

# PREVENTION TRIAD CASE STUDY

INTERPRETING CONFLICTING RESULTS OF THE INDASHYIKIRWA PROGRAMME AND ITS ADAPTATION IN RWANDA

## INTRODUCTION

The Rwanda Men's Resource Centre (RWAMREC), in collaboration with CARE Rwanda, implemented a group-based couples' curriculum as part of two separately funded programmes designed to prevent intimate partner violence (IPV) in rural Rwanda. Both programmes were rigorously evaluated using a randomised controlled trial (RCT), each led by a different research team. The evaluation of the original curriculum, Indashyikirwa, found a significant reduction in women's experiences of IPV. By contrast, the evaluation of an adapted version of this curriculum implemented in different districts reported that women were experiencing higher levels of IPV.



### How do we interpret these contrasting results?

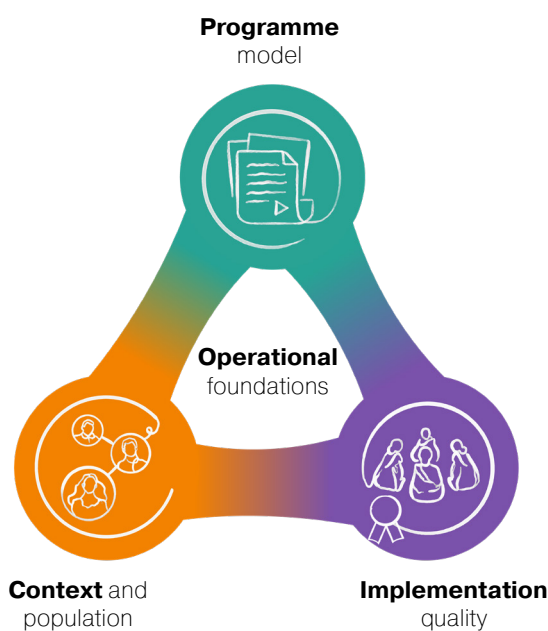


Figure 1. Prevention Triad

This case study uses the **Prevention Triad** to help untangle these conflicting results. Developed by the Prevention Collaborative, the Triad is a simple tool to encourage a more holistic understanding of what it takes to make violence prevention programmes work. It highlights how multiple elements—programme model, implementation quality, context and population, and operational foundations—combine to determine the impact of a programme (see Figure 1).

Traditionally, adaptations and evaluations of violence against women and girls (VAWG) prevention programmes have focused on whether a particular programme model 'works' or not, giving less attention to the other components of the Triad. This case study demonstrates the importance of considering all elements of the Prevention Triad when interpreting the findings from impact evaluations.

# THE TWO PROGRAMMES: BACKGROUND AND EVALUATION RESULTS

## Indashyikirwa

The IPV prevention programme had four major components:

- ▶ A 21-session participatory training (couples' curriculum) with 840 male-female couples drawn from CARE Rwanda's microfinance village savings and loan associations (VSLAs);
- ▶ Community-based activism (adapted from Raising Voices' SASA! model) led by 500 individuals who completed the couples' curriculum and received additional training in community activism over 10 half-days;
- ▶ Direct support to survivors of IPV through 14 women's safe spaces (one in each intervention sector<sup>1</sup>) that were open three days per week for 28 months; and
- ▶ A six-session training held over 10 half-days for opinion leaders (e.g., religious leaders, government officials, service providers, and justice officials) recruited across each intervention sector and ongoing engagement with these leaders for 30 months.

Researchers found a 55 percent reduction in women's odds of experiencing physical and/or sexual IPV<sup>2</sup> and a 47 percent reduction in the odds of men reporting perpetrating physical and/or sexual IPV.<sup>3</sup> They 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. Other significant outcomes included:

- ▶ Reduced depressive symptoms among women and men;
- ▶ Improvements in self-rated health among women and men;
- ▶ Increased food security among women and men; and
- ▶ Improved relationship quality, trust, and communication reported by women and men.

The positive impact of the couples curriculum was further validated through qualitative research that accompanied the RCT, although a separate RCT of the community-level activities (community activism, women's safe spaces, and opinion leader training and engagement) found no significant difference in the prevalence of IPV between intervention and comparison communities at 24 months post-baseline, whether reported by women or men.<sup>4</sup>

### IN DETAIL

Indashyikirwa (meaning 'agents of change' in Kinyarwanda) was originally developed in rural Rwanda as a collaboration by CARE Rwanda, RWAMREC, and the Rwanda Women's Network (RWN), funded by the UK Department for International Development (DFID) Rwanda.

