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Tathmini GBV

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

Presentation of study findings

**16 September 2015
SVRI Forum**

Stellenbosch, South Africa

Project SEARCH: 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 2015



Photo: Jarrtan Naphtal

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

WRP/HJFMRI GBV program interventions

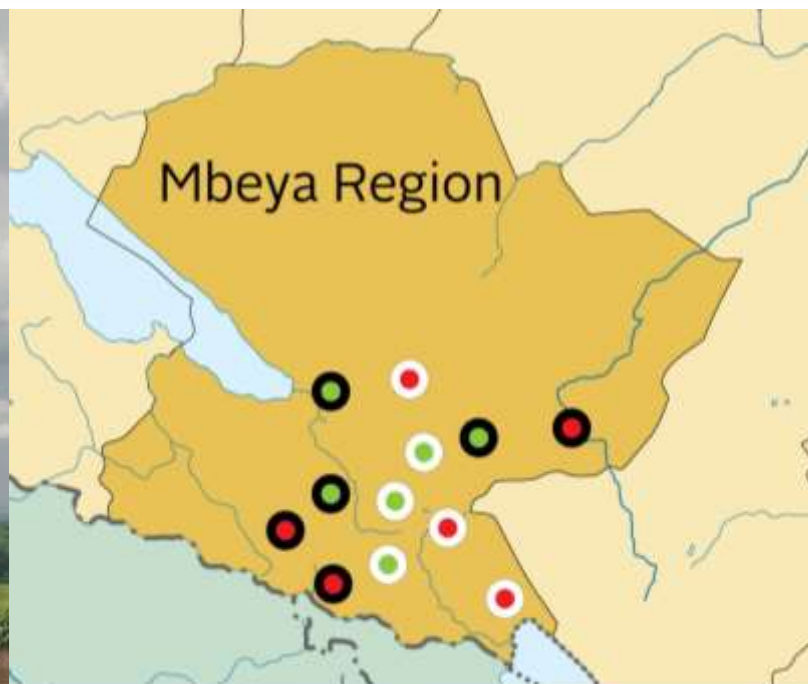
1. Strengthening GBV services at health facilities
2. Community sensitization
 - Awareness raising events, “AMKA SASA”
 - Small group education
 - Couple communications skills building
 - Door-to-door education



Photo: Jarrtan Naphtal

3. Creation and facilitation of local GBV coordination committees
4. Linkages between communities and health facilities

Tathmini GBV study design and sites



Intervention Clusters

Immediate rollout of GBV interventions



1. Tukuyu District Hospital
2. Kyela District Hospital
3. Chunya District Hospital



4. Ilembo Health Centre
5. Mwakaleli Health Centre
6. Ibaba Health Centre

Control Clusters

Rollout of GBV interventions delayed by 16 months



1. Vwawa District Hospital
2. Mbarali District Hospital
3. Itumba District Hospital



4. Iyula Health Centre
5. Inyala Health Centre
6. Mbuyuni Health Centre

Photo: Jarrtan Naphtal



Data components

- **Facility record review of GBV service delivery and utilization:** GBV register
- **Health facility assessments:** Interviews with facility managers and providers; facility observation checklist
- **Household survey:** 1,299 women ages 15–49 interviewed in study communities at baseline
- **Community interviews:** Participants of the community program, GBV coordination committees, and community leaders
- **Program implementation assessment:** Interviews with WRP/HJFMRI GBV program managers and implementers

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)

