Tathmini GBV

Evaluation of the Impact of Comprehensive Gender-based Violence Programming in Mbeya, Tanzania

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Lessons from the PEPFAR Gender-based Violence Initiative in Three Countries

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Washington, DC

Tathmini GBV

- PEPFAR GBV Initiative evaluation component: Tanzania
- Implemented by Palladium in partnership with
  - Muhimbili University of Health and Allied Sciences (MUHAS)
  - Pangaea Global AIDS
  - Population Council
- February 2012 - August 2016
- Measurement of outcomes of the combined effects of comprehensive GBV interventions

Photo: Jarrtan Naphtal

WRP/HJFMRI GBV program interventions

1. Strengthening GBV services at health facilities
2. Community sensitization
   - Awareness raising events, “AMKA SASA”
   - Small group education
   - Couple communications skills building
   - Door-to-door education
3. Creation and facilitation of GBV coordination committees
4. Linkages between communities and health facilities

Photo: Jarrtan Naphtal

Tathmini GBV study design and sites

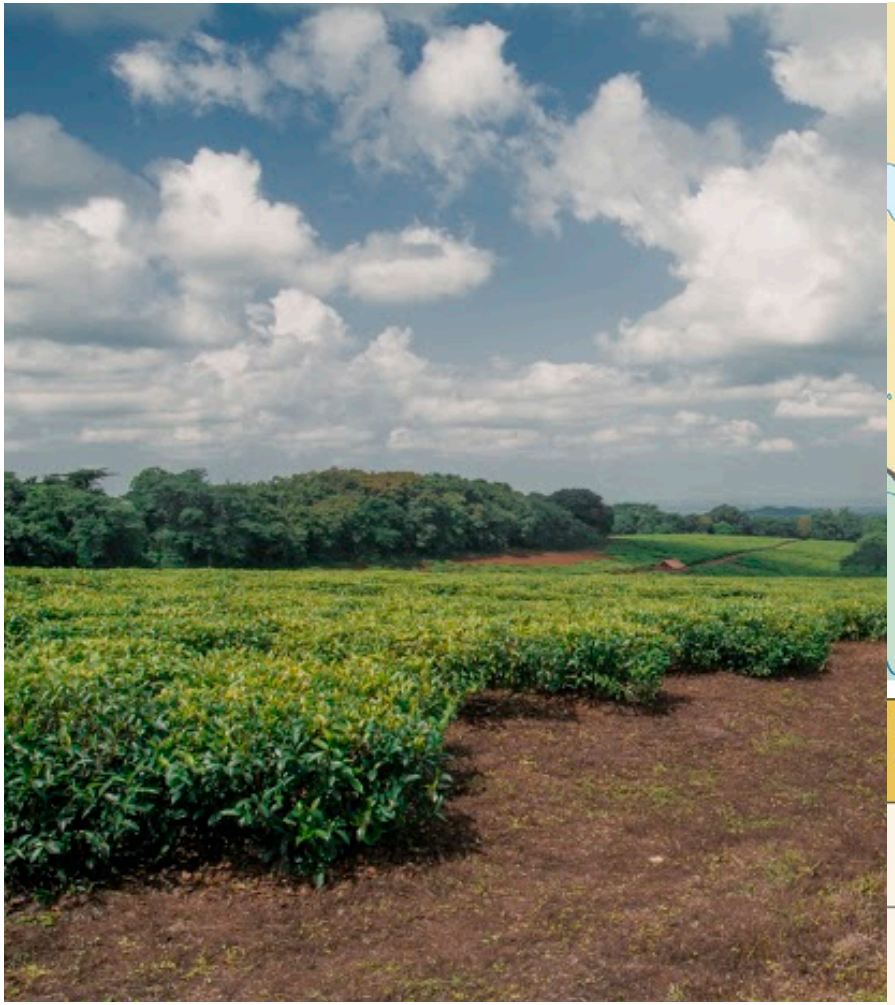
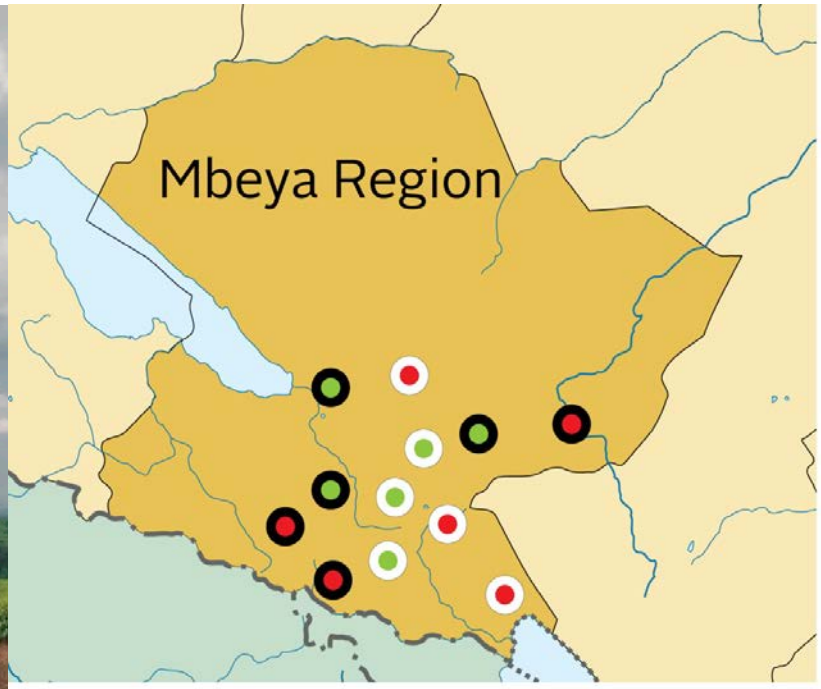


