Abstract

From 2007 to 2012 a Kampala-based nonprofit called Raising Voices implemented a trial program that addressed structural violence in the community through the issue of gender based violence and the increase of HIV/AIDS. The program was developed into a model which has proven successful outside the initial trial, and provides a guideline of best practices for reducing gender based violence through community level interventions.

(Key words: gender based violence, structural violence, community, intervention)
Overview

The SASA! program was developed by the Kampala-based nonprofit Raising Voices, whose overall mission is preventing violence against women and children, specifically Intimate Partner Violence (IPV) and Child Maltreatment (CM).¹ The program, which underwent a cluster randomized control trial in Kampala in eight distinct communities from 2007-2012, was implemented by the Centre for Domestic Violence Prevention (CEDOVIP) and evaluated by the London School of Hygiene and Tropical Medicine alongside Raising Voices, CEDOVIP and Makerere University.²³ Using a community activist approach, wherein members of the community are trained and, after completing the course, given the opportunity to lead larger groups through the program, SASA! specifically sought to target the harmful power inequities between women, men, boys and girls which result in violence.

In the years since the trial of the SASA! program in Kampala, positive scientific and medical evaluations have led to a SASA! model which has been adapted for use with multiple organizations across 45 countries.⁴ SASA! offers a model for communities in Uganda, East Africa and elsewhere to use best practices in ethical and effective community based violence prevention interventions.

Structural Violence Theory

The necessity for the creation of a model such as SASA! in Uganda is predicated on the existence of deep structural violence. Structural violence “describes social structures- economic, political, legal, religious, and cultural- that stop individuals, groups, and societies from reaching their full potential.” These structures inequitably target specific groups of people, namely those with less power. These power dynamics are often rooted in a disproportionate political economy distribution that favors the powerful, and by extension, the wealthy. Anthropologist Paul Farmer acutely clarifies that more than the societal norms creating inequities in any one area of identification, the foundation of the violence experienced is the inequity of power and wealth. “Any distinguishing characteristic, whether social or biological, can serve as pretext for discrimination, and thus as a cause of suffering. In discussing each of the above factors, however, it is clear that no single axis can fully define increased risk for extreme human suffering... for wealth and power have often protected individual women, gays, and ethnic minorities from suffering... Similarly, poverty can often efface the “protective” effects of states based on gender, race, or sexual orientation.”

Gender Based Violence

The structural violence theory, evident across the globe, but perhaps more conspicuous in developing nations containing a higher level of those without power and or wealth, exacerbates the prevalence of specific uses of violence. One such use of violence is gender based violence (GBV). GBV employs the advantage in the power dynamic that heterosexual men have in society as a widely accepted social norm, which is then used to specifically target the groups

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with less power. Less powerful, targeted groups have historically been women, children, and men who are not heterosexual.

A study carried out by Guedes, Bott, Garcia-Moreno and Colombini helped connect the structural violence theory specifically as it relates to power dynamics in the political economy, and GBV in Uganda:

“The rationale for this review [of the SASA! program] stems from increasing evidence that IPV (Intimate Partner Violence) and CM (Child Maltreatment) intersect on a number of levels…four aspects of this intersection:”

1. Overlapping risk factors (e.g. unemployment, poverty and social isolation)
2. The presence of social norms that condone violence
3. Co-occurrence of IPV and CM in the same family, which has implications for the intergenerational transmission of violence
4. Similar health outcomes. IPV and CM share a number of commonly associated underlying risk factors, which include unemployment, poverty and high levels of community violence”

There is a clear connection between GBV and structural violence, specifically in the classifications of socio-economic status and political influence. Populations in poverty, unable to secure employment due to any myriad of factors from political policy, ethnic identity or inability to access necessary resources due to inequitable distribution, further compound the risk for GBV.

**The original SASA! Program**

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Developed by the Kampala-based nonprofit, Raising Voices, the SASA! program was a response to the pervasive level of GBV in addition to the increase in HIV infections as a result of this violence among the women and children in Kampala. “Sasa” is a Kiswahili word for “now,” and operates as an acronym for the four main steps of the model; Start, Awareness, Support and Action.\(^8\) SASA! embodied several unique concepts that were not previously integrated into community based prevention intervention projects. The SASA! model emphasized more than advocacy and awareness raising, and centered on creating a change in the very behavior of a community.\(^9\) However, perhaps the most unique and compelling element of the SASA! model was its integrative approach to power.

The first step to the program, aptly named ‘Start’ used a series of activities, discussions and debates to recognize power dynamics in the community, especially as a concept indivisible from the treatment of women, children and HIV/AIDS as a whole. The end goal of this step was to have participants “foster power within themselves to address these issues.”\(^10\) The encouragement of empowerment among the participants, comprised of both men and women, ultimately began with an identification of power on an individual level. The program, in a departure from most other GBV programs, did not preach shame to those who previously perpetrated violence.\(^11\)

The second step of the program was ‘Awareness.’ While not building the entire program around awareness of the issues, as many nonprofits addressing GBV issues tended to focus on, SASA! incorporated awareness through the understanding of power dynamics. More than

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\(^10\) Ibid.
focusing on the result of the problem, i.e. GBV, the program concentrated on the cause: power. The awareness step “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.” This step helped community members recognize the role of men’s power dynamics have in the community and allowed for a deeper, easily identifiable reason for the resulting issues: GBV and HIV/AIDS.

The third step in the SASA! program was ‘Support.’ While the ‘support’ in this step encompasses support for women and children who have experienced IPV or CM, it also aimed to support men (who are traditionally the perpetrators of such violence) in their involvement with the program, offering a positive reinforcement for their commitment to use their power in a different way. In this step SASA! highlighted the collective power the community has to address the issue; power with others.

