



WhatWorks

TO PREVENT VIOLENCE

A Global Programme To Prevent  
Violence Against Women and Girls



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## Effective design and implementation elements in interventions to prevent violence against women and girls

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**Authors:** R Jewkes, S Willan, L Heise, L Washington, N Shai, A Kerr-Wilson, N Christofides

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**Cover photograph:** James MacDonald, Right to Play

### About What Works

The *What Works to Prevent Violence against Women and Girls* programme is a flagship programme from the UK Department for International Development, which is investing an unprecedented £25 million over five years to the prevention of violence against women and girls. It supports primary prevention efforts across Africa and Asia that seek to understand and address the underlying causes of violence, and to stop it from occurring. Through three complementary components, the programme focuses on generating evidence from rigorous primary research and evaluations of existing interventions to understanding *What Works* to prevent violence against women and girls generally, and in fragile and conflict areas. Additionally, the programme estimates social and economic costs of violence against women and girls, developing the economic case for investing in prevention.



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## **Effective design and implementation elements in interventions to prevent violence against women and girls**

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## ABBREVIATIONS

<b>CAT</b>	Community (Based) Action Team	<b>LDG</b>	Listener and discussion group
<b>CDC</b>	Community Development Council	<b>LMIC</b>	Low- and Middle-Income Country
<b>CETA</b>	Common Elements Treatment Approach	<b>MEP</b>	Men's Engagement Programme
<b>CHANGE</b>	Community Health Action for Norms and Gender Equity	<b>NGO</b>	Non-governmental organisation
<b>CMT</b>	Crisis management team	<b>RCT</b>	Randomised Controlled Trial
<b>COMBAT</b>	Community-Based Action Team	<b>RRS</b>	Rural Response System
<b>CSO</b>	Civil society organisation	<b>SDG</b>	Sustainable Development Goal
<b>DFID</b>	UK Department for International Development	<b>SSCF</b>	Stepping Stones and Creating Futures
<b>DRC</b>	Democratic Republic of Congo	<b>VATU</b>	Violence Alcohol Treatment Zambia
<b>IGA</b>	Income-generating activity	<b>VAWG</b>	Violence against women and girls
<b>IMAGE</b>	Intervention with Microfinance for Aids and Gender Equity	<b>VSLA</b>	Village Savings and Loan Association
<b>IPV</b>	Intimate partner violence	<b>VSO</b>	Voluntary Service Overseas
		<b>WSF</b>	Women's safe space facilitator



# IMPLEMENTING ORGANISATIONS AND KEY PUBLICATIONS

	Implementing organisations	Manual	Evaluation methods paper	Main outcome paper
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## Community activism

Indashyikirwa – community (Rwanda)	CARE Rwanda, Rwanda Men's Resource Centre (RWAMREC), Rwanda Women's Network (RWN)	Yaker, 2018a		Chatterji et al (in press)
Rural Response System (Ghana)	Gender Studies and Human Rights Documentation Centre (Gender Centre)	Gender Studies and Human Rights Documentation Centre	Addo-Lartey et al., 2019	Ogum Alangea et al., (2020)
CHANGE (South Africa)	Sonke Gender Justice	Sonke, 2016	Christofides et al., 2018	Christofides et al., (in press)
Change Starts at Home (Nepal)	Equal Access and Vijaya Development Resource Centre	Ferguson and Shrestha, 2017	Clark et al., 2017	Clark et al., (2019)
Transforming Masculinities (DRC)	Tearfund and Heal Africa	Deepan, 2017		Le Roux E et al., (peer review)

## Gender transformation and economic empowerment

Stepping Stones and Creating Futures (South Africa)	Project Empower	Jewkes, Nduna & Shai 2010; Misselhorn et al 2012	Gibbs A et al 2017	Gibbs A et al., (2019)
Zindagii Shoista (Tajikistan)	International Alert, CESVI, Farodis, Zanooni Sharq, ATO	Jewkes and Shai, 2018		Mastonsheeva et al., (peer review)
HERrespect (Bangladesh)	Business for Social Responsibility, Change Associates, We Can	Yu et al., 2018	(Al Mamun et al., 2018)	Naved et al., (peer review)
Sammanit Jeevan (Nepal)	VSO Nepal and the Bhimapokhara Youth Club (BYC)	VSO and Shai, 2018b; VSO and Shai, 2018a		Shai et al., (peer review)
Women's Empowerment Programme (Afghanistan)	Women For Women International	Women for Women International	(Gibbs A et al., 2018)	Gibbs A et al., (peer review)

## Couples and special populations

Indashyikirwa – couples (Rwanda)	CARE Rwanda, Rwanda Men's Resource Centre (RWAMREC), Rwanda Women's Network (RWN)	Yaker, 2018b		Dunkle et al., (peer review)
Samvedana Plus (India)	Chaitanya AIDS Tadevatwa Mahila Sangha	Jatkar, 2015	Beattie et al., 2016	Javalkar et al., (2019)
Change Starts at Home (Nepal)	Equal Access and Vijaya Development Resource Centre	Ferguson and Shrestha, 2017	Clark et al., 2017	Clark et al., (2019)
VATU – couples (Zambia)	John Hopkins University and SHARPZ		Kane et al., 2017	Murray et al., (peer review)

## Prevention of violence among and against children

Positive Child and Youth Development Programme (Pakistan)	Right To Play	Right to Play, 2007	McFarlane et al., 2017	Karmaliani et al., (peer review)
Peace Education (Afghanistan)	Help The Afghan Children	Sadeed, 2013		Corboz J et al., (2019)
IMpower & Sources of Strength (Kenya)	Ujamaa	Paiva-Sinclair and Cheng, 2013; No Means No Worldwide, 2013	Sarnquist et al., (2019)	
VATU – children (Zambia)	John Hopkins University and SHARPZ		Kane et al., 2017	Murray et al., (peer review)



*Photo: Peter Caton*

# INTRODUCTION



Over the last two decades, the global community has come to recognise the profound impact of violence on the lives of women and girls. This fundamentally undermines their health and wellbeing, and stands as a barrier to women's full participation in global development and the economic and civic life of their communities. Recognising this, women's rights organisations and academics have taken on board the formidable challenge of developing and evaluating programmes to prevent violence against women and girls (VAWG) and to mitigate its impact on children, families, economies and future generations. Eliminating violence against women and girls (VAWG) is part of the wider obligation of governments, under the Sustainable Development Goals (SDGs), including achieving Gender Equality (SDG 5) and advancing Peace, Justice and Strong Institutions (SDG 16).

The field of violence prevention, however, is still in a period of innovation, learning and refinement. Five years ago only a handful of interventions to prevent VAWG, implemented and evaluated in low- and middle-income countries (LMICs), were shown to have impact in reducing violence (Fulu and Kerr-Wilson, 2015, Ellsberg et al., 2015). Over the last few years, there has been increasing investment in broadening the evidence base on what works to prevent violence. A major initiative in this space has been the UKAID-funded, *What Works to Prevent Violence Against Women and Girls* (*What Works*) programme, a six-year, £25-million effort to fund innovative prevention programmes and expand the evidence available to guide future anti-violence efforts. Under this initiative, the *What Works* Global Programme evaluated 15 interventions<sup>1</sup> designed to reduce VAWG, with an emphasis on addressing physical and sexual violence by intimate partners, violence in the family, and bullying and violence in schools, in Sub-Saharan Africa and Central and South Asia. A comprehensive overview of global evaluations of interventions to prevent VAWG, including the findings of the *What Works* evaluations (up to the end of 2018), is presented elsewhere (Kerr-Wilson et al., 2019).

*What Works* has enabled learning about which interventions prevent VAWG, and in what settings. It has also allowed us to compare and contrast intervention design and implementation across a diverse portfolio. In so doing, it offers the opportunity to identify those elements shared by programmes that reduced VAWG, as well as those that did not demonstrate an effect, either because of limitations in their theoretical foundation and design, or shortcomings in their implementation. In this report, our goal is to offer reflections on the interventions

in the *What Works* portfolio, focusing on aspects of their design and implementation that influenced their success in reducing VAWG, to help guide future programming.

The interventions are discussed in four sections:

- The first discusses community activism approaches to shift gender attitudes, roles and harmful social norms. These interventions are conceptually related to the *SASA!* (Michau, 2008) intervention, which was first developed in Uganda. *SASA!* deployed and supported trained community activists over a period of years to implement a structured programme of activities spanning awareness-raising on gender inequality and violence, supporting and enabling changes in behaviour and extending community-wide change (Abramsky et al., 2014). The group of interventions from *What Works* are variants on this approach.
- The second section discusses gender transformative and economic empowerment approaches. These interventions are related conceptually to the *IMAGE* intervention, which combined microfinance with a brief gender transformative, group-based intervention for women's loan groups and training of women in community activism (Pronyk et al., 2006), but embrace different approaches to economic empowerment. Several of the evaluated gender transformative workshop components have been developed from the South African adaptation of the *Stepping Stones* curriculum developed by Alice Welbourn (Welbourn, 1995, Jewkes et al., 2008).
- The third section discusses prevention interventions delivered to couples and special groups, including female sex workers.
- The fourth section discusses prevention of violence among and against children. The interventions evaluated varied in their goals and intervention components, with three of the four delivered through schools.

For each group of interventions, we compare and contrast the settings in which they were implemented, the participants, the interventions, the personnel used to deliver the intervention, and the training and support received by personnel. We also discuss the features of interventions that did and did not work.









Several of the interventions have elements that cross two sections. In these cases interventions are discussed in more than one section, except where the overlap is proportionately very small.

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<sup>1</sup> Research around a 16th intervention on giving cash transfers in Syria, conducted under the Conflict and Humanitarian Settings Component of *What Works*, is not discussed here but can be found at <https://www.whatworks.co.za/resources/reports/item/599-cash-transfers-in-raqqa-governorate-syria-policy-briefing>

**TABLE 1: OVERVIEW OF THE COMPONENTS OF THE DIFFERENT INTERVENTIONS**
















Table 1 presents a high-level overview of the components of the different interventions and shows the extent to which common features span the four intervention groups.

							
Community action teams or other community change agents	Economic empowerment	Workshops or a curriculum	Community radio and announcements	Working with religious or community leaders	Therapy and counselling	Supporting state actors e.g. police; promoting access	Skills building (communication, economic, cognitive, self-defence etc)













  

COMMUNITY ACTIVISM APPROACHES TO SHIFT HARMFUL GENDER ATTITUDES, ROLES AND SOCIAL NORMS			
Indashyikirwa – community (Rwanda)			
Rural Response System (RRS) (Ghana)			
CHANGE (South Africa)			
Transforming Masculinities (DRC)			











  

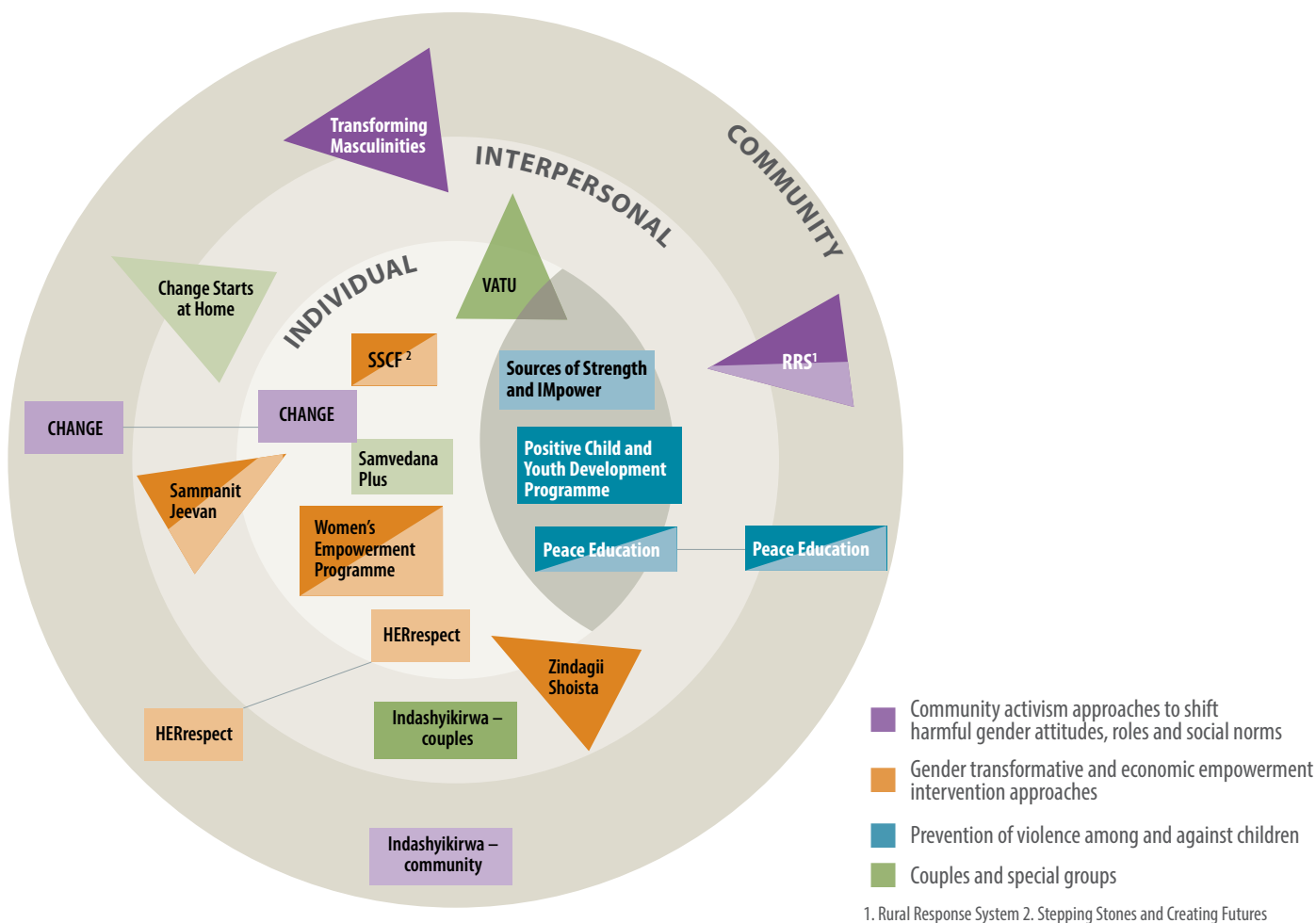
GENDER TRANSFORMATIVE AND ECONOMIC EMPOWERMENT INTERVENTION APPROACHES			
Stepping Stones and Creating Futures (South Africa)			
Zindagii Shoista (Tajikistan)			
HERrespect (Bangladesh)			
Sammanit Jeevan (Nepal)			
Women's Empowerment Programme (Afghanistan)			

COUPLES AND SPECIAL GROUPS			
Indashyikirwa – couples (Rwanda)			
Samvedana Plus (India)			
Change Starts at Home (Nepal)			
VATU – couples (Zambia)			

PREVENTION OF VIOLENCE AMONG AND AGAINST CHILDREN			
Positive Child and Youth Development Programme (Pakistan)			
Peace Education (Afghanistan)			
IMpower and Sources of Strength (Kenya)			
VATU – children (Zambia)			



**Figure 1:** Potential impact of the *What Works* interventions on different layers of the socio-ecological model

The interventions were designed to impact different levels of the socio-ecological model of drivers of violence (Heise, 1998), and many of them impacted across more than one level (Figure 1). Shaded blocks and triangles representing interventions indicate significant impact (darker colour) or no impact (lighter colour) on primary study outcomes. The colours map onto the intervention categories.

