

Tathmini GBV Study: Evaluation of Comprehensive GBV Programming Delivered through the HIV Program Platform in Tanzania

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Overview



Photo: Jarrtan Naphtal

- USAID: Projects SEARCH and SOAR 2012-2017
- Palladium, Muhimbili University of Health and Allied Sciences, Pangaia Global AIDS, and Population Council
- PEPFAR GBV Initiative impact evaluation
- Mbeya region: 11% HIV prevalence among women
- Walter Reed Program/
Henry M. Jackson Foundation
Medical Research International (WRP/HJFMRI)

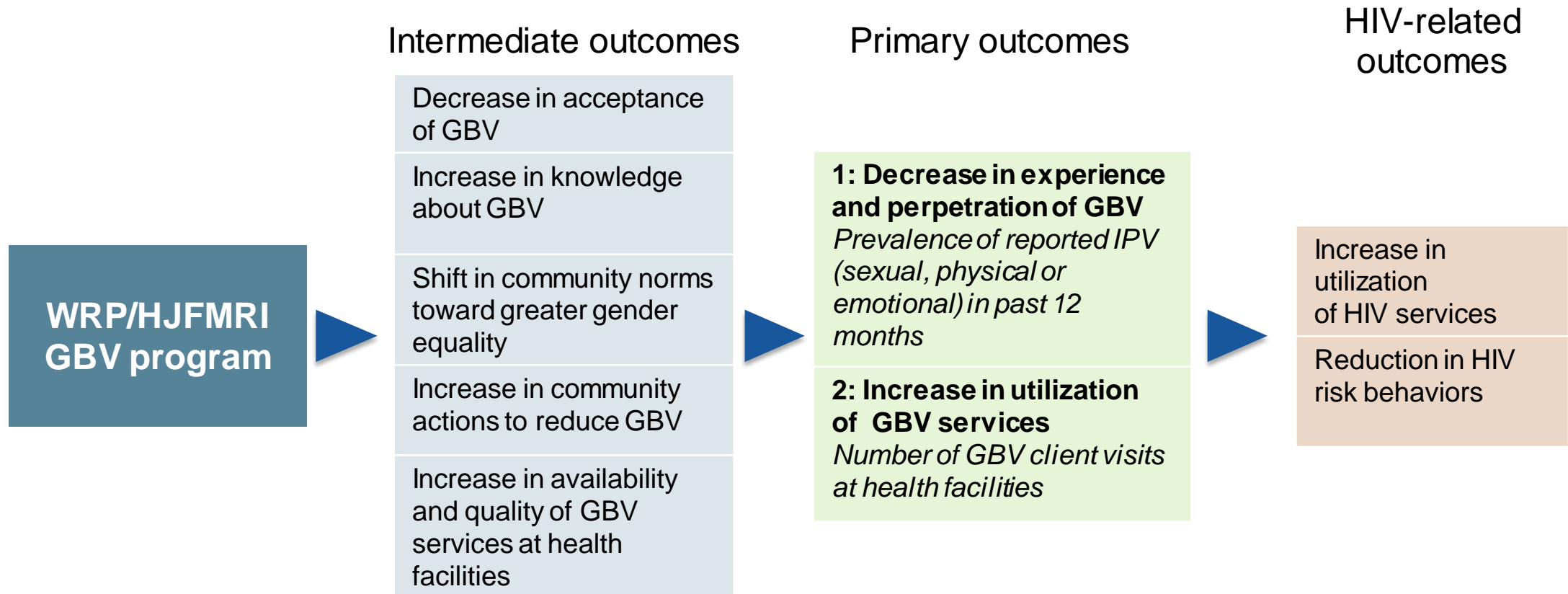
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WRP/HJFMRI comprehensive GBV program

Program component	Description
GBV service delivery improvements at public health facilities	<ul style="list-style-type: none">• Orientation for council health management teams• Health care provider training• Medical equipment and supplies• Management support + supportive supervision
Community sensitization	<ul style="list-style-type: none">• Awareness raising events within communities adapted from SASA!• Door-to-door education• Workshops with community and religious leaders
Group education	<ul style="list-style-type: none">• Based on Men As Partners curriculum• Multiple topics with a focus on gender norms• Classes with pre-established groups on a regular basis
Couples skills building	<ul style="list-style-type: none">• CoupleConnect curriculum: 14-week course• Well-respected couples in the communities invited to participate• Participants encouraged to share knowledge with and counsel others
Building linkages among services	<ul style="list-style-type: none">• Creation and facilitation of local GBV coordination committees at village, ward, district, and regional levels with membership from different sectors and aspects of community life; formal meetings at least quarterly• Referral of GBV survivors to and from health facilities and other services including police, local administrative officials, and legal services

