

SASAA!



Preventing Violence Against Women and HIV



Evelyn Letiyo, Senior Program Officer

Raising Voices, Uganda
evelyn@raisingvoices.org
www.raisingvoices.org

Raising Voices

preventing violence against women & children

- Based in Uganda, working in the Horn, East and Southern Africa
- Translates ideas into practical methodologies
- Helps organizations use methodologies through technical support, learning center
- Increase interest and skills in prevention through GBV Prevention Network
- Broader advocacy for violence prevention



What is SASA!?

New *Activist Kit* for mobilizing communities to prevent violence against women and HIV. Organized into four phases to influence community norms:

- **S**tart: foster the power within ourselves to address VAW and HIV
- **A**wareness: encourage discourse on men's use of power over women and the community's silence about it
- **S**upport: help individuals and groups join power with others to give support to women, men, activists
- **A**ction: encourage community members to use their power to prevent VAW and HIV



Why was SASA! created?

- Need for engendering HIV prevention approaches
- Long-term, systematic programming challenging for NGOs to design
- Urgent need for approaches that move beyond traditional VAW and HIV programming to focus on root issues: power imbalances



Systematically Tracking Process and Progress

Specific intended outcomes developed for each phase. Indicators for each phase to monitor progress/impact.

- **Start:** Knowledge and Attitude
(staff/activists)
- **Awareness:** Knowledge and Attitude
(community)
- **Support:** Skills
- **Action:** Behaviors



Programmatic Monitoring

Developing new tools to help non-researchers meaningfully track progress and impact.

- Rapid Assessment Survey
- Outcome Tracking Form



Also: timelines, chapati diagrams, pre and posts, FGDs, exit interviews, MSC, case studies

The SASA! Study

Generating evidence to further understand the impact of the SASA! approach



Bringing activists and researchers together

- Raising Voices
- London School of Hygiene & Tropical Medicine, Gender, Violence & Health Centre
- Center for Domestic Violence Prevention (CEDOVIP)
- Makerere University, School of Medicine
- Funded by Irish Aid



The SASA! Study (cont.)

Explores perception and experiences of power, gender inequalities, rights, VAW, HIV/AIDS, and activism

Rubaga and Makindye Divisions of Kampala District

Eight sites (separated by geographical buffer) selected as eligible for intervention

Sites: 4 intervention;
4 control



Study Design

- Cluster randomised trial
- One site from each pair randomly selected to receive intervention (September 2007)
- Two cross-sectional surveys (baseline and follow-up 3 years later)
- Baseline survey 1585 community members: 716 women, 865 men between 18 and 49
- Complementary programme of qualitative work, ongoing process evaluation

Study Results: Controlling behaviours by men in past 12 months

| Controlling Behaviour | INTERVENTION | | CONTROL | |
|---|--------------|--------------|--------------|--------------|
| | Women | Men | Women | Men |
| Become angry if she talked to other men | 58.1% | 46.2% | 57.9% | 45.4% |
| Insisted on knowing where she was at all times | 53.4% | 27.9% | 55.3% | 32.2% |
| Prevented her from working outside the home | 22.0% | 7.4% | 17.9% | 6.9% |
| Tried to keep her from seeing her friends | 24.6% | 12.5% | 23.8% | 13.4% |
| Done things to scare or intimidate her on purpose | 28.5% | 3.8% | 33.7% | 5.1% |
| Threatened to hurt her or someone she cares about | 13.2% | 1.6% | 17.9% | 2.1% |
| One or more of above | 75.3% | 50.3% | 75.1% | 54.3% |

Study Results: Physical & sexual IPV among ever married women

| | SASA! | DHS Kampala |
|---------------------------------|--------------|--------------------|
| Ever | | |
| Physical and/or sexual violence | 48.8% | 41.0% |
| Physical | 43.6% | 29.8% |
| Sexual | 21.6% | 24.3% |
| Past year | | |
| Physical and/or sexual violence | 30.8% | 23%-26% |



Study Results: Financial related power sharing

| In the past year male partner has: | Women | Men |
|--|-------|-------|
| Hidden money so partner wouldn't take it | 48.3% | 35.2% |
| Refused to give money to partner for household expenses, even when he had money for other things | 25.5% | 20.1% |
| Refused to allow partner to take a job for money | 21.6% | 8.1% |
| Made all of the decisions about how family finances were spent independent of her | 34.3% | 20.2% |
| Taken partner's earnings or savings against her will | 20.5% | 11.5% |

The SASA! Study: Qualitative Component

- Qualitative
 - 24 females and 24 males for in-depth interviews (half intervention and half control sites)

A woman was also created as a human being but not as a tool for use or abuse so it [violence] is injustice.

Female community member



To me being a man, I understand that it means having authority and being able to make your own decisions.

Male community member

Reflections

- Important to unpack gender and focus on power imbalances between women and men to effectively address VAW and linkage to HIV/AIDS
- Meaningful change requires time, we must get better at learning what milestones along the way demonstrate progress toward ultimate goal



Reflections (cont.)

- Simple and practical M&E tools can be used by grassroots NGOs to monitor quality and programming. M&E must move beyond number counting to tracking change in knowledge, attitudes, skills and behavior
- Challenging to use RCT design on structural intervention that is based on community diffusion
- Research/rigorous evaluation of systematic prevention efforts is essential if we are to replicate promising approaches





Thank you!