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Balancing fidelity, contextualisation, and innovation: learning from an adaption of SASA! to prevent violence against women in the Dadaab refugee camp

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ABSTRACT

This article focuses on SASA!, a community mobilisation approach that was developed in Uganda by Raising Voices, with the aim of preventing violence against women. SASA! proved effective in reducing intimate partner violence against women, and has since been used in over 25 countries worldwide. In this article, we draw on recent research into the International Refugee Committee's implementation of SASA! in Dadaab, Kenya. In particular, we focus on how the refugee camp setting shapes the adaptation and delivery of the SASA! programme and explore the balance to be struck between fidelity to the SASA! methodology, and adaptations to make it suitable for use in this specific humanitarian context.

Cet article porte sur SASA!, une approche de mobilisation de la communauté mise au point en Ouganda par Raising Voices dans le but de prévenir la violence à l'égard des femmes. SASA! s'est révélée efficace au moment de réduire la violence à l'égard des femmes exercée par un partenaire intime, et a depuis été utilisée dans plus de 25 pays de par le monde. Dans cet article, nous nous basons sur des recherches récentes effectuées sur la mise en œuvre de SASA! par l'International Refugee Committee à Dadaab, au Kenya. Nous nous concentrons en particulier sur la manière dont le contexte du camp de réfugiés influe sur l'adaptation et la mise en œuvre du programme SASA!, et examinons l'équilibre à atteindre entre la fidélité à la méthodologie SASA! et les adaptations requises pour qu'elle se prête à une utilisation dans ce contexte humanitaire précis.

El presente artículo se centra en SASA!, un enfoque de movilización comunitaria creado en Uganda por Raising Voices, cuyo objetivo es prevenir la violencia contra las mujeres. SASA! demostró ser eficaz para reducir la violencia contra las mujeres ejercida por la pareja, por lo que fue utilizado en más de 25 países en todo el mundo a partir de su creación. El artículo aborda investigaciones recientes sobre la implementación de SASA! por el Comité Internacional de Refugiados en Dadaab, Kenia. En particular, se enfoca en cómo el entorno del campamento de refugiados determina la adaptación y la entrega del programa de SASA!, a la vez que examina el equilibrio que debe lograrse entre la fidelidad a la metodología de SASA! y las adaptaciones que es necesario realizar para que su uso en este contexto humanitario específico sea adecuado.

KEYWORDS

Community mobilisation;
violence against women;
violence prevention;
humanitarian crisis;
programme adaptation;
Kenya

Introduction

Over the past several decades, the strong activism of women's rights organisations has successfully drawn attention and resources to critical women's rights issues, including the global pandemic of violence against women (VAW) (Htun and Weldon 2010). Recent global estimates suggest that approximately one in three women will experience physical or sexual violence from an intimate partner (Devries *et al.* 2013, 1527), and conflict/post-conflict environments frequently exacerbate risk for women (Stark and Ager 2011).

There is growing evidence that intimate partner violence remains the most common form of VAW in humanitarian settings, just as it is in most non-emergency settings worldwide (Stark and Ager 2011). In addition, psychological, social, and logistical aspects of the conflict/post-conflict setting itself both increase women's risk of experiencing violence (Global Women's Institute and International Rescue Committee (GWI and IRC) 2016) and complicate prevention efforts, including: the rapid breakdown of social, cultural, and economic norms; the psychological imprint of collective trauma; restricted mobility and livelihoods; and disrupted community networks (Asgery *et al.* 2013).

The 2005 Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action, revised in 2015, ushered in an era of co-ordinated, inter-agency management of gender-based violence (GBV) in emergency settings.¹ While humanitarian actors have historically focused on violence mitigation and response strategies, an emphasis on preventing violence is gaining momentum, and this is a focus in the IASC Guidelines. Similarly, the World Health Organization and UNHCR have also issued guidelines on the management and prevention of GBV.

Humanitarian settings offer potential for work that brings about lasting change to attitudes and norms that perpetuate VAW. It has been argued that a window of opportunity exists following the rapid social upheaval of a crisis, to rebuild more non-violent and gender equitable norms (Read-Hamilton and Marsh 2016). Furthermore, community mobilisation and the creation of community groups through programme activities can help rebuild societal and communal roles in camp settings (Raising Voices 2018).