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Conceptual model for the evaluation



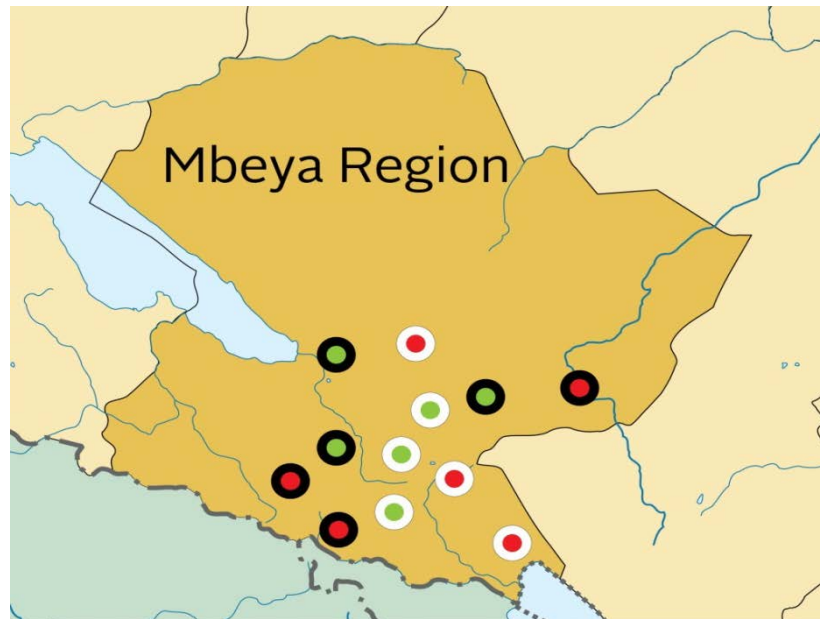
Definitions





GBV: An umbrella term for any act, omission, or conduct that is perpetrated against a person's will and that is based on socially ascribed differences (gender) between males and females.

IPV: GBV perpetrated by intimate partner

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Cluster-randomized control trial



Intervention Clusters <i>Immediate rollout of GBV interventions</i>	Control Clusters <i>Rollout of GBV interventions delayed by 18 months</i>
 1. Tukuyu District Hospital 2. Kyela District Hospital 3. Chunya District Hospital	 1. Vwawa District Hospital 2. Mbarali District Hospital 3. Itumba District Hospital
 4. Ilembo Health Centre 5. Mwakaleli Health Centre 6. Ibaba Health Centre	 4. Iyula Health Centre 5. Inyala Health Centre 6. Mbuyuni Health Centre

