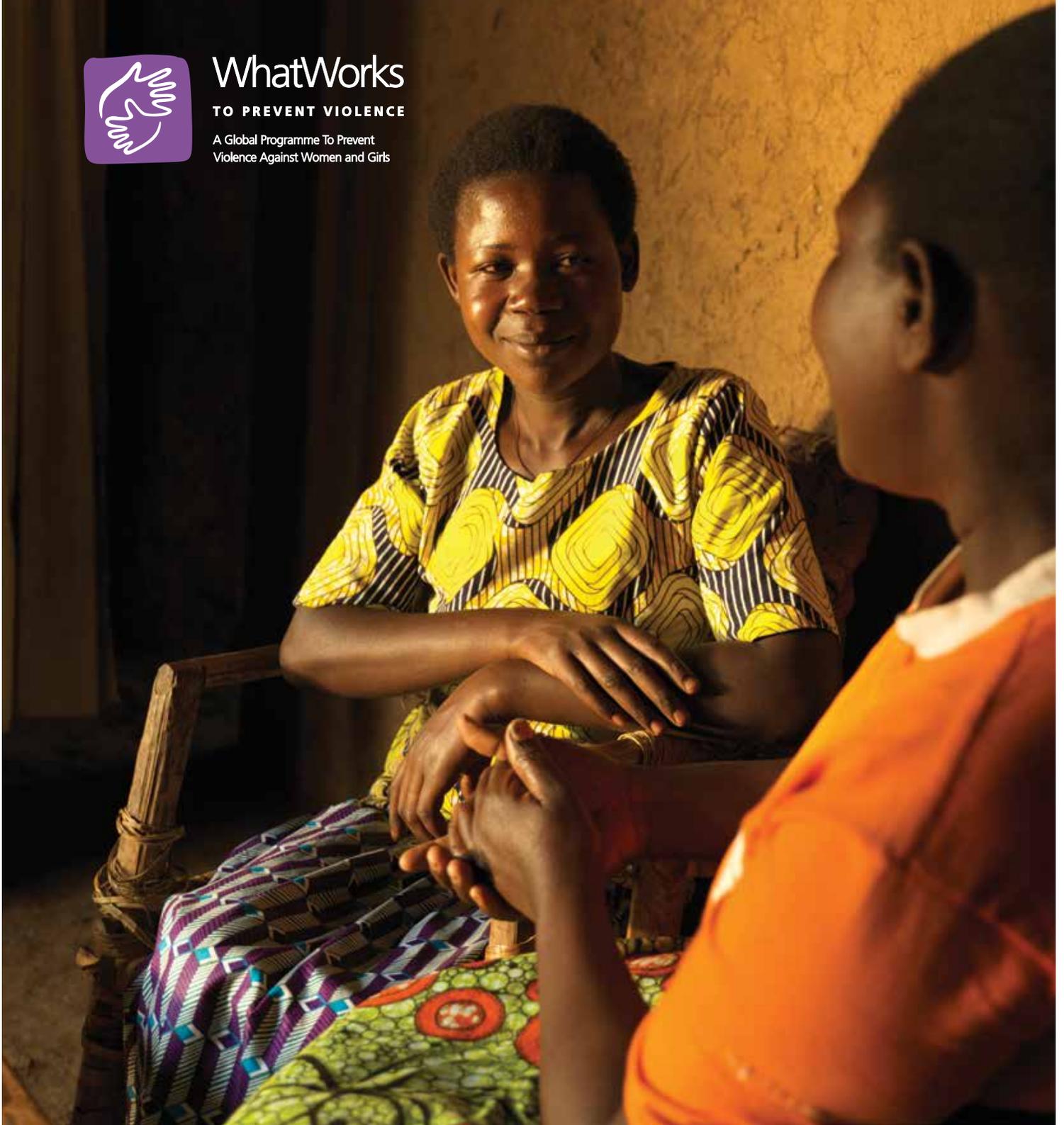




WhatWorks

TO PREVENT VIOLENCE

A Global Programme To Prevent
Violence Against Women and Girls



Impact of *Indashyikirwa*

An innovative programme to reduce partner violence
in rural Rwanda

EVIDENCE BRIEF AUGUST 2019

INTRODUCTION

Intimate partner violence (IPV), which includes physical and sexual violence, economic abuse and emotional aggression within intimate relationships, is the most common form of violence against women globally. IPV can lead to a wide range of negative health consequences including depression, suicide risk, post-traumatic stress disorder, drug and alcohol abuse, serious injuries, and death [1]. IPV can also constrain women's capacity to find employment, lead to higher levels of absenteeism and job turnover, lower earning capacity, and more limited occupational mobility [2]. The *Indashyikirwa* programme in Rwanda sought to reduce experience of IPV among women and perpetration among men, and shift beliefs and social norms that drive IPV among couples and in communities. The programme also aimed to foster more equitable, non-violent relationships, and to ensure more supportive responses to survivors of IPV.

