



PROGRAMME SUMMARY

The 'COMBAT' Programme, Ghana

PROGRAMME AT A GLANCE

This programme developed a Rural Response System (RRS) to mobilise community members, state agencies and other key actors to prevent and respond to violence against women and girls (VAWG) in rural communities in the Central region of Ghana.

Using Community-Based Action Teams (COMBAT), it aimed to raise awareness about the causes and consequences of VAWG, change social norms and practices that drive intimate partner violence (IPV) and facilitate coordinated responses between COMBAT, state agencies and key actors to support survivors of violence to access counselling, legal and other social services.

A randomised controlled trial (RCT) of the COMBAT programme found that the intervention reduced both past year physical IPV and past year sexual IPV by more than half.

BACKGROUND

The 'COMBAT' programme dates back to 2002 when the Gender Studies and Human Rights Documentation Centre (Gender Centre) in Ghana first developed the Rural Response System (RRS) approach- inspired by the 'Duluth Model' - to address domestic violence. It was first piloted in three communities for two years and then scaled up in 15 communities from 2005–2008 in the Eastern region, Ashanti, Upper East and Upper West Regions of Ghana. From 2010–2013, the approach was implemented in communities in the Ashanti region, and a retrospective qualitative evaluation concluded that the programme had contributed to positive shifts in knowledge, attitudes and behaviours of beneficiaries with respect to gender roles and relations and violence against women and girls (VAWG). Recognising the potential of this approach and the need to generate more evidence on VAWG prevention strategies in Ghana, in 2015, the Gender

Centre and the University of Ghana received funding from the DFID What Works programme to implement and evaluate the COMBAT programme in four districts of Central Ghana.

The 'COMBAT' programme uses a community response model (the Rural Response System) which recruits and trains Community-Based Action Teams 'COMBAT' and engages state actors and service providers to prevent and respond to VAWG. It aims to: (i) raise public awareness about the causes and consequences of VAWG and women's rights, and change harmful social norms and practices that perpetuate violence; (ii) enhance coordinated efforts between community members, state agencies and other key actors to respond to violence within communities; and (iii) establish referral systems for survivors of violence to access support services.

© Gender Centre Ghana



PROGRAMME CONTEXT

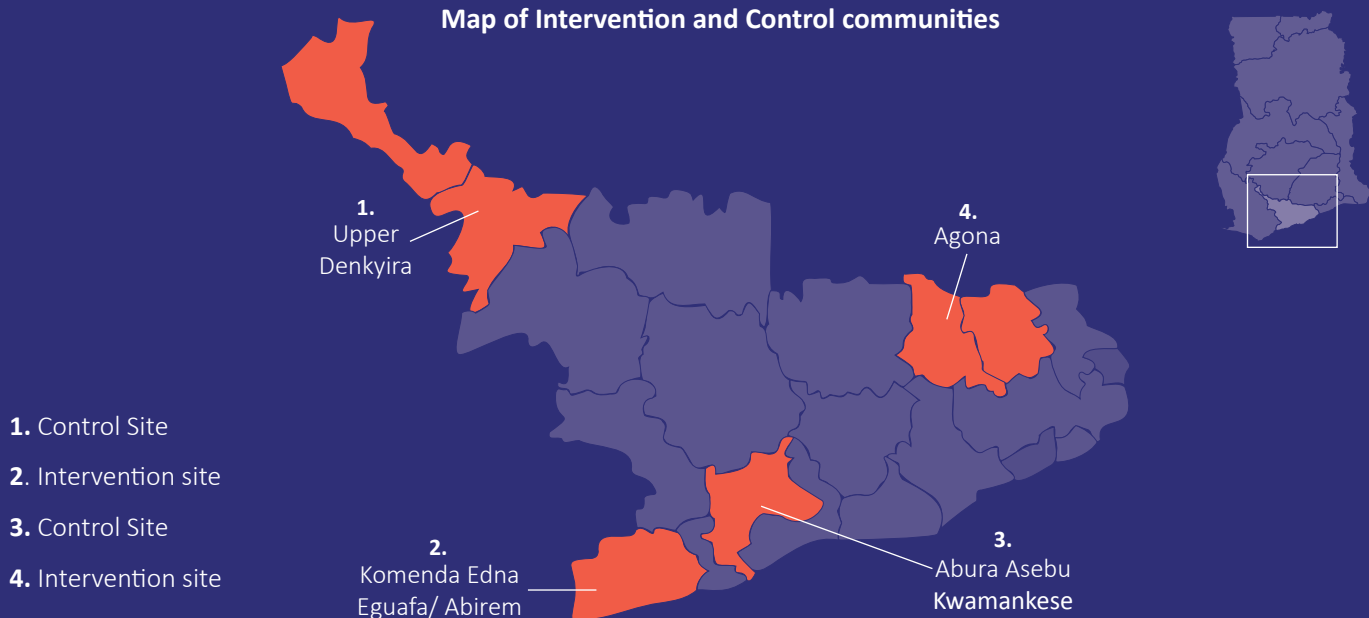
Estimates of IPV prevalence in Ghana have increased in recent years. The 2009 Ghana Demographic Health Survey (GDHS) found that 36.6% of women aged 15-49 years reported experience of physical violence since age 15 and 18.8% reported lifetime experience of sexual violence.³ Among ever-married women, 34.9% reported some form of violence (physical, sexual or emotional) perpetrated by a husband or partner in the last 12 months preceding the survey.

