# Dadaab, Kenya Case Study: Learning From SASA! Adaptations in a Humanitarian Context

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1. Background

A. Learning from SASA! Adaptations in a Humanitarian Context

SASA! is a community mobilization approach to prevent violence against women (VAW) and HIV, developed by Raising Voices in Uganda. SASA! works by supporting communities through a comprehensive process of social change focused on interrogating unequal power dynamics between women and men. A randomized controlled trial conducted in Kampala, Uganda, between 2007 and 2012 demonstrated SASA!’s community-level impacts on preventing intimate partner violence (IPV) against women and reducing social acceptability of violence. With this evidence, global uptake of the methodology has grown dramatically; SASA! is currently being implemented in over 25 countries worldwide.

As the number of organizations implementing SASA! continues to increase, it is essential that Raising Voices systematically explores how SASA! is being used in different contexts and creates tools that can support quality adaptation and implementation. To address this gap, Raising Voices launched the three-year Learning from SASA! Adaptations Project (Adaptations Project) in 2016, supported by the UN Trust Fund. The overarching aim of the project is to strengthen global prevention programming by distilling learnings from SASA!’s adaptation in three diverse settings: the Caribbean setting of Haiti, a humanitarian setting in Kenya, and a rural setting in Tanzania. Through a case comparison approach, our core objectives were to explore: (1) the SASA! adaptation process across these diverse contexts; (2) context-specific implementation strategies; (3) the organizational structures and processes necessary for effective programming; and (4) SASA!’s progress against expected outcomes.

Raising Voices is collaborating closely with four partners on this project: Beyond Borders (Haiti); International Rescue Committee (Kenya); Women’s Promotion Centre (Tanzania); and University of California, San Diego (United States) (Box 1).

Box 1: Learning from SASA! Adaptations Partnerships

- Raising Voices: Overall coordinator
- Beyond Borders: SASA! partner in Haiti (Jacamel)
- International Rescue Committee (IRC): SASA! partner in Kenya (Dadaab)
- Women’s Promotion Centre (WPC): SASA! partner in Tanzania (Kigoma)
- University of California San Diego: Research partner

B. Dadaab, Kenya

This case study presents findings from SASA! implementation research in the Dadaab refugee complex in northeastern Kenya approximately 100 kilometers from the Somalia-Kenya border. The Dadaab complex was formed in 1992 and is currently the site of three refugee camps (Dagahaley, Hagadera, and Ifo). Two camps, Kambioos and Ifo 2, closed in 2017, with residents either shifting to other camps within Dadaab, resettling, or returning to Somalia as part of the voluntary repatriation program.
The Somali civil war of 1991 and the conflicts and natural disasters that followed left tens of thousands of people seeking safety in Kenya. Although Dadaab was intended originally to host approximately 90,000 refugees, the camp grew as a result of recurrent insecurity, famine and droughts that impacted surrounding regions. The vast majority of refugees are Somali, although there are minority populations from Burundi, Democratic Republic of Congo, Ethiopia, South Sudan, and Uganda. As of January 2018, the Dadaab population included 235,269 refugees from nine countries – the second-largest complex of its kind in the world. Discussions of Dadaab’s closure have been ongoing for several years and, in 2016, the Kenyan government officially announced a plan and timeframe for closing the camps. Although the plan was blocked by the Kenya High Court in early 2017, uncertainty remains and voluntary repatriation has intensified.

Box 2: Refugee Camp Context

As in many other humanitarian settings, life in Dadaab is challenging and often characterized by food and water scarcity, poor sanitation, economic hardship and high rates of violence against women (VAW). A recent study by the International Rescue Committee as part of the DfID’s What Works? Research Consortium confirmed that VAW is common in the camp, including intimate partner violence (IPV), rape, sexual exploitation, and early and forced marriage. Camp residents are unable to engage in formal employment and are dependent on humanitarian actors for provision of basic needs like education, food, shelter, and health, with camp management oversight provided by United Nations High Commissioner for Refugees (UNHCR). Although many refugees have lived in Dadaab for many years and the generation of community members born in the camp is growing, both physical and psychological transience remains a defining characteristic. For example, despite formal restrictions on movement, refugees shift in and out of Dadaab (as well as between camps) as political, social and environmental conditions change. This fluidity, combined with the inability to engage in formal work, recurring security threats, frequent influxes of new refugees, and uncertainty about the camps’ sustainability, undercut a sense of place and belonging and complicates long-term programming.

At the same time, other contextual aspects can help facilitate VAW prevention programming. For example, the camp infrastructure intensifies the potential for outreach and large-scale engagement, as people tend to stay near their densely populated residential blocks. In addition, IRC’s presence and hospital facilities ensure the availability of quality response services, which is a core component of ethical VAW prevention work (i.e. initiating discussions of violence can increase demand for services, as women gain confidence and skills to seek help). Finally the social upheavals following conflict and displacement can create space for traditional norms to shift and more equitable practices to emerge.
C. IRC & SASA! in Hagadera

The International Rescue Committee (IRC) is an international non-governmental humanitarian organization that responds to the world’s worst humanitarian crises whose mission is helping people whose lives and livelihoods have been shattered by conflict and disaster to survive, recover and gain control of their future. The IRC’s strategy focuses on achieving outcomes in health, safety, education, economic wellbeing and power while narrowing the gender gap among people devastated by conflict and disaster. With established expertise in the humanitarian field, IRC has been working with refugee and host communities in Kenya since 1992 and in Dadaab since 2009. Globally, IRC is one of the first humanitarian organizations to initiate programming for women survivors of gender-based violence (GBV), under its Women’s Protection and Empowerment (WPE) program. IRC has been implementing SASA! in Hagadera since 2012, a Dadaab camp with an estimated population of 74,036 people. After approximately six years, SASA! is transitioning to the Support phase. The protracted timeframe is the result of various postponements and “restarts” to accommodate large groups of incoming refugees and staff transitions.

2. Methods

A. Data Collection & Analysis

The Adaptation Project team selected a comparative case study approach to foster in-depth learning from both challenges and opportunities. Data collection in Hagadera involved two waves (March 2017 and November 2017) of in-depth interviews (IDIs) and focus-group discussions (FGDs), as well as structured observations of several SASA! activities. To ensure a variety of viewpoints were represented, we sampled a cross-section of individuals within the community during each wave, including IRC program staff, health workers and other service providers, community members, community leaders, religious leaders and SASA! Refugee Community Workers (RCWs) and CAs. In total, we engaged 174 individuals (85 women, 89 men), all 18 years or older, through 17 IDIs and 20 FGDs (Box 3).

Box 3: Description of Research Sample

<table>
<thead>
<tr>
<th>Wave</th>
<th>Focus Group Discussions*</th>
<th>In Depth Interviews</th>
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<td></td>
<td>Female</td>
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<tr>
<td>One</td>
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*20 total FGDs were conducted. Wave One included 4 women’s, 4 men’s, and 2 mixed groups; Wave Two included 5 women’s, 4 men’s and 1 mixed group.

