Integrating Protection: An Integrated Approach to Gender-Based Violence and Child Protection

Key Findings from Mali, Niger and Pakistan [2016-2017]

Version management

Title:	An integrated approach to gender-based violence and child protection: Key findings from Mali, Niger and Pakistan, 2016-2017
Date of Creation:	May 2017
Authors	Najah Almugahed, Iman S. Pertek and Neelam Fida
Contributors including:	Affan Cheema from IRW Sandrine Mafouedon Tadonki, and Jemal Ibrahim Seid from IR Mali Babary Hamagani Maimouna and Moustapha Adamou from IR Niger Syed Haider Shah and Zain Ul.Abedin from IR Pakistan
Funder:	SIDA
Publisher:	Islamic Relief Worldwide

The views and interpretations expressed in this document are the authors' and do not necessarily reflect those of the Swedish International Development Cooperation Agency, Sida.

Contents

List of Abbreviations

CP: Child protection

EFM: Early and forced marriage

FGM/C: Female genital mutilation and cutting

GBV: Gender-based violence

IRW: Islamic Relief Worldwide

SADDD: Sex, Age and Disability Disaggregated Data

Introduction

Gender-Based Violence (GBV) is any harmful act carried out on a person because they are female or male. GBV includes domestic violence, sexual harassment, human trafficking, forced prostitution, early and forced marriage, female genital mutilation/ cutting, acid attacks, honour killings and many more. Globally, GBV disproportionately affects women and girls, but it can also affect men and boys.

Islamic Relief's commitment to ending GBV is part of its wider gender justice framework that seeks to end harmful practices affecting women and girls. As a faith-inspired humanitarian organisation, we are guided by an Islamic understanding of gender equity and equality, and are compelled to take a strong stance against social injustice. Our efforts to end GBV focus on three harmful practices commonly inflicted on the women and girls we work with: Early and Forced Marriage (EFM), Female Genital Mutilation/ Cutting (FGM/C) and Domestic Violence (DV). All of these have some degree of overlap with another critical area of our work: Child Protection (CP).

This report is a summary of our key findings from a project that aimed to prevent GBV and provide support to survivors in three countries. The project, *'Integrated Approach to GBV and CP in Humanitarian Action in Mali, Niger and Pakistan,'* was funded by Sida (Swedish International Development Cooperation Agency) and implemented by Islamic Relief from 1 June 2016 to 31 May 2017.[1] It was a unique project for us in that it combined a GBV focus with a Child Protection (CP) approach to help us address issues of abuse, discrimination and inequality more effectively. Taking an integrated approach allowed us to build on our institutional expertise and ultimately provide a better outcome for women and children in particular girls.

While GBV and CP issues are prevalent in many of the communities we work with, the diversity of contexts means that interventions have to be tailored to local needs. We documented the types of violence reported in each region and evaluated the strategies that worked best. In sharing our findings and best practice examples, this report aims to benefit and sensitise fellow organisations, inform stakeholders of issues brought to our attention and mobilise further coordination of support systems. It also aims to increase the scope of Islamic Relief's work on GBV and CP projects, generate learning and promote more evidence-based programming.

[1] This report does not provide conclusive figures as the final report for this project is to be completed.

An integrated approach to protection

Islamic Relief's commitment to addressing both GBV and CP concerns is embedded in the organisation's values, policies and action plans.[2] Our programmes usually take a rights-based, community-based and survivor-centred approach at the individual, family and community levels. We also mainstream protection principles into our humanitarian interventions and adhere to core humanitarian standards.

When looking into addressing GBV and CP issues, our evidence from the field found that they share similarities, with the same groups at risk, and therefore they may benefit from a joint intervention. Based on this evidence we designed an integrated approach that would effectively meet the needs of beneficiaries and complement our wider humanitarian response programmes. Our integrated GBV and CP approach built on existing social networks by identifying community champions, who were the 'movers and shakers' of their communities. This included male as well as female members as we sought to engage both genders as agents wherever appropriate. We trained them to lead community mobilisation efforts and develop advocacy messages that are relevant to the GBV and CP concerns of their communities.

The countries identified for this project were Mali, Niger and Pakistan, where Islamic Relief has an established presence and strong relationships with local communities. As Muslim majority countries, we involved faith leaders as community champions who helped build trust, influence communities and support behavioural change. We addressed cross-cutting GBV and CP issues such as Early and Forced Marriage (EFM), Female Genital Mutilation/Cutting (FGM/C), physical and sexual violence, exploitation and child labour. This integrated intervention was delivered in some of the most deprived and challenging regions where staff security and safety was constantly monitored.

[2] See Gender Justice and Child Protection policies: http://www.islamic-relief.org/publications/

Gender-Based Violence in Target Countries

Mali

GBV and CP activities were integrated into WASH and food security programmes in northern Mali, Timbuktu (Douentza and Gourma Rharous).

Figure 1: Map of Mali

In Mali, 38% of girls aged 15 have experienced physical violence, with the majority of incidents inflicted by their husband (indicating EFM among adolescent girls) or most recent partner (68%).[1] One in 10 women aged 15-49 report being victims of sexual violence at some point in their lives and among those in relationships, 44% have experienced physical, sexual or emotional violence from their current or most recent spouse. A quarter of women have been physically injured as a result of domestic violence in the last 12 months.

Another GBV issue affecting the majority of girls and women is FGM/C, which is mostly performed for social acceptance reasons. 89% of girls and women aged 15-49 have undergone FGM/C, which is higher than in Mali's neighbouring countries[1].

