



Designing Cash Plus Programs: Operational Lessons from Integrating Violence Prevention and Couples Trainings into Safety Nets

▶▶ Case study from Cameroon and Mauritania

May 2026

Authors: Claire Boxho, Estelle Koussoubé, Rachael Pierotti, Clémence Pougé Biyong, Julia Vaillant¹

Summary

This case study presents lessons from the implementation of two pilot interventions composed of couples trainings and Intimate Partner Violence (IPV) prevention within government-led social safety net programs. The pilots in Mauritania and Cameroon aimed to maximize the protective effect of the cash transfers by encouraging collaborative resource management between spouses, recognizing that cash transfers tend to reduce rates of IPV because they relieve economic stress. The pilots also sought to limit the potential for violence in the minority of households where women's increased control of cash might lead to conflict. While the two interventions shared similar objectives, they differed in operational approaches. Bringing together the lessons learned from these programs offers valuable insights on how to integrate couples training and IPV prevention into large-scale safety net programs.

ABOUT THE AFRICA GENDER INNOVATION LAB

The World Bank's Africa Gender Innovation Lab (GIL) conducts impact evaluations of development interventions in Sub-Saharan Africa, seeking to generate evidence on how to close gender gaps in earnings, productivity, assets, and agency. The GIL team is currently working on over 90 impact evaluations in more than 30 countries in Africa with the aim of building an evidence base for the region.

The impact objective of GIL is to increase take-up of effective policies by governments, development organizations, and the private sector to address the underlying causes of gender inequality in Africa, particularly in terms of women's economic and social empowerment. GIL aims to do this by producing and delivering a new body of evidence and developing a compelling narrative, geared towards policymakers, on what works and what does not work in promoting gender equality.

¹ Authors are grateful to Tara Bedi, Jean Noel Batiobo, Rachel Cassidy, Chloé Lewis and Thaddée Yossa for their invaluable contributions.



Why integrate IPV prevention in safety net programming?

Social safety net programs can effectively reduce poverty and Intimate Partner Violence (IPV) simultaneously². Research across multiple contexts shows that women receiving regular cash transfers typically experience decreased IPV (Buller et al., 2018; Baranov et al., 2021)³. These positive outcomes may result from reduced economic stress and improved women’s status in relationships. However, in certain situations, the empowering effects of cash transfers can trigger partner resistance or violent backlash when male partners experience a threat to their authority within the relationship. Adding complementary interventions designed to improve cooperation, communication, and increase joint decision-making within couples can be an effective way to both reduce the risk of conflict and improve the allocation of resources in the household. Evaluations have shown that group-based IPV prevention interventions can effectively reduce IPV when delivered at a relatively small-scale by expert organizations that can ensure implementation quality. To our knowledge, **the two pilots in Mauritania and in Cameroon are the first “cash plus” programs that integrate an IPV prevention component** into a national government-led social protection program.

² In this brief, we define intimate partner violence (IPV) as any behavior within an intimate relationship, formal or informal, that results in physical, psychological, or sexual harm. This includes physical or sexual violence, emotional abuse, and controlling behaviors, consistent with the World Health Organization (WHO) definition.

³ A compilation of relevant research can be accessed on the Cash Transfer and Intimate Partner Violence Research Collaborative [website](#).

BOX 1: Pathways linking cash transfers and intimate partner violence (IPV)

Cash transfers can influence IPV through three interconnected pathways (Buller et al., 2018):



Pathway 1: Economic security and emotional well-being

By reducing financial stress and improving household stability, cash transfers can lower tension and emotional distress—two common triggers of IPV.

IPV



Pathway 2: Intra-household conflict

Transfers may reduce conflict when they ease budget pressures or men’s “provider strain.” However, disputes over how to spend the cash can also heighten tension if not managed collaboratively.

IPV



Pathway 3: Women’s empowerment

When women receive transfers directly, their increased bargaining power and autonomy may strengthen their position within the household—but can also provoke resistance or backlash from men seeking to reassert control.

IPV



“Cash plus” programs such as the pilot interventions in Mauritania and Cameroon—those combining transfers with complementary activities—aim to shift the balance toward positive outcomes by influencing **Pathways 2 and 3**.

