IS COMMUNITY-BASED SEXUAL VIOLENCE PREVENTION AND RESPONSE EFFECTIVE, SAFE, AND ACCEPTABLE IN HUMANITARIAN SETTINGS?

FINDINGS FROM A MIXED-METHODS, QUASI-EXPERIMENTAL EVALUATION IN ADJUMANI, UGANDA AND LA GUAJIRA, COLOMBIA

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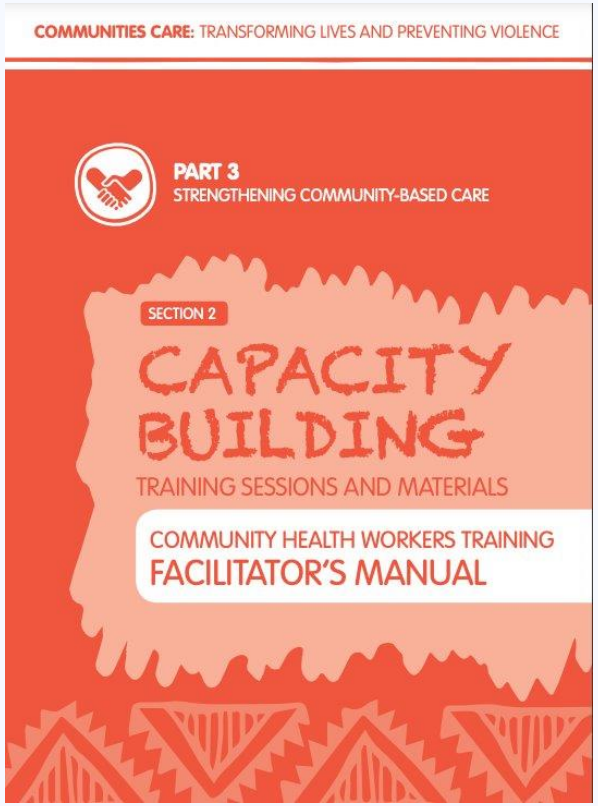
BACKGROUND

- SGBV increases across humanitarian settings, yet survivors face heightened barriers to accessing services
- Timely access to care can prevent further health consequences, like HIV, STIs, unintended pregnancy, and unsafe abortions
- Increasing interest and commitment to task-shifting and task-sharing but limited evidence to support community-based provision of care package
- UNICEF's "Communities Care: Transforming Lives and Preventing Violence" program, is a community-based model for preventing and responding to SGBV in conflict settings.



PROGRAM GOALS AND OBJECTIVES

- Use the Communities Care CHW Training Toolkit to pilot and evaluate the safety, feasibility, and efficacy of a multi-pronged program delivering:
  - community-based referrals;
  - community sensitization programming; and
  - a package of community-based clinical care, to promote care-seeking behaviors, in refugee and host communities.

→ Encountered challenges to safely operationalize community-based clinical care

→ **Adapted the program model to focus on community sensitization and community-level referrals to facility-based care**

INTERVENTION SETTING

- Adjumani: second largest refugee hosting region in Uganda, both S. Sudanese and Ugandan host community
- Uribia, La Guajira: informal settlements with very high poverty rates; Wayuu communities and Venezuelan migrants
- Two key components of intervention: Community-based referrals for SGBV survivors; Community awareness raising activities

INTERVENTION ACTIVITIES

Community sensitization

- Context- and audience-specific information:
- What SGBV is and who can experience it
- Drivers and root causes of SGBV
- Consequences of SGBV
- Benefits of timely care-seeking for SGBV
- Where and how to access SGBV services

Community-based referrals

- Ensuring safe, private locations to speak with survivors
- Assessing for emergency referrals
- Obtaining informed consent / assent
- Applying survivor-centered approaches
- Sharing information about available services and executing coordinated referrals

Study design overview

Mixed methods, quasi-experimental design to assess:

- Effect of intervention, measured by 10 key outcome indicators (KAP survey)
- Efficacy, feasibility, and safety aspects of the program model in a humanitarian setting (Participatory activities, FGDs, KIIs)

Intervention and comparison sites, non-randomized

Difference-in-difference analysis (quant), inductive and deductive analysis (qual)

Activity	Colombia		Uganda	
	Baseline	**Endline**	**Baseline**	**Endline**
Survey	656	663	1662	1586
FGDs	30 (n=216)	30 (n=207)	31 (n-238)	32 (n=256)
KIIs	31	22	14	18

