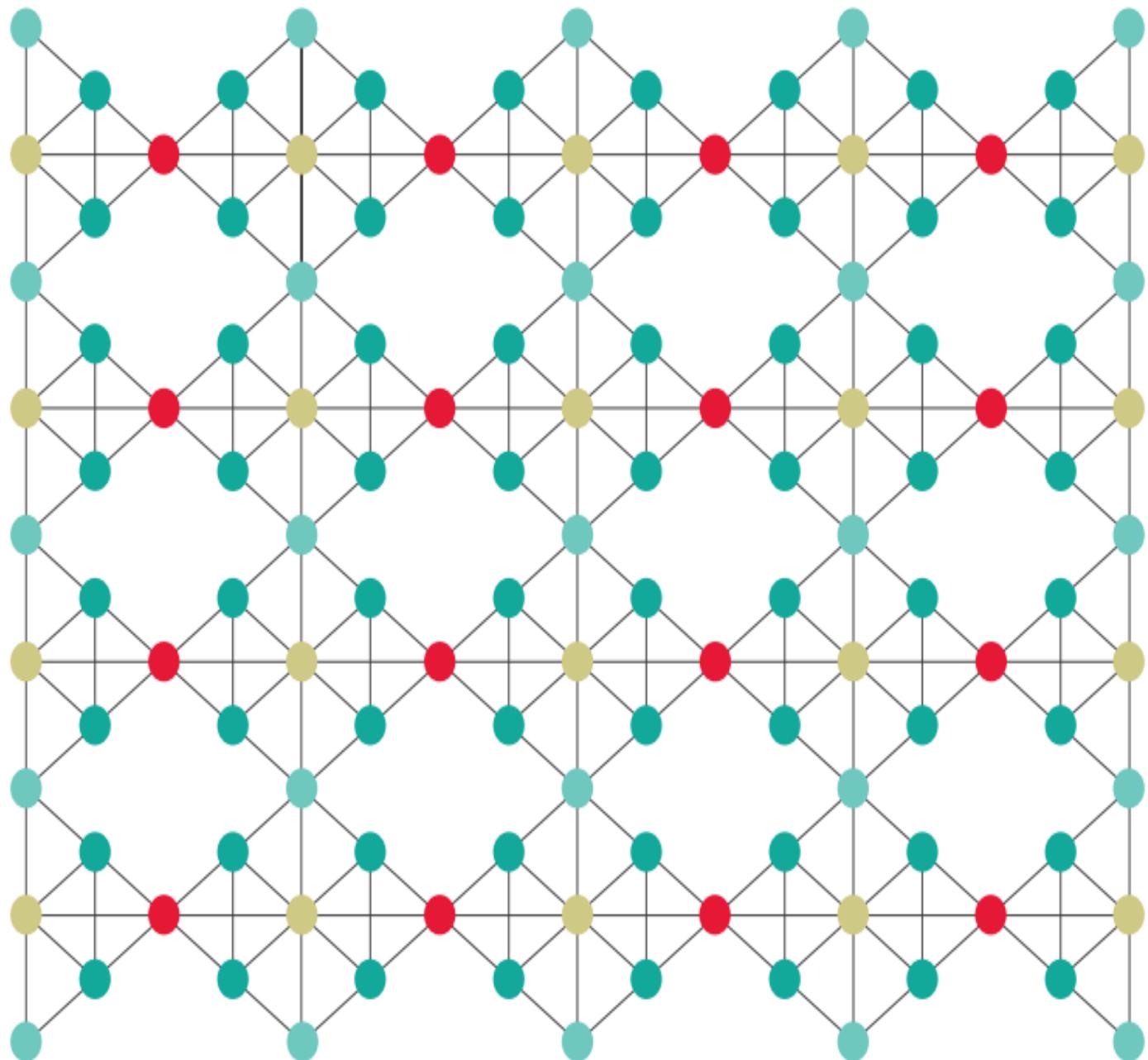


UNAIDS

Replicating the SASA! Approach



“There is no such thing as a single-issue struggle because we do not live single issue lives.” Audre Lorde

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Replicating the SASA! Approach

The SASA! community mobilization approach, originating in Kampala, Uganda and designed by Raising Voices, prevents violence against women and reduces HIV-risk behaviours through local activism, advocacy and trainings. It reduces the acceptance of intimate partner violence thereby lowering the experience of it. Reductions in this kind of violence leads to reduction in HIV-risk factors. The SASA! methodology has proven to be an effective, innovative approach to community mobilization and changing harmful norms and behaviours which perpetuate the risk of violence and HIV vulnerability among women and girls in over 20 countries.