What was done? Pilot snapshots



Mauritania

The Tekavoul Social Transfer Program, implemented since 2016 by the Government of Mauritania with the support of the World Bank, combines regular cash transfers with social promotion activities to households identified as vulnerable following a rigorous census and targeting process. The amount of the cash transfers—distributed to women every 3 months—gradually increased from MRU 1,500 (USD 40) in 2020 to MRU 3,600 (USD 90) in 2024. The pilot complementary intervention, called the Family Dialogue, took place from 2022 to 2024 in the moughataa⁴ of Maghama with 1,260 cash transfer recipient couples in 87 communities. Two versions of a couples training were piloted: a core 6-module version focused on strengthening economic cooperation within the couple, and a 12-module version, adding on to the core modules by including discussions on gender-based violence, spousal power dynamics, gender roles, and parenting. Each session of the couple's training

lasts about 2.5 hours, and invites couples to participate in interactive learning activities, adapted to their literacy levels. Both versions of the training are being rigorously evaluated by the Africa Gender Innovation Lab (GIL), with and without the addition of a community edutainment component. The edutainment consists of public screenings of a five-episode mini-series about a fictional couple who learn to negotiate disagreements through mutual respect and shared decision-making. A randomized controlled trial will provide rigorous evidence on the effects of the couples training and community edutainment intervention alone and in combination. Short-term results at 3-month post-intervention show improvements in partner communication and relationship quality, with couples reporting greater collaboration, more open dialogue, and increased mutual support. Longer term results, including impacts on IPV, women's empowerment and household wellbeing, will be available in late 2026.

⁴ A moughataa is an administrative division in Mauritania that is below the region and above the commune, such as departments.





Cameroon

Since 2014, the Government of Cameroon, with support from the World Bank, has been implementing the *Projet Filets Sociaux (PFS)*, a national social safety net program designed to reduce poverty and vulnerability among the poorest households. The program includes regular cash transfers with accompanying measures including community awareness campaigns and small group learning sessions focused on essential family practices in health, hygiene, nutrition and education as well as training for income-generating activities. Beneficiary households are eligible to receive XAF 20,000 (USD 36) approximately every two months, plus two

larger transfers of XAF 80,000 (USD 144) to enable productive investments⁵. In collaboration with the Africa GIL, two new complementary interventions were designed and piloted between 2021 and 2022 in 246 communities reaching more than 10,000 households within 5 communes: Logone Birni, Touboro, Meiganga, Garoua-Boulai and Bétaré-Oya. The new interventions delivered a standard set of key messages through five thematic modules on shared budgeting, family communication, positive parenting, emotional expression, and conflict resolution. These new themes were embedded within the accompanying measures and specifically delivered during the community-level awareness events and the small-group sensitization sessions. Two delivery modalities were tested for the new modules: a small group couples training, and a “radionovela”, ie. a radio edutainment program.

⁵ During the second phase of the program, transfers were delivered monthly rather than every two months to adjust to operational delays, and the two larger transfers increased from XAF 80,000 to XAF 100,000.

Key takeaways for design and implementation



What institutional arrangements work for government delivery?

Both pilots were embedded within existing government-led social safety net programs, using their delivery systems as the operational platform while adding targeted technical assistance on gender and IPV prevention. This approach combined government ownership with specialized technical support. The government implementing agencies oversaw coordination, recruitment of facilitators, and integration of the new activities into their ongoing cash-transfer operations, while GIL ensured technical quality, training support, and evidence generation.

Partnership arrangements also extended horizontally within governments. In Mauritania, *Taazour*, the implementing agency, worked closely with the Ministry of Islamic Affairs to validate training content and audiovisual materials, ensuring cultural alignment and community acceptance. In Cameroon, the social safety net agency coordinated with regional and communal authorities to authorize field activities, mobilize community outreach workers, and organize referral mechanisms for cases of violence against women.

Implementation at the community level relied primarily on government structures rather than NGOs. Facilitators and community outreach workers linked to government programs delivered the interventions under supervision from local government or safety net program staff, while external service providers and consultants were engaged only for technical tasks such as curriculum design, media production, and violence survivor referral services. **This model sought to build long-term institutional capacity** and reduce dependence on donor-funded NGOs.

2 | What messaging approaches to reduce risk of backlash?

