PREVENTING VIOLENCE AGAINST WOMEN AND VIOLENCE AGAINST CHILDREN

A toolkit for practitioners

March 2025

UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD

FORD FOUNDATION

Acknowlegements

We would like to acknowledge the following individuals and organisations who contributed to the development and design of this toolkit.

This toolkit forms part of an implementation research project that has been implemented as a partnership between the Children's Institute, University of Cape Town and MOSAIC, a women's rights organisation based in Cape Town.This toolkit is informed by the scoping reviews and feasibility study that formed part of this collaborative project.

This toolkit was written by Aislinn Delany, Shanaaz Mathews and Lizette Berry. Athraa Fakier and Thelma Oppelt contributed to initial background review that informed the strategies and programmes highlighted in the toolkit.

Our thanks go to Tarisai Mchuchu from MOSAIC and Lina Digolo from Prevention Collaborative for their time and input as reviewers of the toolkit.

We would also like to acknowledge all the work that has been done over the years by many organisations committed to preventing violence against women and against children.

Design: Mandy Lake

Citation: Delany A, Mathews S & Berry L (2025). *Preventing violence against women and violence against women: A toolkit for practitioners.* University of Cape Town.

Glossary

Child maltreatment – is the abuse and neglect that occurs to children under 18 years of age. It includes all types of physical and/or emotional ill-treatment, sexual abuse, neglect, negligence and commercial or other exploitation, that occurs within relationships of responsibility, trust or power, and that results in actual or potential harm to the child's health, survival, development or dignity. It includes situations where a parent or caregiver either commits the act of violence or fails to provide care, resulting in potential or actual harm and even the death of a child. In this toolkit, we also refer to violence against children, which includes child maltreatment.

Drivers – these are the underlying causes or factors that combined to create the conditions in which violence against women and children occurs. Examples include structural factors such as gender inequality, poverty and social norms that tolerate the use of violence.

Gender transformative programming – gender transformative programmes aim to address the root causes of gender inequality and to shift beliefs and norms that contribute to gender inequality.

Intersections – this term is used here to describe the points at which violence against children and violence against women intersect or overlap.

Intimate partner violence – is any behaviour by a current or ex-intimate partner that causes physical, sexual or psychological harm. This includes physical aggression, sexual coercion, psychological or emotional abuse, and controlling and coercive behaviours. Intimate partner violence is one form of violence against women.

Life course approach – this is a theory used in the social sciences that looks at how a person grows and changes over time. It helps us to understand how experiences and events throughout a person's life, including in early childhood, can influence their health and well-being later in life.

Social norms – norms are unwritten "rules" in a society about the kind of behaviour that is expected or acceptable.

Prevalence – In public health, prevalence means the proportion of a population who have a specific health condition or characteristic at a particular time. It is an estimate of how common something is in a group at a given moment.

Acronyms

IPV	Intimate partner violence
RCT	Randomised controlled trial
VAC	Violence against children
VAW	Violence against women
WHO	World Health Organization

Contents

Acknowlegements ii

Glossary iii

Acronyms iii

1. **WHY THIS TOOLKIT?** 1

What does the toolkit cover? 2

How did this toolkit come about? 2

Who is this toolkit for? 2

2. **UNDERSTANDING VIOLENCE** 3

What do we mean when we talk about violence? 4

What is child maltreatment? 4

Why work at the intersection of violence against women and children? 7

3. **PREVENTING VIOLENCE** 10

What does violence prevention look like in practice? 12

What strategies work to prevent violence? 14

4. **WHAT MAKES GOOD VIOLENCE PREVENTION PROGRAMMING?** 16

Thinking about effective design 18

Implementation considerations 21

5. **OVERVIEW OF PROMISING PREVENTION STRATEGIES** 25

A. Community mobilisation and activism 26

B. Family strengthening and parent support interventions 31

C. Engaging youth to change norms and values 41

D. Economic strengthening 47

6. **CONSIDERATIONS FOR ADAPTATION AND SCALING UP** 52

Adaptation 52

Scaling up 54

7. **NEXT STEPS: PRACTICAL CONSIDERATIONS IN PROGRAMME DESIGN AND IMPLEMENTATION** 55

8. **CONCLUSION** 60

References 61

9. **APPENDIX** 64

Appendix 1: Checklist for design 64

Appendix 2: Checklist for preparing for implementation 65

1 WHY THIS TOOLKIT?

Over the last decade, evidence on the kinds of interventions that work to prevent violence against women (VAW) and violence against children (VAC) has grown substantially.

These two forms of violence have been addressed in parallel, both in South Africa and globally. At a global level, separate frameworks have been developed identifying promising strategies for women and for children.

But there is growing evidence of the many ways in which violence against women and violence against children overlap. These overlaps or intersections include shared risk factors; co-occurring in the same place (in the home) and having similar (compounding) consequences for the well-being of women and children. As our understanding of these intersections grows, the need for coordinated or shared approaches to prevent violence against women and against children has become increasingly clear.

There has been an increase in the number of evidence-based practice models in low- and middle-income countries that have integrated VAW (primarily intimate partner violence) and VAC services and programmes.[1, 2] But despite this, the interconnected effects on women and children are often overlooked, creating missed opportunities for early detection and response.[2] There has also been limited guidance on how to deliver comprehensive or complementary programmes to address violence against women and against children, although this has begun to change in recent years.

This toolkit aims to summarise lessons that have been learnt in the field of violence prevention programming and to flag strategies (and programmes) that have been found to be promising in addressing violence against violence against women and against children. It is intended as a practical guide to encourage implementers to consider how interventions can be designed or adapted to better address the shared risks of violence against women and children, drawing on existing research evidence and practice-based knowledge.

How did this toolkit come about?

This toolkit draws on lessons learnt from a partnership between the Children's Institute at the University of Cape Town and MOSAIC (an African feminist, community-based NGO based in the Western Cape) to co-develop a contextually relevant violence prevention intervention that addresses the intersections of violence against women and children.

Through this process, we conducted an evidence review to understand good practice in addressing the intersections of violence against children and violence against women in Sub-Saharan Africa, and how this is translated into effective programmes to target these intersections.[1] This toolkit builds on this review and on our experience of implementing and testing the feasibility of a family strengthening programme in practice.

Who is this toolkit for?

The toolkit aims to provide a practical resource for women's and children's rights organisations, civil society groups, international non-governmental organisations (NGOs), and government officials involved in delivering programming that aims to prevent violence against women and/or children.

It is intended primarily for practitioners working in South Africa, but it draws on evidence and lessons learnt from the Africa region more broadly and could be useful to others working in the region.

What does the toolkit cover?

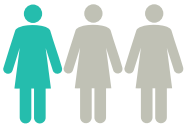
The toolkit have eight sections:

1. Why this toolkit?
2. Understanding violence
3. Preventing violence
4. What makes good violence prevention programming?
5. Overview of promising joint prevention strategies
6. Considerations for adaptation and scaling up
7. Next steps: practical considerations in programme design and implementation
8. Conclusion

2 UNDERSTANDING VIOLENCE

Violence against women and violence against children are considered global public health problems and a violation of the human rights of women and children.[3]

- Globally, it is estimated that one in three women (30%) experience physical and/or sexual intimate partner violence (IPV) or non-partner sexual violence in their lifetime.[3]



30% OF WOMEN EXPERIENCE PHYSICAL/ SEXUAL IPV OR NON-PARTNER SEXUAL VIOLENCE IN THEIR LIFETIME

- Global estimates indicate that over half of all children aged 2-17 years – or one billion children – have experienced physical, sexual or emotional violence in the past 12 months.[4]

OVER ½ OF ALL CHILDREN 2 TO 17 YEARS HAVE EXPERIENCED VIOLENCE IN THE LAST YEAR

- South Africa has similarly high levels of violence. A dedicated Gauteng provincial study estimated that about 50% of women experience IPV,[5] while the 2015 Optimus Study on Child Abuse, Violence and Neglect estimated that 42% of children have experienced some form of violence.[6]

50% OF WOMAN IN GAUTENG SURVEY EXPERIENCED IPV

42% OF ALL CHILDREN EXPERIENCED VIOLENCE

- The first national gender-based violence prevalence study in South Africa (conducted by the Human Sciences Research Council) estimates that 23.9% of women have experience physical and/or sexual IPV.[7] It also estimates that 58% of women and 74.6% of men experienced physical child abuse before age 15 years.[7] The study faced some data collection challenges as it took place during the COVID-19 pandemic and the sample size was smaller than originally anticipated, which could affect the estimates of prevalence (or how frequently something occurs).

What do we mean when we talk about violence?

Interpersonal violence, self-directed violence, and collective violence are three main types of violence defined by the World Health Organization (WHO).[8] This toolkit focuses on interpersonal violence, which can be further divided into family or partner violence and community violence:[9]

- *Family or partner violence* refers to violence within the family or between intimate partners. It includes child maltreatment, dating and intimate partner violence, and elder maltreatment.
- *Community violence* occurs among individuals who are not related by family ties but who may know each other. It includes youth violence, bullying, assault, rape or sexual assault by acquaintances or strangers, and violence that occurs in institutional settings such as schools, workplaces, and prisons.

This toolkit addresses **family or partner violence**, and specifically child maltreatment and intimate partner violence.

What is intimate partner violence?

> Intimate partner violence (IPV) is the most common form of violence against women.[10] IPV against women refers to any behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm.[3]

- Violence by an intimate partner can be fatal. National estimates of intimate partner femicide show that South Africa remains the country with the highest recorded rate globally (5.5/100 000 female population), almost five times the global average.[11]

What is child maltreatment?

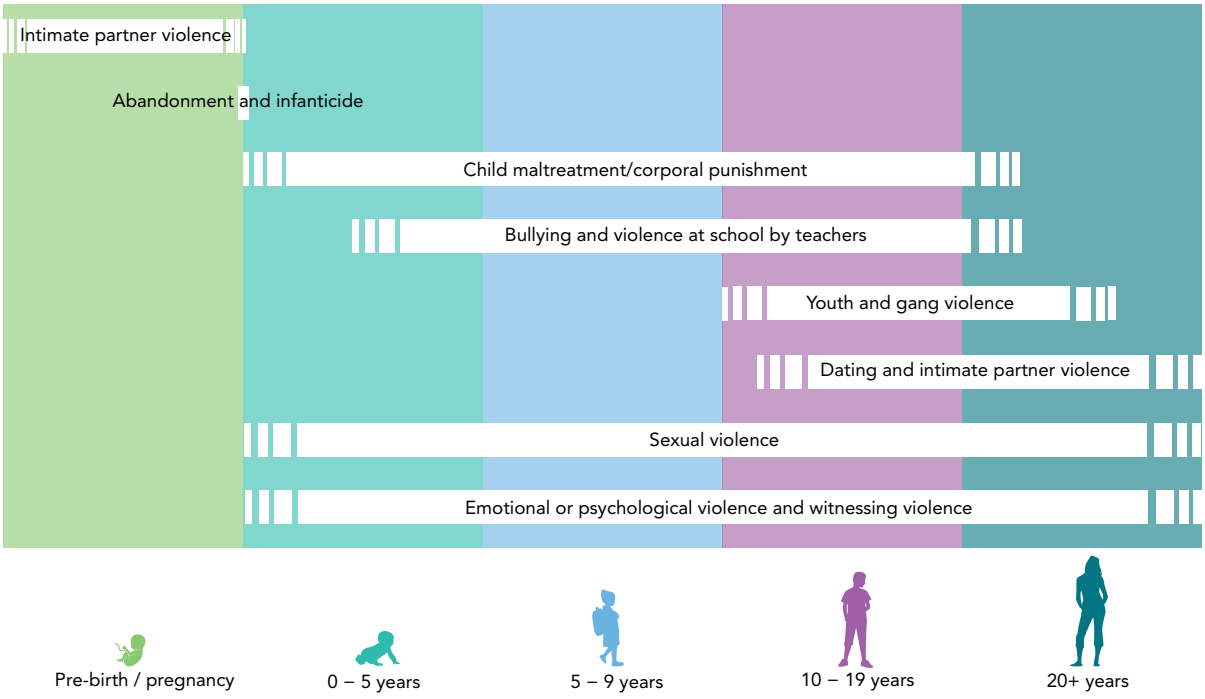
> Child maltreatment is the abuse and neglect that occurs to children under 18 years of age.[12] This includes situations where a parent or caregiver either commits the act of violence or fails to provide care, resulting in potential or actual harm and even the death of a child.[13]

- Physical punishment by parents is one of the most common forms of violence experienced by children in the home. The Birth to Twenty Plus study in Gauteng found that nearly half of preschool children were reported to have experienced physical punishment (considered to be a form of discipline) by parents or caregivers.[14]
- It is also common for children to be exposed to IPV in the home. Children are exposed to IPV directly when they see or hear it or indirectly when they are aware it is taking place. This can have negative outcomes similar to those of other types of abuse and neglect.[15]

Thinking about violence across the life course

The types of violence that individuals experience or are exposed to can vary across the life course (from infancy to adulthood), influenced by an individual's age and gender. For example, such as child abuse in early childhood, bullying in adolescence, intimate partner violence in adulthood, and elder abuse in later life.

Figure 1: Type of violence by age group affected



Source: Titi et al. Violence and child and adolescent mental health: A whole-of-society response. In: Tomlinson M, Kleintjes S, Lake L, editors. *South African Child Gauge 2021/2022*. Cape Town: Children's Institute, University of Cape Town; 2022.