Other research in Ghana has shown that poor economic conditions and negative social norms mean that women lack power compared to men and that this can result in gender-based coercion and violence.⁴ VAWG in Ghana has been treated as a private matter resulting in widespread tolerance, victim blaming, under-reporting and a lack of support for survivors of violence. Although Ghana passed the Domestic Violence Act (732) in 2007, the legislative instrument to implement the Act was passed only in 2016 and has had a limited impact in the lives of rural populations in Ghana.⁵

In 2016-2018, COMBAT was implemented for 18 months in 20 rural and urban communities in two districts located in the Central region of Ghana: Agona (coastal) and Komenda (inland) districts. The impact evaluation included 20 intervention communities and a further 20 control communities in Abura and Upper Denkyira districts. The baseline study conducted across these 40 communities found that almost 34% of women had experienced IPV in the past year with 21.4% of women reporting sexual and or physical forms of violence, 24.6% reporting emotional IPV and 7.4% reporting economic IPV.

The baseline analysis concluded that the following factors were significantly associated with increased odds of past year physical or sexual IPV: depression, disability, witnessing abuse of mother, experience of childhood sexual abuse, having had multiple sexual partners in the past year, control by a male partner, male partner alcohol use in the past year and male partner infidelity.⁶

Map of Intervention and Control communities



PROGRAMME DESCRIPTION

The 'COMBAT' programme was based on global evidence that suggests that community-led and evidence-based interventions supported by local actors (e.g. traditional and religious leaders) are crucial to changing patriarchal attitudes that underpin violence. Such interventions enable community ownership of violence prevention activities, address context-specific needs and build trust, resulting in more impact in preventing VAWG within a given context.⁷

The 'COMBAT' programme mobilised state and community-based structures to prevent and respond to VAWG through:

- Raising awareness about VAWG as a social issue, its criminal nature and the types and consequences of VAWG;
- Shifting the attitudes of traditional and religious leaders and community members about the patriarchal norms that produce and perpetuate violence;

- Improving public knowledge about women's rights, the law (family law, Children's Act, Inheritance law) and information about support services to survivors of violence;
- Increasing the capacity for coordinated response between community structures and state agencies, to provide support services and referrals to survivors of violence—including counselling and accessing legal services.

The intervention design was based on a Rural Response System (RSS) developed in 2002 by the Gender Studies and Human Rights Documentation Centre (Gender Centre). Central to the theory of change of the RRS is to prevent VAWG through sustained and cumulative interventions to change ingrained norms and learned behaviour over long periods of time. "A Guide to Developing a Community Response to Violence Against Women in Ghana" by the Gender Centre provides comprehensive information about the RSS model.

SELECTION OF COMBAT MEMBERS

120 COMBAT members were deployed over 18 months of the intervention. They were selected by community members with the Gender Centre facilitating the process. The size of each COMBAT was 6-10 members depending on the size of a community. The following criteria were used for the selection of COMBAT members:

Criteria for selecting COMBAT members from a given community:

- He/she must be someone who can keep confidences;
- He or she is not known to be violent themselves;
- He/she is someone well respected within the community;
- He/she has a spirit of volunteerism and would commit to the project;
- Equal representation of men and women within a given community;
- Literacy is not a requirement, but it is essential to have at least one literate member from the community to handle documentation;
- No age limit is set. The average age of members is generally about 40 years.

CURRICULUM AND TRAINING

The training of COMBAT members was based on a training manual developed by the Gender Centre. The five-day training was run by experienced facilitators using adult training methodologies and comprises a range of topics to equip COMBAT members to prevent and respond to VAW in their communities.

