

WhatWorks
TO PREVENT VIOLENCE
A Global Programme To Prevent Violence Against Women and Girls

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

EVIDENCE BRIEF

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

The field of violence prevention, however, is still in a period of innovation, learning and refinement. Five years ago only a handful of interventions to prevent VAWG, implemented and evaluated in low- and middle-income countries (LMICs), were shown to have impact in reducing violence (Fulu and Kerr-Wilson, 2015, Ellsberg et al., 2015). Over the last few years, there has been increasing investment in broadening the evidence base on what works to prevent violence.

A major initiative in this space has been the UKAID-funded, *What Works to Prevent Violence Against Women and Girls* (*What Works*) programme, a six-year, £25-million effort to fund innovative prevention programmes and expand the evidence available to guide future anti-violence efforts. Under this initiative, the *What Works* Global Programme evaluated 15[1] interventions designed to reduce VAWG, with an emphasis on addressing physical and sexual violence by intimate partners, violence in the family, and bullying and violence in schools, in Sub-Saharan Africa and Central and South Asia.

What Works has enabled us to understand both which interventions reduce violence, and which features of intervention design and implementation are associated with this change. In this brief we summarise the key findings of our main report on aspects of the design and implementation of *What Works* interventions that influenced success in reducing VAWG, reflecting on the theory of change, contextual appropriateness, length and intensity, pedagogical methods, and selection and training of staff and volunteers who implement the intervention. We show that with rigorously designed and implemented interventions, we can prevent violence.

