community representation and housework. All participants were considered to be active in community life in the camp setting and had been described as having '*knowledge and life experience*.'

A total of 36 participants (19 women and 17 men) participated for the entire six-month period. In the women's group 18 were Kurdish and one was of Arab ethnicity. All participants in the men's group were Kurdish Syrian.

Though the minimum age for participation is generally 20, the experience of including participants from the age of 18 was found to be very positive. Two participants were part of a couple who were engaged to be married, and their feedback was positive in that the conversation was helpful to their particular situation and helped them to find an avenue to discuss women's rights and role in society.

Results and achievements

It was initially apparent in the women's groups that some women participants perceived themselves as subordinate to men. Comments indicating that women are deficient in mind and religion, or that a woman is incomplete and is the reason why a judge considers the testimony of two women as equivalent to the testimony of one man, were commonly heard. Others claimed that women are emotional and not apt for making decisions. Among the women, some blamed SGBV survivors for tempting perpetrators, for not being properly dressed or being outside their home. Women also gave examples of being treated as inferior and being subjected to different forms of humiliation by their partners, children or other men in their community.

Towards the end of the women's groups, the majority of participants reported feeling empowered. They used famous proverbs describing a woman to represent half of society, while others described the woman as representing the whole of society. As the sessions unfolded, the women reported that they took advantage of mealtimes at home to discuss themes stemming from the group sessions and spoke about the many advantages of participating in the groups.

Participants who are mothers reported changing their approach to childrearing, teaching their sons to treat their sisters with respect and encouraging them to take an active role in housework. They also noted that they will now ensure that their daughters will complete their education and have an independent life and better future. Women articulated an ideal community where they felt valued and respected by their husbands and other men in their lives. Simple romantic gestures and the sharing of household chores featured in their newfound vision for an ideal community. Crucially, even those women who used to blame themselves and feel responsible for being survivors of SGBV started calling for equality and for their rights to be respected.

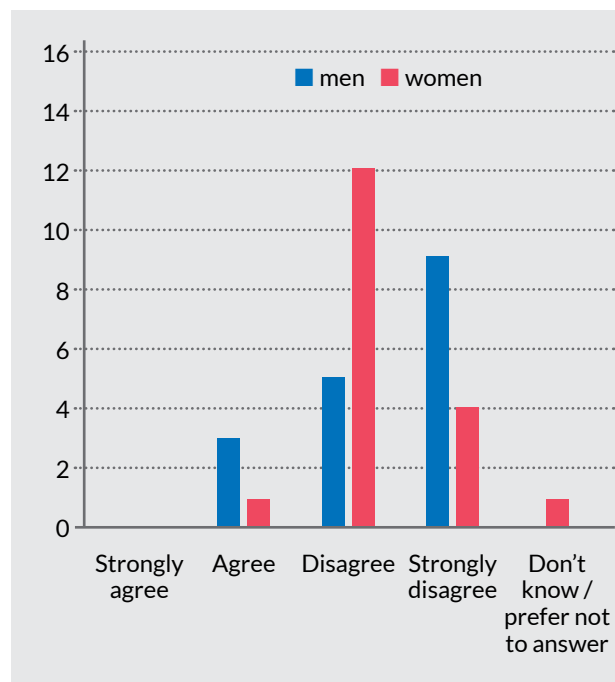
In the men's groups, interesting conversations were prompted throughout on the issue of consent to sex and the right to drive. Interestingly, the more harmful opinions began to gradually change once the women's messages fed into the male curriculum. Some male participants reported cherishing

their wives' opinions and promoting respect and acceptance in their community.

The participation levels in both groups remained high, and only three participants dropped out due to family and work obligations. Both men and women noted their appreciation for the socialization aspect of the sessions and the positive relations that stemmed from the forums, as well as having an opportunity to escape from their stressful daily routines.

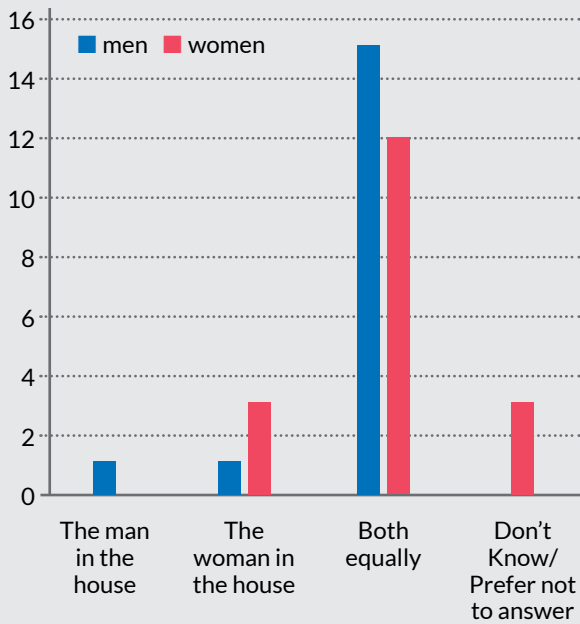
During the December 2018 gathering a concluding assessment was conducted using a questionnaire format where men could provide their confidential views and responses. Some of the key results included:

