

Assessment of Resilience project Implementation: The case of 3R resilience project in war affected areas of Tigray and Amhara

By

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STATEMENT OF DECLARATION

I, Lewam Ataklti, hereby declare that this research study titled "Factors affecting project Implementation Resilience: The case of 3R resilience project in war affected areas of Northern Ethiopia" is my original work. This study has been conducted in accordance with the academic requirements and ethical guidelines of Addis Ababa University. All sources of information and data have been duly acknowledged and cited where appropriate. This work has not been submitted previously for any academic degree or publication. I take full responsibility and affirm that the findings and conclusions presented here are based on my independent analysis and interpretation of the data collected during the course of this study.

By: Lewam Ataklti

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STATEMENT OF CERTIFICATION

This is to certify that the research study titled "Factors affecting project Implementation Resilience: The case of 3R resilience project in war affected areas of Northern Ethiopia" has been carried out by Lewam Ataklti under my supervision and guidance. The research is original and meets the standards required for the completion of Masters of Art in Project Management. I confirm that the methods and procedures employed in this study adhere to the academic and ethical guidelines set forth by Addis Ababa University. The data and findings presented in this study have been thoroughly reviewed and validated.

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Table of Contents

Acknowledgement.....	II
Acronyms.....	III
Abstract.....	IV
CHAPTER 1: INTRODUCTION	9
1.1Background of the study.....	9
1.2 Statement of the problem	14
1.4 Objective of the study.....	16
1.5 Significance of the study	17
1.6 Scope of the study	17
1.7 Limitations of the study	18
1.8 Organization of the study	19
1.9 Definition of Key words.....	19
CHAPTER 2: REVIEW OF RELATED LITERATURE	20
2.1 Introduction	20
2.1 Theoretical Literature	20
2.2 Empirical Literature.....	22
2.3 Scope and components of Resilience project Implementation	24
2.4 Research Gaps.....	25
2.5 Conceptual Framework of the Study	25
CHAPTER 3: RESEARCH METHODOLOGIES.....	27
3.1 Research design	27
3.2 Description of study variables.....	27
3.3 Description of study area and target population.....	27
3.4 Sampling technique/methods and sample size	28
3.5 Data collection Methods (source, types, instruments).....	29
3.6 Data analysis techniques.....	29
3.7 Reliability and validity analysis	29
CHAPTER 4 – DATA PRESENTATION & ANALYSIS.....	30
4.1 Background of research participants.....	31
4.2 statistical results of the questionnaires (survivors)	31
4.3 Data Interpretation (1).....	34
4.4 statistical results of the questionnaires (stakeholders).....	37
4.5 Data Interpretation (2).....	39

4.6 Data Interpretation (3).....	41
Chapter 5: Summary, Conclusion and Recommendations	42
5.1 Summary	42
5.2 Conclusion.....	43
5.3 Recommendation.....	45
References	48
Appendices 1.....	49

Acronyms

3R - Response-Recovery-Resilience for conflict affected communities in Ethiopia

SEA/SH (Sexual Exploitation, Abuse, and Harassment)

GBV – Gender based violence

IPV – Intimate partner’s violence

PTSD – post traumatic stress disorder

IDP – Internally displaced people

PM – project management

Abstract

Assessment of Resilience project Implementation: The case of 3R resilience project in war affected areas of Tigray and Amhara

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This research study investigated how the 3R project is being implemented in Northern part of Ethiopia, Tigray and Amhara regions. The primary objective is to assess the barriers, impacts, and strategies for effective resilience within the war affected community; mainly war related gender based violence survivors in both regions with a focus on enhancing overall project success. Using a quantitative research approach, data was collected through a questionnaire survey to GBV survivors in three IDP centers and one referral Hospital. Qualitative data was also collected through Interview with the project stakeholders. The study identified various challenges hindering the 3R project Implementation, including cost over-runs, clearly undefined scope, delayed Implementation and the like. Furthermore, the research examined the cause and effects of some gaps during the implementation of the 3R project on project outcomes, such as timely and sustainable Impact.

To address the research objectives the study practiced Descriptive, cross-sectional study. Aside this the research employed quantitative approach via survey and questionnaire. It also employed qualitative approach via interviews. Questionnaires were prepared in English, Amharic and Tigrigna for the sake of creating understanding and easier data collection.

Overall, the research provides valuable insights into the complexities of resilience project implementation in identified war affected areas of both regions. War-related sexual violence is becoming an increasing feature of conflict and security challenges and is used as a weapon of war to achieve military or political goals. It has tremendous negative short and long-term consequences for the victims, their families, and communities. Since the eruption of war in November 2020 in Tigray, which later escalated in the Amhara and Afar region, many women reported sexual violence and the destruction of health facilities. In this case, the research analyzes mainly the Implementation of the project and the outcomes related to it. A project needs to be managed according to project management principles and skill in order for it to be successful and achieve the desired goal.

Key words

Response-Recovery-Resilience for conflict affected communities in Ethiopia Gender based violence, post-traumatic stress disorder, Internally displaced people, project management.

CHAPTER 1: INTRODUCTION

1.1 Background of the study

Project implementation is the Process whereby “project inputs are converted to project outputs”. May be looked at as putting in action the activities of the project, putting into practice what was proposed in the project document (i.e. transforming the project proposal into the actual project.) or Management of the project or executing the project intentions.(Culp,G.Smith,A1992).

Many projects face problems either globally or even nationally when it comes to this stage. Among the factors that affect Implementation of a project scope creep, budget change and restriction, lack of communication, team conflict, absence of accountability, poor risk management and Impractical deadlines are the most occurring factors.

Resilience, in the context of gender-based violence (GBV), refers to the ability of individuals or communities to withstand, adapt to, and recover from adversity despite exposure to violence and trauma. According to the statement made by the minister of women and social affairs, Ethiopia Ergoge Tesfaye (Phd) in May 2023, building resilience in war affected areas of Tigray and Amhara, mainly GBV survivors is very much challenging due to security issues, cultural stigmatizing, lack of infrastructure and the like. She also mentioned that Implementation of such resilience projects like the 3R project may face some challenges. This research study also investigates the factors and challenges affecting Implementation of this GBV resilience project.

Resilience is a dynamic process where psychosocial and environmental factors interact to enable individuals to survive, grow, and thrive despite adversity. Addressing GBV requires resilient leadership and multifaceted approaches. Not only that, Investments of different types should be made that focuses on building adaptive capacities (e.g., economic opportunities, education, diverse livelihoods, health services) while also reducing risk through early warning systems, disaster risk reduction, and safety nets.(USAID,resiliencelinks,2004)

During war, as in peacetime, women are exposed to different forms of violence, and to a different extent, as compared to men. In other words, there are gender-specific aspects of conflict-related violence, both in immediate conflict areas and in the places where affected populations might seek refuge. One form of violence against women in conflict areas is

sexual violence perpetrated by combatants. Scholars and policy analysts tend to portray this violence as a weapon of war.

Meaning that it is a way of humiliating and demoralizing the enemy as individuals and as communities. Differently put, the narrative that portrays sexual violence as, for instance, the consequence of unmet sexual needs among soldiers is increasingly less accepted.

Another form of gender-based violence in the conflict is that women who are uprooted by war tend to confront a high risk of sexual violence during their journey away from home and in the places where they seek refuge. Estimate, through meta-analysis, that approximately one in five refugees or displaced women in complex humanitarian settings face sexual violence.

War-related sexual violence is becoming an increasing feature of conflict and security challenges and is used as a weapon of war to achieve military or political goals. It has tremendous negative short and long-term consequences for the victims, their families, and communities. Since the eruption of war in November 2020 in Tigray, which later escalated in the Amhara and Afar region, many women reported sexual violence and the destruction of health facilities.

These sexual violence survivors need rehabilitation, for them to get back on their track, physically, psychologically, socially and finally build resilience.

Therefore the 3R project is launched to build resilience of rape survivors in 5 woredas of Tigray, 7 woredas of Amhara, 4 woredas of Afar , 3 woredas of oromia and 3 woredas of Benishangul regions. Since the war in northern Ethiopia caused a huge damage, the project mainly focuses in Tigray and Amhara region at this moment. It is established in March 2022, by the ministry of finance Ethiopia in coordination with the World Bank and is undertaken by the ministry of women & social affairs Ethiopia. The 3R project stands for Response – Recovery – Resilience for Conflict-affected communities in Ethiopia. It is a multi-sectoral and locally driven approach aimed at addressing conflict and SEA/SH (Sexual Exploitation, Abuse, and Harassment). The project’s primary objective is to facilitate a transition from immediate humanitarian relief to more sustainable support for affected communities. It will be implemented over a three year period (2022-2025)

This project aims to address the safety and security risks faced by conflict-affected communities, especially those who have experienced sexual violence. By focusing on

response, recovery, and resilience, the project seeks to provide support for survivors, promote healing, and enhance their ability to cope and rebuild their lives.

