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The SASA! Approach

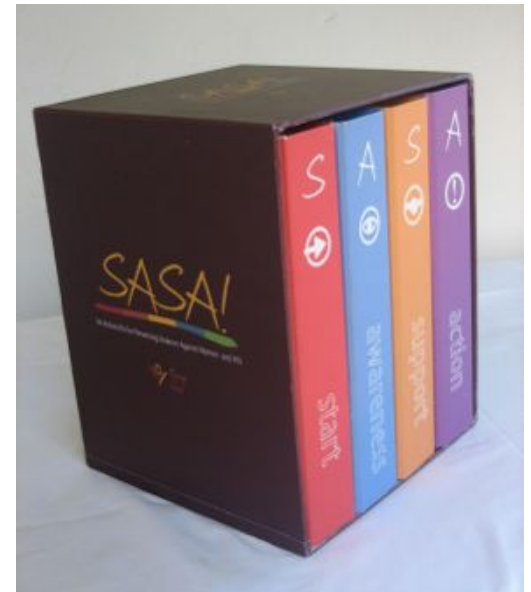
A community mobilization approach for preventing VAW and HIV

Longer-term, intense community engagement

Documented in an *Activist Kit*

Three key elements:

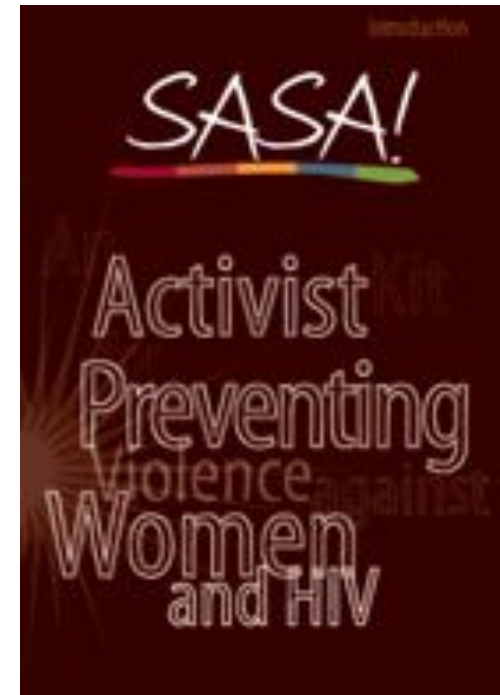
- Process
- Structure
- Content



1. Process of SASA!

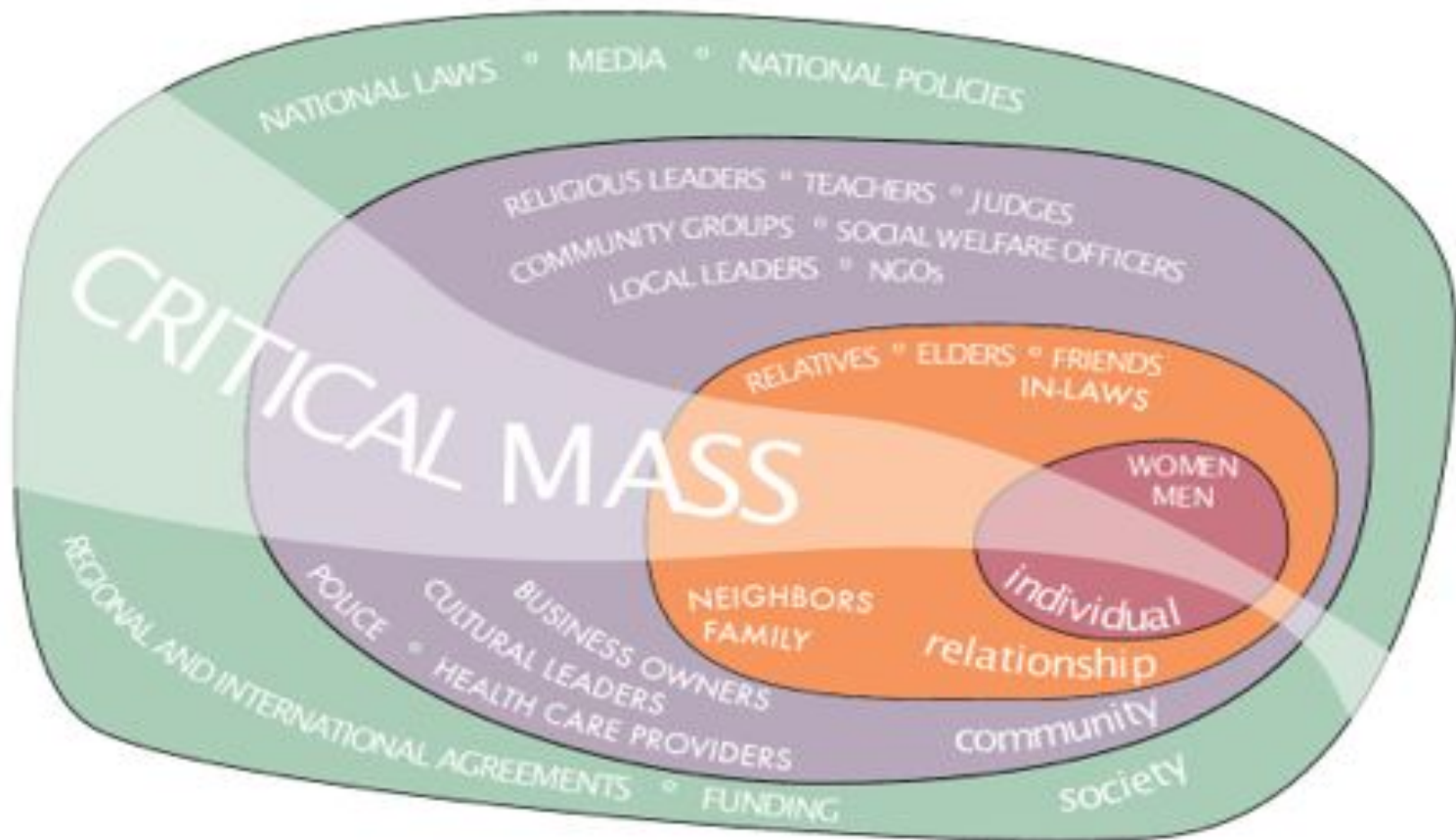
Scaling up individual 'Stages of Change' to *phases* of community mobilization

