

Perspectives on Gender-Based Violence and Women's Economic Empowerment in Sub-Saharan Africa: Challenges and Opportunities



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ACRONYMS

AIDS	Acquired immunodeficiency syndrome
CBO	Community-based organization
DHS	Demographic and Health Survey
EE	Economic empowerment
FGC	Female genital cutting
FGD	Focus group discussion
GBV	Gender-based violence
GIS	Geographic information system
HIV	Human immunodeficiency virus
ICRW	International Center for Research on Women
IDI	In-depth interview
IPA	Innovations for Poverty Action
IPV	Intimate partner violence
IRC	International Rescue Committee
KIIs	Key informant interviews
LMIC	Low and middle income countries
M&E	Monitoring and evaluation
NGO	Non-governmental organization
RCT	Randomized control trial
SES	Social economic status
SLA	Savings and loan association
SRH	Sexual and reproductive health
STIs	Sexually transmitted infections
USAID	United States Agency for International Development
VSL	Village savings and loan
VSLA	Village savings and loan association
WEE	Women's economic empowerment
WHO	World Health Organization

EXECUTIVE SUMMARY

Economic empowerment has long been considered a key component in structural interventions to reduce gender inequality and the experience of gender-based violence (GBV) among women and girls. However, results from recent studies have yielded inconsistent evidence on the relationship between women's economic empowerment (WEE) interventions and the risk of GBV. For example, there is evidence to support the theory that WEE increases risk of GBV, possibly because increased empowerment challenges the status quo in the household, which can result in a male partner using violence to maintain his position.¹ Alternatively, there is evidence indicating increased empowerment reduces GBV because educational or financial empowerment offers higher status in the household, which then decreases women's risk of experiencing violence.^{2,3} While some studies indicate that economic empowerment (EE) improves women's status and reduces vulnerability to GBV, other studies have shown that improved access to income and livelihood assets among women is associated with higher reporting of increased conflict and GBV.⁴

The relationship between WEE and GBV appears to be highly specific to cultural and community contexts, as well as to program design and implementation. This study does not seek to answer the question of whether WEE increases or reduces GBV. Rather, this study builds on prior research to understand the contextual and programmatic variables that influence the relationship between economic empowerment and GBV and offer programmatic and research recommendations based on findings to improve WEE programming. The purpose of this study is to synthesize the evidence to date on the relationship between WEE interventions and the experience of GBV and identify gaps in research and implementation based on the review of existing impact evaluations, operations research, literature reviews, and programmatic guidance. This study has a specific interest in the monitoring and evaluation (M&E) of the distal and proximate factors in the relationship between WEE and GBV in order to develop recommendations for further activities to map the pathways between WEE and GBV.

Intended Audience

This review is intended for public health program planners and implementers, researchers, non-

governmental organizations (NGOs), government officials, and private and public donor agencies working to decrease GBV by advancing women and girls' economic empowerment.

Methods

The study included a systematic review of the literature as well as key informant interviews (KIIs) with program staff and experts from organizations implementing and/or conducting research on economic empowerment interventions targeted to women in sub-Saharan Africa. Findings from the literature review guided the questions for the KIIs. The KIIs added to the findings from the systematic review by focusing on what programs identify as important drivers in the relationship between WEE and GBV and the common M&E practices programs use to document intervention effect on gender outcomes.

The scope of the literature review included research evaluating economic interventions targeted at women and girls. After an initial search found a limited number of articles with outcome measures of IPV, the most common form of GBV, the search was expanded to include articles that measured other types of GBV including non-partner sexual violence, sexual harassment in public spaces, child marriage, and female genital cutting (FGC).⁵ Studies were also included if they measured risk and/or protective factors for GBV in order to test associations between WEE, distal structural factors for GBV, and the outcome of GBV. Searches were conducted in six academic databases and other online resources including organization websites and Google searches of articles and reports that were published between September 1, 2007 and March 15, 2014. Of 246 records screened for relevance, 20 articles on 19 interventions were included in the qualitative synthesis.

A total of 49 KIIs were conducted in 14 countries in sub-Saharan Africa from March to October 2013. Programs and studies were considered for inclusion in the study if they were currently operating in sub-Saharan African countries and focused on the economic empowerment of women and/or adolescent girls and providing at least one of the domains of WEE: human capital, financial capital, social capital, and physical capital. Eligible programs and studies were recruited using (1) general internet-based searching, (2) internet-based searching of specific organizations and institutions providing WEE programs, and (3) snowball sampling.

Findings

The literature review found a limited number of WEE interventions that assessed GBV outcomes. Only eight of the 19 interventions were deemed effective in changing attitudes about GBV and/or decreasing the experience of GBV (with rigorous experimental methods and high potential of program impact). Eight of the studies reported an outcome of GBV. Out of these, only three found a significant decrease of physical and/or sexual violence from an intimate partner, with none finding an increase. Reviewed studies also found significant positive effects of interventions on outcomes such as economic well-being and gender attitudes and norms among participants (and occasionally their partners).

In the KIIs, 18 of the respondents reported a decrease in experience of violence among their program's beneficiaries. In contrast, five of the KII respondents reported an increase in partner-related violence in relation to the intervention. However, most all of the effects reported were based on anecdotal evidence and not on quantitative or systematic qualitative program M&E.

Multiple themes emerged from the literature review and KIIs:

- The strategies used in an economic empowerment (EE)-only program for women and girls may make a difference in generating positive outcomes that can have an effect on GBV in the long term. Providing social (support, mentoring) and human capital (communication, critical thinking skills) to women and girls in WEE program is key to ensuring they can navigate through backlash that may result from the participation in the program.
- WEE programs that incorporated a gender component were associated with GBV-related outcomes such as a decrease in acceptance of IPV, an increase in occasions where men and women challenged traditional gender norms and roles, and an increase in household decision-making for women. Gender components included discussion groups with couples on household decision-making or life skills education on GBV and sexual and reproductive health (SRH). In fact, the largest change in reported attitudes towards gender norms was found among participants in interventions that included a form of gender training such as *Stepping Stones* or *Sisters for Life*.^{6,7} Promising gender interventions involved men only or men's and women's activities such as discussion

sessions and gender trainings. Participation of both sexes in gender activities led to better outcomes with respect to increased gender equitable norms and roles.

Numerous M&E challenges were reported in the literature review and by KII respondents. Several organizations mentioned struggles related to the demand for M&E in resource- and capacity-constrained settings, especially if donors do not require or fund extensive M&E. Lack of resources prevented many organizations from using randomization, adequately training M&E staff, and paying data collectors. For instance, multiple organizations expressed concern that volunteers often conduct data collection and M&E at the local level and that these volunteers may not be properly trained or lacked incentives to accurately and consistently collect data.

Recommendations

This study makes a number of recommendations for programs that seek to address the complex relationship between the economic empowerment of women and girls and GBV.

- Economic empowerment programs such as microfinance and cash transfer programs that currently focus solely on financial capital should incorporate human as well as social capital components in program design and implementation.
- Economic empowerment programs promoting livelihoods among adolescent girls should incorporate safe spaces for girls to access support, mentoring, and share experiences.
- WEE programs should engage men constructively in gender-related activities in order to promote gender equitable norms.
- Further rigorous research and evaluation should be conducted on the intersection of WEE and GBV using measurement guidelines to increase the evidence base for improved programming.
- To increase generalizability, further research is necessary to map the pathways in which WEE directly or indirectly affects GBV, given that the current evidence about the mechanism in which WEE impacts GBV is inconclusive.

Conclusion

Overall, evidence from the literature and current programming in sub-Saharan Africa indicates

that WEE interventions have a promising albeit potentially context-specific effect on reducing GBV. Positive change will require programs to implement rigorous tools that routinely measure distal and proximal factors of GBV.

1. INTRODUCTION

Gender-based violence (GBV) is a pervasive problem globally. GBV is defined as “an umbrella concept that describes any form of violence used to establish, enforce, or perpetrate gender inequalities and keep in place unequal gender-power relations.”^{8p.14} This includes intimate partner physical, sexual, and/or emotional violence, non-partner physical or sexual violence, child marriage, and female genital cutting (FGC). A review of seven Demographic and Health Survey (DHS) from sub-Saharan Africa found that the percentage of women of reproductive age who had reported experiencing physical violence since age 15 was high in all countries, ranging from 30% in Malawi, Rwanda, and Zimbabwe, to around 50% in Cameroon, Kenya, and Zambia, to as high as 60% in Uganda.⁹ GBV is also associated with numerous adverse short-term and long-term physical, mental, and sexual health problems.¹⁰

Economic empowerment has long been considered a key component in reducing gender inequality and GBV for women and girls. However, results from recent studies have yielded inconsistent evidence on the relationship between women’s economic empowerment (WEE) interventions and the risk of GBV.^{2,3} For example, there is evidence to support the theory that women’s economic empowerment increases risk of GBV, possibly because increased empowerment challenges the status quo in the household, which can result in the male partner using violence to maintain his position.

Alternatively, there is evidence indicating that increased empowerment reduces GBV because educational or financial empowerment offers higher status in the household which then decreases women’s risk of experiencing violence. In addition, results of such studies are difficult to interpret due to methodological challenges with self-reporting, such as social desirability bias to not report experienced violence. Conversely, more empowered women may be more likely to recognize abuse as unacceptable and be empowered to report it.¹¹

A systematic review on economic empowerment by Vyas and Watts (2009) found that poverty reduction, female access to secondary education, and reduction in educational inequality were protective factors for IPV levels in low and middle-income countries (LMIC). However, only four of the 30 articles included in the Vyas and Watts review reported results from intervention studies.² Additionally, a review by Heise (2011) on protective factors for the prevention of IPV

included the Vyas and Watts review and numerous articles examining the relationship between economic empowerment and IPV in both low and high-income countries. However, similar to the Vyas and Watts review, Heise reported findings on only two intervention studies.³ Given some of the methodological challenges of implementing interventions studies on GBV (high costs, measuring long-term outcomes, lack of evidence, etc.) this is not surprising. Table 1 provides a comparative view of the elements of the 2009, 2011, and current systematic reviews.

Evidence from these and other studies to date shows a complex relationship between WEE and GBV. While some studies indicate that economic empowerment improves women's status and reduces vulnerability to GBV, other studies have shown that access to income and livelihood assets among women is associated with higher reporting of increased conflict and GBV.^{2,3}

1.1. Background

Gender-based violence cuts across economic and social status, ethnicity, and geography. GBV has major implications for almost every aspect of health and development from access to and use of health services to educational attainment, economic growth and full enjoyment of human rights. GBV is rooted in gender-based power inequalities and puts women at a disadvantage because they generally do not enjoy the same economic, political or social status as men. Evidence has also found that IPV, the most pervasive form of GBV, has a significant adverse economic impact at the individual and national level.¹⁰ While there is some literature on the association of experiencing GBV and negative health outcomes, there are substantial gaps in knowledge about risk and protective factors, causal relationships, and characteristics associated with GBV.¹²

The concept of “economic empowerment” (EE) is heterogeneous and varies in different contexts. In general, EE incorporates strengthening household assets, building sustainable livelihoods, improving financial and household decision-making, and increasing household economic resilience and land tenure. From a programmatic perspective, EE interventions can include a range of activities, such as microcredit services, income generation, savings and microinsurance promotion, and entrepreneurship-related skills training. In the context of women's empowerment, economic interventions have evolved over the past 15 years to place greater emphasis on savings and the growth and protection of livelihood assets instead of merely

generating income. These interventions may also include activities that foster social empowerment or build social capital among women, as well as promote the constructive engagement of men and boys as champions of women and girl's economic growth.

1.2. Structural Interventions

Economic empowerment is conceptualized as a structural approach to the prevention of HIV and GBV.¹³⁻¹⁵ This approach identifies structural factors as “the components beyond individual knowledge or awareness which influence individual and group risk and vulnerability.” Within this, structural risk drivers are defined as:

A population-specific subset of structural factors empirically identified to influence individual and/or group risk practices” and causal pathways are “mechanisms through which distal structural drivers lead to proximal influences on the patterning of risk behavior in particular settings.¹³

Structural interventions, do, however, have certain limitations. According to Gupta et al. (2008) structural approaches are highly contextualized to the local environment and may not be generalizable or easily adaptable to other cultural and social contexts.¹² Additionally, it is difficult to measure the impact of structural interventions. Some structural interventions do not have the time span or sample size to measure long-term outcomes such as GBV. Also, if only measuring GBV, interventions may not be able to test hypotheses about the causal chain between WEE and GBV. Other structural interventions that may only measure more proximate factors such as gender attitudes and decision-making power will also not be able to measure an impact on GBV and also will not be able to test hypotheses about causal pathways between WEE and GBV.¹²

Despite these limitations, increasing the financial and social capital of women and girls, male involvement in WEE, and promoting women's property and inheritance rights have been proposed as potential pathways between WEE and decreased GBV.

1.3. Economic Empowerment of Women

Women's economic empowerment has increasingly been used as an approach to reduce poverty, improve health, child wellbeing, and food security. However, due to its broad and varying interpretations, WEE is not uniformly defined. Many experts conclude that WEE refers to the

expansion of women's capacity to "make choices and transform those choices into desired action and outcomes."¹⁶ Similarly, the United Nations Foundation advocates that WEE must represent "meaningful" empowerment which includes not only economic agency but all types of agency that women exercise throughout their lives.¹⁷ Furthermore, because women perform the majority of the world's unpaid care work, other definitions link WEE inextricably to the care economy (including unpaid care work, non-market work, and work of social reproduction) and posit that WEE can be used to enable social, political, and cultural empowerment.^{18,19} Nevertheless, there is an underlying assumption across WEE definitions that financial capital is the critical barrier to transforming gender dynamics in relationships.²⁰

Similar to WEE, the concept of livelihoods is also broad, with varying interpretations within health and development. At its most basic form, a livelihood is a means of providing for oneself. However, there are numerous conceptualizations of livelihoods. A popular definition states that livelihoods constitute: "...the capabilities, assets (including both material and social resources) and activities required for a means of living."²¹ In this, capabilities refer to the ability to do, to act, and to be, assets refer to human, social, financial, and physical assets, and activities refer to production, consumption, and investment activities. Related to the capabilities component of livelihoods are life skills, which is defined as "the psychosocial abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands of everyday life."²²

Components of programs that aim to provide life skills in order to set the foundation for livelihoods, particularly among adolescents, include training on communication with family and/or partner, negotiation, self-esteem, HIV and AIDS and STIs, sexual and reproductive health (SRH), and oftentimes gender norms.²³

Similarly, while not explicitly defining livelihoods, Golla et al. (2011), define WEE as consisting of two components: (1) the skills and resources to compete in markets as well as fair and equal access to economic institutions, and (2) the power and agency to benefit from economic activities and the ability to make and act on decisions and control resources and profits. These resources can include human capital (e.g. education, skills, training), financial capital (e.g. loans, savings), social capital (e.g. social networks and mentors), and physical capital (e.g. land, machinery). Social norms that define expectations, taboos and prohibitions of women's role in the

marketplace and public sphere, as well as institutions such as laws, policies, market structures, marriage inheritance, and education systems influence both of these components²⁴

Increasingly, research links WEE with other beneficial outcomes in other areas of health and development. For example, economic empowerment is gaining increasing attention as a structural driver of beneficial outcomes for HIV and AIDS and reproductive health.²⁵ In Haiti, a microfinance program found that long-term exposure to microfinance was associated with reduced HIV risk behavior such as increased partner use and lower number of partners.²⁶ Similarly, in Mexico, the *Oportunidades* cash transfer program had a significant effect on increasing education and contraceptive use among rural adolescents aged 15-19 and among women aged 20-24 years.²⁷

The approach of WEE programs to considering gender issues in project strategies can vary. The Gender Equality Continuum (Figure 1), developed by the Interagency Gender Working Group, is a useful tool to assess how WEE projects consider gender in program strategies.²⁷ According to the tool, projects range from those that intentionally or unintentionally exploit or reinforce gender inequalities, to those that accommodate gender differences, to those that seek to transform gender roles, norms, and relations to promote equity. At a minimum, WEE programs are generally “gender accommodating” (i.e. work around existing gender differences and inequalities). However, some programs integrate various structural interventions to become “gender transformative,” and promote critical consciousness around gender norms and dynamics in order to shift gender inequalities in a community.

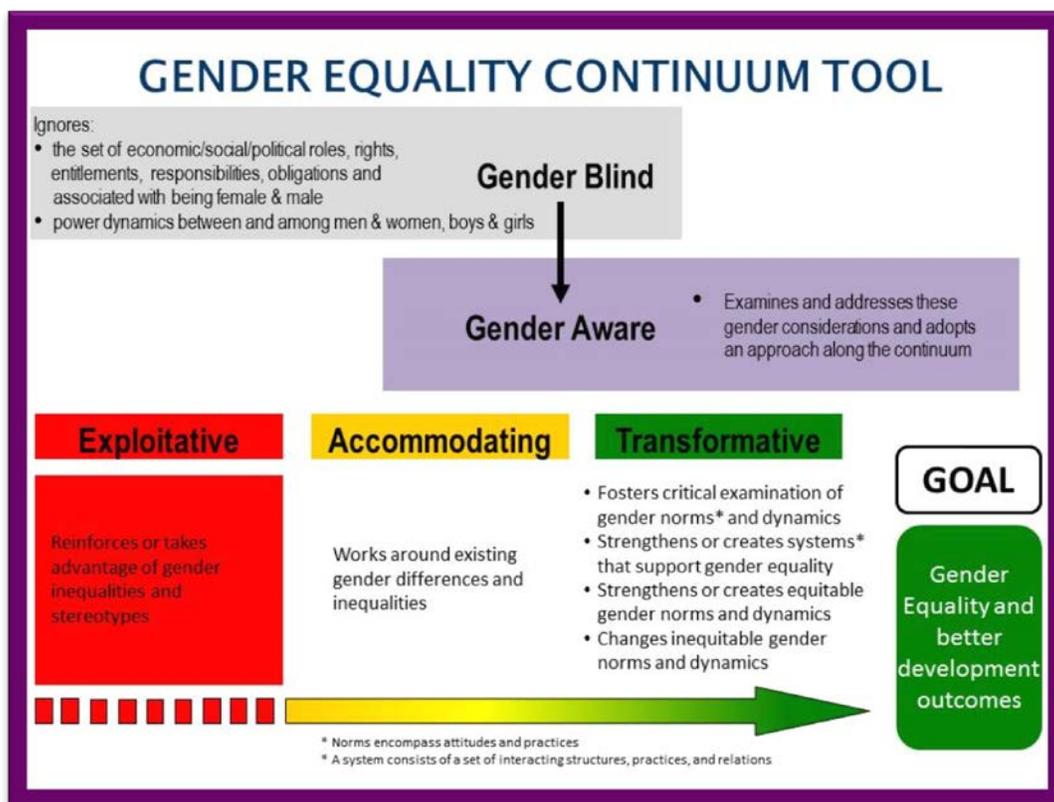


Figure 1: Gender Equality Continuum Tool.²⁸

1.4. Economic Empowerment of Adolescent Girls

Adolescence and young adulthood, defined by the World Health Organization (WHO) as the developmental phase between 15 and 25 years, is a key period within which gender norms are solidified and girls and young women are particularly vulnerable to experiencing violence.²⁹ In the WHO Multi-Country Study on Women’s Health and Domestic Violence Against Women, 3% to 24% of women reported that their first sexual experience was forced, a majority of which occurred during adolescence.⁵ A recent study among eighth grade students in nine public schools in Cape Town, South Africa found that 39.1% of girls reported experience of physical IPV and 7.5% of girls reported experience of sexual IPV within the last three months.³⁰

There is a growing interest in investing in the economic and social well-being of adolescent girls while focusing on the ecological, social and political factors affecting a girl’s life. This perspective is related to the life course theory and gendered livelihood conceptual frameworks, which

prioritize the livelihoods and physical and financial assets of adolescent girls.^{31,32} The assumption is made that if a girl enters into marriage with considerable assets, she will be able to better negotiate her education and the arrangement of the marriage itself, as well as remain in control of her assets. Not only does this affect the quality of her life, but also the health and well-being of her children, insomuch that she may raise her daughters to have life improved life aspirations and decision-making power over their educational and marriage-related issues.³³

Certain long-standing practices such as exclusion from the labor market and the early marriage of girls to older men have an effect on power inequities that are at the root of GBV against young girls.³⁴ Key institutions within the field of adolescent girl's empowerment posit that adolescent girls benefit significantly by acquiring assets and skills, even though the benefits may not be fully realized until adulthood (Figure 2).¹⁶ The Population Council, Nike Foundation, and other institutions endorse a “safe spaces” approach for girls who are the most vulnerable to various forms of violence. Safe spaces are physical spaces such as community halls, schools, and youth centers that are only used by girls. These spaces are regarded as being significantly important because, in many communities, men predominate in public spaces. Safe spaces seek to cultivate a place where girls can engage with their peers and feel comfortable participating in program activities. These programs aim to improve girl's SRH, link them with education and GBV services and help them build financial capital, savings, and livelihoods opportunities.³⁵

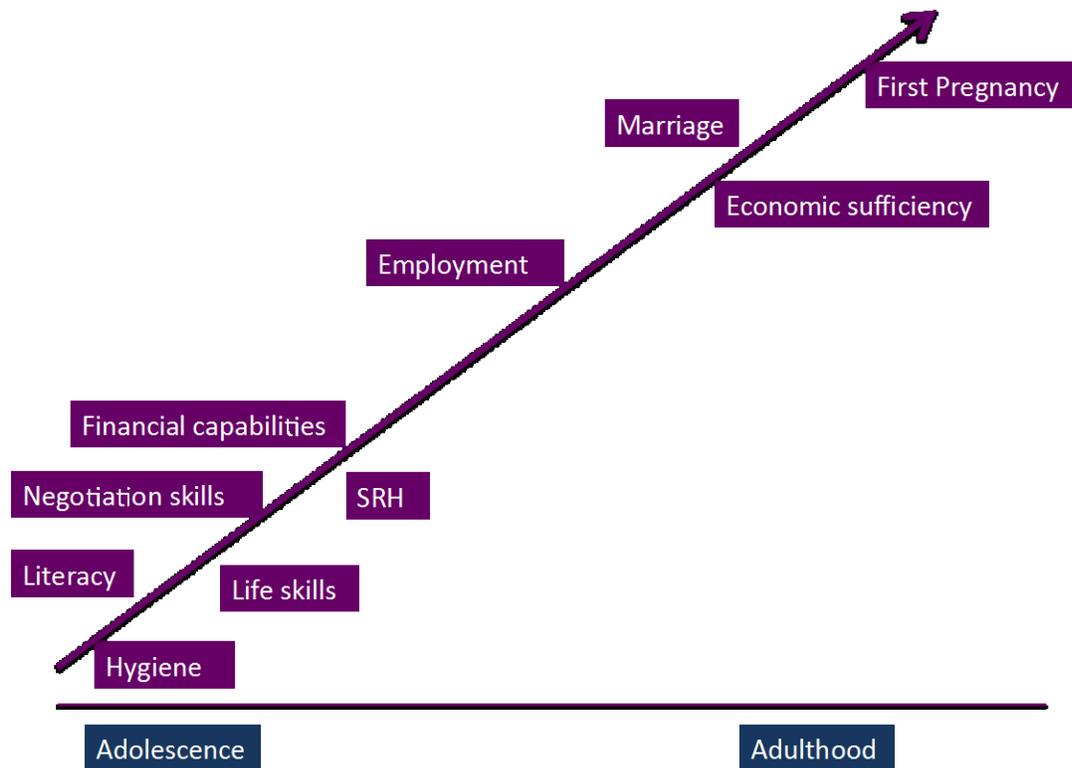


Figure 2: Adolescent trajectory of development.³⁵

1.5. *Male Involvement in Women's Economic Empowerment*

Male involvement has been used as a method to improve the health and rights of women in the fields of family planning, reproductive health and HIV prevention.³⁶ Male involvement uses theories of masculinity to engage men in promoting the health of women, children, and couples. Masculinities have been defined as “ways of living for men.”⁸ However, masculinities are contextual and vary across cultures and societies.⁸ In the context of HIV prevention, Dworkin et al. (2011) highlight two frameworks that explain the interplay of masculinity and health. The first framework highlights the role men can play in perpetuating gender inequalities. Interventions that utilize this framework typically engage men or couples to reflect critically on harmful and inequitable behaviors that put them at risk of adverse sexual and reproductive health outcomes. These interventions encourage men to adopt more equitable behavior in the context of family life, SRH and violence prevention. This approach builds upon that the idea that men are frequently the decision-makers within households and should be targeted to support increasing WEE and status in the household and in society.³⁶

The second framework focuses on transforming gender norms among men in order to change relationship dynamics and gender inequality within relationships and in their communities. Evidence shows that gender transformative behavioral interventions aimed at changing harmful gender attitudes and norms can improve health outcomes for women and men. This is particularly applicable to adolescent boys and young men. These groups have shown substantial gender transformative changes in their attitudes and behaviors.³⁶⁻³⁸

1.6. Women's Property and Inheritance Rights

The importance of securing women's property and inheritance rights (WPIR) has been proposed as a pathway to reduce women's vulnerability, especially to GBV and HIV and AIDS.³⁹⁻⁴¹ Although the focus has been primarily on land as the primary resource, WPIR can be defined broadly as how a woman can use, control, and hold land, housing, livestock, material assets, or financial assets, as well as whether she can inherit land.³⁹ WPIR is especially applicable to WEE, because women have the right to control and protect any financial or material assets gained through WEE activities. WPIR may also be a mechanism for women to control their resources and leave abusive partners.⁴¹

One study in Kerala, India found that property ownership had a strong negative effect on lifetime physical and psychological violence. Among women that didn't own property, 49% reported ever experiencing physical violence, compared to seven percent of those who owned their own land and house.^{39,42} Another study in Nicaragua found that while land ownership and GBV were not directly related, women's land ownership challenged traditional gender norms, which increased women's power and control within intimate partnerships, which, in turn, reduced levels of physical and sexual violence.⁴³ In addition, it has been proposed that violations to WPIR, especially property grabbing, is a form of GBV, where violence is inflicted on a woman when she is forcibly evicted from her home and often not allowed to take personal possessions with her.⁴⁴

However, there is limited, often anecdotal evidence on the association between promotion of WPIR and reduced GBV. This association is usually dependent on the social, political, and legal context of women's communities. Despite limitations in the literature on the association between WPIR and GBV, Thomas et al. (2013) developed a compendium of programmatic and M&E

approaches to protect WPIR of HIV-affected women in Kenya and Uganda.³⁹ In addition to collecting routine indicators for WPIR and HIV, the compendium recommends that WPIR programs should seek to capture GBV data after successful resolution of property grabbing cases, because programs observed an increased in violence as a result of program success of protecting women's WPIR.

1.7. Conceptual Models of Women's Economic Empowerment and Gender-Based Violence

There are numerous conceptual models and theories that seek to create a framework for the complex relationship between WEE and GBV. First, multiple theories support both the idea that WEE results in a decrease in GBV and that GBV is exacerbated by WEE. In support of the assumption that a decrease in violence occurs following WEE, researchers cite family stress and dependence theories, among others. For example, family stress theory posits that the stress caused by unemployment and lack of income contributes to IPV.⁴⁵ Therefore, if IPV is a result of financial strain, then economic contributions from women should decrease the likelihood of IPV. Supporters of dependence theory and marital dependence theory also point to a decrease in violence with increased women's empowerment. Women who are dependent on men may be unable to leave abusive relationships, or to negotiate relationship factors such as sex and condom use.⁴⁶ Thus, empowering a women economically enables her to have more bargaining power to negotiate better or safer relationships, or exit the relationship altogether.⁴⁷

Alternatively, another set of theories suggests that women's risk of GBV will increase with women's increased financial autonomy. Proponents of resource theory assert that family dynamics include a power system using resources, and violence can be used as method of maintaining power and control over these resources.^{48,49} Because WEE could increase the power and control women have over financial resources, an increase in violence is hypothesized as an attempt by men to maintain control over women. Similarly, relative resource theory posits that the relative distribution of status or income between partners can threaten the status quo if men perceive WEE as a threat to their status, leading to increased risk of violence.^{49,50}

Additional perspectives predict an initial increase in violence as women challenge cultural norms and power dynamics shift within a household. An ensuing decrease in violence follows after a

new and more egalitarian balance is achieved.^{3,51} Furthermore, researchers have demonstrated the importance of taking the male partner's employment status into account, showing that a woman's risk of violence is linked to the stability of her partner's employment status.⁴⁵ For example, MacMillan and Gartner (1999) found that women's risk of violence decreases if their male partners are employed, but increases if their partners are unemployed.⁵¹ The authors linked this dynamic to social expectations of masculinity such as the associated shame men may feel from not being able to provide for their wives or family, thus demonstrating the multi-layered context of the risk of GBV.

