



## Islamic Relief Worldwide

Analysing and documenting learning from South Sudan Integrated Emergency Response in Western Bahr El-Ghazal (WBeG) and Central Equatoria (CE)



# Introduction:

Islamic Relief Worldwide is keen to learn from its programme implementation across the globe. In its annual SIDA (Swedish International Development Corporation Agency) humanitarian -funded programmes, there is a dedicated learning component to reflect on protection and inclusion principles within programmes. The “integrated emergency response in Western Bahr El-Ghazal (WBeG) and Central Equatoria (CE), in South Sudan” is a one-year project funded by Islamic Relief Sweden and SIDA. The project is targeting newly registered Internally Displaced People (IDPs) and returnees in the sectors of Water, Sanitation and Hygiene (WASH), Food Security and Livelihoods (FSL) and health and nutrition. The project is working at mainstreaming gender and protection across all sectors. The purpose of this learning document is to review and analyse the project’s protection programming approaches and to capture some of the best practices used in programme implementation.

The following paper provides a brief background on Islamic Relief South Sudan (IRSS) programmes. It presents some of the key findings on protection and gender mainstreaming in service provision, Gender Based Violence (GBV) prevention and response, and human resources procedures and gender balanced team in IRSS. It also provides a set of recommendations for mainstreaming gender and protection in future programming.



## About Islamic Relief South Sudan (IRSS)

Islamic Relief has been working in South Sudan since 2003 (when South Sudan was still part of the larger Sudan) and has been responding to conflict, drought and flood-induced disasters. IRSS have also implemented resilience interventions aimed at strengthening the capacity of vulnerable communities to withstand natural and man-made shocks. The country office was initially set-up in Juba in 2004, and then expanded its work to other states. Today, IRSS is fully operational with fully fledged field offices in Warrap, Wau, Kapoeta, Narus and Yei with a core team of over 60 staff members. To date, IRSS has served more than 800,000 people affected by crisis in the country and implemented over 70 projects, which involve both emergency responses and long-term development projects, working with several partners including the World Food Programme (WFP). Currently, IRSS is responding to affected populations in Jie and Lopua in Kaoeta East and in June it responded to conflict affected population in Yie and Lainya with emergency food support in partnership with The Swedish International Development Cooperation Agency (SIDA). Through funding from Food and Agriculture (FAO), IRSS distributed emergency livelihood kits to 12,000 households in Kapoet North and Kapoeta East Counties during the main season, and to 6,000 households during the second season in the two Kapoeta Counties in 2019. IRSS has also implemented food support projects under Conditional General Food Distribution (CGFD) and Food For Asset (FFA) in Tonj North County in Warrap.

## About the project

The "South Sudan Integrated Emergency Response in WBeG and CE, South Sudan is a one-year project funded by Islamic Relief Sweden and SIDA in South Sudan. The overall objective of this project is to enhance gender-responsive relief assistance and community recovery to conflict affected IDPs, returnees and host communities in WBeG and Warrap areas. The project is targeting newly registered IDPs and returnees in the sectors of WASH, FSL, health and nutrition, and gender and protection. The project is among others planning to rehabilitate/construct gender sensitive WASH infrastructures, provide agricultural inputs and training on farming, crop disease prevention, harvest and storage, improving animal productivity, providing cash for work and unconditional cash transfers and upgrading one Primary Health Care Unit (PHCU) and two outreach sites in Wau. Furthermore, the intervention emphasises protection and inclusion related matters, based on its elaborated policy on Prevention of Sexual Exploitation and Abuse (PSEA) and safeguarding, and initiate mass gender equality and GBV awareness sessions and training on peace promotion and conflict reduction for key stakeholders within the communities. A total of 60,560 people (25,832 women, 8,213 girls, 19,868 men, 6,647 boys and 9,039 persons with disabilities) are targeted through an inclusive approach targeting the most vulnerable within the project communities.

