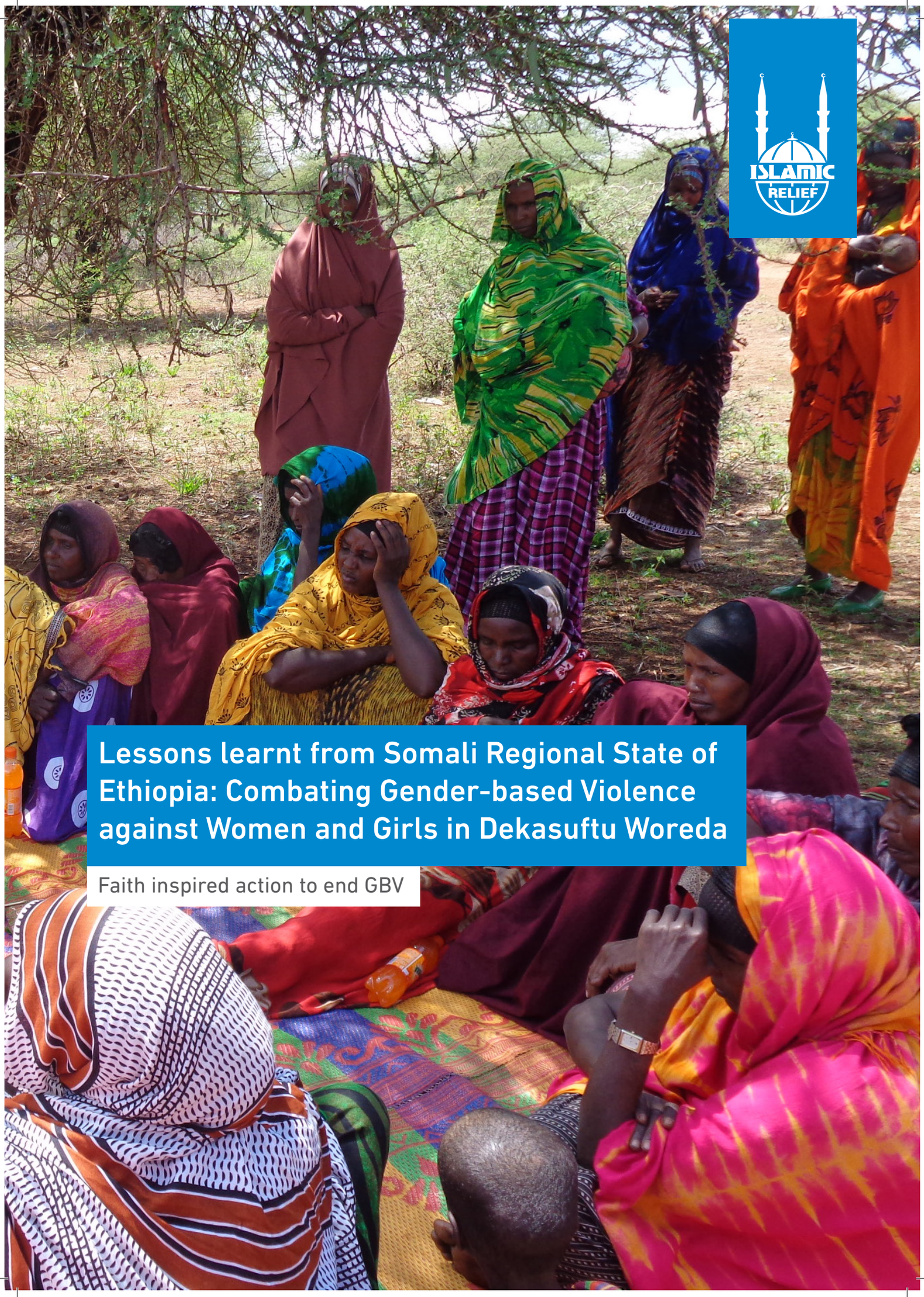

Lessons learnt from Somali Regional State of Ethiopia: Combating Gender-based Violence against Women and Girls in Dekasuftu Woreda

Faith inspired action to end GBV

CONTENTS

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INTRODUCTION

Gender-based Violence (GBV) is defined as any harmful act done to a person because they are female or male . The acts of violence include, but are not limited to, sexual harassment, Female Genital Mutilation and Cutting (FGM/C), acid attacks and honour killings. The types of violence may vary across cultures and regions and are often seen as taboo topics or private matters that should not be discussed in public. Although GBV often disproportionately affects individuals that are female, it can also affect those that are male (Gender Justice Policy) .