The socio-ecological model (Figure 3) is a useful model for examining the multi-faceted aspects of women and girls' risk of GBV. This model recognizes that that women and girls' risk of GBV is determined by various interconnected factors at the individual, family, community and societal level.^{52, 53} The model can also be used to frame corresponding prevention and response strategies to decrease GBV.⁵⁴

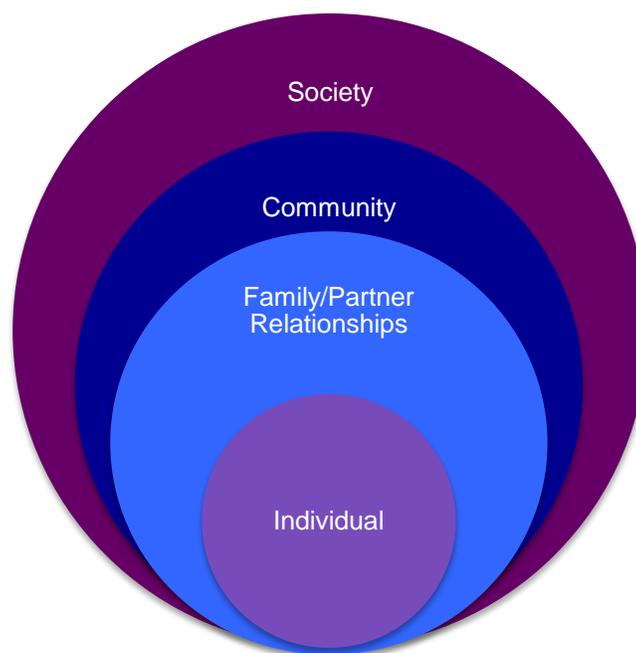


Figure 3: Socio-ecological model.^{5,55}

For example, at the individual level, factors such as low education, low socio-economic status (SES), young age, exposure to child abuse, and prior victimization can expose women and girls to increased risk of GBV. Similarly, exposure to child abuse, low SES, alcohol and drug use, and

acceptance of violence can also increase risk of perpetration by men.⁵³ At the societal and community levels, factors such as societal norms that support the use of violence as a method to discipline or control women, ideologies that men must prove their masculinity by being the sole providers, weak legal sanctions for GBV, and community level poverty impact on the risk of violence.⁵³ Therefore, interventions that approach GBV prevention via WEE using the socio-ecological model can address individual factors such as women's low financial education, access to loans, and budgeting skills, while simultaneously promoting more equitable social norms that challenge traditional and harmful gendered beliefs, attitudes and roles in the larger community.

Table 1: A Comparative View of the Vyas and Watts, Heise and MEASURE Evaluation Systematic Review Reports

	Vyas and Watts (2009)	Heise (2011)	Mejia et al. (2014)
Questions	Is individual and household economic empowerment associated with lower IPV in LMIC settings?	What do we know about WEE and risk of IPV? What is known about the impact of economic empowerment programs (including microfinance programs and conditional cash transfer programs) on women's risk of IPV?	What are the contextual and programmatic variables that influence the relationship between economic empowerment and GBV?
Geographical Scope	LMIC	LMIC	Sub-Saharan Africa
Studies/Interventions	Economic empowerment: primarily cross-sectional <ul style="list-style-type: none"> • Socioeconomic status • Education • Employment • Access to independent income • Microfinance interventions 	WEE: cross-sectional and impact studies <ul style="list-style-type: none"> • Employment • Access to independent income • Employment status and stability of partner • Women's contribution to the household • Property ownership • Microfinance interventions • Conditional cash transfer interventions 	WEE: impact studies <ul style="list-style-type: none"> • Microfinance interventions • Cash transfer interventions • Livelihoods promotion interventions • Life skills/financial literacy interventions • Land rights interventions
Timeframe of publication search	Up to August 2007	Up to 2011	September 2007-March 2014

Table 1: A Comparative View of the Vyas and Watts, Heise and MEASURE Evaluation Systematic Review Reports

	Vyas and Watts (2009)	Heise (2011)	Mejia et al. (2014)
Methodology	Review of published documents	Review of previous literature reviews Review of published and unpublished documents	Review of published and unpublished documents Key informant interviews
Inclusion Criteria	Studies with population-based quantitative findings.	Prioritized intervention studies, especially randomized control trials (RCTs), but also included pre- and post-test designs that measured changes in attitudes, norms, intentions, or behaviors.	Intervention studies with quantitative and/or qualitative findings with an outcome of GBV or changes in attitudes, norms, or behaviors.
Number of interventions identified	8,194	Not available	246
Number of interventions included in review	30 (4 presenting intervention data)	9	19

2. METHODOLOGY

This study undertook a systematic literature review and key informant interviews (KIIs) with representatives of organizations implementing economic empowerment interventions for women to gain insight into past studies and current programming trends. **The purpose of the literature review was to synthesize evidence to date on the association between WEE interventions and GBV outcomes.** In addition, the KIIs were conducted **to gain insight on the programs implementing WEE Interventions.** Through KIIs, the study sought to answer the following qualitative research questions:

1. How do programs perceive the influence of WEE on GBV?
2. What do programs identify as important drivers in the relationship between WEE and GBV?
3. What are the common M&E practices used and challenges faced by WEE programs to document intervention impact?

Ethical approval for this study was received from the Institutional Review Board at the University of North Carolina, Chapel Hill, USA.

2.1. Literature Review

Inclusion Criteria — This study reviewed published peer-reviewed articles and reports from the grey literature using multiple inclusion criteria. First, the research studies had to include an evaluation of the program's economic interventions targeted at women and girls. Both quantitative and qualitative evaluations of economic interventions that targeted women and/or girls were included. In order to be considered an economic intervention, the intervention had to provide a form of financial, social, human, or physical capital in the form of microfinance, cash transfers, livelihoods skills, or savings and loan associations (SLAs).

Second, articles were limited to countries in sub-Saharan Africa (SSA). SSA was selected as the region of interest for this study due to growing investments by donor agencies to adapt successful economic empowerment programs from South Asia to SSA to reduce GBV and HIV incidence.

Third, the search included articles that measured other types of GBV including non-partner sexual violence, sexual harassment in public spaces, child marriage, and FGC. Originally, the study only examined IPV. However, due to limited evaluations with an outcome of IPV, the study was expanded to include other forms of GBV including child marriage, non-partner physical and/or sexual violence, and FGC. The study also expanded the search to include intermediate or proxy outcomes for GBV including attitudes toward wife-beating, autonomy, and other attitudes related to GBV. Studies were also included if they did not have an outcome measure of GBV, but measured distal factors that have been found to be risk/protective factors for GBV such as attitudes towards wife beating, decision-making power within the household, and gender equitable attitudes.³

Searches were conducted through online databases including PubMed, Embase, Global Health, Web of Science, Econ Lit, and Popline. Searches for peer-reviewed and grey literature including organization reports and briefs were also conducted using Google, Google Scholar, and via websites of organizations relevant to the field such as the World Bank, Population Council, Innovations for Poverty Action (IPA), the International Center for Research on Women (ICRW), the International Rescue Committee (IRC), and STRIVE Research Consortium. Additional potential resources for the literature review were collected from the key informant interviews. The search included a variety of terms to encompass GBV and economic empowerment (**Annex A**) and was limited to English-language articles published between September 1, 2007 and March 15, 2014.

Article Selection — After filtering out duplicates, a total of 246 articles were identified and assessed for initial relevancy using titles and abstracts (Figure 4). A total of

Inclusion Criteria

- ◆ Economic intervention provided a form of financial, social, human, or physical capital
- ◆ Intervention or study conducted in sub-Saharan African countries
- ◆ Quantitative or qualitative evaluation of economic interventions targeted to women and girls conducted
- ◆ Outcome measure of IPV
- ◆ Outcome measure of other types of GBV (non-partner sexual violence, sexual harassment in public spaces, child marriage, FGC)
- ◆ Outcome measure of distal factors for risk for/prevention of GBV (attitudes towards wife beating, decision-making power within the household, gender equitable attitudes)

207 articles were excluded due to lack of a relevant economic empowerment intervention. Of the remaining 39 articles, eight were on interventions outside sub-Saharan Africa and were therefore excluded. Out of the remaining 31 articles, 10 were excluded for lacking outcome measures of GBV. Although 19 of the original 246 articles were from the grey literature, 12 articles out of the final 21 articles (57%) were from the grey literature. Due to the small number of interventions that met the criteria and the overall short study periods to measure behavior change, statistical significance of the relationship between WEE and GBV was not an inclusion factor.

A total of 21 articles from 20 different interventions were abstracted in a SharePoint database and assessed for eligibility. Information was collected on 40 data abstraction fields such as intervention description, study design, economic outcomes, and GBV outcomes (**Annex B**). Each article was abstracted by one reviewer and reviewed by a second reviewer to confirm evaluation design, impact, and overall effectiveness ratings. Three articles were excluded, one because of it was unclear how the EE component of the intervention had been implemented, and another because reviewers assessed the GBV measure as too weak to be included.

Study Effectiveness Criteria — The criteria for rating the effectiveness of the interventions (Annex C) were modeled after previous literature reviews conducted by MEASURE Evaluation.⁵⁶ The evaluation design was rated “rigorous” if it was a randomized control trial (RCT), a quasi-experimental design, or a systematic qualitative study. Level of impact was designated as “high” if there was a decrease in the experience of GBV, and self-reported change in behavior and attitudes among participants. Because sample size and reported decrease in GBV were often small, outcomes that were nearly statistically significant ($p < .05$) were also considered high impact. The overall effectiveness score was based on the combination of the ratings for evaluation design and level of impact.

Risk of Reporting Bias — Reporting bias is a common challenge in the assessment of health interventions. This study addressed publication, location, and citation bias through a systematic search of multiple databases and through searching the grey literature. If multiple articles were published on the same intervention, only one article (that best fit the inclusion criteria) from each intervention was included. Language bias did not exist because no articles in languages other than English were found in the search.

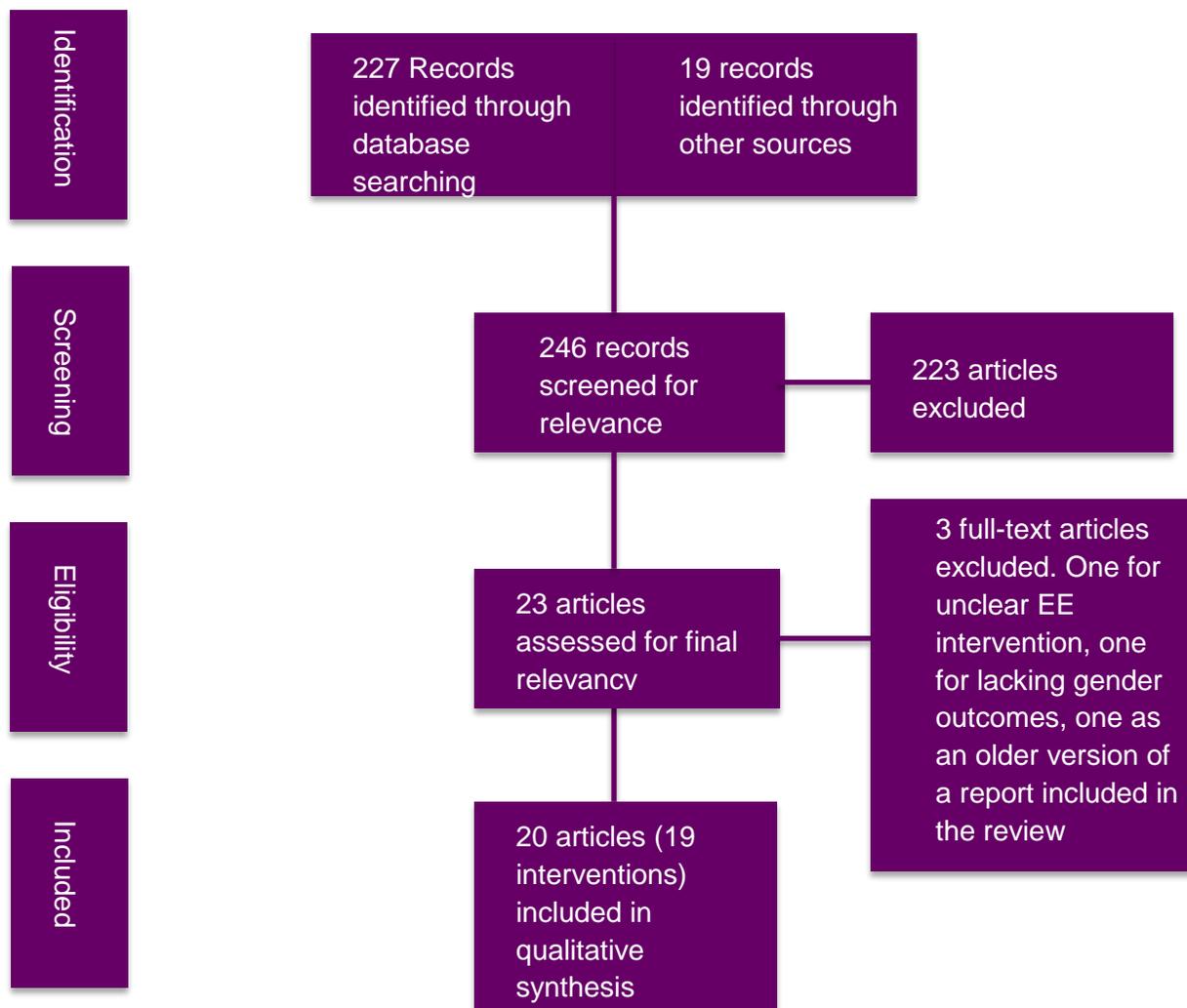


Figure 4: Results of literature review article selection.

2.2. Key Informant Interviews

A total of 49 key informant interviews were conducted with program staff from organizations implementing and/or conducting research on economic empowerment interventions in sub-Saharan Africa from April to October of 2013. (**Annex L**).

Inclusion Criteria — Similar to the literature review, programs and studies were considered for KIIs if they were currently operating in a sub-Saharan African country and focused on EE of women and/or

adolescent girls, providing at least one of the domains of WEE: human capital, financial capital, social capital, and physical capital. Though programs were not required to have a component addressing GBV, programs and studies that integrated GBV programming into their interventions were prioritized in recruitment due to the focus on understanding the link between WEE and GBV, as well as how programs monitored and evaluated this link. The study classified programs by the different WEE domains covered in the primary program input or the mechanism by which programs approached WEE.

Key Informant Selection — Three strategies were used to recruit eligible programs and studies. First, internet-based searches were conducted for programs and studies that addressed GBV and WEE. The search used more than 20 key words in multiple combinations including WEE, GBV, IPV, prevention, microfinance, livelihoods, and adolescent girls’ empowerment. The names of sub-Saharan African countries were added to key word searches. Specific organizations and institutions known to have WEE programs were also searched, including the Population Council, ICRW, FHI 360, and IRC, the World Bank, UN Women, USAID, and the WHO. Second, WEE and GBV technical and program experts were contacted via email and asked for suggestions of programs that met the inclusion criteria. Finally, snowball sampling and recommendations from initial interview participants helped to identify the remaining informants.

Data Collection and Analysis — Interviewers obtained verbal informed consent before the interview and used the same interview guide (**Annex D**) for both in-person and telephone interviews. The interview guide covered two main topics: (1) WEE: a description of the WEE program and identification of documented or perceived positive outcomes and/or challenges resulting from the program; and (2) GBV: the organization’s conceptualization of GBV and links to WEE, how the organization responds to GBV in its program, and the formal or informal positioning of GBV in the program’s M&E. All 49 interviews were transcribed using extensive notes taken at the time of the telephone or in-person interview.

The interviews used in analysis were uploaded as primary documents into Atlas.ti Version 7 for coding and analysis.¹ A final thematic codebook (**Annex E**) with 45 codes and their definitions

¹ Berlin, Scientific Software Development

was developed, and the codes were created in Atlas.ti. In order to establish inter-coder reliability, three members of the research team coded the same two interviews and compared results. The remaining interviews were then divided between two reviewers for full coding. Once coding was completed, queries were used in Atlas.ti to pull coded sections of text and assess the most common themes. Themes were first assessed by the broad categories of positive and negative codes. A variety of methods were used to categorize and analyze themes, such as written summaries and matrices.

We used the socio-ecological model to frame our thinking and analysis. The individual, intimate partner relationships, family, and community levels of the model were included as both areas where WEE programs may have an impact and/or where GBV norms, attitudes, and practices are influenced. However, while we approached the data from the framework of this model, we present the results by research question for clarity and ease of discussion

3. FINDINGS

3.1. Literature Review

Twenty articles were included in the study, analyzing data from girls' and/or women's EE programs with gender and/or GBV outcomes yielding results from 19 interventions and 21 different sites. The majority of studies were either cluster or individual RCTs utilizing longitudinal data. The geographical setting, implementation period, sample age and size, study methods and study efficacy are summarized below.

Setting, Period and Sampling — The studies reviewed were conducted in 10 different countries (Figure 5). Fourteen of the 21 intervention sites were in East Africa, seven in Southern Africa, and one in West Africa. Over half of the sites (14) were in rural areas, four were in urban areas, and three cut across urban and rural areas. The implementation period for the studies ranged from 2001 to 2012 (Table 2).^{7,57,6,58,59} Study size ranged from 50 to approximately 5,000 participants. Most studies specified the age of girls/women sampled with the lowest age range from 10-19 and the highest from 18-96.⁶⁰⁻⁶²

Study Methods — Fifteen of the 20 studies used quantitative methodology. However, eight quantitative studies also included qualitative methods for formative research and/or process evaluation including focus group discussions (FGDs) and in-depth interviews (IDIs) with participants and KIIs with organizations' staff and local leaders.

Study Efficacy — While nine interventions were deemed to be overall “effective”, seven of which were RCTs, eight articles were categorized as “promising”, and three articles had limited methods and low impact, making their overall effectiveness “unclear” (Table 3).

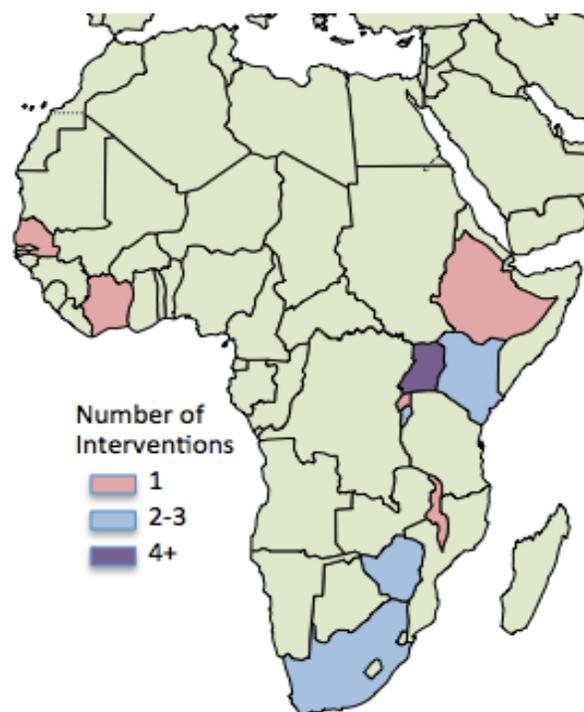


Figure 5: Map of intervention sites.

Table 2: List of Interventions in Literature Review					
Countries	Author/year	Setting	Study period	Sample age	Sample size
Burundi	Ferrari G, Iyengar R (2010) ⁶³	Rural	2009	15-80	1,314
Burundi	Rushdy S (2012) ⁵⁷	Mixed	2012	14-22	616 groups with a total of 11,577 girls
Cote d'Ivoire	Gupta J et al. (2013) ⁶⁴	Rural	2011-2012	18+	934
Ethiopia	Erulkar A, Mathengi E (2007) ⁶⁰	Rural	2004-2006	10-19	460 ^a 926 ^b
Kenya	Dworkin SL, Grabe S (2013) ⁶⁵	Rural	Not Reported	20-60	50
Kenya & Uganda	Austrian K, Muthengi E (2012) ⁶¹	Urban	2008-2011	10-19	1,062
Kenya	Gnauck K et al. (2013) ⁶⁶	Rural	2010	22-70	60
Malawi	Baird S, Chriwa E, McIntosh C, Ozler B (2010) ⁶⁷	Mixed	2007-2008	13-22	3,805
Rwanda	Slegh H et al. (2013) ⁶⁸	Rural	2012	20-76	60
South Africa	Kim J et al. (2007) ⁷	Rural	2001-2005	18-96	860
South Africa	Kim J et al. (2009)	Rural	2001-2005	18-96	1,409
South Africa	Gibbs A, Jewkes R (2013)	Urban	2012	Ave. 21.7	232
Uganda	Blattman C, Green E, Annan J, Jamison J (2013)	Rural	2009-2012	20-35	1,800
Uganda	Blattman C, Fiala N, Martinez S (2013)	Rural	2007-2012	16-35	2,677
Uganda	Angeles MB (2012)	Rural	2012	Not reported	191
Uganda	Bandiera O (2012)	Mixed	2008-2010	14-20	4,888
Uganda	Leerlooijer JN, Bos AE (2013)	Rural	2012	18-32	23
Zimbabwe	Cowan FM, Pascoe SJ (2010)	Rural	2003-2007	18-22	4,684
Zimbabwe	Dunbar MS et al. (2010)	Urban	Not reported	16-19	50
Zimbabwe & Tanzania	Mak J et al. (2010)	Rural	2010	17-36	166

^ABaseline ^BEndline

Table 3: Ratings of Studies and Intervention

Author/year	Study Design	Data collection Methods	Evaluation Rigor	Level of Impact	Overall Effectiveness
Austrian K, Muthengi E (2012)	Quasi-experimental	Pre-post	Rigorous	High	Effective
Baird S, Chriwa E, McIntosh C, Ozler B (2010)	Cluster RCT	Pre-post	Rigorous	Moderate	Effective
Bandiera O et al. (2012)	Cluster RCT	Pre-post	Rigorous	High	Effective
Cowan FM, Pascoe SJ (2010)	Cluster RCT	Pre-post	Rigorous	Moderate	Effective
Erulkar A, Mathengi E (2007)	Quasi-experimental	Pre-post	Rigorous	Moderate	Effective
Ferrari G, Iyengar R (2010)	Cluster RCT	Pre-post; FGD	Rigorous	High	Effective
Gupta J et al. (2013)	Cluster RCT	Pre-post	Rigorous	High	Effective
Kim J.C et al. (2007)	Cluster RCT	Pre-post; FGD	Rigorous	High	Effective
Kim J.C et al. (2009)	Cluster RCT	Pre-post	Rigorous	High	Effective
Blattman C, Fiala N, Martinez S (2013)	Individual RCT	Pre-post; IDI	Rigorous	Low	Promising
Blattman C, Green E, Annan J, Jamison J (2013)	Cluster RCT	Pre-post	Rigorous	Low	Promising
Dunbar MS et al. (2010)	Quasi-experimental	Pre-post; FGD	Moderate	Moderate	Promising
Dworkin SL, Grabe S (2013)	Non-experimental	IDI	Rigorous	Low	Promising
Gibbs A, Jewkes R (2013)	Non-experimental	Pre-post; IDI; FGD	Moderate	Moderate	Promising
Leerlooijer JN et al. (2013)	Non-experimental	IDI	Rigorous	Low	Promising
Mak J et al. (2010)	Non-experimental	Pre-post; IDI	Moderate	Moderate	Promising
Sleigh H et al. (2013)	Quasi-experimental	Pre-post; IDI, FGD	Moderate	Moderate	Promising
Angeles MB (2012)	Non-experimental	FGD; IDI; KII	Limited	Low	Unclear
Gnauck K, et al. (2013)	Non-experimental	FGD	Limited	Low	Unclear
Rushdy S (2012)	Non-experimental	Pre-post; IDI; FGD; KII	Limited	Low	Unclear
Note: Colors above correspond to the following:					
Effective	Promising	Unclear			

3.2. Interventions

Economic Empowerment — Most interventions provided one or two of the domains of WEE different forms of social, financial, and/or human capital (Table 4). Eight interventions included all three, four provided only social and financial capital and the remaining seven provided either social or financial capital. The majority of interventions targeting adults focused on SLAs and other microfinance activities. The nineteen interventions that provided financial and/or social capital ranged from microfinance activities including village savings and loan associations (VSLAs), training in livelihood skills often accompanied with some form of financial support, and cash transfers. Fifteen of the interventions included a form of gender training for participants, ranging from a few life skills lessons on gender and relationships, to formal discussion group series addressing issues such as household decision-making, gender roles in the household, and violence against women.⁶³

Adolescent Girls — While all of the interventions targeted women from age 16 or older, 10 interventions were focused specifically on adolescents and young adults (**Annex F**).^{6,57,60,61,67,69-73} These interventions provided life skills and conflict resolution training to increase adolescent girls' self-confidence and self-efficacy. Interventions often paired life-skills training with training in livelihoods skills such as pig rearing, sewing, hair cutting, and training in financial literacy. Economic interventions targeted to adolescent girls focused more on skills-building and savings and were often paired with training on safe relationships, violence, and SRH. A few interventions integrated mentoring from peer, family or community members.

Male Involvement — Ten of the 19 interventions involved men (**Annex G**).^{6,57,59,63-65,68,69,71} Direct involvement entailed participation in the EE program and/or discussion series on relationships, gender norms, and GBV. Men were also indirectly involved in the interventions through sensitization on the intervention in the community.

Three male inclusive interventions engaged men as allies or partners in WEE.⁶⁸ In these interventions, men participated in a discussion series with their partners who participated in VSLA programs (Boxes 3, 4 and 5).^{63,64,68} During these series, men and their partners (and in some instances men-only) discussed household dynamics, health, and GBV.

Three other male-inclusive interventions engaged men and adolescent boys as direct participants using different methods.^{6,69,74} One intervention engaged men as allies or partners as well as engaged them and other men as participants in the livelihoods programs (Box 5).^{416,68} Two of these interventions recruited both men and women as participants in the livelihoods program, one of which compared outcomes on livelihoods, mental health, and sexual risk behaviors (Box 3) and one of which measured outcomes of violence.^{6,69}

Finally, four programs included men as key stakeholders who participated in sensitization on the intervention and/or on subjects such as GBV and SRH.^{59,65,69,71}

Land Rights — The review found two studies focused on land rights. Dworkin and Grabe (2013) conducted IDIs with people involved in the implementation of a community-led land and property rights program, that used community watchdogs groups to monitor women’s disinheritance at the local level.⁶⁵ The watchdog groups were comprised of both men and women, traditional leaders, trained paralegals, and government leaders. Anecdotal evidence showed that disinheritance and stripping women of inherited assets caused women to migrate, thereby increasing their vulnerability to GBV, especially sexual violence. The authors recommended further empirical research on the pathways that link GBV, HIV, and property rights violations.⁶⁵

Though not focused only on land rights, the second study reported qualitative findings on the perceived connection between economic empowerment, land rights, and GBV in its target community. In this study, Angeles (2012) carried out a non-experimental evaluation of an intervention implemented by Action Against Hunger in Northern Uganda.⁵⁸ The intervention aimed to decrease GBV in the target communities by strengthening livelihoods and financial capital through cash transfers and the development of VSLAs. In FGDs, participants discussed how women in their community are not able to own land and were prohibited from inheriting their husband’s land. While this was not tied directly to GBV, women mentioned how lack of inheritance and land rights decreased their ability to use land-productive activities.⁵⁸

Conceptual Models — Conceptual models are extremely important in guiding WEE interventions for the primary prevention of GBV.¹² In addition to strong research methodologies, frameworks to map the

causal pathways between WEE and outcomes (including GBV) are necessary to informing structural WEE interventions for the prevention of GBV. Twelve of the 19 interventions utilized an array of conceptual models to frame their interventions.^{57-59,63-66,69,71-73,75} For example, one study drew on the Ramsey growth model of investment. This model assumes there are two sectors, one including traditional labor-intensive work such as subsistence agriculture and one including capital-intensive small enterprise.⁷⁶ In contrast, another intervention focused more on social capital than economic capital, adapting Kabeer's model of empowerment, which stipulates that resources, agency, and achievements are the three inter-related dimensions of empowerment.⁵⁰ Overall, the majority of interventions with an explicit conceptual model relied more on social change theories than economic theories.

