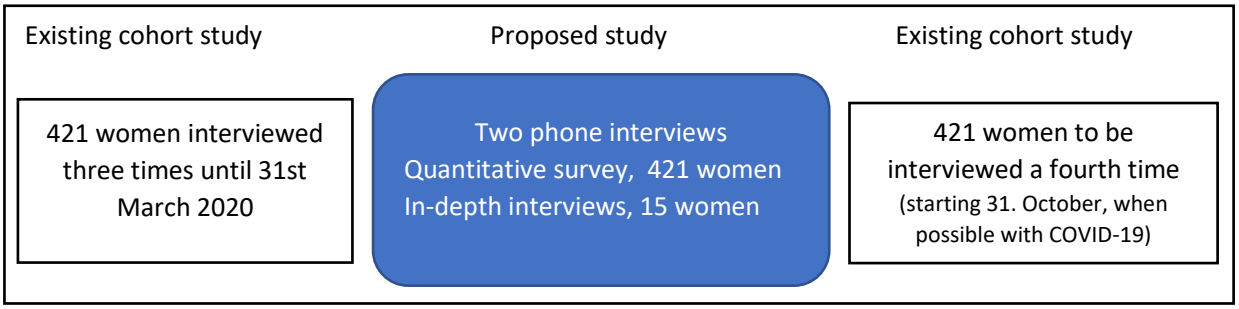
The effect of COVID-19 on Women, Livelihood and Violence in Mwanza, Tanzania

On the 16th of March 2020, the first case of COVID-19 was reported in Tanzania, with the official number of confirmed cases reaching 509 and the number of deaths being 21 by the 8th of May 2020. To curb its spread the Tanzanian government has taken several measures including closing schools and colleges, banning large gatherings, restricting travel from affected countries and recommending hand washing and social distancing throughout the country. The government of Tanzania has collaborated closely with research institutions within the country as well as the World Health Organization to understand the spread and the impact of the epidemic. However, limited research has yet been conducted on people's knowledge of COVID-19, application of social distancing and the economic and social impact of COVID-19 related measures. To our knowledge, no study has investigated the impact of COVID-19 restriction measures on women's physical, psychological and economic well-being, their relationships including intimate partner violence, and their children in the country. Across the world, reports of increases of intimate partner violence due to COVID-19 related restrictions are rising, with the fear that the predicted recession and loss in economic livelihood will lead to further increases. Tanzania already has a comparatively high rate of intimate partner violence, with one in four women reporting physical and/or sexual violence in the last year (Kapiga et al 2018 BMC Public Health) and the majority of people are employed in the informal sector. It therefore is of crucial importance to monitor the effect of COVID-19 restrictions on women's livelihood and intimate partner violence experience in Tanzania to advice future policy directions and interventions.

Project aim: Understanding the impact of COVID-19 on women's physical, psychological and economic well-being, and their relationships including intimate partner violence.