1. Why this initiative?

Violence against women is widespread across the world, including Eastern and Southern Africa and the Caribbean, and has shown to be a driver and consequence of HIV infection. Studies have found that women and girls experiencing intimate partner violence are 1.5 times more likely to acquire HIV than women and girls who are not (UNAIDS 2015).

Fear of violence limits women and girls' ability to negotiate safer sex and prevents them from seeking services and information to protect themselves against infection. Violence against women and girls often remains hidden and unreported and goes unaddressed. Too often, existing health systems do not adequately integrate HIV services and responses to violence against women and girls despite the evidence which links these issues together.

The vision of the Agenda 2030 for Sustainable Development for good health and well-being and gender equality will not be achieved without confronting the link between violence against women and girls and HIV.

The SASA! approach is proven to lower HIV risk factors by lowering the rate of acceptance and incidence of forms of gender-based violence. This programme will establish this approach in six Fast-Track countries in Eastern and Southern Africa and Caribbean with high HIV prevalence rates and increasing new HIV infections among women and girls.

Due to the success of the SASA! methodology thus far, its adaptation and scale-up in multiple countries has great potential to address the imbalance of power between men and women, boys and girls as a core driver of violence against women and girls and HIV.

2. What aspects make this project unique?

There are few rigorous, evidence-based programmes which focus on addressing violence against women and girls and HIV from a social-norms perspective. A 2014 SASA! programme evaluation found that the intervention led to significantly lower acceptance of intimate-partner violence among women (adjusted risk ratio: 0.54) and men (adjusted risk ratio: 0.13), lower past-year experience of intimate partner violence, including sexual violence among women (adjusted risk ratio: 0.48). The evaluation found that SASA! was an effective community mobilization intervention to prevent violence and reduce HIV-risk factors (Abramsky 2014).

This programme has been proven effective in 20 countries by 60 civil society organizations and its adaptation and scale-up in multiple countries has great potential to address the imbalance of power between men and women, boys and girls as a core driver of violence against women and girls and HIV, by raising awareness about these issues, supporting women and men to change existing harmful norms and take action to prevent HIV and violence against women.

SASA! encourages activists to talk to men, women, and youth. SASA! demonstrates the benefits of engaging the entire community. By including both men and women and focusing on power, men are less likely to dismiss the discussion as a “women’s issue.” SASA! concept is grounded on understanding that preventing violence against women and HIV are problems that hurt the entire community. Thus, preventing violence against women and HIV requires a holistic strategy that includes everyone.

3. Collaboration

Led by UN Women and with additional efforts by contributing partner, UNDP, this programme will enable the networks of women living with HIV and women's organizations in six countries to coordinate their efforts with the respective national and local governments to end gender-based violence and the increased HIV infections that co-exist with it. As SASA! is a community-based approach, civil society organizations will be the drivers and implementers of the programme: specific implementing partners will be identified in the first phase of the programme.

4. The project approach and timeline

Timeframe for implementation – January 1, 2019 – December 31, 2021.

Utilizing existing successful frameworks, the SASA! approach will be replicated and scaled to six Fast-Track countries in East and Southern Africa and the Caribbean. Countries will be identified against set criteria, which will include the status of HIV epidemic and prevalence of intimate partner violence, availability of the implementing partners to lead the implementation and interest by the country.

The programme implementation will include:

- 1) Inception Phase to identify six Fast-Track countries and implementing partners and to design the Annual Workplans and Monitoring and Evaluation Frameworks with key indicators, milestones and targets in close collaboration with the implementing partners; to evaluate the learning from previous adaptations and findings from these experiences; in partnership with Raising Voices, Uganda to strengthen capacity and knowledge of the implementing partners to implement/replicate SASA! approach, to ensure the partners have access to and adapted the SASA! evidence-based tools; to define the scope/coverage of the interventions;
- 2) Implementation Phase to implement the set activities in the Annual Workplans in line with the SASA! four phases:

SASA! is organized into four phases based on the Stages of Change Model.¹ These four phases ensure that organizations can more effectively and systematically facilitate a process of change in the community: Start, Awareness, Support, and Action.

START	During the first phase, community members are encouraged to begin thinking about violence against women and HIV/AIDS as interconnected issues and foster power within themselves to address these issues.
AWARENESS	The second phase of SASA! aims to raise awareness about how our communities accept men's use of power over women, fueling the dual pandemics of violence against women and HIV/AIDS.
SUPPORT	The third phase focuses on how community members can support women experiencing violence, men committed to change, and activists speaking out on these issues by joining their power with others'.
ACTION	During the final phase, men and women take action using their power to prevent violence against women and HIV/AIDS. ²

- 3) Evaluation Phase to assess the outcomes of implementation and draw lessons learnt for future programming and adaptability of the SASA! approach in various contexts.

¹ Adapted from: Prochaska J., DiClemente C., Norcross J., (1992). In search of how people change—applications to addictive behaviors, American Psychologist, 47(9), 1102-1114.

² SASA! Mobilizing Communities to Inspire Social Change (http://raisingvoices.org/wp-content/uploads/2013/03/downloads/resources/Unpacking_Sasa!.pdf)

5. Indicators: How will we measure success?

How will this help us end AIDS by 2030?

Studies have found that women and girls experiencing intimate partner violence are 1.5 times more likely to acquire HIV than women and girls who are not. Accelerating and expanding the implementation of evidence-based societal behaviour-change programmes like SASA! will help prevent HIV infection among young women.

SASA! has an existing monitoring and evaluation framework which measures changes in knowledge, attitudes, skills and behaviors around violence against women and HIV. This framework has been used and evaluated by the London School of Hygiene and Tropical Medicine and implementing partners. There are existing country mechanisms to measure the incidence and prevalence rates of HIV and gender-based violence at national level and through the Demographic and Health Surveys (DHS).

6. Questions and Answers

How many people will be reached?	At least 20,000 men and women at community level across 6 countries as direct beneficiaries of the programme, and around 60,000 household members, community members, community leaders, local authorities and civil society representatives as indirect beneficiaries.
How will my money be used exactly?	<p>The activities will be structured around four main SASA! strategies: Local Activism, Media and Advocacy, Communication Materials and Training. The activities will include:</p> <ul style="list-style-type: none"> - grassroots dialogues and initiatives that engage individuals, families, friends and neighbors (dramas, quick chats, soap operas, community conversations), and with local leaders, policy-makers and journalists (radio shows, talk shows, dialogues with the local leaders and authorities), - user-friendly and creative materials (posters, comics, info sheets) that get people thinking and talking about the issues of power, violence and HIV, - trainings of the community members to encourage action for positive change.
How will you ensure people will stay on treatment?	SASA! approach focuses on preventing violence and HIV.
How will success be monitored? What are the indicators?	<p>SASA! has an existing monitoring and evaluation framework which measures changes in knowledge, attitudes, skills and behaviors around violence against women and HIV. This framework has been used and evaluated by the London School of Hygiene and Tropical Medicine.</p> <p>There are existing country mechanisms to measure the incidence and prevalence rates of HIV and gender-based violence at national level and through the Demographic and Health Surveys (DHS).</p> <p>Indicators include reduced risk ratios in the acceptance of intimate-partner violence among women and men as well as past-year experience of intimate partner violence, including sexual violence among women. Also included are new HIV infection rates, disaggregated by sex and age.</p>
Who are the contributing partners?	UN Women, UNDP, Raising Voices and civil society, including the networks of women living with HIV and women's organizations.

7. The budget

The cost for this initiative is USD 6,2 million.

Activities	Timeframe	Phase I: Inception	Phase II: Implementation	Phase III: Evaluation
Monitoring and evaluation	Year 1	\$100,000	\$50,000	
	Year 2	\$75,000	\$100,000	
	Year 3	\$75,000	\$100,000	\$200,000
Knowledge management	Year 1	\$100,000		
	Year 2	\$100,000	\$100,000	
	Year 3	\$50,000	\$100,000	
SASA! four phases implementation	Year 1	\$1,500,000 (\$250,000 per country)	\$1,200,000 (\$200,000 per country)	
	Year 2		\$1,200,000 (\$200,000 per country)	
	Year 3		\$1,200,000 (\$200,000 per country)	
Total:				\$6,250,000