The information used for this paper was collected through document reviews and interviews using a structured data-collection tool with the programme implementing partners and was then recorded in an Excel file. For most of the interventions, multiple people involved in the implementation contributed information. This was supplemented by information provided by the evaluation team. The report was presented back to the implementing partners for fact-checking. Corrections of accuracy were then made to the text. The interpretation of critical factors influencing intervention success was developed iteratively and tested through presentations to different audiences of practitioners, researchers and donors, with the feedback used to refine the report. Ultimately, the views presented here are those of the authors and not necessarily those of the intervention designers and implementers. A full account of the interventions is provided in their respective methods or outcome papers, which are referenced in each section of this report, and all interventions have been summarised in evidence briefs on the *What Works* website <https://whatworks.co.za/resources/policy-briefs>. ■





Photo: Peter Caton

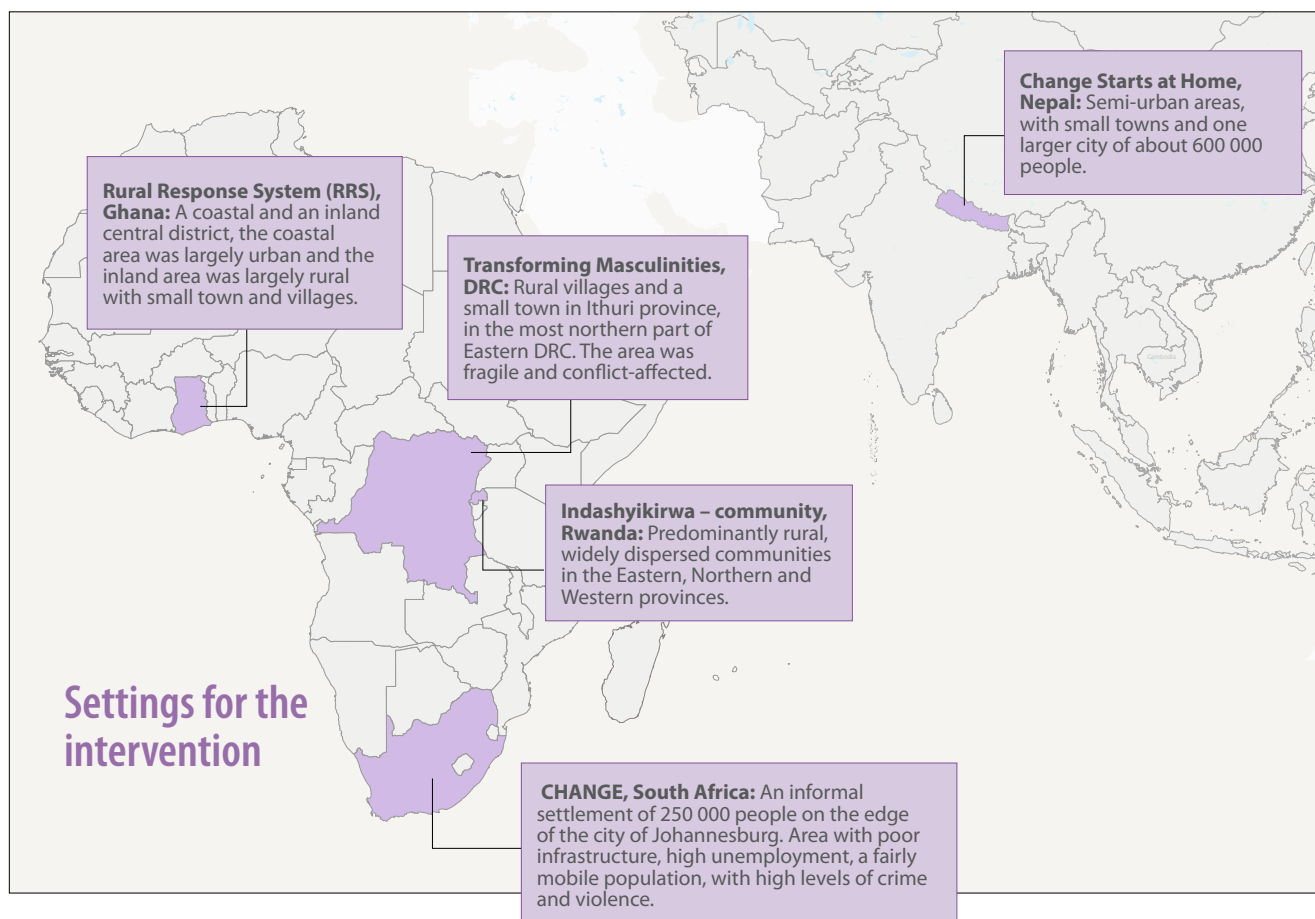
**Community activism  
approaches to shift  
harmful gender  
attitudes, roles and  
social norms**





















Community activism approaches to shift harmful gender attitudes and roles, and social norms on gender equity and violence, were located in specific communities and intended to mobilise the communities with the goal of preventing VAWG. These approaches are different from the other *What Works* interventions because they target the wider population, not only those directly exposed to an intensive intervention (usually people who volunteer). There were five interventions evaluated as part of *What Works* that sought to reduce VAWG through community-based interventions: in **Ghana** (Addo-Lartey et al., 2019, Ogum Alangea et al., 2020, Gender Studies and Human Rights Documentation Centre), **DRC** (Deepan, 2017, Le Roux et al., peer review), **Rwanda** (Chatterji et al., In press, Yaker, 2018a, Yaker, 2018b), **South Africa** (Community Health Action for Norms and Gender Equity – CHANGE) (Christofides et al., 2018, Sonke Gender Justice, 2016, Christofides et al., in press, Hatcher et al., 2019), and **Nepal** (Change Starts at Home) (Clark et al., 2017, Clark et al., 2019). Although the Peace Education intervention in **Afghanistan** (Corboz et al., 2019, Sadeed, 2013) also had a community component, it was not separately evaluated from the peace education delivered in schools, and the main evaluation outcome was assessed through interviewing children. The Peace Education intervention is thus discussed in the section on preventing violence against children (section 3).

The primary objective of all five community activism interventions was preventing physical and/or sexual intimate partner violence. The main outcomes were assessed two years after the baseline in Ghana, South Africa (CHANGE) and Rwanda, and 28 to 29 months after baseline in Nepal (Change Starts at Home) and DRC. The interventions were evaluated with a randomised controlled trial (RCT) in Rwanda, South Africa (CHANGE) and Nepal (Change Starts at Home). In Ghana, a quasi-experimental study with a control group was used, and in DRC, a before-and-after design with cross-sectional surveys of the community was conducted.

- In Ghana, impact was seen for women, with supportive trends shown among men's perpetration.
- In Rwanda, South Africa (CHANGE) and Nepal (Change Starts at Home) the interventions were not shown to reduce or prevent VAWG, as discussed further below.
- In DRC, there was a much lower level of violence reported by women (experience) and men (perpetration) in the endline survey than at baseline and it was supported by changes to secondary outcomes.



**TABLE 2: COMMUNITY ACTIVISM APPROACHES TO SHIFT HARMFUL GENDER ATTITUDES, ROLES AND SOCIAL NORMS**

Indashyikirwa – community (Rwanda)							Community action teams/ other community change agents		Workshops or a curriculum
Rural Response System (RRS) (Ghana)							Religious or community leaders		Therapy and counselling
CHANGE (South Africa)							Supporting state actors e.g. police; promoting access		Skills building
Transforming Masculinities (DRC)									Economic empowerment

Without a control arm, caution should be exercised when attributing the effect to the intervention in the DRC. However, it was not an artefact of repeat interviewing, as the community sample was different from that at baseline.

Overall, *What Works* results show that it is possible to have an impact on an entire population through community activist approaches, even if this is not easy to do since it requires a very well-designed intervention, high-intensity delivery and considerable exposure of the population to the intervention. The interventions evaluated in this section all had some very important similarities that facilitate comparison between them.

## INTERVENTIONS

A central element of the community activism interventions was that they worked through members of the community who were trained as volunteer activists. In four of the interventions these were formed into Community Action Teams (CATs) or Groups in Nepal (Change Starts at Home)

this was done through the expectation that a core group of couples who had been through intensive training (nine months) would engage in limited formal community action (three activities per member) and act as informal diffusers of new ideas within the community. Other differences in the interventions are illustrated in Table 1.

### Rural Response System, Ghana

In Ghana, the aim of the Community-Based Action Teams (COMBATs) was to build knowledge about family law, the Children's Act and inheritance law, and challenge the acceptability of gender inequality and violence in communities. COMBATs would engage community members through attending community meetings or gatherings, such as weddings, funerals or parent-teacher association meetings, and contributing to the discussions. At a wedding, for example, they might talk about how couples should relate to each other, at a school parent-teacher association meeting they might talk about raising children and not beating them, and at funerals they might talk about the inheritance rights of women.

<b>Interventions reducing IPV</b>	<b>Rural Response System (RRS), Ghana:</b> Implemented in two districts in 20 communities over 18 months.	<b>Transforming masculinities, DRC:</b> Implemented in 15 villages (about 216,363 people), no over 24 months (evaluation had control arm).
<b>Interventions where no impact was shown</b>	<b>Indashyikirwa, Rwanda:</b> Implemented in 14 intervention sectors (about 350,000 people). Duration: Activism 19 months; Safe spaces: 22 months; Opinion leaders engagement: 31 months.	<b>CHANGE, South Africa:</b> Implemented in nine clusters over 18 months. Some elements were not implemented as planned.
		<b>Change Starts at Home, Nepal:</b> Implemented in three districts with 36 wards. Duration: couples curriculum spanned 40 weeks, community activism three months.



## Intervention participants

- **All interventions** targeted women and men who lived in the study setting.
- **In Ghana and DRC**, couples who were known to be experiencing IPV received home visits and were offered mediation and/or counselling. In Rwanda, although it was unplanned, many community activists provided counselling.
- **In Ghana, Nepal, Rwanda and DRC** the participants who were trained included traditional leaders (social leaders in Nepal) and religious leaders, police, social welfare workers, health workers and the Commission for Human Rights and Commission for Administrative Justice (in Ghana), and post-rape care health service providers in DRC.
- **In Rwanda** this group of participants were referred to as Opinion Leaders and included faith and village leaders, and employees in health, justice and the police.

COMBATs also offered counselling for couples experiencing IPV, and supported survivors of VAW and accompanied them to access services. When COMBATs became aware of a problem with violence they would make home visits or invite the women and/or couple for counselling at the community information centre. In communities with an announcement system, the COMBATs would use it to talk about the problem of VAWG and challenge its acceptability.

Intervention staff also provided one day of training for traditional and religious leaders on laws, the issues that lead to violence, and what they could do when cases came before them. Leaders were advised on which cases (matters of criminal law) they should not attempt to settle in traditional courts. Three days of training was also offered to staff of state agencies at district level, including police, social welfare, health, and the Commission for Human Rights and Administrative Justice. This focused on biases in addressing gender issues, and alternative ways of approaching cases arising through their work. The intervention also engaged other Civil Society Organisations (CSOs) to encourage them to think about VAW within their own work.

### Transforming Masculinities, DRC

In DRC, the Transforming Masculinities intervention commenced with training male and female Christian and Muslim faith leaders who were expected to provide leadership and support for the Transforming Masculinities process. Faith leaders were supported to reflect and grow personally, as well as lead congregations to reflect through diffusing messages on gender equality and non-violence in

their work (such as sermons, prayer meetings, youth groups) and daily life, and being positive role models. They were also encouraged to assist survivors by challenging discrimination and stigma against them, encouraging formal reporting and enabling access to services. Faith leaders were asked to carry out three activities each month, but often did more.

A second part of the intervention was delivered by 'Gender Champions' (15 women and 15 men), who were drawn from each community and trained through a curriculum over three days. The Gender Champions facilitated community dialogues, which consisted of six sessions of two hours each held weekly over a six-week cycle, following a structured manual. Each village or congregation ran a number of dialogues in parallel. Five of the meetings were held with single-sex groups, and the final session included men and women. Each Gender Champion ran 18 cycles of dialogues. The manual covered root causes of VAWG; gender roles and norms in daily life; power, status and VAWG; faith and VAWG; moving forward and reflections, and worked through critical reflection and building conflict resolution skills. A peer-group meeting focused on looking ahead and envisioning a community free from VAWG.

The third part of the intervention established Community Action Teams (CATs) made up of community leaders and activists. After two days of training, CATs sought to raise awareness and challenge the acceptability of gender inequality and violence at a community level, for example, in the markets and other places where people meet, and to provide information and support to survivors in accessing care. Their discussions were supported by a manual, and they were encouraged to do three activities each month as well as provide ongoing support to survivors as needed. Since medical care for rape survivors was initially only provided in the provincial capital, Rethy, which was two hours away, the intervention also focused on strengthening local services and sourced additional funds to provide medical services closer to the community.

### Indashyikirwa, Rwanda

In Rwanda, there were three elements to the social norms change intervention. The first was led by community activists who were a subset of those who had successfully completed the six-month couple's curriculum of the Indashyikirwa programme (described in the couples' section below). They conducted at least three activities each month over a period of 19 months, chiefly to raise awareness of gender inequality and violence and challenge their acceptability. Training in activism, and the ensuing work of activists, was divided into two parts: the first focused on activities to challenge community attitudes, and 16 months were spent on activities chiefly focused on this. The second part equipped activists to support behaviour change at a community level, including encouraging disclosure of abuse, modelling appropriate support for victims, and intervening in situations of IPV. This part of activist training and materials to support behaviour

## Personnel delivering the intervention

- **In Ghana:** Staff comprised a team of volunteer community activists (COMBATs) with three women and three men per community, amounting to 120 in total. COMBATs were mostly married and over 30 and were nominated by the community. They were known to be non-violent, literate and able to keep matters confidential. They were trained for 13 days over three months with five days of training on gender, IPV and the law, four days on counselling and mediation, and four days on other family law issues, intestate succession, the Children's Act, and property rights. The training was participatory with a lot of roleplay, and they were given manuals and materials to use in the field. After a year they were given three days further training. Three employed staff supervised the COMBATs, observing their work and meeting with them monthly. Only one COMBAT left for personal reasons over the 18 months.
- **In the DRC:** 75 faith leaders were trained for two days, focusing on gender and how they could work to combat VAW, including using provided materials. From among them, and drawing in some other women active in the community, 30 women and men were identified for training as gender champions. They were people who lived in the community, modelled non-violent attitudes and gender equity, could speak to community members, were open minded, would volunteer for two hours a week and were literate. They received three days of training initially and four days subsequently. Counselling training was given to 25 faith leaders and gender champions. 225 volunteer community action group members were selected, half were female and half male. They were community leaders with resources or networks to support survivors to access services. They trained for six days in total. All community actors were regularly given support and mentoring by a staff member.
- **In Rwanda:** 500 female and male volunteer CAT members had attended the five-month couples' curriculum. 420 were initially trained for two weeks (half-days), and during the last year of the programme an additional 80 volunteers were trained. Community activists were literate and available to conduct three to four activities per month. Additionally, 308 women were trained as women's Safe Space facilitators (WSFs) (22 per space) in a two-week training. WSFs were selected by community members and many had some relevant experience (e.g., community health workers). Both community activists and WSFs received further training on how to use activism tools, counselling, and disability inclusion. The WSFs also received training on facilitating village savings and loans groups. 560 opinion leaders were initially trained for two weeks (40 per sector), and invited to quarterly meetings and meetings with the CATs and WSFs. Opinion Leaders invited for training included religious leaders, service providers, members of the National Women's Council, and local leaders.
- **In South Africa:** Six community mobilisers were employed and worked in mixed gender pairs. They were community residents and applied for the work online. They were trained for ten days and spent time observing activities at another site and were supported by the project manager. Sixty-one volunteer CAT members were trained. They were local residents and all comers were accepted. They were mostly unemployed; one was a graduate and some ran small enterprises. Retention was a problem and only 18 were active during any one month. They were trained in a five-day workshop with three days of practice; some volunteered and were trained later.
- **In Nepal:** 360 couples engaged in community activism activities and all had been members of the listeners discussion groups (LDGs). The community activism was in the third phase of the nine-month programme.