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

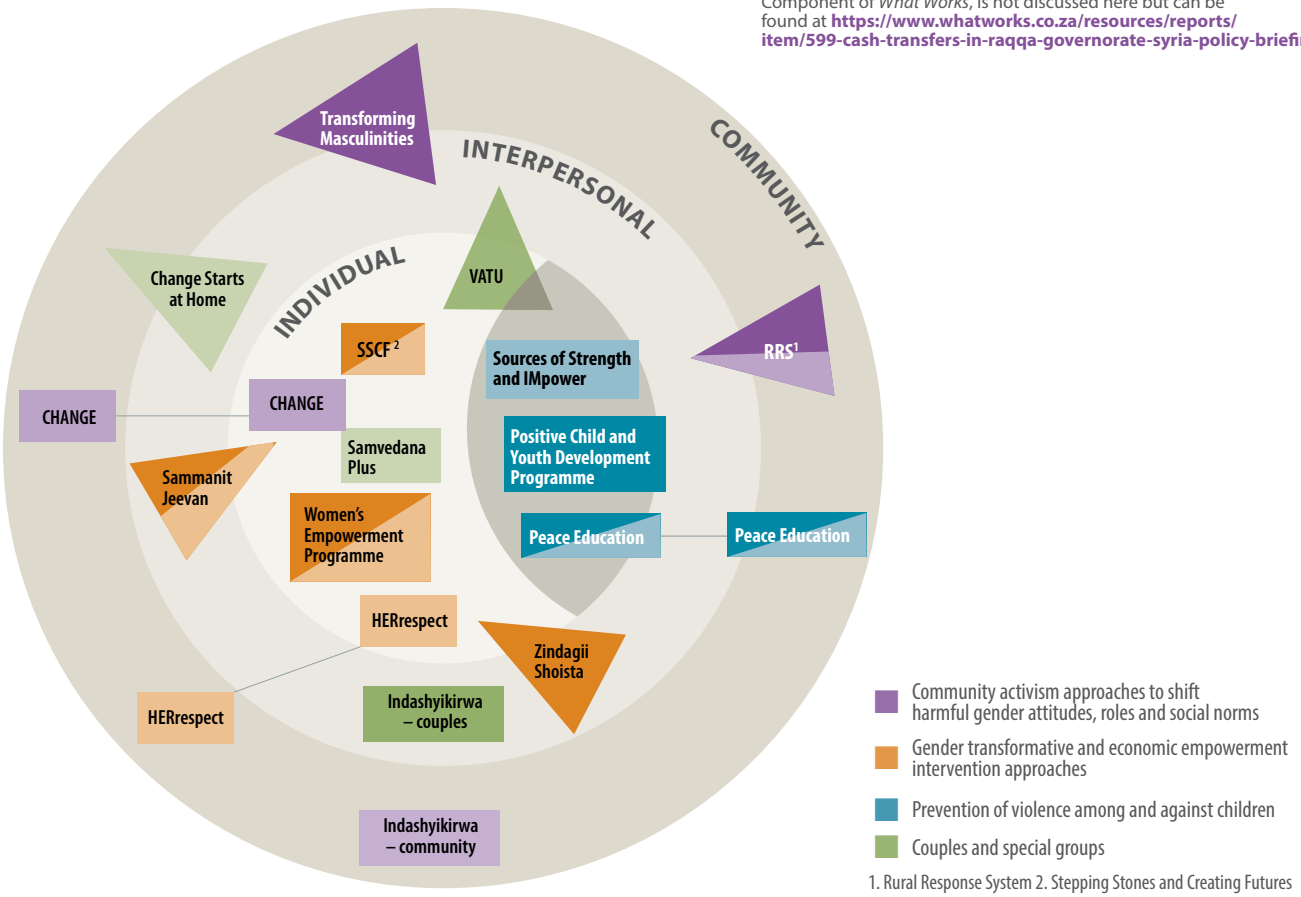
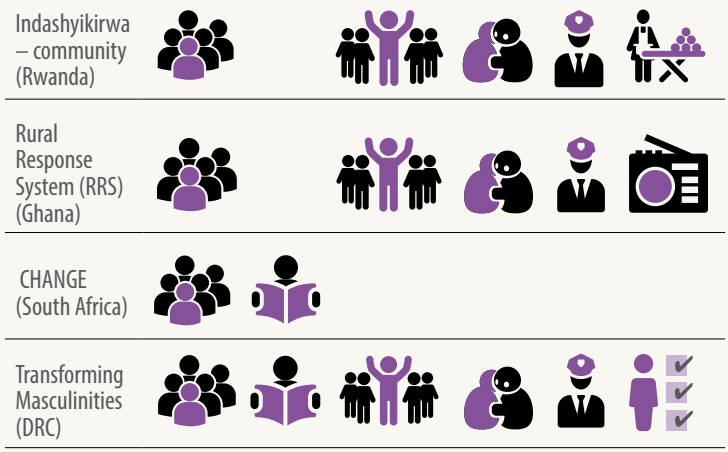


FIGURE 1: POTENTIAL IMPACT OF THE *WHAT WORKS* INTERVENTIONS ON DIFFERENT LAYERS OF THE SOCIO-ECOLOGICAL MODEL

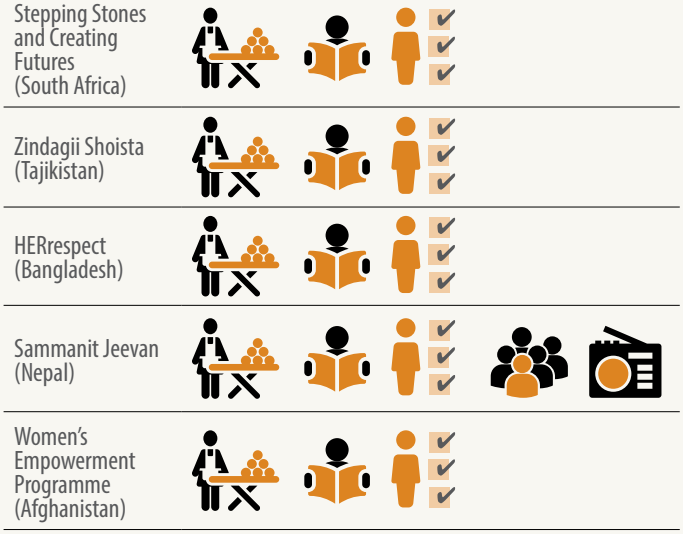
The What Works interventions are grouped into four thematic categories with similar characteristics. The interventions were designed to impact different levels of the socioecological model (Heise, 1998), and many impacted across more than one level (Figure 1). Shaded blocks and triangles representing the interventions indicate significant impact (darker colour) or no impact (lighter colour) on primary study outcomes. The colours map onto the intervention categories, such as community activism approaches to shift harmful gender attitudes, roles and social norms (purple) or gender transformation and livelihoods (orange). The blue shapes represent interventions with children.

