



PROGRAMME SUMMARY

MAISHA Intervention in Tanzania

PROGRAMME AT A GLANCE

MAISHA is a social empowerment intervention designed to build healthy, violence-free relationships. Two trained female facilitators deliver 10 sessions to groups of about 20 women. The women attend these participatory, reflective and transformative sessions covering topics related to gender, power, violence and relationship skills over a 20-week period.

When MAISHA was delivered to women participating in established microfinance loan groups, it had an impact on physical intimate partner violence (IPV) over and above any impact realized through participating in loan groups alone. By contrast, MAISHA did *not* appear to have an impact on IPV when delivered to groups of women recruited from the neighbourhood rather than from established loan groups.

BACKGROUND

MAISHA — which means “life” in Kiswahili — is a social empowerment intervention designed to support women in northern Tanzania to build healthy, violence-free relationships. It builds on the Microfinance for AIDS & Gender Equity (IMAGE) project and Sisters for Life curricula delivered in rural South Africa.¹

Programmes that combine economic interventions, such as microfinance, with group-based social empowerment interventions, such as gender transformative training, have shown the greatest success in reducing IPV compared to either intervention alone.²

The MAISHA intervention was implemented and evaluated in two phases:

- In Phase I, to test the impact of MAISHA over and above the impact of microfinance, it was delivered to women participating in established microfinance loans groups. The Phase I evaluation compared women participating in both the microfinance groups and social empowerment training to women participating only in the loan groups.
- In Phase II, it was delivered to women in newly-formed neighbourhood groups who were not receiving microfinance. The Phase II evaluation compared women participating in the stand-alone social empowerment training to women in groups who were waitlisted to receive the training at a later date.

PROGRAMME CONTEXT

MAISHA was implemented in Mwanza city, northern Tanzania. At the start of the intervention, many participants reported experiencing IPV in the past year: almost a third reported physical and/or sexual IPV, slightly more than a third reported emotional abuse and economic abuse and almost two thirds reported controlling behaviour by a partner.³ These rates of IPV reflect those across Tanzania.⁴ In this context, women face gender inequalities and severe economic vulnerability, lack inheritance rights and are financially dependent on their male partners. These factors heighten their vulnerability to experiencing violence and hinder their ability to leave violent relationships.



PROGRAMME DESCRIPTION

MAISHA was implemented under the STRIVE consortium with funding from the United Kingdom Department for International Development (DFID) and an anonymous donor.⁵ It was a collaborative effort coordinated by the Mwanza Intervention Trials Unit, the Tanzania National Institute

of Medical Research and the London School of Hygiene & Tropical Medicine (LSHTM) in partnership with BRAC Tanzania, a microfinance nongovernmental organisation who provided small loans and implemented weekly activities with established microfinance groups.

Type of Intervention	Group-based social empowerment training
Participants	Women in established microfinance groups, women in newly-formed neighbourhood groups (not participating in microfinance)
Number of Participants	20 participants per group
Facilitators	Two trained female facilitators per group
Number of Sessions	10 sessions (a session every other week over 20 weeks)
Content	Gender norms, gender roles, healthy and unhealthy relationships, power and control in relationships, negotiation, communication, violence, personal boundaries, nonviolent conflict resolution, empowering change