Indashyikirwa was evaluated through a community randomized controlled trial (cRCT) and accompanying qualitative research under the UK Department for International Development's What Works to Prevent Violence Against Women and Girls programme (hereafter the What Works programme). This impact evaluation found substantial and statistically significant reductions in the experience of physical and/or sexual IPV at 24 months follow up among women and men who participated in the *Indashyikirwa* couples' curriculum. The magnitude of impact is on par with what has been achieved by the most successful programmes globally and represents a substantial achievement in the prevention of IPV.

SUMMARY OF THE FINDINGS

Indashyikirwa Couples' Curriculum

The Couples' Curriculum had dramatic effects:

- Among women, a 55% reduction in the odds of reporting physical and/or sexual IPV.
- Among men, a 47% reduction in the odds of reporting having perpetrated physical and/or sexual IPV.
- Specific and noteworthy reductions in forced or coerced sexual activity (50% reduced odds of experience for women, 50% reduced odds of perpetration for men) – a benefit also strongly reflected in qualitative data [3]. *Indashyikirwa* is one of the few programmes to date to demonstrate such a large impact in reducing sexual IPV.
- Improved relationship quality, better communication, greater trust, and improved conflict management, and reductions in the number of reasons endorsed to justify wife-beating.
- Improvements in self-rated health and reduced symptoms of depression symptoms.
- Reduced endorsement of physical discipline in raising children and reduced frequency of using corporal punishment in the home.

Indashyikirwa Community Activism

Indashyikirwa's wider community activism programme did not reduce IPV at a population level. There was no significant difference in the prevalence of IPV between communities that received community-level violence prevention and response activities and those that did not, whether reported by women or by men. This was likely due to challenges faced in adapting the SASA! model [4] to rural Rwanda, delays encountered in implementation, and insufficient time to achieve a community-wide benefit.



THE INDASHYIKIRWA INTERVENTION

Indashyikirwa was a collaboration between CARE Rwanda, Rwandan Men's Resource Centre (RWAMREC) and the Rwanda Women's Network (RWN), funded by DFID-Rwanda. The programme advisory committee was led by MIGEPROF. It was implemented in seven districts, across 14 sectors in Eastern, Northern and Western Provinces of Rwanda among predominantly rural, widely dispersed communities. The intervention had four key components, which combined evidence-based programming with innovative approaches over a duration of four years, which included a 14-month inception period.

COUPLES' CURRICULUM



The *Indashyikirwa* programme used CARE Rwanda's village savings and loans associations (VSLAs) to recruit 840 couples for a five-month training. The VSLA platform draws on promising global evidence on combining gender-transformative programming with economic empowerment.¹ The curriculum drew on components of previous promising interventions, including Journeys of Transformation, which was developed by CARE Rwanda, Promundo, and RWAMREC to foster men's support of women's economic empowerment and improve household relations.

The curriculum ran for 21 sessions and covered foundational concepts of power and gender; rights; managing drivers of IPV including alcohol abuse, jealousy, economic inequalities; gender household roles; healthy relationships; introducing activism and providing empowering responses to those experiencing IPV. Each session included 15 heterosexual couples and two RWAMREC facilitators (one male and one female facilitator).

COMMUNITY MOBILIZATION



Approximately 420 individuals who completed the curriculum were further trained and supported by RWAMREC staff to volunteer as community activists. For an additional 20 months, they facilitated activism activities including community dialogues, dramas, and home visits to diffuse in their communities the positive uses of power and benefits of non-violent relationships. The community activism component was informed by SASA! activism tools and messages, established by the Ugandan NGO Raising Voices.²

TRAINING AND ENGAGEMENT OF OPINION LEADERS



In every intervention sector, approximately 40 Opinion Leaders were trained at the beginning of the programme (e.g. local government, service providers and religious leaders), using a two-week curriculum that was developed for *Indashyikirwa*.