We used semi-structured guides for the IDIs and FGDs, informed by pilot tests and input from Somali-speaking researchers. Participants were invited to share their general ideas about safety and VAW in Hagadera, attitudes towards SASA!, their level of engagement with the program, and perceptions of any personal and community-level changes (as well as barriers to change) since SASA!’s inception. On average, IDIs lasted 45 to 60 minutes, and FGDs ran from 90 to 120 minutes with a break for refreshments.
All data were collected in either Somali or English by a trained research team with experience collecting data in Dadaab. With participant consent, we audio-recorded discussions and created transcripts that were subsequently translated into English. We used a framework approach for the analysis: transcripts were read carefully and categorized according to common topics. After this initial indexing, we populated an Excel matrix grouped by emerging themes to better compare findings within and across participant groups (e.g. women community members, men community members, SASA! RCWs and CAs, religious leaders, etc.). Findings were contextualized through a secondary analysis of quantitative data from a SASA! Rapid Assessment Survey (RAS). The RAS is an integral SASA! M&E tool, consisting of 38 close-ended questions designed to help organizations assess changes in knowledge, attitudes, skills and behaviors among community members. Where relevant, we integrated statistics from IRC’s most recent RAS (March 2018), which was administered to 505 Hagadera residents (264 women, 241 men), sampled from randomly selected residential sections and blocks.

B. Ethical Considerations
The research protocol was designed in accordance with the World Health Organization’s Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies and approved by the ethical review boards at both the Kenya Medical Research Institute (KEMRI) and the University of California, San Diego (UCSD). Prior to data collection, Raising Voices led an on-site training to develop practical strategies to address ethical scenarios likely to emerge during fieldwork. Researchers took several steps to protect the confidentiality and safety of research participants, including conducting all discussions in private spaces, looking out for indications of trauma and distress, providing referral information and making direct referrals to IRC case workers where necessary, and obtaining informed consent prior to initiating any research activities. Participants were able to opt out of discussions at any time without providing a reason for their decision to leave or experiencing any negative consequences.

C. Strengths & Limitations
The case study benefited from an iterative, collaborative approach to analysis, and comparison with the other project sites (Jacmel, Haiti and Kigoma, Tanzania). We aspired to integrate the case study research with each partner’s practice-based knowledge and expertise. As such, partners held a series of internal webinars and in-person discussions to engage with emerging findings, as well as an all-partners validation workshop to collectively draw out implications and meaning.

Certain limitations should be noted. Despite efforts to carefully introduce the research and build rapport, it is possible that some community members provided socially desirable responses. For example, IRC is responsible for many services and program activities within the camp, and subsequently some participants may have withheld criticisms of SASA! out of concern that such comments might negatively impact their access to aid or otherwise reduce the level of IRC programming. In addition, as with all research analyzed in a second language, meaning may have been lost, diverted, or re-assigned in the translation from Somali into English. Although we used purposive sampling to mobilize participants for IDIs and FGDs from Hagadera’s distinct sections and blocks, the sample may not be representative of the camp as a whole. In addition, when participants discussed SASA!, it was often unclear to what extent they were referring to SASA! in isolation, IRC’s WPE sector as a whole, or another VAW program altogether. Within the data, it is difficult to disentangle SASA! from IRC’s other GBV-related activities in Hagadera, and
subsequently, findings are best interpreted as the cumulative influence of IRC’s WPE program. Finally, the political and security situation during the first wave of data collection (March 2017) was tense due to the camp closure announcement and a recent school kidnapping. A curfew was in effect, limiting the time available to conduct and participate in research activities. Community conversations frequently veered to the topic of repatriation and voluntary repatriation.

3. Key Learnings

A. SASA! Adaptation

The socio-cultural and political context in Dadaab differs sharply from the development settings for which SASA! was originally created. As such, it was necessary to adapt SASA! for Hagadera and IRC’s organizational structure (Box 4). Unlike many organizations, IRC did not undergo an explicit process for adaptation; rather, several tweaks and changes emerged organically through the course of their programming, as described below.

Box 4: The What & Why of Adaptation

Developing successful violence prevention programs for new contexts relies on a careful interplay between two aspects of implementation: (1) fidelity — the delivery of the program as intended, and (2) adaptation — changes to delivery and/or content to ensure a program’s contextual appropriateness. Raising Voices has outlined five main adaptation modalities for SASA!: translation (rewriting materials in the local language); cultural changes (revising artwork and/or suggested activities to better align with cultural context); issue integration (adopting different issues as the central program focus, e.g., early and forced marriage); focused populations (developing new activities better suited for specialized groups such as people living with disabilities); and implementation innovations (implementing SASA! alongside other programs and/or experimenting with other creative delivery strategies). 8

Adaptation Modality: “Implementation Innovations”

IRC’s adaptation can be considered an “implementation innovations” modality, where SASA! is being implemented alongside other complementary VAW prevention and response activities rather than as a stand-alone program. As such, SASA!’s ideas have diffused throughout IRC’s WPE programming, creating a synergistic, integrated approach that has both advantages and challenges.

In Hagadera, IRC’s current WPE program is comprised of five complementary program interventions: SASA!; Engaging Men in Accountable Practice (EMAP); adolescent girls programming; life skills education for women (including training for income-generating activities and psychosocial support activities); and case management. Although the SASA! team has its own implementation strategy and workplan, in practice, all of these outreach activities are closely interconnected. For example, SASA! materials are often used in the adolescent girls program, and, conversely, IRC’s organizational emphasis on response led to the explicit integration of referrals and case management into SASA! activities.
In addition, SASA! has created a cadre of well-trained, committed RCWs and CAs who can mobilize for other VAW prevention initiatives. For example, IRC used SASA! CAs as the first group of EMAP participants. It is important to note how the humanitarian aid structure facilitates this kind of integration; as the “GBV implementing agency” in Hagadera, IRC has a mandate to comprehensively address VAW in the camp, precluding the possibility of implementing SASA! alone (without other prevention and response activities).

This innovative approach has both strengths and limitations. On the positive side, it amplifies opportunities for widespread community engagement. Certain program components may be more attractive to specific groups or individuals; for example, the life skills component may appeal to some women, whereas others might feel more motivated to participate in the EMAP program. Regardless of the specific entry point, once people begin to engage with IRC, relationships start to deepen, trust builds, and it is more likely that the same individual will participate in other activities. In some cases, the availability of different programming streams helped to mitigate potential scepticism or resistance. For example, on several occasions, men shared that they were initially reluctant about IRC’s GBV activities, but after witnessing the support provided to female family members and neighbors through case management, their appreciation and acceptance of IRC’s work increased.

When we use EMAP we are engaging 20 men to change their behaviors based on what the women talk about in the initial discussions – what the women say they need. And it’s easy to monitor and track because they are a small group. When I use SASA! I’m reaching a bigger number of people – reaching a critical mass.
- IRC female staff

Implementing SASA! alongside other programs can also create challenges, particularly for M&E, as it is difficult to isolate SASA!’s impacts or even to determine whether community perceptions are specific to SASA!. This is because IRC’s VAW programs (including SASA!) are often delivered in community owned spaces (e.g. IRC’s Women’s Centers) and, at times, facilitated by the same individuals, thus community members frequently use “GBV program,” “IRC” and “SASA!” interchangeably. Although integration may confuse community members if programs are not well-aligned in terms of core messages and analysis, such issues did not emerge from this research in Hagadera, suggesting that IRC’s WPE program components are complementary and mutually reinforcing.