Photo: Peter Caton



change-related activities were only introduced in the final three months of the project.

The project also established women's Safe Spaces, which operated for 22 months. Safe Spaces offered income-generating activities such as handicraft skills, encouraged savings and micro-loans, and provided counselling and access to services for women and men who were survivors of violence. Women were trained as Safe Space facilitators to provide support to female victims of violence, accompany them to services if requested, run dialogues on the causes and consequences of IPV, and enhance understanding of women's rights under the law.

The third element of the programme engaged Opinion Leaders to gain their support for the intervention and train them to better respond to survivors of violence. Overall, 560 actors from health services and police, justice, government, land mediators, and local leaders were sensitised and supported over 31 months.

### **CHANGE, South Africa**

In South Africa (CHANGE), the intervention was delivered by (employed) community mobilisers as well as (volunteer) community action team (CAT) members and sought particularly to reduce perpetration of VAW. The mobilisers and CATs engaged in a range of activities in the community, including door-to-door conversations to raise issues of gender and VAWG and mobilise men to attend two-day and half-day workshops, street discussions around murals, two- to three-hour community dialogues, and some community activism to demand service delivery from state actors. There were also some meetings with police and local leaders to gain their support for the project, but not specifically to engage them on gender issues. Activities were held in the streets, in taverns or in a public place under a canvas gazebo.

Door-to-door conversations and street discussions sometimes engaged a small group of people and varied in length – some were brief and some lasted up to an hour, particularly discussions about the murals. A key element of the intervention was the workshops, which were held over two consecutive weekdays (usually six hours each) with lunch provided, chiefly facilitated by community mobilisers. There were six themes for the workshops, but they were not delivered as a formal curriculum. Although the content varied the manual covered gender, gender socialisation and roles; power and violence (including an activity on communication skills and one on negotiation); power and anger management; violence against women (IPV and rape); violence and alcohol; the law, wellbeing and healthy relationships; and, sexuality and sexual and reproductive health and rights. Participants often only attended one workshop, and if they attended more than one, it could be any of the other five themes, or even a

repeat of one that they had already attended. A workshop would start when seven or eight people had gathered, but some participants arrived late and left early. Some participants attended one day of a two-day workshop. The half-day workshops drew on the same themes as the longer ones.

The workshops focused on providing and correcting knowledge and working towards changing opinions. The extent of critical reflection was limited because many sessions were about 'others' or encouraged participants to think about the community in general, rather than reflect deeply on personal values and practice. Had all manual sessions been attended, the programme would have lasted 72 hours, but the staff were not trained and encouraged to work in this way. The intervention intended to mobilise the community to demand accountability from state agencies, which was an adversarial approach, as opposed to one that sought to strengthen their work; in implementation, little of this occurred.

### **Change Starts at Home, Nepal**

The intervention in Nepal (Change Starts at Home) is described in section 3 – couples interventions and special populations. The community element was led by couples who were in the last 3 months of their 9-month intervention. It was designed to promote activities intended to support organised diffusion of ideas from the couples' programme into the community. The couples were encouraged to engage in one community event per month for the three months. Overall they conducted 108 community engagement and awareness-raising activities in this period, supported by a toolkit. Local religious and social leaders were also trained to act as advocates in the community for more equitable social norms. There were also community theatre performances in each district, family meetings and other community interactions.

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## **How did the interventions differ?**

### **Intervention design and approach**

All the interventions were intended for men and women. A key element of the Theory of Change in Ghana, Rwanda and DRC was support for survivors (especially reducing rape stigma in DRC). In contrast, the South African intervention had gaps in its work with women, even though they were involved in all activities and many community activists were women. There was no direct assistance for survivors of violence or space to support women in working through their experiences of VAW. The intervention did not directly benefit women through engaging individual men, or couples, around men's use of violence, largely because it had evolved from an intervention centred on work with men and boys.

A notable difference between the Indashyikirwa intervention in Rwanda, compared with the intervention in Ghana, was that it was rather formal, especially at first, and included following a rigid interpretation of the SASA! intervention model, which was designed using a transtheoretical model (stages of change) (Prochaska JO and DiClemente, 1984). The stages are: pre-contemplation (not thinking of it yet), contemplation (thinking of it), preparation (taking steps), action (attempting to practice the new behaviour), and maintenance (or relapse). This model proposes that change occurs in sequential stages, although there may be relapse, and that at any time people are positioned in these different stages and need to be enabled to move to the next stage to effect behaviour change. Indashyikirwa planned to roll out the intervention in stages, focusing initially on activities to move community members to contemplating behaviour change by raising awareness and challenging the acceptability of violence rather than providing skills from the beginning to enable a move to action. The interventions in Nepal and South Africa were designed to emphasise raising awareness and challenging attitudes, rather than changing behaviour.

It was envisaged that Rwanda's activists would work initially through community meetings, but this proved to be an impediment as local leaders had to be engaged individually and their permission sought; this resulted in activists giving brief talks (often only five minutes) to gatherings of up to 200 people. Although some community activists did engage in mediation and referral work with couples at the start of their deployment, they were not encouraged to talk informally in the community or given access to small groups, which they perceived as limiting. This was quite different from the approach used in other settings, and from the original SASA! model, and supports the need for fidelity in adaptation (Goldmann L et al., 2019).

In Ghana, Rwanda and DRC, work with state agencies aimed to strengthen support for survivors, which included bringing healthcare for rape survivors into the community in DRC and improving services, and in Rwanda enabling access through training state agency staff as Opinion Leaders. Conversely, in South Africa, the little work conducted with state agencies focused on holding state actors to account for general service provision through community action. In Nepal, (Change Starts at Home), state agencies were not engaged. Interestingly, in Rwanda, the Opinion Leaders expressed interest in being trained as community activists, but there was not enough time to change the programme to accommodate this.

### **Selection of community activists**

In Ghana, the COMBATs were nominated by their communities as suitable role models and influencers, and in DRC, Gender Champions were people from the community who were known as gender activists and had equitable values, modelled non-violent attitudes and understood women's rights. The 500 community

activists chosen for the intervention in Rwanda came from the couples training programme and their attitudes were known prior to selection. In contrast, in Nepal, all the couples were asked to engage in community action. In South Africa there was no selection process for the community action team members: all those who volunteered were accepted. They were expected to uphold the values of the organisation; some who transgressed were asked to leave..

### **Training and support of activists**

In the DRC, training for community activists of different types was quite short (two days), but their work was very structured, and they had manuals to assist them in their activities. In Ghana, training was longer (three weeks), and although COMBAT members had manuals and materials to use in the community, it was not a structured programme as such. In Rwanda, although the community activist training was long (16 sessions held over 10 half days) and followed a prescribed manual, it may have needed greater emphasis on facilitating participatory engagement. In Nepal and South Africa, community activists were trained for five days (plus three days of practice) and the community activities they led were not formally structured, although support materials were available.

There were major differences between settings in the amount of training and support provided for CAT members. In DRC and South Africa this was limited, compared to the much longer training in Ghana and Rwanda. In Rwanda, however, the training was not long enough for the teams to be effective given the intervention design limitations discussed above. In DRC, the more limited training for the CATs did not matter much because their role was awareness raising and practical support for survivors, and the more complex activities of counselling and facilitating dialogues were performed by other actors.

### **Context**

Contextual appropriateness is important; the South Africa (CHANGE) intervention may have been poorly conceived for its specific setting. It was delivered in a large peri-urban area, parts of which were characterised by extreme poverty and very high levels of crime and violence. Although the area was mixed, many residents lived on the fringes of society, were sometimes engaged in illegal activities, and resented the social advantages of others. Men such as these may have been harder to reach with an intervention which did not materially change their lives and which was predicated on an assumption that participants seek to behave in ways that are congruent with the values and mores of the mainstream.

### **Intensity**

Another difference was intervention intensity, as shown by the number of community activists and other volunteers or staff trained and deployed, and the duration of work; in Ghana, 120 COMBATs were deployed over a period of 18 months and in DRC, 25 community action team members, 30 Gender Champions and 75 faith leaders

## BOX 1: Elements of intervention design and implementation critical in differentiating the interventions that were able to reduce violence

### STRUCTURE

Successful interventions had a robust theory of change and the intervention elements were carefully designed to ensure that all the different parts of the intervention are able to achieve their specific goals.

### GROUP ENGAGEMENT

The more successful interventions often worked with groups within the community, rather than solely engaging community members as individuals.

### PARTICIPATORY METHODS

Used in workshops or other engagements to enable critical reflection on gender relations, the individual's experience and, for men, use of violence, skills building and experiential learning.

### MANUALS AND MATERIALS

Developed to support implementation by all actors, including the community action team members.

### PREVIOUS PILOTING AND REFINEMENT

More successful Interventions had been previously piloted and refined.

### ENGAGEMENT WITH WOMEN AND/OR COUPLES

All successful interventions included engagement with women and/or couples experiencing violence and support for survivors.

### INTENSITY

The more successful interventions had a large (mainly volunteer) workforce on the ground and activities spanned a minimum of 18 months.

### SELECTION OF THE PERSONNEL

The more effective interventions carefully selected or received nominations from communities; personnel were known to have the desired attitudes and were seen to be modelling the behaviours before they were trained.

### TRAINING AND SUPPORT FOR PERSONNEL

The more successful interventions generally had longer training (two to three weeks), although this was not the case in DRC. Ongoing support for personnel was also a notable feature.

were deployed over 24 months. The intervention in Rwanda was also intensive in some respects: 420 activists (later supplemented by another 80) were available for 19 months, and Safe Spaces operated for 22 months. However, when the community activism in Rwanda first started the actual community engagement, as described above, was limited. Local leaders often gave activists only five minutes to address a community meeting, which might be attended by 200 people. The methods used were thus brief and didactic. Later, less formal methods were used and greater emphasis was placed on engaging small groups, such as with Village Savings and Loan Associations (VSLAs). In South Africa, the number of staff (six) and volunteers (18) working at any one time was relatively small and the work spanned 18 months. Likewise, in Nepal, community activism was minimal and lasted three months.

The DRC and South African interventions had workshop programmes embedded within them which potentially gave a particularly intensive intervention to those attending. In the DRC, this was a 12-hour programme (six sessions of two hours). Most participants attended all six sessions and went through the programme systematically, with time for experiential learning and critical reflection between sessions. In South Africa, the programme was potentially much longer (12-hour workshops, which in total could have been 72 hours long) but was not systematically delivered. As a result, it was not clear how much of the intervention was received; without repeat interaction with the same men it is likely that the intervention was not intense enough to transform attitudes and behaviours. .

### Novelty of the intervention or adaptation

Some of the interventions had been previously tested, some were new adaptations of established interventions and others were new. Piloting and refining interventions before the evaluation appears to have made a positive difference. The intervention in Ghana had been developed a decade before the evaluation and was used and improved over the years. The workshops and some of the activities of the Transforming Masculinities intervention in DRC had been piloted in communities in Rwanda, Burundi and DRC prior to the evaluation, but it had not been previously used in its entirety. The CHANGE intervention in the South Africa was a new adaptation of the One Man Can intervention, which had been used for almost a decade. The Rwandan intervention was partly based on the SASA! intervention from Uganda, although culturally Rwanda is quite different from Uganda. The materials used in Nepal were developed specifically for the study. ■





*Photo: Anisa Sabiri*

**Combined gender  
transformation and  
economic empowerment  
interventions**





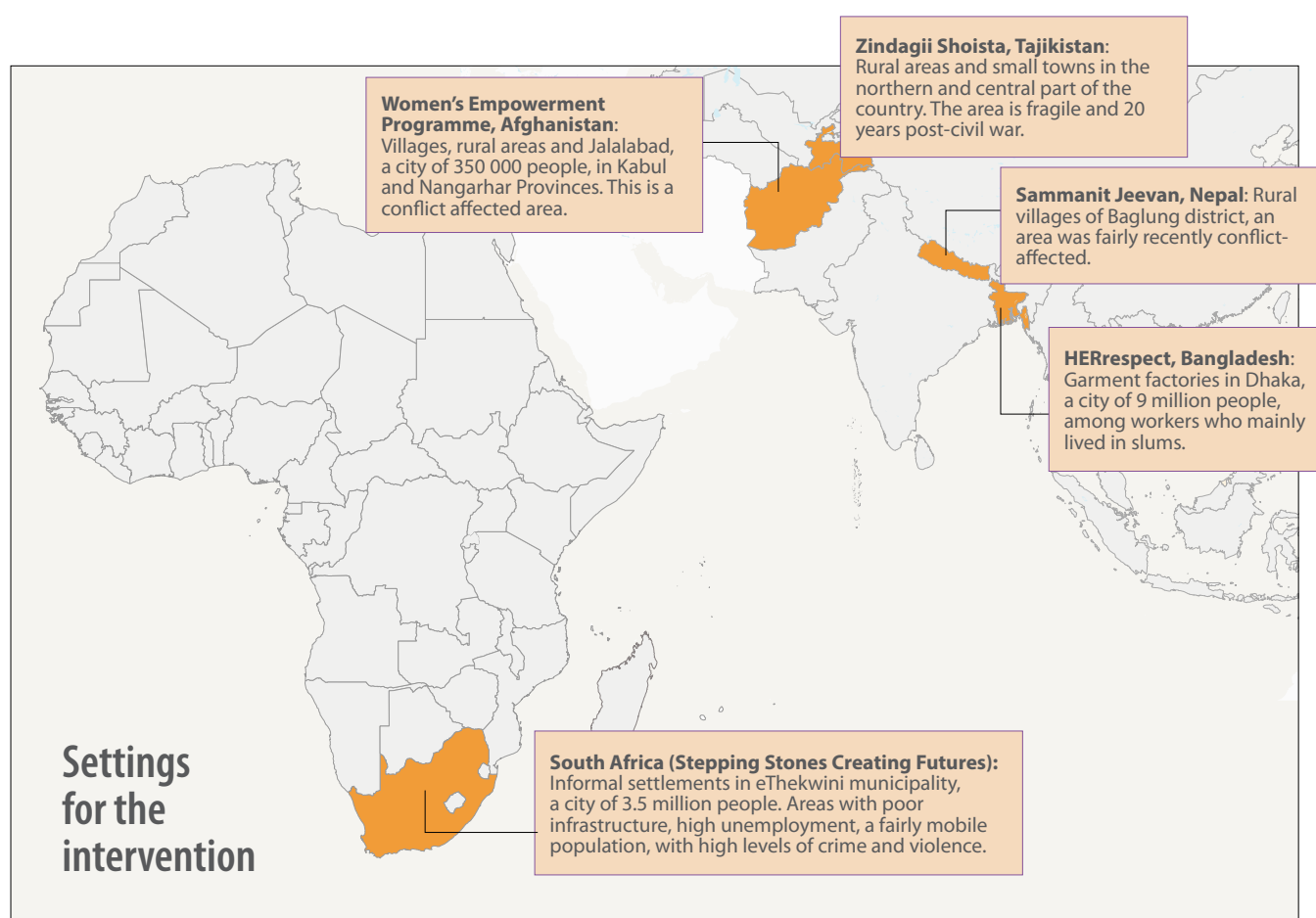
**A**lthough poverty is a potent driver of violence, interventions to reduce poverty do not always reduce women's experiences of violence and in some cases may expose women to a backlash. There are benefits from combining them with gender transformative approaches that work with small groups of men and women to facilitate critical reflection about gender roles, norms and power relations. In some circumstances gender transformative approaches have been shown to be effective on their own, but when combined with economic empowerment interventions that focus on strengthening livelihoods for women, men and families, they have been shown to strengthen economic outcomes, prevent backlash violence and effect overall reductions in VAWG.