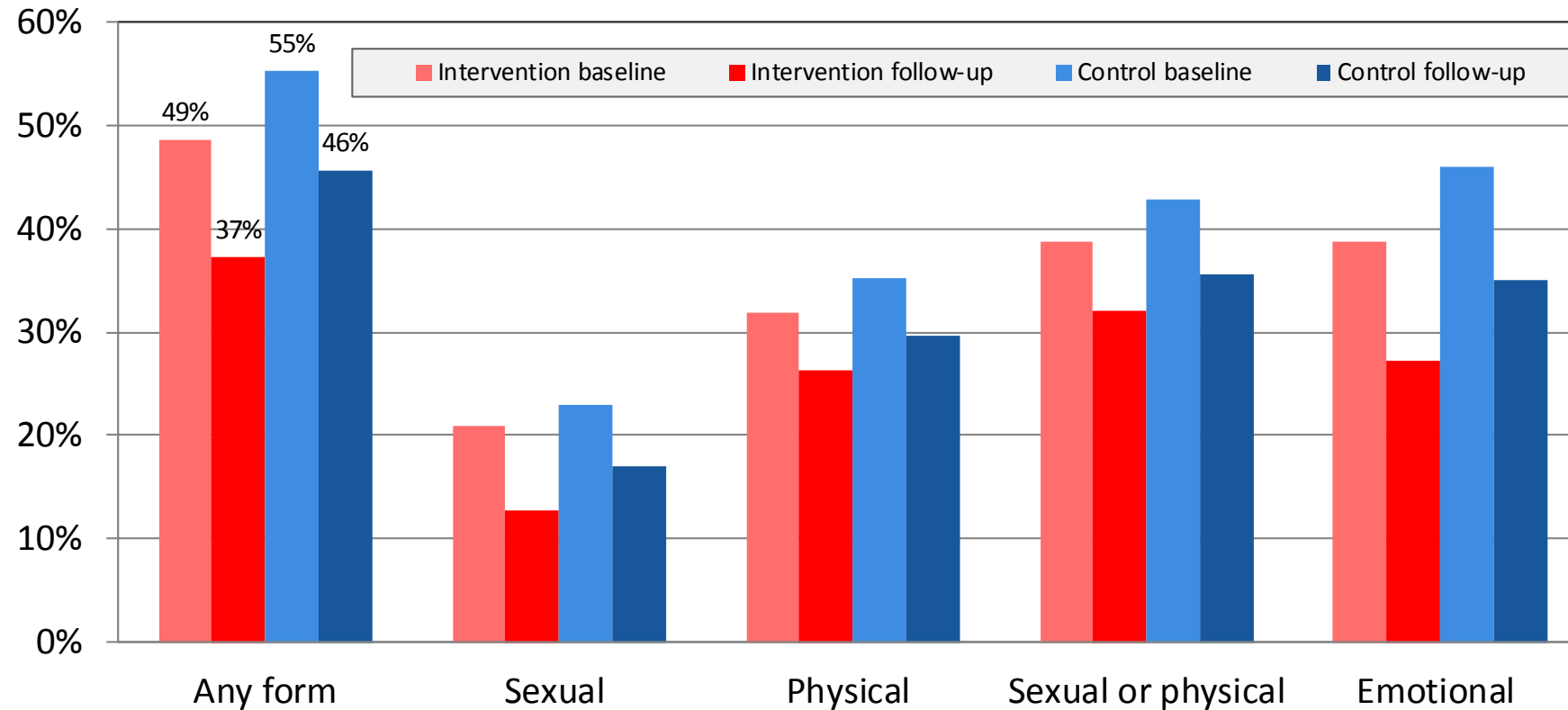
Methodology

- Household surveys
 - baseline
 - follow-up: 16 months of program implementation, 3-year time period
- Health facility GBV register
- Health facility assessment
- Community interviews
- Implementation assessment

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1: Prevalence of reported intimate partner violence

Percent of women aged 15-49 with an intimate partner who reported experience of various forms of violence from a partner in the past 12 months



