USING RADIO TO INCREASE COMMUNITY ENGAGEMENT ON GENDER BASED VIOLENCE

A radio series in Ethiopia
October, 2021
Acknowledgments

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All photos: Protection staff in Ethiopia, Action Against Hunger, 2020

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A Snapshot of the Initiative

General Context
Gender-based violence (GBV) is a global pandemic that affects 1 in 3 women in their lifetime and the numbers are staggering with 30% of women worldwide having experienced either physical and/or sexual intimate partner violence or non-partner sexual violence (WHO, 2021). This situation is exacerbated in times of conflict, displacement and disruption.

Objective
The overall objective of the radio program series was to reach out to the wider community across two regions, creating awareness on Gender Based Violence (GBV), human rights violations and protection risks particularly targeting Internally Displaced Persons (IDPs), and host communities affected by conflict and displacement.

Intervention Area
The program was conducted in the Western area of Ethiopia, covering West Wollega in the Oromia region and Benishangul-Gumuz in order to ensure sufficient coverage of the displaced populations and host communities.

Intended Audiences
The radio program targeted all members of the community, with a particular focus on risk to women and adolescent girls that included an communication emphasis toward adult youth groups and community religious leaders, who were typically male and needed sensitization on these risks.

The Broadcasts
A series of 8 episodes of the radio program were produced and aired over a period of 4 months. 24 listener groups were formed, comprising around 160 members. Topics covered over the 8 episodes included basic concepts of GBV; types of GBV; its causes and consequences, and prevention and services available. The local context, as well as global and national data were also covered. In order to ensure a comprehensive reach to the whole community over two regions, the programs were broadcast using two radio stations; Oromia Broadcasting Network and Benishangul Gumuz Mass Media with a reported listenership of 2.5 million individuals. Each episode was produced in 3 local languages: Affan Oromo, Amharic and Gumuz based on the languages commonly spoken in the project area. A repeat broadcast of every episode was also done in the week following the first broadcast. This helped achieve a larger reach as the listener...
groups members encouraged others, including their families to listen to the broadcast in case they had missed it.

**Engagement with Listeners**
However, the series did not stop at awareness generation, it went on to engage communities through the radio programs as well as utilizing listener groups among women and men (separate groups). Each listener group was formed of 5 members and had a Group leader who had received basic sensitisation training on GBV by the Protection team. The group met to listen to each episode of the radio program, and after listening, the Group Leader facilitated an interactive discussion. Each group were issued a journal to record their group’s feedback on the program, and any questions or observations they had on the content that could be discussed later. Action Against Hunger staff met the Group Leader every week to provide support and collect the journals and this feedback was shared with the program producers to improve the next sessions.

**Impact**
The programs achieved a wide reach; with the overall coverage of 2.5 million individuals based on official radio station audience numbers. In addition to its contribution for sensitizing the communities on GBV risks and issues, the radio program was aimed at encouraging the community to report cases and access local services.

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**Based on the project records, the number of GBV cases being referred to Action Against Hunger protection services increased from 3 to 77 between April and May 2020, which coincided with the broadcast period, indicating that broadcasts may have made a direct positive contribution**¹.

These numbers are only for referrals to Action Against Hunger and do not include cases where an individual directly accesses their local health service, however this data can give an indication of a wider increased access by the community.

**Comment from a Listener Group member:**

“The sessions were informative and really helped us to understand about Gender Based Violence and how the community can contribute to prevent it. We are happy for Action Against Hunger broadcasting this radio program as we think the community have learnt lots of things. When I first heard the program on the radio, I asked all my family to keep quiet and listen. I liked most of the stories that teach us how girls are affect by Gender Based Violence.”

*(Men Listeners’ group member from Gimbi Woreda, June 2020)*

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¹ Action Against Hunger referral forms included a section asking how the individual had heard about this service
The Context

The Ethiopia Humanitarian Needs Overview (HNO 2019) indicated that there were around 600,000 internally displaced persons (IDPs) and 207,400 returnees with acute needs in East and West Wollega, Oromia region, and Kamashi, Benishangul-Gumuz Western Ethiopia. Returnees from Kamashi were unable to return to their areas of origin due to ongoing insecurity and lack of basic services and are in dire need of support.

Assessing the situation

An assessment conducted in November 2019 with social workers from the Bureau of Women, Children and Youth Affairs office (BoWCYA), health staff and beneficiaries of Action Against Hunger's Women & Girls friendly spaces identified a number of protection issues. These included: IDPs and returnees facing discrimination and constant threat of violence, especially risk of sexual assault and rape while accessing water points, local markets and collecting firewood. The assessment revealed among the beneficiaries, high levels of anxiety, psychosomatic symptoms, and feelings of worthlessness and depression.

In response to this, Action Against Hunger Ethiopia, implemented a Protection project supported by OCHA, for IDPs, returnees and host communities in West Wollega and Kamashi zones. The project complemented an ongoing multi-sectoral response with Nutrition, WASH and FSL in the same area. The program’s goal was aimed at improving the well-being of conflict-affected women, adolescent girls and young children by strengthening their positive coping mechanism and increasing access to quality protection (GBV) & mental health and psychosocial support (MHPSS) integrated services.

These interventions included were:

- Conducting awareness raising among community members, women, girls, men, boys, community elders, religious leaders, community gatekeepers to promote the prevention and mitigation of Gender Based Violence and Child Protection issues
- Capacity strengthening on GBV for government staff (social workers and health workers) through trainings and supervision
- Distributing Dignity Kits to women and girl survivors, vulnerable individuals including those with disabilities and women headed households
- Establishing Women and Girls Friendly Spaces as part of the Action Against Hunger
integrated approach with Nutrition and Health activities
- Providing psychosocial support sessions for women and children
- Protection monitoring and collecting information from beneficiaries (disaggregated by age, sex and diversity) and
- Monitoring evaluation and advocacy on the needs of the population

A radio program series was developed as part of the efforts to raise awareness and engage the communities in preventing and responding to GBV. This document captures the process, experience and results of the radio program series implemented between February 2020 and July 2020.

**The Protection Team**

**Why a GBV Radio Program?**
One of the objectives of the gender based violence (GBV) intervention was to generate awareness among the larger community on prevention and mitigation of GBV and child protection. To achieve this, it was essential to reach a large number of people, many of whom were located on the border of two regions, and speaking different languages. It was decided to use radio as the medium of communication and develop a series of radio programs. Radio programs also offered the opportunity to adequately contextualize the programs for different regions, including the development of the programs in local languages. In addition, using radio, it was possible to safely and sensitively discuss a topic that is often considered a taboo and broadcast credible voices from the project area, such as religious leaders, community leaders, GBV experts and government officials, to increase awareness and motivate the listeners to join in the cause of reducing GBV.
Activity Planning and Selection of Broadcasting Agencies

Once it was decided that a radio program series would be produced and broadcast, the team worked out a detailed plan for the activity. Based on the project duration of 6 months and available budgets, it was planned to develop a series of 8 episodes of radio programs, with 2 episodes to be broadcast per month for four months.

The protection project was being implemented in West Wollega zone of Oromia region and Kamashi Zone of Benishangul Gumuz region and based on the reach and popularity of the radio stations, Oromia Broadcasting Network and Benishangul Gumuz Mass Media were considered appropriate to reach the intended target audiences of the project. Service procurement was then done following the due procedures with support from the capital logistic department.

Contracting Broadcasting Agencies

An important part of the process were the negotiations and contracting with the radio broadcasting agencies. This was done in close consultation with the Protection department technical advisors and the program managers. The following aspects were negotiated and agreed on:

- Rates and total cost for airing 8 episodes
- Timing for airing the programmes based on peak listenership time among the intended audiences (usually termed as prime time)
- Format for the programme – a magazine format that would include a mix of information sharing, panel discussion, case studies and stories.
- Translation of scripts and recording of the programme
- Journalists from the broadcasting agency to conduct interviews based on case studies identified
- Technical review of recorded programme by GBV experts
- Repeat broadcast without any extra charges
- Pre-announcements and promotion of the programme before it is aired

The logistics department with base office coordination, prepared the contract agreement and collected the airing and production price of both broadcasting agencies.
Pre-production

Preparatory work for the production of the radio programmes included writing the script, technical vetting and translation for each episode, identification and appointment of the experts, arranging for participants to be on the programme and the orientation of journalists and panellists on GBV issues and the humanitarian principles that need to be considered while conversing in the programme.

Keys stages of development & validation:

- The scripts for the radio program were drafted by the Deputy Protection Technical Advisor, which were then reviewed by the teams from all sectors (Health, Nutrition and WASH).
- The scripts were also shared with the Zonal affairs offices for both regions for technical vetting from the government.
- Once finalized, the scripts were shared with the broadcasting agencies for translation and preparation for recording the program.

The scripts were for guidance to the participants and not to be read out word for word.

The programme format followed a similar flow across all episodes with an emphasis on interviews, discussions and case stories from the communities (stories of GBV survivors, what they had to go through, how they and their family members had to suffer because of the incident, sometimes recounted by the survivors themselves (whilst keeping their anonymity).

- The broadcasting agencies assigned journalists who worked on the production and translated the script into Affan Oromo, Amharic and Gumuz languages.
- Consent forms were duly filled in by those who agreed to participate in the broadcasts.