Five combined economic empowerment and gender transformative interventions were evaluated as part of *What Works*: in South Africa (Stepping Stones Creating Futures) (Gibbs et al., 2017, Jewkes et al., 2010, Gibbs et al., 2019), Afghanistan (Women's Empowerment Programme) (Gibbs et al., 2018, Women for Women International, Gibbs et al., 2019), Tajikistan (Zindagii Shoista) (Jewkes and Shai, 2018, Mastonshoeva et al., peer review), Nepal (Sammanit Jeevan) (VSO Nepal and Shai, 2018, Shai et al., peer review) and Bangladesh (HERrespect) (Al Mamun et al., 2018, Naved et al., peer review).

The interventions were assessed for their ability to prevent physical and/or sexual IPV.

- In **South Africa**, perpetration of IPV by men was reduced, but women's experience of IPV was not (the women were not the men's partners).
- In **Afghanistan**, where the intervention was evaluated with a RCT, there was no overall reduction in IPV reported by women but a reduction was seen for one of three sub-groups of women (defined in relation to food security) and benefits were shown on women's empowerment-related secondary outcomes.
- In **Bangladesh**, the intervention was evaluated through a quasi-experimental study and did not show an effect on IPV; however, the research encountered major difficulties and we cannot draw robust conclusions about its effectiveness.
- In **Tajikistan**, the intervention was evaluated using a modified interrupted time series with extensive qualitative research without a control arm, and showed a statistically significant reduction in married women's experiences of IPV.
- In **Nepal**, where the intervention and evaluation were the same as in Tajikistan, the findings showed that younger women were exposed to less controlling behaviour from their husbands and less physical IPV. There was no impact on sexual IPV.

A comparison of characteristics of the interventions is presented in Table 3.





# INTERVENTIONS


















Four of the five different interventions were informed by the South African adaptation (Edition Three) of Alice Welbourn's *Stepping Stones* (Jewkes et al., 2010b, Welbourn, 1995), which differs in many respects from the original *Stepping Stones* manual and approach. In South Africa, the South African adaptation (3rd edition) was used in full and combined with the livelihoods intervention, *Creating Futures*. It was also used as an inspiration for the gender empowerment parts of the interventions in Tajikistan, Nepal and Bangladesh, which were all developed for *What Works*. Further, in developing the interventions for Tajikistan and Nepal, some exercises were taken from the *Creating Futures* manual used in South Africa. All interventions were delivered by paid staff.



## Stepping Stones and Creating Futures, South Africa

The South African intervention comprised 21 sessions of about three hours, delivered to single sex groups of 14 to 20 people. It had two distinct components: ten sessions of *Stepping Stones*, followed by 11 sessions of *Creating Futures*, both presented in user-friendly manuals. The aim of *Stepping Stones* is to build stronger and more equitable, non-violent relationships through a process of participatory learning and critical reflection. Previously, it had not been shown to be as effective in impacting VAW experienced by women as perpetrated by men, which was part of the rationale for adding the livelihoods intervention, *Creating Futures* (Misselhorn A et al., 2012). *Creating Futures* was also intended to address poverty as a structural driver of violence and encourage participation among very impoverished men and women. *Creating Futures* was developed and tested a few years prior to this evaluation and focuses on enabling access to economic opportunities rather than giving cash, loans or skills

**TABLE 3: GENDER TRANSFORMATIVE AND ECONOMIC EMPOWERMENT INTERVENTION APPROACHES**

Stepping Stones and Creating Futures (South Africa)					
Zindagii Shoista (Tajikistan)					
HERrespect (Bangladesh)					
Sammanit Jeevan (Nepal)					
Women's Empowerment Programme (Afghanistan)					

### Interventions that reduced IPV

#### Stepping Stones and Creating Futures, South Africa:

Reduced IPV perpetration reported by men two years after baseline, no impact on experience of IPV reported by women. Implemented with: 17 with groups for men and women, 21 sessions of three hours held over 2.5 to 3 months.

#### Zindagii Shoista, Tajikistan:

Reduced IPV 30 months after baseline, but no control arm. This was 15 months after the end of the intervention. Implemented in: four villages with families, 21 sessions of 2.5 hours.

#### Sammanit Jeevan, Nepal:

Reduced physical IPV experienced by young women 18 months after baseline, no control arm. Implemented in: two village development committees, 20 sessions of three hours.

### Interventions where less impact was seen

#### Women's Empowerment Programme, Afghanistan:

Evidence of women's empowerment two years after baseline, but IPV reductions only for one sub-group of women. Implemented in: seven villages, with twice weekly 90 mins sessions for 12 months.

#### HERrespect, Bangladesh:

No impact on IPV two years after baseline, but major evaluation difficulties, so it is not possible to draw a robust conclusion. Implemented in: four garment factories, designed as six sessions of three hours but unevenly implemented.

## Intervention participants

- **In South Africa:** Young women and men 18-35 years who resided in the informal settlements, but were not recruited as couples.
- **In Afghanistan:** Impoverished women between the ages of 18 and 49 who resided in the study areas.
- **In Tajikistan and Nepal:** The interventions were family centred; the core unit was a couple and the co-residing parents of the husband. The interventions particularly sought to benefit younger wives and, in Tajikistan, families with known difficulties. Some of the husbands were migrant workers for part of the year and not every family had co-residing in-laws. Most of the couples were between 18 and 40 years but the parents were older (up to 80 years).
- **In Bangladesh:** Women were employed in garment factories, as were male workers in the factories and supervisors/managers (mainly men). Most women were under 30, but managers were often older. Women had been working in the factory for over a year. Their work brought them into conflict with social norms around women's seclusion (*purdah*) and although they had some freedom of movement and income, many straddled a constant tension between the demands of male managers at work (e.g., in hours worked, and coerced production, etc.) and of their husband and mother-in-law at home, who often distrusted them for working, and took most or all of their earnings.

training. The curriculum covers setting livelihood goals, coping with crises, saving and spending, getting and keeping jobs, and managing work expectations. There is also a significant focus on small income-generating activities (IGAs). Intervention sessions were delivered twice weekly in communities in a public structure, for example, a hall or church, or in people's homes or outdoor spaces. There was a male and a female group at each site and facilitators worked with participants of the same sex.

### Women's Empowerment Programme, Afghanistan

The intervention in Afghanistan spanned 12 months and provided women with social and economic empowerment training that included business training, numeracy, vocational training and skills building. The intervention had been implemented for a few years in Afghanistan prior to the *What Works* evaluation. Its theory of change was designed to build women's self-reliance and power, but did not focus on preventing IPV, and not all women participants were married. While it included skills building, it did not teach communication skills or encourage critical

reflection, although there was some training on negotiation and conflict management. Groups of 25 women attended 90-minute sessions twice a week, with 88 sessions in total: 24 sessions on social empowerment (women's rights and the law, women's health, gender, violence and the value of women's labour and networking), 16 sessions on business skills, 12 sessions on numeracy and 36 sessions of vocational training (sewing and embroidery or agriculture). Participants were given a monthly cash transfer of US\$10 when in training, and although they could use it at their discretion, they were encouraged to save a portion. At the end of the intervention some of the women with the best attendance were given start-up kits with basic supplies and tools to enable them to start businesses.

In one community, a men's engagement programme (MEP) trained groups of 25 men in 24 sessions over three months. This was held prior to the intervention with the women, and further training and involvement of community and religious leaders and work with community change agents continued after the women's intervention. It was needed because the area was particularly conservative and it was intended to facilitate acceptance of the intervention for women.

### Sammanit Jeevan, Tajikistan and Nepal

The interventions in Tajikistan and Nepal were similar and were designed to be delivered to the whole household, recognising the subordinate position of younger married women in extended families and the violence and control they often experience from their mothers-in-law as well as their husbands. It had two components: the first addressed gender inequality and violence, and the second provided an understanding of gender and household economics and business skills related to establishing and operating an income-generating activity (IGA). The gender transformative sessions and gender and household economic sessions were delivered to single-sex and age peer groups (e.g., older women and mothers-in-law were separated from younger women and daughters-in-law). At least two members of each family, one of whom had to be the young married woman, were asked to attend the IGA sessions.

The gender transformative manual in Tajikistan spanned 11 sessions of 2.5 hours each and in Nepal consisted of ten three-hour sessions, both with two peer-group meetings. Gender analysis was fully integrated in the interventions, which used participatory learning approaches, with critical reflection, communication and business skills training. The IGA activity was very practical: it included, for example, visits to markets to gather information, and was rooted in the local economy. At the end of the programme, families were given financial assistance to start their IGA in the form of gifts of equipment or animals, with an expectation that they would contribute in cash or in kind themselves to the activity. In Tajikistan, some literacy training was also provided for women. In Nepal, a supplementary element of the intervention was developed for teenage children in the families with a manual and photo-comic.

## Personnel delivering the intervention

- **In South Africa:** Eight facilitators (four women and four men), recruited from the local community, delivered to four to five groups each. They were selected for their experience of community engagement, progressive attitudes on gender, and ability to communicate. They received six weeks of training, including practice in facilitation, and received regular in-service mentoring, monitoring visits by supervisors, and attended weekly meetings with management to reflect on the week, problem-solve and plan for the following week.
- **In Afghanistan:** Two women trainers worked in each setting, one focused on social empowerment and one on numeracy and vocational skills, part of a team of two social empowerment, three numeracy and three vocational skills trainers. They were from the local communities, had completed high school and some had degrees, teaching experience and they were mature and mostly married. Most of the trainers had been working in the role for many years. They were intermittently supervised, but this was mainly when they were newly employed.
- **In Tajikistan:** Seven facilitators (four women and three men) worked for the three organisations delivering the intervention in communities. They were selected for being more gender equitable and having listening and communication skills. Most had a tertiary qualification and some were former teachers. They received 12 days of training and their work was closely monitored, with sessions observed weekly. Business assistants supported participants in their daily activities in relation to the IGA, especially in business planning and budgeting.
- **In Nepal:** Eight facilitators (four women and four men) delivered the intervention. They were selected based on their more gender-equitable attitudes, and were trained for four weeks, including a one-week pilot, and sessions were closely monitored. There were also four business assistants supporting the IGAs, particularly with market analysis, developing marketing plans and providing technical support and training. They were recruited from a local NGO with more than 12 years of experience in supporting IGAs.
- **In Bangladesh:** Four facilitators (three women and one man) worked in pairs covering eight to twelve groups. They were selected because they had some prior experience in training, and experience on gender issues and postgraduate gender studies. Older facilitators were only required to have relevant experience. They were trained for ten days and underwent a five-day training on the management curriculum. One person provided supervision and visited groups at least once per group, and assisted with adapting the manual to the factory circumstances when required.

### HERrespect, Bangladesh

In Bangladesh, the HERrespect intervention was delivered to three groups: women workers, male workers and (mostly male) supervisors and managers. The intervention was designed with six sessions of three hours delivered to single-sex groups of 25 to 30 people, and three 1.5 hour combined meetings of all the peer groups. It was intended that these would be provided weekly over two to three months, but difficulties in scheduling in the factories resulted in the intervention being delivered in monthly sessions over nine months. Furthermore, managers did not allow three hours for the first one to two sessions; these were shortened until they understood the intervention better and recognised its value. The sessions covered gender issues at home and at work, communication skills, stress management, violence against women, support and help-seeking and factory policies. For men, sessions also covered men's involvement in caring and dealing with anger and frustration. The sessions with management emphasised understanding and managing stress.

The intervention was supplemented in the factory by a violence awareness-raising campaign and some of the videos and audio feeds developed by the WE CAN Bangladesh programme were shown or played to workers. The intervention used participatory learning approaches and included critical reflection and communication skills building. Its theory of change was premised on the assumption that employment would economically empower women, and that providing a gender empowerment intervention for women workers would help protect them from violence. The involvement of men and managers in the factory was intended to reduce workplace violence. A fundamental assumption of the theory of change was that it is possible to work with Bangladeshi women workers and impact gender relations in their homes, and that it is possible to change the behaviour of managers within garment factories in the context of just-in-time regime pressures of the garment sector through reflection on attitudes and practices (Closson et al., 2019).



Photo: Anisa Sabiri



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## How did the interventions differ?

With a common foundation in Stepping Stones, many of the interventions shared similarities in their gender transformative elements. All the Stepping Stones based interventions were built around experiential learning with participatory methods that emphasised critical reflection (Friere, 1970/1993), communication skills building, and strengthening relationships. They all provided the gender transformative element of the intervention before the economic empowerment part in order to prevent backlash violence.

### The economic element was not always empowering

All five interventions combined an economic element aimed at improving women's access to, and control over, financial resources, with a gender transformative element. However, the economic element was not always empowering. For example, some of the programmes provided skills that many women found hard to put into effect to earn money due to insufficient adaption of ideas to the context of women's lives, and availability of start-up funding, equipment, supplies and markets, and in Bangladesh, many women had no control over their earnings. Economic gains were also limited in some cases, which may have constrained the ability of participants to substantially transform their relationships.

- The Stepping Stones and Creating Futures intervention demonstrated a 20%, non-statistically significant, improvement in men's earnings, but took them to a minimum level needed to meet basic needs for a young man. Because men started the programme with higher earnings than women, by the end they earned on average twice as much per month as women. Women increased their earnings significantly but from a very low starting point to a place still less than the minimum required for a family to eat for a month. Because women remained in extreme poverty, and many were severely affected by past trauma, they lacked the economic and social power to start the processes of transforming their relationships.
- In Tajikistan and Nepal, income was substantially increased but there was a range of earnings in both settings, with some IGAs doing less well; it took about a year before the first income was realised from the agricultural activities.
- In Afghanistan, all women in the intervention received a cash transfer, but at the end of the programme earnings were low and only one in ten women made any income.
- In Bangladesh, women had earnings as they were employed in garment factories, but many of them were not allowed to keep and control what they earned and did not personally benefit from their earnings.

In Afghanistan, a cash transfer and economic skills training undoubtedly enabled women to overcome their relative seclusion and enabled them to participate in the social empowerment components of the intervention. However, while women reported improvements in their mobility, this remained constrained and, together with the conflict, impacted on their access to markets. Cash transfers are recognised as important for meeting immediate needs during the period of the transfer, but longer-term benefits require saving and/or acquiring productive assets. Women were not consistently encouraged to save and invest in an IGA (e.g., by buying a sewing machine with their cash transfer); this changed somewhat after the evaluation.

### Theory of change and contextual understanding of drivers

All five interventions were intended to prevent violence against women through gender transformative programming and economic empowerment. However, as discussed above, not all the interventions were very successful at economically empowering women. Without that, the theories of change were really predicated on the success of the gender and social empowerment programming and did not address other aspects of the social context.

In the highly patriarchal context of Afghanistan, the intervention working with very disempowered women could not be expected to fundamentally change gender relationships and impact on the behaviour of their male partners. Another challenge was that the intervention was not designed to address violence specifically. As a result, some of the key elements of more successful violence prevention programming, notably communication skills, and in this setting working with male partners, were not included. This suggests that to have a significant impact on reducing IPV, economic empowerment interventions need to intentionally target IPV, through incorporating gender-transformative approaches.

Similarly, in the poor and vulnerable population in South Africa, where women were suffering high levels of unresolved prior trauma, poor mental health or post-traumatic stress disorder as a result of the very high levels of violence, it may not have been realistic for women to gain substantial control of their lives and protect themselves from violent boyfriends – without specifically addressing their trauma. It may also have been that while earnings increased, they did not increase by enough to shift power dynamics in relationships.

### Involving men and families

Evidence from these interventions suggests that working only with individual women may be insufficient to fundamentally change gender relationships in highly patriarchal contexts where the power of young women is particularly constrained. In these contexts, interventions with women, men and whole families may be more



## **BOX 2:** Elements of intervention design and implementation critical in differentiating the interventions that were able to reduce violence

### **MEANINGFUL ECONOMIC EMPOWERMENT**

providing sufficient additional funds for food and women-controlled resources.

### **THEORY OF CHANGE, INTENTIONALLY TARGETING IPV, BASED ON A CONTEXTUAL UNDERSTANDING OF DRIVERS OF VIOLENCE**

Weaknesses in the assumptions made by the theory of change (e.g., if interventions were not economically empowering or if women were unable to stop VAWG after an intervention with them alone) resulted in women being unable to protect themselves from violence.

