



# Kigoma, Tanzania Case Study: Learning from *SASA!* Adaptations in a Rural Setting

---

## Summary

### Background



*SASA!* is a community mobilization approach to prevent violence against women (VAW) and HIV, developed by [Raising Voices](#) in Uganda. *SASA!* works by supporting communities through a comprehensive process of social change focused on interrogating unequal power dynamics between women and men. A randomized controlled trial conducted in Kampala, Uganda, between 2007 and 2012 demonstrated *SASA!*'s community-level impacts on preventing intimate partner violence (IPV) against women and reducing social acceptability of violence. With this evidence, global uptake of the methodology has grown dramatically; *SASA!* is currently being implemented in over 25 countries worldwide.

As the number of organizations implementing *SASA!* continues to increase, it is essential that Raising Voices explores systematically how *SASA!* is being used in different contexts and creates tools that can support quality adaptation and implementation. To address this gap, Raising Voices launched the three-year *Learning from SASA! Adaptations Project* (Adaptations Project) in 2016, supported by the UN Trust Fund. The overarching aim of the project is to strengthen global prevention programming by distilling learnings from *SASA!*'s adaptation in three diverse settings: the Caribbean setting of Haiti, a humanitarian setting in Kenya, and a rural setting in Tanzania. Through a case comparison approach, our core objectives were to explore: (1) the *SASA!* adaptation process across these diverse contexts; (2) context-specific implementation strategies; (3) the organizational structures and processes necessary for effective programming; and (4) *SASA!* progress against expected outcomes.

Raising Voices is collaborating closely with four partners on this project: Beyond Borders (Haiti); International Rescue Committee (Kenya); Women's Promotion Centre (Tanzania); and University of California San Diego (United States).

This case study examines the Women's Promotion Centre's (WPC) process of adapting *SASA!* for implementation in rural Tanzania. The primary goals were to assess the challenges and successes WPC experienced, and recommend how groups working in rural sub-Saharan Africa can replicate WPC's successes and overcome similar obstacles. WPC operates in Kigoma-Ujiji Municipality (Kigoma), a rural region on the northeastern shores of Lake Tanganyika with an estimated population over 215,000 people, which includes long-residing migrants from Burundi, the Democratic Republic of Congo, and Rwanda.

WPC has been implementing *SASA!* in Kigoma since 2014. The *SASA!* implementation areas include approximately 40,000 people living in Gungu and Bangwe wards, with approximately 20,000 people per ward.



Women's Promotion Centre (WPC) is a non-governmental, non-profit organization in Tanzania established in 2002 to promote women's dignity and equality and respect for women's rights. The organization's mission is to foster and empower women's groups to build a strong grassroots movement to foster positive changes in individual behavior and social policy. WPC has 13 core staff members including an Executive Director, a Program Manager, and three Program Officers leading distinct program areas: (1) Sexual and Reproductive Health; (2) Violence Prevention; and (3) Advocacy and Campaigns. WPC's Violence Prevention team has been implementing *SASA!* in Kigoma as a stand-alone VAW prevention program since 2014. The team consists of 15 female and 15 male Community Activists. As of October 2018, WPC is in the *SASA!* Action phase.



## Methods

We conducted a mixed methods study to strengthen the evidence base of SASA!'s impact and provide guidance for how to most effectively adapt the SASA! methodology. The project team chose a case study approach to learn best from the challenges and opportunities of implementation. We engaged 179 individuals (90 women, 89 men) including WPC staff, Community Activists (CAs), community members, religious leaders, local leaders, and healthcare providers through two waves of in-depth interviews (IDIs) and focus group discussions (FGDs) in January 2017 and November 2017. Rapid Assessment Survey (RAS) results were incorporated into qualitative data findings to substantiate outcomes observed and explore how and why certain changes may have emerged. Two waves of RAS data were collected in November 2016 (255 women, 254 men) and December 2017 (255 women, 255 men). The RAS is designed to assess gender and violence-related knowledge, attitudes, skills and behaviors. The case study was conducted in accordance with the WHO guidelines for the safe and ethical conduct of domestic violence research. The study protocol was approved by the National Institute for Medical Research (NIMR) in Tanzania and the University of California San Diego (UCSD) Human Rights Protection Program (HRPP) in the United States.