Resilience in rape survivors refers to the victim's ability to recover from the traumatic experience & rebuild their lives. It involves the capacity to persevere through the healing process, which can be marked by fluctuating emotions and feelings. It can manifest as survivors learning new coping tools, spending less time wounded with reduced scars and recognizing their own strength.

As specified by BM global health center, establishing resilience against gender-based violence (GBV) is a multifaceted process that involves various strategies and interventions. The first key step to consider is Awareness and Education. Educating communities about GBV to promote understanding and prevention includes understanding the forms of GBV, recognizing the signs, and knowing the rights and laws that protect against it. Community Engagement is also another key step to consider. It helps in creating a supportive environment for survivors and promotes a culture of non-tolerance towards GBV. Establishing strong support systems for survivors, including access to medical care, psychological support, legal aid, and safe shelters, Empower women, economically through skills training and income-generating activities. Economic independence can reduce vulnerability to GBV.

Although these are among the key steps to consider when building resilience for those GBV survivors Providing resilience-building programs that help survivors recover and rebuild their lives that includes counseling, life skills training, and community reintegration support are very Important.

The concept of resilience also extends to post traumatic growth, a process where survivors find new meaning in life. In general, it involves 6 Approaches, which are; Access to medical & Psychological support, safe houses, legal and transitional justice, Aid and essential services, Community support, rehabilitation of health facilities and international organizations' support.

The 3R project provides assistance to rape survivors especially in Tigray and Amhara region through several components. Such as, Mobile Health Response Services, Rebuilding and Improving Access to Basic Services, support for Gender-Based Violence Survivors and the like. These efforts are part of a comprehensive approach to help individuals and communities

affected by the conflict in both regions, focusing on immediate response, recovery, and long-term resilience.

Sexual violence against women perpetrated by armed forces in conflict areas is tragically prevalent. While proper quantification of the phenomenon is hard for obvious reasons, it is estimated for example that at least 500,000 women were raped during the Rwandan genocide. According to the report published in 2007 by the United Nations entity for gender equality, Also known as UN women. Not only in Africa, but also more than 50,000 women in Bosnia, have been raped during the Yugoslavian civil war. (UN, 2001)

When it comes to the Ethiopian context, More than 100,000 women may have been raped during the two year civil war in the northern region according to the report by United Nations and Human rights watch. (March & May, 2022)

Evidence from post-genocide Rwanda shows that women who married after the conflict were more likely to be victims of post-traumatic stress disorder, spousal abuse, skewed sex ratios that reduced women's bargaining power in the marriage market appear to be the relevant channel.

The Rwandan non-government organization Sevota and UN human rights commission provided these women and their children with psychosocial and socioeconomic support in the form of women's forums, youth clubs and self-help groups. The exchange with fellow survivors often gives people new courage and helps them to pull themselves out of isolation and to participate actively in their communities again. (un.org 2008)

In coordination of both organizations, a project was proposed that improves the social integration of surviving women and their children. It takes a family-centric approach with a particular focus on the relationships between mothers and their children. These relationships are frequently under extreme stress and laden with conflict, given the violence experienced during the genocide and the subsequent stigmatization. Aside that, Reconciliation process in Rwanda through the project took place. Eight women's forums where survivors had an opportunity to exchange experiences receive psychosocial counseling and learn techniques for overcoming trauma. Most women subsequently organized self-help groups in their own towns and continue to meet regularly.

They were provided with some funds to do so. About two thirds of the women reported that this was beneficial for their mental health. (Rwandan human rights commission 2005) In

case of Ethiopia Condition, A joint assessment by the Ethiopian Human Rights Council and Office of the High Commission for Human Rights, released on 3rd November 2021 disclosed that hundreds of women were sexually violated by all actors involved in the conflict in Northern Ethiopia. But also claimed that proper rehabilitation and resilience measures haven't been taken.

There are several studies that have explored the resilience of sexual violence victims during war internationally: The first one is post-traumatic growth and resilience in victim survivors of genocidal rape, which explored the transformative power of resilience in the survivors. (Ericson.M, 2003).

The second one is “between trauma and resilience’ study. It explored the effects and Trans generational consequences of sexual violence during two twentieth century episodes of the end of the Second World War and the war in Bosnia and Herzegovina (former Yugoslavia). The comparative study of resilience in survivors of sexual violence explored resilience in survivors. (UN general Assembly, Dec1948)

This project aims to ensure that women and girls who have experienced/are experiencing GBV or are at risk of GBV benefit from the provision of and access to quality services of rehabilitation, and resilience.

Outcomes of this project, focuses on social norm programming that will contribute to rehabilitation and resilience plus empowerment of crisis-affected women and girls in Tigray and Amhara regions of Ethiopia; increasing access and improving quality of services provided to crisis-affected women and girls both in relation to protection and livelihood. In order to make this project effective as it's intended to be, it has to be managed appropriately.

Project management typically involves several key phases from planning to Implementation.

Initiation is the first phase where the project's value and feasibility are measured. The main goal is to understand the project at a high level and decide whether or not it is worth pursuing.

The second one is planning. During the planning phase, a detailed project plan is created, outlining the scope, goals, timelines, and resources needed. This includes setting objectives, defining roles and responsibilities, and creating a project schedule.

The Implementation phase is where the plans are put into action. The project team works on the tasks and deliverables outlined in the project plan. Effective communication and coordination are crucial in this phase to ensure that the project stays on track.

Since, project management is the application of processes, methods, skills and experience to achieve the desired goals, according to the project acceptance criteria within agreed parameters, a research is undertaken to explore if the project is being managed according to project management principles and phases, plus gaps within it. Not only that, it also explores the deliverables and different terms of impacts.

1.2 Statement of the problem

Wartime sexual violence potentially results in mental and neurotic disorders, somatic disorders, post-traumatic stress, psychological distress, and major depressive disorder. It can also lead to social dysfunction, concentration difficulties, and generalized anxiety disorder. Victims are left with psychological wounds and psycho-social challenges. Even physical problems such as unwanted pregnancies exert a huge psychological burden on the victims. Alarming high rates of HIV AIDS and persistent psychiatric suffering were reported among survivors. Some of them also tend to commit suicide.

Rape is violent and destabilizing. Stigma is real and also influenced by cultural factors. In the context of the war in Ethiopia northern part, it becomes even worse as rape victims may raise suspicion within their communities. They tend to get abandoned by their communities and are accused of collaborating. As a result, they are marginalized and are prone to more human rights abuses. Some women were forcibly displaced from their homes and this put them at even more risk of sexual assault as refugees. Unmarried women who have been raped are typically no longer considered desirable for marriage. In most cases, they have nowhere to turn for survival, resulting in them starving or marginalized in society.



Fig.1.1

Rape also has a negative impact on the children born as a result. Such children are especially prone to suffering from severe psychological disorders like depression and anxiety, parental neglect, and have a higher chance of becoming street children and being trafficked. Information found from Ayder referral hospital in Mekelle and Kombolcha one stop center in Amhara region, show that many women who gave birth as a result of rape, neglect their kids, or even tend to leave them and disappear.

Therefore, taking into consideration that urgent measure of rehabilitation and resilience is needed to stop or reduce the psychological and socio-economic disaster within the communities;

3R project has been established in March, 2022. Some of the measures within the project include medical support, psychological support, and women empowerment through integrated multi-sectorial approaches, education to address social and cultural perspectives on gender. Although the project includes the above mentioned resilience mechanisms, the only referral hospital in Tigray region, Ayder referral hospital complains about not being beneficial from the project.

Not only sexual violence survivors within the hospital, but also victims who still lives in the IDPs complain about the same problem. The same complains in komblocha one stop centers has been reported. Even though, the World Bank funded this project with 215.1 million dollars, most victims in both regions claim that they haven't been beneficial.

As mentioned above, such resilience building projects tend to face problems. For example, the projects aimed at supporting Rwandan rape survivors have been a mix of challenges and successes. Studies and reports suggest that organizations like **AVEGA Agahozo** (Non-governmental organization in Rwanda) have made significant contributions to the socio-economic rehabilitation of survivors which started in April 1995. Survivors have received psychosocial support, economic assistance, and help with overcoming trauma and stigma. However, the long-term implications of gender-based violence and HIV/AIDS in the post-genocide era indicate that survivors continue to face trauma, social isolation, and economic hardship. (rwandasurvivorsfoundation.org 1998)

The project had to be terminated mainly due to money embezzlement by the organization itself and Rwandan government officials. The project was funded by USAID, and it had to terminate after 3 years. (new York Times, 2001)

Another one is, A community-based survey conducted by BMJ global health in 52 (out of 84) districts of Tigray and Amhara, excluding its western zone and some districts bordering Eritrea due to security reasons. Using a two-stage multistage cluster sampling technique, a total of 5171 women of reproductive age (15–49 years) were randomly selected and included in the study. Commonly reported SGBV-related issues were physical trauma, 23.8% (533/2241), sexually transmitted infections, 16.5% (68/411), HIV infection, 2.7% (11/411), unwanted pregnancy, 9.5% (39/411) and depression 19.2% (431/2241). Most survivors (89.7%) did not receive any post-violence medical or psychological support.