Design and methods



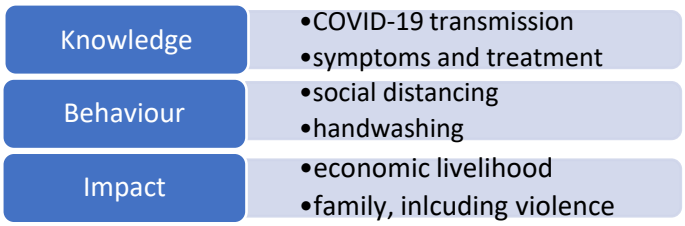
Existing cohort study: The proposed study will be nested in the MAISHA cohort, a four-wave longitudinal study of women on intimate partner violence in Mwanza, Tanzania. The study is implemented in collaboration between the London School of Hygiene and Tropical Medicine (LSHTM), the Mwanza Intervention Trials Unit (MITU), and the National Institute for Medical Research (NIMR). Starting in 2016, the MAISHA cohort has followed up women who were part of the control group of a randomized control trial in urban Mwanza (Wave 1: 2016, Wave 2: 2018, Wave 3: 2019) for three time points, with the proposed next wave to start in October 2020. The MAISHA cohort study investigates changes in the prevalence of different forms of intimate partner violence (economic, psychological, physical and sexual) as well as controlling behaviour and investigates its predictors and consequences, with a strong focus on economic livelihood and economic empowerment, mental and physical health, family life and community factors. Wave 3 fieldwork of the 600 eligible women has been stopped at the end of March 2020, with 421 women having consented to be part of the cohort study and to be contacted between the study waves to maintain contact. These 421 women have been interviewed three times already. Face-to-face fieldwork will resume only once it is deemed safe considering COVID-19, which we anticipate to be earliest in four months. While we are planning to include COVID-19 related questions in the 4th wave interview of the MAISHA cohort, data will not be available until the mid of 2021 and it will not be nuanced enough to capture the different phases, for example the expected stricter lockdown measures as well as the longer term economic impacts. The proposed two brief phone interviews (compared to the two-hour wave 4 interview) will allow us to give more timely and targeted feedback on the evolving situation around COVID-19 and its effect on women.

Proposed study

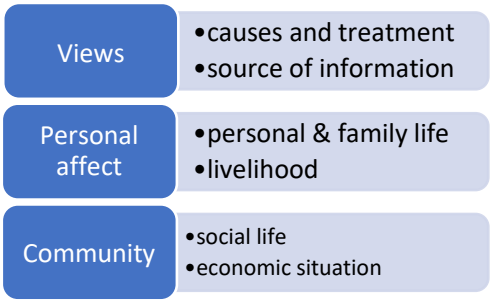
The proposed study consists of a) a quantitative nested two wave cohort and b) an in-depth qualitative study

a) Quantitative telephone survey

The quantitative phone survey will consent all 421 women verbally to participate in the nested cohort study. As displayed in figure 1, It has three distinct objectives: 1) To provide the Tanzanian government with up to date information on participants knowledge and 2) behaviour related to COVID-19 as well as 3) their impact on women's and their families physical, psychological and economic well-being and livelihoods, including violence. The proposed work will be conducted from June 2020 until October 2020, three to four months apart. Interviews are expected to last 30 minutes each and will ask women about their knowledge on COVID-19, symptoms, changes in behaviour, including handwashing, changes in their own and their partners economic situation, their mental health (SRQ 20), their children's well-being and their experiences of intimate partner violence, using an abbreviated version of the WHO multi-country measurement tool.



b) In-depth qualitative phone interviews



In-depth qualitative phone interviews will be conducted alongside the quantitative phone interviews at least two times (at the beginning and after 3-4 months) with 15 purposefully selected women over a three to our months period. The objectives are to determine women's perceptions of COVID-19 and it's impact to their lives and the broader community. The qualitative interview will capture any changes of their views and experiences in the course of the pandemic, especially the longer-term effects and inform the quantitative phone survey. The sampling will capture diverse age and socio-demographic characteristics. They are expected to last about one hour each.

<u>Study procedures and ethical considerations</u>

For both components of the study, staff will call the women and confirm their identity through a few screening questions. Women's phone numbers are available from the MAISHA cohort study. All women consented to be contacted. Interviewers will explain the nested COVID-19 study to them and obtain their verbal consent to join the study and be interviewed. The informed consent will build on the detailed consent procedure women gave to join the cohort study. For the quantitative survey, women will also explicitly be asked for permission to merge the new data with the existing data of the previous three waves. The phone interview can only start once the participant gave consent. For the quantitative surveys, interviewers will insert participants answers into a tablet directly. Qualitative interviews will be audio recorded using phones with recording capacity. The interviewer for both components will be instructed to write summary notes after each interview, especially noting down any challenges related to phone interviews. After each interview, women will receive a reimbursement for their time via mobile money within 24 hours. Qualitative interview data will be analysed using an inductive approach. For the quantitative survey, frequencies will be calculated to establish the knowledge on COVID-19 and the adherence to social distancing measures. Multivariate analyses will explore the impact of COVID-19 measures on women's reports of violence and their livelihoods, as well as their children's well-being.