Yet despite the increased recognition of the importance of programming that prevents VAW in humanitarian contexts, the evidence base for what works remains scarce, with few rigorously evaluated programmes (GWI and IRC 2016). We need a robust knowledge base – informed by development practice, feminist activism, and academic research – to establish a strong foundation for the adaptation and scale-up of successful prevention methodologies. At the same time, however, the process of 'going to scale' and expanding within new and different contexts is complex. Increasing financial and human resources to support programming within a larger geographic area cannot automatically be expected to result in success (Heilman and Stich 2016). As some have argued, rapid scale-up can actually cause harm to communities, if programmes are not designed and implemented in a deliberate, ethical manner (Community for Understanding Scale Up (CUSP) 2018); and the importance of context is well-known. Critiques of 'magic bullet' approaches to development programming – from microfinance to women's empowerment – have proliferated down the decades (Kabeer 2005).

One of the key challenges with scaling successful interventions is navigating tensions between programme adaptation (the process of ensuring that initiatives are culturally appropriate and resonate with the communities in which they are introduced) and fidelity (the degree to which the adapted programme maintains the essential ‘ingredients’ of the original intervention) (Raising Voices 2017). CUSP is a collection of non-profit organisations that have developed effective social-norm change programmes for preventing violence and/or improving sexual and reproductive health and rights. It argues for maintaining fidelity by respecting the core principles behind original programmes, while working closely with communities and methodology originators to design, implement, and monitor appropriate adaptations (Goldmann *et al.* 2019).

This balance between adaptation and fidelity may be particularly challenging to achieve when an approach is implemented in a setting that differs sharply from where the intervention was first developed and tested, e.g. using an approach to prevent VAW in a context of humanitarian response differs from using it in a context of relative stability. In this article, we focus on the experience of adapting and delivering the SASA! methodology in a humanitarian setting: Dadaab, in north-eastern Kenya.

Introducing SASA!

In this section, we briefly introduce SASA!, focusing on its development, features, and the ways in which it has been used and evaluated so far. As authors of this article, we have all been involved in this work in various ways. Lori Michau wrote the SASA! Activist Kit to Prevent Violence Against Women (Michau 2008). Sophie Namy and Rahma Hassan led the research exploring SASA! in Dadaab, Kenya. Natsnet Ghebrehbran, Mercy Lwambi, and Sophia Wanjiku each have many years’ experience co-ordinating, implementing, and providing technical support for SASA! Jennifer Wagman provided expertise on the research design and execution.

The SASA! methodology

SASA! is a community mobilisation approach to prevent VAW, developed by Raising Voices in 2008.² It aims to challenge the harmful social norms driving VAW and create new positive norms that support gender equality and violence prevention. Although developed primarily for use in Africa, SASA! has proven highly adaptable in diverse settings.

SASA! is an acronym, denoting the four phases it encompasses: Start, Awareness, Support, and Action. At the heart of all SASA! phases is holistic community engagement, aiming to encourage a gendered analysis of power and power inequalities – not only of the ways in which men use power over women and the consequences of this for intimate relationships and communities, but also of how women and men can use their power positively to create change at individual and community levels.³ During each phase, community members build up their understanding of the different ways in which power can exist and be used or experienced. For example, in the Start phase, community members reflect

on and become aware of ‘power within’ – a feminist understanding of power that focuses on self-knowledge, self-confidence, and realising one’s potential to act. On average, most SASA! partners complete all four SASA! phases in three to four years.

The SASA! approach centres around four ‘SASA! essentials’ (Raising Voices 2017, 1). They are: (1) gender-power analysis, which recognises power imbalances between women and men as the root cause of VAW; (2) phased-in approach, where new ideas are introduced systematically through the Start, Awareness, Support, and Action phases; (3) holistic community engagement, involving all ‘circles of influence’ (e.g. individuals, families, neighbours, religious leaders, political leaders, etc.) to build a critical mass for change; and (4) aspirational activism that emphasises the benefits of balanced power between women and men, as well as safe intimate partnerships. Fidelity to SASA! requires that all four of these essentials are present throughout the programme.