Some reports of GBV in northern Mali stem from the rebellion and occupation affecting the country. The United Nations in 2014 recorded 90 allegations of conflict-related sexual violence, 69 rapes and 21 sexual assaults. However, before the crisis in the northern regions, many types of GBV were reported such as intimate partner violence, EFM and FGM/C across the country. The ongoing conflict has meant that women and girls rights are violated further; families 'protect' their girls from sexual assaults and rape by marrying them young, and to ensure they remain virtuous and prepared for marriage they undergo FGM/C.

Niger

GBV and CP activities were integrated into nutrition programmes in the Loga region in Dosso, Niger.

Figure 2: Map of Niger

In Niger, a large proportion of agricultural activities are carried out by women but despite their contribution to the household, they have restricted access to land, credit, health and social services. Girls are usually forced to drop out of school due to early marriage and domestic work, so the rate of literacy among women is 15% compared to 43% for men.[1] According to the Demographic Health Survey 2012, rates of early marriage are very high: 73.3% of women aged 20-24 were married before the age of 18 and 28% before the age of 15.[1] In rural areas, early marriage is the main cause of school dropout. 57% per cent of girls aged 10-14 do not attend school because of the social expectation that they should stay at home to prepare for marriage and family life.

Women and girls are also more vulnerable to the country's wider problems such as poverty, drought, floods, epidemics and high birth rates (resulting in high maternal mortality rates). Armed attacks have caused internal displacement and populations have also arrived from Mali and Nigeria, causing greater insecurity in the country. The fragility of the situation puts women and girls at greater risk of violence with inadequate access to relief and support. The crisis has also caused a breakdown of extended families, with women and girls in nuclear families now lacking the support and protection of the wider community. Drug abuse is also a contributing factor to the severity of GBV in Niger. In the communities we work with, there is a general lack of public awareness of GBV, child abuse and the associated protection laws and regulations on the issue.

Pakistan

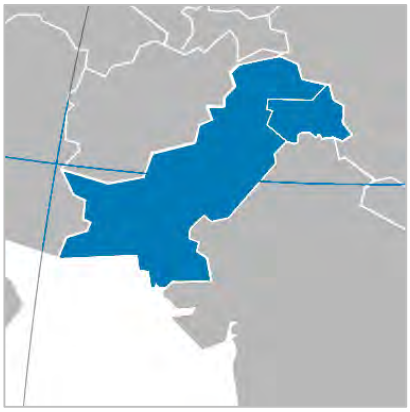


Figure 3: Map of Pakistan

GBV and CP activities were integrated into emergency response, rehabilitation, recovery and development programmes in Balochistan.

In Pakistan, a study of three provinces revealed that 75% of women have experienced physical violence and 66% experienced sexual violence.1 The Rutgers study also found that women do not seek legal help because it is culturally accepted that men have the right to harass and beat them. In Balochistan, one of the regions studied, widespread gender disparities exist in all sectors including education and economic opportunities. This vast, poor, district has a remote and scattered population, with women engaged mainly in caring for the family and in agricultural roles as unpaid family workers. Female ownership of land is limited and despite the growing number of women contributing to the labour force, their voices are excluded from decision-making at both the household and community level. Female participation in social and political issues is limited for a number of reasons including limited mobility, lack of awareness of opportunities and little recognition for women's contribution.

This region of Pakistan has also been struck by a number of natural disasters over the years including devastating floods in 2010 that affected more than 18 million people and heavy monsoon rains in 2011, affecting more than 5 million. These disasters have caused rippling effects in Balochistan, leaving women and children vulnerable to abuse. Discussions around violence against women, girls and boys are an issue of particular sensitivity which require a community-sensitive approach. In the districts of Chagai and Noshki in Balochistan, where Islamic Relief operates, patriarchal society is supported by a tribal system that makes it extremely difficult for women and girls to report cases of violence or abuse.

Key aims of the project

Islamic Relief aims to promote gender justice and child protection in order to inspire behavioural change in communities. Our work involves promoting safe and accessible services and case management for survivors of GBV, child abuse and exploitation.

This project, 'Integrated Approach to GBV and CP in Humanitarian Action in Mali, Niger and Pakistan,' focused on preventing GBV and child abuse as well as supporting survivors. One of the key aims of the project was to help survivors become more confident and comfortable in accessing support, which involved strengthening the existing referral pathways. Key local stakeholders were targeted through awareness-raising workshops and advocacy sessions. The project also created Community Hope Action Teams (CHAT) where GBV and CP champions organised awareness-raising events, shared prevention messages and discussed their response activities.

With the focus of this project specifically on humanitarian contexts, we explored existing referral pathways and strengthened relationships with local service providers to improve coordination between local protection actors. In addition, this project contributed to establishing a reporting mechanism for commitments and actions relating to GBV and CP.

The project in numbers:

- Between June 2016 and April 2017, the project reached a total of over **11,000 male and female beneficiaries** in the three countries through awareness-raising sessions.
- **44 cases** of GBV and child abuse were reported and referred for support and specialist services in all three countries, with most of them related to child abuse (mostly affecting girls).
- We worked with **10 local stakeholders and partners** (3 in Mali, 2 in Niger and 5 in Pakistan), including health service providers, local authorities and police stations in the areas of intervention. These local stakeholders facilitated IR's work with referral pathways in providing services to survivors.

Key project stakeholders and service providers worked together in Douentza, Mali

Key findings of the project

In implementing this project, our teams gathered some key observations and findings that helped maximise the impact of the project in its limited timeframe as well as support future interventions by IR, its partners and other stakeholders. The findings relate to protection mainstreaming and the joint GBV and CP activities.

