# "Community-Based Intervention to Alleviate the Different Forms of Violence against Women and Women's Vulnerability to HIV"

## "Scale-Up Phase" 15/01/2019-14/02/2022

## End Line Evaluation

**Submitted to**

**Al- Shehab Institution for Comprehensive Development**

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## Disclaimer

This Final Evaluation has been developed by an independent evaluator. The analysis presented in this report reflects the views of the author and may not necessarily represent those of Al Shehab, its partners or the UN Trust Fund.

**Community-based intervention to alleviate the different forms of violence against women and women's vulnerability to HIV" Scale-Up Phase"**

## Executive summary:


### Context:

Al-Shehab Institution for Comprehensive Development is a non-governmental organization working on the development of the informal areas in Greater Cairo, which is currently working in one of the largest informal areas in Cairo, Ezbet Al-Haggana area. Ezbet Al-Haggana community suffers from extreme poverty in the services and facilities, along with the low awareness of the public and the low levels of education, economic and social conditions. Moreover, a large percentage of households are mainly headed by women and children. Al- Shehab Institution mainly targets women and children in most of its development projects, as the most marginalized and underserved populations within the local community.

It is within this context that Al Shehab Institution for Comprehensive Development is implementing the project (Community-based intervention to alleviate the different forms of violence against women and women's vulnerability to HIV" Scale-Up Phase") within four informal areas to address women's vulnerability to both violence and HIV over a period of 36 months (15/01/2019-14/02/2022).

### Purpose and objective of evaluation:

The general objective is to conduct an end-line and final evaluation for the project results and resources framework in comparison to the previously conducted baseline survey. This end-line is supposed to address all the project's indicators and provide evidence for its achievements. In addition this study will inform measuring change, understanding the project's contribution to achieving this change and provide recommendations for scale-up of the project.

The consultant worked closely with the project manager and the project team under the overall guidance of the UN Trust Fund to end Violence against Women. The general objective is to conduct an end line and final evaluation for the project's results and resources framework of the project in comparison to the previously conducted baseline survey.

**The specific objectives of this evaluation is to**:

1. Address all the project's indicators and provide evidence for its achievements.
2. Measure change in perception, experiences and attitudes towards violence
3. Understand the project's contribution to achieving this change
4. Give recommendations for scale-up of the project.

**Intended audience:**

- UN Trust Fund to end Violence against Women
- UN Women
- Al-Shehab Institution for Comprehensive Development

**Methods:**

For triangulation of results, the assessment used both qualitative and quantitative design. The qualitative design utilized in-depth interviewing of key informants and review of secondary data. The quantitative design used a cross sectional design involving post intervention testing of primary beneficiaries.

## Data sources:

1. **Qualitative data:** it relies on

   **a)** In depth interviewing with key informants from the four stakeholders:
   - Religious leaders
   - Service providers
   - Members of Civil Society Organizations
   - Policy makers

   **b)** Review of project documents including:
   - Baseline survey results
   - Project annual reports

2. **Quantitative data:** collected thorough a cross sectional study through direct interviewing of beneficiaries using a structured questionnaire sheet.

**Qualitative data collection:**

The interviews help evaluate effectiveness, relevance and sustainability of the project results. In addition interviews explore perception of stakeholders regarding output, outcome and impact of the project. Results of interviews also help understand to what extent religious leaders and members of civil society organizations, who were trained in in this project effectively engaged in expansion and scaling-up the project services at their local communities.

**Sample selection of target population for qualitative data collection:**

For qualitative methods, a convenient non-probability sampling technique was used targeting the following groups, policy makers, religious leaders, service providers and members of civil society organizations. The interviews were conducted targeting key informants from:

- Religious leaders (4 participants)
- Service providers (11 participants)
- Members of Civil Society Organizations (5 participants)
- Policy makers from Ministry of Solidarity (5 participants)

**Focus Group Sessions implementation:**

The consultant prepared the meeting agenda which included open ended questions covering different aspects of the evaluations. The meeting agenda covered the issues related to project's effectiveness, relevance, efficiency, sustainability, impact, knowledge generation and gender equality and human rights.

**Analysis of results of qualitative data:**

All discussions were audio taped. The project consultant transcribed the contents of the audio records. The main themes and subthemes were identified to interpret results of discussions. A full report was prepared for each session using participants own words, key statements and ideas presented and their attitudes were all listed. After preparation of transcripts of the discussions the statements were coded, and data were ordered and reduced in relation to intended objectives. Coded data were summarized in compilation sheets. The results were then put in a final comprehensive sheet including results of all focus group sessions containing answers of all groups' participants. The consultant further summarized data by combination or contrasting for analysis of important data.

**B-Quantitative method of data collection:**

The evaluation report utilized both qualitative and quantitative methods of data collection. Quantitative methods help to measure the count of the effect size and increases validity of results by triangulation. The consultant developed a structured questionnaire sheet to measure to what extent the package of services were scaled-up in the two centers (community and drop-in center) to the most marginalized women within the targeted communities. The questionnaire sheet included the following data:

- Socio-demographic information of the study participant.
- Knowledge and attitudes toward domestic violence against women.
- Knowledge and attitudes towards HIV/AIDS
- Knowledge, accessibility and utilization of services

**The sample size included** 1000 beneficiaries of the project activities from the following target populations:

1. Domestic workers (250)
2. Female sex workers (450)
3. Women living with HIV (50 women)
4. Victims of violence (250)

**The sample population** was a convenient sample recruited from beneficiaries of project activities at the two drop-in center of Al-Shehab. The sample size was calculated to include approximately 25% of served women during the project as derived from data of project annual report. A sample of 1000 women were recruited from the two drop in canters used by Al-Shehab.

**Statistical analysis of quantitative data:**

The collected data were organized, tabulated and statistically analyzed using SPSS version 19 (Statistical Package for Social Studies) created by IBM, Illinois, Chicago, USA. For numerical values the range mean and standard deviations were calculated. For categorical variable the number and percentage were then calculated.

**Limitations of evaluation:**

1. We could not include a larger number of key informants in focus group discussions because the evaluation was conducted during a period of high peak COVID-19 infection in Egypt. So, some of those invited declined to attend.
2. We could not include a random sample for the quantitative part of the study due to the short period for evaluation and the need to finish the evaluation before deadline.

## Findings:

### Effectiveness:

A review of progress against activities as described in Al Shehab's annual reports revealed that the target population of women to be served by this project was covered. A variety of services addressing different facets of the problem were offered to 4403 women and girls.
Results from quantitative data showed that those who received information on violence from the current project represented 82.0% and they found this information very useful or useful as reported by 63.3% and 35.5%, respectively. More than one half of participants received counseling about domestic violence and HIV infection (51.6% and 54.1%, respectively). Social, legal and psychological support were offered to 51.9%, 26.8% and 29.8%, respectively. The majority shared in raising awareness sessions (78.7%). Lab investigations for viral infections including HIV and viral hepatitis were utilized by 58.6%. Harm reduction services were utilized by 20.2%. The level of satisfaction with provided services was very high as 99.2% found these services useful or very useful. In addition, 99.1% reported a positive effect of these services on their lives. Participants also perceived positive effect of these services on lives of other women in their communities (94.6%).

The majority had an idea about laws against violence (72.1%). Hearing about female genital mutilation laws was reported by 69.5%. Sexual harassment law and early marriage law were known by 72.3% and 55.4% of participants. However, those who believed that these laws are applied represented 48.1% only. The majority agreed with the concept of these laws (75.2%).

The project reached men through providing services to women. Men are usually skeptical to get help if they are addicts. Men did not perceive domestic violence as violence. Men benefiting from

service utilization included drug addicts and people living with HIV. They encouraged other peers to come and utilize these services. This observation indicates that men are actually affected by the message of the project and their attitude and behaviors are affected. Trained men in targeted communities formed a team and created a theater activity presented to attendants of coffee shops in served area. By acting, they sent messages against domestic violence, drug addiction and stigma against people living with HIV. Awareness of men about domestic violence is expected to change behavior that can solve the problem.

Religious leaders mentioned that the project helped them to share ideas and information about the problem, understand its causes and how to help in solving it. It also, encouraged the interaction between the religious leaders to share ideas and experience. The trainees became more interested to deal positively with the problem in their Friday pray sermon to shed more light on it and attract attention of the prayers to how serious is the problem and how to deal with it.

As a result of this project, religious leaders were more interested to be involved in fighting gender based violence. In addition, the Ministry of Religious Affairs (Ministry of Awquaf) became also involved in the campaign to combat domestic violence by two initiatives "Peaceful life and love - Sakan Wa Mawada" and "Children's Rights" which were integrated with activities against domestic violence. The Ministry of Religious Affairs became more interested to address family issues. Some political parties became also interested to share. Al-Shehab trained members of other civil society organizations and these organizations were involved in providing similar services.

Results from quantitative data revealed that knowing HIV/AIDS was high (75.8%). Knowledge about methods of transmission of HIV infection by unprotected sexual contact was high (72.4%). Infection by sharing needles among drug addicts was reported by 52.8% and 35.7% reported infection from mother to her baby. Misconception of HIV infection as sharing food (6.7%), kissing an infected person (7.7%), sharing clothes (4.8%) and practicing sex with proper use of condom (8.4%) were very low. Participants who did not know that person with HIV can look healthy represented 42.3% and 51.8% did not know that such person may live many years. Presence of treatment for HIV was known by 35.0% and 47.1% did not know. The attitude towards persons living with HIV was moderately positive as 46.8% of participants were willing to purchase vegetables form a person living with HIV, and accept them to work like any other person. Among participants 41.8% accept a teacher with HIV

to continue her work and only 27.2% would feel uncomfortable working with a colleague living with HIV. The relationship between HIV infection and gender based domestic violence was well recognized by participants (71.2%). These results showed improvement of knowledge and attitude compared to results of baseline survey.

Al-Shehab, by this project, initiated a referral system. The system of referral covers many services. Some of these services were also provided by Al-Shehab through integration with other existing programs. Referrals were also available with of Ministry of Solidarity as offering monthly financial support through the presidential initiation "Respectful life" and offering shelters to domestic violence victims. Other nongovernmental organizations offered services not covered by the project such as National Women Council that offered legal support and treatment of drug addiction through "The General Board of Psychiatric Health"", Freedom civil society organization and Fund for Treatment and Rehabilitation of Drug Addiction. Charity organization (Mersal) offered medical services. This referral system improved quality and comprehensiveness of services. One of the project's outputs was the referral map which will be of great help in efficient service utilization and integration. If it can be digitalized it will be great as it will help efficient utilization of available services in different communities.

**In conclusion the projects activities were achieved and covered the objectives of the project.**

## Relevance:

Results of quantitative data showed that the majority of beneficiaries were young; 67.4% below 40 years), living in large families, with low educational levels: 35.1% were illiterate and many of them were unemployed (41.5%). The majority live in families financially unstable whose monthly income was not enough to cover their needs (91.1%). Intake of alcohol and drugs was reported among target communities and their husband or father. Financial instability and intake of drugs are usually one of the main drivers of domestic violence. Such communities with low socio economic standard are more prone to domestic violence and had low accessibility to high quality services. The baseline survey data of this project indicated high prevalence of violence among the served communities.

The medical lab services at Al-Shehab drop in centers offered a wide range of investigations for sexually transmitted infections and other diseases. Psychological support in the form of listening

sessions were offered to women to express themselves, disclose their problems and get guidance on how to cope with the current situation and train her on life skills to avoid the risk of exposure to violence. Social services were offered by referral to other programs. The project also offered post HIV test counseling for people living with HIV. Women who got benefits from services usually encouraged other women to visit the drop-in center. Legal services were available from the project activities. Usually, survivors of violence did not know their legal rights and how to get it.

Al-Shehab also managed to set a partnership with Ministry of Health, Fund for Treatment and Prevention of Addiction, Ministry of solidary and other civil society organizations. Through this partnership they managed to address the different facets of the problem; ignorance, poverty and drug addiction.

Part of the problem is the religious misconceptions about women's rights in Islam, which many men think. Integration of religious leaders in raising awareness activity was effective in addressing this issue.

**In conclusion, the project targeted the needs of the served communities.**

## Efficiency:

In this project, Al-Shehab built a network of partnerships with different stakeholders. This network of partners increased efficiency and cost effectiveness of services. Poverty is undoubtedly fueling the problem of domestic violence. Al-Shehab integrated services of this project with other services provided by Ministry of Solidarity offering monthly financial support through the presidential initiative "Respectful life" and offering shelters to domestic violence victims. The National Women Council offered legal support. Another important stimulant for violence which is drug addiction was addressed by partnership with "The General Board of Psychiatric Health"" at ministry of Health, Freedom civil society organization, and Fund for Treatment and Rehabilitation of Drug Addiction. A Charity organization (Mersal) offered medical services. This integration improved quality and comprehensiveness of services and decreased the needed cost to achieve the project objectives. One of the project outputs is the referral map which is of great help in ensuring efficient service utilization and integration. If it can be digitalized it will help efficient utilization of available resources in different communities.

The budget of the project and financial expenditure was also revised. Activities were implemented within the approved allocated budget for each item.

**In conclusion, the project was efficiently and cost effectively implemented. Many objectives were achieved with the lowest cost burden on the project budget.**

## Sustainability:

Services of Al-Shehab drop in centers will continue as they will keep open. Trained religious leaders will continue to present the issue in their talks with people. Trained civil society organizations became aware and skilled to continue the services which became part of their agenda of activities. However, the scope of services will be affected by availability of financial resources. Referral system will continue as the project created a map for services available in the local communities served. The trained religious leaders and members of civil society organization became motivated and dedicated to continue some of the activities especially raising awareness and referral to available services.

Participants of the trained civil society organizations mentioned that they will continue their commitment to provide these services. They already have access to information about target populations and experience in working with them. They became more aware about the existing problem and capable to work with its causes and already have available resources to offer services for those who suffered from the problem.

**In conclusion the chances of sustainability of services are high as the two drop in centers of Al-Shehab will continue offering services. Trained civil society organizations, policy makers and religious workers showed commitment to continue providing services. However, some services such as lab and medical services that are needed have increased financial demands due to economic inflation and increased demand by beneficiaries**

## Impact:

The key point is that women victims were not aware of being victims of domestic violence before the project. Awareness of the problem and how to deal with it helped in stimulating them to search and utilize different activities designed to combat the problem. The project offered a wide range of services including medical, legal, social and psychological services and integration with other organizations whether governmental or civil society organizations.

Civil society members reported that services were effective to a great extent. It helped to build skills and capacity to deal properly with victims of domestic violence and raised awareness about the problem. The project helped victims to have an optimistic vision for their lives. Support for victims to deal with domestic violence and the risks of HIV helped women struggle for their and their children's rights. Also, lab services were effective in providing easy access to women to non-stigmatizing care that motivated them to appreciate self-heath and protect themselves from HIV infection. In addition, providing safe needles was essential due to increased prevalence of drug addiction in the target communities.

Women and men in the served communities had more awareness about the concept of domestic violence and vulnerability to HIV infection and how to deal with violence, how to negotiate for condom use for safe sex with sexual partners. Women became aware of the concept of domestic violence and many of them asked for legal help.