The effectiveness of these projects is often measured by the extent to which they address the complex needs of survivors, which include not only immediate physical and psychological care but also long-term support for integration into society and economic empowerment. While progress has been made, the need for expanded economic and mental health support remains critical for the full rehabilitation of survivors. Therefore the research regarding 3R project will explore the gaps in the process of getting the desired outcomes.

1.4 Objective of the study

1.4.1 General objective of the study

- The general objective of this research is to explore whether the project being implemented according to the plan and is being managed in a way that it could achieve the desired goal.

1.4.2 Specific objective of the study

- Answering the question how data collection conducted is in such areas.
- Investigating to what extent the project supports the victims.
- Investigating the level of efficiency of the project, in protecting the victims from cultural stigmatization?
- Investigating if the project gives the victims the intended Medical, psychological and Economical support.
- Investigating the way the project is being managed and the reason behind the gaps.

1.5 Significance of the study

The 3R project helps Survivors of all forms of GBV as a result of the war, with quality services for their immediate and long-term physical, psychological and mental health needs, as well as to recover in dignity and safety. But such projects face different problems and this study explored the exact problem throughout the process. It also investigated why gap occurred between the project plan and desired outcome. Since Identifying and resolving the gaps and problems is mandatory, it also explored if Issue management is implemented to identify where the problem is, and avoid unnecessary conflicts, delays, or even failure to achieve the desired goal. This research is relevant to the stake holders under taking this project, donors, consultants and GBV survivors. the likes to provide insight about the gaps within the project, as well as management system in order to recognize early warning signs, to take the necessary actions on time to enhance project success.

In addition, it provides possible recommendations that are essential for the success of the project.

1.6 Scope of the study

Globally, over one-third of women report having experienced some form of physical or sexual violence (UN women, 2023). Another study estimates that about 7.6 percent of young boys and 18 percent of girls experienced sexual abuse over the course of their childhood (academia.edu 2019). This can take various forms including rape, forced and child marriages, or sex selective genocide, with brutal long-lasting consequences for all genders and age groups.

The civil war which took place in the northern part of Ethiopia, mainly Tigray and Amhara left many women with physical and psychological scars. According to the world health organization and local health organizations conflict related gender based violence survivors haven't got to rehabilitate in a way they become normal again.

The 3R project will be implemented during a 3-year period (2022-2025) and comprise three components: which are rebuilding and improving access to basic services, improving access to GBV response services; and post-conflict recovery of services and infrastructure, strengthen long-term institutional measures to increase community resilience & implement adaptive project management. Therefore this study will focus mainly on the Implementation of the project. Taking into consideration that even if it is said that it has gone through the right project phases, the gap between the target group and the project goal shows that there's a problem during implementation. Geographically, the project has a national geographic scope, but the research focused on how the project is undertaken and being managed in Tigray and Amhara regions, mainly Hospitals and IDP centers. The scope of the study narrowed to only two regions; due to short period of time and financial limitations.

1.7 Limitations of the study

Security issues are the major limitation when undergoing this research. Although, the current situation in Northern Ethiopia is claimed to be better, there're still major security issues. Especially, the ongoing conflict in Amhara region delayed the research and affected the schedule. The second limitation is lack of eligible data of survivors or poor communication. Finding the survivors, communicating with them was very difficult, because it was forbidden for anyone to meet them unless permission is given by the ministry of women and social affairs. As difficult as getting the permission, communication with the victims was very difficult due to the psychological and physical pain they had to endure. Plus, data collection from them and the stake holders had its own ups and downs, including poor bureaucracy. Lack of Eligible data of survivors or poor documentation was also another limitation. Finding the target population size within the project, number and status of victims and accountable person or professional for each operation has been vague. It took quite a time to access all of that.

The 4th one is that Stake holders took more than a month to cooperate in giving information. Even if they knew their cooperation is needed for a research purpose, their poor bureaucracy and negative perspective was a problem. Though, they cooperated after some ups and downs, it affected the research schedule.

1.8 Organization of the study

The research paper has five chapters. Starts by introducing the research which incorporates the background of the study, the research objectives, and the research question, significance of the study, definition of terms and scope of the study. The paper follows with literature reviews that explains the project management concepts and provides understanding about existing ideas on the project topic.

The second chapter consists theoretical and conceptual literature, Empirical literature and conceptual framework. Achieving research needs, clear and appropriate research, methodology. The methodology used will be presented as research design, sample design, type and sources of data, data analysis and presentation, ethical consideration, research validity and reliability plus limitation of the study.

The next section presents the analysis of data. Finally conclusion and recommendation are also incorporated.

1.9 Definition of Key words

3R - Response-Recovery-Resilience for conflict affected communities in Ethiopia project

GBV – Gender based violence *is* any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

IPV – refers to a behavior within an intimate relationship that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, and psychological abuse and controlling behaviors. This definition covers violence by both current and former spouses and partners.

PTSD – post traumatic stress disorder is a mental health condition that develops following a traumatic event characterized by intrusive thoughts about the incident, recurrent distress/anxiety, flashback and avoidance of similar situations.

Rehabilitation- is a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.

Resilience - gives people the psychological strength to cope with stress and hardship.

CHAPTER 2: REVIEW OF RELATED LITERATURE

2.1 Introduction

In most cases, the concept of resilience comes to our mind, where there are vulnerable individuals or communities. Although resilience refers to empowerment, strength and everything that's related to reducing vulnerability, in developing countries like Ethiopia, it comes with such concept and course of action where there're huge problems that haven't been solved for centuries.

2.1 Theoretical Literature

In case of this project war related GBV survivors' resilience refers to the ability of those victims to withstand, adapt to, and recover from adversity despite exposure to violence, related pain and trauma. Sexual violence has been used as a weapon during the war in Northern Ethiopia, for the past three years. Women had to face physical, psychological, cultural, and economic and every possible pain to their livelihood, which almost led to social crisis as specified by UN women.

Therefore, to prevent huge social crisis, building resilience is mandatory. Resilience isn't just about bouncing back, rather it's about thriving despite adversity by empowering survivors, fostering supportive environments and creating sustainable GBV prevention tactics. Building resilience for GBV survivors involves addressing both prevention and response strategies in a way, not only let the survivors back on their feet, but also prevent other women that may face such problems in the future. (UNICEF, 2022)

The concept of resilience has allowed researchers, policymakers and practitioners to think more broadly about potential solutions to the confluence of challenges facing vulnerable communities, particularly in developing countries like Ethiopia, where structural problems and inequalities, such as chronic poverty, conflicts and gender gaps, underlie persistent and recurring shocks and stressors. Development and humanitarian efforts tend to converge around a working definition of resilience as the ability of people, households, communities, countries and systems to mitigate, adapt to, and recover from shocks and stresses in a manner that reduces chronic vulnerability and facilitates inclusive growth. It prioritizes investments that build adaptive capacities, such as expanding economic opportunities, education,

environmental sustainability, diverse livelihoods and health services, while also reducing risk through investments in assessment tools, early warning systems, disaster risk reduction, preventing conflicts and safety nets. Evidence is emerging suggesting that women's empowerment and good governance underpin these efforts to build capacities and reduce risk, leading to more resilient systems, reduced vulnerability and inclusive growth. The success of a GBV resilience project depends on collaboration, coordination, and a holistic approach that considers the unique needs of affected communities.

In prior literature, it has been generally seen that there is no explicit theory of Management. It is possible to precisely point out the underlying theoretical foundation of management as espoused in the PMBOK Guide by PMI and mostly applied in practice. The present doctrine of project Management suffers from serious deficiencies in its theoretical base and the theoretical base has been implicit (Koskela and Howell, 2002). Project management is a narrow theory (only linear), and it is implicit because the assumptions, such as linearity, are rarely explicitly acknowledged (Warburton, 2014). It is unquestionable that the subject of project management experienced an increasing level of interest recently. Despite this, projects keep failing and although more knowledge is created and is available to practitioners. A project has a defined starting point and a technical point.

An explicit theory of project management would serve various functions. In prior research, some of the pinpointed functions of project management theory provides a prediction of behavior, basis on which tools can be built, when shared, provide a common language, pinpoints the sources for progress, leads to learning in practice, innovative practices can be transferred to other settings and it is a condensed piece of knowledge. Further it is stated that "a theory of project management should be Prescriptive: it should reveal how action contributes to the goals set to it.

But sometimes project management face challenges due to scope creep, poor communication, lack of project visibility, resource scheduling conflicts and the like.

Projects are temporary endeavor undertaken to produce a unique product or service or result (PMBOK, 2008) and they are characterized by definite starting and ending points time, specific budget (cost), a clearly defined scope or magnitude of work to be done and specific performance requirements that must be met (quality). For them to be successful and achieve their desired goal, they should be managed accordingly.

Since Identifying and resolving the gaps and problems is mandatory, it Investigates if Issue management is implemented to identify where the problem is, and avoid unnecessary

conflicts, delays, or even failure to achieve the desired goal. Most of all, since it's found that there's a huge gap between the plans and undergoing processes; this research is relevant to the stake holders under taking the project, donors, consultants and victims.