Photo: Jarrtan Naphtal



Intervention Clusters *Immediate rollout of GBV interventions*		Control Clusters *Rollout of GBV interventions delayed by 16 months*	
	1. Tukuyu District Hospital 2. Kyela District Hospital 3. Chunya District Hospital		1. Vwawa District Hospital 2. Mbarali District Hospital 3. Itumba District Hospital
	4. Ilembo Health Centre 5. Mwakaleli Health Centre 6. Ibaba Health Centre		4. Iyula Health Centre 5. Inyala Health Centre 6. Mbuyuni Health Centre

Conceptual model for the evaluation

PEPFAR Tanzania GBV program model

- Facility-based services for GBV survivors
- Facility-based screening and referral
- Clinic and community outreach
- Community-based prevention activities
- Referrals to/from psychosocial support, legal services, and safe houses

Expected outcomes

- Increase in availability and quality of GBV services at health facilities
- Improved access to quality GBV services through multiple entry points
- Increase in community knowledge of GBV
- Increase in community actions to reduce GBV

- Improved utilization of GBV services
- Decrease in acceptance of GBV
- Shift in community norms toward greater gender equality
- Decrease in experience and perpetration of GBV

HIV-related outcomes

- Increased utilization of HIV services
- Reduction in HIV risk behaviors

Data components

- GBV register
- Health facility assessments
- Household survey
- Community interviews
- Program implementation assessment

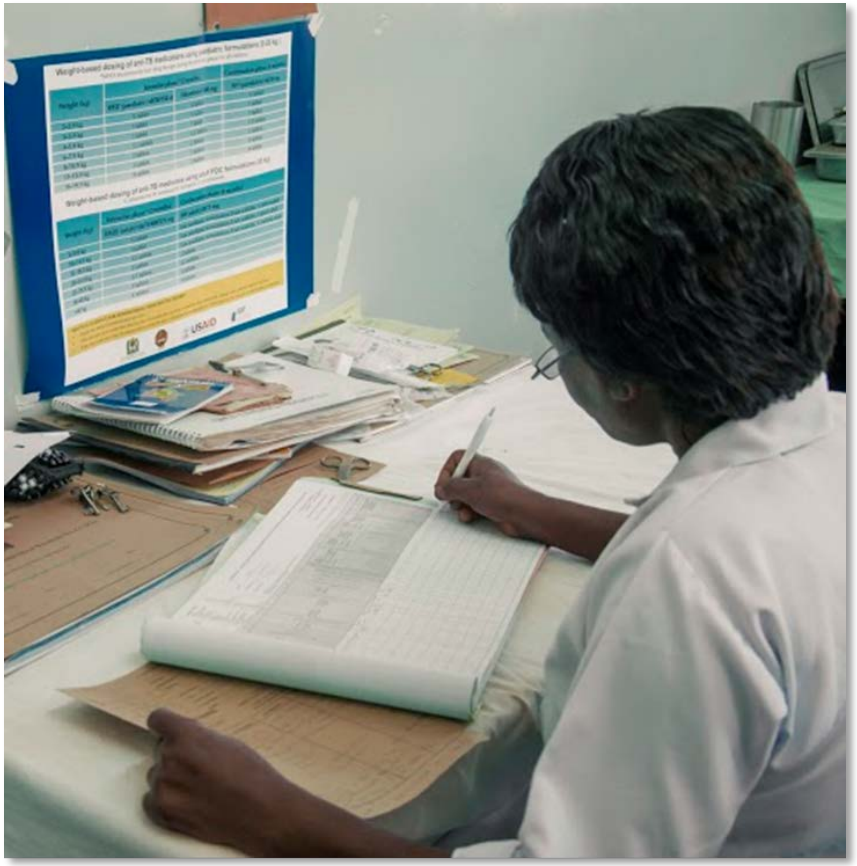


Photo: Jarrtan Naphtal

Did the comprehensive GBV program …

Photo: Jarrtan Naphtal

…lead to increased care for survivors?