### IN DETAIL

Indashyikirwa was implemented between 2014 and 2018 (including a 12-month inception phase) across seven districts in predominantly rural communities within the Eastern, Northern, and Western provinces. CARE Rwanda coordinated the overall programme, RWAMREC oversaw the couples' curriculum and community activism, and RWN led the women's safe spaces and opinion leader training and engagement.

The programme was rigorously evaluated as part of the DFID UK-funded What Works to Prevent Violence Against Women and Girls programme, with an RCT of the couples' curriculum demonstrating a significant reduction in IPV among participating couples compared to similar couples (recruited from VSLAs in comparison communities) who did not.

### IN DETAIL

The fidelity brief for the Indashyikirwa couples' curriculum notes: *There is no current evidence that all four components are needed to achieve the benefits demonstrated through the Couples Curriculum, which was implemented first and evaluated separately. However, certain elements of the entire model support the integrity of the intervention and it is valuable to consider these for adaptation of this approach.*<sup>5</sup>

## MIGEPROF/World Bank Adaptation

Before Indashyikirwa was completed, but with emerging evidence of the couples' curriculum's effectiveness, Rwanda's Ministry of Gender and Family Promotion (MIGEPROF) partnered with the World Bank to provide funding for the same implementing partners to test the effectiveness of a potentially more scalable programme based on the Indashyikirwa model. Figure 2 describes the full set of activities implemented in both programmes.

An RCT led by the World Bank's Africa Gender Innovation Lab found that women who participated in the couples' curriculum reported experiencing more emotional IPV (11 percent more), physical IPV (15 percent), and sexual IPV (24 percent) than women in the comparison couples at 12 months post-baseline. 'Spillover' couples—those who had one member in the same VSLAs as participant couples but were randomised to not receive the curriculum—reported even larger increases in IPV than the comparison group (11 percent greater for emotional IPV, 33 percent for physical IPV, and 40 percent for sexual IPV).<sup>6</sup>

Additional data and analyses suggest this reflects a true increase in IPV levels rather than an increase in women's reporting. For example, there was a positive correlation between women's reports and alternative indicators of IPV (whether the respondent was distressed during the interview, was referred to a counsellor, had a visible injury, and/or reported men's intention to use violence). Likewise, there were no data to suggest that women strategically overreported IPV to gain or sustain access to programme benefits or that their understanding of what counts as IPV expanded.

### IN DETAIL

CARE, RWAMREC, and RWN implemented the shorter MIGEPROF/World Bank adaptation from August 2017 to August 2018 (including a four-month inception phase) across four districts in Rwanda's Eastern Province.

### IN DETAIL

Impacts on other programme indicators also suggested the following effects:

- ▶ Increased alcohol consumption among male participants;
- ▶ Increased depression in 'spillover' couples;
- ▶ Less economic cooperation between partners; and
- ▶ Improved decision-making power for intervention women, but reduced power among 'spillover' women.