COMMUNITY ACTIVISM APPROACHES TO SHIFT HARMFUL GENDER ATTITUDES, ROLES AND SOCIAL NORMS



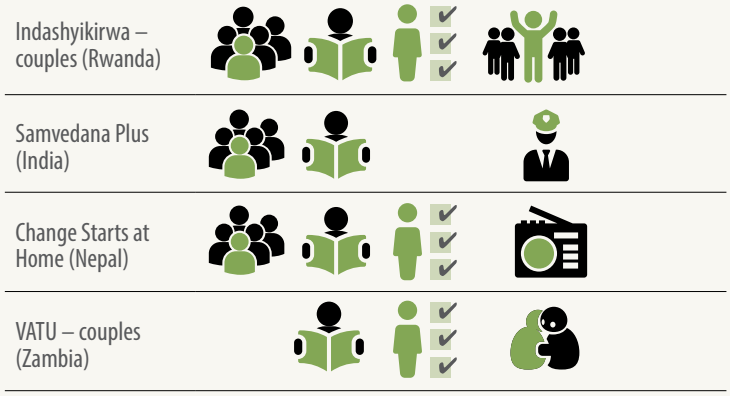
The first group of interventions was **community activism approaches to shift gender attitudes, relations and harmful social norms**. These interventions are conceptually related to the SASA! (Michau, 2008) intervention, which was first developed in Uganda. The five What Works interventions were located in specific communities and worked through members of the community who were trained as volunteer activists to mobilise communities with the goal of preventing VAWG. These approaches are different from the others in the What Works portfolio because they target the wider population, not only those directly exposed to an intensive intervention.

GENDER TRANSFORMATIVE AND ECONOMIC EMPOWERMENT INTERVENTION APPROACHES



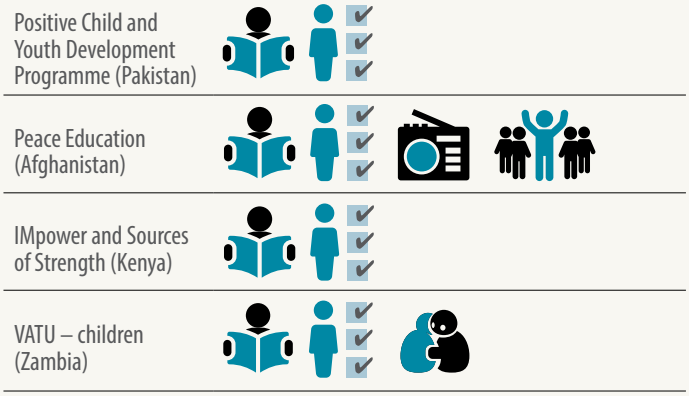
The second group of interventions **combined gender transformative and economic empowerment approaches** to prevent physical and/or sexual intimate partner violence. These interventions are related conceptually to the IMAGE intervention, which combined microfinance with a brief gender transformative, group-based intervention for women's loan groups and training of women in community activism (Pronyk P et al., 2006). Gender transformative approaches work with small groups of men and women to facilitate critical reflection about gender roles, norms and power relations between women and men. When combined with economic empowerment interventions that focus on strengthening livelihoods for women, men and families, gender transformative approaches have the potential to reduce VAWG.

