

## **Helpdesk Research Report: Impact evaluations of programmes to prevent and respond to violence against women and girls**

16<sup>th</sup> September 2011

**Query:** Please identify a selection of impact evaluations that have been conducted of programmes to (a) respond to and (b) prevent violence against women and girls (globally, but with a particular focus on developing countries). Highlight the evaluation questions posed, indicators used, evaluation methods and key findings.

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#### **1. Summary of findings**

In spite of the growing body of literature documenting the prevalence of violence against women and girls, there remains a paucity of evaluations of the impact of interventions in this area. The majority of evaluations of programmes to prevent and respond to such violence take the form of qualitative, input or process-level assessments, as opposed to approaches that measure the outcomes for the participant group. Most of the impact evaluations included in this report are cited repeatedly across the literature, indicating their relative scarcity.

Nevertheless, the handful of available impact evaluations demonstrate that a range of methodologies can be effectively deployed to measure the impact of interventions to prevent and respond to violence against women and girls: from pure qualitative approaches; to mixed method and quasi-experimental designs; to experimental, randomised control trials. Because of the limited number of evaluations available, however, it is difficult to get a sense of the relative utility and benefits of different methodologies, or to identify any clear pattern of how they have been applied to assess different types of interventions. Few of the evaluation reports included here comment on the reasons behind the choice of methodology, or provide any assessment of its relative merits. Based on the small number of evaluations included in this report, a number of points emerge with regard to evaluation design and indicator selection:

- Several of the evaluations of programmes to prevent violence against women and girls measured changes in individual, and community and social norms and beliefs surrounding gender-based violence (see for example, the Domestic Violence Prevention Project).
- In some cases, changes in attitudes were conceived explicitly as intermediate indicators of the likelihood of reduction in actual levels of violence towards women and girls (see for example, Soul City 4).

- Some of the evaluations deployed a knowledge, attitudes and practices (KAP) survey to measure changes in attitudinal indicators (e.g. Safe Schools Programme, Ghana and Malawi; A Safer Zambia (both USAID-funded)).
- Fewer evaluations measured changes in actual levels of violence as a result of the intervention. However, some evaluations combined measurement of indicators of changes in subjective norms, attitudes and intermediate behaviour, with changes in actual levels of violence experienced (see IMAGE, and Soul City 4).
- In evaluating the care of rape victims in the DRC, Bolton (2009) concluded that in the absence of a control group, it was uncertain whether the changes resulted from programme interventions. On the other hand, the evaluation of the Safe Schools programme in Ghana and Malawi concluded that while appropriate for some settings, establishing control groups did not add significant value in terms of measuring impact when considering the resources required (USAID, 2008).
- In evaluating the One Man Campaign, Colvin (2009) concluded that quantitative indicators alone can be restrictive, limiting the possibilities to capture the programme's full impacts.
- Bolton (2009) recommends impact can only be assessed at least 6 months after the intervention. Accordingly, most of the rigorous impact evaluations (RCTs) included in this report typically measured impact between one and four years post-intervention (e.g. Stepping Stones, Safe Dates).

At the more substantive level, this report indicates the types of programmes that have demonstrated positive results in addressing violence against women and girls. In particular<sup>1</sup>: i) there is evidence that community-based participatory learning approaches involving men and women can create more gender-equitable relationships (see Safe Dates); ii) there is evidence that microfinance programs can lead to reduction in gender-based violence when integrated with participatory training on HIV, gender, and violence (see IMAGE); iii) training teachers about gender-based violence can change norms about acceptance of gender-based violence (see Safe Schools Programme); iv) multi-media health promotion can increase awareness of violence against women (see Soul City 4).

