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
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

<table>
<thead>
<tr>
<th>Controlling Behaviour</th>
<th>Intervention Women</th>
<th>Intervention Men</th>
<th>Control Women</th>
<th>Control Men</th>
</tr>
</thead>
<tbody>
<tr>
<td>Become angry if she talked to other men</td>
<td>58.1%</td>
<td>46.2%</td>
<td>57.9%</td>
<td>45.4%</td>
</tr>
<tr>
<td>Insisted on knowing where she was at all times</td>
<td>53.4%</td>
<td>27.9%</td>
<td>55.3%</td>
<td>32.2%</td>
</tr>
<tr>
<td>Prevented her from working outside the home</td>
<td>22.0%</td>
<td>7.4%</td>
<td>17.9%</td>
<td>6.9%</td>
</tr>
<tr>
<td>Tried to keep her from seeing her friends</td>
<td>24.6%</td>
<td>12.5%</td>
<td>23.8%</td>
<td>13.4%</td>
</tr>
<tr>
<td>Done things to scare or intimidate her on purpose</td>
<td>28.5%</td>
<td>3.8%</td>
<td>33.7%</td>
<td>5.1%</td>
</tr>
<tr>
<td>Threatened to hurt her or someone she cares about</td>
<td>13.2%</td>
<td>1.6%</td>
<td>17.9%</td>
<td>2.1%</td>
</tr>
<tr>
<td><strong>One or more of above</strong></td>
<td><strong>75.3%</strong></td>
<td><strong>50.3%</strong></td>
<td><strong>75.1%</strong></td>
<td><strong>54.3%</strong></td>
</tr>
</tbody>
</table>
## Study Results: Physical & sexual IPV among ever married women

<table>
<thead>
<tr>
<th></th>
<th>SASA!</th>
<th>DHS Kampala</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ever</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical and/or sexual violence</td>
<td>48.8%</td>
<td>41.0%</td>
</tr>
<tr>
<td>Physical</td>
<td>43.6%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Sexual</td>
<td>21.6%</td>
<td>24.3%</td>
</tr>
<tr>
<td><strong>Past year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical and/or sexual violence</td>
<td>30.8%</td>
<td>23%-26%</td>
</tr>
</tbody>
</table>
## Study Results: Financial related power sharing

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