



Alliance for
Child Protection in
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Preventing Household Violence: Promising Strategies for Humanitarian Settings

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Executive Summary

Violence against women (VAW) and violence against children (VAC) are both global epidemics with prolonged impact on the health, well-being, and safety of both individuals and communities. The epidemics are also intimately interconnected, as VAW and VAC tend to co-occur within the same homes and exposure to VAC predicts VAW in adulthood. Yet despite a growing body of evidence indicating alarming levels of both VAW and VAC in emergencies, most interventions to address these issues have been fragmented across the gender-based violence (GBV) and child protection (CP) sectors.

The goal of this review was to use a holistic lens to examine the landscape of interventions that have been used in humanitarian contexts and that may have applicability to primary prevention of any form of interpersonal household violence, including VAW, VAC or both. A combination of electronic database searches, published or publically available reviews of violence prevention interventions, and communication with practitioners in the field was employed to identify interventions that met this criteria.

Key Findings

Interventions

- Out of 43 identified interventions, only six interventions focused on prevention of both intimate partner violence (IPV) and VAC. This finding suggests that existing programming may be missing opportunities to address intersecting vulnerabilities of both women and children in the home.
- A large number of interventions relied on multiple strategies to prevent violence, and included males, females and different age groups.
- There was a dearth of literature on key population sub-groups, such as refugee and displaced populations, and emergency-affected populations in the Middle East and North Africa (MENA) region.

Evaluations

- Physical violence was the most frequently examined violence outcome. Only 13 of 32 quantitatively evaluated interventions measured more than one type of violence outcome.
- The operational definition of violence was inconsistent across evaluations, limiting the ability to draw conclusions across studies.
- Out of 24 interventions that were implemented in multiple countries, only three interventions were evaluated in multiple locations. Some interventions have been brought to scale based on findings from just one study.

Recommendations

- There is a need for holistic interventions that work with multiple actors in the family to prevent violence. Considering the small body of evidence indicating the presence of violence in non-partner relationships, formative research in emergency settings may provide a deeper

understanding of violence occurring in non-partner relationships within the household, and facilitate development of appropriate interventions.

- Practitioners and evaluators should consider the potentially heterogeneous mechanisms by which interventions affect different sub-groups within households. Attention should be paid to how specialized needs and household dynamics within population sub-groups may influence the reception, adoption, and sustainment of intervention activities.
- The negative unintended consequences of interventions should be considered when designing interventions and evaluations, and efforts should be made to both mitigate and monitor unintended consequences.
- There is a clear need for better knowledge management and sharing among humanitarian actors. Dedicated funding should be made available to facilitate evaluation and dissemination of results.

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This review was conducted in collaboration with the Alliance for Child Protection in Humanitarian Action's Assessment, Measurement and Evidence Working Group (AME WG). In 2013, AME WG identified household violence as a priority area of the workplan.

Abbreviations and Acronyms

BRAC	Bangladesh Rural Advancement Committee
CFS	Child Friendly Spaces
COMPASS	Creating Opportunities through Mentorship, Parental Involvement, and Safe Spaces
CP	Child protection
CPEE	Child Protective Effects of Economic Strengthening and Child Rights Interventions among Extreme Poor Families in Burkina Faso
DRC	Democratic Republic of the Congo
EA\$E	Economic And Social Empowerment for women
ELA	Empowerment and Livelihoods for Adolescents
EMAP	Engaging Men through Accountable Practice
GBV	Gender-based violence
GREAT	Gender Roles, Equality and Transformations Project
IASC	Inter-Agency Standing Committee
IDP	Internally displaced person
IPV	Intimate partner violence
MENA	Middle East and North Africa
MIP	Men Involved in Peacebuilding
MCUU	Mobile Cinemas and <i>Uishi na Upende</i>
MOCEP	Mother Child Education Program
PLH	Parenting for Lifelong Health
REAL Fathers	Responsible, Engaged and Loving Fathers Initiative
SHARE	Safe Homes and Respect for Everyone Project
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
VAC	Violence against children
VAW	Violence against women
WFP	World Food Programme
WINGS	Women's Income Generating Support
WRC	Women's Refugee Commission
YMOT	Your Moment of Truth
ZTVA	Zero Tolerance Village Alliance

Background

Household Violence: a Neglected Issue in Humanitarian Emergencies

Violence against women (VAW) and violence against children (VAC) are both global epidemics with prolonged impact on the health, well-being, and safety of both individuals and communities (3-6). In humanitarian emergencies, which include conflict and natural disasters and are the focus of this review, alarming levels of interpersonal violence have been documented, but due to social stigma and a range of competing priorities, violence in these settings has historically been treated with less urgency than other health and psychosocial concerns. To the extent that VAW and VAC do receive attention in humanitarian emergencies, the focus is often on a few high-profile forms of violence, such as physical and sexual violence from armed groups and sexual abuse and exploitation from humanitarian workers (7-10). Violence in the home, including violence perpetrated by spouses, intimate partners and caregivers, is comparatively neglected, even though the household is the location where the majority of acts of violence are committed (11, 12).

To the extent that violence in the home has been addressed in humanitarian settings, the response has been fragmented across the gender-based violence (GBV) and child protection (CP) sectors. For example, child protection efforts principally reduce risk of harm through activities such as reuniting unaccompanied and separated children with families, but may not address children's exposure to violence within their families of origin (13). GBV prevention and response efforts often ignore the complex ways in which the psychosocial, developmental, and physical health of children may be affected by perpetration of intimate partner violence (IPV) against their mothers (14, 15). These fragmented efforts also fail to recognize the shared risk factors that likely underline both VAW and VAC in humanitarian emergencies, including changes in household size and housing conditions resulting from displacement, conflicts over strained resources, early marriage of girls, and changes in household gender roles (10, 16-23).

Box 1. Commonly Used Definitions of Violence Against Women and Violence Against Children

Violence Against Women:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts and coercion or arbitrary deprivation of liberty, whether occurring in public or in private life" (1)

Violence Against Children:

"All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse" (2)

"The intentional use of physical force or power, threatened or actual, against a child, by an individual or group, that either results in or has a high likelihood of resulting in actual or potential harm to the child's health, survival, development or dignity" (3)

Box 2. Tiers of Violence Prevention

Primary prevention seeks to stop disease or injury before it occurs. In the case of violence, it includes efforts to prevent perpetration and victimization.

Secondary prevention focuses on high-risk populations, such as those who have disclosed signs of victimization or perpetration, to protect survivors from further harm. It includes efforts to target high-risk perpetrators and victims, such as sexual abuse prevention efforts in schools where abuse is known to occur. It can also include short-term strategies to separating survivors from perpetrators of violence, such as containing perpetrators through legal actions such as temporary arrest.

Tertiary prevention seeks to prevent some of the long-term effects of violence exposure, such as development of disorders related to mental health, substance abuse, and physical health, and may include long-term counseling for survivors and/or perpetrators of violence.

The goal of this review is to use a holistic lens to examine the landscape of interventions that have been used in humanitarian contexts and that may have applicability to household violence prevention. For the purposes of this review, household violence is defined as power and/or control perpetrated by one person in the household, with the intention or effect of causing harm to another person in the household's physical, sexual, or emotional health or well-being. This review includes interventions targeted at the prevention of intimate partner violence and/or child maltreatment, with the understanding that these two forms of violence largely occur in the context of the home and prevention of one form of household violence may have synergistic effects on other forms of household violence, even though programming efforts are often separate.

Of note, this review focuses specifically on interventions using a primary prevention approach towards violence exposure (Box 2).

Methodology of Review

Search Strategy

The search strategy was constructed to yield a comprehensive collection of interventions used in humanitarian contexts that may have applicability to household violence prevention. Interventions were identified through a combination of electronic database searches, published or publically available reviews of evidence-based violence prevention intervention, and communication with practitioners in the field (5, 24-27). Once interventions were identified, further information about each intervention was sought through the manual search of websites of sponsoring or related organizations, Google search, and direct contact with intervention or evaluation authors. All searches were restricted to English language materials.

Criteria for inclusion

As indicated above, for the purpose of this review, household violence was defined as physical, sexual, or emotional power and/or control perpetrated by one person in the household against another person in the household. This review included interventions that targeted prevention of violence between actors presumed to live in the same household, such as intimate partners, and parents/caregivers and children. Any interventions which targeted primary prevention of intimate partner violence and/or child

maltreatment in the home in a humanitarian emergency were included in the final results, regardless of the existence of evaluation evidence.

Target populations of selected interventions were adults and/or children living in humanitarian contexts. Humanitarian emergencies were defined according to the Sphere Standards, which identifies emergencies as a “range of situations including natural disasters, conflict, slow- and rapid-onset events, rural and urban environments, and complex political emergencies in all countries” (28). Countries identified as humanitarian emergencies were cross-checked using UNHCR and UNOCHA classifications. Interventions targeting refugees who were no longer living in an emergency setting were also included.

Analysis

All selected interventions were categorized according to the following general characteristics:

- Geographical region of implementation;
- Primary focus of activities (preventing IPV and/or VAC);
- Intervention strategy;
- Target population by age, sex, and displacement status;

The number of studies in each category was tabulated.

Additionally, where evaluation findings were reported, the attributes of the evaluations were tabulated and the impact of each intervention on violence exposure was summarized.

Primary focus of activities (preventing IPV and/or VAC)

Interventions that were primarily intended to reduce violence between intimate partners, such as spouses, were categorized as IPV prevention. Interventions that were primarily intended to reduce children’s violence victimization from caregivers or other actors in the home were categorized as VAC prevention. Interventions that were intended to prevent violence against female caregivers as well as violence against children in the home were categorized as both IPV prevention and VAC prevention.

With regards to programs targeting violence against adolescent girls, these interventions were categorized as VAC prevention unless the intervention specifically focused on violence from girls’ intimate partners. Interventions that specifically focused on intimate partner violence against adolescent girls were categorized as IPV prevention. Although an argument could be made to categorize interventions focused on intimate partner violence against adolescent girls as both IPV prevention and VAC prevention, doing so may be misleading because other interventions were only given the dual categorization if they targeted violence against multiple actors in the home. Thus, interventions targeting adolescent girls were only categorized as both IPV prevention and VAC prevention if they aimed to prevent violence against both adolescent girls and another actor in the home, such as their caregivers or children.

Intervention strategy

Interventions were classified according to the strategies they employed to prevent violence. Since these strategies are not universally defined, the authors developed a taxonomy to guide the classification process (Table 1). Interventions were classified as employing multiple strategies if their primary activities included components of more than one category.

Table 1. Taxonomy of intervention strategies

Intervention Strategy	Includes	Excludes
Livelihoods and economic strengthening	Interventions that provide a cash transfer, microloan or savings mechanism.	Interventions that include topics such as financial literacy and vocational training, but do not involve the provision of cash, loans or financial services.
Social norms change	Interventions that primarily focus on changing perceptions about gender norms and acceptance of violence against women and children in the broader community.	Interventions that primarily focus on empowerment of marginalized populations and are not focused on social norms change in the broader community.
Parenting programs	Interventions that primarily focus on educating parents on strategies to raise healthy children	Interventions whose primary focus is not on teaching parenting skills.
Empowerment program	Interventions that primarily focus on promoting empowerment, skill-building, and/or decision-making for marginalized or non-dominant groups. Includes vocational skills training that is not paired with financial assistance.	Interventions whose primary focus is not on building leadership and empowerment of vulnerable members of a community.
Built environment	Interventions that primarily focus on changing the built environment to facilitate violence prevention.	Interventions that mention use of 'safe spaces' (i.e. schools), but do not physically construct or alter the environment; temporary placement of posters or billboards not considered an environmental intervention.

****Multiple Strategy:** uses two forms or more of the above

Results

General characteristics of interventions

Of over 90 interventions identified in the search, 43 interventions met inclusion criteria and were retained for synthesis (Box 3). Primary reasons for exclusion included implementation in non-humanitarian settings, principal focus on secondary or tertiary prevention, and principal focus on violence from actors assumed to live outside the household (e.g., teachers).

The selected interventions were implemented in a range of regions, including eight interventions that were implemented in more than one region. Sub-Saharan Africa was the most common location for implementation (n = 37 interventions), followed by Asia (n=13 interventions) and the Middle East/North Africa and Latin America/the Caribbean (n=5 interventions each).

Box 3. List of selected interventions

Name of Intervention	Livelihoods & Economic Strengthening	Social Norms Change	Parenting	Empowerment	Built Environment
Addis Birhan & Meseret Hiwott		X		X	
Addis Birhan Wendoch		X		X	
Bell Bajao		X			
Berhane Hewan		X		X	
Child Friendly Spaces**					X
Child Protective Effects of Economic Strengthening and Child Rights Interventions among Extreme Poor Families in Burkina Faso (CPEE)	X	X			
Choices, Voices, Promises Program		X		X	
Communities Care: Transforming Lives and Preventing Violence†		X			
Community Based Education Program		X		X	
Community Protection Committees		X		X	
Creating Opportunities through Mentorship, Parental Involvement and Safe Spaces (COMPASS)**		X		X	
Economic And Social Empowerment for women (EA\$E)	X	X			
Empowerment and Livelihoods for Adolescents (ELA)	X			X	
Engaging Men through Accountable Practice (EMAP)/Men and Women in Partnership		X			
Gender Roles, Equality and Transformations Project (GREAT)		X			
Happy Families±			X		
IMpower				X	
Ishraq Programme		X		X	
Learning through Play			X		
Living Peace		X			
Male Norms Initiative		X			
Meena Communication Initiative		X			
Men Involved in Peacebuilding (MIP)±		X			
MenCare Campaign		X			

Mobile Cinemas and <i>Uishi na Upende</i> (MCUU)		X			
Mother Child Education Program (MOCEP)			X		
NMNW Boys Program: Your Moment Of Truth (YMOT)		X			
One Man Can±		X			
Parenting for Lifelong Health (PLH): Sinovuyo Caring Families Programme: 2 - 9 years			X		
PLH: Sinovuyo Caring Families Teen Programme: 10 - 17 years			X		
PLH Thula Sana: 0 - 23 months			X		
Parents Make the Difference			X		
Parents/Families Matter!			X		
Responsible, Engaged and Loving Fathers Initiative (REAL Fathers)		X			
Safe and Smart Savings Products for Vulnerable Adolescent Girls	X			X	
Safe Homes and Respect for Everyone (SHARE) Project		X		X	
Sara Communication Initiative		X			
SASA!±		X		X	
Stepping Stones		X			
Through Our Eyes‡		X			
Women's Income Generating Support (WINGS) Uganda	X	X			
World Food Programme Cash, Vouchers, and Food Transfers Program±	X				
Zero Tolerance Village Alliance (ZTVA)±		X			

± Targeted refugee populations

‡ Targeted internally displaced populations

** Targeted both refugee and internally displaced persons

With regards to the age and sex of the target population, many interventions targeted both adults and children, as well as males and females (see Table 3). The co-educational approach of involving males and females was particularly apparent amongst programs targeted at adults. Notably, none of the interventions focused exclusively on women and girls, whereas three interventions did focus exclusively on men and boys (Bell Bajao, Male Norms Initiative, One Man Can).

In terms of the primary focus of activities, 17 interventions were focused on the prevention of intimate partner violence and 20 interventions were focused on prevention of violence against children (Table 4).