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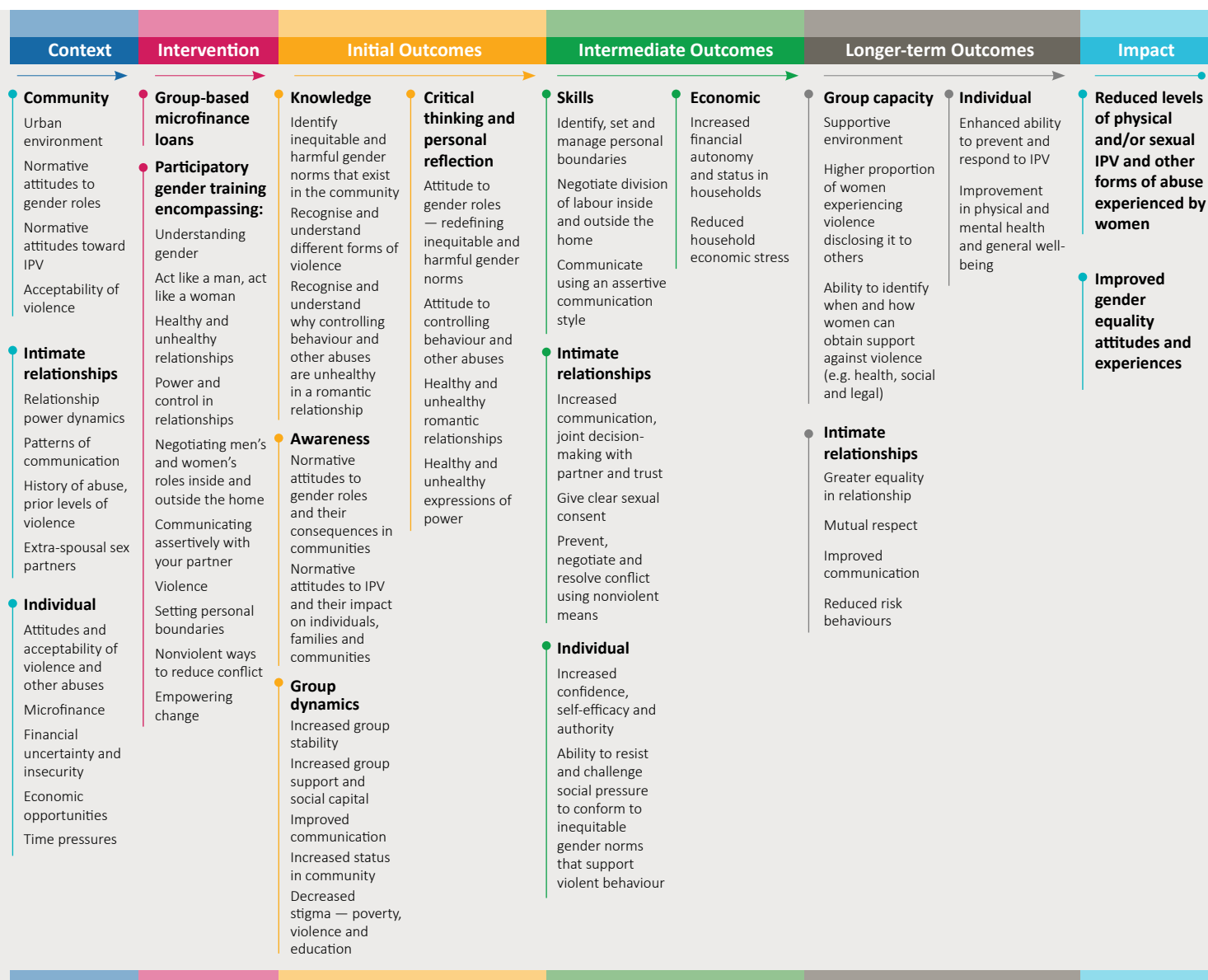
THEORY OF CHANGE

MAISHA aims to empower women and support them to build healthy, violence-free relationships with their intimate partners. It focuses on the following key areas of change, as shown in the diagram:

- Initially, increase women's knowledge, awareness of and personal reflection about the consequences of normative attitudes around gender inequalities and IPV and of controlling behaviours, violence and healthy relationships.
- In the intermediate term, develop relationship skills, for example in communication and conflict resolution; increase

confidence and self-efficacy and strengthen financial autonomy and status.

- Longer term, empower participants to create change, for example by safely challenging violence and providing support to victims of abuse; improve physical and mental health and well-being; enable women to disclose violence and identify sources of support and achieve greater equality and respect in relationships.
- Throughout, the group dynamic serves to increase peer support and social capital.



PROGRAMME ACTIVITIES

MAISHA consists of 10 social empowerment training sessions that follow the *Wanawake Na Maisha* curriculum (meaning “women and life” in Kiswahili). The EngenderHealth and MAISHA teams designed the curriculum to be participatory, reflective and transformative. Two trained female facilitators deliver the sessions to groups of about 20 women each, combining presentations, small group activities and discussions, and take-home exercises so participants can practice the skills they learn during sessions. The groups of women meet every other week over 20 weeks. Each session is between 1.5 to 2 hours, for a total of about 20 hours.

In Phase I, the coordination team identified three areas in Mwanza city and worked with BRAC to identify established microfinance groups in those areas to invite to take part in MAISHA. Each group of about 20 women continued to borrow money and participate in weekly BRAC microfinance loan activities, but also participated in the 10 sessions. The sessions were held every two weeks during each groups' weekly loan repayment meeting. A total of 33 groups received social empowerment training in addition to the microfinance component.