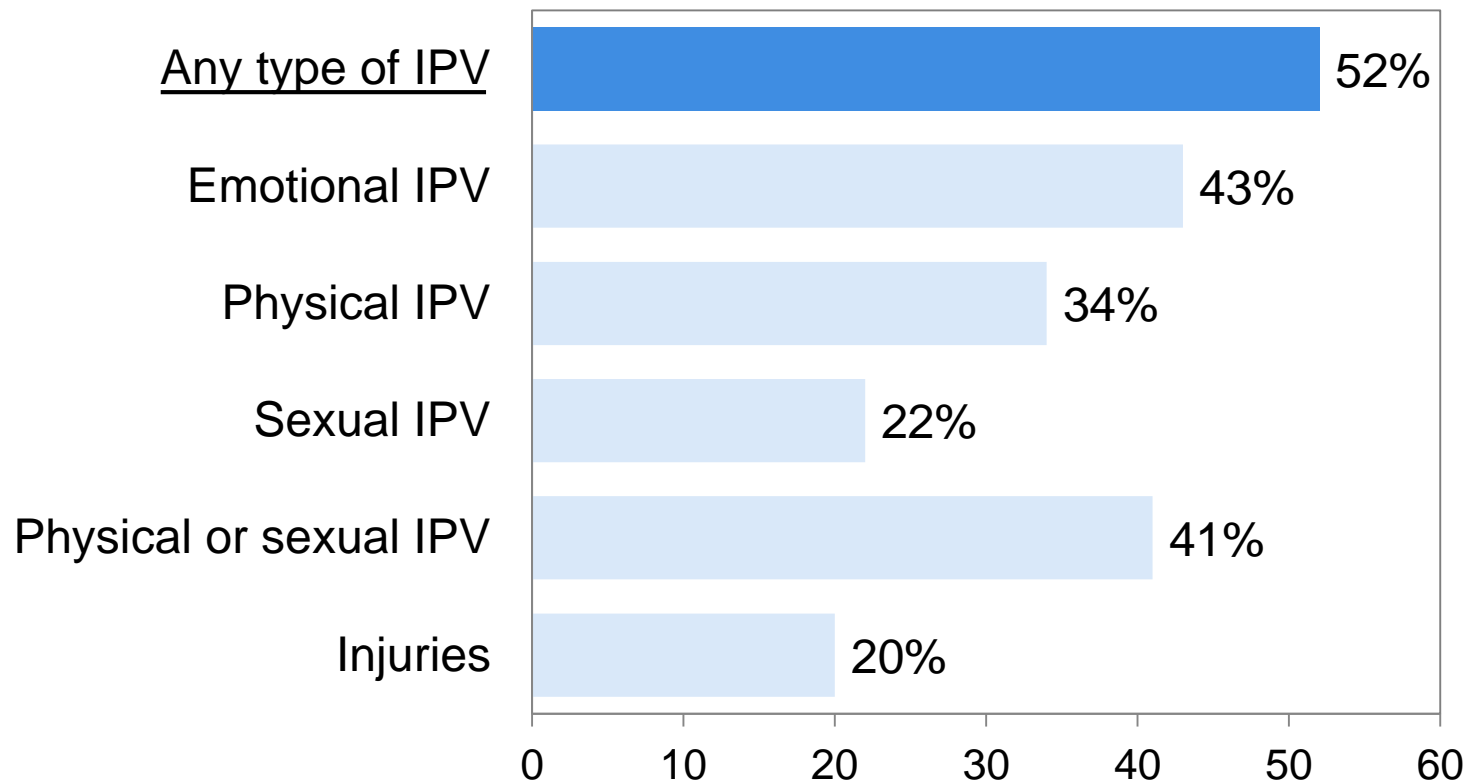




Photo: Jarrtan Naphtal

Did the comprehensive GBV program lead to increased care for survivors?

Strengthening GBV services at health facilities

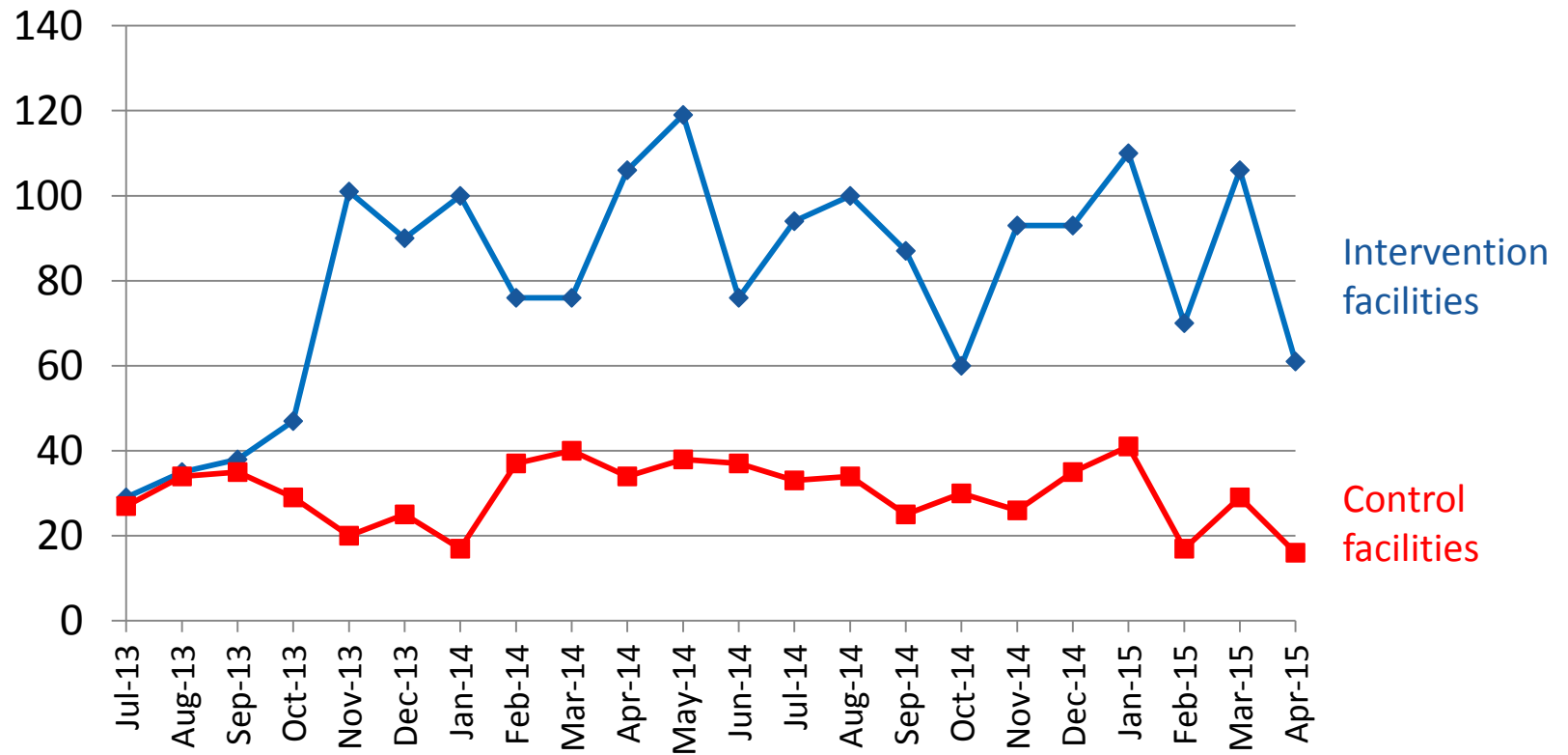
- Service capacity at intervention sites improved