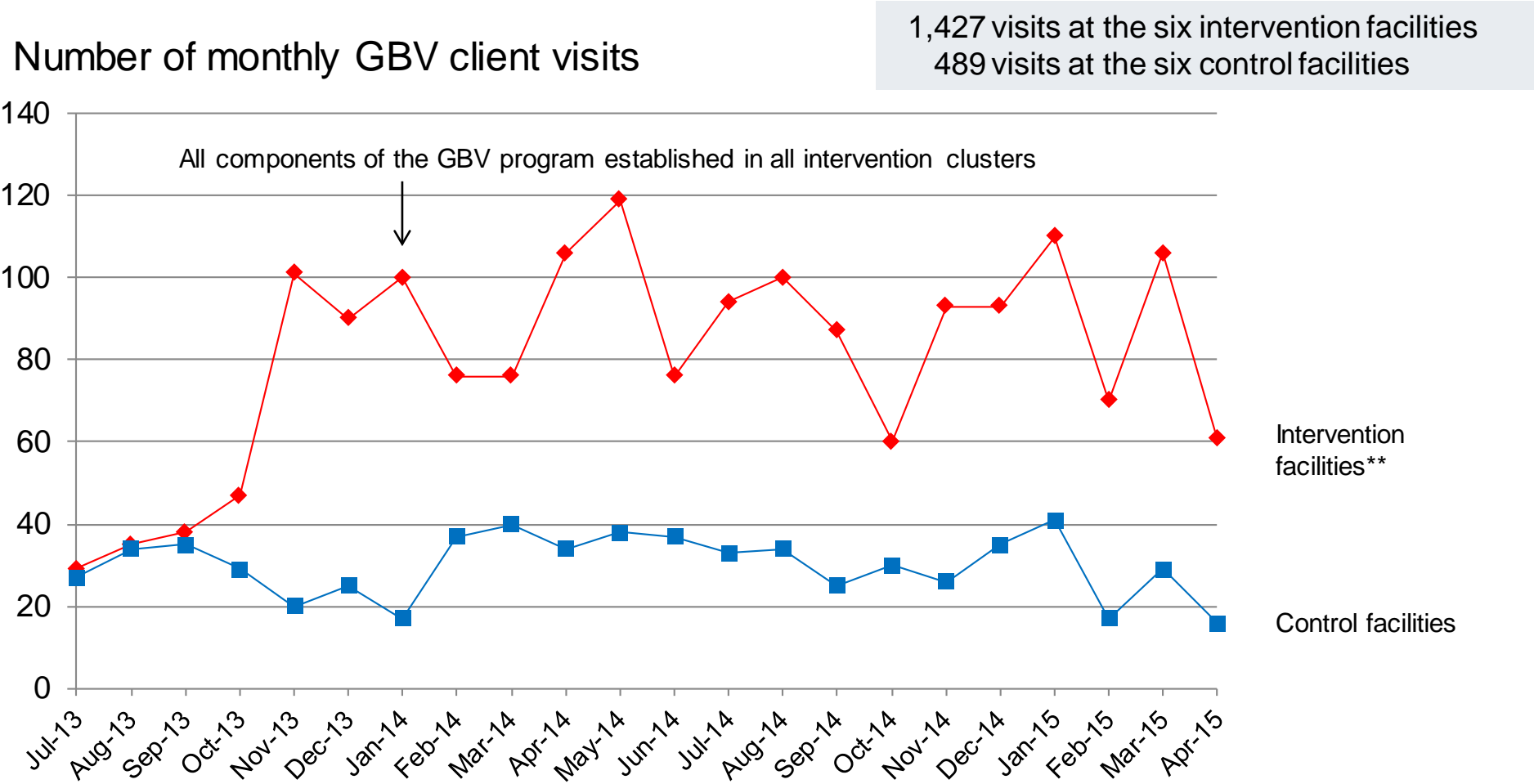
Prevalence of reported intimate partner violence

	Baseline		Follow-up		Odds-ratio of follow-up to baseline prevalence among control clusters* (time effect)			Odds-ratio of intervention to control clusters prevalence at follow-up* (intervention effect)		
	Intervention	Control	Intervention	Control	Est. OR	95% CI	p value*	Est. OR	95% CI	p value*
	Percent	Percent	Percent	Percent						
	Freq/N	Freq/N	Freq/N	Freq/N						
Any form	48.6%	55.3%	37.2%	45.7%	0.71	0.57 – 0.89	0.004	0.85	0.62 – 1.16	0.302
	270/556	315/570	207/556	268/587						
Sexual	20.9%	23.0%	12.8%	17.0%	0.72	0.55 – 0.94	0.016	0.73	0.51 – 1.05	0.094
	116/556	131/570	71/556	100/587						
Physical	31.8%	35.3%	26.3%	29.6%	0.78	0.60 – 1.00	0.048	0.98	0.69 – 1.39	0.900
	177/556	201/570	146/556	174/587						
Emotional	38.8%	46.1%	27.3%	35.1%	0.68	0.54 – 0.86	0.002	0.80	0.58 – 1.10	0.176
	216/556	263/570	152/556	206/587						

*Based on a GLMM with cluster-specific baseline prevalence equal to the true baseline prevalence plus a random effect for all clusters including those randomized to intervention