But mainly, the research problems will help in allocating resources effectively. Instead of aimlessly digging everywhere, it'll help to focus on the greatest potential for impact.

Resources are finite—time, funding, and brainpower. Therefore Research problems help prioritize and channel efforts where they matter most. It's known that research isn't just for academics. In the case of the resilience project, It impacts sexual violence survivors, policymakers, stake holders and communities.

Initiative partners in Gender-Based Violence (GBV) resilience work together to address the root causes and consequences of GBV, particularly in emergency and fragile contexts. The causes for such partnerships often include:

Pre-existing violence: Humanitarian emergencies can exacerbate pre-existing patterns of violence, including GBV.

Gender inequality: GBV is both a consequence of and a contributor to gender inequality, which is why addressing GBV is central to promoting gender equality.

Need for coordinated response: Addressing GBV requires coordinated efforts from governments, civil society, and health systems to prevent, mitigate, and respond effectively³.

Partnerships are formed to strengthen local and national capacities, promote resilience, and aid in the recovery of communities by creating lasting solutions to GBV. They focus on prevention, response, risk mitigation, and the empowerment of women and girls through various means, such as safe spaces, distribution of dignity kits, and community safety audits.

2.2 Empirical Literature

Given the nature of wartime rape and sexual violence, surrounded by insecurity and taboo, it is not easy to establish the degree of such torture. The prevalence rate of wartime sexual violence has been documented in various countries. This includes 39% of women during the Rwandan genocide, 25% of women in Azerbaijan, 19% of women in Burundi, and 11% displaced women in Cambodia [UN,2002]. The rate of wartime sexual violence among women and girls has also been reported to be 33.5% in Liberia and 9% in Sierra Leone. Two

studies estimated the prevalence of wartime sexual violence in the eastern Democratic Republic of Congo to be 40% in women. (UN, 2019)

Research on media representation of women's experience in a conflict zone (Iraq, Syria, and South Sudan) shows that women are represented as casualties of sexual violence, injury, or death than reflected in the full-lived experience of the victims. However, the deeper psychological, emotional, spiritual, and cultural values and costs lost for such crimes usually remain the missing core components.

A study from northern Uganda revealed that women survivors continue to suffer from unresolved and untreated trauma, lack access to mental health care, and face economic hardships due to community stigma and customary laws that prevent women from owning land. The study also reported that such impacts were not limited only to the survivor women and girls but also affected their family members who witnessed the wartime rape and sexual violence. Having said this multiple projects in different countries have been launched to support the survivors. For example a project was proposed in Rwanda in 1995, that improves the social integration of surviving women and their children. It takes a family-centric approach with a particular focus on the relationships between mothers and their children. These relationships are frequently under extreme stress and laden with conflict, given the violence experienced during the genocide and the subsequent stigmatization. Aside that, Reconciliation process in Rwanda through the project took place. Eight women's forums where survivors had an opportunity to exchange experiences receive psychosocial counseling and learn techniques for overcoming trauma. Most women subsequently organized self-help groups in their own towns and continue to meet regularly. They were provided with some funds to do so. About two thirds of the women reported that this was beneficial for their mental health. (Rwandan human rights commission 2005) the project was under taken by the Government of Rwanda in cooperation with the United Nations. The project was said to be a success that it made a difference among conflict affected communities, especially sexual violence survivors. Addressing gender-based violence (GBV) is a complex challenge, and while many projects aim to tackle this issue, not all achieve their intended outcomes. For instance, a project funded by the UN Central Emergency Response Fund (CERF) aimed to address GBV in 11 countries, including Colombia, by empowering local, women-led organizations. However, despite the initial success, the project faced sustainability issues after the funding ran out. (Colombia.org, 2006)

2.3 Scope and components of Resilience project Implementation

When it comes to the scope of implementing GBV resilience project, several aspects should be taken into account. The first one is reducing risk and promoting different angles of resilience among affected communities. According to world health organization's February, 2023 report, Gender based violence across east Africa has raised by 24.7% due to escalated conflicts and drought. It also said that addressing GBV prevention and mitigation strategies across all stages of humanitarian response, from pre-emergency to recovery should be taken seriously.

Especially, projects that aim to build resilience among vulnerable communities, such as, GBV survivors should aim to strengthen national and community-based systems to enhance resilience and support lasting solutions to the problem of GBV.

The second one is Comprehensive Integration Approach. GBV should be integrated across all aspects of the project. This means that all partners and team members must understand how GBV relates to and impacts the broader project's development focus.

Key implementation strategies such as endorsement and dissemination, leadership and advocacy, expert capacity and coordination must be taken seriously in order to build resilience.

According to the journal written by the famous management specialist Ben Brigden, Project implementation involves directly managing a project to ensure it meets the objectives outlined in the planning phase and must include the following key components of effective project implementation. The first one is scope statement. This outlines the work that will be performed in the project, including what is within and outside the project's boundaries. The second one is Project Milestone and Key Objective. These serve as checkpoints to track progress and ensure alignment with the project's overall purpose.

The third one is Detailed Resource Plan which includes personnel, equipment, materials, and any other necessary assets¹. Considering dependencies and critical paths to ensure smooth execution are also among the key components of effective project implementation and should be taken into account very seriously.

2.4 Research Gaps

The 3R project aims to address the needs of sexually assaulted vulnerable communities. It involves a comprehensive security risk assessment, covering aspects like sexual exploitation and abuse (SEA) of project personnel and beneficiaries. However, identifying research gaps within this project could enhance its effectiveness, especially when it comes to its implementation. Here are some potential research gaps to explore:

Reachability: does the project reach its target population perfectly?

Long-Term Sustainability: Explore strategies to transition from immediate humanitarian relief to sustainable support for these communities, ensuring long-term resilience. The gap is mainly between the plan and the way the project is being implemented.

2.5 Conceptual Framework of the Study

The 3R project is designed to address the unique challenges faced during the implementation of projects in conflict-affected communities.

(3R): Recovery, Resilience, and Response: Focuses on rebuilding and improving access to basic services and resilient community infrastructure.

Resilience: Aims to enhance the community's ability to withstand shocks and adapt to changing circumstances.

Response: Includes adaptive measures to address immediate needs.

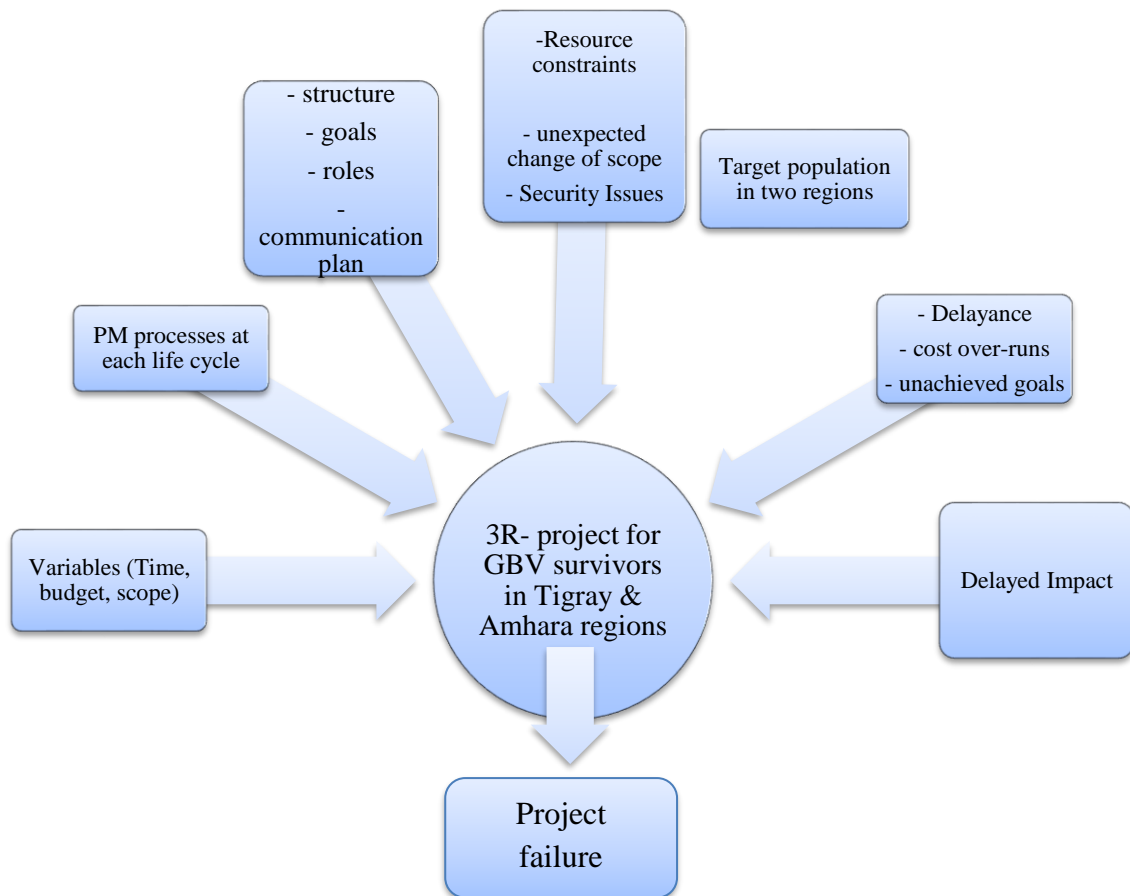
CACE Approach: Community Engagement: The project emphasizes a systematic approach to engaging stakeholders. Building and maintaining constructive relationships with stakeholders throughout the project's implementation are crucial.