If men and women have the same rights, men will lose their authority

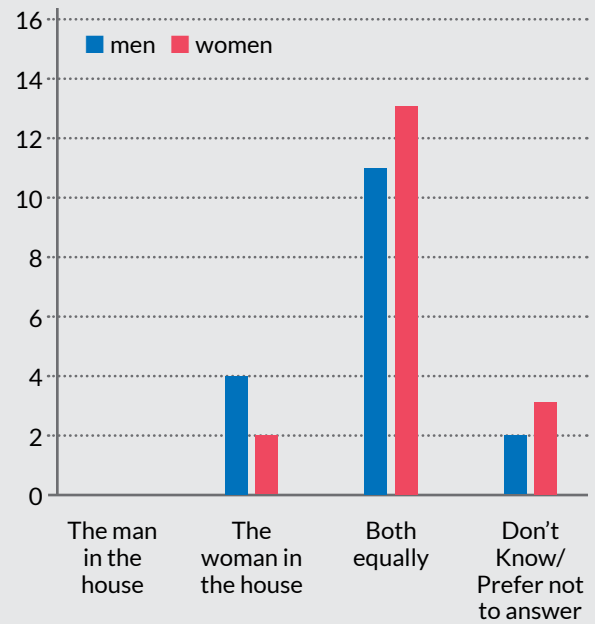


Another positive result was the men's recognition that women should have equal responsibilities in managing household expenses, caring for children and doing domestic chores.

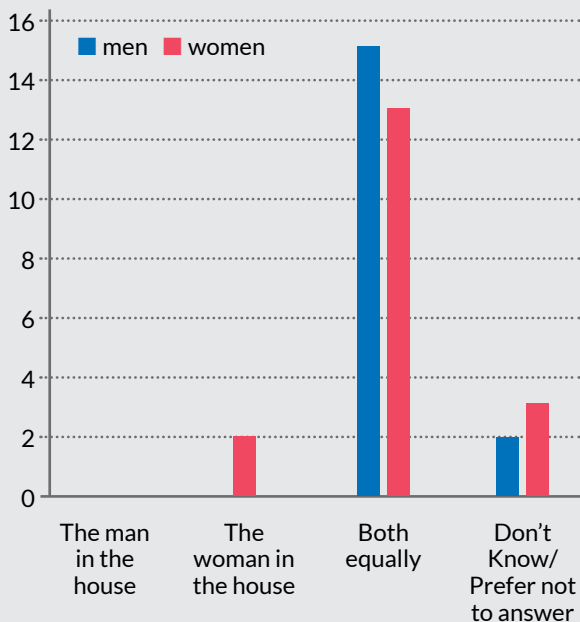
In the home, who should make decisions about how money is spent



At home, who should be responsible for household chores?



At home, who should be responsible for taking care of the children?



Importantly, 14 men and 15 women (81%) strongly disagreed with exercising any form of violence, whether verbally, physically or emotionally, against women. They admitted that such practices would damage their relationship either at home or within the community. They also acknowledged that women should never be blamed or held responsible for being survivors of violence – rape in particular – and that incidents should be reported. Men also recognized the importance of their wives' consent to sex.

Another notable change that deserves particular attention is the men's acceptance of the issues raised by the women that fed into their sessions. The men acknowledged that they depended on their wives to manage the household and care for children while they are out at work. They also confirmed that they consulted their mothers, aunts, wives and sisters in certain personal or professional matters, but that they never admitted to doing so in public or with other men. They thought that admitting to the practice would undermine their position, but after EMAP they felt more comfortable articulating it.

In the words of some female participants:

“ The EMAP project helped me to rebuild my self-confidence and I believe in life now.”

“ Positive behaviour change and respect for women and girls starts with the young generations. Children should be taught in school, at home and within the community to understand and respect equality.”

Following are some relevant quotes from male participants:

“ EMAP was a mirror showing us why and how to promote respect to women. Some of us used to respect women, now majority of us respect them more at home, or at work or within the community.”