Only six¹ of the identified interventions sought to prevent both intimate partner violence and violence against children in tandem (CPEE, Communities Care, MenCare Campaign, MCUU, REAL Fathers, Through Our Eyes).

Attributes of evaluations

Most interventions had some form of evaluation available² (n = 35, 81.4%), and there were four additional interventions with evaluations in-progress. The vast majority of evaluated interventions (n = 32, 91.4%) measured outcomes quantitatively. Twenty-five evaluations used a design that included a comparison group, such as a randomized control trial (RCT) or quasi-experimental study. Seven interventions were evaluated two or more times, including five interventions with evaluations from different cycles of implementation and three multi-country evaluations.³

Amongst the 32 interventions with quantitative evaluations, outcomes included exposure to violence (n=24 interventions, 75.0%), knowledge and/or attitudes about gender norms, IPV and/or VAC (n=19 interventions, 59.4%), reproductive health behaviors (n=9 interventions, 28.1%), and parent-child relationships (n=7 interventions, 21.8%). Twenty evaluations specified the type of violence exposure that was measured (i.e., physical, sexual, and/or emotional violence).

Table 3. Characteristics of target populations

Target population	Number of programs
Age range	
Adults only	16
Both women & men	9
Women only	3
Men only	4
Children only	10
Both girls & boys	3
Girls only	5
Boys only	2
Adults & Children	17
Women, men, girls, and boys	10
Women and girls	0
Men and boys	3
Women, girls, and boys	1
Women, men, and girls	2
Adolescent girls and their husbands	1
Gender	
Females and males	26
Females only	8
Males only	9
Refugee/IDP status	
Refugees	6
IDPs	2
Both	2
Neither, or not specified	33

¹ Additionally, IMpower was an adolescent girls' intervention was categorized as VAC prevention, but evaluation data included findings related to both VAC and IPV victimization for participating adolescents. This intervention is described in more detail in the section on Empowerment interventions.

² The numbers indicated here reflect the number of interventions and not the number of evaluations, as some interventions had more than one evaluation available.

³ IMpower had evaluations from more than one cycle of the intervention in one country. Child Friendly Spaces (Ager & Metzler 2012), Choices Voices Promises (Lundgren et al. 2013, Marketeers Research & Consultants 2013) and EAŞE (Iyengar & Ferrari 2011, Gupta et al. 2013) had evaluations from multiple countries. EMAP, and SASA! had more than one evaluation from the same intervention cycle.

Physical violence⁴ was the most frequent type of exposure that was measured (n=14 interventions), followed by sexual violence⁵ (n=12 interventions), and then emotional violence⁶ (n=8 interventions). Thirteen interventions measured exposure to more than one type of violence⁷.

Table 4. Violence prevention focus

Focus	Number of Interventions
Prevention of IPV only	17
Prevention of VAC only	20
Prevention of both IPV and VAC	6
Total	43

Of the 20 interventions with evaluations that measured violence outcomes, 12 interventions had evaluation data that demonstrated statistically significant reductions in at least one form of physical, sexual, or emotional violence against women or children (Table 6). Four of the 11 evaluations that measured physical violence against women by male intimate partners found significant reductions attributed to the intervention (29-32). One additional intervention did not have significant findings in intent-to-treat analysis, but exposure to the intervention was associated with significant reductions in physical violence victimization in per-protocol analysis (33).

Two evaluations found significant reductions in women's sexual violence victimization (30, 31), and one found significant reductions in men's sexual violence victimization (32). While one evaluation of an intervention for married adolescent girls found no significant difference in risk of forced sex between girls who attended the program with their husbands and those who did not attend at all, it also found an increased risk of forced sex among participants who attended program sessions without their husbands, in comparison to those who either attended with their husbands or did not attend at all (34). The early results of one forthcoming evaluation reported significant reductions in women's emotional abuse victimization (29).

Five out of seven interventions with evaluation data on physical violence against children demonstrated significant reductions attributed to the intervention (29, 35-38). However, only one of these five interventions asked children directly about violence victimization (29). The other interventions measured children's violence victimization by asking caregivers to self-report perpetration of violence against their children. Out of

Table 5. Measurement of physical, sexual, and/or emotional violence in evaluations (n=20)

Form of violence measured	Number
Physical violence	14
Sexual violence	12
Emotional violence	8

⁴ Erulkar et al. 2014, Ismayilova et al. 2016, Iyengar & Ferrari 2011, Gupta et al. 2013, Hossain et al. 2014, Sim et al. 2014a, Sim et al. 2014b, Pulerwitz et al. 2015, Bekman et al. 1998, Wagman et al. 2015, Ashburn et al. 2016, Abramsky et al. 2014, Jewkes et al. 2008, Hidrobo et al. 2016, Undie et al. 2016

⁵ Erulkar et al. 2014, Gupta et al. 2013, Bandiera et al. 2015, Hossain et al. 2014, Sarnquist et al. 2014, Sinclair et al. 2013, Promundo 2014, Pulerwitz et al. 2015, Wagman et al. 2015, Abramsky et al. 2014, Jewkes et al. 2008, Hidrobo et al. 2016.

⁶ Ismayilova et al. 2016, Iyengar & Ferrari 2011, Pulerwitz et al. 2015, Bekman et al. 1998, Sim et al. 2015, Wagman et al. 2015, Ashburn et al. 2016, Hidrobo et al. 2016.

⁷ Erulkar et al. 2014, Ismayilova et al. 2016, Iyengar & Ferrari 2011, Gupta et al. 2013, Hossain et al. 2014, Pulerwitz et al. 2015, Bekman et al. 1998, Sim et al. 2014, Wagman et al. 2015, Ashburn et al. 2016, Abramsky et al. 2014, Jewkes et al. 2008, Hidrobo et al. 2016, Undie et al. 2016.

the four interventions with evaluations that measured emotional violence, two interventions demonstrated significant reductions in emotional violence through caregivers' self-report of abuse (36, 37). Both interventions measuring sexual violence against children found significant reductions this form of violence; both of these programs focused on adolescent girls (39-41). Additionally, one intervention evaluation found significant reductions in males' violent response to conflict and inappropriate sexual touching, but did not specify the victim of either form of violence (42).

Further information on interventions, by type of strategy employed, are described below.

Interventions by Strategy

While a variety of strategies were employed by the selected interventions, the most commonly used strategy was social norms change (Table 6). Multi-strategy interventions that combined either social norms (n=13 interventions) or empowerment (n=12 interventions) with one or more additional strategies were also widely used. Of the twelve interventions with demonstrated reduction of violence outcomes among women and/or children, five used multiple strategies, consisting of a combination of livelihoods, social norms change, and empowerment (Addis Birhan & Meseret Hiwott, CPEE, EAŞE, ELA, SHARE). Further information on classifications by intervention can be found in Appendix A.

Amongst those programs employing livelihoods strategies, four out of six programs demonstrated significant reductions in at least one form of measured violence (CPEE, EAŞE, ELA, WFP Transfers). Three of eight parenting programs demonstrated significant reductions in violence outcomes (Happy Families, MOCEP, Parents Make the Difference). There was evidence of reduced violence outcomes for two social norms change programs (GREAT, ZTVA), and four programs that used social norms change as part of a multi-strategy intervention (Addis Birhan & Meseret Hiwott, CPEE, EAŞE, SHARE). The only intervention classified as an empowerment program demonstrated significant reductions in sexual violence victimization (IMpower).

Table 6. Programs with demonstrated reductions in violence exposure

Program	Author	Type of study	Types of violence measured	Significant findings
Addis Birhan & Meseret Hiwott (Ethiopia)	Erulkar et al. 2014	3-arm quasi-experimental trial	Physical (being beaten in last 3 months), sexual (forced sex in last 3 months)	Yes, for forced sex, but findings demonstrate that married girls participating without husbands are at higher risk for forced sex than girls participating with husbands and those not participating at all.
Child Protective Effects of Economic Strengthening and Child Rights Interventions among Extreme Poor Families in Burkina Faso (Burkina Faso)	Ismayilova et al. 2016 (full evaluation forthcoming)	3-arm randomized control trial	Emotional (women and children), physical (women and children), domestic violence victimization (women only), harsh punishment (of children, asked to mothers, not specified further)	Yes: mother's exposure to emotional and physical domestic violence, mother's report of use of harsh punishment, non-polygamous children's report of physical violence exposure.
Economic And Social Empowerment for women (EAŞE) (Burundi, Cote d'Ivoire)	Iyengar & Ferrari 2011	Randomized control trial (Burundi)	Physical (physically harm, threaten to harm), emotional (insult or talk down to you, scream or curse at you)	No statistically significant reductions in violence exposure
	Gupta et al. 2013	Randomized control trial (Cote d'Ivoire)	Physical in last year (slapped/thrown object; pushed, shoved, kicked, and/or dragged; choked or burned; threatened with gun, knife, other weapon; used gun, knife, other weapon), sexual in last year (forced sex, sex through threats or intimidation)	No in intent-to-treat analysis. Yes in per protocol analysis for physical violence exposure.
Empowerment and Livelihood for Adolescents (ELA) (Uganda)	Bandiera et al. 2015	Randomized control trial	Sexual (unwanted sex in last year)	Yes: unwanted sex
Gender Roles, Equality and Transformations Project (GREAT) (Uganda)	Dagadu et al. 2016	Control trial (not randomized)	Sexual (inappropriate touching), other not specified (violent response to conflict)	Yes: violent response to conflict, inappropriate sexual touching
Happy Families (Thailand)	Sim et al. 2014	Randomized control trial	Physical (harsh punishment, included items such as 'using object to beat child')	Yes: children's report of spanking/slapping from caregivers. No: overall harsh punishment.
IMpower (Kenya)	Sarnquist et al. 2014	Quasi-experimental	Sexual (forced sex, defined as "forced or coerced penetration of the vagina, mouth, or anus using a penis or any other object")	Yes: forced sex
	Sinclair et al. 2013	Quasi-experimental	Sexual (forced sex, defined as "penetrated your vagina, mouth, or anus with their penis or any other object")	Yes: forced sex
Mother Child Education Program (MOCEP) (Turkey)	Bekman et al. 1998	Factorial randomized control trial	Physical (beating child), emotional (shouting at child)	Yes: beating, shouting, neglect (mother's report)

Parents Make the Difference (Liberia)	Sim et al. 2014	Randomized control trial	Harsh physical punishment (hit or kick child hard), emotional punishment (shout, yell or holler at child)	Yes: harsh physical punishment, harsh emotional punishment (caregiver report)
Responsible, Engaged and Loving Fathers Initiative (REAL Fathers)	Ashburn et al. 2016	Quasi-experimental	Composite IPV measure included physical and emotional violence (shouted/yelled, slapped, or pushed/shoved). Child punishment composite measure included physical and emotional violence (shook, shouted/yelled/screamed, spanked/hit/slapped on bottom with bare hand)	Yes: physical punishment against child at long-term follow-up, use of any form of IPV at endline and long-term (verbal/psychological IPV + physical IPV). No: use of physical IPV at endline or long-term, use of physical punishment at endline.
Safe Homes and Respect for Everyone (SHARE) Project (Uganda)	Wagman et al. 2015	Cluster-randomized control trial	Physical IPV (pushed, pulled, slapped, held down; punched with fist or something; kicked or dragged; strangled or burned; threatened with knife, gun, other weapon; assaulted with knife, gun, other weapon), sexual IPV (penetrative sex, non-penetrative sex, other unwanted sexual acts), forced sex (unwanted, physically forced penetrative sex from intimate partner), emotional IPV (verbal abuse/shouting from partner)	Yes: Physical, sexual, forced sex victimization (women). No: emotional victimization (women), IPV perpetration (men)
World Food Programme Cash, Vouchers, and Food Transfers Program (WFP Transfers) (Ecuador)	Hidrobo et al. 2016	4-arm randomized control trial (Ecuador)	Physical (slapped or thrown something, pushed, shoved, pulled hair; hit with fist or something; kicked, dragged, beat; choked or burned; threatened to use, or used, gun, knife, other weapon), sexual (forced sex, sex due to fear, degrading or humiliating sexual acts), emotional (insults, belittle, humiliate, intimidate, threaten)	Yes: moderate physical violence, moderate physical and/or sexual violence (composite measure). No: emotional violence, severe physical violence
Zero Tolerance Village Alliance (ZTVA) (Uganda)	Undie et al. 2016	Pre-post test	Physical (1 item covering beat, slap, punch, kick, push, drag); sexual (forced sex from intimate partner)	Yes: physical violence victimization by intimate partner, and by non-intimate partner (men and women), and sexual violence victimization by intimate partner (men). No: sexual victimization by intimate partner (women).

Note: Countries mentioned under program names are those in which evaluations were conducted.

Table 7. Program classifications and geographic regions

Program Classification	Total Number of Programs	Geographic Location of Implementation			
		Africa	Asia	Latin America & Caribbean	Middle East & North Africa
Livelihoods and economic strengthening	1	1	0	1	0
Social norms change	17	13	6	1	0
Parenting	8	6	3	1	2
Empowerment	1	1	0	0	0
Built environment	1	1	1	0	1
Multiple Strategy	15	14	3	1	2

Note: Number of programs by continent do not match total for each classification because some programs operated on more than one continent.

The following sections are intended to highlight interventions within each strategy that had promising evidence of violence reduction. Interventions were rated as ‘promising’ if evaluation data indicated that they resulted statistically significant reductions in violence exposure⁸. Each section also lists the names of interventions within that strategy for which evidence of violence reduction was not available. More detailed descriptions of all interventions can be found in the appendix, organized alphabetically.

Livelihoods and Economic Strengthening

This review found one intervention that used a livelihoods strategy alone: The WFP Cash, Food Vouchers, and Transfers Program (WFP Transfers). Five additional interventions with livelihoods components are described in the section on multiple strategies (page 19).

Promising evidence of violence reduction

WFP Transfers provided cash transfers, food transfers or food vouchers to Colombian refugees and lower-income Ecuadorians who were not benefiting from another widespread cash transfer program being used in Ecuador (the *bono de desarrollo humano*). In this intervention, the cash, food, or food voucher transfer was conditional on attendance at a monthly nutrition training, and the monetary value of each transfer modality was relatively equal. A randomized controlled trial found that all three forms of livelihood provision were associated with significant reductions in moderate physical IPV and significant reductions in a composite of moderate physical and sexual IPV (31). Interestingly, the evaluation also found no significant effect of the intervention on reports of emotional or severe physical

⁸ Findings are often cited to be statistically significant if analysis demonstrates that there is less than a certain percentage chance that the results were obtained due to random error. While this percentage may be set arbitrarily, a chance of error that is lower than 5% is generally accepted as the standard for significance, and was the percentage used for this review.

violence, and no significant differences on violence outcomes between the three transfer modalities (31).

Social Norms Change

This review identified two primary strategies used to change social norms: awareness-raising through broadcast mediums, and use of information-education-communication strategies covering topics such as gender equality and rights of women and/or children. This section is therefore organized by these two strategies.