International evidence shows that interventions which directly challenge gender norms can provoke male backlash and increase household tension (Cullen et al. 2025; Stern and Nyiratunga 2017). Prevention experts note that long timelines, extensive training, continuous supportive supervision, iterative program adaptation, and experienced and dedicated facilitators are important for successful and safe implementation of gender transformative interventions (e.g. Prevention Collaborative 2023). Given the goal of integrating the new interventions into the existing social protection government systems, it was not possible to fulfill all those implementation requirements for gender transformative programs, especially in Cameroon. **Both pilots therefore invested considerable effort in developing messages that would foster spousal cooperation and communication while minimizing any perception of threat to men's authority that could lead to male backlash.**

The curricula of the couples trainings adopted a collaboration-based approach, emphasizing shared decision-making, communication, and mutual respect, rather than explicitly promoting women's empowerment. This framing, informed by formative research (see Box 2), reflected the understanding that there is lower risk of backlash against messages of positive benefits for all family members, than to messages emphasizing equality and a redistribution of power⁶.

In Mauritania, an accompanying mini-series, called *Harmony*, was screened at the community level and designed to complement the couples' training, focusing on spousal collaboration and communication. The script was developed to depict relatable situations of disagreement within a couple.

⁶ This approach, emphasizing jointness, cooperation, and communication has proven successful when delivered through Christian religious leaders in Uganda (Boyer et al. 2022).

For instance, during an episode, the character of the wife expresses the will to sell homemade soap to complement the household income and be able to continue to send their daughter to school. Her husband disagrees at first, but as the episode unfolds, the conflict is resolved through respectful discussion and shared decision-making, rather than unilateral action. **The messages emphasize mutual benefit, collaboration, and harmony, rather than women's rights and agency.** In addition, the partnership with the Ministry of Islamic Affairs ensured that the training materials and facilitation scripts used language aligned with religious and cultural values.

In Cameroon, the training curriculum and radionovela scripts similarly portrayed couples addressing everyday challenges through

dialogue and collaborative planning, highlighting the mutual gains of cooperation. In the couples' group training, participatory activities helped couples experience the benefits of communication and collaboration. The radionovela depicted a fictional family whose behaviors and habits are exemplary in terms of communication and

collaboration. Members of the family counsel each other and their neighbors and friends as they work to resolve various conflicts. **Violence is never directly illustrated, to avoid risk of trivialization.**

Both interventions encouraged reflection and dialogue rather than attempting rapid social transformation. This design allowed messages to integrate smoothly within the government operations and community norms while minimizing risk of backlash.



BOX 2: How formative research informs key adaptations

Formative research informed both pilots, ensuring that the interventions resonated with local contexts while maintaining fidelity to evidence-based approaches. Experience from both countries shows that effective adaptation requires understanding not only which gender norms exist, but why people hold them and what they fear losing through change. Effective messaging addresses these fears directly while creating safe spaces to imagine new possibilities. Below are examples of lessons drawn from this formative research.



Mauritania

The formative qualitative study was conducted 6 months ahead of facilitators training to adapt the Malawi-origin Umodzi curriculum to the Mauritanian context⁷.

1 | Adapting the household budgeting module

The study revealed widespread income concealment between spouses and that asking about earnings can provoke conflict. To avoid introducing budgeting too early, the module was restructured so that joint budgeting exercises occur only after facilitated discussions on trust, transparency, and communication.

2 | Revising the masculinity module

Formative data showed that expectations of manhood in Mauritania are anchored in the obligation to provide, shaped by social pressure and religious norms. A new reflection exercise was introduced for men to explore how economic strain influences communication and conflict within the couple.

3 | Redesigning the violence-prevention modules

The study identified forms of violence not included in the original curriculum, such as non-payment of alimony, economic neglect, and the use of divorce or repudiation as control. Narratives and role-play exercises were rewritten to remove physical and sexual abuse, and the content was reoriented to emphasize psychological and economic violence, the most prevalent forms identified.



Cameroon

The 2019 formative qualitative study in Cameroon investigated links between cash transfers and family violence, and its findings directly shaped the framing and sequencing of the intervention.

1 | Emphasizing household collaboration

The formative study showed that some men feared a loss of authority when women were designated as cash transfer recipients. To lessen this concern, the IPV prevention intervention emphasized “shared household leadership” rather than women’s individual empowerment. Training modules highlighted how men benefit from shared decision-making, and discussion group sessions were framed as strengthening family harmony.