The training included a condensed version of the core content from the Couples' Curriculum around gender, power and IPV, and had a dedicated session to encourage opinion leaders to identify their own use of 'power over' in their work and relationships, and to consider mobilizing positive power and taking actions in their communities to encourage collective organizing ('power to') to address violence.

WOMEN'S SAFE SPACES



Fourteen women's safe spaces (one per sector, with 22 female community members per space) were established, building on RWN's experience with implementing the Polyclinic of Hope spaces since 1997. The spaces were designed to address the health, psychosocial, shelter and socioeconomic needs of survivors of GBV. At each safe space, 22 facilitators were recruited from the intervention communities to offer dedicated support to women and men that report IPV, educate women about their rights, and refer or accompany individuals who wish to report abuse or seek health or social services.

LINKAGES: Community outreach activities were facilitated with involvement of Community Activists, Women's Safe Space facilitators and Opinion Leaders. Staff also arranged quarterly meetings to ensure linkages across programme components.



1 Sectors are the third level administrative sub-division in Rwanda. The Rwandan provinces are subdivided into 30 districts, and each district is divided into sectors. There are 416 sectors in total. Sectors are further divided into 2148 cells.

2 More information on this model can be found at: <https://www.rwandawomennetwork.org/healthCare&support.html>

THE INDASHYIKIRWA EVALUATION

A community randomized controlled trial with two separate evaluation components was conducted to assess the effectiveness of the *Indashyikirwa* programme in reducing and preventing IPV. Twenty-eight sectors across seven districts were randomly allocated to either the full *Indashyikirwa* programme with all components (14 sectors) or a control condition consisting of continued implementation of CARE Rwanda's VSLA programme (14 sectors).

Couples' cohort: Couples were surveyed prior to the launch of the couple's programme, and again at 12 and 24 months to evaluate the impact of participating in the Couples' Curriculum, over and above any impact from participating in the VSLAs alone. Adult residents who were married and/or cohabiting and were either married to/or active VSLA members themselves were recruited and enrolled in the impact evaluation at baseline (1660 women and 1651 men). At 24 months, 97% of women (1617), and 93% of men (1536) were retained. Surveys covered experiences of and responses to IPV, as well as a range of attitudes, beliefs, and demographics.



Community surveys: To evaluate the impact of the community level aspects of the programme, a cross-sectional population-based household survey was conducted in intervention and control areas near the beginning (1399 women, 1400 men) of the programme, and again 24 months later with a separate set of respondents (1400 women, 1400 men). These surveys were implemented in the same cells as the couples' cohort. This was done to maximize the possibility of detecting a community mobilization and diffusion effect in the intervention arm and to ensure a parallel sampling process for the control arm.



Qualitative process evaluation: In addition to the surveys, in-depth qualitative research was conducted, including three rounds of longitudinal qualitative interviews with fourteen couples, nine opinion leaders, three Women's Safe Space facilitators, and six Women's Safe Space attendees. There were also three rounds of observations of Women's Safe Space activities, two rounds of longitudinal interviews and observations with twelve community activists and two rounds of interviews with seven RWAMREC and five RWN staff.



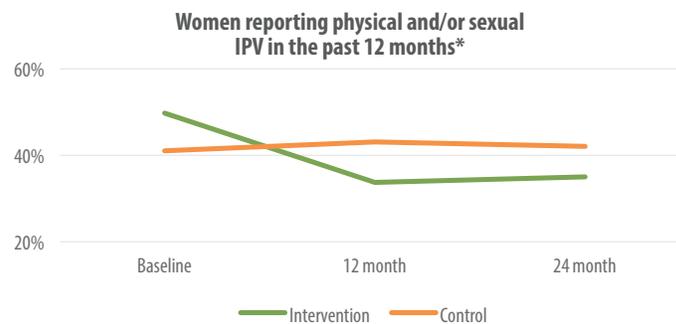
THE IMPACT OF INDASHYIKIRWA

COUPLES' COHORT

Female intervention participants compared to control group participants reported significantly less experience of any physical IPV, any forced sex or sexual coercion, any economic abuse, and any emotional aggression at both the 12-month interim assessment and the final 24-month time-point.