As a faith-based humanitarian organisation, Islamic Relief is directed by the Islamic understanding of equality and equity, which has sparked our commitment to fight against gender injustice and formulate our Gender Justice Policy. This policy demonstrates our determination to end the Harmful Traditional Practices (HTPs) that affect women and girls. Within our work, we most commonly focus on three HTPs, including Early and Forced Marriage (EFM), Female Genital Mutilation/Cutting (FGM/C) and Domestic Violence (DV).

Our aim at Islamic Relief is to inspire attitudinal and behavioural change in people, so as to promote gender justice in communities across the world. Our work encourages improved faith literacy and awareness to end GBV, safe and accessible services and referral pathways for survivors of GBV.

This report provides lessons learnt from the Islamic Relief Netherlands-funded project, "Combating Gender-Based Violence of Women and Girls". Carried out in the Dekasuftu Woreda of Liben Zone within the Somali regional state of Ethiopia from February 2016 to March 2017, it is planned to continue the project in 2018, in partnership with Islamic Relief UK. This document highlights the key aims, findings, challenges and results of the project, and also discusses the main lessons for future projects we conduct. In sharing our findings, this report will benefit fellow organisations and stakeholders by informing them of the issues we faced and lessons that we learnt. It also intends to increase the scale and scope of our work on GBV projects, generate learning and sharing of information, and promote evidence-based programming.

Although GBV issues are prevalent in the communities that we work alongside, the diversity of GBV has meant that any interventions we lead have to be tailored to the local needs of the people. Thus, we research and document the most common GBV issues prior to any projects or interventions, which then allows us to evaluate the strategies that would work best. This was the approach adopted with this particular project: in March 2015, a gender study in Dekasuftu was conducted in order to inform our gender and GBV strategy.

Since 2000, Islamic Relief Ethiopia (IRE) has served more than four million beneficiaries through integrated development and has diversified and expanded its interventions to reach the most vulnerable and destitute individuals. IRE has also played a prominent role within the Somali Regional State of Ethiopia where the community is largely Muslim. Since August 2013, IRE has been operational in Dekasuftu Woreda to address basic social services gaps. Gradually, its experience showed that there was a need to address the root causes of GBV to sustainably improve the well-being of the population and break the cycle of poverty.

LIST OF ABBREVIATIONS

EFM: Early and Forced Marriage
FGM/C: Female Genital Mutilation and Cutting
GBV: Gender-based Violence
HTPs: Harmful Traditional Practices
IPs: Implementing Partners
IRW: Islamic Relief Worldwide
IRE: Islamic Relief Ethiopia
IRN: Islamic Relief Netherlands
CC: Community Conversation
WCY: Women, Children and Youth Affairs Office
HPs: Health Posts

Aims of the project

The main and overriding aim of this project was to prevent and respond to GBV within a target group of pastoralist women and girls in Dekasuftu Woreda, by increasing the capacity of local actors and communities. The project aimed to address those issues that had deep-rooted practice, such as FGM/C and forced marriage, as well as to tackle the negative attitudes and beliefs of the people towards women and women's issues. The intervention focused on two areas: raising community awareness on key gender justice issues and capacity building of partner offices, health institutions and schools in addressing GBV.

The main outcome of project was to improve the safety and care of those vulnerable groups of women and girls, as well as enhancing their knowledge of their rights thus changing their attitudes towards GBV. Additionally, it was aimed at improving the capacity of local and government institutions and faith leaders in preventing and responding to instances of GBV.