COUPLES AND SPECIAL GROUPS



The interventions in the third category were delivered to **couples and special groups, including female sex workers**. They involved couple and individual counselling and participatory, group-based curricula. All the interventions with adults had the primary objective of preventing physical and/or sexual intimate partner violence.

PREVENTION OF VIOLENCE AMONG AND AGAINST CHILDREN



The fourth group of interventions were designed to **prevent violence among and against children**, and varied in their goals and components. Three of the four interventions were delivered through schools, and the fourth comprised home-based sessions. In Pakistan and Afghanistan, prevention of peer violence was the primary outcome; the intervention in Kenya primarily sought to prevent rape for girls and rape perpetration for boys; and the intervention in Zambia sought to prevent child exposure to trauma and violence at home and reduce child mental and behavioural health problems.





FIGURE 2: TEN ELEMENTS OF THE DESIGN AND IMPLEMENTATION OF MORE SUCCESSFUL WHAT WORKS INTERVENTIONS TO PREVENT VAWG

Core elements of interventions that were more successful in reducing VAWG

Despite the diversity of *What Works* interventions, ten core elements that seem to have influenced success cut across intervention categories. These elements have been shown to almost always be required for success, or greater success. These are shown in Figure 2.

Rigorously planned interventions focusing on multiple drivers

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

Work with women and men, and where relevant, families

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

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

Gender and social empowerment theories, working through groups

The more promising adult and children's interventions were based on gender and social empowerment theories (Wingood and DiClemente, 2000, Lee, 2001, Campbell and Jovchelovitch, 2000), viewing behaviour change as a collective process, rather than one of individual change alone. VATU, with its psychotherapeutic approach, is a notable exception, but as a couples' intervention, the change for individuals was supported by their male or female partner. The interventions acknowledged the gendered nature of violence and emphasised building gender equity and fostering positive interpersonal relations. They also recognised that behaviour change and, where relevant, mobilisation into activism to prevent VAWG, required more than awareness, challenging opinions and education.

Empowering and group-based, with an engaging pedagogy

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

Carefully designed, user-friendly manuals and materials

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

Integrated support for survivors

We found that interventions were more effective when they integrated support for survivors, whether through direct engagement with women experiencing IPV or community-based referrals. This helped women to process trauma, made interventions more tangibly beneficial and showed that violence was not acceptable. Support for survivors varied among interventions; in some it was their primary aspect, as in Zambia. In others it was combined with other intervention elements, as in Tajikistan, Ghana, Rwanda and DRC, where the interventions enabled conversations between the couple and revised thinking on problems in the relationship, as well as conveying a clear message that the use of VAWG is not acceptable.

Optimal intensity

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

Carefully selected, well-trained and supported staff and facilitators

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

What does this mean for best practice in VAWG prevention?

Commissioning and planning VAWG prevention programmes

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

Selection and training of personnel

Personnel working on VAWG prevention need to be gender equitable and non-violent and so NGOs that have not previously worked on VAWG prevention may need to employ new staff or volunteers for the work. It is also preferable for personnel to share characteristics with beneficiaries on age, gender and being from the community, and be respected by them so that they can relate to and influence beneficiaries.

Training must be well-planned and resourced. A residential setting for training is often needed if participants are widely dispersed. The goal should be for personnel to thoroughly understand the whole intervention (commonly achieved by asking them to experience it first as participants), key aspects of the subject areas beyond content covered in the manual (such as how to access services after rape and what procedure will be followed by police or health workers and what is important for survivors to know), and to have a high level of skills for delivering the intervention (usually facilitation and basic counselling skills). As a general rule, training for facilitating more successful workshops in *What Works* was three times the length of the programme, and in almost all circumstances three or more weeks training is needed.

Staff should be asked to demonstrate that they have the appropriate skills before they are deployed. Facilitation skills must be taught including an understanding of what participatory methodology means and how it differs from other approaches such as lecturing.

Adapting interventions

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

Conclusions

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

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ABOUT WHAT WORKS

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

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