All data were collected in either English or Kiswahili by a trained data collection team with experience collecting data in Kigoma. With participant consent, we audio-recorded all IDIs and FGDs and created verbatim transcripts that were subsequently translated into English. We used a framework approach for the analysis, organizing the data into common themes and respondent groups. The case study benefited from an iterative approach and comparison with the other project sites in Haiti and Kenya. To enhance collaboration, in-person discussions were held with all Adaptations Project team members to engage with emerging findings. Additionally, an all-partners validation workshop was held to draw out implications and meaning collectively.

## Adaptation Assessment

Developing successful VAW prevention programs for new contexts relies on a careful interplay between two aspects of implementation: (1) fidelity — the delivery of the program as intended, and (2) adaptation — changes to delivery and/or content to ensure a program's contextual appropriateness. Although the socio-cultural context in Kigoma differs from the development settings for which SASA! was originally created, the adaptation process was faithful to the original SASA! programming and WPC had organizational capacity to adapt SASA! successfully.

SASA!'s community-based approach is advantageous in a rural setting like Kigoma where communities are largely comprised of permanent residents and relatively easy to find near their homes and/or fields. WPC faithfully adapted SASA! as a stand-alone VAW prevention program and each phase was carried out comprehensively, adhering to SASA!'s core components and retaining most of its activities and materials. Successful SASA! adaptation in a rural setting relies on organizational capacity to conduct thorough translation and pilot testing to gauge cultural acceptability of the adapted materials.

Notable aspects of WPC's SASA! adaptation include:

- Identifying topics and materials most suitable for Kigoma;
- Mapping existing resources/groups and identifying target groups to participate in the SASA! program;
- Sharing real-life stories to mobilize the community;
- Drawing on the social connectedness of rural areas;
- Ensuring people understood the meaning of "power" in the context of SASA! and their own personal lives;
- Solving logistical difficulties related to printing; and
- Dedicating substantial time to communicate key concepts like power and how VAW is related to power.



*This idea of power [as used in SASA!] was a new idea to them. Many women in the community know where to get support now, because we have been involving our Community Activists in trainings and help them to help women in the community to know where they can get support.*

– WPC staff member



## Implementation Assessment

WPC utilized large, existing social networks like community and religious groups that support SASA! CAs to connect across many networks in the region. WPC dedicated efforts toward engaging religious leaders, community leaders, and community gatekeepers with SASA! materials to gain support and identify myths and misconceptions against SASA! in the beginning of the Start phase. Participants also explained that it was important to continue engaging leaders and encourage their participation, particularly during the Awareness phase, when SASA! helps deepen critical thinking about VAW and HIV and the benefits of violence-free relationships and communities for everyone. It was felt that, with time, religious leaders and other leaders began to embrace SASA!'s goals and came to value the idea of a community living in peace rather than conflict and violence.

The case study uncovered both successes and challenges of WPC's SASA! program adaptation and implementation in Kigoma. Key successes include:

- Involving religious leaders as impactful agents of change due to their trusted and influential roles in society;
- Ensuring that CAs are central to all aspects of SASA!; and
- Offering popular activities (e.g. sharing real-life stories, films/theater) frequently.

Regarding challenges, several participants expressed that some religious leaders resisted SASA! at the onset of programming because some men, including leaders, felt threatened by the ideas of gender equality and power that SASA! addresses. Also, some people expected financial incentives from CAs, in part because this is a common practice among non-governmental organizations in Tanzania. Finally, WPC staff felt unsure about their monitoring and evaluation (M&E) capacity and that the SASA! M&E tools were hard to use.