The fourth and final step of the SASA! model was ‘Action.’ A successful approach, as with any issue seeking sustained change, is the call to action for community members to spread the knowledge, skills and commitment they have to the community. SASA! linked the call to action with the individual power, which acted as a personal feeling of empowerment. The program charged participants to use “their power to prevent violence against women and HIV/AIDS.”

SASA! sought to address the topic of violence against women and children, as well as the prevalence of HIV/AIDS as a result of this violence, through its connection to power inequities

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12 “SASA! Mobilizing Communities to Inspire Social Change,” Raising Voices.
13 Ibid.
14 Ibid.
among the different groups in the community. By weaving the theme of ‘power’ through the stages of the program, violence against women and children became the topic to address, the vessel through which a more integral problem was discussed. The way the program was designed allowed power inequities to emerge as the systemic source of these harmful topics and how to recognize, and appropriately handle power.

**Outcomes**

The original structure of the SASA! program was conducted through a cluster randomized control trial which took place from 2007 to 2012. The evaluation, led by the London School of Hygiene and Tropical Medicine, resulted in a lengthy report published in 2014. The report ultimately revealed positive outcomes, as well as a strong potential for the change among the groups to be sustained in their behavior and actions.

Four central outcomes were identified by the evaluation.\(^\text{15}\)

i. Reduced social acceptance of gender inequality and IPV

ii. Decrease in experience of IPV

iii. Improved response to women experiencing violence

iv. Decrease in sexual risk behaviors

These outcomes, statistically analyzed and following a strict follow up procedure complete with surveys and data collected throughout the program from each of the eight communities over the five-year period, concluded that the program was successful. Specifically, the “intervention impacts were observed in the hypothesized direction for all primary outcomes assessed. Most strikingly, deeply entrenched behaviors shifted, with women’s past year experiences of physical

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\(^{15}\) Abramsky et al, “Findings from the SASA! Study.”
IPV and men’s past year concurrency approximately 50% lower in intervention communities compared to control communities.”  

**Model for Sustainable Practices**

The essence of the SASA! model specifically required not only the participation of community members, but their commitment to the goals of the program. Additionally, the program encouraged a diverse representation of the community to engage in the program. The program was deliberate in their “Community mobilisation approach which actively engages stakeholders within the community including activists, local government, cultural leaders, religious leaders, and professionals such as the police and health care providers.” The participation of all levels of the community ensured impacting each contributing factor of the power inequalities in the community. Furthermore, the structure of the program, which intentionally sought out different members of the community, also assured the inclusion of both men and women in engaging with the topic of GBV.

The inclusion of men in the program led to a more effective, more sustainable engagement with violence prevention practices. In a short ‘lessons learned’ report released in 2015, one year after the comprehensive evaluation of the program, and three years after the end of the original trial program, the engagement of men and women as a sustainable method of community mobilization was revealed in individual interviews of the participants. Four main themes among the interviews were identified:  

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16 Ibid.  
17 Bacchus et al., “Exploring opportunities for coordinated responses to intimate partner violence and child maltreatment.”  
1. Mixed-sex activities enhance and deepen understanding
2. There are greater gains when both members of a couple participate
3. Participants benefit from activities being led by both female and male activists
4. Engaging women and men together enhances discussion and diffusion of new ideas

These themes suggest that the approach SASA! used in engaging all members of the community in the topic resulted in a change in the way people thought about violence and power dynamics in their personal and communal relationships. The length of time from which the study was conducted, as well as the dramatic identifiable decrease in IPV rates, also encourages potential for the model as a method for sustainable community change.

**Challenges of the SASA! model**

While the evaluation of the SASA! study conclusively reported overall success, and promising, if not definably sustainable changes in the community behavior, the trial was not perfect. Challenges the program faced were in size of the study as well as the possibility that men’s self-report of perpetration was biased to convey lower levels of violence than reality. Even with the size limitation and the potential for men not reporting accurate levels of violence, one of the most significant challenges was the disruption of the SASA! program by the volatile political climate. The unforeseen stall in program progression for participants limited the time participants had in the program. Even with the delays and challenges, SASA! successfully completed the trial.

**Adaptations and International Reach**

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20 Abramsky et al, “Findings from the SASA! Study.”
Perhaps most telling of the level of success and sustainability SASA! has had is the various adaptations and global impact created since the conclusion of the trial in 2012. Raising Voices created a tool kit, available for free public use, to assist other agencies, ranging from nonprofits to UN bodies, in creating their own SASA!-like program. “Although SASA! looks different in each community there are also basic components that remain the same. Primarily the practice of phasing in ideas over time, reaching out to a cross section of community members, focusing activities and discussions around power and having community members and leaders at the forefront of all efforts.”

In addition to SASA! being used and adapted in 45 countries, Raising Voices recently released a new adaptation of the SASA! model which specifically uses faith (in both Christian and Muslim versions) to guide participants through the program. “Everyone in the faith community is involved—religious leaders, program leaders at local churches/mosques, members of churches/mosques and their families, faith-based media and services, local faith-based organizations who run programs or provide services.” SASA! Faith has the potential to reach deeply religious communities that may not otherwise participate in a non-faith community intervention.

**Conclusion**

The SASA! program provided a best practices model for communities to actively engage with concepts of structural violence and power dynamics through the issue of GBV and HIV/AIDS. While in the case of Kampala, the program certainly improved perspectives and specific behaviors with respect to GBV and HIV/AIDS, it ultimately helped communities to

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recognize how their power, both individual and communal, was being used. The four-step approach, grassroots efforts, community-led intervention and overall acceptance of the values of SASA! created a successful change in the way people in the community thought about power and structural violence. The adaptability and accessibility of the resources for SASA! allow it to be a shining example for community violence interventions, not only in East Africa, but globally.
Works Cited


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