In addition to this we also had other expected outcomes of the project, including:

• Improving the safety and care of 3,000 vulnerable women and girls through GBV risk mitigation and coordination with other actors and government bodies

• Improving the capacity of local and government institutions to prevent and respond to incidences of GBV for vulnerable women and girls

• Boosting the understanding of women and girls towards their rights in order to make a change in attitudes towards GBV

• Enhancing the knowledge of women and girls of their rights as stated in the Qur'an and in Ethiopian Family Law to change attitudes towards GBV amongst men and boys

• Improving prevention and responses to GBV amongst community members and faith leaders.

We drew on key activities that would align with our aim and outcomes, such as:

• Project start-up activities – it was essential that all stakeholders were on board in regards to the project objectives. We therefore organised project familiarization workshops with stakeholders, including the district Women, Children and Youth Affairs Office (WCYO), health offices and other relevant representatives to introduce the project activities and share the roles and responsibilities amongst stakeholders.

• Raising awareness – It was very important to involve male religious leaders, such as imams, clan leaders and role models. Thus, we included training for these key individuals, as we had planned for them to play a facilitation role within group discussion forums that would take place as a way of addressing gender concerns. This method allowed for increased awareness of gender justice in Islam, therefore creating sustainable change.

• Capacity building – This involved the capacity building of those government sector offices at the district level, such as WYCO, as well as schools and health institutions. The government offices played an important role in reinforcing policies and through gender clubs the schools promoted gender equality. The clubs provided basic information on gender issues, promoted the rights of both girls and boys and transmitted educational media that promoted respect for women.

Background of the target area

In general, Ethiopia is a patriarchal society, as we see in the 2016 Human Development Index, which ranked Ethiopia 174 out of 187 countries in the Gender Inequality Index (UNDP 2016). The index is measured on inequalities in the achievements of men and women in three areas; education, empowerment and economic empowerment. This ranking indicates major gender disparities.

A qualitative gender study conducted in Dekasuftu by Islamic Relief Worldwide (IRW) and IRE in March 2015, explored gender dynamics of this region to understand the extent of gender imbalances. Dekasuftu is a relatively remote pastoral area, which has come under pressure due to climate change - leading to high temperatures, erratic and unpredictable rainfall, scant vegetation and frequent drought. The livelihood of local people is dependent on natural resources, yet the effects of climate change have led to an imbalance between the population and the resources they depend on. This pastoralist way of life puts a disproportionate burden on women, as they are often expected to carry out a considerable amount of unpaid care and domestic work, including husbandry of small animals, without adequate access to and control over resources, whilst men and boys receive greater benefits and resources and are not expected to share the household responsibilities. Women and girls often also lack decision making powers, for example with regards to movement, purchase of assets or choosing a marriage partner for their children.

One of the main issues that needed to be addressed was the prevailing attitudes towards women. This is because in communities like Dekasuftu, women and girls are thought to be inferior from birth. Furthermore, the day-to-day lives of women was found to be much more burdensome than their male counterparts as they were responsible for the upbringing of their children, household chores and other work, with little or no support from their husbands.

In addition, regardless of Ethiopian Family Law which prohibits early marriage, according to UNICEF, 16% of girls are married by 15 and 41% by 18 , resulting in them withdrawing from education. Also, many women, regardless of their age upon marriage, had not the opportunity to access formal or informal education and lack basic literacy skills. Thus, they do not know how to formally protect their rights and entitlements within a household, they have limited power to claim their rights and often are not allowed to enter income generating activities due to restrictive social norms which perpetuate the cycle of poverty. Women often do not have the capacity to protect themselves from GBV because of the lack of knowledge, skills, resources and collective capacities.

Islamic Relief's study also found that misunderstanding of Islamic text and conflation of religion and culture is commonly used to justify attitudes of women being inferior to men and various HTPs such as instance FGM/C and physical violence. Therefore, HTPs and GBV are a part of cultural norms and are a widespread and tolerated practice.

These findings provided the basis for an intervention to tackle GBV in this region. Though the magnitude of the problem is vast and complex, efforts made from the government and other actors to support women and protect them from GBV were found to be minimal. This project therefore focused primarily on opening a discussion within the community of Dekasuftu to address the deep-rooted practices, attitudes and beliefs regarding gender relations, inclusion and protection from GBV.