Women also became aware of different forms of violence not only physical violence. A high percentage of participants disagree with men beating women. Out of participants, 81.2 % disagree with husbands beating their wives for refusing to have sex. Beating a women for burning food, neglecting children or arguing with husband was refused by 92.3%, 83.6% and 75.2%, respectively. Beating a women for leaving the house without permission was refused by 74.3%. The community rejecting rapists was agreed by 46.4%. Male education being perceived as more important than female education was reported only by 6.9% while 8.9% were neutral.

The right of women to work without permission of the man of the house was agreed by 33.6% while 10.6% were neutral. Participants who rejected the statement that women who work often neglect their children represented 62.9%. Among participants, 76.9% agreed that women should share in decisions making in her family. Obeying the guardian to accept arranged marriage even if they do not accept it was agreed upon by only 7.7% while only 8.7% were neutral. Blaming women for being subjected to rape was accepted by only 16% while 73.1% rejected it. Female circumcision was not accepted by 77.0% while 82.8% rejected accepting insults and physical attacks from their husband to protect their marriage. Marrying girls before the age of 18 years was rejected by 85.1%. Using condoms by husbands for family planning was agreed by 58.9% while 27.4% were neutral. The issue of

domestic violence should be challenged was accepted by 75.8% and 72.6% accepted that misconceptions regarding this issue are present among males and females. Health and psychological consequences of domestic violence was perceived by 85% of study participants.

**In conclusion the project activities made a substantial contribution on ending the problem of violence against women in the served communities**

## Knowledge generation

Based on responses of participants in the focus group discussions and outputs of project activities the following best lessons were learned:

- Respecting the local circumstances of the problem by providing data about the problem through implementing the baseline survey. The baseline survey was helpful to match project activities with the local circumstances of the problem.
- Bringing the problem and issues of domestic violence to community attention, and involving religious leaders in the activities as they have strong influence on the community.
- Involving men in awareness sessions to change their perceptions towards the problem. Integration of men is essential as they are usually the main perpetuator of domestic violence.
- Integration and training of civil society organizations. This will help expand the scope of coverage of the problem by other partners.
- Coordination with other civil society organization and complementary service provision by Al-Shehab and these organizations to cover different influencing aspects of the problem not funded by this project.
- Legal services helped beneficiaries to have official documents to get work and get support from governmental services (birth certificates, national number identification, figure prints for clearance of criminal investigations). These services improved accessibility of beneficiaries to supportive services related to their human rights.
- Partnerships with trained civil society organizations, commitment of trained organizations to work in HIV prevention and care of people living with HIV will help increase availability and accessibility to services.

- The system for referral and service availability map will help to efficiently use available resources to increase accessibility and utilization of services.

## Gender Equality and Human Rights

All activities were according to peoples' beliefs and religious principles. Al-Shehab created new techniques to attract them by organizing days of sport activities as football competitions and integrate the awareness sessions within these days. Also, including religious leaders in the activities was highly attractive and respected by men in the community and also highly effective.

Policy maker participants mentioned that the project did not contradict with any local legal or political issues otherwise Ministry of Solidarity would not coordinate and share in implementation of the project. Al-Shehab respected confidentiality of beneficiaries which is an important cultural issue.

**Constraints and limitations of the project:**

- The COVID-19 pandemic and associated lockdown was a great challenge.
- The rate of inflation which much increases the cost of services.
- Working with men as Al-Shehab used to work with women. Attracting men to a center used to serve women was difficult.
- Lab facilities are expensive to cover all services needed by beneficiaries. The increased demand on services was a great load on the budget.
- Civil society work in Egypt is difficult due to security issues.

**Recommendations**

Based on results of this evaluation the following are recommended:

- **Overall**:
  - The project was effective in changing life of served people and it is recommended that donors approve funding for the project to be replicated in other communities suffering from gender based domestic violence.
  - Al-Shehab should share this experience with other organizations. Documentation and posting data of this project on Al-Shehab website will help others have access to information related to this experience.

- **Effectiveness**:
  - Funding and implementing organization should include beneficiaries' representatives in planning and implementation of activities. They are more familiar with the field and can help access to beneficiaries.
  - Financial empowerment is crucial for marginalized women to be able to face and deal properly with domestic violence against them. Civil society organizations and funding agents working in this field should pay more attention to this point.
  - Unavailability of treatment services for beneficiaries with diagnosed cases by the health services of the project as many did not have money to purchase the treatment. In future projects, the budget should include items to provide drugs or referral facilities to get them for free.
  - More stress on activities and services for men as men are the source of violence.
- **Relevance:**
  - There is a need to direct more attention to dealing with violence against men having sex with men as one of the key populations for HIV and their sexual partners.
  - Poverty is an important issue related to domestic violence. In future projects this problem should be properly addressed. Financial support should be accompanied with a period of follow up to make sure that the supported families became financially stable and independent.
  - Dealing with children of families suffering from domestic violence and drug addiction should have more interest by civil society organizations and governmental authorities.
- **Efficiency:**
  - The implementing organization should create a network with different stakeholders to ensure people can benefit from available services whilst avoiding duplication of activities.
  - Implementing organizations should help beneficiaries decide suitable solutions to their problems by providing information of different alternatives to choose the most efficient one.

- **Sustainability:**
  - The funding and implementing organization should insist on having political commitment for the project objectives and activities to guarantee sustainability.
  - Partnership with governmental sectors can offer a better chance that these partners will continue offering services after project ends.
- **Impact:**
  - There a need to provide treatment and rehabilitation services for drug addiction in the community suffering from gender based domestic violence. Drug addiction is a reason for violence and vulnerability for HIV infection.
  - Dealing with the impact of domestic violence of children of families suffering from domestic violence. These children are affected by this bad experience and when adults they may become more vulnerable or perpetuators of violence.
  - Follow up of cases to ensure their independency, to be linked to activities as long as they need it (long term services) until victims reached safe side and life stability.
- **Gender equity and human rights:**
  - Preparing youth to the responsibilities of marriage, how to manage marital conflicts and loans taken to get married which are stressing factors on the new spouses that lead to domestic violence. Religious leaders can offer help in this respect by their speeches in mosques and churches.

**Community-based intervention to alleviate the different forms of violence against women and women's vulnerability to HIV" Scale-Up Phase"**

## Background:

Gender inequalities remain deeply entrenched in every society. Women lack access to decent work and face occupational segregation and gender wage gaps. They are too often denied access to basic education and health care. Women in all parts of the world suffer violence and discrimination. They are under-represented in political and economic decision-making processes [(1)].

**In Egypt** gender disparities are pronounced. There is a widening gender gap in the economic sphere with a score of 0.441, with Egypt ranking 135th globally in the economic participation index. In the political sphere, the gender gap reached a maximum of 0.048 in favor of males, with Egypt ranking 136th globally in the political empowerment index. The gender gap saw substantial improvement in the fields of health and education. Egypt's ranked 97th globally in the health and survival index with a score of 0.971, and 112 in the education gender gap index with a score of 0.935. The unemployment rate of women in Egypt is more than double that of men (78% versus 25%). The Gender Inequality Index of Egypt is 116 out of 189 countries as per the 2018 Human Development Report. Despite all the substantial improvements in female literacy rates, enrolment rates, labor force participation and unemployment there remains a gender gap in favor of males. Illiteracy among women is almost twice as high as among men. [(2, 3)]

**Women status in Egypt**

Political discourse in Egypt always reflects clear commitment to the improvement of the status of women and their empowerment on all social, economic, cultural and political levels. For more than half a century, the situation of Egyptian women has witnessed great changes, in conjunction with relative improvement in opportunities for women's education, employment, participation in public affairs, and appointment to senior posts. However, women continue to endure multiple forms of social, cultural, economic and political exclusion caused mainly by failure of public and social policies for more than half a century to bridge a gender gap, and the persistence and severity of social and cultural constraints facing any genuine efforts to provide women with liberty and equality [(4)].

**In Egypt**, as in other contexts, women's agency is likely to be affected by individual, family, community, and macro political and social factors[5].While there are many factors that can shape women's agency, studies demonstrate that individual characteristics like age, marital status, women's age at marriage, education, and employment are important determinants of agency[6-10]. For each year older a woman is, she makes more individual decisions. In Egypt, later **age at marriage** provides more opportunity for education, employment, and participation in the choice of a husband, which can enhance women's negotiating power within the households. [11].Research in Egypt also shows those **household factors like size and wealth** as well as **the region and community** where the household is located shape women's agency [9, 12].

Overall, research on longitudinal determinants of women's empowerment in Egypt demonstrates that these factors shape married women's agency: [9]

- Age at marriage;
- Educational attainment and work experience;
- Characteristics of the husband like age and education.
- Household characteristics (including regional location).

**According to the Egyptian Demographic Health Survey 2014 regarding women empowerment, the survey revealed the following:** [13]

- Fifteen percent of currently married women in Egypt are currently working or were employed in the past 12 months.
- The majority of employed women paid in cash earn less than their husband regardless of the subgroup to which they belong. Overall, only around one in three women say that they earn around the same amount (23%) or more (9%) than their husband.
- Few women in Egypt own either a house or land. Overall, only 5% of ever married women age 15-49 own a house and 2% own land.
- Most currently married women who have cash earnings either make decisions about how their earnings are used by themselves (29%) or jointly with the husband (63%).
- Three-quarters of married women are involved in decisions about how the husband's cash earnings are used; with most (69%) saying decisions are made jointly by the couple.
- The majority of married women are usually involved in making each type of decisions; own health care, major household purchases, and visits to her family or relatives.

- With respect to the variation by background characteristics, women in the highest wealth quintile are most likely to say decisions about how the husband's earnings are used are made jointly (80%).
- Employed women are more likely to report that spending decisions about the husband's earnings are made jointly if they earn about the same as their husband than if they earn less or more than the husband (90%, 80%, and 70%, respectively).
- The proportion of women involved in household decision-making rises with the woman's educational level. It also varies markedly with wealth; for example, 74% of women in the highest wealth quintile say they are involved in making all the types of household decisions compared to 44% of women in the lowest wealth quintile. Women working for cash are more likely than other women to report having a say in the various decisions.
- The percent of age reporting they participate jointly with the husband in the decisions is lowest among
    - ✓ Women age 15-19 years;
    - ✓ Women with 5 or more children;
    - ✓ Women living in rural Upper Egypt;
    - ✓ Women with no education, and
    - ✓ Women in the lowest wealth quintile.
- Around one-third of ever-married women age 15-49 agree that wife beating is justified in at least one of the following circumstances:
    - ✓ If she goes out without telling him;
    - ✓ Neglects the children;
    - ✓ Argues with him;
    - ✓ Refuses to have sex with him, and
    - ✓ Burns the food.
- Agreement that wife beating is justified in at least one of the previous situations is highest among:
    - ✓ Women with 5 or more children;
    - ✓ Women from rural Upper Egypt;
    - ✓ Employed women who are paid in kind or not paid at all;
    - ✓ Women who did not attend school or have only some primary education, and

- ✓ Women in the lowest wealth quintile.

- The proportion of women agreeing that at least one of the circumstances justifies wife beating is lowest among:
  - ✓ Women in the highest wealth quintile (12 %) and
  - ✓ Women from the Urban Governorates (14 %).

Empowerment indicators based on the number of household decisions in which a woman participates and the number of reasons wife beating is justified are related to a woman's current use of contraception, ideal family size, need for family planning, and use of reproductive health care services. (13)

In Egypt, improving women's empowerment and agency is an ongoing effort. In the 2018 Global Gender Gap report issued by the World Economic Forum, Egypt ranks 135th out of 149 countries. While recent efforts have validated measures of agency in the Egyptian context (14, 15).

The United Nations defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life"(16).

## Gender-Based Violence in Egypt

**Egypt Demographic Health Survey 2014 figures revealed that:** (13)

- More than one-third (36%) of ever-married women between age (15-49) have experienced physical violence since the age of 15.
- Physical violence is the most common form of spousal violence; 25% of ever-married women were subjected to some form of physical violence at least once by their current or most recent husband, and 14 % reported at least one episode of physical violence took place during the 12 months preceding the survey. Four percent of women said episodes of violence occurred often during that period.
- The most common forms of physical violence included being slapped (22 %), being pushed or shaken or having objects thrown at her by the husband (17 %), and having her arm twisted (12 %). Seven percent of women reported their husband had ever punched her with a fist or an object that could hurt her, and 5 % reported that their husband had ever kicked, dragged

or beaten her up. One percent of women were ever choked or burned, and a similar %age were ever threatened or attacked with some type of weapon.

- Three in 10 ever-married women age 15-49 years in Egypt have ever experienced some form of spousal violence, with 25 % saying they were subjected to physical violence, 19 % emotional violence, and 4 % sexual violence. Intimate partners remain the most identified perpetrates, it was reported that "other than the spouse were mothers/stepmothers (31 %) and fathers/ stepfathers (26 %)".
- Nineteen percent of women had ever experienced some form of emotional violence perpetrated by their husbands, most often the violence took the form of the husband insulting her making her feel bad about herself.
- More than 1 in 3 women experiencing spousal physical or sexual violence are injured as a result of the violence, and 7 % have serious injuries.
- Seven percent of women report they have experienced physical violence during pregnancy.
- One-third of women who experienced violence since age 15 ever sought help to deal with the violence; among those who did seek help, most turned to their family for assistance.
- The report finds that "Cultural norms continue to reinforce social acceptance of domestic violence with no signs of notable improvement in men's and women's perception to such form as more than 70 % of men and women said they believe that wives should tolerate violence to keep the family together."
- Sexual violence was less common than physical violence. Four percent of women reported their husbands had use physical force or threats to make them to perform sexual acts when they did not want to.
- 18 % of women reported that their father beat their mother. More than a third of the women also acknowledged they were sometimes afraid of their own spouse, and 9 % were afraid of their spouse most of the time.
- Slightly more than a third of women report their husbands insisted on knowing where the woman was at all times.; 7 % reported their spouse tried to limit her contact with her family, and 6 % said the spouse would not permit her to meet her female friends.
- Age is directly related to controlling behaviors, with older women less likely to experience most of the behaviors than younger women. Women who are divorced or separated are

generally more likely to report their husband displayed controlling behaviors than the women who were currently married or widowed.

- The percentages of women reporting controlling behaviors is closely related with the extent to which women say they fear their husbands most of the time. For example, around a quarter of women who report being afraid of their husband most of the time say their husbands displayed three or more types of controlling behaviors, compared with 9 % of women who say they are sometimes afraid of their husbands and 4 % who are never afraid.
- Women who were divorced or separated were much more likely than currently married women or widows to have experienced spousal violence. Overall, 70 % of divorced or separated women experienced at least one form of violence (physical, sexual, or emotional) perpetrated by their most recent husband compared to 29 % of currently married women and 26 % of widows.
- Spousal violence tends to increase with the number of children the woman had. The likelihood that a woman experienced some form of violence perpetrated by her current (most recent) husband generally declines with the level of the woman's and the husband's education. Spousal violence is least common among couples who have the same level of education and most common among couples where both the husband and the wife never attended school.
- The proportions of women who ever experienced various forms of spousal violence at the hands of their current or most recent husband also generally decline with the wealth quintile.
- The percentage of women ever experiencing an episode of physical, sexual or emotional violence is 20 % among women who say they are never afraid of their husband compared to 37 % among women who are sometimes afraid and 71 % among women who admit being afraid of their husband most of the time.
- Women's experience of spousal violence is associated with a familial history of violence. For example, women who said that their father beat their mother were more than twice as likely as women who said their father did not beat their mother. They tend to report ever having experienced physical, sexual, or emotional violence perpetrated by their own husband (53 % and 24 %, respectively).
- The proportion of currently married women experiencing various forms of violence at the hands of their current (most recent) spouse generally decreases with the number of decisions

in which the woman says she is involved. The proportion of ever-married women ever experiencing spousal violence also varies directly with the number of reasons that the woman agrees justify wife-beating.

