Prevention of Intimate Partner Violence - Stakeholders Meeting Report

Organised by
Mwanza Intervention Trials Unit (MITU)
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Context and rationale

Violence against women and girls is a major global public health and development concern. Empowering women and promoting gender equality is one of 17 Sustainable Development Goals outlined in the 2030 Agenda for Sustainable Development. Ending all forms of discrimination against women and girls, including physical and sexual violence and other forms of abuse, is not only a human right but crucial to accelerating sustainable development. The World Health Organisation (WHO) has highlighted the urgent need for evidence on effective violence prevention interventions. Rigorous data on what works to prevent violence remain scarce, although evidence is now starting to emerge. For example, the Intervention with Microfinance for AIDS & Gender Equity (IMAGE), which was developed in South Africa and combines group-based microfinance with a participatory gender and HIV training curriculum, was found, in a cluster randomized controlled trial, to reduce participants past year experience of physical and/or sexual intimate partner violence (IPV) by 55%.

The MAISHA Study aims to adapt and evaluate the approach used by IMAGE in Tanzania in reducing past year exposure to IPV. The study will assess the effect of group-based microfinance loans combined with a participatory gender training programme (the MAISHA curriculum) compared with group-based microfinance alone. In addition, the study will assess the impact of the MAISHA curriculum delivered to newly formed groups of women who are not receiving group-based microfinance loans compared with no intervention.

MAISHA is being implemented by the Tanzanian National Institute for Medical Research (NIMR), Mwanza Intervention Trials Unit (MITU) and London School of Hygiene & Tropical Medicine (LSHTM), in collaboration with the Bangladesh Rural Advancement Committee (BRAC), one of the leading microfinance organisations working in Tanzania, and EngenderHealth, an international non-profit organisation focussing on family planning, maternal health, HIV and AIDS and gender equity.

Purpose

The overall aim of the meeting was to bring together stakeholders working in the area of IPV in Tanzania. The specific objectives of the meeting were to:

1. Provide an overview of the STRIVE Research Partnership Consortium work to tackle the structural determinants of HIV.
2. Provide an overview and update on progress with the MAISHA study in Mwanza.
3. Learn about intervention programmes and research currently being implemented in Tanzania to prevent IPV.
4. Provide a forum for policy makers, programme implementers, researchers and other stakeholders to engage on the issue of IPV and agree on how to work together effectively.
Proceedings

Session 1: MAISHA, Chair: Audrey Njelekel (TACAIDS)
After the introductions, the first session was covered by MITU presentations as follows:

*STRIVE Research Partnership Consortium – Gerry Mshana, NIMR*

Strive is a multi-year DFID funded consortium comprising of:
- London School of Hygiene & Tropical Medicine (lead), Kamataka Health Promotion Trust, India
- International Centre for Research on Women, US and Asia Regional Offices
- Soul City Institute for Health and Development Communication, South Africa
- Tanzania National Institute for Medical Research / Mwanza Intervention Trials Unit, Tanzania UNDP
- Wits Reproductive Health and HIV Institute, South Africa

The objectives of the research consortium are to deepen understanding about structural drivers influencing HIV risk in different settings, improve methods for researching and evaluating structural interventions, influence policy and learn more about how to better feed the research results into policy processes and strengthen the capacity of partners to conduct research on structural interventions.

In Tanzania STRIVE has three themes:
Young people vulnerabilities focusing on;
- Transactional sex
- Economic livelihoods

Alcohol use among young people focusing on;
- Magnitude, patterns & measurement
- Drinking norms
- Advertising & packaging

Gender based violence focusing on;
- Intimate partners violence
- Norms influencing violence

*MAISHA Study: an overview– Sheila Harvey, LSHTM*

MAISHA is a mixed methods study to evaluate interventions to prevent IPV. It comprises of two cluster randomised controlled trials, a qualitative sub-study and process evaluation, an economic evaluation, and a male cross-sectional survey.

The study aims to evaluate:
1) the incremental impact on women’s experience of intimate partner violence (IPV) of adding a 10-session gender training programme delivered in 20 weeks to an existing microfinance intervention for women- **Component A**; and
2) the impact on women’s experience of IPV of a 10-session gender training programme delivered in 20 weeks for newly formed groups of women not receiving microfinance loans- **Component B**.
For both trials, women will be followed up 24 months after receiving the intervention and interviewed about their attitudes to violence, experiences of violence, health, and relationships.