In order to better foster community ownership and promote sustainability, unpaid Community Activists take the lead in implementing SASA! (rather than non-government organisation (NGO) staff or contractors). With support from SASA! staff, they facilitate activities and open discussions within their existing social networks – including families, friends, colleagues, and neighbours. To guide their efforts in the community, SASA! contains a variety of materials designed to spark critical reflection and compel women and men to action, including quick chats, comics, dramas, community posters, PowerPoint presentations to support formal advocacy efforts, media content (e.g. radio soap operas), and more. These materials intend to meet community members where they are through provocative questions rather than scripted messages, with a strong emphasis on informal, person-to-person activism, to ensure the approach is not dependent on literacy. The fact that SASA! is not a curriculum-based programme means that organisations are encouraged to select and/or adapt materials that resonate in their communities, as well as create their own content in alignment with the four SASA! essentials.

The SASA! methodology was subjected to a randomised controlled trial (RCT) that was conducted with the London School of Hygiene and Tropical Medicine, Raising Voices, the Center for Domestic Violence Prevention, and Makerere University, in Kampala, Uganda from 2008 to 2014. This trial demonstrated SASA!’s community-level impacts on preventing intimate partner VAW and reducing social acceptability of violence (Abramsky *et al.* 2014).

Scaling up SASA!: fidelity and adaptation

Since its initial development in Uganda, SASA! has since been used in over 25 countries around the world, with many translations and major adaptations completed or under way. SASA! is currently available in Arabic, French, Haitian Creole, Spanish, and Urdu.⁴

As the number of organisations implementing SASA! in different contexts increases, several critical issues and questions have emerged:

- What are the ways SASA! can be best adapted for different settings around the globe?
- How is fidelity to SASA!’s original methodology or essential ‘ingredients’ maintained?
- What promising, context-specific strategies exist for quality SASA! implementation?

Motivated by these questions, in 2016 Raising Voices launched a three-year Learning from SASA! Adaptations Project (referred to here as the Adaptations Project).⁵

Using a comparative case-study approach, the core objectives of the Adaptations Project are to explore four issues. These are: SASA! adaptation processes in diverse settings; context-specific implementation strategies; organisational structures necessary for effective SASA! programming; and SASA!'s progress against expected outcomes in each site (Raising Voices *et al.* 2018).

SASA! and its use by the IRC in Dadaab, Kenya

The IRC has been working in Dadaab, Kenya since 2009, and started implementing SASA! in the Hagadera refugee camp in 2012. The IRC is an international non-government humanitarian organisation that responds to the world's worst humanitarian crises by meeting health, safety, education, economic well-being, and empowerment outcomes for people devastated by conflict and disaster, while narrowing the gender gap. In Dadaab, conflict, transience (the unpredictable movement of refugee populations), and organisational demands create both distinct opportunities and challenges for IRC's programming – and have shaped the adaptation and delivery of the SASA! approach.

The Dadaab refugee complex⁶ is located approximately 100 kilometres from the Somalia–Kenya border. Dadaab opened in 1991 in response to an influx of Somali refugees fleeing civil war and sustained conflict in Somalia, and is currently the site of three refugee camps: Dagahaley, Hagadera, and Ifo. The vast majority of refugees are Somali, although there are also community members 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, making it the second-largest complex of its kind in the world (UNHCR no date).

Hagadera, the camp in Dadaab where IRC is implementing SASA!, is majority Somali, and the most recent UNHCR data indicate a population of 74,305 refugees (UNHCR 2019). As in many other humanitarian settings, life in Hagadera is challenging and often characterised by food and water scarcity, poor sanitation, economic hardship, and recurrent insecurity. Recent research confirms that VAW is common, including intimate partner violence, rape, sexual exploitation, and early and forced marriage (Hossain *et al.* 2018). 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 (UN News Centre 2016). Although the plan was blocked by the Kenya High Court in early 2017 (Gettleman 2017), the future of the Dadaab refugee complex remains uncertain and voluntary repatriation activities have intensified.

Raising Voices and the IRC conducted two waves of qualitative data collection, in March and November 2017. These included 17 focus group discussions and 20 in-depth interviews. To capture diverse viewpoints and perspectives, we sampled a cross-section of 174 individuals (85 women and 89 men), including IRC programme staff, health workers and other service providers, community members, community leaders, religious

leaders, SASA! Refugee Community Workers,⁷ and SASA! Community Activists. The insights and analysis that we offer in this article draw on this research as well as Raising Voices and IRC's programming expertise. All the views attributed to research participants and quotations from them were collected in the process described here.⁸

Learning from SASA! in Dadaab

In this section, we focus on how the IRC balanced fidelity, contextualisation, and innovation when implementing SASA! within this particular humanitarian setting. We also discuss SASA!'s resonance in Hagadera, and the community's response to the programme.