# Learning paper objectives

The objectives of the learning paper are to review and analyse protection and gender programming approaches used in IRSS, to document the experiences of targeted groups to allow learning for future programming, and to provide a rights-based approach towards practical recommendations in order to improve gender equality protection and inclusion efforts within IRSS.

## Methodology

In order to capture the approaches, experiences, best practices, gaps, and opportunities, an external consultant supported in creating this learning paper. The methodology included a comprehensive desk review of relevant project documents and reports from IRSS, complemented by primary data collection. A Key Informant Interview (KII) tool was created (see annex 1) and interviews were conducted with IRSS project staff and with community members from selected target groups. In consultation with IRSS, the selection criteria were defined and included persons with disabilities, young women and pregnant and lactating mothers, in accordance with the programme's vulnerability criteria. Representatives from community committees and local leaders as key stakeholders were also included. In total, 3 payams in Wau, Western Bahr el Ghazal state were selected (Akuyo, Gedi and Taban payams) based on programming locations (nutrition and health projects are present in Wau), with twelve interviewees selected from the communities (five female and seven male). IRSS SIDA project staff were also interviewed including the Gender, Protection and Inclusion Coordinator, Nutrition and Health Coordinator, WASH Project Officer and Human Resource Officer.

## Limitations:

Data collection was conducted towards the end of the project, with a limited sample size from Wau (who are benefitting from nutrition and health), whilst not targeting other areas that were also part of the project. Targeting only one project location did not provide a comprehensive reflection of the programme's intervention, or a comparative analysis of services provided in each area. Reflecting on input from IRSS FSL officer was also missed due to the end of the staff members' contract, and FSL projects remain a gap in this report.





# Key Learnings/Findings

## Protection and gender mainstreaming in service provision

**Wau county, Western Bahr el Ghazal state:** In Wau, with funding support from SIDA, IRSS is providing emergency health and nutrition services, targeting the most vulnerable members of society including pregnant and lactating mothers, children, the elderly and persons with disabilities, as well as those from conflict affected IDP, returnees and host communities. These include clinical consultations, trauma and first aid treatment, family planning services, antenatal and postnatal care (ANC and PNC), immunisations, screening and treatment of children under five, screening and treatment of pregnant and lactating mothers, Maternal, Infant and Young Child Nutrition (MIYCN) campaigns, nutrition and health education and VASD campaigns (Vitamin A Supplement and Deworming for children under 5). According to most KIIs in Wau, including persons with disabilities, health services are accessible to all (women, men, girls and boys) in a safe manner, which demonstrates the successful outreach and delivery of health services by IRSS.

Best practices include mobile outreach services which allow the project to reach vulnerable groups in hard-to-reach areas, such as the elderly, and persons with disabilities and pregnant mothers, in case they cannot reach the facilities. This strategy is based on lessons learnt from previous intervention in Wau by Islamic Relief, where it was observed that many households walk 30–40 kilometers to access health and nutrition services, and that health seeking behavior is low among vulnerable groups. Therefore, staff supported by trained community workers conduct household visits to increase access to health and nutrition services and identify specific vulnerable cases to follow-up with while providing services. Reports are also received from community leaders, including women leaders, on cases that require special assistance. According to a report on health and nutrition services in Wau from February 2019: “Access to health and nutrition services was increased through the outreach strategy that was designed to take services close to vulnerable groups. This helps save time for women, reduces distance (and risks) of travel and improves service uptake and compliance to appointments”.

Safety audits have been conducted in order to identify barriers faced by vulnerable groups when accessing services, for example in health facilities. However, the health and nutrition officer highlighted that additional resources are needed in order to rehabilitate facilities accordingly, and their capacity at the time meant they were only able to make minor renovations which do not meet all beneficiary needs, i.e. to make sure that infrastructures are accessible for persons with disabilities. She requested additional funding for constructing disability friendly facilities and latrines. Persons with disabilities are often consulted, yet she mentioned that there is a need for separate forums for persons with disabilities to raise their concerns, acknowledging the different types and categories of vulnerabilities.