A life-course approach is a theory used in the social sciences that looks at how a person grows and changes over time. It helps us to understand how different forms of violence are more common at different stages of life – and how they intersect and reinforce one another across a person's life. It also highlights how repeated exposure to violence across different life stages can have a significant impact on a person's functioning and wellbeing. A life course perspective draws attention to how one form of violence can lead to another. Specifically, if someone is exposed to violence in childhood (whether through experiencing child maltreatment or witnessing IPV in the home), he or she is at increased risk of perpetrating or experiencing violence later in life.[13, 14]

Box 1: Patterns of violence across the life course

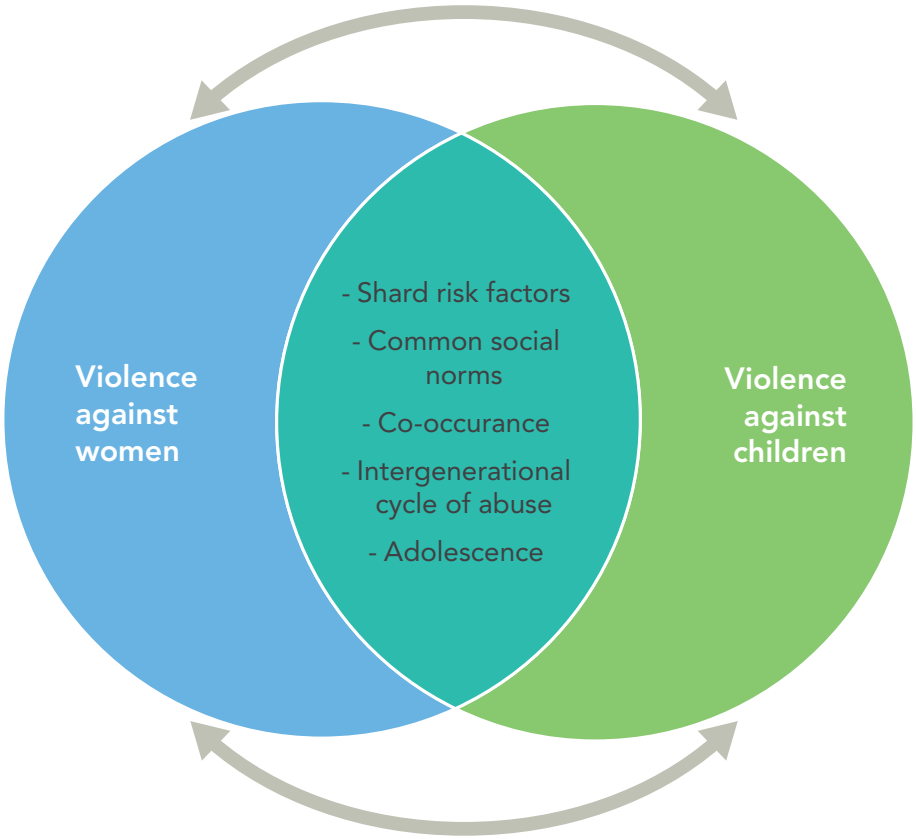
- Young children are particularly vulnerable to violence in the home, including harsh physical punishment and witnessing domestic violence. For example, the Birth to Twenty Plus cohort study found that close to half of preschool children in the sample were reported to have been victims of violence, most often through physical punishment by their parents.[15]
- Harsh discipline is often accompanied by verbal and emotional abuse – with boys likely to receive higher levels of harsh verbal and physical discipline than girls.[16] Parental warmth may protect children from poor outcomes and from the adverse effects of harsh physical discipline.[16, 17]
- Girls are twice as likely to be victims of forced penetrative sex, yet boys are also exposed to high levels of sexual abuse including unwanted touching and coerced sex.[18] The prevalence of sexual violence also increases with age – the Birth to Twenty Plus study found an increase from 10% of primary school children to 30% of adolescents.[15]
- Sexual victimisation rarely occurs in isolation and is often associated with other forms of violence such as physical abuse, emotional abuse, neglect and family violence, with 25-45% of South African children witnessing domestic violence perpetrated by their mother's intimate partner.[18]
- Interpersonal violence amongst boys rises sharply during adolescence with male-on-male violence the leading cause of death amongst adolescent boys aged 15 – 17 years.[19] Older adolescent boys are more likely to be the victims of homicide than girls, while adolescent girls are at increased risk of sexual and intimate partner violence – with one third of adolescents in community surveys reporting forced sexual initiation.[20]

Why work at the intersection of violence against women and children?

The term "intersections" is used here to describe the points at which violence against children (VAC) and violence against women (VAW) intersect.

VAC and VAW are closely related, with strong evidence demonstrating the multiple links between the two, including shared risks, occurring in combination, and common consequences.[3] Programmes that work at the intersections of violence against women and children recognise the interconnectedness of VAC and VAW and the need – and the opportunity – to address shared root causes (drivers).

Figure 2: Intersections of VAC and VAW[16]



- **Partner violence and child abuse/maltreatment often occur in combination in the same households**.[21] Children living in households where the mother is being abused are also more likely to experience violent discipline.[21] This is particularly the case where rigid patriarchal structures normalise and justify the use of violence.
- These patriarchal structures are **sustained by harmful social norms**, including norms that limit reporting of violence, condone violent discipline (such as wife beating and corporal punishment), prioritise family reputation and blame survivors, and support gender inequality.[22]
- VAC and VAW often **overlap during adolescence** (ages 10-19). This is a time when some forms of violence are first experienced and perpetrated, such as IPV, and when there are increased risks of abuse. However, adolescence can also be a window of opportunity for prevention.[23]
- VAC has been associated with an **intergenerational cycle of abuse**. Violence in childhood increases the risk of future experience and perpetration of IPV. There is also evidence that shows pathways between childhood trauma, IPV and harsh parenting.[24]

Case 1 describes a real life case that illustrates how different forms of violence against women and children can be experienced within a single family, and how the consequences of violence can impact family members in different ways, including by reducing a mother's ability to care for her child.

Case 1: The intergenerational effects of violence and trauma

A 17-year-old young woman disclosed sexual abuse by a male friend (a police officer), who was in his early thirties. It took her months to disclose the rape because she blamed herself.

Her family life was fraught due to IPV between her parents and constant instability in the home. Her parents went through a difficult divorce a few months before her rape. This led to major behaviour changes in the young girl as she started mixing with the wrong friends, abusing substances and her grades dropped. Her mother noticed the behavioural changes but thought it was related to the divorce.

When the young woman started counselling, the mother disclosed her own rape as a teenager for the first time. Although the young woman attended counselling sessions, she did not find them useful. She had intense anger towards the perpetrator, whom she had trusted, and she feared that he would not be convicted. The counselling service focused on the young woman's recovery and did not engage the mother in counselling, even though this had surfaced her own unresolved trauma.

The mother's inability to support her child emotionally is of concern as it may be one of the factors undermining her daughter's recovery, as she continues to have severe psychosomatic symptoms with suicidal ideation.

Source: Titi et al. Violence and child and adolescent mental health: A whole-of-society response. In: Tomlinson M, Kleintjes S, Lake L, editors. *South African Child Gauge 2021/2022*. Cape Town: Children's Institute, University of Cape Town; 2022.

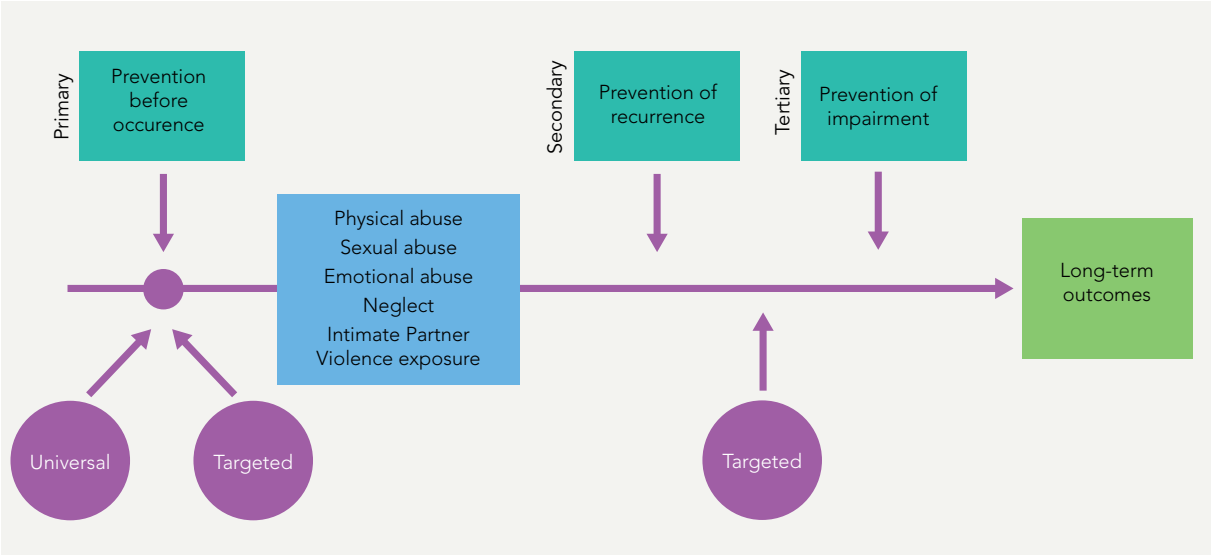
3 PREVENTING VIOLENCE

The evidence is clear that violence is preventable, but it requires us to ideally implement prevention programmes as early as possible.[16]

It is important to consider the prevention to response continuum (see Figure 3) as both prevention and response efforts are essential and interlinked, although their timing and purpose differs.

- **Preventing violence** means stopping violence before it starts or reducing the frequency and severity of further episodes of violence where it has previously occurred.
- **Response** is about providing support and services to individuals who have experienced violence.

Figure 3: Prevention continuum

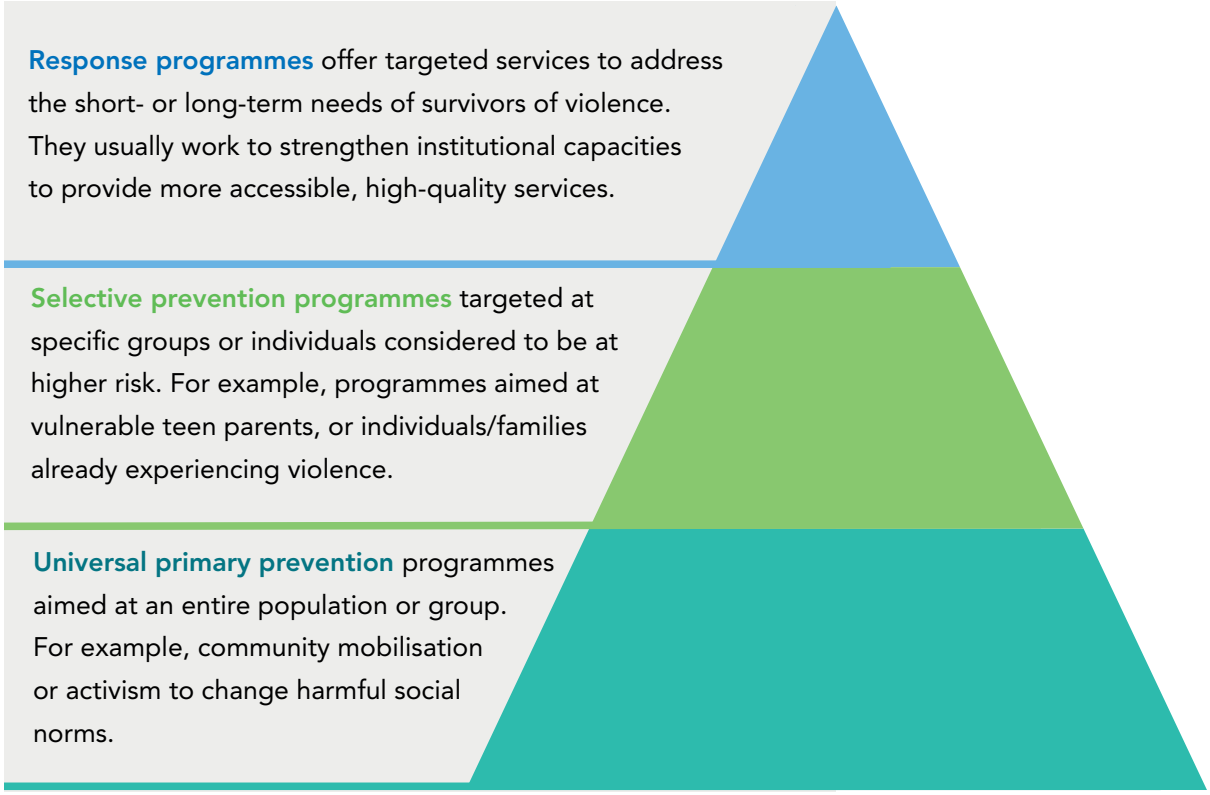


Source: Adapted from MacMillan, H. L., Wathen, C. N., Barlow, J., Fergusson, D. M., Leventhal, J. M., & Taussig, H. N. (2009). Interventions to prevent child maltreatment and associated impairment. *The Lancet, 373*(9659), 250-266.

A public health approach to violence prevention generally categorises prevention efforts as primary, secondary, or tertiary prevention (also called response), depending on the timing of the intervention.

- **Primary prevention aims to stop violence against children and IPV by addressing the underlying risks** (gender inequality, poverty, societal norms that condone violence etc.) and strengthening protective factors before it occurs. Such interventions target entire communities.
- **Secondary prevention (or early identification)** aims to detect violence early and prevent it from happening again by intervening early with people who are at high risk.
- **Tertiary prevention, or response**, focuses on meeting the needs of survivors to limit the impacts of violence and holding perpetrators to account. This includes responding to the needs of women and children experiencing violence or men perpetrating IPV.

Violence prevention interventions can also be categorised into universal prevention programmes, selective prevention programmes, and response programmes.

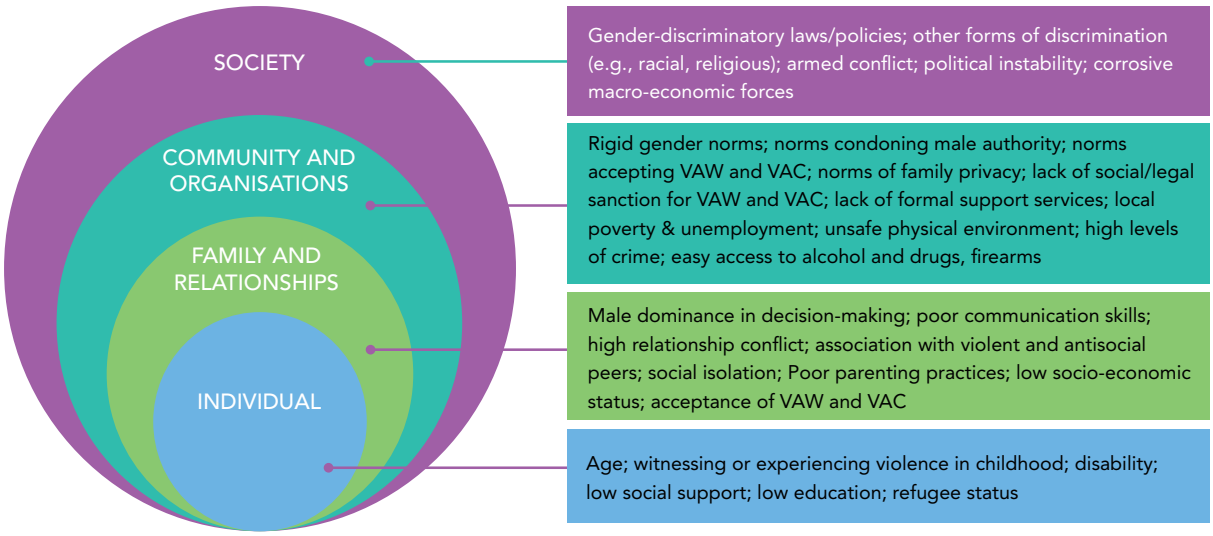


What does violence prevention look like in practice?