Approach

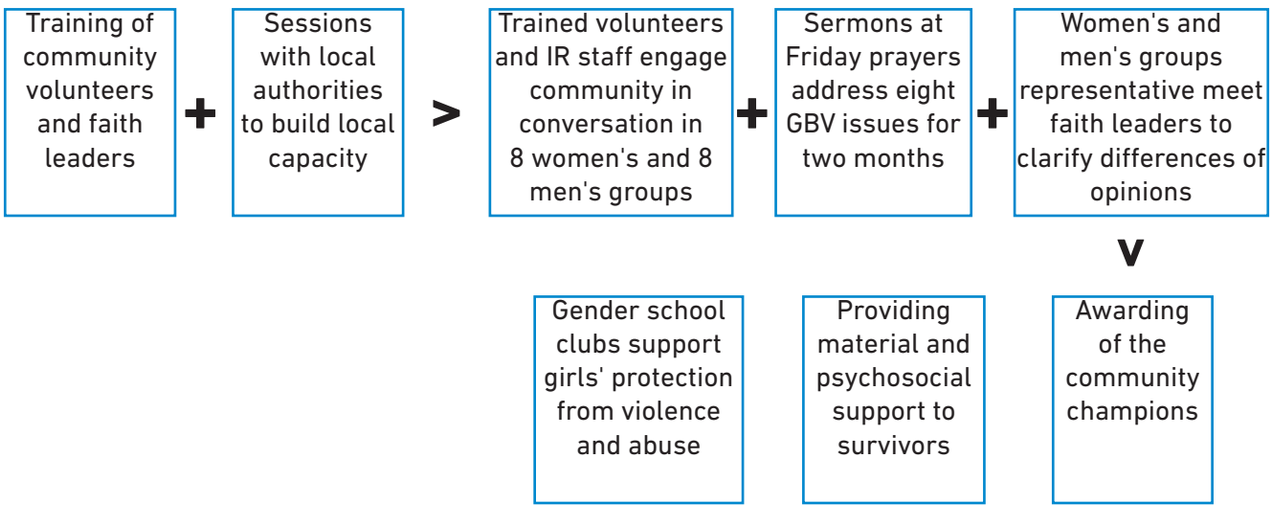
FAITH INSPIRED ACTION TO END GBV

In order to address the issues that had deep-rooted practise and were the firm attitudes and beliefs of the people, we had to work within the community and engage with faith beliefs to inspire transformation.

An underlying strategy of the project was to utilise faith as a positive drive to change attitudes towards GBV. We intertwined GBV awareness raising with improving faith literacy around GBV issues to bring about the most effective results and transformation. This required collaboration with various stakeholders on different levels. Our base at IRE had already established close relationships with local governments and other Implementing Partners (IPs), as we are one of the leading agencies in the region. Thus, through these established links we were able to work with the Woreda Women, Children and Youth Affairs (WCY) affairs office and other key service providers, schools, gender and women's groups and other decision making authorities. Prior to implementing the project start-up activities, we found that it was essential to put forth an agreement between all stakeholders that they were on board with the project objectives, activities and implementation arrangements. This enabled us to build alliances, and create local ownership of, and accountability for, the project.

We initially organised project familiarisation workshops with respective stakeholders in the district, in which we worked with various offices, including the youth affairs office, administration office, health office and other relevant representatives including women, youth and elders, as well as clan and religious leaders. The aims of these workshops were to introduce project activities, the implementation modalities and share the roles and responsibilities among stakeholders at different stages of the project implementations.

Our intervention activities formed a process which covered seven main areas:



This project in numbers:

• The project began in February 2016, and lasted for the duration of 15 months. In that time it reached more than the planned 3,000 direct beneficiaries and was administered in eight out of the 16 villages (known as kebeles) in the district of Dekasuftu.

• 34 men and 11 women from the kebeles were trained as community volunteers/ peer educators (deploying participatory methods as role plays, poems etc.) in order to implement the project and create community conversation.

• 800 faith congregation members were sensitized on GBV and HTPs in Islamic perspective during Friday prayers on eight topics during a period of two months.

