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

Susan Settergren
Palladium

Project SOAR Technical Advisory Network Meeting
May 31, 2017
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Overview

- USAID: Projects SEARCH and SOAR 2012-2017
- Palladium, Muhimbili University of Health and Allied Sciences, Pangaea 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)
## WRP/HJFMRI comprehensive GBV program

<table>
<thead>
<tr>
<th>Program component</th>
<th>Description</th>
</tr>
</thead>
</table>
| **GBV service delivery improvements at public health facilities** | • Orientation for council health management teams  
• Health care provider training  
• Medical equipment and supplies  
• Management support + supportive supervision |
| **Community sensitization**              | • Awareness raising events within communities adapted from SASA!  
• Door-to-door education  
• Workshops with community and religious leaders |
| **Group education**                      | • 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**              | • 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**     | • 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

Intermediate outcomes

- Decrease in acceptance of GBV
- Increase in knowledge about GBV
- Shift in community norms toward greater gender equality
- Increase in community actions to reduce GBV
- Increase in availability and quality of GBV services at health facilities

Primary outcomes

1: Decrease in experience and perpetration of GBV
   Prevalence of reported IPV (sexual, physical or emotional) in past 12 months

2: Increase in utilization of GBV services
   Number of GBV client visits at health facilities

HIV-related outcomes

- Increase in utilization of HIV services
- Reduction in HIV risk behaviors

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

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

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th></th>
<th>Follow-up</th>
<th></th>
<th>Odds-ratio of follow-up to baseline prevalence among control clusters* (time effect)</th>
<th>Odds-ratio of intervention to control clusters prevalence at follow-up* (intervention effect)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Freq/N</td>
<td>Percent</td>
<td>Freq/N</td>
<td>Est. OR</td>
<td>95% CI</td>
</tr>
<tr>
<td>Intervention</td>
<td>Control</td>
<td></td>
<td>Intervention</td>
<td>Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td></td>
<td></td>
<td>Percent</td>
<td>Percent</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any form</td>
<td>48.6%</td>
<td>270/556</td>
<td>37.2%</td>
<td>207/556</td>
<td>0.71</td>
<td>0.57 – 0.89</td>
</tr>
<tr>
<td>Sexual</td>
<td>20.9%</td>
<td>116/556</td>
<td>12.8%</td>
<td>71/556</td>
<td>0.72</td>
<td>0.55 – 0.94</td>
</tr>
<tr>
<td>Physical</td>
<td>31.8%</td>
<td>177/556</td>
<td>26.3%</td>
<td>146/556</td>
<td>0.78</td>
<td>0.60 – 1.00</td>
</tr>
<tr>
<td>Emotional</td>
<td>38.8%</td>
<td>216/556</td>
<td>27.3%</td>
<td>152/556</td>
<td>0.68</td>
<td>0.54 – 0.86</td>
</tr>
</tbody>
</table>

*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

Number of monthly GBV client visits

1,427 visits at the six intervention facilities
489 visits at the six control facilities

**Difference between intervention and control is statistically significant at p=0.010.
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**Types of GBV assessed by providers**

Percent of GBV client visits: January 2014 – April 2015

- **Sexual**:
  - Intervention: 18%
  - Control: 18%

- **Physical**:
  - Intervention: 66%
  - Control: 77%

- **Emotional**:
  - Intervention: 79%
  - Control: 37%

- **Neglect**:
  - Intervention: 7%
  - Control: 10%

* * Difference between intervention and control is statistically significant at p=0.017
### GBV register data
(January 2014 – April 2015)

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Intervention</th>
<th>Control</th>
<th>p value¹</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Number of GBV client visits</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N (clusters)</td>
<td>6</td>
<td>6</td>
<td>0.010</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>237.8 (110.58)</td>
<td>81.5 (46.09)</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>141 - 445</td>
<td>15 - 136</td>
<td></td>
</tr>
<tr>
<td><strong>Age of client</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N (visits)</td>
<td>1419</td>
<td>481</td>
<td>0.464</td>
</tr>
<tr>
<td>Mean (SD)</td>
<td>28.5 (12.40)</td>
<td>26.8 (10.92)</td>
<td></td>
</tr>
<tr>
<td>Range</td>
<td>0 – 90</td>
<td>3 - 70</td>
<td></td>
</tr>
<tr>
<td><strong>Clients under age 18</strong></td>
<td>1419</td>
<td>481</td>
<td>0.931</td>
</tr>
<tr>
<td><strong>Clients who were female</strong></td>
<td>1426</td>
<td>488</td>
<td>0.337</td>
</tr>
<tr>
<td><strong>Clients age 15+ who were currently married</strong></td>
<td>1287</td>
<td>426</td>
<td>0.503</td>
</tr>
<tr>
<td><strong>Client visits where the following types of violence were assessed</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual violence</td>
<td>1416</td>
<td>489</td>
<td>0.739</td>
</tr>
<tr>
<td>Physical violence</td>
<td>1415</td>
<td>488</td>
<td>0.451</td>
</tr>
<tr>
<td>Emotional violence</td>
<td>1422</td>
<td>488</td>
<td>0.017</td>
</tr>
<tr>
<td>Neglect</td>
<td>1402</td>
<td>486</td>
<td>0.409</td>
</tr>
</tbody>
</table>