The most effective way to prevent violence is to address the root causes or underlying risk factors for violence.

Violence is the result of a complex interplay of risk factors and protective factors. In addition to individual level factors, violence is rooted in an array of social, economic and cultural factors. The socio-ecological model provides a way of organising these factors and helps us to better understand how different factors operating at multiple levels (individual, relationships, community and society) interact in complex ways to influence people's behaviour.

Figure 4: Shared risks for violence against women and against children, according to the socio-ecological model



Many factors can increase or decrease the likelihood of someone experiencing or perpetrating violence. Individual risk factors such as poverty, mental ill health or misuse of alcohol alone do not "cause" violence.[9] Rather, the interaction of these and other factors can increase the likelihood of a person using violence or experiencing violence.

Identifying these factors is important because strengthening protective factors and decreasing risks is key to effective prevention.

Gender and social norms

Inequitable gender and social norms, attitudes, values and beliefs are key drivers of violence against women and children. These include personal beliefs and norms about what males and females can or can't do, the role or status of children in families, and attitudes that normalise or condone violence. Examples include the belief that it is socially acceptable for adults to punish children by hitting them, or that husbands are in some cases justified for inflicting violence on their wives.

Personal norms are influenced by community, social and cultural norms, and are often passed down from one generation to the next.

Shifting harmful attitudes, beliefs and norms to promote more equitable, non-violent attitudes and behaviours is therefore recognised as an important part of preventing violence against women and children.

In addition, although different forms of violence are often addressed separately, it is important to recognise that they are connected because they share common drivers. For example, gender and social norms are a key driver of both violence against women and violence against children (see box above). Interventions that effectively address shared drivers across different socio-ecological levels have the potential to reduce multiple forms of violence.

An example of a programme that addresses shared drivers would be a carefully designed gender transformative parent support programme that fosters healthy family relationships by:

a. encouraging parents to reflect on and discuss gender norms and power imbalances
b. encouraging male involvement in child care
c. building parents' skills around improved communication, regulating emotions, resolving conflicts, and managing stress
d. encouraging the use of nonviolent discipline and positive parenting practices.

By addressing shared risk factors for IPV and violence against children, prevention interventions can foster healthier family dynamics and help break intergenerational patterns of violence.

What strategies work to prevent violence?

There is a growing evidence base on promising strategies to prevent interpersonal violence. At a global level, two international frameworks – one aimed at adult women (RESPECT) and another aimed at children (INSPIRE) – identify key evidence-informed strategies or approaches for preventing violence and are informed by an ecological approach.

- The **INSPIRE framework** identifies seven evidence-based strategies for preventing and responding to violence against children and adolescents, which it notes are most effective when implemented as part of a comprehensive, multisectoral plan, as the strategies are intended to work in combination and reinforce each other.[17]
- Similarly, the **RESPECT framework** identifies seven evidence-based strategies and approaches that have shown the best potential to end violence against women and girls.[18] It also outlines a set of action-oriented steps to support policy makers and programme implementers to design, plan, implement, monitor and evaluate programmes using these seven strategies.

Table 1 shows the strategies that fall under each framework (with each letter of the name standing for one of the strategies) and illustrates the similarities between the two frameworks in terms of the strategies that have been found to be effective for violence prevention.

Table 1: Comparing the violence prevention strategies identified in the INSPIRE and RESPECT frameworks

INSPIRE: End violence against children	RESPECT: Prevent violence against women
Implementation and enforcement of laws →	*Put in place and facilitate enforcement of laws and policies**
Norms and values →	**T**ransformed attitudes, beliefs, and norms
Safe environments →	**E**nvironments made safe
Parent and caregiver support →	**C**hild and adolescent abuse prevented
Income and economic strengthening →	**P**overty reduced
	Empowerment of women
Response and support services →	**S**ervices ensured
Education and life skills →	**R**elationships skills strengthened
*Multi-sectoral collaboration*** }	*Coordination and partnership across sectors****
*Monitoring and evaluation*** }	*Strengthen monitoring and evaluation systems ****

* Component of "Enabling environment"; ** Cross-cutting strategy; ***Guiding principle for effective programming

Source: UN Women and Social Development Direct (2020) Child and Adolescent Abuse Prevented, RESPECT: Preventing Violence against Women Strategy Summary, p2.

These "overlaps" again highlight the potential for adopting integrated or coordinated approaches that intentionally address shared risk factors when designing, developing and implementing violence prevention interventions.

For more on the INSPIRE framework, see https://inspire-strategies.org/inspire-seven-strategies-ending-violence-against-children. The WHO initiated the preparation of the INSPIRE package, in collaboration with the other United Nations (UN), bilateral and multilateral agencies.

For more on the RESPECT framework, see https://respect-prevent-vaw.org/. The RESPECT framework was launched in 2019 by UN Women and WHO, together with 12 other UN, bilateral and multilateral agencies.

4 WHAT MAKES GOOD VIOLENCE PREVENTION PROGRAMMING?

As the evidence on what interventions work to prevent violence grows, so too have the lessons about how to design and implement effective violence prevention interventions. Careful design and implementation of interventions are critical for their success.

The lessons that have been learnt from programming to prevent violence against women and girls or against children provides a solid foundation for informing how to strengthen programming that works at the intersections of violence against women and against children.

- For more on design and implementation for effective violence prevention programming, see:
- What Works: Effective design and implementation brief (www.whatworks.co.za/resources)
- RESPECT Framework Implementation Guide Overview
- Prevention Collaborative knowledge hub: Guide to programming (prevention-collaborative.org/knowledge-hub/)

Lessons about how to design and implement effective interventions were identified and summarised in a 2020 evidence brief by What Works to Prevention Violence, a global programme to prevent violence against women and girls.[25] This review identified ten elements that were common to the more successful violence interventions to prevention violence against women and girls that they evaluated. These elements are outlined in Figure 5.

The elements or blocks with the stars are the ones that are essential features for the design and implementation any violence prevention programme. The ones without stars are elements of intervention design that are necessary depending on the type of intervention that is adopted.

Figure 5: Ten elements of design and implementation of more effective interventions to prevent violence against women and girls.[25]

Source: Jewkes et al. (2021). Elements of the design and implementation of interventions to prevent violence against women and girls associated with success: reflections from the What Works to Prevent Violence against Women and Girls? Global programme. *International journal of environmental research and public health, 18*(22), 12129.

The checklist that follows draws on these 10 elements and includes some additional reflections for strengthening programming that jointly aims to prevent violence against women and violence against children.

Thinking about effective design

Checklist of features for effective violence prevention design:

- ☐ Your intervention has a robust theory of change – based in local knowledge – that identifies shared risks for women and children.
- ☐ It addresses more than one shared driver of violence (e.g. gender inequity, poor communication) and includes mechanisms known to supprt reducing VAC and VAW.
- ☐ It goes beyond the individual to work with women and men, boys and girls, families – and includes a reflection on gender and power in households, schools and/or communities.
- ☐ It includes or links to support for those who experience/are exposed to violence and integrated safeguarding principles for women and for children.
- ☐ It is feasible to implement this intervention given the resources (human, financial etc.) you have available.
- ☐ * It includes gender and social empowerment and fostering positive interpersonal relations
- ☐ * It uses group-based participatory learning methods that emphasise critical reflection, communication and conflict resolution skills building.
- ☐ * If working with children or adolescents, the methods used are appropriate and engaging for that age group.
- ☐ * It makes use of user-friendly manuals and materials to ensure consistency.

1. **Developing a robust theory of allows implementers to clearly identify shared risks for violence against women and violence against children.** A theory of change is a diagram or narrative that explains how an intervention is expected to address the identified problem, and what change the intervention aims to achieve. It should be based in a solid understanding of the local context and should

answer the questions: (a) what risks is the intervention addressing and/or what protective factors is it promoting? (b) what activities tackle each of these risks or protective factors? (c) what effects or changes are expected as a result? A clear theory of change makes it easier to measure if the different elements of the intervention are having the expected outcomes.

2. **Programmes that address multiple drivers are more likely to be effective than those that focus on a single driver.** Given that violence is the result of an interplay of factors, the literature on violence prevention has emphasised the importance of programming that addresses more than one driver e.g. harmful gender norms or poor communication. Key mechanisms that have been found to be effective for reducing IPV and VAC in primary prevention interventions include:[2]

   a. Improved communication
   b. Conflict resolution
   c. Reflection on harmful gender norms
   d. Awareness of the adverse consequences of IPV and VAC on children.

3. **Expanding survivor-centric approaches to include family and household members** is essential for addressing the drivers of multiple forms of violence within families. Interventions need to also address the interactions across levels of the socio-ecological model can either increase or reduce vulnerabilities to violence.[25] For example, interventions working with women and men tend to be more successful at reducing violence against women than those that work with men or women only.[19] Interventions that do not engage partners sufficiently or that assume that women and girls alone can change gender dynamics and prevent violence tend to be less successful in reducing violence.

   Similarly, interventions with children that focus on empowering children and adolescents are likely to limit their effectiveness if they do not also engage with others in their homes and other settings. For this reason, the INSPIRE framework recommends that **interventions should include a focus on critical reflection around gender and power** within households, schools and communities.[2, 26]

4. **Interventions should address the prevention continuum by linking prevention interventions and response services.** This may mean including both prevention and response activities in one programme or building relationships and referral networks with response service providers. This is an essential part of "doing no harm". Implementers need to be prepared to respond to both VAW and VAC and to integrate safeguarding principles into the programme design, which may require working with different stakeholders. In addition, in a context such as South Africa where trauma is complex, widespread and often ongoing, it may be useful to adopt integrate a trauma-informed approach, since many of those involved in prevention activities (participants and implementers) will have been exposed to violence at some point. This would involve integrating person-centred strategies that prioritise safety, minimise triggers and promote empathy and mutual respect,[27] while actively avoiding re-traumatising.

5. **Interventions should be realistic and feasible for the setting in which they are to be implemented.** Interventions that have been designed for high resource settings are likely to less successful when implemented in low resource settings where there is less support available. Equally, interventions designed for low resource settings that rely on overburdened lay people such as community health workers are unlikely to be successful if they are already struggling to manage their workloads. Careful consideration should be given to aligning the design of intervention with the context and resources available for implementation. In addition, intentional planning and resourcing is critical; overlooking this can significantly affect the quality and feasibility of implementation for organisations on the ground.

Necessary design elements, depending on the approach

6. **Promising interventions for adults and children tend to be based on social and behaviour change theories** that view behaviour change as a collective process, rather than focusing on the individual change alone.[25] This means including components or activities that promote empowerment and foster positive relationships.

7. **A number of successful interventions tend to make use of participatory, group-based methods that encourage personal reflection and critical thinking** in a space where participants feel safe to share, reflect and engage. Participatory learning approaches are those that encourage participants to learn through doing and experience and are learner-focused rather than teacher-focused. Such approaches have proven effective for adults and children,[25] but it is important that interventions for children and adolescents are designed to be age-appropriate, making use of methods (e.g. purposeful play, drawing, role plays, using concrete materials etc.) that are appropriate and engaging for their stage of development.

8. **Lessons from practice show that staff and volunteers benefit from having user-friendly manuals for training and to guide their work.** The challenge lies in ensuring that activities are implemented as intended and outlined in manuals. Manuals need to be accompanied by sufficient training to allow those implementing the intervention to internalise both the "what" (the content) and the "how" of the intervention (how it should be implemented or facilitated).

Participatory approaches used by successful programmes include small diascussion groups for reflection, sharing experiences and peer support. Workshops are used for developing skills through interactive facilitation, and the creation of safe spaces where participants can ask questions and express their views. Role-plays, games, story-telling and other interactive activities are used to support learning.

Implementation considerations

How an intervention is implemented is often as important as the content of the intervention. Below is a checklist based on lessons learnt from the implementation of successful violence prevention programmes.

Checklist of features of effective violence prevention implementation:

- ☐ Your intervention is in line with the recommended duration and frequency of sessions for the approach.
- ☐ It will be carried out by staff and volunteers with gender equitable attitudes and non-violent behaviour, who are thoroughly trained, supervised and supported.
- ☐ It includes a framework for integrating monitoring, practice-based learning and evaluation to measure if the programme is achieving its goals.

- **In general, more successful interventions are of longer duration and intensity.** Most of the more successful group-based interventions hold weekly meetings for two to three hours at a time, allowing for in-depth discussions, self-reflection, and repetition of key messages over an extended period of months rather than days.[25] One review of programmes found that the "ideal" duration for workshop-based interventions appears to be 40 to 50 hours long, with longer workshop interventions – 70 hours or more – encountering greater challenges.[25] Regular engagement also appears to be a feature of effective programming, through weekly sessions or regular contact with facilitators through text messages or other forms of follow-up. Similarly, community activism interventions – such as SASA!, which as a phased approach implemented over at least three years – require regular engagements by a large number of community activists over an extended period of time.[25]
- **Careful selection of staff and volunteers is essential.** For curricula-based interventions, selecting personnel with proven facilitation skills can go a long way to supporting effective implementation from the start. Also, selecting or recruiting staff or volunteers who already hold more gender equitable and non-violent attitudes is important because attitudes and behaviours that are not aligned to the intervention can undermine what the intervention is trying to achieve .Examples include staff or volunteers who condone the use of violence in certain situations – such as when a wife 'provokes' a husband or when a child or adolescent has been naughty. Clarifying beliefs and attitudes is particularly important when working at the intersections of VAC and VAW, because those who work in one area of violence prevention (e.g. reducing IPV) may not automatically hold beliefs and attitudes aligned with combined interventions that address other forms of violence (e.g. doing away with physical punishment of children).
- **Substantive training and ongoing support of staff and volunteers is critical for interventions to be implemented well.** Preparatory training should be of sufficient duration to train facilitators or implementors in the whole programme and to allow time for practice before the implementation begins.[19] Refresher training can also be beneficial. Ongoing mentoring and support as well as regular supervision are also features of successful interventions.