Protection mainstreaming

The project took a GBV and CP approach, which are part of a broader protection framework that aims to make humanitarian programmes safer, more accessible and accountable. Mainstreaming protection principles also helped our teams maximise the impact of humanitarian activities.

Ensuring accountability and accuracy of reporting

Staff in all three countries attend mandatory inductions with Islamic Relief, which include understanding HR systems, harassment procedures and codes of conduct. Islamic Relief's Gender Justice and Child Protection policies form part of this induction but we found that not all members of staff we engaged had knowledge of them. All IR offices also follow the organisation's complaints procedure, which is usually in the form of a feedback form, complaints box or contact details that are widely disseminated among the targeted population.

We collected sex and age disaggregated data in all three countries but only Pakistan collected data on disability, which is not fully integrated into their information management system but used for analysis purposes. The disaggregated data revealed intersectional challenges and exposed issues like child abuse cases among Afghani refugees in Pakistan, which showed another layer of vulnerability. In Mali, HIV positive cases increased their vulnerability to GBV. These cases were dealt with sensitively according to best practice procedures. One child in Mali for example, a 14-year-old rape survivor, was referred for psychosocial help as well as medical care, with parental consent. The case was also reported in the GBV information management system for INGOs and to Islamic Relief's orphan programme.

Planning according to local assessments

One of the main lessons learned in the planning phase of this project was the importance of baseline assessments before the project is designed. In Mali, the team felt they were able to achieve much more than the outputs that were initially planned. The Niger team believed the outputs of the project were realistic whilst in Pakistan it emerged that more GBV and CP sensitisation was necessary prior to the project.

All three offices considered a gender-balanced team, especially for awareness-raising sessions. Country office teams had more male staff members, given the limited number of female GBV and CP technical experts available. To balance this, Islamic Relief Pakistan engaged staff from other programmes, providing training to help them deliver awareness-raising sessions in culturally appropriate ways.

Learning point 1:

Tailor approaches for local contexts

One of the main lessons of this project was that there is no 'one size fits all' approach to tackling GBV and child abuse. In the three countries, our planned activities, methodologies and targets were similar but all varied considerably according to local needs. The contextual challenges that arose paved the way for our field staff to roll out culturally appropriate activities as they remained flexible in their approach.

Ensuring the safety and dignity of beneficiaries

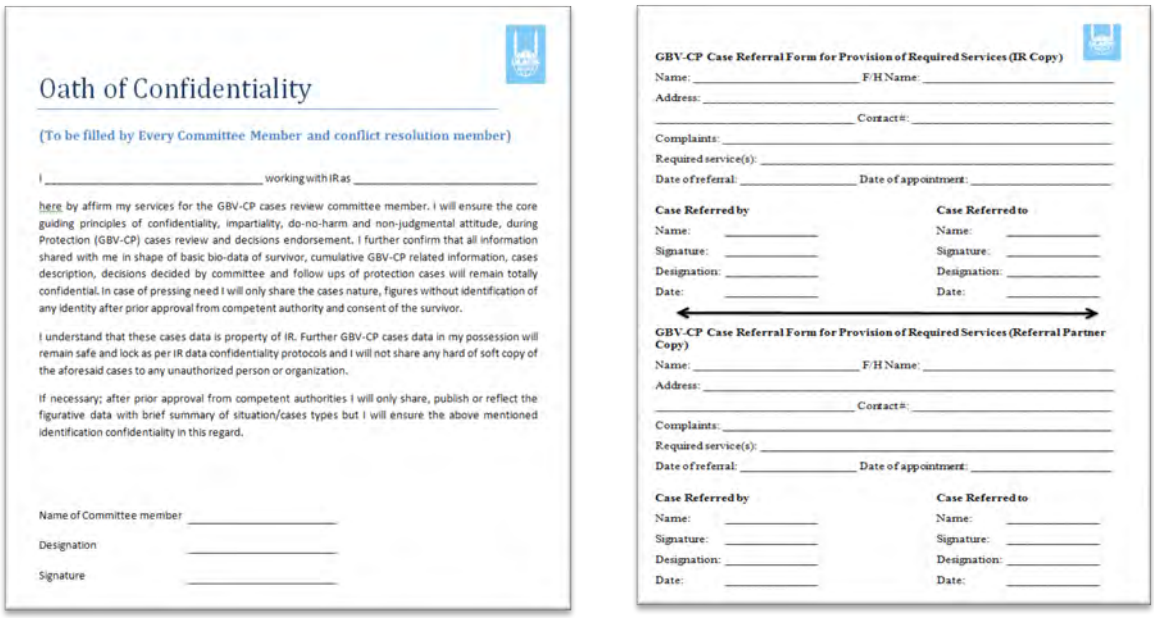
In each country, there are formal protection systems and services in place through the referral pathways of public health, police and legal support. However, public services in all our areas of intervention were inadequate and it became clear that GBV and CP issues are normally dealt with informally. In Niger for example, there are no public safe homes for GBV survivors which puts them at risk, and it is normally community and faith leaders who deal with GBV and CP cases. In Mali, traditional leaders play a vital role when formal services are not available to survivors. In Pakistan, there are alternative dispute resolution mechanisms such as a social council of elders who resolve cases informally. Islamic Relief therefore arranged lengthy discussions and extensive ground work with the community to ensure we approached issues in a culturally sensitive way.