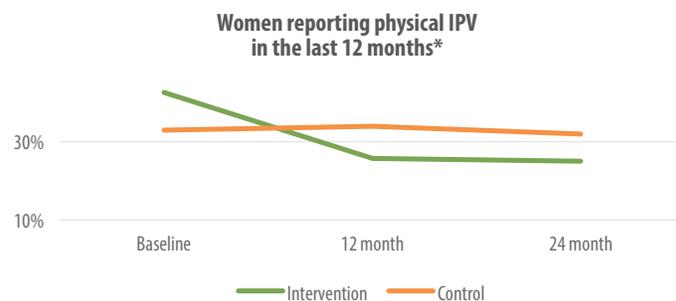
Women who participated in the Couple's Curriculum reported a 55% reduction in the odds of experiencing physical and/or sexual IPV compared to VSLA alone.

* Estimate derived from a multilevel logistic regression



Women who participated in the Couple's Curriculum reported a 61% reduction in the odds of experiencing physical IPV compared to VSLA alone.

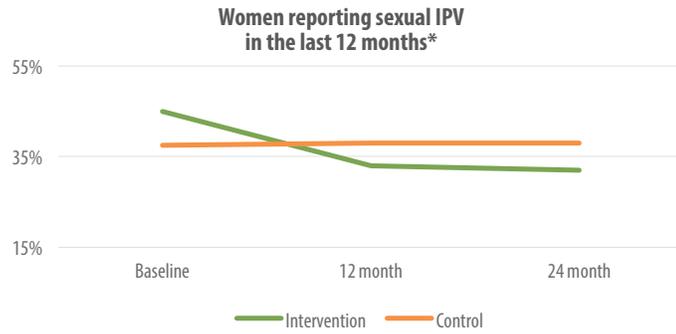
* Estimate derived from a multilevel logistic regression



*Graphs present descriptive data (unadjusted absolute percentages)

Women who participated in the Couple's Curriculum reported a 50% reduction in the odds of experiencing sexual IPV compared to VSLA alone.

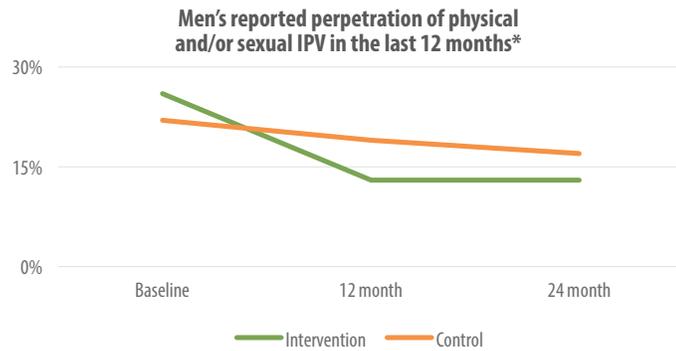
* Estimate derived from a multilevel logistic regression



Among male participants, there was a significant reduction in perpetration of physical IPV at the 12-month interim measure that became non-significant by the 24-month final assessment. In contrast, there was a significant impact on the perpetration of forced or coerced sex (sexual IPV) that was sustained at the 24-month final assessment.

Men who participated in the Couple's Curriculum reported a 47% reduction in the odds of having perpetrated physical and/or sexual IPV compared to VSLA alone.

* Estimate derived from a multilevel logistic regression



At 24 months, women in *Indashyikirwa*, compared to women in the control group, reported a 69% reduction in odds of experiencing economic abuse. While there was no difference in perpetration economic abuse reported by men, the qualitative data strongly reflected the women's accounts of reduced economic abuse. Women consistently said that this was one of the benefits from the programme that they valued most.

Both women and men from the intervention groups reported improved relationship quality, better communication, and improved conflict management skills. Both female and male intervention participants, relative to the control group, reported significant reductions in the number of reasons endorsed to justify wife-beating.

Women and men who participated in the Couples' Curriculum also reported improvements in their mental health, with significant reductions in depression symptoms at both time-points compared to participants in the control group. Couples' training participants compared to control participants were also more likely to report being in 'good' or 'excellent' health.

Couples' programme participants with children in the home reduced their endorsement of physical discipline in raising children compared to the control arm, and also reported a significantly reduced frequency versus control of smacking or beating children in the home.

All benefits of *Indashyikirwa* were present at both 12-month interim and 24-month final assessments.