- **Promote coordination and collaboration across sectors and between prevention and response services.** There is no single, silver bullet intervention that can address all drivers of violence or forms of violence. It is therefore important for interventions to build and support partnerships across organisations and sectors to allow for referrals or collaboration as needed.
- **The development of successful programmes involves an iterative learning process.** Integrating monitoring, practice-based learning and evaluation as key processes in a programme is essential for supporting the success of the programme.

What is gender transformative programming?

Gender transformative programming is increasingly being recognised for its potential as an effective strategy for reducing both violence against women and children. But what is it?

Unequal gender and social attitudes, values, beliefs and norms are powerful drivers of violence against women and children. Gender transformative programming is programming that intentionally seeks to challenge or transform the unequal gender and power relations between women and men, girls and boys. Such programmes aim to promote more equitable relationships to support violence prevention outcomes.

For example, a gender transformative parenting programme will work with both female and male parents and caregivers to promote caring, equitable and non-violent relationships within the family. These programmes aim to transform parents' own gender attitudes to improve couple relations and change the way parents raise their children.

Gender transformative programmes may include participatory processes that:[28]

- promote critical and personal reflection about gender roles, norms, and inequalities
- promote positive, more equitable behaviours and norms
- where possible, aim to transform the underlying norms, structures, and policies that sustain inequality

This approach focuses on:

1. Addressing inequalities, power imbalances, norms and dynamics based on gender, with attention to intersections with race, ethnicity, religion, sexual orientation, etc.
2. Strengthening norms that support gender equality and inclusive, enabling environments
3. Promoting the relative position of girls, women and marginalised groups
4. Transforming underlying social structures, policies and norms that perpetuate and legitimize gender inequalities.

Generally, gender transformative programming aims to move beyond a focus on individual girls and women towards redressing power imbalances within social structures, policies and norms that reinforce inequalities based on gender, race, ethnicity, etc. Such efforts often require participation and leadership by local actors at community levels.[29]

5 OVERVIEW OF PROMISING PREVENTION STRATEGIES

The next sections provide an overview of four promising strategies for jointly addressing violence against women and children at an individual, family and community level.

Violence prevention programmes often involve multiple strategies that reinforce one another and are not easily categorised under a single approach. We have therefore taken a pragmatic approach and categorised programmes based on the primary activity or the main activity of interest here. But several of the programmes could fall under more than one strategy discussed here.

This section aims to highlight programmes and evidence from Sub-Saharan Africa, but it also draws on evidence from other parts of the world, particularly where gaps are noted.

The four strategies discussed here are:

1. Community mobilisation and activism
2. Parenting and family strengthening approaches
3. Engaging young people to change norms and values
4. Economic strengthening approaches

For each of these strategies, we consider the questions:

- What is this approach about?
- What are some of the common elements of this approach?
- What are practical examples (case studies) of how it has been implemented?

- How can this approach potentially address shared risks for violence against children and violence against women?
- What lessons have been learnt about how to design and implement such approaches more effectively?

Although the evidence base for joint violence prevention strategies has grown over the last decade, some evidence gaps still exist. In addition, a recent review of interventions to address IPV and violence against children highlighted gaps in the evidence in low-income and middle-income countries around adolescent interventions, and interventions addressing both prevention and response to IPV and VAC.[2]

A. Community mobilisation and activism

Community mobilisation, which is a community-level strategy that is used to shift harmful attitudes, beliefs and norms that normalise or even condone violence against women and children.

Effective community mobilisation interventions must engage entire communities and work across multiple levels to bring about the community-wide changes that are needed to shift social norms. Social and cultural norms, attitudes and behaviours are often deeply ingrained and call for sustained engagement with community members over an extended period to achieve the kinds of shifts needed to reduce violence.

What are the common elements of community mobilisation approaches?

- Community mobilisation programmes typically engage community volunteers or activists who are trained and supported over an extended period to engage the communities in which they live in informal activities.
- These activities usually involve encouraging reflection around harmful gender and social norms, with the ultimate aim of bringing about attitude and behaviour change.
- Such interventions often involve working with service providers and community leaders (in addition to community members) to sustainably shift attitudes and beliefs across different structures within the community.

Case study 2: *SASA!*

The ***SASA!*** (which means "now!" in Kiswahili) intervention in Uganda adopted a community mobilisation approach to changing harmful gender and social attitudes, norms and behaviours relating to gender and violence in communities. The programme combines activism and action to encourage community members to reflect critically on the imbalances of power that drive violence against women.[i]

SASA! is also an acronym for its four phases: Start, Awareness, Support and Action, which are implemented sequentially (after assessing the readiness of the community to move on to the next phase through a small survey) and which together require a minimum of three years for full implementation. The programme elements are designed to support individuals and communities through a phased process of change, addressing power dynamics and gender-related power imbalances.

The programme is led by women and men who live and work in the community – community activists, community leaders and institutional allies – who are supported by *SASA!* staff to implement community-based activities. It aims to build a critical mass of support by reaching community members at different levels within communities through local activism.

The intervention was evaluated through a randomised control trial[ii] (RCT) which found that, in urban communities where men and women participated in *SASA!* between 2007 and 2012, reports of physical IPV experienced by women and the social acceptance of IPV was significantly reduced.[21] The positive changes in gender norms have been attributed to the spread of these new ideas and behaviours in communities (diffusion) and the inclusion of all community members, rather than focusing only on those identified as high risk.[1]

In addition, a follow-up study identified benefits of the programme for children, despite this not being a focus of the programme.[22] Survey data suggested that the reductions seen in IPV led to a reduction in children witnessing IPV in the home, while qualitative interviews suggested that parenting and discipline practices sometimes also changed, improving parent-child relationships, and reducing the use of corporal punishment and IPV in the home.[22]

---

i For more detail, see https://raisingvoices.org/women/sasa-approach/.

ii A randomized controlled trial is a study design where participants are randomly assigned to either an experimental (treatment) group or a control group to test the effectiveness of a new intervention or treatment. The randomisation aspect reduces bias and so it is seen as a rigorous method for testing if an intervention is effective in bringing about a desired outcome. RCTs are generally regarding as providing strong evidence of cause-and-effect relationships.

Case study 3: Indashyikirwa

Indashyikirwa (or "Agents of Change" in Kinyarwanda) was originally developed and implemented in rural Rwanda to reduce IPV and improve the wellbeing of survivors. It was designed to shift attitudes, behaviours and norms that support IPV among couples and the wider community, and was implemented by CARE International in Rwanda, Rwanda Women's Network and Rwanda Men's Resource Centre from August 2014 through to August 2018.

Indashyikirwa was based on materials developed in other successful IPV prevention programmes in the region and included an adaption of the SASA! programme. However, it was not a direct replication of SASA!, but rather consisted of four prevention and response components:

1. A five-month (21 session) participatory curriculum for couples.
2. Community activism based on an adaptation of *SASA!* and led by a sub-set of couples who had completed the curriculum and received additional training.
3. Training and engagement of opinion leaders to support an enabling environment.
4. Direct support to survivors of IPV through women's safe spaces.

An (RCT) evaluation of the programme found that women who participated in the couples curriculum were 56% less likely to report experiencing physical and/or sexual IPV, and men were 46% less likely to report perpetrating physical and/or sexual IPV.[30] The study also found a significant reduction in the proportion of couples who used or approved of corporal punishment of children and in the proportion of children who witnessed violence between their parents. In addition, a paper exploring how the programme may have influenced VAC in the families of couples participating in the couples curriculum described how reflecting on the consequences of IPV for children and appreciating the benefits for children of nonviolent, gender equitable households had motivated changes in their attitudes and behaviour.[31]

However, unlike *SASA!*, the evaluation of the community-level activities – the community activism, opinion leader training and engagement and women's safe spaces – showed no effect on the prevalence of IPV.[32] A process evaluation noted that the type of informal activism relied on in the *SASA!* model did not translate well to the more formal rural Rwandan setting.[33] In addition, the phased-in activism used in *SASA!* was a challenge to implement in the Indashyikirwa programme, and delays because of the time required to adapt the *SASA!* programme meant that some phases had to be combined.[33] This highlights the challenges of adaptation and how insufficient programme fidelity (or faithfully implementing the core elements of the programme) can undermine programme effectiveness.

Table 2: Key strategies adopted to deliver selected community mobilisation programmes

Strategies	SASA!	Indashyikirwa
Community activism	✓	✓
Curriculum/workshops	-	✓
Gender transformative approaches	✓	✓
Economic empowerment	-	✓
Working with local leaders	✓	✓
Therapy and counselling (response)	-	✓
Institutional strengthening	✓	-
Home visiting	-	-
Peer group support	-	✓

Evidence for the community mobilisation approach

Interventions such as SASA! have shown that community mobilisation and activism interventions can be effective in reducing violence against women and girls by shifting underlying social norms and empowering women.[34] But other community mobilisation interventions have not shown an impact, highlighting the importance of paying attention to how interventions are implemented and to fidelity when adapting an intervention. It has also been noted that community mobilisation programmes that have not shown an impact often fail to achieve the length or intensity of exposure required to shift norms and behaviours.[35]

Opportunities for strengthening an intersections approach

While community mobilisation programmes to prevent IPV can also indirectly impact on children's exposure to violence and improve parent–child relationships, there is scope for more explicitly incorporating an intersections approach. For example, SASA! makes use of the language of power and an analysis of gendered power imbalances. Such an analysis could be applied not only to gender and power imbalances within couple relations, but also to the gender socialisation of children and the misuse of power in parent-child relationships.[22]

Lessons for more effective community mobilisation programmes

The Prevention Collaborative identifies five key factors for more effective community activism programmes:[35]

- Create safe spaces for critical dialogue
- Ensure sufficient time and intensity for interacting
- Make sure the activities are contextually appropriate
- Engage with multiple stakeholders
- Ensure careful selection of community activists, followed by intensive skills training and ongoing mentoring.

A review by UN Women of 10 community mobilisation interventions for preventing violence against women and girls also identified recommendations for implementers:[36]

- Know your community to know your response.
- Ensure community volunteers or activists are not overburdened and are carefully selected, trained and supported.
- Strive for reflexivity and accountability, including within organisations.
- Ensure sufficient time and intensity for community mobilisation to have an impact.
- Work to link violence prevention and response.
- Community mobilisation programmes should be demand driven, respond and adapt to community priorities, and ideally be co-created with communities.
- Make efforts to support an enabling environment by engaging opinion leaders and gate keepers, as well as through advocacy, engagement and/or training to hold governments and institutions accountable to commitments.

B. Family strengthening and parent support interventions

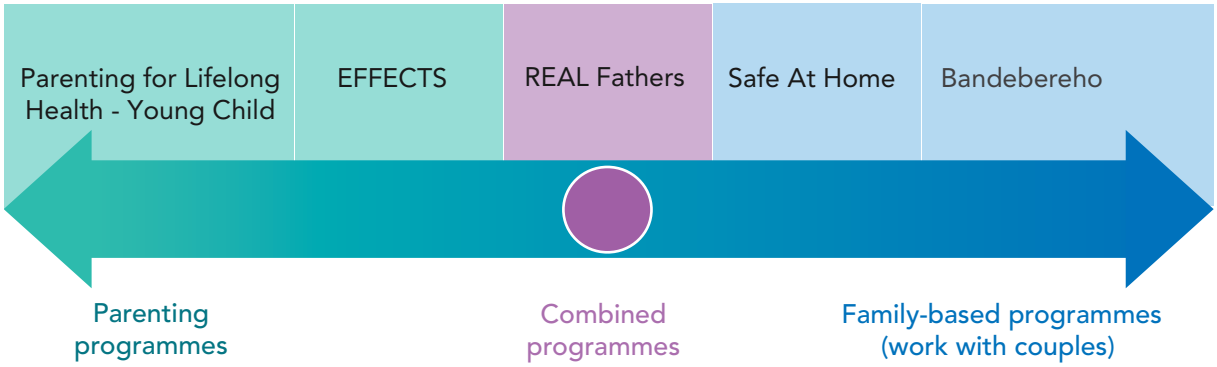
Family strengthening interventions are designed to support the overall wellbeing and resilience of families, often emphasising and building on the existing strengths of families.

Parent support interventions could be viewed as a form of family strengthening; they often focus solely on supporting the parent-child relationship to promote positive parent and child outcomes. Family strengthening and parent support programmes have received much attention in the field of violence prevention because they offer a comprehensive approach to addressing IPV and violence against children, with the potential to disrupt intergeneration cycles of violence when they foster healthy, gender-equitable and non-violent relationships within the family.

The programmes that include violence prevention are discussed here. Typically, parent support programmes focus on promoting the positive behaviour, attitudes and knowledge of parents or caregivers to improve the well-being and development of their children, including the reducing violence against children. Family strengthening programmes generally work with families and couples (sometimes with males as the primary target) to promote gender equity, address gender norms, and reduce violence against women. Recent innovative approaches target both forms of violence, using a combination of strategies from parent support and couples programmes. We refer to this form of intervention as a combined approach to addressing violence against children and violence against women.

Figure 6 presents a few evidence-based examples of programmes targeting violence against women and children, suggesting that there is a continuum between those focused on parent support and those emphasising family strengthening or strengthening relationships between couples. Combined approaches fall in the middle of the continuum.

Figure 6: A continuum between parenting and family-based programme examples



While family strengthening and parent support have their specific approaches, both emphasise improving communication and relations of the target family relationship (i.e., parent-child or couple), improving knowledge, skills and attitudes, and promoting non-violent responses within relationships. A more recent innovation is the targeting of male parents to highlight the crucial role of men as fathers.

What are some of the common elements of these approaches?

- Both parenting and family strengthening interventions generally provide opportunities for practising new skills intended to improve family relationships and reduce violence in a safe environment. They provide spaces for critical reflection on their own or other family members' attitudes and behaviours and promote healthy problem-solving and alternatives to violence.
- They use a combination of small groups, individual sessions and home visiting to deliver programme content. The use of peer support is an important element, such as same-sex sessions for interventions focused on couple relationships.
- The use of skilled facilitators to model and reinforce healthy relationships and mentor programme participants is another common element. Facilitators are generally trained to deliver a manualised, curriculum-based programme. It is common for facilitators to originate from the communities where the intervention is implemented.

Table 3 shows some of the characteristics of each type of intervention.