The PIs are cognizant about valid concerns about the efficacy and safety of phone surveys on sensitive topics like violence in the household. We will monitor its implementation closely throughout the study, with interviewers documenting each phone calls and notifying PIs immediately in case of any adverse event. Weekly feedback sessions will be organized in addition to discuss the interviews. The largest concern regarding phone surveys on violence is the inability of building trust and rapport between the interviewer and participant[1]. In our proposed study, this is minimized as participants have already been interviewed three times and are therefore familiar with both the content and team. Detailed guidelines will ensure that our trained interviewers, who have one to four years of experience in researching violence against women, to only start the interview if participants can confirm that their phone calls are not overheard and to stop or reschedule interviews if necessary. In addition, questions on violence will be asked in a way that participants only need to say yes or no, rather than use the word violence, which might be overheard. The study will also benefit from a well-tested referral system, which is

still available as Tanzania currently has no restrictions on movement. In case this changes, we are also working with an established counselling service. While we believe that this phone survey can be done safely, we will be alert and willing to adapt our procedures, as the safety of participants is paramount. Dr Stöckl, one of the PIs of the study has experience in conducting qualitative phone interviews on violence during pregnancy in Germany and is working closely with WHO and the Sexual Violence Research Initiative on ethical and safety considerations in violence research. We will therefore ensure that lessons from this study will feed into the emerging guidance on how to safely conduct phone surveys[1].

Ongoing dissemination of the finding

We will share a summary of the key findings with the participants through verbal calls and text messages at the end of the study. Once permitted and safe, we will also disseminate the findings to other stakeholders through face to face meetings. Throughout the study, briefing notes of emerging findings will be shared with the National Coordination Committee of the COVID-19 response and researchers of the National Institute for Medical Research (NIMR) who are members of the National Technical and Response Teams through online presentations. Dr Gerry Mshana, PI of this study, is a member of the lead team formed by NIMR to spearhead the behavioural and community research of COVID-19 in Tanzania. Dr Heidi Stöckl, also PI of the study will ensure that findings relevant to the global level will be shared with WHO and SVRI for dissemination. At least one journal article will be submitted to a peer-reviewed journal. Data sharing will be possible upon interested researchers requests to the study team if confidentiality can be assured and necessary data transfer agreements are in place from NIMR Tanzania.

Study team

The project will be jointly led by Dr Gerry Mshana and Dr Heidi Stöckl, the current PIs of the MAISHA cohort study on which this project is nested in. The proposed project will be based at the Mwanza Intervention Trials Unit (MITU), a Tanzanian centre of research excellence on health interventions including HIV and violence against women that has also experience with phone interviews among survey participants.

Dr Gerry Mshana (PI) is a Principal Research Scientist at the National Institute for Medical Research (NIMR) in Mwanza, Tanzania and a senior researcher at the Mwanza Intervention Trials Unit (MITU). Dr Mshana has over 20 years of experience conducting research on the social and cultural aspects of HIV//AIDS, Sexual and Reproductive Health problems and Intimate Partner Violence in Tanzania.