Table 4: Summary of Intervention Components					
Authors/year	EE Intervention	Type of EE	GBV Outcome	Conceptual Model?	Male involvement?
Austrian K, Muthengi E (2012)	Training and savings account	Social capital; human capital; physical capital	Gender attitudes; attitudes towards violence	No	Yes
Baird S, Chriwa E (2010)	Cash transfers	Financial capital; human capital	Gender attitudes	No	No
Bandiera O (2012)	Training	Human capital	Gender attitudes	No	Yes
Cowan FM, Pascoe SJ (2010)	Training	Social capital; human capital	Gender attitudes	Yes	Yes
Erulkar A, Mathengi E (2007)	Training	Social capital; human capital	Safe spaces; age at marriage; attitudes towards violence	No	No
Gupta J, Falb K (2013)	VSLA	Financial capital	IPV; gender attitudes; attitudes towards violence	Yes	Yes
Ferrari G, Iyengar R (2010)	VSLA	Social capital; financial capital; human capital	IPV; gender attitudes; attitudes towards violence	Yes	Yes
Kim J, Ferrari G (2009)	Microfinance	Social capital; financial capital; human capital	IPV; gender attitudes; attitudes towards violence	No	Yes
Kim J, Watts CH, et. al (2007)	Microfinance	Social capital; financial capital; human capital	IPV; gender attitudes; attitudes towards violence	Yes	Yes
Blattman C, Green E, Annan J, Jamison J (2013)	Cash transfers	Financial capital	IPV; gender attitudes	Yes	Yes
Blattman C, Fiala N, Martinez S (2013)	Training and VSLA	Social capital; financial capital; human capital	Gender attitudes	No	Yes
Dunbar MS et al. (2010)	Microcredit	Financial capital	IPV	Yes	No
Dworkin SL, Grabe S (2013)	Property rights advocacy	Social capital	IPV; land rights	Yes	No
Gibbs A, Jewkes (2013)	Training	Social capital; human capital	IPV; gender attitudes; attitudes towards violence	No	Yes
Leerlooijer JN, Bos AE (2013)	Training; goats	Social capital; financial capital	Gender attitudes	Yes	No
Mak J, Vassall A, Kiss L,	Grants and	Social capital; financial	Gender attitudes; attitudes	Yes	No

Table 4: Summary of Intervention Components

Authors/year	EE Intervention	Type of EE	GBV Outcome	Conceptual Model?	Male involvement?
Vyas S, Watts C (2010)	training	capital; human capital	towards violence		
Slegh H <i>et al.</i> (2013)	VSLA	Social capital	IPV; gender attitudes; attitudes towards violence	No	Yes
Angeles MB (2012)	Cash transfers	Social capital; financial capital; human capital	IPV; land rights	Yes	Yes
Gnauk K, Ruiz J, Kellett N, <i>et. al</i> (2013)	Trade cooperative	Social capital; financial capital	Gender attitudes	Yes	No
Rushdy S (2012)	VSLA	Social capital; financial capital; human capital	IPV; gender attitudes	Yes	Yes
Note: Colors above correspond to the following:					
Effective		Promising	Unclear		

Intervention Spotlight — Six interventions are presented as case studies below. Each of the interventions were considered effective or promising in terms of impact on decreasing experience of IPV or GBV among program participants. These interventions all implemented WEE programs in tandem with gender or GBV program components for both women and men. These interventions also benefited from comparatively more rigorous impact evaluation than their literature review counterparts.

[Box 1: Intervention with Microfinance for AIDS and Gender Equality \(IMAGE; South Africa\)](#)

[Box 2: Safe and Smart Savings Products for Vulnerable Adolescent Girls in Kenya and Uganda](#)

[Box 3: Stepping Stones and Creating Futures \(South Africa\)](#)

[Box 4: International Rescue Committee \(Burundi\)](#)

[Box 5: CARE Rwanda and Instituto Promundo \(Rwanda\)](#)

[Box 6: Women's Economic Empowerment in Post Conflict Settings: Reduction of Intimate Partner Violence against Women in Côte d'Ivoire](#)

3.3. *Key Literature Review Findings*

The most common gender outcomes measured in the literature review included: experience of IPV, attitudes towards gender norms and roles, attitudes towards violence, and household decision-making. Additional outcomes of interest include those related to economic improvement, education and sexual and reproductive health.

Experience of IPV — Studies used a variety of tools to measure IPV. Among the most common scales were the Hurt, Insult, Threat, Scream (HITS) screening tool, the survey instrument from the UN Multi-Country Study on Women's Health and Domestic Violence Against Women, and the domestic violence module from DHS questionnaires. Two of these studies did not report the method of measuring IPV.^{6,57} Two studies from the same intervention in South Africa, one study in Burundi, and one study in Cote d'Ivoire found a decrease in female participant's report of experience of IPV (only two were statistically significant at $p < 0.05$). Eight studies had comparable quantitative data on the outcome of physical and/or sexual IPV (Table 5). One study measured “ever” experience of physical and/or sexual violence at baseline and “past year” experience of physical and/or sexual IPV at endline, thus preventing a comparison over time.⁷² Another study featured only qualitative anecdotal evidence on both an increase and a decrease in

violence. The decrease in violence was cited due to improvements in women's relations with their intimate partners as a result of the program. Program participants themselves did not often report increases; instead, they talked about increases happening to other participants.⁵⁸

Findings on physical and/or sexual IPV from these eight studies are consistent with previous studies that have shown a small decline in the reporting of the past-year experience of physical and/or sexual violence.^{49,77} However, not all of the findings came from a multivariate analysis or common measurement, making it difficult to compare across studies. Findings ranged from small, insignificant decreases in IPV to a 55% reduction in reporting of past-year violence (ARR 0.45 95% CI 0.23; 0.91; Box 1).^{7,64,74} An incremental study of the IMAGE intervention found that though there was no statistically significant difference in economic indicators between the microfinance-only group and the IMAGE group, the IMAGE group showed a greater effect on all some variables related to empowerment, IPV, and HIV risk behavior. Specifically, there was a statistically significant reduction in attitudes condoning IPV (aRR 0.67 95% CI: 0.50, 0.90) and numerous empowerment indicators such as supportive partner relationship (aRR 1.37 95%CI: 1.72) in the IMAGE group, compared to the microfinance-only group. However, there was no statistically significant difference in reporting of past-year experience of physical and/or sexual violence between the microfinance-only and IMAGE groups.⁷⁵ Additionally, four studies reported changes in physical and/or sexual violence that was not necessarily with an intimate partner.^{75,61,70,57} This was especially within the context of sexual violence. One study of an intervention incorporating VSLAs for adolescent girls age 14-20 found an 83% reduction in girls' report of unwanted sexual intercourse, paired with a significant increase in an overall index of empowerment.⁷⁵

Table 5: IPV Findings from Literature Review

Country	Author(s)/year	Length of Study	Type Violence	IPV Measure	Change in Reporting of Past Year Experience of IPV
Kenya and Uganda	Austrian K, Muthengi E (2012)	18 months	Non-partner sexual violence	Experience of indecent touch in the past six months	Kenya: decrease from 6% to 2% Uganda: Increase from 8% to 10%
Cote d'Ivoire	Gupta J, Falb K (2013)	20 months	Physical and/or sexual IPV	WHO	OR 0.92 (95% CI: 0.58; 1.47)
Burundi	Ferrari G, Iyengar R (2010)	6 months	Physical IPV	HITS Scale	<1% decrease
South Africa	Kim J.C et al. (2007)	42 months	Physical and/or sexual IPV	WHO	ARR 0.45 (95% CI 0.23; 0.91)**
South Africa	Kim J.C et al. (2009)	42 months	Physical and/or sexual IPV	WHO	ARR 0.59 (0.09-3.66)*
Uganda	Blattman C, Green E, Annan J, Jamison J (2013)	36 months	IPV. Not defined.	Not reported. Domestic violence index	1% decrease
South Africa	Gibbs A, Jewkes R (2013)	12 months	Physical and/or sexual IPV	Not reported. Sexual or physical IPV	37%* decrease
Burundi	Rushdy S (2012)	23 months	Physical and/or sexual IPV	Not reported. Included in relations scale but not described	Relations scale score increased from 70 to 93 points.
Notes: * P<0.05, ** P<0.01					
Colors above correspond to the following:					
Effective		Promising		Unclear	

Box 1: Intervention with Microfinance for AIDS and Gender Equality (IMAGE; South Africa)

Intervention

The Intervention with Microfinance for AIDS and Gender Equality (IMAGE) study was a seminal study on WEE, gender, and GBV outcomes implemented between 2001 and 2005 in the rural Limpopo province in northern South Africa. IMAGE combined a microfinance and training program for women and girls with a participatory learning program called *Sisters for Life* that consisted of two phases. Phase 1 included 10 hour long training sessions covering topics including gender roles, cultural beliefs, relationships, communication, domestic violence, and HIV infection. Phase 2 used community mobilization to engage both youth and men in the intervention communities.

At a glance: IMAGE, South Africa

Goal: To test the hypothesis that combining a microfinance-based poverty alleviation program with participatory training on HIV risk and prevention, gender norms, domestic violence, and sexuality can improve economic well-being, empower women, and lead to reductions in IPV.

GBV Outcome: A significant reduction in reported past year IPV by more than half.

Strength of Evidence: Effective

Strategies

A South African NGO called the Small Enterprise Foundation implemented the microfinance component using the Grameen Bank Model, which provides small microcredit loans to the poor. Groups of five women served as guarantors for each other's loans and loan centers consisting of approximately eight groups met fortnightly to make loan payments, apply for additional credit, and discuss business plans. **IMAGE integrated the *Sisters for Life* program (developed with another South African NGO) into the loan center meetings** and delivered the *Sisters for Life* curriculum over 12-15 months in two phases. Phase 1 consisted of participatory training sessions with women while Phase 2 focused on wider community mobilization to engage youth and men on the trainings session topics. Women's peers also elected them to undertake an additional week of training and work with the loan centers to continue to address issues on HIV and IPV with people in their communities.

Evaluation

IMAGE was evaluated through a RCT at the cluster level. Eight villages were pair-matched on the basis of size and accessibility, in which one village was randomly allocated to receive the intervention at the beginning or to receive a delayed intervention. In addition, IMAGE also conducted an incremental three-armed RCT study which compared microfinance-only, IMAGE intervention, and control villages. IMAGE also conducted a process evaluation, cost evaluation, and follow-up sustainability study.

Findings

The primary outcome of the trial was the reported experience of past-year physical or sexual IPV. The study found that the intervention reduced the levels of reported past-year IPV by more than half (ARR=.05; CI 0.23, 0.91), which consistently decreased in all four intervention villages at follow-up.⁷ The integrated intervention had a statistically significantly greater supportive partner relation, perceived contribution to the household, solidarity in a crisis, and positive attitudes concerning IPV than the microfinance intervention alone.⁷⁵

Conclusion

IMAGE was one of the first RCTs to evaluate an intervention that integrates participatory training on GBV and HIV into a microfinance program. The findings support the hypothesis that including a gender and health component may be necessary to achieve broader health and social benefits than economic empowerment alone.

Attitudes Towards GBV and Gender Norms — Most studies which measured attitudes towards IPV (the most common form of GBV) saw a reduction in acceptance of IPV among participants. This was mostly found in interventions that had a gender component such as discussion groups or life skills training.^{7,63,64,73} Interventions that focused solely on economic empowerment (Annex H) saw little to no change in attitudes towards IPV among female and/or male participants.^{69,74}

Many studies also found an increase in participants challenging traditional gender norms. Seventeen of the studies included outcomes of gender norms, attitudes towards violence, and/or decision-making power within relationships. One study examined reported change in power within relationships.⁷² Seven other studies measured justification of wife beating using questions similar to those in the DHS.^{7,47,61,63,73,75}

Studies that included men in their interventions also found more gender equitable attitudes among men.⁶ Women whose partners participated in these interventions also perceived that their partners had become more supportive and there was greater solidarity in the household during a crisis.⁷⁵ Similarly to the change in the acceptance of IPV, the largest change in reported attitudes towards gender norms was found among participants in interventions which included a form of gender training.^{7,57,63,64,68,75}

Adolescent Girls' Experiences — While four of the interventions targeting adolescent girls measured reports of physical and/or sexual intimate partner and non-partner violence, most studies measured gender attitudes and attitudes towards violence.^{6,61,70,72} One program that focused on generating financial capital, found no effect of participation in the intervention on household decision-making, independence, gender attitudes, or IPV.⁷⁴ However, in contrast, an intervention that included life skills and SRH training and education about violence found an 83% reduction in girls reporting having had sex unwillingly.⁷⁰

In addition to GBV, studies also measured outcomes such as HIV incidence, knowledge of HIV transmission, risky sexual behaviors, unintended pregnancy among adolescents and young adults, and/or school retention. For example, a cash transfer program for schooling among girls aged 13-22 found a 35% reduction in school drop-out rate, a 40% reduction in early marriage (before 18 years) and a 30% reduction in unintended teen pregnancies.⁶⁷

Studies from interventions targeting adolescent girls also found an increase in net cash earnings, employment, and savings. One study found a significant increase in the proportion of girls in the intervention group that had: 1) been inside a banking institution, 2) used bank services, and 3) had a financial budget.⁶¹ While some adolescents used capital from the intervention or other sources to start businesses, others had taken on a range of jobs (see program description in [Box 3](#)).⁶ Some studies also found an increase in the use of acquired skills from the program and in non-formal education among out-of-school girls.^{60,69}

Box 2: Safe and Smart Savings Products for Vulnerable Adolescent Girls in Kenya and Uganda

Intervention

The Population Council developed this program based on findings from the Population Council's Tap and Reposition Youth (TRY) program. Findings from TRY showed that **girls wanted to save independently** from the collateral on their loans and that they **valued the social support component** they participated inasmuch, if not more, than the financial component.

Strategies

The intervention was comprised of three main strategies: 1) weekly meetings with a female **mentor**; 2) **financial education** including topics on planning for the future and creating savings goals and plans, and 3) opening individual **savings accounts**. The program rewarded girls through small incentives for depositing regularly, good attendance, and consistent program participation. The intervention used the "safe spaces" approach which provided girls with: **1) a physical safe space in the community where they could meet regularly; 2) interaction with girls their age from their own community; and 3) a young female mentor from the community who met with the girls regularly.**³⁵ In addition to the peer mentor, the program required girls to choose a financial mentor above the age of 18 to serve as a co-signatory on their account.

Evaluation

A quasi-experimental evaluation was conducted for both Kenya and Uganda interventions. In Kenya, the program recruited girls in the comparison groups from daughters of existing clients of the financial institutions, community youth organizations and places of worship and word-of-mouth. In addition to a baseline and endline survey, the Population Council conducted a qualitative study at rollout and used FGDs to assess participants' attitudes towards the program.

Findings

The evaluation's primary indicators focused on self-esteem, mobility, attitudes towards violence, and experience of sexual violence including inappropriate touch and/or sexual harassment in public spaces in the past 6 months. In Kenya, the intervention was associated with **increased independence and mobility for girls**. Girls were also significantly less likely to say that they would be happy living in another community, were significantly less likely to report that they feared being raped, and less likely to have reported being teased by people of the opposite sex. However, the Uganda study showed smaller changes and even a slight increase in the proportion of girls who reported being touched indecently by someone from the opposite sex in their neighborhood. Additionally, there was an improvement in SRH indicators among the intervention group in Kenya, especially in knowledge of the methods of contraception and HIV transmission. However, in Uganda, the study showed smaller changes which could be attributed to girls in the Uganda study being slightly older, more likely to have worked for pay, and save money, and to have greater baseline SRH knowledge than the girls in the intervention in Kenya.

Conclusion

Overall, the Safe and Smart Savings Program for Vulnerable Adolescent Girls was **successful in building girls financial, social capital, mobility, and also increasing their knowledge on SRH.**⁶¹

At a glance: Safe and Smart Savings Products for Adolescent Girls in Kenya and Uganda

Goal: To develop, pilot test, and roll-out individual savings accounts offered to girls who belong to girls groups, integrating financial products and a 'safe space' program model, and evaluate the social, economic, and health effects of program participation.

GBV Outcome: Associated with increased independence and mobility, decreased fear of being raped, less likely to have reported being teased by men and boys.

Strength of Evidence: Effective

Box 3: Stepping Stones and Creating Futures (South Africa)

Intervention

The Health Economics and HIV and AIDS Research Division (HEARD) of the University of Kwa-Zulu Natal implemented Stepping Stones and Creating Futures in 2012. This intervention was a **combined structural and behavioral intervention designed to simultaneously address gender inequalities and insecurity in livelihoods**, within the context of HIV risk among adolescents and young adults living in urban informal settlements in Durban, South Africa. The intervention targeted both adolescent girls and boys and young women and men.

At a glance: Stepping Stones and Creating Futures

Goal: To pilot and evaluate a combined structural and behavioral intervention designed to simultaneously address gender inequalities and livelihood insecurity.

GBV Outcome: Statistically significant reduction in the reported experience of physical or sexual IPV in the past 12 months. This reduced from 29.9% at baseline to 18.9% at 12 months (a 37% reduction ($p < 0.046$)).

Strength of Evidence: Promising

Strategies

The intervention combined the **Stepping Stones South Africa addition**, a behavioral intervention that combines HIV and gender training through participatory learning and reflection with **Creating Futures**, a structural intervention that encouraged participants to reflect on their livelihoods opportunities. HEARD delivered the combined behavioral and structural components in 21 three-hour sessions using trained peer facilitators.

Evaluation

The pilot study of the intervention was a **non-experimental time-series design** conducted with 110 men and 122 women.

Findings

The 12-month follow-up found **that livelihoods significantly improved for both men and women** in the intervention. Although women earned less than men, they had a larger percent increase (345% increase vs. 238% increase) in earnings. During the study period, women's income increased from R140 (14 USD) at baseline to R484 (49 USD) at 12 months. Men and women also reported that they had improved attitudes about their work situation.⁶

The Stepping Stones and Creating Futures intervention found a **statistically significant reduction in the reported experience of physical or sexual IPV in the past 12 months among female participants**. This reduced from 29.9% at baseline to 18.9% at 12 months (a 37% reduction ($p < 0.046$)). The decline of men's perpetration of violence within the past 12 months, a 23% reduction from 25% to 21.9%, however, was not statistically significant at $p = 0.05$. However, **men were reported to have more gender equitable attitudes and relationships**. Interestingly, unlike other studies with adolescents, which measured self-confidence or self-efficacy, the Stepping Stones and Creating Futures pilot study measured symptomatology of depression and found **that men reported a reduction in moderate or severe symptomatology of depression (24% reduction $p < 0.009$)**.⁶

Conclusion

Stepping Stones and Creating Futures was not only important as a study focused on economic empowerment and gender norms among youth, but was the **only intervention among youth that engaged men as participants**. An increase in earnings among men, paired with a significant improvement in mental health among men may pose an alternative pathway leading towards a reduction in the experience of IPV among women.⁶

Male Involvement — None of the six studies that engaged men as allies found a significant decrease in GBV. However, one found significant lower odds of economic abuse in the intervention group (Box 4).⁶⁴ Another one of these studies found that there was increased autonomy in decision-making among women in the intervention group and a statistically significant impact on the reduction of violence in two of the six outcomes measured (Box 4).⁶⁵ Another study found qualitative evidence that husbands started to acknowledge the wives' role in bringing additional income to the family. These studies also found a change in care behavior, where men acknowledged that they could do work traditionally assigned to their wives and vice versa. Men also reported participating more in sharing household and child care activities (Box 5).⁶⁸

Programs that included men as participants and also measured quantitative outcomes of GBV found no significant decrease in women's reporting of their experience of violence.^{6,74} However, in the Women's Income Generating Support (WINGS) study in northern Uganda, this systematic review found this effect to be promising, because the study did not find violence had increased due to the intervention. The authors posited that the reduced risk for IPV could be related to the intervention design because the financial component was grant-based with no pressures of repayment or high interest rates.⁷⁴

Box 4: International Rescue Committee (Burundi)

Intervention

The International Rescue Committee (IRC) carried out a study on **Care International’s village and savings loans association program in Burundi**. The IRC paired the pre-existing VSLAs with **10 discussion sessions for couples** covering the use of violence against women and decision-making and gender roles in the household. The IRC study sought to compare its findings to the results of the IMAGE study. The IRC study in Burundi focused more on male involvement and conflict resolution skills within relationships than the IMAGE study and did not focus explicitly on financial capital, due to a perceived high risk of backlash in the home and the community, perhaps increasing women’s vulnerability to violence, at least in the short-term.

At a glance: IRC Program in Burundi

Goal: To utilize village savings and loan groups to investigate whether discussion sessions were effective at increasing the role of women in decisions regarding household purchases and in reducing GBV.

GBV Outcome: Significant 1 percent reduction in IPV. Women reported a 15% increase in joint decision-making over household purchases. There was also a decline in acceptability of violence.

Strength of Evidence: Effective

Strategies

The IRC study in Burundi paired discussion groups for both women and men with participation and financing for women in local village savings and loan associations. The intervention study postulated that changes in financial capital would only be salient if women have increased social capital in the form of decision-making power over their resources.⁶³ The study therefore implemented six discussion sessions with couples that focused on household financial decision-making with the goal of reducing IPV and improving women’s role in household decision-making.

Evaluation

The evaluation of VSLAs in Burundi used cluster RCTs. The IRC randomly selected half of the members of each of their 25 VSLA groups to participate in the discussion sessions with their partners.

Findings

The study in Burundi found a significant 1% reduction in intervention participants reporting past-year experience of IPV. However, 26% of women in the discussion groups reported an increase in spending of their own earnings. The study found statistically significant impact on three of eight decision-making indicators including decisions on 1) how the money the couple earns is spent, 2) major household purchases, and 3) how many children to have. The study also had a statistically significant impact on the reduction of the tolerance of violence in two of the six outcomes measured. Overall, compared to baseline, there was not a statistically significant increase in the *rejection* of violence among female participants.

Conclusion

The study came to three major conclusions. First, **addressing the experience of violence by women did not incur backlash to the community**. Second, **introducing “gender-specific” programming to address violence into programs focused on improving economic capital may improve autonomy within the household and reduce violence**. Finally, economic programs such as this only have limited “spillover effects” on social outcomes outside the program area.

Box 5: CARE Rwanda and Instituto Promundo (Rwanda)

Intervention

This intervention **piloted integrating training sessions with men into CARE Rwanda's VSL program**. Female and male members of the VSLAs use the profits from group savings to make loans to members. CARE also provided training on money management and other financial skills for groups to sustain themselves.

At a glance: CARE Rwanda and Instituto Promundo

Goal: To explore ways to engage men as partners to enhance the benefits of VSLs.

GBV Outcome: Men reported collaborating more in household activities and also became more supportive of family planning.

Strength of Evidence: Promising

Strategies

The pilot intervention integrated a **gender-focused curriculum developed by Instituto Promundo and the Rwandan Men's Resource Centre**. Men participated in 10 facilitated training sessions that lasted 2.5 hours each on health and well-being topics such as general health, SRH, alcohol use, coping strategies, and GBV. In addition, the pilot carried out six sessions with the men's partners who participated in the VSLA groups.

Evaluation

The aim of the evaluation was to develop and test an intervention that engaged men in couple-focused discussions designed to address resistance of the female partner's participation in the VSLA groups. The evaluation consisted of a baseline survey conducted using IDIs with 10 participants from the pilot study and FGDs.

Findings

According to the baseline, both men and women reported that the VSLs had contributed towards a reduction in GBV. However, this is counter to information from the program implementation team. The main sources of conflict reported at baseline were about money, men's alcohol use, and sexual relations. Nevertheless, the intervention's qualitative data did show **a reduction in violence and a positive effect on the children of families in the intervention group**.

Conclusion

This pilot intervention demonstrated the **potential of integrating men into WEE interventions**. This is especially important for men who may have a higher risk of perpetrating GBV due to financial status or alcohol use.⁶⁸

Economic Findings — In addition to the attitudinal outcomes above, many interventions measured economic outcomes. The most common economic outcomes included net and/or mean earnings, savings, household consumption/expenditures, property, use of banking services, and ability to repay debts. Eighteen of the 21 articles found a positive effect of their EE intervention on the economic well-being of participants (**Annex I**). The most common finding was an increase in women’s earnings, ranging from an increase of 33% to 345% in mean earnings.^{6,74} Studies also reported an increase in household consumption (up to 11%), savings (up to 54%), socio-economic status, practice of a skilled trade, access to land, planning for savings and expenditures, and small business profitability (up to 93%).^{63, 57, 69, 65,58}

Box 6: Women's Economic Empowerment in Post Conflict Settings: Reduction of Intimate Partner Violence against Women in Côte d'Ivoire

Intervention

The IRC implemented and evaluated the **VSLA and discussion-group model in a post-conflict setting in a two-arm RCT in Cote d'Ivoire**. The goal of the study was similar to the IRC study in Burundi. However, the study included an added goal of studying these effects in conflict-affected settings such as Cote d'Ivoire, which was affected by widespread conflict from 2002-2004 and from 2010-2011. Recent evidence shows that IPV may increase in conflict settings irrespective of war related non-partner violence. The study sought to examine the effects of and determine the feasibility of pairing economic empowerment activities with discussion sessions focused on preventing IPV in a post conflict setting.

At a glance: Reduction of Gender-Based Violence Against Women in Côte d'Ivoire

Goal: To evaluate the incremental impact of adding gender dialogue groups for women and their intimate partners to an economic empowerment program for women.

GBV Outcome: The addition of gender dialogue groups resulted in slightly lower not statistically significant odds of reporting past year physical and/or sexual IPV.

Strength of Evidence: Effective

Strategies

The study **integrated Gender Dialogue Groups (GDGs) into the IRC VSLA model**. IRC implemented eight GDG sessions to address household gender inequalities using Stages of Behavior Change constructs. Women and their partners attended the eight GDG sessions bi-weekly over a 4-month period. A team of IRC field agents consisting of one man and one woman, both trained in facilitation skills, facilitated each group. Teams consisted of a GBV field agent and an economic recovery field agent. Discussion sessions included participatory methods such as skits, group learning exercises, discussions, and homework assignments. The sessions focused on the importance of non-violence in the home, respect and communication within relationships, and recognition of women's contributions to household well-being.

Evaluation

The study was a **two-armed, non-blinded RCT** comparing savings groups (control) to groups that integrated GDG sessions.

Findings

Compared to groups that only participated in VSLAs, the addition of GDGs resulted in **slightly lower odds (not statistically significant) of reporting past year physical and/or sexual IPV** (OR 0.92, 95% CI: 0.58, 1.47). Additionally, women in the intervention group were **significantly less likely to report economic abuse than women in the control group** (OR= 0.39; 95% CI: 0.25, 0.60). Economic abuse was defined if, in the past year, a woman's partner had: 1) taken money against her will; 2) refused money for household necessities; or 3) made the woman give him all or part of her earnings. Women in the intervention group were also more likely to report fewer justifications for wife beating (adjusted $\beta = -1.14$; 95% CI: -2.01, -0.28, $p = 0.01$). There was, however, no significant change among women's ability to refuse sex.⁶⁴

Conclusion

This study was seminal in that it adds to the evidence in post conflict settings on the feasibility of implementing an economic empowerment and IPV prevention program and its association with positive IPV outcomes.

Challenges and Limitations of Evaluation Studies — Articles showed numerous limitations in evaluating the association between women and girls' EE and GBV, especially when studies assessed interventions with multiple components.

First, there were weaknesses in the presentation of GBV indicators in articles and, consequently, in the opportunity to assess the indicators' strengths. For example, two articles created a scale of violence but did not list the items in the scale or their correlation factors in the article.^{57,74}

Second, studies that used cluster RCTs did not have enough clusters to generate narrow measures of precision. This was especially relevant in rural areas, where there might be large geographic distances between possible clusters.⁷

Third, studies highlighted two types of reporting bias: 1) intervention groups may have been more likely to underreport GBV at follow-up and give the expected or socially acceptable responses, and 2) intervention groups who have received gender training may have been more likely to report GBV at follow-up because they are more aware of GBV and no longer accepting of it. No or low tolerance of GBV by intervention groups would lead towards higher reporting of GBV in the intervention group, even if there were actually equal or less experience of it than in the control or comparison group.^{7,64,73,75}

Fourth, many articles singled out population mobility as a challenge in retaining study participants, leading towards possible bias.⁶ This applied heavily to studies in urban slum communities where there is high population mobility. In one case, this mobility led a study to alter their evaluation design from a cohort to a cross-sectional design, which could have biased the study towards the null hypothesis.⁷³ High mobility of participants was especially seen in interventions among adolescents.^{6,71} In one study, only 55% of women and 68% of young men aged 18-22 in intervention communities lived continuously in those communities throughout the 4-year trial.⁷¹ Adolescent mobility could be attributed to leaving the community for marriage and/or for economic reasons.

Fifth, programs working with adolescent girls mentioned difficulties in participant retention as well as difficulties in non-compliance with research design. For instance, for ethical and practical reasons one VSLA program for adolescent girls could not prevent adolescent girls from control

communities wishing to join a program group.⁷⁰

Finally, other articles mentioned time-period of the evaluation as a limitation. Studies had an implementation period as short as six months and as long as five years. Though a significant change in knowledge, attitudes, and even economic status may be observed within this time period, it is more difficult to measure and observe behavioral changes. Many of the articles urged that studies with long follow-up periods should be designed in order to evaluate the impact of WEE interventions on social, health, and economic outcomes.^{57,61}

Costing Evaluation — Of the 21 interventions four included a component of cost evaluation. The first of these was an intervention for young women, which included business training, an individual start-up grant, and group formation. Although the grants were the most impactful part of the intervention, they also represented a sixth of the per-person cost of the intervention. The authors argued that in scale-up, the intervention should and can be delivered in a more cost-effective manner by relying more on the local workforce, rather than paying trained social workers to travel to the study site.⁷⁴

The cost evaluation of the IMAGE study found that the intervention was highly cost effective in scale-up, with a cost per client of \$12.88 USD. Additionally, during the two years of scale up, the cost was \$2,307 USD per disability adjusted life year averted.⁷⁸

A study implementing savings and loan groups for adolescent girls in Uganda found that after set-up costs the second year per-cost per girls is \$17.9 USD, corresponding to only 0.54% of household incomes at baseline and 21% of the annual expenditures of adolescent girls on consumption goods in Uganda.⁷⁰

Finally, a cash transfer program implemented in two countries found that one country had lower economic costs than another due to a larger component of peer mentoring in the program in that country and more cost sharing between the implementing organization and the community.⁷³

3.4. Key Informant Interviews

Setting — Program staff based in 14 countries in sub-Saharan Africa (Figure 6) were interviewed. A total of 49 interviews were conducted: 28 by telephone and 21 in-person. Telephone interviews were clustered in West Africa (Liberia and Sierra Leone) Southern Africa (Malawi, Mozambique, South Africa, Swaziland, and Zimbabwe) and East Africa (Democratic Republic of the Congo, Ethiopia, Kenya, and Uganda). Four of those interviews covered organizations’ programs in multiple countries and one was with a research study team to gain a better understanding on a study included in the literature review.⁶⁴ In-person interviews were conducted in Ghana (8), Tanzania (8), and Zambia (5).