	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

Number of GBV client visits



GBV client visits during evaluation period

From January 2014 – April 2015:

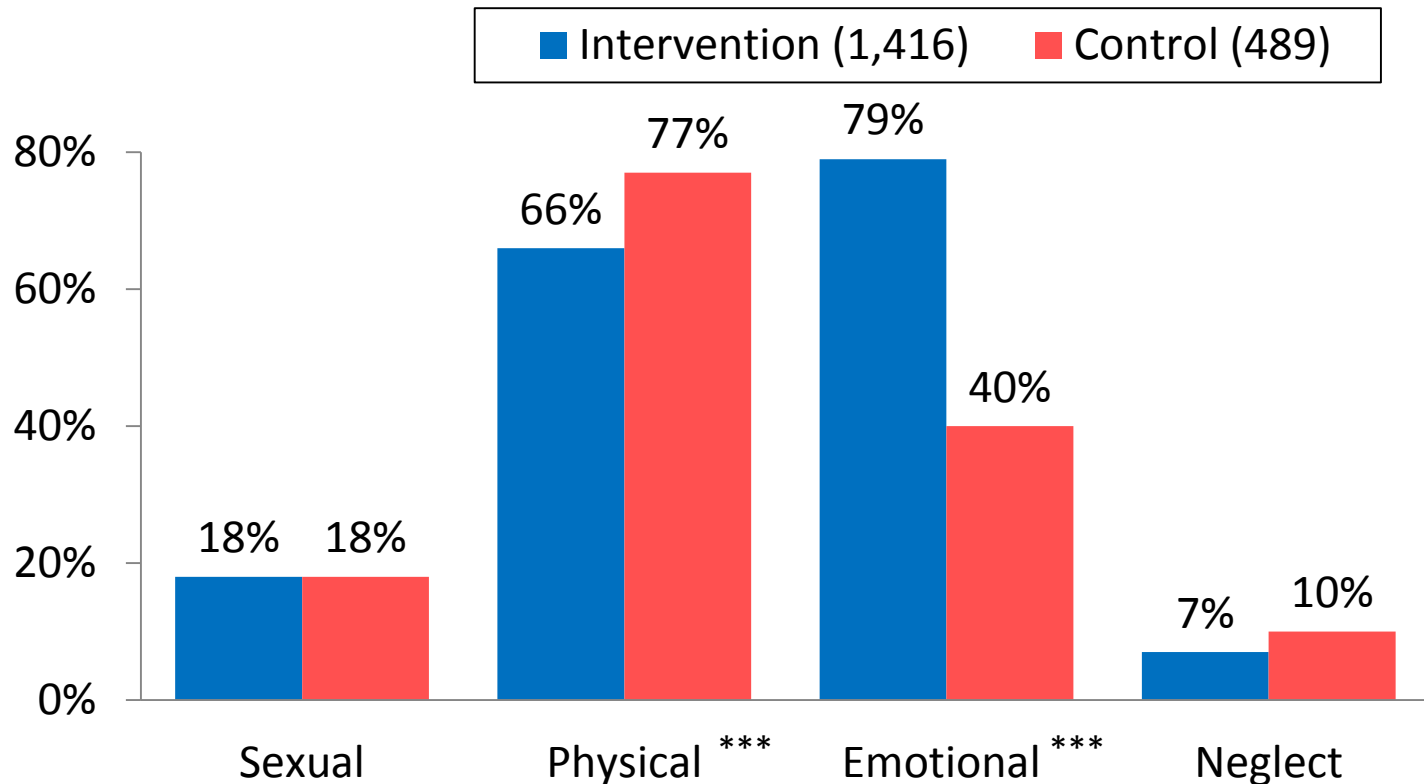
- 1,916 visits related to GBV were recorded
 - 1,427 visits at the six intervention facilities
 - 489 visits at the six control facilities