Dr Heidi Stöckl (PI) is the Director of the Gender Violence and Health Centre at the London School of Hygiene and Tropical Medicine and Head of the WHO Collaborating Centre on researching gender-based violence. Dr Stöckl has more than 15 years of experience in violence against women and girls research in high and low and middle income countries using both quantitative and qualitative methodologies

Finances

Personnel	**# People**	**Months**	**FTE**	**USD**
Statistician	1	4	20%	3.635
Data manager	1	3	10%	915
Social scientist	1	3	50%	2.609
Fieldworker	2	3	100%	3.860
Subtotal				**11.018**
Research costs	**# People/items**	**Rounds**	**Months**	
Ethical clearance		1		300
Reimbursement	450	2		3.522
Purchase of phones	5			592
Phone airtime			4	870
Photocopy & printing			4	365
Subtotal				**5.649**
Direct costs				**16.667**
Overheads (20%)				3.333
Total				**20.000**

The proposed budget will be held at MITU. The budget of $20.000 includes personnel costs of $11.018, including salary for Dr Philip Ayieko, a supporting statistician a data manager to code the tablet and oversee data entry and cleaning, Dr Zaina Mchome, a qualitative researcher, and 3 fieldworkers to conduct the phone interviews. Expected research costs are $5.649, including ethical clearance costs, participant reimbursement, the purchase of phones with recording capacity, project related phone airtime, photocopying and printing, including dissemination materials. Institutional overheads (20%) amount to $3.333.

[1] http://www.svri.org/blog/considerations-doing-intimate-partner-violence-research-time-coronavirus

Heidi Stöckl

Current institutional affiliation

Gender Violence & Health Centre, London School of Hygiene and Tropical Medicine, London, UK

Professional expertise

My main research is focused on the epidemiology of intimate partner violence, violence related mortality and human trafficking, including studies on the prevalence and health effects of intimate partner violence among the general population, pregnant and older women, the global prevalence of intimate partner homicide and perpetrators of child homicide, trafficking for sexual exploitation and forced marriage in Uzbekistan and China. My work mainly consists of large scale survey data analysis and evidence synthesis, and primary research including a randomized control trial in South Africa, cross-sectional surveys, penal file analyses and qualitative and methodological work in sub-Saharan Africa, Asia and Europe. I have conducted the first prevalence study on intimate partner violence during pregnancy in Germany.

Academic positions and education

2019 -	Head, WHO Collaborating Centre on Research on gender-based violence
2017-	Director, Gender Violence & Health Centre, LSHTM
2016-	London School of Hygiene and Tropical Medicine Associate Professor in the Department of Global Health and Development
2013-2016	London School of Hygiene and Tropical Medicine Assistant Professor in the Department of Global Health and Development
2015 & 2013	Maternity leave (one year each)
2009-2012	London School of Hygiene and Tropical Medicine Research Fellow in the Department of Global Health and Development
2009	Oxford University, Nuffield College, Rhodes Scholar DPhil in Evidence-based Social Intervention: 'Partner violence during pregnancy and its risk and protective factors in Germany'
2006	Oxford University, Nuffield College MSc in Sociology (thesis awarded distinction)
2005	Freie Universität Berlin, Diplom in Political Science
2002	Yonsei University, Seoul, Exchange semester
2002	Ludwig-Maximilians-Universität Munich, Zwischenprüfung Political Science

Awards

2013	University of the Witwatersrand Honory Senior Lecturer in Clinical Medicine
2012	London School of Hygiene and Tropical Medicine Distinction in the Postgraduate Certificate in Learning and Teaching
2005	Rhodes Scholarship, £47,000 (~€60,000)

Publication list

Books and book chapters

Walby S, Towers J, Baldersoton S, Corradi C, Francis B, Heiskanen M, Helweg-Larsen K, Mergaert L, Olive P, Palmer E, **Stöckl H** and Strid S 2016: The concept and measurement of violence against women and men. Policy Press.