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<sup>1</sup> These themes are based on the website 'what works for women'. See: <http://www.whatworksforwomen.org/chapters/21/sections/59/evidence>

## 2. Impact evaluations

### 2.1. Safe Dates Programme, USA

<b>Programme/intervention</b>	Safe Dates Programme, USA, aimed to change norms and behaviors to prevent the onset of adolescent dating violence and victimization. The approach involved a ten-session educational curriculum, a theatre production, a poster contest, training for providers of community services and support services for affected adolescents.
<b>Evaluation methodology</b>	<i>Experimental:</i> Randomised Control Trial (RCT)
<b>Leading questions and indicators</b>	Evaluation aimed to measure changes in: <ul style="list-style-type: none"><li>• Dating violence norms</li><li>• Gender role norms</li><li>• Cessation of dating violence perpetrations and victimisation</li><li>• Belief in need for help</li><li>• Self-awareness</li></ul>
<b>Key findings</b>	<ul style="list-style-type: none"><li>• Compared to members of a control group, participants reported less psychological abuse and sexual and physical violence against their current dating partner one month after the programme ended, and four years later.</li><li>• The programme was equally effective for males and females and for whites and non-whites.</li><li>• Programme effects were mediated by changes in dating violence norms, gender-role norms, and awareness of community services.</li></ul>
<b>Evaluation reference</b>	Foshee, V.A., et al. 2005, Assessing the effects of the dating violence prevention program "Safe Dates" using random coefficient regression modelling. <i>Prevention Science</i> , 2005, 6:245–257. <a href="http://www.ncbi.nlm.nih.gov/pubmed/16047088">http://www.ncbi.nlm.nih.gov/pubmed/16047088</a>

## 2.2 Safe Schools Programme, Ghana and Malawi

<b>Programme/intervention</b>	Safe Schools Programme, Ghana and Malawi, was funded by USAID. It aimed to reduce school-related gender-based violence (SRGBV) in selected schools through national advocacy, teacher sensitisation, community mobilisation, and teacher and community counsellor training, to prevent and respond to violence.
<b>Evaluation methodology</b>	<i>Mixed methods:</i> First methodology involved a knowledge, attitudes and practices (KAP) survey, with data collection at baseline and end. Second methodology involved quasi-experimental design, with a control group.
<b>Leading questions and indicators</b>	<ul style="list-style-type: none"> <li>• Changes in knowledge, attitudes and practices of teachers in terms of attitudes to reporting a violation, acceptability of physical violence, awareness of sexual harassment of girls.</li> <li>• Changes in knowledge, attitudes and practices of students in terms of the right not to be hurt or mistreated, and attitudes towards teen pregnancy.</li> </ul>
<b>Key findings</b>	<ul style="list-style-type: none"> <li>• More teachers became aware of how to report SRGBV (75% prior to intervention compared to 45% beforehand).</li> <li>• Teachers' attitudes towards physical violence changed, and their awareness of sexual harassment of boys and girls increased (80% of teachers after the intervention believed children could experience sexual harassment at school, compared to 30% prior to the intervention).</li> <li>• Girls' attitudes to teen pregnancy changed.</li> <li>• The programmes' multi-faceted approach was key to its success. Its focus on boys and girls, the whole-school training approach, and the use of role models, and the active involvement of district and ministry officials in support of grassroots efforts, were all crucial.</li> <li>• The evaluation concluded that while appropriate for some settings, establishing control groups did not add significant value in terms of measuring impact when considering the resources required. Limited monitoring resources may be better utilized at the community level.</li> </ul>
<b>Evaluation reference</b>	<p>USAID, 2008, 'Safe Schools Program, Final Report', USAID, Washington. <a href="http://www.usaid.gov/our_work/cross-cutting_programs/wid/pubs/Safe_Schools_Final_Report_9_24.pdf">http://www.usaid.gov/our_work/cross-cutting_programs/wid/pubs/Safe_Schools_Final_Report_9_24.pdf</a></p> <p>See further assessments of the Safe Schools Approach at: <a href="http://www.usaid.gov/our_work/cross-cutting_programs/wid/ed/safeschools.html">http://www.usaid.gov/our_work/cross-cutting_programs/wid/ed/safeschools.html</a></p>