### **WORKING WITH WOMEN, MEN AND EXTENDED FAMILIES**

especially in highly patriarchal settings.

### **INTENSITY OF THE INTERVENTION**

Sessions that were sufficiently long (2-3 hours) and frequent (weekly) for 40-50 hours of intervention.

### **WELL SELECTED, TRAINED AND SUPPORTED PERSONNEL**

This was a feature of all of the interventions, but practice-based learning in this area has shown that interventions are not successful unless attention is paid to this area.



effective. All interventions that involved men were effective in changing men's behaviour, and in Tajikistan, reduced women's exposure to violence; evidence suggests some impact in Nepal as well. The inclusion of an economic component was attractive to men, supporting their retention and enabling a conversation with men about gender and power.

In Tajikistan and Nepal, working with multi-generational families had positive impacts on household relations and on the social context within which young women lived, and strengthened the economic position of the household. Qualitative research in both countries indicated that family-centred models can be effective in enabling women to fully participate without it being viewed with suspicion and can help to build trust and prevent the risk of backlash violence (none was reported).

### **Intensity of the intervention**

All the interventions were intensive except the one in Bangladesh, which was intentionally shorter due to anticipated economic empowerment from wages. A problem was encountered when the implementing partner was unable to negotiate sufficiently flexible access to the factory to deliver the intervention as intended. Sessions were thus held monthly and may have been too far apart to build on the previous session. The 2.5 to 3-hour sessions once or twice a week in the other interventions enabled in-depth discussion, recall of the previous session and a period for reflection and experiential learning. ■

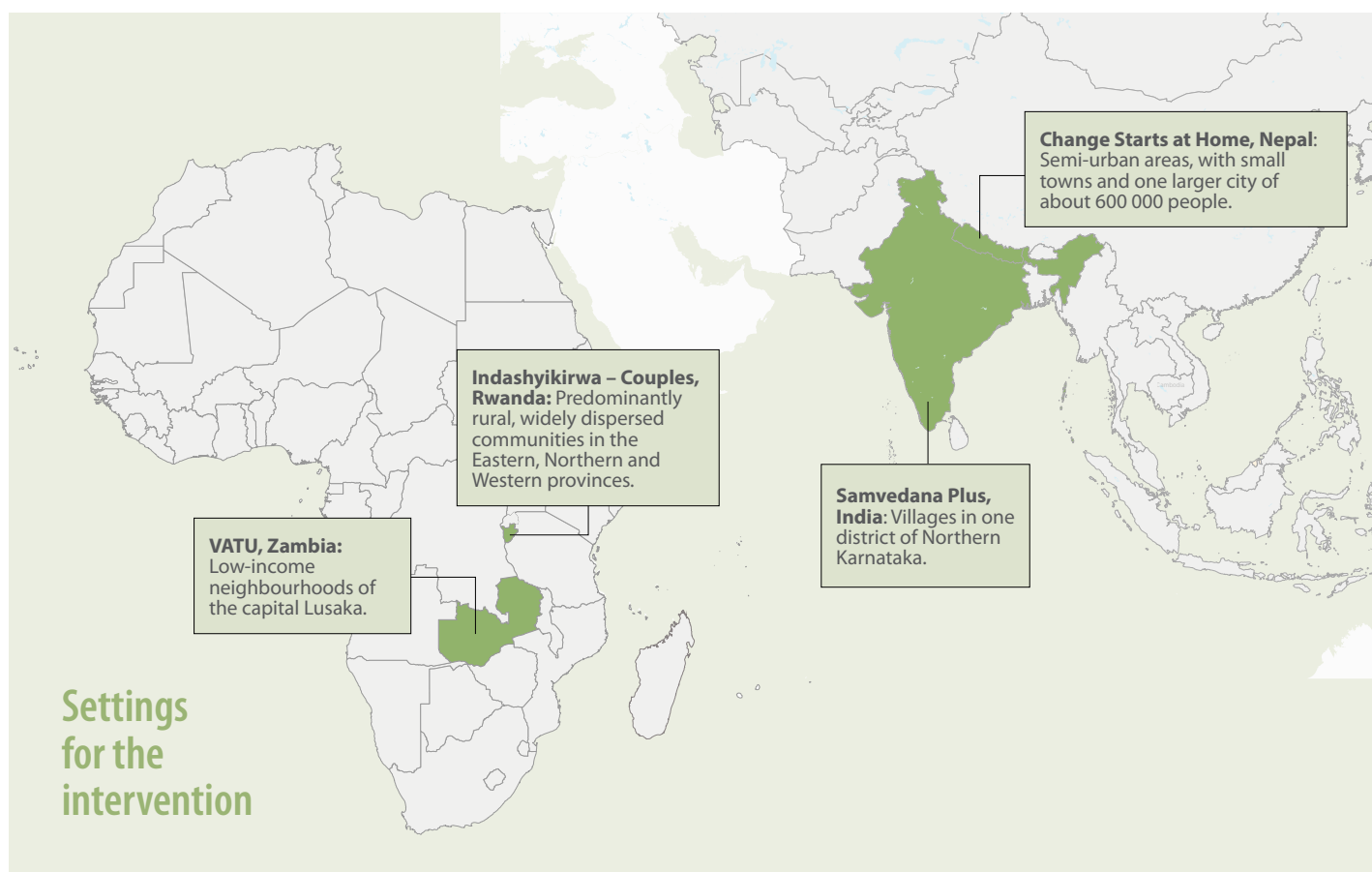


*Photo: Equal Access International*

## Couples' interventions and special populations



## Settings for the intervention



**W**hat Works evaluated four interventions for couples, all involving counselling and group-based curricula (see Table 1). These interventions were conducted in Zambia (VATU) (Murray et al., peer review), Rwanda (Indashyikirwa) (Dunkle et al., peer review), India (Samvedana Plus) (Beattie et al., 2016; Jatkar, 2015; Javalkar et al., 2019) and Nepal (Change Starts at Home). The primary objective of all four interventions was to prevent physical and/or sexual intimate partner violence; the main outcome was assessed two or more years after the baseline, except in Zambia, where it was measured after one year. The four evaluations were all RCTs.

- Significant reductions in IPV were measured in Zambia and Rwanda.
- In India and Nepal no reduction in women's exposure to violence was detectable.

There were considerable difficulties with the evaluation of the intervention in India, due to an over-enthusiastic NGO partner motivating for low levels of violence reporting, which reduced *What Works'* confidence in interpreting the evaluation outcome.

Although there were differences between the interventions (see Table 4), it is possible to point to some of the general differences between the interventions that did and did not enable a reduction in IPV and hypothesise that these may have been important.

TABLE 4: COUPLES AND SPECIAL GROUPS

Indashyikirwa – couples (Rwanda)				
Samvedana Plus (India)				
Change Starts at Home (Nepal)				
VATU – couples (Zambia)				



Reduced IPV	<b>VATU, Zambia:</b> Intervention delivered as six to 12 mostly individual sessions of 60 to 90 minutes among 124 couples.	<b>Indashyikirwa couples, Rwanda:</b> Intervention delivered as 21 sessions of three hours. Of the 840 couples, 500 participants were trained for ten days as community activists and deployed in the community intervention.
No impact on IPV	<b>Samvedana Plus, India:</b> Intervention designed as 12 sessions for one to two hours intended to be delivered weekly over three months to 425 sex workers and 525 intimate partners from 24 villages. Sex workers and their partners were in separate groups. Major implementation and evaluation difficulties were encountered.	<b>Change Starts at Home, Nepal:</b> Intervention delivered among 360 couples as a 30-minute radio show and 1.5 hours of workshops over 40 weeks. Couples were encouraged to be community activists in the last three months.

## INTERVENTIONS

### VATU, Zambia

In Zambia, the intervention was delivered to adults and children (discussed below). It was based on a theory of change in which alcohol abuse and poor mental health were identified as important drivers of violence. It chiefly involved the common elements transdiagnostic approach (CETA), an established therapeutic approach to reduce mental health symptoms by focusing on the symptoms rather than diagnosing a condition (such as depression, anxiety, PTSD). There was also an enhanced component addressing substance abuse that was developed for *What Works*. CETA is based on cognitive-behavioural therapy that focuses on safety, substance-use reduction, confronting fears and trauma, cognitive coping and restructuring, problem-solving, and anxiety management. In each session, clients learned skills around understanding the association between thoughts, feelings, and behaviour related to their main problems, and learning to restructure thinking to be more accurate and helpful. Gender issues were included in discussions around thinking in a different way, where relevant.

The intervention was initially intended to be delivered to same-sex groups of seven to eight participants over six to twelve 60- to 90-minute sessions. However, scheduling the groups was not feasible because of the participants' busy lives and delivery was changed to individual sessions. Most participants received between six and ten one-hour sessions. Each treatment plan was individualised and decided on by the clinical team (counsellor and supervisor), with clients 'completing' once their clinical symptoms had reduced. After the intervention, couples received monthly phone calls to check in on their safety for a year. VATU was fully manualised but the counsellors could tailor sessions to the individual's main clinical symptoms.

### Indashyikirwa, Rwanda

In Rwanda, the Indashyikirwa couples' intervention was based on a strong theory of change and focused on addressing triggers to violence (including jealousy, alcohol reduction, arguments over money, and distorted thinking) and creating positive alternatives to violence. Key elements were: developing skills in critical reflection, emotional regulation, conflict resolution and communication; the overall goal was enabling stronger, more equitable, non-violent relationships. Indashyikirwa was a fully manualised curriculum with an integrated gender framework that emphasised positive and negative types and uses of power, critical reflection and a journey from knowledge, attitudes, skills and actions. It was provided in 21 weekly sessions of three hours, delivered over five months, to groups of about 15 couples (although some sessions had sessions for men or women only). It allowed for participatory, experiential learning, and included take-home activities for couples to apply each week. At the end of the intervention, couples were invited to undergo further training as community activists and 420 were selected, with 80 more added in the final year. They received an additional 16 sessions of training for this in community activism over ten half-days as well as ongoing training in how to use activism tools for women's Safe Spaces. This element was discussed in greater detail above. The intervention was developed for the study and drew on elements of SASA! (Abramsky et al., 2012), Journeys of Transformation (Pawlak et al., 2012), and other literature on VAWG.

### Change Starts At Home, Nepal

In Nepal, the couples' intervention sought to use social behaviour-change communication approaches to raise awareness and shift attitudes, norms and behaviours. A radio drama was broadcast weekly for nine months and participating couples were invited to attend radio Listener



and Discussion Groups (LDGs) for two hours a week for 40 weeks, to listen to the drama, have a structured discussion and engage in activities guided by the content of the episode. The groups were gender segregated but were brought together for combined sessions once a month. The discussions built communication, conflict resolution and relationship skills and also used critical reflection. Although the curriculum outline was planned before the intervention started, the content was designed iteratively. Each radio script was informed by the weekly sessions and every six weeks a more intense redesign and rescripting was undertaken for the coming set of sessions.

During the final three months (Phase III of the intervention), LDG members were encouraged to engage in community activities based on an advocacy toolkit provided to them, including a film, radio programme and a recording of a community theatre production. The focus was awareness raising and norms diffusion. LDG members were asked to do one activity per month for about three months, which resulted in a total of 108 activities over the three months conducted by the 360 couples. In addition, local religious and social leaders were trained in two workshops; the goal was to enable them to act as advocates in the community for more equitable social norms.

### Samvedana Plus, India

In India, the intervention worked with highly marginalised sex workers and their intimate partners – generally men married to other women who maintained a long-term relationship with a sex-worker partner. The aim of the intervention was to reduce violence in these relationships and increase consistent condom use through strengthening relationships and gender transformation, building conflict resolution skills, and promoting individual safety plans for women. The intervention included eight modules delivered over 12 sessions to the sex workers, using a standardised curriculum. The sessions were facilitated by trained outreach workers and encouraged critical reflection and role play, as most participants were illiterate. In addition, less formal discussion groups for the women covered sex-worker leadership, condom usage, especially with intimate partners, sex-worker collectivisation, sharing success stories, and awareness-raising around laws related to violence against women. It was intended that intimate partners would attend similar workshops, but this proved difficult. The men were very different from one another in terms of education, employment, caste and economic status, and were not comfortable together or in openly discussing being in a relationship with a sex worker.

The intention was to engage the women in an intervention for one to two hours a week for three months (12–24 hours) but this was often extended to five to six months because of low attendance levels. The intervention was delivered to groups of 15 to 18 participants. Outreach

## Intervention participants

- **In Zambia:** Couples recruited through community referral. Men had a problem with hazardous alcohol use and were violent to their wives or partners, and both agreed to participate in the intervention. Most couples were 18 to 45 years old.
- **In Rwanda:** Couples were recruited from village savings and loans schemes, had been married or cohabiting for at least six months and the women had a mean age of 33 and men of 35.
- **In Nepal:** Couples were co-residing, not planning to migrate and willing to attend for nine months. The women of the couples had to be between 18 and 49.
- **In India:** Women were recruited because they were female sex workers, and most were Devadasi, and had been initiated into sex work as young girls. Devadasi caste women are highly marginalised; they are not allowed to marry but often have children from an intimate partner. Their partners were older (mean age 40 v. 34.5 years) and mostly married to another woman, and not open about their relationship. Two-thirds of these men had been the woman's first client, but most women said their partner did not know that they were still sex workers.





## Personnel delivering the intervention

- **In Zambia:** Sixty lay counsellors trained, with attrition to 45 by the end of the intervention, so each worked with two to five adults. They had some previous experience of community activism and a high school certificate but were not selected for having gender equitable attitudes. They received a ten-day training and four to six weeks of weekly supervised practice or roleplay before seeing clients. Continuous support from supervisors and weekly meetings.
- **In Rwanda:** Twenty-eight facilitators each worked with about four groups. They were experienced facilitators, most had facilitated a similar curriculum for more than a year. They were trained for two weeks and had a month of piloting before the main study. Further training in counselling (two days), disability inclusion and participation was provided. Supervisors regularly attended sessions to observe and feed back to facilitators, and met facilitators monthly.
- **In Nepal:** Seventy-two facilitators (36 women) each worked with one group. They were well-respected community members who had secondary school education. They were not selected for having gender equitable attitudes or previous facilitation. The training was divided into six sessions, mostly of four to five days. The curriculum was written iteratively and was thus not available in its entirety at the start of the training. Supervisors observed and provided feedback once per phase of implementation.
- **In India:** Eight female and four male facilitators worked with three groups. Many had worked with sex workers previously and had counselling skills. They had not necessarily previously facilitated. They received one day of induction and nine days of training delivered in three phases, focusing on their perspectives and knowledge and facilitation skills. Volunteers received two days of training and there were eight in the crisis management team.

workers, however, provided counselling to individuals or couples upon request. A crisis management team (CMT) was established in each of four sub-districts. Participants were given numbers of the CMT to call or were linked into the CMT via the outreach workers. In the case of immediate threat, the CMT provided financial support and refuge to the individual; in less serious cases, the CMT talked to their perpetrator. Community plays were also organised in intervention villages to prompt discussion on gender discrimination, violence and other relevant themes.

### How did the interventions differ?

#### Theory of change and targeted couples

The interventions in Rwanda, India and Nepal all broadly used social and gender empowerment approaches with couples to strengthen their relationships and prevent IPV. The main differences lay in how these were contextually adapted and delivered (including with radio drama in Nepal), and in which couples were identified as the intervention target group. The intervention in Zambia was very different as it followed a psychotherapeutic approach and targeted couples who were known to have a problem with IPV and alcohol abuse, and thus focused chiefly on two drivers of VAW, substance abuse and mental ill-health. For both Rwanda and Nepal there were expectations that the couples would assist with community outreach or activism; this is discussed above.