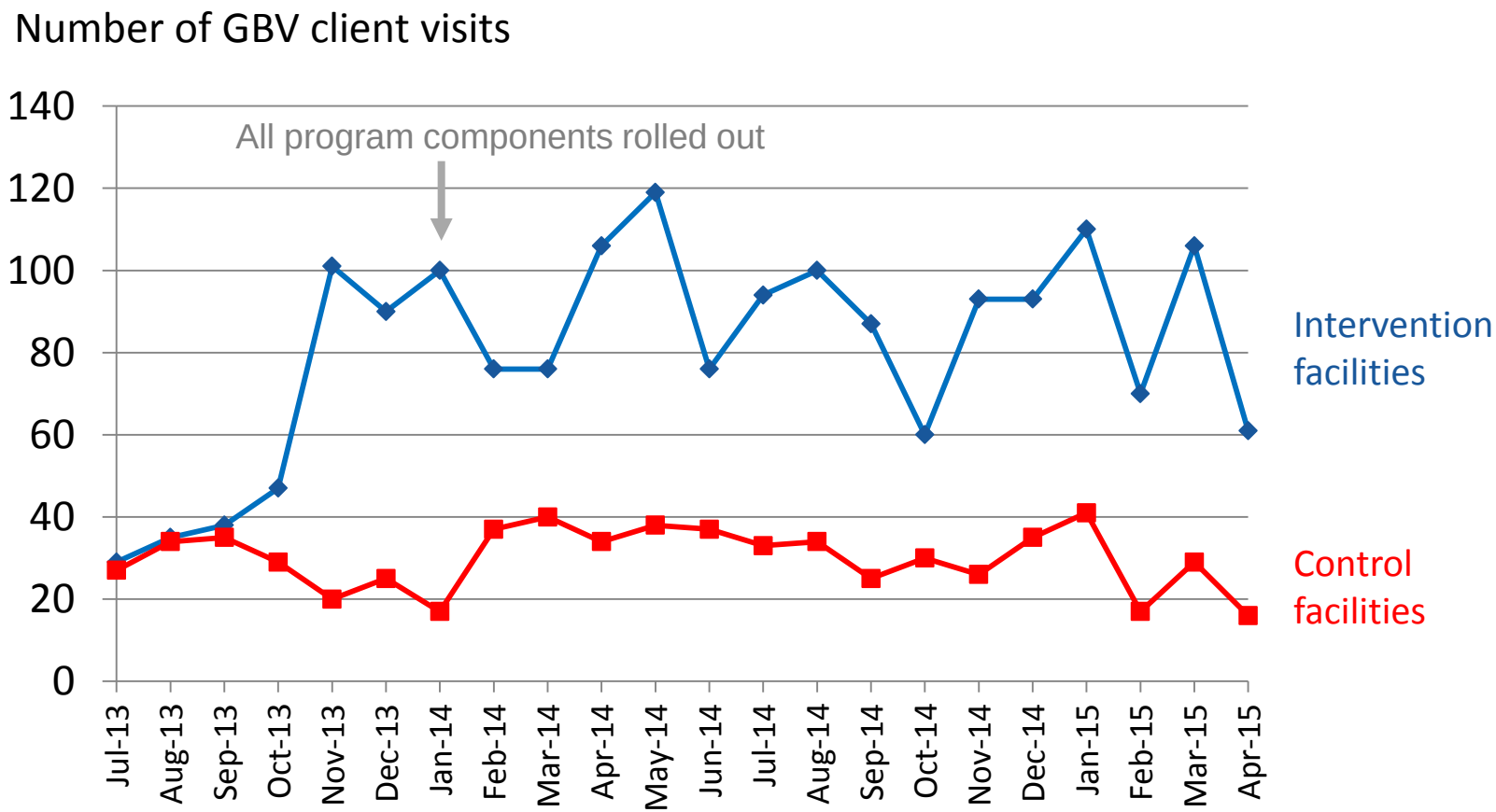
Strengthening GBV services

- Service capacity at intervention sites improved

	Intervention facilities (n=6)		Control facilities (n=6)	
	Baseline	**Endline**	**Baseline**	**Endline**
Number of providers trained in the national GBV curriculum	0	76	0	0
Mean number (and S.E.) of essential supplies observed in **OPD departments** (out of 34 items)	8.3 (1.0)	18.3** (1.1)	7.5 (0.6)	8.3 (0.7)
Mean number of essential supplies observed in **RCH departments** (out of 34 items)	10.2 (1.0)	16.5** (0.6)	10.8 (1.7)	11.3 (1.0)