It is extremely important for beneficiary safety to ensure all staff and stakeholders are trained in the importance of confidentiality of information. In Mali and Niger, GBV champions used a coding system to capture sensitive information and all coded files were physically locked in a cupboard. In Pakistan, our teams signed an oath of confidentiality that is included in the Terms of Reference of all personnel working in referral pathways and emergency funds response. Staff in all three countries confirmed that beneficiaries know how to report abuse, who the focal point staff are and the available referral pathways.

Learning point 2:

Raise awareness of reporting rape

When conducting community awareness sessions, it became evident that the vast majority of community members were not aware of the serious effects of GBV and sexual abuse, including health consequences such as contracting HIV. We raised awareness of the importance of reporting rape within 72 hours to prevent sexually transmitted diseases and unwanted pregnancies. It is important that we continue raising awareness on this issue to prevent further harm.



Oath of Confidentiality

(To be filled by Every Committee Member and conflict resolution member)

I _____ working with IR as _____

here by affirm my services for the GBV-CP cases review committee member. I will ensure the core guiding principles of confidentiality, impartiality, do-no-harm and non-judgmental attitude, during Protection (GBV-CP) cases review and decisions endorsement. I further confirm that all information shared with me in shape of basic bio-data of survivor, cumulative GBV-CP related information, cases description, decisions decided by committee and follow ups of protection cases will remain totally confidential. In case of pressing need I will only share the cases nature, figures without identification of any identity after prior approval from competent authority and consent of the survivor.

I understand that these cases data is property of IR. Further GBV-CP cases data in my possession will remain safe and lock as per IR data confidentiality protocols and I will not share any hard of soft copy of the aforesaid cases to any unauthorized person or organization.

If necessary; after prior approval from competent authorities I will only share, publish or reflect the figurative data with brief summary of situation/cases types but I will ensure the above mentioned identification confidentiality in this regard.

Name of Committee member _____

Designation _____

Signature _____

GBV-CP Case Referral Form for Provision of Required Services (IR Copy)

Name: _____ F/H Name: _____

Address: _____

_____ Contact#: _____

Complaints: _____

Required service(s): _____

Date of referral: _____ Date of appointment: _____

Case Referred by

Name: _____

Signature: _____

Designation: _____

Date: _____

Case Referred to

Name: _____

Signature: _____

Designation: _____

Date: _____

GBV-CP Case Referral Form for Provision of Required Services (Referral Partner Copy)

Name: _____ F/H Name: _____

Address: _____

_____ Contact#: _____

Complaints: _____

Required service(s): _____

Date of referral: _____ Date of appointment: _____

Case Referred by

Name: _____

Signature: _____

Designation: _____

Date: _____

Case Referred to

Name: _____

Signature: _____

Designation: _____

Date: _____

Figure 4: Islamic Relief's Oath of Confidentiality Documents

Providing meaningful access to support services

Ensuring equitable access to services for all beneficiaries was considered at the project design stage and it soon became clear that public services are insufficient in all three areas of intervention. Additionally, even where services are accessible there are cultural barriers and social stigmas preventing survivors from reporting abuse. In Niger, women are unable to move freely without being accompanied or having permission from their male guardians, which restricts their ability to access services. In Pakistan, the rural population is very scattered and women are often fully dependent on their male guardians to travel long distances.

In this project, the main services provided to beneficiaries were referral pathways so it is difficult to assess the extent to which our intervention provided meaningful access. However at a later stage in the project we provided emergency funding for survivors of violence in crisis situations. The beneficiaries of this fund were able to overcome challenges in accessing public health services which, in all three countries, require a minimum charge for any health intervention. Where survivors do not have their own income or funds, they may be unable to seek assistance. Health services are also generally located in exposed areas which may prevent survivors seeking help due to social stigma.

Learning point 3:

Support access for people with disabilities

While mapping the protection services available in our areas of intervention, we noted that people with disabilities were neglected. Their accessibility to services was either limited or non-existent. Service providers are often unable to meet the needs of the disabled due to a lack of resources or expertise but they can seek the support of clusters or network forums they may be part of. It is therefore important that we build the capacity of local actors and raise awareness of the importance of providing access to services for people with disabilities.

"The community seems to be aware of the types of abuse and how to report them. The referral pathways are now also clear and the message is spread amongst several stakeholders. As public sector staff, we have received support and training that will help us protect women and children. These partnerships are essential to create change in Niger."

Aissa Ibrahim, Local Authority Protection Officer in Loga, Niger.

Involving and empowering local communities

The level of participation from project beneficiaries varied in each country. In Mali, beneficiaries were involved through focus group discussions that began at the needs assessment stage. In Niger and Pakistan, beneficiaries were consulted when it came to the stakeholder analysis and implementation phases. In all three countries, involving beneficiaries was a challenge we worked hard to overcome given that we were operating in conservative communities where it is culturally unacceptable to discuss GBV issues.

The project also involved a number of other stakeholders at the design and implementation phase. In Mali, local state authorities were involved identifying protection systems available and ensure quality. It was often difficult to maintain levels of participation as community members did not feel ownership of the awareness-raising sessions, and in some cases expected financial return for attending them.

Given the short timeframe of this project, it is difficult to claim with any certainty that the community was empowered beyond the project's intervention. However, some participants were inspired and encouraged to develop their own action plans and committed to continue raising awareness in their communities and neighbourhoods. For example, religious leaders developed plans to discuss women's and children's rights in their sermons and during marriage ceremonies, while community organisations and elders agreed to raise awareness in cultural gatherings. Furthermore, in building the capacity of local GBV and CP champions, we enabled community-based organisations to carry out advocacy and community empowerment activities.