Photo: Jarrtan Naphtal

Types of GBV assessed by providers

Percentage of GBV client visits: January 2014 – April 2015



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



Sex and marital status of GBV clients

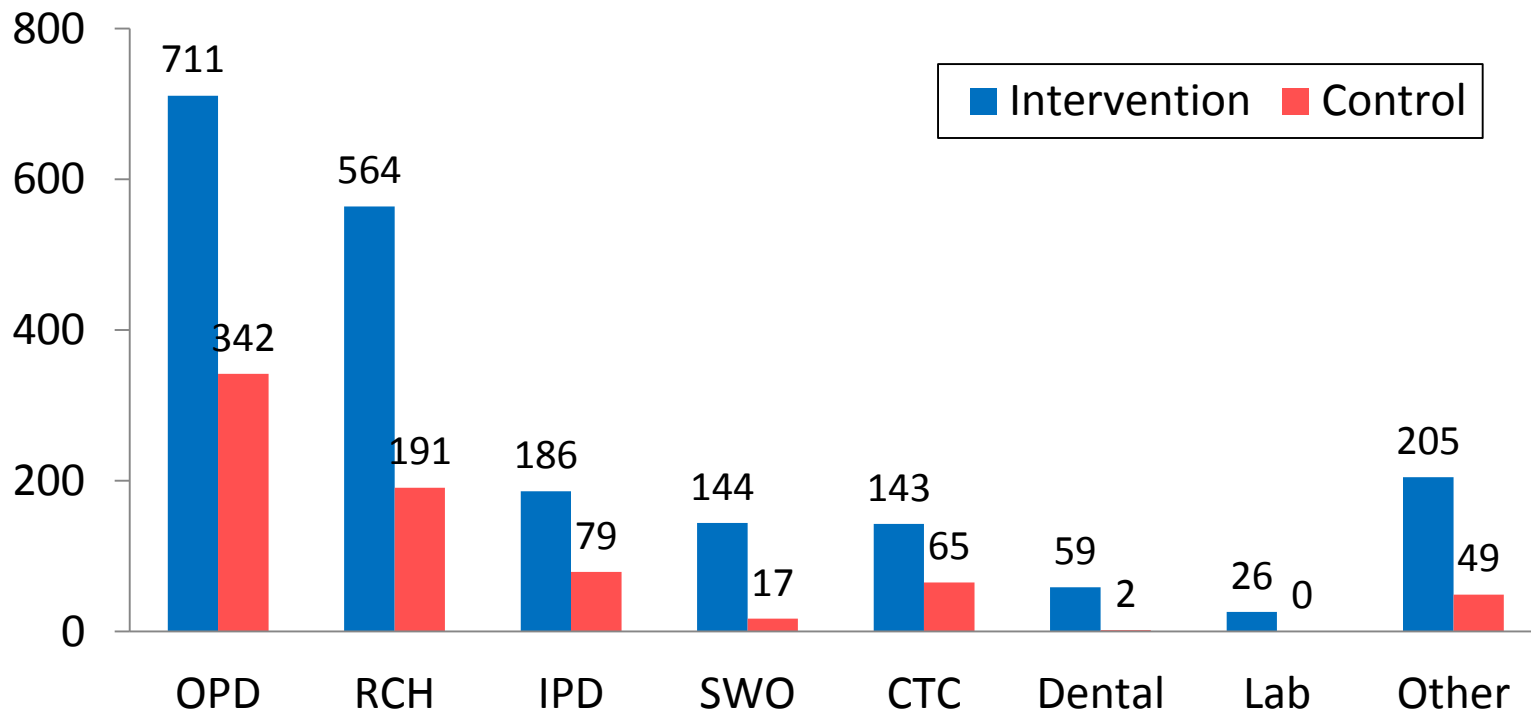
- Females made up 87% of client visits at intervention facilities and 94% at control facilities
- Marital status of clients at intervention and control facilities was similar
 - 64% of clients were married
 - 10% were single
 - 8% were widowed, divorced, or separated
 - 18% were under age 18

Age of GBV clients

- GBV clients were of all ages
 - Youngest age was less than one year, oldest was 90 years
 - Most were in their 20s and 30s
- Clients at the intervention facilities were older than those at the control facilities (mean age of 28.5 versus 26.8 years)
- Sexual violence clients were younger than clients not assessed as having experienced sexual violence (mean age of 20.2 versus 29.8 years)

Departments where GBV services were provided*

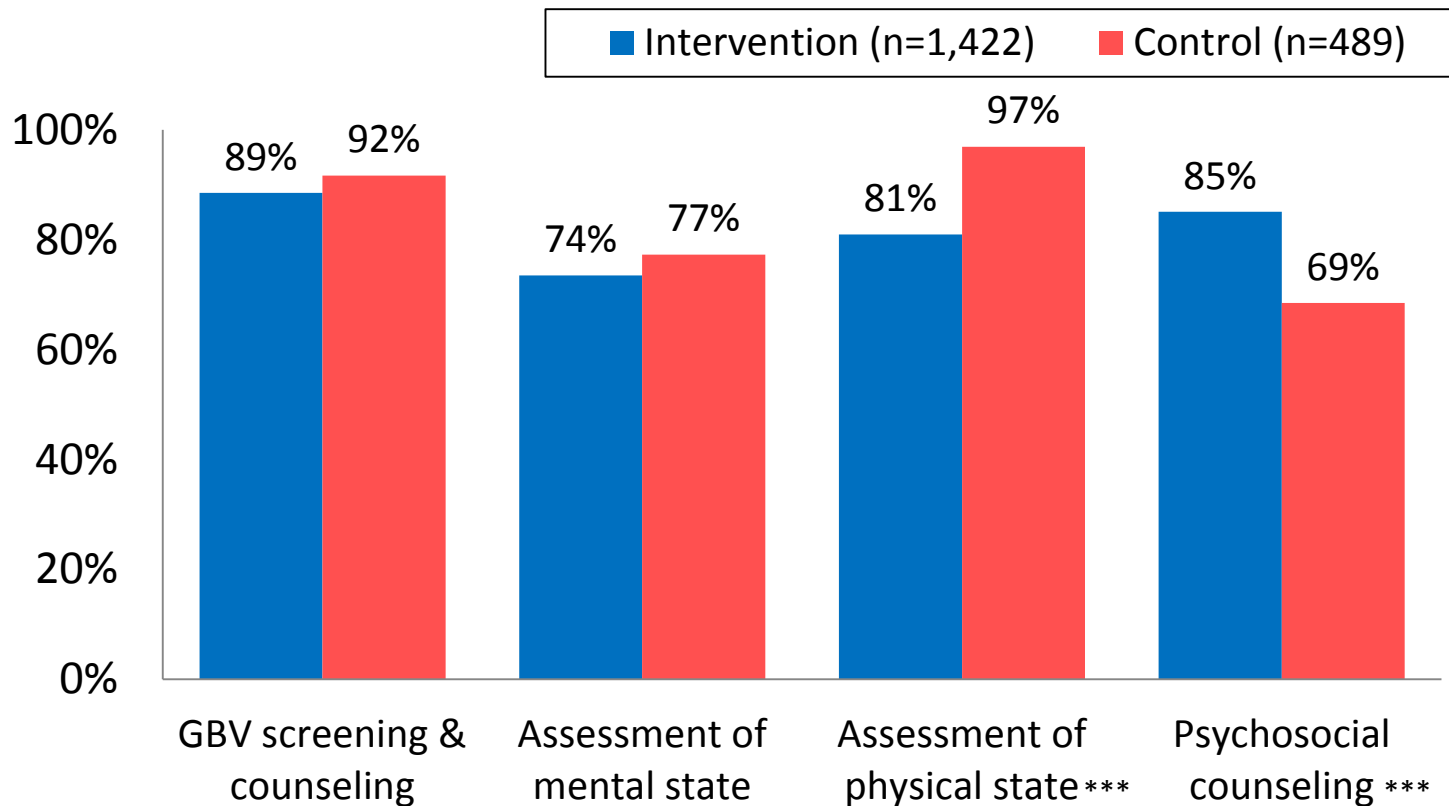
Number of GBV client visits: January 2014 – April 2015