### 2.3 One Man Can campaign, South Africa

<b>Programme/intervention</b>	The One Man Can Campaign, Eastern Cape and KwaZulu Natal, South Africa, used community events, workshops and peer education to create positive models of masculinity around HIV prevention, home-based care, violence, multiple concurrent partnerships and alcohol abuse. It implemented a range of communication strategies to shift social norms about men's roles and responsibility, and engaged in advocacy with local government.
<b>Evaluation methodology</b>	<i>Qualitative:</i> Phone surveys with a randomly selected pool of participants, plus focus group discussions, in-depth interviews and key informant interviews.
<b>Leading questions and indicators</b>	<ul style="list-style-type: none"> <li>• Increasing access to interventions and information</li> <li>• Increased VCT uptake</li> <li>• Increased awareness and reporting of Gender-based Violence (GBV)</li> <li>• Increase in estimated condom use</li> <li>• Increase in estimated ARV uptake/adherence</li> </ul>
<b>Key findings</b>	<ul style="list-style-type: none"> <li>• Pre- and post-test surveys showed positive changes toward gender equitable attitudes that would assist HIV prevention: prior to the workshop, 63% of the men believed that it is acceptable for men to beat their partners; after the workshop, 83% disagreed with the statement.</li> <li>• Prior to the workshop, 96% of the men believed that they should not interfere in other people's relationships, even if there is violence; after the workshop, all believed they should interfere.</li> <li>• Future M&amp;E should take the form of both qualitative and quantitative research and might also include a longitudinal component to more efficiently and accurately assess change over time, and to develop more meaningful indicators.</li> </ul>
<b>Reference</b>	Colvin, C. 2009. Report on the Impact of Sonke Gender Justice Network's 'One Man Can' Campaign in the Limpopo, Eastern Cape and KwaZulu Natal Provinces, South Africa. Johannesburg, South Africa: Sonke Gender Justice Network. <a href="http://www.genderjustice.org.za/projects/one-man-can-campaign">http://www.genderjustice.org.za/projects/one-man-can-campaign</a>

## 2.4 IMAGE, South Africa

<b>Programme/intervention</b>	Intervention with Microfinance for AIDS and Gender Equity (IMAGE), South Africa, targets women living in the poorest households in rural areas, and combines financial services with training and skills-building sessions on HIV prevention, gender norms, cultural beliefs, communication and intimate partner violence.
<b>Evaluation methodology</b>	<i>Experimental:</i> Randomised Control Trial (RCT).
<b>Leading questions and indicators</b>	<p>Evaluation aimed to determine whether the involvement of women in the programme would improve household economic wellbeing, social capital, and empower men and thus reduce vulnerability to intimate partner violence.</p> <p>Indicators:</p> <ul style="list-style-type: none"> <li>• Experience of intimate-partner violence--either physical or sexual--in the past 12 months by a spouse or other sexual intimate</li> <li>• Attitudes to intimate-partner violence</li> <li>• Controlling behaviour by intimate partner in past 12 months</li> </ul>
<b>Key findings</b>	<ul style="list-style-type: none"> <li>• Two years after completing the programme, participants reported 55% fewer acts of violence by their intimate partners in the previous 12 months compared to the control group.</li> <li>• Participants reported fewer experiences of controlling behaviour by their partners (34% of participants versus 42% of those in the control group).</li> <li>• Participants were more likely to disagree with statements that condone physical and sexual violence towards an intimate partner (52% of participants versus 36% of the control group).</li> <li>• A higher percentage of women in the programme reported household communication about sexual matters and attitudes that challenged gender roles.</li> <li>• The programme did not, however, have an effect on either women's rate of unprotected sexual intercourse at last occurrence with a non-spousal partner or HIV incidence.</li> </ul>
<b>Reference</b>	Pronyk, P.M. et al. 2006, Effect of a structural intervention for the prevention of intimate-partner violence and HIV in rural South Africa: a cluster randomised trial. <i>Lancet</i> , 2006, 368:1973–83 <a href="http://www.ncbi.nlm.nih.gov/pubmed/17141704">http://www.ncbi.nlm.nih.gov/pubmed/17141704</a>