Learning point 4:

Engage community and religious leaders

In Balochistan, we involved public sector staff in our stakeholder workshops but it became apparent that they have a limited capacity to manage GBV and child abuse cases. We found it was tribal and community leaders who settle most cases informally, even if they are reported to the police. It is therefore essential to understand the local context to recognise and utilise entry points. In trying to involve women and children in a male-dominated community we had to liaise with the decision-makers who in this context were male religious leaders. We found that even organisations working on GBV and CP issues in conservative communities would not talk openly unless there were fatwas (religious edicts) supporting their statements.

"Islamic Relief has revolutionised my way of thinking and encouraged me to play an active role as a faith leader to bring positive change in my community and support the rights of the most vulnerable members of the community – women and children."

Molvi Mohammed Anwar, April 2017, Dalbindin, Pakistan.

Joint GBV and CP activities

Addressing difficult issues

The different cultural norms and sensitivities in each region meant that the issues that were most difficult to discuss varied amongst communities. In Mali, FGM/C and EFM were amongst the most challenging topics to raise. Both are very common practices in northern Mali and participants were not easily able to comprehend their harmful consequences. In Niger, domestic violence and child rape were the most problematic issues to raise. In Pakistan, discussing rape, honour killing and *swara*[3] were most challenging given the conservative nature of society in which sensitive issues are not raised in a public setting.

In Islamic Relief's experience, it was easier to discuss physical violence and child abuse in Mali, especially that which leaves apparent physical evidence. In Niger, it was easier to discuss EFM and economic violence[4] as we had strong evidence and statistical data making the case for opposing these practices. In Pakistan, it was easier to discuss the basic rights of women and children within the family and community, as well as child labour and harassment in the

[3] Swara: This is a practice where disputing tribes come together as one by giving their female child in marriage to the other in exchange for peace

[4] Economic violence is deprivation of access to finance and basic resources like food, shelter and health care.

workplace. In raising these issues, the use of faith and scriptures proved to be very helpful in clarifying religious misinterpretations.

Taking an integrated approach allowed this project to be more sensitive to the intersect of sex, age, disability and any other excluding factors that can add to the suffering of GBV and CP survivors in different contexts. An overlap of vulnerabilities can result in different levels of abuse based on the survivor's intersectional identity. Younger girls, for example, are at higher risk of EFM and research shows that EFM is linked to domestic violence. Women with disabilities are also at a higher risk of violence and abuse, including emotional, sexual and physical violence, from both their partners and strangers.

Case Study:

A seven-year-old rape survivor's story

Seven-year-old Hassia[5] had just registered at a local school and was excited about starting her education. One day, she went with her mother and sister to visit her grandparents in their village. As there were no toilets in the house, she went outside to relieve herself. A few meters away she saw a young man approaching her. He forcefully raped her.

Hassia was taken to hospital for medical treatment and because of her trauma, could not speak for 17 days. It was only after receiving two weeks of medical and psychological support that she reported what had happened. Her mother could not handle the shock of the news and died a few days later. Hassia's father had left the village three years ago, and she was left alone, orphaned.

A few weeks after the investigation began, Hassia was able to identify her aggressor. He was arrested but just before the final hearing Hassia changed her statement. She cleared him of rape and the man was temporarily released. When asked why she changed her statement she trembled and went into a state of panic, saying "Nobody touched me, nobody hurt me, it is not him…"

The case was left open as the judge sensed that the child had been threatened or influenced. The judge granted custody of Hassia to her grandparents from her fathers' side of the family, which meant she could live away from the village where she was raped.

Hassia is still receiving medical and psychological support on a weekly basis. Her grandparents have been supported through the emergency funds of this project to develop an income-generating activity. Hassia is now going to school and feels safe with the care and affection she receives from her grandparents. The perpetrator is still at large, waiting for his trial to proceed.

Strengthening the referral pathways

As non-GBV and CP specialists, our staff were trained on key principles and procedures to follow when abuse is disclosed by a community member. The role of our staff was to strengthen and utilise the existing referral pathways available in communities where Islamic Relief operates. For example, staff ensured that all the abuse cases reported

[5] Name has been changed to protect the child's identity.

were referred for psychosocial support. All three offices stressed the importance of utilising the referrals approach and the need to continue building partnerships with relevant stakeholders and service providers.

Case Study:

A story of three orphaned brothers

Moussa (17), Ismael (15) and Issa (13) are brothers who lost their mother when they were young and whose father passed away a year ago. Their extended family accused the boys of killing their parents with witchcraft. As a result, they were rejected and stigmatised by the entire community. They could no longer afford to go to school and Moussa was forced to work as a carpenter to feed his younger brothers.

Our GBV champions interviewed the boys when they heard about their case. They were referred to a rehabilitation support programme to help them reintegrate into their community and as a result, they have re-opened their father's food store and are back at school again.

Building the capacity of country office staff

Islamic Relief provided GBV and CP training to its Mali, Niger and Pakistan staff by merging the two lengthy learning modules of GBV and CP. The newly created module intertwined common GBV and CP issues and protection mainstreaming umbrella into one module that could be delivered over five days. The new training module was adapted to accommodate working on GBV and CP issues in different contexts, which required research, consultation and resourceful preparation. For example, we spoke to project leads whose insight helped us structure the training modules. One regional training-of-trainers was delivered for French-speaking staff, following which participants were able to deliver similar sessions to their respective colleagues, and separate training was arranged for Pakistan office staff due to the different context and language. The training was delivered to sensitise staff on GBV and CP issues and empower them with knowledge and relevant protection tools for their local contexts.