*Some [men] dislike SASA! because it seems to advocate for only one sex. Only women are seen to be favored through announcements. The flyers indicate that only women are facing violence and not men. Therefore, men dislike it.*

– Male community member

## Progress Towards Outcomes

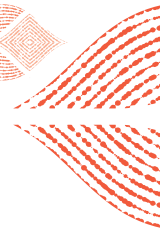
Most participants expressed the opinion that intimate partner violence (IPV) decreased substantially in their community during SASA! implementation. Both men and women narrated that awareness about how to define and recognize physical, sexual, and economic IPV had increased both at the individual and community levels. Some participants talked about how they had come to realize that power imbalances between men and women were at the root of all forms of VAW. SASA! was felt to have had particular impact on women experiencing IPV; for example, by influencing their decisions to seek help from CAs, WPC staff, religious leaders, police officers, and/or lawyers, according to what was most needed in their particular situation.



**Knowledge:** Women's knowledge of VAW and its links with HIV was high at both time points. For men, however, trends suggest improvement in most indicators between 2016 and 2017, apart from understanding controlling behaviors (e.g. that a man controlling the family finances is a kind of violence). In addition, men surveyed in 2017 were more likely to associate VAW with negative impact on children (e.g. to agree with the statement "If a man is violent toward his wife, it affects the children;" 66% in 2016, 92% in 2017) .

**Attitudes:** Trends indicate little change in men's attitudes on gender and violence between 2016 and 2017. For women, trends are more positive, suggesting that in 2017 women were more likely to reject the statement "women should tolerate violence to keep the family together" (37% in 2016, 45% in 2017), and also less likely to blame other women who experienced violence (83% in 2016, 90% in 2017).

**Behavior:** Limited, but promising, behavior change occurred in this short time period; e.g. men surveyed in 2017 (55%) were more likely to help a woman experiencing violence than in 2016 (39%).





## Recommendations

This Adaptations Project case study reveals the various strengths and challenges involved in adapting SASA! for the rural Tanzania setting, which may be relevant for organizations implementing SASA! in other rural sub-Saharan Africa contexts. We draw on case study findings to propose five broad recommendations for strengthening SASA! in rural contexts:

1. Translate and test all the materials to see if they are suitable for the community and distribute materials piece by piece to ensure there are sufficient materials to generate phase-appropriate discussions in the community.
2. Ensure that the SASA! team feels comfortable with the materials personally before implementing in the community, as attitudes are difficult to change and facilitators' personal confidence is critical to program success. For example, CAs must clearly understand the importance of power, both in the context of SASA! and in their own personal lives.
3. Recruit both female and male CAs from a variety of age groups to ensure that they can identify with diverse community members.
4. Network with local leaders and other key stakeholders at the beginning of the adaptation process. More involvement from key stakeholders helps to increase the presence and legitimacy of events and also serves to promote the program and its activities.
5. Help religious and other leaders understand how SASA! resonates with their work and beliefs, and identify religious leaders who are willing to help lead the community-level changes.

## Final Word

WPC's experience in Kigoma highlights how SASA!'s community-based approach is advantageous in a rural setting where people are long-time residents and easy to find near their home or fields. The social connectedness of the community provides an opportune environment for SASA! adaptation and implementation. This case study reaffirms that community-wide mobilization and engagement is a viable and potentially transformative VAW prevention approach within rural sub-Saharan Africa.

To learn more about findings from Kigoma, Tanzania, please see the full case study report, available at: <http://raisingvoices.org/innovation/disseminating-ideas/>



Suggested citation: Center on Gender Equity and Health at University of California San Diego, Women's Promotion Centre, and Raising Voices. (2018). "Tanzania Case Study: Learning from SASA! Adaptations in a Rural Setting". Kampala, Uganda: Raising Voices.

Available online at <http://raisingvoices.org/innovation/disseminating-ideas/>

*This case study was written by Eunhee Park, Jennifer Wagman, Erika Bonnevie, Mapendano Barnabas Nabulizi, Julieth Mushi, Magreth Ntinda, Sophie Namy, Janet Nakuti, Natsnet Ghebrebrhan, Edgar Karungi, and Lori Michau. It was edited by Inbal Sansani and designed by Samson Mwaka. The case study was produced with funding from the UN Trust Fund. The views expressed and content included, however, does not imply official endorsement or acceptance by the United Nations.*