In addition to the journalists, the participants over different episodes included government officials from the departments of women and children, labour and social affairs (BoLSA), health, police and justice. GBV survivors, community and religious leaders were also included as participants in the programmes. However, the identity of GBV survivors participating in the program was not revealed so as to protect them from any possible harm or stigma. Further,
psychosocial support was also provided for these participants before and after the program production.

The journalists and confirmed participants were then provided with a half-day orientation and briefing on the script, the purpose of the programs, ethical aspects associated with production and humanitarian principles to adhere to while discussing/sharing information during the programme. This helped in ensuring that the script was well understood by the participants and any deviations from the script were technically accurate as well as sensitive to the context.

**Production**

The recording for the radio program was done in Gimbi town for Affan Oromo and Kamashi town for Amharic and Gumuz production.

The radio program production team for both broadcasting agencies recorded session by session with the participants directed by the journalists. Recording was done separately for each language and the guests/participants were also different for each episode based on the relevance for the two regions and local expertise for the subject from the concerned offices. In session 2, it was about the types of GBV with practical situation in the local context by the BoWCYA office expert of the Zone. The Action Against Hunger Protection team participated in the programmes as well as followed the process to ensure technical accuracy and coherence of the topics of discussion based on the scripts. As the format was based on interviews and discussion, the journalist did the recording as per the direction in the guiding script. Once recorded, the episodes were reviewed once again by the Protection team to ensure that they were accurate as well as checking any sensitive socio-cultural issues and ethical considerations.

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**Core guiding principles of Protection Information Management (PIM)**

*These principles underlie and characterize all PIM systems, regardless of their purposes, methods, or products.*

- People-centred and inclusive
- Do no harm
- Defined purpose
- Informed consent and confidentiality
- Data protection and security
- Competency and capacity
- Impartiality
- Coordination and collaboration

Note: These PIM principles are available for download [here](#).

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**Scripting and production for all radio episodes were guided by key protection principles**

**Protection Principle 1:** Enhance people’s safety, dignity and rights and avoid exposing them to further harm

**Protection Principle 2:** Ensure people’s access to impartial assistance, according to need and without discrimination

**Protection Principle 3:** Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation; and

**Protection Principle 4:** Help people to claim their rights

These Protection principles are available in *The Sphere Handbook* p36-44 for...
Broadcast schedule and timing
The schedule for broadcasting episodes was pre-determined at the time of contracting with the two broadcasting agencies. The broadcast was done once a week between 18th May 2020 and 7th July, 2020 in the morning, with a repeat broadcast in the afternoon the following day. The broadcasting agencies advertised the date and time of broadcast prior to the actual broadcast in order to promote the date and time of the broadcast. In addition, the broadcast schedule was circulated among AAH teams for further dissemination at the community level.

Listener Groups
To further engage the community, generate discussions and promote awareness and action on GBV, the Protection team established Listeners’ Groups among the beneficiaries in each implementation woreda. Given the sensitive nature of the topic, separate groups of men and women were formed in each woreda.

Broadcast and Listeners’ Groups

Women’s Radio listeners’ Group listening to the broadcast

Men’s Listener Group meeting during the broadcast
A total of 24 listeners groups (12 women’s listener groups and 12 men’s listener groups) were formed across 6 Woredas. Each listeners’ group was also provided with a small radio with dry cells and refreshments of coffee and sugar. They also received a journal to record their feedback which was given to the radio program producers in the form of suggestions and comments to improve the next sessions.

One person in each group where appointed as a leaders and were orientated on the radio program schedule, how to facilitate the group discussion and how to record comments and suggestions in the journal. Protection Officers from Action Against Hunger facilitated the orientation and conducted feedback interviews for monitoring after each episode was aired. A major challenge faced during discussions was the taboo nature of some of the GBV issues, including child protection risks as it was not usual for open discussions to be had, however with support and sensitivity from the protection team it was noted that members were keen to talk about these issues and much discussion would follow.

Example of a Survivors Story

The radio program survivors’ case for Oromiffa radio program

A real story of a 12 year old GBV survivor was shared by family members and the police officer:

The grandfather of the survivor shared:
"It was painful to see this girl suffering from a sexual violence committed by an adult man who had a responsibility to protect her. She really suffered throughout and had difficulties to study her education properly. She got medical support going to Assosa with the help of the social services and the police office. If she had not got the support, she would be pregnant with infections. The family suffered from stigma in the community with a huge crisis related with what happened to her."

The father shared:
"It was so painful to me to see my daughter suffering with this crime. I was sad at the time as this child was too young for sexual intercourse. The girl is now depressed not talking with her family and likes to be alone. The behavior she has after the violence is very different from what was in the previous time. I was a soldier and could kill the perpetrator, but I respected justice instead. I am not feeling good now as my daughter is out of school because of this rape. I also expected the legal system serve justice to her, however the perpetrator was released with a few months arrest."

The police officer who was investigating the case shared the story as follows:
"A 35 year old perpetrator raped the girl when she was going to school. As the rape was forceful, she developed an infection and got pregnant. The medical support helped her to do a HIV test and have an abortion and we were able to arrest and charge the man.

This example shows the impact of gender-based violence on the entire family and the community. Now the girl is at home with symptoms of stress disorder that needs psychological support.

‘I know girls face rape in our community in different times. However, the number of women facing this problem mentioned in the radio was beyond my expectation. I now understood the sexual violence on women and girls in different ways forced me to think that we need to teach our community’. (Woman Listeners’ group member from Mena Sibu Woreda)
Intensive monitoring plan were operationalized in the project in view of the fact that as the radio messaging was done using expert interviews and sharing of individual stories in which characters/story lines provide depiction of violent and abusive behaviours and the consequences of these behaviours, there was a greater risk of misinterpretation by the audience than when messaging is more instructional.

It was hence essential to closely monitor the radio program and related activities with the objectives to:

- Measure the quality of the radio program production (sound clarity, language and appeal of the story lines/messages)
- Assess the audience’s perception of any educational lessons from the radio program.
- Measure the immediate outcomes of the radio program activity on addressing key GBV issues in the target community.

The methodology adopted for monitoring was two-pronged: a) After the broadcast of each episode, the team conducted in-depth interviews (IDIs) with audience members using the ORID (Objective, Reflective, Interpretive, and Decisional) approach. b) The journals from Listener Groups were analysed after each broadcast to collate feedback and share with the producers for any modifications required for upcoming episodes. A guidance note with the required tools for IDIs and the journal format was developed and shared with the team.
Immediate response to the radio programmes and action taken, if any can be measured through an analysis of the feedback from the monitoring, whereas an analysis of the number of cases reported before and after the radio programmes were aired, would provide an indication of action taken by the community members and can be largely attributed to the radio programmes.

The programs achieved wide reach; based on the official radio station audience numbers the overall reported coverage over the four months of programming was 2.5 million individuals. In addition to its contribution for sensitizing the communities of the GBV issues, the radio program even helped to get more cases reported. Based on the project records, the number of GBV cases being reported and referred for services increased from 3 between April and May to 77 between June and July 2020. The number of cases referred proceeded to drop to a 26 for the five months following. However, in spite of the drop in numbers, they were still higher than the figures in April.

On the qualitative aspect, there were many listeners who were giving positive feedback during the monitoring as well as by directly calling the radio station to share their appreciation. Some even called to report GBV cases and were referred to Action Against Hunger.

Presented below are some of the direct quotes from the in-depth interviews of the listeners’ group and key community elders throughout the radio program broadcasting period.

A common feedback from listeners was that the sessions/episodes were appreciated, as it was very relevant for all family members.

“The sessions were informative and helped us to understand about Gender Based Violence and the role our community has in reducing this. We are happy that Action Against Hunger is broadcasting this radio program as we have learnt lots of things from the program. When I first heard the program on the radio, I asked all my family to keep quiet. I liked most of the stories that teach us how girls are affected because of this Gender Based Violence.”

(Men Listeners’ group member from Gimbi Woreda)

Many listeners reported to having heard the programs more than once. As the radio program was broadcast each week and repeated on the next day, the listener group members listened to the session with the family again. A man who listened to the survivors’ story with his family members described how he was touched with the story:
“I was sad when I heard the radio program about the consequence of GBV. I felt sad with the loss that the family had to face because of the sexual abuse when the girl was at home because of the social humiliation and health problems she faces. I discussed with my wife and children about this and I gave advice to my children to tell anything that could happen in their life as we need to support them with any problem they face throughout their day.”

(Spouse of Women’s Listeners’ group member from Gimbi Woreda).

New knowledge gained while listening to the radio program broadcast was another feedback often received. As the radio program covered a range of issues related with gender-based violence in the specific socio-cultural settings of both regions, one community member interviewed after the radio program broadcasting shared the feedback on all the different issues touched upon in the programs:

“Obviously, Action against Hunger and OBN Radio are giving us on the impact of harmful traditional practice and Gender equality. Based on these, we have learned about: - the impact of rape; the impact of unwanted pregnancy; females Genital Mutilation (FGM); seeing women inferior to men; unwanted beating of women; fooling women by money to have sex; work over load on women; early marriage; impact of forced marriage; social impact of GBV; psychological impact of GBV. If AAH continues these programs together with OBN radio program we hope, our communities will better aware over these and they will understand the impact of Harmful traditional practice and Gender equality easily.”

(Man Listeners’ group member from Mena Sibu Woreda).