Contextualization & Fidelity

The adapted version of SASA! in Hagadera maintains many of the SASA! “essentials” required for fidelity. Some aspects of lower fidelity emerge, however, particularly with regard to voluntary community-led activism via informal discussions and engagement.

It is unrealistic to maintain complete fidelity when adapting programs, as some degree of contextualization is essential to ensure resonance and viability in new settings. In general, however, preserving high levels of fidelity is important for program quality and effectiveness. Raising Voices has defined four essential elements that SASA! adaptations must preserve: a gender-power analysis; a phased-in approach; holistic community engagement across the key circles of influence; and activism.10 Most of these essentials are represented well in IRC’s adapted program.
For example, the emphasis on a gender-power analysis that recognizes the power imbalance between women and men as the root cause of VAW is well articulated by IRC staff, RCWs, CAs, and community members. Detailed workplans (specifying the day and location for outreach activities for every facilitation team member) and focused engagement with community and religious leaders as well as camp institutions (e.g. schools) ensure holistic community engagement. In addition, IRC has been moving systematically through each of the four SASA! phases as suggested. Progress has been quite slow, however, due in large part to organizational challenges and fluidity within the community.

The research also exposed some aspects of lower fidelity. SASA! intends for community members to lead the majority of SASA! activities and commit to the work as unpaid CAs rather than as NGO contractors or volunteers. This is an aspect of fidelity designed to foster community ownership and promote sustainability. In Hagadera, however, maintaining this approach has been challenging for several reasons. First, because of severely limited access to livelihood opportunities within the Dadaab camp setting, asking community members to volunteer significant time raises ethical concerns (note that this is not a universal aspect of humanitarian settings; other organizations, including IRC, have been able to mobilize unpaid CAs to lead SASA! activities, particularly in areas with fewer work restrictions). Secondly, many humanitarian contexts are characterized by an entrenched “incentive culture” where material rewards and/or payment for program participation are widely expected. This is apparent in Hagadera, as one woman explained, “after returning from a SASA! activity, even the kids left at home will ask you, ‘What have you to bring for us from the training?’”

In light of these challenges and the security restrictions that often prevent IRC’s national staff from spending time in the residential blocks, RCWs play a critical leadership role, frequently facilitating or co-facilitating SASA! activities. As with CAs, RCWs are women and men from the community who are trained and provided with ongoing support to conduct SASA! activities. Many RCWs are strong activists who are passionate about preventing VAW and creating a safer, more peaceful community in Hagadera. Unlike CAs, however, RCWs are remunerated for their efforts with a modest stipend (approximately $80 USD per month) and have a formal contract with IRC. Although IRC also engages unpaid CAs, they have typically played smaller roles in Hagadera, such as helping to mobilize the community for SASA! activities and assisting with referrals. Until recently, CAs were not given SASA! materials to facilitate activities themselves. This is reflected in the community’s perspective, where CAs are referred to as “supporters of the staff” and RCWs are referred to as “staff.”

Other aspects of implementation in Hagadera also deviate from SASA!’s informal, organic approach. For example, community members are frequently mobilized in a central location for SASA! activities, which can feel more formal than impromptu facilitation at water points, markets, tea shops, etc. SASA! facilitators also at times reward “correct” responses with small incentives (e.g. soap), which may signal a desire for specific responses, rather than more open-ended reflection and dialogue. Although these SASA! adaptations are pragmatic in the Dadaab context, they may inadvertently dilute community ownership and understanding of SASA! as a community-driven engagement.
Drawing on Religion

Recognizing the influence of religious leaders and Islamic beliefs in the community, IRC took deliberate steps to intensify SASA!’s recommended engagement with religious leaders by hiring a religious consultant to help integrate aspects of Islamic faith into SASA! programming.

One of the strengths of SASA!’s adaptation in Dadaab has been engaging religious leaders. The majority of the Hagadera community are ethnic Somali and Muslim, and religion is a central organizing aspect of society. According to the study participants, at first the community’s imams (religious leaders) were reticent to engage and at times hostile towards SASA!. Noting this challenge, IRC took several deliberate steps to proactively involve religious leaders, for example, by asking leaders to open events with a prayer and including them in SASA! trainings. In addition, IRC hired a religious scholar as a consultant to identify Qur’anic texts that uphold core SASA! messages. His work was later shared in a presentation with other religious and block leaders as well as IRC staff. RCWs also noted how they intentionally draw on Islam when facilitating SASA! activities, an approach that the community described favorably:

You ask, ‘Which religion do you believe?’ And they say ‘Islam.’ [You ask] ‘So whom do you love most?’ They say, ‘A prophet of Islam.’ So you ask and say, ‘Your prophet who you love most, you also believe He washed the clothes of his wife, fetched water, cooked food for her and even cut the nails of his wife. So why don’t you follow that way to help? Because you are not better than him.’ . . . So we are the ones to [use] religion . . . to bring them on board.
- Male Refugee Community Worker

Husbands now understand our importance. There were husbands who used to beat their wives, but they no longer do that because SASA! has done a lot of awareness on violence. They are not like before, there is big difference. They [RCWs] even use verses from the Qur’an to make them [male community members] understand about how violence against women is not allowed . . . Yes, some people were in the dark about GBV issues in the community, but now they have a better understanding.
- Female community member

Language & Artwork

Although RCWs collectively discuss Somali translations of key terms, IRC has only recently begun formally translating SASA! into Somali and adjusting the artwork to better reflect the Hagadera community.

At the time of the first wave of research in March 2017, most SASA! materials were not available in Somali and the original artwork – designed to resemble East and Southern African communities – was largely unchanged. Rather than a formal translation process with written drafts, community testing and feedback, IRC’s priority has been on ensuring that the SASA! facilitators (RCWs and CAs) understand the content and can deliver activities to the community in a way that is understood easily. As such, during weekly RCW meetings, the team reviews the English versions of tools, discusses the content, and agrees on translated terms. Each facilitator is then responsible for on-the-spot translation.
Nothing much was changed from the [SASA!] box. We have translated some [materials] into Somali – especially the power posters, but not that many. We are mainly using English materials – and we translate when we are preparing to go out into the community.

IRC female staff

During the FGDs, some participants appreciated the SASA! materials as a way to learn about different cultures; others, however, shared apprehension about some of the images, for example, complaining about “nakedness” (e.g. women without hijabs) and arguing that the artwork was “inappropriate” for Somali culture. Images of condoms and the health chats about family planning in particular sparked strong resistance during the early phase of implementation, which might have been mitigated with a more cautious strategy tailored for the Hagadera context. Motivated in part by early findings from this research, IRC initiated a formal process of translating and cultural adaption (e.g. redrawing images) in preparation for the Support phase in early 2018.

