

## Beginning Anew A Case Study of International Medical Corps Ethiopia

International Medical Corps Ethiopia began working with SASA! in 2014 in Somali refugee camps, and reached the Awareness phase of SASA! however, due to personnel changes and funding gaps common in many humanitarian settings, they had to halt programming for a period of several months. Still committed to people in the camps experiencing the benefits of SASA!, in 2016 they made the courageous decision to begin implementation again from the beginning, as soon as the staffing and resources allowed. As Yeworkuha Midekessa, International Medical Corps Ethiopia Gender Based Violence Specialist said, "We were inspired by [SASA!] and inspired to start again. We went back to the same communities where we had been implementing before."

Many organizations are faced with challenges in sustaining the three to five years of programming SASA! requires; however, International Medical Corps' decision in the face of this challenge shows their commitment to [ethical SASA! implementation](#). When SASA! begins to engage communities in discussing violence against women (VAW) and HIV, it can stir up trauma in those who have experienced violence and expose negative attitudes of blame. Therefore, if the process of change initiated through SASA! is left incomplete, it can actually be harmful to the community. Steps must therefore be taken to prevent such harm, such as focusing on response activities, other prevention activities, or not beginning SASA! if conditions are not right to do so.

Fortunately, International Medical Corps had just begun the Awareness phase when they had to halt programming, and the community was only beginning to be conscious of SASA!'s presence, and also continued their other response activities to minimize harm.

Quickly adopting a problem-solving approach while approaching the restart, International Medical Corps began to figure out ways to fill gap areas that would allow for quality SASA! implementation. Having lost key staff with SASA! expertise, they sought another person with a similar background, and funding that would make continuation possible. Samrawit Melles, who had previous SASA! expertise, joined the team as Senior GBV Program Manager. Samrawit did some research into the previous implementation period; she found several areas for strengthening, such as: conducting a SASA! baseline rapid assessment survey, adapting the communication materials so they better reflect the context, increasing awareness of SASA! within the community, and having a specific budget available for SASA! in particular, she stressed the importance of all staff, including Managers, being included in SASA! trainings, so that they can provide continuous and quality support to teams in daily activities.

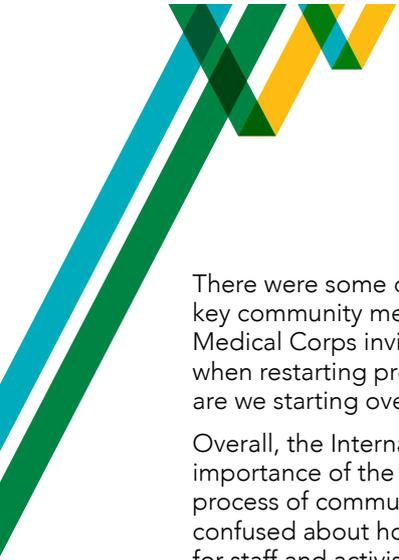
Samrawit explained the critical importance of International Medical Corps' willingness to learn from what was not going well and change it. She says, "We all want to share only our success, but what we don't understand is that sometimes as we are challenged, we also learn a lot." She emphasized this as an important philosophy for anyone who wishes to implement SASA! successfully.

In this spirit, International Medical Corps staff discussed together, and immediately began to find ways to further strengthen SASA! implementation as they began anew. For example, they realized they had an insufficient number of community activists (CAs) for the population in the camps. They:

- added engagement of women's associations to support CAs as community action groups;
- retrained all staff together;
- ensured that trained staff take roles in retraining staff;
- conducted experience-sharing with an organization that was previously working on SASA!;
- began to adapt materials to fit their specific context;
- conducted a baseline evaluation; and
- decided to scale up SASA! to include additional South Sudanese refugee communities.

In order to make that scale-up a success, they added both full and part-time staff to ensure adequate support to CAs in all sites.





There were some challenges to restarting SASA!, including sustaining high motivation among staff and a few key community members who had to repeat the process they had already begun. To manage this, International Medical Corps invited all involved to discuss challenges honestly. They communicated both when ending and when restarting programming. As Yeworkuha explains, “We got questions like ‘What have you stopped for? Why are we starting over again?’ . . . and we explained. . . In the end, everyone was ok with the decision.”

Overall, the International Medical Corps team feels that SASA!’s restart has been a success. They note the importance of the guidance documents provided in the SASA! Activist Kit that help staff and CAs foster the process of community change. Yeworkuha says, “SASA! has been helpful for staff and activists. No one is confused about how to provide information in the community. There are guides for the discussions. It is helpful for staff and activists – for [everyone]. CAs are working freely in their communities because they have the same language, religion and context.”



As with many communities using SASA!, a major challenge at the beginning was resistance from CAs, who asked for payment or other material incentives in exchange for their engagement. Staff had doubts about being able to recruit and motivate CAs without paying them. International Medical Corps’ spirit of learning and commitment to quality SASA! implementation came through in their response to this challenge. They made connections with International Rescue Committee (IRC) Ethiopia, which was going into the Support Phase of SASA!. They took their staff on a learning visit to see how IRC was implementing SASA! and managing similar challenges.

As Samrawit said, “Their CAs told us how they implemented activities, and we went . . . to see how they conducted [them]. I tried to connect staff with staff, to see how things were working. Because staff on our side were saying that CAs had to be paid, and the staff felt like engaging them without pay was impossible. Seeing things on the IRC side really helped to give a sense of what could be . . . It was so helpful to see someone else doing SASA! in the same setting with the same type of people.”

After the visit, International Medical Corps found ways to encourage CAs in their activism, such as emphasizing the value of training and mentorship through SASA!, and also explicitly recognizing CAs for their efforts. Yeworkuha explains, “We decided to help CAs see how SASA! helped their community. In time, they have become okay and aware of the benefits SASA! has for the community.” In fact, Yeworkuha credits high engagement of the CAs now, saying that it is because of that engagement that “International Medical Corps knows our implementation can be a success.”

The *Creating Change Series* are simple case studies of quality programming happening around the world to prevent violence against women and children.

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