Table 3: Parent support, family strengthening and combined interventions

Characteristics	Parent support	Family strengthening/ couples	Combined
Programme aims & expected outcomes	Promoting healthy parenting and reducing VAC	Promoting gender transformation and reducing IPV	Reducing IPV and VAC
How the intervention works (Theory of Change)	Draws on social learning theory and promotes key parenting behaviours and roles to support child health and development and healthy, positive parenting (such as spending quality time, encouraging child-directed play, and promoting child socio-emotional regulation).	Draws on theories of gender and masculinities and addresses gender-based inequalities and how these manifest in couple relationships and roles in the family. Programmes are designed to promote equitable couple relationships, shared decision-making and improved communication.	Combines a gender-transformative approach with improving parenting behaviour. Programmes are based on an integrated framework for addressing factors linked to both VAW and VAC and consider the *intersections of VAW and VAC.*
Targeting	Parents of specified children (e.g., young children, adolescents, those with behaviour problems). Traditionally, mothers/female caregivers attend programmes.	Men are often the primary target; however, partners are required.	Couples with children. Fathers are often prioritised.

Case study 4: REAL Fathers[28]

This intervention combines the focus on parenting support and family strengthening in one gender transformative intervention. The ***Responsible, Engaged and Loving (REAL) Fathers*** intervention aims to address gender norms that promote the use of violence in child discipline and with intimate partners, by promoting positive parenting and partnership skills building.[28] The programme theorises that:

- Increased knowledge and skills in positive parenting and exposure to alternative non-violent discipline strategies lead fathers to practice more positive parenting and improve parent-child interaction.
- Targeting couple communication skills, joint problem solving, and non-violent responses to couple conflict reduces the perpetration of IPV in the long term.
- Self-reflection on gender roles by men and women, and at the community level through exposure to posters, leads to acceptance of an expanded role for the father over time.

REAL Fathers target young fathers with a partner, with toddler-aged children. A 6-month programme, it consists of mentoring sessions and activities that elevate gender issues to a community level to create community awareness and support for the participating fathers.

Programme facilitators are trained, volunteer community members. Following a unique approach, facilitators are selected by the fathers as their preferred mentors. The curriculum-based programme is delivered through a series of 12 mentoring sessions and community posters. The programme delivery consists of:

1. Mentoring sessions offered to the fathers every month, i.e., one individual session, and one group session with 3-4 other fathers and their mentors.
2. Two individual and one group session includes the partner.
3. Six posters promoting the new behaviours discussed and supported during the sessions are displayed in community spaces frequented by the fathers.
4. 'Community celebration' meetings are held after the final mentoring session, attended by important stakeholders and family members.

Piloted and initially evaluated between 2013 and 2015, REAL Fathers was developed in a community in Northern Uganda where it was subsequently scaled. It was also adapted for a new setting in the Karamoja sub-region, Uganda. The initial evaluation compared men who participated in the programme, with those who did not. The study found that the participating men showed significant reductions in IPV at the endpoint and the longer-term follow-up (8 to 12 months post-intervention). Similarly, participants showed significant reductions in physical punishment of children at the longer-term follow-up.

During scale-up, adaptations were made to enable cultural relevance and responsiveness to the needs of the new settings. A scale-up evaluation was completed in 2018. The original study sample consisted of 500 men, while the latter study, consisting of 600 men, also showed positive outcomes in terms of reduced violence against children and violence against women. The intervention has only been implemented and tested in Uganda. Future evaluations could include the voices of female partners to improve the verification of the data.

Table 4: Key strategies adopted to deliver selected parent support and family-strengthening programmes

Strategies	PLH-YC	Bandebereho	REAL Fathers
Community engagement/activism	-	-	✓
Curriculum/workshops	✓	✓	✓
Gender transformative approaches	-	✓	✓
Economic empowerment	✓ (Philippines adaptation)	-	-
Working with local leaders	✓	✓	✓
Therapy and counselling (response)	-	-	-
Institutional strengthening	-	-	-
Home visiting	✓ (as alternative)	-	✓
Peer group support	✓	✓	✓

Evidence for the family strengthening and parent support approaches using an intersections lens

Several trials and longitudinal studies from multiple countries in sub-Saharan Africa show that both couples-based and parent support programmes can effectively reduce violence against women and violence against children. Interventions that seem most impactful in reaching combined effects for women and children are those that adopt a gender transformative approach. Additionally, these programmes are intentional about preventing or reducing both forms of violence and include strategies targeting both gender and child outcomes.

What does a gender transformative approach look like?[37]

- Programmes generally work with both males and females to promote caring, equitable relationships and non-violent interactions within family relationships
- Programmes seek to change individuals' own gender attitudes and behaviours, to improve couple relations **and** the way children are raised
- This approach therefore addresses unequal gender attitudes, norms and power dynamics and promotes greater equity between couples or parents, encouraging, for example, shared childcare responsibilities and household decision-making.

For more on adapting parent support programmes to address both VAC and VAW, see the briefs developed by UNICEF, Prevention Collaborative and Equimondo (www.prevention-collaborative.org/parenting-programmes-to-reduce-violence-against-children-and-women/).

Bandebereho is an exemplary illustration from Rwanda, which has shown sustained, reduced violence against women and violence against children for six years.[38] In addition to the interventions mentioned earlier, two others are worth mentioning. Safe at Home in the Democratic Republic of Congo showed reduced violence for women and children when measured separately, and when the co-occurrence of both forms of violence was measured.[39] EFFECTS, a Tanzanian parent support intervention providing a combined nutrition and parenting package, showed reduced maternal use of harsh discipline; however, fathers did not show any reduced harsh parenting behaviours.[40] The intervention showed reductions in IPV, with the combined package of parent support with nutrition showing greater IPV reduction than nutrition only.

Table 5 illustrates how parenting and couples programmes can effectively reduce both violence against children and violence against women (IPV).

Table 5: Parent support and family strengthening programme examples with evidence of reductions in both IPV and violence against children

Intervention	Effectiveness of intervention (intersections lens)	Elements that may promote effectiveness
Parenting for Lifelong Health (Young Child): Philippines model. It is a traditional parent support programme aimed at reducing VAC. The PLH-YC Philippines model is adapted from the original South African model. The adapted version includes an economic strengthening component (parents received cash grants).[41]	**Moderate effects** found one month post-intervention for: Reduced overall child maltreatment, emotional, and physical abuse & neglect **Significant effects** one month post-intervention were found for: Reduced dysfunctional parenting, child behaviour problems, and IPV, and increased parental efficacy & positive parenting **Sustained effects** one year post-intervention were found for: Reduced overall maltreatment, emotional abuse and neglect effects, and IPV.	Reduced, sustained IPV was not an expected outcome. Factors that may have promoted this outcome include: • The advantage of combining an evidence-based parenting programme with an economic strengthening intervention • Mothers' higher efficacy and confidence when engaging with spouses • Mothers' improved regulation of emotions (e.g. anger toward spouses)
Bandebereho It is a couple-based programme aimed at promoting healthier couple relations, reducing IPV, and engaging men in maternal and child health and childcare.[38]	**Sustained effects** (at 6 years post-intervention) were found for: Reduced IPV and physical punishment of children alongside multiple health and relationship outcomes. Intervention women reported less past-year physical, sexual, economic and emotional IPV. Intervention couples reported less child physical punishment and improved father engagement, and division of household labour and decision-making.	Although reduced VAC was not a primary aim, factors that may have promoted this outcome include: • Exposure to gender-transformative programming for both parents • Holistic focus on improving both couple and parent-child relationships • Improved parental mental health and reduced stress • Strengthened parent-child relationships • Increased parental awareness of violence and its consequences • Application of couple relationship skills to parenting relationships.

Opportunities for strengthening an intersections approach

The practicality and expediency of combined intervention approaches to address both violence against children and violence against women are well documented in the literature.[2] Combined approaches also apply a socio-ecological approach, grounded in the understanding that broader cultural and familial factors and relationships such as couple relationships impact parent-child relationships.

Similarly, an important consequence of IPV is that the victimised parent is likely to display negative parenting patterns and behaviours, including aggression,[42] contributing to an intergenerational cycle of violence. Parent support programmes offer a unique opportunity to address IPV and violence against children by addressing the shared risk factors of IPV and violence against children. Since IPV is likely to affect parenting capacity and women's maternal experiences, failure to address IPV through parent support can limit programme effectiveness in reducing violence against children.[2]

Opportunities for combined intervention approaches are present in the following ways:

- **Parent support programmes can consider engaging intentionally with gender transformative approaches and content**, with the understanding that strengthening couple relationships and promoting gender-equitable relationships has great potential for improving family relationships and parenting. Promoting women's empowerment is a strategy that can be incorporated, for example, through economic strengthening, and improving communication and conflict resolution skills, which enables confidence in relationships.[41] Additionally, promoting non-violent relationships across the family (i.e., adopting a broader perspective than only the parent-child relationship) can potentially reduce conflict and violence within the family environment, which greatly influences parenting behaviours.
- **Couples programmes can consider integrating elements that support the reduction of violence against children and encourage healthy parenting and child wellbeing**, noting the evidence on the promising outcomes of interventions that target both forms of violence. Bandebereho is a helpful example of how this can be achieved and sustained effectively.
- **Targeting men** (with their partners), especially those who are experiencing important life transitions such as fatherhood (demonstrated in REAL Fathers and Bandebereho for example), is a key opportunity to promote healthy parenting and to address gendered and social norms promoting violence. Both these programmes targeted young men who were still impressionable and able to make important decisions and changes.

- **Focusing on caregiver wellbeing, including mental health**, is an important opportunity to strengthen caregivers' parenting capacity and to prevent child maltreatment and IPV. Improved mental health will have knock-on effects within couples' relationships and broader family relations and ultimately contribute to reduced violence. Involving both parents in group-based programmes where they can access peer support is beneficial.[43]

For more on the intervention elements and pathways of how parent support programmes can improve parental and caregiver mental health, see work by the Prevention Collaborative (www.prevention-collaborative.org/prevention-strategies/addressing-poor-mental-health/)

- **Adopting and sustaining evidence-based approaches for the integration of strategies to promote child safety and wellbeing in combined interventions**, as there is some indication from studies to suggest that with combined interventions, outcomes for women are more prominent. This may require increased attention to the integration of child-focused or parenting content within the curricula for couples programmes.

Lessons for more effective family strengthening and parent support programmes

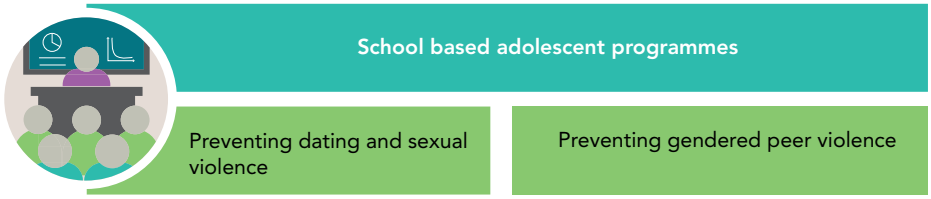
- **Combining efforts to address couple relationships and parent-child relationships** with an emphasis on promoting gender-equitable and non-violent family relations in *one intervention* can have powerful effects on reducing both violence against women and violence against children. Bandebereho is an example of an intervention producing long-term positive outcomes for women and children.
- **The use of existing large-scale systems to deliver interventions** enables greater efficiency, and possibly effectiveness, and wider reach (e.g., use of the cash transfer programme in the PLH-YC Philippines model).
- **Community engagement** seems to be a key element of the REAL Fathers initiative. As addressing social norms is critical for supporting and sustaining men's behaviour change, the role of community posters and celebration events, and the significant role of the mentors as stakeholders in their communities, are important to highlight. The use of community members as facilitators of programmes is a key programming aspect.
- **The use of structured curricula,** facilitated within a programme of at least 10 sessions delivered regularly and grounded in a sound theory of change.[37] Most of the programmes mentioned in this section delivered 12 sessions regularly, with men often receiving more sessions than their partners. Allowing participants time for practising new behaviours and attitudes was an important, shared element.
- **Training of facilitators, and ongoing upskilling and support for facilitators**. Training is an important ingredient of the programmes that show effectiveness. While there is diversity in how training is implemented and its duration, refresher training and ongoing engagement, mentoring or supervision are integrated into the implementation of the programmes. Training of at least 10 days is recommended to enable quality programme delivery.[37]

C. Engaging youth to change norms and values

Girls, especially during adolescence, are particularly vulnerable to gendered forms of violence such as sexual violence, dating or intimate partner violence and harmful cultural practices).[23] These gendered forms of violence against adolescent girls are deeply rooted in systemic gender inequality due to the lower status of girls and the gendered power imbalances which mean that young women tend to hold less power.

Programmes targeting adolescent girls and boys that have shown success have mainly been delivered in and through schools. The focus of these programmes has primarily been to reduce dating/IPV, sexual violence and peer-on-peer violence. Effective school-based programmes have young people as the central focus, using group education activities and participatory techniques to encourage critical thinking and reflection within a supportive peer environment to shift peer norms on gender and gender relations.

Successful programmes engage the wider school community, not just teachers and learners, but include school administration, parents, governing bodies and the local community. The focus is also on strengthening the school system to support violence prevention programming which allows for greater sustainability of interventions.



What are some of the common elements of school-based adolescent programmes?

- Group education activities and participatory techniques are used to encourage critical thinking and reflection and create a supportive peer environment to foster participation to challenge norms.
- Curricula-based programmes ai mto promote gender equality and gender-sensitive relationships through structured group-based techniques that enable reflection and questioning of gender norms to build skills that can shift attitudes and behaviours.
- Programmes are delivered by trained facilitators or teachers with support.

Case study 5: PREPARE

PREPARE is a gender transformative programme that aims to *"change the norms that promote male dominance, increase young women's agency, improve communication to reduce violence in relationships and increase the ability of young people to negotiate safer sex"*. The programme also aimed to create a supportive school environment by working with students, teachers, parents and the police to conduct a school safety audit and create a climate of zero tolerance towards violence.

The intervention is multi-component, comprising an educational programme, a school health service and a school safety programme. Its primary component is a manualised curriculum aimed at preventing intimate partner (dating) violence. It targets young adolescents (12-14 years) and is delivered over 21 sessions during Grade 8 Life Skills classes by trained facilitators employed by the project.[44] The lessons aim to develop an adolescent's motivation and skills, focusing on gender and power, relationships, assertiveness and communication, decision-making, risk-taking, violence, self-protection and support. Staff employed by the PREPARE project are screened for positive gender norms and comfort with sexuality education. The facilitators received a two-week training course and subsequent weekly training, supervision and session preparation support.

The programme was evaluated through an RCT with a sample of approximately 3,000 learners in South Africa and showed a significant (23%) reduction in the experience of IPV/dating violence.[44] The PREPARE intervention did not lead to any reductions in sexual risk behaviours; despite this finding, the intervention had a beneficial effect on gendered violence. The programme proposes that young adolescents probably need more intense, sustained exposure to interventions such as PREPARE to have an impact on sexual risk behaviour. The programme was primarily delivered as an after-school programme. As such, it was difficult to achieve sustained exposure because it is challenging for learners to remain after school. Thus, the timing of school-based programmes matter.