- Rural women were more likely than urban women to have ever experienced physical violence since age 15 (38 % and 32 %, respectively).
- The prevalence of physical violence was just under 30 % among women with a secondary or higher education compared to more than 40 % among less-educated women.
- Women who worked for cash were slightly less likely than other women to report physical violence. The prevalence of physical violence decreased with the wealth quintile.
- During a pregnancy, 7 % were hit, slapped, kicked, or subjected to some other form of physical violence at least once. Women who were divorced or separated were much more likely than other to report violence during pregnancy; nearly one third had been beaten or otherwise physically attacked during pregnancy.
- Ninety-two percent of the ever-married women age 15-49 interviewed in the EDHS had been circumcised. More than half of the women who were circumcised were between seven and ten years of age when they were circumcised, and virtually all of the women were circumcised before age 15 years.
- Information collected on the circumcision status of EDHS daughters suggest that the practice is declining. However, more than one-fifth of daughters aged less than 19 years have already been circumcised.
- Slightly more than half of women believed that female circumcision is required by religion, around 6 in 10 women believed the practice should continue, and about half of women thought that men also preferred the practice continue [13].

**According to the Economic Cost of Gender-Based Violence Survey conducted in 2015 by UNFPA, the National Council for Women and the Central Agency for Public Mobilization and Statistics: [17]**

- Around 7.8 million women suffer from all forms of violence yearly, whether perpetrated by a spouse/fiancé or individuals in her close circles or from strangers in public places.
- The direct costs of violence perpetrated by intimate partners have accounted for a total of 831.238 million Egyptian pounds. This included the allocated budgets for costs of

health services, property replacement, shelters, legal/judicial proceedings, and local community services.

**Current trends of violence against women during COVID-19 pandemic:**

In times of crises and emergencies, violence against women tends to increase. The outbreak of **COVID-19** has resulted in severe precautionary measures such as social isolation, physical distancing, staying at home, curfews and lockdowns, which brought "normal" life to a halt and created a temporary convergence between the public and the private. The pandemic has forced the global community to pay attention to the old/new problem of gender-based violence, particularly, domestic violence that spiked during the pandemic [(18)].

The UN Women data highlight how the pandemic has impacted women's safety at home and in public spaces. The report covers more than 16,000 women respondents from 13 countries. Its findings reinforce our understanding of current trends and underline the need to deploy our most successful approaches**.** The situation has markedly deteriorated for women, especially young women, during the COVID-19 pandemic. The study shows that nearly 1 in 2 women reported that they, or a woman they know, experienced some form of violence since the pandemic began. The most vulnerable group was younger women aged 18–39 years. About 1 in 4 women now feel less safe at home, with existing conflict increasing within households since the pandemic started. Outside their homes, women also report feeling more exposed to violence, with about 3 in 5 women pointing to a worsening in sexual harassment in public spaces since the onset of COVID-19 [(19)].

Isolation paired with increased economic downturn is likely to exacerbate individual and household stress. Anecdotal evidence from the COVID-19 pandemic reveals an increase in domestic violence [(20)]. In Egypt, an estimated one in four women were already experiencing domestic violence prior to this pandemic,[(13)] and that number could be expected to increase given survey data that suggests that more than 70% of Egyptian men and women believe that wives should tolerate violence to keep the family together [(21)].

Outside the home, sexual exploitation is likely to increase, leading to a rise in child and forced marriage, trafficking in women and girls and other forms of gender-based violence, particularly as a result of the economic consequences of the pandemic. Furthermore, women may face increased

fear, harassment and violence as they travel through city or rural public spaces where streets and transport are more deserted given the need for social distancing, as seen in several countries [17].

## Health effects of violence against women:

Violence against women has many short- and long-term physical, mental, sexual and reproductive health problems for women. They also affect their children's health, their families and societies. Such violence can: [22]

- Have fatal outcomes like homicide or suicide.
- Lead to injuries, and adversely affect wellbeing. This violence leads to high social and economic costs for women with 42% of women who experience intimate partner violence reporting an injury as a consequence of this violence.
- Lead to unintended pregnancies, induced abortions, gynecological problems, and sexually transmitted infections, including HIV. World Health Organization, 2013 study on the health burden associated with violence against women found that women who had been physically or sexually abused were 1.5 times more likely to have a sexually transmitted infection and, in some regions, HIV, compared to women who had not experienced partner violence. They are also twice as likely to have an abortion.
- Intimate partner violence in pregnancy also increases the likelihood of miscarriage, stillbirth, pre-term delivery and low birth weight babies. The same 2013 study showed that women who experienced intimate partner violence were 16% more likely to suffer a miscarriage and 41% more likely to have a pre-term birth.
- These forms of violence can lead to depression, post-traumatic stress and other anxiety disorders, sleep difficulties, eating disorders, and suicide attempts.
- Health effects can also include headaches, pain syndromes (back pain, abdominal pain, and chronic pelvic pain) gastrointestinal disorders, limited mobility and poor overall health.
- Sexual violence, particularly during childhood, can lead to increased smoking, substance use, and risky sexual behaviors. It is also associated with perpetration of violence (for males) and being a victim of violence (for females).

## Impact on children

Children who grow up in families where there is violence may suffer a range of behavioral and emotional disturbances. These can also be associated with perpetrating or experiencing violence

later in life. Intimate partner violence has also been associated with higher rates of infant and child mortality and morbidity (through, for example diarrheal disease or malnutrition and lower immunization rates) [23].

### Social and economic costs

The social and economic costs of intimate partner and sexual violence are enormous and have ripple effects throughout society. Women may suffer isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children [23].

## Perpetuation of violence against women in Egypt

Women all over the world suffer from violence. Both Egyptian and international researchers alike agreed that forms of violence against women in Egypt are diverse and wide spread. However, there is a deficiency in information, statistics and data on cases of violence, a matter that constitutes a challenge to all agencies concerned with combating violence against women in Egypt [24].

**Forms of violence against women and girls in Egypt:** [25]

1- **Domestic violence:** acts of violence committed by husbands or other members of the family against women or girls which may be physical, sexual, economic, and psychological or emotional. Examples: Deprivation from education, deprivation from inheritance and discrimination in receiving it, forced marriage against the will of women or girls, preventing women or girls from working or forcing them to work against their will, female genital mutilation, and sexual abuse.

2- **Community violence:** acts of violence committed by strangers, not members of the family or friends. This form includes acts of violence or harassment in the streets or at the work place or educational institutions or service provision departments. Examples: Sexual harassment (in streets, work place, in educational institutions and elsewhere), disgracing women or girls, rape, sexual exploitation (Early marriages- women trafficking, exploitation in illegal activities … etc.).

**The causes behind occurrence and perpetuation of domestic Violence:**

Domestic violence is a learned behavior at the individual, family, community, and socio-cultural levels. If gender inequality and the acceptability of male violence and abuse are modeled, taught,

or reflected at one or more of these levels, then domestic violence can be learned and perpetuated from one generation to the next. Gender inequality between men and women is a root cause of domestic violence; and therefore the risk of perpetrating domestic violence or being a victim of domestic violence is linked to the extent to which gender inequality is expressed at the individual, relationship, community, and society levels [26].

Perpetrators of domestic violence frequently avoid taking responsibility for their behavior by blaming their violence on someone or something else, denying it took place at all, or minimizing their behavior. Yet, there are factors that can increase the risk of committing domestic violence. It is important to note that a risk factor is not a cause, but can rather be seen as a factor that either lessens the inhibitions of the perpetrator or provides a justification for their abuse [27, 28].

## Risk Factors: [29, 30]

The potential risk factors can be grouped into the following subsets:

- **Individual:** limited education, a young age, lower socio-economic status, Partner traits that put women at risk include alcohol or drug use, negative attitudes about women, and witnessing domestic violence against women or being abused as a child.
- **Family and relationship:** risk of violence increases with marital conflicts, male dominance, economic stress and poor family functioning.
- **Community:** the risk is higher where there is gender inequality, and a lack of community cohesion or resources.
- **Societal:** higher risk is found in societies with traditional gender norms or a lack of autonomy for women, and where there are restrictive laws on divorce and ownership and inheritance of property, or when there is social breakdown due to conflicts or disasters.
- **Factors concerning women:** bad temperament, lack of understanding & sympathetic attitude towards family members, lack of sense of reciprocal respect, persistent lack of interest in husband.

### Causes of domestic violence: [30]

There are 4 main reasons for domestic violence.

1. **Male dominated society:**

   Even though women had risen to top positions, many countries especially in developing world still remain as male dominated countries.

2. **Lack of awareness of laws:**

   Victims of domestic violence are afraid to protest as there is lack of awareness or rather lack of initiative to make her aware of her rights.

3. **Laxity in implementation of the existing Acts:**
   No or less efforts are made to increase awareness amongst the women by the authorities posted to implement the Act.
4. **Bureaucracy & Fear:**
   If a domestic violence is reported by a third person then he/she is scrutinized as an intruder and problem maker by the community.

**In Egypt all risk factors and causes are prevalent, so violence against women and girls found rich environment to occur and perpetuate:**

- The negative cultural traditions against women. Cultural norms continue to reinforce social acceptance of domestic violence as "more than 70% of men and women said they believe that wives should tolerate violence to keep the family together [13].
- Still illiteracy constitute an obstacle to the advancement of the status of women in society and the understanding of their rights, roles and reality .No awareness, and underutilization of women to the laws for protection of women against violence and punishment of perpetrators [4].
- The weak economic capacity of women represents an important challenge which makes them less self-reliant in making important decisions in life and more dependent on others. This is may be used by a spouse to establish and maintain control over his wife [31].
- Cultural legacies in some communities prevent the ownership or possession of land or property by women, in violation to the provisions of the Islamic Sharia. This deprived women from economic resources and decrease women's agency and hence more liable to intimate partner violence [32].
- Relative lateness in going out to the arena of public life, females' competitiveness has weakened, particularly within a social context that does not encourage their involvement in family burdens, a matter which violated their ability to manage their time between work tasks and requirements and their role in the family. This may increase the risk of the women to experience spouse violence, even emotional violence [4].
- Lack of reporting of violence acts, as in cases of rape the perpetrator exploits the victim/survivor's inability to speak or resist, as well as the fact that the victim's story will frequently be questioned, making the incidence of reporting such crimes lower. There are tens of thousands of cases and violations that occur against women and girls, but these are not officially reported [33].

- COVID-19 pandemic is one of the main reasons for the hike in violence against women in Egypt, with violence rates likely to rise again as the world experiences a second wave of the virus [34]. COVID-19 may have a long-term impact on women's labor force participation in Egypt. Its impact on the global economy will be profound and have a disproportionate impact on women's employment, given the gendered pay gap and women's marginalization from the labor market which is a risk factor for violence against women [3].

## Description of the project

Al-Shehab Institution for Comprehensive Development is a non-governmental organization working on the development of the informal areas in Greater Cairo. Al-Shehab is currently working in one of the largest informal areas in Cairo, Ezbet Al-Haggana area. Ezbet Al-Haggana community suffers from extreme poverty in the services and facilities, along with the low awareness of the public and the low levels of education, economic and social conditions. Moreover, a large percentage of households are mainly headed by women and children. Al- Shehab Institution mainly targets women and children in most of its development projects, as the most marginalized and underserved populations within the local community. It is within this context that Al Shehab Institution for Comprehensive Development is implementing the project (Community-based intervention to alleviate the different forms of violence against women and women's vulnerability to HIV" Scale-Up Phase") within four informal areas to address women's vulnerability to both violence and HIV over a period of 36 months (15/01/2019-14/02/2022).

### Summary of project

Violence against women remains pervasive in Egypt. The demographic health survey of Egypt (2014) [13] reported that 25% of ever-married women aged 15-49 have experienced physical violence from their current or most recent husband. The most common forms of physical violence reported were pushing, shaking, and slapping. The study reported that one in three women still experience abuse in their lifetime, while many married women commonly experience intimate partner violence.

A huge problem facing Egyptian women is high percentage of early marriage, where 42% of married women aged 18–24 in rural Upper Egypt are married before age 18 years. Subsequently, Egypt ranks 134th, out of 144 countries, on the Global Gender Gap Report (World Economic

Forum 2017). There are limited published data on the nexus between violence against women and HIV/AIDS in Egypt giving the low HIV prevalence among the general population. However, Al - Shehab Institution with the support of United Nations Trust Fund to End Violence against Women implemented a three-year pilot project to address women's vulnerability to the twin epidemics (HIV and Violence) from 2015 till the end of 2017.

Data from this project showed that intimate partner violence is highly accepted among the target populations (women and girls from different informal areas), which reflects a national trend. Two thirds of males and 62% of females agreed that a husband is justified to beat her. Most participants in the baseline study of the pilot project also had negative attitudes towards women's human rights and gender equity (68% of men and 29% of women) that was evident in participants' responses to statements on gender equity and women's human rights.

Most male participants in the study supported the prevalent gender division of labor. Among men, 66% preferred that women stay at home, and 44% believed that women's participation in the labor force means they would neglect their 'domestic responsibilities'. Acceptance of intimate partner violence is significantly associated with education level. Result showed that 35% of females with secondary education or higher did not accept intimate partner violence, compared to 72% of women with lower levels of education. Similarly, 52% of men with secondary education or higher did not agree with intimate partner violence compared to 84% with less than secondary education. Such vital data underlined the importance to focus during this "scaling-up" project on women with lower levels of education as the most excluded and left-behind groups.

Data indicated the extent to which marginalized women within informal/slum communities are highly vulnerable to HIV. The pilot project baseline study found that 90% of female respondents had heard about HIV. However, only 11% had correct information about ways of transmission. Women living with HIV were most likely to have such information (27%), followed by sex workers (14%). Only 29% of the participants in the former pilot project baseline study provided accurate information about places where they can receive an HIV test. Where shockingly, only 4% of women survivors of violence knew where to obtain an HIV test.

Building on the evidence of the former pilot project, as well as successes and gaps as identified by the final evaluation (April 2018), this proposed project was designed to scale-up the provision of

essential services (psychosocial, legal, HIV counselling and testing and medical services) for the most marginalized and left behind women from four informal urban communities in Greater Cairo during a period of three years (15/1/2019 to 14/2/2022). The project emphasizes creating a supportive environment on the local level for women to improve health and safety as well as reducing their vulnerability to HIV and violence. The project strategically involved men and address their risk behavior that adversely impacts women's lives. The project explored different service provision modalities for outsourcing and sustainability of services by building capacities of different service providers, while advocating to address gaps in national relevant policies and frameworks to be more responsible to women's vulnerability to HIV and violence.

**The project result chain (Theory of Change):**

**Project Goal**: Marginalized women who are affected by (or at risk of) violence and HIV transmission in Cairo experience improved safety, health and reduced vulnerability through improved access to sustainable gender based violence and HIV services, increasing understanding and support in the community and enhanced supportive environment.

