Tithetse Nkhanza!

Malawi Violence Against Women and Girls Prevention and Response Programme

Technical Briefing Note: Measuring Survivors' Satisfaction with VAWG Response Services

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Introduction

This Technical Briefing Note provides an overview of the Survivor Satisfaction Survey designed by the Malawi Violence Against Women and Girls (VAWG) Prevention and Response Programme also known as Tithetse Nkhanza (TN). TN did not implement this survey design due to a budget cut, so further adaptations to the design may have emerged after initial testing.

Who is this paper for?
This paper is for practitioners implementing gender-based violence response and related services. The focus is on Southern Africa, though many dynamics and implications are relevant to a global audience.

Survivors of violence, particularly those who seek services, are generally a difficult population to reach, and conducting research on this group is ethically complex (Kelly et.al).[1] This brief presents an approach to gathering feedback on the experiences of this group, supporting the larger aim of understanding, measuring, and improving response services, particularly in Malawi. This brief was produced in line with TN's larger commitment to disseminate research approaches and findings, and contribute to the Community of Practice on VAWG. The thinking behind the survey design may be helpful to those seeking to implement a similar survey.

Tithetse Nkhanza

The TN programme aimed to reduce the prevalence of violence against women and girls and support progress towards the full realisation of women and children's human rights in Malawi. The programme began in 2019 with funding from the UK Foreign, Commonwealth and Development Office (FCDO) and was delivered by a consortium of Tetra Tech International Development, Social Development Direct and Plan International. TN implemented a range of approaches focused on addressing intimate partner violence (IPV), violence within the household, and harmful traditional practices such as early marriage, as well as improving response services for survivors.

TN's interventions were developed based on the programme's formative research, which aimed to understand the nature of VAWG and its drivers in TN intervention areas. Response interventions aimed to improve the delivery of services to VAWG survivors and were implemented across the delivery chain from the frontline, up to national ministerial level. At the frontline, these interventions targeted formal and informal service providers including police, healthcare workers, the Judiciary, and social welfare officers, traditional leaders, village tribunals, community victim support units and women's rights organisations.

TN's response activities included the following:

- Development and rollout of a **Gender Transformative Curriculum (GTC)** aimed to shift attitudes and associated behaviours of service providers towards VAWG survivors.
- Development and rollout of **National VAWG Response Referral Pathway Guidelines**, aimed to show services available for VAWG survivors and standards of case handling for response actors. The guidelines were accessible communication materials in the form of a poster that show the different services available in the formal and informal sectors, for women and girls who experience violence. The posters also show how institutions may refer survivors to other service providers as per their need, and the timelines that survivors *should* experience when accessing services. Community volunteers were oriented on the use of the materials because they were also considered as a first point of call for survivors of violence in the community.
- Assessment, capacity building and support to **Community Victim Support Units (CVSUs)**.

[1] Kelly, J.T., Betancourt, T.S., Mukwege, D. et al. Experiences of female survivors of sexual violence in eastern Democratic Republic of the Congo: a mixed-methods study. *Confl Health* **5**, 25 (2011). https://doi.org/10.1186/1752-1505-5-25

- **Survivor Support Fund (SSF)** which provided financial support to women who experienced violence to enable them access to essential VAWG services including justice and health services, temporary accommodation and psychosocial support as needed. The SSF was administered by local women's rights organisations (WROs) operating at community level in the programme's three target districts. The SSF was an innovative model not widely used in Malawi or globally and provides an opportunity for testing and learning how to best support women and girls who experience violence.
- **Survivor Accompaniment** which aimed to improve service accessibility for VAWG survivors by training WRO members to act as 'accompaniers'. These individuals supported survivors to use services and monitor the progress of their cases.

Taking a Survivor-Centred Approach

All of TN's activities adopted a survivor-centred approach, which prioritises the survivor's agency when they make contact and ensure that survivors' needs and views are respected whilst treating them with empathy. This approach ensures that survivors of violence:

- Receive the best care possible, and referral to relevant services.
- Are empowered to make decisions and get back a sense of control.
- Have their confidentiality protected and are treated with respect throughout.
- Go through a quick assessment of immediate needs and risks.