** difference between intervention and control facilities at endline is statistically significant at p<.01

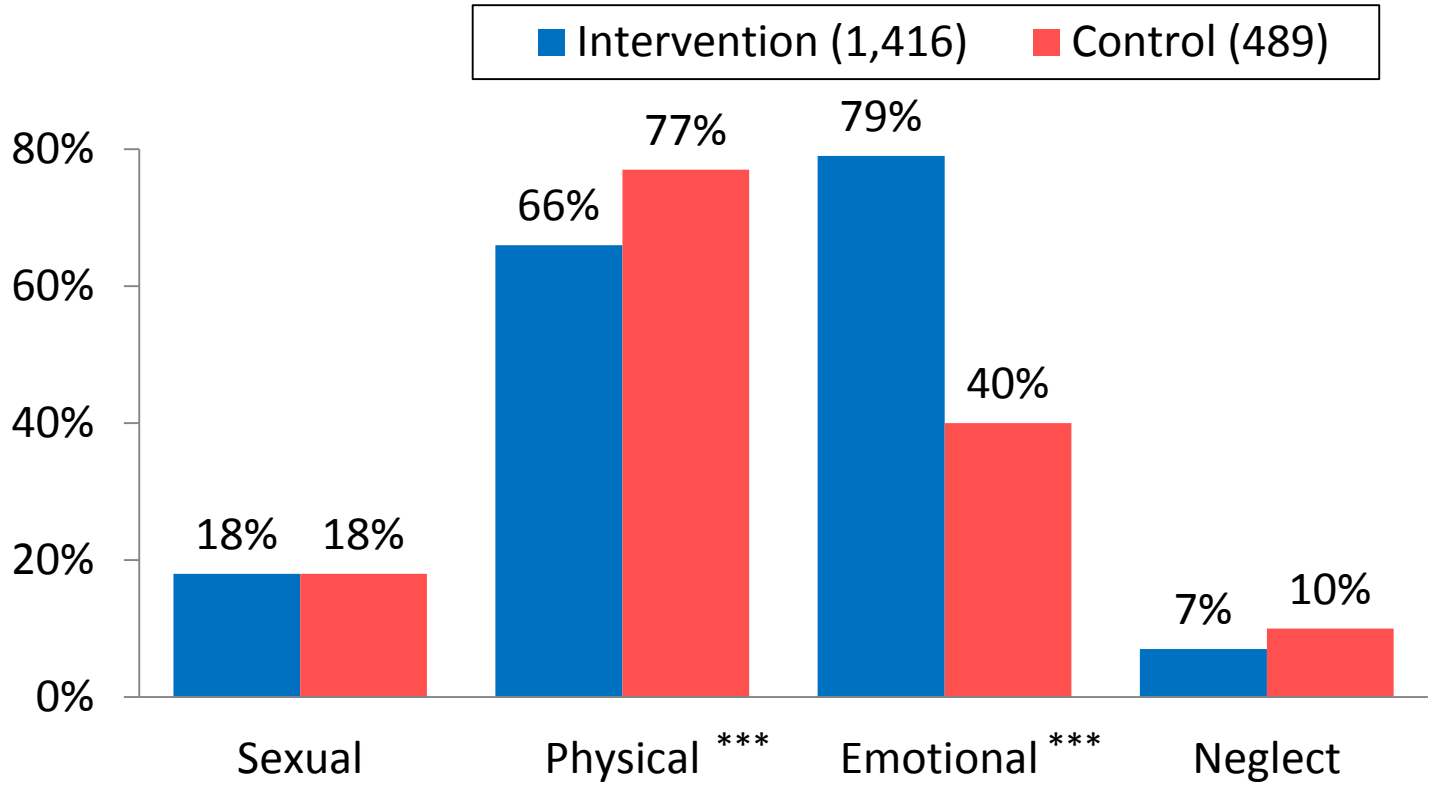
Monthly GBV client visits



1,427 visits at the six intervention facilities
489 visits at the six control facilities