Adaptation through integration

Raising Voices has developed a conceptual framework for thinking about different kinds of adaptation. The type of adaptation that IRC is doing with SASA! is what this framework terms an 'implementation innovations' adaptation (Raising Voices *et al.* 2018, 2). The key feature is that IRC is using SASA! in an integrated way with other violence against women and girls prevention and response activities, rather than as a stand-alone programme. Unlike many organisations which have adapted SASA!, the IRC did not explicitly adapt or translate SASA! materials prior to initiating programming in 2012. Formal translation into Somali and revision of the SASA! artwork to better represent the refugee community has been under way since early 2018.

Globally, the IRC is one of the first humanitarian organisations to initiate programming for women and girl survivors of violence under its Women's Protection and Empowerment (WPE) programme.⁹ As suggested by the 'implementation innovations' type of adaptation, in Hagadera, SASA!'s ideas have been diffused throughout – and influenced by – the other WPE programme components, including: programming for adolescent girls; life skills education for women (including training for income-generating activities); psychosocial support activities; GBV case management; and IRC's Preventing Violence Against Women and Girls, and the Engaging Men Through Accountable Practice (EMAP) programme.¹⁰ The vision is that these different activities complement and reinforce each other.

The humanitarian aid structure itself encourages this kind of integration. Out of all the different humanitarian actors implementing programming in Hagadera, the IRC has a mandate (by UNHCR) as the lead agency addressing GBV in Hagadera camp. As such, the IRC WPE programme includes comprehensive GBV prevention and response activities, and thus does not implement SASA! as a standalone programme.

Case study findings highlight both strengths and weaknesses of this approach. Encouragingly, this integration of SASA! into IRC's wider GBV programming appears to have amplified opportunities for engagement. By creating multiple entry points for the community through the different WPE programme components – any one of which may appeal more to a specific individual – it seems to have become easier for the IRC to build trust,

bring community members on board, and help them to overcome their initial scepticism or reluctance to participate.

For example, on several occasions, men involved in our research shared that they were initially hesitant about IRC's GBV prevention activities, but after witnessing the support provided to female family members and neighbours through case management, their appreciation and acceptance of the IRC's work increased. IRC staff also drew attention to other synergies, such as establishing a trained and committed group of Refugee Community Workers who can be mobilised to support various activities, and the complementary nature of the interventions themselves. An IRC female staff member said:

When we use EMAP we are engaging 20 men to change their behaviours 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.

We also found encouraging signs that the IRC's explicit integration of its survivor-centred referral and GBV case-management system into SASA! activities strengthened help-seeking and support for survivors. Most participants across both the interviews and the focus groups knew about the one-stop GBV response centre¹¹ at the main hospital in the IRC's compound. Further, they described SASA! Community Activists as individuals to whom women experiencing violence could turn for referral support in order to access services.

Findings further suggest that the community has become more willing to support survivors and intervene on behalf of friends, families, or neighbours, rather than 'hiding the violence', as had been customary. A woman member of the community stated:

I am involved with my neighbours 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.

However, integration can be problematic. Importantly, it may result in unclear programming that confuses community members, if the different programmes being offered in an integrated way are not well-aligned in terms of core messages and analysis; however, this issue did not emerge in our research, suggesting that the IRC is using a gender-power analysis across its WPE programme components, which are therefore complementary and mutually reinforcing.

Integration can also present challenges from the point of view of monitoring and evaluation. Because the IRC's WPE activities (including SASA!) are often delivered in community-owned spaces and, at times, facilitated by the same Refugee Community Workers, community members frequently use 'GBV programme,' 'IRC', and 'SASA!' interchangeably, making it difficult to isolate the impact of SASA! (or other initiatives).

While IRC's decision to integrate programming is pragmatic in the Dadaab context, it also results in changes to the SASA! methodology – in other words, compromising aspects of fidelity to the SASA! essentials. Most notably, in Hagadera, SASA! activities are mostly led by Refugee Community Workers, who have a contract with the IRC and receive a modest monthly stipend. This deviates from SASA!'s intention (described above) for unpaid

Community Activists to lead the majority of SASA! activities, as a means of bolstering community ownership of the processes, and sustainability.