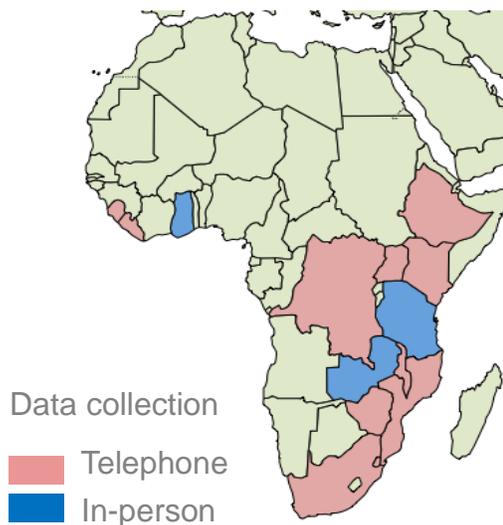


Figure 6: Map of interview sites.

Interventions — All but two of the KIIs were conducted with representatives of community-based organizations (CBOs), country-level NGOs, country offices of international NGOs, and interventions that were part of research studies (Table 6). The remaining two KIIs were conducted with a foundation that funds WEE

Type of Organization	Number of Interviews
Community-based organizations	12
Country NGOs	7
International NGOs	24
Research Studies	4
Foundation	1
Contract research firm	1
Total	49

interventions in numerous countries and a contract research firm that conducts external evaluations of WEE programs.

Most of the programs provided human capital via implementing skills development and training programs for sewing and embroidery, financial literacy, entrepreneurship education, and health and human development (Table 7). Financial capital programs were the second most common type of program. These programs primarily provided microloans with individual or group savings mechanisms such as the VSLA model. Human and financial capital programs were often

combined in microenterprise or loan projects with substantial education provided for participants.

Programs focusing on norms and policies were the least common. Only three programs focused primarily on changing broad-scale gender norms and policies related to gender.

Table 7: Type of economic empowerment program by type of organization

Primary type of economic empowerment	CBOs	Country-level NGO	International NGO	Study	Total
Human capital	8	2	10	2	22
Financial capital	2	1	10	1	16
Social capital	2	1	1	0	4
Physical capital	0	1	1	1	3
Institutions	0	1	1	0	2
Norms	0	1	0	0	1
<i>Total</i>	12	7	24	5	46

Excludes a contract research firm that does not implement its own programs and a foundation that funds a variety of programs. Additionally, two KIIs covered different aspects of the same program at the same organization and were therefore included as one program in this table.

Although most programs targeted women and girls, there were several programs that included both women and men from a specific income range and/or who were interested. As a result, a large number of programs showed men and boys as full participants.

Fifteen programs engaged men albeit not as full program beneficiaries. For some programs, men were engaged through community sensitization meetings or via gaining their trust and approval for their partners' participation in the WEE program. For other programs, problems that arose in households and communities after introduction of the WEE program required a change of strategy to include men in order to gain their trust and address tensions.

Eleven of the 46 WEE programs did not have a GBV component. Only four programs included specific, separate GBV activities as a major component of their structural WEE intervention. For example, one program instituted a community group program that held multiple, specially-designated and facilitated sessions on violence prevention for WEE program participants and their male partners. Thirty-one programs only included GBV as one brief component of a larger

“life skills” education intervention for women in the WEE program, generally resulting in one session out of many on GBV. Approximately one-third of the 46 organizations referred women who disclosed their experience of violence to GBV services and a few community-based programs were able to offer direct care and services to women experiencing GBV.

3.5. Key Interview Findings

The key findings from the KIIs presented here are organized based on three main research questions.

Research Question 1: *How do programs perceive the influence of WEE on GBV?*

Eighteen of the KII respondents interviewed reported that their WEE program *decreased* the experience of GBV amongst their program’s beneficiaries. Reported changes in GBV experiences included reductions in IPV and in sexual harassment in public spaces, increased ability to avoid unwanted sexual advances, and decreases in experience of forced sex. However, few KII respondents were able to report any observed decrease in GBV based on M&E data. Only one KII respondent was able to support the assertion of decreased GBV with M&E data. This study paired a microfinance intervention with a life skills curriculum in a village-randomized format which provided empirical evidence to support a statistically significant reduction in IPV among the intervention group.

Various KII respondents attributed this decrease to a dual effect of WEE programs on women’s financial and social status. According to one respondent:

There is testimony that GBV decreases. Participation in the program increases their income, and their respect and confidence. This is a positive way of empowering women, which decreases GBV. Women can contribute to the family, as well as understand their rights and capacity. (ID40, East Africa)

One KII respondent saw a decrease in harassment of adolescent girls because of financial capital as well as the confidence that comes from their life skills curriculum:

Girls with a safe space and savings account are more likely to save, more likely to be safe, less likely to be harassed or improperly touched, and more likely to report a positive outlook on the future. (ID21, East Africa)

However, the anecdotal evidence on a decrease in GBV far outnumbered any accounts of an increase in GBV. Five of the KII respondents reported an *increase* in GBV (primarily in the form of IPV). Out of these five, three were social capital programs which presented the largest proportion of programs reporting violence. One of the KII respondents explained:

WEE can put a strain on marriages. If the man doesn't make much money or has the power. He resents his wife for making more money. Everyone suffers including the children. (ID44, Southern Africa)

Two KII respondents reported observing an increase in violence experienced by adolescent girls participating in their programs. These were programs that only provided financial inputs without a focus on education and life skills. One of these KII respondents found that girls who were only involved in a savings group were more likely to report having had their money stolen or being harassed by boyfriends or people in their neighborhoods compared to girls in savings and life skills groups.

Tension and Backlash — KII respondents frequently used terms such as “tension” or “backlash” to describe problems with husbands or partners faced by female beneficiaries as a result of participating in WEE programs. Several KII respondents also framed this issue in a manner that described the problems as stemming from women being over-assertive and upsetting the balance of power and traditional gender roles in the house by trying to control income and decision-making. As described by one KII respondent:

There are women who are being abused or mistreated because men do not want them to be in WEE programs because they might become too strong. Though there are fewer men who disagree with the program than are supportive. There are some people whose minds you will never be able to change. (ID36, East Africa)

The majority of KII respondents who described relationship problems reported that conflicts with male partners progressed in a similar fashion. First, when a woman gains new income and a sense of empowerment, her partners become jealous and want to control the money. Eventually, he realizes that the WEE program is beneficial for himself, his partner and their household. Some KII respondents also described men refusing to allow their wives to participate in the program which is often attributed to a lack of effective initial program outreach to men. Most KII respondents indicated that the tension brought on by participating in WEE programs decreases with time and education for male partners. Other KII respondents reported that their

organization recognized the potential for violence with participation in the WEE programs and took active steps to mitigate it from the beginning:

We know if we empower women in rural areas especially, there is negative impact in terms of domestic violence. But knowing that might happen, our seminar series are designed to bring together, so role models can give testimony on how they are working together, man is supporting wife, and what [positive] impact it brings to the family through that. To show them you can live better if you live like this couple. (ID37, East Africa)

Eight KII respondents described a similar type of backlash or tension occurring from the parents, in-laws, or extended family of women or adolescent girl participating in WEE programs. Seven of the eight KII respondents reporting this negative consequence worked on human capital programs in which girls were learning financial literacy and life skills. KII respondents explained that this may be due to families feeling jealous of the income and opportunities that the WEE program brought to women and girls. One KII respondent reported that:

Girls are now doing work and have skills, but some of their partners may complain that they are too assertive... Girls having money is not typical and is not seen as acceptable in our culture. At the beginning, they are totally dependent on their partner, then they go through the course and bring in their own money. This is a common issue that we deal with culturally and becomes even more of a problem with young girls. (ID01, Southern Africa)

About half KII respondents noted that they managed familial backlash by spending extra time meeting with families to explain the program and gain support:

[We] needed to do more buy-in with family and spouses. Some girls may not have gotten permission, and then there was backlash. A couple of girls were forced to leave the program. But there have not been reports of violence. (ID18, East Africa)

The resulting backlash was reported to have caused a rippling effect in communities, such as upsetting the cultural gender norms in the village, particularly when women took on roles in male dominated public spheres—city councils, business, etc. A few KII respondents even reported general safety concerns around women conducting business in public. One KII respondent described women's new financial and related household and community influence as upsetting the traditional gender roles held by men and women:

Culturally, the man should be the breadwinner and head of household, so there is this misgiving that once the woman is economically empowered she no longer 'obeys' her husband, and women are considered in most communities as 'items to be bought and

dispensed with at will'. But many families also accept it gladly because of the changes the other source of income gives. (ID50, West Africa)

To mitigate these challenges, several KII respondents reported that their organizations increased or supported outreach with men in the larger community to explain the program and engage them. One KII respondent reported that the organization even promoted women's traditional gender roles as a way to appease men, i.e. an educated woman keeps a cleaner house and therefore a happier family.

Measuring Program Effects — For most KII respondents, any reported effects of a WEE program on GBV are based primarily on anecdotal reports or staff members' perceptions of changes in beneficiaries' lives or the communities because few programs were evaluated extensively. Of the five KII respondents that reported an increase in GBV related to the WEE program, four KII respondents had only anecdotal evidence of changes in GBV. Three of these KII respondents were from CBOs and did not have the organizational capacity needed to conduct extensive research or M&E activities. The organizations of the remaining KII respondents conducted survey research, which showed an increase in violence after the WEE program was implemented. Eleven of the 18 KII respondents that mentioned a decrease in GBV had only anecdotal evidence. The remaining seven KII respondents had empirical evidence of a variety of strengths. Overall, the majority of KII respondents mentioned that relationships with intimate partners improved as an effect of their program.

Research Question 2: *What do programs identify as important drivers in the relationship between WEE and GBV?*

Improved Attitudes Towards Gender Norms — Generally, KII respondents reported there were a number of different areas in which appreciation for women's and girls' improved skills helped generate improved attitudes about the worth of women and girls and gender equitable norms. These areas included women's household and financial decision-making and interpersonal communication. For example, some KII respondents perceived that women who participated in their programs gained respect from their partners and improved their relationship stability due to the additional financial resources that women brought to the household. A few respondents framed this positive change by viewing financial stress in the household—which can lead to disagreements or violence—as relieved by the increase of income or

resource. A few KII respondents also indicated that increases in women's financial household decision-making led to an expansion of women's decision-making power in general. KII respondents also mentioned that male partners now help women in their businesses or have joined savings groups themselves. As one KII respondent explained:

Women said they had something to make decisions about [and] sometimes this created tension at first, but over time was seen as valuable, because they brought more money into the home; most brought it back to their spouses though." (ID17, Central Africa)

WEE programs were said to bring about a change in gender norms among both women and men. For instance, one KII respondent found that:

We used to just involve women but now they [the project] include men. We made this change because women were saying that even with making money, they weren't able to make decisions about how it was used. We realized that men should be involved from the start of the program as well to be re-socialized to realize the benefits of women's economic empowerment and so that the changing economic status of women doesn't result in violence. (ID12, Southern Africa)

Additionally, several organizations noted that women who had participated in WEE programs were able to improve their ability to communicate and negotiate constructively with their partners. This was attributed largely to life skills curricula that explicitly taught these skills:

...after the training...they understand the causes of problems, and have a better approach to engage with partners." (ID23, Southern Africa)

Multiple programs stressed that economic empowerment is necessary in addition to life skills in order to create positive change in a community. According to one KII respondent:

The intervention resonates with the participants. They realize they have experience, skills, and are empowered economically. Information alone without economic empowerment is not enough. (ID01, Southern Africa)

In addition to improved communication with intimate partners, 20 of the KII respondents reported improvements in WEE program beneficiaries' familial relationships. This most often meant improvements in adolescent girls' relationships with their parents and extended families. This positive shift in family dynamics was often attributed to beneficiaries' income contribution to their household and their increased self-confidence and improved communication skills.

KII respondents also attributed these changes to life skills trainings for girls that focused on

conflict resolution and critical thinking. KII respondents also reported that while some parents of adolescent beneficiaries are initially skeptical of their daughters' participation in WEE programs, they grow to appreciate both the resources the girls provide and the increased self-esteem of their daughters. Additionally, a few KII respondents mentioned that adolescent girls were more able to escape sex work, domestic work, or early marriage because of the program's economic empowerment and life skills.

Sixteen respondents reported that participants' status in the community improved due to participation in their programs. Similar to girls' increased status in their families, the KII respondents attributed beneficiaries' improved status in their communities to increases in resources brought into communities and increased self-confidence and agency among women/girls. Several KII respondents explicitly advocated for more community involvement among beneficiaries by encouraging them to join village committees, attend village meetings, and run for local office. One KII respondent noted that after participating in the WEE program, women "established their own support groups for survivors of GBV, HIV, or caretakers of OVCs. They act like social workers in their community" (ID24, Southern Africa).

Life Skills — Nineteen KII respondents mentioned a positive effect of the program directly associated with a life skills component included in the program. Multiple KII respondents stressed that life skills were necessary in an economic empowerment program in order to create positive change. Skills imparted by programs include education on the rights of women and girls (land rights, right to marry after the legal age, right to not experience violence); general knowledge on gender and GBV; and knowledge about how to obtain services and resources within the community. Interpersonal skills components of life skills trainings included leadership, communication, and conflict management skills. According to one KII respondent:

Our program teaches girls how to have open conversations with their families and how to look critically at the choices their family has made. They also give participants conflict management skills and tools to handle conflict. (ID06, East Africa)

KII respondents assessed these skills as directly related to increased self-confidence, work-seeking behavior, education, and taking on leadership positions in the community. A few KII respondents did find a contradictory effect of life skills trainings in that rates of violence

appeared to increase after participation, due to increased reporting of violence because women had more education on GBV and confidence to report it after life skills training.

Education — In addition to positive gender effects triggered by life skills trainings included in WEE programs, some KII respondents also found an increased emphasis on and access to formal education. Twelve KII respondents mentioned the impact on education among their program participants. These respondents explained the impact in two ways: first, women who earned more money through participation in the program were able to send their children to school when they may not have been able to before, or were able to send their girl children to school when they may have only initially prioritized their boy children's education; and second, adolescent girls who participated in WEE programs stayed in school or re-enrolled in school with support from the program.

Self-esteem — About half of the KII respondents specifically mentioned the positive effect of improved self-esteem among participants as it related to positive changes in women's status. Though KII respondents did not use the term "empowerment" in any uniform manner, most KII respondents talked about their programs having an effect beyond providing participants with improvements in their economic situations. According to one respondent who managed a WEE program for adolescent girls:

Participants gained the ability to create new things, learn new things, compete in a girl-friendly space, build confidence, become bold and unafraid. (ID30, West Africa)

KII respondents mentioned that the program increased participants' self-worth and respect from others, including partners, family members, and the greater community. Specifically, participants gained greater confidence in taking care of themselves and their families. New self-confidence and independence also stemmed from learning new occupational skills in life skills trainings. KII respondents also observed more positive outlooks and hope for the future among participants, which translated into proactive actions like opening businesses or seeking out anti-retroviral therapy for HIV.

Emotional Support Systems — In 12 interviews, KII respondents noted the effect of an emotional support system on other positive changes in women's lives. KII respondents saw increased general social support networks among participants or within the community. A few KII respondents also reported that

their programs include mentoring as a specific component in order to enhance support for participants. According to one KII respondent:

When women start their own groups, the groups often become a social support network at the same time as a source of income—they have strength in numbers. Women have come together around common goals such as vegetable gardens or renovating homes or they may have a burial fund. They will pool their resources to meet these common goals. (ID 12, Southern Africa)

Research Question 3: *What are the common M&E practices used and challenges faced by WEE programs to document intervention impact?*

M&E practices varied by the organizational type and technical capacity of the KII respondent. Research studies and international NGOs generally had the most robust M&E practices. KII respondents reported that their programs collect quantitative data on a variety of indicators at regular time intervals, with qualitative data supplementing the quantitative results. Some of the KII respondents also reported that their program used external evaluators, either of their own accord or due to donor funding requirements. Conversely, country level NGOs and especially CBOs tended to report using primarily informal, qualitative methods to assess programs. This is if they had M&E or data collection plans at all. Both research studies and all types of NGOs noted the difficulty of prioritizing M&E within the context of program implementation.

Research Studies and International NGOs — Research studies used a variety of M&E practices. Biannual data collection and weekly or monthly village level monitoring activities were common (half of the KII respondents representing studies reported collection every six months). M&E activities included simple counts of beneficiaries and/or pre/post surveys and household and community asset assessments.

Of the 23 KII respondents from international NGO programs included in this study, 14 mentioned using quantitative surveys at baseline, mid-point (usually) and endline to measure program impact. Several KII respondents from USAID-funded projects mentioned having external evaluations organized by USAID as part of the funding process. Indicators used ranged from outcome indicators on a number of issues to simple program input indicators. Almost all respondents reported that their programs keep track of program participants' attendance or loan

receipt, savings, and other financial information. Only a few KII respondents mentioned collecting and using indicators for program outcomes. Several projects used results from qualitative site visits in order to make program adjustments and assess impact.

Country-level NGOs and CBOs — KII respondents from country-level NGOs were less uniform in their responses to current M&E practices and reported a wider range of M&E practices than research studies or international NGOs. Two KII respondents from country level NGOs reported that they do not currently conduct M&E. Several KII respondents misunderstood interview questions on M&E and thought that these questions asked about program donor or field reporting. All of these KII respondents discussed that they do reports on a scheduled time frame, but did not discuss the type and rigor of their reporting data. Two KII respondents mentioned using primarily qualitative data from community visits and case studies with women. However, on the opposite end of the spectrum, two other KII respondents described baseline, mid-point, and endline surveys to track impact. One KII respondent described their project as an RCT with extensive program M&E.

Similarly, nine out of the 12 KII respondents from CBOs most commonly used qualitative M&E methods, including monthly field staff meetings, follow-up home visits with beneficiaries, beneficiary testimonials/case studies, and video or multimedia recordings of activities. These CBOs tracked quantitative information primarily through monitoring program outputs, such as number of people trained and number of workshops held. One KII respondent noted that they did not have donor reporting requirements, so they conducted little M&E. However, two KII respondents from CBOs did describe more robust M&E processes conducted by their CBOs including longitudinal surveys and external evaluations.

3.6. Challenges and Limitations of Program Measurement and Evaluation

Demand, Prioritization, and Funding — Several KII respondents noted that it is difficult to assign effort and resources towards M&E when the main focus is program implementation. Several KII respondents also mentioned struggles related to the demand for M&E in resource and capacity-constrained settings, especially if donors do not require extensive M&E. Similarly, KII respondents described difficulties in obtaining enough funding to conduct appropriate M&E. Lack of resources was a factor in preventing KII respondents from training M&E staff adequately, paying data collectors,

conducting additional research to advocate for their beneficiaries.

One KII respondent from an international NGO noted that in her experience, the program is so focused on implementation that M&E is not a priority. She mentioned that is not a skill that she has ever learned, nor is easy to pick up without formal training as there has not been the luxury or space for focusing on M&E. She further explained that “program implementation is often about putting out fires, so the normal strategy for the program was difficult, let alone the strategy for M&E.” (ID23, Southern Africa)

Overall KII respondents tend to agree that M&E is important, even as they indicated how difficult it was for them to conduct M&E on a regular basis. One KII respondent from a CBO expressed what they saw as the goal of M&E:

M&E is something very important to be integrated into project management. When you have regular M&E, it gives a prosperous moment to have checks and balances. It also gives a say to the beneficiaries to have an input. And you can influence policy at all levels. (ID39, East Africa)

Staff and Organizational Capacity — Multiple KII respondents voiced a concern that community volunteers often collect data at the village or local level. According to KII respondents, using volunteers for data collection challenges with consistency, accuracy, and data quality. Some KII respondents train these volunteers to ensure that group participants meet activity objectives. However, KII respondents reported this is difficult because it means the program must rely on self-reported data from the volunteers who are often underpaid and overworked. As one KII respondent explained it:

Many data collectors are volunteers, without the necessary skills to ensure data is accurate. It can be burdensome for [organization name] staff to ensure data is accurate and stored correctly...The office can be far away though, sometimes one day travel to do their reporting, once a month. The empowerment workers are paid, but it is very small, not enough. (ID36, East Africa)

Additionally, several of the KII respondents from organizations with larger programs that implement community-level interventions with smaller community partners cited similar challenges with M&E capacity. For many, although collaboration with community partners was beneficial for the direct access to beneficiaries and local knowledge, challenges surfaced with respect to the smaller organizations limited capacity to collect data and conduct M&E activities.

Measurement and Methodology — Following are challenges involving measurement and methodology:

Inputs and Outputs vs. Outcomes. A number of KII respondents mentioned challenges related to tracking program inputs and outputs in evaluating program outcomes. During the interviews, some KII respondents had trouble with differentiating inputs, outputs, and outcomes, and described the same indicator as both an input and an output. For example, one indicator – number of women participating in a program – was referred by one KII respondent as an input and by another KII respondent as an output. Often, the only primary output tracked (especially for financial capital programs) were financial data such as loan repayment rates. According to one KII respondent, “Our measurements focus on money and ignore other factors. There are longer-term issues around creating effective economic behavior change, with bringing people up. We need to measure that” (ID 41, East Africa).

WEE and GBV Indicators. Several KII respondents also described challenges with developing useful and appropriate indicators. In several instances, KII respondents also highlighted a lack of WEE and GBV-specific indicators as challenge in measuring program impact. One KII respondent mentioned that there is a challenge in collecting indicators to monitor the relationship between GBV and WEE because of fear of stigma and discrimination when reporting on GBV indicators.

Methodological Challenges. Some KII respondents—particularly those that were part of a research study—encountered methodological challenges in their attempts to effectively monitor and evaluate their WEE intervention. KII respondents noted that small sample sizes, lack of a control group, and selection bias could negatively impact their ability to conduct rigorous M&E. They elaborated that small sample sizes prevent their programs from examining quantitative outcomes of interest. Several KII respondents had struggled to identify a control group that would match the intervention group, while other KII respondents reported financial constraints as reasons for non-randomization or not using control groups. One KII respondent also recognized potential self-selection bias in the surveys their program conducts in conjunction with trainings because program attendance is influenced by where participants live and affordability of transportation.

Other Data Collection Challenges. Additional data collection challenges reported by KII respondents included attendance and mobility. These challenges were cited as impediments to collecting quality data for M&E purposes (in addition to the programmatic and implementation challenges presented by attendance problems). Mobility of target populations surfaced as a challenge to KII respondents working in urban areas or informal settlements. However, incomplete data due to inconsistent attendance was common in all locales. Furthermore, while many KII respondents track attendance at trainings, village meetings, and other program activities, at least one KII respondent expressed that they do not analyze this information, underscoring the concerns about usefulness of collected data.

Geographic Information System Usage (GIS). KII respondents were also asked whether they collected GIS data on their economic empowerment activity. While most KII respondents worked within a specified geographic area (often a district or collection of villages), no KII respondents reported using GIS for any of their M&E activities. Some KII respondents expressed interest in using GIS and others expressed difficulty in seeing the feasibility of implementing GIS in their program's context.

4. DISCUSSION

This systematic review has defined a range of interventions that contribute to WEE and examined how these programs address GBV in the context of WEE. The review did not set out to answer the question of whether WEE programs increase or decrease GBV; instead, it aimed to synthesize findings from the literature review and KIIs in order to identify factors that provide insight into changes in levels of GBV in WEE programs. We present our discussion on the findings in three sections. The first section describes the limitations of the systematic review itself to provide context for the review team's findings and the second assesses the trends in WEE interventions with respect to the experience of GBV. The third section provides a discussion on the gaps in monitoring and evaluation that emerged as a critical challenge to understanding the causality factors between WEE and GBV.

4.1. *Study Limitations*

Some of the limitations from this study are shared with other studies on WEE and GBV and others are unique to the methodologies used in this study.^{2,3} One of the most important limitations is that there is limited evidence on WEE and GBV, especially on the effect of WEE interventions on IPV. This is also influenced by the short time-range for the literature review (from 2007 to 2014). To address this, the study was expanded to include other forms of GBV including child marriage and non-partner physical and/or sexual violence. The study also expanded the search to include intermediate or proxy outcomes for GBV including attitudes toward wife-beating, autonomy, and other attitudes related to GBV.

It is challenging to make definitive statements about causal relationships between WEE and GBV. This is partially due to short evaluation periods with short exposure time to the intervention, and also because there were not sufficient experimental designs. Additionally, there was a varying quality of articles included in the literature. Only eight of the 19 interventions were categorized as effective and only six out of these eight were randomized control trials. There was also no level of statistical significance required for the effect of the intervention for the study to be categorized as having a high impact. This is due to the fact that, for the most part, changes in the reported experience of GBV are small and are often not significant.

While publication bias (occurs when results of published studies are systematically different from results of unpublished studies), location bias (accessibility of studies based on variable indexing in electronic databases), and citation bias (citation or non-citation of *research findings, depending on the nature and direction of the results*) were addressed through a systematic search of multiple databases and through searching the grey literature, there were some potential risks of reporting bias in the study. Due to studies including self-reported outcomes, heightened sensitization to issues related to GBV may have led to increased reporting of GBV, which would underestimate the effects of the intervention. Additionally, since studies that included men as allies recruited men based on their partners who, oftentimes, were already participating in WEE activities, it is possible that men self-selected into these interventions and were more likely to have systematically different gender norms than those who did not participate.

Furthermore, information was self-reported by KII respondents representing the different programs. Therefore, unless a program had evaluation results, most of the results from the KIIs were anecdotal (especially on the interaction between WEE and GBV in their intervention). There is also potential for social desirability bias where organizations may not want to talk about any harmful effects of their program or limitations when it comes to GBV.

4.2. Trends in GBV in WEE Interventions

Despite the above mentioned limitations, the findings from this study suggest certain patterns in WEE programs and GBV outcomes. This study examined interventions that utilized three types of approaches to programming:

1. Interventions that focused solely on WEE without activities addressing GBV
2. WEE interventions that implemented GBV activities; and
3. Interventions that involved the engagement of men either as “partners or allies” in WEE or as direct participants in the program

The literature review found that most the studies examined the direct association between WEE and GBV, though there are other distal or mediating factors at the individual, relationship, familial, community, society and political levels that are not being explored that may indirectly influence this association. This review attempted to synthesize evidence on these factors

contextualized in the studies as well as prior evidence on trends in GBV and gender in sub-Saharan African countries.^{3,5,8,20,79}

For WEE-only interventions, the determining factor influencing GBV outcomes seems to reside in the type of capital the intervention provides. Programs that provided only financial capital seem to result in less positive outcomes than those that provided other types of capital (social, human, or physical). The provision of human or other forms of capital may be a promising approach in decreasing this effect. For instance, by having social support or life skills, women and girls have more capacity to navigate and negotiate through the backlash and tension that may occur from boyfriends, partners, families or community members who are threatened by their newfound agency.

This study found no conclusive evidence to determine whether WEE-only programs can increase or decrease the experience of GBV. However, the strategies used in an EE-only program for women and girls may make a difference in generating positive outcomes that can have a causal effect on GBV in the long term. Providing life skills training and other types of human capital is important for women and girls in order to navigate and negotiate their partner and familial relationships and any program backlash. Providing social capital may also provide the continuous support and safe spaces women and girls need to address backlash as it occurs within their homes and communities.

4.3. WEE Interventions with Gender or GBV Components

Many WEE interventions that seek to empower women and girls economically possess gender or GBV components that aim to address GBV within the context of the program. The different types of gender/GBV activities identified include:

- Outreach to male partners, families and communities
- Inclusion of discussion sessions on gender and GBV within larger life skills curricula; and
- Discussion series with couples and/or partners on GBV as well as communication skills

These interventions also provided a myriad of human, financial, social, and physical capital to participants. Trends in integrating social (mentoring and networking) and human capital (gender

and skills training) into programs providing financial capital may facilitate men and women to internalize more equitable gender norms and attitudes about violence and gender roles, may help change power structures, and in the long run has the potential to decrease GBV.

Lastly, WEE programs with gender components also showed positive results for other outcomes related to women and girl's health and well-being. For girls, participation in these programs increased their capacity to plan for the future and express independence. This is aligned with theories of adolescent development.^{31,35} For women, the programs increased the likelihood that their partners would be motivated to increase their household income and thus being more approving of their wives participation in EE programs.

4.4. The Role of Male Involvement

The literature review found a large number of programs that involved outreach to men in two capacities:

- Engaging men in couple or male-only discussion sessions; and
- Including men as direct participants or beneficiaries of the program

Male-inclusive programs followed the continuing trend in that there were minimal or no effects to GBV outcomes, but notable effects on GBV-related outcomes such as attitudes towards violence, more equitable household decision-making, communication, and general gender equitable attitudes.