Figure 2: Staff capacity building in Pakistan

Facilitating open discussion on controversial issues

Whilst delivering staff training it became apparent that we needed to facilitate deeper discussions on sensitive GBV and CP issues in order to convey Islamic Relief's stance effectively. Topics that arose and led to heated discussions included, FGM/C, child marriage, domestic violence, polygamy and marital rape. Some participants used religious arguments to make a point, usually referring to their local *imam's* (religious leader's) interpretation. Shifting their mind-set to a point where they could distinguish between religious teaching and harmful cultural practices required extensive religious knowledge, cultural sensitivity and patience.

It was encouraging that participants felt they had a safe place to express their views and the prevalent views of their respective communities. By the end of the discussions there was an evident shift in the way colleagues were able to separate culture and religion when understanding GBV and CP issues.

Learning point 5:

Build local staff capacity

When working with local staff it is important to recognise that they may reflect the views and beliefs of their own communities, especially on sensitive issues. We discovered that some Islamic Relief staff viewed our understanding of GBV as an external, western adaptation of gender justice and expressed the need to develop their own local definitions. Through these discussions we learned that the process of change in communities needs to start with building the capacity of local staff because with the right training, they can become the strongest advocates, champions and role models in their communities.

Case Study:

A story of surviving extreme domestic violence

Mariam had an argument with her husband one day and he punished her by inserting a stick into her genital organs. The stick partially remained inside her as she could not remove it.

When Mariam attended Islamic Relief's GBV awareness sessions she was already divorced from her husband. However the facilitators noticed that she had difficulty in sitting down and approached her privately after the session. She told them what had happened to her and was immediately referred for medical attention and psychosocial support.

After several sessions, Mariam's physical and emotional state improved. She told Islamic Relief that she is feeling much better and would even be willing to remarry if the opportunity arose.

Delivering awareness-raising campaigns

Local awareness-raising campaigns were a successful way of bringing about change in each region without threatening local norms. Attended in full capacity, the community sessions provided an interactive way of delivering messages on GBV and CP through methods like role play and quizzes. Our teams in each country adopted the most culturally and religiously acceptable approaches when planning and delivering their sessions. In Pakistan, for example, staff shared their innovative approach through a walkabout in Dalbandin. They invited journalists, political activists, representatives from civil society organisations, district administrators, school teachers and faith leaders to

participate in a session where participants talked about issues openly. The team also utilised International Women's Day to raise awareness amongst Islamic Relief staff on GBV and CP. As part of their strategy, they then initiated a signature campaign to recognise women's rights and Islamic Relief's commitment to achieving them.

Islamic Relief's GBV and CP signature campaign in Pakistan.

To encourage women's active participation in the awareness–raising campaign, Islamic Relief Pakistan's female staff helped female community leaders organise local social events. One of the events was a handicrafts and dress-making competition, during which Islamic Relief's female staff delivered key GBV and CP messages. They found that the general perception among women was that Islam permits intimate partner violence. This was openly discussed and challenged, and existing referral pathways were presented. More than 60 women took part in the event and not only left with a greater awareness of their rights but made a commitment to spread the message within their social circles.

Women in Pakistan attend a crafts competition and leave with a greater awareness of GBV and CP issues.

Islamic Relief's GBV and CP awareness-raising sessions in Pakistan.

Case Study:

A story of two brave girls

In Douentza, northern Mali, two girls aged 12 and 14 attended Islamic Relief's awareness-raising sessions on early and forced marriage and the importance of girls' education. After the session they had the courage to go to the police and tell them that their families were pressuring them to leave school and get married.

The police were very cooperative and dealt with the issue by calling the girls' parents, discussing their rights and the consequences of marrying them early. They emphasised that, "if children's rights are violated, this is punishable by law." The police officers convinced the girls' parents not to marry them at a young age and the parents gave a signed commitment to the police authority.

Mobilising community and faith leaders

In each country we created Community Hope Action Teams (CHATs) that brought together key community partners to help address GBV and CP issues at a local level. Potential members of CHAT groups were identified during the stakeholder mapping and pre-assessment consultation stages and included faith leaders, teachers, community organisations and community leaders. In Niger, Islamic Relief arranged a workshop for religious leaders to discuss GBV and CP issues and it was participants from this workshop who then volunteered as members of CHAT groups and actively engaged with the community. In traditional communities in Pakistan, faith leaders are heavily involved in not only religious issues but tribal considerations and inter-family disputes. They are also rarely challenged so having them on board strengthened our GBV and CP interventions.

Figure 3: CHAT group meeting in Mali

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We found that engaging faith leaders was critical in dismantling myths and religious or cultural misinterpretations that support the abuse of girls and women. Faith leaders were best positioned to educate, inform and influence the views of the community, especially in Muslim-majority contexts. CHATs worked voluntarily and were encouraged to design their own action plans based on their community's needs, including local advocacy and awareness-raising activities. The faith leaders who came on board also addressed GBV and CP issues in their sermons and their meetings with other *imams*

Figure 4: religious leaders gather for a workshop in Niger

Case Study:

Story of a faith leader's role

Molvi Mohammed Anwar is very influential amongst the 200 households in his community. He runs an Islamic school for 250 pupils and a mosque in Dalbandin, Pakistan.

