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
PEPFAR Tanzania GBV program model

<table>
<thead>
<tr>
<th>Facility-based services for GBV survivors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility-based screening and referral</td>
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<tr>
<td>Clinic and community outreach</td>
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<tr>
<td>Community-based prevention activities</td>
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<td>Referrals to/from psychosocial support, legal services, and safe houses</td>
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**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
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 local GBV coordination committees

4. Linkages between communities and health facilities
Tathmini GBV study design and sites

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)

- Any type of IPV: 52%
- Emotional IPV: 43%
- Physical IPV: 34%
- Sexual IPV: 22%
- Physical or sexual IPV: 41%
- Injuries: 20%

Tathmini GBV baseline household survey, 2013
Did the comprehensive GBV program lead to increased care for survivors?

Photo: Jarrtan Naphtal
## Strengthening GBV services at health facilities

- Service capacity at intervention sites improved

<table>
<thead>
<tr>
<th></th>
<th>Intervention facilities (n=6)</th>
<th>Control facilities (n=6)</th>
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<tbody>
<tr>
<td></td>
<td>Baseline</td>
<td>Endline</td>
</tr>
<tr>
<td>Number of providers trained in the national GBV curriculum</td>
<td>0</td>
<td>76</td>
</tr>
<tr>
<td>Mean number (and S.E.) of essential supplies observed in <strong>OPD departments</strong> (out of 34 items)</td>
<td>8.3 (1.0)</td>
<td>18.3** (1.1)</td>
</tr>
<tr>
<td>Mean number of essential supplies observed in <strong>RCH departments</strong> (out of 34 items)</td>
<td>10.2 (1.0)</td>
<td>16.5** (0.6)</td>
</tr>
</tbody>
</table>

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

Number of GBV client visits

- Intervention facilities
- Control facilities
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
Types of GBV assessed by providers

Percentage of GBV client visits: January 2014 – April 2015

- Sexual: Intervention (1,416) 18%, Control (489) 18%
- Physical: Intervention (1,416) 66%, Control (489) 77%
- Emotional: Intervention (1,416) 79%, Control (489) 40%
- Neglect: Intervention (1,416) 7%, Control (489) 10%

*** 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*

* 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

- GBV screening & counseling: Intervention 89%, Control 92%
- Assessment of mental state: Intervention 74%, Control 77%
- Assessment of physical state: Intervention 81%, Control 97%
- Psychosocial counseling: Intervention 85%, Control 69%

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

Percentage of visits where service was provided

- **Counseling on HIV and HIV testing***: 73% (Intervention) vs. 21% (Control)
- **HIV test***: 55% (Intervention) vs. 20% (Control)
- **STI test***: 22% (Intervention) vs. 12% (Control)
- **STI prophylaxis/treatment**: 9% (Intervention) vs. 7% (Control)

*** 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)

- Medical treatment for injuries: 86% (Intervention) vs. 95% (Control), ***difference is statistically significant at p<.001
- Tetanus toxoid vaccination: 62% (Intervention) vs. 59% (Control)
Police report and forensics

Percentage of visits where service was provided

Among all clients
- PF3 form filled: 37% (n=1,413), 56% (n=486)
- Forensic exam: 11% (n=1,041), 45% (n=421)
- Collection of evidence: 12% (n=1,041), 24% (n=421)

Among sexual or physical violence clients
- PF3 form filled: 56%
- Forensic exam: 45%
- Collection of evidence: 24%

*** difference between intervention and control is statistically significant at p<.001
HIV postexposure prophylaxis (PEP)

Percentage of visits (among sexual violence clients)

- Client arrived within 72 hrs: 52% (Intervention), 63% (Control)
- HIV PEP: 66% (Intervention), 55% (Control)
- PEP adherence counseling: 68% (Intervention), 55% (Control)

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

- Intervention: n=219, Control: n=81
- HIV PEP: Intervention: n=113, Control: n=51
Referrals made to services outside the facility

Percentage of visits where referral was made

- Police: 40% (Intervention), 40% (Control)
- Legal services: 47% (Intervention), 28% (Control)
- Psychosocial care: 26% (Intervention), 30% (Control)
- Safe house or shelter: 12% (Intervention), 2% (Control)
- Clinical care at higher facility: 3% (Intervention), 1% (Control)

*** 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
<table>
<thead>
<tr>
<th>Core team</th>
<th>Assistants</th>
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<tbody>
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<td>Susan Settergren, Project Director</td>
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<td>Lusajo Kajula</td>
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<td>Deus Kajuna</td>
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<td>Wasima Rida</td>
<td>Winnie Temu</td>
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Awema Hassan  
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Stella John  
Rebecca Kalikawe  
Angela Kapinga  
Julieth Lyimo  
Anitha Mapunda  
Duncan Mgati
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: Jarrtan Naphtal