Cooking demonstrations and food shows were conducted in order to promote nutrition knowledge and practices to prevent malnutrition. While women and men were both targeted, the majority of attendees were women due to gender roles in communities that consider women as responsible for cooking in the household. This requires a more holistic intervention with awareness raising and male gender champions to promote gender equality, enhance men’s participation in nutrition and health activities (the officer emphasised that men also attend health services less than women, and that women are usually the ones that bring children for medical treatment). According to a KII: “Women mostly take care of the household chores, take care of children and of the sick ones”. The same was mentioned by other KIIs, who reported that women and girls are the main caregivers in the households. Increasing men’s involvement and participation in these programmes can therefore create positive change, and reduce the domestic workload that women face in cooking and caregiving.

Gaps mentioned in health services by KIIs include needs for additional drugs/medication and mosquito nets in all locations. Some KIIs, specifically from Taban Payam, mentioned a need for additional health and nutrition services for pregnant and lactating mothers, including ANC and PNC which used to be provided but are no longer available.

**Yei and Kajo Keji counties, Central Equatoria state:**

In Yei and Kajo Keji, IRSS implements WASH and FSL programmes, integrating gender and protection. WASH services in Yei include drilling boreholes and constructing new community water points, rehabilitating non-functional community water points, rehabilitating latrines, distributing WASH Non Food Items (NFIs) (including dignity kits for women and girls in menstrual age) and hygiene awareness raising (currently conducted door-to-door instead of mass campaigns due to Covid-19).

According to the WASH Officer, when planning a new borehole Focus Group Discussions (FGDs) are conducted with the community in order to identify the most appropriate location, and women and men both contribute their opinions and preferences. In addition, Water Management Committees were formed and trained in these locations in order to manage, operate and maintain the new or rehabilitated water points, sensitise on hygiene and sanitation and promote proper use of water supply systems. Women are well represented in the committees (109 women, 119 men, 228 in total), and also hold key positions such as Chairwomen and Treasurers.

Dignity/MHM (menstrual hygiene management) kits are distributed in Yei to women and girls of menstrual age. FGD and KII guidance documents and questionnaires were produced in order to consult beneficiaries on their needs and preferences prior to designing or purchasing the dignity kits, while applying a participatory and inclusive approach. This allows Islamic Relief to ensure that their needs are met, and that services are provided with safety, privacy and dignity. FGDs are conducted for different age groups separately: 12-17, 17-48 years. The guidance highlights that the FGDs and KIIs should be conducted by trained female staff, and the WASH Officer confirmed that they hire female facilitators for MHM FGDs and use the relevant questionnaires. When other WASH NFIs are distributed, vulnerable populations are identified and selected as beneficiaries, including female-headed households and persons with disabilities.

The good practices from Islamic Relief’s WASH programmes in Yei and Kajo Keji should be replicated in Wau, where according to KIIs in Akuyo and Taban payams (in Gedi payam, access to WASH was reported as slightly better) there are significant gaps in access to safe drinking water, and lack of WASH facilities and NFIs, including MHM materials.

**Warrap state:** In Warrap state, IRSS is currently conducting a comprehensive needs assessment in order to identify urgent needs to be addressed and develop relevant interventions. A previous assessment in Tonj North in October 2020 revealed that the county has limited essential services, including very few health facilities and functional water pumps and schools. Some urgent needs include FSL, WASH, shelter and health services. Severe gaps in service delivery combined with immense needs emphasises the importance of establishing emergency short-term and longer-term interventions in Warrap. Warrap is subject to a range of crises, from intercommunal fighting and armed cattle raiding, to natural shocks such as flooding and drought, and acute food insecurity. Therefore, integrating protection is a priority for Islamic Relief’s future programmes in Warrap state in order to ensure safe delivery which reaches the most vulnerable groups in a volatile and complex environment.