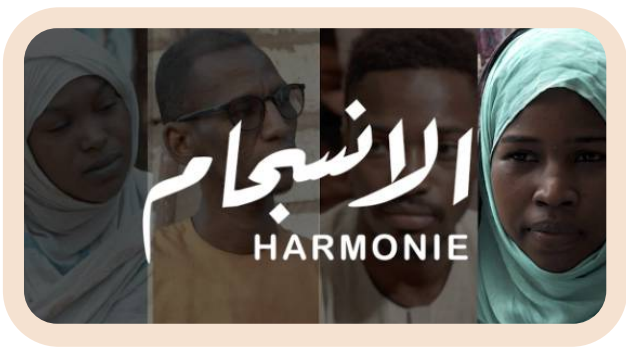
2 | Navigating sensitive topics around IPV

The study found that violence was widely normalized across the nine communes studied. Many participants—both women and men—expressed beliefs that husbands had the right to discipline wives, particularly after paying bride price. Rather than directly confronting these beliefs, the curriculum focused on building practical skills to reduce the risk of escalation, including emotional expression and conflict resolution. The curriculum avoided terms such as “violence” or “abuse” in participant-facing messages, instead emphasizing positive alternatives, for example: “How you deal with your anger can determine whether an argument escalates into a fight or calms into a discussion.”

3 | Working within cultural and religious constraints

The research revealed resistance to women’s participation in public activities in some communities. In response, the program introduced activities to traditional and religious leaders by framing women’s participation as strengthening families rather than challenging gender roles. Home visits by community workers—encouraged women’s attendance at group sessions and listening clubs.

⁷ The curriculum of the Family Dialogue in Mauritania is based on the Umodzi gender-transformative program implemented in Malawi. The name derives from the Chichewa proverb “Mutu Umodzi Suzenza Denga,” meaning “One head cannot hold up a roof,” which conveys the program’s principle of collective effort between women, men, and communities. For more information, see: <https://www.concern.net/news/umodzi-approach-gender-inequality-malawi>



3 | How should the interventions be piloted?

Introducing a new gender or IPV-prevention component into national safety net programs requires careful formative research and piloting to adapt content to local social norms and delivery systems. In both countries, **the development of the interventions was preceded by formative qualitative studies exploring intra-household decision-making, perceptions of women's control over cash transfers, and potential sources of backlash** (see Box 2). This research laid the foundation for the design of training materials and scripts and proved essential to ensure that messages were credible, contextually grounded, and appropriately targeted.

Building on this evidence, **the second phase focused on testing operational feasibility and social acceptability** under government delivery conditions. The piloting process differed in depth and duration across the two countries.

In Cameroon, an expert firm was contracted to lead the piloting phase in seven communities. The project was able to allocate three months to the pilot phase. However, this timeline proved too compressed to allow for a genuine test-and-refine cycle. Approximately one month was devoted to preparation—including staff recruitment, village identification, and household mobilization—leaving limited time to observe implementation challenges, revise materials, and retest improved versions before finalizing content for scale-up.

The pilot exposed key design constraints, particularly in low-literacy settings. Many exercises took longer than expected, and activities assuming basic reading

and numeracy—such as a budgeting exercise requiring participants to read prices and calculate expenses—proved difficult for many participants. Although these challenges were identified, the tight timeline left little room to adapt and re-test materials before rollout.

The pilot also did not fully test the supervision model intended for scale. While community workers' delivery was assessed, the supervision and coaching chain was not simulated. When the program expanded to 246 communities, supervision quality varied widely because field operators had not practiced observation and structured feedback.

In contrast, Mauritania adopted a longer and more immersive piloting approach. Although the pilot involved only one community and a small number of couples, it was embedded within a six-month training-of-trainers process during which the GIL team provided continuous, in-person technical support. **This close supervision enabled iterative testing of exercises, scripts, and facilitation methods in real sessions, followed by rapid adaptation of content** based on facilitator and participant feedback. The pilot also underscored that even “light-

touch” content requires well-prepared facilitators: confidence and comfort in guiding sensitive discussions proved as critical as the adequacy of the training materials. Facilitator training duration was also extended after the facilitators had difficulty leading the activities during the pilot.

Across both settings, **experience confirms that effective piloting requires sufficient time for testing, reflection, and revision**, particularly when government staff are new to participatory facilitation. While shorter pilots may accelerate rollout, they reduce opportunities to correct design and supervision weaknesses before scale. **Programs should therefore carefully weigh the costs of early expansion against the risks of scaling content that has not been fully stress-tested.** As a rule-of-thumb, programs should budget and plan for at least six months for piloting the intervention.

Future pilots should test the full implementation chain—from training to delivery to supervision and feedback—before scaling

BOX 3: What method of delivery for gender norms messages?