What is the Survivor Satisfaction Survey?

With the above interventions in mind, the survivor satisfaction survey is a data collection approach designed by TN to understand survivors' experience and perspectives on response services, based on both survivors' self-determined needs and expectations, as well as established quality standards. In addition, the survey was also designed to provide information on barriers facing survivors within the justice chain. Specifically, the survey sought to answer the following questions:

- How do survivors experience the services that they use, in terms of process and outcome?
- To what extent do services meet key quality measures? These include:
    - *Survivor centeredness*: To what extent are the multiple needs, risks and vulnerabilities of the survivor considered and responded to; to what extent was the survivor supported to make informed decisions about her case; to what extent did the service respond to the survivor's wishes?
    - *Accessibility*: Are services physically, economically, and linguistically accessible to all women and girls without discrimination?
    - *Appropriateness*: Are services delivered in a way that is agreeable to the survivor: respects her dignity; guarantees her confidentiality; is sensitive to her needs and perspectives; and minimises secondary victimisation?
    - *Informed consent and confidentiality*: Are services delivered in a way that protects the woman or girl's privacy, including the use of private spaces and access to female staff?
    - *Referral and coordination*: Do service providers refer survivors on for other services as appropriate and in accordance with the survivor's wishes? Are survivors adequately assisted to act on the referral? Do referrals incorporate informed consent? How could accompaniment, SSF or engagement with service providers be adapted and improved?

Design considerations

Survivor rights and wishes are the fundamental underpinning of all TN interventions. In line with this commitment, TN considered the following issues when designing the survey:

Research ethics and risk mitigation	Conducting a study with survivors of violence requires careful consideration of the potential risks to participation and how these can be mitigated. Beginning from the principle of 'do no harm,' the study approach prioritised the core principles of research ethics, including obtaining informed consent, strict confidentiality protocols, and the right to withdraw. Provisions for post-study follow up and support were also planned should participants require it. These and other protocols were designed to adhere to the standards established by the University of Malawi Research Council (UNIMAREC) or the National Research Council.
Reference to global standards of care	TN referenced the Essential Services Package for women and girls subject to violence[2] when determining the criteria against which to gather survivors' experience of services. This provided a basis from which data collected by TN could be compared outside Malawi for VAWG survivors.
Survivor well-being, efficiency, and cost-effectiveness	TN built on the team infrastructure that was delivering the Survivor Support Fund (SSF), noted above, for the majority of the data collection process. This meant that not only was the team limiting the number of interactions requested of a survivor, thereby protecting her well-being, but also that data was gathered in a cost-effective manner without the need to budget for independent data collectors.
Use of the data	Data was envisaged as being useful in two primary ways: **Programme learning and adaptation** | This approach was designed based on TN's broader learning and adaptation approach to programme implementation. TN understood 'learning' as the process of acquiring new or modifying existing knowledge, behaviours, skills, values, or preferences, based on experience or information. TN gathered numerous types of information to inform learning, upon which programme improvements and adaptations were designed. Data generated through this survey was intended to support the learning and adaptation process. **Influencing response service providers** | TN intended to use evidence of survivors' experiences of services to influence system strengthening within governmental service providing institutions, particularly around upskilling front line service providers and increasing budgetary provisions to key departments.
Biases	In recognition of the bias related to collecting information through the SSF monitoring forms alone, a second stage of the study was added to be implemented by an independent researcher. This two-stage approach reduced the risk of bias related to feedback on the quality of accompaniment and SSF support.
COVID-19 safety	To address the amplified risks associated with COVID-19 as cited by UNICEF[3] and SVRI,[4] data collection approaches referenced the Government of Malawi Guidelines for the prevention and management of COVID-19 which emphasise social distancing, regular washing of hands and masks for everyone in the public space. All relevant information on COVID-19 prevention was included in the informed consent form to ensure that participants also consider their safety before consenting.