**Outcome 1:** The most marginalized female sex workers, women and girls living with HIV, domestic workers and women and girls survivors of violence in four communities in Cairo have improved access to gender based violence and HIV services and frequently use the services.

> **Output 1.1. :** Psychological, legal, medical, counselling and testing package of services are scaled-up in the two centers (community and drop-in center) to the most marginalized women within the targeted communities.
>
> **Output 1.2.:** Men and youth (male partners) have an improved understanding about the inter-link between the twin epidemics and receive referrals to services to target behavior that could reduce women's vulnerability to HIV and violence.
>
> **Output 1.3. :** Religious leaders and youth volunteers, who are trained in phase I, effectively engaged in expansion and scaling-up the project at the local communities level.

**Outcome 2:** HIV strategic frameworks and/or combating violence against women policies are responsive and sensitive to women's vulnerability to the twin epidemic.

> **Output 2.1.:** Policy makers understanding of women's vulnerability to HIV and violence in Egypt increased.
>
> **Output 2.2.:** National strategy of HIV/AIDS inclusive of targeted interventions to address gender based violence and HIV linkage.

**Outcome 3:** Quality violence against women and HIV services for marginalized women are sustainable beyond the life of the project

**Output 3.1.:** Services providers who participate in the capacity development and hands-on trainings improved knowledge, skills and capacities to respond adequately to the needs of women vulnerable to violence and HIV.

**Output 3.2.:** Communication and referral mechanisms between the project (outreach) and the service providers is strengthened and institutionalized.

## Target beneficiaries of the project:

**The most marginalized female sex workers, women living with HIV, domestic works, women and girls survivor of violence:**

| Category of beneficiaries | Number reached |
|---|---|
| Female domestic workers | 759 |
| Female sex workers | 2269 |
| Women/girls living with HIV | 342 |
| Women/girls survivors of violence | 1033 |
| Total | 4403 |

- The drop-in center and community center both, provided essential services for 4403 women among key population and women living with HIV.
- 1287 women benefited from psychological support
- 3982 women benefited from listening services, to direct them to a various range of services within the drop-in center and community-based center.
- 128 lawsuits were filed for 76 women among the direct beneficiaries. The law suits addressed a variety of issues ranging from personal affairs, damage of chattels misdemeanor, (legal Separation), child custody, alimony, inheritance.
- 2097 women and girls benefited from medical service which aims to provide counseling and educate patients about high-risk sexual behaviors. Target groups also received counseling about contraception and are offered all contraceptive methods appropriate to their needs.
- 4128 women accessed the voluntary counseling and testing services and engaged in awareness sessions on reproductive and sexual health, awareness of HIV, methods of transmission, and how to prevent it.

**Civil society organizations:**

The project succeeded in empowering 25 members (15 females and 10 males ) of eight local civil society organizations within the target areas, with skills and capacities to better deliver services that respond to the needs of the most excluded and vulnerable women in the targeted communities. In addition, enhanced their skills to identify key populations, women living with HIV, and survivors of gender based violence to access the available services. Additionally, the project increased their ability to provide services for women survivors of violence and those at high risk, without stigma and discrimination, with increased abilities to identify cases of survivors of violence.

**Health professionals:** The project organized capacity-building training for **20** healthcare providers in **four** health care facilities (13 females and 7 males).

**Religious leaders:** The project organized training of 13 religious leaders working in mosques located in the served communities

**Men of target communities:**

During the lifetime of the project, there was much interest in involving men and youth from the target community and work with the male partners to alleviate violence against women and increase response to HIV. The project implemented several interventions with the participation of volunteers that have been trained (Youth and religious leaders), to reduce gender based violence and HIV through engaging **1757** men and youth from the local communities and eliminating the structural barriers that increase women's vulnerability to violence and HIV.

**Policy maker from Ministry of solidarity**: 25 were trained to improve their knowledge, skills and capacities to respond adequately to the needs of women vulnerable to violence and HIV

**<u>Key implementing partners:</u>**

1. Al-Shehab Institution for Comprehensive Development
2. Un Women

**Budget and expenditure of the project in US Dollars:**

| Key implementing partners | Budget category | Year 1 | | Year 2 | | Year 3 | |
|---|---|---|---|---|---|---|---|
| | | Total | Expended | Total | Expended | Total | Expended |
| Al-Shehab Institution for Comprehensive Development | Project activities | 69211 | 71375.45 | 104615.45 | 75711.27 | 92724.27 | 82308.20 |
| | Monitoring and evaluation/audit/management | 35969 | 30509.43 | 37428.58 | 34.813.74 | 53398.83 | 74651.66 |
| | Subtotal of Al-Shehab | 105190 | 101866.88 | 142044.11 | 110.525.01 | 146123.10 | 156959.86 |
| UN Women | Project activities | 0 | 0 | 0 | 0 | 0 | 0 |
| | Monitoring and evaluation/audit/management | 22856 | 941.01 | 7856 | 0 | 7856 | 3610 |
| | Subtotal of UN Women | 22856 | 941.01 | 7856 | 0 | 7856 | 3610 |
| **Total** | | 128046 | 102807.89 | 149900.11 | 110525.01 | 153979.10 | 160569.86 |

## Evaluation purpose, objectives and scope:

The general objective is to conduct an end-line and final evaluation for the project results and resources framework in comparison to the previously conducted baseline survey. This end-line is supposed to address all the project's indicators and provide evidence for its achievements. In addition this study will feed measuring change, understanding the project's contribution to achieving this change and a recommendations for scale-up the project. The consultant worked closely with the project manager and the project team under the overall guidance of the UN Trust Fund to end Violence against Women.

**The specific objectives of this evaluation is to**:

- Address all the project's indicators and provide evidence for its achievements.
- Measure change of perception, experiences and attitudes towards violence
- Understanding the project's contribution to achieving this change
- Give recommendations for scale-up the project.

**Evaluation consultant:**

The consultant responsible for the end line evaluation is Dr Ibrahim Ali Kabbash, Professor of Public Health & Community Medicine, Faculty of Medicine Tanta University.

**Work plan:**

1. The initial preparatory phase was utilized for reviewing of relevant literature, projects documents, exploratory visits meeting with project manager and project team, finalization of study design and data collection tools (10 days)
2. Execution of focus group discussions and analysis of qualitative data (19 days)
3. Training of data collectors (1 day)
4. Quantitative data collection, cleaning and analysis (20 days)
5. Writing the first draft of final report (5 days)

**Evaluation questions**

| Evaluation Criteria | Evaluation Question |
|---|---|
| **Effectiveness**<br>Extent to which a project attains its objectives in accordance with the theory of change. | To what extent were the intended project goal, outcomes and outputs (project results) achieved and how? |
| **Relevance**<br>The extent to which the project is suited to the priorities and policies of the target group and the context. | To what extent do the achieved results continue to be relevant to the needs of women and girls? |
| **Efficiency**<br>Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively. | To what extent was the project efficiently and cost-effectively implemented? |
| **Sustainability**<br>Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project ends. | To what extent will the achieved results and positive changes in the lives of women and girls be sustained after this project ends? |
| **Impact**<br>Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact | To what extent has the project contributed to ending violence against women, ensure gender equality and/or women's empowerment? |
| **Knowledge generation**<br>Assesses whether there are any promising practices that can be shared with other practitioners. | To what extent has the project generated knowledge, promising or emerging practices in the field of ending violence against women/girls that should be documented and shared with other practitioners? |
| **Gender Equality and Human Rights** | Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated through-out the project and to what extent. |

# Methods:

## Description of evaluation design:

For triangulation of results, the assessment used both qualitative and quantitative design. The qualitative design utilized in-depth interviewing of key informants and review of secondary data. The quantitative design used a cross sectional design involving post testing of primary beneficiaries which can be compared with results of the baseline survey that could be considered as a pretest for changes after project implementation.

## Data sources:

3. **Qualitative data:** it relies on

   b) In depth interviewing with key informants from the four stakeholders. These interviews included:
      - Religious leaders (4 participants)
      - Service providers (11 participants)
      - Members of Civil Society Organizations (5 participants)
      - Policy makers (5 participants)

   c) Revision of project documents including:
      - Baseline survey results
      - Project annual reports

4. **Quantitative data:** collected thorough a cross sectional study through direct interviewing of beneficiaries using a structured questionnaire sheet.

## Data collection methods:

### Qualitative data collection:

The interviews helped to evaluate effectiveness, relevance and sustainability of the project results. In addition interviews explore perception of stakeholders regarding output, outcome and impact of the project. Results of interviews also helped to understand to what extent religious leaders and members of civil society organizations, who were trained in in this project effectively engaged in expansion and scaling-up the project services at their local communities.

### Sample selection for qualitative data collection:

For qualitative method, a convenient non-probability sampling technique was used targeting the following groups, policy makers, religious leaders, service providers and members of civil society organizations. Al-Shehab recruited participants of focus group discussions for key informants who had active participation in the project form the four target groups; religious leader, civil society organizations, policymakers and service providers. Separate focus group discussions were organized for each group.

Selection of participants for the interviews:

- The religious leaders who were trained by the project and shared in raising awareness activities of men and women in the target communities. In addition trained religious leaders were of great support to the project as they helped engaging men and male youth from the communities addressed by the project to share in projects activities.
- Interviews also included all service providers who were responsible for implementing project activities and they represented front line workers who can give sensitive feedback back on projects activities. Being in direct touch with the beneficiaries they helped in evaluation of the outcome of activities and clarified different challenges facing the project and gave more insight on opportunities for scaling up activities of the project and opportunities of sustainability of services provided by the project.
- Members of civil society organization who benefited from training activities of the project were also included in qualitative research. They were actively sharing in implementation of project activities in collaboration with Al-Shehab and their feedback is of great benefit to evaluate the effect of this project on changing the current situation and the modifiable factors influencing the problem of violence against women to achieve positive changes.
- Policy makers from the Ministry of Social Welfare and Solidarity were also included in qualitative data collection. Trained staff of Ministry of Social Solidarity on the interlink between violence and HIV infections helped to facilitate role of service providers to provide comprehensive package of services and ensure sustainability of projects activities. They gave the approval for the project and were closely monitoring its activities and shared in the training offered by the project. Their opinion and commitment with the project objectives is essential element to evaluate chances for sustainability of project activities.

**Focus Group Sessions implementation:**

The consultant prepared the meeting agenda which included open ended questions covering different aspects of the evaluations. The meeting agenda covered the following issues:

1. **Effectiveness;** Extent to which a project attains its objectives in accordance with the theory of change.
2. **Relevance;** The extent to which the project is suited to the priorities and policies of the target group and the context.
3. **Efficiency;** Measures the outputs - qualitative and quantitative - in relation to the inputs. It is an economic term which refers to whether the project was delivered cost effectively.

4. **Sustainability;** Sustainability is concerned with measuring whether the benefits of a project are likely to continue after the project ends.
5. **Impact;** Assesses the changes that can be attributed to a particular project relating specifically to higher-level impact
6. **Knowledge generation;** Assesses whether there are any promising practices that can be shared with other practitioners.
7. **Gender Equality and Human Rights**

The focus group discussions were organized at Al-Shehab Drop in Center located in Cairo City. The sessions were conducted in a room with enough space to accommodate comfortably all participants and ensure confidentiality of the session. The staff of the center were asked to avoid any interruptions or unnecessary noise. Participants sit on a round table with a suitable size according to number of participants.

The project consultant facilitated and supported discussions that were recorded using a recorder to avoid missing any important data mentioned by participants. The session's facilitator after welcoming participants clarified to them the objectives and the process of the meeting and asked for their consent to participant and record the discussions. The facilitator with participants set the ground rules of the session stressing on being onest and open in giving answers for presented questions, respect of other's opinion, active participation in the discussions, attentive listening, avoiding side talks and confidentiality of all sessions.

At the end of each session, the main issues brought up were summarized, the facilitator checked whether all the participants agreed and asked for additional comments. Participants were thanked and were told that their ideas had been valuable contribution. Participants were provided with refreshments. All sessions were audio recorded and a recorder staff was present to take notes.

**Analysis of results of qualitative data:**

The project consultant transcript the contents of the audio records. The main themes and subthemes were identified to interpret results of discussions. A full report was prepared for each session using participants' own words, key statements and ideas presented and their attitudes were all listed. After preparation of transcripts of the discussions the statement were coded and data were ordered

and reduced in relation to intended objectives. Coded data were summarized in compilation sheets. The results were then put in a final comprehensive sheet including results of all focus group sessions containing answers of all groups' participants. The consultant further summarized data by combination or contrasting for analysis of important data.

**B-Quantitative method of data collection:**

The evaluation report utilized both qualitative and quantitative methods of data collection. Quantitative methods helped to measure the count of the effect size and increased validity of results by triangulation. The consultant developed a structured questionnaire sheet to measure to what extent the package of services were scaled-up in the two centers (community and drop-in center) to the most marginalized women within the targeted communities. The questionnaire sheet included the following data:

- Socio-demographic data of the study participant.
- Knowledge and attitude toward domestic violence against women.
- Knowledge and attitude towards HIV/AIDS
- Knowledge, accessibility and utilization of services

The questionnaire was more or less in line with the questionnaire used in baseline survey to enable comparison of post intervention results with pre intervention results.

The consultant tested validity of the questionnaire by asking opinion of three expert professors in Public Health and Community Medicine to measure content and face validity. Reliability of the questionnaire was tested by calculation of Cronbach's alpha for 20 questionnaires filled in a pilot study and not included in the evaluation report and was found to be of good reliability level (Cronbach's alpha = 0.712)

**The sample size included** 1000 beneficiaries of the project activities from the following target populations:

5. Domestic workers (250)
6. Female sex workers (454)
7. Women living with HIV (46 women)
8. Victims of violence (250)

**The sample population** were a convenient sample recruited from beneficiaries of project activities at the two drop in center of Al-Shehab. The sample size was calculated to include approximately 25% of served women during the project as derived from data of project annual report. A sample of 1000 women were recruited from the two canters used by Al-Shehab to provide services for target women.

Participants were interviewed by a trained interviewers who had previous experience sharing in data collection of similar evaluations in other projects and were familiar with the sample population. The consultant organized a one day training session to familiarize the data collectors with the content of the questionnaire and trained them on skills of interviewing and data collection to minimize inter and intra rater variability. Data were collected by direct interviewing. The total number of sheets with full data were 956 which were used for data analysis. A total of 44 sheets were excluded form data analysis for being incomplete.

**Statistical analysis of quantitative data:**

The collected data were organized, tabulated and statistically analyzed using SPSS version 19 (Statistical Package for Social Studies) created by IBM, Illinois, Chicago, USA. For numerical values the range mean and standard deviations were calculated. For categorical variable the number and % were calculated.

## Safety ðical considerations:

The issue of domestic violence is a sensitive cultural issue in Egypt. The international ethical guidelines were adopted through the whole process of evaluation. The following considerations were strictly adopted during the evaluation process:

1. **The safety of the respondents and the research team was taken to be paramount and guide all project decisions (Do no harm):**
    - Protection of participants privacy and confidentiality of data
    - Anonymity of data collection
    - The consultant was responsible to ensure that the research doesn't lead to any further harm and doesn't further traumatize the participants.
    - The interviews were in a safe and private place.

- The formulation of questions was made carefully to avoid any stigmatizing expressions
- The data protection act was fully respected where focus group discussion were recorded in a separate data file to insure protection of confidentiality and was used only by the consultant.
- All paper documents were stored in a closed safe locker.