B. SASA! Implementation

In late 2018, SASA! is in the Support phase in Hagadera. In March 2018, the core SASA! team in Hagadera included 3 IRC national staff who supervise and coordinate the program; 20 RCWs (9 women, 11 men) responsible for SASA! facilitation in the community, support to CAs and monitoring; and 28 unpaid CAs (14 women and 14 men) who mobilize and at times facilitate (or co-facilitate) SASA! activities.

Below we focus on findings related to implementation strengths and gaps, linking observations to SASA!’s adaptation and the humanitarian landscape in Dadaab where possible.

Organizational Assets

IRC’s WPE portfolio draws on many organizational assets, including strong expertise in humanitarian programming, survivor-centered response infrastructure, a commitment to SASA!’s core values, and a long-standing presence in the community. Challenges include frequent turnover of senior positions and reductions in available funding.

In light of IRC’s historical focus on GBV and nearly a decade of humanitarian programming in Dadaab, the Hagadera team is intimately familiar with the cultural dynamics and structural issues that place women at risk of various forms of violence. This in-depth contextual expertise and longstanding relationships with the camp’s leadership is a significant asset for programming in a sensitive and dynamic environment. IRC’s survivor-centered response infrastructure – including a hospital, case management system, detailed referral protocols and community outreach strategies – brings another positive dimension to the work. In addition, IRC staff demonstrated a strong alignment with SASA!’s core values, including understanding gender inequality as the key driver of VAW and demonstrating a commitment to personal reflection and activism. SASA!’s analysis of power appears to have resonated strongly at an organizational level, and several staff expressed their determination to keep a power-based approach at the heart of programming in different sectors, including health and water and sanitation.
My biggest surprise engaging with SASA! was the realization of how the issue of power can connect with everything . . . Now we know the root cause of GBV is [misuse of] power. And that connects to all our program areas.

- IRC female staff

IRC has also experienced organizational challenges that detracted from SASA!’s momentum. Most notably, the Program Manager responsible for overseeing SASA! implementation in Hagadera has turned over four times since launching SASA! in 2012, and staff retention overall is a challenge. Recent budget cuts across IRC have also affected staffing; for example, in 2018, the number of RCWs involved in IRC’s prevention programming reduced from 30 to 18.

Although both IRC and Raising Voices provide technical assistance and mentorship toward quality SASA! implementation, the high turnover and subsequent need for frequent refresher trainings has at times stretched the capacity of both organizations. For example, in addition to Raising Voices’ onsite technical support, most SASA! partners participate in centralized trainings in Uganda. According to IRC, the pace and priorities of emergency operations make it difficult for Dadaab-based staff to travel to participate in trainings, limiting their access to critical skills building sessions and engagement with other SASA! partners.

**Strengths: Planning, Reach & SASA!’s Resonance**

SASA! implementation’s careful planning and coordination by a committed team of RCWs emerged as a core implementation strength that contributed to widespread engagement in Hagadera. In addition, SASA!’s fundamental aims to prevent violence and cultivate “power within” appears to have had a strong resonance across the refugee community.

One of the opportunities for SASA! implementation in a refugee camp setting like Hagadera is the high population density and concentrated residences, which facilitate the potential for social diffusion and widespread reach. IRC has leveraged the structure of residential sections and blocks to develop and coordinate clear mobilization plans (including detailed, daily workplans) that disperse SASA! activities relatively evenly across the entire camp within a specific timeframe. This careful planning and the continuity provided by some of the RCWs (several of whom have been working passionately since SASA! first started in Hagadera) are highlights of IRC’s implementation.

In addition, during FGDs, several community members used the language of “unity” and “peace” in describing their motivation to participate in SASA!, at times also noting the significance of discovering their own power (the Start phase of SASA! encourages people to foster their “power within”). As refugees, many members of the Hagadera community are intimately familiar with the experience of feeling powerless, and reflecting on the transformative potential of personal power resonated strongly with several participants in the study:

> The focus of SASA! is for men and women to know their power, and to support each other thereafter. We stand on that value, what a man can do a woman can do . . . .

- Female community leader
SASA! is not for one person, neither women nor men . . . It is for everyone like sheikhs, leaders, the youth, the elderly or for a person of the highest rank, like the president, all the way to the lowest rank. For them to understand about the power everyone has, and how to use this power in positive way. It means we have rights.

- Male Community Activist

Although IRC did not intentionally integrate a focus on “peace” within their SASA! adaptation, this language and overall framing emerged frequently in the data, and it was not uncommon for community members to refer to CAs and RCWs as “peace ambassadors.”

It [SASA!] makes our community live in peace and that is enough motivation [for participating in SASA! activities].

- Male community member

SASA! is about how to create unity and love between the community members . . .

- Female community member

Challenges: Initial Resistance & Program Intensity

Early in the Awareness phase, SASA! activities sparked resistance as some community members perceived tensions between SASA! and aspects of Somali culture. In addition, the small team of SASA! facilitators relative to the size of the Hagadera community, as well as staff turnover, refugee transitions, and security constraints created barriers to program intensity and momentum.

In discussions with staff, CAs, community members and leaders, a consistent topic that emerged was the community’s initial resistance to SASA!, which at times included violence against RCWs and/or CAs. The most common explanation for this resistance was that some felt SASA! was at odds with Somali values (specifically discussions of family planning, and the central idea of gender equality, which some felt compromised the “natural” superiority of men and their authority in the home). Participants also noted that some community members considered SASA! to be a “Western” program. It is possible that further contextualization of the SASA! materials during the start of implementation may have mitigated some of these tensions.

What I dislike most [about SASA!] is one thing: When they say men and women have the same power. Our religion doesn’t allow that, and God made us different.

- Female Refugee Community Worker

People were against us when SASA! was starting, there were a lot of challenges like beating up of the staff [RCWs]. The community used to tell us that we were the cause of their break ups [divorce] and that the IRC office is for violence.

- Female Refugee Community Worker
In the older days of SASA! people had a negative attitude towards SASA! .

... For example, the man is the boss of the family, so when you ... talk to [the community] about power, they believe that the power of the man will be over taken, and they [men] will remain powerless and then the power will be given to the women.

- Male Refugee Community Worker

In addition, some religious leaders and community members misperceived the program as an attempt to promote Christianity. Although less widespread, others shared the belief that SASA! was a program for women. Although the considerable resistance and occasional violence experienced in Hagadera is concerning, it is important to note that SASA! encounters some backlash almost universally, irrespective of where it is being implemented, as people begin to challenge the status quo and question how power is held and leveraged within the community. The resistance decreased gradually, which the SASA! team attributes to enhanced and repeated exposure to SASA! that slowly built trust and created incremental shifts in attitudes across the community. IRC also adjusted its strategy to target power holders and “dissenters” in the community more intentionally, for example, by inviting specific religious, section and block leaders to attend specific trainings on SASA! and GBV prevention. Community perspectives generally support the narrative that resistance lessened over time, as the community was “sensitized” about SASA!, although some pockets of resistance still exist. Several participants also highlight the role of broader generational shifts and the more equitable perspectives among younger refugees, many of whom have spent their entire lives in Dadaab and have been exposed frequently to NGO materials and programs.

