

Unite for a Better Life:

Preventing Intimate Partner Violence
among Somali Refugees in Dollo Ado,
Ethiopia

LESSONS ON PROGRAM ADAPTATION FOR A HUMANITARIAN CONTEXT



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The Unite for a Better Life (UBL) program was adapted for a humanitarian context by researchers and practitioners at the Harvard T.H. Chan School of Public Health, Beth Israel Deaconess Medical Center at Harvard Medical School, Women and Health Alliance (WAHA) International in Ethiopia, and Addis Ababa University.

Implementation of the adapted UBL program was supported by the United Nations High Commissioner for Refugees (UNHCR), Administration for Refugee & Returnee Affairs (ARRA), and Bokolmayo Refugee Camp Community Advisory Board in Dollo Ado, Ethiopia.

Content for this document was informed by a multi-disciplinary stakeholder workshop convened in London, UK in August 2018.

Context:

Intimate partner violence (IPV) is a global problem with staggering statistics everywhere around the world. The World Health Organization states that one in three women experience physical or sexual IPV in their lifetime¹. A United Nations' study reported that 137 women were killed by an intimate partner or family member every day in 2017². These shocking statistics are only half the story and likely only represent a fraction of the true numbers.

In humanitarian settings, the resources and programming have often focused on other forms of gender-based violence (GBV) including rape and sexual violence by non-partners which remain important and widespread problems. For example research shows that one in five refugee or displaced women have experienced sexual violence³. However, there are serious and concerning gaps in available data and information on GBV, especially on IPV, in humanitarian settings.

These gaps result from numerous challenges, including lack of access to areas affected by conflict or the stigma or fear around reporting. Also, programming to address GBV remains underfunded, accounting for only 0.12% of humanitarian funding in 2016-18, and funding requests have not matched the scale of the problem⁴.

What we do know is that both in and out of humanitarian emergencies, **the most common perpetrator of GBV is an intimate partner**. This calls into question what programming and policy are needed to ensure protection of women in these settings.

All forms of violence have serious and long-term health, social, cultural and economic impact on survivors. In 2015, 193 countries agreed to eliminating all forms of violence against women in public and private spheres through SDG Goal 5. Yet, the number of women killed at the hands of an intimate partner or family member has risen during this time.

30%

of women experience IPV in their lifetime

0.12%

of humanitarian funding is for GBV programming

We urgently need IPV programming tailored to humanitarian contexts.

¹ WHO multi-country study on women's health and domestic violence against women, 2005.

² UNODC Global Study on Homicide. Gender related killing of women and girls, 2018.

³ Vu A, Adam A, Wirtz A, Pham K, Rubenstein L, Glass N, Beyrer C, Singh S. The prevalence of sexual violence among female refugees in complex humanitarian emergencies: a systematic review and meta-analysis. PLoS currents. 2014;6.

⁴ Where is the Money? How the humanitarian system is failing in its commitment to end violence against women and girls. IRC, 2020.

Preventing IPV:

The **Unite for a Better Life** (UBL) program was designed to **prevent and reduce IPV**, focusing specifically on displaced Somali-Muslim communities in sub-Saharan Africa. Unite for a Better Life is a participatory group-based intervention **delivered within the context of Somali Tea Talks**.

UBL includes 16 skills-building sessions delivered by trained facilitators to groups of men, women or couples. Sessions address gender, healthy sexuality, conflict resolution, household task-sharing, substance use, & sexual harassment.

UNITE FOR A BETTER LIFE



A Gender Transformative Program to Prevent and Reduce IPV

1

Targets the underlying social, cultural and behavioral determinants of IPV

2

Is delivered in the context of cultural or community practices that serve as platforms for intervention delivery and discussion

3

Uses a participatory approach with curricula tailored for the humanitarian context for groups of women, men and couples

UBL Development & Testing:

The **UBL** program was initially developed for rural Ethiopia where sessions were delivered by trained facilitators within the context of the Ethiopian Coffee Ceremony, a traditional forum for community dialogue. It was rigorously tested with a large cluster-randomized controlled trial from November 2014 to March 2018.

Unite for a Better Life was adapted for the humanitarian setting where it is **delivered in Somali Tea Talks**. It was piloted in Bokolmayo refugee camp in Dollo Ado, Ethiopia from 2016-2018. The pilot study, conducted among 180 households, showed the project had high attendance rates - despite the challenging setting - with 78% of participants in the women's group and nearly 70% of couples completing at least 70% of sessions.

Principal performance indicators demonstrate acceptability, relevance and utility of the program.