Awareness-Raising/'Edutainment' Campaigns

Promising evidence of violence reduction

Gender Roles, Equality and Transformations Project (GREAT) revolved around a twice-weekly radio drama targeted at both young adolescents (ages 10-14) and older adolescents, including newly married/parenting adolescents (ages 15-19) in Uganda. The radio program was followed by discussions on the topics covered in the drama. GREAT also incorporated community mobilization components, such as development of a Community Action Cycle to encourage social norms change, and trainings on adolescent-friendly services for sexual and reproductive health workers. A case-control study of the newly married/parenting adolescents found significant reductions in violent response to partner conflict, reductions in inappropriate touching, and improvements in behaviors related to gender norms among youth participating in the intervention, compared to youth in the control group (42). The evaluation also found that the intervention was associated with significant reductions in inappropriate touching reported by unmarried male adolescents ages 15-19 (42). The intervention was not associated with reductions in violent response to conflict for male adolescents ages 15-19 or for adults (42).

Zero Tolerance Village Alliance (ZTVA) encouraged villages in Uganda to achieve 'zero tolerance' of sexual and gender-based violence through a public pledge-taking ceremony for men. In the pledge, men promised not perpetrate sexual and gender-based violence and not to tolerate sexual and gender-based violence perpetration in their communities. This commitment was enforced through elements such as a Roll of Honor where the names of men who took the pledge were publically posted. Names were removed from the Roll of Honor if men were found to break the pledge terms. A pre-posttest evaluation found significant decreases in men's and women's reports of physical violence victimization from an intimate partner and significant decreases in acceptance of IPV (32). Findings related to perceptions of community gender norms were mixed (32).

Four additional awareness raising interventions were identified: **Mobile Cinemas and Uishi na Upende, Through Our Eyes**, and the **Meena and Sara Communication Initiatives**. Further information on these interventions is provided in the appendix.

Information-Education-Communication (IEC) interventions

Promising evidence of violence reduction

Responsible, Engaged, and Loving Fathers Initiative (REAL Fathers), developed by Save the Children, targeted men ages 16-25 in Uganda who were parenting children ages 0-3 years. The program combined discussion groups with strategically placed posters to encourage healthy intimate partner relationships and child rearing. REAL Fathers used six monthly group meetings for men, four monthly individual meetings between participating men and facilitators, and two individual meetings that also included the female partner of the participating fathers. A quasi-experimental study found that men who participated in at least one individual session and one group session were significantly less likely to report use of any form of IPV against their partner at endline (10-month) and long-term (12 months for one cohort, 18 months for another) follow-up, compared to men who did not attend any sessions (38). The reductions in IPV were driven by changes in reported perpetration of psychological and verbal IPV. Physical IPV was not reduced. In terms of self-reported use of physical punishment against children, significant reductions were found at the long-term follow-up, but not before (38).

Eight additional IEC interventions were identified by this review. Further information on **The Male Norms Initiative**, **Stepping Stones**, **Engaging Men through Accountable Practice (EMAP)**, **Living Peace**, **Your Moment of Truth**, **MenCare Campaign**, **Men Involved in Peacebuilding**, and **Communities Care**, is available in the appendix.

Parenting

This review identified eight parenting interventions, most of which were focused on caregivers. Across interventions, the target age of children was pre-term to seventeen.

Promising evidence of violence reduction

Happy Families was implemented by IRC with Burmese refugees living in camps in Thailand. The 12-week program involved weekly age-separated sessions for caregivers and children ages 8-12 years, followed by a joint play session. Caregiver topics included appropriate developmental expectations, harsh punishment, non-violent discipline strategies, positive communication, and stress management. Topics for children included communication skills, effects of drugs and alcohol, problem-solving, recognizing feelings, and dealing with criticism and anger. A randomized controlled trial found that the intervention was associated with significant reductions in negative parenting behaviors, negative family interactions, and children's externalizing behavior problems (35). Children reported significant reductions in caregivers' use of spanking and slapping, but not in caregivers' overall use of harsh punishment (35).

Parents Make the Difference was developed and implemented by IRC in Liberia and targeted caregivers of children ages 3-7 years. The program involved ten weeks of education on topics related to non-violent discipline techniques, positive interaction and communication, children's cognitive development, and malaria prevention. In addition to weekly sessions, facilitators made one visit to participants' homes, and caregivers formed support groups to share learning from missed lessons. A randomized controlled

trial found that the intervention was associated with a significant reduction in parents' self-reported use of harsh physical and psychological punishment and a significant increase in positive behavior management practices (37).

The Mother Child Education Program (MOCEP) was a daycare intervention developed in Turkey which targeted mothers of children ages 3-5 years for biweekly group education sessions held over a period of 25 weeks. Sessions focused on the developmental needs of children, and mothers were provided with activity sheets and story books to complete with their children at home. In addition to the group education sessions, “mothers' aides” conducted home visits every two weeks to provide child-rearing training. After national scale-up of MOCEP in Turkey, the program was implemented in other contexts, including Jordan and Lebanon. A factorial randomized controlled trial in Turkey found that the intervention was associated with significant reductions in mothers’ self-reported perpetration of physical, verbal and emotional violence against children (i.e., beatings, shouting, inattention) (36).

Five additional parenting interventions that did not demonstrate violence reduction were identified: **Learning Through Play**, **Parents/Families Matter!**, and a trio of interventions developed under the Parenting for Lifelong Health consortium (**Thula Sana**, **Sinovuyo Caring Families Programme**, **Sinovuyo Caring Families Teen Programme**). Further information on these interventions is available in the appendix.

Empowerment

This review found thirteen interventions utilizing empowerment strategies, but only one intervention utilized an empowerment strategy exclusively. The other interventions are described in the section on multiple strategies (page 19).

Promising evidence of violence reduction

IMPower, developed by Ujaama and No Means No Worldwide, was targeted at adolescent girls in urban Kenya. The program provided practice in verbal and physical defense against sexual assault, as well as lessons on personal boundaries, assertiveness, communication skills, and conflict resolution/de-escalation. This intervention was first implemented in schools in Nairobi and then expanded to girls attending schools in informal settlements. Two quasi-experimental evaluations found that, compared to girls who attended a life skills course, girls who received the self-defense and education sessions reported significantly lower rates of sexual assault (40, 41). One evaluation also found significant reductions in reports of victimization from both caregivers and intimate partners (41).

Built Environment

This review identified one intervention that relied on changes to the built environment to address violence. This intervention was not classified as promising, as previous evaluations have either not measured violence exposure or have not demonstrated reductions in violence exposure resulting from the intervention.

Child Friendly Spaces, implemented by organizations including World Vision International, UNICEF, and Save the Children, were the most widely used intervention in humanitarian contexts identified by this review. This intervention generally provided a physical structure, such as a building or large room, for children to use as a safe play or activity space during emergencies. The aims were to protect children from violence and abuse, and provide psychosocial support, skills and knowledge (43, 44). Within these aims, spaces may have sought to facilitate access to referral services, activities for children, and opportunities to build social support networks with other peers. Implementation of the intervention in Haiti and The Solomon Islands included a B-SAFE strategy: Build relationships, cooperation, and respect among peers; Screen for high-risk children and youth; Active, structured learning and life-saving information; Facilitate children's natural resilience and return to normalcy; and Establish a sense of security and self-esteem (44). In the Occupied Palestinian Territories, activities for parents, including first aid, parenting skills, and opportunities to play with children, were part of the structured activities in safe spaces (45).

A systematic review of child friendly spaces found that while 10 quantitative studies generally reported improvements in children's psychosocial well-being, there was no standardized plan of implementation for this intervention (43). A randomized controlled trial in Palestine found that the intervention resulted in significant improvements in children's internalizing and externalizing behaviors, and levels of hopefulness (45). However, when the data were disaggregated by sex and geographic territory, some of the significant improvements were evident only for certain subgroups (45). A pre-/post-test in Haiti and the Solomon Islands did not find significant improvements in children's self-esteem and feelings of safety after participating in the program (44).

Multiple Strategies

This review found fifteen programs that employed more than one primary strategy. Aside from two interventions that used livelihoods and empowerment strategies, the use of social norms change was nearly ubiquitous in the multiple strategy programs. Interventions using livelihoods and empowerment interventions are listed first, followed by those using livelihoods and social norms change strategies, and then empowerment and social norms change strategies.

Livelihoods and empowerment

Two interventions were identified that combined livelihoods/economic strengthening activities with empowerment.

Promising evidence of violence reduction

Empowerment and Livelihoods for Adolescents, developed by BRAC (Bangladesh Rural Enhancement Committee) and implemented across three regions, provided health education and vocational training to girls ages 14-20 years. Topics included sexual and reproductive health, sexual violence, HIV/AIDS, management skills, conflict resolution, and legal knowledge on violence against women. In Sierra Leone and Uganda, the program was paired with microfinance activities (46). A randomized controlled trial in Uganda determined that the intervention was effective in significantly reducing unwanted sex, delaying the age of marriage, delaying childbirth, and increasing condom use (39). Additionally, this evaluation

sought to measure unintended consequences of the intervention on school dropout, and found that participation in the intervention did not result in significantly higher school dropout among participants, even as girls in the intervention engaged in significantly more self-employment activities (39).

One additional livelihoods and empowerment intervention was identified. Further information on **Safe and Smart Savings Products for Vulnerable Adolescent Girls** is available in the appendix.

Livelihoods and social norms change

Three of the identified interventions combined livelihoods/economic strengthening with social norms change activities. One intervention in this category had promising evidence of violence reduction.

Promising evidence of violence reduction

The Child Protective Effects of Economic Strengthening and Child Rights Interventions among Extreme Poor Families in Burkina Faso, a collaboration between Trickle Up, Women's Refugee Commission, Aide aux Enfants et aux Familles Demunies, and the University of Chicago, combined savings groups with child protection education. The savings group intervention targeted women with children ages 10-15 and included weekly group trainings on livelihoods, seed capital grants for economic activities, and individual and group mentoring. The child protection education activities included household members of participating women and provided information about alternatives to physical discipline, risks of sending children away from home and early marriage, and importance of education, once per month. Early results of a three-arm randomized controlled trial indicate that the economic intervention plus child protection (ES+) resulted in significant reduction in women's exposure to emotional and physical domestic violence, levels of depression and anxiety and reported use of harsh discipline (29). The evaluation found no changes in children's self-reported exposure to emotional violence. Interestingly, these results also indicated that the combined intervention resulted in significant reductions in physical violence exposure for children living in non-polygamous families, but not for children living in polygamous families (29). Without the education intervention, the economic intervention was not associated with significant changes in children's exposure to physical or emotional abuse, or mothers' self-reported use of harsh discipline (29).

Two additional livelihoods and social norms change interventions were identified: **Economic and Social Empowerment for women (EAŞE)** and **Women's Income Generating Support (WINGS)**. Additional information on these interventions is available in the appendix.

Empowerment and social norms change

Most of the ten interventions that used empowerment and social norms change strategies relied on group education activities for adolescents.

Promising evidence of violence reduction

Safe Homes and Respect for Everyone (SHARE), a collaboration between the Rakai Health Sciences Program and the Johns Hopkins University Bloomberg School of Public Health, used Raising Voices' SASA! strategy to change attitudes and social norms related to IPV and HIV risk amongst men and

women ages 15-49 in Uganda. Six strategies were used to work toward the intervention's objectives: community activism and advocacy, capacity building, reproductive health outreach, HIV/AIDS outreach, counseling and referral, and learning materials (47). SHARE has specialized programming for female survivors of domestic violence, youth, pregnant adolescent women, HIV positive men and women, and men working to prevent violence against women (47). The intervention was implemented over a period of four years. A cluster-randomized controlled trial in Uganda found significant reductions in physical IPV, sexual IPV, and forced sex victimization among women at a 35-month follow-up (30). The intervention was not associated with significant reductions in emotional IPV victimization among women or significant reductions in perpetration of IPV and forced sex among men (30).

Nine additional empowerment and social norms change interventions were identified: **Berhane Hewan, Creating Opportunities through Mentorship, Parental involvement, and Safe Spaces (COMPASS), Ishraq Programme, Addis Birhan & Meseret Hiwott, Choices, Voices, Promises, Addis Birhan Wendoch, SASA!, Tostan's Community-Based Education Program, and Community Protection Committees**, are included in the appendix.

Conclusions and Recommendations

This review identified more household violence interventions than the authors anticipated, suggesting that IPV and VAC prevention in humanitarian settings are beginning to garner attention and resources from the practitioner community. At the same time, by analyzing the collective body of interventions on this topic, several gaps emerged in terms of the interventions themselves, as well as evaluation data. The authors conclude by offering recommendations to fill these gaps and advance the field of household violence prevention in humanitarian settings.

Interventions

First, there was a geographic bias in the locations where the interventions were implemented. The landscape of interventions identified in the Middle East and North Africa (MENA) region was particularly stark, with no known interventions in the region that targeted IPV and no known interventions that focused exclusively on social norms change. In the MENA countries with the most visible and protracted crises (e.g., Iraq, Afghanistan), the only identified intervention operating in these settings was Child Friendly Spaces. The South Asia region was also poorly represented overall.

Second, there was a dearth of literature on programming for several key population subgroups, including displaced persons and male caregivers. Refugees and/or internally displaced persons were the primary beneficiaries in fewer than one in four interventions identified through existing literature, despite the fact that these groups may be uniquely vulnerable to violence (48). In addition, male caregivers tended to only participate in interventions where they were specifically targeted. Interventions that were neutral about the gender of the caregivers who participated ended up highly skewed towards female caregivers (e.g. COMPASS, Happy Families, Parents Make the Difference).

Third, only six interventions aimed to prevent both VAW and VAC together, potentially missing opportunities to address intersecting vulnerabilities of both women and children in the home. Additionally, despite criteria that included violence against any two household members, this review only identified one intervention that explicitly focused on violence between siblings, and no interventions that focused on non-partnered adults in the home.

Evaluation Data

The extent to which interventions were evaluated was also geographically biased. The majority of interventions with evaluation data came from sub-Saharan Africa and one-third of the interventions with demonstrated effectiveness in reducing violence outcomes were evaluated only in Uganda, even though several of these interventions had been implemented in other contexts. In fact, out of 24 multi-country interventions identified in this review, only three interventions were evaluated in multiple locations. Some interventions with findings from just one evaluation in one place were scaled to multiple countries without additional evaluation (e.g. Learning Through Play, Parents/Families Matter!). The geographic bias in evaluation data likely reflects both the uneven distribution of interventions (as noted above), as well as the uneven distribution of researchers globally.

Furthermore, the evaluations reflected large variations in the measurement of violence across studies. Out of the 12 identified interventions with significant reductions in violence, each study used different questions and recall periods to measure violence. While this lack of orthodoxy allowed for some creative measurement approaches, as with SASA!'s analysis of the number of nights that mothers spent away from home as a proxy measure of children's vulnerability to violence, many of the evaluations would have benefited from establishing stronger construct validity before drawing conclusions about the impact of the interventions under scrutiny (49). Greater measurement consistency would also facilitate comparison across studies.

In addition, intervention effects were unevenly distributed across different forms of violence and different sub-populations (e.g., age, sex, socioeconomic status). For example, while exposure to the Safe Homes and Respect for Everyone (SHARE) intervention was associated with significant reductions in women's physical and sexual violence victimization, these gains were not found for emotional violence (30). Similarly, the Berhane Hewan evaluation demonstrated that exposure to the intervention reduced the odds of early marriage for girls ages 10-14 years, but for girls ages 15-19 years, the odds of early marriage were 2.4 times higher in the intervention group, compared to in the control group (50). These findings indicate that use of a single intervention may be inadequate in addressing all forms of violence and sub-populations. The findings also reiterate the importance of powering studies to allow for disaggregated analyses, and the benefits of employing an age and gender lens to examine the impact of interventions for sub-populations.