Adaptive project Management: This project employs adaptive project management, recognizing the non-static and non-linear nature of conflict, the project design allows for flexibility. Interventions can be deployed as needed, adapting to evolving conflict situations.

When it comes to the research, a project management usually has three variables...Time, scope and cost. And these variables can directly affect each project life cycle. Since the

research focused on the implementation of the resilience project, it investigated what the gaps are, the reason behind the gaps and overall problems. According to the Interview made with the stake holders the 3R project went through the exact project management phases and principles, but when it comes to the constraints, there are huge gaps. Even If, the project organization structure is defined, clear project goals and objectives are set, communication plan has been created, roles and responsibilities are defined or risk management plan has been created, when it comes to the Implementation phase, problems seem to occur in every aspect. That Includes delayance, cost over-runs and unforeseen risks. The major causes of these problems are unexpected changes in scope and resource constraints. This is leading to delayed Impact, which makes it seem to not stick to the objectives and goals of the project set during the planning phase.

Figure: Conceptual Model of the Study



CHAPTER 3: RESEARCH METHODOLOGIES

3.1 Research design

To address the research objectives the study practiced Cross-sectional descriptive type research design. Descriptive research design presents a picture of the specific details of a situation, social setting or relation.

Cross-sectional research is a type of descriptive research design in which data is collected from many different individuals at a single point in time. In cross-sectional research, variables are observed without influencing them. Cross-sectional studies provide an inexpensive and straightforward way to gather initial data.

Regarding the research approaches the study employs quantitative approach via survey and questionnaire. It also employs qualitative approach via interviews.

Questionnaires were prepared in English, Amharic and Tigrigna for the sake of creating understanding and easier data collection.

3.2 Description of study variables

The research has both dependent and independent variables.

Independent variables: These are the inputs or causes that are tested to see the effects on dependent variables. Therefore, in this research Budget, Time, securities, stakeholders (ministry of women and social affairs, regional governments and the like) are Independent variables.

Dependent variables: success or failure to achieve study objective. These are described as resilience in mental and overall health mainly healing from traumas, being able to resist related cultural effects and being empowered economically in a way they can resist problems. Since, the independent variable is the one that serves to predict changes in the dependent variable, proper use of budget and time plus clearly specified scope with stable security helps in achieving the study goal and give answers to the research questions.

3.3 Description of study area and target population

The study focuses on 3R- project Implementation and its overall management. The project provides assistance to rape survivors in different Hospitals and IDP centers in Tigray and Amhara regions through several components. Such as, Mobile Health Response Services, Rebuilding and Improving Access to Basic Services, support for Gender-Based Violence Survivors and the like.

But there are complaints from the victims that the project isn't supporting them in any of the above resilience mechanisms. Therefore the study area focuses specifically on the implementation of the project and investigates how it's managed aside the specific study area. As defined by (Cooper & Schindler, 2014). "Target population" is the complete set of individuals or items that the research intends to use as a basis for its findings. The target population includes key stakeholders such as project managers, regional government stakeholders, Idp centers, hospitals and other relevant personnel. These individuals possess firsthand experience and insights into the implementation and project outcomes, making them valuable participants for data collection.

3.4 Sampling technique/methods and sample size

Stratified sampling technique is used in this research. Since there're classified Beneficial's of the project, the research is made by dividing the target population into Homogeneous sub groups, then randomly select individuals from each group. This includes sexual violence survivors in Ayder hospital, 70 kare Idp center in Tigray mekelle city, kombolcha and debrebirhan Idp centers in Amhara region. The study population consists of 76 individuals, including GBV survivors from the listed places mentioned above. Coordinators at different centers and main project stakeholders. The perfect sample size to be studied is found by using the Japanese Taro Yamane formula. This is a statistical method formulated by Taro Yamane in 1967 to determine the sample size from a given population. Using this Formula, The research desires to test the hypotheses at a 0.05 level of significance, (95% probability that the sample is distributed in the same way as the population).

$$N = \frac{N}{1 + N(E)^2}$$

Where:

N=the-sample-size

N=the-finite-population

E=Status-of-significance

1= unite (a constant value)

$$N = \frac{76}{1 + 76(0.05)^2}$$

$$N = 64.3$$

According to this model, out of 76 individuals, the 64 sampled are adequate to represent the entire population.

3.5 Data collection Methods (source, types, instruments)

Both primary and secondary data are used in the process of data collection. Primary data is factual and original, collected directly by the researcher, while secondary data involves analyzing and interpreting data already collected by someone else. Both types of data play essential roles in research, and a comprehensive study often uses a combination of both primary and secondary sources

The primary data is collected through questionnaires with victims and Interviews with stake holders. The interview is done by live recording materials and Phone.

The secondary data is collected from published Reports and unpublished Governmental documents.

3.6 Data analysis techniques

Narrative data analysis is used in case of this research. It involves examining and interpreting the stories or narratives people tell in order to gain insights into the meanings, experiences, and perspectives that underlie them. Quantitative data from questionnaires is analyzed using statistical techniques. Statistical software such as SPSS (Statistical Package for the Social Sciences) is utilized for data analysis, allowing for robust statistical testing and interpretation of findings. The relationship between dependent and independent variables is analyzed by using regression model $y=a+bx$.

3.7 Reliability and validity analysis

A study must be given due care, when it comes to both reliability and validity.

Reliability refers to the consistency of a measurement. It assesses how well a method produces consistent results when applied repeatedly under the same conditions.

Researchers check the consistency of results across time, different observers, and various parts of the test itself to evaluate reliability.

Validity refers to the accuracy of a measurement. It assesses how well a method measures what it is intended to measure. High validity means that the results correspond to real properties or variations in the physical or social world.

Reliability refers to the extent to which a scale produces consistent results, if the measurements are repeated a number of times. It's used to demonstrate that tests and scales that have been constructed for research projects are fit for purpose. In this research cronbach's alpha analysis method is used by spss software.

Case Processing Summary

		N	%
Cases	Valid	8	100.0
	Excluded ^a	0	.0
	Total	8	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
0.738	4

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
The project met its objectives	6.75	3.071	.711	0.558
Does the project follow the exact project phases?	6.63	3.411	.617	0.628
Do stakeholders feel adequately informed about project progress?	7.38	5.411	.244	0.812
were roles and responsibilities clearly defined?	7.38	4.839	.729	0.642

Values less than 0.5 are indicative of poor reliability, values between 0.5 & 0.75 indicate moderate reliability, values between 0.75 and 0.9 indicate good reliability, and values greater than 0.9 indicate excellent reliability. Therefore in the case of this research the reliability value is 0.738, hence, it indicates Moderate reliability.

CHAPTER 4 – DATA PRESENTATION & ANALYSIS

This study in general is set to examine the 3R project Implementation and its related challenges under the ministry of women and social affairs Ethiopia. Although, the project is

implemented in 5 regions, this research examined the Implementation in Tigray and Amhara regions due to the limitations listed in the previous sections.

This chapter in its first part presents the background characteristics of the study participants. In the subsequent subsection, it demonstrates the findings along with discussions analyzed in line with the specific objectives of the study. objectives and goals are discussed along with challenge accelerating factors categorized in to different major themes. Following that, challenges resulted from gaps are discussed and analyzed according to the cross sectional study result. Finally, project management mechanisms and gaps related to that are discussed.

4.1 Background of research participants

As mentioned above, 62 target respondents and 2 key informants took part in the in-depth interview and filling the questionnaires. In terms of age, the participants were between the ages of 10 and above 40 years. These respondents were classified as victims and stakeholders. The victims or GBV survivors participated in this research are found from Ayder hospital & 70 kare IDP center in Tigray. When it comes to Amhara region, the participants are found from kombolcha one-stop center and Debrebirhan IDP center. Since it's not allowed to take much time with victims's , data is collected through questionnaires.

As of stakeholders, 3R project staff including the project manager, Ayder hospital medical director and Debrebirhan IDP center coordinator were participants. The project team except for the project manager and communication Director, filled the questionnaires. But the 2 key Informants gave Information through Interview. Of all the respondents only 5 respondents rejected the questionnaires. That means, 92.2% of the participants responded to the questions.

4.2 statistical results of the questionnaires (survivors)

As mentioned above of all the 64 participants 5 of them rejected the research questionnaires.

$$64-5 = 59$$

Of which, 56 are victims and 8 respondents are stakeholders.

$$(59/64)(100) = 92.187$$

That is 92.2% of the participants responded.