* Some clients were seen in more than one department. Counts include departments to which clients were referred.

Assessments and counseling

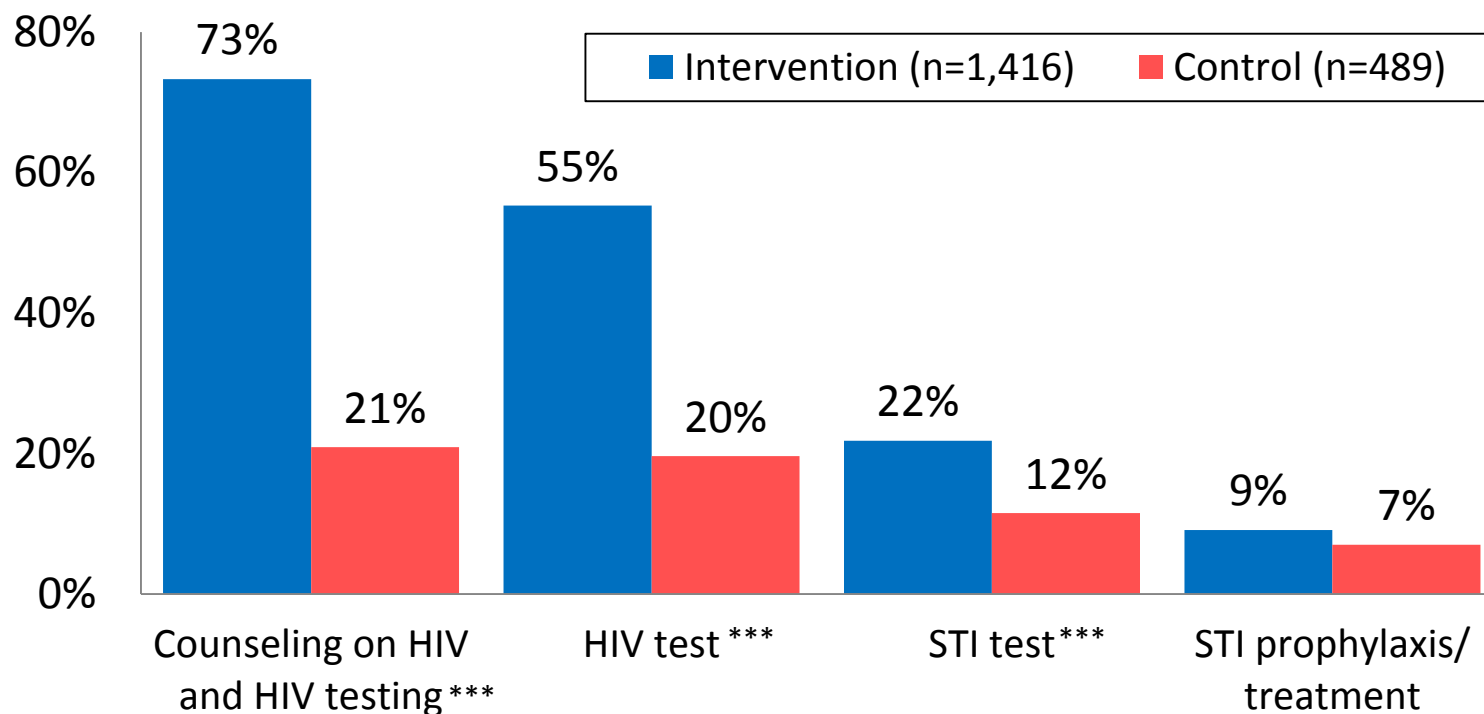
Percentage of visits where service was provided