The IRC has opted for this strategy for both practical and ethical reasons, given the lack of formal earning opportunities in the camp and the entrenched ‘incentive culture’ throughout the aid infrastructure, where material rewards and/or payment for programme participation are widely expected. A female staff member from the IRC told us:

I think using volunteers [to implement SASA!] is really not very practical in this context, so we use refugee staff. It empowers them, and it makes them feel more valuable in the community. In this set-up ... if you go for volunteers, after being trained they will be engaged by another organisation as [paid] staff and will stop working for you. Because every agency uses refugee staff.

Indeed, a reality of humanitarian work is for organisations to grapple with expectations around financial compensation. One woman shared:

After returning from a SASA! activity, even the kids left at home will ask you, ‘What have you brought for us from the training?’

Operational challenges: turnover, transience, and security

Several operational challenges disrupted SASA!’s momentum in Dadaab, contributing to IRC’s slow progress through the Start and Awareness phases, which took six years, from 2012 to 2018. As noted above, SASA! partners frequently complete all four phases of the programme in three to four years.

Most notable was the issue of staff turnover. The programme manager responsible for overseeing the WPE programme in Hagadera was replaced four times since SASA! was launched. Here, as in many humanitarian contexts, retaining staff for extended periods is difficult given the arduous living conditions, ‘unaccompanied’ nature of the post (e.g. family members are unable to live with IRC staff in Hagadera), etc. According to IRC, declining donor investment in Dadaab, resulting in budget cuts across the organisation, has also affected staffing. Clearly, such transitions are not ideal for consistent programming, and the recurring need for refresher trainings and handovers at times has stretched organisational capacity.

Transience within the refugee community – which is constantly changing as people arrive and depart – has further slowed SASA!’s progress. This, too, is a common feature of many emergency settings. One specific factor during 2012–2018 was the closure of neighbouring camps in the Dadaab complex, that at times triggered a rapid influx of refugees into Hagadera. There is also frequent movement out of the camps due to ongoing relocation and repatriation, as well as more temporary movement in and out as political, social, and environmental conditions change.

This fluidity complicates SASA!’s community-wide engagement and phased-in approach, as new residents – unexposed to SASA! – are frequently unprepared to engage in SASA! discussions without the groundwork provided by earlier programme phases. An IRC female staff member explained:

One challenge is our fluid population. We would start SASA! and things would be going well, but then when we did a small check in with the community, we would realise that some people still don't know what SASA! is. For example, people leave to go back to Somalia when it is raining. They come and they go, so we can't catch the momentum ... Also nationals are not allowed to go out in the community, so we are mainly working with refugee staff. Yet they appear and disappear.

The research also uncovered how security constraints can hinder programming at the most basic level. For instance, curfews, restrictions on public assembly, and police raids make some SASA! activities difficult to implement in Dadaab, in addition to the psychological impacts of recurring security threats and other camp-wide concerns. At times, Refugee Community Workers found it hard to maintain a focus on VAW and gender norms amid other urgent priorities in Hagadera. We experienced this dynamic firsthand during the first wave of data collection, when discussions often veered to the topic of voluntary repatriation following the Dadaab closure announcement and a recent school kidnapping.

Further complicating operations is the security restrictions on access to certain areas of the camp that prevent national IRC staff from going into the residential blocks (due to security concerns) and thus from conducting supervisory visits and offering 'real-time' mentorship to Refugee Community Workers and SASA! Community Activists. The IRC aims to address this issue by providing extensive training to their refugee staff, who are mandated to support Community Activists.

Contextual opportunities: resonance and reach

Despite the above constraints, findings suggest that SASA! programming did resonate with Hagadera community members (despite initial tensions, described below). In addition, the IRC's well-coordinated approach to mobilisation achieved widespread reach. A consistent theme that emerged in the research is the strong resonance of SASA! concepts, particularly around peace and power. For instance, when asked about their motivation for participating in SASA!, several community members used the language of 'unity' and 'peace', at times referring to SASA! Refugee Community Workers and Community Activists as 'peace ambassadors'.