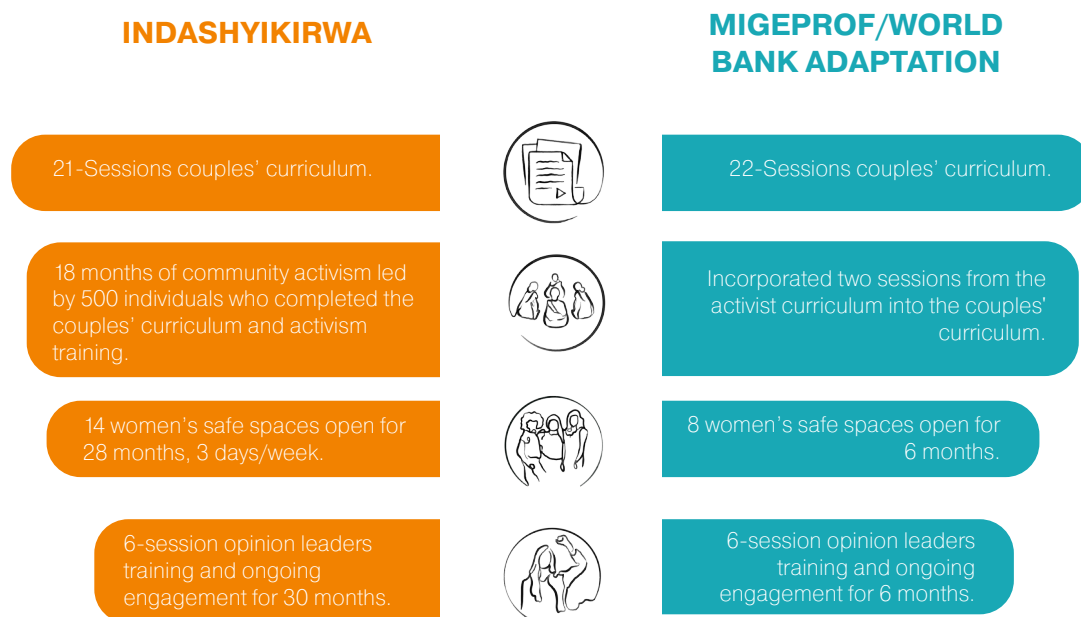


Figure 2. Activities in the Two Programmes

## CONTEXTS AND METHODS FOR THIS CASE STUDY

Once these conflicting results became known, the original What Works researchers of the Indashyikirwa evaluation (which include the authors of this case study) and the World Bank's Gender Innovation Lab researchers held discussions to help explain the markedly different outcomes of the two programmes. In September 2019, 13 months after the Indashyikirwa programme ended, the first author of this case study conducted interviews with five Indashyikirwa programme staff to explore differences between the two programmes. In January 2020, 17 months after the MIGEPROF/World Bank programme ended, the Gender Innovation Lab conducted follow-up interviews with 16 programme staff, and five participants of the adapted programme to further document successes and challenges. The What Works and Gender Innovation Lab research teams also spent considerable time comparing the programmes. In 2021, CARE Rwanda commissioned a review, led by an external consultant, to further assess key differences between the two programmes that could help explain the contrasting evaluation outcomes. Implementing partners from both projects, What Works staff, and Gender Innovation Lab staff were interviewed, and available documentation was reviewed. The comparative review is limited by the challenges of relying on key informants' recollection of events that occurred up to six years prior.

This case study synthesises the learning from these various forms of data collected, as well as the Indashyikirwa couples' curriculum fidelity brief produced by the Prevention Collaborative in close collaboration with the original programme's implementing partners. Notably, the conflicting findings outlined in this case study compare only the impact of the couples' curriculum—not the full set of intervention activities—on the risk of IPV among participants. The additional programme elements (see Figure 2) may have affected the enabling environment, and thus, this case study considers them using the 'context and population' portion of the Triad. Differences across all elements of both programmes are more thoroughly explored in a comparative review that was conducted by CARE Rwanda.<sup>7</sup>