Limitations of the Review

The main limitations of the review are related to the search strategy. Since this review only included interventions that had information available in English, it is likely that the results failed to capture some

interventions which were described in non-English languages. This limitation may have had disproportionate effects on certain regions, such as MENA and South Asia. In addition, due to the nature of searching for unpublished materials, the review does not achieve the level of replicability as reviews that ascribe to more stringent search procedures (e.g. Cochrane, PRISMA).

Recommendations

In conclusion, there are several concrete steps that practitioners and researchers can take to fill the gaps in household violence interventions in humanitarian emergencies that were observed in this review.

First, there is a need for holistic interventions that work with multiple actors in the family to prevent violence. In addition to the existing evidence on co-occurrence of IPV and VAC in the household, a small body of evidence has demonstrated that women are vulnerable to violence from in-laws (51, 52). Violence may be linked to non-partner relationships within households in ways which are not well-understood. These findings underline the importance of conducting formative research to better understand local family dynamics and living arrangements before designing violence interventions.

Second, greater attention should also be given to the potentially heterogeneous mechanisms by which interventions affect different sub-groups within households. For example, one of the evaluations identified by this review suggested that polygamous versus non-polygamous family structures may serve as a mediator of the effect of some violence interventions (29). Another highlighted that intervention effects may differ based on the age of children (50). Practitioners and evaluators should consider specialized needs and household dynamics within population sub-groups that may influence the reception, adoption, and sustainment of intervention activities.

Third, in designing programs, practitioners and researchers should always consider the negative unintended consequences of interventions. For example, awareness-raising activities may lead to a decrease in some forms of violence such as hitting or beating intimate partners or children, but other forms of violence such as emotional abuse may be used more frequently in their place. These types of scenarios can be mitigated by ongoing monitoring and evaluation of program effects across a wide range of outcomes. On a similar note, some interventions may also have positive spillover, such as when an intervention targeted at violence against women leads to reductions in violence against children. Again, these effects can be captured by more comprehensive monitoring and evaluation schemes.

Finally, this review identified a clear need for better knowledge generation, management and sharing among humanitarian actors. Program evaluations should be made public, even when results show no change, as this information broadens the humanitarian community's learning and may help avoid duplication of ineffective interventions and misallocation of scarce resources. Efforts should also be made to distribute information about ongoing interventions in emergencies to the international humanitarian community, even without accompanying evaluation data, as strategies used may help inform work in other settings. Further, funding to document and evaluate interventions should be made available to improve knowledge generation. In short, the humanitarian field has made recent strides

with regards to household violence prevention. Our hope is that, by synthesizing what is known about household violence and pointing to future directions, this review will facilitate continued forward momentum on this critical health and development issue.

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Annex A. Compendium of Interventions on Primary Prevention of Household Violence

Livelihoods

World Food Programme Cash, Vouchers, and Food Transfers Program	34
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Social Norms Change

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World Food Programme Cash, Vouchers, and Food Transfers Program

Livelihoods

Description

Implementing organization: International Food Policy and Research Institute (IFPRI), World Food Programme

Location(s): Ecuador, Uganda

Description of Program: This was a cash transfer program, with participants randomized to receive either cash, food vouchers, or food. Receipt of transfer was conditional upon attendance of monthly nutrition training.

Age and sex of participants: Not specified

Duration: 1x/month, 6 months duration

Existing Evidence

Evaluation design: 4-arm randomized control trial

Key evaluation findings: The use of any form of cash or food assistance was associated with a significant reduction in controlling behaviors, moderate physical violence, and physical and/or sexual violence (composite measure). There were no significant reductions in emotional or severe physical violence. Food transfers resulted in significant reduction in moderate physical violence, and physical or sexual violence whereas cash results in significant reduction in controlling behaviors and moderate physical violence and vouchers result in significant reduction in controlling behaviors, moderate physical, and physical or sexual violence. Effects of program are greater among women with low sole or joint decision-making power at baseline.

Limitations: Different treatment modalities did not have significantly different effects from each other.

Related Publications/Links

Hidrobo, M., Hoddinott, J., Peterman, A., Margolies, A., & Moreira, V. (2014). Cash, food, or vouchers? Evidence from a randomized experiment in northern Ecuador. *Journal of Development Economics*, 107, 144-156. doi:<http://dx.doi.org/10.1016/j.jdeveco.2013.11.009>

Hidrobo, M., Peterman, A., & Heise, L. (2014). *The effect of cash, vouchers and food transfers on intimate partner violence: Evidence from a randomized experiment in Northern Ecuador*. Retrieved

from Washington, D.C.: https://www.wfp.org/sites/default/files/IPV-Hidrobo-Peterman_Heise_IPV%20Ecuador%203%2028%2014.pdf

Hidrobo, M., Peterman, A., & Heise, L. (2016). *The effect of conditional transfers on intimate partner violence: evidence from Northern Ecuador*, 3ie Impact Evaluation Report 33. Retrieved from New Delhi, India: <http://www.3ieimpact.org/en/publications/3ie-impact-evaluation-reports/3ie-impact-evaluations/3ie-impact-evaluation-report-33/>

Bell Bajao

Social norms change

Description

Implementing organization: Breakthrough

Location(s): India, Pakistan

Description of Program: Bell Bajao is a social norms change intervention to prevent domestic violence and HIV, using awareness-raising through multimedia campaigns and grassroots mobilization through community trainings and workshops. The multimedia campaign included TV advertisements to promote bystander intervention and use of mobile vans to disseminate messages. It was launched in 2008 and ongoing.

Age and sex of participants: Men and boys

Duration: Not specified

Existing Evidence

Evaluation design: Center for Media Studies: Pre and post-test design, no control communities. Chakraborty 2010: case-control (districts).

Key evaluation findings: Center for Media Studies: Surveys suggest moderate changes in knowledge and attitudes.

Limitations: Center for Media Studies: no control communities were used for comparison and the changes in knowledge and attitudes cannot be wholly attributed to the campaign. The evaluation measured knowledge and attitude, but not behavior change.

Chakraborty 2010: It was unclear whether endline participants are the same as baseline and how differences in demographics from baseline to endline were accounted for.

Related Publications/Links

Bell Bajao website: <http://www.bellbajao.org>

Chakraborty, S. (2010). *BREAKTHROUGH: Bell Bajao! Campaign - End line Survey on Domestic Violence and HIV/AIDS*. Available from <http://www.bellbajao.org/wp-content/uploads/2012/08/Bell-Bajao-Endline-Report.pdf>

Communities Care: Transforming Lives and Preventing Violence

Social norms change

Description

Implementing organization: UNICEF, Voice for Change, Organization for Children Harmony, Comitato Internazionale per Lo Sviluppo dei Popoli

Location(s): Somalia, South Sudan

Description of Program: This project uses a human rights framework to guide participatory discussion groups that challenge acceptance of Violence Against Women and Girls (VAWG). The discussion groups are held over a 15-week period. The groups are segregated by sex in the early sessions and later brought together through activities such as community story-telling. The intervention also provides training to health care providers on post-rape outreach services, which is based on a curriculum developed by the Women's Rights Commission.

Age and sex of participants: Not specified

Duration: 15 weeks

Existing Evidence

Evaluation design: Randomized control trial

Key evaluation findings: Preliminary results demonstrate reduction in support of victim-blaming, gender-inequitable attitudes, and reduction in witnessing domestic violence in the community.

Limitations: None reported; TBD pending evaluation results

Related Publications/Links

Read-Hamilton, S., & Marsh, M. (2016). The Communities Care programme: changing social norms to end violence against women and girls in conflict-affected communities. *Gender & Development*, 24(2), 261-276. doi:10.1080/13552074.2016.1195579

Engaging Men through Accountable Practice/Men and Women in Partnership

Social norms change

Description

Implementing organization: International Rescue Committee

Location(s): DRC; piloted in Cote d'Ivoire

Description of Program: This project targeted single-sex discussion activities to individuals, with an explicit focus on program staff being accountable to the needs and voices of girls and women who participate. The women's group sessions, which precede the start of male discussion sessions, focus on raising awareness of VAWG, identifying risks related to intervention implementation, and obtaining feedback on the men's intervention and curriculum. The men's groups focus on topics such as gender norms and anger management techniques.

Age and sex of participants: Women and men over 15

Duration: DRC: 1x/week, 8 sessions with women, followed by 16 sessions with men. Cote d'Ivoire: 1x/week, 16 sessions total.

Existing Evidence

Evaluation design: World Bank Gender Innovation Lab (DRC): pair-matched cluster randomized control trial, in progress

Hossain et al 2014 (Cote d'Ivoire): pair-matched cluster randomized control trial

Key evaluation findings: Hossain et al 2014 (Cote d'Ivoire): Men in the intervention group were significantly more likely to control hostility and manage conflict than those in the control group. The differences in women's report of physical and/or sexual IPV victimization, men's intentions to use physical IPV, and men's attitudes towards sexual IPV did not achieve significance between groups.

Limitations: Hossain et al 2014: may not have been sufficiently powered to demonstrate results.

Related Publications/Links

Cote d'Ivoire Clinical Trials Record: <https://clinicaltrials.gov/ct2/show/NCT01803932>

Hossain, M., Zimmerman, C., Kiss, L., Abramsky, T., Kone, D., Bakayoko-Topolska, M., . . . Watts, C. (2014). Working with men to prevent intimate partner violence in a conflict-affected setting: a pilot cluster randomized controlled trial in rural Côte d'Ivoire. *BMC Public Health*, 14(339).

Gender Roles, Equality and Transformations Project (GREAT)

Social norms change

Description

Implementing organization: Institute for Reproductive Health (Georgetown University), Save the Children, Pathfinder International, Straight Talk Foundation, Concerned Parents Association

Location(s): Uganda

Description of Program: This program revolved around a twice-weekly radio drama targeted at both young adolescents and older adolescents, including newly married/parenting adolescents. The radio program was followed by discussions on the topics covered in the drama. GREAT also incorporated community mobilization components, such as the development of a Community Action Cycle to encourage social norms change and trainings on adolescent-friendly services for sexual and reproductive health workers.

Age and sex of participants: Young adolescents (10-14) and older adolescents (15-19)

Duration: Radio drama: 2x/week; 22 months total program duration

Existing Evidence

Evaluation design: Dagadu 2016: matched case-control using propensity scoring

Key evaluation findings: Dagadu 2016: The evaluation found significant reductions in violent response to partner conflict among among newly married/parenting adolescents age 15-19, as well as for inappropriate touching among newly married/parenting men age 15-19. Significant improvements were found for women's involvement in decision-making, male involvement in sharing of household roles, and male involvement in at least two childcare tasks among newly married/parenting adolescents age 15-19.

Limitations: Dagadu 2016: Challenges to the randomized control trial assumptions due to high exposure to the program across intervention and control groups. Further, some data was not disaggregated by gender.

Related Publications/Links

GREAT project, Institute for Reproductive Health, Georgetown University Website:
http://irh.org/projects/great_project/

Dagadu, N. (2016). GREAT project endline report. Washington D.C.: Institute for Reproductive Health, Georgetown University. http://pdf.usaid.gov/pdf_docs/PA00KXRW.pdf

Living Peace

Social norms change

Description

Implementing organization: ProMundo

Location(s): Goma, North Kivu, DRC; Luvungi, South Kivu, DRC; Burundi

Description of Program: This program focused on incorporating Promundo's Program H curriculum into group discussion or education sessions for men. Living Peace utilized male group therapy sessions to discuss partnerships at home, with a focus on gender norms and gender equity.

Age and sex of participants: Men

Duration: 3 hour sessions; 1x/week for 10-15 weeks

Existing Evidence

Evaluation design: Quantitative post-session surveys, qualitative focus groups and in-depth interviews

Key evaluation findings: Men reported changes in their relationships with partners and children, sexual violence in the home, and control of aggression and frustration. Men and women reported reduction in men's use of alcohol, and reduction in violence in the home, though qualitative findings were mixed. Men also reported increase in social networks with other men.

Limitations: Limitations included the short duration of follow-up for quantitative surveys (immediately after session), no pre-intervention surveys for comparison, and limited measures (study asked for 'reports of areas of change'). Further, social desirability bias was a risk as was selection bias due to reliance on facilitator's perspectives of engagement or non-engagement. The evaluation did not measure women's or children's reports of victimization.

Related Publications/Links

Promundo Living Peace website: <http://promundoglobal.org/programs/living-peace/>

Promundo-US for LOGiCA. (2014). *Living Peace Groups: Implementation Manual and Final Project Report - GBV Prevention and Social Restoration in the DRC and Burundi*. Retrieved from Washington, D.C.: <http://promundoglobal.org/wp-content/uploads/2014/12/Living-Peace-Groups-Implementation-Manual-and-Final-Project-Report.pdf>

Male Norms Initiative

Social norms change

Description

Implementing organization: EngenderHealth, Hiwot Ethiopia, PATH

Location(s): Ethiopia

Description of Program: Incorporated Promundo's Program H curriculum. The initiative combined community awareness activities (such as workshops, condom distribution, and music and theater activities) with group education activities for men.

Age and sex of participants: Men ages 15-24

Duration: Group Education: 2-3 hour sessions, 8 sessions total over 4 months. Community Engagement: 6 months, number of activities not specified

Existing Evidence

Evaluation design: Quasi-experimental evaluation, qualitative in-depth interviews with participants and their partners

Key evaluation findings: Results showed significant increase in expression of equitable gender norms. The evaluation reported reductions in physical and sexual violence perpetration in groups receiving community engagement and group education activities, in comparison to the control group, which trended towards significance in multivariate analysis when controlling for sociodemographic variables.

Limitations: The sample was non-representative since participants were chosen from existing youth groups. Social desirability bias is a concern, as is performance bias due to non-blinding of study conditions. The study did not measure victimization among female partners.

Related Publications/Links

Pulerwitz, J., Hughes, L., Mehta, M., Kidanu, A., Verani, F., & Tewolde, S. (2015). Changing Gender Norms and Reducing Intimate Partner Violence: Results From a Quasi-Experimental Intervention Study With Young Men in Ethiopia. *Am J Public Health*, 105(1), 132-137.
doi:10.2105/ajph.2014.302214

Meena Communication Initiative

Social norms change

Description

Implementing organization: UNICEF

Location(s): Bangladesh, Bhutan, India, Nepal, Pakistan, Sri Lanka

Description of Program: This program used a radio series to disseminate messages about topics such as education, health, gender equity, freedom from exploitation, and abuse (Russon 2000, UNICEF ND). It was developed to be used widely across Asia. The Meena Initiative combined the radio series with film and print materials such as comic books and posters.

Age and sex of participants: Community

Duration: Not specified

Existing Evidence

Evaluation design: N/A

Key evaluation findings: N/A

Limitations: N/A

Related Publications/Links

Meena Communication Initiative, UNICEF Media Center Website:

http://www.unicef.org/rosa/media_2479.htm

Men Involved in Peacebuilding

Social norms change

Description

Implementing organization: International Rescue Committee

Location(s): Thailand

Description of Program: This program utilized men's discussion groups to challenge harmful gender norms and raise awareness of gender-based violence.