“ EMAP made us learn to manage and control our temper and anger. The majority of us stopped shouting at our wives.”

“ Helping our wives at home, by carrying heavy carpets or even washing the dishes, won't damage our image. I prepared the salad and she was so happy with it, although it was a bit salty.”

Among the most important results of the EMAP intervention are the relationships resulting from the group sessions. Both women and men talked about strengthening old friendships and creating new ones through respectful dialogue and exchange of views during the sessions. Women and men have also initiated WhatsApp groups to stay in touch.

On 5 to 6 December 2018, the refugee women and men enjoyed an outdoor gathering to conclude and celebrate their successful engagement in the

EMAP pilot project. The gathering was organized to help the participants enjoy quality time with each other and to reflect on their personal feelings and experiences, as well as share some key messages.

During this gathering, the groups made plans for further engagement in promoting awareness raising on EMAP as well as PSEA and on safe reporting channels in the community.

Women's Future Plans:

- The women will continue to communicate through the WhatsApp account that they created during the sessions.
- They will use the community centres in the camp to gather other women and girls in the community and share their experience through conducting similar sessions to promote EMAP.
- The women suggested replicating the EMAP intervention in the other camps in Erbil Governorates (Darashakran, Kawergosk or Basiram) and agreed to present their impressions on the intervention to other women in the area.

Men's Future Plans:

- The men requested further training on the basic concepts of PSEA and SGBV as well as reporting mechanisms, referral pathways and service providers to raise awareness among their community.
- Some men volunteered to reach out to other members of the community, focusing on young people and adolescents, to organize awareness-raising discussions in community centres and gathering locations, such as mosques.
- A refugee who works with a group of actors (both boys and girls) planned to use educational theatre to raise awareness on PSEA and SGBV.
- A refugee teacher planned to include basic concepts of SGBV and PSEA in his classes, as well as to inform students of reporting channels as part of his weekly teaching plan in a secondary school.
- The men requested UNHCR and partners to support and encourage them to implement their new learning in community work in the camp.

Lessons learned

- ✔ Consultation with participants on the appropriate time and venue for convening weekly sessions was essential to ensuring maximum participation.
- ✔ Maintaining participants' absolute anonymity was essential.
- ✔ The preparation of the facilitators to identify and address difficult and conflictual statements is important and must be practised during the training phase.
- ✔ Time commitment from the facilitators is important as the development of joint session plans and facilitation materials requires consultation, collaboration and preparation.
- ✔ The short timeline for the initial implementation period created concern regarding commitment from both volunteers and refugees to participate in all sessions while balancing their personal and professional commitments.

Tips for replication

- ✔ The selection of female and male facilitators to ensure a smooth, successful implementation throughout all phases is critical to the initiative's success.
- ✔ Setting ground rules for discussions, including respecting each other's opinions, giving time to everyone to express themselves and taking turns talking, was also critical to create a welcoming and inclusive environment.
- ✔ The weekly debriefing with the supervisor – including input from the Accountability Checklists, Weekly Session reports, Participants Action Plan and Weekly Meeting Reports – and deciding jointly on how to incorporate the women's key messages into the male curriculum was important to ensure the intervention's smooth implementation.
- ✔ Social events are an important part of creating group dynamics and cohesion and should be considered as part of the planning process, where appropriate.
- ✔ Staff specialized in community mobilization methods and activities play a crucial role in reaching out to and engaging communities.

RELEVANT DEFINITIONS

Innovation⁷⁴ refers to the implementation of a new or significantly improved product (good or service), process, marketing method or organizational method in business practices, workplace organization or external relations.⁷⁵

Protection integration ‘involves incorporating protection objectives into the programming of other sector-specific responses (i.e. beyond the protection sector response) to achieve protection outcomes. Integrated protection programming requires all humanitarian actors to commit, wherever feasible and appropriate, to protection objectives in the design of their activities.’⁷⁶

Sexual and Gender-based Violence⁷⁷ (SGBV) refers to any act that is perpetrated against a person’s will and that is based on gender norms of patriarchy and unequal power relations. SGBV is an abuse of power that inflicts harm on the survivor. It may be physical, psychological, sexual or socio-economic in nature. It involves rape, sexual assault, physical assault, forced marriage, denial of resources, opportunities, or services as well as psychological or emotional abuse.⁷⁸ Common forms of SGBV include intimate partner violence, honour-related crimes, child marriage, female genital mutilation, trafficking, and conflict-related sexual violence.