Types of GBV assessed by providers

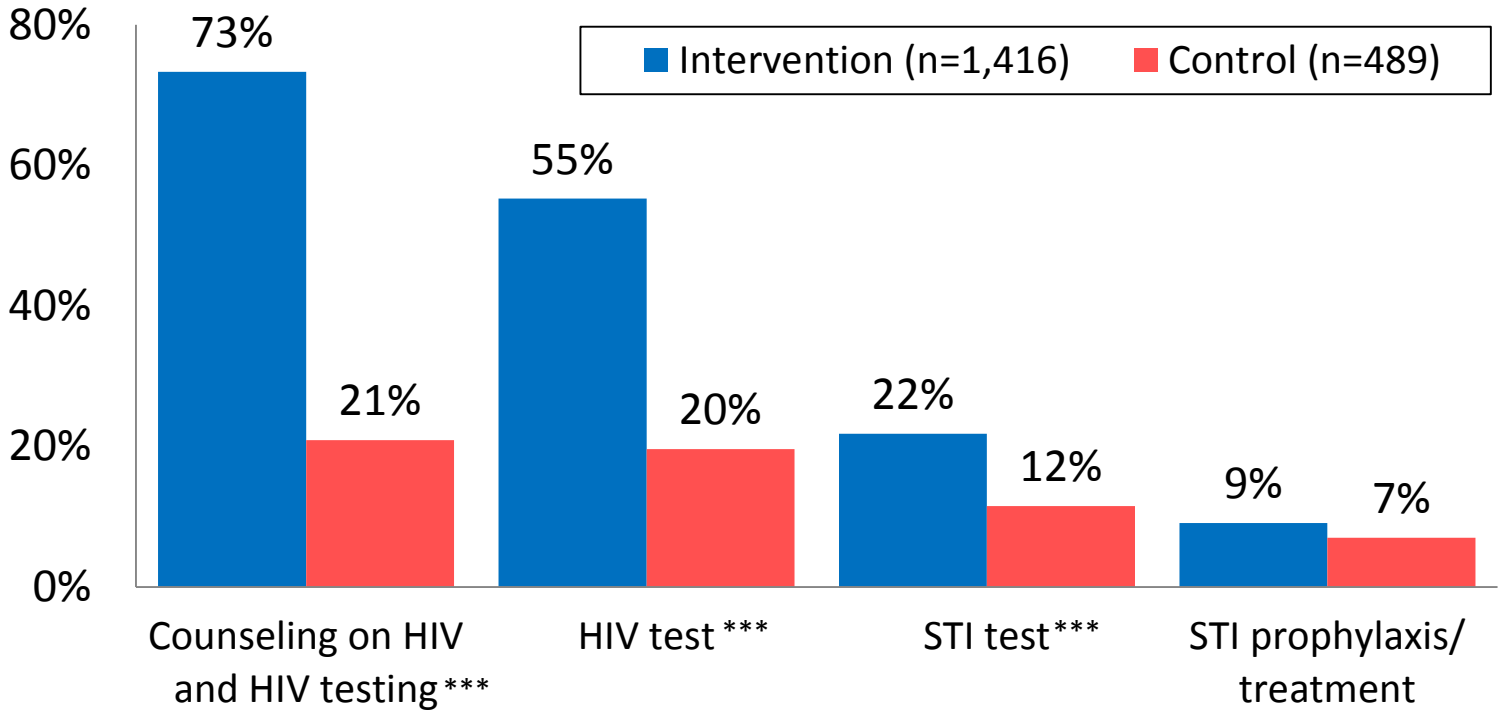
Percentage of GBV client visits: January 2014 – April 2015