Change has been achieved because the community now understands the benefits of SASA!. The mother of change is the awareness created in the community ... specifically targeting those individuals opposed to SASA! was also helpful and offering them training.

- Male Community Activist

Before we used to believe that it [SASA!] was a program that pulls apart men and women. In fact, some men even vowed that if their wives go out for SASA! activities they will divorce them. But currently it is different. SASA! activities are good.

- Female community member

Another challenge emerged in relation to program intensity. Given the large size of Hagadera (over 100,000 residents) relative to the RCW team (20), return visits to the same blocks are relatively infrequent (according to a RCW, there is frequently a gap of two months or more between visits to the same block). This lack of intensity makes it difficult to establish a strong current of discussion around SASA! at the block level; the ideal ratio would be between 55 and 65 (unpaid) CAs to ensure intensive, meaningful engagement in Hagadera.

Momentum also stagnated due to the influx of new refugees who had yet to engage with SASA! and begin their own process of transformation. This contributed to programmatic “restarts” and unevenness within the community. Several community members who participated in SASA! suggested that there is also a need to better involve non-Somali refugees, as well as community members with disabilities who are unable to participate in centralized activities.
We want the SASA! team to employ people with skills in special needs language or sign language so that the deaf and others with special needs can also get to know the SASA! program. This will help to include them too.

- Male community leader

In addition, security measures at times constrained implementation at the most basic level. The need to return home before dark, restrictions on public assembly, and lack of mobility posed unique challenges for community-based mobilization and made some SASA! activities – such as organizing larger public events without international NGO facilitation – difficult to implement. Furthermore, IRC’s restricted access to certain areas of the camp inhibited supervisory visits during community activities and “real-time” mentorship, a cornerstone of the training and support that the original SASA! envisages for CAs.

Monitoring & Evaluation
Despite collecting detailed monitoring data as per IRC protocols, SASA! specific M&E tools are not used consistently, leading to missed opportunities to foster a more responsive and agile program.

The SASA! Activist Kit includes precise monitoring tools to measure community knowledge, skills, and behaviors, as well as to assess the quality of SASA! mobilization and facilitation. These tools enable partners to explore the community’s receptiveness and engagement, and encourage a tight feedback loop between these community experiences and program decision making. IRC conducted several rounds of the RAS, which reflects a significant organizational investment in M&E. However, staff shared that RAS findings have not been discussed among the full SASA! team or shared back with community members. This lack of joint reflection on the RAS data is a missed opportunity to strengthen SASA!’s agility and responsiveness in Hagadera, as well as to cultivate greater ownership of SASA! within the community.

As a large institution, IRC has its own M&E protocols across the WPE program, and subsequently does not use the day-to-day SASA! monitoring tools (e.g. Community Activity Report, Outcome Tracking Tool, etc.), perhaps because these would be considered duplicative. Although detailed activity-level information is available for each SASA! activity, most of it is only in hard copy and no central storage place or data management system exists, making it difficult to aggregate observations and compile reports easily.

We have a lot of information, and you won’t fail to get it – but it will take four days to get the report together.

- IRC female staff

The research also uncovered several promising examples of IRC leveraging feedback and M&E findings to enhance programming. For instance, based on feedback that some religious leaders were standing in opposition to SASA! and other GBV prevention work, IRC hired a religious scholar as a consultant. In addition, several recommendations from the first wave of data collection for this case study have already been adopted by IRC, such as translating select SASA! posters into Somali and redrawing the artwork.
C. Progress Towards SASA! Outcomes

IRC has been implementing SASA! in Hagadera for approximately six years. Despite the relatively low program intensity and other challenges discussed above, data from IRC’s most recent RAS (March 2018) indicate strong exposure to SASA! within the survey sample (Box 5), with a slightly larger proportion of men exposed compared to women (this is a common characteristic across SASA! programs, that likely reflects women’s unequal burden of housework and limited access to public spaces in many patriarchal settings). Qualitative data supports this finding around high exposure to SASA!, as the vast majority of FGD and IDI participants were keenly aware of IRC’s GBV prevention program, including SASA!.

Box 5: Exposure to SASA!, IRC’s March 2018 RAS Data (264 women, 241 men)

- 49% of women and 86% of men report seeing people in their community doing something to prevent VAW;
- 45% of women and 59% of men report having seen SASA! materials; and
- 41% of women and 56% of men report having heard a community member talk about SASA!.

In this next section we explore the extent to which SASA! outcomes are emerging at the community level, drawing on participant reflections during the IDIs and FGDs as well as IRC’s RAS data from March 2018. As previously noted, isolating SASA!’s influence as distinct from IRC’s larger WPE program is difficult, as community members often confuse or combine various components. As such, the promising outcomes achieved are likely influenced by a range of factors, including SASA!, other IRC activities, and broader social influences within Hagadera.

Violence-related Knowledge & Attitudes

Basic understanding of the various types of VAW is widespread in the community and discussions point unequivocally to a growing understanding of men’s abuse of power over women as a root cause of VAW, at times linking this observation to SASA! and other GBV activities in Hagadera. Although the majority of women and men denounce VAW as unacceptable, some inconsistencies and victim-blaming attitudes also emerge.

In general, community members are well versed in the different forms of VAW, including economic violence and culturally specific forms of violence such as FGM and early and forced marriage. Several participants shared that IRC activities and SASA! have been “eye-openers,” helping community members become more cognizant of men’s power over women (sometimes explained as “using power in the wrong way”) and how this drives VAW within their community. For a few participants, this reflection on men’s power and status also helped foster greater empathy for women and their daily experiences of inequality.
Before SASA! it used to be there in the community – violence against women, rape cases, refusing for the girls to marry the man she loved. They kept her in the house like a slave, we did not know it was violence against women. After SASA!, we learned that what we were doing was something wrong. We learned the effect of the violence . . . It was an eye opener for us.
- Male community member

Men use their power by beating their wives, and at times using abusive language. We believe that women are naturally weaker [than men]. Men use power on them because of their weakness, they even use knives to scare them because they [men] are stronger.
- Female community member

During the second wave of data collection, the FGD guide included short vignettes depicting various types of VAW (including economic violence, rape by a stranger, and rape within marriage) followed by a series of questions to assess perceptions around frequency, acceptability/sanctioning of each type of violence, options for help seeking, and any perceived changes in the three years prior to the research. Although all forms of violence appear to be relatively common, many felt that levels were decreasing, and most expressed strong disapproval for all forms of VAW with the exception of rape within marriage, where views were more ambiguous. In addition, participants consistently shared that stigma in cases of non-partner sexual violence has decreased, and that women and girls who experience rape are now supported to speak out and access services. Economic violence was strongly condemned, and frequently considered appropriate grounds for divorce (a fairly uncommon practice in the camps).