• 25,000 women and girls have access to critical health services through establishing women/girls friendly spaces within the health facility.

• 199 women and 200 men attended regular monthly sex segregated groups for eight months, in which they discussed and reflected on GBV in their communities - 38,801 people indirectly benefited from this project.

• 24 community members become GBV champions.

• 16 workshops were organised for religious leaders on women and girls rights enshrined in the Holy Qur'an and Ethiopian Family Law.

• 1,200 people benefited from psychosocial support activities including recreational activities, social networking opportunities, and information sharing sessions.

• 120 girls benefited from school clubs and advocacy on the protection of school girls and reducing their vulnerabilities to violence.

• 19 health extension workers were trained on a clean and childbirth by working with the project Basic Social Service Improvement (BASES) under Peace and Development Program (PDP) supported by DFID.

4. Engaging of the community in conversation in women's and men's groups.
After delivering the training for religious leaders, volunteers and government staff, we established community conversation. This involved monthly group discussions in two separate groups of men and women, with a different topic every month. This activity allowed for an open discussion on different HTPs, for instance FGM/C and early and forced marriage (EFM), allowing us to understand their thoughts and opinions on these topics. Another bi-monthly meeting occurred saw representatives from each group meet and share the issues they discussed and the conclusions they reached within the groups. These meetings were used to ensure that positive conclusions were made on each given topic and a common stand was brokered. These CCs achieved the aim of enhancing the knowledge level of men and women on particular GBV issues, resulting in a change in their attitude. It also gave individuals the opportunity to freely discuss their opinions and beliefs and share their experiences.

5. Awarding of the community champions.
In order to congratulate members of the community for their positive contributions, including volunteers and religious leaders, we decided to recognise them as community champions. Amongst the champions included former FGM/C practitioners who, although it was their means of livelihood, had pledged that they would not engage in the practice again. There were also individuals who travelled to different localities by their own means to cascade down the discussions held in the village, as well as religious leaders who remained firm although they had been challenged by the community on the messages that they were delivering. A total of 24 individuals (six females, two religious leaders and 16 makes) received the award during public gatherings.

6. Providing psychosocial support to survivors.
Altogether, we organised 16 psychosocial events across the intervention villages, which amounted to two events per each village. These events provided the opportunity for members of the wider community to be mobilised and to attend various educative and entertaining performances. The events were organised by group members and volunteers and involved activities, such as role play, poem reading and cultural songs, to raise community awareness on GBV.

7. Gender school clubs support girls' protection from violence and abuse.
We established gender clubs with a total of 15 girls. We supported the members, provided them with IEC materials and encouraged them with their studies. These active clubs worked in collaboration with their respective school principals and the Woreda education office. They promoted gender equality and equity by providing basic information on gender issues, educating pupils on the rights of boys and girls and conducting shows and songs advocating the importance of respecting women. Additionally, we provided schools, health institutions and government offices with capacity building materials, such as: mini media materials for schools, information booklets and leaflets and training. They were also able to identify girls who had dropped out from school, and visited them at home to identify the problem. After discussion with the school and the Woreda education office, they were able to bring girls back to school. In total, 120 girls who had dropped out, returned to school.

With the help of Health Posts (HPs) and greater awareness through psychosocial support events and Friday sermons, we were able to reach more beneficiaries than planned.

1. Training of community volunteers and faith leaders.
To ensure the sustainability of our project, we decided to carry out our work internally by working with individuals within the community. Thus, we trained volunteers, faith leaders and high-ranking individuals within the community who would support the intervention of our project and thereafter be community champions – ensuring sustainability of the project into the future. These individuals played a facilitation role in discussion forums in which members of the community discussed gender issues. This part of the intervention was aimed at increasing the awareness of gender justice in Islam, GBV and HTPs. For this, the involvement of religious leaders, men and boys groups was essential and we were able to identify religious scholars at the Addis Ababa level or the Somali Regional State level that supported our community conversations.