## DIFFERENCES IN THE COUPLES CURRICULUM

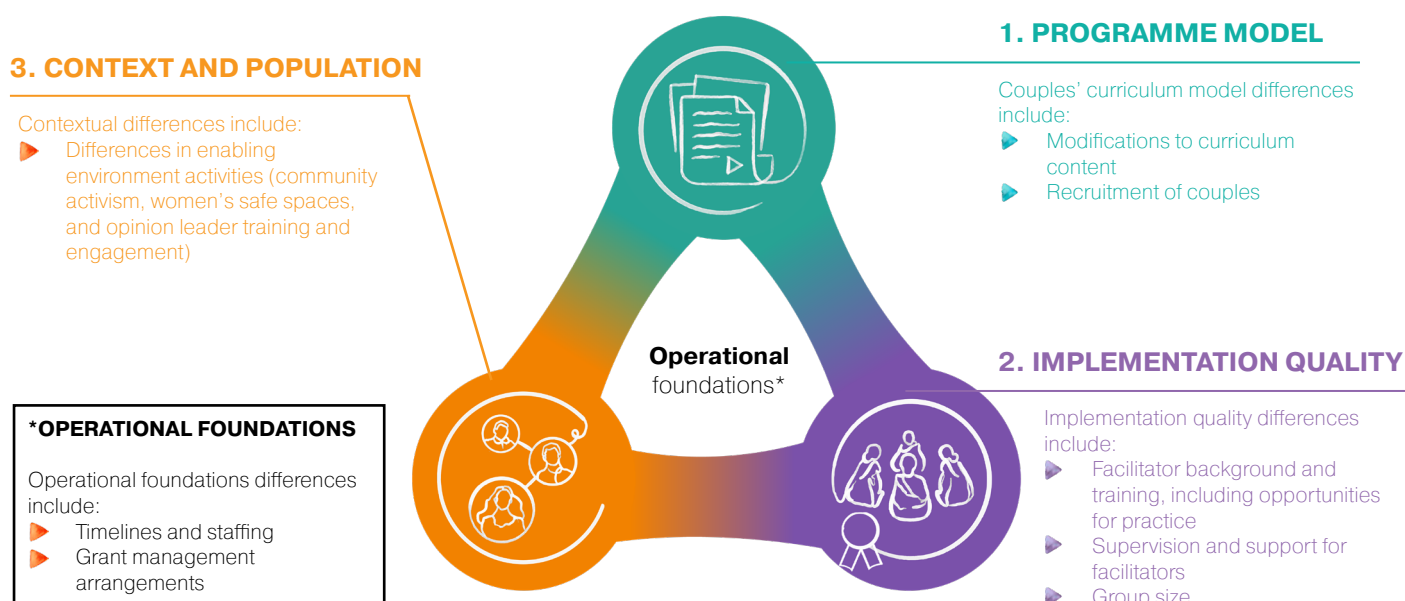


Figure 3. Differences in the two programmes across the Prevention Triad

In terms of the programme model, there were limited differences in the curriculum content and the recruitment of couples.

### **Curriculum Content**

The couples' curriculum was largely the same, although the MIGEPROF/World Bank project added three sessions and removed two (for a total of 22 instead of the original 21 sessions). The additional sessions included:

- ▶ One newly developed session, entitled 'Children Are Our Future', to encourage positive, nonviolent parenting and reduce the occurrence of violence against children; and
- ▶ Two sessions focused on processes of change and everyday activism drawn from the Indashyikirwa activist curriculum: 'How We Change' and 'Simple Actions, Big Impact' (since the MIGEPROF/World Bank project did not offer the activism training).

Two skills-based sessions ('Managing Triggers: Thoughts' and 'Managing Triggers: Feelings') were removed to reduce the curriculum's overall length. Their removal represents a potential limitation of the adaptation because these sessions were based on cognitive behavioural therapy, an evidence-based strategy that encourages participants to become more aware of how thoughts catalyse feelings and actions, as well as how one can choose more helpful thoughts.

Some key informants expressed reservations about removing these important sessions, which they felt weakened the couples' curriculum. As one CARE staff member said: **'These are some of the most important sessions! The conflict in couples—managing triggers is a way for couples to overcome this....If you don't understand triggers and how to manage them, it is very difficult.'** As the Indashyikirwa fidelity brief notes:

[The curriculum] was designed as a sequential journey of change for both participants and facilitators, with each session building on the next....It is not recommended to cut any of the curriculum sessions since they all are connected and support the overall change process.<sup>8</sup>

### **Recruitment of Couples**

Both programmes used similar eligibility criteria for participating couples, yet the process used to recruit couples into the programme and its evaluation varied in ways that may have affected implementation. The MIGEPROF/World Bank programme's sampling method meant that within the same VSLA, some members were invited to participate and some were not (see box for sampling details). This offered some research advantages but could have generated discontent among the VSLA members and partners who were not offered the programme. Such concerns have been documented in other programmes.<sup>9</sup>

This is even more likely given that participants received a stipend for each curriculum session to compensate for travel, time, and the cost of lunch (RWF2,000 for Indashyikirwa and RWF2,500 for the MIGEPROF/World Bank project). Relative to the local economy and average daily earnings, all respondents agreed, this stipend was a significant amount of money. This arrangement may have



created resentment among the 'spillover' couples, who were financially disadvantaged by not being selected to participate in the couples' curriculum.

The research design of the MIGEPROF/World Bank evaluation also may have led to backlash among the male partners of the VSLA members who did not participate in the curriculum. There is evidence that VSLA women who participated in the couples' groups shared ideas from the curriculum with non-participating women in the VSLA. For example, these 'spillover' women reported more equalitarian gender attitudes and heightened aspirations for decision-making power in their relationships at endline, but neither they nor their partners were directly exposed to the curriculum content or support from other couples. This could have generated backlash in these relationships as the attitudes and desire for power in the household diverged between 'spillover' women and their male partners.

## SAMPLING AND ENROLMENT

The two projects varied in their sampling and enrolment strategies, with potential implications for both implementation and selection bias in the estimate of the curriculum's impact.