## **2.5. Stepping Stones, South Africa**

<b>Programme/intervention</b>	Stepping Stones, Eastern Cape Province, South Africa, aimed to improve sexual health by using participatory learning approaches (e.g. roleplay and drama) to build knowledge, risk awareness, and communication skills and to stimulate critical reflection. Delivered through single sex groups run in parallel, meetings of male and female peer groups and a community meeting.
<b>Evaluation methodology</b>	<i>Experimental:</i> Randomised Control Trial (RCT).
<b>Leading questions and indicators</b>	<ul style="list-style-type: none"><li>• Reported sexual practices and behaviours</li></ul>
<b>Key findings</b>	<ul style="list-style-type: none"><li>• A lower proportion of the men who had participated in the programme committed physical or sexual intimate partner violence in the two years after the programme, compared with the men in a control group.</li></ul>
<b>Reference</b>	Jewkes, R. et al. 2008, Impact of Stepping Stones on incidence of HIV and HSV-2 and sexual behaviour in rural South Africa: cluster randomised controlled trial. British Medical Journal <a href="http://www.ncbi.nlm.nih.gov/pubmed/18687720">http://www.ncbi.nlm.nih.gov/pubmed/18687720</a>

## 2.6. Domestic Violence Prevention Project (DVPP), Uganda

<b>Programme/intervention</b>	Domestic Violence Prevention Project (DVPP), Kawempe Division, Uganda was funded by Raising Voices, the National Association of Women’s Organizations in Uganda (NAWOU) and ActionAid-Uganda. It was designed to challenge gender norms and prevent violence against women and children by raising awareness of domestic violence, building networks of support and action within the community and professional sectors through theatre, discussions and door-to-door visits, and by using radio, television and newspapers to promote women’s rights.
<b>Evaluation methodology</b>	<i>Qualitative:</i> in-depth interviews and focus groups.
<b>Leading questions and indicators</b>	<p>The evaluation aimed to:</p> <ul style="list-style-type: none"> <li>• understand the individual, relational and social (community) impact of the project.</li> <li>• examine if the project has affected experience of domestic violence within intimate relationships.</li> <li>• explore and analyze the process of change and resultant programmatic implications for preventative, rights-based anti-violence work.</li> <li>• Identify changes in experience of domestic violence – physical violence, emotional violence, sexual violence, economic violence.</li> </ul> <p>Indicators of change within <i>individuals</i>: knowledge of human rights; self-esteem or how one feels about oneself; assertiveness or accountability; economic independence.</p> <p>Indicators of change within <i>relationships</i>: perceived benefits; open communication; gender roles; mutual respect;</p> <p>Indicators of change within <i>the community</i>: support of family friends and neighbours; women-friendly institutions; degree and intensity of human rights messages.</p>
<b>Key findings</b>	<ul style="list-style-type: none"> <li>• After two years, all forms of intimate partner violence had decreased in the community.</li> <li>• Human rights discourse significantly contributed to individual, relationship and community change, which resulted in a decrease in levels physical, emotional, sexual and economic violence against women in the home.</li> <li>• While some men’s reluctance to change and backlash to the discourse did emerge, study participants reported a general trend toward more acceptance of women’s right to live free of violence.</li> </ul>
<b>Reference</b>	<p>Raising Voices and the Center for Domestic Violence Prevention, 2003, Impact Assessment: Mobilizing communities to prevent domestic violence, Kawempe Division, Uganda</p> <p><a href="http://www.engagingmen.net/resource/raising-voices-impact-evaluation-mobilising-communities-prevent-domestic-violence">http://www.engagingmen.net/resource/raising-voices-impact-evaluation-mobilising-communities-prevent-domestic-violence</a></p>