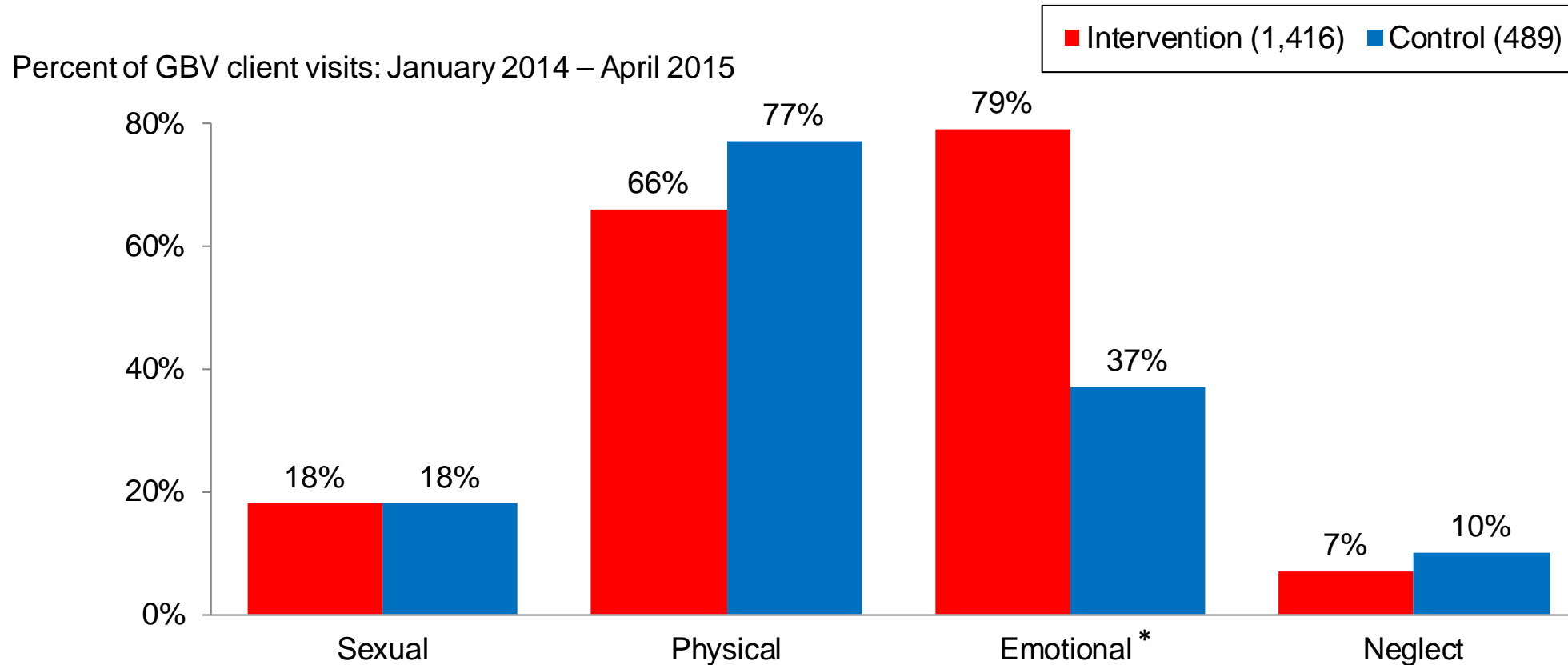
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2: GBV client visits at health facilities



**Difference between intervention and control is statistically significant at p=0.010.

Types of GBV assessed by providers



* Difference between intervention and control is statistically significant at $p=0.017$

Characteristics of GBV clients and GBV service utilization

GBV register data (January 2014 – April 2015)		Intervention			Control			p value ¹
Number of GBV client visits	N (clusters)	6			6			0.010
	Mean (SD)	237.8 (110.58)			81.5 (46.09)			
	Range	141 - 445			15 - 136			
Age of client	N (visits)	1419			481			0.464
	Mean (SD)	28.5 (12.40)			26.8 (10.92)			
	Range	0 – 90			3 - 70			
		N	Freq	%	N	Freq	%	p value ¹
Clients under age 18		1419	241	17.0	481	97	20.2	0.931
Clients who were female		1426	1243	87.1	488	461	94.3	0.337
Clients age 15+ who were currently married		1287	913	70.9	426	328	77.0	0.503
Client visits where the following types of violence were assessed								
Sexual violence		1416	254	17.9	489	90	18.4	0.739
Physical violence		1415	928	65.6	488	376	77.0	0.451
Emotional violence		1422	1127	79.3	488	179	36.7	0.017
Neglect		1402	99	7.1	486	49	10.1	0.409
¹ Based on simple ANOVA of cluster counts (for number of client visits), cluster means (for age), and cluster proportions (for binomial variables)								

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Intermediate outcomes

Among women ages 15-49

- Shift to more gender equitable norms
- More widespread knowledge of policies + laws
- Better informed beliefs about violence against children
- Greater likelihood of intervening in GBV cases & initiating conversations
- More favorable reports of community responses including from local leaders