*** difference between intervention and control is statistically significant at p<.001

HIV and other STIs

Percentage of visits where service was provided



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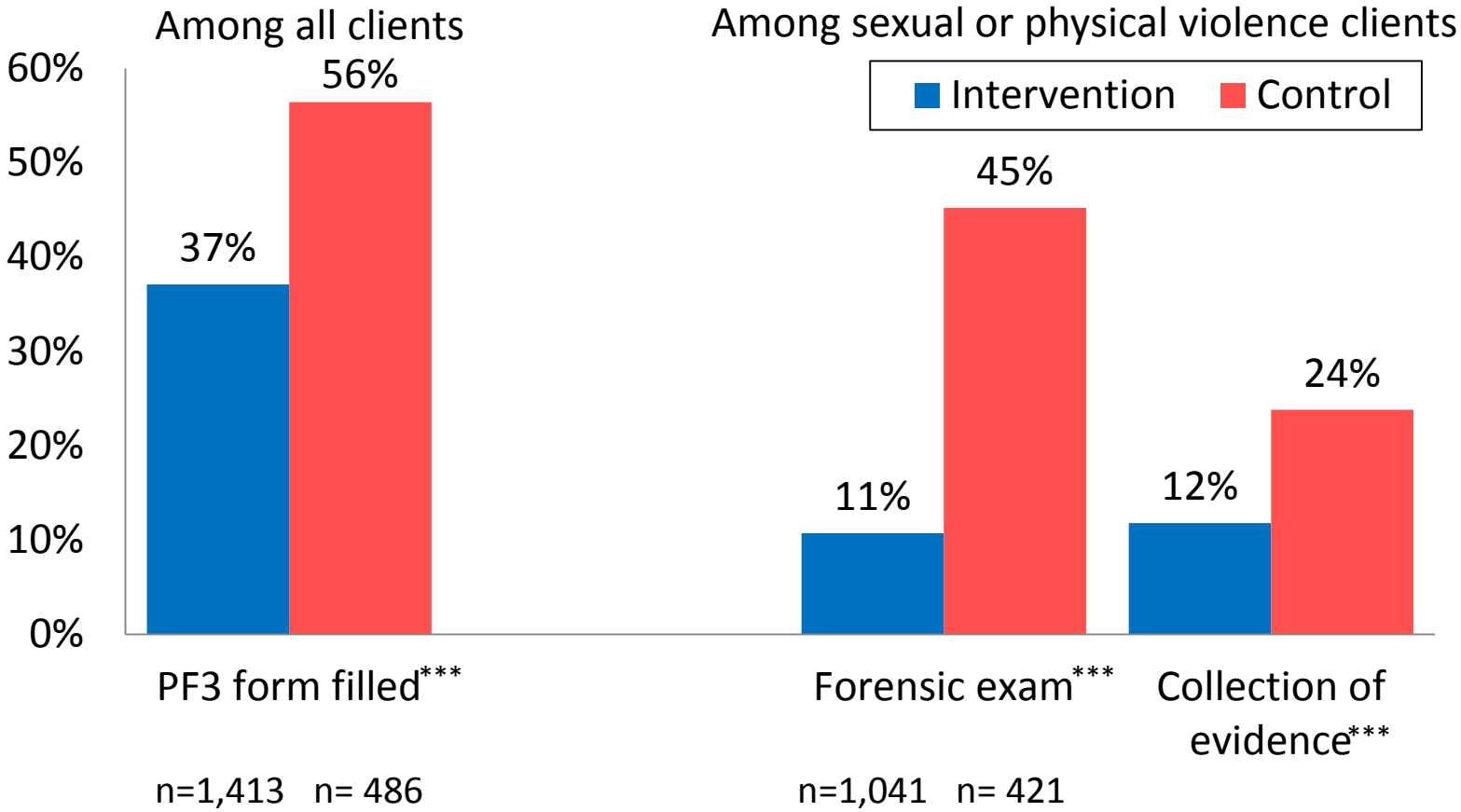
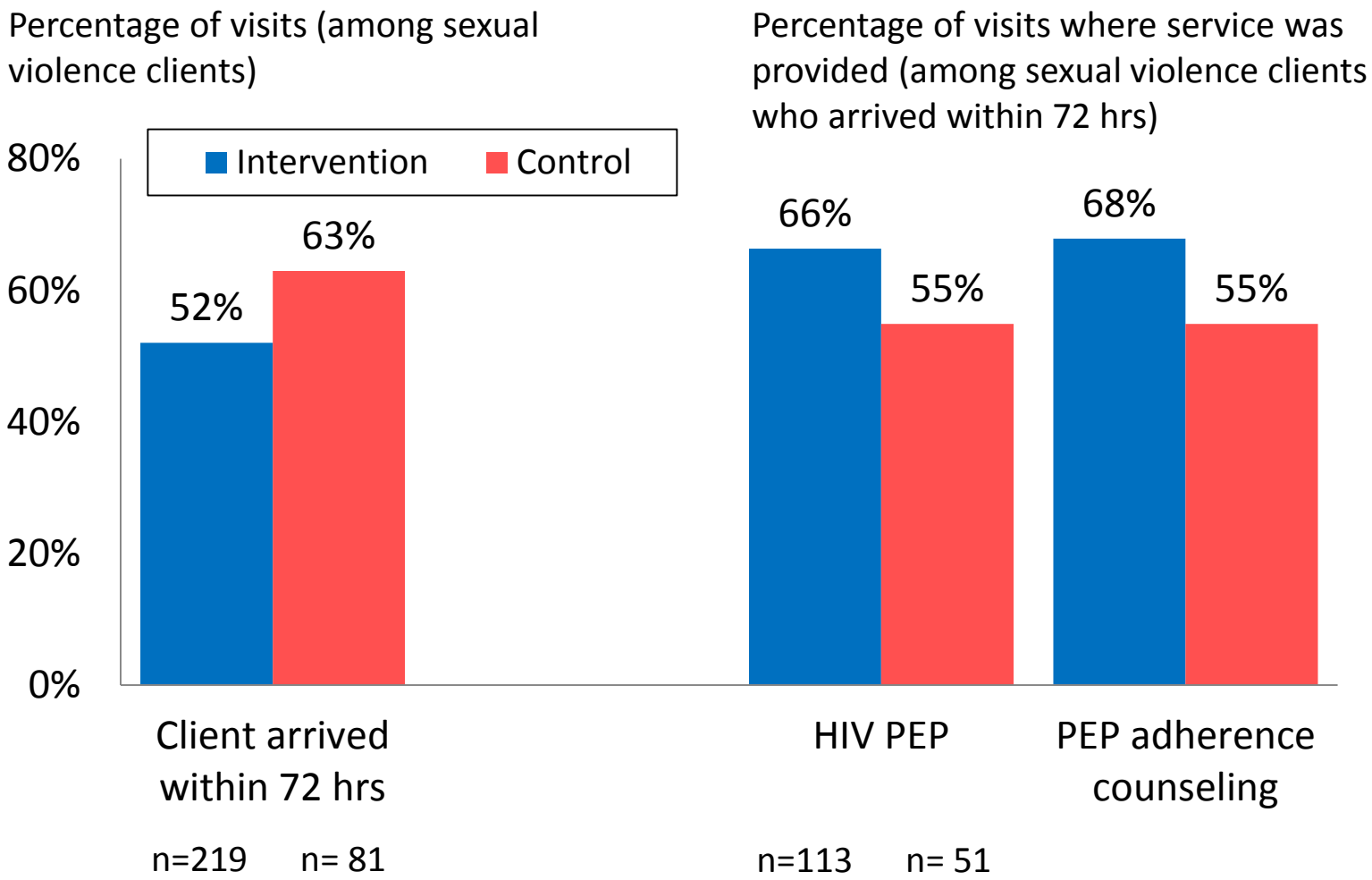
Police report and forensics