To avoid causing harm, and ensure IRSS interventions are context sensitive and promotes social cohesion, local peace committees were formed in Tonj North in 2018. Communication and consultation with those committees continued, and in 2020 a training workshop was conducted to understand and address roots of local conflict. The Committees consist of twelve people in each Payam, eleven of whom are men. The number of women included in these committees should be increased in order to improve representation and enhance women’s participation in conflict resolution and peacebuilding.



## Gender-based violence (GBV) prevention and response

In Yei and Wau, field officers expressed a good level of knowledge on referring GBV services. The WASH Officer in Yei for example mentioned that he works closely with the Referral Pathway for GBV Services, and also worked with a local NGO, Voices for Change, on GBV awareness in 2019. The GBV Referral Pathway from Wau includes referrals to health clinics for GBV survivors, psychosocial support and police support services (Special Protection Units (SPUs) – Police Gender Desks). At the same time, GBV risk mitigation is taken into consideration when planning WASH facilities, specifically before construction of boreholes. This is important as women in South Sudan are responsible for collecting water for the household, and often have to travel long distances while facing risks of GBV. Bringing boreholes closer to homes reduces risk of GBV. FGD consultations with women and girls are conducted in order to better understand and address challenges in accessing water points, and latrines or showers. After receiving the information, facilities are rehabilitated accordingly. For example, doors and roofing are replaced, latrines are separated for women and men and girls and boys in order to ensure safety and privacy.

In Wau, together with United Nations Population Fund (UNFPA), kits are provided for rape survivors, including for prevention of pregnancy and HIV, and treatment of Sexually Transmitted Infections (STIs). Training on clinical management of rape (CMR) and GBV was conducted to health and nutrition staff (Clinical Officers, Midwives, Nutrition Officers and Nurses) from different field locations in 2019 under SIDA funding. The training included GBV basic concepts, ethical considerations in working with survivors (such as ensuring privacy and obtaining informed consent), psychosocial support and counseling skills, survivor-centered approach in GBV response and GBV referral pathways. According to the Health and Nutrition Officer, staff provide basic health services to survivors, including psychological first aid (PFA) and counseling, and then refer them to other services, including to GBV partners for case management.

Awareness raising on gender equality and GBV was conducted in both Wau and Yei, targeting households in door-to-door campaigns since January 2021. Covid-19 prevention restrictions meant that it wasn't possible to conduct mass awareness raising sessions that were originally planned for the project. At the same time, according to the Protection and Inclusion Coordinator, radio talk shows hosting government officials from different ministries and community leaders have been effective methods of communicating key messaging to communities.

No of Adults		No of HH	No of Children		PWD		Elderly Age 60+	
M	F		M	F	M	F	M	F
1293	1755	550	901	1169	80	85	144	222

Total Number of People reached through door-to-door awareness campaign on Gender Equality, GBV Prevention and Response in Yei and Wau=**5,649**. Data provided by IRSS Protection and Inclusion Coordinator

Another good practice involves engaging men and boys as agents of change. In Wau, Yei and Kajo Keji, workshops with community leaders were conducted around becoming allies in tackling GBV and promoting gender equality, as they are in positions of power to be key stakeholders for change in the communities. According to most KIs, community leaders such as chiefs and elders receive protection concerns reports including reports of GBV, which further demonstrates the importance of building their capacity. The workshops, using an interactive and participatory approach, included topics such as basic gender concepts, GBV types and consequences, South Sudanese laws on GBV, and methods with which men can positively contribute to combat GBV at community level. Certificates were awarded to participants at the end of the workshop, a small but important element which formalizes participant's commitment. At the same time, follow up sessions with training participants are important to further enhance their roles as agents of change and strengthen their capacities to tackle gender inequality and GBV. Approximately 200 men were reached in all target locations.

