Unite for a Better Life:

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

CASE STUDIES ON IMPACT

November 2019

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Unite for a Better Life

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Suggested Citation:

Sharma V, Scott J. (2019). Unite for a Better Life. Case Studies on Impact. Paris, France.

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.

The development of this brief was funded and supported by Elrha's Humanitarian Innovation Fund (HIF) programme. Elrha's HIF is funded by aid from the UK Department for International Development (DFID). Visit www.elrha.org

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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 intimate partner violence in their lifetime[1]. A United Nations' study reported that 137 women were killed by an intimate partner or family member every day in 2017[2]. 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 violence[3]. However, there are serious and concerning gaps in available data and information on gender-based violence, especially on intimate partner violence, 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 gender-based violence remains underfunded, accounting for only 0.12% of humanitarian funding in 2016-18, and funding requests have not matched the scale of the problem[4].

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 will not achieve this goal if we do not tackle this issue now.

[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.”

Case Study 1:

Amina, age 36, took part in the in-person UBL program approximately one year ago in Bokolmayo refugee camp. She participated in a group with 19 other women from her community. They gathered twice a week and discussed challenging and sensitive issues over Somali tea with a trained facilitator.

Amina remembers in particular learning about gender roles which was a new concept for her. She describes now that she realized through the interactive discussions that she and her husband were living "**inside the gender box**." That is, they were living a restricted life because they were adhering to gendered roles that can keep people in "boxes".

For example, **she used to eat in the corner alone and be afraid her husband would hit her**. But now, after she shared the program information and activities with her husband, they share more duties in the household. They even call each other with affectionate names such as "darling" and "dear".

One of the most noticeable changes came through the lesson on khat use and harm reduction. Amina's husband used to chew khat (a plant with stimulant properties commonly consumed in the region) on a regular basis with his friends and then become aggressive, sometimes beating her. She described sexual violence as well when he was under the influence of khat.

But after the session on khat, she shared the information she learned about its harmful effects with him. They discussed and agreed he should reduce his consumption. Gradually, with her support, he started reducing his khat usage, and five weeks later, he stopped chewing khat altogether. "We discuss together now," she says. "Inside and outside, we are sharing everything together."

The money he saved by not chewing khat has been devoted to his family.

"He feels bad about the time he chewed khat," Amina recalls. "Our family is getting a better life."

UBL IMPACT:

“I used to make all of the decisions.

Now we make decisions together.”

Case Study 2:

Abdullali is a 33 year-old married man living in Bokolomayo refugee camp. He took part in the UBL in-person program between September and November 2018. He participated in the 16 sessions together with his wife in the couples program, along with 9 other couples.

Reflecting back on the program now, approximately 1 year after participation, **he describes the life-changing impacts the program has had on his family**. Through the interactive sessions, he and his wife gained practical skills that enabled them to live a more equitable and healthy life.

Abdullali describes how he used to harbor traditional views of the role of men as the provider for the household, and believed that women should only take part in domestic tasks including childcare. Before participating in the program, he did not allow his wife to work or participate in major decisions.

Through the program, together, **they began to question these traditional norms and also improved their communication skills**. His wife described her dream to open up a restaurant in the camp, and Abdullali decided to support her. She opened up a restaurant several months later where she serves food and tea to other community members in the refugee camp. The restaurant has now been open for 7 months and is extremely successful.

"Only I used to make the decisions," he says. "But now we make decisions together."

While his wife works, Abdullali takes care of household duties, such as fetching water, cutting firewood and taking care of the children. He even takes their 1-year-old to the restaurant several times a day so his wife can breastfeed the baby without disrupting her work at the restaurant.

"Before I believed it was only the husband who has the power to work," he says.

He says some people may talk about their relationship and mock him for doing what is considered women's work, but he doesn't care. He's proud that his wife is generating income for the family.

"I have to think about the future and support my children," he says. He and his wife have seven children, ages 1 to 11 years old.

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