The interventions in Rwanda and Nepal targeted men and women from the general population. In Zambia, the intervention targeted couples with known alcohol and violence problems. In India, Samvedana Plus targeted extremely poor, scheduled caste sex-workers and their partners. Although the intervention was designed with some sensitivity to the complexity of the target population, many of the problems were somewhat underestimated. A particular complication was that the male partners often had other wives and were mostly not publicly acknowledged partners of the women sex workers. Thus, although it was a 'couples' intervention, the sex workers and their intimate partners were somewhat ambiguously positioned as couples and did not attend sessions as 'couples' with the goal of strengthening their relationships as couples. This made the intervention very difficult to deliver.

#### Adaptation

Each intervention, except VATU, had a manualised curriculum that had been developed for *What Works*. The Rwandan intervention built on tried and tested materials, with which the facilitators had some familiarity. However, the Nepali intervention had not been previously piloted and was not an adaptation and although the Indian intervention drew on some aspects of previous work with sex workers, the intervention was newly developed for *What Works* and STRIVE (another DFID-funded programme that co-funded the study) and had also not been pilot tested. The problems encountered in Nepal and India could therefore not be corrected before delivery.

## BOX 4: Elements of intervention design and implementation critical in differentiating the success in reducing IPV

### THEORY OF CHANGE AND TARGETED COUPLES

well designed for the context and delivered to openly established couples.

### ADAPTATION

newly developed interventions or adaptations needed to be tested before use, unless the staff were very familiar with the parent interventions.

### INTENSITY

Interventions had to be sufficiently long (about 40-50 hours), but too great a length was seen to impact training.

### PREPAREDNESS OF THE FACILITATORS

Experienced facilitators are an advantage. If facilitators are not experienced, careful training and piloting is needed in the whole curriculum before delivery starts.

### SUPERVISION

Sufficiently intensive to support staff who have not previously delivered the interventions.



### Intensity

Interventions differed in intensity; here an optimal position was apparent. The intervention in Zambia was a very intense programme, delivered mostly to men and women of couples as individuals. The interventions in Rwanda and Nepal were delivered to groups and were, of necessity, considerably longer than the Zambian intervention. They were much more intensive than Samvedana Plus, where even the women's component was fairly short (intended as 12-24 hours). However, the length of the intervention in Nepal undermined its delivery, as discussed below.

### Experience and preparedness of facilitators

The facilitators in Rwanda all had prior experience of facilitation before they were trained for Indashyikirwa. Many of them had worked with Journeys of Transformation, which was a similar curriculum. They were trained for two weeks, practiced for a month before the evaluation started, and worked in pairs. In contrast, in Nepal the facilitators had not all previously facilitated and were not selected for their attitudes on gender and violence. They had a longer training (almost six weeks) but did not practice before starting work. The programme was written iteratively for Nepal and the facilitators were thus not familiarised with or trained in the whole programme at the start. The Zambian lay counsellors were well trained and intensively supported in their work.

In India, even though the staff had not previously facilitated, many had worked with sex workers and had counselling skills. Their nine days of training, like Nepal, was divided into phases. There were thus major differences between the facilitators: those who delivered the Indashyikirwa intervention had much more experience when they were recruited, they were trained extensively, and were enabled able to practice before delivering the intervention for the evaluation. In Nepal and India the iterative training did not enable personnel to gain an initial overview of the curriculum and the facilitators, who had not previously done this work, were initially deployed to deliver the intervention with three to five days of training. They also received less supervision. In Rwanda and Nepal, the interventions were successfully delivered, but in India there were considerable difficulties in delivering to the planned groups.

### Supervision

Supervision was intensive in Rwanda and Zambia, but much less so in Nepal and India, which resulted in comparatively little support for work in the field and assurance of fidelity to the intervention design. ■



*Photo: James MacDonald, Right to Play*

# Prevention of violence among and against children



**F**our of the *What Works* evaluations focused on interventions to prevent violence experienced and perpetrated by children. Three were school-based, and one was home-based. The studies were conducted in Pakistan (McFarlane et al., 2017, Right to Play, 2007, Karmaliani et al., peer review), Afghanistan (Corboz et al., 2019, Sadeed, 2013), Kenya (Paiva-Sinclair and Cheng, 2013, No Means No Worldwide, 2013) and Zambia (Kane et al., 2017, Murray et al., peer review). In Pakistan and Afghanistan, prevention of peer violence was the primary outcome. In Kenya, the intervention for girls primarily sought to reduce their risk of rape while the intervention for boys focused on preventing bullying and rape perpetration. In Zambia, as discussed above, the intervention (VATU) was one aspect of an intervention that chiefly focused on parents, but in this case sought to improve children's mental health and address behavioural problems that stemmed from living with parents who had problems with alcohol abuse and IPV.

- In **Pakistan**, the intervention was evaluated in an RCT, and after two years significant reductions in peer violence were observed.
- In **Afghanistan**, the intervention was evaluated in a study with three time points, without a control arm. Declines in peer violence were observed, but without a control arm there is less confidence in attributing the changes to the intervention.

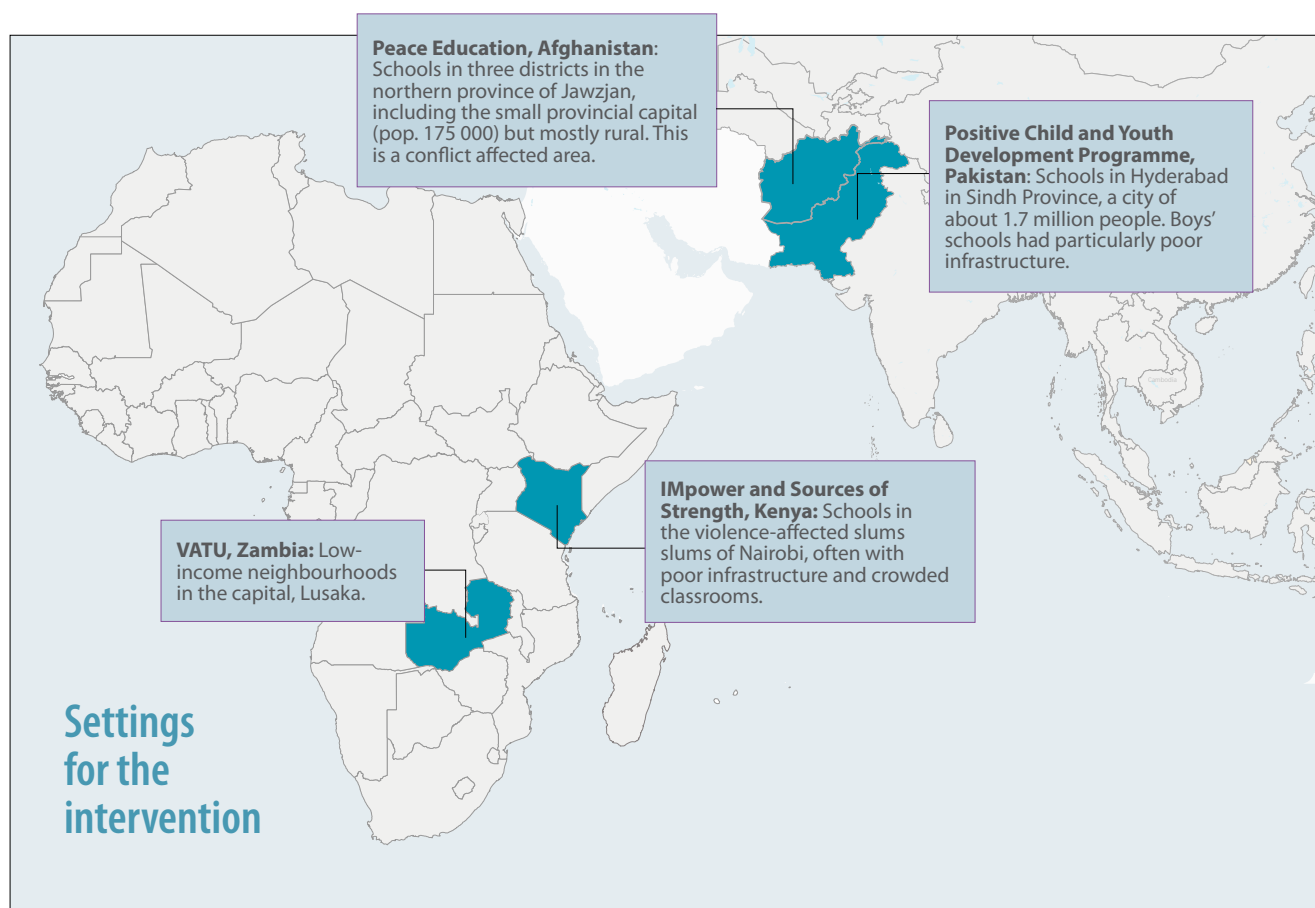
- In **Kenya and Zambia**, the evaluations took the form of RCTs and no significant differences in reports of outcomes between intervention and control arms were observed for children. In both countries there were some methodological issues which suggest that these results should be interpreted with caution.

Notwithstanding the differences in interventions and research designs, it is possible to compare and contrast the intervention design and implementation and identify aspects that may have been important for their outcomes. A comparison of some of the characteristics of the interventions is presented in Table 5.

## INTERVENTIONS
















In Pakistan and Afghanistan, activities were delivered to the whole class (single sex) over a period of two years, with 120 sessions of 40 minutes (80 hours) provided to the schools in Pakistan and 99 30- to 35-minute sessions (about 50 hours) provided to schools in Afghanistan. In Kenya, the interventions were also delivered to the whole class in single-sex groups but were only 12 hours long, delivered as six two-hour sessions. All three of these interventions used the school space outside the normal classes and curriculum.

In Zambia, the intervention was delivered in the home, and was at first intended to be given to groups of children.





**TABLE 5: PREVENTION OF VIOLENCE AMONG AND AGAINST CHILDREN**

Positive Child and Youth Development Programme (Pakistan)	  
Peace Education (Afghanistan)	    
IMpower and Sources of Strength (Kenya)	  
VATU – children (Zambia)	   



However, because these proved difficult to arrange, most of the delivery was conducted individually. Depending on need, the intervention ranged from 6 to 18 hours long, provided in 6 to 12 sessions of 1 to 1.5 hours, with treatment being complete when clinical symptoms had significantly reduced.

### Positive Child and Youth Development Programme, Pakistan

In Pakistan, the main intervention was a programme of 103 experiential play-based learning activities (formalised in a manual). Each took the form of a game followed by a discussion in which a coach led critical reflection on the activity and learning following from it in a three-stage process: reflect, connect and apply beyond the exercise. Each activity was designed to achieve a particular goal, developing the social and emotional skills of children (communication, critical reflection, conflict resolution, coping skills, resiliency, cooperation and empathy), as well as their physical and cognitive development. The manual included different activities for children of different ages.

The main intervention was supplemented with five-day summer holiday camps, thematic play days and sports events. The latter sought to involve parents and raise their awareness on child rights, gender equality and positive discipline. There was also training for teachers on positive child and youth development, positive disciplining and gender and child protection, to create a safer environment in and around schools. The training for teachers also focused on the use of play-based learning activities with children. The intervention was developed by the international NGO, Right To Play, and had been used in Pakistan since 2008.

### Peace Education, Afghanistan

In Afghanistan, the Peace Education programme had different elements. One part was school-based and followed a manualised curriculum, with lessons seeking to build resilience and self-confidence, provide an understanding of the causes of conflict and build conflict resolution, communication and critical reflection skills. The programme was delivered by teachers one to two times a week.

<b>Reduced peer violence</b>	<b>Right To Play's Positive Child and Youth Development Programme, Pakistan:</b> Implemented in 20 schools (ten boys and ten girls) 60 sessions of 35 mins per year for two years.	<b>Peace education, Afghanistan:</b> Implemented in 20 communities (population ~ 3,500 school students and 3,500 adults), 33 lessons in Year 1 and 66 lessons in Year 2 (no control arm).
<b>No impact</b>	<b>IMpower and Sources of Strength, Kenya:</b> No impact on rape. Implemented in 49 schools from six slums, six sessions of two hours.	<b>VATU, Zambia:</b> No impact on child trauma or mental health. Implemented with 60 children, in 6 to 12 individual sessions of 60 to 90 minutes each.

## Intervention participants

- **In Pakistan:** Girls and boys in Grade 6 in single-sex schools, age 11 to 12.
- **In Kenya:** Girls and boys in Grade 6 in single-sex schools, age 11 to 16.
- **In Afghanistan:** Girls and boys in Grades 7 and 8, mostly 13- to 15-year-olds attending single-sex schools. Also adults from the broader community for the social norms change component of the intervention.
- **In Zambia:** Girls and boys age 11 to 17 years whose mothers experienced IPV and had a male partner who abused alcohol. They were proposed for the intervention by their mothers (who were also study participants). One child per family participated.



A community component included conflict resolution and peace building training and discussions with a range of different local community actors, including parents, young people (aged 18 to 25 years), and community and religious leaders. Focal themes included: how Islam supports the rights and protections of women and girls, and how the involvement of women in community affairs facilitates safer, more secure and prosperous communities. Training for women participating in civil society organisations (CSOs) and those working in government departments, included instruction on non-violent conflict resolution and mediation, strategies to identify and manage conflict before it happens, knowledge about women's constitutional rights and protections, and skills to support the meaningful participation of women in local civic affairs and community councils. Ten peace committees consisting of members from existing community shuras (councils) or community development councils (CDCs) were established across the communities.

The intervention also included two sets of activities using local radio. The first comprised weekly (pre-recorded) roundtable discussions involving religious leaders, influential women and government officials, and addressed topics related to the rights of women and girls, for example, early and forced marriage, violence against women and girls, access of girls to education, child protection, women's empowerment and the role of women in development and economic activities. The second set of radio activities involved broadcasting 90 episodes of scripted radio dramas, each dealing with a different issue related to conflict and violence against women. Listeners clubs of volunteers were established to enable broader discussion of radio programming in the community. The peace education intervention had been developed, adapted and revised over a period of nearly a decade prior to the evaluation.

### IMpower and Sources of Strength, Kenya

In Kenya, the interventions for girls and boys differed substantially. The intervention for girls focused on the empowerment of girls and self-defence and providing the mental, verbal and physical skills for girls to prevent sexual violence. The girls received two hours of training on adolescent health, a two-hour introduction to assault and strategies attackers use, two hours on mental and verbal strategies to prevent abuse, and six hours on physical self-defence skills. The boys had an introductory session on manhood, two hours on puberty and health, four hours on understanding and resisting force and pressure and bullying, four hours on assertiveness and two hours on gender and manhood. The intervention for girls had been developed about ten years prior to the study and the boys' intervention more recently. Both had been extensively used in Kenyan schools.

## Personnel delivering the intervention

- **In Pakistan:** Twenty coaches (ten male and ten female) were deployed, one per school, supported by 120 junior leaders (five to six per school). The coaches were young, energetic graduates who were trained for 127 hours. The junior leaders were students from the classes who wanted to learn more about the methodology and support its use; they were trained for 32 hours initially, with 12 hours of refresher training, and given continuous support and mentoring. The coaches were mentored by two field facilitators, who observed their work and gave feedback and had weekly meetings.
- **In Afghanistan:** Fifty school teachers (30 female and 20 male), who received five days of basic training, further in-service training and ongoing support, delivered the school intervention. They were teachers of social subjects. The community-based component was supported by 250 volunteers who worked in 25 groups of ten (15 female groups and 10 male), and listened to the radio programmes, discussed them and facilitated discussions with the community.
- **In Kenya:** Fifty-three trainers were deployed, but 46 remained after some attrition. Trainers had to have completed high school and be gender sensitive. They were trained for three weeks and co-facilitated with an experienced colleague for three to six months. Classes were large (between 40 and 108 students) and facilitators worked with groups of up to 33 students for verbal sessions, and 25 to 33 for the physical self-defence sessions.
- **In Zambia:** Sixty lay counsellors trained, with attrition to 45 by the end of the intervention. Only 60 children received the intervention and some lay counsellors may have only worked with adults and others would have only counselled one to two children during the evaluation. They had previous experience of community work and a high-school certificate. They received a ten-day training and four to six weeks of weekly supervised practice or roleplay before seeing clients. They also received continuous support from supervisors and attended weekly meetings.