I feel bad about it [scenario depicting economic violence]. It is violence because it might lead the couple to divorce each other, and their children’s future might be destroyed.
- Male community member

I think our dreams are becoming true, because when we hear neighbors are fighting, people ask themselves: ‘Why are they are fighting, is this the time for violence? Don’t they know we are now above violence?’ It has become shameful. Beating wives and raping women is not acceptable.
- Male community member

Although these comments are highly encouraging, other responses highlight that “shame” and stigma persist in the community, making it difficult for some women to speak out about their experiences. As one woman described, Somali culture “teaches us not to expose our family problem to other people.”

Women [who have been raped] can’t even fetch water from the blocks. When people see her, they would start saying ‘This is the raped woman.’ . . . Yes, they would call her names such as ‘the divorcée.’
- Male community member
Discussions of rape within a marriage sparked debate in several FGDs. Although a few women and men explained that marriage does not entitle men to sex without consent, others hedged their responses, arguing, for instance, that it depends on the time of day, or whether the wife is physically sick or menstruating. The polarity in perspectives around sexual violence within marriage is also reflected in the RAS data; just over half (53%) of women and 63% of men agreed that a woman had the right to refuse sex with her husband if she did not feel like it.

Yes [forced sex] is a form of violence, because it’s bad for you to force her. Such thing leads to divorce.
- Male community member

It [forced sex within marriage] is not a form of violence, because they are married, and it is their own decision to live together. If a wife denies her husband sex, she is referred to as naagshuda [problematic woman] because a husband has a right to sex. Denial of sex might lead the man to think that his wife is cheating on him. Men can only excuse their wives from sex during menstruation and after delivery.
- Male community member

Some people would question why she would deny her husband sex, yet it is his right and she is his property.
- Female community member

Although participants frequently condemn VAW, deeper analysis reveals some inconsistencies. For instance, when discussing specific examples of violence, victim blaming emerged in some of the FGDs and IDIs, with both men and women at times characterizing survivors as failing to “respect their husbands” or “making” their husbands aggressive. The RAS included a related indicator that asked respondents if they think women are to blame for the violence their partners inflict on them. Thirty eight (38) percent of women and 29% of men answered “yes,” indicating that well over one in four sampled community members blame women for some instances of violence. When asked whether women should tolerate violence to keep their family together, a far greater proportion of both women (83%) and men (74%) agreed, suggesting that norms dictating that women should endure violence for the sake of their family remain largely intact. This perspective is also evidenced in the qualitative data:

The community gets annoyed and concerned about the violence afflicted to the women. I am not supporting the one who gets herself into problems . . . generally the community feels that those [women] who are afflicted with violence have played a role in it.
- Male community member

Beating of women is brought about by men getting angry, or when the wives refuse to listen to their husbands. Then women can also get angry and do something bad. That is when men will use their power.
- Male community member
Community Response & Support for Survivors

One of the strengths of IRC’s SASA! adaptation has been integration with IRC’s referral system. Research findings suggest that this focus on a survivor-centered response alongside SASA! has contributed to promising behavioral changes in the way the community and individuals support women experiencing violence.

In the original SASA!, emphasis on strengthening community support for survivors emerges most explicitly during the Support phase. However, in light of IRC’s comprehensive GBV programming that includes an emphasis on response and prevention, SASA! in Hagadera has emphasized referral services since the Start phase. Most participants across FGDs and IDIs knew about the one-stop GBV response center at the main hospital in IRC’s compound and further described SASA! CAs as individuals whom women experiencing violence could turn to for support to access services.

Perhaps more significantly, participants consistently shared that, since SASA!’s inception, the community has become more willing to support survivors of violence rather than “hiding the violence” or solving issues at home, as had been customary. Although some stigma remains, this commitment to community response appears to have given women more confidence to speak about their experiences and seek help from their social networks. This finding is supported by RAS data, where the vast majority of surveyed community members (79% women, 83% men) responded “yes” when asked if they thought others outside the couple should intervene when a husband beats his wife. More than half of RAS participants (55% women, 62% men) also report that they had intervened personally to help a woman who was experiencing violence at home.

[Since SASA!,] rape cases have reduced. Violence has reduced and the women don’t hide or keep quiet about the problem as before. They used to take rape as a shameful act, but now they are referred and get medical help, so it [SASA!/IRC] is very helpful to them.
- Female community member

A few participants also described the community becoming more “helpful” and “caring” toward one another, suggesting that, for some, a spirit of general activism and connection extending beyond survivors of violence is emerging.

I am involved with my neighbors and the community and I have become someone who cares about other people’s problems. Before I gained knowledge from SASA! I was someone who didn’t care about others.
- Female community member

Gender Roles

One of the most consistent findings from the qualitative data is the perception that SASA! has inspired more equitable allocation of household roles, and that these shifts are contributing to stronger communication and more harmonious relationships.
When discussing perceived changes in the community, participants in nearly every FGD and IDI mentioned shifts in household gender roles and, in particular, men’s increased participation in household duties as well as more equitable decision making. This shift in behaviors that demonstrate a more balanced use of power appears to have been a key point of emphasis in Hagadera’s SASA! programming. Throughout the qualitative research, personal testimonies from both women and men underscore this change as a significant program outcome. A similar trend emerges from the RAS data: Just under half (48%) of women and 57% of men report that their partners (women) or they (men) regularly help to wash dishes at home, and nearly all respondents (over 90%) share that they feel respected by their partners. Although, for some, the motivation seemed to arise from a desire to protect women (e.g. men collecting firewood to minimize the risk of rape), more often the impetus for change appears to be anchored to increased empathy and appreciation of women’s “household burden,” as well as a recognition that more equal participation in the home creates better relationships within the family.

There is a lot [of change]. At first my wife and I never talked to each other. I made all the decisions. I decided to change, and nowadays we talk to each other and help each other in the house. We normally talk about the fees for our children; we discuss everything.
- Male community member

Before the start of SASA!, I personally thought that helping my wife in household chores will reduce my self-esteem and make me a lesser man. But after the introduction, I learned that this only strengthens the relationship between spouses.
- Male Community Activist

SASA! has made many men in the community become compassionate partners, especially in the water fetching area. You will now find men in the water point, and that is positive.
- Female community leader

Safety & Prevalence of Violence
Overall, participants across FGDs and IDIs confidently describe a decrease in the levels of violence and an enhanced sense of safety throughout the camp. It is likely that such changes are influenced by SASA! as well as by other programming and risk mitigation approaches implemented in Hagadera over the last few years.

Participants emphasized enhanced safety within the community overall as well as substantial decreases in economic violence, non-partner sexual violence, and physical IPV.

Although direct attribution to SASA! is difficult in light of IRC’s integrated approach, some participants drew explicit links; for example, several men described, in detail, the personal changes they had experienced as a consequence of their participation in SASA!.
For me, I used to beat my wife many times, but since the first day I joined a SASA! awareness training, I felt that SASA! knew about my life and what I was doing to my wife, I felt like the topic was talking about me. And that was a day I remember . . . There is a statement they use in the training saying, ‘women are not donkeys.’ They mean don’t beat the woman. Since that day, I stopped the violence.
- Male community leader

Before SASA! came, I remember I was among the most notorious people, we used to sit on the roadside and disturb girls by abusing them, throwing stones, saying bad things about them like ‘you’re so hot.’ But when SASA! came, it transformed my behavior . . . In SASA!, they says change is a process, I personally changed, that happened to my life. Women have to be respected [and] valued in our society.
- Male Refugee Community Worker

The RAS does not include questions about individual experiences of violence (men’s perpetration or women’s victimization) due to ethical considerations. However, IRC’s Gender-based Violence Information Management System (GBVIMS) includes careful tracking of reported VAW cases by type, and bears out an impressive decrease in every type of VAW over the last few years (Figure 1).