**Indashyikirwa participants were randomised at the sector level:** all eligible VSLA members and their partners were invited to participate in either the couples' curriculum if they were in an intervention sector or a longitudinal follow-up study if in a comparison sector.<sup>10</sup> **By contrast, the MIGEPROF/World Bank project used two levels of randomisation:** villages within the sample were first randomised to be either intervention or comparison, and within each village, VSLA members were further randomised to be invited to participate in the couples' curriculum or not.<sup>11</sup>

The MIGEPROF/World Bank study design enabled the team to measure the programme's impact on 'spillover' couples—members who were from the same VSLA and village but not selected to participate in the couples' curriculum. Importantly, it also allowed the Gender Innovation Lab team to compare groups of couples that were exactly comparable to each other, without risk of self-selection bias.

## 2 IMPLEMENTATION QUALITY DIFFERENCES

By comparison to the relatively modest differences in programme design, the two programmes had marked differences in implementation quality that likely contributed to their differential outcomes. These included differences in the qualifications, training, and support of facilitators; the opportunity for facilitators to gain skills through practice; and the number of couples per group.

### Facilitator Background and Training

CARE's external review included a thorough comparison of the CVs of the facilitators hired for both programmes. Respondents to the review agreed that the recruitment process for Indashyikirwa was rigorous; the positions were openly advertised, previous experience with gender-transformative group education approaches was required, and candidates completed a written exam as well as a personal interview. Some respondents commented that the facilitator recruitment process for the MIGEPROF/

World Bank project was less meticulous. Indeed, 90 percent of the RWAMREC field staff working on Indashyikirwa had previous experience in similar gender-transformative programming compared to only 33 percent of the RWAMREC field staff working on the MIGEPROF/World Bank project.

Additionally, Indashyikirwa facilitators received 10 full days of training on curriculum content and facilitation, with two more days of training on providing psychosocial support offered later. By contrast, the MIGEPROF/World Bank project provided six days of training on curriculum content and facilitation, with an additional two days on psychosocial support.

The Indashyikirwa training was an intensive, off-site, residential training in Musanze. It was led by a master trainer who had co-designed the couples' curriculum and was highly regarded by all who participated. By contrast, the MIGEPROF/World Bank training was held at the RWAMREC offices, had no master trainer, and was described by many key informants as more 'ad hoc'. RWAMREC and CARE staff who were still working full time on Indashyikirwa were called in, sometimes on short notice, to run specific sessions of the MIGEPROF/World Bank training.

## **Supervision and Support for Facilitators**

Indashyikirwa had a ratio of one supervisor for every seven facilitators, which allowed supervisors to regularly observe curriculum sessions and host weekly supervision meetings with facilitators to provide feedback, troubleshoot challenges, and provide coaching on group facilitation skills. By contrast, the MIGEPROF/World Bank project had a ratio of one supervisor for every 16 facilitators, which allowed for much more limited observation of curriculum sessions and monthly instead of weekly debriefs.

The Indashyikirwa couples' curriculum fidelity brief emphasises: *'It was important that Indashyikirwa supervisors observed facilitators and offered ongoing support, guidance and constructive feedback throughout implementation and met on a regular basis to discuss challenges and experiences with facilitation.'*<sup>12</sup> Indeed, some respondents from the MIGEPROF/World Bank project felt that they would have benefited from closer supervision. Shortly after the start of the MIGEPROF/World Bank project, one of the two RWAMREC supervisors resigned to take another job and was not replaced, leaving one sector with no supervision or support. Additionally, for reasons that remain unclear, RWAMREC's overall coordinator of the MIGEPROF/World Bank project did not attend the initial training, compromising his ability to supervise facilitators.

Notably, Indashyikirwa's lengthy inception phase included a monthlong pre-test of the couples' curriculum after facilitators' initial training, which provided more opportunity for facilitators to practise and strengthen their group facilitation skills prior to starting the programme. The pre-test involved the facilitators' supervisors directly observing their facilitation and providing feedback. It also highlighted which of the facilitators needed more support, enabling supervisors to pair such staff with those who had stronger skills and could help mentor their colleagues. For the MIGEPROF/World Bank adaptation, the three newly added sessions were pre-tested over two days, which did not provide all facilitators with a similar opportunity to practise and hone their technique.