Stöckl H 2008: Trafficking of women into forced prostitution- the example of the Republic of Uzbekistan (German: Frauenhandel in die Zwangsprostitution- am Beispiel der Republik Usbekistan), Saarbrücken: VDM

Garcia-Moreno C and **Stöckl** H 2014: Violence Against Women. In Caplan M. **Reference Module in Biomedical Sciences**, Elsevier

Stöckl H and Watts C 2014: Risk factors for intimate partner violence. In Clements P, Pierce-Weeks J, Holt KE, Giardino A, Seedat S and Mortiere C. Violence against Women: A Contemporary Examination of Intimate Partner Violence, **STM Learning Inc**

Stöckl H, Devries K and Watts C 2014: The epidemiology of intimate partner violence. In Peter D. Donnelly and Catherine L. Ward. Oxford Textbook of Violence Prevention: Epidemiology, Evidence, and Policy, Oxford University Press

Garcia-Moreno C and **Stöckl H** 2013: Too prevalent to ignore: Violence against women, its prevalence and health consequences. In Garcia-Moreno C and Richer- Rössler A. Violence against Women and Mental Health. **Karger**, Key Issues in Mental Health

Peer reviewed journal articles (10 out of 52)

Mahenge B and **Stöckl H** 2020 Understanding women's help-seeking with intimate partner violence in Tanzania. **Violence against women**, accepted

Meinck F, Pantelic M, Spreckelsen TF, Orza L, Little MT, Nittas V, Picker V. Bustamam A, Herrero-Romero R, Diaz-Mella EP, **Stöckl** H 2019 Interventions to reduce gender-based violence among young people living with or affected by HIV/AIDS in low-and middle- income countries." In: **AIDS** 33(14):2219-2236

Hatcher, **Stöckl H**, et al 2019 Pathways From Food Insecurity to Intimate Partner Violence Perpetration Among Peri-Urban Men in South Africa. **American Journal of Preventive Medicine** 56(5):765-772

Yakubovich A, **Stöckl H**, Murray J, Melendez-Torres GJ, Steinert JI, Glavin CE, Humphreys DK 2018 Prospective risk and protective factors for intimate partner violence against women: Systematic review and meta-analyses **American Journal of Public Health**

Stöckl H, Dekel B, Morris-Gehring A, Watts C, Abrahams N 2017 Child homicide perpetrators worldwide: a systematic review. **BMJ Paediatrics** 1:e000112. doi: 10.1136/bmjpo-2017-000112

Kapiga S, Harvey SE, Muhammad AK, **Stöckl** H, Mshana G, Hashim R, Hansen C, Lees S, Watts C 2017: Prevalence of intimate partner violence and abuse and associated factors among women enrolled into a cluster randomised controlled trial in northwestern Tanzania **BMC Public Health** 17(1)

Mahenge B, **Stöckl H**, Abubakari A, Mbwambo J, Jahn A 2016 Physical, sexual, emotional, economic intimate Partner violence and controlling behaviors during pregnancy and postpartum among women in Dar es Salaam, Tanzania. **Plos One**

Hatcher A, **Stöckl H**, Christofides N, Wollett N, Pallitto CC, Garcia-Moreno C, Turan JM 2016 Intimate partner violence and prevention of mother-to-child transmission: qualitative exploration of pathways, **Social Science and Medicine**

Stöckl H, Devries K, Rotstein A, Abrahams N, Campbell J, Watts C and Garcia-Moreno C 2013: The global prevalence of intimate partner homicide. The Lancet 382: 859-65

Stöckl, H and Gardner F 2013: Women's Perceptions on how Pregnancy Influences the Context of Intimate Partner Violence. **Culture, Health & Sexuality** 15(10): 1206-20

Research grants

2019	PI: Proof of concept study to prevent violence against women Wellspring, one year
2018	Co-PI: GCRF Adolescent Accelerator Hub for sub-Saharan Africa. Research Councils UK, five years Led by University of Oxford, LSHTM (PI)
2018	PI: Conceptualising, defining and measuring sexual harassment: an exploratory study in Tanzania. British Academy, 24 months
2018	PI: Intimate Partner Violence Prevention Research Wellspring, three years
2016	PI: Investigating the predictors of intimate partner violence: A mixed method longitudinal study in Tanzania. ERC Starting Grant, five years
2016	PI: GCRF Economic empowerment and intimate partner violence in Sub-Saharan Africa. Economic and Social Research Council, 18 months
2016	PI: Measuring Sustainable Development Goal 5.2. WHO, five months
2012	PI Empowering pregnant women in Tanzania to address the double burden of intimate partner violence and HIV: a mixed methods research study British Academy Postdoctoral Fellowship, three years (PI)