Age and sex of participants: Men

Duration: Not specified

Existing Evidence

Evaluation design: N/A

Key evaluation findings: N/A

Limitations: N/A

Related Publications/Links

Alvarado, M., & Paul, B. (2009). Involving men on the Thai-Burma border. *Forced Migration Review* 27: 56-57.

MenCare Campaign

Social norms change

Description

Implementing organization: ProMundo, World Vision, MenCare, Sonke Gender Justice Network

Location(s): Ethiopia, Pakistan, Sri Lanka, Uganda

Description of Program: This program encouraged father's participation in antenatal care and caregiving through a combination of media campaigns, advocacy, and group education centered around the Program P curriculum (Promundo et al. 2013). Topics covered in the group education sessions, which are for fathers, include couples' communication, corporal punishment and children's rights, and non-violent approaches to parenting. The program also included a two-day session for married couples.

Age and sex of participants: Fathers; married couples

Duration: 11 sessions. Married couples in Sri Lanka: 2-day session for couples, men's only sessions not specified

Existing Evidence

Evaluation design: Qualitative interviews

Key evaluation findings: Qualitative interviews demonstrated reduction in alcohol and drug use and a reduction in fathers' scolding of children. Women reported that couples' sessions provided avenue to discuss relationship topics that were not usually discussed in the home.

Limitations: The evaluation did not report on total enrollees, number of interviews, or structure of interviews. There was no quantitative measurement, so it is not possible to determine whether changes were significant.

Related Publications/Links

MenCare Campaign Website: <http://men-care.org/>

REDMAS, Promundo, & EME. Program P Manual. <http://men-care.org/wp-content/uploads/sites/3/2015/05/Program-P-English-web.pdf>

MenCare. Sri Lanka: Engaging Fathers for Children's Education and Family Well-Being. <http://men-care.org/resources/sri-lanka-engaging-fathers-for-childrens-education-and-family-well-being/>

Mobile Cinemas and Uishi na Upende

Social norms change

Description

Implementing organization: Search for Common Ground, US Department of State's Bureau of Population, Refugees, and Migration

Location(s): DRC

Description of Program: This project brought films about gender equality and gender-based violence to communities with limited access to television in rural areas.

Age and sex of participants: Community

Duration: 41 Public screenings, 21 sub-film screening activities were held for various target groups, 40 sessions for radio program

Existing Evidence

Evaluation design: Pre- and post-test evaluations, focus group discussions, content analysis of radio program listener feedback

Key evaluation findings: The Mobile Cinemas increased knowledge of SGBV laws and awareness of the causes of SGBV. The radio program reported to reduce attitudes supportive of victim-blaming. Violence was not measured.

Limitations: The evaluation interviewed people directly accessing activities, so the sample may not be representative. There was no control comparison.

Related Publications/Links

Search for Common Ground. (2011). *Informing Refugees and Returnees on Gender Based Violence: Program Evaluation*. Available from https://www.sfcg.org/wp-content/uploads/2014/08/COD_EV_Sept11_DRC_refugees-returnees-GBV.pdf.

NMNW Boys Program: Your Moment Of Truth (YMOT)

Social norms change

Description

Implementing organization: No Means No Worldwide

Location(s): Kenya

Description of Program: This project drew from the bystander intervention model to challenge social stereotypes that promote gender-based violence. The intervention targeted adolescent boys and involved a six-week program led by a trained facilitator.

Age and sex of participants: Adolescent boys

Duration: 1x/week, 2 hours/session, 6 weeks total

Existing Evidence

Evaluation design: Prospective cohort study with 6-month followup

Key evaluation findings: There was reduced support for gender-inequitable attitudes and reduced ascription to rape myths at 6 month follow-up after course completion. There was no significant difference between attitudes post-course and 6 months after course completion. The majority of boys (~75%) who had witnessed sexual harassment or assault stepped in to intervene at 6 month follow-up.

Limitations: There is the possibility for social desirability bias in self-reported intervention when witnessing sexual harassment. The evaluation did not ask about violence victimization or perpetration.

Related Publications/Links

Your Moment of Truth, No Means No Worldwide Website:

<http://nomeansnoworldwide.org/programs/#boys>

Sinclair, J., Githua, O. W., Omondi, B., Kappahn, C., Sinclair, L., Mulinge, M., & Golden, N. H. (2014). The Impact of a Six-week School Curriculum on Boys' Attitudes and Behaviors Related to Gender Based Violence (GBV) in Kenya. *Journal of Adolescent Health Platform Abstracts*, 54.2, S1-S16.

One Man Can

Social norms change

Description

Implementing organization: Sonke Gender Justice, UNDP

Location(s): Sudan

Description of Program: This was a social norms change program targeting men and boys as potential allies in changing norms on violence against women, supporting women's rights, and rights of those affected by HIV. Community leaders trained on gender equity and were then encouraged to develop Community Action Teams and implement action plans on gender equity in their communities. Campaigns used radio dramas, awareness raising materials, door-to-door awareness-raising, mural painting, theater workshops, seminars, and culturally appropriate branding. In Johannesburg and Cape Town, the components focus on refugee health and rights, including gender vulnerabilities.

Age and sex of participants: Men and boys

Duration: Sequenced training over 12 months; details not specified

Existing Evidence

Evaluation design: N/A

Key evaluation findings: N/A

Limitations: N/A

Related Publications/Links

One Man Can Campaign in Sudan, Sonke Gender Justice Network Website:

<http://www.genderjustice.org.za/video/one-man-can-campaign-in-sudan/>

One Man Can Refugee Health and Rights Project, Sonke Gender Justice Network Website:

<http://www.genderjustice.org.za/community-education-mobilisation/one-man-can/omc-refugee-health-rights/>

Responsible, Engaged and Loving Fathers Initiative (REAL Fathers)

Social norms change

Description

Implementing organization: Save the Children

Location(s): Uganda

Description of Program: This program combined discussion groups with strategically placed posters to encourage healthy intimate partner relationships and child rearing.

Age and sex of participants: Men ages 16-25 who were parenting children ages 0-3 years

Duration: Group meetings: 1x/month, 6 months. Individual meetings: 1x/month, 4 months, followed by couples meetings, 1x/month, 2 months.

Existing Evidence

Evaluation design: Quasi-experimental (originally an RCT but violated conditions, compared those who attended at least 1 individual and 1 group session to those who did not attend any sessions)

Key evaluation findings: Men who participated in at least 1 mentoring session were significantly less likely to report use of any form of IPV against partner at endline and long-term follow-up than those who did not attend any sessions: this is driven by significant reductions in psychological and verbal IPV at endline and long-term follow-up, but not physical IPV. There was a significant reduction in self-reported use of physical punishment against children in long-term follow-up, but not endline.

Limitations: The evaluation was originally an RCT but violated conditions of randomization. The figures relied on men's self-report of IPV and child punishment, which is subject to desirability bias. The evaluation did not follow people individually so classification was not verified.

Related Publications/Links

Responsible, Engaged and Loving (REAL) Fathers Initiative, Institute for Reproductive Health, Georgetown University Website: <http://irh.org/projects/real-fathers-initiative/>

Ashburn, K., Kerner, B., Ojamuge, D., & Lundgren, R. (2016). Evaluation of the Responsible, Engaged, and Loving (REAL) Fathers Initiative on Physical Child Punishment and Intimate Partner Violence in Northern Uganda. *Prevention Science*, 1-11. doi:10.1007/s11121-016-0713-9.

Sara Communication Initiative

Social norms change

Description

Implementing organization: UNICEF

Location(s): Kenya, Mozambique, Tanzania, Uganda

Description of Program: This program used a radio series to disseminate messages about topics such as education, health, gender equity, freedom from exploitation, and abuse (Russon 2000, UNICEF ND). It was developed to be used widely across Africa.

Age and sex of participants: Community

Duration: Not specified

Existing Evidence

Evaluation design: Post-test, qualitative interviews

Key evaluation findings: 32% of girls could recognize the character Sara, but only 5% could identify the underlying message of their favorite episode.

Limitations: Violence exposure not measured.

Related Publications/Links

Sara Communication Initiative, UNICEF Lifeskills Website:

http://www.unicef.org/lifeskills/index_8020.html

Russon, C. (2000). Evaluation of the Sara Communication Initiative: Final Summary. Available from

<https://www.unicef.org/lifeskills/files/SaraCommunicationInitiative.pdf>.

Stepping Stones

Social norms change

Description

Implementing organization: Stepping Stones; Planned Parenthood Association of South Africa

Location(s): Uganda, South Africa, Burundi, Haiti, Myanmar, Philippines, Colombia, others

Description of Program: This program targeted young men and women for participatory HIV and IPV prevention activities.

Age and sex of participants: Women and men ages 15-26

Duration: 3 hours/session, 13 sessions over 6-8 weeks, plus 3 meetings of male and female peer groups and final community meeting

Existing Evidence

Evaluation design: Cluster randomized trial

Key evaluation findings: There was a reduction in men's reported perpetration but not women's reported experience of violence at either 12 or 24 months post-intervention. No reduction was found in other factors that may affect child maltreatment, such as maternal depression or drug use. There was a significant reduction in problem drinking for men but not women.

Limitations: Small sample size and possible effects on behavior change from activities conducted with control participants.

Related Publications/Links

Stepping Stones training package on gender communication and HIV:

<http://www.steppingstonesfeedback.org/>

Jewkes, R., Gibbs, A., Jama-Shai, N., Willan, S., Misselhorn, A., Mushinga, M., . . . Skiweyiya, Y. (2014). Stepping Stones and Creating Futures intervention: shortened interrupted time series evaluation of a behavioural and structural health promotion and violence prevention intervention for young people in informal settlements in Durban, South Africa. *BMC Public Health*, 14(1325).

Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Puren, A., & Duvvury, N. (2008). Impact of stepping stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. *BMJ*, 337, a506. doi:10.1136/bmj.a506

Jewkes, R., Nduna, M., Levin, J., Jama, N., Dunkle, K., Wood, K., . . . Duvvury, N. (2007). Evaluation of Stepping Stones: A Gender Transformative HIV Prevention Intervention. Available from <http://www.mrc.ac.za/policybriefs/steppingstones.pdf>

Gibbs, A., & Washington, L. (2015). Creating a world free from violence: The Stepping Stones and Creating Futures Intervention Trial. Available from <http://www.heard.org.za/wp-content/uploads/2015/10/policy-brief-creating-a-violent-free-world.pdf>

Through Our Eyes

Social norms change

Description

Implementing organization: American Refugee Committee, Communication 4 Change

Location(s): Liberia, Rwanda, South Sudan, Thailand, Uganda

Description of Program: This project trained community members to develop 20-minute videos based on topics related to intimate partner violence, child maltreatment, and related health topics. These videos were paired with a 60-minute discussion on the topics covered in the video, and targeted adults and children of both genders.

Age and sex of participants: Adults and children of both genders

Duration: Not specified

Existing Evidence

Evaluation design: Qualitative focus group discussions and key informant interviews

Key evaluation findings: Participatory video development was positively received and reported to increase community ownership and acceptance of the program. The respondents reported an increase in awareness of women's rights and gender equality, a reduction in men's use of forms of GBV such as controlling communication with other community members, and an increase in equitable behavior towards female children. There was a general agreement of increase in reporting of GBV cases and reduction in men's use of physical violence against female partners following intervention, but results are mixed.

Limitations: The risk of social desirability bias was potentially exacerbated by use of non-external interviewers. Interviews were not conducted in uniform manner and there was the risk of selection bias. The evaluation did not report on inter-coder reliability and did not use 3 researchers for coding and analysis process. No information on sampling process was reported.

Related Publications/Links

Gurman, T. A., Trappler, R. M., Acosta, A., McCray, P. A., Cooper, C. M., & Goodsmith, L. (2014). 'By seeing with our own eyes, it can remain in our mind': qualitative evaluation findings suggest the ability of participatory video to reduce gender-based violence in conflict-affected settings. *Health Educ Res*, 29(4), 690-701. doi:10.1093/her/cyu018.

Zero Tolerance Village Alliance (ZTVA)

Social norms change

Description

Implementing organization: Population Council, UNHCR, Lutheran World Federation, Thohoyandou Victim Empowerment Programme, the Child Health and Development Centre (Makerere University), Refugees Department (Office of the Prime Minister, Uganda)

Location(s): Uganda

Description of Program: This program encouraged villages to achieve 'zero tolerance' of sexual gender based violence through a public pledge-taking ceremony for men, which prioritized elimination of SGBV in their communities. The pledge was enforced through elements such as a Roll of Honor where the names of men who took the pledge were publically posted. Names were removed from the Roll of Honor if men were found to break the pledge terms.

Age and sex of participants: Men; communities

Duration: 8-day training; others not specified

Existing Evidence

Evaluation design: Pre-post test

Key evaluation findings: There was a significant decrease in both men's and women's report of physical violence victimization from an intimate partner, physical violence occurring in the previous month by non-intimate partner, and acceptance of IPV, as well as beliefs of male inability to control sexual behavior. The evaluation found a significant increase in women's, but not men's, attitudes supporting women's right to refuse sex. It also showed a significant decrease in men's, but not women's, report of sexual violence victimization by an intimate partner, and community tolerance of rape, wife-beating, and physical violence. There was a significant decrease in women's but not men's report of sexual violence victimization by non-intimate partner in previous month. Attitudes towards care-seeking after sexual violence victimization improved, but care-seeking behaviors did not increase.

Limitations: There was the risk of selection bias resulting from selection of only household heads (i.e. women living in female-headed households may have different characteristics than women living in male-headed households).

Related Publications/Links

Undie, C., Birungi, H., Obare, F., Odwe, G., Namwebya, J., Orikushaba, P., . . . Karugaba, J. (2016). Effectiveness of a community-based SGBV prevention model in emergency settings in Uganda: Testing the 'Zero Tolerance Village Alliance' intervention. Available from http://www.popcouncil.org/uploads/pdfs/2016RH_SGBVPreventionUgandaZTVA.pdf.

Happy Families

Parenting

Description

Implementing organization: International Rescue Committee, Harvard School of Public Health, Duke University

Location(s): Thailand

Description of Program: The program included age-separated sessions for caregivers and children, followed by a joint play session, weekly for twelve weeks. Caregiver topics included appropriate developmental expectations, harsh punishment, non-violent discipline strategies, positive communication, and stress management. Topics for children included communication skills, effects of drugs and alcohol, problem-solving, recognizing feelings, and dealing with criticism and anger.

Age and sex of participants: Caregivers and children ages 8-12

Duration: 1x/week, 12 week duration

Existing Evidence

Evaluation design: Randomized control trial

Key evaluation findings: Both parents and children reported significant reductions in negative parenting behaviors, negative family interactions, and children's externalizing behavior problems; both reported increase in parenting consistency. Children reported significant reductions in caregiver use of spanking/slapping but not overall use of harsh punishment. No significant changes were found in children or caregiver report of children's internalizing behaviors, such as depression or anxiety. Qualitative findings demonstrated positive unanticipated effects such as use of positive parenting techniques with other children in the family, non-participating caregivers' adoption of positive parenting practices, and improvement in caregiver emotional regulation.

Limitations: There is the potential for social desirability bias resulting from self-report of participating caregivers. The lack of a control group for 6-month evaluation limits ability to attribute measured changes to the program.