Percentage of visits where service was provided



*** difference between intervention and control is statistically significant at p<.001

HIV postexposure prophylaxis (PEP)



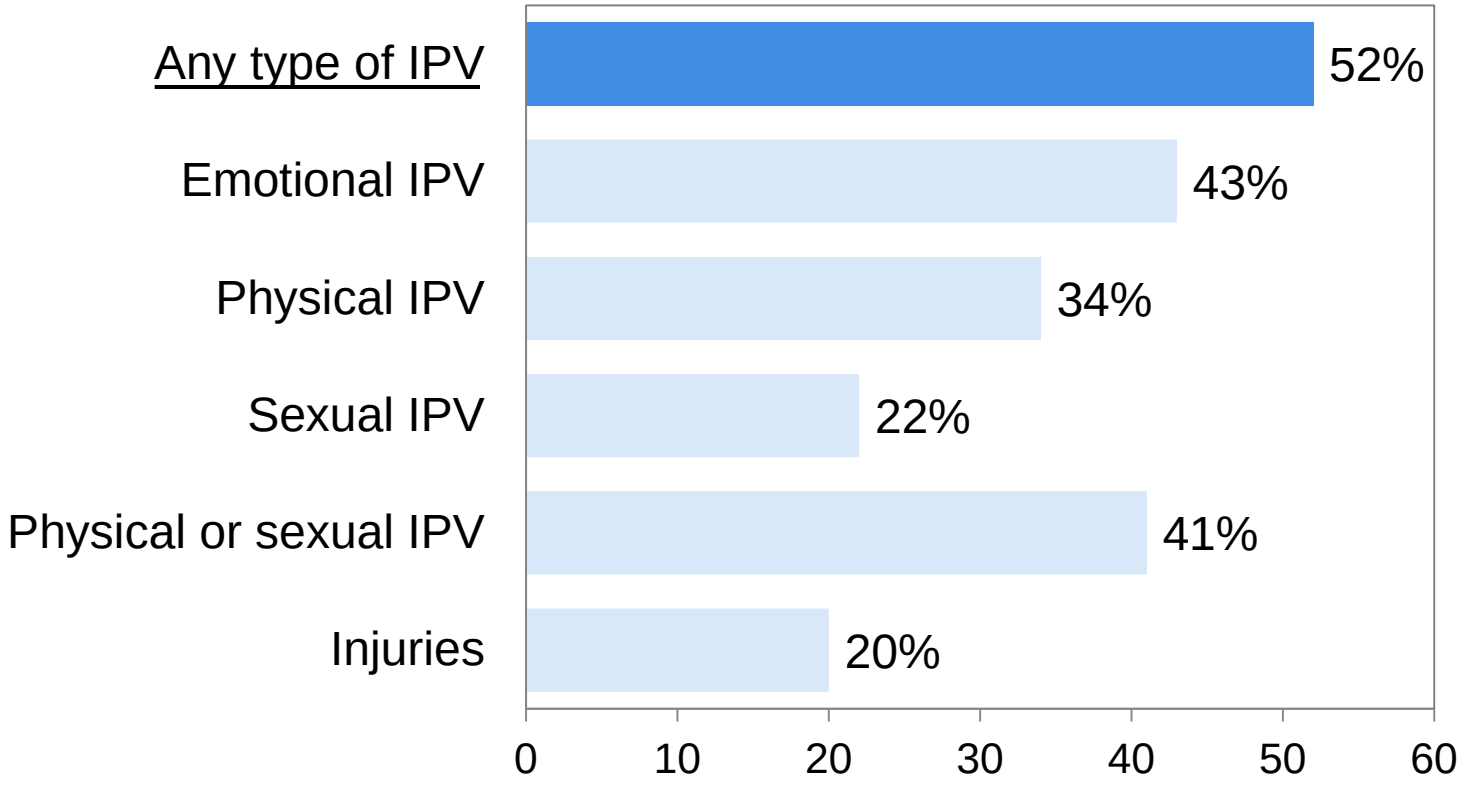
Did the comprehensive GBV program …

Photo: Jarrtan Naphtal

…lead to changes in attitudes and behavior?

Intimate partner violence (IPV)

Percent of women in the study communities ages 15−49 with an intimate partner who experienced IPV in the 12 months prior to the survey (n=1,121)