### VATU, Zambia

In Zambia, the intervention was delivered to adults (discussed above) and children. The children came from homes where there was violence and harmful alcohol use, so they had been exposed to violence and trauma. The component for children, like for adults, was an established multi-problem transdiagnostic mental health intervention (CETA), which aimed to reduce mental health symptoms from a range of different problems (depression, anxiety, PTSD) and trauma exposure in children. Its use in adults is discussed above. As for adults, the intervention was recorded in a manual, but somewhat flexible. Gender issues were not explored in depth.

### How did the interventions differ?

The children's interventions were more diverse than those in other groups, but again some beneficial comparisons can be made. They had different goals and outcomes: reducing peer violence in Pakistan and Afghanistan, reducing sexual assault experience in Kenya, and improving mental health and reducing child victimisation and aggression in Zambia. They were all well-established interventions prior to the evaluations, but the results varied.

### Social empowerment theories

The interventions had very different theories of change. In Pakistan and Afghanistan, they were developed around comprehensive, social-empowerment-based theories of

change that placed child violence centrally in the context of child disempowerment, strained interpersonal relations, lack of emotional and communication skills, harmful gender norms and normative use of aggression in contexts of conflict. The interventions sought to change children in class groups and foster positive relationships between participants and their parents, peers and others. In Afghanistan, particular attention was given to tailor the intervention to the conflict-affected and conservative Islamic nature of the community. In contrast, in Kenya the goal was individual behaviour change and was premised on a direct link between knowledge and awareness and action. Similarly, in Zambia the focus was on individual behaviour change.

Underlying the intervention in Kenya was the assumption that young teenage girls would be able to use learning from a brief exposure to self-defence methods to protect themselves from rape. The brief interventions did not give children an opportunity to work through new ideas and test new skills iteratively.

In Zambia, the intervention was based on the premise that children exposed to violence in the home are traumatised, often have mental health problems and benefit from short-term treatment. The intervention sought to effect impact through a brief therapeutic model and did not include the broader social empowerment elements used in Afghanistan and Pakistan.

The Afghanistan intervention was different from the others in that, in addition to the component addressed to the children, there was an extensive community-focused component to change social norms on gender issues and the use of violence in conflict resolution.

### Participatory learning approaches

The interventions in Pakistan and Afghanistan used participatory learning approaches, based on critical reflection and communication skills, and also explored gender issues. The pedagogical methods invited children to reflect on and process topics and provided time for experiential learning. This contrasted with Kenya, where the intervention focused on didactic teaching through presentations by the trainers, role play performed by trainers, and chanting.

### Engaging pedagogy of age-appropriate duration

The school interventions in Pakistan and Afghanistan were considerably longer than those in Zambia and Kenya. They were based on the premise that children take time to learn new ideas and skills and test or implement them and were thus long, two-year interventions. They acknowledged the need to use an engaging pedagogy with children; the Pakistan intervention was entirely play-based, and in Afghanistan it was participatory. The Kenyan intervention for girls was physical and children apparently enjoyed it, but it was short.

### Focus on multiple drivers of violence

The interventions in Pakistan and Afghanistan were both designed to address multiple drivers of violence. They were intended to empower children, strengthen their communication skills and build more gender equitable and non-violent ideas. In Kenya and Zambia, the interventions were designed mostly to address single drivers – in Kenya, equipping girls who were being threatened, overpowered and raped with the self-defence skills was intended to address the physical and cognitive power imbalance, and the Zambian intervention addressed poor mental health.

### User-friendly, manualised interventions

The interventions were all manualised, but the manuals were not equally easy to use. The manual in Pakistan set out and presented each play-based activity and the related discussion, and facilitators chose a session to present each day and dipped into the manual for the details. In Afghanistan, the school curriculum for Peace Education was formally presented with each session documented in detail. In contrast in Kenya the manual for girls covered all age groups but only parts were used for any one class. The intervention for boys was more systematically manualised.

### Training and support of personnel

The staff in all these interventions were carefully selected, trained well, and supported. The interventions in Pakistan and Kenya had long preparatory training, followed by considerable support when facilitation began. In

Afghanistan and Zambia, training was shorter, although there was extensive support during implementation. In Zambia, however, the staff did not get much field experience of working with children, chiefly because there were not many children in the study.

### Referral to outside agencies

In none of the settings were appreciable numbers of children referred to help outside the intervention staff team. Interventions in Kenya and Zambia both had the potential for staff to refer children to local organisations – Sexual Assault Survivors Groups in Kenya and the Victim Support Unit in Lusaka, (for health or social services or to report cases) – but such referrals were rare. Referral for psychological assistance was possible in Pakistan, but again, very few children were clinically identified as needing referral, or requested to be referred. ■

## BOX 3: Elements of intervention design and implementation critical in differentiating the interventions that were able to reduce violence

### BASED ON SOCIAL EMPOWERMENT THEORY

Used a gender-power analysis, built gender equity, and fostered positive interpersonal relations.

### PARTICIPATORY, BEHAVIOUR CHANGE METHODS

Emphasised empowerment, critical reflection and communication and conflict resolution skills building.

### ENGAGING PEDAGOGY, WITH AN AGE-APPROPRIATE LENGTH

Provided a longer time for learning, including experiential learning and changes in behaviour and ideas; used an engaging pedagogy for children.

### DESIGNED TO ADDRESS MULTIPLE DRIVERS OF VIOLENCE

Included gender inequity and social norms on the use of violence as well as building social and emotional skills.

### FULLY MANUALISED

All interventions were manualised.

### TRAINING AND SUPPORT FOR PERSONNEL

Staff in all these interventions were carefully selected, trained well, and supported.





*Photo: Anisa Sabiri*

## Discussion



**N**otwithstanding the diversity among the *What Works* interventions, ten core elements that seem to have influenced success cut across intervention categories. These elements have been shown to almost always be required for success, or more success, with some exceptions discussed below. These are shown in Figure 2.

### Rigorously planned interventions focusing on multiple drivers

Our findings highlight the importance of carefully planned interventions, built on deep local knowledge of all relevant aspects of the intervention and underlying assumptions, and designed around a well-conceived theory of change. A notable pitfall with interventions was an unevenness in the degree of attention given to design and implementation of the different components of the theory of change. Although the literature on violence prevention has emphasised the importance of multiple component interventions (e.g., (Jewkes et al., 2015), *What Works* has clarified that what is critically important is addressing multiple drivers of violence, which at times can be done with one component. We have seen this with Stepping Stones and the Indashiyikirwa couples interventions, which sought to challenge gender inequity and the use of violence while building more harmonious relationships and improving communication. This is supported by the recent comprehensive review of what works in VAWG prevention (Kerr-Wilson et al., 2019).

### Work with women and men, and where relevant, families

In the *What Works* portfolio, interventions that worked with women and men had more success at reducing

VAWG than those that worked with men or women only. There were some notable examples, in Bangladesh, India and South Africa, of interventions that did not impact on violence at least in part because male partners were not effectively engaged, or because it was assumed that women and girls alone could fundamentally change gender relationships and prevent violence. The research also points to the potential effectiveness of family-centred models in highly patriarchal contexts characterised by strong extended families into which young women marry. In several of our interventions in Asia, we found that this approach was effective at building trust and preventing backlash.

We acknowledge that some economic empowerment interventions directed only at women have been evaluated outside *What Works* and have shown impact on VAWG, and there is some evidence that working with men may reduce their perpetration of violence. However, we discourage programming that does not include women because this offers no assistance, or empowerment to women as survivors or as helpers of other women. After evaluating examples of the four types of intervention, we concluded that involving women's male partners increased intervention success.

### Gender and social empowerment theories, working through groups

The more promising adult and children's interventions were based on gender and social empowerment theories (Wingood and DiClemente, 2000, Lee, 2001, Campbell and Jovchelovitch, 2000), viewing behaviour change as a collective process, rather than one of individual change

DESIGN	Rigorously planned, with a robust theory of change, rooted in knowledge of local context.	Address multiple drivers of VAW, such as gender inequity, poverty, poor communication and marital conflict.	Especially in highly patriarchal contexts, work with women and men, and where relevant, families.	Based on theories of gender and social empowerment that view behaviour change as a collective rather than solely individual process, and foster positive interpersonal relations and gender equity.
	Use group-based participatory learning methods, for adults and children, that emphasise empowerment, critical reflection, communication and conflict resolution skills building.	Age-appropriate design for children with a longer time for learning and an engaging pedagogy such as sport and play.	Carefully designed, user-friendly manuals and materials supporting all intervention components to accomplish their goals.	Integrate support for survivors of violence.
IMPLEMENTATION	Optimal intensity: duration and frequency of sessions and overall programme length enables time for reflection and experiential learning.		Staff and volunteers are selected for their gender equitable attitudes and non-violence behaviour, and are thoroughly trained, supervised and supported.	

FIGURE 2: Ten elements of the design and implementation of more effective *What Works* interventions to prevent VAWG



alone. VATU, with its psychotherapeutic approach, is a notable exception, but as a couples' intervention, the change for individuals was supported by their male or female partner. The interventions acknowledged the gendered nature of violence and emphasised building gender equity and fostering positive interpersonal relations. They also recognised that behaviour change and, where relevant, mobilisation into activism to prevent VAWG, required more than awareness, challenging opinions and education.

### **Empowering and group-based, with an engaging pedagogy**

The pedagogical approach of the interventions was important with classroom or workshop learning. All more successful interventions, except VATU, used participatory, group-based methods, whether with adults or children, with the goal of empowerment at their core. Interventions with children were shown to be more effective when based on the same well-established behaviour-change methods, with participatory learning approaches that have been proven in use with adults, notably emphasising critical reflection, communication and conflict resolution skills building. More effective interventions for children had age-appropriate design, with a longer time for experiential learning and changes in behaviour and ideas, and an engaging pedagogy, for example, using sport and play.

### **Carefully designed, user-friendly manuals and materials**

The more successful interventions were carefully designed to ensure that different parts of the intervention could achieve their goals. Economic elements, for example, were able to truly economically empower, and provide a sufficient quantum of economic benefit, as well as a sense of empowerment through control over earnings. A measure of the attention to design was the availability of user-friendly manuals for training and to guide and support the work of staff and volunteers. More effective interventions had each of the stages of training or delivery of their work supported by manuals. Many of the more successful interventions were those developed over years and had been piloted and their manuals and materials refined based on this experience, as well as any formative research in the new setting.

### **Integrated support for survivors**

We found that interventions were more effective when they integrated support for survivors, whether through direct engagement with women experiencing IPV or community-based referrals. This helped women to process trauma, made interventions more tangibly beneficial and showed that violence was not acceptable. Support for survivors varied among interventions; in some it was their

primary aspect, as in Zambia. In others it was combined with other intervention elements, as in Tajikistan, Ghana, Rwanda and DRC, where the interventions enabled conversations between the couple and revised thinking on problems in the relationship, as well as conveying a clear message that the use of VAWG is not acceptable.

### **Optimal intensity**

Interventions using community activists seemed to follow a rule that 'more was more'. Successful interventions had a large number of community activists deployed in comparison to the population to be reached, more activities and a longer duration. Interventions were held over 18 to 30 months, with qualitative research findings suggesting that more time would have been desirable. Workshop-based interventions also needed to be sufficiently intense, and most of the successful group-based interventions held weekly meetings for two to three hours at a time once or twice a weekly, enabling in-depth discussions, recall of the previous session and a period for reflection and experiential learning. However, the very long workshop interventions (70 or more hours) experienced difficulties in delivering the intervention related to capacity to provide training and sufficient support for the facilitators. Most of the successful workshop-based interventions were 40 to 50 hours long.

### **Carefully selected, well-trained and supported staff and facilitators**

Careful selection, training and support of staff was essential for effectiveness. The more effective community activism and workshop-based interventions had a very careful selection process (or nomination from local communities) for personnel to ensure that they had more gender equitable and non-violent attitudes and behaviours prior to their training. Several of the more successful interventions used experienced facilitators with proven skills. It is not possible within typical training periods to change attitudes on gender from very conservative to sufficiently equitable to equip personnel to appropriately facilitate gender transformative programming, so it is important to select staff who already have the desired characteristics. The more successful interventions also generally had longer preparatory training for staff (three or more weeks), trained them in the whole programme at the start, and built in time to practice before implementation began. Ongoing support for and supervision of personnel was also a notable feature of successful interventions, including availability of manuals to assist them in their activities.

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## What do these findings mean for best practice in VAWG prevention?

### Commissioning and planning VAWG prevention programmes

*What Works* has produced insights on what can be achieved within funding timeframes. Multi-year funding of at least three years (including an inception phase for any formative research, adaptation and training) is required for prevention programming that seeks to change social norms in communities or work with children. If this is not available, shorter-term funding can be more effectively deployed for implementing a shorter intervention (examples from *What Works* include Stepping Stones Creating Futures, Indashyikirwa couples curriculum and VATU) – provided that these have already been contextually adapted and pre-tested – or alternatively for adapting and pre-testing interventions for subsequent use. Planning and budgets need to provide for rigorous training of personnel at the start of the project, as well as in-service training and ongoing supervision and support, which includes addressing vicarious staff trauma.

### Selection and training of personnel

It is imperative that personnel working on VAWG prevention are gender equitable and non-violent. NGOs or other institutions without a track record of working on VAWG prevention may therefore need to employ new staff or volunteers for this work, especially given the sensitivity and complexity of the issues involved. It is also preferable for personnel to share characteristics with target groups (on age, gender and being from the community), and be respected by them.

Training must be well-planned and resourced. A residential setting is often needed if participants are widely dispersed. The goal of the training should be for personnel to thoroughly understand the whole intervention, typically by experiencing it first as participants. They should also have knowledge of key issues beyond content covered in the manual (such as how to access services after rape and what procedure will be followed by police or health workers), and have the skills to deliver the intervention (usually facilitation and basic counselling). Facilitation skills must be taught, including an understanding of what participatory methodology means and how it differs from other approaches such as lecturing.

### Adapting interventions

Interventions need to be acutely sensitive to local context. Ideally, intervention adaptation needs to be thoughtful about local drivers and context of violence, culture and local political dynamics, and should be based on formative research to ensure a ready fit between intervention and context. An important implication is that there should be a sufficiently long inception phase (around one year), to enable proper adaptation and testing and staff selection and training.

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### Limitations

This review has been restricted to the interventions evaluated in *What Works* and we acknowledge that there may be valuable lessons from interventions that are not part of this portfolio. Although *What Works* has standardised some elements of the evaluation, the intervention evaluations differed in design. In some cases, our conclusions about the effectiveness of an intervention may have been different had the evaluation been designed in another way or if implementation had been somewhat different. However, we have sought in this paper to provide a high-level analysis of intervention characteristics, drawing from learnings across several interventions and we believe it is unlikely that our conclusions about these would be greatly changed had the research been conducted somewhat differently. We have not always been able to shed light on the elements of an intervention that may have made the key difference to its effectiveness, and we have thus had to draw on some of our practice-based knowledge, and in some cases summarise this. We have indicated in this report where possible.