Related Publications/Links

Sim, A., Annan, J., Puffer, E., Salhi, C., & Betancourt, T. (2014). Building Happy Families: Impact evaluation of a parenting and family skills intervention for migrant and displaced Burmese families in Thailand. Available from

<http://www.bettercarenetwork.org/sites/default/files/Building%20Happy%20Families%20Impact%20Evaluation.pdf>.

Learning through Play

Parenting

Description

Implementing organization: Hincks-Dellcrest Centre

Location(s): Burkina Faso, Ethiopia, Haiti, Kenya, Pakistan, Palestine, Uganda

Description of Program: This was a home visitation program, taught by lay health workers, that has been implemented in four regions globally. In Pakistan, the intervention targeted female caregivers in their last trimester of pregnancy, and health workers introduced participants to an activity calendar to guide play with their children. Health workers then visited the homes of participating mothers every two weeks, for a total of six months, to support implementation of the play activities. In Haiti and Ecuador, the program included male and female caregivers and targeted parents of children ages 0-6. In Haiti, residential care staff were included in the intervention.

Age and sex of participants: Female caregivers; male caregivers; residential care staff; parents of children ages 0-6

Duration: 1 half-day workshop, plus 15-minute visit every 2 weeks. 6 months total

Existing Evidence

Evaluation design: Rahman 2009: cluster randomized control trial.

Hincks-Dellcrest 2013: qualitative focus groups and interviews

Key evaluation findings: Rahman 2009: There was a significant improvement in mothers' knowledge of infant development. The hypothesized improvement in level of mental distress is not supported by findings.

Limitations: Rahman 2009: The evaluation did not ask about mother-child interactions or violence against children and was subject to social desirability bias. The follow-up period was very short.

Hincks-Dellcrest 2013: The program aims for at least 10% male caregiver participation were not met.

Related Publications/Links

Rahman, A., Iqbal, Z., Roberts, C., & Husain, N. (2009). Cluster randomized trial of a parent-based intervention to support early development of children in a low-income country. *Child Care Health Dev*, 35(1), 56-62. doi:10.1111/j.1365-2214.2008.00897.x

The Hincks-Dellcrest Centre. (2013). Learning Through Play-Children's Mental Health-Early Child Development Program (CIDA project #S-064713). Available from <http://www.mhinnovation.net/sites/default/files/downloads/innovation/reports/Haiti%20&%20Ecuador%20Final%20Report%202013.pdf>.

The Hincks-Dellcrest Centre Resources Website: <https://www.hincksdellcrest.org/Home/Resources-And-Publications/Learning-through-Play/Learning-through-Play>.

Mother Child Education Program (MOCEP)

Parenting

Description

Implementing organization: Mother Child Education Foundation (ACEV)

Location(s): Bahrain, Belgium, Bosnia and Herzegovina, France, Germany, Jordan, Lebanon, Mexico, Netherlands, Saudi Arabia, Switzerland, Turkey and United Kingdom

Description of Program: This program targeted mothers for biweekly group education sessions, held over a total of 25 weeks. Sessions focused on the developmental needs of children, and mothers were provided with activity sheets and story books to complete with their children at home. In addition to the group education sessions, “mothers' aides” conducted home visits every two weeks to provide child-rearing training. After national scale-up of MOCEP in Turkey, the program was implemented in contexts such as Jordan and Lebanon.

Age and sex of participants: Mothers of children ages 3-5

Duration: 1 hour/session, biweekly, 25 total weeks

Existing Evidence

Evaluation design: Factorial randomized control trial

Key evaluation findings: There was a significant reduction in use of beatings, shouting, and inattention to child (neglect) among mothers in intervention group, as compared to the control group.

Limitations: Daycare-based program

Related Publications/Links

Bekman, S. (1998). *A Fair Chance: An Evaluation of the Mother-Child Education Program*. Turkey, Netherlands: Mother-Child Education Foundation, Bernard Van Leer Foundation.

Kagıtçibasi, C. (1991). The Early Enrichment Project in Turkey. Available from <http://unesdoc.unesco.org/images/0008/000886/088616MB.pdf>.

Parenting for Lifelong Health ('Sinovuyo Caring Families Programme': 2 - 9 years)

Parenting

Description

Implementing organization: Ikamva Labantu, Parent Centre, Clowns Without Borders South Africa, University of Cape Town, University of Oxford, University of Bangor, WHO, UNICEF, Government of South Africa

Location(s): South Africa, DRC, El Salvador, Kenya, Philippines, Lesotho, South Sudan, Tanzania

Description of Program: The program aims to reduce the risk of child maltreatment through a combination of social learning to improve parent-child relationships, caregiver-focused cognitive behavioral therapy and social support to reduce parental distress over a 12-week period. Topics include managing difficult behavior, problem-solving with children, child-led play, praise and rewards, and instructions/household rules.

Age and sex of participants: Caregivers

Duration: 1x/week, 12 weeks

Existing Evidence

Evaluation design: Randomized control trial

Key evaluation findings: TBD

Limitations: N/A

Related Publications/Links

PLH for Young Children for children aged 2-9 years old, World Health Organization Website:
http://www.who.int/violence_injury_prevention/violence/child/PLH_Children/en/

Parenting for Lifelong Health ('Sinovuyo Caring Families Teen Programme': 10 - 17 years)

Parenting

Description

Implementing organization: Keisikamma Trust, Clowns Without Borders South Africa, University of Cape Town, University of Oxford, University of Bangor, WHO, UNICEF, Government of South Africa

Location(s): South Africa, DRC, El Salvador, Kenya, Philippines, Lesotho, South Sudan, Tanzania

Description of Program: The program focuses on both prevention of child maltreatment and teen risk behaviors. In addition to provision of caregiver cognitive behavioral therapy and social support, the teen intervention includes sessions for teenagers, and topics such as parent-teen problem solving.

Age and sex of participants: Youth ages 10-17 and their caregivers

Duration: 1x/week, 8 separate sessions with teens and parents, 4 joint parent-teen sessions

Existing Evidence

Evaluation design: Randomized control trial

Key evaluation findings: TBD

Limitations: N/A

Related Publications/Links

PLH for Adolescents for children aged 10-17 years old, World Health Organization Website:
http://www.who.int/violence_injury_prevention/violence/child/PLH_Adolescents/en/

Parenting for Lifelong Health ('Thula Sana': 0 - 23 months)

Parenting

Description

Implementing organization: Keisikamma Trust, Clowns Without Borders South Africa, University of Cape Town, University of Oxford, University of Bangor, WHO, UNICEF, Government of South Africa

Location(s): South Africa, DRC, El Salvador, Kenya, Philippines, Lesotho, South Sudan, Tanzania

Description of Program: The program consists of home visits from previously untrained lay workers to offer parenting support and guidance, with oversight from a clinical psychologist. The program follows caregivers from late pregnancy to six months post-partum and includes 16 home visits.

Age and sex of participants: Caregivers of children 0-23 months

Duration: Twice antenatally, 1x/week for first 8 weeks postpartum, 2x/month for next 2 months, then 1x/month for 2 months (16 sessions total), 1 hour/session

Existing Evidence

Evaluation design: Randomized control trial

Key evaluation findings: The intervention resulted in significantly more maternal sensitivity and less maternal intrusiveness at both 6 and 12 months when compared to control group. A significantly greater proportion of infants in the intervention group were securely attached to their mother at 18 months. There was a significant difference in depressive symptoms at 6 months between the intervention and control group, but this effect was not sustained at 12 months, and the intervention did not have the hypothesized effect on reducing prevalence of maternal depressive disorder. No relationship between parenting variables or infant attachment and depression was found.

Limitations: Did not measure violence against children or violence against women.

Related Publications/Links

PLH for Babies and Toddlers for children aged 0-23 months, World Health Organization Website: http://www.who.int/violence_injury_prevention/violence/child/PLH_Babies/en/

Cooper, P. J., Tomlinson, M., Swartz, L., Landman, M., Molteno, C., Stein, A., . . . Murray, L. (2009). Improving quality of mother-infant relationship and infant attachment in socioeconomically deprived community in South Africa: randomised controlled trial. *BMJ*, 338. doi:10.1136/bmj.b974.

Parents Make the Difference

Parenting

Description

Implementing organization: International Rescue Committee

Location(s): Liberia

Description of Program: The program included ten weeks of education on topics related to non-violent discipline techniques, positive interaction and communication, children's cognitive development, and malaria prevention. In addition to weekly sessions, facilitators made one visit to participants' homes, and caregivers formed support groups to share lessons from missed lessons.

Age and sex of participants: Caregivers of children ages 3-7

Duration: 1x/week, 2 hours/session, 10 sessions, plus individual home visit

Existing Evidence

Evaluation design: Sim et al 2014: randomized control trial

Key evaluation findings: Sim et al 2014: There was a significant reduction in parents' self-reported use of harsh physical and psychological punishment and a significant increase in positive behavior management practices. Qualitative reports indicated reduced marital conflict. The effect of intervention was greater for female than male caregivers, and for caregivers of younger children as compared to older children. Hypothesized changes in children's cognitive, emotional, and behavioral outcomes, and quality of caregiver-child interaction, were not supported by the evidence.

Limitations: Sim et al 2014: The evaluation was subject to social desirability bias since questions on parenting practices and discipline techniques were only asked to caregivers. It also excludes parents of children who are not attending school and had a short duration of follow-up.

Related Publications/Links

Sim, A., Puffer, E., Green, E., Chase, R., Zayzay, J., Garcia-Rolland, E., & Boone, L. (2014). Parents Make the Difference: Findings from a randomized impact evaluation of a parenting program in rural Liberia.

Available from

<https://www.rescue.org/sites/default/files/document/704/parentsmakedifferencereportfinal18nov14.pdf>.

Parents/Families Matter!

Parenting

Description

Implementing organization: CDC

Location(s): Botswana, Côte d'Ivoire, Kenya, Mozambique, South Africa, Tanzania, Zambia, Zimbabwe

Description of Program: Originally developed in the US and recently adapted for use in Kenya, this group education intervention seeks to improve positive parenting and parent/child communication about sexuality and sexual risk reduction. Topics covered include parenting skills, the role of parents in educating children about sexuality, child abuse awareness, and (since 2014) gender-based violence, gender norms, and disclosure of HIV status. In Kenya, Parents/Families Matter! is implemented in five three-hour sessions, each occurring once per week.

Age and sex of participants: Caregivers of children ages 9-12

Duration: 3 hours/session, 1 x/week, 5 sessions total

Existing Evidence

Evaluation design: Pre- and post-test

Key evaluation findings: 87% of caregivers reported sharing information learned from program with people aside from their children.

Limitations: The evaluation did not measure violence victimization, had no control group, and had a risk of social desirability bias. It was open to both caregivers but majority of participants were women and was not school-based but almost 100% of children were attending school.

Related Publications/Links

Families Matter Program, Tanzania Marketing and Communications (T-MARC Tanzania) Website:
<http://www.tmarc.or.tz/l/projects/families-matter/>

Vandenhoudt, H., Miller, K. S., Ochura, J., Wyckoff, S. C., Obong'o, C. O., Otwoma, N. J., . . . Buve, A. (2010). Evaluation of a U.S. evidence-based parenting intervention in rural Western Kenya: from parents matter! To families matter! *AIDS Educ Prev*, 22(4), 328-343. doi:10.1521/aeap.2010.22.4.328.

IMpower

Empowerment

Description

Implementing organization: No Means No Worldwide, Ujaama

Location(s): Kenya

Description of Program: This program targets adolescent girls for practice in verbal and physical defense in sexual assault, as well as lessons on personal boundaries, assertiveness, communication skills, and conflict resolution/de-escalation. This intervention was first implemented in schools in Nairobi, Kenya, and then expanded to girls attending schools in informal settlements.

Age and sex of participants: Adolescent girls

Duration: 2 hours/session, 1x/week, 6 weeks total. Refresher sessions (2 hours/session) held at 3, 6, and 10 months

Existing Evidence

Evaluation design: Sarnquist et al 2014 : quasi-experimental

Sinclair et al 2013: quasi-experimental

Key evaluation findings: Sarnquist et al 2014: There was a significant reduction in sexual assault rates among girls in intervention group as compared to control group and an increase in SA disclosure by 19%. 52% of participants reported using skills learned to stop assault.

Sinclair et al 2013: There was a significant reduction in incidence of sexual violence in intervention compared to no significant change in control group. There was a significant reduction in perpetration by boyfriends and relatives in intervention but not control group. A significant increase in disclosure rates was seen in intervention but not control group. 56.4% of girls in intervention group used skills from class: 50% used verbal skills alone, 33% started w/verbal and progressed to physical skills, 17% used physical skills alone.

Limitations: Sinclair et al 2013 Limitations: The sample was of girls in school and there may be selection bias into the program (girls who did reported not attending program were excluded in both settings). The study did not follow the same girls over time meaning there was no way to know if there were significant differences between baseline and endline or if the same girls were interviewed.

Related Publications/Links

No Means No Worldwide Website: <http://nomeansnoworldwide.org/programs/#girls>

Sarnquist, C., Omondi, B., Sinclair, J., Gitau, C., Paiva, L., Mulinge, M., . . . Maldonado, Y. (2014). Rape prevention through empowerment of adolescent girls. *Pediatrics*, 133(5), e1226-1232. doi:10.1542/peds.2013-3414.

Sinclair, J., Sinclair, L., Otieno, E., Mulinge, M., Kapphahn, C., & Golden, N. H. (2013). A self-defense program reduces the incidence of sexual assault in Kenyan adolescent girls. *J Adolesc Health*, 53(3), 374-380. doi:10.1016/j.jadohealth.2013.04.008.

Child Friendly Spaces

Environment

Description

Implementing organization: UNICEF, World Vision, Safe the Children

Location(s): Bangladesh, DRC, Ethiopia, Haiti, Indonesia, Iraq, Jordan, Lebanon, Myanmar, occupied Palestinian Territories, Serbia, Sudan, Uganda, Yemen

Description of Program: This program was the most widely used intervention in humanitarian contexts identified by this review. This intervention generally provides a physical structure, such as a building or large room, for children to use as a safe play or activity space during emergencies, to protect children from violence and abuse, provide psychosocial support, and/or skills or knowledge (Ager & Metzler 2012, Madfis et al. 2010). Within these aims, spaces may seek to facilitate access to referral services, activities for children, and opportunities to build social support networks with other peers. Implementation of the intervention in Haiti and the Solomon Islands included a B-SAFE strategy:

Build relationships, cooperation, and respect among peers

Screen for high-risk children and youth

Active, structured learning and life-saving information

Facilitate children's natural resilience and return to normalcy

Establish a sense of security and self-esteem (Madfis et al. 2010)

In the Occupied Palestinian Territories, activities for parents, including first aid, parenting skills, and opportunities to play with children, were part of the structured activities in safe spaces (Loughry et al. 2006).

Age and sex of participants: Not specified

Duration: Not specified

Existing Evidence

Evaluation design: Ager & Metzler 2012: systematic review of CFS studies and evaluations

Madfis et al 2010: pre-post test

Loughry et al 2006: quasi-experimental.

Key evaluation findings:

Ager & Metzler 2012: Only 3 studies had pre-post test design and 1 used a control group (Loughry et al 2006). The studies generally reported increase in psychosocial wellbeing of children.

Madfis et al 2010: Baseline-endline comparisons show non-significant improvement in children's self-esteem and feelings of safety, resilience and return to normalcy, knowledge of existing threats, and cooperative behavior and relationships. The study did not ask about violence victimization.