As communities sometimes perceive VAW programmes to be disruptive to families and cultural norms, this association of SASA! with peacebuilding is an important insight, which offers lessons for future use of SASA! in other humanitarian settings. One male community member observed:

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

A female community member stated:

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

In a humanitarian setting, there is often a strong aspiration for peace, particularly among those most affected. This desire for non-violence at a community level can open opportunities to challenge gender inequality and violence within the home.

The fact that SASA! focuses on power may be especially relevant in humanitarian contexts given that most refugees are intimately familiar with powerlessness *vis-à-vis* their refugee status, prior/pending displacement, and insecure livelihoods. Data support this interpretation in Hagadera, with several participants in the research explicitly mentioning personal power when discussing their experiences with SASA! One male Community Activist said:

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 all have rights.

The SASA! essential regarding holistic community engagement is well reflected in IRC's programme. The organisation has been able to work with the high population density and organised residential structure (divided into sections and blocks) to ensure comprehensive reach throughout Hagadera. For instance, each team of Refugee Community Workers has clear daily work plans that help disperse SASA! activities relatively evenly across the entire camp, within a specific timeframe. In spite of a small SASA! team relative to Hagadera's population, the IRCs monitoring data confirm widespread awareness of SASA! in the community: a SASA! Rapid Assessment Survey (carried out in March 2018 with 505 community members) found that 45 per cent of women and 59 per cent of men report having seen SASA! materials (Raising Voices and IRC 2018, 15, Box 5).

Initial tensions

Working to prevent VAW is sensitive, and negative reactions are expected (in both humanitarian and non-emergency settings), as people begin to challenge the *status quo* and question how power is held and negotiated within the community. In Hagadera, findings suggest that it took time for SASA! to gain traction, with several community members noting strong initial resistance that at times culminated in physical and verbal violence against Refugee Community Workers. Some resistance centred around the perception of SASA! as in contradiction to Somali culture (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). A female Refugee Community Worker shared:

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

Resistance also focused on the idea that SASA! was a 'foreign' programme; some believed that the programme was intended to promote Christianity. The majority of the Hagadera community are ethnic Somali and Muslim, and religion is a central organising aspect of society. According to participants, several imams (religious leaders) were initially sceptical, and at times hostile, towards SASA! Another female Refugee Community Worker said:

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.

Acknowledging this tension and general reaction, the IRC took deliberate measures to involve religious leaders, e.g. inviting imams to open events with a prayer and including them in SASA! trainings. Similarly, a religious scholar was engaged as a consultant to identify Qur'anic texts that uphold core SASA! messages. His work was shared with religious and block leaders in the camp, as well as with IRC staff. Refugee Community Workers explained that they intentionally draw on Islam when facilitating SASA! activities, an approach that appeared to be well received by the community. These innovations took into account both the local context and community priorities.

A male Refugee Community Worker stated:

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.

While the IRC managed and eventually overcame much of the negative reactions through steady engagement and deepening their efforts around contextualisation (e.g. drawing support from influential religious leaders and integrating Islamic themes), some of these tensions may have been lessened at the outset with a more deliberate strategy of adaptation and translation (prior to programming). For instance, a few community members shared apprehension about some of the images in SASA! materials, e.g. complaining about 'nakedness' (women without *hijabs*), and arguing that images of condoms were 'inappropriate' for the community.

Perceptions about the impact of SASA! on VAW in Hagadera

A central objective during the second wave of data collection was to reflect on any perceived changes in beliefs that legitimise gender inequality and violence, help-seeking behaviours, and overall prevalence of VAW in Hagadera. To this end, the focus group discussion guides used in the research 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 views 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.

VAW remains high in Hagadera, but there is evidence that it has reduced in recent years – likely influenced by SASA! and other WPE programming. For instance, the IRC's Gender-based Violence Information Management System (GBVIMS) included over 200 reported cases of GBV in 2017 (including economic violence, forced marriage, physical assault, psychological violence, rape, and sexual assault), down from 475 the previous year (Raising Voices and IRC 2018, 20). Further, reflections to the short vignettes included in this research suggested that VAW has decreased in recent years and, overall, that the camp has become safer for women. A few of the individual testimonies shared by participants reflected that the personal nature of SASA! materials were instrumental in inspiring new behaviours for some men in the community. For

example, one male community leader described his own story of ending his violent behaviour:

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.