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### Conclusions

*What Works* has confirmed that VAWG is preventable. We now have many examples of well-designed, well-implemented interventions of different modalities that have been shown to prevent VAWG. Our reflections here on the structural aspects of the design and implementation of interventions have revealed ten core elements that have contributed to their success. Optimising the design and implementation of interventions is vital to our ability to move forward with the central task of our field: preventing and ultimately ending violence against women and girls. ■



# REFERENCES

- ABRAMSKY T, DEVRIES K, KISS L, FRANCISCO L, NAKUTI J, MUSUYA T, KYEGOMBE N, STARMANN E, KAYE D, MICHAU L & WATTS, C.** 2012. A community mobilisation intervention to prevent violence against women and reduce HIV/AIDS risk in Kampala, Uganda (the SASA! Study): study protocol for a cluster randomised controlled trial. *Trials*, 13, 96.
- ABRAMSKY T, DEVRIES K, KISS L, NAKUTI J, KYEGOMBE N, STARMANN E, CUNDILL B, FRANCISCO L, KAYE D, MUSUYA T, MICHAU L & WATTS, C.** 2014. Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine* 12, 122.
- ADDO-LARTEY AA, OGUM ALANGEA D, SIKWEIYA Y, CHIRWA ED, COKER-APPIAH D, JEWKES R & ADANU, R.** 2019. Rural response system to prevent violence against women: methodology for a community randomised controlled trial in the central region of Ghana. *Glob Health Action*, 12, 1612604.
- AL MAMUN M, PARVIN K, YU M, WAN J, WILLAN S, GIBBS A, JEWKES R & NAVED, R.** 2018. The HERrespect intervention to address violence against female garment workers in Bangladesh: study protocol for a quasi-experimental trial. *BMC Public Health*, 18, 512.
- BEATTIE TS, SHAJY I, BHATTACHARJEE P, JAVALKAR P, DAVEY C, RAGHAVENDRA T, NAIR S, RAMANAIAK S, KAVITHA DL & BLANCHARD, J.** 2016. Reducing violence and increasing condom use in the intimate partnerships of female sex workers: study protocol for Samvedana Plus, a cluster randomised controlled trial in Karnataka state, south India. *BMC Public Health*, 16, 660.
- CAMPBELL C & JOVCHELOVITCH, S.** 2000. Health, community and development : towards a social psychology of participation. *Journal of Community and Applied Psychology*, 10, 255-270.
- CHATTERJI S, STERN E, DUNKLE K & HEISE, L.** In press. Mixed Methods Evaluation: Community Activism to Reduce Intimate Partner Violence in Rwanda. *Journal of Global Health*.
- CHRISTOFIDES N, HATCHER A, REBOMBO D, MCBRIDE R, MUNSHI S, PINOT A, ABDELATIF N, LEVIN J & JEWKES, R.** In press. Effectiveness of a multi-level intervention to reduce men's perpetration of intimate partner violence: a cluster randomised controlled trial. *Trials*.
- CHRISTOFIDES NJ, HATCHER AM, PINOT A, REBOMBO D, MCBRIDE RS, ANDERSON A & PEACOCK, D.** 2018. A cluster randomised controlled trial to determine the effect of community mobilisation and advocacy on men's use of violence in periurban South Africa: study protocol. *BMJ open*, 8, e017579.
- CLARK C, SHRESTHA B, FERGUSON G, SHRESTHA P, CALVERT C, GUPTA J, BATAYEH B, BERGENFELD I & OAKES, M.** 2019. Impact of the Change Starts at Home on Women's Experience of IPV in Nepal. *Social Science & Medicine – Population Health*. <https://doi.org/10.1016/j.ssmph.2019.100530>.
- CLARK CJ, SPENCER RA, SHRESTHA B, FERGUSON G, OAKES JM & GUPTA, J.** 2017. Evaluating a multicomponent social behaviour change communication strategy to reduce intimate partner violence among married couples: study protocol for a cluster randomized trial in Nepal. *BMC Public Health*, 17, 75.
- CLOSSON, K., HATCHER, A., SIKWEIYA, Y., WASHINGTON, L., MKHWANAZI, S., JEWKES, R., DUNKLE, K. & GIBBS, A.** 2019. Gender role conflict and sexual health and relationship practices amongst young men living in urban informal settlements in South Africa. *Cult Health Sex*, 81, 1-17.
- CORBOZ J, SIDDIQ W, HEMAT O, CHIRWA ED & JEWKES, R.** 2019. What Works to Prevent Violence Against Children in Afghanistan? Findings of an interrupted time series evaluation of a school-based peace education and community social norms change intervention in Afghanistan. *Plos One*.
- DEEPAN, P.** 2017. *Transformer les masculinités. Manuel de formation pour les champions de genre*. London: TearFund.
- DUNKLE K, STERN E, CHATTERJI S, HEISE L.** In peer review. Effective prevention of intimate partner violence in Rwanda through a couples training programme: Results from the Indashyikirwa community randomized control trial.
- ELLSBERG M, ARANGO DJ, MORTON M, GENNARI F, KIPLESUND S, CONTRERAS M & WATTS, C.** 2015. Prevention of violence against women and girls: what does the evidence say? *The Lancet*, 385, 1555-1566.
- FRIERE, P.** 1970/1993. *Pedagogy of the oppressed*. London, Penguin.
- FULU E & KERR-WILSON, A.** 2015. What Works to prevent violence against women and girls evidence reviews paper 2: Interventions to prevent violence against women and girls. Pretoria: SAMRC.
- GENDER STUDIES AND HUMAN RIGHTS DOCUMENTATION CENTRE** *Violence Against Women: A Training Manual*. Accra: Ghana Gender Centre.
- GIBBS A, CORBOZ J, CHIRWA E, MANN C, KARIM F, MOHAMMED S, MECAGNI A, MAXWELL-JONES C, NOBLE E & JEWKES, R.** In press. Evaluating the impacts of a combined social and economic empowerment training programme on intimate partner violence, gender norms, and livelihoods amongst women in Afghanistan: An individually randomized control trial and qualitative study. *BMJ Global Health*.
- GIBBS A, CORBOZ J, SHAFIQ M, MAROFI F, MECAGNI A, MANN C, KARIM F, CHIRWA E, MAXWELL-JONES C & JEWKES, R.** 2018. An individually randomized controlled trial to determine the effectiveness of the Women for Women International Programme in reducing intimate partner violence and strengthening livelihoods amongst women in Afghanistan: trial design, methods and baseline findings. *BMC Public Health*, 18, 164.
- GIBBS A, WASHINGTON L, ABDELATIF N, CHIRWA E, WILLAN S, SHAI N, SIKWEIYA Y, MKHWANAZI S, NTINI N & JEWKES, R.** 2019. Impact of the Stepping Stones and Creating Futures intervention on intimate partner violence and livelihoods in urban informal settlements in South Africa: cluster randomized control trial. *Journal of Adolescent Health*. <https://doi.org/10.1016/j.jadohealth.2019.10.004>
- GIBBS A, WASHINGTON L, WILLAN S, NTINI N, KHUMALO T, MBATHA N, SIKWEIYA Y, SHAI N, CHIRWA E, STRAUSS M & JEWKES, R.** 2017. The Stepping Stones and Creating Futures intervention to prevent intimate partner violence and HIV-risk behaviours in Durban, South Africa: study protocol for a cluster randomized control trial, and baseline characteristics. *BMC Public Health*, 17, 336.
- GOLDMANN L, LUNDGREN R, WELBOURN A, GILLESPIE D, BAJENJA E, MUVHANGO L & MICHAU, L.** 2019. On the CUSP: the politics and prospects of scaling social norms change programming. *Sexual and Reproductive Health Matters*, 27, 1599654.
- HATCHER A, MCBRIDE R, REBOMBO D, MUNSHI S, KHUMALO M, AKIBU T, PINO A, PEACOCK D & CHRISTOFIDES, N.** 2019. Process evaluation of a community mobilization intervention for preventing men's partner violence use in peri-urban South Africa. *Evaluation and Program Planning*, 78, 101727.
- HEISE, L.** 1998. Violence against women: An integrated, ecological framework. *Violence against women*, 4, 262-290.
- JATKAR, U.** 2015. *Samvedana: Reducing Intimate Partner Violence and Increasing Condom Usage in the HIV/STI Response: A Facilitators' Guide for Training Female Sex Workers*. India, Bangalore: KHPT.

- JAVALKAR P, PLATT L, PRAKASH R, BEATTIE T, COLLUMBIEN M, GAFOS M, RAMANAİK S, DAVEY C, JEWKES R, WATTS C, BHATTACHARJEE P, THALINJA R, KAVITHA DL, ISAC S & HEISE, L.** 2019. The effectiveness of a multi-level intervention to reduce violence and increase condom use in intimate partnerships among sex workers in Karnataka: findings from a clustered randomised controlled trial. *BMJ Global Health*, 4, e001546.
- JEWKES R, FLOOD M & LANG, J.** 2015. From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls. *The Lancet*, 385, 1580-9.
- JEWKES R, NDUNA M & JAMA, N.** 2010. *Stepping Stones South African adaptation: a training manual for sexual and reproductive health communication and relationship skills*. Pretoria: SAMRC.
- JEWKES R, NDUNA M, LEVIN J, JAMA N, DUNKLE K, PUREN A & DUVVURY, N.** 2008. Impact of Stepping Stones on incidence of HIV, HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *British Medical Journal* 337, a506.
- JEWKES R & SHAI, N.** 2018. *Zindagii Shoista: Living with Dignity – A Workshop Manual*. Pretoria: SAMRC.
- KANE JC, VAN WYK S, MURRAY SM, BOLTON P, MELENDEZ F, DANIELSON CK, CHIMPONDA P, MUNTHALI S & MURRAY, L.** 2017. Testing the effectiveness of a transdiagnostic treatment approach in reducing violence and alcohol abuse among families in Zambia: study protocol of the Violence and Alcohol Treatment (VATU) trial. *Global Mental Health*, 4, e18.
- KARMALIANI R, MCFARLANE J, MAQBOOL AHMED KHUWAJA H, SHEHZAD BHAMANI S, SAEED ALI T, SOMANI Y, ASAD N, CHIRWA ED & JEWKES, R.** Peer review. Right to play's Intervention to Reduce Peer Violence among Children in Public Schools in Pakistan: A Cluster-Randomized Controlled Trial Evaluation. *Prevention Science*.
- KERR-WILSON A, FRASER E, GIBBS A, RAMSOOMAR L, PARKE A, MAQBOOL H & JEWKES, R.** 2019. *What Works* to prevent violence against women and girls? Evidence review of interventions to prevent violence against women and girls 2000-19. Pretoria: SAMRC.
- LE ROUX E, CORBOZ J, SCOTT N, SANDILANDS M, LELE UB, BEZZOLATO E & JEWKES, R.** Peer review. Engaging with faith groups to prevent VAWG in conflict-affected communities: results from two community surveys in the DRC. *BMC International Health*.
- LEE, J.** 2001. *The empowerment approach to social work practice*, New York, Columbia University Press.
- MASTONSHOEVA S, SHONASIMOVA S, GULYAMOVA P, JEWKES R, SHAI N, CHIRWA ED & MYRTTINEN, H.** Peer review. Mixed methods evaluation of Zindagii Shoista (Living with dignity) Intervention to Prevent Violence Against Women in Tajikistan. *Plos One*.
- MCFARLANE J, KARMALIANI R, MAQBOOL KHUWAJA H, GULZAR S, SOMANI R, SAEED ALI T, SOMANI YH, SHEHZAD BHAMANI S, KRONE RD, PAULSON RM, MUHAMMAD A & JEWKES, R.** 2017. Preventing Peer Violence Against Children: Methods and Baseline Data of a Cluster Randomized Controlled Trial in Pakistan. *Glob Health Sci Pract*, 5, 115-137.
- MICHAU, L.** 2008. The SASA! Activist Kit for Preventing Violence against Women and HIV [Online]. Kampala: Raising Voices. Available: <http://raisingvoices.org/sasa> [Accessed].
- MISSELHORN A, JAMA SHAI N, MUSHINGA M, WASHINGTON L & MBATHA, N.** 2012. *Creating Futures*, Durban, HEARD / SAMRC.
- MURRAY L, KANE J, GLASS N, VAN WYK S, MELENDEZ F, PAUL R, DANIELSON CK, MURRAY S, MAYEYA J, SIMENDA F & BOLTON, P.** Peer review. Effectiveness of the Common Elements Treatment Approach (CETA) in reducing intimate partner violence and hazardous alcohol use in Zambia (VATU): a randomised controlled trial. *Plos Medicine*.
- NAVED R, AL MAMUN M, PARVIN K, WILLAN S, GIBBS A & JEWKES, R.** Peer review. Evaluation of the HERespect intervention in preventing intimate partner and workplace violence against female garment workers in Bangladesh: results and experiences of a quasi-experimental study. *PLoS One*.
- NO MEANS NO WORLDWIDE** 2013. *Sources of Strength Curriculum for boys age 10-13*. USA: No Means No Worldwide.
- OGUM ALANGEA D, ADDO-LARTEY AA, COKER-APPIAH D, CHIRWA E, SIKWEIYA Y, JEWKES R & ADANU, R.** 2020. Evaluation of the rural response system intervention to prevent violence against women: findings from a community-randomised controlled trial in the Central Region of Ghana. *Global Health Action* 13 (1) 1711336, DOI: 10.1080/16549716.2019.1711336.
- PAIVA-SINCLAIR L & CHENG, J.** 2013. *Impower: Preventing Rape, Empowering Women Support for Survivors*. USA: No Means No Worldwide.
- PAWLAK P, SLEGH H & BARKER, G.** 2012. *Journeys of Transformation. A training manual for engaging men as allies in women's economic empowerment*, Washington, DC, USA, and Kigali, Rwanda, Promundo and CARE.
- PROCHASKA JO & DICLEMENTE, C.** 1984. *The Transtheoretical Approach: Towards a Systematic Eclectic Framework* Homewood, IL, USA Dow Jones Irwin
- PRONYK P, HARGREAVES JR, KIM JC & AL, E.** 2006. Effect of a structural intervention for the prevention of intimate partner violence and HIV in rural South Africa: a cluster randomised trial. *The Lancet*, 368, 1973-83.
- RIGHT TO PLAY.** 2007. *Holistic Child Development: Games Manual*. Right to Play.
- SADEED, S.** 2013. *National School Based Peace Education Program*. Afghanistan: Help the Afghan Children.
- SARNQUIST C, KANG JL, AMUYUNZU-NYAMONGO M, ET AL.** 2019. A protocol for a cluster-randomized controlled trial testing an empowerment intervention to prevent sexual assault in upper primary school adolescents in the informal settlements of Nairobi, Kenya. *BMC*.
- SHAI N, PRADHAN G, SHRESTHA, R., ADHIKARI A, CHIRWA E, KERR-WILSON A & JEWKES, R.** Peer review. "I got courage from knowing that even a daughter-in-law can earn her living": Evaluation of a family-centred intervention to prevent violence against women and girls in Nepal. *Plos One*.
- SONKE GENDER JUSTICE.** 2016. *Sonke Change Trial: A community mobilisation training manual for preventing men's use of violence against women. Booklet 1 workshop manual*. Diepsloot, South Africa. South Africa: Sonke Gender Justice.
- VSO NEPAL & SHAI, N.** 2018. *Sammanit Jeevan: Living with Dignity, Gender Transformative Norms. A Workshop Manual*. Nepal: VSO Nepal.
- WELBOURN, A.** 1995. *Stepping Stones*, Oxford, Strategies For Hope
- WINGOOD GM & DICLEMENTE, R.** 2000. Application of the theory of gender and power to examine HIV-related exposures, risk factors, and effective interventions for women. *Health Educ Behav*, 27, 539-65.
- WOMEN FOR WOMEN INTERNATIONAL.** *Social and Economic Empowerment Training Programme*. New York: Women for Women International.
- YAKER, R.** 2018a. *Indashyikirwa Community Activist Training Module*. Rwanda: CARE Rwanda.
- YAKER, R.** 2018b. *Indashyikirwa Couple Curriculum Training Module*. Rwanda: CARE Rwanda.



Email: [whatworks@mrc.ac.za](mailto:whatworks@mrc.ac.za)



Web: [www.whatworks.co.za](http://www.whatworks.co.za)



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