Topics covered during training given to COMBAT members:

- Education on the types, causes and impacts of VAWG;
- Information on the applicable laws of Ghana that deal with violence;
- Skills on conflict resolution, advocacy, counselling;
- Training on how to empower survivors to make informed decisions by providing information and support with referrals to relevant social services (police, social welfare, health and health, commission on human rights);
- Ensuring survivor-centred approaches—not to force a survivor to do something that they do not want to do, and not to compromise issues dealt with by the law;
- Interactive and gender-transformative exercises to enable COMBAT members to evaluate their own biases, understandings and social norms.



© Gender Centre Ghana.

A three-day capacity building training was also provided to staff of state agencies to strengthen their ability to respond to reported cases of violence.

These state agencies included the Police/Domestic Violence Support Unite (DOVVSU), Department of Social Welfare (DSW), Commission on Human Rights and Administrative Justice (CHRAJ), and the Ghana Health Service (GHS).

ONGOING SUPPORT AND MENTORING

- COMBAT members were supported with subsequent training on counselling, laws and conflict resolution, carried out every three months.
- One year after the initial training, refresher training was provided to both COMBAT and staff of agencies providing support services.
- Gender Centre staff provided technical support to the COMBAT, whether face-to-face or on the telephone, to help to solve any issues emerging during their activities.

TIMEFRAME

The intervention was carried out over 18 months from 2016 to 2018. A baseline study was carried out over a period of five months at the beginning of 2016 before the training of the COMBAT commenced in June.

A midline assessment was carried out twelve months after the roll out of the intervention and the endline assessment started in January 2018 after the intervention ended in December 2017.

COST

No remuneration was given to COMBAT teams as they were volunteers. However, refreshments were provided during training workshops and meetings. Also the teams were reimbursed for any costs related to their activities.

The main costs are therefore the programming costs of the implementing NGO and the technical support from the Gender Centre.

MONITORING AND EVALUATION

- The animator assigned to each COMBAT held bi-monthly meetings with the COMBAT, documented activities and cases and submitted monthly progress reports to the Gender Centre staff.
- Gender Centre staff also held monthly meetings with each COMBAT and observed some of the community events.
- Quarterly community meetings gave community members the opportunity to give feedback on the implementation of the RRS and the work done by the COMBAT.
- An impact evaluation was carried out by the School of Public Health at the University of Ghana, Legon. It consisted of quantitative and qualitative interviews at baseline, midline and endline. It was a quasi-experimental study design which compared two randomly selected intervention districts and two control districts.
- The evaluation found the following positive results:
 - A 55% reduction in women's experience of sexual intimate partner violence (statistically significant);
 - A 50% reduction in women's experience of physical intimate partner violence (not statistically significant);
 - Statistically significant reductions in male partner controlling behaviour and depression among women;
 - Improved gender attitudes among men and women.
- The intervention reduced violence following 18 months of intervention delivery, indicating its long term impact.

PROGRAMMING LESSONS

Awareness raising and social norms change

- The limited awareness of drivers and consequences of VAWG, especially in rural communities, calls for continued awareness raising, alongside information on the legal rights of victims and responsibilities of first responders.
- Norm change interventions require working with the whole community. The skills, agency and knowledge of community members should be recognised and harnessed. Interventions are more likely to be effective when they are community-led, locally-owned and context-specific to help build rapport and trust and ensure buy-in.

Providing access to counselling and social services

- During the programme period, over 200 cases were reported to COMBAT for counselling and support to report to the Police and Social Welfare. The COMBAT serve as an intermediary before issues escalate. They then refer criminal cases to the Police.

Engaging women and men

- More women than men participated in COMBAT activities. In order to engage more participation of men, the messages may need to be adapted to highlight the benefits of reducing violence to the entire household and communities beyond the immediate benefits to women.

Engaging community leaders in prevention

- Many traditional and religious leaders facilitated the work of the COMBAT teams, providing space in community meetings and speaking out against violence.

Engaging state agencies

- The intervention shows state agencies, such as police, social welfare as are to ensure effective response. State agency personnel need to be supported to change their attitudes to reported cases.

Selection of COMBAT members

- Community involvement in selection of COMBAT members is critical to acceptance of COMBAT messages and activities. Those selected should fulfil the criteria for selection. It is important to ensure that community leaders do not impose their favourites individuals who may not qualify.

Support and training provided to COMBAT teams

- The training provided to COMBAT members needs to be sufficiently intensive to complete all components of the manual and ensure their comprehensive understanding of VAW, its causes and consequences.
- Most volunteers have their own economic activity, as farmers or traders, so it is important to schedule training activities at mutually agreed times e.g. not at the start of the planting season.
- Training must also be staggered so participants are not away from home for too long.
- Facilitators should use interactive adult training methodologies, (role plays, exercises) and not lectures to make the training relevant.
- Continued support for COMBAT members is vital, recognising that they are dealing with issues and concepts that may be new for them. Easy access to the lead organisation's staff, in addition to regular monitoring is important to support COMBAT in their work.