[2] https://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence
[3] Research on violence against children during the COVID-19 pandemic: Guidance to inform ethical data collection and evidence generation - UNICEF DATA
[4] SVRI Knowledge Exchange Pivoting to remote research on violence against women during COVID-19. SVRI Knowledge Exchange - Research VAW COVID - Final.pdf

Approach to data collection

TN used the SSF as an entry point through which to gather data from this generally hard to reach population. Building on this point of contact, the approach eliminated the need for TN to make additional contact with survivors identified through other means, which could place an undue burden on survivors. This entry point also addresses the challenges inherent in research with hidden populations, where a sampling frame is not available and recruitment at the point of service may place undue burden, including risk of retraumatising survivors, as well as possible response bias.

The survey was designed to follow a two-stage approach, through mixed methods though primarily quantitative data was collected using a mobile-based, digital data collection application.

Stage 1

Stage 1 was developed to gather data using TN's existing SSF case management systems. This system involved intake forms used by WROs designed to gather background information on all survivors utilising the SSF, along with updates on the progress of their cases. To support the aims of this survey, additional questions were integrated into these forms to explore a survivor's previous help seeking behaviour for the current as well as any previous incidents, including where they sought help, when, and any associated outcomes or results. This form also included a question asking survivors if they would be willing to be contacted by a TN researcher for a follow up discussion on their experiences.

These revised intake and monitoring forms were expected to be used by all WROs administering the SSF, enriching understanding of survivors' experiences and journeys, and forming a large data set from which more in-depth data could be collected in stage 2. Data collection would have been ongoing as the SSF was administered and analysed on a quarterly basis as part of TN's monitoring and reporting processes.

Stage 2

Working from this larger data set, stage 2 aimed to gather a more detailed understanding of the experiences of a sample of survivors included in stage 1 who were to consent to being recontacted by TN, once their cases were complete. To ensure a sufficient number of cases were completed, it was expected that stage 2 would be implemented approximately three months following the beginning of stage one. Survivors included in stage 2 would have been sampled proportionately to the total number of SSF cases in each district, with targets of at least 30% of the total cases supported by accompaniers in each district. It was planned that survivors with disabilities would be prioritised to be included in the sample. This inclusion of people with disabilities was based on the issue that less is known on the experiences of survivors with disabilities compared to those without disabilities. In order to make their participation possible, TN planned to purposively sample survivors with disabilities who would have consent to be recontacted.

Budget implications to administering the survey were envisaged because the study would have required independent data collectors to reduce respondent/data collector bias. Additionally, costs were predicted in procuring sign language interpretation service for survivors with hearing and speech impairments to ensure meaningful level of communication.

Survivors were to be initially contacted via phone, with interviews carried out in person where possible. Interviews would have been conducted by trained female researchers independent of WROs, to allow survivors to provide feedback on support provided by the WRO as part of the SSF. Using independent researchers aimed to reduce any potential response bias resulting from survivor contact with TN staff and partners.

Interviews were to cover survivors' experiences of each provider they engaged with, focusing on both international standards of care and personal expectations and reflections. As interviews were to take place once the case was complete, these discussions also aimed to explore survivors' overall reflections on the process and outcome of help seeking, in the context of prior expectations. Additional refinements were expected to be made to interviews based on key trends emerging from stage 1 data collection.

Stage 2 data collection processes would have been implemented on a six-monthly or annual basis, based on the needs of the programme.

Supplementary data collection

Data gathered through stages 1 and 2 is relevant to the experiences of survivors who had utilised accompaniment services only. While this is most relevant to TN's interventions, as an optional supplement to this exercise, TN also designed an approach to gather the experiences of survivors in the local community who had been supported by organisations in TN focal areas, but who had not used accompaniment services.

Rather than using the SSF as an entry point for reaching survivors as was done in stage 1, this approach involves engaging with organisations who support survivors. To ensure this is done ethically, organisations would be briefed on the purpose and benefits of the survey and asked to share the information with survivors in their network whom they have supported. The organisation would then share the contact information for the survivors who consented to being included in the study with TN. Independent researchers would then administer an abbreviated form of the stage 1 and 2 research tools to these individuals, ensuring that data from this group is comparable to those contacted through the SSF.

While this supplementary exercise is not intended to be representative of the population, it was designed to provide insight into survivors who had not used SSF, providing a basis of comparison related to service quality, as well as possible barriers to using the SSF that this group may have faced.