We organised the training of 45 people (34 males and 11 females) in two workshops. Initial training was provided for five days and subsequent refresher training was conducted for three days. In the training, we discussed the causes and consequences of GBV and the rights of women and girls that are enshrined in the Holy Qur'an and within Ethiopian Family Law, which would guide community conversation. Additionally, the female volunteers received orientation on how to discreetly identify and report violence victims. We used local training manuals and allowed the training to be led in a participatory manner where participants contributed their knowledge, and experiences.

2. Sessions with local authority to build capacity.
We aimed to build the capacity of government offices as they would play an important role in reinforcing policies and actively participating in raising awareness of GBV issues in the community. We did this by holding multi-stakeholder local meetings, inspiring action, reinforcing political commitment to end GBV and building synergies with national legal frameworks. A successful example of building capacity can be seen in the Woreda Women, Children and Youth Affairs Office (WCYO), which was vacant at the start of the project, but was running again smoothly after our intervention. We did this by providing training to a total of seven (six males and one female) individuals who were stakeholders of the office, which gave them motivation.

We also identified health centres and health posts that supported information provision on GBV prevention and how to respond to cases. These health posts were linked with WYCO and provided health education and services to the most vulnerable at risk of GBV. Additionally, we carried out capacity assessments within health posts and the Woreda health office which identified the gap that they had within supplies, thus leading to their support with medical equipment.

This project achieved its intended outcome with regards to improving capacity in responding to different matters in full collaboration with different sectors of government offices at Woreda level. Capacity building of health posts has also allowed for an improved health service. Improving the health service has a good outcome for CC also, as a lot of the health extension workers were also CC participants who explained the health issues relating to HTPs.

3. Sermons at Friday prayers address GBV issues.
Although this activity was not budgeted, it was still carried out as a crucial method since it used religion to reinstate the reasons HTPs and GBV were wrong and harmful. Imams provided sermons on eight selected topics during Friday prayers for two months.

Learning point 4:

Sensitively engaging men and women leads to effective group discussions on taboo topics
This project taught us a beneficial lesson in the way in which we were able to successfully carry out discussions on topics that would normally be seen as taboo, such as domestic violence and FGM/C. Male and female volunteers took over the ownership of the awareness raising sessions. Combining female working groups, male working groups and sometimes mixed working groups helped us to progress the discussions in a safe environment. The assistance of faith leaders empowered men in particular during awareness raising activities to became vocal about protecting the women and girls of their tribes.

Learning point 5:

Ensuring a sustainable and integrated approach
We found that to make this project sustainable in terms of changing behaviours, we would need to address the root causes of the issues. For instance, in relation to FGM/C we may need to provide practitioners with a new source of income to effectively stop this practice. Thus, it is recommended that the project continues to eliminate FGM/C by integrating an economic component to tackle the root cause of FGM/C.

Learning point 6:

Ability to expand the project
We successfully administered the pilot project in addressing issues that have deep-rooted practice. We were also able to expand our project from an initial five villages to eight as per the request of the district administration. This was a great achievement as this allowed for a greater impact in the community, teaching us to expand future projects and reach more people. As the methodology was already accepted by the community, we were able to use this within the villages.

Key findings of the project

Learning point 1:

Carrying appropriate research before and after the study
A major lesson that we learnt from the project is to carry out quantitative studies before and after the project implementation to understand and monitor how the perceptions of the target population may have changed over time. This will enable us to better design intervention based on community needs and capacities and to understand the true and long-term effects of the projects and discussions. Whilst the discussions may have been beneficial as the community members are subsequently able to differentiate between cultural and religious practice, we should monitor whether there is a real change in attitudes rather than an anecdotal or general statement. We should have set a baseline, mid-term and end surveys to measure attitudinal change.

Learning point 2:

Engaging religious leaders to mobilise communities and oppose GBV
Another lesson that we learnt was that whilst engaging religious leaders was important for addressing HTPs, especially FGM/C and EFM, they should be chosen with care with their reputation and acceptance within the community and their Islamic knowledge being verified. This could also be done with the help of the community who can vouch for faith leaders. Thus, we engaged local faith leaders that were trusted by the community and helped them understand why HTPs should not be practiced from the religious perspective.

Learning point 3:

Making effective decisions on community champions
A lesson was learnt when we engaged with community champions in addressing attitudinal change within the community. We found that whilst this was very effective, it would have been best to have community members themselves identify their champions.