Listeners also reported that the radio program initiated discussion at home regarding gender based violence. A woman who participated in the listeners’ group discussion described the situation

“The session about balance of power and GBV helped me to discuss my family issues with my husband. One day my husband was at home eating lunch with us. He asked me what the radio program is about. I told him that it is about gender-based violence and explained the balance of power. Then he asked what I am thinking. I explained to him the power balance between man and woman need to be maintained properly with supporting each other. After we talked some private matters in our life, he accepted the idea of balancing power.”

(Woman Listeners’ group member from Agalo Meti Woreda)

The listeners felt that the radio program was informative and helped a lot in creating awareness on the issue with the need for integrated action. A community elder from Kamashi Woreda stated his response to the programs:
“I am very much pleased to listen to such type of radio program. This issue is very important in order to educate the community to prevent Gender Based Violence. Here in our community girls face early marriage that involves gender-based violence with young girls against their will. All concerned stakeholders should work on it in order to support those girls complete their education and economically independent. I myself supported my daughters to complete their study successfully. I think we need to take this as our major agenda as this could help our effort for development by making women productive”

(Male community elder from Kamashi Woreda)

The community was expressing their feedback to the broadcasting agency as well as to the program staff directly. The journalist who produced the radio program in Oromifa stated his assessment of the radio program as follows:

“I was receiving comments that praise this program. I produced different radio programs in our agency and this program had a high acceptance from the community. There were even people who asked us where to report such cases and we told them to go to the WoCYAO or Action Against Hunger. I even received request to repeat the program. I believe that this radio program was highly entertaining and educative.”

(A Journalist from OBN)

Analysis of the journals revealed many positive responses to the programme:

- Most listeners understood the topic of the sessions broadcasted throughout the sessions (90%) and were able to relate the messages to their daily life.
- Members from all Listener Groups appreciated that the program was presented in their own local language.
- They reported that the radio program was entertaining and educative.
- The listeners shared that they now knew how to prevent and respond to gender based violence. The women listeners pointed out that the radio program helped them to raise the awareness on gender based violence in relation with harmful traditional practices. They also reported that they have gained information about the availability of services provided for survivors of GBV.
- Some listeners reported that the timing of the radio program broadcast was not suitable for them as it was aired in the day time, which is normally working time for them. This was subsequently addressed in discussion with the radio broadcasting agency and the broadcast time was changed to make it more convenient for listeners to tune in.
- The local stories broadcast during the radio program made it realistic for the community and they were moved by the stories. The listeners also liked the different ways in which information was shared with stories, panel discussion and interviews, which enabled the community to know their rights and actions that could be taken. Inclusion of experts from the government sector offices was appreciated by the listeners, as they felt more confident of reporting any case immediately.
- The community also appreciated the easy language and involvement of local community
leaders.
- 85% of listener's reported they liked the messages portrayed by the local and religious leaders.

Some key challenges and lessons learned from the process are described below:

- **Contracting challenges**: Identification of appropriate radio stations for the recording and broadcast was simple as it was based on the reach of the radio station within the programme areas. However, once the stations were identified, there was a lot of back and forth on the contracting – negotiating the rates, timing, repeat broadcasts, review and vetting by experts, recording of the programme in the studio and also including field interviews of survivors etc. The team diligently consulted partner organizations with experience in radio programming, negotiated with the radio stations and were able to come to an agreement on the most beneficial package.

- **Coverage issue**: In Kamashi town, the listeners reported that the radio program had poor signal and they were not able to listen clearly. This was one major challenge throughout the radio program broadcasting sessions for Amharic and Gumuz languages in Kamashi Zone. This highlights the need to consult with community members in the selection of radio stations so as to avoid such structural issues later. Conducting a quick audience research in communities would also be able to provide other information to enhance reach, such as preferred timing and frequency of the programme.

- **Engaging religious leaders**: An important strategy within the programming was to include religious leaders in the panel discussions in view of their substantial influence in the community, especially among men. However, getting religious leaders to agree to participate in the radio programme was a challenge as it involved speaking on sensitive topics. It required sensitization of the religious leaders first and while the team was successful in most cases, there were still a few where the religious leader refused to participate. It is therefore essential to provide for sensitization of key stakeholders, especially religious leaders, even before engaging them in a radio programme. However, there were religious leaders who participated in the discussions, which had a positive contribution in changing attitudes among listeners. The strategy of working intensively with religious leaders and engaging them in radio programs is therefore a critical investment that needs to be made.

- **Interviews of survivors for case stories**: The case stories recorded and broadcast as part of the programme were quoted very often by the listeners as they made them realize how an individual or the family gets affected. Identifying case studies of survivors who were willing to share their story, was also a major challenge. The fear of being recognized and the repercussions thereafter dissuaded many from participating. It was only when the team assured them of complete confidentiality and protection of their identity, that they were able to record the case studies. However, the team’s responsibility did not stop there, they undertook a thorough review of the edited recordings of the case studies to ensure that the names and identity of the survivors were not inadvertently being revealed.

- **Listener Groups record of discussions**: As mentioned earlier, every Listener Group was provided a journal to record the discussions and feedback on the programmes. A challenge however, was to ensure that the discussions are accurately recorded to be able to provide constructive feedback and an assessment of the audience response. Learning from other similar experiences, it would be helpful to provide additional training to the
group leaders in facilitating and recording discussions, in guiding the discussion towards individual/group commitments that could be followed up (e.g. even something as simple as – we will share this information with our family members/at least 3-4 neighbouring households or that we commit to report and support any cases in our neighbourhood) through home visits.

Overall, this short, intensive radio programme series combined with outreach activities such as listener groups and looping back to referral and services for survivors has brought in some immediate results in sensitizing the community and reaching large numbers. However, in order for the gains to be sustainable and influence social and behavior change, the intervention needs to continue for multiple years with a strong monitoring evaluation and learning (MEAL) base in order to clearly attribute the results.
Annex 1: Radio Program budget

<table>
<thead>
<tr>
<th>Items Description</th>
<th>Budget in USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radio Program Production &amp; broadcasting cost (with 2 broadcasting agencies for 8 episodes and repeat broadcasts)</td>
<td>3069</td>
</tr>
<tr>
<td>Purchase small size hand Radio for Listeners’ groups (24 sets, one per listener group)</td>
<td>329</td>
</tr>
<tr>
<td>Refreshment (Tea and Coffee) materials purchase for listeners’ group (cost across the programme)</td>
<td>194</td>
</tr>
<tr>
<td>Non Staff Per diem Radio Program Production Participants</td>
<td>268</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3860</strong></td>
</tr>
</tbody>
</table>

Annex 2: Draft Radio Program Guiding Script

Introduction Session by the Journalist

- This is a radio program on GBV
- This program is transmitted to you in collaboration with Action Against Hunger and OBN
- The project is funded by UNOCHA, EHF and implemented by Action Against Hunger.
- This program focuses on creating awareness on GBV

Welcoming of radio Audience/listeners and Introduction statement by the Journalist

- Greeting by Journalist, introduction of the program Topic and sessions
- This program is transmitted to you in collaboration with Action Against Hunger and OBN. The program emphasizes on Key GBV Messages and concepts that will run for 2-consecutive months, aired once in a week on---day, from --------to-----time.

Introduction of the organization and project in detail

Action Against Hunger’s Profile (including Thematic Areas: MHPSS, WASH, FSL & H&N)

Founded in 1979, Action Against Hunger is an international humanitarian organization committed to ending child hunger. It is a non-governmental, non-political and non-profit organization registered by the FDRE Agency for Civil Society Organization of Ethiopia. Action Against Hunger established its Country Office in Ethiopia in 1985 in response to the severe drought and subsequent famine at the time, and has since implemented various development and relief assistance in different regions of the country, namely Afar, Amhara, Benishangul Gumuz, Gambella, Oromia, SNNP, and Somali regions. Recognized as a leader in the fight against malnutrition, Action Against Hunger saves the lives of malnourished children while providing communities with access to safe water and sustainable solutions to hunger. With more than 30 years of expertise in emergency situations of conflict, natural disaster and chronic food insecurity, Action Against Hunger runs life-saving programs in over 40 countries benefiting more than five million people each year.

Title of the project (Implementer, Donor, intervention area)
Project Title “Holistic protection response for IDPs, returnees and Host Communities in West Wollega (Oromia) and Kamashi (Benishangul Gumuz) zones”.

Donor: United Nation Organization for Coordination Humanitarian Affairs (UNOCHA), Ethiopia Humanitarian Fund (EHF)

Project objective

This project addresses protection for needs conflict-affected communities including returnees and host communities in Gimbi, Latasibu, and Manasibu woredas of West Wollega zone. Action Against Hunger will build on its presence and integration with government agencies to prevent and address GBV cases, improve mental health and protect the most vulnerable groups – specifically pregnant and lactating women, women with disability, adolescent and young girls and GBV survivors while also including the wider community including men, older adults and community leaders. This complex humanitarian emergency is exacerbating the population’s negative coping strategies such as unsafe behaviours and practices, leading to higher rates of mortality and morbidity especially among the most vulnerable. Action Against Hunger is willing with this project to address these urgent protection needs, but also to build capacity to governmental, national and local stakeholders and to raise awareness to make the community more resilient and cope in a better way.

Objectives of the radio program

This Radio program aims to reduce/end the practice of GBV predominantly with West Wollega Zone communities. The use of some key community leaders will help to refer the concept & practice of GBV from socio-cultural and scientific explanation & thoughts to tackle such malpractice in the community. Before production in the Studio, the program staffs will prepare and provide orientation to senior community leaders & key government experts about the project goal and objectives and fix the actual production date and time in close collaboration with OBN Radio (Oromia Broadcast Corporation).