Let's see the statistical analysis of each question answered. This analysis is done by encoding each respondent's data into Ms-excel and then again encode it to the SPSS statistical software.

Table 4.2 (victims)

Age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	10 - 15	16	28.6	28.6	28.6
	16 -20	10	17.9	17.9	46.4
	21 – 30	23	41.1	41.1	87.5
	31 – 40	5	8.9	8.9	96.4
	above 40	2	3.6	3.6	100.0
	Total	56	100.0	100.0	

Marital status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	single	32	57.1	57.1	57.1
	married	3	5.4	5.4	62.5
	divorced	21	37.5	37.5	100.0
	Total	56	100.0	100.0	

If divorced, when did you get divorced?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Before the incident	35	62.5	62.5	62.5
	after the incident	21	37.5	37.5	100.0
	Total	56	100.0	100.0	

Where were you living before the conflict?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Parents	24	42.9	42.9	42.9
	Alone	7	12.5	12.5	55.4
	husband & kids	25	44.6	44.6	100.0
	Total	56	100.0	100.0	

Where do you live now?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Alone	11	19.6	19.6	19.6
	Relatives	21	37.5	37.5	57.1
	husband & kids	13	23.2	23.2	80.4
	Idp center	11	19.6	19.6	100.0
	Total	56	100.0	100.0	

What do you or used to do for a living?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Nothing	31	55.4	55.4	55.4
	governmental	3	5.4	5.4	60.7

	Private	22	39.3	39.3	100.0
	Total	56	100.0	100.0	

Rehabilitation place

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	IDP center	18	32.1	32.1	32.1
	Hospital	38	67.9	67.9	100.0
	Total	56	100.0	100.0	

How has this experience affected you?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Physically	21	37.5	37.5	37.5
	psychologically	32	57.1	57.1	94.6
	economically	3	5.4	5.4	100.0
	Total	56	100.0	100.0	

From whom did you get help?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Local Non - governmental organizations	14	25.0	25.0	25.0
	International organizations	23	41.1	41.1	66.1
	Governmental organizations	7	12.5	12.5	78.6
	none	12	21.4	21.4	100.0
	Total	56	100.0	100.0	

What kind of help did you get?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0	2	3.6	3.6	3.6
	medical	26	46.4	46.4	50.0
	psychological	10	17.9	17.9	67.9
	Economical	8	14.3	14.3	82.1
	other	10	17.9	17.9	100.0
	Total	56	100.0	100.0	

Were there any cultural & social factors that influenced your decision to get help?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	47	83.9	83.9	83.9
	No	9	16.1	16.1	100.0
	Total	56	100.0	100.0	

Does the project support you in healing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	heal physically	9	16.1	16.1	16.1
	heal psycologically	2	3.6	3.6	19.6
	heal economically	9	16.1	16.1	35.7
	I haven't healed	36	64.3	64.3	100.0
	Total	56	100.0	100.0	

Are you now backing on your feet again?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	16	28.6	28.6	28.6
	No	40	71.4	71.4	100.0
	Total	56	100.0	100.0	

4.3 Data Interpretation (1)

Among the respondents 16 (28.6%) of them are between the age of 10 and 15, 10 (17.9%) of them are between the age of 16 and 20, 23 (41.1%) of them are between the age of 21 and 30, 5(8.9%) of them are between the age of 31 and 40 and 2 (3.6%) of them are above the age 40.

According to this statistical data, Youngsters took the highest number within the survivors.

The second highest percentage goes to those between the age of 10 and 15, which are teenagers. This implies that widespread, immense damage has occurred which is a huge challenge in building resilience within the survivors and vulnerable community.

With the factual information found from published governmental and international reports, Infrastructures of different sectors have been destroyed. In addition to this, considering the social crisis that the community is facing plus with a high number of youngster victims, multi-dimensional, multi-faceted and inclusive Implementation is very much needed.

When we see their marital status, 32(57.1%) of them are single, 3 (5.4%) of them are still married and 21 (37.5%) of them got divorced after the violence and related pain they had to endure. According to the information gathered through questionnaires, 24 (42.9%) of them used to live with their parents, 25(44.6%) of them used to live with their husband and kids, 7(12.5%) of them used to live alone. This implies that the physical, psychological and related pain they had to endure is huge. Not only for these survivors but also for their families, kids, and the community they live in. although, 57.1% of them are single, the fact that they're still dealing with traumas and other physical problems, they might face long lasting problems.

According to a journal written in September, 2021 by the University of Edinburgh, more than

48% of women who faced war related gender based violence tend to have long lasting problems psychologically. Among the psychological consequences, the decision of not getting married is the main problem. As mentioned above, 37.5% of them got divorced after the incident. This implies that not only these women are enduring physical and psychological pain, they're also facing social crisis. One of the main crisis they deal with is communal stigmatization, which is a harsh way of making them think they're at fault, don't belong in their community or their life is over. As specified in the above mentioned journal by the university, 28.6% of them tend to commit suicide. This doesn't stop here. It goes to the lives of their kids. Kids who don't get to live stable life with their parents, kids who get to grow up within a community labeled as "forbidden kids" who shouldn't have been allowed to live. This leads to not only community level social crisis, rather leads to generational crisis. These consequences show that the project is still expected to work better in achieving the goal, which is building resilience for these survivors.

After the incident, 11(19.6%) of them are living in IDP centers, 21 (37.5%) of them living with their relatives temporarily and 13 (23.2%) of them are still living with their husband and kids. This implies that high numbers of women are also fighting economically.

Even if these women seem not be in a good condition currently, they used to engage in different types of jobs. Of all the 56 respondents, 31(55.4%) of them had no job. 22(39.3%) were engaged in their own private work and 3 (5.4%) used to work in governmental offices. The fact that, lack of job in the country increasing and with such war related problems within the community, It gets worse. This in turn implies that these women needs to be supported economically so that they can be resilient enough to get back on their feet aside the other supports.

As mentioned above these survivors from Tigray and Amhara regions are trying to heal from the pain and the trauma they're facing due to the war. Among these 32(57.1%) of them are affected psychologically, 21 (37.5%) are affected physically and 3 (5.4%) said that they are affected economically. As specified by the BM global health center, physical injury, mental trauma, and social stigma are among the main GBV consequences.

Some of the Physical Consequences mentioned are unwanted pregnancies, which can have significant physical and emotional impacts on survivors .they may also contract Sexually transmitted diseases, including HIV, due to sexual violence during conflict.

Among the mental health effects, Post-Traumatic Stress Disorder (PTSD) is the main problem. According to a research made by BM global health center, Up to three-quarters of survivors suffer from conditions like PTSD, emotional trauma, depression, and anxiety.

In their process of healing, 23 (41.1%) of them got help from international organizations, 14(25.2%) from local non-governmental organizations, 7 (12.5%) of them from governmental organizations and 12 (3.6%) of them said that they didn't get any help from anyone. This shows that if it wasn't by the international organizations they wouldn't have gotten attention. Although, resilience building projects like the 3R project have been launched 2 years ago, 41.1% of the respondents claim that the help they got is from international organizations. This implies, the project hasn't been able to reach these women adequately, and impact is delayed.

Of which, 8 (22.1%) of them are rehabilitating in IDP center and 38 (67.9%) of them are currently rehabilitating in hospitals. Those survivors who got help even if there were cultural or social factors that influenced their decisions to get help from governmental organizations, 26 (46.4%) of them got medical treatment, 10 (17.9%) psychological treatment, 8 (14.3%) got economic support. According to this statistical data, 67.9% of them are rehabilitating in hospitals and as specified by the world health organizations' January,2024 report, 54.7% hospitals in both regions, are looted, destroyed and they have currently lack of basic medical equipment. This implies that, these women rehabilitating in those centers are not habilitating adequately.

Among these women, 47(83.9%) of them had to through social and cultural influences, only 9 (16.1%) of them were free from the influences when making decision to seek help. this shows that Due to these influences, survivors often fear reporting their assault to law enforcement. The initial response a survivor receives after their experience can significantly impact their coping process. it seems the project is delayed in creating a supportive environment that acknowledges their feelings of shame, guilt, and accountability without perpetuating harmful stereotypes.

Addressing these influences requires education, empathy, and a shift away from victim-blaming attitudes. Survivors deserve understanding, support, and validation as they navigate their healing journey and the project needs to support them through that.

9 (16.1%) of them said that the project supported them in healing physically, 9 (16.1%) of

them in healing economically, (3.6%) in healing psychologically and 36 (64.3%) of them said, they haven't healed. Among these women questioned whether they're now back on their feet again or not 40 (71.4%) of them said "NO" and 16 (28.6%) of them claimed "YES".

The number of unhealed women within a society may lead to Social Disruption as specified in the research made by university of Harvard in 2001.