In Phase II, 33 new neighbourhood groups of around 20 women each were formed to participate in the social empowerment training. Unlike in the first phase, these women were not taking part in a formal microfinance loan scheme.

For both phases, the facilitators were recruited and trained by the MAISHA investigators on the curriculum materials and on developing their facilitation skills through role play. Eleven facilitators were recruited in total to deliver the intervention. Initially, three facilitators who had previous experience implementing gender interventions were recruited. After a short training, they helped pilot the curriculum, supported its adaptation after the pilot and helped train additional facilitators. Eight additional facilitators who had either studied or worked on gender issues were then recruited and participated in a weekly training session over a 10-week period, led by members of the MAISHA team in Tanzania.

The facilitators were then formally employed by the project, and spent another four weeks practicing the training with the facilitator group. The facilitator training included:

- Understanding gender equitable behaviour and attitudes,
- Managing group dynamics (including emotional reactions and disclosure of sensitive information),
- Establishing a safe and comfortable learning environment and
- Encouraging all participants to take part in discussions.

The facilitators were guided by a curriculum manual, which provides guidance and tips and notes for the facilitators. The facilitators were monitored and supported by the programme team leader throughout the implementation. The groups generally met at a group chairwoman's house or in a location that allows for privacy such as a local cafe or guesthouse.

PROGRAMME CURRICULUM

Topic	Content
Introduction and understanding of gender	<ul style="list-style-type: none"> • What is meant by gender and sex? • How can gender norms affect women's health and wellbeing?
Act like a man, act like a woman	<ul style="list-style-type: none"> • What are common gender norms for men and women? • How can inequitable gender norms contribute to negative outcomes such as HIV and violence? • How can inequitable gender norms be changed?
Healthy and unhealthy relationships	<ul style="list-style-type: none"> • What are healthy and unhealthy behaviours that exist within relationships? • What are the characteristics of healthy relationships? • What are intolerable relationship behaviours?
Power in relationships	<ul style="list-style-type: none"> • What is it like to have power (i.e. control) over someone and to be controlled by someone? • What is power and how can it be used to help or control someone? • What areas of your life would you like to have more power on and how can this be obtained?
Negotiating men's and women's roles	<ul style="list-style-type: none"> • What are the roles, responsibilities and workloads for men and women in the families? • How much time do women spend caring for themselves and for others? • What are the implications of women's heavy workload for their health and wellbeing? • Is the division of labour between men and women in the home fair, healthy or natural?
Communicating assertively with your partner	<ul style="list-style-type: none"> • What is communication and what are the phases of communication? • What is the difference between passive, aggressive and assertive communication? • How can "I" be used to communicate assertively?
What is violence	<ul style="list-style-type: none"> • How do we define violence? • What are the different forms of violence against women? • What impact does violence against women have on couples, families and communities? • What are the alternatives to violence?
Setting personal boundaries	<ul style="list-style-type: none"> • Why is it important to know what your own personal boundaries are? • What is meant by sexual consent? • How can we use assertive communication to consent or not to consent to sexual activities?
Nonviolent ways to resolve conflict	<ul style="list-style-type: none"> • How do childhood observations of conflict influence how you resolve conflict as an adult? • What are fair arguing rules? • How can you use assertive communication to make a complaint?
Empowering change	<ul style="list-style-type: none"> • How can we challenge violence in communities in ways that are productive and safe? • How can we provide support to victims of violence in our communities? • What are the benefits to challenging violence against women to the community and to women?



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MONITORING AND EVALUATION

The MAISHA evaluation comprised of:

- Two cluster randomised controlled trials (Phase I and Phase II) with intervention and control groups to understand the programme’s effectiveness in reducing IPV over a period of two years. In each of the trials, 33 groups were randomly assigned to the control arm and 33 groups were allocated to the intervention arm.
- Two complementary longitudinal qualitative studies to learn more about the experience of participants and how the intervention impacted their lives, their experiences of violence and their families.
- An integrated process evaluation to explore the implementation, reception and context of the intervention.
- An economic evaluation to evaluate the total costs of the development and implementation phases for each of the trials.