At health facilities

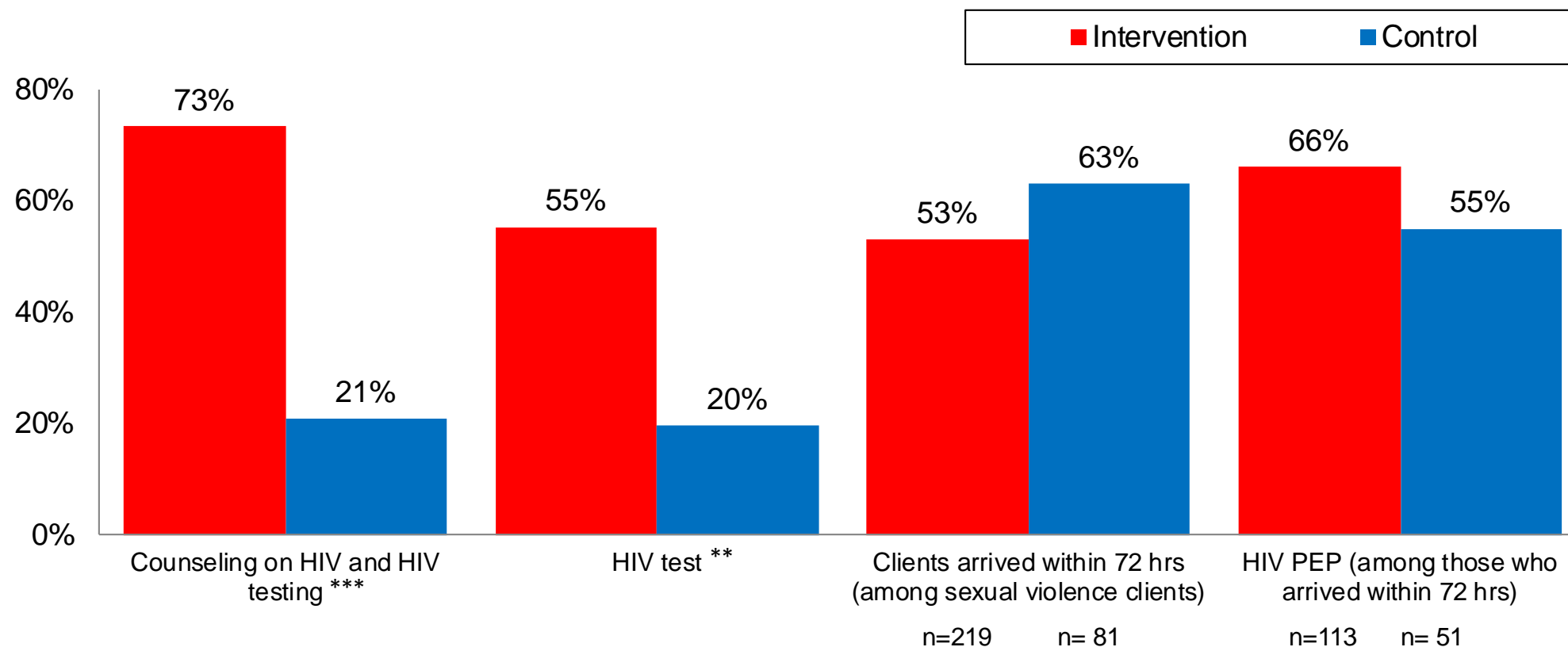
- Strengthened capacity to deliver GBV services