- **Start** (*pre-contemplation*)
 - knowledge
- **Awareness** (*contemplation*)
 - knowledge and attitudes
- **Support** (*preparing for action*)
 - skills
- **Action** (*action and maintenance*)
 - behaviors



2. Structure of SASA!

the Ecological Model's Circles of Influence



SASA! Strategies

Activities to reach out to all levels in the community to affect social norm change

- Local Activism
- Media and Advocacy
- Communication Materials
- Training

Content evolves with each phase

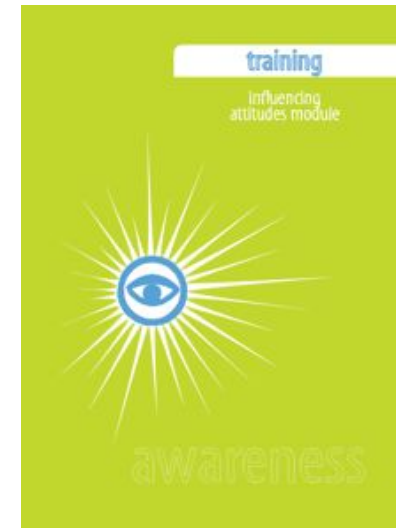


Lead by example.
Make a difference.

Be a role model in your community. Encourage others to do the same.

Leaders like you—
police officers,
health care providers,
religious and cultural leaders,
community workers,
and others—
give a significant role in promoting violence against women and its consequences in the world. You can be a leader within the community. Your beliefs and behaviors influence others. By taking action to prevent violence against women and its consequences, you can show others the way and inspire them to do the same.

You can act!
By taking action to promote violence against women and its consequences, you will send the message to the community that violence against women and its consequences are unacceptable. You will show community members that the Behavioral Change Communication (BCC) materials cannot be ignored and will be a catalyst for taking action against violence against women and its consequences. You can be a leader in the promotion of violence against women and its consequences.



Health Care Provider Interview Guide

WHEN should I use this interview guide?

- Use it to guide when:
 - a female client shows signs of possible physical violence, such as cuts, bumps or bruises, or bruising in the genital area
 - a female client shows signs of possible sexual violence, such as STIs, tear of HIV or cuts and bruising in the genital area
 - a female client shows signs of emotional or psychological violence, such as attempts to separate from a partner or seeking mental health services
 - a female client comes in for family planning services
 - if time and circumstances permit, when you have an opportunity to speak privately with any female client

WHY talk to women about violence and its consequences to HIV/AIDS?