Case study 6: IMpower

IMpower in combination with Your Moment of Truth is a rape prevention, curriculum-based programme aimed at reducing sexual assault among young adolescents through the joint implementation of a girls' empowerment self-defence (ESD) programme and a concurrent boys' programme. *IMpower* uses ESD techniques to strengthen girls' critical reflection and problem-solving skills and to boost their self-esteem and confidence.

The programme was adapted to include an intervention for boys called *Your Moment of Truth*, adapted for the East African context. The programme is implemented by trained *No Means No Worldwide* (NMN) facilitators at schools. The girls' and boys' curricula are implemented simultaneously over 6 weeks, delivered in five separate complementary sessions followed by a sixth joint session. The NMN system consists of three components:

1. NMN curriculum: 12 hours of content taught in two or three-hour classes.
2. Network referral system: Connection to services for participants who disclose violence and request assistance.
3. Survivors in Recovery Anonymous (SIRA): Support groups for those who have disclosed violence and requested support.

The boys' curriculum is designed to promote positive, non-violent masculinities and help boys identify emotions and build skills for non-violence, seeking consent, and strategies for safe bystander intervention (i.e., interrupting potential violence and harassment).

Four evaluations were conducted for the programme. The first pre-post study in Kenya showed reduced sexual assault among the participants.[45] To further the evidence on this approach, an RCT in Kenya showed that young girls in the programme had a 3.7% lower risk of sexual assault.[46] Similarly, in an RCT in Malawi, there was a significant past-year drop in sexual assault.[47] The programme shows evidence of increasing protective factors and reducing sexual abuse.[48] The *IMpower programme* has been adapted by adding a male component in two studies. In Kenya, *Sources of Strength* was added as a male component and was evaluated as part of the What Works programme but did not show the same promising reduction in sexual violence.[49]

There has been some critique of the approach in that it places the responsibility on girls to protect themselves. For this reason, the programme was adapted to include boys. This group of interventions contributes to the growing evidence base that such approaches are successful in building protective factors and reducing experiences of violence.

Table 6: Key strategies adopted to deliver adolescent programmes

Strategy	IMPower	Prepare	GREAT
Community mobilisation		X (safety model) school safety audit includes police and community	X
Curriculum/workshops	X	X	
Gender transformative	X	X	X
Economic empowerment			
Working with local leaders			X
Therapy and counselling			
Institutional strengthening		X (school strengthening)	
Home visiting			
Peer group support	X		
Digital platforms / radio			Radio and story telling
Other	Linking with services	X (sexuality education) Working with school staff, school health service	Linking with services

Evidence for school-based programming for adolescents

Evidence of schools as a site for the delivery of violence prevention programmes in the Global South, and in particular Sub-Saharan Africa, has emerged over the past decade. A systematic review of violence prevention programmes targeting adolescence girls in low- and middle-income countries identified only 28 programmes that focused specifically on adolescent girls.[50]

Successful interventions mainly used a combination of approaches, with school-based programmes focused on shifting norms and values holding the most promise. In addition, it appears that even "light touch" combined interventions can show promising effects. For example, the Gender Roles, Equality and Transformations (GREAT) pilot implemented in Northern Uganda uses a light touch intervention consisting of weekly radio drama sessions, community mobilisation efforts conducted at the parish level, and adolescent engagement through schools and existing community groups using a participatory toolkit.[51] The pilot included a wide range of target groups: male and female unmarried adolescents (10-14 years and 15-19 years), married adolescents (15-19 years) and adults (over the age of 19 years).

The study was evaluated through a quasi-experimental design and found that the programme reduced rates of gender-based violence and improved sexual and reproductive health outcomes. However, the design was unable to determine what component(s) contributed to the impact on the desired outcomes, and a more robust study design is needed to establish this.

In an example of a promising school-based intervention from outside the African region, the *Positive Child and Youth Development programme (Right to Play)* was implemented in Pakistan and delivered by coaches through structured play to build social and emotional skills. The programme is targeted at boys and girls aged 12-14 years in grades 6 to 8. This programme was successful in decreasing peer violence, improving mental health outcomes, decreasing corporal punishment at school and decreasing the witnessing of domestic violence at home.[52]

A recent systematic review of interventions to prevent or respond to violence against women and violence against children found limited evidence of interventions directed at adolescents.[2] We therefore need focused investment in research that deepens our understanding of programmatic approaches that are effective and scalable for adolescents.

Opportunities for strengthening an intersections approach

Targeting adolescents as a vulnerable group to reduce their experience of gendered forms of violence and the intersecting risks of VAC and VAW is important. A focus on intersecting risks during adolescence holds great potential to reduce the immediate and long-term effects of violence. In addition, it can also reduce the intergenerational cycle of violence for victimisation as adult women and for male perpetration of violence to current or future intimate partners.

Schools offer a scalable delivery mechanism for interventions that can reach large numbers of adolescents, in partnership with education systems and governments.[50] In addition, evidence from low- and middle-income countries shows that teachers can be trained to deliver violence prevention programming if they are properly supported.[53] This delivery mechanism should be capitalised upon to reach pre-adolescent and adolescent girls and boys. School-based models that have demonstrated effectiveness have the potential to be adapted for local contexts.

Lessons for adolescent programming

Adopting a gender transformative approach that aims to reshape unequal power relations is central to adolescent programming.[54] Additional lessons learnt from implementing school-based programmes include:

1. The length and intensity of programmes matter – programmes longer than 12 weeks have better outcomes.
2. Training of teachers to deliver programmes in school is possible but they require support to ensure fidelity (or faithfulness) to the model.
3. Investing in schoolwide, multi-component interventions that keep young people at the centre with a focus on values and social norms, can promote the sustainability of an intervention.
4. When and how programmes are delivered matters as it can affect participation and the overall impact of programmes.
5. Engaging young people as active participants to build their leadership skills and to take ownership of programmes is central to building their capacity to become effective change agents.

D. Economic strengthening

Women and children in low-income households are at increased risk of experiencing violence.

Income and economic strengthening interventions that increase the financial security and stability of women and families have therefore been proposed as promising strategies to reduce interpersonal violence.

These interventions can take different forms, including microfinance and cash transfers. Microfinance refers to financial services (e.g. loans or micro-credit, savings groups etc.) offered to individuals and small businesses in low-income areas who lack access to traditional banking, while cash transfers are direct payments to eligible people. Economic strengthening interventions that have a violence prevention focus are often combined with other strategies for preventing or reducing violence, such as health or women empowerment interventions.

Reducing poverty for children and families and increasing economic security for women are key strategies identified in the INSPIRE and RESPECT frameworks. However, the evidence for the potential of economic strengthening strategies to reduce both violence against women and violence against children is mixed and merits further study.

What are common elements of economic strengthening interventions?

- These interventions typically aim to increase the financial security and stability of women and/or families. Common objectives include women's economic empowerment and reducing conflict and improving well-being and relationships within families.
- Economic strengthening interventions are often combined with or complemented by other programming aimed at strengthening families and/or violence reduction, although in some cases economic transfers on their own have been found to achieve reductions in IPV.

Case study 6: Trickle Up Plus

Trickle Up Plus was implemented in Burkina Faso and is a multi-component intervention that combines economic and family strengthening approaches to improve child protection outcomes in the context of severe poverty.[55] It aimed to achieve this by stabilising the household economy and building on family strengths to improve family functioning, parenting and reduce violence.

The programme is informed by a combination of two primary theories, namely asset theory and family resilience theory. It comprises a package of economic and livelihood interventions (based on a village savings and loan model), with the Trickle Up Plus (TU+) group also receiving a child well-being sensitisation component, which consists of family coaching and five information sessions, with a specific child protection focus. The intervention was implemented with mothers of children aged 10 – 15 years.

An RCT tested the effects of the economic intervention alone and in combination with a family-strengthening component focused on women's empowerment status and family violence.[55] Compared to the control group that received no intervention (waitlisted), there was a significant improvement in women's reported financial autonomy and the quality of marital relationships. In addition, women in both intervention arms reported a significant reduction in emotional spousal violence in the past year, with the effect size greater for the combined intervention. Those in the combined intervention (TU+) were less likely to use harsh discipline methods, expressed more supportive child protection beliefs, and showed a better quality of child–parent relationships compared to women receiving only the economic empowerment intervention. This combined intervention showed promise – and found reductions in aspects of IPV and violence against children – but will require further research to determine efficacy in other settings.

Case study 7: Sugira Muryango

Sugira Muryango is a father-engaged, early childhood development (ECD) and violence prevention home-visiting programme that is delivered by trained lay workers (known as community-based coaches) in Rwanda.[56] While it has a strong child development and family strengthening focus, it is included here because it is delivered to families with children aged 6-36 months living in extreme poverty who are enrolled in a government cash transfer programme for children in Rwanda.

The *Sugira Muryango* has a clear theory of change and comprises five core components:

- Providing psychoeducation on children's development, nutrition, health, and hygiene promotion.
- Coaching caregivers in play and communication and responsive parenting.
- Reducing family violence via father engagement and improved conflict resolution and parental emotion regulation skills.
- Strengthening problem-solving skills and social support through access to resources.
- Building skills in positive parenting.

The intervention involved a range of family members, including fathers, and included active coaching, play, alternatives to harsh discipline and violence, and encouragement of family strengths. The community-based coaches received three weeks of training by trained supervisors and later received both in-person and ongoing telephonic supervision and weekly peer support groups, as well as group supervision once a month. The intervention ran for 12-16 weeks.

A pre- post cluster RCT of 1 049 families found that families receiving Sugira Muryango in combination with the government-provided social protection programme improved on core outcomes of positive parent-child relationships (as well as other caregiver behaviours linked to child development and health) compared to the control families receiving usual care, and also showed reductions in reported use of harsh discipline and IPV.[56]

These findings suggest that the integration of ECD programmes and social protection is a promising area for helping vulnerable children and families break intergenerational cycles of poverty and violence. The programme has begun the process of scaling up, but it has been noted that ECD services are particularly difficult to scale because of their multi-sectoral nature, and that these challenges are amplified when working to expand services through already stretched government structures.[57]

Table 7: Key strategies adopted across two programmes that include economic strengthening components

Strategies	Sugira Muryango	Trickle Up Plus
Community activism		
Curriculum/workshops	✓	✓
Gender transformative approaches	✓	
Economic empowerment	✓	✓
Working with local leaders		
Therapy and counselling (response)		✓
Institutional strengthening		
Home visiting	✓	✓
Peer group support		

Evidence for economic strengthening interventions

Addressing economic drivers of violence through economic strengthening interventions holds promise, but the evidence base at present for these interventions is mixed.

The evidence to support microfinance-based strategies for preventing violence against women has been critiqued, as there is a concern that the causal relationship between economic strengthening and reductions in violence lacks the necessary rigorous evidence.[58] The mechanisms through which these reductions may occur remain unclear, especially in cases where the economic components do not show poverty reduction impacts, and it can be difficult to disentangle the impacts of the different components.

Economic transfers have increasingly been used to reduce poverty and protect families from shocks, and evidence suggests that cash transfers in particular can reduce levels of IPV, even when they are not specifically designed to address violence.[59] Review evidence suggests that while cash transfers addressing IPV and gender norms can reduce IPV in low- and middle-income settings, the evidence on reducing violence against children is less clear.[2] There is some evidence that when cash transfer programmes are combined with parenting interventions, they can reduce IPV, violence against children or both, but more research is needed to identify which components contributed to these outcomes.[2]

Lessons for more effective economic strengthening approaches

Work by the Cash Transfer and IPV Research Collaborative highlights five high-level recommendations for designing and implementing economic transfer programmes that aim to maximise the impact on IPV against women.[60] These are:

1. Cash transfer programmes should focus on providing meaningful income support to vulnerable populations, to strengthen economic security and reduce intrahousehold conflict pathways.
2. Measures to empower women should be intentionally included alongside proactive measures to mitigate backlash.
3. While complementary programming is highly promising for strengthening the effects of cash on IPV, it is critical to ensure that there are clear synergies between cash and "plus" components, as well as ensuring that the design is responsive to both programme objectives and constraints.
4. The effectiveness of such programmes for violence prevention relies on high quality implementation of both the cash transfers and the complementary programming.
5. Regardless of the programme objectives, implementers should be guided by an understanding of gender dynamics in programme settings, assessed through rapid gender assessments and collaboration with local women's groups or stakeholders.

In addition, to increase the effectiveness of programmes for reducing violence against children, cash transfers should be intentionally paired with child protection systems and programming.[59]

6 CONSIDERATIONS FOR ADAPTATION AND SCALING UP

Adaptation

Given the growth in evidence-based strategies that have shown promise for reducing violence against women and against children, there is increasing demand for adapting these programmes to new contexts, whether in a different area, with a different target group or in a different country. Some high-level lessons to consider in the adaptation process include:

1. **Identify the core elements of a programme or intervention that "make it work" and implement them as faithfully as possible** (fidelity). Particularly where interventions have shown to be effective elsewhere and are adapted for a new context, it is essential to understand the mechanisms that made the original programme effective and ensure that these elements are retained and implemented faithfully. This requires understanding the theory of change that informed the original intervention.
2. Where possible, **work with the originators** (or with guidance provided by the originators) to identify the core elements of the intervention that should be retained, and what can be adapted to suit the context.
3. **Contextual understanding is key**. It is also important to have a solid understanding of the local context in which an intervention is being implemented, and to work with community partners when adapting the intervention. There needs to be a balance between fidelity to the core components believed to be responsible for an intervention's effectiveness and adaptation to the local context. One approach is to work with a community advisory group made up of community members who can give input and guidance on programme adaptations to make sure that the intervention is relevant and appropriate to the local setting.
4. **Foster a learning culture and document** the adaptations and their effectiveness along the way, so that the lessons learnt through the process are recorded and can be shared.