The majority of effective and promising interventions involved activities for men alone or men and women in some capacity. Participation of both men and women in gender activities led to better outcomes with respect to increased gender equitable norms and roles within the household (i.e., decision-making, communication, attitudes towards role swapping) for WEE programs. This parallels current trends in gender programming for improved outcomes, which posits that working with men and women on particular health or development issues yields better outcomes for normative and behavior change.⁸⁰⁻⁸²

Overall, WEE programs with or without gender components may be a risk/vulnerability factor for gender-related conflict in relationships, within families, or in communities as men may feel

threatened by what they may perceive as loss of power. Thus, this study found that engaging men in some capacity in WEE programs is crucial to positively affecting GBV-related outcomes. More robust evaluation of WEE programs that incorporate men should be highlighted on the agendas of entities looking to address GBV and its many forms among participants in WEE programs.

4.5. Gaps in Monitoring and Evaluation

The literature review and KIIs revealed challenges and successes in approaching and measuring the intersection of WEE and GBV. For example, although WEE programs have experience evaluating their financial capital components through measures of income or savings, they lack measures of GBV. These and other results indicated that there is a clear need for evaluating programs addressing GBV through WEE.

Improved measurement methods are necessary to understand what increases or decreases GBV or GBV-related outcomes. Most of the KII respondents reported difficulties with determining the methods of measurement for a variety of reasons. Having standards of measurement for WEE programs with respect to GBV can help these organizations understand where they need to focus their M&E efforts. Incorporating GBV indicators into programs' M&E design and more stringent requirements for evidence-based results from donors, funders and organizations are important. Additionally, interventions need to incorporate better measurement methods such as conducting quantitative studies along with qualitative studies to ensure the results of both studies complement each other and to provide deeper insight into the relationship between GBV and WEE.

Although some of these WEE programs included measurements of GBV and GBV related outcomes in order to examine the relationship between the two, lack of consistency across the programs made it difficult to compare research results. Guidelines that help programs select which GBV outcomes to measure in their programs would be useful. With a list of key indicators, programs with limited M&E capacity could save time and money by forgoing indicator development and allow for comparability across projects.

Most programs did not have sufficient evaluation methodologies to help understand the

Recognizing it is difficult to allocate resources to M&E within a tight budget it is even more essential that programs understand and prioritize M&E so that resources can be allocated efficiently to achieve the greatest and most sustainable impact in the long term.

relationship between GBV and WEE and program impact. Results revealed a lack of systematic M&E, especially in smaller organizations, due to staff capacity, and budgetary constraints. KIIs reported that staff needed training in data monitoring and collection, and improving understanding of M&E indicators and processes for both program and field based staff would be helpful to alleviate capacity issues.

Anecdotal evidence and case studies are useful for highlighting success stories, but M&E data offers essential systematic evidence necessary for decision-making and advocacy. Building M&E capacity will improve programs, produce evidence for advocacy efforts, and increase the demand for and use of WEE and GBV data.

Interventions should also consider the use of geographical information systems (GIS) to help inform the data collected on GBV and analyzed for EE programs. Economic empowerment programs are spread across a large geographic area making it difficult to acquire geo-referenced data. Additionally, donor reporting requirements about economic empowerment activities do not typically include geo-referencing. Nevertheless, there are other datasets that can be used that provide insight into factors that can disrupt economic activity. For example, a spatial analysis of the relationship between nearby armed conflict and IPV was conducted by MEASURE Evaluation.⁸³ Endemic violence in an area would indicate a high risk for economic disruption that would disempower women. Living in a context of violence would also likely affect behavior norms that are an important risk factor for IPV. Organizations working in WEE and/or IPV can therefore use geo-referenced data to design programs that will respond to the needs of women and their partners in conflict affected and post conflict settings.

4.6. Ethics and Data Collection

While it is recommended that organizations collect data on experience of gender-based violence, it cannot be overemphasized that staff will need rigorous training on how to collect data to maintain the safety and security of respondents and staff. It is vitally important that data

collection involving sensitive questions, such as the experience of violence, are conducted according to international standards in order to avoid exacerbating violence and potentially putting the respondent and/or data collector at increased risk of violence.

Hiring a gender expert with experience in research on violence against women to oversee and train staff on collecting data on GBV is strongly recommended. Highlights from international recommendations are included in (Annex J). However, hiring a gender expert does not negate the need for key program staff to fully read and understand the referenced documents. These guidelines should be consulted throughout the process, including questionnaire development, training of data collectors and field staff, and survey implementation. Above all, it is extremely important to train staff to maintain the safety of participants and staff as the foremost priority.

5. RECOMMENDATIONS

This study makes a number of recommendations for programs that seek to address the complex relationship between the economic empowerment of women and girls and gender based violence. These recommendations focus on addressing GBV in programs, the role of male involvement and improving the M&E of WEE programs.

5.1. *WEE Programs and GBV*

- WEE programs should always incorporate a human capital and if possible a social capital component into program design and implementation.
- WEE programs should incorporate safe spaces for women and girls to access support, receive mentoring, and share experiences and solutions to the gendered issues they face.
- WEE programs should include gender-transformative components in program design as it helps facilitate the increase of more equitable gender norms and attitudes and the exercise of more equitable gender roles for women and girls in the household and community.
- *WEE programs need to incorporate GBV specialists and need to train their own staff in GBV prevention and response. See Toolkit for Integrating GBV Prevention and Response Into Economic Growth and Trade Projects and the WHO Clinical and Policy guidelines for Responding to Intimate Partner Violence and Sexual Violence Against Women.*^{84,85}
- WEE programs should maximize attention spent on prevention and response programming, referrals, and gender-transformative components in program design and implementation in order ensure that women and girls do not suffer from “backlash.”

5.2. *Male Involvement*

- At minimum, conduct outreach to men in couples, families and communities before and during the WEE program to sensitize them about the goals of the WEE program and to gain their continual support as well as to understand how men and communities feel the program has affected them.
- Engage men in gender transformative components of WEE interventions from the very

beginning of a program. At the very least, this will promote greater understanding of the benefit of WEE in relationships, families, and communities. However, ideally, programs should seek to transform gender norms among both men and women.

- Integrate gender transformative activities that require men and women's involvement within WEE programs so that men can support WEE and so that the program may reap more rewards in generating better GBV or GBV related outcomes. Promundo and CARE International in Rwanda have developed a useful tool through a process of action-research for engaging men as allies in women's economic empowerment. Available at: <http://www.promundo.org.br/wp-content/uploads/2012/07/VSLManualFinal.pdf>.

5.3. *Monitoring and Evaluation of WEE Programs*

- Develop new measurements that gauge more distal factors such as the link between GBV and WEE.
- Conduct program evaluations of interventions with outcomes of other forms of GBV, not just IPV.
- Promote and implement ethical standards for research on GBV outcomes from WEE programs.
- Develop guidelines for the M&E of WEE programs that include: measurements for GBV in baseline, midpoint and endline; standard GBV indicators that WEE programs can adapt to their own contexts and collect routinely; and guidance on how to address population bias. Instruments should measure GBV, gender norms, and power relations and should be standardized to the extent possible. With a standard set of indicators, programs with limited M&E capacity could save time and money by forgoing indicator development and allow for comparability across projects. See *Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators and Understanding and Measuring Women's Economic Empowerment: Definition, Framework, and Indicators (Annex K)*.^{24,86}
- Promote rigorous evaluation for studies with male involvement to assess the health and social benefits from including male participants in GBV interventions.
- Emphasize staff capacity and a functioning M&E system within WEE programs and organizations.

- Use geo-referenced data from GIS to design programs that will respond to the needs of women and their partners in conflict affected and post conflict settings.
- Encourage donors and organizations to incorporate longer follow up study periods in their funding schemes.

6. CONCLUSION

Evidence from both the literature review and key informant interviews show that in sub-Saharan Africa, GBV and other related outcomes are improved when integrating education on gender norms into programs that provide financial capital. However, it is difficult to observe and measure changes in GBV experience and/or perpetration. Most programs that integrated gender found improvements in attitudes towards wife beating and other outcomes such as school retention, and HIV knowledge and prevention.

Programs that addressed gender norms included programs that worked to provide safe spaces for adolescent girls, gender trainings, gender transformative programs with men, and programs working to provide land rights for vulnerable women.

At a minimum, programs should engage men in some capacity to garner their support as stakeholders. Programs may also benefit from directly targeting men about their attitudes, beliefs, and how WEE may affect their relationships, well-being and families. Programs should consider further extending this to discussions on the sensitive issue of balances of power and positive masculinity.

WEE programs cannot run the risk of ignoring gender relations. Nuanced and gender transformative activities that involve men and boys and address systematic gender inequalities may lead to greater gains in improving GBV outcomes as they may allow men and women to examine existing gender norms and roles and transform gender relations to achieve improved health and social outcomes at the individual, community, and society levels.

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Annex A: Search Terms

Search Terms
("domestic violence" OR "gender-based violence" OR "intimate partner violence" OR "physical violence" OR "sexual violence" OR "partner violence" OR "spouse abuse" OR "emotional violence" OR "economic violence" OR "psychological violence" OR "violence against women" OR "wife abuse" OR "wife beating" OR "coercion" OR "forced sex" OR "sexual touch" OR "female genital cutting" OR "female circumcision" OR "FGM" OR "child marriage" OR "early marriage") AND ("microcredit" OR "microenterprise" OR "microfinance" OR "income generation" OR "economic empowerment" OR "cash transfer" OR "credit" OR "earnings" OR "financial services" OR "literacy training" OR "financial literacy" OR "financial education" OR "livelihood" OR "rights education" OR "social capital" OR "financial capital" OR "human capital" OR "physical capital" OR "financial services" OR "vocational training" OR "technical training")
Dates: 2007/09/01-2014/03/05
Databases: Econ Lit, Embase, Global Health, Popline, Pubmed, Web of Science

Annex B: Data Abstraction Fields

Data Abstraction Fields

1. Title
2. Author(s)
3. Peer-reviewed publication (y/n)
4. Journal name (if applicable)
5. Organization name (if applicable)
6. Year of publication
7. Citation (MLA format)
8. Country/countries
9. Type of economic empowerment (social capital; financial capital; human capital; physical capital)
10. Explicit conceptual model (y/n)
11. Description of conceptual model (if applicable)
12. Description of intervention
13. Male involvement (y/n)
14. Description of male involvement (if applicable)
15. Study design (randomized cluster; randomized individual; quasi-experimental; non-experimental)
16. Methods: pre-post test; in-depth interviews; focus-group discussions; key informant interviews
17. Study period
18. Intervention period
19. Age range or mean age
20. Sex distribution of participants
21. Additional relevant participant characteristics
22. Type of economic outcomes (household assets; ownership livestock, livelihoods skills, small business development; savings)
23. Description of economic outcomes
24. Economic findings
25. Type of GBV or gender outcome (IPV; gender attitudes; attitudes towards violence; child marriage; safe spaces)
26. Description of GBV outcomes
27. GBV findings
28. Additional outcomes or findings
29. Recommendations related to gender
30. Scale-up
31. Areas for further research
32. Cost evaluation (y/n)
33. Cost evaluation result (if applicable)
34. Evaluation design rating (1)
35. Level of impact rating (1)
36. Overall effectiveness (1)
37. Evaluation design rating (2)
38. Level of impact rating (2)
39. Overall effectiveness (2)
40. Data abstractor (1)
41. Data abstractor (2)

Annex C: Criteria for Rating the Effectiveness of Interventions

Evaluation Design	Level of Impact	Overall Effectiveness
Rigorous	High	Effective
<ul style="list-style-type: none"> • RCT with analysis of statistical significance • Quasi-experimental study with comparison group. Must have test of statistical significance • RCT/Quasi-experimental with qualitative data (IDIs, FGDs, observations, etc.) • Systematic qualitative study with clear analytical discussion noting sampling strategy and analysis process 	<ul style="list-style-type: none"> • Change in reported experience of GBV and change in attitudes • Behavior and attitudinal change reported by one or more target groups/intervention sites 	<ul style="list-style-type: none"> • Rigorous design + high impact • Rigorous design + moderate impact • Moderate design + high impact
Moderate	Moderate	Promising
<ul style="list-style-type: none"> • Non-experimental. Must be Cross sectional Longitudinal/cohort/panel • Non-experimental plus qualitative data and/or policy analysis. Must include systematic methods 	<ul style="list-style-type: none"> • Self-reported change in attitudes only 	<ul style="list-style-type: none"> • Rigorous design + low impact • Rigorous design + mixed impact • Moderate design + moderate impact • Moderate design + low impact • Moderate design + mixed impact
Limited	Low or Mixed	Unclear
<ul style="list-style-type: none"> • Qualitative data with description only, analysis process not discussed • Quantitative data lacking one or more of the following: statistical significance testing, adequate sample size (doesn't discuss how they calculated power/sample size), control/comparison group, pre/post test 	<p>Low</p> <ul style="list-style-type: none"> • Unclear or confusing results <p>Mixed</p> <ul style="list-style-type: none"> • Effect on attitudes and behaviors in one target group but not for another 	<ul style="list-style-type: none"> • Limited design, regardless of impact

Annex D: Interview Guide

Women's Economic Empowerment and Gender-Based Violence

Telephone Interview Guide

I. INTRODUCTION & CONSENT

Hello, my name is _____ and I work for the University of North Carolina on the MEASURE Evaluation Project, which is funded by USAID. We are interviewing program managers, staff and experts that work on women's economic empowerment and/or gender-based violence. The purpose of this activity is to gain information related to experiences and best practices of organizations or programs working on women's economic empowerment.

There are no direct benefits in participating in this interview, other than contributing a better understanding of women's empowerment and risk of gender-based violence. The risks involved in participation are also very low; these questions should not be stressful or upsetting in nature, as they focus on your daily work and organizational experience.

Your participation is completely voluntary; you may stop at any time or skip questions, with no penalty. The information we obtain will be kept strictly confidential. After we complete the interview and analysis, your contact information will be deleted from our records. Your name or your organization's name will never be publicly associated with information you disclose in this interview. Information may be used in anonymous form in publications.

Please let me know if you would like to be interviewed at this time.

Are you willing to participate? Yes No (stop interview)

- 1) I want to ask you some questions about your organization and economic empowerment intervention or program
 - a. How long has your organization had an economic empowerment intervention or program? Is it still on-going and is there an end-date?
 - b. Who is your target audience?
 - i. What age groups?
 - ii. What are the inclusion criteria for participating in this intervention? Exclusion criteria?
 - c. Number of clients served (M/F clients)
 - d. Number of staff
 - e. Funding sources
- 2) Can you give me a description of the economic empowerment interventions (including program components, program inputs, training materials) provided by your organization?

- 3) What have been the positive effects (benefits) of your program on women (or girls)? What have been the negative or unexpected effects? (Both impressions/observations and documented)
- 4) How has your intervention affected the family dynamics or relationships of your target population? (family relationships with partners, parents, children, has that changed in any way?)

Transition to GBV.

- 5) In your opinion, what are factors that influence GBV? (What have you seen in Tanzania that increases GBV?)

Now we will move back to talking about your organization.

- 6) Does your organization have any programs designed to address GBV?
 - a. How does your organization define GBV?
- 7) How does your organization perceive the relationship between economic empowerment and GBV? (how does your org think about the relationship between EE and GBV?)
 - a. How does your organization monitored/evaluate the relationship between GBV and WEE?
 - b. Does your organization screen clients for GBV before or after the economic intervention?
 - i. If so, what do you do with that information? And what do you do if someone discloses abuse?
 - c. Does your organization do anything specific to protect clients from risk of GBV?
- 8) In your time at [name of organization], how have you seen WEE impact a woman's experience of GBV?
- 9) How men are directly engaged in the interventions? How are men indirectly engaged?
 - a. Are there men who have to approve women's participation in the program? Who are they? Probes: Father? Partner? Brother? Others?
 - b. Some of the literature we've seen mentions that after women are involved in EE programs, there can be negative consequences or tension in their families because they are earning more money. Do have any thoughts on that from your project?
- 10) How do you define your program's success and achievement?
 - a. How do you define your programs difficulties or challenges?
- 11) How do you measure and monitor them? Report them?
- 12) What monitoring and evaluation practices do you have regarding this intervention?
- 13) Are data from your program publically available? Available with special permission? How has this data been used or what are the plans for use? What reports of the program have

been produced? Are they available on a website, by request, or published?

In addition, we're also interested in learning more about GBV from a geographic perspective, we have a few questions related to geographic target areas.

14) Does your program focus on specific communities or geographic areas? At what level-- community, district, etc.?

15) Do you use any geographic information analysis or software?

16) Do you include locations or geographic areas in reports?

a. Are those reports publicly available? With special permission?

17) When using your programmatic M&E data, do you use any geographic information tools to help analyze and display data? By tools, I mean graphs, dashboards, charts or maps?

a. Would you be willing to share these maps or data products?

18) (Our last question) Are there other people at this organization or other organizations in this country that would be useful to interview on this topic?

FINAL COMMENTS AND THANK YOU

Your feedback and thoughts have been very important, and we appreciate your assistance.

Before we end, do you have anything else you would like to say add? Anything else you think we should have asked?

Annex E: Thematic Codebook

WEE GBV: Code Book, thematic codes

M&E Challenges	Any response to the sub-question of question 26 on M&E Challenges. Note: this question was only asked starting on interview 35.
NegEff_Aid	A negative effect of the program/intervention and challenge to the program due to a sense of entitlement among the community to economic and social benefits. This is related to participants thinking of the program/intervention as aid and not development.
NegEff_DepProg	A negative effect of the program/intervention and challenge to the program due to an increased economic, social, and emotional dependence of the participants on the program.
NegEff_GenderNorm	A negative effect of the program/intervention on the participants due to the effect of the program empowering participants to critically examine the gender norms in their community, resulting in behavior change and increased tension.
NegEff_HRP	A negative effect of the program/intervention on participants where the economic and social empowerment leads her/him to have more mobility and their work/travel exposes them to high risk populations (such as injecting drug users and sex workers) and risky situations.
NegEff_LeaveHusb	A negative effect of the program/intervention on participants where participation in the program and the economic/social empowerment causes women to leave their husbands without having an adequate social support system.
NegEff_TargerMarr	A negative effect of the program/intervention on participants where the social and economic empowerment leads to participants being seen in the community as better marriage candidates due to their financial success and maturity.

NegEff_TensComm	A negative effect of the program/intervention on participants where social and economic empowerment effort results in increased tension in the community , which may or may not result in a form of violence.
NegEff_TensFam	A negative effect of the program/intervention on participants where social and economic empowerment effort results in increased tension between the participant and her/his family , which may or may not result in a form of violence. This code is especially relevant for adolescent empowerment projects. Do not use code if it is tension with husband.
NegEff_TensPart	A negative effect of the program/intervention on participants where social and economic empowerment effort results in increased tension between the participant and her/his intimate partner , which may or may not result in a form of violence.
NegEff_Violence	A negative effect of the program/intervention on participants where participation in the program itself and/or the economic and social empowerment gained from participation in the program results in an increase in physical, social, emotional, or economic violence perpetrated by someone in one's family, an intimate partner, or someone else in the community.
PosEff_AccsServices	A positive effect of the program/intervention in providing increased access to and/or utilization of services for participants in the community including access to shelter (especially for those who have experienced physical or sexual violence), access to STI/HIV clinics, services from the program such as transportation vouchers, and economic and social services from the government or NGOs.
PosEff_EDU	A positive effect of the program/intervention on education among participants including educational attainment, education continuation, and literacy. Includes children/family members of participants.
PosEff_Emot_SupportSys	A positive effect of the program/intervention on the social and emotional support for the participants. This includes increase role models and support from mentors in the family and community.

PosEff_GB	A positive effect of the program or intervention has resulted in reports or documented decrease in gender-based violence.
PosEff_IncEmpower	A positive effect of the program/intervention on the economic well-being and skills of the participants including saving money, financial management, budgeting, ability to pay for school fees, ability to contribute to one's family's finances, and food security.
PosEff_InterRelat	A positive effect of the program/intervention on the nature and quality of the interpersonal relations of the participants. This includes improved communication/relationships with family members, and increased status in the community.
PosEff_LifeSkl	A positive effect of the program/intervention on the "psychosocial abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands and challenges of everyday life" (UNICEF) among the participants. These include: leadership skills, responsible behavior, skills to identify and leave unsafe situations, knowledge of rights, independence, interpersonal communication skills, and conflict management skills.
PosEff_lowerHIV	Positive effect of the program that includes lower HIV and STI incidence.
PosEff_lowerPreg	Positive effect of the program/intervention is lower rates pregnancy or delayed pregnancy.
PosEff_Selfesteem	A positive effect of the program that increases participants' self-esteem, including: confidence, self-worth, hope, and resilience.
PosEff_SRH	A positive effect of the program/intervention on the sexual and reproductive health knowledge, behaviors and outcomes among the participants and in the community. This includes: increased knowledge about STIs and HIV, increased voluntary counseling and testing (VCT), improved maternal health, delaying pregnancy/reduced unintended pregnancies, decrease in transactional sex. Also includes delayed marriage.

PosEff_tangible_SupportSys	A positive effect of the program/intervention on the tangible social support for the participants. This includes increases in provision of childcare, transportation, bus fare, and assistance with job/business.
Q11.5_Factors Influence GBV	Any response to question 11.5 "In your opinion, what are factors that influence GBV? (What have you seen in Tanzania that increases GBV?)" Any response to the sub question of question 26 on M&E Challenges. Note: this question was only asked starting on interview 35.
Q12_Prog for GBV	Any response to question 12: "Does your organization have any programs designed to address GBV?"
Q13_DefGBV	Any response to question 13 "how does your organization define gender-based violence."
Q14_GBV relation	Any response to question 14 "How does your organization perceive the relationship between economic empowerment and GBV?"
Q15_Relation_GVBWEE	Any response to question 15 "How does your organization monitored/evaluate the relationship between GBV and WEE?"
Q16_Screen_GBV	Any response (other than no) to question 16: "Does your organization screen clients for GBV before or after the economic intervention?"
Q17_InfoDisclose	If an organization screens for GBV, code an answer to question 17 "And what do you do if someone discloses abuse?"
Q18_ProtectClient	Any substantive answer (more than yes/no) to question 18 "Does your organization do anything specific to protect clients from risk of GBV?"
Q19_ImpactGBV	Any answer to question 19 "In your time at [name of organization], how have you seen WEE impact a woman's experience of GBV?"

Q20_DirectEngage	Any reference to direct male engagement (male participation in the program) in question 20 “How are men directly engaged in the interventions?”
Q20_IndirectEngage	Any reference to male engagement indirect male engagement (reaching out to men in the families and communities of participants...) in question 20 “How are men indirectly engaged?”
Q21_NoBacklash	A response to questions 21 "Some of the literature we've seen mentions of... negative consequences because they are earning more money. Do you have thoughts from your program?" that No, there have not been reports of tension, backlash, abuse as a result of the economic empowerment intervention. (Even if they have heard about backlash or negative consequences in research, but not seen them in their own program).
Q21_YesBacklash	<p>A response to questions 21 "Some of the literature we've seen mentions of... negative consequences because they are earning more money. Do you have thoughts from your program?" that Yes, there have been reports of tension, backlash, abuse as a result of the economic empowerment intervention.</p> <p>In addition to this code, please also code "NegEff_Violence" or NegEff_TensPart" if violence or tension was reported in this answer.</p>
Q22_ApproveMen	Any substantive answer to question 22 “Are there men who have to approve women’s participation in the program?”
Q23_ProgramSucc	Any response to question 23 “How do you define your programs success and achievement?”
Q24_ProgramDiff	Any response to question 24 “How do you define your programs difficulties or challenges?”
Q25_M&E	Any response to question 25 “How do you measure and monitor them? Report them?” (referring to program successes and challenges.”

Q26_M&Epractice	Any response to question 26 “What monitoring and evaluation practices do you have regarding this intervention?”
Q27_DataAvailable	Any substantive response (more than yes/no) to question 27 “Are data from your program publically available?”
Q28_GeoArea	Any substantive response to question 28 “Does your program focus on specific communities or geographic areas?”
Q29_GIS	Any response to question 29 “Do you use any geographic information analysis or software?”
Q32_GIStools	Any response to question 32 “When using your programmatic M&E data, do you use any geographic information tools to help analyze and display data?”
Number of Codes: 45	

Annex F: Adolescent-Focused Programs Reviewed in Literature Review

Author/year	Target Population	Adolescent Component of Intervention	Key Outcomes
Austrian K, Muthengi E (2012)	10-19	Safe spaces, mentorship, life skills development, financial literacy	Increased independence and mobility for girls. Girls in the Kenya site in the intervention were significantly less likely to report that they would be happier living in another community (66% vs. 87%).
Baird S, Chriwa E, McIntosh C, Ozler B (2010)	13-22	Cash transfer for school fees	35% reduction in school drop-out rate, 40% reduction in early marriages, and 30% reduction in adolescent pregnancies.
Bandiera O <i>et al.</i> (2012)	14-20	Life skills, vocational skills, adolescent development clubs/ (safe spaces), mentorship	Increased involvement in income-generating activities, reduction in girls reporting having had sex unwillingly, improvements in HIV and pregnancy-related knowledge and self-reported condom use.
Cowan FM, Pascoe SJ (2010)	18-22	Program for out-of-school youth, mentorship, program for parents and community stakeholders, training program for nurses working in rural clinics to improve accessibility of clinics for young people	In males, there was an increase in knowledge related to STIs, but not on HIV. There was also a modest impact on reported self-efficacy. However, there was no impact on reported sexual behavior or any aspect of clinic attendance.
Erulkar A, Mathengi E (2007)	10-19	Safe spaces, non-formal education, SRH education, mentorship, group formation	Improvements in education enrollment in both control and experimental settings for younger girls, but no difference in school status among older girls. Statistically significant positive change in attitudes towards marriage during adolescence.

Author/year	Target Population	Adolescent Component of Intervention	Key Outcomes
Blattman C, Fiala N, Martinez S (2013)	16-35	Livelihoods training, group formation	Increased net cash earnings however no effect on household decision-making, autonomy, gender attitudes, or IPV.
Dunbar MS <i>et al.</i> (2010)	16-19	Group formation, livelihoods training, mentorship, life skills including HIV, SRH and Gender	Increase in HIV knowledge. Increased income, however participants had difficulty paying back loans. Unintended consequence, SHAZ! increased some young participant's exposure to physical harm, sexual abuse, and coercion as a result of carrying out their daily business practices.
Gibbs A, Jewkes R (2013)	21.7	Participatory activities to increase livelihoods skills, Stepping Stones discussion series for HIV prevention	Lower proportion of men reporting perpetration of IPV in the past 3 months. Women had statistically significant reduction in their experience of sexual or physical IPV in the past three months. No changes in mental health status for women. Improved mental health status among men.
Mak J <i>et al.</i> (2010)	17-36	Financial training, peer mentorship, cash transfers	Increased autonomy in how they spent their money, over 65% of participants became engaged in mentoring other women.
Rushdy S (2012)	14-22	Group mobilization, life skills	Substantial increase in freedom of movement, reduction in proportion of girls who satisfy they're economic needs through prostitution or begging. Girls' views on gender norms changed more dramatically than their families.

Annex G: Programs with Male Involvement Reviewed in Literature Review

Author/year	Type of Male Involvement	Male Involvement Component of Intervention	Findings Associated with Male involvement
Cowan FM, Pascoe SJ (2010)	Direct involvement in EE program	44% of the program participants who received cash transfers were male. Participants received introductory sessions on self-awareness and gender issues.	There was no overall impact of the intervention on gender empowerment among men. In males, there was an increase in knowledge related to STIS, but not on HIV. There was no effect on reported self-efficacy among men.
Gupta J <i>et al.</i> (2013)	Engaged as partners/allies	Men participated an 8-session Gender Dialogue Group (GDG) with their partner who participated in a VSLA. The GDGs sought the address household gender inequalities. All sessions included messages of non-violence in the home, respect and communication between men and women, and recognition of the important contributions women make to household well-being.	Acceptance of violence beating was significantly reduced among the treatment group. Compared to control women, treatment women attending more than 75% of intervention sessions with their male partner were less likely to report physical IPV (aOR 0.45; 95% CI: 0.21, 0.94).

Author/year	Type of Male Involvement	Male Involvement Component of Intervention	Findings Associated with Male involvement
Ferrari G, Iyengar R (2010)	Engaged as partners/allies	Men were involved with their partners who participated in the VSLA program in 6 session discussion group that addressed topics such as: household decision-making, roles of men and women, and IPV.	Men in the intervention group reported increasing levels of violence, especially once women received their savings, suggesting that increased access to material resources may include men to inflict more violence. Treatment arm still report increased violence, but the increase is much lower and no longer statistically significant.
Blattman C, Fiala N, Martinez S (2013)	Direct involvement in EE program	The cash transfer intervention had 66 percent male participants. The government invited young adults to form village groups, which included both men and women, and received loans.	There was a higher increase in income for treatment women (compared to women in the control group) than for treatment men (compared to men in the control group). In spite of large economic gains for both men and women, there was little non-economic impact at the individual-level.
Dworkin SL, Grabe S (2013)	Engaged as community members/allies	Men were engaged in watchdog groups for land rights violations in the community.	The watchdog groups help the program in identifying women who were vulnerable to land rights violations.
Gibbs A, Jewkes R (2013)	Direct involvement in EE program	Just less than half of the participants in both the livelihoods training and the discussion series were male.	A lower proportion of men reported perpetration of IPV during the two-year follow-up and less transactional sex. Qualitative data suggested that since the intervention, men had become less violence and are focusing on their primary partner instead of on other sexual partners.