KEY QUANTITATIVE FINDINGS

Outcome	Colombia	Uganda
1. Sense of safety and well-being	Significant change in **comparison site only**	**No significant change** in either site
2. Knowledge of available SGBV services	Significant change in **both sites**, no significant difference	Significant change in **both sites**, **greater change in intervention site**
3. Knowledge of benefits of care-seeking for SGBV	Significant change in both sites, **greater change in comparison site**	Significant change in **both sites**, **greater change in intervention site**
4. Ever accessed SGBV services or programs	Significant change **in both sites**, no significant difference	Significant change in **intervention site only,** significant difference
5. Attitudes toward care-seeking for SGBV	**No significant change** in either site	N/A
6. Gender attitudes scale	Scale not reliable at endline	Significant change in **both sites**, no significant difference

Colombia

FINDINGS FROM COLOMBIA

- Significant changes in both intervention and comparison sites (but no significant differences), likely due to similar ongoing intervention in comparison site
- No survivors reported to CHWS. However, CHWs felt confident in their ability to provide referrals for SV and GBV
- High acceptability and feasibility: participants highly valued both the content and the delivery of the intervention
- CHWs reported some safety risks associated with household visits

"There was also a dance within the activity, an activity where the 'Yonna' was also danced [...] The 'Yonna' is a traditional Wayuú dance [...] It's where the women dances. So, there was something that we who were there, people who attended, they danced and explained during the process, how we could reflect on and demonstrate when there can be sexual violence within the dance and, also within our community" (Female FGD participant)

Community members, CHWs, and program staff consistently highlighted the systematic inclusion of the Wayuu community as a key success

Community members also had positive perceptions of the variety of activities, and "play-based" programming – noting that it made it more engaging, as opposed to other programs that "felt like school."

CHWs discussed barriers to facility-based care, including distance and transportation.

Although CHWs largely expressed positive perspectives on the program and their role, several CHWs did note having experienced safety concerns

"Something happens here in [village name], the survivor has to look for a bike-taxi ('ciclo') even though they are hurt because there's no ambulance here, there's nothing, they need to look for a bike-taxi to get to the hospital. So that's the deal, because really, how am I going to send someone abused and torn... The first thing we need to do is call an ambulance, activate the route [...] so they can look for a bike-taxi and take them, or a motorcycle or something, because there aren't ambulances here." (CHW)

Uganda

FINDINGS FROM UGANDA

- The community sensitization meetings contributed to improvements in knowledge of SGBV and where to seek care
- Community referrals are feasible; CHWs reside within the communities they serve, are known and have experience conducting referrals albeit not for SGBV.
- Gender differences in regard to acceptability and feasibility of the intervention were noted. FGDs portray women as more accepting and trusting of the CHW capability in the intervention compared to the men

It has become easier to seek services, it's no longer difficult. For example now if there's a girl who has been raped, then you easily speak to a CHW without so much worry or fear. Because at first, we didn't know who to go to but now we know the basis to report to is the CHW!

(FGD, adolescent girls 16-19 years, Intervention site)

The intervention increased knowledge of sexual violence and its consequences, as well as awareness of when and where to seek care

CHWs are confident in their ability to facilitate a confidential referral

Survivors are able to access CHWs within the critical period

However, adolescent boys and men are unsure of CHW's ability to uphold confidentiality

Because I went through training. I also have a well-trained supervisor that can guide me. I also have a guideline that guides me. Those tools are there, even the knowledge that I received during the training and the colleagues that work with me are also well-trained. So, I feel I have capacity to deliver and respond to SV. I know where to report, I know the services that are present and I know how to protect myself and I know how to protect the suspect and I know all those angles

(KII with CHW, intervention site)

"I already integrated as one of my activities in my plan. When am making a home visit, it is also part of my plan, it is also part of my activities also when I make home visits, I also see those areas I also see them. When am making other follow-ups, I also see them"

(KII,VHT, Intervention site)

We are tired of this word… voluntary, voluntary; since the time we came when you are a big person how can you do work voluntarily; give us something at least for motivation….

(KII with a CHW, intervention site)

Although some CHWs had reportedly **integrated the project activities into their other ongoing CHW** activities some were reluctant to conduct the intervention citing **challenges** like lack of renumeration despite the increasing workload

KEY FINDINGS

- In both settings, the intervention (as it was delivered) was found to be responsive to community needs and appropriate in each context
- Significant changes were observed in several key outcome variables, including knowledge of GBV and SV, and supportive attitudes toward survivors of SV
- In Colombia, while significant changes were observed in the intervention site, there were few significant differences between changes in the intervention and comparison site
- In Uganda, there were significant differences between changes in the intervention and comparison site; however, no measure of longer-term impact.

RECOMMENDATIONS

- Ample time is needed to assess the feasibility, safety, and *necessity* of clinical service provision by CHWs
- Implementing partner should have close linkages with health facilities and MoH
- Evaluation design should be done *after* design of program activities
- Need for a better understanding of what success looks like for communities and for survivors
- Existing community support mechanisms for survivors of sexual violence can be leveraged for greater impact

Thank you!

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