Photo: Jarrtan Naphtal

HIV-related outcomes: Service delivery at GBV client visits

Percent of GBV client visits where service was provided



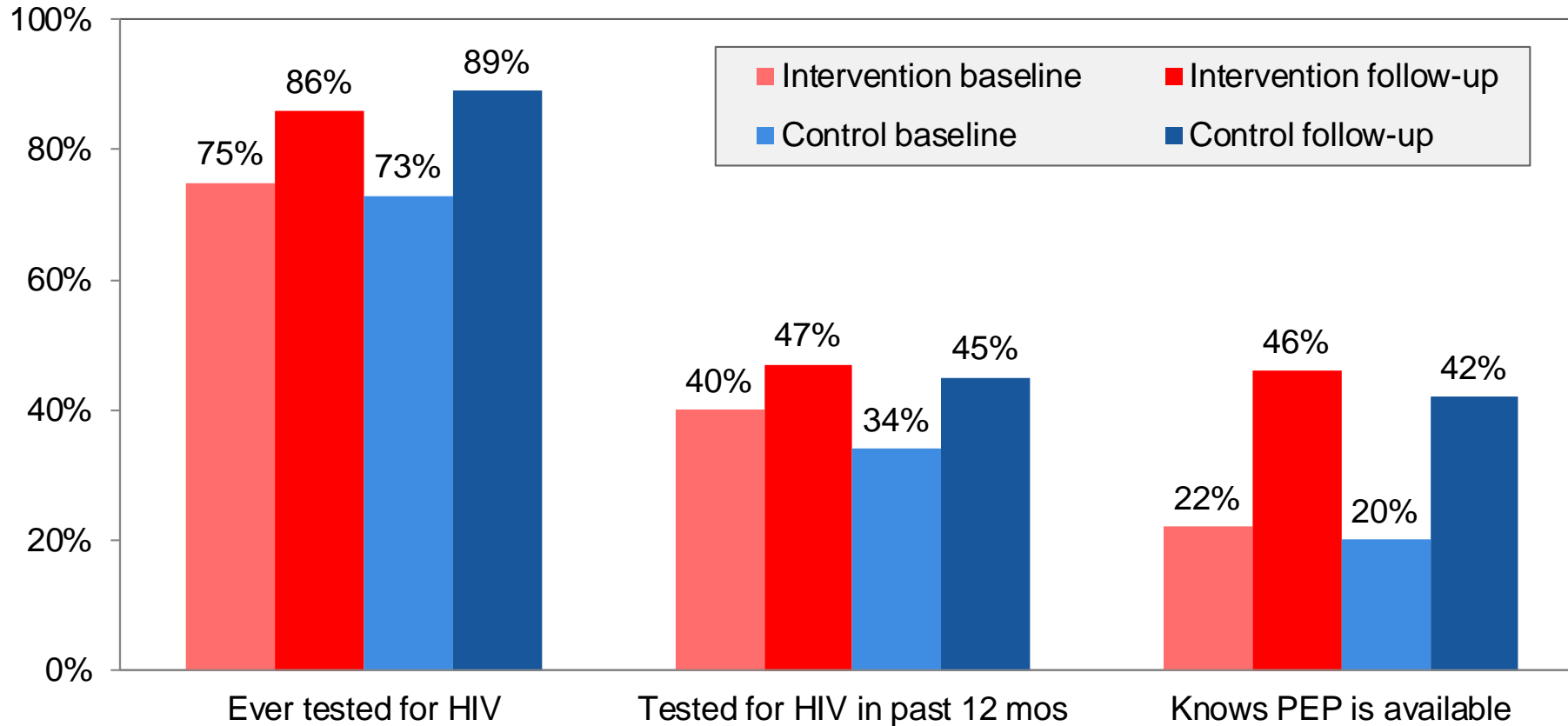
** , *** Difference between intervention and control is statistically significant at $p < 0.001$ and $p = 0.002$, respectively.

HIV service delivery at GBV client visits

GBV register data (January 2014 – April 2015)	Intervention			Control			p value ¹
	N	Freq	%	N	Freq	%	
Percent of client visits where the following services were provided							
Counseling on HIV and HIV testing	1416	1038	73.3%	488	102	20.9%	<0.001
HIV test	1414	782	55.3%	489	96	19.6%	0.002
Percent of sexual violence clients who arrived at facility within 72 hours	215	114	53.0%	81	51	63.0%	0.163
HIV PEP (among sexual violence clients who arrived at facility within 72 hours)	113	75	66.4%	51	28	54.9%	0.169
PEP adherence counseling (among sexual violence clients who arrived at facility within 72 hours)	112	76	67.9%	51	28	54.9%	0.141
¹ Based on simple ANOVA of cluster proportions.							

HIV-related outcomes: Prevalence of reported HIV testing and knowledge of PEP

Percent of women aged 15-49 with an intimate partner who reported being tested for HIV and knowledge that PEP is available in her community



Reported HIV testing and knowledge of PEP

	Baseline		Follow-up		Odds-ratio of follow-up to baseline prevalence among control clusters* (time effect)			Odds-ratio of intervention to control clusters prevalence at follow-up (intervention effect)		
	Intervention	Control	Intervention	Control	Est. OR	95% CI	p value	Est. OR	95% CI	p value
	Percent	Percent	Percent	Percent						
	Freq/N	Freq/N	Freq/N	Freq/N						
Prevalence of reported actions and knowledge										
Ever tested for HIV	75.2%	73.4%	85.8%	88.9%	1.16	1.11 – 1.21	<0.001	0.96	0.91 – 1.02	0.177
	493/656	472/642	537/624	555/626						
Tested for HIV in the past 12 months	39.9%	33.6%	47.1%	44.7%	1.50	1.21 – 1.87	<0.001	0.94	0.70 – 1.26	0.700
	262/656	216/642	295/626	279/624						
Knows that HIV PEP is available in her community	22.3%	20.4%	45.7%	42.2%	2.85	2.24 – 3.63	<0.001	1.09	0.79 – 1.51	0.592
	146/655	131/643	282/626	263/623						
*Based on a linear mixed effects model with cluster-specific baseline prevalence equal to the true baseline prevalence plus a random effect for all clusters including those randomized to intervention.										