¹Based 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

- **Counseling on HIV and HIV testing***: 73% (Intervention) vs. 21% (Control)
- **HIV test**: 55% (Intervention) vs. 20% (Control)
- **Clients arrived within 72 hrs (among sexual violence clients)**: 53% (Intervention) vs. 63% (Control) with n=219 and n=81 respectively.
- **HIV PEP (among those who arrived within 72 hrs)**: 66% (Intervention) vs. 55% (Control) with n=113 and n=51 respectively.

***, ** 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)

<table>
<thead>
<tr>
<th>Percent of client visits where the following services were provided</th>
<th>Intervention</th>
<th></th>
<th>Control</th>
<th></th>
<th>p value&lt;sup&gt;1&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>Freq</td>
<td>%</td>
<td>N</td>
<td>Freq</td>
</tr>
<tr>
<td>Counseling on HIV and HIV testing</td>
<td>1416</td>
<td>1038</td>
<td>73.3%</td>
<td>488</td>
<td>102</td>
</tr>
<tr>
<td>HIV test</td>
<td>1414</td>
<td>782</td>
<td>55.3%</td>
<td>489</td>
<td>96</td>
</tr>
<tr>
<td>Percent of sexual violence clients who arrived at facility within 72 hours</td>
<td>215</td>
<td>114</td>
<td>53.0%</td>
<td>81</td>
<td>51</td>
</tr>
<tr>
<td>HIV PEP (among sexual violence clients who arrived at facility within 72 hours)</td>
<td>113</td>
<td>75</td>
<td>66.4%</td>
<td>51</td>
<td>28</td>
</tr>
<tr>
<td>PEP adherence counseling (among sexual violence clients who arrived at facility within 72 hours)</td>
<td>112</td>
<td>76</td>
<td>67.9%</td>
<td>51</td>
<td>28</td>
</tr>
</tbody>
</table>

<sup>1</sup>Based on simple ANOVA of cluster proportions.
Ever tested for HIV
Tested for HIV in past 12 mos
Knows PEP is available

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

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Follow-up</th>
<th>95% CI</th>
<th>p value</th>
<th>95% CI</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Intervention</td>
<td>Control</td>
<td>Intervention</td>
<td>Control</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percent</td>
<td>75.2%</td>
<td>73.4%</td>
<td>85.8%</td>
<td>88.9%</td>
<td>1.16</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Freq/N</td>
<td>493/656</td>
<td>472/642</td>
<td>537/624</td>
<td>555/626</td>
<td>1.11 – 1.21</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Ever tested for HIV</th>
<th>95% CI</th>
<th>p value</th>
<th>95% CI</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>75.2% 73.4%</td>
<td>85.8% 88.9%</td>
<td>1.16</td>
<td>&lt;0.001</td>
<td>0.96</td>
</tr>
<tr>
<td></td>
<td>493/656 472/642</td>
<td>537/624 555/626</td>
<td>1.11 – 1.21</td>
<td>&lt;0.001</td>
<td>0.91 – 1.02</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Tested for HIV in the past 12 months</th>
<th>95% CI</th>
<th>p value</th>
<th>95% CI</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>39.9% 33.6%</td>
<td>47.1% 44.7%</td>
<td>1.50</td>
<td>&lt;0.001</td>
<td>0.94</td>
</tr>
<tr>
<td></td>
<td>262/656 216/642</td>
<td>295/626 279/624</td>
<td>1.21 – 1.87</td>
<td>&lt;0.001</td>
<td>0.70 – 1.26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Knows that HIV PEP is available in her community</th>
<th>95% CI</th>
<th>p value</th>
<th>95% CI</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>22.3% 20.4%</td>
<td>45.7% 42.2%</td>
<td>2.85</td>
<td>&lt;0.001</td>
<td>1.09</td>
</tr>
<tr>
<td></td>
<td>146/655 131/643</td>
<td>282/626 263/623</td>
<td>2.24 – 3.63</td>
<td>&lt;0.001</td>
<td>0.79 – 1.51</td>
</tr>
</tbody>
</table>

*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.
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
Further research

• 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