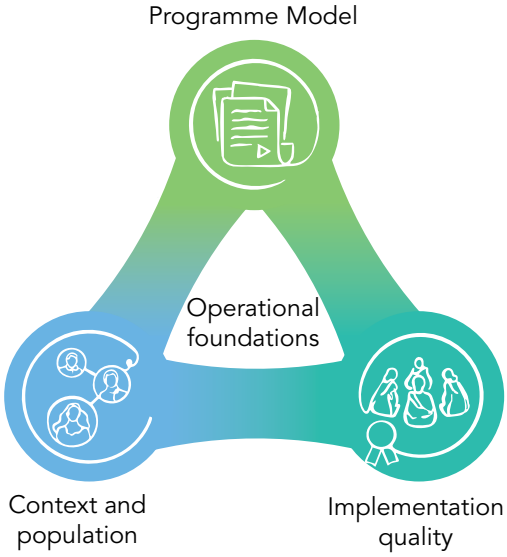
Box 2: The Prevention Triad

When interventions are adapted, the focus of evaluations is largely on whether or not the model 'works' or is effective, rather than on what it takes to make an intervention work.[61] The Prevention Collaborative used the case study of an adaptation of Indashyikirwa to develop a tool – the **Prevention Triad** – that encourages a more holistic understanding of what is needed to make violence prevention programmes work.[61]

In this example, an evaluation of the original Indashyikirwa couples curriculum in Rwanda found a significant reduction in women's experiences of IPV. But an evaluation of a subsequent adaptation of the curriculum, implemented in different districts in Rwanda, reported that women were experiencing higher levels of IPV. To explain these conflicting results, the Prevention Collaborative used the Prevention Triad to show how multiple elements – implementation quality, context and population, and operational foundations – in addition to the programme model are required to ensure the effectiveness of a programme.[61] It was found that the contrasting findings were the result of differences in implementation quality and the operational foundations (e.g. timeframes and staffing), rather than simply being a case of the programme model 'not working'.

The Prevention Triad is therefore a useful tool for thinking about adaptations and why evaluation findings may differ in a more holistic way. It also again highlights that how a programme is adapted and implemented is often as important as the content of the programme.

For more on the Prevention Triad tool and case study, see https://prevention-collaborative.org/knowledge_hub/introducing-the-prevention-triad.



Source: Stern E, Heise L, Rutayisire F, Buscaglia I, Banerjee J, Levtov R, Ghosh T. *Prevention triad case study: interpreting conflicting results of the Indashyikirwa programme and its adaptation in Rwanda.* Prevention Collaborative. 2023. Tool developed by the Prevention Collaborative.

Scaling up

While scaling up an effective programme is further along in the implementation process than the design and adaptation elements considered in this toolkit, a lesson learnt from the growing evidence base of primary prevention programmes is the importance of **considering scale-up in the initial design phase.**

Specifically, this should include considering the **mechanisms for scale up** and increasing its reach should it prove to be effective. For example, embedding a family or deepening strengthening programme within a cash transfer system that targets vulnerable families could provide synergies for reducing poverty and violence in the home, while also potentially strengthening targeting and increasing the reach of the programme.

A second lesson to consider is the importance of **bringing government and other relevant stakeholders on board early** in the design and implementation process so that they are invested in the success of the programme.

The RESPECT framework identifies eight elements to bear in mind for scaling up interventions.[18]

7 NEXT STEPS: PRACTICAL CONSIDERATIONS IN PROGRAMME DESIGN AND IMPLEMENTATION

The final component of this toolkit aims to provide a summary of steps that implementers should take to strengthen their work at the intersections of VAC and VAW, given the evidence and lessons learnt presented in this toolkit.

This section provides a series of questions for practitioners to consider in this process, starting with programme design and moving to preparing for programme implementation.

The pathways that practitioners will follow will differ based on the organisation or programme's current focus – for example, a parent support programme that aims to support the healthy development of young children will take a different approach to a women's rights organisation that is involved in community activism to promote more gender equitable and non-violent social norms and attitudes at community level. Case study 8 describes an example of a practical experience in the South African context.

The questions in this section aim to provide a flexible guide and to encourage practitioners to think through a set of considerations as they plan their own pathway to strengthening their prevention work at the intersections of VAC and VAW. The design questions start with a focus on implementers who want to revise a current programme to strengthen the focus on risk factors for VAC and VAW, but they can also be used by those who want to select an existing promising programme to adapt.

A checklist of steps to follow for both stages can be found in the appendix.

Case Study 8: What does working at the intersections of VAC and VAW look like in practice?

The Children's Institute at the University of Cape Town and MOSAIC, a women's rights organisation based in Cape Town, partnered in 2020 to co-develop an intervention that works at the intersections of VAW and VAC. This case study outlines how we went about this in practice.

After conducting formative research to better understand the attitudes, behaviours and experience of violence in Mitchell's Plain, the team worked together to review MOSAIC's programme offerings to identify an appropriate intervention to adapt.

An existing curriculum-based prevention programme was selected, with a focus on promoting safety in the home and reducing IPV by addressing gender and power in intimate relationships as well as developing healthy relationships between couples. The team worked on adapting the intervention to adopt an intersections focus – by broadening the focus to include gender socialisation of children, violence against children, and promoting positive parenting and non-violent forms of discipline. The adapted intervention consisted of 13 sessions targeting adults in the community who had intimate partners and were caring for children.

This adaptation was informed by a desktop review of parent support curricula, and the adapted sessions were piloted in two phases with community members. This was followed by a feasibility study that explored the successes and challenges in the set-up and implementation of the adapted curriculum.

The level of training required by facilitators to develop new facilitation skills and internalise child-related content surfaced during the feasibility testing, as did the challenges of recruiting and retaining males. We also found that selection of facilitators is critical to the success of programme delivery. In addition, logistical challenges such as identifying safe and accessible venues and building in weekly preparation and support time had to be addressed at an organisational level. Our experience highlights that intentional planning and resourcing is critical. We learnt that overlooking this can significantly affect the quality and feasibility of implementation for organisations on the ground.

Questions informing design choices

- Does the current programme have a clear **theory of change**? If not, a theory of change should be developed. If yes, what risk factors does the programme currently address? Does it address factors at different levels of the socio-ecological model?
- What **shared risk factors for VAC and VAW** (e.g. poverty, gender inequity, poor communication, marital conflict etc.) can be addressed by this programme or a revised version of it?
- What **evidence-based programme/s** has been or can be drawn upon?
    - How strong is the **evidence** for the effectiveness of the identified programme?
    - What is the **theory of change** for this programme, and does it align with your own?
    - Has it been designed for **low-resource settings**, or settings similar to the one in which you intend to implement it?
    - What are the **core elements** of the programme that need to be faithfully retained (fidelity)?
- What factors should be considered for **adapting** these programmes?
    - What process will be followed to adapt the programme so that it is rooted in **local knowledge and practice**? Has the programme been implemented in similar contexts to South Africa?
    - How can the **originators** be involved in adaptation of the programme?
    - How will **local communities or practitioners** be involved in adapting the programme to the local context?
- What are the **implications** of this for staff numbers, training and capacity development? It is **feasible** to implement the recommended training, mentoring and support activities?
- What **user-friendly materials and manuals** are needed to support consistency and fidelity to the programme's core elements?
- What is recommended as the **optimal length**. Is this programme aligned (duration and frequency of sessions and overall programme length) is your programme aligned to these recommendations?

A **theory of change** is a diagram or written description that explains how particular activities or actions are expected to lead to specific outcomes. It is a way to document how a programme is supposed to work, why it will work and who will benefit. Key steps include identifying (a) the problem you are working to address; (b) what you want to achieve (goal); and (c) what needs to be done to get there.

- To what extent does your programme make use of **participatory learning methods** and allow for experiential learning, critical reflection and building on participants' strengths, knowledge and experiences?
- Does the programme include **key mechanisms for reducing IPV and violence against children** in prevention programmes, such as:
    - improving communication skills and conflict resolution skills;
    - supporting reflections on harmful gender norms; and
    - increasing awareness of the adverse consequences of IPV and VAC on children?
- How can your programme more intentionally adopt a **gender-transformative approach** that challenges gender and power imbalances and in a locally relevant way? Does the programme include a space for **critical reflections on gender and power** within households, schools and/or communities?
- Can the programme be safely **expanded** to engage both women and men, parents and children, and even family members, teachers, or others in the community?
- Are the design and methods used **appropriate for the age group** you are engaging with? Do the staff and volunteers have the skills to engage children?
- How do the design and implementation choices made for this programme support the potential for **scale up** if it is shown to 'work'?

Questions informing preparations for implementation

- How well do staff and volunteers **understand**:
    - **the purpose of violence prevention** and the implications of this for recruitment of the target audience of the programme?
    - **how VAC and VAW intersect**, and the implications of this for their work in practice? What training or support is needed to deepen this understanding so that there are shared goals moving forward?
- What **additional resource**s – human, financial, organisational – will be needed to implement the revised programme in full? Consider how will these funds for additional staff be secured.

  - How will **additional funding** – for additional staff or staff time, spaces, materials, retraining staff etc. be secured to implement the programme in full?

- Are the **values, beliefs and attitudes of the current staff and volunteers** aligned with an intersections approach that promotes gender equitable and non-violent relationships (including in the area of child discipline in families?) If not, what will be done to address this?
- To what extent do the current staff and volunteers have the **skills to implement participatory learning methods** (e.g. facilitation skills for curriculum-based group work or community activism activities etc.) and to facilitate critical self-reflection among participants? What training will be provided to support implementers to develop these skills?
- How will **staff and volunteers be supported and supervised** during the implementation of the programme? How does the programme incorporate **trauma-informed practices** in how staff and volunteers as well as programme participants are engaged and supported?
- How does the programme **actively create culturally sensitive, safe spaces for children and for women** to share and access support?
- What **safeguarding policies** will be put in place or strengthened for women and for children? What are the **legal reporting requirements** in cases of abuse of children, and how is this integrated into programme policies?
- How are **response and support services integrated into the programme**, for women and for children? Do these services form part of the programme, are they accessed through collaboration with partner organisations, or are relationships and networks developed to ensure opportunities for referral where needed?
- What **partnerships** are needed to strengthen the implementation of the programme? This could include partnerships to learn from others doing similar work, to support thinking about scale up or for strengthening response and support services, among others.
- Using the theory of change, **what indicators will be used to monitor and measure** programme success? How is "success" defined?

8 CONCLUSION

This toolkit is intended as a practical guide to support implementers to deliver violence prevention programmes that target the intersections of violence against women and violence against children and are informed by research evidence and practice-based knowledge.

The toolkit draws on existing literature and reviews to illustrate the ways in which programmes can better address these intersections, and presents practical considerations and lessons learnt about how to design and implement programmes effectively to prevent these interconnected forms of interpersonal violence.

Some key takeaway messages from this toolkit are:

- Violence against children and violence against women **intersect** and overlap in important ways.
- By **targeting shared drivers** or risk factors, we can jointly address violence against women and children.
- Ignoring one or other form of violence is likely to **diminish the impact** of well-intentioned programmes.
- **Great potential exists** to address both simultaneously.
- There is **evidence of strategies that work** for jointly addressing VAC and VAW that we can draw on.
- Sometimes this may be achieved through **integrated programming**, other times **coordinated programming** may be called for.
- Tackling social and behavioural drivers of violence using a **gender transformative approach** shows strong promise for preventing both forms of violence.
- The **implementation** of violence prevention programmes is often as important as the design and content of the programme in contributing to whether or not a programme 'works' or is effective.

References

1. Mathews S, Makola L, Megganon V. *Connecting the Dots: Informing our understanding and response to the intersections between violence against women and violence against children*. Cape Town: Children's Institute, University of Cape Town. 2021.
2. Bacchus LJ, Colombini M, Pearson I, Gevers A, Stöckl H, Guedes AC. Interventions that prevent or respond to intimate partner violence against women and violence against children: a systematic review. *The Lancet Public Health*. 2024;9(5):e326-e338.
3. World Health Organization. *Violence against women*: 25 March 2024. Accessed: 2 March 2025. Available from: https://www.who.int/news-room/fact-sheets/detail/violence-against-women.
4. Hillis S, Mercy J, Amobi A, Kress H. Global prevalence of past-year violence against children: a systematic review and minimum estimates. *Pediatrics*. 2016;137(3).
5. Machisa M, Jewkes R, Morna CL, Rama K. The war at home: gender based violence indicators project: Gauteng research report. *Johannesburg: Gender Links*. 2011.
6. Burton P, Ward C, Artz L, Leoschut L. The Optimus study on child abuse, violence and neglect in South Africa (research report). Cape Town: Centre for Justice and Crime Prevention & University of Cape Town; 2016.
7. Zungu N, Petersen Z, Parker W, Dukhi N, Sewpaul R, Abdelatif N, . . . The SANSHEF Team. *The First South African National Gender-Based Violence Study, 2022: A Baseline Survey on Victimisation and Perpetration*. Cape Town: Human Sciences Research Council. 2024.
8. Krug E, Dahlberg L, Mercy J, Zwi A, Lozano R. World report on violence and health. Geneva: World Health Organization; 2002.
9. Mercy J, Hillis S, Butchart A, Bellis M, Ward C, Fang X, Rosenberg M. Interpersonal violence: Global impact and paths to prevention. In: Mock CN NR, Kobusingye O, et al., editors., editor. *Injury prevention and environmental health*. 3rd ed. Washington DC: The International Bank for Reconstruction and Development / The World Bank; 2017.
10. World Health Organization. *Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women*. Geneva: WHO. 2021.
11. Abrahams N, Mhlongo S, Chirwa E, Mathews S, Dekel B, Ketelo A, . . . Jewkes R. Femicide, intimate partner femicide, and non-intimate partner femicide in South Africa: An analysis of 3 national surveys, 1999–2017. *PLoS Medicine*. 2024;21(1):e1004330.
12. World Health Organization. *Child maltreatment*: 5 November 2024. Accessed: 19 March 2025. Available from: https://www.who.int/news-room/fact-sheets/detail/child-maltreatment.
13. Gilbert R, Kemp A, Thoburn J, Sidebotham P, Radford L, Glaser D, Macmillan HL. Recognising and responding to child maltreatment. *Lancet*. 2009;373(9658):167-180.
14. McTavish JR, MacGregor JC, Wathen CN, MacMillan HL. Children's exposure to intimate partner violence: An overview. *International review of psychiatry*. 2016;28(5):504-518.
15. Richter L, Mathews S, Kagura J, Nonterah E. A longitudinal perspective on violence in the lives of South African children from the Birth to Twenty Plus cohort study in Johannesburg-Soweto. *South African Medical Journal*. 2018;108(3):181-186.
16. McKee L, Roland E, Coffelt N, Olson AL, Forehand R, Massari C, . . . Zens MS. Harsh discipline and child problem behaviors: the roles of positive parenting and gender. *Journal of family violence*. 2007;22:187-196.
17. Rothenberg WA, Lansford JE, Bornstein MH, Chang L, Deater-Deckard K, Di Giunta L, . . . Al-Hassan SB, D. Effects of parental warmth and behavioral control on adolescent externalizing and internalizing trajectories across cultures. *Journal of Research on Adolescence*. 2020;30(4):835-855.
18. Ward CL, Artz L, Leoschut L, Kassanjee R, Burton P. Sexual violence against children in South Africa: a nationally representative cross-sectional study of prevalence and correlates. *The Lancet Global Health*. 2018;6(4):e460-e468.
19. Van Niekerk A, Mathews S. Violence, injury and child safety: the new challenge for child health. In: Hall K, Richter L, Mokomane Z, Lake L, editors. *The South African Child Gauge 2018*. Cape Town: Children's Institute. University of Cape Town; 2019.
20. Jewkes R, Abrahams N. The epidemiology of rape and sexual coercion in South Africa: an overview. *Social Science & Medicine*. 2002;55(7):1231-1244.
21. Guedes A, Bott S, Garcia-Moreno C, Colombini M. Bridging the gaps: a global review of intersections of violence against women and violence against children. *Global health action*. 2016;9(1):31516.
22. Namy S, Carlson C, O'Hara K, Nakuti J, Bukuluki P, Lwanyaaga J, . . . Naker D. Towards a feminist understanding of intersecting violence against women and children in the family. *Social Science & Medicine*.