Session one

The 1st session of this radio program focuses on the Basic Concepts of GBV, Global and National Facts/Figures

The Journalist will narrate the points below:

Definition of gender-based violence:

“Gender based violence is any act, omission, or conduct that is perpetuated against a person’s will that results in, or is likely to result in, physical, sexual, economic, or psychological harm or suffering. The term refers to violence that targets individuals or groups on the basis of their being female or male, and it includes threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life. It is meant to assert power or control over others.”

It may also be useful to clarify with audiences/listeners that because the term GBV recognizes that violence related to gender roles, power relationships and, particularly, discrimination against women; it tells us that in order to address violence we also need to address the societal and relational contexts in which violence occurs. In this way, all GBV partners should make every effort to include men and boys in addressing violence against women and girls, and coordination efforts should engage any actors working on broader gender issues

Data about GBV

Gender-based violence (GBV) is a global pandemic that affects 1 in 3 women in their lifetime.

The numbers are staggering:
• **30% of women worldwide** have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence.

• **Globally, 7%** of women have been sexually assaulted by someone other than a partner.

• Globally, as many as **38% of murders** of women are committed by an intimate partner.

• **200 million** women have experienced female genital mutilation/cutting.

**In Ethiopia, According to Ethiopian Demographic and Health survey (EDHS) in 2016.**

• Sixty-three percent of women and 28% of men agree that a husband is justified in beating his wife for at least one of the following reasons: if she burns the food, argues with him, goes out without telling him, neglects the children, or refuses to have sex with him. Both women and men are most likely to agree that wife beating is justified if the wife neglects the children (48% and 19%, respectively).

• **Experience of Physical Violence Nearly one-quarter of women** (23%) have ever experienced physical violence since age 15. In the past year, 15% of women have experienced physical violence. The most common perpetrator of physical violence among ever-married women is a current husband/partner (68%). Among never married women, the most common perpetrator of physical violence is a sister/brother (27%).

• **Experience of Sexual Violence One in ten women** have ever experienced sexual violence; 7% have experienced sexual violence in the past year. Divorced/separated/widowed women are most at risk (18%) compared to never married women (2%). The most common perpetrator of sexual violence among ever-married women is a current husband/partner (69%).

• **Spousal Violence More than one-third of ever-married women** have experienced spousal violence, whether physical or sexual or emotional. Twenty-seven percent of ever-married women report having experienced spousal violence within the past year. Spousal violence is highest among ever-married women who are divorced/separated/widowed (44%), with no education (36%), and those from the Oromia region (38%).

**Help Seeking Behaviour:** More than **1 in 5 women** who have experienced physical or sexual violence sought help to stop the violence. The most common sources of help for these women are their neighbour (34%) or own family (31%).

This issue is not only devastating for survivors of violence and their families, but also entails significant social and economic costs. In some countries, violence against women is estimated to cost countries up to 3.7% of their GDP – more than double, what most governments spend on education.

Failure to address this issue also entails a significant cost for the future. Numerous studies have shown that children growing up with violence are more likely to become survivors themselves or perpetrators of violence in the future.

One characteristic of gender-based violence is that it knows no social or economic boundaries and affects women and girls of all socio-economic backgrounds: this issue needs to be addressed in both developing and developed countries.

Decreasing violence against women and girls requires a community-based, multi-pronged approach, and sustained engagement with multiple stakeholders. The most effective initiatives address underlying risk factors for violence, including social norms regarding gender roles and the acceptability of violence.

**Insertion of interview;**

Dear listerner, lets heare what is the definition, scopes and impacts of GBV from Ms.Nefisa Mohamedamin, Deputy MHPSS Program-Protection Specialist at Action Against Hunger Wollega, Base Office.
Ms Nefisa 1: The IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings—defines gender-based violence as: an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females.

While men and boys can be victims of some types of GBV (particularly sexual violence), the IASC GBV Guidelines further explain: around the world, GBV has a greater impact on women and girls than on men and boys. The term “gender-based violence” is often used interchangeably with the term “violence against women.”

The term highlights the gender dimension of these types of acts; in other words, the relationship between females' subordinate status in society and their increased vulnerability to violence.

Ms Nefisa 1: It is critical that those working on GBV understand the spectrum of ill effects—at the individual, family, community and societal levels—in order to target services effectively as well as to advocate for protection measures. Services should not only work to reduce negative consequences, but also prevent further harm.

The program Objective

Ms Nefisa 1: The Protection activities proposed under this action will provide mental health support services to affected communities in West Wollega zone. Protection Cluster reports indicate that there is a need for basic and specialized protection and psychosocial support services across the affected districts in West Wollega zone, due to high rates of GBV among IDPs and returnees coupled with an insufficient number of social workers.

Ms Nefisa 1: Provision of community-based Psychosocial Support Services especially for highly vulnerable groups and GBV survivors will receive multi-sectorial assistance, strengthening of community-based systems, and proposing durable solutions. All proposed activities will focus specifically on protection in emergencies, as well as support to community members at risk of GBV. Dialogue with community leaders, health workers and educators will support PSS, and Action Against Hunger will develop safe spaces with emphasis on adolescent girls, survivors, pregnant and lactating women and young children. Female-headed households and households with children will also be prioritized, in alignment with EHF and HRP objectives.

Ms Nefisa 1: Currently Action Against Hunger is providing the following protection service for affected communities of West Wollega Zone:

- Conduct awareness raising for community members, beneficiaries (women, girls, men, boys, community elders, religious leaders, community gatekeepers) to prevent and respond to GBV
- Local/community radio stations will broadcast key GBV messages
- Conduct capacity building on GBV to government staff (social workers and health workers) through trainings and supervision
- Distribute Hygiene and menstrual hygiene Dignity kits to women and girl survivors, vulnerable groups and women headed households
- Establish Safe Spaces as part of the Action Against Hunger integrated approach with MHPSS/NUT activities Spaces
- Provide Psychosocial Support Sessions for women, boys and girls
- Conduct Protection monitoring and collect information from beneficiaries (disaggregated by age, sex and diversity)
- Conduct Monitoring and evaluation (PDM):

Summarizing Key Messages or points raised in 1st Session (Journalist to Narrate)

Session Two

The 2nd session of this radio program focuses on the types of GBV and local Context (prevalence)

The Journalist will narrate the points below:
Introduction Session by the Journalist

- This is a radio program on GBV
- This program is transmitted to you in collaboration with Action Against Hunger and OBN
- The project is Funded by UNOCHA, EHF and Implemented by Action Against Hunger.
- This program focus on creating awareness on GBV

Welcoming of radio Audience/listeners and Introduction statement by the Journalist

- Greeting by Journalist, introduction of the program Topic and sessions
- This program is transmitted to you in collaboration with Action Against Hunger and OBN. The program emphasizes on Key GBV Messages and concepts, that will run for 2-consecutive months, aired once in a week on---day, from --------to-----time.

Introduction of the organization and project in detail

Action Against Hunger’s Profile(including Thematic Areas: MHPSS, WASH, FSL & H&N)

Founded in 1979, Action Against Hunger is an international humanitarian organization committed to ending child hunger. It is a non-governmental, non-political and non-profit organization registered by the FDRE Agency for Civil Society Organization of Ethiopia. Action Against Hunger established its Country Office in Ethiopia in 1985 in response to the severe drought and subsequent famine at the time, and has since implemented various development and relief assistance in different regions of the country, namely Afar, Amhara, Benshangule Gumuz, Gambella, Oromia, SNNP, and Somali regions. Recognized as a leader in the fight against malnutrition, Action Against Hunger saves the lives of malnourished children while providing communities with access to safe water and sustainable solutions to hunger. With more than 30 years of expertise in emergency situations of conflict, natural disaster and chronic food insecurity, Action Against Hunger runs life-saving programs in over 40 countries benefiting more than five million people each year.

Title of the project (Implementer, Donor, intervention area)

Project Title "Holistic protection response for IDPs, returnees and Host Communities in West Wollega (Oromia) and Kamashi (Benishangul Gumuz) zones".

Donor : United Nation Organization for Coordination Humanitarian Affairs (UNOCHA), Ethiopia Humanitarian Fund(EHF)

Recap of the previous sessions (session 1 of the radio program) and introduce topics of session 2; Types of GBV and Local context.

………………Bridge (paraphrasing by Journalist on what is said by Nefisa )………………………….

Ms Nefisa 2: In General, there are four (4) Types of GBV and these are;

1. Physical: Physical violence e.g. hitting, slapping, burning, pushing, stabbing, punching, choking, some traditional practices harmful to women such as female genital mutilation

2. Sexual Violence: Sexual violence is "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. Sexual violence includes, at least, rape/attempted rape, sexual abuse and sexual exploitation."
Sexual violence e.g. unwanted touching, forced sex, coerced sex, transactional sex, forced marriage, refusal to practice safer sex, sexual harassment and intimidation at work, school and other public institutions

4. Emotional/Psychological: Psychological violence e.g. emotional or mental abuse characterized by a person subjecting or exposing another to behaviour that may result in anxiety and depression, such as isolation, verbal abuse, threats, shouting, infidelity, intimidation, controlling, insults, humiliation etc.