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

HIV and other STIs

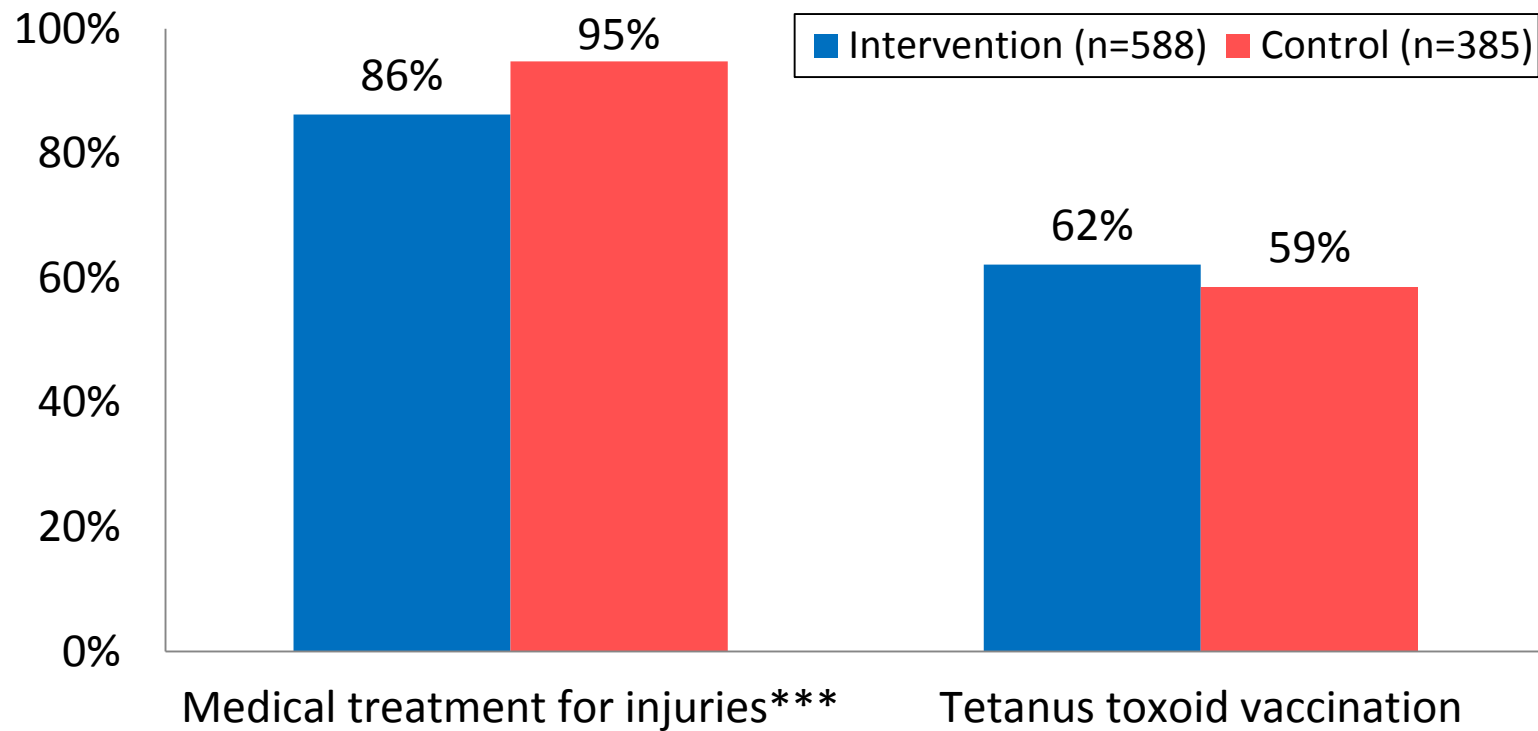
Percentage of visits where service was provided