According to KIs, there are gaps in GBV service provision in all payams that were assessed in Wau, despite the fact that GBV was reported as a prevalent protection concern. In Warrap, according to a UNFPA report, huge gaps exist in GBV service provision. When planning interventions, prevention activities should be prioritised by IRSS, with response mostly focusing on referring to health services, building local capacity, and advocating on needs identified on the ground to the national level Protection Cluster and GBV Sub-Cluster. Enhancing GBV service provision in Warrap is a multisectoral priority.



## Human Resource procedures (PSEA and gender balance of staff)

IRSS currently employs 30 women in total (senior, junior and casual staff); 18 women are employed as regular staff in diverse positions, from project officers and assistants to nurses and cleaners. Twelve women are currently hired as casual staff in different roles. According to the HR Officer in charge of all recruitment, women are encouraged to apply, and even prioritised when possible, including for positions such as WASH Technicians. Together with the Protection and Inclusion Coordinator, the HR Officer works to promote gender equality in recruitment in IRSS while educating on women's rights and the importance of women's empowerment through employment. However, she mentions that while recruiting women in Juba is easier, in field locations this is still a challenge, especially for senior level positions. Field level project officers mentioned the same – for example, in Wau, out of 31 health and nutrition staff, only eight are women. According to the Health and Nutrition Officer, they face challenges in recruiting women but work continuously to improve and address the concerns that women face, for example fear of working in remote areas which are less accessible. Consulting with women and understanding their challenges is a good way forward towards more equal recruitment. Prevention of sexual exploitation and abuse (PSEA)/Safeguarding trainings are conducted, according to Islamic Relief standards. Procedures still require institutionalising to ensure that senior management is well oriented and that all new staff are trained on Islamic Relief's safeguarding policy and are familiar with relevant reporting mechanisms.



# Recommendations

## Tools and resources

- It is vital to continue **collecting sex, age and disability disaggregated data (SADDD)** to capture the number of men, women, boys and girls reached. Reflection on SADDD within logical framework and progress reports provides important information, and ensures accessibility to all vulnerable social groups which speaks to the “leave no one behind”<sup>1</sup> agenda.
- A periodic update/revisiting of the initial **gender analysis and protection risk assessment** throughout the project’s lifetime will ensure its adaptability and response to specific gender needs. Protection assessments and safety audits with men, women, girls and boys will allow us to understand their needs and concerns, and at the same time secure funding for addressing any protection gaps identified, such as rehabilitating facilities to make them more accessible for persons with disabilities, elders and pregnant women.
- As IR South Sudan abides by international minimum standards on protection and inclusion, it is important to adapt and adjust **country specific guidelines and tools**. Producing Islamic Relief South Sudan specific checklists for mainstreaming gender, protection and Gender-based Violence (GBV) risk mitigation into different sectors and other relevant tools, according to international standards and guidelines is advised. For example the IASC guidelines, which include specific checklists for each humanitarian sector (WASH, FSL, Health, Nutrition, etc).<sup>2</sup>
- Some of Islamic Relief’s global policies in relation to protection and inclusion are available in different languages including Islamic Relief’s gender justice policy (English/ Arabic/French), however it is still important for all Islamic Relief’s related policies on safeguarding and protection from sexual exploitation and abuse to be **translated into local languages** in order to ensure that field staff are familiar with them.