- Violence is serious human rights violation and a worldwide public health emergency. One in three women experience violence throughout their lives.
- Violence against women can be both a cause and a consequence of HIV infection.
- Women who are abused are at greater risk for contracting HIV, and women who are HIV positive are at a greater risk for experiencing violence from their partners.
- If you don't ask your female clients questions about violence and HIV, you may not be hearing the symptoms of these problems, and not the problems themselves! This approach could save many women's lives from disease, remaining your work list.

HOW do I use this interview guide?

- First establish rapport with females, give context and warm greetings.
- Modify the questions and responses to meet your clients, clients and community.
- The questions in this interview guide are just the beginning. Follow your client's lead. The client's response to a question could lead you to ask questions at other points.

Starting a Conversation about Violence and HIV/AIDS
(adapted from 4)

Transition Statement
Before asking questions about violence, use a transition statement to make the client as ready as you are to ask sensitive questions, such as:

"I always ask the following questions because some women are in relationships where they don't feel safe."

Questions
Use the following questions to guide your conversation:

1. In your partner's eyes that you are here for consent?
2. If you had your partner that you consent to this service, do you think it would be enough or respectful?
3. Do you have any physical force you feel your partner ever stopping his/her, punched, kicked or threatened you?
4. Do you have any sexual force you feel your partner?



3. Content of *SASA!*

Addressing a core driver of VAW/HIV

- Power within (*start*)
- Power over (*awareness*)
- Power with (*support*)
- Power to (*action*)



Power Concepts in Action



Rationale: Why this mix?

■ Process: Phases

- Made assumptions about levels of knowledge → confusion and backlash
- Tendency to begin with action → shallow, reactionary, temporary change
- Getting stuck in chronic awareness raising

■ Structure: Ecological Model/Circles of Influence

- Tended to work with small groups only
- Institutions people rely on and leaders unsupportive
- Needed to generate more momentum
- Inclusive, avoids silos ('engaging men') → social change requires everyone


■ Content: Power

- Get stuck on manifestations of violence
- Difficult to get to core drivers
- Need 'regular' language, not NGO jargon (equality, gender, rights, etc)

Monitoring: Making it manageable and measurable

The challenge: assessing community wide change on complex issue

- Developed tools for activist organizations: monitor process and impact
- Three key 'indicators' for each phase: knowledge, attitude, skills, behaviors
- Helps programmatic focus, activity development, monitoring
- VERY hard to narrow down to three – still not sure it's 'right'!



Outcome Tracking Tool

Date: _____ Activity: _____ Strategy: _____ Community: _____

	Negative Statements - Resistance to / disagree with SASA! Ideas	1 2 3 4 5					Positive Statements - Acceptance of / agree with SASA! Ideas
		←	←	←	←	←	
	Participants tend to say that:	Almost all participants seem resistant to / disagree with SASA! ideas	More than half of participants are resistant to / disagree with SASA! ideas	Half the participants are resistant to SASA! ideas, half are accepting of SASA! ideas	More than half of participants accept / agree with SASA! ideas	Almost all participants accept / agree with SASA! ideas	Participants tend to say that:
Knowledge	- violence against women is only physical						- violence against women may be physical, emotional, sexual, economic
	- violence against women does not have negative consequences						- violence against women has negative consequences
	- women who experience violence are not at risk for HIV and AIDS						- women who experience violence are at risk for HIV and AIDS
	Totals						

Evaluation

- Collaboration with LSHTM, CEDOVIP, Makerere University
 - cluster randomized controlled trial
 - qualitative research
 - costing study

Baseline in 2008

Follow up in 2012

Results mid-2013



Learning: What's working

- **Community-led activism**
 - Community members, leaders, service providers -- trusted, rooted
 - Avoids project mentality, increases 'stickiness', avoids 'volunteerism'
 - Person-to-person, informal, contextualized
- **Critical consciousness**
 - Systematic unpacking of complex issue
 - Intensity of engagement, over time
- **Aspirational**
 - Benefits-based approach
 - Focus on fundamental human needs/wants
- **Power**
 - Men identify
 - Accessible although in some places translation tricky
 - Highly personal and provocative yet less backlash
 - Cross-cutting into different aspects of life



More learning...

What's not working

- Focus on Gender Roles
 - Creating anger / resentment / pettiness
 - Women and men didn't want it
 - INSTEAD: kindness, valuing, respect, care/love
- Inclusion of diverse manifestations of VAW
 - More focus on IPV
 - Keep focus on power – will spin off naturally

Ongoing dilemmas

- How 'lite' can it go?
- Organizational capacities and grounding
- Current development paradigm



Thank you!

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