Primary outcomes measured	Secondary outcomes measured
<ul style="list-style-type: none"> • Women’s reported experience of physical IPV, sexual IPV or both in the past year • Women’s reported experience of emotional IPV • Attitudes and beliefs about IPV • Disclosure of IPV to others 	<ul style="list-style-type: none"> • Productivity of the loan groups (microfinance intervention arm only) • Household asset ownership • Patterns of household communication and conflict resolution • Sexual and reproductive health, including reported sexual behaviour and use of services • Common mental disorders • Ability to resist social pressure and challenge gender norms

The results of the Phase I MAISHA trial, comparing participation in both microfinance and social empowerment training to participation in microfinance only, showed that over a two-year period:

- Reported past-year physical and/or sexual IPV was lower among women who participated in both the microfinance groups and social empowerment training compared to those who participated in the microfinance groups alone.
- The effect was greatest for past-year physical IPV, which was reduced by a third.
- Women who participated in the social empowerment training were much less likely than those who did not take part to express attitudes accepting IPV, express beliefs that IPV is a private matter or that a woman should tolerate IPV to keep her family together.

The results of the Phase II MAISHA trial, among women who were NOT participating in formal microfinance programmes, showed over a two-year period:

- No difference in reported physical or sexual IPV between women who did and did not take part in the social empowerment training.
- Reported past-year emotional IPV was reduced among women who participated in the social empowerment training.
- Women who participated in the social empowerment training were much less likely than those who did not take part to express attitudes accepting IPV, express beliefs that IPV is a private matter or that a woman should tolerate IPV to keep her family together.

PROGRAMMING LESSONS

- The positive results from the first MAISHA trial confirm that combined social and economic empowerment interventions can reduce IPV compared with stand-alone microfinance interventions.
- The MAISHA intervention is feasible to deliver within a manageable programmatic timeframe; and women who participated responded positively to the intervention.
- More work is needed to understand how best to engage men to effectively address IPV. In Phase II, the team intended to work with male partners and developed a specific curriculum for this. However, there were issues recruiting men, and attendance at the sessions was poor, so the team stopped recruiting men and continued working with women only.
- Although a small stipend was given for attending the social empowerment training sessions, delays of loan payment and the pressure on women to conduct their business activities may have led some women to miss sessions. Better strategies may be needed to address these practical challenges.



BREAKING OPEN THE GENDER BOX

The MAISHA curriculum introduced the metaphor of oppressive gender norms as a box that constrains women's lives — being “boxed-in” by one's gender. This metaphor resonated deeply with many women, who used it to describe their experiences and understanding of oppression, as well as their process of change as a result of participating in the sessions: “For example, we didn't know that we were in small boxes... We were taught and then understood, and we have come out of our boxes... So, we are free... We are out of the box.”⁶

SOURCE DOCUMENTS

Abramsky T, Lees S, Stöckl H, Harvey S, Kapinga I, Ranganathan M, Mshana G, Kapiga S. Women's income and risk of intimate partner violence: secondary findings from the MAISHA cluster randomised trial in North-Western Tanzania. *BMC Public Health*. 2019;19(1):1108. doi.org/10.1186/s12889-019-7454-1

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STRIVE. Maisha: Microfinance and gender training to reduce violence against women. 2019; London: STRIVE. <http://strive.lshtm.ac.uk/projects/maisha-microfinance-and-gender-training-reduce-violence-against-women>



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ENDNOTES

- 1 IMAGE combined a group-based microfinance intervention with a participatory gender and HIV training curriculum for loan participants. An impact evaluation (randomised cluster controlled trial) of IMAGE found that levels of sexual and physical IPV reduced by 55% over a two-year period.
- 2 Kerr-Wilson A, Gibbs A, McAslan EM, Ramsoomar L, Parke A, Khuwaja HMA, Jewkes R. A rigorous global evidence review of interventions to prevent violence against women and girls. 2020; Pretoria: What Works to Prevent Violence Against Women and Girls Global Programme.
- 3 The baseline study for the second impact evaluation found slightly higher levels of IPV.
- 4 Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. *The Lancet*. 2006;368(9543):1260-9. doi.org/10.1016/S0140-6736(06)69523-8; National Bureau of Statistics. Tanzania demographic and health survey 2010.; Ministry of Health, Community Development, Gender, Elderly and Children. Tanzania demographic and health survey and malaria indicator survey 2015–16.
- 5 STRIVE. Maisha: Microfinance and gender training to reduce violence against women. 2019; London: STRIVE. <http://strive.lshtm.ac.uk/projects/maisha-microfinance-and-gender-training-reduce-violence-against-women>
- 6 Lees S, Marchant M, Selestine V, Mshana G, Kapiga S, Harvey S. The transformative effects of a participatory social empowerment intervention in the MAISHA intimate partner violence trial in Tanzania. *Culture, Health & Sexuality*. 2020:1-6. doi.org/10.1080/13691058.2020.1779347



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