Scale up

- This intervention is ready for scale up to other districts of Ghana, provided that the core elements are retained - including careful selection, training and supervision of COMBATs, training of state actors, and ensuring a coordinated approach to prevention and response.



ACKNOWLEDGEMENTS

We thank Dorcas Coker-Appiah at the Gender Centre and Lyndsay McLean for their reviews of this programme summary.

SOURCE DOCUMENTS

Addo-Lartey, A.A., Ogum Alangea, D., Sikweyiya, Y., Chirwa, E.D., Coker-Appiah, D., Jewkes, R. & Adanu, R.M.K. (2019). Rural Response System to Prevent Violence Against Women: Methodology for a Community Randomised Controlled Trial in the Central Region of Ghana. *Global Health Action*, 12(1), DOI: 10.1080/16549716.2019.1612604

Jewkes, R., Willan, S., Heise, L., Washington, L., Shai, N., Kerr-Wilson, A. & Christofides, N. (forthcoming). Effective Design and Implementation Elements in Intervention to Prevent Violence Against Women and Girls.

Ogum Alangea, D., Addo-Lartey, A.A., Sikweyiya, Y., Chirwa, E.D., Coker-Appiah, D., Jewkes, R. & Adanu, R.M.K. (2018). Prevalence and Risk Factors of Intimate Partner Violence Among Women in Four Districts of the Central Region of Ghana: Baseline Findings from a Cluster Randomised Controlled Trial. *PLoS ONE* 13(7), <https://doi.org/10.1371/journal.pone.0200874>.

Tackling the Pervasive Social Issue of VAWG: Using Community-based Action Teams (COMBAT) to Prevent Violence against Women and Girls. What works to Prevent Violence (online). Available from: www.whatworks.co.za/global-programme-projects/gender-centre-ghana

What Works to Prevent Violence. (2018). COMBAT—A Rural Response to Preventing Violence Against Women and Girls. Evidence Brief. <https://www.whatworks.co.za/documents/publications/239-combat-a-rural-response-to-preventing-violence-against-women-and-girls/file>

What Works to Prevent Violence Against Women. (2018). Impact Assessment of the COMBAT Intervention to Prevent Violence against In Four Districts Of Women and Girls In Four Districts of the Central Region Of Ghana.

ENDNOTES

- 1 The central premise is that VAW is a crime and a human rights violation and that all state and non-state partners must prioritise the safety and autonomy of the survivor. Pence, E. & Paymar, M. (1993). *Education Groups for Men Who Batter: The Duluth Model*. New York, NY: Springer Publishing Company.
- 2 *Womankind* (2014). *Prevention is Possible: The role of women's rights organisations in ending VAWG in Ethiopia, Ghana and Zambia*. Available from: [https://www.womankind.org.uk/docs/default-source/resources/reports/prevention-is-possible-\(1\).pdf?sfvrsn=0](https://www.womankind.org.uk/docs/default-source/resources/reports/prevention-is-possible-(1).pdf?sfvrsn=0)
- 3 Ghana Statistical Service (GSS), Ghana Health Service (GHS), and ICF Macro (2009). *Ghana Demographic and Health Survey 2008*. Accra, Ghana: GSS, GHS, and ICF Macro.
- 4 Ghana AIDS Commission. (2009). *The HIV and AIDS programme of work 2009*. Accra, Ghana: GAC.
- 5 *What Works to Prevent Violence*. (2018). *COMBAT—A Rural Response to Preventing Violence Against Women and Girls*. Evidence Brief. Available from: www.whatworks.co.za/documents/publications/239-combat-a-rural-response-to-preventing-violence-against-women-and-girls/file
- 6 Ogum Alangea, D., Addo-Lartey, A.A., Sikweyiya, Y., Chirwa, E.D., Coker-Appiah, D., Jewkes, R. & Adanu, R.M.K. (2018). Prevalence and Risk Factors of Intimate Partner Violence Among Women in Four Districts of the Central Region of Ghana: Baseline Findings from a Cluster Randomised Controlled Trial. *PLoS ONE* 13(7), <https://doi.org/10.1371/journal.pone.0200874>.
- 7 Abramsky, et al. (2011). What Factors are Associated with Recent Intimate Partner Violence? Findings from the WHO Multi-country Study on Women's Health and Domestic Violence. *BMC Public Health*.; George, A.S., Scott, K., Mehra, V. & Sriram, V. (2016). Synergies, Strengths and Challenges: Findings from a Systematic Health Systems Research Literature Review. *BMC Health Services Research*, 16(7), p.623.