Overall, 92% of participants said they were satisfied or very satisfied with the program, 85% would recommend it to a friend, and none reported spousal conflict or violence as a result of participation.

Participants demonstrated **increased knowledge about what violence against women is** and **less support for gender inequitable attitudes** and IPV.

Furthermore, improvements in knowledge and attitudes related to HIV were noted.

These promising findings demonstrate **potential of the program to change longer-term outcomes**, including experience and perpetration of intimate partner violence. While the UBL program is already showing positive results, a longer follow-up period (at least one year) is required to assess changes in experience and perpetration of IPV.

92%

satisfied with UBL

85%

would recommend UBL to a friend



knowledge, gender equitable attitudes & behaviors

UBL IMPACT:

“We discuss everything



together now.

Our family is
getting
a
better life.”



The UBL Adaptation Process:

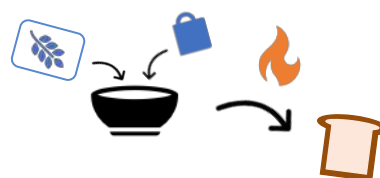
Adapting the UBL program from a non-humanitarian setting to a humanitarian context involved several steps. First, **formative research was undertaken** to understand the drivers of IPV and protective factors in this context. The research also identified a community practice (Somali Tea Talks) through which to deliver the UBL program.

The **existing UBL content was then adapted for the Somali refugee context** - with particular focus on ensuring role plays, stories, examples, and activities are culturally appropriate and relevant.

Next, **additional content was developed to address displacement-related factors contributing to IPV risk** in this setting based on the formative research. As an example, a session on harm reduction related to khat use was developed.

The **sessions were translated to the local language (Somali) and pre-tested** with men and women residing in the refugee camp, and refined. The curricula were reviewed by a local community advisory board and external reviewers, and further refined.

Fidelity vs. Adaptation:



The core elements of the UBL program must be implemented with fidelity to ensure impact. At the same time, adapting the program is critical to ensure the content addresses determinants of IPV and relates to the lived experiences of the local community. **Fidelity is the degree to which a methodology is used, based on the original design.**

Ensuring program fidelity is like making bread. You need the right amount of flour, salt, water and oil or yeast and cook it at the right temperature. You can adapt the recipe. You can make different types of bread. You can make flatbreads, chapatis, pita—or change the type of flour or oil you use – but the key ingredients and cooking process remain the same.

UBL Adaptation Lessons:

Lessons on IPV programming adaptation emerged over the course of the project. Cutting across all aspects of the program is the need to **prioritize community-based participation in the development, adaptation, and implementation processes**. Other lessons relate to the following:

1. Research

Evidence-based programming is the most effective way to achieve sustainable and meaningful change for communities. Formative research is therefore critical to understand the determinants of violence in a given setting and ensure the program content is grounded in evidence. In the event that formal research is not possible, the following are essential:

- Speaking with local NGOs, community leaders, stakeholders and key informants
- Conducting a thorough literature review

2. Program Content

Program **content should be adapted for a particular context**, taking into account literacy level, religion, culture, and language, while ensuring program fidelity. Displaced populations are often living in insecure and deeply challenging situations and program content should reflect that. Additional content may need to **address displacement-related factors that influence relationship dynamics and IPV**.

Contextual Factors	Displacement-related Factors
Literacy Level	Changes in family composition & marital practices
Religion	Trauma & mental health
Culture	Substance use
Language	Coping behaviors

3. Program Delivery

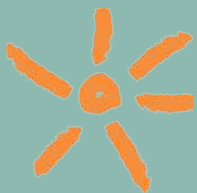
While it is imperative that the **UBL program be delivered by trained facilitators from the community**, some aspects of program delivery may need to be adapted for the context. This potentially includes:

- Timing, frequency and location of sessions
- The community or cultural practice through which sessions are delivered
- Risk mitigation and ethical considerations

Program Adaptation in Humanitarian Contexts:

There are several factors specific to humanitarian contexts that may influence IPV programming. Consider the following factors when adapting the UBL program to humanitarian contexts:

- * The type and phase of emergency as this may affect feasibility of program implementation, participation rate and stakeholder engagement
- * Existing resources, programs and services in a given setting including those for GBV survivors
- * The indicators for gender equality in the community and how this may be affected by humanitarian crises
- * The disruption of the social cohesiveness, including family and relationship dynamics resulting from displacement
- * Displacement may lead to unemployment, financial stresses and coping strategies (e.g. increased substance use), and these may influence relationship dynamics and IPV risk
- * How displacement affects existing community and cultural practices identified as potential platforms for intervention delivery



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