Both pilots combined face-to-face dialogue with audio-visual tools to enhance message consistency and engagement. **In Mauritania, short edutainment videos were used during community screenings** to reinforce the messages introduced in the couples' training. The 5-episode engaging drama series consisted of 8-minute videos depicting a couple navigating financial difficulty and resolving issues through positive communication and mutual respect. **The main characters, Omar and Roukia, were carefully contextualized and the script was piloted in the two local languages** to ensure that they would be relatable and would trigger self-reflection⁸.



In Cameroon, a five-episode radionovela facilitated delivery of the same core content as the small group discussions. The radio drama was produced by local actors in five common languages of the intervention area⁹. Each episode was approximately 10-12 minutes long. In addition, a *boîte à images* (cards with illustrations) accompanied the small-group discussions. Audio-visual tools proved particularly effective in standardizing delivery and stimulating discussion, but their preparation required careful scripting and review to avoid unintentionally reinforcing gender stereotypes. In Cameroon, for example, adjustments were needed to the *boîte à images* to ensure more balanced depictions of men and women.



A key operational lesson concerns language testing. Materials should not only be translated but tested directly with intended users in local languages early in the design phase. During piloting of the radionovela in Cameroon, the first episode used elevated Fulfulde that even fluent speakers found difficult to follow, while later episodes using more accessible language resonated much more strongly. **Testing audio and visual materials with community members—rather than relying solely on bilingual staff—should therefore occur before final production.** It is important to ensure sufficient time and resources for local adaptation and testing because success depends on the degree to which audio-visual tools are rooted in the lived realities of communities where they are implemented.

⁸ The main languages of the Mauritania pilot were Pular and Hassanya.

⁹ The main languages of the Cameroon pilot were Gbaya, Fulfulde, Kotoko, Arabic, and French.

Success depends on the degree to which audio-visual tools are rooted in the lived realities of communities where they are implemented.

4 | Who delivers the programs and how should they be trained?

In both programs, implementation relied primarily on existing government structures rather than external NGOs—a deliberate choice to strengthen institutional capacity and promote long-term sustainability. **The interventions were delivered by government-linked field personnel—facilitators in Mauritania and community outreach workers in Cameroon—**under the supervision of commune- or district-level government or project staff. This model aims to embed couples-based training within routine program operations rather than as a parallel activity managed by external partners.





While both countries pursued government delivery, they adopted markedly different training architectures to operationalize this choice.



Mauritania

Intensive, Specialist-Supported Model

In Mauritania, a small number of facilitators were recruited by the Tekavoul social protection agency and trained centrally in Nouakchott. The initial three-month training plan was extended to six months and complemented with a training on gender equality¹⁰ and communication techniques to ensure facilitators developed strong skills and a conceptual understanding of gender dynamics before leading discussions. **The training followed a learning-by-doing model, combining simulations, practice sessions, and structured feedback** to build mastery of the 12-module curriculum.

The GIL team provided intensive, hands-on coaching, with a strong emphasis on facilitation skills, communication techniques, and managing sensitive discussions. Mixed-gender facilitator pairs were trained to deliver the interventions, which helped model respectful interaction and increased comfort of female and male participants. The mixed-gender facilitator pairs further conveyed that gender topics can and should be discussed with men as well as women.

This model prioritized facilitation depth and implementation fidelity, but required substantial time, technical support, and a slower rollout trajectory.



Cameroon

Cascade, Community-Embedded Model

In Cameroon, the project adopted a cascade training approach. National and regional experts first trained commune-level project supervisors (field operators) during a five-day in-person workshop. These supervisors were then responsible for conducting 2–3 day trainings for 356 community outreach workers across 246 communities.

Community outreach workers were residents of program areas and nominated by local leaders. While this approach enhanced local legitimacy and geographic coverage, most outreach workers had limited prior experience facilitating participatory dialogue or addressing intrahousehold gender dynamics. Manuals were lengthy and available only in French, creating additional barriers for facilitators working primarily in local languages.

The cascade model enabled rapid expansion and broad reach, but it also introduced variability in facilitation quality and greater risks of implementation drift, particularly given the short duration of training for community outreach workers.

¹⁰ The gender training included content around sex and gender, power dynamics, and legal aspects of gender equality.

Cross-Cutting Lessons

Experiences from both countries highlight two important lessons for training facilitators to implement participatory gender interventions¹¹.

First, **participatory training methodologies require experiential learning.** Facilitators who only observe exercises during training often struggle to guide them effectively in practice. As one facilitator noted, “there is a difference between someone who has been presented with the couple training program and someone who has lived that program.”