Source: IRC’s GBVIMS from 2015-2017. Note that this information reflects cases reported only; it does not reflect prevalence.

Potential Pathways
Qualitative discussions provide initial insights into the potential mechanisms for change in Hagadera, including the perception of increased accountability and response to VAW, positive role modeling by neighbors and respected community members, and a growing appreciation for the direct benefits of non-violent marital partnerships.
While it is beyond the scope of this analysis to identify the precise mechanism of change through SASA!, initial insights emerge based on personal testimonies and other candid reflections during the FGDs and IDIs. When research participants were asked to consider the motivations for any changes described, the most common response highlighted an increased accountability for VAW in the community. Community members shared that through greater awareness and discussion, they are now better equipped to respond to violence, both in terms of linking women to care, and seeking justice through IRC or the police. As women gain more confidence in their ability to access support – and community members become more proactive in intervening on women’s behalf – the norm that violence is something to be “kept quiet” begins to erode, as new accountability practices act as a deterrent to men’s violent behaviors.

The men who are violent now fear, because there is action to be taken . . . They know rape is a crime and whoever tries to do that, then action can be taken against him.
– Female community member

The power of positive role modelling also emerged, particularly in the FGDs with CAs and RCWs. For example, men in the community described how their own actions are helping to build acceptance for non-traditional gender roles and spark wider transformations in the community.

I also do house work with my wife and give this example to the rest of the community. When the neighbors come to my home, they see me carrying the child, they see me doing household responsibilities and also they see me as an example. My neighbor who used to hate carrying his child, who used to harass the wife, who used to beat his wife, now takes me as an example.
– Male Refugee Community Worker

SASA! has inspired a lot changes in my life because I have stopped beating my wife and chewing miraa (khat). Sometimes when I go to the market I tell people about SASA! and that it is all about behavior change. I am proud of it.
– Male community member

Further, findings suggest that people benefit from more intimate and enjoyable relationships after experimenting with SASA! ideas in their own families, inspiring a virtuous cycle of positive change. For example, many community members talk about improved family dynamics stemming from the equal sharing of household work as well as new communication skills between partners. Although less common, a few testimonies describe a more fundamental shift in how women are valued in the community. This is likely facilitated by SASA!’s personal approach and content, which is designed to help community members connect discussions to their own issues and insecurities. For example, one man described how he stopped forcing his wife to have sex based on his own desires after coming to the simple realization that “even I don’t feel like it [having sex] sometimes.” Other participants share similar reflections around shifts in the perceived value of women:
SASA! has really changed my relationships with people. Before SASA! I believed that mistreating women and beating my younger sister was acceptable. But after SASA! came, I realized I can have a good relationship with my wives and sisters. I [used to] believe that women were inferior to men. But now I know that women have value, and they have the right to choose.
- Male community member

SASA! gives you the ability to understand your individual power and strength . . . it has untapped our greatness.
- Female community leader

4. Research into Action

This Adaptations Project case study illustrates the challenges and opportunities involved in adapting SASA! for the Dadaab refugee camp setting, which may be useful for organizations implementing SASA! in other humanitarian contexts.

IRC experienced structural and situational challenges common to many emergency environments, including institutional turnover and budget cuts, intensive repatriation and relocation activities during/following the 2016 Dadaab camp closure announcement, and intermittent insecurity. A relatively acute period of initial backlash in the community also disrupted momentum. Cumulatively, these challenges have contributed to sub-optimal program intensity and delays that extended the duration of the Start and Awareness phases. In addition, the realities of restricted livelihood opportunities in Dadaab and the common practice by non-governmental organizations of offering incentives has limited IRC’s ability to mobilize unpaid CAs to lead SASA! activities, which may undermine SASA!’s spirit of community ownership and activism.

Despite these complications, IRC has taken an “implementation innovations” approach to their adaptation, integrating SASA! ideas and materials across their WPE program and implementing SASA! alongside other aligned activities to prevent and respond to VAW. Programming highlights include a detailed and well-coordinated community mobilization strategy (which has achieved widespread reach in Hagadera); explicit integration of referral and response services; and effective management of community opposition through a process of steady engagement, particularly with religious leaders. Overall, the research established that a gender-power analysis of VAW has taken shape in Hagadera, bolstering support for women survivors of violence, and motivating women and men to access their “power within” and take active steps towards greater “peace” within the community. Although attitudes that uphold VAW and men’s superiority are still apparent, enthusiasm for SASA! alongside IRC’s other GBV activities is strong, and community members attest to decreasing levels of VAW as well as men’s increased contributions to the household. Below, we draw on case study findings to propose five broad recommendations for strengthening SASA! within humanitarian contexts.14
Recommendations

1. **Starting SASA!**: SASA! may not be suitable for all humanitarian settings and, particularly during acute emergencies, it may not be safe or ethical to begin such programming. Prior to deciding whether to move forward with SASA!, consider if sufficient stability, organizational commitment, and community engagement is in place as a foundation for programming. In addition, it is essential that the ‘Do No Harm’ principle can be upheld, both for the SASA! team and the community.

   *In practice, this means:*
   
   o Consider the stage of the conflict in the communities or camps where SASA! implementation is planned, and whether or not the methodology can be safely and ethically used.
   
   o At a minimum, before getting started with SASA!, it is critical to have a dedicated team and secured funding for at least 18 months, leadership and buy-in at the organizational and community levels, and a GBV case management and referral system in place.

2. **Clear vision for adaptation**: Consider different adaptation modalities and make explicit decisions about your focus, timeline and process from the outset. If possible, implement SASA! as a stand-alone program that can be effectively embedded within the community. When, as in Hagadera, integration is the most appropriate option, ensure that key concepts are synergistic across the different programming modalities. Recognize that integration will complicate evaluation and attribution of impacts to any one individual intervention.

   *In practice, this means:*
   
   o Adapt SASA! through an intentional process, with sufficient allocation of time and resources, and the participation of community representatives. Start by identifying the adaptation modality required in a given context to assist in determining the resources and time required.
   
   o If using an “implementation innovations” approach where SASA! is being integrated alongside other interventions, identify any differences in materials and messages and revise to ensure alignment. Consider incorporating content from SASA! into different VAW prevention streams to keep the analysis consistent.
   
   o Engage in transparent conversations with your team, technical support partners, and/or donors about the M&E implications of an integrated approach.