## Participation and community engagement:

- Building on our existing presence and trust with community members in South Sudan, a **comprehensive consultation with communities** to define culturally appropriate messages on gender equality and GBV is needed. This includes a diverse selection of men, women, boys and girls’ perspectives, and tailoring messages accordingly in order for them to address gender inequality and GBV effectively. This process will allow us to prioritise the dissemination of gender equality and GBV messages through ongoing sectorial response, in addition to stand-alone awareness activities. Advocating for gender equality and GBV will strengthen the community’s ability to identify and respond to protection concerns for long lasting community-based protection.
- Islamic Relief South Sudan managed to conduct several awareness raising sessions and training workshops through their programme interventions. Participants’ data shows a fair representation of males and females. It is recommended to continue this effort by ensuring an **inclusive representation in training**, including gender and age considerations (equal number of men and women when possible), persons with disabilities and more marginalised populations from the community.
- Actively **engaging men** to create transformational attitudinal change is essential for long- term interventions. Targeting men, including community leaders through awareness raising sessions on gender equality and GBV, whilst also following up with them to ensure they are applying what they have learned in the workshops, allows a space for discussion on challenges and possible solutions. In addition, involving men in nutrition and health- related programmes as part of a holistic intervention to support the creation of male gender champions to promote gender equality and reduce the domestic workload of cooking and caregiving that women face is important. It is recommended to introduce initiatives such as father support groups, in addition to mother support groups that have already been formed.

<sup>1</sup> <https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind>

<sup>2</sup> For excellent guidance on mainstreaming gender into WASH programmes in South Sudan see IOM’s “Closing the Gender Gap in the Humanitarian Water, Sanitation and Hygiene Sector in South Sudan” which was endorsed by the South Sudan WASH Cluster and GBV Sub-Cluster.

## Coordination:

- As Islamic Relief South Sudan is linked with different UN clusters, it is vital to continue **coordinating with the national and state level Protection Cluster and GBV Sub-Cluster** to advocate on existing gaps in services provision, especially in remote areas in Wau and identified protection risks.
- **Ensure separate forums for persons with disabilities to raise their concerns**, acknowledging the different types and categories of vulnerabilities, thus identifying different challenges and needs. It is also important to **increase funding** for constructing disability-friendly facilities and latrines for persons with disabilities, and for WASH and FSL programmes in Wau, where there is a significant need for humanitarian interventions.
- Collaborating and **building partnerships with local NGOs**, especially when working on conflict resolution social cohesion, gender equality and inclusion of people with disabilities. At the same time, we should also ensure the meaningful participation of women and girls in consultation and creation of project committees and mobilisation meetings.

## Organisational capacity:

- IR South Sudan currently has a gender, protection and inclusion coordinator, it is recommended to expand on that by identifying **local gender and protection focal points** amongst staff at field office level.
- **Continue striving towards gender balanced teams** in all levels, including senior and management level positions, as well as for service providers working closely with communities to ensure that female staff are more available for women and girls.
- **Systemise protection and gender training and form training packages**, with specific guidelines on how to conduct the trainings and include all relevant materials (training packages for staff can include PowerPoint presentations, handouts; training packages for communities IEC materials, and/or facilitation manuals).
- **Capacity building for staff on gender and protection.** Training should be made available to staff in Juba and in the field level, specifically on protection and gender mainstreaming, gender and GBV concepts, GBV referrals and PSEA, in a timely manner in order to reach newly recruited staff. Training should also include senior staff and sector leads so they mainstream gender and protection into their work. Health and nutrition staff should also be trained on CMR and survivor centered approaches, including psychosocial support and ethical considerations when working with survivors.





# Annexes

## Key Informant Interview tool – SIDA IRSS

<b>Name of KI:</b>		<b>State:</b>	
<b>Position/ type of vulnerability:</b>		<b>County:</b>	
<b>Sex:</b>		<b>Payam:</b>	

### Section 1: Introduction

- 1a. Thank the participant for the interview.
- 1b. Explain the objectives and expectations of the interview.
- 1c. Outline the amount of time the interview will take.
- 1d. Obtain the informant's consent.

### Section 2: Gender roles and control of family resources and assets

- 2a. What are the roles and responsibilities of women, men, girls and boys in this community? (explain separately for each)
- 2b. Who does what work in the family? For example – household chores, caregiving, farming or earning income.
- 2c. Who controls family resources and assets?