Participants also described a more general shift in the community's awareness – and disapproval – of the different forms of VAW following their engagement with SASA! (with the exception of rape within marriage, where attitudes were more ambiguous). Importantly, some community members went a step further, suggesting that unequal power between women and men is a violation of women's rights that underlies much of the violence they experience.

A male community member observed:

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.

Another male community member told us:

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 realised 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.

While the data also reveal the persistence of patriarchal attitudes – with participants narrating experiences of stigma around survivors of sexual violence and at times expressing a belief in women's 'innate' or inborn inferiority – community perspectives are promising overall, suggesting that important, initial steps towards more transformative changes are unfolding in Hagadera.

Conclusions

The Learning from SASA! Adaptations research in Dadaab sought to explore how the refugee setting has influenced the IRC's implementation of SASA! We have paid particular attention to the issues of fidelity, contextualisation, and innovation, and the intricate ways in which these shift and change in response to the realities of this humanitarian context.

We have illustrated the way that the IRC has approached SASA! as an 'implementation innovations' approach to adaptation. This meant integrating SASA! alongside complementary VAW prevention and response activities, enabling IRC to fulfil its role as the major humanitarian actor delivering programming on GBV in Dadaab. Findings suggest that this strategy is well aligned to the 'co-ordinating agency' humanitarian structure and, at the community level, has helped to deepen trust, enhance motivation

to participate in SASA!, and strengthen support for survivors (in light of integration with the IRC's survivor-centred response infrastructure). Most of the 'SASA! essentials' (Raising Voices 2017) – the core aspects of SASA!'s methodology – are present in the IRC's adapted programme, including an emphasis on a gender-power analysis, holistic community engagement, and commitment to the four SASA! phases. We also found that IRC's additional innovations, such as focused engagement with religious leaders and carefully co-ordinated camp-wide engagement, helped to deepen programme resonance and community reach.

However, some adaptations were less straightforward. For example, relying on Refugee Community Workers to lead SASA! activities (in light of limited livelihood opportunities and the widespread use of incentives by most humanitarian organisations) may enhance feasibility while, at the same time, inadvertently reduce a sense of community ownership and the spirit of volunteer activism that is an essential component of fidelity to SASA! In addition, other operational challenges and characteristics of Hagadera – common to many humanitarian contexts – constrained activities and slowed progress. For instance, high staff turnover, intermittent insecurity and resulting restrictions on access/mobility, as well as the at times rapid influx of new community members, all contributed to programmatic delays and restarts.

Overall, findings suggested that the IRC successfully navigated initial resistance to SASA! and the community is currently receptive to programme activities. Moreover, participant reflections were encouraging, suggesting that a gender-power analysis of VAW is beginning to take shape, with several compelling testimonies of positive shifts in attitudes and behaviours, including men's growing participation in domestic roles and increased community-wide support for violence survivors.

We build on these insights from the IRC's SASA! adaptation in Dadaab to suggest four practical considerations that may have broader relevance for safe and effective VAW prevention programming in refugee camp settings.

First, humanitarian settings are contexts of fragility and/or conflict. It is important to carefully assess the appropriateness of the intervention approach in a particular context, with this in mind. For example, during the acute emergency stage, community mobilisation may not be possible. Given that recovery is rarely a linear process, even once sufficient stability and safety is in place to commence VAW prevention programming, it is important to develop contingency plans for unanticipated delays due to renewed conflict and/or substantial mobility within the community (including large-scale in- or outflows of refugees), and to factor such eventualities into the overall programme timeframe.

Second, when using an 'implementation innovation' approach (e.g. integrating SASA! alongside other VAW prevention and response activities), it is important to ensure basic alignment of core concepts across programmes to mitigate the potential for confusion or contradictory analyses. More specifically, all complementary activities must be grounded in a gender-power analysis that recognises gender inequality as a root cause of VAW.

Third, the specific economic opportunities and the existing 'incentive culture' need consideration when deciding whether or not to provide any compensation for SASA!

Community Activists; work to offset the potential for incentives to detract from community ownership and sustainable activism – e.g. by including self-reflection and discussion on incentive culture, and the consequential power dynamics within the community – as an integral part of SASA! trainings.