Loughry et al 2006: The intervention decreased children's total Child Behavior Checklist (CBCL) scores for girls only. CBCL internalizing scores for boys in Gaza significantly decreased, but did not in the West Bank. CBCL externalizing scores only significantly decreased for girls in intervention as compared to control. Hopefulness significantly increased for girls in intervention versus control. Parental support scores increased for girls in intervention in West Bank in comparison to the control group, but decreased for intervention girls in Gaza in comparison to the control group.

Limitations: Ager & Metzler: There was no systematic way these programs collect information for monitoring and evaluation. It is hard to compare different, broadly defined programs to one another.

Madfis et al 2010: This study had no control group and pre-post was not done with the same children in Solomon Islands. The children did not self-report outcomes in Haiti and questionnaires were not tested before use. The questions on security did not ask about victimization. The study also had a small sample size.

Loughry et al 2006: This study was not randomized and did not ask about violence victimization.

Related Publications/Links

Ager, A., & Metzler, J. (2012). Child Friendly Spaces: A Structured Review of the Current Evidence-Base. Available from

http://reliefweb.int/sites/reliefweb.int/files/resources/CFS_Literature_Review_final_Aug_2012.pdf.

Loughry, M., Ager, A., Flouri, E., Khamis, V., Afana, A. H., & Qouta, S. (2006). The impact of structured activities among Palestinian children in a time of conflict. *J Child Psychol Psychiatry*, 47(12), 1211-1218. doi:10.1111/j.1469-7610.2006.01656.x.

Madfis, J., Martyris, D., & Triplehorn, C. (2010). Emergency Safe Spaces in Haiti and the Solomon Islands. *Disasters*, 34(4), 845-864. doi:10.1111/j.0361-3666.2010.01172.x.

Empowerment and Livelihood for Adolescents (ELA)

Multiple Strategy: Livelihoods and empowerment

Description

Implementing organization: BRAC

Location(s): Afghanistan, Haiti, Sierra Leone, South Sudan, Uganda

Description of Program: This program provided health education and vocational training to girls in safe spaces. Topics included sexual and reproductive health, sexual violence, HIV/AIDS, management skills, conflict resolution, and legal knowledge on violence against women. In Sierra Leone and Uganda, the program was paired with microfinance activities (BRAC 2014).

Age and sex of participants: Girls age 14-20

Duration: Not specified

Existing Evidence

Evaluation design: Randomized control trial

Key evaluation findings: The intent-to-treat analyses show significant improvement in economic empowerment indicators, including significant increase in self-employment and monthly consumption, relative to the control group. There was a significant decrease in child-bearing, marriage, and unwanted sex and significant increase in use of condoms, HIV and pregnancy knowledge. The increases in wage and employment were not significant. The evaluation assessed potential adverse effect of school drop-out to pursue economic activities and found that engagement in program did not significantly increase drop-out.

Limitations: Differential attrition was reported to indicate that girls who left communities were more empowered financially as a result of the program, but there may be other reasons for leaving communities that are not considered.

Related Publications/Links

Empowerment and Livelihoods for Adolescents, BRAC Website:

<https://www.brac.net/search/item/723-empowerment-and-livelihood-for-adolescents>

Bandiera, O., Buehren, N., Burgess, R., Goldstein, M., Gulesci, S., Rasul, I., & Sulaiman, M. (2015). Women's Empowerment in Action: Evidence from a Randomized Control Trial in Africa. Retrieved from London, UK: <http://www.ucl.ac.uk/~uctpimr/research/ELA.pdf>.

Safe and Smart Savings Products for Vulnerable Adolescent Girls

Multiple Strategy: Livelihoods and empowerment

Description

Implementing organization: Population Council

Location(s): Kenya, Uganda

Description of Program: This program combines health and financial weekly group education with individual savings accounts for adolescent girls. The health education curriculum is taught across 30 sessions and based on Tuko Pamoja: Adolescent Reproductive Health and Life Skills Curriculum. Topics include puberty, reproductive health, drug abuse, communication, self-efficacy, GBV, and peer pressure. The 16-session financial education curriculum is adapted from Microfinance Opportunities' universal youth curriculum.

Age and sex of participants: Adolescent girls

Duration: 1x/week, 30 sessions of health education curriculum, 16 sessions of finance curriculum, plus savings account enrollment.

Existing Evidence

Evaluation design: Quasi-experimental; 3 arms (Savings plus health and financial education, savings only, neither)

Key evaluation findings: Hypothesized reduction in sexual harassment between Savings PLUS and control groups was not supported by findings. The Savings Only group were significantly more likely to experience indecent touching by someone in neighborhood and verbal teasing in neighborhood than control group.

Limitations: The evaluation conducted the baseline survey after girls had already started the program. The intervention and control groups may not be comparable due to significant differences in age, educational status, living arrangement, socio-economic status, legal identity holder status, and literacy at baseline.

Related Publications/Links

Austrian, K., & Muthengi, E. (2014). Can economic assets increase girls' risk of sexual harassment? Evaluation results from a social, health and economic asset-building intervention for vulnerable adolescent girls in Uganda. *Children and Youth Services Review*, 47, Part 2, 168-175.

Child Protective Effects of Economic Strengthening and Child Rights Interventions among Extreme Poor Families in Burkina Faso

Multiple Strategy: Livelihoods and social norms change

Description

Implementing organization: University of Chicago, Trickle Up, Women's Refugee Commission, Aide aux Enfants et aux Familles Demunies

Location(s): Burkina Faso

Description of Program: This program entailed combining savings groups with child protection education. The savings group intervention targeted women with children ages 10-15 and included weekly group trainings on livelihoods, seed capital grants for economic activities, and individual and group mentoring. The child protection education activities included household members of participating women, and provided information about alternatives to physical discipline, risks of sending children away from home and early marriage, and importance of education, once per month.

Age and sex of participants: Women with children ages 10-15; household members of participating women

Duration: Individual mentoring sessions 1x/month, weekly savings support group sessions 1x/week.

Existing Evidence

Evaluation design: 3-arm randomized control trial

Key evaluation findings: Economic intervention plus child protection (ES+) resulted in: significant reduction in women's exposure to emotional and physical domestic violence, levels of depression and anxiety, and reported use of harsh discipline; an increase in mothers' child protective attitudes; a reduction in children's depression; physical violence exposure for children in non-polygamous families; and increased self-esteem for children ages 10-12. There were no significant changes in children's self-reported exposure to emotional violence, exposure to physical violence for children in polygamous families, or self-esteem for children ages 13-15. The economic intervention only was not associated with significant changes in children's exposure to physical or emotional abuse, or mothers' self-report of child protective attitudes and use of harsh discipline.

Limitations: Effects of program on children's exposure to violence was more limited for polygamous families

Related Publications/Links

Ismayilova, L., & Sanson, J. (2016). Testing an integrated intervention to promote child protection & wellbeing among ultra-poor families in Burkina Faso [Presentation for CPC Learning Network Biennial Meeting 2016]. Available from <http://www.cpcnetwork.org/wp-content/uploads/2016/07/Burkina-Faso-Presentation.pdf>.

EA\$E (Economic and Social Empowerment for women)

Multiple Strategy: Livelihoods and social norms change

Description

Implementing organization: International Rescue Committee

Location(s): Burundi, piloted in Cote d'Ivoire, Sierra Leone, DRC, Liberia

Description of Program: Combined a village and savings loan association (VSLA) with a mixed-gender group discussion series called Talking about Talking (TaT). The goal of EA\$E was on improving women's financial assets while also reducing IPV. Men and women were organized into groups of 15-25 people. Group members made weekly contributions to a joint savings fund from which loans can be taken and paid back. Participants received the cash and interest after 8 - 12 months. Six Talking about Talking discussions were held with groups of spouses and focused on joint economic decision-making, planning and saving for major household purchases, and family planning.

Age and sex of participants: Women and men

Duration: VSLA: weekly group. TaT: 6 sessions

Existing Evidence

Evaluation design: Iyengar & Ferrari 2011 (Burundi): randomized control trial.

Gupta et al 2013 (Cote d'Ivoire): randomized control trial

Key evaluation findings: Iyengar & Ferrari 2011 (Burundi): There was a significant increase in women's decision-making of their own earnings, large household purchases, how many children to have and use of negotiation skills in the intervention group as compared to control group. There was no significant difference in violence exposure, acceptance of violence, or decision-making on men's income. Overall, changes in decisions on earnings were not significant.

Gupta et al 2013 (Cote d'Ivoire): This evaluation found that differences in physical IPV, sexual IPV, and composite physical/sexual IPV between intervention and control groups did not achieve significance in intent-to-treat analysis. Women in the intervention group were significantly less likely to report economic abuse and to justify wife-beating than control group. Attitudes towards ability of women to refuse sex was not significantly different between groups. Per protocol analysis demonstrated that women in couples who attended at least 75% of sessions reported significantly less physical IPV, economic abuse, and justification for wife-beating. Differences in sexual IPV, the composite physical and/or sexual IPV, and attitudes towards women's ability to refuse sex did not achieve significance.

Limitations: Iyengar & Ferrari 2011 (Burundi): IPV measure in the study excluded sexual violence and the study's randomization at individual level may have resulted in spillover effects. The findings on joint decision make results difficult to interpret.

Gupta et al 2013 (Cote d'Ivoire): There may have been differential dropout from intervention and control groups and potential for contamination between intervention and control groups. The treatment status was not blinded.

Related Publications/Links

Gupta, J., Falb, K. L., Lehmann, H., Kpebo, D., Xuan, Z., Hossain, M., . . . Annan, J. (2013). Gender norms and economic empowerment intervention to reduce intimate partner violence against women in rural Côte d'Ivoire: a randomized controlled pilot study. *BMC Int Health Hum Rights*, 13(46).

Iyengar, R., & Ferrari, G. (2011). Discussion sessions coupled with microfinancing may enhance the role of women in household decision-making in Burundi - NBER Working Paper Series, Working Paper 16902. Available from <http://www.nber.org/papers/w16902.pdf>.

Women's Income Generating Support (WINGS) Uganda

Multiple Strategy: Livelihoods and social norms change

Description

Implementing organization: Association of Volunteers in International Service (AVSI) Foundation, Uganda

Location(s): Uganda

Description of Program: This program targeted poor youth with a specific focus on women. The core intervention included five days of business skills training, provision of a cash grant to implement business plans that were approved by AVSI staff (equivalent to \$150 USD), and regular follow-up by trained community workers. An optional component of the program, called WINGS+, included an additional household member in the training and added modules on gender relations, problem-solving, and communication.

Age and sex of participants: Poor youth (ages 14-30) with a specific focus on women

Duration: 5 days of business training, and either 0, 2, or 5 follow-up visits.

Existing Evidence

Evaluation design: Cluster randomized control trial

Key evaluation findings: There were significant increases in monthly cash income and in household spending. The inclusion of male partners in discussion groups significantly improved communication in WINGS+ component. Hypothesized improvement in participants' physical and mental health, reduced intimate partner violence, and their children's health and school enrollment, was not supported by the study.

Limitations: It is unclear what forms of violence are included in measure of intimate partner violence.

Related Publications/Links

Blattman, C., Green, E., Annan, J., & Jamison, J. (2013). Building Women's Economic and Social Empowerment Through Enterprise: An Experimental Assessment of the Women's Income Generating Support (WINGS) Program in Uganda - LOGiCA Study Series No. 1. Washington, D.C.: LOGiCA. Available from http://www.logica-wb.org/PDFs/LOGICA_StudySeriesNo1_Uganda_hr.pdf.

Addis Birhan & Meseret Hiwott

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: Ethiopia Ministry of Youth and Sports, Amhara Regional Bureau of Youth and Sports (ARBOYS), Population Council

Location(s): Ethiopia

Description of Program: Meseret Hiwan, the female component of the program, provided lessons on gender and power dynamics, family planning, self-esteem, and HIV/AIDS, three times per week. Addis Birhan provided a weekly discussion group for men on topics such as gender, relationships, caring for children and families, violence, alcohol, and reproductive health.

Age and sex of participants: Originally created for married girls age 10-24, but was expanded to include married men due to community interest

Duration: Meseret Hiwott: 3x/week, 32 hours total. Addis Birhan: 1 hr/session, 1x/week, 30 hours total

Existing Evidence

Evaluation design: Quasi-experimental trial (3 arms--no intervention, girls only in intervention, both girls and spouse in intervention)

Key evaluation findings: Respondents who participated in the girls-only intervention reported significantly higher exposure to forced sex in the last three months than non-participants and those whose husbands also participated. Participation of both husband and wife in program were associated with significantly higher assistance with housework from male partners, use of family planning services, and use of voluntary counseling and testing services for HIV/STDs. Differences in exposure to physical violence from husbands (being beaten) were not significant in univariable and multivariable analyses.

Limitations: There was no baseline survey, so differences cannot be attributed to impact of program; participants were not randomized. The significant differences in reports of needing permission to leave the house between non-participating and participating groups indicates potential non-comparability between groups, and that associations may be overestimated.

Related Publications/Links

Addis Birhan (“New Light”) Project, Population Council Website:

<http://www.popcouncil.org/research/addis-birhan>.

Erulkar, A., Apicella, L., & Ferede, A. (2011a) Addis Birhan project: Working with boys and men to address young girls’ social vulnerability. Promoting healthy, safe, and productive transitions to adulthood: Vol. 6: The Population Council, Inc.

Erulkar, A., Apicella, L., & Ferede, A. (2011b). Promoting Healthy, Safe, and Productive Transitions to Adulthood, Brief No. 6 - Addis Birhan project: Working with boys and men to address young girls’ social vulnerability. Available from

http://www.popcouncil.org/uploads/pdfs/TABriefs/06_AddisBirhan.pdf.

Erulkar, A., & Tamrat, T. (2014). Evaluation of a Reproductive Health Program to Support Married Adolescent Girls in Rural Ethiopia. *African Journal of Reproductive Health*, 18(2), 68.

Addis Birhan Wendoch

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: Ethiopian Ministry of Women, Children, and Youth Affairs, PopCouncil

Location(s): Ethiopia

Description of Program: Addis Birhan Wendoch specifically targeted boys for empowerment and social norms change activities. The program aimed to change attitudes about gender norms and violence, and improve family relationships. Group education discussions included topics such as life skills, financial literacy, reproductive health, interpersonal skills, nonviolent and caring relationships, and substance abuse.

Age and sex of participants: Boys age 10-24

Duration: Not specified

Existing Evidence

Evaluation design: N/A

Key evaluation findings: N/A

Limitations: N/A

Related Publications/Links

Girma, W., Rubino, D., Erulkar, A., Ambelu, W., & Kerie, A. (2012). Addis Birhan Wendoch ("New Light Boys"): Working with Boys and Young Men to Create Healthier Futures - Program Brief. Available from http://www.popcouncil.org/uploads/pdfs/2012PGY_AddisBirhanWendoch.pdf.

Berhane Hewan

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: Ethiopia Ministry of Youth & Amhara Regional Bureau of Youth and Sport

Location(s): Ethiopia

Description of Program: This project provided group education activities and vocational training. To do this, it used the Ethiopia Ministry of Education curriculum for out-of-school girls and vocational training in agriculture, poultry rearing, and construction of household items. Community members participated in 'community conversations' every 2 weeks to discuss topics such as early marriage, harmful traditional practices, and other issues affecting adolescent girls.