After Molvi Mohammed became a member of Islamic Relief's CHAT group, he delivered a complete series of Friday sermons dedicated to gender issues and child protection. His lectures included an Islamic perspective on women's and children's rights; violence against women and children; the roles and responsibilities of husbands, fathers and care takers; parental skills and the positive disciplining of children.

Furthermore, Molvi Mohammed encouraged discussions on sensitive issues that were rarely discussed in public. During his sessions he dealt with three cases of physical violence which he handled with sensitivity and confidentiality. Molvi Mohammed now encourages other faith leaders to play an active role in advocating on GBV and CP issues.

Allocating emergency funds for urgent cases

Allocating emergency funds to provide urgent protection and treatment to those affected by GBV and child abuse was seen as a lifesaving aspect of the project by staff in all three locations. The project enabled our country offices to develop processes to operationalise this fund and provide assistance beyond referrals. Both Mali and Niger were able to utilise this fund and provide assistance to 39 survivors, which exceeded the project's aim of 15 survivors per country. In Pakistan however issues of social stigma meant that violence and abuse was not reported often enough, so few survivors (only 5) came forward to request funds. We therefore need to dedicate more time and effort to encourage reporting because it is evident that a community's silence on GBV discourages survivors from seeking support.

Learning point 6:

Ensure funds for emergency intervention can be utilised

It is important for projects that address GBV and CP issues to have available funds and resources to deal with urgent cases that may be reported. However, it is also important to develop strategies that encourage survivors to speak up and seek help. How the emergency funds are used, and how much is required, are relative to each context. For example, in Niger there are no safe homes for GBV and CP survivors in the locations where our project was implemented so our emergency fund was used to support families fostering or sheltering survivors.

Impact of the project

This project reports a number of individual case studies where Islamic Relief's intervention has made a life-changing difference to people's lives. On a wider community level, the project is recently completed and its impact is still being assessed for the forthcoming monitoring and evaluation report. What is apparent even at this stage is that this project triggered both internal and external initiatives on GBV and CP. Discussion on both these issues are now more open amongst Islamic Relief's intervention communities, and stakeholders are now more willing to engage. The most apparent changes in the targeted communities include:

- **Local advocacy around GBV is taking place with support for registering cases of abuse**
- **There is positive engagement from faith leaders who are speaking out against harmful practices**
- **Sensitising workshops were well-received despite addressing difficult topics such as EFM and FGM/C**

"In Douentza and Gourma Rharous, the community denounces GBV more vocally and is ready to register cases."

Sandrine Tadonki, Protection Officer, Islamic Relief Mali

"Discussion on GBV and CP is now very apparent amongst faith leaders which can lead to change."

Syed Haider Shah, Protection Officer, Islamic Relief Pakistan

"Those who attended workshops have committed to changing their communities' behaviour on early and forced marriage, girls' education and violence against women."

Babary Hamagani Maimouna, Protection Officer, Islamic Relief Niger.

Case Study:

An abused child's survival story

Mahamadou[6] is a nine-year-old boy from Niger who lived with father and stepmother after his parents got divorced. His stepmother would regularly beat and scold him and deprive him of food. One day, Mahamadou ran away and was reported missing to the Child Protection department in Loga.

Mahamadou was found in the market, sniffing narcotic drugs, wearing dirty clothes and bearing physical wounds. He said he had been physically abused by strangers and other children in the street, but this life was still preferable to going back home. "Here in the market, I feel at home," he said. "I do what I want, I eat what I want and there is no-one to scold me all the time."

Mahamadou received psychological therapy and support through Islamic Relief's referral pathways. Over time he became a regular in attending community sessions. He agreed to live with his grandparents and enrol at school. He also referred other street children to Islamic Relief, advising them to seek help.

One of Mahamadou's friends who came forward for protection support told Islamic Relief, "I also want to have beautiful clothes and a school bag. I want a roof over my head so I can sleep away from the attackers on the streets."

[6] Name has been changed to protect the child's identity

Challenges in implementation

Building trust

Islamic Relief had established trust and loyalty with beneficiaries in all three countries, which was crucial in allowing us to raise sensitive issues. However, in some areas, especially in rural Niger, the community's perception and experience of NGOs working on GBV issues was not always been positive. NGOs are often perceived as external organisations that are challenging the community's culture and traditions. Our efforts to build awareness and use CHAT groups to ensure intervention is localised was essential in securing our position as a trustworthy NGO.

Capacity of staff

Islamic Relief staff in all three countries are committed, professional and skilled in mobilising their communities. However, their awareness and capacities in dealing with GBV and CP issues was limited and could not be fully developed due to a lack of human and financial resources.

Consistency of documentation

Through implementing this project we realised the need for standardising referral processes and ensuring consistency in documentation between our country offices. Technical advisors from IRW helped country office staff build some of their own templates and procedures. It was also essential for IRW to capture sex, age and disability segregated data (SADDD). However, it was difficult to analyse disability data for this project because most of the activities were related to capacity-building, awareness-raising, coordination and partnerships. Capturing SADDD from the start of the project remains an area for improvement in all country offices.

Integrity of data

The data collection tools used in this project varied between interviews, questionnaires and focus group discussions. Questionnaires were useful for collecting sector-specific information and ensured anonymity and flexibility for respondents. However, some questions were answered ambiguously or not at all and it was difficult to probe further or revisit respondents. This jeopardised the integrity of the data and meant our staff had to put in extra effort to ensure data representation. Focus group discussions allowed information to be gathered by specific groups of men, women, boys and girls, and their views on GBV and CP were measured against their peers. Despite staff's awareness of the 'ladder of participation,' it is very likely that group answers were influenced by the most outspoken participants. Individual interviews helped gauge the views of less vocal participants.