**Key challenges:** Some of the key challenges experienced include, ineligible women enrolling into Component B such as, women not disclosing that they are members of microfinance loan groups so some groups had to be dropped because of concerns about high numbers of ineligible women. Another challenge was on recruitment of male partners of women in component A, as well as poor attendance in gender training sessions for the recruited men. However, further work is planned for men, IDIs and FGDs for the men who consented to take part in the study, those who participated/ didn’t participate in gender training sessions and men who took part in the pilot studies.

**Progress:** For Component A- 66 microfinance loan groups recruited and baseline survey completed (n=1021). Gender training curriculum delivered to 33 groups. For Component B- 36 groups recruited and baseline survey completed for 499 women. Gender training curriculum delivered to 6 groups (117 women). Recruitment of remaining 30 groups and baseline survey is ongoing as well as delivery of gender training curriculum. Overall the study is expected to be completed by 2019 when the last follow up for Component B women will be conducted along with the analysis then dissemination will follow.

**MAISHA Qualitative Study – Veronica Selestine, MITU**

Overall objective for the qualitative study is to understand:
- structural and socio-cultural context of the study,
- structural, socio-cultural and individual factors associated with IPV,
- how the intervention impacts the lives of the participants and their families,
- more about the risk factors that contribute to women’s vulnerability to violence and how the intervention may reduce these risks

To examine these aims four key methods are used; In-depth interviews with participants (IDIs), Focus group discussions (FGDs) with participants, Interviews with key informants (KII) and photo voices with participants. These methods will provide deeper understanding of the issues around IPV, including individuals and groups perspectives as well as text and visual data. In terms of progress on the study, so far 9 FGDs, 10 KII and 18 IDIs have already been completed, and baseline and mid-point IDIs and FGDs for component B are ongoing.

**Prevalence of intimate partner violence and abuse and associated factors among women involved in the MAISHA Study in Northwestern Tanzania – Saidi Kapiga, MITU**

A total of 66 groups were recruited for component A, 1049 women consented to join the study and 1021 were interviewed. Women who consented were interviewed face-to-face using a structured questionnaire, with responses entered directly onto a tablet computer.

Key components of the questionnaire include:
- About your household
- About you and your partner
- About your income
- About you and your health
- About your attitudes and social norms
- About your relationship
- About your childhood
- About your community
Some preliminary results on prevalence of IPV and abuse and associated factors among women involved in MAISHA Study in Mwanza were presented and currently the paper is being developed and once submitted it will be shared with the stakeholders. The impact of the intervention will be assessed through a face-to-face interview during a follow-up survey to be conducted in 2017, approximately 29-30 months after randomization.

Session 2: Presentations on IPV intervention programmes and research being conducted in Tanzania, Chair: Saidi Kapiga (MITU)

Presentation 1: Tathmini GBV Study: Overview
Stella Mujaya (The Palladium Group)

The study is an Evaluation of the Impact of Comprehensive Gender-based Violence (GBV) Programming in Mbeya, Tanzania and is being implemented in partnership with MUHAS, Pangaea Global AIDS and Population Council. The GBV interventions being evaluated are strengthening GBV services at health facilities, community sensitization, awareness raising events “AMKA SASA”, small group education, couple communications skills building, door-to-door education, creation and facilitation of GBV coordination committees as well as linkages between communities and health facilities. The evaluation is complete and the data are currently being analysed.

Presentation 2: Microfinance and Health Vijana Vijiweni II (VV2) Study Overview
Mrema Kilonzo (Muhimbili College of Health and Allied Sciences)

“Vijana-Vijiweni 2” aims to evaluate the efficacy of microfinance and peer-health leadership intervention for HIV and IPV prevention among social networks of young men in Dar es Salaam. A cluster-randomized trial is being implemented in 60 camps, which are basically social networks of men, for entertainment, business or socializing, in Dar es Salaam and is the first trial targeting social networks of men in sub-Saharan Africa that jointly addresses HIV and IPV perpetration. The Trial aims to number and describe camps where young men at risk for HIV acquisition and transmission socialize in Dar es Salaam. The study also aims to determine whether men in camps that receive a microfinance and health leadership intervention: have a lower incidence of sexually transmitted infections and report perpetrating less physical or sexual violence against female sexual partners.