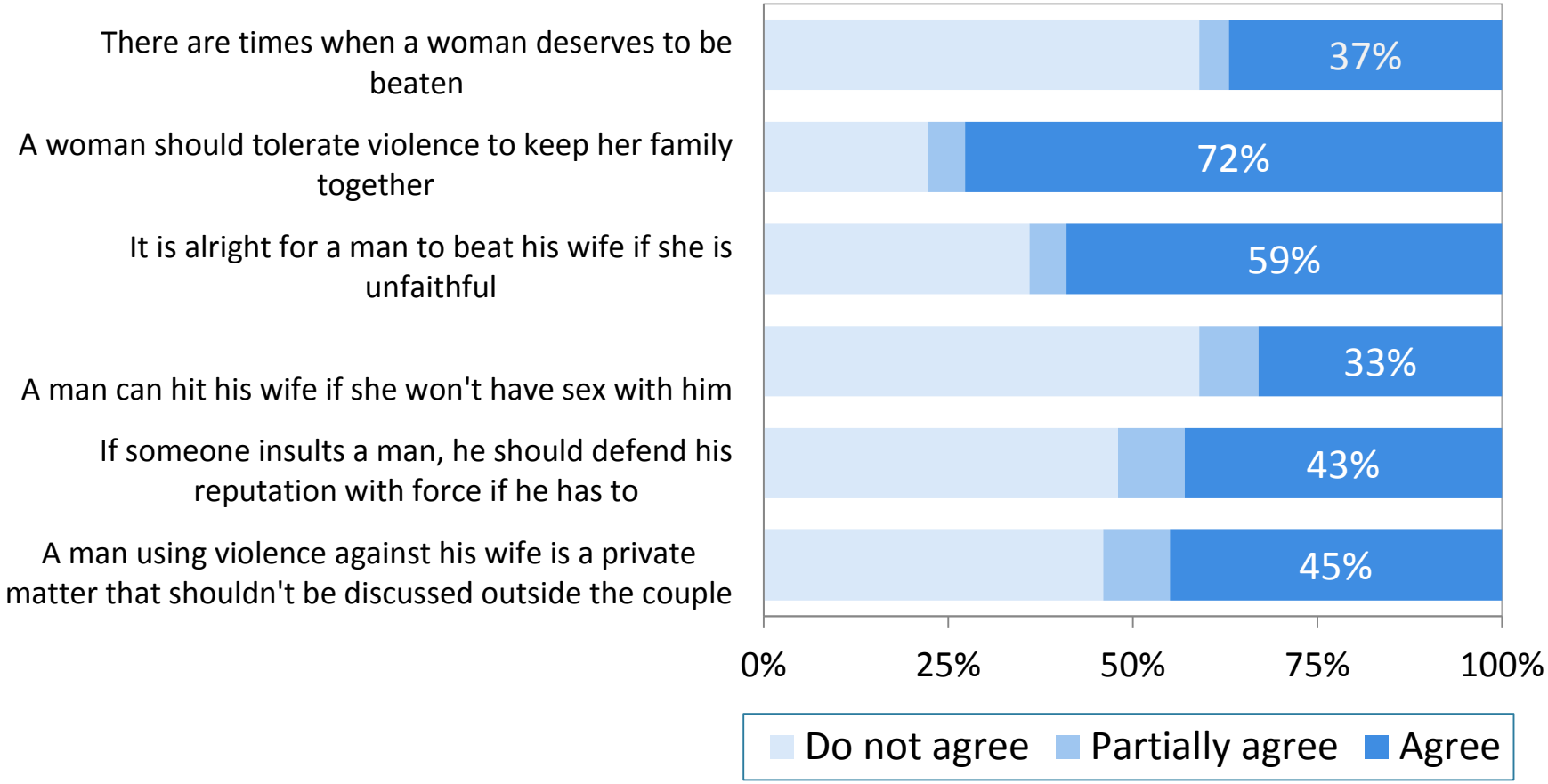


Tathmini GBV baseline household survey, 2013

Attitudes about GBV

GEM scale: Violence domain

Percent of women in the study communities ages 15–49 (n=1,293)



Tathmini GBV baseline household survey, 2013

Changes in intervention communities

Program participants reported

- New understanding of GBV and its forms
- Commitment to gender equality
- Less tolerance of GBV
- Improved interpersonal relationships
- Greater responsiveness of community leaders
- Easier access to services through referrals by peer educators
- Decline in reported cases of GBV

Photo: Jarrtan Naphtal

"*Because gender-based violence is everywhere and they have advertised it for some time now, that is why people understand it more now, that beating your wife for no reason is an offense*."

– *CoupleConnect* participant, male

Photo: Jarrtan Naphtal

"As a woman now I know that I am not supposed to be physically abused. I have the rights to discuss with my husband about family income generation and the right to work."

– Group education participant, female

Photo: Jarrtan Naphtal

"The situation is changing although to a small extent, because it is hard to get someone from their views that they thought were beneficial to them, and that they thought those views protected them … meaning they used to see that violence is some sort of a thing that protects them … it gives them that high status that they are used to. Therefore, it is difficult for us, while successes are there in that people are showing that they will change, although it won't happen very fast."

– Peer educator, female

Tathmini GBV team

Core team

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Martha Nkya
Sophia Ottaru
Cassie Rowe
Juma Salum
Merina Shahidi
Winnie Temu
Julie Tumbo

Asanteni sana

- PEPFAR and USAID
- WRP/HJFMRI
- MoHCDGEC and RMO
- Participating health facilities
- Participating community program organizations
- GBV focal persons
- All people of the study communities who gave their time and input to the evaluation

Photo: Jarrtan Naphtal