Author/year	Type of Male Involvement	Male Involvement Component of Intervention	Findings Associated with Male involvement
Leerlooijer JN <i>et al.</i> (2013)	Engaged as community members/allies	Male community stakeholders were involved in community sensitization.	There was anecdotal evidence that husbands became more supportive.
Sleigh H <i>et al.</i> (2013)	Engaged as partners/allies	Partners took part in 10 sessions on health and well-being including practical information about general health, SRH, alcohol consumption, coping strategies, and GBV) In addition, there were 6 sessions carried out with couples.	Patterns of sharing care work changed. Men from the experimental group reported collaborating more in household activities after attending the workshops. Men also reported becoming more supportive of family planning.
Rushdy S (2012)	Engaged as community members/allies	There were 60 days of activities for awareness raising for boys in the community.	Effect of the program on the behavior of boys was not measured.

Annex H: Gender Findings in Articles Reviewed in Literature Review

Author/year	Type of GBV or Gender Outcome	Key GBV or Gender Findings
Austrian K, Muthengi E (2012)	Gender attitudes; attitudes towards violence	Associated with increased independence and mobility for girls. Girls in intervention group were significantly less likely to report at endline that they feared being raped (66% vs. 87%) or that they had been teased by people of the opposite sex (34% vs. 38%).
Baird S, Chriwa E, McIntosh C, Ozler B (2010)	Gender attitudes	35% reduction in school drop-out rate, 40% reduction in early marriages, 30% reduction in teen pregnancies.
Bandiera O <i>et al.</i> (2012)	Gender attitudes	83% reduction in girls reporting having had sex unwillingly. Significant increases in overall index of empowerment.
Cowan FM, Pascoe SJ (2010)	Gender attitudes	There was no overall impact of the intervention on gender attitudes among men. The intervention did have an impact on women's attitudes to both relationship control (AOR=1.34; 95% CI; 1.11-1.63) and to gender empowerment (AOR=1.32: 95% CI: 1.05-1.66).
Erulkar A, Mathengi E (2007)	Safe spaces; age at marriage; attitudes towards violence	Girls in treatment group were 90% less likely to have ever married at endline, suggesting an association of the program with a decline in marriage among girls age 10-14. Significant decline in ideal age at marriage among participants.

Author/year	Type of GBV or Gender Outcome	Key GBV or Gender Findings
Gupta J <i>et al.</i> (2013)	IPV; gender attitudes; attitudes towards violence	Gender dialogue groups resulted in slightly lower odds of reporting past year physical and/or sexual IPV (OR: 0.92; 95% CI: 0.58-1.47.) but were not statistically significant. Acceptance of wife beating was significantly reduced among the treatment group.
Ferrari G, Iyengar R (2010)	IPV; gender attitudes; attitudes towards violence	1% reduction in IPV at the end of the savings cycle. However, there were reports of increased violence when they received their loan, which dissipated over time.
Kim J.C <i>et al.</i> (2007)	IPV; gender attitudes; attitudes towards violence	The intervention reduced levels of past year IPV by more than half (AAR=0.45: 95% CI 0.23. 0.91. Other findings included self-confidence (increased), challenges gender norms (increased), autonomy in decision-making (increased), perceived contribution to household (increased), partner relationship (increased), power with social group membership (increased), collective action (increased).
Kim J.C <i>et al.</i> (2009)	IPV; gender attitudes; attitudes towards violence	Physical and sexual IPV were 55% lower among IMAGE participants. When comparing microfinance-only and IMAGE, IMAGE consistently showed greater effects on variables related to empowerment and IPV. Statistically significant for greater supportive partner relationship, perceived contribution to the household, greater solidarity in a crisis, and attitudes concerning IPV.
Blattman C, Fiala N, Martinez S (2013)	Gender attitudes	Little non-economic impact at the individual or community level.

Author/year	Type of GBV or Gender Outcome	Key GBV or Gender Findings
Blattman C, Green E, Annan J, Jamison J (2013)	IPV; gender attitudes	No effect on household decision-making, independence, gender attitudes, or rates of IPV. However, the program did not increase a woman's risk of violence.
Dworkin SL, Grabe S (2013)	IPV; land rights	Disinheritance and asset stripping made women migrate, increasing their vulnerability. The program increased women's food security and access to land.
Dunbar MS <i>et al.</i> (2010)	IPV	Cannot measure effect of IPV but relationship power was positively impacted by participation in the program. Unintended consequences of increased exposure to physical harm, sexual abuse, and coercion.
Gibbs A, Jewkes R (2013)	IPV; gender attitudes; attitudes towards violence	Women reported a statistically significant reduction in their experience of sexual or physical IPV in the past three months from 29.9% at baseline to 18.9% at 12 months. No statistically significant decline in male perpetration of sexual or physical violence but men did report more gender equitable attitudes over the 12 months and more equitable relationships with their partners.
Leerlooijer JN <i>et al.</i> (2013)	Gender attitudes	Improved self-confidence and autonomy. However, many also remained dependent on the decisions of their father and/or husband.
Mak J <i>et al.</i> (2010)	Gender attitudes; attitudes towards violence	Women had higher autonomy on how they spent their money (50% of women were the main decision-makers. Attitudes towards wife beating were inconsistent between the two sites. From the qualitative data, in a few cases, there was an initial lack of support from families, but most became supportive of their participation over time.
Sleigh H <i>et al.</i> (2013)	IPV, gender attitudes, attitudes towards violence	Though there was no empirical proof for this, according to most men and women in the baseline, the VSL program (without the discussion groups) as contributed to a reduction in GBV. However, this is counter to information from CARE staff and other community members. The main sources of conflict reported at baseline were money, men's alcohol abuse, and sexual relations. After the intervention, there was a reported reduction in violence that has a positive effect on children in experimental group families. Also, both

Author/year	Type of GBV or Gender Outcome	Key GBV or Gender Findings
		men and women showed greater knowledge about different forms of violence and laws related to gender equality.
Angeles MB (2012)	IPV; land rights	Women primary beneficiaries showed a decrease in fighting within couples. Anecdotal evidence points more towards changes in women's experience in their relationship rather than a general change in how the wider community condones GBV or how women feel more or less safe and respected within the wider community.
Gnauk K, Ruiz J, Kellett N, et. al (2013)	Gender attitudes	Income generation from the basket-weaving cooperative was associated with social empowerment in the form of altered perceived social roles in the community.
Rushdy S (2012)	IPV, gender attitudes	There was a substantial increase in freedom of movement. There was a reduction (from 17% to seven percent) in the proportion of girls who satisfy their economic needs through prostitution or begging.

Annex I: Economic Findings in Articles Reviewed in Literature Review

Author/year	EE Intervention	Type of Economic Empowerment	Economic Findings
Austrian K, Muthengi E (2012)	Training and savings account	Social capital; human capital; physical capital	Increase in savings, plans for savings, and bank use.
Baird S, Chriwa E, McIntosh C, Ozler B (2010)	Cash transfers	Financial capital; human capital	None listed.
Bandiera O <i>et al.</i> (2012)	Training	Human capital	35% increased likelihood of adolescent girl being engaged in some income-generating activity increased.
Cowan FM, Pascoe SJ (2010)	Training	Social capital; human capital	Not reported.
Erulkar A, Mathengi E (2007)	Training	Social capital; human capital	Increase enrollment in school, increased SES.
Gupta J <i>et al.</i> (2013)	VSLA	Financial capital	None listed.
Ferrari G, Iyengar R (2010)	VSLA	Social capital; financial capital; human capital	11% increase in household consumption.
Kim J.C <i>et al.</i> (2007)	Microfinance	Social capital; financial capital; human capital	Repayment rates were 99.7%. 65% had more than 7 training sessions and most were still members of the program.
Kim J.C <i>et al.</i> (2009)	Microfinance	Social capital; financial capital; human capital	Improvement in economic well-being in both the microfinance and control group. When comparing microfinance only vs. IMAGE, no clear pattern to

Author/year	EE Intervention	Type of Economic Empowerment	Economic Findings
			suggest training has more impact on economic well-being.
Blattman C, Fiala N, Martinez S (2013)	Cash Transfers	Social capital; financial capital	
Blattman C, Green E, Annan J, Jamison J (2013)	Training and VSLA	Social capital; financial capital; human capital	97% increase of net cash earnings over control; 33% increase in household spending over control.
Dworkin SL, Grabe S (2013)	Property rights advocacy	Social capital	The program helped address the combination of disinheritance and asset stripping that created economic vulnerability for women.
Dunbar MS <i>et al.</i> (2010)	Microcredit	Financial capital	Increase in participants reporting having own income (44%) and own savings.
Gibbs A, Jewkes R (2013)	Training	Social capital; human capital	345% increase in mean earnings over the past month for men and 283% increase in earnings over the last month for women.
Leerlooijer JN <i>et al.</i> (2013)	Training; goats	Social capital; financial capital	Anecdotal evidence on income generation.
Mak J <i>et al.</i> (2010)	Grants and training	Social capital; financial capital; human capital	Out of those who used the grant to start a new business, 93% made a profit. 86% reported ever using the profits on their families or themselves, mostly for basic living expenses.

Author/year	EE Intervention	Type of Economic Empowerment	Economic Findings
Sleigh H et al. (2013)	VSLA	Social capital, financial capital, human capital	Economic improvement for poor households, especially in income. Increased basic knowledge on planning and budgeting.
Angeles MB (2012)	Cash transfers	Social capital; financial capital; human capital	Diversification of household assets, increase in ownership of livestock, increased access to loans in emergencies.
Gnauk K, Ruiz J, Kellett N, et. al (2013)	Trade cooperative	Social capital; financial capital	Increase in income; gain in material items.
Rushdy S (2012)	VSLA and training	Social capital; financial capital	While there was no change in access to microfinance institutions, there was a 54-percentage point increase in the savings scale.

Annex J: Resources for Ethical Research on GBV

The WHO has extensive ethical and safety guidelines for domestic violence research. These guidelines are the standard of practice for research on violence against women. They and should be thoroughly read by and demand attention and resources from those conducting the research.

Key Ethical Guidelines

- The safety of respondents and the research team is paramount and should infuse all project decisions.
- Protecting confidentiality is essential to ensure both women's safety and data quality.
- All research team members should be carefully selected and receive specialized training and ongoing support.
- The study design must include a number of actions aimed at reducing any possible distress caused to the participants by the research.
- Fieldworkers should be trained to refer women requesting assistance to available sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.

Resources for Ethical Research on GBV

World Health Organization. *Putting Women's Safety First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. Geneva: Global Programme on Evidence for Health Policy, World Health Organization; 2001.

http://www.who.int/gender/documents/violence/who_fch_gwh_01.1/en/

Ellsberg M, and Heise L. *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC, United States: World Health Organization, PATH; 2005.

<http://www.who.int/reproductivehealth/publications/violence/9241546476/en/>

(Note: this provides many practical examples from the field on research on violence against women, quantitative and qualitative research methods, challenges in measuring GBV, sampling, tools for collecting data, and analyzing data collected, and using data for advocacy.)

Ethical and Safety Guidelines for Implementing the DHS Domestic Violence Module.

http://dhsprogram.com/topics/gender-Corner/upload/DHS_Domestic_Violence_Module_Ethical_Guidelines.pdf

Annex K: Resources and Illustrative Indicators of GBV and WEE

Resource	Illustrative Indicators or Scales
<p>Bloom S., 2008, <i>Violence against Women and Girls: A Compendium of Monitoring and Evaluation Indicators</i>, Chapel Hill, NC: MEASURE Evaluation.</p> <p>http://www.cpc.unc.edu/measure/publications/ms-08-30</p>	<ul style="list-style-type: none"> • Proportion of women aged 15-49 who experienced physical violence from an intimate partner in the past 12 months. • Proportion of women aged 15-49 who experienced sexual violence from an intimate partner in the past 12 months. • Proportion of women age 15-49 who experienced physical violence from someone other than an intimate partner in the past 12 months. • Proportion of women age 15-49 who experienced sexual violence from someone other than an intimate partner in the past 12 months. • Proportion of girls who say they would be willing to report any experience of unwanted sexual activity. • Proportion of people who say that wife beating is an acceptable way for husbands to discipline their wives. • Number of programs implemented for men and boys that include examining gender and culture norms related to violence against women and girls.
<p>Golla, A. Malhotra, P. Nanda and R. Mehra. <i>Understanding and Measuring Women's Economic Empowerment: Definition, Framework, and Indicators</i>. 2011. Washington DC. International Center for Research on Women.</p> <p>http://www.icrw.org/publications/understanding-and-measuring-womens-economic-empowerment</p>	<ul style="list-style-type: none"> • Proportion of women's income spent on herself and children. • Rates of abuse, assault, harassment against women in public spaces.
<p>Family Planning and Reproductive Health Indicators Database. MEASURE Evaluation.</p>	<ul style="list-style-type: none"> • Percent of women who earn cash. • Percent of women who mainly decide how their own income will be used.

Resource	Illustrative Indicators or Scales
http://www.cpc.unc.edu/measure/prh/rh_indicators	<ul style="list-style-type: none"> • Percent of women who own property or productive resources in their name. • Age at first marriage.
<p>Alsop, Ruth, and Nina Heinsohn. <i>Measuring Empowerment in Practice: Structuring Analysis and Framing Indicators</i>. Vol. 3510. World Bank Publications, 2005.</p> <p>http://elibrary.worldbank.org/doi/book/10.1596/1813-9450-3510</p>	<ul style="list-style-type: none"> • Extent to which other household members (husband, parents, children) participate in such chores as fetching water and firewood, cleaning, cooking, grocery shopping, taking care of children. • Percentage of women who participate in a community group. • Percentage of women who are members in a credit and savings association or other community group. • Percentage of women who have received training on their rights. • Percent of women who seek help for domestic violence. • Ratio of women vs. men who attend (1) political, (2) social, (3) religious community meetings.
<p>The Compendium of Gender Scales.</p> <p>https://www.c-changeprogram.org/content/gender-scales-compedium/</p>	<ul style="list-style-type: none"> • Women's empowerment scale • Gender Beliefs Scale • Gender relations scale • Gender norm attitudes scale • Household decision-making scale • Sexual relationship power scale

Annex L: Program Descriptions

The following organizations were interviewed for the key informant interviews. Contact information for the programs are not necessarily for the interviewees and interviewees' information was kept anonymous unless they provided their names as contact information. Click on the organizational names listed below to go to the their program description. All of the organizations reviewed their program descriptions and approved the inclusion of project contact information.

Organization	Program Name
1. ACDI/VOCA	Agricultural Development and Value Chain Enhancement (ADVANCE) Project
2. Africa 2000 Network	
3. Africare Tanzania	
4. Africare Zambia	
5. Ark Foundation	Anti-Violence Program (AVP)
6. Bantwana Initiative	Bantwana Schools Integrated Program
7. Beacon of Hope	
8. BRAC Uganda	Empowerment and Livelihood for Adolescents (ELA)
9. CAMFED Ghana	
10. Care Malawi	Support for HIV Vulnerable Women in Rural Malawi
11. Carolina for Kibera	Binti Pamoja
12. Catholic Relief Services (CRS)	Savings and Internal Lending Communities (SILC)
13. Development Alternatives Incorporated (DAI)	IMARISHA (USAID Tanzania Economic Strengthening for Households Affected by AIDS)
14. Education Development Center	USAID Advancing Youth Project
15. Femina Hip	
16. FHI360 Swaziland	Community Based Livelihoods Development for Women and Children in Swaziland
17. FHI360 Tanzania	Pamoja Tuwalee
18. Forum for African Women Educationalists	

Organization	Program Name
(FAWE) Sierra Leone	
19. Health Economics and HIV Research Division (HEARD)	Stepping Stones and Creating Futures
20. Initiative for Gender in Economy, Health and Empowerment in Tanzania (IGEHEETA)	
21. Johns Hopkins University School of Nursing	Pigs for Peace and Rabbits for Resilience
22. Johns Hopkins Bloomberg School of Public Health and IRC	Psychotherapy and VSLAs for Congolese Survivors of Sexual Violence
23. Kiota for Women's Health and Development (KIWOHEDE)	
24. Liberia Ministry of Gender and Development	Innovations in Gender Equality (IGE) to Promote Household Security
25. Land O'Lakes	
26. La Motivation	Economic Empowerment of Adolescent Girls and Young Women (EPAG)
27. Lutheran Development Services	
28. Pact Tanzania	WORTH
29. Pangaea Global AIDS Foundation	Shaping the Health of Adolescents in Zimbabwe (SHAZ!)
30. Plan International Zambia	
31. RuralNet Associates Ltd	
32. Save the Children Swaziland	
33. Solar Sister	
34. Tech Needs Girls	
35. Technoserve	Young Women in Enterprise
36. The AIDS Support Organization (TASO)	
37. The International Rescue Committee	Economic and Social Empowerment (EA\$E)
38. The International Rescue Committee	Girls Empowered by Microfranchise (GEM)
39. The Population Council	Biruh Tesfa
40. The Population Council	Safe and Smart Savings Products for Vulnerable Adolescent Girls

Organization	Program Name
41. Training, Ideas, and Opportunities for Success (TIOS)	
42. Women's Campaign International (WCI)	
43. Women's Economic Empowerment and Development (WEED)	
44. Women for Change	
45. Zambia Federation of Associations of Women in Zambia	

Organization name	ACDI/VOCA			
Program/intervention name	Agricultural Development and Value Chain Enhancement (ADVANCE) Project			
Country/countries	Ghana			
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study	
Program overview	To use a value chain approach to encourage economic empowerment.			
Program goals	To facilitate a transformation of Ghana's agricultural sector in selected agricultural staples (maize, rice and soybean) to achieve a greater degree of food security among the rural population in the North while increasing competitiveness in domestic markets.			
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital	<input type="checkbox"/> Physical Capital
Description of intervention				
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community	
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A	
Target Audience	Anyone involved in a value chain (ex: producers, processors, aggregators, marketers)			
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed	
Main positive effects of program	<ul style="list-style-type: none"> The program leaves participants with sustainable skills. 			
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> Refocusing the four-year project at the two-year mark on fewer staple crops and a more targeted geographic area left the project with a short time frame to achieve revised objectives. 			
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Website	www.acdivoca.org/site/ID/ourwork_ghana			
Contact Information	Michelle Stern, Technical Director: MStern@acdivoca.org			

Organization name	Africa 2000 Network			
Country/countries	Ghana			
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study	
Program overview	Africa 2000 began in 1989 and added a WEE component in 2000. The program works to build an income-generating component in to environmental activities.			
Program goals				
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input checked="" type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital	<input type="checkbox"/> Physical Capital
Description of intervention	Conducts trainings on how to produce added value products, conduct group processes, and market products.			
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community	
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A	
Target Audience	Women living in rural areas			
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed	
Main positive effects of program	<ul style="list-style-type: none"> • Improves self-esteem and the ability for women to speak for themselves. • Provides a support network for women and the opportunity to work together as a community. 			
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Some men feel threatened by women gaining economic empowerment. 			
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Website	www.africa2000network.org			
Contact Information	Adisa Lansah Yakubu, Executive Director: adizayakubu@yahoo.com			

Organization name	Africare Tanzania			
Country/countries	Tanzania			
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study	
Program overview	Communities are organized into savings groups as an entry point to provide support, care, and training.			
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input checked="" type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital	<input type="checkbox"/> Physical Capital
Description of intervention	Each group member registers with the program and one member agrees to be the community volunteer. Together with the local government officer, a most vulnerable children committee is formed. This committee coordinates the provision of services to the village. Trainings are provided to families to increase their income, and GBV discussions are incorporated. Africare also organizes clubs in primary schools to teach life skills and rights to education.			
Level of intervention	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input type="checkbox"/> Community	
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> N/A	
Target Audience	Orphans and vulnerable children (OVC) and their caregivers			
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed	
Main positive effects of program	<ul style="list-style-type: none"> • Almost 100% school enrollment among primary school aged children in many of the communities. • Savings groups are using their funds to build houses for the children. • Child protection officers help to protect OVC from early marriage and child abuse. 			
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Resistance of people to change their social behaviors, male norms, and beliefs; this project will not address many of these entrenched problems. • The project can provide help for a short-term crisis, but it is not sustainable in long term, especially with structural problems. 			
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Publications	Africare. Community-based Orphan Care, Protection and Empowerment (COPE) Project. Final Program Report. 2010. http://pdf.usaid.gov/pdf_docs/Pdacs255.pdf			
Website	http://www.africare.org/our-work/where-we-work/tanzania/			
Contact Information	Herbert Mugumya, Chief of Party: hmugumya@africare.org			

Organization name	Africare Zambia			
Country/countries	Zambia			
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study	
Program overview	Three main interventions: agriculture and food security, health (HIV and AIDS and Maternal Child Health), and water and sanitation.			
Type of economic empowerment	<input checked="" type="checkbox"/> Financial Capital	<input checked="" type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital	<input type="checkbox"/> Physical Capital
Description of intervention	Program provides leadership coaching, literacy training, business training, organizational mobilization, and market access, enabling women entrepreneurs to sell their goods in the global community.			
Level of intervention	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input checked="" type="checkbox"/> Community	
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A	
Target Audience	Fifty percent women; extreme vulnerable populations living on less than \$1/day			
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed	
Main positive effects of program	<ul style="list-style-type: none"> • Sensitized role of men. • Increased participation in decision-making among women. 			
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • In households where men have ended up earning more income they marry another woman or begin drinking. 			
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
If evaluated, main results	<ul style="list-style-type: none"> • Economically empowered women help to influence better decisions at the household level (e.g. influencing spouses to go for VCT). • Household approach in gender sensitization (where men, women, girls and boys) creates a better understanding of gender issues at household level. • Gender based violence is significantly reduced in households that have undergone gender training. 			
Website	www.africare.org/our-work/where-we-work/zambia/index.php			
Contact Information	Paul Pascal Chimedza, Country Director Zimbabwe and Zambia: pchimedza@aficare.org			

Organization name	Ark Foundation			
Program/intervention name	Anti-Violence Program (AVP)			
Country/countries	Ghana			
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study	
Program overview	This program responds to violence against women and children by providing integrated services and support.			
Program goals	To promote respect for and protection of the human rights of women, and children through advocacy, public education training and service delivery.			
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital	<input type="checkbox"/> Physical Capital
Description of intervention	Services provided include community outreach and awareness activities on GBV targeting churches, schools, professional groups and whole communities.			
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input checked="" type="checkbox"/> Community	
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement	
Target Audience	Women age 20-60 whom have suffered abuse			
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed	
Main positive effects of program	<ul style="list-style-type: none"> Economic empowerment of women allows them to fulfill their basic household needs. 			
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> Some women divert funds for other uses. 			
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Website	www.arkfoundationghana.org			
Contact Information	Sarah Akornor, Program Manager: sallyodoc@yahoo.com			

Organization name	Bantwana Initiative		
Program/intervention name	Bantwana Schools Integrated Program		
Country/countries	Swaziland		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	The program uses schools as the entry point to deliver integrated services to youth. These services include health (primary health care screening and referrals, HIV prevention, and adolescent reproductive health information); nutrition; livelihoods; education; and psychosocial support. Students apply to participate in the program.		
Program goals	To build the abilities, skills, and networks of communities to help highly vulnerable children in high HIV-prevalence countries access to the full range of comprehensive support they need to grow into healthy, productive adults.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	The program integrates psychosocial support, mobile clinic, permaculture gardening, and small skills development (i.e. making floor polish or soap). Participants develop and share their skills, versus focusing on income generation. The program also works with counselors to conduct home visits. If a teacher is having problems with a student, a community member can be engaged to look in on the child and his/her home life. Through this, child-headed households can be provided with guidance from an adult.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	Conduct community dialogues on gender and child protection.		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Adolescent boys and girls age 14-18		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Recognition of abuse. • Improved skills on issues of gender and rights. • Engagement of girls in science and math. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • The program did not expect to include so many boys; girls wanted to include boys as boys would continue pressuring them if they were participants. 		

	<ul style="list-style-type: none"> • People often do not want to volunteer their time but rather receive payment.
Evaluation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Website	www.bantwana.org
Contact Information	Thulani Earnshaw, Country Director: thulani_bantwana@swazi.net

Organization name	Beacon of Hope		
Country/countries	Kenya		
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	<p>Beacon of Hope has been operating for 11 years with funding from grants, fundraising, and income-generating projects. The program works on a social enterprise model and charges fees for service on a scale depending on vulnerability of the client. This fee-based structure is used in clinics and schools operated by Beacon of Hope to then fund economic empowerment projects.</p>		
Program goals	To use economic, spiritual, and social empowerment to reduce HIV infection and to support women and children living with HIV and AIDS.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	<p>Beacon of Hope's economic empowerment project provides access to microfinance and livelihood skills to women affected by HIV and AIDS. These skills include artisan training (e.g. sewing or cooking/catering) and business management. For example, one participant used the combination of her skills and microfinance loan to start a successful event management company.</p> <p>The program paralegal trainings to educate women about their and their children's legal rights, including addressing GBV. These trainings bring together representatives from the church, government, police, schools, and community. This forum creates a social network for the women as they are linked with a help desk at the police station and legal services. Women also have access to trainings on budgeting. Empowering women teaches them to stand up for themselves and to leave an abusive situation. Clients are also referred to halfway houses for safe shelter away from abuse.</p>		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	The project reaches more than 3,000 women and their families, including the young and elderly, with a focus on OVC. The project works specifically with those who are vulnerable due to HIV and AIDS and poverty. There is no		

	specific training for men, but they are working on increasing youth mentorship for boys and girls.		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Women gain confidence to respond to their abusive situations. • Improved understanding of legal rights. • Women gain economic empowerment. • Access to HIV counseling and treatment. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • There is a concern that women may grow to feel dependent on the program's services. To negate this effect the program has shifted from providing free services to empowering women and using a cost sharing mechanism. • Documentation needs to improve, including centralizing M&E by developing a comprehensive monitoring unit. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If evaluated, main results	The program conducts ongoing monitoring and regular evaluation, including interviews and focus group discussions with clients. Loan repayment is also tracked, but more routine and detailed collection is desired. Seventy five percent of clients report using the skills they were taught during their participation in the program. Beacon of Hope also tries to assess the current and former participant's standard of living and land ownership status.		
Website	www.beaonafrica.org		
Contact Information	Jane Wathome, CEO and Founder: jane@beaonafrica.org		

Organization name	BRAC Uganda		
Program/intervention name	Empowerment and Livelihood for Adolescents (ELA)		
Country/countries	Uganda		
Type of organization	<input type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input checked="" type="checkbox"/> Research Study
Program overview	The ELA program works to empower girls through the provision of 1) life skills to build knowledge and reduce risky behaviors and 2) vocational training to enable the girls to establish small-scale enterprises.		
Program goals	To empower adolescent girls.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input checked="" type="checkbox"/> Physical
Description of intervention	Life skills classes are provided at community forums to mothers and daughters. Clubs are created that include life skills and livelihoods trainings. As part of the livelihood training, support such as seeds and chickens, is sometimes provided. Intensive six-month vocational training is available for girls, including a group loan of around \$100 at a 22% interest rate.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
If yes, describe GBV component	Messaging related to family relationships, partner dynamics, and GBV are integrated into the livelihoods training, but not addressed directly.		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Girls age 14-19		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Self-reported routine condom usage increased by 50%. • Almost complete reduction in number of girls reporting having recently had sex unwillingly. • Thirty-five percent increase in likelihood that a girl is engaged in income generating activities. • Reduction in pregnancy rate among intervention participants. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Drop outs and enrollment rates, especially in community engagement activities. • Low life satisfaction rating among intervention group participants. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If evaluated, main results	See the positive effects of the program.
Publications	Bandiera, O. et al. Empowering Adolescent Girls: Evidence from a Randomized Control Trial in Uganda. (2012). BRAC.
Website	www.uganda.brac.net/ela
Contact Information	Munshi Sulaiman, PhD, Coordinator, Research: munshi.slmn@gmail.com

Organization name	CAMFED Ghana		
Country/countries	Ghana		
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	CAMFED began in 1998 and more recently added WEE components. The entrepreneur program started in 2010 to provide socially disadvantaged girls with seed money to start businesses.		
Program goals	To empower socially disadvantaged girls		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	The program provides seed money to start businesses for girls, along with training in financial literacy, leadership, management, career development, reproductive health, and negotiating relationships.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input checked="" type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	The program engages some young women in filmmaking and sound training to document their life stories. The girls then use advocacy tools to go into communities to show their film and lead discussions, which are recorded and played on the radio.		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Socially disadvantaged girls		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Increased confidence among participating girls. • Girls increasingly overcome challenges within their communities. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Recognized need for involvement from families and community in supporting young female entrepreneurs. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Website	https://camfed.org/where-we-work/ghana/		
Contact Information	Dolores Dickson, Executive Director, Camfed Ghana: ddickson@camfed.org		

Organization name	Care Malawi		
Program/intervention name	Support for HIV Vulnerable Women in Rural Malawi		
Country/countries	Malawi		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	The program provides a savings-led microfinance approach to very poor women. Activities address the economic drivers of HIV and vulnerability. The program is funded by Johnson & Johnson.		
Program goals	To increase economic capacity, address barriers to accessing HIV information and services, and challenge behavioral and structural barriers to HIV prevention.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	The program mobilizes women into groups and encourages the group to agree on a small amount of money that each member can contribute to a common fund. This fund is managed entirely by the group. Educational sessions are integrated into group meetings, including HIV prevention. A cash-transfer component was added for female-headed households and savings and loans groups were also created.		
Level of intervention	<input type="checkbox"/> Household <input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Community	
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Male involvement	<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input checked="" type="checkbox"/> No male involvement
Target Audience	Women of reproductive age, with a focus on those who are very poor		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Increase in savings from 14-80%. • Decreased dependence on day labor and transactional sex. • Increase in time spent on income generating activities, including harvest, produce sales, and selling food. • Reduction in risky lifestyle. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Increase in number of women raising divorce cases, including the perpetuation of a cycle of divorcing and remarrying. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If evaluated, main results	There was an increase in HIV testing rate among participants,		

	as well as an increase in number of women who took positive steps towards social empowerment. Average savings increased from \$1.97 to \$20 USD. These data are only preliminary findings and further time of program implementation and analysis of data is required to determine sustainability/scalability.
Publications	Davidson, A., Chiyenda, L., Maulana, J., and Mwenyekonde, T. Case Study Support for HIV-Vulnerable Women in Rural Malawi: HIV Prevention and Economic Empowerment (2012).
Website	www.care.org
Contact Information	Joseph Maulana, Principal Technical Advisor, M&E, Care Malawi: josephmaulana@co.care.org

Organization name	Carolina for Kibera		
Program/intervention name	Binti Pamoja		
Country/countries	Kenya		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	Carolina for Kibera is a social enterprise project out of the University of North Carolina. The Binti Pamoja youth center for girls has been in existence for 12 years. The intervention has two components: the core program and the safe space program.		
Program goals	To give the young women of Kibera a place to express themselves through dance, drama, writing, group discussions and photography. There is also a focus on financial literacy and health education.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	In the core program, 30 girls are recruited to receive two years of a leadership-training program in a girls-only space. The program includes training on sexual and reproductive health (including contraception, sexual maturity, STIs); confidence building; conflict mediation skills; public speaking; leadership; financial literacy; budgeting and saving; relationships between boys and girls; and GBV. After this training, some girls go on to start their own safe spaces. These safe spaces are often in churches or schools in the communities. These girls find additional girls to mentor in their own communities and teach the skills that they learned in the core program. The girls in the core program are 15-25 years old, while the girls in the safe space programs can be younger. The training modules are tailored to the age group of the girls. Recently, there has been a focus on entrepreneurship and job readiness to help girls make the transition from the program to earning their own income.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input checked="" type="checkbox"/> No male involvement
Target Audience	Girls age 10-25 from Kibera		
Location	<input checked="" type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • 100% graduation rate among high school participants. • Improved self-confidence and feelings of empowerment among participants. 		