COMMUNITY-BASED ACTIVISM AND PROGRAMMING

There was no difference in the prevalence of IPV between communities that received activist and community-level activities and those that did not, whether reported by women or by men. Similarly, the community surveys were unable to observe differences in intervention versus control communities on acceptability of wife-beating, actions to support victims, sources of information on IPV, or help-seeking strategies among women recently experiencing IPV. This means that overall, the impact evaluation was unable to detect statistically significant effects on either levels of violence, or changes in social norms in the broader population of the villages where *Indashyikirwa* was implemented.

However, community-level changes were reported qualitatively by activists, Opinion Leaders and Women's Safe Space facilitators, including more gender-equitable social norms, reduced IPV, and more empowering responses to IPV survivors; this suggests a trajectory of positive change in communities where *Indashyikirwa* operated. Moreover, the Women's Safe Spaces developed an excellent reputation in communities, with 93% of women and 96% of men reporting that they were aware of the service and were willing to recommend it to others. The majority of participants who attended activities or sought services at the women's spaces did so more than once.

While there was no evidence of a statistically significant intervention effect at the community level, the qualitative process evaluation highlights the importance of allowing sufficient time for activism activities, including careful adaptation of evidence-based programming to ensure cultural appropriateness and fidelity. *Indashyikirwa* had less than 18 months of activism whereas the *SASA!* model suggests at least three to five years of activist activities are needed to shift norms and effect behaviour change at a population level.

It took significant effort to adapt *SASA!* activism materials to reflect the Rwandan context and theory of change, which delayed the roll-out of activist activities. Activism took place in more formalized spaces, often with larger, repeated groups, to ensure safety and access. This evolved to more informal activism, including home visits, but may have limited diffusion and opportunities for interpersonal communication. Moreover, many of the activism materials emphasizing behaviour changes were only rolled out a few months before the endline evaluation, due to delays in the roll-out of the intervention.

IMPLICATIONS

The *Indashyikirwa* Couples' Curriculum is an innovative and effective tool for preventing and reducing violence in the home: among couples and their children. The opportunity for critical reflection and the framework of positive types of power (power within, power to, power with) and negative types of power (power over) helped couples identify multiple forms of IPV and supported couples to work together to prevent and respond to IPV in their communities. Emphasis on skills building (i.e. communication and conflict resolution skills), together with opportunities to practice new skills through take-home activities, was crucial for successful behaviour change among couples. This suggests the importance of supporting couples to manage triggers of IPV and build healthy relationships. Couples' programming can be safe and highly beneficial within the context of an enabling environment, highly trained facilitators, in-group dynamics, and with strong referral networks.

The Women's Safe Spaces were highly appreciated and actively used and provided opportunities for IPV prevention, including by improving women's social support and providing women with skills (i.e. conflict resolution and income-generating skills). The safe spaces also enhanced both informal and formal responses to IPV and provided a critical referral mechanism as part of a comprehensive programme approach.

Valuable lessons were learned around effective community activism including the importance of allowing

adequate time for adapting, piloting, and implementing activism activities to support community-wide attitude and behaviour changes. Future programmes designed to shift norms and behaviour through community activism should be funded and evaluated over five to seven years to ensure a fair assessment of project impact, and should include a sufficient inception period. Interventions also need to be carefully adapted to the context as activism plays out differently across diverse settings. This evaluation highlights the importance of mixed methods research, including qualitative process evaluation, to capture the diverse processes of interventions, especially community activism and the complexity of its impact.



FURTHER LESSONS FOR IPV PROGRAMMING

1. The importance of **linkages** between programme components. The linkages with Women's Safe Spaces and Opinion Leaders were critical to support the work of activists; the former for referral and the latter to support activists' access to activism venues and enhance their credibility. The quarterly meetings with all stakeholders were valuable for fostering these linkages.
2. The integration of **income-generating opportunities** needs to be considered in settings where IPV survivors require economic support. These opportunities encouraged regular attendance of Women's Safe Space attendees. It was also extremely effective to recruit couples to be trained through the VSLA platform.
3. The **participatory approach** of the *Indashyikirwa* trainings. It was essential to have facilitators who were able to adapt to the programme's participatory facilitation style, to foster critical thinking and reflection, and ensure they were provided with adequate training, support and monitoring to do so.
4. **Build on the positive.** It was important for the curricula and activism materials to cover the benefits of positive alternatives to IPV. This can be more motivating for behaviour changes rather than solely emphasizing the consequences of violence, which can shame or silence survivors or perpetrators.

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