Fourth, and finally, before starting SASA! (or any humanitarian programming), ensure the ‘do no harm’ principle can be maintained for staff and the community, and periodically re-assess. This includes the availability of appropriate and quality response services as an ethical imperative for prevention work. In addition, it is essential that organisations consider whether the SASA! artwork and materials should be adapted to better reflect local communities and avoid cultural sensitivities, ideally prior to the onset of programming.

Overall, our findings demonstrate the feasibility of an ‘implementation innovations’ type of SASA! adaptation and affirm that community-wide mobilisation and engagement is a viable and potentially transformative approach within humanitarian programming.

Notes

1. GBV is a term with feminist underpinnings (Coalition of Feminists for Social Change 2017), coined to highlight the structural gender inequalities that reinforce and perpetuate VAW. This is enshrined in the UN Declaration on the Elimination of Violence Against Women (1993), which defines GBV as ‘any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women’. However, numerous definitions of ‘GBV’ have emerged, including a broader concept referring to any act of violence perpetrated on the basis of one’s gender, including homophobic violence, recruitment of boys as combatants into armed groups, as well as a broad range of violent acts used to reinforce conformity to gender roles.
2. Raising Voices is a Uganda-based NGO that works with partners around the world. Its work strives to influence the power dynamics shaping relationships between women and men, girls and boys by catalysing social change in communities, rigorously studying and learning from its programmes, and sharing its experiences to shape the field. Since the organisation’s founding in 1999, it has grown from a small group of committed activists to a team of over 30 vibrant staff. For more information, see <http://raisingvoices.org> (last checked 15 March 2019).
3. For more about SASA!’s approach to holistic community engagement, see http://raisingvoices.org/wp-content/uploads/2015/09/LP4.StrongerTogether.FINAL_dec2015.pdf (last checked 23 April 2019).
4. For more information on adapted versions of SASA!, see <http://raisingvoices.org/sasa/> (last checked 23 April 2019).
5. The Adaptations Project is a collaboration between Raising Voices and four key partners. These are: Beyond Borders in Haiti; the IRC in Kenya; Women’s Promotion Centre in Tanzania; and the University of California, San Diego, in the USA. The project has support from the UN Trust Fund to End Violence Against Women. For more background on the Adaptations Project see <http://raisingvoices.org/innovation/disseminating-ideas/> (last checked 23 April 2019).
6. For more information on Dadaab, a useful source is CARE’s *5 Facts About the World’s Biggest Refugee Camp in Kenya* (www.care-international.org/news/stories-blogs/5-facts-about-the-worlds-biggest-refugee-camp-in-kenya, last checked 23 April 2019), and the UNHCR’s background on the Dadaab Refugee Complex (www.unhcr.org/ke/dadaab-refugee-complex, last checked 23 April 2019).
7. Refugee Community Workers are refugees who live in Hagadera and are trained and contracted by IRC to support their programming.
8. All data collection sessions were conducted in Somali, by trained, same-sex interviewers. Written informed consent was obtained from all participants. The interviews and focus group discussions were audio-recorded (with prior consent), transcribed, and subsequently translated from Somali

to English. The approach to data analysis was iterative, with repeated cycles of analysis commencing with daily debriefs during each data collection period and refined via the ‘framework analysis’ method (Ritchie and Spencer 1994), which involved the careful review of all transcripts and subsequent organisation by common themes and respondent groups into an Excel matrix. We aspired to collectively draw out implications and meaning, as well as integrate practice-based expertise through joint discussions and an all-partners validation workshop in Kampala (September 2018). Safety and other sensitivities were carefully considered from the outset, in alignment with World Health Organization’s (WHO) recommendations for research in emergencies (WHO 2007), and the research protocol was approved by ethical review boards at both the University of California, San Diego (UCSD) and the Kenya Medical Research Institute (KEMRI). Further details on the research methodology are available at http://raisingvoices.org/wp-content/uploads/2013/02/DadaabCase-Study-Learning-from-SASA-Adaptations-in-a-Humanitarian-Context_Full.pdf (last checked 23 April 2019).

9. For more information on the IRC’s Women’s Protection and Empowerment (WPE) programme, see www.rescue-uk.org/outcome/womens-protection-and-empowerment and <https://gbvresponders.org/> (last checked 23 April 2019).
10. For more information about EMAP, see <https://gbvresponders.org/prevention/emap-tools-resources/> (last checked 21 March 2019).
11. A one-stop centre 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 VAW response services including medical, psychosocial, health, and legal.

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