Emerging forms of gender-related violence, such as abuse that occurs online or through electronic media and communication technologies, are also included. SGBV comprises violence committed by family and friends, by members of the community, unknown assailants, or that which is perpetrated or condoned by the state, non-state actors, or institutions. When committed by humanitarian personnel or international peacekeeping forces, such violence is referred to as sexual exploitation and abuse and sexual harassment.⁷⁹

SGBV occurs in all countries and can be the impetus that compels people to flee.⁸⁰ The risk of SGBV ensues during flight and can be exacerbated once individuals, families and communities find refuge. All UNHCR field offices should thus assess the extent to which SGBV poses an operational risk and use the Corporate Risk Register to reflect this risk information.⁸¹

SGBV mainstreaming specifically refers to the integration of appropriate risk-mitigation strategies across all areas of programming and service delivery.⁸² In order to mainstream effectively, all staff need to understand who is at risk, the source of that risk, and the (un)intended impact of acting or not acting in order to mitigate risk. Mainstreaming also requires that all staff and partners know how

⁷⁴ Adapted by UNHCR [Brief Innovation Glossary](#) 2017 from the [OECD Innovation Strategy](#)

⁷⁵ UNHCR [Brief Innovation Glossary](#) 2017

⁷⁶ IASC [Policy on Protection in Humanitarian Action 2016](#)

⁷⁷ Although the terms gender-based violence (GBV) and sexual and gender-based violence (SGBV) are often used interchangeably, UNHCR consciously uses the latter to emphasize the urgency of protection interventions that address the criminal character and disruptive consequences of sexual violence for victims/survivors and their families. [UNHCR Action against Sexual and Gender-Based Violence: An Updated Strategy](#) 2011

⁷⁸ The six core Gender Based Violence types were created for data collection and statistical analysis of SGBV. They should be used only in reference to SGBV even though some may be applicable to other forms of violence which are not sexual in nature or gender-based.

⁷⁹ UNHCR is committed to zero tolerance on sexual exploitation and abuse, which entails separate administrative procedures, including mandatory reporting and sanctions; such procedures are beyond the scope of SGBV programming and this Policy. Survivor / victim assistance is based on the needs of the survivor and, where appropriate, is based on the referral and assistance for all survivors of SGBV. UNHCR, *Tackling sexual exploitation and abuse, and sexual harassment at UNHCR: An information note*. <https://bit.ly/35VF7wj>. See also, Secretary-General’s Bulletin. *Special measures for protection from sexual exploitation and sexual abuse* (ST/SGB/2003/13), 9 Oct 2003.

⁸⁰ Guidelines on International Protection: *Gender-Related Persecution within the context of Article 1A(2) of the 1951 Convention and/or its 1967 Protocol relating to the Status of Refugees*. <https://bit.ly/33DTCU0>.

⁸¹ SGBV is listed in Risk Category 3.3, *Security from violence and exploitation* (Annex A). Policy for Enterprise Risk Management in UNHCR (1 Aug 2014). <https://bit.ly/33Jlrdu>.

⁸² Integration here refers to mainstreaming and is distinct from *integrated programming*, which “involves incorporating protection objectives into the programming of other sector-specific responses (i.e. beyond the protection sector response) to achieve protection outcomes.” IASC Policy on Protection in Humanitarian Action (2016). <https://bit.ly/2DErCn>.

to safely handle incident disclosure as well as the referral pathways for SGBV services and case management.⁸³

Prevention refers to actions that stop GBV from occurring by addressing the root causes of GBV, namely gender inequality, systemic discrimination and unequal power relations between women and men and also people with diverse sexual orientation and gender identities (SOGI).

SGBV risk mitigation refers to action taken in each humanitarian sector to reduce risks and exposure to SGBV.

SGBV response refers to immediate interventions that address physical safety, health concerns, and psycho-social needs. The provision of multi-sectoral services and assistance to all survivors of SGBV contributes to keeping people safe, improving health (both physical and mental), and providing justice and full access to services.⁸⁴ It also refers to the wider range of rights and protection that can support recovery, such as addressing individual documentation and economic resilience.

⁸³ See also, IASC Policy on Protection in Humanitarian Action (2016).

⁸⁴ The [IASC Guidelines for Integration Gender-Based Violence Interventions in Humanitarian Action](#) 2015, provides the following distinction: 1. Prevention seeks to prevent SGBV from first occurring through addressing the root causes of SGBV; 2. Mitigation seeks to reduce the risk of exposure to SGBV through addressing the contributing factors; 3. Response seeks to implement adequate interventions to address the consequences of SGBV after it has happened through the implementation of specialized services.



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