Impact of the project

After group discussions on the topic of physical violence, there was a decrease in physical violence against women

Engaging in monthly conversations in male-only and female-only groups on various topics led to changes in attitudes towards GBV

Discussions amongst women on inheritance and property led to women claiming their Mehr (dowry) from the spouses

The act of a widowed woman marrying her husband's brother for inheritance purposes was refuted by religious leaders. thus women stated that they would fight against this

FGM/C practitioners declared that they would stop this practice as deforming the human body is a major sin. This led to a shift away from the severest form to FGM/C (type 1) in Dekasuftu

Positive and open group discussions amongst men and women groups with engagements of faith leaders on HTPs and GBV issues

After discussions on the importance of women's education, which dismantled the myth that women should not study, the women demanded adult literacy programmes from the Woreda education office

A decrease in the physical violence against women by their husbands

We were able to use Ethiopian Family Law and the Holy Qur'an to change men and women's attitudes towards GBV

Introducing local authorities to Standard Operation Procedure in referring GBV survivors

Case Study: A trainee's story

"Since I received the training, I feel I am different," said Saida. "I never missed the regular community conversation in my village. I feel there are so many things I could do. I actively work with our school Parent Teacher Association (PTAs) and Health Extension workers at health post. During the year I was able to return 35 drop out girls to school - it was not an easy job as I had to go home to home to talk with parents. I get a transportation allowance from Islamic Relief and people know that I have that small allowance, so every time I talk to them about girls' education or FGM/C or early marriage they say to me that you are talking like that because you are getting money. But gradually, as the community conversation continued, I see people changing. For example, FGM/C was done in its severest form but now only the suna type is practiced. I hope that Islamic Relief will continue to implement this project in the future."

Case Study: a story of two young girls returning to education with the help of the Gender Club

A young girl lost both of her parents and was therefore burdened with the responsibility of looking after her younger siblings. She was consequently unable to go to school. With the help of the gender school club, she was given support by the kebele and Woreda people and is now able to resume her education. With the support of Islamic Relief, the gender club was able to provide her with education materials.

The gender club also helped another girl return to education. She dropped out because she was abducted and managed to escape but never returned to school. The gender school club approached her parents and the girl and discussed with them the importance of education. In this way, she was able to return to her studies.

Case Study: Claiming dowry after 16 years

One of the unintended consequences of Community Conversation (CC) groups was that women began claiming and collecting their dowry, which was previously unheard of. Whilst in Islamic tradition the dowry is a gift from the groom to the bride, in practice this was just a formality and no gift was given. However, after a CC on a woman's right to property, inheritance and dowry, many women stated that they would begin to claim their dowry. Amongst them was a lady from Tagthager kebeles, who claimed a camel from her husband after 16 years of marriage. She stated; "I did not know I can claim". Dowry is important to women as it provides some measure of financial independence, access to assets or capital and ultimately some level of protection.

Case Study: Health worker

The health extension worker in Sero village, Anab Rashid, was extremely pleased with the new medical equipment which was provided to her by the project. This was beneficial for her and motivated her to do more. Previously, the lack of equipment meant that there was a much higher risk of complications during childbirth. The new equipment minimised the risk.

Case Study: FGM/C practitioners moving away from FGM/C

Amongst the community champions who were awarded for their efforts were previous FGM/C practitioners from two kebeles who declared that they would never engage in FGM/C again, even though it was their means of livelihood. Two women from Taktahagar village, Afron, 68 years old and Ebla, 54 years old, openly declared to move away from FGM/C.

Lessons for the future and reccomendations

Invest in long-term programmes: This project has allowed us to make an initial impact within the area and start up discussion in the community on GBV issues. However, in order to make a real impact, long-term intervention is needed. This would be more effective in advocating change, and would also allow the awareness of GBV and HTPs to be mainstreamed across staff in the region rather than on just on a single project basis.