	<ul style="list-style-type: none"> • Expanded leadership and employment opportunities.
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Girls become socially and psychologically dependent on program staff. • Hesitation to take steps to empower themselves economically. • Difficult for girls to navigate traditional gender norms and being vocal especially when families see girls who are vocal as being disrespectful.
Evaluation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If evaluated, main results	<ul style="list-style-type: none"> • Girls in the program were significantly more likely to have a female mentor with whom they could discuss questions or problems. • Significantly more likely to say that they can go alone to the market, a friend's house, school, and youth group. • Significantly more likely to have a long-term financial goal. • Significantly more likely to know at least one contraceptive method and to know that HIV can be transmitted through sexual intercourse.
Website	www.cfk.unc.edu
Contact Information	Leann Bankoski, Executive Director: bankoski@unc.edu

Organization name	Catholic Relief Services (CRS)		
Program/intervention name	Savings and Internal Lending Communities (SILC)		
Country/countries	Multiple		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	The SILC program started in 2005. As of today, there are 1.2 million members across 37 countries in Africa, Asia, and Latin America.		
Program goals	To promote financial inclusion.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	Informal savings groups of 20-25 people are created as Savings and Internal Lending Communities (SILC). The group decides on an agreed upon amount to start saving and begin lending money to each other on an 8 to 12 month cycle. Each group has its own constitution and management. Local agents are certified to provide group trainings and capacity building on a fee-for-service basis. The model is designed to make the process of group development and training self-sustainable by the end of the project.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input checked="" type="checkbox"/> Community
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Poorest of the poor; 70% of participants are female		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • High retention (96%) of groups in the program. • Women feel more confident speaking up and assuming positions of responsibility. • Protection of productive assets and cash flow balancing. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • In the future, CRS wants to look more into any negative effects that may occur as a result of female empowerment and increased financial assets (e.g. increased IPV). 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Website	www.crs.org/microfinance		
Contact Information	Guy Vanmeenen, Senior Technical Advisor Microfinance: guy.vanmeenen@crs.org		

Organization name	Development Alternatives Incorporated (DAI)			
Program/intervention name	IMARISHA (USAID Tanzania Economic Strengthening for Households Affected by AIDS)			
Country/countries	Tanzania			
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study	
Program overview	Work with PEPFAR community care partners, OVC, or home based care programs with PLHIV in the community.			
Program goals				
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input checked="" type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital	<input type="checkbox"/> Physical Capital
Description of intervention	Capacity building in economic strengthening areas, including facilitating savings groups, conducting business trainings and local analysis, educating community members on raising poultry and strengthening household nutrition, and creating public-private partnerships. There is also a focus on developing frameworks and technical aids to support vulnerable children.			
Level of intervention	<input type="checkbox"/> Individual	<input type="checkbox"/> Household	<input checked="" type="checkbox"/> Community	
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement	
Target Audience	PEPFAR partners, prime and local NGOS, volunteer capacity building organizations, local government, national government			
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed	
Main positive effects of program	<ul style="list-style-type: none"> • Participants have adopted savings changes, creating an economic impact in the community. • Community members rely on each other to address basic needs instead of relying on donors. 			
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Disrespectful behavior among couples and families, there needs to be a feeling of equality. 			
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Website	dai.com/our-work/projects/tanzania%E2%80%94economic-strengthening-households-affected-aids-imarisha			
Contact Information	Colleen Green, Chief of Party: Colleen_Green@dai.com			

Organization name	Education Development Center		
Program/intervention name	USAID Advancing Youth Project		
Country/countries	Liberia		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	The program works to enhance the capacity of governmental and nongovernmental institutions to provide increased access to quality alternative basic education services, social and leadership development and livelihoods for youth and young adults, ages 13-35 who are un-schooled or out of school and have no or marginal literacy and numeracy skills.		
Program goals	<ul style="list-style-type: none"> • Increase institutional capacity to plan, budget, deliver and measure Alternative Basic Education for youth. • Increase access to relevant basic education and life, work, and technical skills training for out-of-school youth. • Increase access to sustainable livelihood pathways for targeted youth. 		
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	Work with the MOE, as well as national and international organizations to improve the education, livelihoods and health of out-of-school youth aged 13-35-years old.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Out-of-school young women and men age 13-35 years old		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Participants learn basic literacy and numeracy skills, which they can transfer into improving their livelihoods. • Participants learn how to budget and to save money as well as develop entrepreneurial skills. • Participants develop improved social and leadership skills. • Participants learn skills such as improved farming techniques and skills that can improve livelihoods such fruit preservation. 		

Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Logistical issues around lighting classrooms. • Learner retention can be an issue at some sites. • Excellent results from HIV/AIDS and family planning program affiliated with the project.
Evaluation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Website	www.idd.edc.org/projects/liberia/usaidliberia-advancing-youth-project
Contact Information	Lisa Hartenberger Toby, Deputy Chief of Party: lhartenberger@edc.org

Organization name	Femina Hip		
Country/countries	Tanzania		
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	Femina is a behavior change communication initiative with three agendas: sexual and reproductive Health, economic empowerment and citizen engagement. Started in 1999, Femina produces the following media products for and with youth: Fema Magazine, Fema Radio, Fema TV Show, and the Ruka Juu TV Show.		
Program goals	To use Femina's trusted brand, strategic communication expertise and extensive partnership network to engage youth across Tanzania with critical knowledge and create forums for conversation essential to initiate the process of behavior change towards healthy lifestyles.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input checked="" type="checkbox"/> Physical Capital
Description of intervention	Youth began asking about jobs and money, so Femina launched an economic empowerment program. The program includes entrepreneurship and agricultural skills, as well as financial education.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input checked="" type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Young people age 13-30 years old		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Challenged preconceived barriers about starting businesses among youth. • Challenged gender stereotypes by promoting positive role models especially when it comes to starting a business and taking up agriculture. • Femina's Youth Conference 2012 featured the topic: The Girl Power, which encouraged understanding of gender equality. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Many young women and women in general have difficulty in accessing media compared to men. • Stimulating interest about economic empowerment 		

	<p>among youth.</p> <ul style="list-style-type: none"> Identifying pertinent economic empowerment issues among youth.
Evaluation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Publications	<p>Sekei, LH. Impact evaluation of Ruka Juu: An entertainment-education initiative in entrepreneurship and financial education in Tanzania. Femina. 2011.</p> <p>Sekei LH, Kisinda A. Impact study: Ruka Juu II: Young farmers in business. Femina, Norwegian School of Economics, Rural Urban Development Initiatives (RUDI), Kilosa District Agricultural Office. 2013.</p> <p>Chipeta S, Adelstal L, Damian K, Cristoplos I, Rothman J. Evaluation of Femina Health Information Project (HIP) strategic plan 2006-2012. Femina. 2013.</p>
Website	www.feminahip.or.tz/femina-hip/home/
Contact Information	<p>Karen Marie Thulstrup, Monitoring and Evaluation Advisor: karen@feminahip.or.tz</p>

Organization name	FHI360 Swaziland		
Program/intervention name	Community Based Livelihoods Development for Women and Children in Swaziland		
Country/countries	Swaziland		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	This five-year cooperative agreement provides technical assistance in six communities in Swaziland and at the national level to develop livelihood capabilities, protect and promote the rights of women and children, and strengthen community institutions.		
Program goals	To improve the livelihood capabilities of vulnerable households, focusing on women and OVC; to protect the rights of women and children; and to strengthen the capacity of organizations and institutions to promote the social and economic well being of women and children.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	Communities are selected for participation based on their motivation and interest and the opportunity to develop economic sectors in each community. The program works with and through local institutions, building capacity so that program accomplishments (e.g. child protection networks) can be sustained. Community engagement begins with dialogues and focus group discussions to identify priorities, opportunities, and other social and economic concerns. Locally available resources and expertise are linked with these priorities. The project implements programs in the following areas: homestead gardening; savings group formation; entrepreneurship training; value chain development (cotton, honey, and horticulture); leadership training and governance; child protection and referrals; legal literacy focusing on the social and economic rights of women and children; and social and behavior change communication for youth. The project also improves access to public entitlements and links communities with government and other service providers.		
Level of intervention	<input type="checkbox"/> Individual	<input type="checkbox"/> Household	<input checked="" type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	Through training sessions, dialogue, and focus group discussion, the project educates community leaders, law		

	enforcement, child protectors, teachers, as well as the public on the rights of women and children, including identification of forms of abuse and violence, and procedures for reporting these cases and caring for victims. The project builds public awareness of procedures so that individual cases that are now being brought to the project's attention, can be addressed by the community itself. The Domestic Crimes and Sexual Offenses Unit of the Royal Swaziland Police are actively involved in supporting project training.		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Communities and community institutions, other NGOs, and government of Swaziland.		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Improved access to and management of income through economic strengthening programs. • Increased capacity of community leaders and institutions to protect and promote the rights of women and children, reducing instances of child neglect and abuse, reducing GBV, and improving women's access to and control over resources, including land. • Improved awareness of the impact of prevailing genders norms on public health and social development. • Strengthened linkages between rural communities and government to improve access to entitlements and public services. • Improved knowledge among government, donors, and the NGO community on how to implement programs promoting child protection and social and economic empowerment of women. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Political interference when community leadership is in question. • Working through government-led initiatives while trying to maintain an appropriate pace of program delivery. • Multiple programs in one location may consume too much of beneficiaries' time and presents logistical challenges. • Supporting the creation of community development plans that also cover areas outside the project's mandate. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If evaluated, main results	A household baseline survey was conducted with 200-250 household interviews per community, giving detailed social and economic profiles of communities. Household surveys are		

	followed with mid and endline surveys to measure project outcomes. Additional surveys for program participants have been conducted for more specific outcome analysis and to guide program implementation. OVC surveys are being conducted to get a more precise understanding of OVC needs and to identify program beneficiaries.
Website	www.fhi360.org
Contact Information	Benjamin Rinehart, MSC, Chief of Party: brinehart@fhi360.org

Organization name	FHI 360 Tanzania			
Program/intervention name	Pamoja Tuwalee			
Country/countries	Tanzania			
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study	
Program overview	Intervention for Most Vulnerable Children (MVC) that focuses on improving the quality of life and well-being of MVCs and their households by empowering households and communities to provide comprehensive and sustainable care, support and protection.			
Program goals	1) To increase the capacity of communities and local governments to meet the needs of MVCs and their households in an innovative, efficient and sustainable manner; 2) To increase the capacity of households to protect, care for and meet the basic needs of OVC in a sustained way by improving caretaking, livelihood and health-seeking skills of caregivers; 3) To increase OVC household access to comprehensive, high-quality, age-appropriate and gender-sensitive services by creating integrated community-level referral networks that strengthen the continuum of care; and 4) To empower OVC, particularly females, to contribute to their own well-being by improving their resilience, livelihood, and self-care skills.			
Type of economic empowerment	<input checked="" type="checkbox"/> Financial Capital	<input checked="" type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital	<input type="checkbox"/> Physical Capital
Description of intervention	Savings groups are formed among caregivers to generate savings for income generation activities that enables MVC households to meet the basic needs of children. Capacity building activities are held with the children's caregivers that focus on basic business skills, including income generation, gardening, and farming.			
Level of intervention	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input checked="" type="checkbox"/> Community	
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A	
Target Audience	Vulnerable children and their caretakers			
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed	
Main positive effects of program	<ul style="list-style-type: none"> • Participants are empowered not only with income, but also by being part of the community. • Reported increase in respect among women from men. • Increased number of MVC households that are able to meet their children's needs. 			

	<ul style="list-style-type: none"> • Increased number of MVC supported by communities through funds established by savings groups.
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Low literacy level of caregivers that makes it difficult to train them on entrepreneurship skills. • Limited access to markets and fair prices for some products of the business ventures of savings group members.
Evaluation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Website	www.fhi360.org/countries/tanzania
Contact Information	Priskila Gobba, MS, Chief of Party: pgobba@fhi360.org

Organization name	Forum for African Women Educationalists (FAWE) Sierra Leone		
Country/countries	Sierra Leone		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	Skills training centers were set up throughout the country to train young women and girl mothers in basic literacy/numeracy and vocational skills such as (catering, housekeeping, tailoring, building etc.) plus psychosocial counseling and mentoring sessions that would help them find employment and become self-reliant.		
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	Mentoring training and financial empowerment courses.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	School girls, young mothers, young women, school drop outs, and first time learners who otherwise have missed out of the formal educational system; between the ages of 15 and 35 years.		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Training young girls in tailoring has enabled them to take on work in their communities such as sewing uniforms. This has tremendously expanded their opportunities. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Jealousy by spouses. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Website	www.fawe.org/region/west/sierra_leone/index.php		
Contact Information	Eileen Hanciles, National Coordinator: leenh762002@yahoo.com		

Organization name	Health Economics and HIV Research Division (HEARD)		
Program/intervention name	Stepping Stones and Creating Futures		
Country/countries	South Africa		
Type of organization	<input type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input checked="" type="checkbox"/> Research Study
Program overview	Stepping Stones and Creating Futures combines HIV prevention and gender equity education with livelihood strengthening activities. Stepping Stones is a behavioral intervention that utilizes participatory activities and reflection. Creating Futures is a structural intervention that strengthens livelihoods and economic power.		
Program goals	HIV prevention, greater gender equity, and improved livelihoods for young adults.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	The intervention is implemented in 21 sessions, with each group (separated by gender) receiving 10 Stepping Stones and 11 Creating Futures sessions. A trained peer facilitator delivers each three-hour session. The Stepping Stones sessions discuss trust, reproductive health, contraception, gender awareness, gender-based violence, and gender transformation. The Creating Futures sessions shift focus to developing social, human, and financial capital and incorporate discussions about the barriers to getting a job, how to write a CV, and how to tell if a job advertisement is legitimate. It also includes trainings on financial literacy and basic financial management. The program includes one session during which both groups come together to talk about the expectations that men and women have of each other. Participants were also given journals for individual reflection. The program was piloted as an interrupted time-series study with follow-up three and nine months post-intervention. This pilot reached 233 young people (110 men and 123 women).		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	The curriculum includes discussions on gender awareness, GBV, and gender transformation, including discussion-based body mapping.		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement

Target Audience	Young women and men in urban informal settlements		
Location	<input checked="" type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Increase in mean monthly earnings; men's income increased by 283% (140 to 484 rand) and women's by 283% (359 to 1015 rand). • Increased understanding of the importance of saving. • Improved critical thinking about gender equality. Women reported more independence, stating that they do not want to be dependent on men. • Increased focus on main partners; however no change for women or men on transactional sex or condom use. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Attendance is a major challenge as young people in urban settings are mobile. • Participants reported mixed experiences with the journals; while the journals encouraged reflection, they became problematic for some women. Since many female participants did not have private spaces, there were a few cases where their partners accessed the journals and became angry. • There was little uptake in child support grants for women. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If evaluated, main results	<p>Women reported a reduction in their experience of sexual and/or physical IPV in past three months from 29.9% to 18.9% (a 37% reduction ($p < 0.046$)). Men's controlling behaviors decreased and there was an improvement in men's gender equitable attitudes. However, there was no significant decline in reported IPV. Men's mental health improved.</p>		
Publications	Jewkes, R., & Gibbs, A. (2013). <i>Stepping Stones and Creating Futures</i> .		
Website	www.heard.org.za		
Contact Information	Andrew Gibbs, MSc, Researcher: gibbs@ukzn.ac.za		

Organization name	Initiative for Gender in Economy, Health and Empowerment in Tanzania (IGEHEETA)		
Country/countries	Tanzania		
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	IGEHEETA conducts group and community trainings on theoretical and practical topics.		
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	The community trainings include messages on empowerment, self-awareness building, and how to create change. The practical focus includes empowerment through farming, projects in the fields, and skills such as sewing, tie dyeing, and producing artwork. There is a component of business training as well, including bringing guest speakers to discuss topics such as taxation and financial management.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input checked="" type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Women and youth age 15 and over		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Participants leave the trainings with an understanding that they need to create change in their lives and an idea of the actions they can take to make this change occur. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Some community members feel frustrated when they cannot leave their job to attend the trainings. • There is a long standing expectation that NGOs will provide donations, so some community members are frustrated when IGEHEETA cannot provide money for transport. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Website	www.igeheta.org		
Contact Information	Josephine S. Mshumbusi: jaminel@yahoo.com.		

Organization name	Johns Hopkins University School of Nursing			
Program/intervention name	Pigs for Peace and Rabbits for Resilience			
Country/countries	Democratic Republic of the Congo			
Type of organization	<input type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input checked="" type="checkbox"/> Research Study	
Program overview	The study follows participants to examine outcomes including: health (physical and mental), economic security, child wellbeing, healthcare access, children in schools, relationship in family and community, issues around stigma and rejection, IPV, family planning, and decision making in household between couples.			
Program goals	To reduce the effects of trauma symptoms, specifically post traumatic stress disorder and depression)			
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input type="checkbox"/> Human Capital	<input checked="" type="checkbox"/> Physical Capital
Description of intervention	<p>Pigs for Peace works with 10 isolated villages that are not targeted with microfinance programs. The villages selected have been affected by conflict, have a high rate of sexual assault, and have a high number of abandoned women or widows. Program staff work with village leaders to gauge community interest in pig microfinance. Pigs were selected because women can own pigs (whereas cows are usually owned by men). Participants are provided with a female pig and educated on the requirements (food, health, vaccination) of pig raising, how to build a pen from local resources, and on composting. Once the pig has matured, participants receive help in mating their pig. The program requires participants to give two piglets as repayment for the loan and interest for the initial pig.</p> <p>Rabbits for Resilience (study with youth) provide rabbits to the youth of parents who received pigs. This intervention aims to foster resilience, nurturing, and familial relationships. Youth in the study have witnessed trauma and may not be in school. The rabbit program works in the same way as the pig microfinance program, with the loan being repaid in offspring and additional offspring being kept or given to siblings or friends. Raising animals increases one's wealth and status and therefore helps build relationships in the community and reduces stigma and the effects of trauma.</p>			
Level of intervention	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household		<input type="checkbox"/> Community
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	First study: Male and female adults age 16 and older from rural communities in post-conflict setting, specifically in southeastern DRC (Kivu Province). Second study: Head of household adults and youth 10-15 years of age in Kivu Province.		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Women use microfinance funds to meet household needs and start businesses. • Community members consult women for information, such as how to compost. • Previously, women were seen as victims; now they are seen as responsible. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • A large amount of follow up and education is necessary. • Challenge to make the project recognized as a Congolese-run initiative to create a sense of ownership among communities. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If evaluated, main results	Surveys are conducted at baseline and at six, 12, 18, and 24 months of implementation. Results hope to understand how economic empowerment can affect GBV, the experience/effects of trauma, and the associated stigma.		
Publications	Glass N, Ramazani P, Tosha M, Mpanano M, Cinyabuguma M. A Congolese-US participatory action research partnership to rebuild the lives of rape survivors and their families in Eastern Democratic Republic of Congo. <i>Glob Public Health</i> . 2012;7(2):184-195.		
Website	http://nursing.jhu.edu		
Contact Information	Nancy Glass, PhD, MPH, RN, Professor, Associate Director, Johns Hopkins Center for Global Health: nglass1@jhu.edu		

Organization name	Johns Hopkins Bloomberg School of Public Health and IRC		
Program/intervention name	Psychotherapy and VSLAs for Congolese Survivors of Sexual Violence		
Country/countries	Democratic Republic of the Congo		
Type of organization	<input type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input checked="" type="checkbox"/> Research Study
Program overview	VSLA is an economic program centered on village savings and loan associations and mental health services provides in Group Cognitive Processing Therapy sessions.		
Program goals	To address the needs of women living with the stigma and isolation of sexual violence.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	The two program components were tested as two randomized interventions. The VSLA component held community socialization meetings to help women understand the purpose of the group. These groups were randomized to intervention and control arms. Intervention participants received trainings on the process of savings, how much to save, identifying group leaders, bookkeeping, and money safekeeping. Groups begin saving money after receiving trainings and discussing the loan process. The second component, Cognitive Processing Therapy, is a 12-session program during which women meet with trained counselors individually and as a group. The group helps each other to identify maladaptive thoughts and learn how to change them.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	The program is focused on survivors of GBV and the mental health needs of GBV victims.		
Male involvement	<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input checked="" type="checkbox"/> N/A
Target Audience	Women who have witnessed or personally experienced rape, are 18 years or older, have elevated symptoms of distress, and indicate functional impairment.		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Reduction in mental health symptoms. • Improvement in functionality. • Preliminary improvement in number of hours worked. • Increase in expenditure on food. 		
Challenges and	<ul style="list-style-type: none"> • Periodic tension among group members. 		

unforeseen outcomes	
Evaluation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If evaluated, main results	Scores for depression and anxiety improved for those participating in the support groups, significantly for the intervention group. Similar patterns were found for PTSD and functional impairment.
Publications	Bass, JK et al. Controlled Trial of Psychotherapy for Congolese Survivors of Sexual Violence. (2013). N Engl J Med. 368(23): 2182-91.
Website	www.rescue.org
Contact Information	Judith K. Bass, PhD, Associate Professor: jbass@jhsph.edu

Organization name	Kiota for Women's Health and Development (KIWOHEDE)		
Country/countries	Tanzania		
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	Vulnerable youth in the community are identified to receive training and support.		
Program goals	To prevent vulnerable girls from abuse.		
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input checked="" type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	Leaders are sensitized and the community identifies vulnerable youth to refer to the program. The program runs a center and provides psychosocial counseling, shelter, life skills, vocational skills, entrepreneur skills training, business skills, and education on SRH and family planning. HIV testing is also provided. Youth come to the center six days per week for one year where they hold meetings, discussions, peer support, activities, and vocational training (like sewing, tailoring, bead making, basket making, cooking, decoration, and educational theater).		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Vulnerable youth		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Improved self esteem. • Past participants refer youth in the community. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • The community has high expectations for what the program can provide/pay for. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Website	www.kiwohede.org		
Contact Information	Justa E. Mwaituka, Executive Director: jmwaituka@yahoo.co.uk		

Organization name	Liberia Ministry of Gender and Development		
Program/intervention name	Economic Empowerment of Adolescent Girls and Young Women (EPAG)		
Country/countries	Liberia		
Type of organization	<input type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input checked="" type="checkbox"/> Research Study
Program overview	A three-year pilot project that began in September 2009 by the Government of Liberia together with the World Bank.		
Program goals	To provide economic and social empowerment to girls and women age 16-27.		
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input checked="" type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	The intervention is an income-generating program that includes trainings on job skills, job placement assistance, business development, and life skills.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	Sessions include messages on sexual exploitation and abuse.		
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Girls age 16-27		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Increase in household food security as girls are contributing to the household income. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • There is a need to engage further with community stakeholders, including partners of participating girls. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If evaluated, main results	The project led to a 47% increase in employment, and 80% increase in average weekly income of trainees, compared with the control group. There were also reported increases in savings, mentorship, and self-confidence.		
Publications	World Bank. Draft Report: Preliminary EPAG Midline Report Economic Empowerment of Adolescent Girls and Young Women (EPAG) Project in Liberia. (2012). Ministry of Gender and Development of Liberia.		
Website	www.mogdliberia.com		
Contact Information	Dala Korkoyah, Monitoring and Evaluation Director: epagmande@gmail.com		

Organization name	Land O'Lakes		
Program/intervention name	Innovations in Gender Equality (IGE) to Promote Household Security		
Country/countries	Tanzania		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	There are three primary program areas: improved technologies, microenterprise, and policy.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	Women design simple technologies to reduce their work time and energy. These technologies compete at a public expo and the winning seven receive money to pilot the technology in the community. Seminars are also held for women to expand their entrepreneurship and business. There is also an advocacy component for changes to policies regarding gender equality.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input checked="" type="checkbox"/> Community
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Rural women		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • The program is very new, but so far participants have positive feedback from the trainings. • Participants began to understand the equal rights of women. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Empowering women in rural areas can cause domestic violence, so the seminar sessions are designed to bring men as well not necessarily couples. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Website	www.idd.landolakes.com/PROJECTS/Africa/ECMP2-0173088.aspx		
Contact Information	Dr. Rose Kingamkono, Chief of Party: rose.kingamkono@idd.landolakes.com		

Organization name	La Motivation		
Country/countries	Ghana		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	Community based engagement to meet needs		
Program goals	To economically empower communities, focusing on women and children.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	A baseline assessment is conducted to determine what is available/abundant in the community. Participatory work is conducted with chieftaincy and elders to identify needs. Community resources are mapped to determine what the community has and wants/needs. Discussion based trainings are then held. Community forums are conducted quarterly to celebrate achievements, engage in conversation, and hear women's point of view.		
Level of intervention	<input type="checkbox"/> Individual	<input type="checkbox"/> Household	<input checked="" type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Rural and urban poor, ages 16-50		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Empowers women and in turn empowers children (including girls). • Improvement in school attendance among girls during menstruation due to building a separate toilet for girls. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Men must be involved and educated on abuse prevention to prevent negative effects associated with WEE. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Contact Information	Anat Ben-Lawal, CEO: abenlawal@yahoo.co.uk		

Organization name	Lutheran Development Services		
Country/countries	Swaziland		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	This program consists of two main components: one for youth and one for adults. The youth program works to build capacity and teach economics and project management. The adult program provides participants with a goat to encourage closing the poverty gap between poor and very poor households.		
Program goals	To build capacity and to decrease the poverty gap between households.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input checked="" type="checkbox"/> Physical
Description of intervention	Youth are identified through schools. Children selected for participation join a three-day training course on economics, project management, and capacity building. The unique needs of the children were identified during this training period. The children were taught about small animal rearing and were able to select a project they want to engage in. Children chose to raise and sell chickens; therefore the training included a demonstration on how to care for chickens. Children were also given fruit trees and vegetable plants and trained on how to care for them. The adult participants were provided with goats.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	Discussions on gender are integrated into all training materials. Equal representation from women is encouraged.		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	OVC in southeast Swaziland		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Increase in skills, capacity, and knowledge. • Improved economic status of households. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Children from very poor households do not perform as well as children from poor households. • If the parents of a child die, they often relocate to their grandparents house and sometimes unable to bring their fruit trees or chickens with them. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Website	www.actalliance.org/about/actmembers/lutheran-development-service-swaziland		