Presentation 3: SASA! Approach to prevent violence in communities by addressing the imbalance of power between women and men: Kivulini’s experience
Yassin Ally (KIVULINI Women’s Rights)

Kivulini is implementing SASA! Approach to prevent violence in communities by addressing the imbalance of power between women and men. SASA! takes a benefits-based approach to violence prevention instead of focusing on negative messages and encourages community members to think about the positive effects of balancing power in relationships between men and women. The approach also provides a link between violence against women and HIV/AIDS as it aims to inspire, enable and structure effective community mobilisation to prevent violence against women and HIV infection in women. SASA! is being by implemented
by Kivulini in the Lake Zone area by working closely with local governments, communities and partners. Kivulini has the media & advocacy strategy through which it seeks to engage local leaders, policymakers, and journalists to effect wider change in the community. Kivulini also produces communication materials such as posters, comics and infosheets which have written questions on the back as a guide for discussion with community members. Through this approach Kivulini also provide training to local leaders, police, journalists and other groups.

Presentation 4: Overview of DREAMS Initiative

Anike Akridge (USAID)

The overall aim of the project is to help girls develop into Determined, Resilient, Empowered, AIDS-free, Mentored and Safe (DREAMS) women. In Tanzania, the DREAMS Initiative is being implemented in seven districts in three regions between October 2015 and September 2017 as follows:

- **Dar es Salaam**: Temeke (Mtoni, Mbagala Kuu, Tandika, Azimio and Makangarawe)
- **Shinyanga**: Shinyanga MC, Kahama TC, Ushetu, Msalala
- **Mbeya**: Mbeya MC and Kyela

Key DREAMS strategies include vulnerable Adolescent Girls and Young Women Index-Developed and tailored to the Tanzanian context for 15-24 sub-populations, building a Movement for Adolescent Health and data driven decision-making. DREAMS also developed a tailored BCC strategy and currently finalizing DREAMS campaign messaging informed by holistic branded media. “I am a hero/courageous”- Slogan reinforcing the desired outcome for vAGYW. Also targeted at both primary and secondary audiences. DREAMS-TZ Evaluation-Incorporated a tailored outcome evaluation component and working to galvanize support of key Tanzanian leaders & icons.

**Key discussion points**

Key points from the discussions that followed the presentations:

**Alcohol and IPV**: The role of alcohol in IPV was highlighted in the discussions and the need for research in this area. It was noted that data on alcohol consumption is being collected in the MAISHA study. As part of the STRIVE Research Partnership Consortium studies, MITU and NIMR Mwanza have conducted studies to examine alcohol use in a range of populations in Mwanza and Kilimanjaro regions.

**Impact of IPV on children**: UNICEF representatives were interested in the impact of IPV on children and MAISHA study participants’ childhood experiences of violence. It was noted that analyses of the data to investigate children’s exposure to IPV and other forms of violence is ongoing in MAISHA study. Analyses to investigate risk factors for IPV, such as childhood exposure to violence, are also planned.

**Couple communication**: Delegates noted the importance of communication between couples in reducing IPV and asked whether this is being addressed in MAISHA study. It was noted that the MAISHA gender training curriculum includes a session on communication and that planned
secondary analyses of the data will investigate the impact of the MAISHA curriculum on patterns of communication between study participants and their partners.

**Adolescent HIV testing:** UNICEF representatives were keen to learn about the DREAMS Initiative’s experiences of testing adolescents for HIV as they have been facing some challenges as parents have to consent for them to be tested. It was noted that one of the challenges of HIV testing among adolescents is the need for parents to consent and to accompany their children to test for HIV.

**Media:** Representatives from the media encouraged both programmers and researchers to make better use of the media as a crucial tool for research uptake and knowledge sharing.

**National Plans:** Tanzania has been selected to be one of the Pathfinder countries, which is a global initiative to prevent and address violence against children and women, as a result, a National Plan of Action for Violence against Children and Women has been developed by the Ministry of Health, Community Development, Gender, Elderly and Children (MoHCDGEC) in collaboration with UNICEF and other stakeholders working in GBV. The costed plan has eight thematic areas and is expected to be presented to donors for funding in September 2016.

**GBV Forums:** There is a forum for stakeholders working in IPV/GBV to address violence against women and children led by the Reproductive and Child Health Section (RCHS) of the MoHCDGEC and chaired by the National GBV Coordinator for Tanzania. Forum members meet every quarter to share updates, experiences and future plans. Following the meeting, it was agreed that the MAISHA study team will also be represented on the forum.

**Conclusions and recommendations**

Delegates agreed that it would be useful to continue with regular meetings and to explore ways to link with other similar platforms such as the forum on GBV organised by the MoHCDGEC.

Delegates agreed it is important that information on developments with the National Plan of Action for Violence against Children and Women are shared with all stakeholders.

Meeting presentations will be shared (with the permission of presenters) with delegates as they are a good resource for informing on current work ongoing on GBV and IPV in Tanzania.