5. Socio-economic: Economic violence e.g. abandonment, withholding of household financial resources/support, as well as preventing a partner from working outside the home, or owning assets/property, refusing a partner participating in decision-making

Gender Expert from WOCYA 2: types of GBV can vary across cultures, countries and regions, but some of the more common forms prevailed in our area include: sexual violence, sexual exploitation and/or abuse (SEA), domestic violence, trafficking, forced and/or early marriage and other traditional practices that cause harm, such as female genital mutilation, , widow inheritance, etc.

Gender Expert from WOCYA 2: While GBV can take many forms in an emergency context, during the early stages – when communities are first disrupted, populations are moving and protection systems are not fully in place – most reported GBV incidents are sexual violence involving female survivors and male perpetrators. GBV coordination mechanisms should therefore prioritize protection from sexual violence in the early stages, while not ignoring the threat or incidents of other forms of violence.

Insertion of the key highlights about the organization profile, Project objectives and activities (insertion of COVID-19 Message 1minute).

Summarizing Key Messages or points raised in 2nd Session (Journalist to Narrate)

Session Three and Four

The 3rd and 4th session of this radio program focuses on the Causes of GBV and local Context (prevalence)

The Journalist will narrate the points below:

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- This program focus on creating awareness on GBV

Welcoming of radio Audience/listeners and Introduction statement by the Journalist

- Greeting by Journalist, introduction of the program Topic and sessions
- This program is transmitted to you in collaboration with Action Against Hunger and OBN. The program emphasizes on Key GBV Messages and concepts, that will run for 2-consecutive months, aired once in a week on ---day, from -----to-----time.

Introduction of the organization and project in detail

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Donor : United Nation Organization for Coordination Humanitarian Affairs (UNOCHA), Ethiopia Humanitarian Fund (EHF)

Recap of the previous sessions (session 2 of the radio program) and introduce topics of session 3; Causes of GBV and Local context.

Narrate the following articles as an introduction to the session

GBV—has been documented in virtually all recent humanitarian emergencies around the world: it is not limited to specific regions, cultures or types of emergency. Available evidence also indicates that the disorganization that accompanies natural disasters or conflict (e.g., separation of families, disruption in the rule of law, etc.) puts women and girls at risk of multiple forms of violence.

Power inequality is the deepest root cause of violence. This is communicated, reinforced and perpetuated by culture, religion and social norms.

Let us listen the following story and get back to our discussion.

Insert the story recorded on the following form.(this story aimed at producing a positive story)

Recommended interviews: (the story could run for 5 minutes)

• Interviews with couples in the community who balance power and responsibilities in their relationships, to hear about the process of making changes in a relationship, the alternative ways of handling conflict and the benefits of non-violence.

The story could focus on the benefits of equal relationships, including more communication, happiness and health in our communities, and decreased/avoid any risk (health, social, economic, physical, psychological and sexual).

........................Bridge (paraphrasing by Journalist on what insertion of music )...............................

The truth about the Power(what do learn from the story?)

Gender Expert from WOCYA 3: In our communities and families, men often have more power than women. Usually community members accept this power imbalance as normal. However, this power imbalance leads to violence against women of all forms. In short, when a man uses his power over a woman, it is abuse. The realities about power are relevant to current challenges in our communities, and would make a
provocative media story that examines the ways people define power, abuse power and use power for good. Through this story, people could learn about how balancing power is positive and beneficial to women and men, families and the community.

........................................................Bridge (paraphrasing by Journalist on what is said by Gender Expert ).............................................

......Power

**Gender Expert from WOCYA 3:** Everyone has power—and that power can be used positively or negatively. Power imbalances happen when one group of people has power over another group of people. In many relationships, there is an imbalance of power, with men having power over women. This imbalance of power is the root cause of violence against women and its connection to exposed for many problems.

........................................................Bridge (paraphrasing by Journalist on what insertion of music ).............................................

**Why do many of us tolerate Gender Based violence?**

**Ms Nefisa 3:**

**The Habits of History:**
- We tolerate violence, because of the lessons we learned in childhood.
- We learned that violence against women is okay—or so the world once believed.
- Now we are seeing the hurt and harm violence causes. Things can change.

**The History of Power:**
- In childhood we learned that men are more valuable and more worthy than women.
- In childhood we learned that women should have less power than men.
- In childhood we learned that men should use their power over women and control them with violence.

Therefore, many of us tolerate violence against women and remain silent when it happens.

........................................................Bridge (paraphrasing by Journalist on what insertion of music ).............................................

**Journalist**

Who is more valuable and worthy: A woman or a man?

**Religious Leader 1:**

**Answer:** Neither. They have the same rights and responsibilities. They are equally valuable and worthy.

**Journalist**

What does your teaching says about power?

**Religious Leader 1:**

- Everyone has a right to power. Power is the ability to think, feel and do what we decide is right for ourselves.
- No one should use her or his power over another person.
- Using power negatively to control others is an injustice.
- Women and men have a right to their power.

........................................................Bridge (paraphrasing by Journalist on what insertion of music ).............................................

**Gender Expert from WOCYA 3:** Generally as a group, men have power over women, even though in individual cases a woman may have more power than a man. Adolescent girls are extremely vulnerable in our society. They are seen to have little power, making them vulnerable to sexual abuse and transactional
sex. The limits on women’s use of their power increases their vulnerability to violence. Although many men may strive for equality in their relationships, other men can still have power over women. This affects women's choices and movement in the community.

**Journalist**

Discuss who experiences most GBV;

**Gender Expert from WOCYA 3:** most of the time women and girls are the victim who perpetrates most GBV;

**Gender Expert from WOCYA 3:** men. I acknowledge that this is not universally true, but that the vast majority of survivors are women and girls and the vast majority of perpetrators are men, because of the power inequalities that exist in the given society.

**Journalist**

Is it possible to balance power?

**Gender Expert from WOCYA 3:** Men around the world, and in our own community, are learning how to use their power positively; to balance power in their relationships; and to stop using their power over women. These men are enjoying healthier and happier families.

………………..Bridge (paraphrasing by Journalist on what insertion of music )…………………………..

**Journalist**

How context affects GBV

**Gender Expert from WOCYA 3:** As well as culture, GBV can be heavily influenced by changing contexts, including the changes that occur with conflict or natural disasters (known together as emergencies).

**Journalist**

What impact do you think conflict and natural disasters might have on GBV?

**Gender Expert from WOCYA 3:**

- Breakdown in social & support structures (imagine everyone in the circle exercise from the last session being thrown out of place)
- Women and girls being forced to travel long distances to carry water and fuel and being exposed to violence
- Opportunities for sexual exploitation
- Women and girls often look after children or elderly, and are therefore made more vulnerable
- Women/girls often have less exposure to skills that might save them (e.g. swimming)

**Journalist**

Insertion of the key highlights about the organization profile, Project objectives and activities(insertion of COVID-19 Message 1minutes).

**Summarizing Key Messages or points raised in 3rd and 4th Session (Journalist to Narrate)**

- Highlight that although GBV is affected by context – e.g. exacerbated in emergencies – it exists everywhere around the world, including developed countries.*
- Power inequality is the deepest root cause of violence. This is communicated, reinforced and perpetuated by culture, religion and social norms.
**Session Five and Six**

The 5th and 6th session of this radio program focuses on the Consequences of GBV and local Context (prevalence)

**The Journalist will narrate the points below:**

**Introduction Session by the Journalist**

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- The project is Funded by UNOCHA, EHF and Implemented by Action Against Hunger.
- This program focus on creating awareness on GBV

**Welcoming of radio Audience/listeners and Introduction statement by the Journalist**

- Greeting by Journalist, introduction of the program Topic and sessions
- This program is transmitted to you in collaboration with Action Against Hunger and OBN. The program emphasizes on Key GBV Messages and concepts, that will run for 2-consecutive months, aired once in a week on---day, from --------to------time.

**Introduction of the organization and project in detail**

**Action Against Hunger's Profile (including Thematic Areas: MHPSS, WASH, FSL & H&N)**

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**Title of the project (Implementer, Donor, intervention area)**

Project Title “Holistic protection response for IDPs, returnees and Host Communities in West Wollega (Oromia) and Kamashi (Benishangul Gumuz) zones”.

Donor : United Nation Organization for Coordination Humanitarian Affairs (UNOCHA), Ethiopia Humanitarian Fund (EHF)

**Recap of the previous sessions (session 3 and 4 of the radio program) and introduce topics of session 5 and 6; Consequences of GBV and Local context.**

**The Journalist will narrate the below Facts and figures on the consequence of GBV;**

**The State of Adolescent Girls**

- 1 in 7 girls in the developing world will be married before the age of 15.
- Nearly 1/2 of all sexual assaults worldwide are against girls aged 15 and younger.
- Suicide is the first leading cause of death among adolescent girls ages 15-19 in low- and middle-income countries.
• Complications resulting from pregnancy and childbirth are the second leading cause of death among adolescent girls ages 15-19 in low- and middle-income countries.

• Out of the world’s 130 million out-of-school youth, 70% are girls.

• When a girl receives seven or more years of education, she marries on average four years later, delays her first pregnancy by at least as long, and has 2.2 fewer children.

Journalist

Let us listen the following story and get back to our discussion.

Insert the story recorded on the following form. (this story aimed at producing story on Consequences of GBV)

Recommended interviews: (the story could run for 5minutes)

• Interviews with women who can share personal experiences about the connection between Gender Based violence and HIV/AIDS/other STI.

• Interviews with counselors and health care providers who are witnessing the connection between Gender Based violence and HIV/ AIDS/STI in their work.