References

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GERRY H. MSHANA CURRICULUM VITAE

Current institutional affiliation

National Institute for Medical Research (NIMR), P.O. Box 1462, Isamilo, Mwanza, Tanzania

Professional expertise

Medical anthropologist with 20 years experience conducting research on adolescent sexual and reproductive health, the socio-cultural aspects of HIV/AIDS, gender based violence, medical male circumcision, stroke, Parkinson's disease and Epilepsy. World class expertise in conducting exploratory and formative research using qualitative methods such as photo voices, ethnographic fieldwork, in-depth interviews and participatory group discussions and acquainted with NUDIST and NVivo qualitative data analysis software.

Current research explores the structural drivers of HIV especially alcohol use among young people, gender based violence and medicine quality in Africa. Active in various research capacity building initiatives in the East African region through formal training and mentoring of junior researchers to become high quality researchers.

Education

2005- 2009	PhD, Medical Anthropology, University of Durham, UK
1994 - 1997	BA (Hons), Political Science and Public Administration, University of Dar-es-Salaam, Tanzania
1990- 1992	Advance Certificate Secondary School Education, Irambo High School, Mbeya
1986-1989	Ordinary Certificate Secondary School Education, Arusha Secondary School, Arusha
1979-1985	Primary School Education Certificate, East Mwadui Primary School, Mwadui, Shinyanga

Positions held

1) Principal Research Scientist I (NIMR), April 2012- Current
2) Principal Research Scientist II (NIMR), 2010 –April 2012
3) Research scientist (NIMR), 2001-2009
4) Acting Behavioural Research Co-ordinator, Health and Lifestyles Research Programme, MEMA kwa Vijana Project, a National Institute for Medical Research/African Medical and Research Foundation/London School of Hygiene and Tropical Medicine collaborative project, June 2002 –December 2003
5) Graduate Researcher, Health and Lifestyles Research Programme, MEMA kwa Vijana Project, April 1999- June 2001

Current appointments

1) Head of Programme, Sexual and Reproductive Health, NIMR, Mwanza, Tanzania, Jan 2016-present

Current research grants

1) Strengthening Private-sector Medicine Systems to Tackle the Persistence Of Poor-quality Medicines in Africa: A Proof-of-concept study (2020-2022); **Role: Co-Investigator**; Medical Research Council (UK), **GBP 200,000**
2) Cross Sectional Survey of Male Partners of Women Enrolled in the MAISHA Component B Trial (2019-2020); **Role: Co-Investigator**; Wellspring, **USD 137,488.64**
3) Roll-out of the MAISHA Intervention to Prevent Intimate Partner Violence to Women in the Component A Trial (2019-2020); **Role: Co-Investigator**; Wellspring, **USD 131,180.45**
4) Investigating the Predictors of Intimate Partner Violence: A mixed methods longitudinal study in Tanzania (2017-2021); **Role: Co-Principal Investigator**; European Research Council, **EURO 481,313**
5) THRiVE-2 East Africa Regional Research Capacity Building Consortium (2016-2021); **Role: Institutional Coordinator**; Wellcome Trust, Department for International Development (DfID), African Academy of Sciences, NEPAD; **GBP 4,764,147**