3. **Contextualized design**: At the outset of your SASA! adaptation, identify any content, language, artwork, and/or mode of delivery that requires revision to better resonate and reflect the local community. As you revise, strive for a balance of fidelity, feasibility, and leveraging unique opportunities available in the context. Keep in mind that challenging power imbalances between women and men through SASA! often provokes community pushback, irrespective of the specific setting. As part of the contextualized strategy, anticipate likely resistance and consider mitigating steps. Invest in monitoring both intended and unintended consequences.
In practice, this means:

- Although it is not always necessary to translate and adapt the entire SASA! Activist Kit, basic alignment of SASA! materials with local context is important. Pay special attention to ensure consistent translation of nuanced concepts such as “VAW”, “power”, and “men’s power over women” (consult your Raising Voices technical advisor for a list of key terms). If suitable direct translations cannot be identified, adopt language that balances local understandings with SASA!’s feminist analysis and tone.

- Ideally, all revisions should be tested with community members. Allocate human and financial resources to coordinate, revise, test, and integrate feedback into revised materials.

- Identify topics that could be alienating or contentious early on, and revise, re-sequence or – if SASA! implementation has the potential to alienate core groups completely – consider excluding them from programming. Conversely, finding unique opportunities, such as the language of “peace” and “peace ambassadors,” can enhance resonance and receptiveness.

- While adapting, periodically refer back to the four SASA! “essentials”: A gender-power analysis; a phased-in approach; holistic community engagement across the key circles of influence; and activism – and ensure you are maintaining strong fidelity to these aspects.

4. **Comprehensive implementation planning**: Engage in careful reflection around how best to introduce SASA! and promote momentum and sustainability, considering likely transience within the organization and the community. For example, how will your strategy shift if new violence (or other insecurity) emerges? How will you accommodate a large influx of refugees, or large-scale resettlement or repatriation? Although there are no set answers to these questions, discussing them early – and ideally with your Raising Voices technical support partner – and monitoring the community response closely can help minimize program disruptions if/when humanitarian-related challenges are exacerbated.

In practice, this means:

- Conduct a community asset mapping at the start of SASA! implementation to identify influential gatekeepers, and engage them repeatedly using a deliberate process throughout. During the Start and Awareness phases, invite gatekeepers to co-facilitate introductory activities in the community with the aim of mitigating potential resistance.

- Create and train a dedicated SASA! team and allocate sufficient time for staff to participate in community activities and provide one-to-one mentorship for CAs. Consider your handover and orientation policies to retain as much programming expertise as possible.

- Flag any potential barriers to program momentum (including security protocols; onset of new conflict/disaster; etc.) during the Start phase and outline contingency plans for proactive management.

- Consider creative ways to manage delays and/or re-starts to SASA!, such as more intensive implementation over a short timeframe to help the community “catch up.” In some camps with clear geographic demarcations it might be possible to “stagger” programming (e.g. advance some parts of the community to the next phase while others remain in Awareness). However, this approach should be carefully considered as it can lead to confusion among residents and the SASA! team.
Diligently monitor community perceptions and experiences, as well as any unintended consequences. Facilitate regular discussion and feedback sessions around M&E data to reflect beyond the numbers and integrate learning into strategic decision-making, ensuring agile and responsive programming.

5. **Incentive culture**: Recognize the potential implications of relying on refugee staff with formal contracts and stipends and, if an incentive structure is used, ensure extra effort to nurture a sense of personal commitment and responsibility among SASA! facilitators. For the majority of SASA! partners, the community activism approach does not include financial compensation in order to better promote and sustain activism. In humanitarian settings – especially with displaced populations where communities are fully dependent on aid to meet basic needs – it is often a challenge to maintain this aspect of volunteerism, given the lack of formal earning opportunities and widespread use of incentives. Consider including dialogues around “incentive culture” as part of your SASA! programming.

*In practice, this means:*

- Preserve SASA!’s organic, community-led approach. Engage people “where they are” – at public meeting points, water taps, markets, etc. – using an informal, personal, discussion-based approach rather than more didactic formats. Aim to nurture lively debates rather than promoting (and rewarding) “correct” answers.

- Strive to motivate unpaid activists by ensuring their efforts are visible in the community, and draw attention to the training and mentorship components of SASA!. In-kind materials can also be considered as an alternative to financial incentives.

- Whenever possible, integrate SASA! within existing activities in the camps, for example, other programming activities or aspects of daily life (e.g. visiting tea/coffee stalls, at the market, fetching firewood or water, etc.).

**Final Word**

Humanitarian settings have distinct structures, characteristics and practices that will influence SASA!’s adaptation and implementation. Findings highlight unique aspects within the humanitarian refugee camp context which require specific consideration, including frequent disruptions and mobility (with implications for SASA! timeframes), the role of RCWs and material incentives, and the opportunity for organized, comprehensive engagement of community members. Overall, IRC’s experience in Dadaab demonstrates the feasibility of an “implementation innovations” type of SASA! adaptation and reaffirms that community-wide mobilization and engagement is a viable and potentially transformative VAW prevention approach within humanitarian programming.
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Acronyms

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<tr>
<th>Acronym</th>
<th>Definition</th>
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<tr>
<td>CA</td>
<td>Community Activist</td>
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<tr>
<td>FGD</td>
<td>Focus group discussion</td>
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<td>FGM</td>
<td>Female genital mutilation</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>HIV</td>
<td>Human immunodeficiency virus</td>
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<td>IDI</td>
<td>In-depth interview</td>
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<td>IPV</td>
<td>Intimate partner violence</td>
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<td>IRC</td>
<td>International Rescue Committee</td>
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<td>KEMRI</td>
<td>Kenya Medical Research Institute</td>
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<tr>
<td>M&amp;E</td>
<td>Monitoring and evaluation</td>
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<td>RAS</td>
<td>Rapid Assessment Survey</td>
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<td>RCW</td>
<td>Refugee Community Worker</td>
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<td>University of California, San Diego</td>
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<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
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<td>VAW</td>
<td>Violence Against Women</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>Women’s Protection &amp; Empowerment</td>
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Available online at http://raisingvoices.org/innovation/disseminating-ideas/

This case study was written by Sophie Namy, Natsnet Ghebrebrhan, Sophia Wanjiku, Mercy Lwambi, Rahma Hassan, and Lori Michau. It was edited by Inbal Sansani and designed by Samson Mwaka. The case study was produced with funding from the UN Trust Fund. The views expressed and content included, however, does not imply official endorsement or acceptance by the United Nations.
Endnotes


9 EMAP is a curriculum-based program that engages cohorts of around 20-25 men to change their behaviors to build healthier and more equal homes, relationships and communities. For more information see the following link: https://gbvresponders.org/prevention/emap-tools-resources/


11 Violence against IRC's refugee community workers does not appear to be unique to SASA/. DfID's What Works? study in Dadaab also explored the experiences of RCWs supporting IRC and CARE GBV programs and found that approximately one third (including both women and men) had experienced physical violence (e.g. being hit with a fist or other object, or kicked) in the context of their work. Hossain, M. et al. (2018).


13 A one-stop center provides integrated services for survivors of GBV so they are not required to travel to multiple sites or retell their experience multiple times. These spaces may be attached to a hospital or other larger support/service location and can provide a range of services including psychosocial, health and legal.