Age and sex of participants: Married and unmarried girls age 10 - 19

Duration: Married girls: 1x/week. Unmarried girls: 5x/week.

Existing Evidence

Evaluation design: Quasi-experimental

Key evaluation findings: Girls participating in program were significantly less likely to be married than girls in the control village at the end of the program.

Limitations: The evaluation did not ask about violence, and differences found often lacked significance among girls ages 15-19.

Related Publications/Links

Erulkar, A. S., & Muthengi, E. (2009). Evaluation of Berhane Hewan: a program to delay child marriage in rural Ethiopia. *Int Perspect Sex Reprod Health*, 35(1), 6-14. doi:10.1363/ifpp.35.006.09.

Choices, Voices, Promises Program

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: Save the Children

Location(s): Egypt, Ethiopia, Malawi, Nepal

Description of Program: The project provided life skills and empowerment education for girls and boys age 10-14 (Choices), a social norms change component with short videos and discussion groups for parents/caregivers (Voices), and six strategically placed posters/advertisements in the community (Promises). Topics for the Choices life skills program included gender inequity and power, social norms, and role of boys in supporting girls' empowerment. The Voices video screenings and discussions were conducted in a viewer's home with up to 50 community members at a time, and Promises posters were displayed for 2 weeks, and paired with discussions with influential community members to accelerate social norms change.

Age and sex of participants: Girls and boys age 10-14 (Choices); parents/caregivers (Voices); broader community

Duration: Choices: 2 hours/session, 1x/week, 8 week duration. Voices: 6 videos, duration not specified. Promises: 6 posters, 2-week display duration

Existing Evidence

Evaluation design: Lundgren et al 2013 (Choices, Nepal): quasi-experimental.

Kerner et al 2016: evaluation type unclear (RCT or quasi-experimental comparing Choices, Voices, Promises to Choices only).

Marketeers Research & Consultants 2013 (Egypt): pre-post test

Key evaluation findings: Lundgren et al 2013: Girls and boys in the Choices intervention were significantly more likely to agree with gender-equitable statements, reject traditional gender norms, and accept non-traditional gender norms than control group participants.

Kerner et al 2016 (poster): There were significant change in girls' perceptions of value of education relative to marriage in group that received Choices, Voices, and Promises in comparison to those who received Choices program only. There was no significant change in boys' perceptions.

Marketeers Research & Consultants 2013 (Egypt): There were significant increases in gender-equitable attitudes towards topics such as girls' rights to make decisions regarding education and marriage. There was also increased acceptability of girls working indoors or outdoors and an increase in boys' intention to assist sisters with completion of household chores. There was a significant

reduction in acceptability of boys to hit sisters, fathers to hit daughters, and men to hit wives. Boys reported significant reduction in use of physical violence against sisters, but no significant reduction in girls' report of physical violence from brothers.

Limitations: Lundgren et al 2013: The evaluation had no randomization and no p-values cited. Violence victimization was not measured.

Marketeers Research & Consultants 2013 (Egypt): The endline was completed immediately following the program and the evaluation had a small sample size and no comparison group. The curriculum was implemented in the context of a wider existing program and so changes cannot be attributed to program. Some changes may be thought to be limited because fathers were primary decision-maker and were not included in the program.

Related Publications/Links

Burke, E. Boys in Save the Children Pilot Program Alter Their Views of Girls in Rural Egypt, Demonstrate Support for Breaking Social Barriers. Washington D.C.: May 13, 2013. Available from <http://www.savethechildren.org/site/apps/nlnet/content2.aspx?c=8rKLIXMGIpI4E&b=8486803&ct=13130175>.

Lundgren, R., Beckman, M., Chaurasiya, S. P., Subhedi, B., & Kerner, B. (2013). Whose turn to do the dishes? Transforming gender attitudes and behaviours among very young adolescents in Nepal. *Gender & Development*, 21(1), 127-145. doi:10.1080/13552074.2013.767520

Marketeers Research & Consultants & Save the Children. (2013). CHOICES Program: End line Evaluation, Egypt 2013. Available from https://www.k4health.org/sites/default/files/egypt_choices_evaluation_report_2012_0.pdf.

Community Based Education Program

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: Tostan, Supra Regional Project for the Elimination of Female Genital Cutting (FGC) of GTZ

Location(s): Burkina Faso, Senegal

Description of Program: This project was a non-formal education program for low literacy rural populations focused on hygiene, problem-solving, women's health, and human rights. It included separate classes for women and men and the creation of a community management committee to implement community-designed development projects. In Senegal, community-led initiatives focused on female genital cutting (FGM/C).

Age and sex of participants: Women and men

Duration: VEP: 2 hours/session, 3 sessions/week

Existing Evidence

Evaluation design: Mixed-method quasi-experimental design

Key evaluation findings: There was a significant reduction in women's intent to practice FGM/C with girls, women's support of FGM/C, men's gender-equitable attitudes, men's awareness of GBV, and women's reported exposure to violence in intervention group versus the comparison group. There was an increase in gender-equitable attitudes towards women's rights and increase in awareness of gender-based violence were not significantly different for women in the intervention group compared to the control.

Limitations: There is the potential for social desirability bias in women's report of intent to practice FGM/C with daughters. The Tostan radio program may have played a role in reduction of violence and change in attitudes in the comparison group. An unintended consequence was the increased belief that FGM/C were tied to Islam.

Related Publications/Links

Community Empowerment Program, Tostan Website: <http://www.tostan.org/community-empowerment-program>.

Diop, N. J., Faye, M. M., Moreau, A., Cabral, J., Benga, H., Cissé, F., . . . Melching, M. (2004). The TOSTAN Program: Evaluation of a Community Based Education Program in Senegal. Available from https://www.k4health.org/sites/default/files/TOSTAN%20program_Evaluation%20of%20CommBased%20Edu%20Pgm_Senegal.pdf.

Community Protection Committees

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: Oxfam International

Location(s): DRC

Description of Program: This project was an Oxfam International intervention in five areas of the DRC. Each committee consisted of six men and six women. Committee members received training and support from Oxfam and other partner agencies to support prevention and advocacy on human rights abuses, with a focus on women's rights and violence against women. The committees supported individuals in the community who had faced violence, advocated for communities, and liaised with local authorities to ensure rights for communities.

Age and sex of participants: Women and men

Duration: Varied in each community based on context

Existing Evidence

Evaluation design: Canavera 2011: qualitative

Key evaluation findings: This evaluation included a literature review, focus groups, group interviews, individual in-depth interviews, and participant observations with Oxfam country staff and local partners, community members, and committee members. It showed that overall there were significant results, including the creation of space for populations to engage with political leaders, an increase in advocacy at local level, and an improvement in women's empowerment and increased community attention to gender equality. Community members felt more safe and secure and there was the promise of sustainability due to level of ownership taken by committee members.

Other positive changes included a decrease in corruption within local authorities (arbitrary arrests, road blocks, and illegal taxation), more girls in school, a decrease in early marriage, a decrease in forced labor, better treatment of prisoners, and the release of arbitrarily detained prisoners.

Limitations: Partnership with Oxfam and agencies is complicated due to political instability. The evaluation and program took different forms in different sites, and sustainability without Oxfam partnership does not look promising due to community perceptions that the partnership is imperative for the existence and effectiveness of the program. Methods for data collection varied from site to site and data collected only addresses sexual violence with respect to early marriage.

Related Publications/Links

Canavera, M. (2011). *“We cannot wait for others to come protect us”: Lessons Emerging from Oxfam GB’s Community-Based Civilian Protection Programme in the Eastern Democratic Republic of Congo.*

Creating Opportunities through Mentorship, Parental Involvement and Safe Spaces (COMPASS)

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: International Rescue Committee

Location(s): DRC, Ethiopia, Pakistan

Description of Program: This was an adolescent girls' lifeskills program that also included monthly discussion sessions for caregivers. Girls received weekly sessions on life skills topics such as reproductive health, gender-based violence, and positive relationships with peers and parents. There were monthly or bi-weekly discussions with caregivers of girls enrolled in the program included topics related to raising adolescent girls.

Age and sex of participants: Refugee or internally displaced girls age 10-19 in the DRC, Ethiopia, and Pakistan

Duration: 1x/week, 1.5 - 2 hours per session, ~30 sessions

Existing Evidence

Evaluation design: Cluster-randomized control trial

Key evaluation findings: TBD

Limitations: N/A

Related Publications/Links

COMPASS: Creating Opportunities through Mentorship, Parental Involvement and Safe Spaces, CPC Learning Network Website: <http://www.cpcnetwork.org/resource/compass/>.

Ishraq Programme

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: PopCouncil, Caritas, Centre for Development and Population Activities (CEDPA), Save the Children

Location(s): Egypt

Description of Program: This project provided life skills programming along with literacy classes and sports activities for out-of-school girls in four rural villages of Egypt. Intervention activities ran four times per week for girls over the course of 30 months, and also included activities to educate boys, parents, and community leaders. Additionally, the women hired as mentors advocated on behalf of girls at community meetings, and village committees were established to mediate conflicts between parents and children.

Age and sex of participants: Out-of-school girls ages 13-15; boys; parents; community leaders

Duration: 3 hrs/session, 4x/week, 30 months, 25 girls per group.

Existing Evidence

Evaluation design: Quasi-experimental pre- and post-test

Key evaluation findings: There was a significant reduction in agreement with statements on acceptability of physical violence for girls who participated for 13 or more months compared to control groups. The evaluations showed a significant increase in reports of verbal harassment amongst girls who completed full program in comparison to control group and a significant reduction in FGM for girls who completed 13 or more months of program, as well as a significant increase in gender role attitude index for girls who completed 13+ months of program.

Limitations: The evaluation was not randomized, so intervention and control groups may differ on key characteristics related to program outcomes. 65 girls' baseline surveys were taken at the midpoint rather than before the program start.

Related Publications/Links

Ishraq: Bringing Marginalized Rural Girls into Safe Learning Spaces in Rural Upper Egypt Project, Population Council Website: <http://www.popcouncil.org/research/ishraq-bringing-marginalized-rural-girls-into-safe-learning-spaces-in-rural>.

Brady, M., Assaad, R., Ibrahim, B., Salem, A., Salem, R., & Zibani, N. (2007). Providing new opportunities to adolescent girls in socially conservative settings: The Ishraq program in rural Upper Egypt. Available from <http://www.cpcnetwork.org/wp-content/uploads/2014/04/IshraqFullReport.pdf>.

Safe Homes and Respect for Everyone (SHARE) Project

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: Rakai Health Sciences Program, Johns Hopkins University Bloomberg School of Public Health

Location(s): Uganda

Description of Program: This program used Raising Voices' SASA! strategy (detailed elsewhere in this review) to change attitudes and social norms related to IPV and HIV risk amongst men and women. Six strategies are used to work toward the intervention's objectives: community activism and advocacy, capacity building, reproductive health outreach, HIV/AIDS outreach, counseling and referral, and learning materials (JHSPH website). SHARE has specialized programming for female survivors of domestic violence, youth, pregnant adolescent women, HIV positive men and women, and men working to prevent violence against women (JHSPH website). The intervention was implemented over a period of four years.

Age and sex of participants: Women and men ages 15-49

Duration: Peer groups, men and boys' groups: 10 sessions. 4-year duration for full implementation.

Existing Evidence

Evaluation design: Wagman et al 2015: Cluster-randomized control trial

Key evaluation findings: Wagman et al 2015: 35-month follow-up showed significant reductions in physical IPV, sexual IPV, and forced sex victimization among women. The hypothesized relationships for emotional IPV victimization among women and all IPV and forced sex perpetration among men were not supported by the study.

Limitations: Wagman et al 2015: The trial was not fully randomized (randomization based on previous study), had higher IPV rates at baseline in control group, and may have had differential attrition.

Related Publications/Links

Araujo, E. The SHARE Project (Safe Homes And Respect for Everyone): Addressing the intersections of domestic violence and HIV/AIDS. Young Men at Risk: Transforming the Power of a Generation,

Changemakers. Available from <https://www.changemakers.com/competition/men/entries/share-project-safe-homes-and-respect-everyone>.

JHBSPH. Rakai Health Sciences Program Community Services. Johns Hopkins Bloomberg School of Public Health. Available from http://www.jhsph.edu/research/centers-and-institutes/rakai-health-sciences-program/research_services/community_service.html.

Wagman, J. A., Gray, R. H., Campbell, J. C., Thoma, M., Ndyababo, A., Ssekasanvu, J., . . . Brahmbhatt, H. (2015). Effectiveness of an integrated intimate partner violence and HIV prevention intervention in Rakai, Uganda: analysis of an intervention in an existing cluster randomised cohort - Supplementary Appendix. *The Lancet Global Health*, 3(1), e23-e33. doi:10.1016/s2214-109x(14)70344-4.

SASA!

Multiple Strategy: Empowerment and social norms change

Description

Implementing organization: Raising Voices (Uganda)

Location(s): Botswana, Burundi, Ethiopia, Kenya, Malawi, Rwanda, South Sudan, Tanzania, Uganda, Zambia

Description of Program: This was a widely used community mobilization intervention targeted at men and women for empowerment and community-level social norms change. SASA! was developed by Raising Voices and has been implemented in countries such as Burundi, Ethiopia, South Sudan, and Uganda. The intervention strategy entails Starting with progressive members of community and teaching about VAW and HIV/AIDS as interconnected issues, promoting Awareness amongst these community leaders about power dynamics and VAW, teaching about ways to Support other community members who are affected by or involved in these issues, and then having community members take Action to prevent VAW and HIV.

Age and sex of participants: Women and men

Duration: Not specified

Existing Evidence

Evaluation design: Abramsky et al 2014 (Uganda): Cluster randomized-control trial (8 communities, 4 intervention & 4 control)

Kyegombe et al 2015 (Uganda): cluster-randomized control trial

Key evaluation findings: Abramsky et al 2014 (Uganda): There was a significant reduction in social acceptance of IPV and acceptance of women's right to refuse sex among women, but only the right to refuse sex was significant for men. There was no significant difference in past-year physical or sexual IPV and significantly lower sexual concurrency reported among men.

Kyegombe et al 2015 (Uganda): Reductions in children's exposure to witnessing IPV did not achieve significance. There was a 49% reduction in women staying away from home for at least 1 night in intervention communities as compared to control communities. Qualitative findings indicate increased activism in public spaces to prevent parental abuse towards children but qualitative findings on effect of program were mixed.

Limitations: Abramsky et al 2014 (Uganda): Revision of questions on acceptability of violence-supportive attitudes between baseline and endline makes it impossible to compare the two.

Disruptions in activity due to political conflict and accusations of partisanship reduced length of time of program.

Kyegombe et al 2015 (Uganda): Did not directly measure violence against children.

Related Publications/Links

SASA!, Raising Voices Website: <http://raisingvoices.org/sasa/>

Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., . . . 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 Med*, 12(122).

Kyegombe, N., Abramsky, T., Devries, K. M., Michau, L., Nakuti, J., Starmann, E., . . . Watts, C. (2015). What is the potential for interventions designed to prevent violence against women to reduce children's exposure to violence? Findings from the SASA! study, Kampala, Uganda. *Child Abuse Negl*, 50, 128-140. doi:10.1016/j.chiabu.2015.10.003.