Unhealed survivors may struggle with intimacy, trust, and forming healthy relationships. This can impact families and communities. Not only that, they may find it challenging to work or contribute to the economy. This affects productivity and overall development within a country especially like Ethiopia. Communities may stigmatize survivors, blaming them for their trauma and this perpetuates silence and prevents healing. Survivors who don't heal may become dependent on others for care, which can strain family resources.

Unhealed trauma can also lead to aggression and violent behavior. This perpetuates a cycle of violence within communities.

This over all explanation implies that, the project isn't being implemented according to its plan and kind of far from its goals and objectives.

4.4 statistical results of the questionnaires (stakeholders)

The project met its objectives					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	1	12.5	12.5	12.5
	agree	3	37.5	37.5	50.0
	neutral	2	25.0	25.0	75.0
	disagree	2	25.0	25.0	100.0
	Strongly disagree	0	0	0	0
	Total	8	100.0	100.0	
project milestones are being achieved within the planned timeline					
Valid	yes	1	12.5	12.5	12.5
	no	5	62.5	62.5	75.0
	4	2	25.0	25.0	100.0
	Total	8	100.0	100.0	
How frequently do stakeholders involve in operational project decision?					

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	monthly	1	12.5	12.5	12.5
	quarterly	2	25.0	25.0	37.5
	yearly	3	37.5	37.5	75.0
	not at all	2	25.0	25.0	100.0
	Total	8	100.0	100.0	

How frequently do stakeholders involve in Human resource decision making?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	monthly	1	12.5	12.5	12.5
	6 months	1	12.5	12.5	25.0
	yearly	1	12.5	12.5	37.5
	not at all	5	62.5	62.5	100.0
	Total	8	100.0	100.0	

How frequently do stakeholders involve in strategic decision making?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	monthly	1	12.5	12.5	12.5
	quarterly	2	25.0	25.0	37.5
	6 months	2	25.0	25.0	62.5
	yearly	1	12.5	12.5	75.0
	not at all	2	25.0	25.0	100.0
	Total	8	100.0	100.0	

Stakeholders feel adequately informed about project progress

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	2	25.0	25.0	25.0
	agree	4	50.0	50.0	75.0
	neutral	2	25.0	25.0	100.0
	Disagree	0	0	0	0
	Strongly disagree	0	0	0	0
	Total	8	100.0	100.0	

Roles & Responsibilities are clearly defined

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	1	12.5	12.5	12.5
	agree	6	75.0	75.0	87.5
	neutral	1	12.5	12.5	100.0
	Disagree	0	0	0	0
	Strongly disagree	0	0	0	0

Total		8	100.0	100.0	
The project follows the exact project phases					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	strongly agree	1	12.5	12.5	12.5
	agree	2	25.0	25.0	37.5
	neutral	3	37.5	37.5	75.0
	disagree	2	25.0	25.0	100.0
	Strongly disagree	0	0	0	0
	Total	8	100.0	100.0	

4.5 Data Interpretation (2)

Out of the 8 respondents, 8 of them were eligible to give response to the designed questionnaires. Out of the 8, two of them are key informants who also gave detailed further information through Interview. the data collected from the beneficial of the project or GBV survivors shows that there are some gaps regarding the objectives and goals. Therefore, the first question for the stakeholders was “has the project met its objectives?”. Among the respondents, 3(37.5%) of them agreed the project met its objectives.

2(25%) disagreed and 2 (25%) of stayed neutral. This implies that there are factors affecting the project. The project might be affected by internal and international factors. In the current situation of Ethiopia, security issues and economic crisis are among the main internal factors. this makes international donors consider the situation, hesitate to give more for such resilience projects, and things might stuck in between.

Another thing that seemed to be a gap during the research was that Impact is delayed. Among the respondents who were questioned if project milestones are being achieved within the planned timeline, 5(62.5%) of them said “NO” and 1 (12.5%) said “YES”. This implies that the stakeholders are aware of the gaps between the project objectives and the implementation process.

According to the principles of project management, decision making should be made depending on a given time period, roles and responsibilities. Therefore 3 (37.5%) of the respondents said that stakeholders involve in operational decision making yearly. 1(12.5%) said monthly and 2 (25%) said that stakeholders do not involve in such decision making at all. This implies that the project is inclusive when it comes to decision makings, but there is a communication gap. Because among the respondents 25% of them said that stakeholders do

not involve in decision making at all, which made it look like there's information and communication gap among them. In order for a project to succeed, it has to be implemented according to project management principles, and this one looks like it's lacking.

Similarly, 2 (25%) said that stakeholders involve in strategic decision making quarterly and in 6 months. 2(25%) said that stakeholders do not involve in such type decision making. They were also questioned if stakeholders feel adequately informed about project process.

4(50%) agreed and 2 (25%) stayed neutral. In this case, although 50% of the respondents feel adequately informed about project process, they don't actually involve either in human resource or strategic decision makings. According to a research made by the international training center of project management, when a project isn't inclusive enough, there may be frequent disruptions and disagreements among stakeholders. They will have differing intentions and understanding of the project's outcomes.

Lack of authority is also another consequence. The project manager might be plagued with problems from lack of authority to spend the budget, the ability to acquire and assign resources, and a general power needed to make day-to-day decisions and actions. This will also make it harder for the project manager to work on the project. This can create a culture of dissatisfaction and apathy within the existing project team.

6 (75%) agreed that roles and responsibilities are clearly defined and 1 (12.5%) stayed neutral. And lastly 3 (37.5%) of the respondents stayed neutral for the questions, "does the project follow the exact project phases?" 2 (25%) of them disagreed to the question. This implies that although, roles and responsibilities are clearly defined, the project isn't going based on the exact project phases. As specified by the international training center of project management, when a project doesn't follow the exact project phases, it can lead to various challenges. The main challenge is implementation gap, which refers to the discrepancy between where a project should be according to the plan and where it actually stands at any given point. Delays, unforeseen obstacles, resource shortages, or changes in project scope can all contribute to this problem.

The other one is Incomplete Documentation. Skipping through project phases may result in incomplete documentation. Properly documented project phases are essential for tracking progress, managing risks, and ensuring successful project delivery.

Ignoring phases can also increase the likelihood of unexpected risks and issues arising during Implementation.

4.6 Data Interpretation (3)

According to the Interview made with the project coordinator and communication director, the project is implemented in 5 regions, Tigray, Amhara, Oromia, Afar and Benishangul. The project started to be implemented under the guidance of the World Bank in coordination with the ministry of women and social affairs Ethiopia. Although the project seems to have clearly defined objectives and goals by just looking the draft, organizational project structure, communication plan, decision making strategies, clearly set period of time and cost, there're still problems when implementing the project.

According to the Interviewees, one of the major problems is that the project has no clearly defined scope. Projects that use the adaptive management approach tend to thrive change and prepare to respond to an uncertain future. Not only being flexible, project members are encouraged to learn, adapt and accept challenges. But these things are kind of abused in this project. Especially the reason that the security in both regions isn't stable enough, made the process to be delayed. Although security issues are claimed to be the major problem to implement the project timely, resource constraints are also another challenging factor. With the problem that scopes aren't clearly defined, cost over-runs occurred, and this led to communication gap with the ministerial organization and the donors.

To enhance coordination among ministerial office, local districts and donors, different strategies should've been designed but claimed they failed to do so. Due to the ongoing conflicts, especially in the Amhara region, conducting problem oriented data collection is facing difficulties. As the interviewees addresses the gaps, although the project is supporting the victim's psychologically, physically, economically, socially and the like, it cannot be said it's going as planned. Not only it isn't going as planned, data collection of survivors and documenting exact number of beneficiaries has become tough as the day goes by.

The fact that it's being implemented partially; it couldn't be efficient in reducing the social crisis within the community and create resilience. Especially, social crisis like cultural stigmatization takes many years as it is, and the fact that the project is functioning as planned, the project team is afraid it'll get more difficult.

Therefore the project is facing many obstacles in terms of delayed impact including the problems listed above. Identifying project implementation factors allows project teams to make informed decisions, allocate resources wisely, and navigate challenges effectively.

According to the above information, such measures should be taken very seriously.

Chapter 5: Summary, Conclusion and Recommendations

5.1 Summary

One form of violence against women in conflict areas is sexual violence perpetrated by combatants. Scholars and policy analysts tend to portray this violence as a weapon of war.

It is a way of humiliating and demoralizing the enemy as individuals and as communities. War-related sexual violence is becoming an increasing feature of conflict and security challenges and is used as a weapon of war to achieve military or political goals. It has tremendous negative short and long-term consequences for the victims, their families, and communities. Since the eruption of war in November 2020 in Tigray, which later escalated in the Amhara and Afar region, many women reported sexual violence and the destruction of health facilities.

These sexual violence survivors need rehabilitation, for them to get back on their track, physically, psychologically, socially and finally build resilience.