Limitations of the approach

The need to collect data efficiently and in a way that does not burden accompaniers or survivors presents a few limitations to the study approach as follows:

- Data collected through this exercise would not provide information on the experiences of survivors who do not use the points of services targeted in this study, and thus the experiences of those who do and do not use the services cannot be compared.
- Survivors would be treated as individual data points; any effort to assess change in service provision over time would be derived from an analysis of the experiences of (primarily) different individuals over time though experiences of repeat users of support services would be considered.
- Should face-to-face interactions not be possible in Stage 2 due to COVID safety considerations, interviews with survivors would likely be implemented via phone, which may result in less rich data than in-person interviews, and may be less accessible to those with speech/hearing impairments, or who do not have access to a phone.

Conclusion

This briefing note has provided details of an approach TN designed to help those working in the VAWG sector to understand VAWG survivors' experience and perspectives on response services, considering the challenges in gathering data from this hidden population. While the study was not implemented as planned due to early programme budget cuts, the approach presented may provide a way for others working in this field to gather insights from this important population.

In case you are interested in further information regarding this briefing note, please contact:

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Annex 1: Questions to be Included in the Initial Assessment / Screening Tool

1. Have you sought help for issues with this same individual before? *Yes/No*
2. (If *yes* to question 1) Where did you go before using the services of the accompanier/WRO? Multiple responses possible.
    a. Police unit/VSU
    b. One stop centre
    c. CVSU
    d. WRO or other local organisation
    e. Shelter
    f. Hospital, clinic or health provider
    g. Traditional leader or Village Tribunal.
    h. Religious leader
    i. Magistrate courts
    j. Other, please specify (open response)
3. (If *yes* to question 1) Approximately how long ago did you first seek help for this?
    a. One month ago
    b. Six months ago
    c. One year ago
    d. More than one year ago
    e. Don't know

Annex 2: Questions to be Included in the Accompaniers Reporting Form

These questions are intended to be asked to the survivor.

Section A

1. In the past month, did you interact with any services in relation to your case, besides accompaniment?
    a. Yes
    b. No (go to question 3)
2. If yes, which services did you interact with in relation to your case in the last month? Multiple responses possible.
    a. Police unit/VSU
    b. One stop center
    c. CVSU
    d. Shelter
    e. Hospital, clinic or health provider
    f. Traditional leader or Village Tribunal
    g. Religious leader
    h. Magistrate courts
    i. Other, please specify
3. If no, do you feel your case is being handled appropriately?
    a. Yes
    b. No
    c. Prefer not to say
    d. Not sure

Section B

For each service you used this month, please answer the following questions:

1. Where was this provider located?
    a. District:
    b. TA:
    c. GVH:

2. Did you discuss the details of your case in a private setting?
    a. Yes, in a private setting
    b. No, in a setting where other people could hear or see
    c. Prefer not to say
3. Did you have any challenges physically accessing the facility?
    a. Yes
    b. No
    c. Prefer not to say
    d. Not sure
4. Did you have any trouble understanding the language used by the provider?
    a. Yes
    b. No
    c. Prefer not to say
    d. Not sure
5. Did the provider request for you to pay any fees, official or unofficial?
    a. Yes
    b. No
    c. Prefer not to say
    d. Not sure
6. Did the provider give the option to be seen by female staff?
    a. Yes
    b. No
    c. Prefer not to say
    d. Not sure
7. At any time in the last month did you feel disrespected by the provider? Consider: their attitude, language used, and overall demeanor.
    a. Yes
    b. No
    c. Prefer not to say
    d. Not sure

8. Do you feel that this provider allowed you to make decisions regarding how your case was handled and listened to your priorities?
    a. Yes
    b. No
    c. Prefer not to say
    d. Not sure
9. Overall, how do you feel that visiting this provider impacted your mental health/psychological state?
    a. Positively impacted it, I feel better after seeking their help.
    b. Same, I feel no different after seeking their help.
    c. Negatively impacted it, I feel worse after seeking their help.
10. Overall, how satisfied do you feel with the service by this provider?
    a. Satisfied
    b. Not satisfied
    c. Not sure
    d. Prefer not to say