Training should therefore allow facilitators to complete the interventions as participants before leading them.

Second, facilitator capacity matters and should be assessed early. In Cameroon, community workers demonstrated markedly different facilitation abilities,

yet all received identical short trainings. **Programs should evaluate facilitation potential during the pilot phase and adapt training intensity accordingly**—providing foundational skills development where needed and advanced coaching for more experienced facilitators.



There is a difference between someone who has been presented with the couple training program and someone who has lived that program.

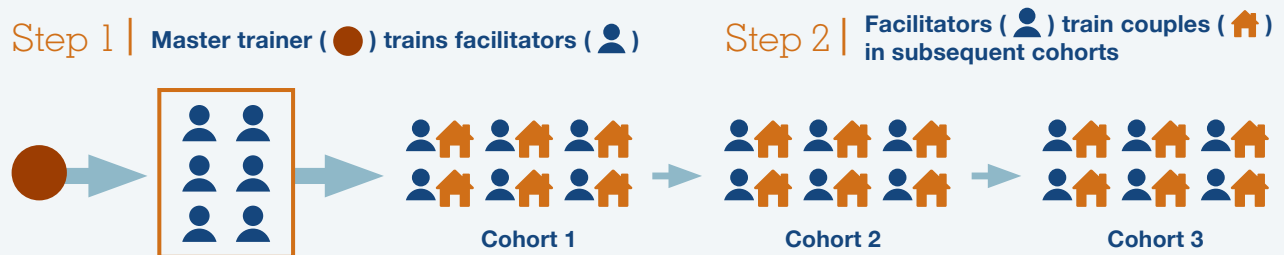


- A facilitator, Cameroon

11 A Prevention Collaborative practice brief provides additional guidance on training facilitators for critical reflection community dialogue groups: [Bartel, 2018](#).

FIGURE 1: Training model approaches

▶ Cohort-based Intensive Training

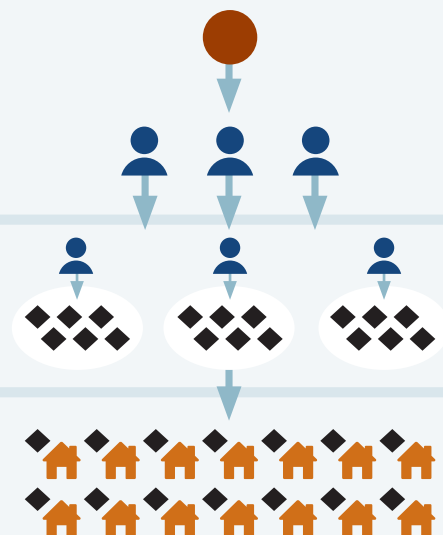


▶ 3-Level Cascade Training

Level 1 | Master trainer (●) trains regional supervisors (👤)









Level 2 | Supervisors (👤) train community workers (◆)

Level 3 | Community workers (◆) deliver training to communities (🏠) simultaneously



BOX 4: Intensive vs. Cascade training —What are the trade-offs?

Both Mauritania and Cameroon embedded delivery of couples-based group dialogue sessions on intrahousehold gender dynamics within government systems but adopted markedly different training architectures. Mauritania invested in an intensive, centrally supported facilitator model, while Cameroon relied on a cascade approach to achieve rapid geographic scale. Their experiences highlight important operational trade-offs between depth, speed, and quality control.

	Mauritania: Intensive Model 	Cameroon: Cascade Model 	Operational Implications
 Training Duration	6 months (extended from 3)	2–3 days for community workers	Participatory, discussion-based facilitation requires substantial training investment; short training is feasible only if content is simplified or facilitators have strong baseline skills and prior experience
 Facilitator	Recruited and hired for facilitation capacity	Community- nominated; minimum primary education	Hiring strengthens quality control; nomination increases local legitimacy but implies greater variation in skills
 Supervision Structure	Direct specialist coaching and feedback	Multi-layered (national → supervisors → community workers)	Each additional layer increases risk of dilution unless monitoring and coaching systems are strong
 Geographic Reach & Timeline	87 communities over 24 months	246 communities over 6 months	Rapid rollout reaches large scale and builds momentum but limits refinement; slower rollout allows iterative learning
 Implementation Fidelity	High consistency across sites	Greater variability across sites	Participatory interventions are sensitive to facilitators' skill and supervision quality
 Sustainability	Dependent on trained facilitators	Builds local human capital	Professionalization ensures quality; community embedding may favor long-term continuation

5

How to monitor implementation and safety?