The 3R project stands for Response – Recovery – Resilience for Conflict-affected communities in Ethiopia. It is a multi-sectorial and locally driven approach aimed at addressing conflict and SEA/SH (Sexual Exploitation, Abuse, and Harassment). The project's primary objective is to facilitate a transition from immediate humanitarian relief to more sustainable support for affected communities. It will be implemented over a three year period (2022-2025)

Taking into consideration that urgent measure of rehabilitation and resilience is needed to stop or reduce the psychological and socio-economic disaster within the communities;

3R project has been launched in March, 2022. Some of the measures within the project include medical support, psychological support, and women empowerment through integrated multi-sectorial approaches, education to address social and cultural perspectives on gender. Although the project includes the above mentioned resilience mechanisms, the only referral hospital in Tigray region, Ayder referral hospital complains about not being beneficial from the project.

Not only sexual violence survivors within the hospital, but also victims who still lives in the IDPs complain about the same problem. The same complains in komblocha one stop centers

has been reported. Even though, the World Bank funded this project with 215.1 million dollars, most victims in both regions claim that they haven't been beneficial.

Therefore this research is all about studying what's really on the ground related to the Implementation of the project.

The research started with it started with 5 research questions. It is relevant to the stake holders under taking this project, donors, consultants and GBV survivors. the likes to provide insight about the gaps within the project, as well as management system in order to recognize early warning signs, to take the necessary actions on time to enhance project success.

The research focused on how the project is undertaken and being managed in Tigray and Amhara regions, mainly Hospitals and IDP centers. The scope of the study narrowed to only two regions; due to short period of time and financial limitations. To address the research objectives the study practiced four research design types; Descriptive, cross-sectional, causal research designs and survey. Both primary and secondary data are used in the process of data collection and Narrative data analysis is used in case of this research. To examine the reability and validity of the research cronbach's alpha analysis method is used by spss software. The data collected through the above questionnaire and interview is encoded into excel and spss software considering a statistical analysis outcome. Data is interpreted based on the statistical data presented in that section.

5.2 Conclusion

It's obvious that starting a new project can be challenging. Although people or organizations begin motivated and determined, sometimes, few things that may lead to its failure seem to be forgotten. According to this research, the 3R project started with a well-articulated and organized project planning draft. Since, the project is currently being implemented in those regions, the research found out that the objectives and goals, given period of time and scope written on the planned draft and the exact thing on the ground is quite different. The first one is confusion about deliverables. The data gathered through questionnaires and Interviews shows that the stakeholders are not even sure if the project is going to succeed or not. Even if they said that the project is being implemented inefficiently due to the problems listed in the previous sections, and are trying to improve things, they still seem to have vague view about the goals.

The second one is frequent change of direction. Among the ways project fail, a very common one is scope creep. It refers to changes requested when the project has already started which had not been planned before. In case of this research, it was planned to benefit communities only in 3 regions, which are Tigray, Amhara and Oromia, but later decided to change the scope without realizing the set period of time and allocated budget. This is very common when projects are not defined beforehand.

The 3rd problem seen in this research is unrealistic expectation, while fouls are occurring frequently. The stakeholders should be realistic when it comes their team's capabilities, deadlines and available resources. Not only be aware of that, they should also take national political and economic issues into consideration. Inconsistently defined resources, unrealistic due dates and Impact delayance are among the major signs of project failure.

Due to the previously listed factors, the project hasn't been reaching its target population with the objectives. When it comes to the target population, the first problem is conducting problem oriented data collection of GBV survivors. Documenting the exact number of survivors the project aims to reach is blurred.

Inadequate documentation increases the risk of information loss. Without clear documentation, critical details may be forgotten or overlooked, hindering project progress and decision-making. Insufficient documentation can slow down project execution, Team members might spend extra time searching for information or trying to understand undocumented processes, impacting productivity. Due to these, errors may occur leading to delays. And this exactly what is happening to the 3R project, according to this research.

The second research question is "To what extent is the project supporting the survivors physically, psychologically and economically?" according to the data collected through questionnaire and interview, even though, the stakeholders said that the project is supporting survivors physically, psychologically and economically, more than 70% of the survivors taken as a sample haven't healed. This shows that the project is far from its goals and objectives. If these GBV survivors don't get to heal in every aspect, they won't be resilient enough to the problems they face related cultural and social stigmatizations too. Though, building awareness among communities is the main solution to stop such problems, the project failed to do so. The fact that the project couldn't build resilience among the survivors in every aspect, cultural and social stigmatizations are still in the picture. It can be said that the project hasn't been able to solve to the social crisis. Not only these women are suffering

from the pain they had to go through and still are going through it, the problem might lead to generational crisis according to the researches made by university of Harvard and Berghm.

Finally, the research investigated whether the project is being managed according to the right principles of project management or not. According to the data collected through questionnaire and interview, the project isn't following the exact project phases, and following proper project management principles.

Due to frequent change of scope, scope creep became the major problem with resource constraints, cost over-runs, communication gaps, and lack of inclusiveness. These factors led to delayed Impacts among the target population.

Therefore, according to the findings of this research, the project is clearly failing. But, it has still 10 months left to phase out, if the proper measures are taken, its assumed things might change.

5.3 Recommendation

Not every project can be a success, but losing a project is always costly in terms of both time and resources. The findings of the study, pointed areas where there is a need to improve, thus the following are recommendations of the researcher.

The first one is Assessing the problem. Being honest about the project's status, Understand what's going wrong and why instead of sugar coating every existing problem is mandatory.

Second one is identifying key Issues. Pinpointing the specific areas causing the project to fail is very important. Is it scope creep, resource constraints, communication gaps, or technical challenges? These need to be identified. Evaluating impacts and realigning goals or redefining objectives is the third recommendation. Assessing the impact of the project's failure on stakeholders, timelines, and budgets should be taken seriously. Not only have that, clarify projected goals and expectations. Check whether they're realistic and achievable or not.

And finally, Setting New Milestones, Evaluate team members' skills and commitment. Address any performance issues and Contingency Plans, meaning preparing backup plans for critical risks should be taken into account in order to save the project from failing.

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Appendices 1

QUESTIONNAIRES (For Victims)

Age

10 – 15 16 – 20 21- 30 31 - 40 above 40

Marital status

Single Married Divorced

If divorced, when did you get divorced?

Before the Incident after the Incident

Where do you used to live before the conflict?

With my parents alone with my husband and kids

Where do you live now?

Alone with Friends with relatives with my husband IDP center

What do you do or used to do for a living?

Nothing governmental private

Rehabilitation place

IDP center Hospital

How has this experience affected you?

Physically psychologically economically other

From whom did you get help?

Local Non - governmental organizations

International organizations

Governmental organizations

None

What kind of help did you get?

Medical

psychological

Economical

Other

Were there cultural or social factors that influenced your decisions to get help from governmental organizations?

Yes

No

Does the project support you in healing?

Heal physically

al Psychologically

Heal onomically

I haven't healed

Are you now backing on your feet again?

Yes

No

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10-15 16-20 21-30 31-40 above 40

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- **How frequently do stakeholders involve in Operational project decision-making?**
 Monthly Querly 6 Mont Yearly Nt all
- **How frequently do stakeholders involve in Human resource project decision-making?**
 Monthly Querly 6 Mont Yearly t at all
- **How frequently do stakeholders involve in strategic project decision-making?**
 Monthly Querly 6 Mont Yearly t at all
- **Do stakeholders feel adequately informed about project progress?**
 Strongly Agree Agree Neutr Disagree
 Strongly Disagree
- **Were roles and responsibilities clearly defined?**
 Strongly Agree gree Neutr Disagree
 Strongly Disagree

Appendice 3

Interview questions (stake holders)

- What challenges do you foresee in implementing the project?
- What challenges do stakeholders face during the project? Describe.
- How well were project risks identified during the planning phase?
- Were risk mitigation plans effectively implemented? Explain the plans
- What are your initial impressions of the project's goals and impact?
- What outcomes do you expect from the project in terms of community resilience and recovery? Is it successful or failed to do so? Explain how?

- What type of project management model do you follow?
- What mechanisms can enhance coordination among ministries, agencies, and local districts?
- What indicators would you prioritize for assessing project progress?
- Members of the target population claim that the project hasn't achieved its goal, what's your stand on that?
- How can different stakeholders collaborate effectively to achieve project success?
- How can transparent reporting and accountability be ensured?
- How can the project's benefits be sustained beyond its duration?

Work plan

Activities			March				April				May	
	W1	W2	W3	W4	W1	W2	W3	W4	W1	W2	W3	W4
Planning & proposal writing												
Interviews & preparing												

Questionnaires												
Distributing & collecting questionnaires												
Analysis												
Advisory measures & Reportwriting												

Budget

<i>Activities</i>	<i>Reasons</i>	<i>Amount (in birr)</i>
<i>Transportation</i>	<i>Transportation to Idp centers & Hospitals</i>	<i>20,000</i>
<i>Stationeries</i>	<i>For questionnaires & writing purpose</i>	<i>1,500</i>
<i>Personal expenses(such as, hotel room and food)</i>	<i>For my stay in research areas</i>	<i>15,000</i>
<i>Mobile card</i>	<i>Phone Interviews for people that are not available</i>	<i>1,000</i>
		<i>Total= 37,500</i>