## **Group Size**

Finally, as the Indashyikirwa couples' curriculum fidelity brief notes, the curriculum is designed for groups of up to 30 participants (15 couples); beyond this, the environment is not optimal for learning. The group size of the couples' curriculum was significantly larger in the MIGEPROF/World Bank project (20 couples on average, ranging from 13 to 25) compared to Indashyikirwa (maximum of 15 couples). The group dynamic that contributes to reflection and change is potentially lost when the group is 50 people instead of the intended size of no more than 30. The MIGEPROF/World Bank project's larger group size also likely limited facilitators' ability to support non-literate participants, which was a common challenge identified across both projects.

## **3 CONTEXT AND POPULATION DIFFERENCES**

The two programmes had only limited differences in their context and population, with both implemented in rural Rwanda and targeting similar couples. The MIGEPROF/World Bank project was implemented only in the Eastern Province, whereas Indashyikirwa was implemented in the Eastern, Western and Northern Provinces. Both projects used the same criteria to select districts within provinces, namely those with a strong presence of CARE VSLAs and higher levels of IPV according to the most recent Rwanda Demographic and Health Survey. The MIGEPROF/World Bank project worked in four different districts in the Eastern Province to avoid interfering with the Indashyikirwa study and to scale the programme to new communities. Based on the participant data collected, the programmes' different geographical locations appear unlikely to have contributed to their divergent findings.

There were, however, significant differences in the additional components that each project included—some of which likely affected the enabling environment available for implementing the couples' curriculum.

### **Community Activism**

First, 30 percent of individuals who completed the Indashyikirwa couples' curriculum volunteered and were further trained as community activists via 10 half-day sessions. These activists went on to diffuse content to other community members through planned activities. The MIGEPROF/World Bank adaptation dropped the full community activism component, and key informants widely agreed that support to couples ended too abruptly after the completion of the curriculum, with no opportunity for participants to consolidate their learning or think strategically about how to share it. In this vein, the Indashyikirwa couples' curriculum fidelity brief identifies the importance of having an explicit next step after the curriculum ends; while this does not necessarily have to be community activism, it is important to provide couples with skills to share what they have learned in ways that do not provoke backlash.

### **Women's Safe Spaces**

While both projects used the same model for the women's safe spaces, data collected through CARE's comparative review suggest that the MIGEPROF/World Bank women's safe spaces were open as infrequently as twice per month compared to three days per week in Indashyikirwa. The two projects selected the same number of female community members to serve as facilitators at



each safe space and used the same 10-day curriculum. However, unpredictable hours and days, as well as inconsistent availability of support services, may have been a barrier to help-seeking in the MIGEPROF/World Bank project. Qualitative data from the Indashyikirwa evaluation suggested that women's safe space facilitators became community change agents and offered a valuable source of support to IPV survivors.<sup>13</sup>

## **Opinion Leader Training and Engagement**

RWN staff recruited a similar group of diverse opinion leaders in both projects (e.g., government officials, service providers, religious leaders, and justice officials). Both projects trained opinion leaders using the same curriculum and encouraged them to carry out similar activities, identified through quarterly meetings hosted by RWN. For Indashyikirwa, opinion leaders conducted informal discussions around VAWG prevention and healthy relationships, including at schools, religious institutions, or government events. Qualitative research found that they also regularly responded to requests for VAWG response, including home visits. Trained opinion leaders often provided valuable opportunities for community activists and facilitators of the women's safe spaces to conduct activism activities, such as at community meetings.<sup>14</sup> There was no equivalent qualitative research component for the MIGEPROF/World Bank project, so much less information is available about the nature, extent, and impact of activities by trained opinion leaders. Interviews with RWN staff suggest that overall, the MIGEPROF/World Bank project's shorter implementation period limited RWN's ability to fully mobilise opinion leaders to take action.

## **OPERATIONAL FOUNDATIONS DIFFERENCES**

The two programmes also had significant differences in what the Prevention Triad calls 'operational foundations'—the organisational and managerial underpinnings that support or undermine effective prevention programming. Two key factors at play in this case study were donor-imposed timelines that allowed for less-than-optimal practice and challenges introduced by the contracting arrangements used to commission the work.

### **Timelines and Staffing**

Despite requests from DFID Rwanda to delay, the MIGEPROF/World Bank project began before Indashyikirwa ended, largely because the funds available for the MIGEPROF/World Bank project had to be spent by a certain date. Because both projects involved the same organisations, this overlap created a significant strain on the implementing partners. An almost entirely new set of field staff had to be hired, which limited continuity between the two projects and the ability of the MIGEPROF/World Bank project to benefit from the experience and expertise of the original Indashyikirwa team. Furthermore, time constraints led to pressures on implementing partners and rushed the implementation of activities. These time pressures generated many of the implementation challenges described in this case study.