## 2.7 A Safer Zambia, Zambia

<b>Programme/intervention</b>	A Safer Zambia, Zambia, was funded by USAID (2008-2011) to address prevention and care through 'co-ordinated response centres'. The programme aimed to decrease GBV through greater knowledge of and changed attitudes toward gender inequities, and improving GBV survivor's access to comprehensive services to meet their medical, psychological, and legal needs.
<b>Evaluation methodology</b>	<i>Mixed-methods:</i> qualitative - Knowledge, Attitudes and Practices (KAP) Survey, key informant interviews, desk reviews, site visits), and quantitative statistical analysis.
<b>Leading questions and indicators</b>	Evaluation aimed to assess program objectives and formulate ideas for future GBV activities.
<b>Key findings</b>	<ul style="list-style-type: none"> <li>• Level of satisfaction by beneficiaries of service was high.</li> <li>• The dual-pronged approach of providing direct services at the same time as conducting public outreach and sensitization campaigns/activities at all levels –community to national– was an effective approach to comprehensively address GBV.</li> <li>• In less than three years, the level of awareness regarding GBV increased from 67% to 82%; the number of individuals able to identify spouse battery as a form of GBV increased from 37% to 67%; 73% of individuals reported they had recently seen or heard messages regarding GBV; and 75% indicated they knew of specific activities in their community being undertaken to combat GBV.</li> </ul>
<b>Reference</b>	USAID, 2010, Gender-Based Violence Programming Evaluation, USAID Zambia <a href="http://www.usaid.gov/our_work/cross-cutting_programs/wid/pubs/Zambia_GBV_Programming_Evaluation_Aug-2010.pdf">http://www.usaid.gov/our_work/cross-cutting_programs/wid/pubs/Zambia_GBV_Programming_Evaluation_Aug-2010.pdf</a>

## 2.8 Soul City, Series 4

<b>Programme/intervention</b>	Soul City, Series 4, South Africa, was a radio and television series focused on domestic violence, with episodes to highlight intimate partner violence, date rape and sexual harassment, among other social problems. The intervention aimed to catalyse community dialogue, mediate shifts in social norms, facilitate collective action and create an enabling legal environment.
<b>Evaluation methodology</b>	<i>Qualitative:</i> National survey through pre- and post-intervention questionnaires (using random sampling). Plus national qualitative impact assessment (using focus group interviews).
<b>Leading questions and indicators</b>	<p>The evaluation aimed to assess changes in the following indicators post-intervention:</p> <ul style="list-style-type: none"> <li>• Knowledge and awareness of gender violence helpline</li> <li>• Personal attitudes about gender violence (e.g. cultural attitudes about violence)</li> <li>• Subjective norms at the community level about gender violence (e.g. extent to which it is considered a community problem or a private affair)</li> <li>• Intermediate behaviour (talking about gender violence, participating in protests, contacting organisations)</li> <li>• Behaviour (cessation of gender violence)</li> </ul>
<b>Key findings</b>	<p>A range of attitudinal and knowledge changes were associated with exposure to Soul City:</p> <ul style="list-style-type: none"> <li>• The percentage of people agreeing “no woman ever deserves to be beaten” increased from 77% to 88%, while the percentage disagreeing that “women who are abused are expected to put up with it” increased from 68% to 72%.</li> <li>• There was a 10% increase in respondents disagreeing that domestic violence was a private affair. There was also a 22% shift in perceptions of social norms on this issue.</li> <li>• Qualitative data analysis suggests the intervention enhanced women’s and communities’ sense of efficacy, enabling women to make more effective decisions around their health and facilitating community action.</li> <li>• While demonstrating actual reductions in levels of domestic violence was not possible, the evaluation shows a strong association between exposure to intervention components and a range of intermediary factors indicative of, and necessary to bring about social change.</li> </ul>
<b>Reference</b>	<p>Usdin S, Scheepers E, Goldstein S et al. 2005, Achieving social change on gender-based violence: a report on the impact evaluation on Soul City’s fourth series. <i>Social Science and Medicine</i>, 2005, 61:2434–2445</p> <p><a href="http://www.genderbias.net/docs/resources/full_text/domestic_violence/achieving_social_change_on_gender_based_violence.pdf">http://www.genderbias.net/docs/resources/full_text/domestic_violence/achieving_social_change_on_gender_based_violence.pdf</a></p>