2. **Respect of study participants :**
   - The interviewer gave comprehensive clarification of the objectives of data collection, the issues discussed in focus groups, content of the questionnaire and the process of interviews to participants before starting data collection.
   - Interviewers got participants consent before starting the interviews.
   - Confidentiality of data was guaranteed to participants as data were collected anonymously and used only for the purpose of the evaluation of this project.
   - The questions were formulated in a way that respect culture and believes of the participants.
   - Participants' choices and decisions were respected.
   - The data collectors were carefully selected and received training on skills of interviewing, data collection and principles of ethics.
3. **Voluntary participation was ensured by:**
   - Using informed consent before starting the interviews
   - Full description of the purpose , content and process of the interview
   - Stressing that participation is voluntarily
   - Stressing that the interviewees can decide to stop the interview any time. The interviewees had the right to refrain answering any question.
4. **Referral to services:**
   - All participant who shared in data collection and were in need for any service were offered the service if available at Al-Shehab center.
   - If the service is not available by Al-Shehab center, they were assisted by referral to a suitable nearby high quality source of service.

## Limitations of evaluation:

3. We could not have a larger number of key informants in focus group discussions. The evaluation was conducted during a period with high peak of COVID-19 infection in Egypt. Some of those invited declined to attend.

4. We cannot take a random sample for quantitative part of the study due to short period for evaluation and need to finish the evaluation before deadline.

# Findings & Results:

## Effectiveness:

### *To what extent the intended project results achieved and how?*

**The first objective** of the project was to enable women in the served communities have access to gender based violence and HIV services and frequently use these services. Also to improve men understanding of interlink between violence and vulnerability to HIV infection and the effectiveness of religious leaders in achieving this understanding.

Revision of activities reported in annual report revealed that the target population of women to be serviced by this project was covered. A variety of services addressing different facets of the problem were offered which include:

- The drop-in center and community center provided essential services for 4403 women among key population and women living with HIV.
- 1287 women benefited from psychological support
- 3982 women benefited from listening services and were direct to a range of services within the drop-in center and community-based center.
- 128 lawsuits were filed for 76 women among the direct beneficiaries. The law suits addressed a variety of issues ranging from personal affairs, damage of chattels misdemeanor, (legal Separation), child custody, alimony, inheritance.
- 2097 women and girls benefited from medical service which aims to provide counseling and educated about high-risk sexual behaviors. Target groups also received counseling about contraception and were offered contraceptive methods appropriate to their needs.
- 4128 women accessed the voluntary counseling and testing services and engaged in awareness sessions on reproductive and sexual health, awareness of HIV, methods of transmission, and methods of prevention.

Results from quantitative data showed that those who received information on violence from the current project represented 82.0% and they reported that these information was very useful or useful by 63.3% and 35.5%, respectively. More than one half of participants

received counseling about domestic violence and HIV infection (51.6% and 54.1%, respectively). Social, legal and psychological support were offered to 51.9%, 26.8% and 29.8%, respectively. The majority shared in raising awareness sessions (78.7%). Lab investigations for viral infections including HIV and viral hepatitis were utilized by 58.6%. Harm reduction services were utilized by 20.2%. The level of satisfaction with provided services was very high as reported by 99.2% who found these services useful or very useful. In addition, 99.1% reported a positive effect of these services on their lives. In addition, participants perceived positive effect of these services on lives of other women in their communities (94.6%). (Table 5)

The majority had an idea about laws against violence (72.1%). Hearing about female genital mutilation laws was reported by 69.5%). Sexual harassment law and early marriage law were known by 72.3% and 55.4% of participants. The majority agreed with the concept of these laws (75.2%). However, those who believed that these laws are applied represented 48.1% only. (Table 5)

Participants of focus group discussions mentioned that men did not realize that some of their actions with their women are considered as forms of violence. They though they have the right to do these things as part of husbands' rights. After clarification of Islamic vision to the relationship between the spouses they realized their misbelieves and were much interested to ask about different issue related to marital relationships and correct behaviors in these situation form the religious point of view. Some men expressed their appreciation to the effect of the raising awareness they had in better changing their marital relationships and showed a negative attitude towards violence. They tended to come to ask for what to do and seek for solutions to their problems whereas before the project they tended to react violently without seeking for any help as reported by religious leaders sharing in discussions.

Through sport days and cooperation with religious leaders, men realized different types of domestic violence. They recognized that religion is against insulting the wives in any way and began to respond to this issue by asking questions how to avoid conflicts with wives that may lead to violent acts. Many men (1757) attended the husband-wife training organized as one of project activities. They gave positive feedback on their coping with familial conflicts and avoiding

violence post training. They kept asking about other training. Other men who did not attend the training were also asking if they can attend it in the future.

The project reached men through providing services to women. Men are usually skeptic to get help if they are addicts. Men did not perceive domestic violence as violence. Trained men shared in service utilization provided to drug addicts and people living with HIV and they encouraged other peers to come and utilize these services. This observation indicates that men are actually affected by the message of the project and their attitude and behaviors are positively affected. Trained men in targeted communities formed a team and created a theater activity presented to attendants of coffee shops in their locality. By acting, they sent messages against domestic violence, drug addiction and stigma against people living with HIV.

Religious leaders mentioned that the project helped them to share ideas and information about the problem, understand its causes and how to help solving it. It also, encouraged the interaction between the religious leaders to share ideas and experience. The trainees became more interested to deal positively with the problem in their Friday pray sermons. They shed more light on it and attracted attention of the prayers to how serious is the problem and how to deal with it.

Service providers mentioned that training religious leaders and community volunteers was greatly helpful to facilitate field work. Volunteers helped to organize sport activities and attracted men to utilize project activities. Religious leaders gave more acceptability to the project activities, helped more couples to utilize services. Civil society organizations training was efficient in attracting them to share in activities and willingness to work in issues related to domestic violence which was not previously in their agendas. Many of them shared by different activities whether similar to what offered by the project or complementary to project activities such as financial support or providing shelter for victims. Training of social workers in the Ministry of Solidarity facilitated field work and communication with community leaders and ensure their cooperation with filed workers. Also it helped offering social services offered by Ministry of Solidarity to victims of domestic violence. Those trained reported change of their concept towards domestic violence to a more positive attitude which will help providing services in the future.

As a result of this project, religious leaders were more interested to be involved in fighting this phenomenon. In addition, the Ministry of Religious Affairs (Ministry of Awquaf) became also involved in the campaign to combat domestic violence by two initiations "Peaceful life and love-

Sakan Wa Mawada" and "Children's Rights" which were integrated with activities against domestic violence. The Ministry of Religious Affairs became more interested to address family issues.

**The second objective** was to increase understanding of women's vulnerability to HIV and violence and integrating of HIV services with services to combat gender based violence. Participants in focus group discussions declared that the project activities improved the ability of women to speak up and tell about the problem and search for solutions. Also it helped people living with HIV to declare their status to health care workers and search for treatment and became interested not to transmit infection to their partners. Women were interested to bring their men to attend raising awareness sessions especially those organized by religious leaders. In different circumstances the attendants had the chance to ask about different issues which shows the existence of misconceptions where the field workers did their best to explain and correct these misconceptions.

Results from quantitative data revealed that knowing HIV/AIDS was high (75.8%). Knowledge about methods of transmission of HIV infection by unprotected sexual contact was high (72.4%). Infection by sharing needles among drug addicts was reported by 52.8% and 35.7% reported infection from mother to her baby. Recognition of correct methods of transmission of infections was substantially improved compared to the level of awareness of these methods in the baseline survey. Misconception of HIV infection as sharing food (6.7%), kissing an infected person (7.7%), sharing clothes (4.8%) and practicing sex with proper use of condom (8.4%) were very low compared to baseline survey. Participants who did not know that person with HIV can look healthy represented 42.3% and 51.8% did not know that such person may live many years. Presence of treatment for HIV was known by 35.0% and 47.1% did not know. The attitude towards persons living with HIV was moderately positive as 46.8% of participants were willing to purchase vegetables form a person living with HIV, and accept them to work like any other person. Among participants 41.8% accepted a teacher with HIV to continue her work and only 27.2% would feel uncomfortable working with a colleague living with HIV. The relationship between HIV infection and gender based domestic violence was well recognized by participants (71.2%). (Table 4)

These figures showed improved knowledge and attitude of beneficiaries compared to baseline survey

The third objective was to improve knowledge and skills of service providers to be capacitated to respond adequately to needs of vulnerable women to violence and HIV. Also, to improve communication and strengthen and institutionalize referral mechanisms

Al-Shehab, in this project, initiated a referral system. The system of referral covers many services. Some of these services were provided by Al-Shehab through integration with other existing programs. Referrals were also available by networking with Ministry of Solidarity offering monthly financial support through the presidential initiation “Respectful life” and offering shelters to domestic violence victims. Other nongovernmental organizations offered services not covered by the project such as National Women Council that offered legal support and treatment of drug addiction offered by the “The General Board of Psychiatric Health”", Freedom civil society organization and Fund for Treatment and Rehabilitation of Drug Addiction. A charity organization (Mersal) offered medical services. This referral system improved quality and comprehensiveness of services. One of the project output is the referral map which will be of great help in efficient service utilization and integration. If it can be digitalized and made available on Al-Shehab website, it will be great help for efficient utilization of available services in different communities and maximize the benefits of available resources.

**In conclusion the projects activities were achieved and covered effectively the objectives of the project**

## Relevance:

### *To what extent do the achieved results continue to be relevant to the needs of women and girls?*

Participants mentioned that in these poor communities domestic violence is common. Many community members were exposed to violence or practicing violence. This violence could be a pushing factor to become a sex worker or drug addict which further expose the victims to other types of violence and HIV infection. In addition, results of quantitative data showed that the majority of beneficiaries were young 67.4% (below 40 years), living in large families, with low educational level (35.1% were illiterate) and many of them were unemployed (41.5%) (Table 1).

The majority live in financially unstable families whose monthly income not enough to cover their needs (91.1%). Intake of alcohol and drugs was reported among studied beneficiaries and their husband/father (20.9% and 28.2%, respectively) (Table 2). Financial instability and intake of drugs are usually one of the main drivers for domestic violence. Such communities with low socio economic standard are more prone to domestic violence and had low accessibility to high quality services. The baseline survey data of this project indicated the high prevalence of violence among the communities served by this project.

Based on results of focus group discussions and annual report of the project, project activities included awareness sessions about beneficiaries' human rights and supported women by raising their awareness about prevention of domestic violence. The project offered medical services for HIV and sexually transmitted infections to key population who did not have access to these services due to social stigma (being not married and have such diseases) and offered HIV harm reduction through distribution of condoms and syringes for injecting drug users.

The medical lab services at Al-Shehab drop in centers offered a range of investigations for sexually transmitted infections and other diseases. Psychic support and listening sessions were offered to women to express themselves, disclose their problems and get guidance how to cope with the current situation and be trained on life skills to avoid the risk of exposure to violence. Social services were offered by referral to other programs. The project also offered post HIV test counseling for people living with HIV. Women who got benefit form services usually encouraged other women to visit the drop in center. Legal services were also available by the project activities. Usually cases of violence did not know their legal rights and how to get it. Legal support by this project created more awareness of victims with their rights and helped them to get them.

The project covered many activities and even some activities which were not covered by the project were addressed by integration with other programs organized by other civil society organizations. Al-Shehab managed to set a partnership with Ministry of Health, Fund for Treatment and Prevention of Addiction, Ministry of solidary and other civil society organizations. Through this partnership they managed to address the different facets of the problem; ignorance, poverty and drug addiction. This helped to have a comprehensive management of the family problems initiating domestic violence.

Regarding familial characteristics of study participants, 43.3% had a father or husband with irregular working status, 20.7% with private work and 8.3% had not father/husband. The household family members ranged 1-16 with a median of four persons. The monthly income was reported as not enough by 91.1% of participants. Intake of alcohol or illicit drugs was reported by 28.7% where 3.7% drink alcoholics, 17.2% use drugs and 7.8% use both. Within family members, 8.3% drink alcoholics, 19.9% used illicit substances 7.7% abused both. (Table 2)

Part of the problem is the religious misconceptions about women's rights in Islam. Many men think they possess their women and did not realize their spouses' rights. Integration of religious leaders in raising awareness was effective in addressing this issue.

**In conclusion, the project successfully targeted needs of the served communities.**

## Efficiency:

### *To what extent was the project efficiently and cost-effectively implemented?*

Participants in the different groups agreed that the project targeted regions where the problem is highly evident based on filed observations and covered different aspects of the problem. The high prevalence of drug addiction characterized the localities of the project activities which is one of the main drivers of domestic violence. Domestic violence is more prevalent in suburban community due to low socioeconomic and educational levels.

In this project, Al-Shehab built a network of partnership with different stakeholders. This network covered many services. This network of partners increased efficiency and cost effectiveness of services and effect size of change by these services. Poverty is undoubtedly fuel the problem of domestic violence. Al-Shehab integrated services of this project with other services provided by Ministry of Solidarity offered monthly financial support through the presidential initiation "Respectful life" and offering shelters to domestic violence victims. Other nongovernmental organizations offered services not covered by the project such as National Women Council that offered legal support. Another important stimulant for violence which is drug addiction was addressed by partnership with "The General Board of Psychiatric Health"", Freedom civil society organization and Fund for Treatment and Rehabilitation of Drug Addiction. A charity organization

(Mersal) offered medical services. This integration improved quality and comprehensiveness of services and decreased needed cost to achieve the project objectives. One of the project output is the referral map which will be of great help in efficient service utilization and integration. If it can be digitalized and made available on Al-Shehab website, it will be a great help for efficient utilization of available services in different communities and will help maximize the benefits of available resources.

The budget of the project and financial expenditure was also revised. Activities were implemented with the approved allocated budget for each item.

**In conclusion, the project was efficiently and cost effectively implemented. Many objectives were achieved with the lowest cost burden on the project budget.**

## Sustainability:

### *To what extent will the achieved results and positive changes in the lives of women and girls be sustained after this project ends?*

Participants in focus group discussions mentioned that the project stimulated the attention of different partners (beneficiaries and service providers) in the issue of domestic violence and that services will continue while others may be affected by lack of financial support.

Services of Al-Shehab drop in centers will continue as they will keep open. Trained religious leaders will continue present the issue in their talks with people. Trained civil society organizations became aware and skilled to continue the services which became in their agenda of activities. Referral system will continue as the project created a map for services available in the local communities served. However the scope of services will be affected by availability of finical resources.

The trained religious leaders and members of civil society organization became motivated and dedicated to continue some of the activities especially raising awareness and referral to available services. However, some activities needing financial resources will be affected for example lab services. Some activities of this project is supported by some governmental initiations. Al-Shehab and trained civil society organizations, through activities of this project, got experience in this filed and they can continue partly by their own resources and can attract a new funding to continue. Transfer of experience to other partners is also a chance for sustainability of services.

Participants of the trained civil society organizations mentioned that they will continue their commitment to provide these services. They already have access information to target population and experience in working with them. They became more aware about the existing problem and capable to work with its causes with their available resources and offer services for those who suffered from the problem.