Selected Publications

1) Kapiga S, Harvey S, **Mshana G**, Hansen CH, Mtolela GJ, Madaha F, Hashim R, Kapinga I, Mosha N, Abramsky T, Lees S, Watts C (2019) A social empowerment intervention to prevent intimate partner violence against women in a microfinance scheme in Tanzania: findings from the MAISHA cluster randomised controlled trial. *Lancet Glob Health*;Oct;7(10):e1423-e1434. doi: 10.1016/S2214-109X(19)30316-X.
2) Abramsky T, Lees S, Stöckl H, Harvey S, Kapinga I, Ranganathan M, **Mshana G**, Kapiga S (2019). Women's income and risk of intimate partner violence: secondary findings from the MAISHA cluster randomised trial in North-Western Tanzania. *BMC Public Health*; Aug 14;19(1):1108. doi: 10.1186/s12889-019-7454-1.
3) Terris-Prestholt F, Neke N, Grund JM, Plotkin M, Kuringe E, Osaki H, Ong JJ, Tucker JD, **Mshana G**, Mahler H, Weiss HA, Wambura M; VMMC study team (2019). Using discrete choice experiments to inform the design of complex interventions. *Trials*; Mar 4;20(1):157. doi: 10.1186/s13063-019-3186-x.
4) Osaki H, **Mshana G**, Mbata D, Kapiga S, Changalucha J (2018). Social space and alcohol use initiation among youth in northern Tanzania. *Plos One*; Sep 7;13(9):e0202200. doi: 10.1371/journal.pone.0202200.
5) Harvey S, Lees S, **Mshana G**, Pilger D, Hansen C, Kapiga S, Watts C (2018). A cluster randomized controlled trial to assess the impact on intimate partner violence of a 10-session participatory gender training curriculum delivered to women taking part in a group-based microfinance loan scheme in Tanzania (MAISHA CRT01): study protocol. *BMC Womens Health*; **18**(1):55. doi: 10.1186/s12905-018-0546-8.
6) Torres-Rueda S, Wambura M, Weiss HA, Plotkin M, Kripke K, Chilongani J, Mahler H, Kuringe E, Makokha M, Hellar A, Schutte C, Kazaura KJ, Simbeye D, **Mshana G**, Larke N, Lija G, Changalucha J, Vassall A, Hayes R, Grund JM, Terris-Prestholt F (2018). Cost and Cost-Effectiveness of a Demand Creation Intervention to Increase Uptake of Voluntary Medical Male Circumcision in Tanzania: Spending More to Spend Less. *J Acquir Immune Defic Syndr*; **78**(3): 291-299. doi: 10.1097/QAI.0000000000001682.

7) Wambura M, Mahler H, Grund JM, Larke N, **Mshana G**, Kuringe E, Plotkin M, Lija G, Makohka M, Hellar A, Terris-Prestholt F, The VMMC – Tanzania Study Group, Hayes RJ, Changalucha J, Weiss HA (2017). Increasing voluntary medical male circumcision uptake among adult men in Tanzania, *AIDS*; **31**: 1025-1034, DOI: 10.1097/QAD.0000000000001440
8) Kapiga S, Harvey S, Muhammad AK, Stöckl H, **Mshana G**, Hashim R, Hansen C, Lees S, Watts C (2017). Prevalence of intimate partner violence and abuse and associated factors among women enrolled into a cluster randomised trial in northwestern Tanzania, BMC Public Health; **17**:190. doi 10.1186/s12889-017-4119-9
9) Osaki H, **Mshana G**, Wambura M, Grund J, Neke N, Kuringe E, Plotkin M, Mahler H,Terris-Prestholt F, Weiss H, Changalucha J. (2015) "If You Are Not Circumcised, I Cannot Say Yes": The Role of Women in Promoting the Uptake of Voluntary Medical Male Circumcision in Tanzania. *PLoS One*; **10**(9):e0139009. doi: 10.1371/journal.pone.0139009. eCollection 2015.
10) Francis JM, Weiss HA, **Mshana G**, Baisley K, Grosskurth H, Kapiga SH. (2015)The Epidemiology of Alcohol Use and Alcohol Use Disorders among Young People in Northern Tanzania. *PLoS One*;**10**(10):e0140041. doi: 10.1371/journal.pone.0140041. eCollection 2015.

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