This story could help others understand this connection so that women’s risk for violence and HIV is reduced.

……………………Bridge (paraphrasing by Journalist on what insertion of music )…………………………..

THE HIDDEN CONNECTION

Journalist

What do you believe is the connection between gender based violence and SRH Problem/Health risk in our community?

SRHExpert from ZHO 3: Gender Based Violence and SRH problem are dangerously connected. We must address them both and address them together. Violence against women is a public health emergency—it puts women at risk for severe injuries and sexually transmitted infections, including HIV.

……………………Bridge (paraphrasing by Journalist on what insertion of music )…………………………..

SRHExpert from ZHO 3: Violence against women is both cause and consequence of HIV/ AIDS. Women are becoming infected with HIV at higher rates than men. Although, women are more biologically vulnerable to HIV infection, this is not the full reason for their higher rates of infection.

Research shows that when physical, emotional, sexual or economic violence is used against women, women are less able to protect themselves from exposure to the virus. Also, when HIV positive, a woman often experiences violence, which can worsen her condition and limit her access to treatment. As a result, her HIV could more quickly develop into AIDS. Few people know or understand this connection between violence and HIV/AIDS. Well-meaning women and men are putting themselves and their partners at risk, often without understanding the consequence of their actions.

……………………Bridge (paraphrasing by Journalist on what insertion of music )…………………………..

Journalist

Does Forced Sex mean Rape?
SRH Expert from ZHO 3: When a woman and man, no matter what their ages, are in a romantic relationship, it does not mean that the woman gives up control over her body. It does not mean that the man has a right to sex whenever he wants it. However, dozens of studies from around Africa show that many women have experienced forced sex by their partners. Forced sex is also known as rape. It is when one partner physically forces the other to engage in sexual activity, and it is a leading cause of HIV infection among women.

Journalist

What are the consequences of GBV

SRH Expert from ZHO 3:

- Severe, varied and long-lasting
- Impact across the family and community, but fall most heavily on the survivor
- Perpetrators experience some negative consequences

Because of the stigma around GBV, in a normal situation she has less people to reach out to who will help her rebuild her trust, feel accepted again and know how to make the right choices for herself.

SRH Expert from ZHO 3: GBV not only has direct impacts on the survivor and her family, community, society - it also disrupts the exact support network she needs to be able to recover and heal from the violence itself.

Journalist

Do you see Gender Based Violence as a problem in the community?

SRH Expert from ZHO 5:

- Gender Based Violence is a violation of human rights.
- At least one in every three women around the world have been beaten, abused or coerced into sex during their lifetime.
- The majority of violence that women experience is from intimate male partners, not strangers.

Journalist

Why are women more socially vulnerable to HIV infection?

SRH Expert from ZHO 5: The power imbalance between women and men inherent in our community norms increases women’s vulnerability to HIV infection. Acts of violence against women supported by these community norms often means women have unsafe sex and are exposed to HIV. Physical, sexual, emotional, and economic violence, either alone or combined, can all contribute to HIV transmission among women. Here are some examples

SRH Expert from ZHO 5: Lack of control in intimate relationships
The imbalance of power between women and men supported by community norms often assumes that women have a sexual obligation to men, removing women’s sexual decision-making power. Women are often afraid to ask their partner to be monogamous, afraid to say no to sex and afraid to negotiate condom use—even when sex is consensual. After experiencing violence from their partners, women’s fear and inaction only increases, as does their risk for contracting HIV.

SRH Expert from ZHO 5: Economic vulnerabilities of girls and women
Research has shown that the economic vulnerability of girls and women makes it more likely that they will feel the need to exchange sex for money or favours, less likely that they will succeed in negotiating protection, and less likely that they will leave a relationship that they perceive to be risky. These women are therefore vulnerable to contracting HIV. Furthermore, when violent partners deny women money for food or other means of support, women are often forced to engage in transactional sex in order to ensure survival for themselves or their children. Many women without partners or whose partner is unemployed or underemployed have limited access to a means of income generation and are also more likely to engage in transactional sex.

Silence about coerced sex with girls
The community’s silence about older men coercing young girls into having sex, whether a sugar daddy, relative or teacher, is particularly dangerous, since young girls already have a high physical vulnerability to HIV.

Early marriages
The practice of early marriage is a risk factor for girls and young women. Girls who are married young are often initiated into sex at a very young age. Also, many young girls are married to older men who have more sexual experience and who are more likely to be infected with HIV.

Bride price
In some cases, practices such as bride price, or the payment of money and/or gifts to the bride’s family, reinforce the belief that women are the property of their husbands. Women who have experienced violence and who then return to their natal homes are often told to return to their partner’s home, and to the violence, because of the monetary obligation of bride price.

Risk-taking sexual behaviors among girls and women
Evidence suggests that there is a connection between violence and women’s sexual risk taking behaviors. Women who experience violence are more likely to have multiple partners or partners outside marriage and to engage in transactional sex than women who have not experienced violence. This is because experiencing violence and living with violence decreases a woman’s self-esteem and ability to imagine a future for herself.

Child sexual abuse and adolescent forced and coerced sex are connected to high-risk sexual behavior in girls and young women. Feelings of unworthiness, low self-esteem, shame and lack of trust from early experiences of abuse affect women’s sexual behavior choices in adolescents and adulthood. Abuse can be connected to lack of condom use and a history of STI’s, both risk factors for HIV infection. It is important not to revictimize women who engage in sexual risk-taking but to recognize that the root causes of their behaviors result from power inequalities between women and men.

Insertion of the key highlights about the organization profile, Project objectives and activities.

Summarizing Key Messages or points raised in 5th and 6th Session (Journalist to Narrate)

- Gender Based Violence and SRH problem are dangerously connected. We must address them both and address them together.
- Violence against women is a public health emergency—it puts women at risk for severe injuries and sexually transmitted infections, including HIV.
- Violence against women is both cause and consequence of HIV/AIDS. The driving force behind both is the imbalance of power between women and men.

Session Seven and Eight

The 7th and 8th session of this radio program focuses on the prevention and available service of GBV and at local Context.

The Journalist will narrate the points below.

Introduction Session by the Journalist
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This program focus on creating awareness on GBV

Welcoming of radio Audience/listeners and Introduction statement by the Journalist

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Introduction of the organization and project in detail

**Action Against Hunger**

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**Title of the project (Implementer, Donor, intervention area)**

Project Title "Holistic protection response for IDPs, returnees and Host Communities in West Wollega (Oromia) and Kamashi (Benishangul Gumuz) zones".

**Donor**: United Nation Organization for Coordination Humanitarian Affairs (UNOCHA), Ethiopia Humanitarian Fund(EHF)

Recap of the previous sessions (session 5 and 6 of the radio program) and introduce topics of session 7 and 8; Prevention of GBV and available service at Local context.

**The Journalist GBV:**
What are the available services for GBV survivors?

If a woman came to you about sexual violence she was experiencing, or because she was worried she may be HIV positive/exposed to STI, how would you help her?

**SRH Expert from ZHO 7**: I will share information about the health consequences of GBV with the survivor. Doing so will help the person understand the reason for a medical referral and help them determine if it is something that they need.

.........................Bridge (paraphrasing by Journalist on what insertion of music).........................

**SRH Expert from ZHO 7**: In sexual violence cases for women and girls, the primary health concerns are related to incidents of rape, sexual assault or forms of non-physical assault that may result in acute injury, pain and bleeding. Women and girls may be at risk of HIV/STIs, unwanted pregnancy and injuries. Health services include medication to prevent HIV, emergency contraception, testing and treatment for STIs, and treatment of injuries or wounds.

.........................Bridge (paraphrasing by Journalist on what insertion of music paraphrasing the SRH.. ).........................
The Journalist

What supportive services are there for women and men in our community or could be provided by your office?

Gender Expert from ZWOCYA 7: Facilitating access to multiple services. Women and adolescent girls may also benefit from other sexual and reproductive health services. While the primary concern should be to address the immediate health consequences of rape or sexual assault, once the survivor’s medical situation is stabilized and if you continue to work with her, you may be able to assess other needs and facilitate access to care. Other health needs and services may include:

Gender Expert from ZWOCYA 7: Ensure and facilitate access to any services that may keep the survivor safe; this will include providing legal protection. To be added more services they are providing

Can you suggest organizations, individuals or other leaders with whom we should speak?

Nefisa 7: We are working to enhance the capacity of government sectors. Nefisa or Alehegn should provide the brief information on what protection services we are providing and linkages with other service provider...

The Journalist

What do you think women and men in the community could do to begin addressing or preventing GBV?

Gender Expert from ZWOCYA 7: We need to raise awareness that balancing power does not mean men lose power. It means they gain respect, happiness and health.

The Journalist

What do you think could be done by yourself and other leaders in the community to address Gender based violence?

Religious and or Community Leader 8: We need to raise awareness that non-violence and balanced power create . . .

- Happiness and hope
- Respect
- Families who enjoy being together
- Improved academic performance in children
- Enjoyable sex between partners
- Development at home
- Protection from any Health Risk; HIV and AIDS/STI

Religious and or Community Leader 8: We need to raise awareness that violence and imbalanced power create . . .

- Stress
- Emotional disconnection between partners
- Forced and unpleasant sex
- Fear in children
- Distrust and resentment
- Financial burden on family resources
- Potential for HIV and AIDS

The Journalist
Religious or Community Leader: Our community's silence about the imbalance of power between women and men allows gender based violence to continue. In order to prevent gender based violence and its negative consequences, we must speak out. As a leader in the community, you have the power to use your voice for change. Silence is not a solution!