**In conclusion chances of sustainability of services are high as the two drop in centers of Al-Shehab will continue offering services. Trained civil society organizations, policy makers and religious workers showed commitment to continue sharing providing services. However, some services such as lab and medical services that needs an increasing financial demands due to economic inflation and increased demand by beneficiaries may be affected.**

## Impact:

### *To what extent has the project contributed to ending violence against women, ensure gender equality and /or empowerment of women?*

Participants expressed that the project activities increased awareness of the target population to make benefit of available services and increases their utilization of these services. Speaking about the problem motivated many persons to search for solutions and use available services.

The key point is that women victims were not aware of being victims of domestic violence. Awareness of the problem and how to deal with helped in stimulating them to search and utilize different services designed to combat the problem. The project offered a wide range of services including medical, legal, social and psychic services that were integrated with other organizations whether governmental or civil society organizations.

Civil society members reported that services were effective to a great extent. It helped to build skills and capacity to deal properly with victims of domestic violence and raised awareness about the problem. The project helped victims to have an optimistic vision for their lives. Qualification of victims to deal with domestic violence and risks for HIV infection helped women to struggle for their rights and their children's rights. Also, lab services were effective in providing easy access of women to non-stigmatizing nondiscriminatory investigations that motivated them to appreciate self-heath and protect themselves from HIV infection. In addition, providing safe needles was essential with increased prevalence of drug addiction in the target communities.

Women and men in the served communities had more awareness about the concept of domestic violence and vulnerability to HIV infection and how to deal with violence and negotiate for condom use for safe sex with sexual partners. Women became aware of the concept of domestic violence and many of them asked for legal help. Many women were helped to refuse this violence and became keen to search for their rights and find solutions to their problems. Women became also aware of different forms of violence not only physical violence.

A high percentage of participants disagree with men beating women. Out of participants, 81.2 % disagree with husband beating wife for refusing to have sex. Beating a women for burning food, neglecting children or arguing with husband were refused by 92.3%, 83.6% and 75.2%, respectively. Beating a women for leaving house without permission was refused by 74.3%. The community rejected rapist was agreed by 46.4%. Male education was reported as important then female education by only 6.9% while 8.9% were neutral. (Table 3)

Right of women to work without permission of man of the house was agreed by 33.6% while 10.6% were neutral. Participants who rejected the statement that women who work often neglect their children represented 62.9%. Among participants, 76.9% agreed that women should share in decisions making in their families. Obeying the guardian to accept arranged marriage even if they do not accept it was agreed upon by only 7.7% while only 8.7% were neutral. Blaming women for being subjected to rape was accepted by only 16% while 73.1% rejected it. Female circumcision was not accepted by 77.0% while 82.8% rejected accepting insults and physical attacks from their husbands to protect their marriage. Marring girls before the age of 18 years was rejected by 85.1%. Using condom by husband for family planning was agreed by 58.9% while 27.4% were neutral. The issue of domestic violence should be changed was accepted by 75.8% and 72.6% accepted that misconceptions regarding this issue is present among males and females. Health and psychic consequences of domestic violence was perceived by 85% of study participants. These results showed significant improvement in the perception of the problem of gender based violence among beneficiaries compared to results of bassline survey (Table 3)

**The project succeeded in**:

- Bringing the issue of domestic violence to the focus of attention of people and clarifying the religious opinion about this issue and importance of proper relationship between spouses.
- Improved awareness of service providers to provide non-stigmatizing services.
- Cooperation with the Fund for Treatment and Prevention of Addiction to care for addicts who were usually men exerting domestic violence on their women and other family members.
- Cooperation with other civil society organizations that enabled helping victims to overcome different causes of violence. Decreased the stigma among care providers and increased their willingness to help people.
- Capacity building of civil society organizations and establishing partnership with them.
- Development of referral map. This will help sustainability of services.
- The project by helping women find jobs and become financially independent empowered women to fight domestic violence.
- The training manual that targeted mainly civil society organizations working and willing to work with key populations, people living with HIV and survivors of gender-based violence, will help to increase response to HIV and violence against women. Where the manual works to document the experience of Al-Shehab and the lessons learned during the implementation, opportunities, and challenges associated with the provision of an integrated package of services for the target population particularly during the disasters period such as COVID-19 pandemic. As a service guide, the manual outlines the best practices learned over the past years by Al-Shehab foundation, not only in providing the various services but also in linking them together in a meaningful way.

**In concussion the project activities had substantial contribution on ending the problem of violence against women in the served communities**

## Knowledge generation

*To what extent has the project generated knowledge, promising or emerging practices in the field of end violence against women or girls that should be documented and shared with other practitioners?*

Based on responses of participants in the focus group discussions and outputs of project activities the following best lessons were learned from this project:

- Respecting the local circumstances of the problem by providing data about the problem profile through implementing the baseline survey. The baseline survey was helpful to match project activities with the local circumstances of the problem
- Bringing the problem and issues of domestic violence into community attention, and involving religious leaders in the activities as they have strong influence on the community.
- Integration of religious leaders helped to attract men in awareness sessions and changed their perception towards the problem. Integration of men is essential as they are usually the main perpetuator of domestic violence.
- Integration and training of civil society organizations which became involved in the problem as part of their agendas. This will help expand the scope of coverage of the problem by other partners.
- Coordination with other civil society organization and complementary service provision by Al-Shehab and these organizations to cover different aspects of the problem especially activities not funded by this project.
- Legal services helped beneficiaries to have official documents to get work and get support from governmental services (birth certificates, national number identification, figure prints for clearance of criminal investigations). This service improved accessibility of beneficiaries to services related to their human rights.
- Partnership with trained civil society organizations to get their commitment to work in HIV prevention and care of people living with HIV will help increase availability and accessibility to services.
- The system for referral and service availability map will help to efficiently use available resources to increase accessibility and utilization of services.

## Gender Equality and Human Rights

*Cross-cutting criteria: the evaluation should consider the extent to which human rights based and gender responsive approaches have been incorporated throughout the project and to what extent.*

All key informants who participated in discussions agreed that the project had no contradiction with any local circumstances. All activities were according to peoples' believes and religious principles. The main cultural challenge was attracting men to the project activities. Al-Shehab created new techniques to attract them by organizing days of sport activities as football competitions and other sport activities and integrate the awareness sessions within these days. Also, including religion leaders in the activities was highly attractive and respected by men in the community and also highly effective.

Policy maker participants mentioned that the project did not contradict with any local legal or political issues otherwise Ministry of Solidarity would not coordinate and share in implementation of the project. Al-Shehab respected confidentiality of beneficiaries which is an important cultural issue.

The project was in line with human rights and gender equity. Religious leaders thought that these issues are essential principles in Islamic religion which stress on the importance of human rights and gender equity. Dealing with domestic violence and solving this problem is an issue of human rights and gender equity as declared by service providers and policy maker participants.

**Constraints and limitations of the project:**

- The COVID-19 pandemic and associated lockdown was a great challenge. Service providers did not stop activities but searched for other mechanisms. They used the social media and identified links on Facebook discuss women problems and started discussing with them the issue of domestic violence and offer information and guidance for victims. Service providers also referred them to available online services and made a lot of effort to provide home based services to people living with HIV especially providing them with their treatment.
- Service providers used intermediate persons who helped them to reach the target population in their gathering places. In spite of being a source of help to facilitate outreach activities, they were very demanding and tended to ask for more incentives and money to keep offering help.

- Domestic violence in our community had early roots in the family where the women was suffering from violence by the father or brother that continued by her husband after marriage. There is a need first to help victims realize being exposed to violence to search for solutions to prevent it. When the victim started to refuse violence from husband this may increase the conflicts between that may lead to divorce which will add another problem. Service providers tried to give different alternative options and helped women to take the decision. After having decision, they guide women to available supportive services and referral activities.
- The rate of inflation which much increased the cost of lab services.
- The fieldwork team was small to face the increased demand of services with project implementation especially with increased interest of beneficiaries to utilize services.
- Working with men as Al-Shehab used to work with women and this was the first time working with men. Attracting men to a center used to serve women was difficult.
- Discussing the issue of HIV which is associated with social stigma.
- Lab facilities are expensive to cover all services needed by beneficiaries. The increased demand on services was a great load on the budget.
- Civil society work in Egypt is difficult due to security issues.
- The load to reach the target beneficiaries after the lockdown period where the period needed was short.

## Conclusion:

- **Overall**: The projected achieved its objectives which were tailored according to community needs and relevant to the context of the problem of gender based violence in the served communities. The evaluation showed positive change indicating positive impact of project services on awareness attitude and practices of beneficiaries. Chances for sustainability is good for most services. Experience from this project provides a good model for future projects.

- **Effectiveness**: the project helped in breaking the silence about violence against women in the community and brought the problem to the focus of attention. Women became aware of being exposed to violence and start to search for their legal and human rights. Men began to understand that masculinity and violence are two different things and discussions with religious leaders helped them to understand women's rights in Islam. Knowledge about laws against violence and inter relationship between violence and vulnerability to HIV

infection became clearer than before. The project offered awareness sessions that encouraged a change of perception of the problem and its negative consequences on the community. The project offered a range of services dealing with different facets of the problem and encouraged utilization of these services and succeeded to reach the target population during the project implementation period

- **Relevance:** relevance was fulfilled in this project as the baseline survey offered information about the profile and roots of the problem in the community. The objectives were tailored to address the needs of the beneficiaries in the targeted communities. Different services were offered to raise awareness of men and women, offering counseling, medical services, counselling and testing for HIV infection and other sexually transmitted infection, legal services, psychological support and other services based on needs of beneficiaries.

- **Efficiency:** the project implementation was efficiently using allocated resources to each item of activities. The cost benefit was maximized by integration of activities with Ministry of Solidarity, other civil society organizations and Fund for Treatment and Prevention of addiction. This helped avoiding duplication of services, provided a wide range of services to tackle different factors affecting the problem of violence against women and vulnerability to HIV infection in the target communities.

- **Sustainability:** The chances of sustainability is high. Al-Shehab is still offering services through their drop in centers. Trained civil society organizations were incapacitated to provide services to help women facing the problem of domestic violence. Activities against this problem became part of their agenda and are committed to continue providing services. Religious leaders and Ministry of Religious Affairs (Awquaf) became interested in the issue of domestic violence after training and communication with authorized persons and started two initiation supported by the Ministry of Awquaf to prepare youth for taking the responsibilities of marriage and properly treating their wives. The reference map documented all resources available to support victims of domestic violence and is made available to other organizations. The training curriculum prepared by Al-Shehab included their experience that can be replicated by other interested stakeholders. Medical services is

expected to be negatively affected due to lack of resources and increasing cost due to inflation.

- **Impact:** The project helped to positively changing knowledge and attitude of women and encouraged utilization of services to combat domestic violence. Many stakeholders became involved in the struggle to fight this problem. There is political commitment of high authorities of Ministries of Solidarity and Religious affairs to help relieving the negative effect of this problem and improve current situation. The project addressed a problem of public health importance that touched the needs of the community to improve the situation of women according to the sustainable millennium development goals which will in turn encourage development and improve life of people.

- **Knowledge generation:** The project presented some best lessons which were listed in the report. These best lessons will help Al-Shehab and other organizations make benefit of the experience gained in this project to implement efficiently future similar projects.

- **Gender equity and human right:** The project was revised and implemented under supervision of Ministry of Solidarity. Principles of gender equity and human right were all of concern during project implementation. In addition religious leaders and Ministry of Awquaf shared in the project meaning that the project activities had no conflicts with community and cultural norms.

**Recommendations**

Based on results of this evaluation the following are recommended:

- **Overall**:
    - The project was effective in changing life of people served and it is recommended that funding agents approve to be replicated in other communities suffering from gender based domestic violence.
    - Al-Shehab should share this experience and make it available for other organizations to benefit from the experience of this project. Documentation and posting data of this project on Al-Shehab website will help others have access to information related to this experience.

- **Effectiveness**:
  - Funding and implementing organizations should include beneficiaries' representative in planning and implementation of activities. They are more familiar with the filed information and can help access to beneficiaries.
  - Financial empowerment is crucial for marginalized women to be able to face and deal properly with domestic violence against them. Civil society organization and funding agents working in this filed should pay more attention to this point as poverty and unemployment are major causes of gender based domestic violence in the community.
  - In future projects, the budget should include items to provide drugs or referral facilities to get them for free. Many beneficiaries receiving medical diagnosis services did not have money to purchase the treatment that was a barrier to benefit from these medical services.
  - More stress on activities and services for men as men are usually the source of violence.
- **Relevance:**
  - There is a need to direct more attention to dealing with violence against men having sex with men as one of the key population for HIV and their sexual partners. Men having sex with men are highly stigmatized in the community and they are not able to expose their sexual identity. Policy makers and civil society organization can have a role in improving the current situation and provide none stigmatizing and nondiscriminatory services for this group.
  - Financial support of poor families was not part of project activities. Poverty is an important issue related to domestic violence. In future projects this problem should be properly addressed. Financial support should be accompanied with a period of follow up to make sure that the supported families became financially stable and independent. Short term financial support services are usually not enough to help the family to overcome their problems initiated or aggravated by poverty.

- Dealing with children of families suffering from domestic violence and drug addiction should have more interest by civil society organizations and governmental authorities.

- **Efficiency:**
  - The implementing organization should create a network with different stakeholders to make benefit of available services and void duplication of activities.
  - Implementing organizations should help beneficiaries decide suitable solutions to their problems by providing suitable information and clarifying different alternatives to choose the most efficient one.
  - One of the project outputs is the referral map which will be of great help in efficient service utilization and integration. If Al-Shehab can digitalize this map and make it available to others it will help efficient utilization of available services in different communities.

- **Sustainability:**
  - The funding and implementing organizations should insist on having political commitment of the project objectives and activities to guarantee its sustainability.
  - Partnership with related governmental sectors can offer a better chance that these partners will continue offering services after project ends.

- **Impact:**
  - There a need to provide treatment and rehabilitation services for drug addiction in the community suffering from gender based domestic violence. There is lack of enough facilities offering free treatment and rehabilitation to drug addiction which is one reason for violence and vulnerability for HIV infection. Many addicts were asking for treatment but cannot be helped. Services offered to drug addicts during this project were mainly based on personal communication with some organizations which did not accept all cases.
  - Dealing with the impact of domestic violence on children of families suffering from this problem. These children are affected by this bad experience and when became adults they may become more vulnerable to violence or perpetuators of violence. Organizations working in this filed can reach families suffering from domestic

violence by tracing street children's families and families of other children in troubles.

  - Follow up of cases to ensure their independency, to be linked to activities as long as they need it (long term services) to guarantee that victims reached their life stability.

- **Gender equity and human rights:**
  - Preparing youth to the responsibilities of marriage, how to manage marital conflicts, loans taken to help get married which are stressing factors on the new spouses that lead to domestic violence. Religious leaders can offer much help in this respect by their speeches in mosques and churches.
  - There are other communities and regions not covered by the project while they suffer high prevalence of domestic violence. Governmental and nongovernmental organizations should start mapping these regions and plan for services to support victims in these communities.