Lessons for the future

Mainstream GBV and CP training

Islamic Relief believes that with the correct training, all humanitarian field workers can play a role in local advocacy and capacity-building, alongside their existing responsibilities. Through implementing this project it became evident GBV and CP needs to be integrated into all aid intervention programmes. However, we recognise that there is still a significant gap in organisational awareness of these issues, both at national and local levels. Training on GBV and CP needs to emphasise that tackling these issues supports the outcomes of other programmes by ensuring the dignity, wellbeing and resilience of our beneficiaries. We need to build the capacity of managerial staff to understand the benefits of incorporating GBV and CP into their programmes and provide training in the minimum sectoral standards for dealing with GBV and CP. In particular, we need to increase training for female country staff so they can be deployed as highly skilled experts when dealing with female beneficiaries in community contexts. Furthermore, GBV and CP training and capacity-building needs to be expanded to reach public sector workers especially those working in medical, legal and police institutions.

Assess at the outset and collect data

Monitoring and evaluation templates should be prepared at an early stage to capture learning and track information from the outset of the project. This can help build the case for effective approaches, which will guide future projects as well as help attract strategic funding. In addition, baseline assessments should include staff perceptions and understanding of GBV and CP. Going one step further, a global anonymous staff survey on their perceptions, knowledge and attitudes on GBV and CP would be useful to help capture priority themes that need to be addressed in each country and location.

It is also important to collect and disaggregate data by at least sex, age, disability and geography to ensure inclusive operations throughout the project cycle. Collecting data at every stage in the design and implementation of a project allows activities to be adjusted accordingly. The more disaggregated data available, the easier it is to assess the impact of intervention. This also supports meeting the international commitments of Sustainable Development Goals, and the World Humanitarian Summit in particular the ‘Leave No One Behind’.

Incorporate economic empowerment

Our experience in implementing this project in Mali showed that it is essential to give GBV survivors livelihood opportunities that decrease their vulnerability to violence, build their confidence and help them survive with a stable source of income. Economic empowerment is one of the most effective ways of preventing and responding to violence in a transformative way. Islamic Relief is committed to continue programmes that promote gender-just economic and educational opportunities.

Build partnerships and mobilise resources

GBV and child abuse practices are deeply-rooted, sensitive issues that can only be tackled through a holistic approach involving individuals, families, communities and societies, as well as aid agencies, donors, local partners, civil society institutions and governments. This approach should also consider strong partnerships and mobilising resources with relevant stakeholders and service providers such as mass media, academia and faith leaders to spread awareness on GBV and CP. Islamic Relief will continue to build partnerships and improve coordination between all protection actors. One of our priorities and areas of expertise is to work with religious leaders whom we found to be the most effective in dismantling religious and cultural misconceptions that perpetuate gender injustice, GBV and child abuse. Hence, we aim to increase our engagement with religious leaders in organisational and community capacity-building and local advocacy, while recognising the growing need to also engage females with authoritative religious knowledge.

Recommendations for donors and partners

Invest in long-term programmes

This one-year project allowed us to initiate discussions and make an initial impact in promoting community ownership of the issues but behavioural change requires a longer-term strategy. A longer project timeframe of at least two to three years would be more effective when advocating for change and making a sustainable positive impact. This would also allow GBV and CP awareness to be mainstreamed amongst core staff in the region, not just on a single project basis. One example of why this is beneficial is the case of Islamic Relief Niger, who had GBV and CP focal points before this project began so they included both these components in all their proposals quality criteria, templates and reports.

Islamic Relief calls on donors to invest in long-term programmes that allow implementing agencies to mainstream GBV and CP in all their activities and promote sustainable behaviour change in target communities.

Mainstream data collection and training

In addition to specific GBV and CP focussed projects, it is important that donors mainstream GBV and CP awareness and data collection in all relevant funded programmes. An emphasis should be placed on the collection and disaggregation of data by at least sex, age and disability in all programmes. For GBV and CP issues to be widely addressed, an investment needs to be made in building the capacity of NGO staff through appropriate GBV and CP training that also involves the public and private sector, academia and other stakeholders.

Islamic Relief calls on donors to mainstream GBV and CP awareness in all their funded programmes, ensure disaggregated data is collected and provide training to key stakeholders.

Advocate at all levels of society

One of the lessons from the planning stage of this project was that GBV and CP activities should be designed at a grassroots level if they are to be appropriate to the context and implemented effectively. Advocacy on a community level is critical for ensuring mobilisation and sustainability of interventions. However, it is equally important to advocate on a policy level for political and legal commitments that will create conducive environments for gender justice and child protection.

Islamic Relief calls on partners and all stakeholders working on GBV and CP issues to share best practice and coordinate advocacy efforts in each region, as well as campaign for change at the global humanitarian level.

During one of Islamic Relief's workshops on women's and children's rights, this 15-year-old girl told us she could no longer go to school because she has reduced mobility in her legs. Her teacher did not want her to drop out of school as this would further limit her opportunities in life.

Islamic Relief's Mali staff and the local community in Douentza got together and raised funds to buy her a tricycle. It was a life-changing moment for one girl, and a shift in attitudes to girls' education for an entire community.

Islamic Relief Worldwide
19 Rea Street South
Birmingham
B5 6LB
United Kingdom

Tel: +44 121 605 5555
Fax: +44 121 622 5003

irw@irworldwide.org
www.islamic-relief.org

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