SRH Expert from ZHO: We need to raise awareness about silence. Our silence about gender based violence and Health risks (HIV/AIDS & STI, Unwanted pregnancy) allows both to continue and to hurt our community.

Gender Expert from ZWOCYA: Change starts with us! We all have the power to break the silence and to raise awareness about violence, it's negative consequences and the benefits of balancing power.

Nefisa: Change starts with us! Violence occurs every day but many people prefer to ignore it or deny it, especially men's violence against women. It is seen as the norm. Norms in the community can change. It is up to all of us. Everyone has a role to play. An active bystander is someone who chooses not to stand by and let the violence continue but takes some form of action to help stop the violence. It is up to everyone in the community to create a supportive environment for new behaviors and norms. Reducing the level of violence in society will require many more men to step up as active bystanders. Most violence is committed by men and many men are more likely to listen to another man than they are to a woman. These two facts make it essential that more men get involved as active bystanders intervening to stop other men from being violent. The more people who take on this issue the more likely communities are to succeed in preventing gender-based violence.

Journalist: What can be do to bring positive social norm in the community?

Nefisa: It is recognized that even if an individual makes or tries to make a change, it is very difficult for that individual to maintain that change unless supported by the people and environment that surround her/him. For example, imagine that you decided to change the kind of food you eat. Let's say you decided to stop eating meat. If your whole family and all your neighbors ate meat at every meal and insulted you for not eating meat, would it be easy to maintain that change? If the shops around you only sold meat, and if you could not get vegetables and other foods, would it be easy to maintain that change?

Nefisa: In our program, we aim to normalize women and men having balanced power, which in turn would normalize non-violence and break the connection between gender based violence and psychosocial problem (might be health problem, psychological problem, economic problem, social problem, etc). Our aims is to have women and men, families and neighbors, hair dressers and business owners, counselors and health care providers, religious and cultural leaders, police and local government officials all feeling that gender based violence and its connection to psychosocial problem is unacceptable, all taking big and small actions to create more equal, safe and happy relationships.

Gender Expert from ZWOCYA: If we are to prevent violence, we have to change norms that allow for the abuse of power. We have to replace norms that are hurtful, damaging, oppressive or unjust with norms that are healthy, helpful, liberating and just. This is not only for the benefit of women but for the benefit of men, girls and boys, families and the community. Whenever one group, in this case women, are oppressed and lacking the power to live up to their potential, it hurts us all. Similarly, when men feel bound to the role of always being in control and powerful, they cannot live to their full potential. Imbalance of power creates tension, resentment, fear, intimidation and violence.
Gender Expert from ZWOCYA 8 seeks to challenge and expand people's perceptions of power. We all have experienced a lack of power in our own lives— it could be in our families, in the community, at places of work, during conflict or civil unrest.

……………………Bridge (paraphrasing by Journalist on what insertion of music)…………………………..

Final Summary/conclusion and Remark by the Journalist

As we have learned, gender-based violence can cause bodily harm, psychological trauma, and economic breakdown. The issue of gender-based violence is one that affects the entire community when it happens and everyone has a role to play in creating a supportive, safe, and peaceful environment for women, children, men and families. Everyone has the power to speak out against violence. By passing and using these messages today, you have played an important role in taking action against gender-based violence.

Annex 3: Radio Program Monitoring Tools

1. Radio Program Monitoring

Objective:
To measure the impacts of the GBV focused radio program on audience member/target population knowledge, attitude and behavior change.

Specific objectives
- To measure the quality of the radio program production (sound clarity, appropriateness of language and appealing of the story lines/educations)
- To assess the audiences perception of any educational lessons from the radio program.
- To measure the outcomes of the radio program activity on addressing key GBV issues in the target community.

Audience perception Monitoring

A fundamental assumption of this Radio Program on GBV is that the educational messages developed by Action Against Hunger MHPSS Team and its partners will be correctly interpreted and understood by the audience members. Because of Radio messaging done using expert interview and sharing of individual story in which characters/story lines provide role models of alternative behaviors and the consequences of these behaviors, the opportunity for misinterpretation by some portion of the audience may be greater than when messaging is more didactic. The misidentification of negative character/messaging as being the positive role model, that should be emulated by audience members might prevail.

Methodology
There are various methods for assessing the audiences’ perception of the radio program. Among those methods we have selected the following two methods for our current radio program on Gender based Violence (GBV). The rational for selecting these methods is mainly the greater relevance and validity of the tools with our program objectives, nature of the activities and local context.
1. **In-depth Interviews**: it is one of the best method for assessing audience members’ perceptions of Radio Program; its characters, story line and its educational content through conducting in-depth interviews with audience members using the **ORID strategy**. ORID stands for Objective, Reflective, Interpretive, and Decisional. It simply provides a way to structure interview guides so that they are thorough and have a logical progression. The ORID approach can be applied to intercept interviews with members of the target audience and/or audience members.

**Guidance Notes**

**Objective:** begin the interview with questions on factual-information. Start the interview in a non-threatening and objective manner. To make sure the respondents actually a listener to the radio program and paid enough attention to it. So that they may be impacted by it.

**Reflective:** The second set of questions are intended to find out what the respondent’s immediate personal reaction was to the Radio Program, and most especially, to assess whether they have had an emotional response to it. The interviewer would probe for what emotions they felt, and what in the radio program made them feel that way.

**Interpretive:** The purpose of this group of questions is to understand how the respondent interprets the messages of the radio program. This is important because sometimes audience members will draw very different lessons from the radio program than the organization intended. This is also, where the guide can assess listeners’ perceptions of individuals’ story or characters in the program.

**Decisional:** The final section of questions designed to assess whether exposed to the radio program has helped the listener make any decisions, or moved them at all along the stages of the behaviour change continuum. Questions should include probes to find out what and why audience members would want to change.

2. **Listeners’ Group Journal Book**

This journal book translated and distributed to each listeners’ group:

It is important to recruit/assign people to be dedicated listeners’ that agree to listen to every episode/session of the radio program and maintain a journal that contains their reactions to the program. MHPSS Team will provide them with a guide with a standard set of questions for them to answer about each episode/session. The journal guide book/questions for listeners’ provided below. These diaries must be collected regularly (perhaps weekly) and analyzed so that MHPSS department can use the feedback in a timely manner.

It is recommended to establish/organize, the listeners group at all intervention Woredas and Kebeles. The group should composed of women’s and Men’s group, so that it is possible to get feedback from a variety of different people. Furthermore it may be required to remunerate (provide some refreshments and radio) to make sure that they are consistent in listening the radio program and filling in diaries. Over time, MHPSS team can amend the journal questions to get specific feedback on the story line and educational issues/topics as they are developed.

3. **Journal Guide for listeners**

**Location of the Listeners’ Group:**

Region_________Zone_________Woreda_________Kebele________Village_________

Date of Broadcast: Day -------- Month ------Year-------
Time of Broadcast:--from--------to-------------

How many people listened to the radio program with you including yourself? ------------------------

---

Please respond to the following questions, using the following response type:

- The scale of 1-5(1-very low, 2-low, 3-medium, 4-High, 5-Very High).
- Yes or No
- Open ended response

<table>
<thead>
<tr>
<th>s/n</th>
<th>Questions</th>
<th>Response scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>What was the topic of today’s session/episode of the radio program?</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Did you perceived any link between the topic/content of the radio program and with your local situation?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>2.1</td>
<td>If your answer is yes, why and what aspects of the topics has linkage.</td>
<td></td>
</tr>
<tr>
<td>2.2</td>
<td>If your answer is No why?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>How do you rate the educational value of the radio program in this episode/session?</td>
<td>1, 2, 3, 4, 5</td>
</tr>
<tr>
<td>3.1</td>
<td>Do you have any comment on the educational value?</td>
<td></td>
</tr>
<tr>
<td>3.2</td>
<td>What did you like and or dislike about the educational value of this episode/session?</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Did you feel you have learned anything new from listening to this episode?</td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>If your answer is yes what did you learned?</td>
<td>A. Yes-a lot, B. Yes a bit, C. No, D. Not sure</td>
</tr>
<tr>
<td>5</td>
<td>At the end of this episode, were you curious about what will be the next episode/session or what will happen next?</td>
<td>A. Yes-a lot, B. Yes a bit, C. No, D. Not sure</td>
</tr>
<tr>
<td>5.1</td>
<td>What do expect the next episode will be?</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Does the language of the radio program appropriate to you (was it audible and understandable)</td>
<td>Yes, No</td>
</tr>
<tr>
<td>7</td>
<td>Does the time of the radio program transmission comfortable to you.</td>
<td>Yes, No</td>
</tr>
<tr>
<td>8</td>
<td>What could this episode/session have been made better?</td>
<td></td>
</tr>
</tbody>
</table>

Note: It is necessary to ask these questions by each session/episode of the radio program.