Table (1): Characteristics of study participants

| Variables | Number (n=956) | % |
|---|---|---|
| **Age in years:** | | |
| <20 | 16 | 1.7 |
| 20- | 194 | 20.3 |
| 30- | 434 | 45.4 |
| 40- | 219 | 22.9 |
| 50- | 72 | 7.5 |
| 60+ | 21 | 2.2 |
| Range | 17-72 | |
| Mean+SD | 36.45±9.42 | |
| **Marital status:** | | |
| Single | 107 | 11.2 |
| Officially married | 559 | 58.5 |
| Non-officially married | 29 | 3.0 |
| Divorced | 187 | 19.6 |
| Widow | 74 | 7.7 |
| **Number of siblings:** | | |
| Not married | 107 | 11.2 |
| None | 103 | 10.8 |
| 1 | 80 | 8.4 |
| 2 | 187 | 19.6 |
| 3 | 200 | 20.9 |
| 4 | 161 | 16.8 |
| 5 | 78 | 8.2 |
| 6+ | 40 | 4.1 |
| Range | 0-9 | |
| Mean±SD | 2.77±1.68 | |
| Median | 3 | |
| **Educational level:** | | |
| Illiterate | 336 | 35.1 |
| Read & write | 76 | 7.9 |
| Primary | 197 | 20.6 |
| Secondary | 237 | 24.8 |
| University | 110 | 11.5 |
| **Job :** | | |
| Housewife | 225 | 23.5 |
| Student | 9 | 0.9 |
| Manual worker | 19 | 2.0 |
| Employee | 37 | 3.9 |
| Professional | 22 | 2.3 |
| Private work | 247 | 25.8 |
| Unemployed | 397 | 41.5 |

Table (2): Characteristics of families of study participants and intake of illicit drugs

| Variables | Number (n=956) | % |
|---|---|---|
| **Father/Husband job** | | |
| Died | 59 | 6.2 |
| Retired | 20 | 2.1 |
| Manual worker | 36 | 3.8 |
| Employee | 63 | 6.6 |
| Professional | 77 | 8.1 |
| Unemployed | 89 | 9.3 |
| Private work | 198 | 20.7 |
| Irregular work | 414 | 43.3 |
| **Family size:** | | |
| Living alone | 13 | 1.4 |
| 2 | 57 | 6.0 |
| 3 | 128 | 13.4 |
| 4 | 291 | 30.4 |
| 5 | 250 | 26.2 |
| 6 | 114 | 11.9 |
| 7 | 72 | 7.5 |
| 8+ | 31 | 3.2 |
| Range | 1-16 | |
| Mean$\pm$SD | 4.59$\pm$1.56 | |
| Median | 4 | |
| **Monthly income:** | | |
| Not enough | 871 | 91.1 |
| Enough | 80 | 8.4 |
| Enough and saving | 5 | 0.5 |
| **Intake of alcohol/Illicit drugs:** | | |
| None | 682 | 71.3 |
| Alcohol | 35 | 3.7 |
| Drugs | 164 | 17.2 |
| Both alcohol and drugs | 75 | 7.8 |
| **Husband /father take alcohol or drugs** | | |
| Currently not having father or husband | 282 | 29.5 |
| None | 331 | 34.6 |
| Alcohol | 79 | 8.3 |
| Drugs | 190 | 19.9 |
| Both alcohol and drugs | 74 | 7.7 |

Table (3): Attitude of study participants towards domestic violence against women

| Attitude | Strongly agree | | Agree | | Strongly disagree | | Disagree | | Don't know | |
|---|---|---|---|---|---|---|---|---|---|---|
| | n | % | n | % | n | % | n | % | n | % |
| **Is it acceptable for a man to beat his wife in the following situations:** | | | | | | | | | | |
| If she refuses to have sex | 3 | 0.3 | 25 | 2.6 | 572 | 59.8 | 303 | 31.7 | 53 | 5.5 |
| If she burns the food | 0 | 0.0 | 21 | 2.2 | 533 | 55.8 | 349 | 36.5 | 53 | 5.5 |
| If she neglects the children | 7 | 0.7 | 80 | 8.4 | 523 | 54.7 | 276 | 28.9 | 70 | 7.3 |
| If she argues with her husband | 3 | 0.3 | 44 | 4.6 | 514 | 53.8 | 300 | 31.4 | 95 | 9.9 |
| If she leaves home without telling him | 23 | 2.4 | 111 | 11.6 | 450 | 47.1 | 260 | 27.2 | 112 | 11.7 |
| In your community, if a man rapes a girl or woman and others find out about it, he will be shunned | 320 | 33.5 | 123 | 12.9 | 205 | 21.4 | 193 | 20.2 | 115 | 12.0 |
| Male education is more important than female education | 22 | 2.3 | 44 | 4.6 | 414 | 43.3 | 391 | 40.9 | 85 | 8.9 |
| Women have the right to work without permission of father , husband or brother | 95 | 9.9 | 227 | 23.7 | 304 | 31.8 | 229 | 24.0 | 101 | 10.6 |
| Women who work often neglect their domestic duties | 66 | 6.9 | 178 | 18.6 | 334 | 34.9 | 268 | 28.0 | 110 | 11.5 |
| Women have the right to participate in decisions related to her family | 352 | 36.8 | 383 | 40.1 | 58 | 6.1 | 81 | 8.5 | 82 | 8.6 |
| Girls should obey their guardian and accept arranged marriage against her will | 24 | 2.5 | 50 | 5.2 | 385 | 40.3 | 414 | 43.3 | 83 | 8.7 |
| Girls and women who wear revealing/eye-catching cloths deserve to be harassed | 64 | 6.7 | 89 | 9.3 | 313 | 32.7 | 386 | 40.4 | 104 | 10.9 |
| Female circumcision should be done | 23 | 2.4 | 48 | 5.0 | 336 | 35.1 | 401 | 41.9 | 148 | 15.5 |
| The wife should accept insults and physical attacks from her husband to protect her marriage | 20 | 2.1 | 71 | 7.4 | 396 | 41.4 | 396 | 41.4 | 73 | 7.6 |
| Family has the right to marry girls less than 18 years without their consent | 18 | 1.9 | 33 | 3.5 | 395 | 41.3 | 419 | 43.8 | 91 | 9.5 |
| Husband should use condom in cases where his wife cannot use family planning methods | 175 | 18.3 | 388 | 40.6 | 63 | 6.6 | 68 | 7.1 | 262 | 27.4 |
| Domestic violence is a social issue that should be changed | 351 | 36.7 | 374 | 39.1 | 30 | 3.1 | 42 | 4.4 | 159 | 16.6 |
| Misconceptions related to domestic violence not only in the minds of men but also of women | 315 | 32.9 | 380 | 39.7 | 52 | 5.4 | 34 | 3.6 | 175 | 18.3 |
| Domestic violence against women has health and psychic consequences | 481 | 50.3 | 332 | 34.7 | 16 | 1.7 | 12 | 1.3 | 115 | 12.0 |

Table (4): HIV/AIDS knowledge and attitude

| HIV/AIDS knowledge and attitude | Agree | | Disagree | | Don't know | |
|---|---|---|---|---|---|---|
| | n | % | n | % | n | % |
| Have you ever heard about an illness called HIV/AIDS? | 725 | 75.8 | 161 | 16.8 | 70 | 7.3 |
| Which of the following methods can transmit HIV infection? | | | | | | |
| Unprotected sexual contact with an infected person | 692 | 72.4 | 264 | 27.6 | 0 | 0.0 |
| Sharing needles among drug addicts | 505 | 52.8 | 451 | 47.2 | 0 | 0.0 |
| Sharing food with an infected person | 64 | 6.7 | 892 | 93.3 | 0 | 0.0 |
| Kissing an infected person | 74 | 7.7 | 882 | 92.3 | 0 | 0.0 |
| From mother to her baby | 341 | 35.7 | 615 | 64.3 | 0 | 0.0 |
| Sharing clothes with an infected person | 46 | 4.8 | 910 | 95.2 | 0 | 0.0 |
| Practicing sex with proper use of condom | 80 | 8.4 | 876 | 91.6 | 0 | 0.0 |
| Blood transfusion | 526 | 55.0 | 430 | 45.0 | 0 | 0.0 |
| A person with HIV infection can look healthy. | 376 | 39.3 | 176 | 18.4 | 404 | 42.3 |
| A person with HIV can live many years | 334 | 34.9 | 127 | 13.3 | 495 | 51.8 |
| There is treatment for HIV infection | 335 | 35.0 | 171 | 17.9 | 450 | 47.1 |
| Would you buy fresh vegetable from a shopkeeper or vendor if you knew that this person had the AID virus? | 447 | 46.8 | 250 | 26.2 | 259 | 27.1 |
| Do you think people with the virus of HIV can work like anyone else? | 447 | 46.8 | 191 | 20.0 | 318 | 33.3 |
| In your opinion, if a female teacher has the virus that causes AIDS but is not sick, should allow her to continue teaching in school? | 400 | 41.8 | 269 | 28.1 | 287 | 30.0 |
| If one of your colleagues at work is sick with the virus that causes AIDS, would this makes you uncomfortable working with him/her? | 260 | 27.2 | 416 | 43.5 | 280 | 29.3 |
| Do you know places where you can have HIV testing | 400 | 41.8 | 556 | 58.2 | 0 | 0.0 |
| There is a relationship between HIV infection and gender based domestic violence | 681 | 71.2 | 275 | 28.8 | 0 | 0.0 |

Table (5): Knowledge about laws and Services utilization

| Variables | Number (n=956) | % |
|---|---|---|
| **Heard about laws against violence:** | 681 | 72.1 |
| **Heard about :** | | |
| Female genital mutilation law | 664 | 69.5 |
| Sexual harassment law | 691 | 72.3 |
| Early marriage law | 530 | 55.4 |
| **Do you think these laws are enforced?** | 460 | 48.1 |
| **Do you agree with these laws?** | 719 | 75.2 |
| **Received information on violence from Al-Shehab?** | 784 | 82.0 |
| **How did you find this information?(n=784)** | | |
| Very useful | 496 | 63.3 |
| Useful | 278 | 35.5 |
| Not useful | 3 | 0.4 |
| Do not know | 7 | 0.9 |
| **Received information on HIV/AIDS from Al-Shehab?** | 784 | 82.0 |
| **If yes, how did you find this information?(n=784)** | | |
| Very useful | 475 | 60.6 |
| Useful | 295 | 37.6 |
| Do not know | 14 | 1.8 |
| **Other services you received from Al-Shehab:** | | |
| Counseling on domestic violence | 493 | 51.6 |
| Counseling on HIV infection | 517 | 54.1 |
| Access to ART by people living with HIV | 111 | 11.6 |
| Social support | 496 | 51.9 |
| Legal support | 256 | 26.8 |
| Psychic support | 285 | 29.8 |
| Raising awareness training sessions | 752 | 78.7 |
| Virology investigations | 560 | 58.6 |
| Harm reduction (Condom and syringe) | 193 | 20.2 |
| **How did you find services of Al-Shehab?** | | |
| Very useful | 617 | 64.5 |
| Useful | 331 | 34.6 |
| Not useful | 2 | 0.2 |
| Do not know | 6 | 0.6 |
| **The effect of Al-Shehab services on your life:** | | |
| Very useful | 606 | 63.4 |
| Useful | 341 | 35.7 |
| Not useful | 1 | 0.1 |
| Do not know | 8 | 0.8 |
| **The effect of Al-Shehab services on life of other women in your community:** | | |
| Very useful | 576 | 60.3 |
| Useful | 328 | 34.3 |
| Do not know | 52 | 5.4 |

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# Annexes

**Terms of Reference for**
**Project End-line and strengthening the project Monitoring and Evaluation System**
**Consultant**
**Community-based intervention to alleviate the different forms of violence against women and women's vulnerability to HIV" Scale-Up Phase"**

**Implementing organization**: Al Shehab Institution for Comprehensive Development
**Assignment duration**: 55 working days over a period of 12 weeks
Deadline for submission: April 15th 2022
Funding agency: United Nations Trust Fund to End Violence against Women and Girls

## 1. Introduction

Al-Shehab Institution for Comprehensive Development is a non-governmental organization working on the development of the informal areas in Greater Cairo, which is currently working in one of the largest Informal areas in Cairo, Ezbet Al-Haggana area. Ezbet Al-Haggana community suffers from extreme poverty in the services and facilities, along with the low awareness of the public and the low levels of education, economic and social conditions. Moreover, a large percentage of households are mainly headed by women and children. Al- Shehab Institution mainly targets women and children in most of its development projects, as the most marginalized and underserved populations within the local community.

It is within this context that Al Shehab Institution for Comprehensive Development is implementing the project (Community-based intervention to alleviate the different forms of violence against women and women's vulnerability to HIV" Scale-Up Phase") within four informal areas to address women's vulnerability to both violence and HIV over a period of 36 months.

### Summary of project

Violence against women (VAW) remains pervasive in Egypt. The demographic health survey of Egypt (EDHS 2014) reported that 25% of ever-married women aged 15-49 have experienced physical violence from their current or most recent husband. The most common forms of physical violence reported were pushing, shaking, and slapping. The study reported that one in three women still experience abuse in their lifetime, while many married women commonly experience intimate partner violence (IPV). Furthermore, almost all Egyptian girls and women experience sexual harassment (99%) (UN women report 2013), which ultimately limits their participation in the labour market and public life.

Another huge problem facing Egyptian women is high percentage of early marriage, where 42% of married women aged 18–24 in rural Upper Egypt are married before age 18 (SYPE 2015). Subsequently, Egypt ranks 134th, out of 144 countries, on the Global Gender Gap Report (World Economic Forum 2017). There are limited published data on the nexus between violence against Women and HIV/AIDS in Egypt giving the low HIV prevalence among the general population in the Egyptian society. However, Al - Shehab Institution with the support of United Nations Trust Fund to End Violence against Women implemented a three-year pilot project to address women's vulnerability to the twin epidemics (HIV and Violence) from 2015 till the end if 2017.

Data from this project showed that Intimate Partner Violence is highly accepted among the target populations (women and girls from different informal areas), which reflects a national trend. Two thirds of males and 62% of females agreed that a husband is justified to beat her. Most participants in the baseline study of the pilot project also had negative attitudes towards women's human rights and 2 gender equality (68% of men and 29% of women), evident in participants' responses to statements on gender equality and women's human rights.

Most male participants in the study supported the prevalent gender division of labor. 66% of men preferred that women stay at home, and 44% believed that women's participation in the labor force means they would neglect their 'domestic responsibilities'. Acceptance of IPV is significantly associated with education level. 35% of females with secondary education or higher did not accept IPV, compared to 72% of women with lower levels of education. Similarly, 52% of men with secondary education or higher did not agree with IPV compared to 84% with less than secondary education. Such vital data underlined the importance to focus during this "scaling-up" project on women with lower levels of education as the most excluded and left-behind groups. Data indicated the extent to which marginalized women within informal/slum communities are highly vulnerable to HIV. The pilot project baseline study found that 90% of female respondents had heard about HIV. However, only 11% had correct information about ways of transmission. Women living with HIV were most likely to have such information (27%), followed by sex workers (14%). Only 29% of the participants in the former pilot project baseline study provided accurate information about places where they can receive an HIV test. Where shockingly, only 4% of women survivors of violence knew where to obtain an HIV test. Building on the evidence of the former pilot project, as well as successes and gaps as identified by the final evaluation (April 2018), this proposed project is designed to scale-up the provision of essential services (psychosocial, legal, HIV counselling and testing and medical services) for the most marginalized and left behind women from four informal urban communities in Greater Cairo. The project emphasizes creating a supportive environment on the local level for women to improve health and safety as well as reducing their vulnerability to HIV and violence.

The project will strategically involve men and address their risk behavior that adversely impacts women's lives. The project explores different service provision modalities for outsourcing and sustainability of services by building capacities of different service providers, while advocating to address gaps in national relevant policies and frameworks to be more responsible to women's vulnerability to HIV and violence.

**The project result chain (Theory of Change):**

**Project Goal**: Marginalized women who are affected by (or at risk of) violence and HIV transmission in Cairo experience improved safety, health and reduced vulnerability through improved access to sustainable GBV and HIV services, increasing understanding and support in the community and enhanced supportive environment.

| **Outcome 1** The most marginalized FSWs, Women and Girls Living with HIV, Domestic Workers and women and girls survivors of violence in four communities in Cairo have improved access to GBV and HIV services and frequently use the services. |
|---|
| **Output 1.1.** Psychological, legal, medical, counselling and testing package of services are scaled-up in the two centers (community and drop-in center) to the most marginalized women within the targeted communities. |

| **Output 1.2.** Men and youth (male partners) have an improved understanding about the inter-link between the twin epidemics and receive referrals to services to target behavior that could reduce women's vulnerability to HIV and violence. |
|---|
| **Output 1.3.** Religious leaders and youth volunteers, who are trained in phase I, effectively engaged in expansion and scaling-up the project at the local communities level. |
| **Outcome 2** HIV strategic frameworks and/or combating VAW policies are responsive and sensitive to women's vulnerability to the twin epidemic. |
| **Output 2.1.** Policy makers understanding of women's vulnerability to HIV and violence in Egypt increased. |
| **Output 2.2.** National strategy of HIV/AIDS inclusive of targeted interventions to address GBV and HIV linkage. |
| **Outcome 3** Quality VAW and HIV services for marginalized women are sustainable beyond the life of the project |
| **Output 3.1.** Services providers who participate in the capacity development and hands-on trainings improved knowledge, skills and capacities to respond adequately to the needs of women vulnerable to violence and HIV. |
| **Output 3.2.** Communication and referral mechanisms between the project (outreach) and the service providers is strengthened and institutionalized. |

### 2. Purpose and objectives of the assignment

The general objective is to conduct an end-line and final evaluation for the project's Results and Resources Framework (RRF) by the project; in comparison to the previously conducted baseline survey. This end-line is supposed to address all the project's indicators and provide evidence for its achievements. In addition this study will feed Measuring change, understanding the project's contribution to achieving this change and a recommendations for scale-up the project.

The consultant/consultancy team will work closely with the project manager and the project team under the overall guidance of the UN Trust Fund to end Violence against Women.

### 3. Scope of Work and Deliverables:

The consultant/consultancy team is expected to:

1. Meet with project team to agree on the objective of the end-line and specifically on the set of indicators to be monitored during the end-line study.
2. Develop and submit a detailed time-frame with highlighted deliverables.
3. Conduct a one-day training to the project staff, on using survey questions and data collection methods to be applied during the study.
4. Submit draft study to the project manager in English and Arabic, including a comparative section between the baseline and end-line studies' results highlighting the change in indicators 'scores. Afterwards, a final report to be submitted upon the team's feedback.
5. Submit Final end-line study in English and Arabic

### 4. Baseline study Ethics

The baseline study must be conducted in accordance with the principles outlined in the UN Evaluation Group (UNEG) 'Ethical Guidelines for Evaluation' http//www.unevaluation.org/ethicalguidelines.

## 5. Timetable

The assignment is expected to commence in the first week of January 2022. The total duration of the assignment is 30 Working days

## 6. Expected experience of the consultant/consultancy team

The consultancy team is composed of one or more experts with specific profiles and qualifications. The lead consultant should have at a minimum:

- A University degree with postgraduate degree in Public Health or social Medicine.
- At least 6 years' experience in designing M&E systems for violence against women projects (and Gender equality related projects).
- Strong experience in project design, monitoring and evaluation.
- Specific prior experience in setting project baselines.
- Strong experience in participatory research for data collection.
- A solid and diversified experience in building the capacity of NGOs.
- Ability to work and abstract information and write concise reports.
- Excellent writing and presentation skills in English and in Arabic.

## 7. Consultants' proposals

Interested candidates should submit a proposal including the following:

- Capability statement and background information on similar tasks performed by your Organization/main consultant.
- Technical proposal includes proposed methodology.
- CVs for the proposed consultant(s).
- Work plan with deliverables.
- Detailed budget.

## 8. Deadline

Technical and financial proposals should be submitted by **7th of February, 2022** at the latest. Applications are to be sent via email to the following emails:

alshehabcenter@hotmail.com

**Beneficiaries' data sheet**

| Category of beneficiaries | Number reached |
|---|---|
| Female domestic workers | 759 |
| Female sex workers | 2269 |
| Women/girls living with HIV | 342 |
| Women/girls survivors of violence | 1033 |
| Total women beneficiaries | 4403 |
| Trained civil society organizations | 25 in eight societies |
| Trained religious leaders | 13 in 13 mosques |
| Trained health care workers | 20 in four facilities |
| Trained policy makers | 25 from Ministry of Social Solidarity |

**Meeting agenda of in-depth interviews:**

1. To what extent the project design relevant to the problem of violence against women and prevention of risks of HIV infection?
2. To what extent the project was responding to needs of target women?
3. To what extent the project activities were effective in improving availability of high quality services for the problem of domestic violence against women and HIV infection?
4. To what extent the project affected knowledge, attitude and practices of target women in relation to issues related to prevention of HIV infection and domestic violence against women?
5. To what extent you can link changes in attitude and behaviors regarding violence against women to project activities?
6. In your opinion what are the best positive effects of this project in changing current situation of the problem?
7. What is the effect of the project on perception of men towards violence against women?
8. To what extent capacity building of religious leaders and civil society organizations (training, support, guidance…) was effective in achieving project objectives?
9. To what extent this project encourage wide coverage of services by other organizations and community volunteers for the prevention of VAW and HIV infection.
10. To what extent the system of referral for health, legal a, social and other services was effective?
11. What are the chances of sustainability of services of this project through resources allocation and setting of priorities?
12. How effective was the cooperation between different partners and community leaders with the project team during implementation of activities?
13. To what extent cooperation of project team with other partners was effective and efficient for project implementation?
14. Was this project responding and matching with political, legal, economic and institutional local aspects of the community?
15. To what extent the project implementation considered human rights and gender equity?
16. Were there any project objectives that were not covered during implementation?
17. In your opinion what are the unmet needs of target population by this project?

18. What are the best lessons learned from this project?
19. What were the limitations of this project?
20. Is there any new issues that arise during project implementation and need to be addressed in future projects?
21. Do you have any further information or comments?

# Survey on women's life experience and perception of domestic violence and HIV infection

## Informed Consent

**Read the consent statement below to the interviewee prior to conducting the interview.**

Good morning! My name is____________________ I am working in Al-Shehab foundation. We are conducting a study on violence against women in Cairo. The purpose of this study is to provide a way to measure program results, impact and long lasting change at the end of the project in four communities in Cairo. We are gathering views to help us better understand violence and to identify ways of improving the interventions. We are also asking questions about your ideas, attitudes, knowledge and behaviors, and whether you have heard of/know about violence against women .

We would appreciate it if you could answer some questions. However, your participation in this study is voluntary and if you choose not to participate, it is up to you. You can also ask me to stop the interview whenever you want. Your participation may result in improved future interventions. Your opinions and the information you give during the interview will remain confidential. The questionnaire will not have your name. This way, no one will be able to know what you said. Finally, if you have any questions about this study later, you can call this phone number …………………. May I continue with the questions? Yes ( ) No ( )

**Socio-demographic data:**

| | | |
|---|---|---|
| 1) | Age | |
| 2) | Place of residence | |
| 3) | Marital status | 1) Unmarried<br>2) Married<br>3) Divorced<br>4) widow |
| 4) | No of children | ……….Males …….. females |
| 5) | Age at marriage | ……Years |
| 6) | Educational level | 1) Illiterate<br>2) Read &write<br>3) Primary /preparatory<br>4) Secondary/diploma<br>5) University |
| 7) | Women/girl occupation | 1) Housewife<br>2) Student<br>3) Manual worker<br>4) Employee<br>5) Professional work<br>6) Private work<br>7) Not working |

| 8) | Husband/father occupation | 1) Died<br>2) Retired<br>3) Manual worker<br>4) Employee<br>5) Professional work<br>6) Not working<br>7) Private work<br>8) Interrupted work |
|---|---|---|
| 9) | Number of household persons? | ……….. Persons. |
| 10) | Average household income? | 1) Not enough<br>2) Enough<br>3) Enough and saving |
| 11) | Did you consume any alcoholic beverages or drugs? | 1) No<br>2) Alcohol<br>3) Drugs<br>4) Both |
| 12) | (If married) Did your husband/father consume any alcoholic beverages or drugs? | 1) Not married<br>2) No<br>3) Alcohol<br>4) Drugs<br>5) Both |

**Attitudes towards violence against women (VAW)**

You have to listen to them and tell me your opinion. If you are strongly agree or just agree, disagree or strongly disagree

| Statements | Strongly agree | Agree | Strongly disagree | Disagree | Don't know |
|---|---|---|---|---|---|
| 17) Is it acceptable for a man to beat his wife in the following situations; | | | | | |
| a. If she refuses to have sex | | | | | |
| b. If she burns the food | | | | | |
| c. If she neglects the children | | | | | |
| d. If she argues with her husband | | | | | |
| e. If she leaves home without telling him | | | | | |
| 18) In your community, if a man rapes a girl or woman and others find out about it, he will be shunned | | | | | |
| 19) Male education is more important than female education | | | | | |
| 20) Women have the right to work without permission of father , husband or brother | | | | | |
| 21) Women who work often neglect their domestic duties | | | | | |
| 22) Women have the right to participate in decisions related to her family | | | | | |
| 23) Girls should obey their guardian and accept arranged marriage against her will | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| 24) Girls and women who wear revealing/eye-catching cloths deserve to be harassed | | | | | |
| 25) Female circumcision should be done | | | | | |
| 26) The wife should accept insults and physical attacks from her husband to protect her marriage | | | | | |
| 27) Family has the right to marry girls less than 18 years without their consent | | | | | |
| 28) Husband should use condom in cases where his wife cannot use family planning methods | | | | | |
| 29) domestic violence is a social issue that should be changed | | | | | |
| 30) Misconceptions related to domestic violence not only in the minds of men but also of women | | | | | |
| 31) Domestic violence against women has health and psychic consequences | | | | | |

**HIV/AIDS knowledge and attitude**

| | |
|---|---|
| 32) Have you ever heard about an illness called HIV/AIDS? | Yes No Don't know |
| 33) Which of the following methods can transmit HIV infection? | 1) Unprotected sexual contact with infected person<br>2) Sharing needles for injecting drugs<br>3) Sharing food with infected person<br>4) Kissing infected person<br>5) From mother to infant<br>6) Sharing clothes with infected persons<br>7) Sexual contact with proper use of condom<br>8) Blood transfusion |
| 34) A person with HIV infection can look healthy. | **1-agree 2-disagree 3-do not know** |
| 35) A person with HIV can live many years | **1-agree 2-disagree 3-do not know** |
| 36) There is treatment for HIV infection | **1-agree 2-disagree 3-do not know** |
| 37) Would you buy fresh vegetable from a shopkeeper or vendor if you knew that this person had the AID virus? | Yes<br>No<br>Don't know |
| 38) Do you think people with the virus of HIV can work like anyone else? | Yes<br>No Don't know |
| 39) In your opinion, if a female teacher has the virus that causes AIDs but is not sick, should allow her to continue teaching in school? | Yes<br>No<br>Don't know |
| 40) If one of your colleagues at work is sick with the virus that causes AIDS, would this makes you uncomfortable working with him/her? | Yes<br>No<br>Don't know |
| 41) Do you places where you can have HIV testing | Yes |

| | |
|---|---|
| | No |
| 42) Is there a relationship between HIV infection and gender based domestic violence? | Yes<br>No |

**Knowledge about laws and Services utilization:**

| | | | |
|---|---|---|---|
| 43) Have you heard about laws against violence? | Yes | | No |
| 44) Have you heard about | | | |
| • FGM law | Yes | | No |
| • Sexual harassment law | Yes | | No |
| • Early marriage law | Yes | | No |
| 45) If yes, do you think these laws are enforced? | Yes | No | Do not know |
| 46) Do you agree with these laws? | Yes | | No |
| 47) Have you received information on violence from Al-Shehab? | Yes<br>No | | If No , skip to Q 64 |
| 48) If yes, how did you find this information? | 1) Very useful<br>2) Useful<br>3) Not useful<br>4) Do not know | | |
| 49) Have you received information on HIV/AIDS from Al-Shehab? | Yes<br>No | | If no , skip to Q 66 |
| 50) If yes, how did you find this information? | 1) Very useful<br>2) Useful<br>3) Not useful<br>4) Do not know | | |
| 51) What other services you received from Al-Shehab? | 1) Counseling on domestic violence<br>2) Counseling on HIV infection<br>3) Social support<br>4) Legal support<br>5) Psychic support<br>6) Financial support<br>7) Vocational support<br>8) Training | | |
| 52) How did you find services of Al-Shehab? | 1) Very useful<br>2) Useful<br>3) Not useful<br>4) Do not know | | |
| 53) How can you describe the effect of Al-Shehab services on your life? | 1) Very useful<br>2) Useful<br>3) Not useful<br>4) Do not know | | |
| 54) How can you describe the effect of Al-Shehab services on life of other women in your community? | 1) Very useful<br>2) Useful<br>3) Not useful<br>4) Do not know | | |

## List of persons and institutions interviewed

| Serial | Job | Affiliation |
|---|---|---|
| Service providers | | |
| 1 | Project coordinator | Al-Shehab |
| 2 | Social worker | Al-Shehab |
| 3 | Social worker | Al-Shehab |
| 4 | Listening session coordinator | Al-Shehab |
| 5 | Social worker | Al-Shehab |
| 6 | Listening session coordinator | Al-Shehab |
| 7 | Lawyer | Al-Shehab |
| 8 | Social worker | Al-Shehab |
| 9 | Social worker | Al-Shehab |
| 10 | Psychiatrist | Al-Shehab |
| 11 | Specialist of clinical pathology | Al-Shehab |
| Religious leaders | | |
| | Mosque Emam | Ministry of Awquaf |
| | Mosque Emam | Ministry of Awquaf |
| | Mosque Emam | Ministry of Awquaf |
| | Mosque Emam | Ministry of Awquaf |
| Civil society organizations | | |
| | Executive manage | Wasila |
| | Chairman | Kheric Yabalady |
| | Chairman | Kalema Waheda |
| | Executive manage | Salam Egtemay |
| | Chairman | Al-Basher Al-Nazeer |
| Ministry of solidarity | | |
| | Head of Rehabilitation department | Ministry of Social Solidarity |
| | Manager of solidarity department | Ministry of Social Solidarity |
| | Head of social unit | Ministry of Social Solidarity |
| | Head of planning department | Ministry of Social Solidarity |
| | Head of civil societies department | Ministry of Social Solidarity |

## List of supportive document revised

1. Relevant literature published in international journals
2. Relevant UN documents
3. Results of base line survey of the project
4. Annual reports of the project