### Section 3: Access to health

- 3a. Do men, women, boys and girls in this community have access to health services?
- 3b. Who has more access and who has less, and why? Is there anyone in the community who is currently having problems accessing these services?
- 3c. Which health services are available? Can you access these services easily and safely? If not, why?
- 3d. Can pregnant women access ANC and Post-Natal services easily and safely? If not, why?
- 3e. Which health services by Islamic Relief are the most useful and why? Can everyone benefit equally from these services?
- 3f. What would you improve in these services?

### Section 4: Access to Nutrition

- 4a. Do men, women, boys and girls in this community have access to nutrition services?
- 4b. Who has more access and who has less, and why? Is there anyone in the community who is currently having problems accessing these services?
- 4c. Which nutrition services are available? Can you access these services easily and safely? If not, why?
- 4d. Can pregnant and lactating mothers access specialised nutrition services easily and safely? If not, why?
- 4e. Which nutrition services by Islamic Relief are the most useful and why? Can everyone benefit equally from these services?
- 4f. What would you improve in these services?

### Section 5: Access to WASH

- 5a. Do men, women, boys and girls in this community have access to clean water?
- 5b. Who has more access and who has less, and why? Is there anyone in the community who is currently having problems accessing water?
- 5c. Do men, women, boys and girls in this community have access to latrines? Who has more access and who has less, and why?
- 5d. Can you access WASH facilities easily and safely? If not, why?
- 5e. Which WASH NFIs are distributed, and to whom (men, women, boys, girls)? Which WASH NFIs are missing?
- 5f. Can women and girls access MHM (menstrual hygiene management) materials? Which MHM materials are most useful for women and girls in this community?

### Section 6: Access to FSL

- 6a. Do men and women have access to agricultural inputs (seeds and tools) in the community?
- 6b. Who has more access and who has less, and why? Is there anyone in the community who is currently having problems accessing FSL services?
- 6c. What are men and women doing to generate income to meet basic needs?
- 6d. Are there ways that women, men, girls and boys engage in unsafe activities in order to generate income?
- 6e. Are there cash for work opportunities available for men and women? Do both benefit from them equally?
- 6f. Are there any FSL trainings in the community? If yes, can men and women both access them?
- 6g. If not, which trainings would you like to have?

### Section 7: Access to GBV services

- 7a. Are GBV services available in the community? If yes, which services are available?
- 7b. Can women and girls access these services easily and safely? If not, why?
- 7c. Are there women friendly spaces or safe spaces for women and girls in the community? Who runs these places?
- 7d. Who does awareness raising on GBV in the community (GBV prevention messages and also providing information on which services are available for survivors)?
- 7e. which messages are the most useful in order to prevent GBV?
- 7f. What else can be done to reduce GBV in the community?

### Section 8: Protection and safety concerns

- 8a. What are the most significant safety and security concerns in your community for men, women, girls and boys? For example: conflict, armed groups, cattle raiding, robberies/crimes, violence, kidnapping, GBV, harassment/threats or othe).
- 8b. Do men, women, boys and girls feel safe when they are access different services? If not, why?
- 8c. Do women and girls face risks of GBV when accessing services? If yes, how can these risks be reduced?
- 8d. Are there specific protection needs of men, women, boys and girls in the community? What are the risks for each group?
- 8e. Are there places or mechanisms to report and address protection concerns in the community? If yes, which ones (where do women, men, girls and boys often go for help if they face protection or safety risks)?
- 8f. What helps to reduce the protection risks and to make men, women, boys and girls feel safer?

### Theme 9: Women's participation

- 9a. Do women participate in different committees in the community? If yes, which ones?
- 9b. What limits women from participating in these committees?
- 9c. How can we promote women's participation?
- 10a. Any other comments or suggestions?

**Thank you very much for your time today**





**Islamic Relief Worldwide**

19 Rea Street South  
Birmingham  
B5 6LB  
United Kingdom

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

[irw@irworldwide.org](mailto:irw@irworldwide.org)  
[www.islamic-relief.org](http://www.islamic-relief.org)

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Registered Company No. 02365572