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

Treatment for injuries

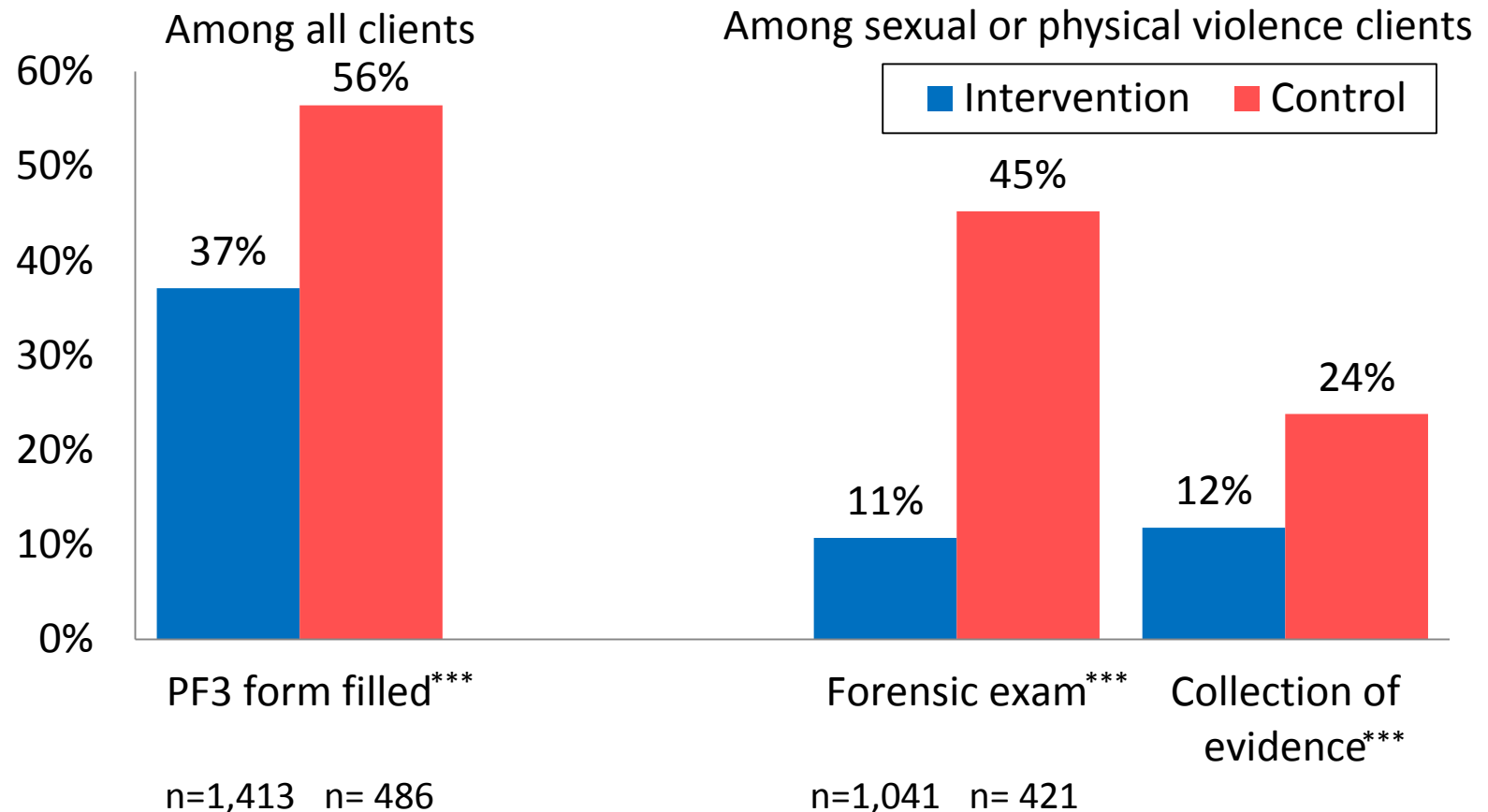
Percentage of visits where service was provided (among physical violence clients with injuries or sexual violence clients)



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

Police report and forensics

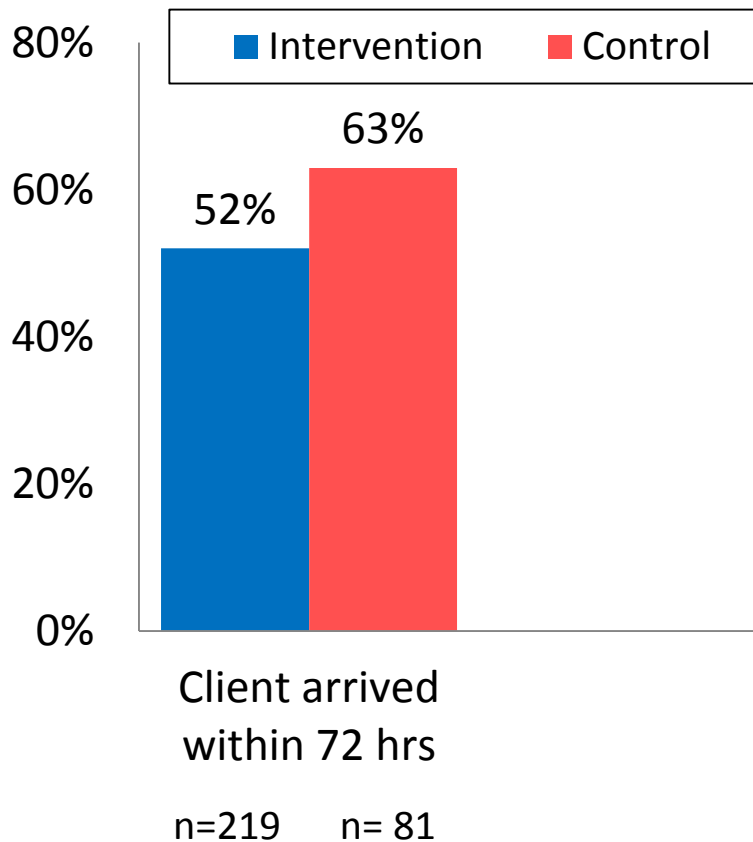
Percentage of visits where service was provided