4. Key Informant Interview Guide
### Interview questions

<table>
<thead>
<tr>
<th>ORID Categories</th>
<th>s/n</th>
<th>Key Interview Questions</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>1</td>
<td>What are some of the key ideas you understand from listening to the Radio Program.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Do you recall any specific topics/terminology from the radio messages or education?</td>
<td></td>
</tr>
<tr>
<td>Reflective</td>
<td>1</td>
<td>Was there anything in the radio program that surprised you?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Did anything in the radio program makes you feel emotional in any way, such as being sad, angry, happy or proud?</td>
<td></td>
</tr>
<tr>
<td>Interpretive</td>
<td>1</td>
<td>What do you think the radio program was trying to say to you?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Did you learn anything from listening to this radio program?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1</td>
<td>Tell me what you have learned</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>What do you think about ---(mention the story of a GBV survivors or characters)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4.1</td>
<td>Did she do the right thing</td>
<td></td>
</tr>
<tr>
<td>Decisional</td>
<td>1</td>
<td>What can we do about the fact that------ (mention the story of a GBV survivors or characters) does or doesn’t do /get/have .......... ?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Does hearing what happened to .... the story teller/individual...make you want to do something different in the future?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.1</td>
<td>What would the respondent want to change?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2.2</td>
<td>Why would the respondent want to change?</td>
<td></td>
</tr>
</tbody>
</table>

### Annex 4: Scorecard for GBV Radio Program

<table>
<thead>
<tr>
<th>s/n</th>
<th>CORE ACTIONS</th>
<th>status</th>
<th>Timeline</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Preparing Terms of Reference (ToR)</td>
<td>Completed</td>
<td>2/3/2020</td>
<td>Mideksa, MHPSS DTA</td>
</tr>
<tr>
<td>2</td>
<td>Procurement Link(PL) is raised for both Kamashi &amp; West Wollega Zone, and Processed</td>
<td>Completed</td>
<td>12/3/2020</td>
<td>Alehegn,MHPSS PM and Logistic department</td>
</tr>
<tr>
<td>3</td>
<td>Service agreement Contract is Singed with Radio Broadcast Corporation</td>
<td>Completed</td>
<td>8/4/2020</td>
<td>Logistic Capital Team</td>
</tr>
<tr>
<td>4</td>
<td>Radio Program Script is prepared, translated and reviewed.</td>
<td>Completed</td>
<td>4/4/2020</td>
<td>Mideksa, Alehegn, and Nefisa</td>
</tr>
<tr>
<td>5</td>
<td>Concerned government officials, experts are communicated and participants of the radio production activity are identified.</td>
<td>Completed</td>
<td>21/4/2020</td>
<td>Alehegn &amp; Nefisa.</td>
</tr>
<tr>
<td>6</td>
<td>Voluntary individuals for story telling are identified, communicated and arranged for actual interview activity/story recording</td>
<td>Completed</td>
<td>24/4/2020</td>
<td>Alehegn &amp; Nefisa.</td>
</tr>
<tr>
<td></td>
<td>Activity Description</td>
<td>Status</td>
<td>Completion Date</td>
<td>Responsible Parties</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------------</td>
<td>------------</td>
<td>-----------------------</td>
<td>---------------------------------------------------------</td>
</tr>
<tr>
<td>7</td>
<td>Journalists or experts are given orientation on the CORE principles/considerations of GBV radio program interview, production and broadcasting.</td>
<td>Completed</td>
<td>28/4/2020</td>
<td>Alehegn &amp; Nefisa</td>
</tr>
<tr>
<td>8</td>
<td>Required Radio Program Monitoring tools are prepared (including translated version in to local language-Amharic, Afan oromo and Gumuz language and ready to use.</td>
<td>Completed</td>
<td>20/5/2020</td>
<td>Mideksa, Alehegn, Nefisa and Manatha.</td>
</tr>
<tr>
<td>9</td>
<td>Listeners’ Groups are established at each intervention area (based on the plan) and given orientation their roles and responsibilities.</td>
<td>Completed</td>
<td>5 &amp; 6/5/2020</td>
<td>Nefisa and Maranatha (with active involvement of SPSW)</td>
</tr>
<tr>
<td>10</td>
<td>Listeners’ group are equipped with the necessary materials/inputs, remuneration (refreshments and Radios) and stationaries-Journal Books, pen, etc.</td>
<td>Completed</td>
<td>4/5/2020</td>
<td>Alehegn, Nefisa and Maranatha(with active involvement of SPSW)</td>
</tr>
<tr>
<td>11</td>
<td>Review of the audio output of the production is conducted</td>
<td>Completed</td>
<td>12/5/2020</td>
<td>Mideksa, Alehegn, Nefisa</td>
</tr>
<tr>
<td>12</td>
<td>Final radio message/education program is approved for airing of the program</td>
<td>Completed</td>
<td>15/05/2020</td>
<td>Panos, CD</td>
</tr>
<tr>
<td>13</td>
<td>The radio program is on track/on air.</td>
<td>Completed</td>
<td>18/5/2020</td>
<td>Radio Broadcast Corporations (OBN &amp; BGR)</td>
</tr>
<tr>
<td>14</td>
<td>Prepare the radio program monitoring logbook and distribute to each Woreda team</td>
<td>Completed</td>
<td>25/05/2020</td>
<td>Mideksa &amp; Alehegn</td>
</tr>
<tr>
<td>15</td>
<td>Prepare the radio program broadcasting schedule and distribute to each Woreda team</td>
<td>Completed</td>
<td>26/05/2020</td>
<td>Alehegn</td>
</tr>
<tr>
<td>16</td>
<td>In-depth interview is conducted and results are analyzed and reported.</td>
<td>Planned</td>
<td>8-12/7/2020</td>
<td>Alehegn, Nefisa and Maranatha (with active involvement of SPSW).</td>
</tr>
<tr>
<td>17</td>
<td>Journal books are collected from each Listeners’ group every week, feedbacks are analyzed and reported.</td>
<td>Ongoing/on track</td>
<td>Every week from May 18- July 7/2020.</td>
<td>Alehegn, Nefisa and Maranatha (with active involvement of SPSW).</td>
</tr>
</tbody>
</table>

**Annex 5: Sample Radio Program Monitoring Log Book**
<table>
<thead>
<tr>
<th>S/n</th>
<th>List/Name of the Radio Program Listener's Groups</th>
<th>Name of the Radio program Group</th>
<th>List of the name of all group members</th>
<th>Type of the group (Male or Female)</th>
<th>Age of Group members</th>
<th>Status of the group members (PW,P,L,Married with no children,Married and have children, Adolescent, Father)</th>
<th>What Language listeners’ group is that (Afaan Oromo, Amharic and Gumuz)</th>
<th>Location of the group established</th>
<th>Functionality of the Group (started listening, not started, started but interrupted)</th>
<th>How Many sessions did the Group attended so far</th>
<th>Is the Group filling Diary book Regularly</th>
<th>Is the SPSW collecting the Diary book weekly and documented</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bikiltu Group</td>
<td>Gadise Mamo</td>
<td>Female 20 LW West Wollega</td>
<td>Female</td>
<td>LW</td>
<td>Started Listening 6 Session Yes Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>Lakiltu Group</td>
<td>Werkinesh Tikru</td>
<td>Female 20 LW West Wollega</td>
<td>Female</td>
<td>LW</td>
<td>Started Listening 6 Session Yes Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td>Ba'e Group</td>
<td>Asale Getahun</td>
<td>Male 25 Father West Wollega</td>
<td>Male</td>
<td>Father</td>
<td>Started Listening 6 Session Yes Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>4</td>
<td>Obil Group</td>
<td>Werkinesh Tikru</td>
<td>Female 25 LW West Wollega</td>
<td>Female</td>
<td>LW</td>
<td>Started Listening 6 Session Yes Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Notes:**
- The table represents a portion of the Radio Program Monitoring Logbook data for groups in Ethiopia.
Annex 6: Informed Consent Form

Release Form for Photos, Video, Interviews, and Artwork

I grant Action Against Hunger USA, its affiliates, and all persons acting under its authority permission to do the following to promote Action Against Hunger programs, including organizational marketing, fundraising, and media initiatives:

- to use my name and/or my child's name for any legal or regulatory issues that may arise;
- to interview me and/or my child and use our statements;
- to film, photograph, tape and/or make a video reproduction of me and/or my child;
- to use my child's original materials;
- to disclose information about my and/or my child's situation (such as an illness or story).

I understand that Action Against Hunger publications and promotional materials may be widely distributed, and I understand that my involvement with Action Against Hunger will in no way be affected by my decision to give or refuse permission. I give this permission without expectation of compensation, and without expiration. Future uses of my name, my child's name, or images do not require additional permission from me.

I understand that Action Against Hunger will adhere to all protection and humanitarian principles and refrain from disclosing my identity except in any circumstances that may harm myself or others.

Name of adult/parent/guardian (print) ___________________________________________________

Signature (or thumb print) ________________________________ Date _____________________

Address (or village) and country _______________________________________________________

For children (17 and under): the parent/legal guardian who signed above gives this permission on behalf of the child/children named below:

<table>
<thead>
<tr>
<th>Child's name</th>
<th>Age of child</th>
<th>Signature (or thumb print) of parent or guardian</th>
</tr>
</thead>
<tbody>
<tr>
<td>___________________________</td>
<td>___</td>
<td>____________________________________________</td>
</tr>
<tr>
<td>___________________________</td>
<td>___</td>
<td>____________________________________________</td>
</tr>
</tbody>
</table>

The following is required if the release form has to be read to the signer.

I certify that I have read this release form in full to the person(s) whose signature or thumb print appears above, including children who are 10 years or older.

__________________________________________
Signature of Action Against Hunger staff person, partner, or community leader who read the statement

Photographer: List here the photo filenames connected with this release: