

Impact Assessment of the COMBAT Intervention to Prevent Violence against Women and Girls In Four Districts of the Central Region Of Ghana

Globally, one in three women have experienced physical or sexual violence in their lifetime¹. Evidence from the Ghana Demographic and Health Survey shows that 38.7% of ever married women have experienced some form of violence from their partner in their lifetime².

Background to the research

Intimate partner violence (IPV) is a significant global public health problem which undermines women's health and wellbeing. Although prevalence of violence against women and girls (VAWG) is high in Ghana, there has not been an evaluation of an intervention to prevent it.

There is a global search for evidence on interventions that work to reduce VAWG and Ghana is one of 15 countries where interventions have been tested over the past 4 years. The COMBAT intervention was designed and implemented by the Gender Studies and Human Rights Documentation Centre over the past decade. We present findings of an evaluation of COMBAT.

This study had funding support from UK AID from the UK Government via the What Works to Prevent Violence Against Women and Girls? Global Programme. It was a partnership between University of Ghana School of Public Health, the Gender Studies and Human Rights Documentation Centre and the South African Medical Research Council.

The intervention

The Rural Response System, also known in the community as "COMBAT", uses the strategy of training community members and deploying them in Community-Based Action Teams (COMBATs) to raise awareness about VAWG, to change norms and attitudes that support VAWG, work with couples experiencing VAWG and provide support for victims with access to justice and services from the Government and community-level structures. Through this the COMBATs sought to reduce VAWG in the community.

The COMBATs are trained in counselling and gender relations, reporting and support to victims, laws related to as well as on property rights, testate and intestate succession, parental roles and responsibilities.

COMBATs use community gatherings and meetings to address community members on VAWG, they have one to one meetings, make home visits and use the community information centre.

The intervention highlighted that:

- Violence against women is a violation of human rights;
- VAWG is unacceptable and should be condemned;
- Women have a right to be protected from violence
- The State and its agencies have a duty to protect the woman experiencing violence
- Perpetrators should experience sanctions to serve as deterrent to others
- A violent free relationship, based on equality of the partners, benefits both partners, as well as their family, community and society as a whole.

OTHER ACTIVITIES OF THE INTERVENTION

- o Training of Civil Society and Community-based Organisations (CSOs and CBOs)
- o Training of staff from State Agencies including from the Police, Health, Social Welfare, CHRAJ and NCCE;
- o Meetings with community traditional and religious leadership and other stakeholders

Research Methods

We used a quasi-experimental study design and evaluated COMBAT in four districts. Two districts, KEEA and Agona East & West, were randomly selected to receive the intervention and two districts, AAK and Upper Denkyira East & West, were randomly selected to be control (no intervention) districts.

Data collection: We interviewed a randomly selected sample of women and men from communities in the four districts at baseline and at endline, two years after baseline.

Quantitative interviews: Baseline: 4126 (Women=2000; Men=2126); Endline: 4526 (Women= 2198; Men=2328)

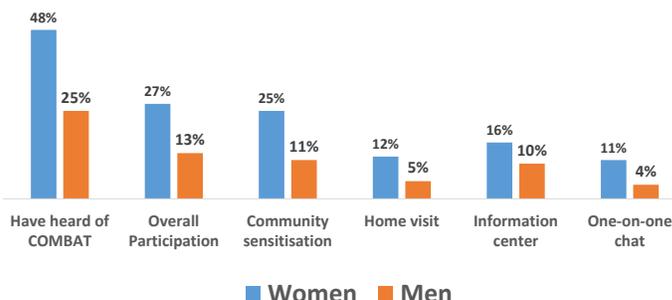
We conducted qualitative research at baseline, mid-line & endline. There were 38 Focus Group Discussions; 111 In-depth Interviews & 45 Key Informant Interviews

The intervention was rolled out for **18 months**

Data analysis: we conducted a cluster level Difference in Difference analysis and considered all women and men in a community as potentially exposed for the purposes of the main analysis (intention to treat analysis).

Quantitative results

Coverage of COMBAT: Proportion of community members exposed to COMBAT and COMBAT activities



RESULTS OF THE PRIMARY OUTCOMES ANALYSIS (DIFFERENCE BETWEEN BASELINE AND ENDLINE COMPARED BETWEEN THE INTERVENTION AND CONTROL ARMS)



KEY FINDINGS

The direction of change in all the primary outcomes in women and men showed evidence of a reduction and this was statistically significant for sexual violence reported by women.

- These analyses have been adjusted to take into account any differences in social and demographic characteristics of people interviewed between control and intervention arms.
- In women, there was also anticipated change in all secondary outcomes and statistically significant reductions in partner controlling behavior and less depression.
- In men there was evidence of lower reported perpetration of physical IPV in the intervention group as compared to the control group. Further gender attitudes were reported as more equitable in the intervention than the control arm.
- Although the overall direction of effect was that of lower IPV, in both intervention and control communities the sexual IPV and economic and emotional IPV reports of men were higher at endline, but comparatively the increase was less than that among the men in the intervention arm communities, and the degree to which it was less was statistically significant for economic and emotional IPV.

REFERENCES: 1. WHO (2013) Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence
2. GSS, GHS, & ICF Macro. (2009). Ghana demographic and health survey 2008 Accra, Ghana: Ghana Statistical Service, Ghana Health Service, and ICF Macro.

STORIES OF CHANGE DUE TO THE INTERVENTION

*“Now you know when there is any problem you have COMBATs to talk to”; “We know when we call on them, there will be peace that is why we call on them”; “Violence is a bad practice so **having someone mediate is a good thing and we are comfortable**”..(Extracts from female FGD, all participants >35 years)*

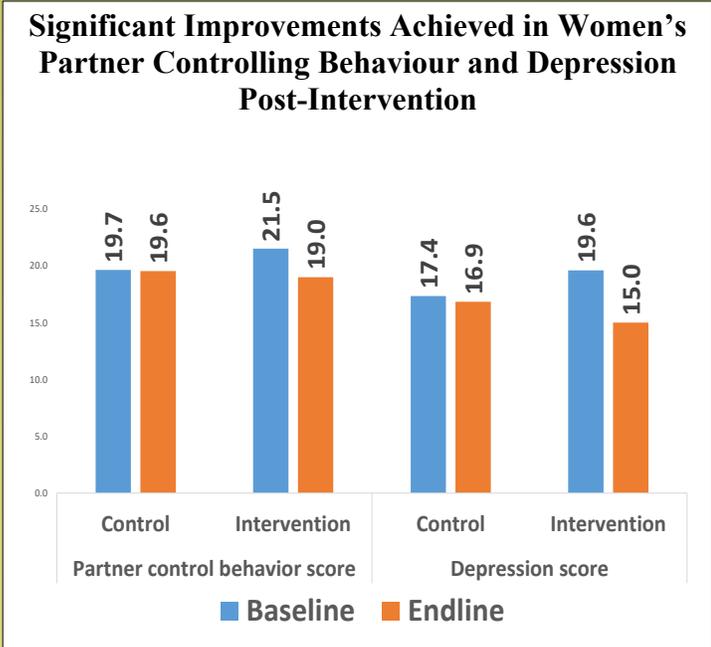


“Also matters concerning a child who has been raped should not be solved at home at all. We don’t have to bath her or even wash her cloths. They have to send to the COMBAT people who will help and direct the victim where to go; first to the Police station where they will be given forms to send to the hospital. And that the COMBAT people need not even say anything concerning the rape at all. So these are some of the discussions that were given to us.”(44 y/o, Female, FGD)

“Beating and “throwing out” of wives by husbands rarely happens these days because of the influence of the COMBAT people. The husbands are very much aware that if they commit such an act, COMBAT will deal with them accordingly. Even if couples have issues between themselves, they only quarrel in the confines of their homes but not to the point of beating and throwing out the woman.” (29y/o, Female, IDI)

How to share property when one’s partner dies and how to deal with husbands who do not cater for their children. I had no idea about all these things from childhood. All I saw was the family of the deceased share the property amongst themselves. I now know that when one loses a spouse, the living spouse owns their house. If there are a lot of houses, the spouse chooses hers before the relative of the deceased can choose, so we have learnt a lot from COMBAT. (30y/o, Male, IDI)

“I’m not yet married but in this community I have realized that misunderstanding between spouses have reduced so now we the single ones are learning from them so even before we get married we already know how to manage and take care of our wives.”(38y/o, Male, FGD)



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- ### CONCLUSIONS
- VAWG is a major problem for families and communities in Ghana but it can be prevented
 - The COMBAT (RRS) intervention showed benefit for women, with 18 months of intervention delivery. Social norm change in communities takes time and it is likely that with longer time even greater impact would be seen
 - Careful recruitment, training and support of the COMBAT team members is vital for its success
 - Both men and women play a critical role in the COMBAT teams, and ideally working in male-female pairs. It is important that male community members are supported to critically reflect on their attitudes to gender equity and change their violent behaviour
 - Support for women experiencing VAWG provided by COMBAT teams was key for this intervention. It may be possible and beneficial to extend this to some other aspects of community-led sexual and reproductive health care

ACKNOWLEDGEMENTS: (1) All chiefs and people of the Central Region and participants from the 4 participating districts (2) All National, regional and District heads of the Ghana Police Service, Social Welfare, CHRAJ and the Ghana Health Services (3) All field staff who collected data for the survey (4) All administrative staff and programme managers of the SAMRC, UGSPH and Gender Centre (5) All other stakeholders who played a role