Making sustainable changes: A lesson that can be taken from this project is the way in which we can achieve long-term and sustainable changes within the community. This can be done by addressing the real root causes of the issues. For instance, it can be understood that FGM/C is a source of income for its practitioners. Thus, to end the practice, another complementary source of income and livelihood must be accessible to FGM/C practitioners. Thus, adding to the previous lesson, long-term projects should be considered to bring about effective and sustainable changes.

Monitoring attitudes: Another lesson that can be learnt from this project is the importance of monitoring attitudes towards women and girls before the project is implemented, during and after the intervention. Although we did carry out qualitative research before the study, quantitative study should also be carried out. By doing this, an initial baseline is set at the beginning and the final results can be compared to this to see what true differences have occurred. For instance, within group discussion one woman stated that it was acceptable for her husband to beat her. Whilst an overall conclusion of the discussion indicated a positive change, it may be important to explore if the minority view this issue differently.

Choosing leaders with care and localising faith leaders' engagement: A main lesson learnt from this project is the way in which community champions and religious leaders are chosen. We realised that religious leaders and community champions played an important role in creating attitudinal changes within the community and for addressing GBV issues such as EFM and FGM/C. However, we realised that it was important for them to be chosen with care, as their reputation and acceptance within the community as well as the Islamic knowledge of the religious leaders should be verified. Faith leaders should come from within communities, because they are more known and trusted by local population. When it comes to champions, the community should have freedom to choose for themselves.

Recognise the potential of faith to transform negative attitudes towards GBV through awareness raising and faith literacy: A strong point in this project was the way in which we were able to use faith to transform the attitudes of the people of Dekasuftu. This worked very well in changing the attitudes of both the men and the women towards common GBV issues, including FGM/C, education, violence towards women, inheritance and dowry. Through Friday sermons before prayer, the use of faith leaders and by implementing other religion-based tactics, we were able to implement a real change in their attitudes and actions towards women.

Include non-traditional stakeholders such as faith actors integral in prevention and response to GBV: Using faith leaders who were also respected and trusted members of the community enabled us to use faith to transform the negative attitudes towards women. This is a beneficial lesson that can be used within future projects, as working with the members of the community and catalysing religious leaders will eliminate gender- based violence more sustainably.

Challenges in implementation

Transforming attitudes and sustaining change

One of most common challenges that we faced was changing the attitudes and beliefs of the people in regards to HTPs such as FGM/C. This issue has been a long-standing one, with community members believing that a girl will not be able to marry or prevented from engaging in unsafe sex without FGM/C. They needed to be aware that not only is FGM/C dangerous because of the health complications it causes to girls, it can also lead to the spread of disease as the blades used are not cleaned properly. Thus, completely changing the attitudes of the wider community requires long-term intervention and mobilisation to bring about a complete behavioural and attitudinal change.

Shortage of resources

At several periods during the project we found that there was a shortage of resources. For example, some villages or kebeles were some distance from each other and so we faced challenges regarding staff movement during the implementation of activities. Additionally, a couple of kebeles complained of water shortages throughout the project.

Lack of safe space for women

As there was no scheduled area to carry out monthly community conversation, we encountered an issue as other members of the community would join the conversation as they were keen on hearing the discussion. This issue affected mainly the women, since they typically did not feel comfortable discussing their experiences with others listening to the conversation.
The Women and Children Affairs Bureau of Somali Regional State appreciated the work we were doing in addressing HTPs and EFM, in particular the initiation of the project and the idea to establish a 'one stop centre'. However, it was unable to implement the project within the project timeframe due to the lack of prior regional experience and limited local capacities at the time.

Quantitative evidence

Although the findings of the project as outlined in this paper showcase a great degree of change within the community, the evidence provided to back up these claims are mainly qualitative. Although this does not mean that the statements are in any way untrue, it does make the claims less reliable than what they would be if had they been supported with further quantitative study. This brings us back to our first learning point: the importance of carrying out quantitative studies with beneficiaries which focus on the attitudes and beliefs of the people, before and after the project implementation. This is important for understanding how their beliefs had changed after the project was implemented and would have been suitable to keep for our own records.

Sectoral capacity building

We were unable to deliver the provision of training for 15 staff and volunteers of humanitarian agencies on GBV concepts and protection because of their absence in this region at the time.

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