Monitoring systems in both programs were designed to safeguard two interrelated objectives: implementation fidelity and participant safety. These dimensions are particularly critical when working on intra-household relations and intimate partner violence, where poorly managed discussions or protocol deviations can have unintended consequences.

In Mauritania, monitoring relied on digital attendance records and facilitator reports, as well as regular debriefs with facilitators, which allowed early identification of operational challenges. The supervision team (GIL and government experts) conducted regular field supervision and facilitated structured reflection sessions to capture emerging issues. **This continuous feedback loop enabled rapid adaptation to maintain implementation fidelity and sustained participation in the program.** Participant satisfaction surveys complemented these mechanisms by providing near real-time insights into how couples experienced the training and whether tensions or backlash risks were emerging. On safety, **facilitators were trained to handle sensitive disclosures confidentially and to avoid escalating conflict during group discussions.** Referral pathways for violence against women survivors were mapped before implementation, and project staff were instructed on how to provide information on services discreetly to affected participants.

In Cameroon, monitoring systems were adapted to the scale of implementation and the implementers' technological access. Community outreach workers tracked attendance on paper forms, which were aggregated by regional-level supervisors. Given the limited real-time visibility this system provided, the project engaged a specialized third-party organization to support implementation quality and ensure proper response to reported cases of intrahousehold violence. This organization supported community outreach workers and

supervisors in maintaining fidelity, navigating resistance, and referring survivors to available services. While this structure strengthened technical support, **monitoring systems still struggled to systematically capture what was delivered in practice.** Post-implementation assessments revealed that community workers did not always maintain implementation fidelity, for example, changing the ordering of modules during delivery. Supervision intensity was constrained by scale: quarterly visits across 246 communities and indirect communication channels limited direct observation of frontline delivery. **Paper-based reporting**

further delayed the detection of deviations. Furthermore, the technical support provided by the third-party organization created some confusion regarding lines of supervision and reporting, requiring careful coordination to distinguish supervision coming from within the government implementation unit itself versus the third-party's technical support.

Experience from the two pilots highlights three practical lessons. First, **monitoring systems must provide direct visibility into implementation quality—not only whether activities took place.** Second, supervision intensity must be aligned with program scale. As geographic coverage expands, the frequency of direct observation decreases. **Without robust monitoring tools, adherence to session design may weaken, which means that the intervention should avoid broaching sensitive topics.** Third, programs addressing couple communication and violence prevention **require early detection of emerging tensions and clearly established referral pathways for survivors.**

Decisions about scale, supervision structures, and monitoring tools should therefore be considered jointly with program complexity. The more sensitive and discussion-based the content, the stronger and more direct the monitoring mechanisms need to be.

The more sensitive and discussion-based the content, the stronger and more direct the monitoring mechanisms need to be.



BOX 5: How to leverage monitoring data for operational successes?

EXAMPLES FROM THE FAMILY DIALOGUE IN MAURITANIA:

- 1 | Through the analysis of weekly attendance statistics, the field team observed diminishing participation of husbands starting from session 3. This was rapidly reversed through **preparatory visits to communities prior to each session** and adapted session timing to accommodate husbands' schedules. Overall, **the program achieved participation rates of 83% for women and 79% for men** on average across all training sessions.
- 2 | A second example comes from the digital monitoring tool around community screenings. While intended for all community members, participants at early screenings were mostly women, with few leaders and men participating. Tools were designed to capture profile of participants and **remedial measures included reinforced communication strategies—door-to-door recruitment, and outreach to youth associations, school teachers and religious groups—** to maximize recruitment of men.
- 3 | In the upcoming analysis stage, researchers of the Africa GIL will draw on the monitoring data collected during the rollout of the couples' training to **explore the extent to which high or low adherence to the program modifies its effects**. This will provide valuable insight to improve future programming's targeting and delivery strategies.

6 | What questions remained unanswered?

While both pilots generated valuable operational lessons, several key questions remain open and will guide future research and program adaptation.

First, the effectiveness and cost-effectiveness of these government-delivered complementary interventions are still to be rigorously established. **Both countries are conducting randomized controlled trials alongside qualitative research to assess impacts** on IPV, household decision-making, and women's empowerment. Mauritania's ongoing evaluation will provide clear evidence on whether the intensive training model's higher quality translates to measurable behavioral outcomes. The main contributions of the evaluation in Cameroon lie in the operational lessons from implementation research and in methodological insights on survey

design for measuring IPV. Both will be further detailed in upcoming reports. Due to implementation challenges, the evaluation does not provide estimates of the impact of the new interventions.