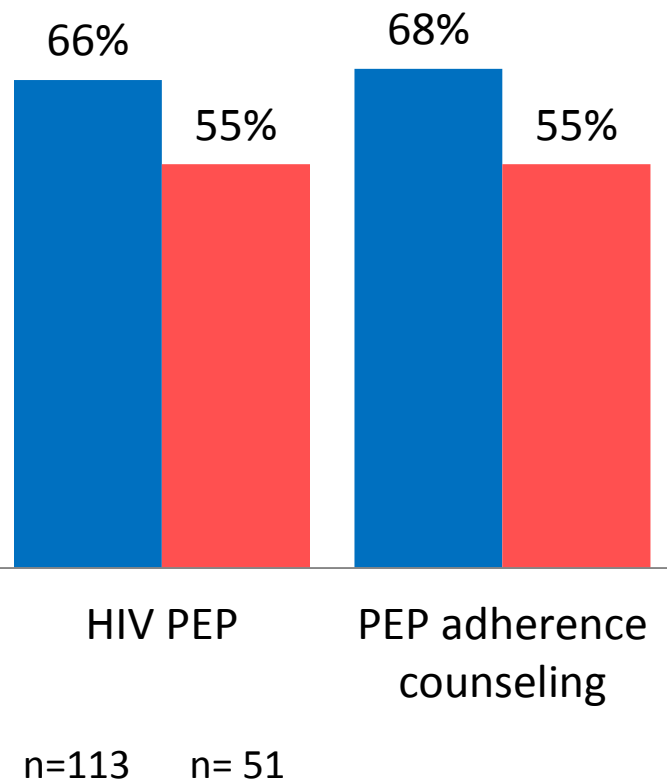
*** difference between intervention and control is statistically significant at $p < .001$

HIV postexposure prophylaxis (PEP)

Percentage of visits (among sexual violence clients)

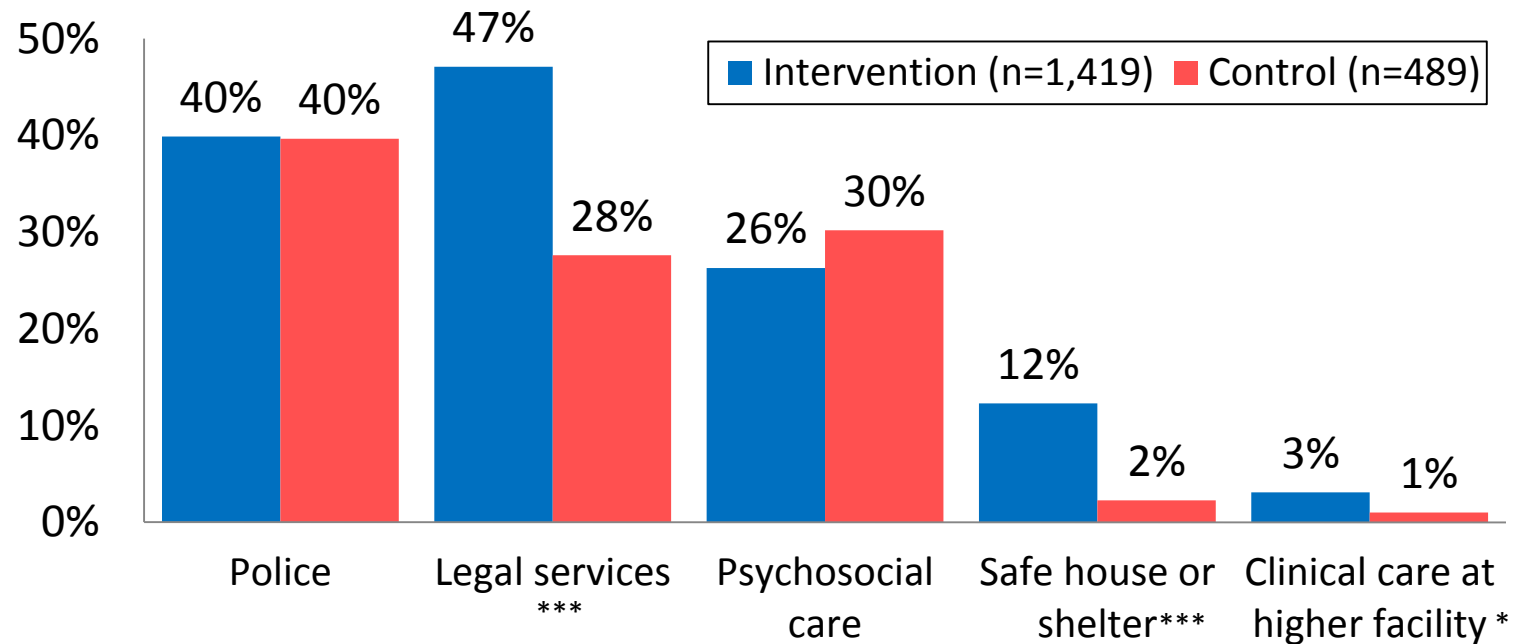


Percentage of visits where service was provided (among sexual violence clients who arrived within 72 hrs)



Referrals made to services outside the facility

Percentage of visits where referral was made



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

* difference between intervention and control is statistically significant at $p < .05$



Factors that may have facilitated services access

Based on community program participant perspectives:

- Acknowledgement of GBV and the need for health care
- Knowledge that GBV health services are available
- Understanding the need for urgency of health care for sexual violence survivors
- Community leaders promoting the use of GBV health services
- Peer educators and program participants escorting GBV survivors to the health facility



Recommendations

From health facility managers and providers:

- Train service providers and facility managers on GBV
- Add service providers, provide staff incentives
- Educate communities about GBV
- Equip the facilities

From Tathmini GBV:

- Strengthen management, supervision within facilities
- Prioritize strengthening services in departments with highest GBV client volumes
- Strengthen linkages between health and other GBV services

Tathmini GBV team

Core team

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Asanteni sana

- PEPFAR and USAID
- WRP/HJFMRI
- MoHSW at national and regional levels, 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: Jarritan Naphtal