### **Grant Management Arrangements**

Likewise, MIGEPROF contracted each of the implementing partners of the second project under separate consultancies. There was no overarching management or accountability structure that encouraged coordination and joint action across partners. Key informants felt that this arrangement discouraged collaboration among implementing partners and allowed work to proceed in siloes.

This contracting arrangement differs from the emphasis and opportunities for integration among programme components under Indashyikirwa's management structure. Here, DFID Rwanda awarded the primary grant to CARE Rwanda, which in turn sub-granted funds to RWN and RWAMREC. CARE Rwanda also employed three full-time staff, who provided overall programme coordination and management and held monthly partner meetings. It is also important to acknowledge the inequitable power dynamics that can be at play with work sub-contracted by government (as for the MIGEPROF/World Bank adaptation), whereby implementing partners want to respect the tight project deadlines to avoid compromising their relationship with their local ministry.

## COMPARING RESEARCH METHODS

Finally, when comparing conflicting findings, it is important to assess and compare the quality of the different evaluation methods. For this case study, both evaluations were rigorous RCTs, although there were some meaningful differences. First, the Indashyikirwa evaluation may have been subject to some bias because despite the same recruitment strategies being used in treatment and comparison communities, what people 'signed up' for was different. In treatment communities, couples were invited to participate in the couples' curriculum, whereas in comparison communities, they were recruited to participate in the follow-up study. There may have been unobservable characteristics that differentially determined participants' desire to join a study versus a programme. If those characteristics were correlated to the risk of IPV or the other outcomes studied, a selection bias could occur, leading to over- or underestimating the programme's true impact. In the MIGEPROF/World Bank study, all study participants were recruited the same way, avoiding this potential source of bias.

Second, only the Indashyikirwa evaluation included a portfolio of qualitative research to accompany the RCT. The data from the qualitative research enabled a much more confident portrayal of the social dynamics that underlie the Indashyikirwa RCT results. Qualitative researchers were able to feed real-time data on implementation challenges back to the management team, allowing them to identify emerging issues and adapt their strategies accordingly.<sup>15</sup> The lack of qualitative research in the MIGEPROF/World Bank project limited the ability of Gender Innovation Lab researchers to interpret their findings and RWAMREC field staff to identify and respond to potential backlash.

## CONCLUSION: USING THE PREVENTION TRIAD TO INTERPRET CONFLICTING FINDINGS

Comparisons of the two programmes led the implementing partners and research teams to hypothesise that the increase in IPV in the MIGEPROF/World Bank adaptation was due to backlash among men against some of the messages promoted in the couples' curriculum, especially around some of the more sensitive domains related to women's involvement in financial decision-making, promotion of the right to initiate or refuse sex within marriage, and overall messaging around gender equality. This type of resistance was also observed early in the implementation of Indashyikirwa, but it was carefully managed and largely dispelled by the more experienced programme staff.

Moreover, Indashyikirwa's longer project duration created more safety and trust among couples and community members for discussion and reflection. Additionally, the MIGEPROF/World Bank sampling strategy may have increased the possibility of backlash, as non-participating women were likely exposed to ideas of the couples' curriculum via other VSLA members and may have tried to implement them

in their own relationships without the benefit of their male partners' direct exposure to the curriculum sessions and support from facilitators and other men. This may explain why increases in violence reported by the MIGEPROF/World Bank evaluation were highest for the 'spillover' couples.

What we can ascertain through this case study is that the conflicting evaluation findings are largely due to significant differences in implementation quality, which were themselves exacerbated by unrealistic timelines and different contracting arrangements for the MIGEPROF/World Bank programme. To a lesser extent, disparities may have evolved from differences in the design of the couples' curriculum, study designs, and enabling environments created by other programme components.

This speaks to the value of the Prevention Triad in helping identify possible sources for variation that could contribute to divergent findings beyond the common assumption that 'the programme model itself does not work.' In this case, additional consideration to implementation quality and the requisite 'operational foundations' was needed. This example also speaks to the need for donors to anticipate and fund realistic and flexible programme timelines that allow for high-quality implementation. Giving attention to all elements of the Prevention Triad is not only important to equip programme effectiveness but also to inadvertently avoid causing harm.

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