Second, more evidence is needed on the optimal dosage and delivery modality of such interventions. **It remains unclear whether comparable results can be achieved with fewer sessions, lighter supervision, or alternative channels such as radio and video alone.** Questions about the minimum effective "dose" of training, the relative contribution of different intervention components (mass sensitization vs. small group sessions vs. home visits), and whether simpler methods can achieve similar outcomes at lower cost remain largely unanswered. In Mauritania, early success of the Family Dialogue pilot has prompted the *Taazour* agency and government partners to explore expansion to additional regions, providing an opportunity to test these questions under real-world scale-up conditions.

More broadly, **the sustainability of IPV prevention efforts will depend not only on how interventions are delivered, but also on public investment in prevention and response systems.** Effective institutionalization requires that social protection programs operate within a wider ecosystem where quality services are accessible for violence survivors, referral pathways are functional, and laws protecting survivors are enforced to end impunity. Within such environments, **IPV-prevention pilots like those in Mauritania and Cameroon can play a complementary role—helping shift norms, strengthen household communication, and prevent violence.** ■

To find out more:

[Top Policy Lessons on Social Protection from the Africa Gender Innovation Lab](#)

[Engaging Men for Women's Economic Empowerment: Overview of the Evidence](#)

[Click here to explore more work of the Africa Gender Innovation Lab](#)



References:

- Baranov, V., Cameron, L., Suarez, D. C., and and, C. T. (2021). Theoretical underpinnings and meta-analysis of the effects of cash transfers on intimate partner violence in low- and middle-income countries. *The Journal of Development Studies*, 57(1):1–25.
- Buller, A. M., Peterman, A., Ranganathan, M., Bleile, A., Hidrobo, M., and Heise, L. (2018). A mixed-method review of cash transfers and intimate partner violence in low- and middle-income countries. *The World Bank Research Observer*, 33(2):218–258.
- Cullen, C., Lagrange, A. A., Ngatia, M., and Vaillant, J. (2025). The unintended impacts of an intimate partner violence prevention program : Experimental evidence from Rwanda. Policy Research Working Paper Series 11040, The World Bank.
- Heise, L. L. (1998). Violence against women: An integrated, ecological framework. *Violence Against Women*, 4(3):262–290. PMID: 12296014.
- Stern, E. and Nyiratunga, R. (2017). A process review of the Indashyikirwa couples curriculum to prevent intimate partner violence and support healthy, equitable relationships in Rwanda. *Social Sciences*, 6(2):1–13.



Acknowledgement:

We thank the research team of Association des Chercheurs en Sciences de Santé (ACSSA), CRDES, Taazour and the Social Protection team at the World Bank, as well as the Mauritania and Cameroon Social Safety Nets Programs Teams and implementing partners, for a fruitful collaboration throughout this research.

We acknowledge financial support from the Cash Transfer and IPV Research Collaborative, the Sahel Adaptive Social Protection Program at the World Bank, and the World Bank's Rapid Social Response Adaptive and Dynamic Social Protection (RSR-ADSP) Umbrella Trust Fund Program. Support from the RSR-ADSP Umbrella Trust Fund Program contributed to the development of the new interventions and the qualitative research in Cameroon.

We also acknowledge support from the Umbrella Facility for Gender Equality (UFGE), which supported the development and piloting of the interventions. The UFGE is supported with generous contributions from Australia, Canada, Denmark, Finland, Germany, Iceland, Ireland, Latvia, the Netherlands, Norway, Spain, Sweden, Switzerland, United Kingdom, United States, the Gates Foundation, the Millenium Challenge Corporation, and Wellspring Philanthropic Fund.

Additional support for the research was provided through the program "Building the Evidence on Protracted Forced Displacement: A Multi-Stakeholder Partnership," funded by the UK Government and managed by the World Bank Group in partnership with the United Nations High Commissioner for Refugees (UNHCR).

The findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of The World Bank Group, its Board of Executive Directors, or the governments they represent. All errors and omissions are our own.

Photo credits: Claire Boxho, Saint Albert Charity Cameroon

FOR MORE INFORMATION,
PLEASE CONTACT

Claire Boxho
cboxho@worldbank.org

Africa Gender Innovation Lab
afrgenderlab@worldbank.org

1818 H St NW
Washington, DC 20433 USA
www.worldbank.org/africa/gil