Conclusions

Delivery of GBV interventions through the HIV program platform was feasible and acceptable to providers and beneficiaries.

The program led to:

- important advances in transforming community norms on gender and GBV
- stepped-up community response to GBV
- more GBV survivors receiving health services including HIV testing.

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Further research

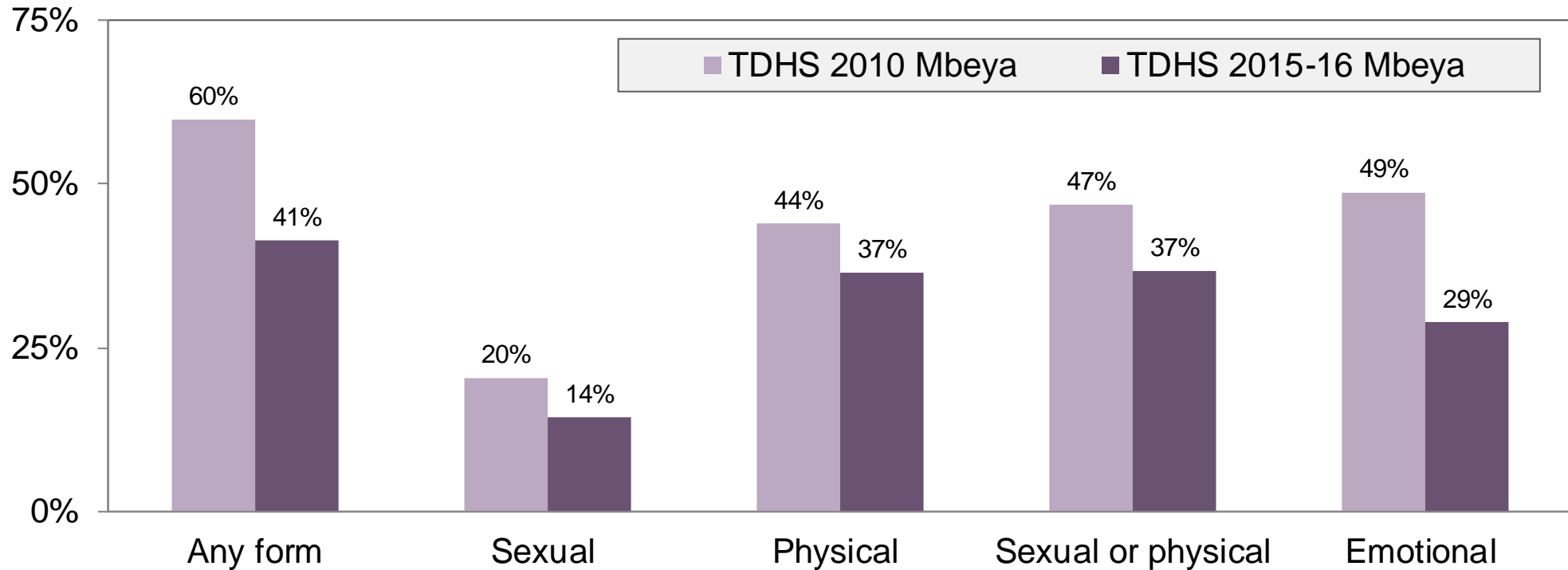


Photo: Jarrtan Naphtal

- What other factors affected the decline in IPV?

Prevalence of IPV – TDHS

Percent of women aged 15-49 with an intimate partner who reported experience of various forms of violence from a partner in the past 12 months



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Further research



Photo: Jarritan Naphtal

- What other factors affected the decline in IPV?
- How did the comprehensive program affect linkage to HIV care, retention, ART adherence, and viral load suppression?
- Which program components had the greatest impact on GBV? On HIV-related outcomes?

THANK YOU