2017;184:40-48.
23. Ellsberg M, Ullman C, Blackwell A, Hill A, Contreras M. What works to prevent adolescent intimate partner and sexual violence? A global review of best practices. *Adolescent dating violence*. 2018:381-414.
24. Fulu E, Miedema S, Roselli T, McCook S, Chan KL, Haardörfer R, . . . Naved RT. Pathways between childhood trauma, intimate partner violence, and harsh parenting: findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. *The Lancet Global Health*. 2017;5(5):e512-e522.
25. Jewkes R, Willan S, Heise L, Washington I, Shai N, Kerr-Wilson A, Christofides N. *Effective design and implementation elements in interventions to prevent violence against women and girls: Evidence brief.* What Works to Prevent Violence: a global programme, funded by UK Aid from the UK Department for International Development. 2020.
26. World Health Organization. *INSPIRE handbook: Action for implementing the seven strategies for ending violence against children*: World Health Organization; 2019.
27. Merkeley K. *Implementing trauma-informed care: A tool to prevent violence in healthcare*: 24 February 2024. Accessed: 22 March 2025. Available from: https://www.vizientinc.com/newsroom/blogs/2024/implementing-trauma-informed-care-a-tool-to-prevent-violence-in-healthcare.
28. Bartel et al. *Lessons learned in gender transformative health programming*. Brief Prevention Collaborative. 2022.
29. Bott S, Guedes A, Subrahmanian R, Chowdhury S, Rumble L, Daban R. *Gender dimensions of violence against children and adolescents*. UNICEF Office of Research, INNOCENTI. 2020.
30. Dunkle K, Stern E, Chatterji S, Heise L. Effective prevention of intimate partner violence through couples training: a randomised controlled trial of Indashyikirwa in Rwanda. *BMJ global health*. 2020;5(12):e002439.
31. Stern E, Heise L, Dunkle K, Chatterji S. How the Indashyikirwa intimate partner violence prevention programme in Rwanda influenced parenting and violence against children. *Journal of family violence*. 2022;37(2):195-206.
32. Chatterji S, Stern E, Dunkle K, Heise L. Community activism as a strategy to reduce intimate partner violence (IPV) in rural Rwanda: Results of a community randomised trial. *Journal of global health*. 2020;10(1):010406.
33. Stern E, Martins S, Stefanik L, Uwimpuhwe S, Yaker R. Lessons learned from implementing Indashyikirwa in Rwanda-an adaptation of the SASA! Approach to prevent and respond to intimate partner violence. *Evaluation and program planning*. 2018;71:58-67.
34. Abramsky T, Devries KM, Michau L, Nakuti J, Musuya T, Kyegombe N, Watts C. The impact of SASA!, a community mobilisation intervention, on women's experiences of intimate partner violence: secondary findings from a cluster randomised trial in Kampala, Uganda. *J Epidemiol Community Health*. 2016;70(8):818-825.
35. Prevention Collaborative. *Mobilising communities*. Accessed: 3 March 2025. Available from: https://prevention-collaborative.org/prevention-strategies/mobilising-communities/.
36. Stern E. *Community mobilisation to prevent violence against women and girls: Lessons from civil society organisations funded by the UN Trust Fund to End Violence against Women. Learning from practice brief series: Issue no. 1*. New York: UN Trust Fund to End Violence against Women. 2021. [https://untf.unwomen.org/en/learning-hub]
37. UNICEF Innocenti - Global Office of Research and Foresight, Prevention Collaborative, Equimundo. Parenting Programmes to Reduce Violence against Children and Women. What gender-transformative programmes look like. Brief 2. Florence: UNICEF Innocenti; 2023.
38. Doyle K, Levtov RG, Karamage E, Rakshit D, Kazimbaya S, Sayinzoga F, . . . Barker G. Long-term impacts of the Bandebereho programme on violence against women and children, maternal health-seeking, and couple relations in Rwanda: a six-year follow-up of a randomised controlled trial. *EClinicalMedicine*. 2023;64.
39. Falb KL, Asghar K, Blackwell A, Baseme S, Nyanguba M, Roth D, de Dieu Hategekimana J. Improving family functioning and reducing violence in the home in North Kivu, Democratic Republic of Congo: a pilot cluster-randomised controlled trial of Safe at Home. *BMJ open*. 2023;13(3):e065759.
40. Galvin L, Verissimo CK, Ambikapathi R, Gunaratna NS, Rudnicka P, Sunseri A, . . . Sando MM. Effects of engaging fathers and bundling nutrition and parenting interventions on household gender equality and women's empowerment in rural Tanzania: Results from EFFECTS, a five-arm cluster-randomized controlled trial. *Social Science & Medicine*. 2023;324:115869.
41. Lachman JM, Alampay LP, Jocson RM, Alinea C, Madrid B, Ward C, . . . Gardner F. Effectiveness of a parenting programme to reduce violence in a cash transfer system in the Philippines: RCT with follow-up. *The Lancet Regional Health–Western Pacific*. 2021;17.
42. Chiesa AE, Kallechey L, Harlaar N, Ford CR, Garrido EF, Betts WR, Maguire S. Intimate partner violence victimization and parenting: A systematic review. *Child Abuse & Neglect*. 2018;80:285-300.

43. Prevention Collaborative. Improving the mental health of parents and caregivers as a strategy to prevent family violence: what does the evidence say? February 2025.
44. Mathews C, Eggers SM, Townsend L, Aarø LE, de Vries PJ, Mason-Jones AJ, . . . Koech J. Effects of PREPARE, a multi-component, school-based HIV and intimate partner violence (IPV) prevention programme on adolescent sexual risk behaviour and IPV: cluster randomised controlled trial. *AIDS and Behavior.* 2016;20:1821-1840.
45. Sinclair J, Sinclair L, Otieno E, Mulinge M, Kapphahn C, Golden NH. A self-defense program reduces the incidence of sexual assault in Kenyan adolescent girls. *Journal of Adolescent Health*. 2013;53(3):374-380.
46. Baiocchi M, Friedberg R, Rosenman E, Amuyunzu-Nyamongo M, Oguda G, Otieno D, Sarnquist C. Prevalence and risk factors for sexual assault among class 6 female students in unplanned settlements of Nairobi, Kenya: Baseline analysis from the IMPower & Sources of Strength cluster randomized controlled trial. *PLoS one*. 2019;14(6):e0213359.
47. Decker MR, Wood SN, Ndinda E, Yenokyan G, Sinclair J, Maksud N, . . . Ndirangu M. Sexual violence among adolescent girls and young women in Malawi: a cluster-randomized controlled implementation trial of empowerment self-defense training. *BMC public health*. 2018;18:1-12.
48. Sarnquist C, Kang JL, Amuyunzu-Nyamongo M, Oguda G, Otieno D, Mboya B, . . . Baiocchi M. A protocol for a cluster-randomized controlled trial testing an empowerment intervention to prevent sexual assault in upper primary school adolescents in the informal settlements of Nairobi, Kenya. *BMC public health*. 2019;19:1-11.
49. Sarnquist C, Friedberg R, Rosenman ET, Amuyunzu-Nyamongo M, Nyairo G, Baiocchi M. Sexual assault among young adolescents in informal settlements in Nairobi, Kenya: findings from the IMPower and SOS cluster-randomized controlled trial. *Prevention science*. 2024;25(4):578-589.
50. Ullman C, Dutra F, Mathews S. What works to prevent violence against adolescent girls in low and middle income countries: A systematic review. *Journal of Adolescent Health*. In press
51. Dagadu NA, Barker KM, Okello SB, Kerner B, Simon C, Nabembezi D, Lundgren RI. Fostering gender equality and reproductive and sexual health among adolescents: results from a quasi-experimental study in Northern Uganda. *BMJ open*. 2022;12(3):e053203.
52. Karmaliani R, McFarlane J, Khuwaja HMA, Somani Y, Bhamani SS, Saeed Ali T, . . . Jewkes R. Right To Play's intervention to reduce peer violence among children in public schools in Pakistan: a cluster-randomized controlled trial. *Global health action*. 2020;13(1):1836604.
53. Mathews S, October L, Fakier A. *Evidence review: prevention of violence against children through schools in sub-Saharan Africa*. Coalition for Good Schools and the University of Cape Town. 2024.
54. UNICEF. *Gender dimensions of violence against children and adolescents. Strategy paper*. New York: UNICEF Programme Division (Child Protection and Gender Sections) and UNICEF Office of Research-Innocenti. April 2020.
55. Ismayilova L, Karimli L, Gaveras E, Tô-Camier A, Sanson J, Chaffin J, Nanema R. An integrated approach to increasing women's empowerment status and reducing domestic violence: Results of a cluster-randomized controlled trial in a West African country. *Psychology of violence*. 2018;8(4):448.
56. Betancourt TS, Jensen SK, Barnhart DA, Brennan RT, Murray SM, Yousafzai AK, . . . Rawlings LB. Promoting parent-child relationships and preventing violence via home-visiting: a pre-post cluster randomised trial among Rwandan families linked to social protection programmes. *BMC public health*. 2020;20:1-11.
57. Johnson T, Betancourt T, Habyarimana E, Asiimwe A, Murray A. Sugira Muryango: Scaling home visits in Rwanda through implementation science. *Early Childhood Matters and the Bernard van Leer Foundation*. 2020.
58. Peterman A, Palermo TM, Ferrari G. Still a leap of faith: microfinance initiatives for reduction of violence against women and children in low-income and middle-income countries. *BMJ global health*. 2018;3(6).
59. Prevention Collaborative. *Cash transfers: reducing violence through greater economic security:* 2025. Accessed: 4 March 2025. Available from: https://prevention-collaborative.org/prevention-strategies/cash-transfers/.
60. Peterman A, Roy S. *Cash transfers and intimate partner violence: a research view on design and implementation for risk mitigation and prevention.* Cash Transfer and IPV Research Collaborative. 2022.
61. Stern E, Heise L, Rutayisire F, Buscaglia I, Banerjee J, Levtov R, Ghosh T. *Prevention triad case study: interpreting conflicting results of the Indashyikirwa programme and its adaptation in Rwanda*. Prevention Collaborative. 2023. [https://prevention-collaborative.org/wp-content/uploads/2022/09/Prevention-Triad-Web-File.pdf]

Appendix 1: Checklist for design

Checklist of next steps: design stage

- ☐ Start by developing or strengthening a robust theory of change that clearly identifies shared risk factors.
- ☐ Identify existing evidence-based programming – or lessons from effective programming – that can be drawn upon to broaden the focus of your intervention to address shared drivers of VAC and VAW.
- ☐ Familiarise yourself with key mechanisms that have been found to be common to interventions that reduce VAC and VAW to inform this process.
- ☐ Once you have identified additional programming or potential changes to your current programme, engage with other practitioners who have delivered this model or approach so that you can draw on their practice-based knowledge.
- ☐ Establish the core elements of the identified programming that need to be incorporated and implemented with fidelity. This can be done by engaging with the originators or other practitioners, and/or through literature on the programme (e.g. articles on websites, evidence briefs, or guidance notes on programme adaptation).
- ☐ Plan how you will go about adapting the identified programming to your local context, while also retaining the core elements that make the programming effective. Consider setting up a community advisory board to advise on this process.
- ☐ Assess whether the additional programming elements or lessons learnt can realistically be implemented in your context with the human and financial resources you have available.
- ☐ Identify the materials and manuals that will be needed to ensure consistency and to support the implementers through this process.
- ☐ Familiarise yourself with the lessons learnt about the "ideal" duration and intensity of the approach. Align your intervention with this but also consider possible challenges in your context and mitigate against them in your planning.
- ☐ Consider ways in which you can strengthen the experiential learning and critical reflection components of your intervention in culturally relevant and age appropriate ways.
- ☐ Consider ways in which you can integrate or strengthen the challenging of harmful gender and social norms and how the impact both women and children.
- ☐ Assess the extent to which your intervention safely engages others beyond the immediate target group. Consider how the changes that may be achieve within the target group can be supported and sustained by engaging with others in the family, school or community.
- ☐ Identify possible platforms or mechanisms for potential scale up, as well as the relationships, partnerships or networks needed at the outset to support this.

Appendix 2: Checklist for preparing for implementation

Checklist of next steps: Preparing for implementation

- ☐ Ensure that staff and volunteers who will implement the programme share a common understanding of violence prevention and the importance of working at the intersections of VAC and VAW.
- ☐ Set aside time for intentional planning, including on the resourcing of the full programme. Identify the additional resources that will be needed to implement the revised programme and where these will be drawn from.
- ☐ Select or identify staff and volunteers with values, beliefs and attitudes that align with the programme goals of reducing both VAC and VAW. Make use of values clarification exercises to surface areas of tension.
- ☐ Identify the skills required to implement the programme – especially those that are core to the effectiveness of the programme – and assess whether or not the identified staff and volunteers possess these skills and decide what will be done to address potential gaps.
- ☐ Put systems in place for supporting, mentoring and supervising staff and volunteers throughout the programme implementation.
- ☐ Put systems in place to create safe spaces for women and children, and to build links to response and support services for women and children who have been exposed to violence. This will often mean developing a new network of support (e.g. for children) and/or referral pathways in addition to what may already be in place (e.g. for women).
- ☐ Put systems in place to monitor and evaluate the interventions to assess if they are achieving the desired goals.

Notes