Contact Information	Nkululeko Mkhabela. Program Manager: nkululeko3675@gmail.com
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Organization name	Pact Tanzania		
Program/intervention name	WORTH		
Country/countries	Tanzania		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	The program has three components: savings, literacy, and business skills. Good parenting skills component was added to the program.		
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	Caregivers are brought together and have an empowerment worker meet with them on a weekly basis. The group receives trainings on savings, literacy, and business skills, and discusses parenting skills, gender and child protection, caregiver issues, and challenges faced.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Caregivers of vulnerable children		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Caregivers are able to provide for their children economically and psychologically. • Increase in household income. • Improved family communication and relationships. • Women can now support their families as well as men, thus improving family dynamics. • Increase in equal decision-making and respect between partners. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • At first, men were frightened by the program and the idea of female empowerment, thinking their wives would become 'disobedient.' • Early on, the program realized that men need to be included in discussions and activities to help encourage change. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Website	www.pactworld.org/tanzania		
Contact Information	Mary Mpangala, Senior Economic Strengthening Coordinator: mmpangala@pactworld.org		

Organization Name	Pangaea Global AIDS Foundation		
Program/intervention name	Shaping the Health of Adolescents in Zimbabwe (SHAZ!)		
Country/countries	Zimbabwe		
Type of organization	<input type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input checked="" type="checkbox"/> Research Study
Program overview	<p>SHAZ! is an HIV prevention intervention and research study funded by the National Institutes for Health. SHAZ! empowers adolescent girls aged 16 to 19 living with HIV through a combination SRH and HIV services; life-skills education; and improved economic opportunities through vocational training and micro-grants. The program is implemented in urban communities just outside Harare. Pangaea plans to use lessons-learned to establish an adolescent center, and expand the operations research component to target a larger population and adapt it to rural settings.</p>		
Program goals	To identify HIV prevention strategies for adolescent girls.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input checked="" type="checkbox"/> Physical
Description of intervention	<p>SHAZ! integrates three essential program components: life-skills-based HIV education, business training and mentorship, and access to micro-grants for business development. Young women engage in a participatory training that brings together key messages from Stepping Stones of South Africa and Talk Time, developed by the Zimbabwean Centers for Disease Control. Topics covered in the training include SRH and HIV knowledge, relationship power and negotiation skills; how to access treatment (including referrals for treatment as needed), current guidelines for receiving treatment; and GBV prevention. Participants work with a guidance counselor to identify livelihoods opportunities based on their interests. The business trainings vary from six-month to three-day courses and prepare participants to engage in microenterprise activities upon receipt of a loan.</p> <p>Upon successful completion of both the life skills education and business training, the participant's achievements are acknowledged and they are given a start-up grant in the form of materials (non-cash) to apply their skills in developing a small business. These materials vary upon the needs of the client, but are valued at up to \$100 USD.</p>		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

If yes, describe GBV component	The life-skills module on GBV discusses assertiveness, one-on-one communication, identification of risky and safe places, and body mapping. A curriculum module helps girls examine personal experiences with sexual and physical abuse. For this, module a speaker is invited from a local women's shelter to teach the girls about different resources that are available to them and what they should do if they experience violence.		
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	The first phase focused on helping HIV-negative adolescents aged 16-19 years old understand how economic empowerment improves young women's ability to avoid infection. The current phase is among HIV positive women and evaluates the adapted intervention's influence on access to care and treatment and improvement in overall health. This second phase began in 2009 and targets adolescent women living with HIV.		
Location	<input checked="" type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Reductions in violence, number of pregnancies, and HIV risk behavior and exposure. • Renewed hope for the future and feel a sense of self-worth. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Early pilot activities showed that using loans to engage in economic activities that increased mobility into and out of cities, increased personal risk of violence, leading to a re-focus on training and micro-grants. • Issues of confidentiality: Some participants did not want to disclose their HIV status to their partners and therefore hid their participation in the study. • The mentorship component was less effective than hoped; participants indicated that mentorship is not a usual practice in Zimbabwe. • The economic context in Zimbabwe limited effectiveness of livelihoods activities. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If evaluated, main results	Participants in the control group receive health services and basic life skills (essential information for ethical considerations). Relationship power was positively impacted by participation in the program.		
Publications	Megan S. Dunbar , M. Catherine Maternowska , Mi-Suk J. Kang, Susan M. Laver , Imelda Mudekanye-Mahaka & Nancy S. Padian (2010): Findings from SHAZI: A Feasibility Study of a Microcredit and Life-Skills HIV Prevention Intervention to Reduce Risk Among Adolescent Female Orphans in Zimbabwe, Journal		

	<p>of Prevention & Intervention in the Community, 38:2, 147-161.</p> <p>Dunbar, MS., Kang-DuFour, M., Mudekunya I., Lambdin, B. & Padian, NS. 2013. <i>SHAZ! Phase II Intervention Results</i>. Manuscript under review. Plos1.</p> <p>Zamudio-Haas, S; Mudkunya-Mahaka, I; Lambdin, B; Dunbar, MS. 2012 "Managing HIV and Controlling Fertility: Challenges faced by HIV-infected Adolescent Women in Chitungwiza, Zimbabwe." <i>Reproductive Health Matters</i>.</p> <p>Dworkin SL, Dunbar MS, Krishnan S, Hatcher AM, Sawires S. 2010. Uncovering Tensions and Capitalizing on Synergies in HIV/AIDS and Antiviolence Programs. Am J Public Health. 191106v1.</p>
Website	www.pgaf.org
Contact Information	Megan Dunbar, DrPH, MPH, Vice President of Research and Programs: mdunbar@pgaf.org

Organization name	Plan International Zambia		
Country/countries	Zambia		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	The Economic Empowerment Country Program primarily addresses two major concerns: poor economic status of youth and primary caregivers (parents and guardians); and limited vocational skills opportunities for youth.		
Program goals	To economically empower youth and their caregivers.		
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital
Description of intervention	Plan Zambia's Economic Empowerment Country Program focuses on supporting youth and communities to gain access to resources and development of one's capacities with a view to participate actively and effectively in shaping one's own life and one's community. This is done through building capacity of youth and caregivers in financial education, business and entrepreneurship, relevant vocational skills, and agriculture production with special focus on particular value chains.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Youth age 15-24 years old		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	Increased awareness among young girls in communities on the negative effective of early marriages, which has led to a shift for going to school rather than to get married.		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • From a gender perspective, 1 in 5 women/girls experience GBV. • Husbands are jealous. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Website	www.plan-international.org/where-we-work/africa/zambia/		
Contact Information	Samuel Tembo, Economic Empowerment Manager: Samuel.Tembo@plan-international.org		

Organization name	RuralNet Associates Ltd			
Country/countries	Zambia			
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study	
Program overview	We track key performance indicators to access whether programs are meeting set objectives.			
Program goals	To improve the livelihood conditions of the poor.			
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital	<input type="checkbox"/> Physical Capital
Description of intervention	Conduct social impact assessments and track key performance indicators to access whether programs are meeting set objectives. Produce specific recommendations to get the project back on course.			
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input checked="" type="checkbox"/> Community	
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> N/A	
Target Audience	Community members of all ages			
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed	
Main positive effects of program	<ul style="list-style-type: none"> • Increased engagement in productive activities. • Participants raise enough money to feed themselves, and send their kids to school. Some women have been able to buy livestock. 			
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Some of the women change their lifestyle because they have money. 			
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Website	www.ruralnet.co.zm			
Contact Information	Stephen Tembo, Director: tembo.stephen@yahoo.com			

Organization name	Save the Children Swaziland		
Country/countries	Swaziland		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	The program works with caregivers to reach children with information and to report issues of abuse.		
Program goals	To ensure that children have a right to a happy, healthy and secure childhood.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	Communities are first mobilized for participation by contacting local leaders. Women then form small groups of approximately 15-35 women where they learn how to manage and borrow money. Women give mandatory (about two rand) and voluntary savings to the group, which secures the money in metal boxes managed by a committee. One person is responsible for the secure box, and three others carry unique keys to the box required to open it. Group members are taught how to lend money and how to keep records, including making loans to women within their group. The program uses the "Road to Wealth" and "Selling Made Simple" manuals for economic empowerment. Money loaned to the women is used for business development.		
Level of intervention	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	The program uses a standard curriculum that discusses HIV and GBV. The general community is also taught about GBV during dialogue meetings to assess attitudes among men. Women are provided with referrals where they can access counseling and legal assistance. Women's groups also become support groups.		
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Adult caregivers of children		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Women can independently provide for their households without asking for external assistance. • Woman gain respect from their husbands. • Sustainable economic empowerment as women rise to action through their friends. • Improved negotiation of safe sex and number of children. 		

Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Empowering women led to a need to involve men so they could also change their behavior positively. • Women do not feel program ownership.
Evaluation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If evaluated, main results	<p>Baseline and endline surveys are conducted with each group. These surveys measure changes in attitudes, knowledge about GBV, and cultural practices that negatively affect women. In addition to surveys, the program records women's attendance in the groups, mandatory and voluntary savings and participation in the gender-focused lessons.</p>
Website	www.savethechildren.org.sz
Contact Information	Simon Khulamo, Project Manager: khumalost@savethechildren.org.sz

Organization name	Solar Sister		
Country/countries	Uganda, Tanzania, Nigeria, Rwanda, and South Sudan		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview			
Program goals	To help female entrepreneurs by providing access to inputs/tools for clean energy initiatives and 2) enabling further economic development.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input type="checkbox"/> Social	<input type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	The program helps female entrepreneurs living in energy poor areas to create new economic opportunities and distribution networks for clean energy technology. By creating this access to energy, the program then enables further economic development for customers. Customers are able to start their own businesses and improve the health, education, and overall wellbeing of their household.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Male involvement	<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input checked="" type="checkbox"/> N/A
Target Audience	Female entrepreneurs		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Women earn an income. • Ability to pay for household necessities, such as school fees. • Self-reported improvement in quality of life. • Improved household structure, including electricity and latrine. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Some beneficiaries have difficulty starting businesses in previously aid-reliant communities; no prior experience with taking initiative to better their lives. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Website	www.solarsister.org		
Contact Information	Katherine Lucey, Founder and CEO: solarsister.org@gmail.com		

Organization name	Tech Needs Girls		
Country/countries	Ghana		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	<p>Tech Needs Girls is a movement and a mentorship program to increase the number of girls who create technology. Their mission is mentoring girls to lead and innovate by learning to code.</p> <p>Currently, 205 girls are enrolled in the Tech Needs Girls program with 15 mentors/role models who are all either computer scientists or engineers. They teach the girls to code and work with girls to ensure that each girl goes to university instead of being forced into early marriage.</p> <p>Tech Needs Girls wants to bridge the gender gap and have more girls studying and pursuing careers in technology.</p>		
Program goals	To encourage girls to engage with technology.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	Girls mentored and provided with training on technology. The trainings use hands-on activity-based learning.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No
Male involvement	<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input checked="" type="checkbox"/> No male involvement
Target Audience	Disadvantaged girls age 6-17		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Ability for girls to create tech products. • A girl-friendly space forms, which builds confidence, and engages girls in a new field. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Lack of access to a lot of computer equipment to scale projects. • Engaging committed volunteers and mentors to sustain the program. 		
Evaluation	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No
Website	www.techneedsgirls.org		
Contact Information	Regina Agyare +233266076862		

Organization name	Technoserve		
Program/intervention name	Young Women in Enterprise		
Country/countries	Kenya		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	This program uses an economic empowerment model that prepares adolescent girls with a range of skills, needs, and career plans for entrepreneurship and wage employment opportunities.		
Program goals	To empower disadvantaged adolescent girls and young women by facilitating their entry into safe and productive economic opportunities.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	The program provides activities to transition girls into safe economic opportunities, including entrepreneur training and business startup support, financial literacy (savings, banking, and budgeting), job search tips, work ethics, and life skills including communication, negotiation, and self-confidence.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Girls age 14-24 living in slum areas		
Location	<input checked="" type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • 59% increase in number of girls who are able to keep business records. • 54% girls who started businesses. • 18% increase in employment. • 74% increase in savings. • Increased self-reported confidence among girls. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Situations of harassment by husbands and men in the community for running businesses. • Exposure to violence due to running businesses after dark. • Push back on women-run businesses from city councilmen checking business regulations. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If evaluated, main results	Baseline survey and pre and post-tests, in addition to qualitative measures, are used to track program performance.		

	See positive effects of program for some results.
Publications	Technoserve. Enterprising Girls Making a Difference Case Study: Young Women in Enterprise. (2013) Nairobi, Kenya.
Website	www.technoserve.org
Contact Information	Pauline Mwangi, Senior Business Manager: Pmwangi@tns.org

Organization name	The AIDS Support Organization (TASO)		
Country/countries	Uganda		
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	<ul style="list-style-type: none"> • Comprehensive HIV prevention services • HIV and AIDS Counseling and Testing, treatment, and care and support services • HIV and AIDS training and capacity development, advocacy and networking 		
Program goals	1.1.1.1.1.1.1.1.1 To contribute to a process of preventing HIV infection, restoring hope and improving the quality of life of persons, families and communities affected by HIV infection and disease.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input checked="" type="checkbox"/> Physical
Description of intervention	TASO provides a comprehensive package of HIV prevention and AIDS care and support services. The economic empowerment component includes providing seedlings/trees, plants, tools, and manure to support households develop businesses. Prior to receiving this capital, families are trained in business management, bookkeeping, and animal husbandry.		
Level of intervention	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	Counseling and health education discussions, including topics surrounding GBV, are provided in the waiting spaces for the HIV clinic. Outreach workers also provide GBV messages to the community. They are currently developing a curriculum that incorporates gender in the sessions.		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	People living with HIV and AIDS; OVC		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Women become more independent. • Increased income. • Participants are able to travel to their medical appointments and purchase drugs, leading to improved health. 		

	<ul style="list-style-type: none"> • Increased social support.
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Limitations in trainings due to participant literacy levels. • Agricultural issues that affect business, such as drought or pests.
Evaluation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Website	www.tasouganda.org
Contact Information	Dr. Christine Nabiryo-Lwanga, Executive Director: nabiryoc@tasouganda.org

Organization name	The International Rescue Committee		
Program/intervention name	Economic and Social Empowerment (EA\$E)		
Country/countries	Burundi, Liberia, Sierra Leone, Cote d'Ivoire, and DRC, Kenya, South Sudan, Uganda		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	EA\$E provides women with access to financial services through Village Savings and Loan Associations, while incorporating discussions on gender and training in business skills.		
Program goals	To give women more access to and control over financial resources and to decrease intimate partner violence.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	EA\$E uses a VSLA model plus gender discussion series component that works with women and their partners on decision-making and power dynamics.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input checked="" type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	Gender discussions that raise issues of violence and promote women's financial decision-making by encouraging participants to equalize the balance of power between themselves and their female partners.		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Women and their (intimate) partners		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Decreased incidence of IPV among participants. • Increased shared decision-making with partners. • VSLAs are successfully operating offering women access to financial resources. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • High levels of participation in gender discussion groups are essential to achieve outcomes around IPV and quality. • Future focus will include building linkages with savings institutes. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Publications	<p>Ferrari G IR. Discussion sessions coupled with micro financing may enhance the roles of women in household decision-making in Burundi. 2011.</p> <p>Gupta J, Falb KL, Lehmann H, et al. Gender norms and</p>		

	economic empowerment intervention to reduce intimate partner violence against women in rural Cote d'Ivoire: A randomized controlled pilot study. <i>BMC Int Health Hum Rights</i> . 2013;13(1):46.
Website	www.rescue.org
Contact Information	Natalia Strigin, Economic Specialist, Women's Protection and Empowerment: Natalia.Strigin@rescue.org

Organization name	The International Rescue Committee		
Program/intervention name	Girls Empowered by Microfranchise (GEM)		
Country/countries	Kenya		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	The program provides a basic package of support to girls aged 16-19 including business and life skills, mentoring, savings led financial services and direct linkages and support to set up micro franchise businesses.		
Program goals	To increase the income, self esteem and goal setting behavior of vulnerable young women in Nairobi.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	Girls receive mentoring support and trainings. Life skills trainings include messages on RH, pregnancy prevention, and communication. Business skills include negotiating, managing, and controlling financial resources. Girls are directly linked to existing local businesses in order to start up micro franchise businesses based the existing businesses' successful model. Girls are also encouraged to train and support additional girls once their businesses are up and running.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	GBV issues are raised and integrated into the business and life-skills trainings. Referral services are identified and provided to girls at high risk.		
Male involvement	<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input checked="" type="checkbox"/> N/A
Target Audience	Girls age 16-19 living in Nairobi slum areas (Kenyan and Refugee girls)		
Location	<input checked="" type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Engaged four franchisors (Darling, Kenchic, dlight and Coca Cola) and developed business models for each with support from local business consulting firm Open Capital Advisors. • Provided 790 girls with business start up materials. • Supported 759 girls to access financial services. • Lead girls recruited 346 buddies to assist the businesses as needed. • Facilitated linkages to services, including RH and GBV prevention and response. 		

	<ul style="list-style-type: none"> • Created social support networks for girls.38 Darling, 55 Kenchic and six dlight franchise business still engaged actively in operations. • At midline, girls receiving the program reported an increase income of \$24 per week. • Some girls have used money earned to return to school. • Girls reported an increase in self-esteem and empowered feelings from supporting their families.
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • More buy-in activities need to be conducted with families and spouses to ensure full participation of girls. • Initial challenges in setting up distribution systems linked to existing businesses. • Kenyan government directive requiring all Somali refugees to return to camps prohibited refugee populations from continuing with the program.
Evaluation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If evaluated, main results	An impact evaluation is being conducted with baseline, midline and endline surveys inclusive of treatment group, control group and a cash grant group.
Website	www.rescue.org
Contact Information	Barri Shorey, Youth and Livelihoods Technical Advisor: Barri.Shorey@rescue.org

Organization name	The Population Council		
Program/intervention name	Biruh Tesfa		
Country/countries	Ethiopia		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	<p>Biruh Tesfa is a partnership between the Ethiopia Ministry of Women, Children and Youth Affairs and the Population Council. The project focuses on the mobilization of girls in impoverished urban areas. Girls meet together in local kebele (local government administration) centers with an adult female mentor recruited from the community. Mentors provide the girls with non-formal, basic education (using the Ministry of Education curriculum) and life skills, through a curriculum developed by the Population Council. Eighty percent of the participants are rural-urban migrants and mostly illiterate. The girls receive lessons in basic literacy, life skills, and financial literacy. The financial literacy component teaches the basics of managing money, budgeting, and saving. As most of the girls are under the age of being able to access a bank account, the program provides them with a lockable savings box as a safe place to store their money until they can open a savings account.</p>		
Program goals	To build the capacity of young girls so they can be financially independent.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	The curriculum has some content on GBV. Girls are encouraged to talk to their mentors. They refer girls to a shelter for child victims of sexual violence. Also, some of the girls come for counseling/education.		
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Vulnerable and marginalized girls age seven to 24		
Location	<input checked="" type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Positive improvements in HIV and VCT, and increased social support networks. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Periodic tension between the girls and their employers due to taking time out during the day to participate in the program 		

	sessions.
Evaluation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If evaluated, main results	Program evaluations are mainly population-based studies in intervention and control areas. An HIV-focused evaluation was conducted from which positive improvements were detected in HIV and VCT knowledge, and increased social support networks.
Publications	Erulkar A, Ferede A, Girma W, Ambelu W. Evaluation of “Biruh Tesfa” (bright future) program for vulnerable girls in Ethiopia. <i>Vulnerable Children and Youth Studies</i> . 2013;8(2):182-192.
Website	www.popcouncil.org
Contact Information	Annabel Erulkar, PhD, Senior Associate and Country Director: aerulkar@popcouncil.org

Organization name	The Population Council		
Program/intervention name	Safe and Smart Savings Products for Vulnerable Adolescent Girls		
Country/countries	Kenya and Uganda		
Type of organization	<input type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input checked="" type="checkbox"/> Research Study
Program overview	This program consists of a three-part intervention: creating safe spaces, training on financial literacy and health education, and developing girl-friendly savings accounts.		
Program goals	To develop, pilot test, and rollout individual savings accounts offered to girls belonging to girls groups.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input checked="" type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	The program combines financial products with creating safe spaces that are supportive for adolescent girls. The safe spaces activities coordinate weekly group meetings of girls with a female mentor. These meetings provide girls with a physical safe space where they can meet regularly, a support network for girls living in the same community, and a mentor. During group meetings girls conduct savings activities and receive training on financial education and health. The financial literacy component integrates lessons on planning for the future, having savings goals, making savings plans, controlling spending, knowing the difference between needs and desires, financial negotiations, and resolving conflicts that arise over money. The girls then have the option to open a savings account with a co-signatory.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	GBV messaging is included in the curriculum. Participants receive training on what to do if they or someone they know is a victim of GBV. One of the goals of the program is to prevent GBV, and the program is a chance for girls to build their social and economic assets.		
Male involvement	<input type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input checked="" type="checkbox"/> No male involvement
Target Audience	Girls age 10-19 years old		
Location	<input checked="" type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Increase in savings; more girls have savings accounts so girls who were already saving are now saving more, and new girls have started saving. 		

	<ul style="list-style-type: none"> • Improvements in self-esteem and health knowledge. • Fostered feelings of independence. • Decreased dependency on others due to improved financial stability.
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Girls only involved in the savings account activity have experienced an increase in sexual harassment and violence. • Some girls were harassed by family members to give them money.
Evaluation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If evaluated, main results	<p>The pilot phase evaluation found that most girls exhibited high levels of self-esteem at endline. Ninety percent of girls reported optimism that their lives would be better than their parents, and 94% felt they make good decisions regarding how to manage their money. Girls in the intervention group were significantly less likely to report fear of being raped. They were also less likely to have been teased by people of the opposite sex at endline. The intervention was also associated with increased independence and mobility of girls. Qualitative results also indicated that savings accounts help to reduce risks and vulnerability by enabling girls to refuse sexual advances from men.</p>
Publications	<p>Austrian K, Muthengi E. Safe and smart savings products for vulnerable adolescent girls in Kenya and Uganda: Evaluation report. 2014.</p>
Website	<p>www.popcouncil.org/research/safe-and-smart-savings</p>
Contact Information	<p>Karen Austrian, MPH, Associate. kaustrian@popcouncil.org</p>

Organization name	Training, Ideas, and Opportunities for Success (TIOS)		
Country/countries	Mozambique		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	TIOS has five components: 1) health safety and accident prevention; 2) creation of income generating products for NGOs; 3) cultivation of more effective use of recipient contact-time; 4) evaluation and improvement of training materials; and 5) protection of children by teaching them the skills needed to protect themselves.		
Program goals	To create locally-distributed, dynamic, and empowering training programs and curriculum for children to promote safe and thriving environments.		
Type of economic empowerment	<input type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	To encourage safety among children, TIOS trains children age four to eight in accident prevention and first aid. TIOS also trains eight to 13 year olds in small income-generating skills such as crocheting, knitting, embroidery, and health safety. The products created are often sold locally for tourists. Girls aged 14 to 19 receive trainings in computers, electronic embroidery, bread making, and how to make anatomical dolls with condoms and bio-filters with sand. The program has 650 direct program beneficiaries and over 11,000 indirect beneficiaries from the clean water initiative. Men are included in the program via HIV trainings. Road workers, miners, and other groups are taught about HIV and the repercussions of risky behaviors to themselves and others.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	The program address GBV through self-defense trainings for girls. Girls practice yelling and escaping an attack versus fighting back. They also discuss ways to carry themselves to avoid attacks, which has decreased harassment on buses.		
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Girls age 14-19 in vulnerable situations due to poverty		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> Girls age eight to 13 have increased self-confidence due to gaining new skills. 		

	<ul style="list-style-type: none"> • Girls age 14-19 positively change their communities with outreach. • Girls age four to eight will teach their skills to others in the community.
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Girls, after being taught how to carry themselves in public, were targeted for marriage and sex, increasing their risk for early marriage and HIV.
Evaluation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Website	www.tios.us
Contact Information	Amy Gillespie, Founder. aosci.tios@gmail.com

Organization name	Women's Campaign International (WCI)		
Country/countries	Liberia		
Type of organization	<input type="checkbox"/> Local NGO	<input checked="" type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	This program approaches pre-existing groups to tap into the national structure. When choosing groups to work with, they try to choose groups that would benefit from their trainings. They assess the groups' level and capacity and then provide grants and other training based on that.		
Program goals			
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	The program works with women's community groups to make sure that they can run their programs effectively. On the agriculture side, they provide economic incentives to women who need organization and cash management skills. Women work on a collective basis and much of their agriculture work at WCI focuses on how women can work together effectively to increase the group's profit.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> N/A
Target Audience	Women's groups who are working in rural areas		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • People were able to purchase more goods after going through the trainings on agriculture and business skills. • People were able to keep track of their finances and saw what money was coming in. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Women working in groups with men have to fight to control the tools. 		
Evaluation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If evaluated, main results	See main positive effects of program.		
Website	www.womenscampaigninternational.org		
Contact Information	Monica Gadkari, Operations Manager monica@womenscampaigninternational.org		

Organization name	Women's Economic Empowerment and Development (WEED)		
Country/countries	Ghana		
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	This program works to deconstruct the limitations on domestic abuse survivors' economic potential by providing access to credit, skills training, and counseling and support.		
Program goals	To promote economic independence for survivors, drawing on the fundamental benefits of integrating counseling, micro-credit schemes, skill training, and public advocacy with the ultimate goal of empowerment.		
Type of economic empowerment	<input checked="" type="checkbox"/> Financial	<input type="checkbox"/> Social	<input checked="" type="checkbox"/> Human <input type="checkbox"/> Physical
Description of intervention	<p>Participants complete all training modules before receiving a loan. Repayment of this loan funds the next group of women, fostering community, and ensuring accountability.</p> <p>Access to Credit: to provide access to credit and specialized services that are sensitive to the circumstances of domestic abuse survivors and improve their ability to compete in the open market.</p> <p>Skills Training: to equip borrowers with the necessary skills to give them the best possible chance of achieving success and meeting the demands of loan repayment.</p> <p>Counseling and Support: to provide a forum for survivors to collectively confront and discuss issues of abuse and dependency, and to increase self-esteem and self-confidence through psychotherapy.</p>		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, describe GBV component	The project increases self-confidence and empowers women to speak up for themselves and leave abusive situations.		
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Liberian refugee women, survivors of domestic violence, and those living in Buduburam, a former refugee camp outside of Accra		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Economic independence among women. • Ability to pay for school fees, medication, and overall improve living standards. 		

Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • Participants feeling a sense of entitlement. • The need to sensitize participants on accountability, responsibility, and expectations. 	
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Website	www.wise-up.org	
Contact Information	Partners@wise-up.org	

Organization name	Women for Change		
Country/countries	Zambia		
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	The program works with women and children to contribute towards sustainable human development using popular education methodologies.		
Program goals	To contribute to the creation of sustainable economic and social systems which are controlled by rural communities and which respond to their needs.		
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	The program includes village banking, revolving loan schemes, and trainings on animal husbandry, savings, and simple bookkeeping.		
Level of intervention	<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Household	<input type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input type="checkbox"/> Direct	<input checked="" type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Young men and women (age 18 and above, out of schools, girls who are already married)		
Location	<input type="checkbox"/> Urban	<input checked="" type="checkbox"/> Rural	<input type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Communities working together. • Increased school enrollment among children. • Women report being empowered. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Contact Information	Dr. Emily Sikazwe, Executive Director, emilysikazwe@gmail.com		

Organization name	Zambia Federation of Associations of Women in Zambia		
Country/countries	Zambia		
Type of organization	<input checked="" type="checkbox"/> Local NGO	<input type="checkbox"/> International NGO	<input type="checkbox"/> Research Study
Program overview	This program has five core program areas: advocacy, capacity building, access to markets and finance, and networking.		
Type of economic empowerment	<input type="checkbox"/> Financial Capital	<input type="checkbox"/> Social Capital	<input checked="" type="checkbox"/> Human Capital <input type="checkbox"/> Physical Capital
Description of intervention	The Federation works with NGOs, the Ministry of Labor, Ministry of Gender, serves as the vice chair of the national gender consultative forum and sits on the National Task Force to increase women's access to credit. The Federation provides policy directions during council meetings, and training in various skills and financial literacy. The program organizes exhibitions, trade fairs, and local and international fairs to expand markets in which women sell their products.		
Level of intervention	<input type="checkbox"/> Individual	<input type="checkbox"/> Household	<input checked="" type="checkbox"/> Community
GBV component	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Male involvement	<input checked="" type="checkbox"/> Direct	<input type="checkbox"/> Indirect	<input type="checkbox"/> No male involvement
Target Audience	Women		
Location	<input type="checkbox"/> Urban	<input type="checkbox"/> Rural	<input checked="" type="checkbox"/> Mixed
Main positive effects of program	<ul style="list-style-type: none"> • Improved self-confidence among beneficiaries. • Financial institutions are able to speak on women's issues. 		
Challenges and unforeseen outcomes	<ul style="list-style-type: none"> • The organization is a big secretariat so it is difficult to reach everyone. • A "dependency syndrome" has resulted from participants wanting to know about their sitting allowance. Donors instituted this. 		
Evaluation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Contact Information	Maureen Sumbwe, CEO. zfawib@yahoo.co.uk		

MEASURE Evaluation

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