## 2.9 Program for survivors of sexual violence, Eastern DRC

<b>Programme/intervention</b>	The programme for survivors of sexual violence, International Rescue Committee, eastern DRC, provides essential holistic services to survivors of sexual violence and other forms of GBV to improve protection of women and girls. This includes specialised health, legal services, psychosocial, and community support.
<b>Evaluation methodology</b>	<i>Qualitative</i> : Carefully designed interviews with survivors at baseline and follow up. No comparison/control group.
<b>Leading questions and indicators</b>	To assess changes in problems affecting survivors of GBV, in terms of: a) symptoms: fear and anxiety; feeling poorly treated by others; feelings resulting from poor treatment – shame and stigma; depression-like symptoms. b) functions: income generation; household tasks; child rearing; socializing; learning new things; and thinking.
<b>Key findings</b>	<ul style="list-style-type: none"> <li>• Substantial changes between first and second interview on both symptoms and functions, however;</li> <li>• Concludes without a control group it is uncertain whether these changes resulted from programme interventions. Other problems with selection bias, constraints in the operating environment, and lack of interview monitoring were noted.</li> <li>• Recommends impact can only be assessed at least 6 months after the intervention.</li> </ul>
<b>Reference</b>	Bolton, P., 2009, Assessing the Impact of the IRC Program for Survivors of Gender Based Violence in Eastern Democratic Republic of Congo. Final Report. International Rescue Committee an Johns Hopkins University <a href="http://www.google.co.uk/url?sa=t&amp;source=web&amp;cd=1&amp;ved=0CB4QFjAA&amp;url=http%3A%2F%2Fpdf.usaid.gov%2Fpdf_docs%2FPDACP550.pdf&amp;rct=j&amp;q=Assessing%20the%20Impact%20of%20the%20%20Program%20for%20Survivors%20of%20Gender%20Based%20Violence&amp;ei=qKt1Ts3GJoqH0AWg3c2XCA&amp;usg=AFQjCNGVrX63xwp_yU4sliUvXdh5nlgvTw">http://www.google.co.uk/url?sa=t&amp;source=web&amp;cd=1&amp;ved=0CB4QFjAA&amp;url=http%3A%2F%2Fpdf.usaid.gov%2Fpdf_docs%2FPDACP550.pdf&amp;rct=j&amp;q=Assessing%20the%20Impact%20of%20the%20%20Program%20for%20Survivors%20of%20Gender%20Based%20Violence&amp;ei=qKt1Ts3GJoqH0AWg3c2XCA&amp;usg=AFQjCNGVrX63xwp_yU4sliUvXdh5nlgvTw</a>

## 2.10 Integrated Model for Post-rape Care and HIV Post-exposure Prophylaxis, South Africa

<b>Programme/intervention</b>	The Integrated Model for Post-rape Care and HIV Post-exposure Prophylaxis, rural South Africa consisted of establishing a sexual violence advisory committee, instituting a hospital rape management policy, training for providers, centralizing and coordinating post- rape care in a designated room and community awareness campaigns in South Africa.
<b>Evaluation methodology</b>	<i>Mixed methods:</i> qualitative interviews with rape survivors, and statistical analysis pre- and post-intervention.
<b>Leading questions and indicators</b>	The evaluation assessed changes in the post-rape quality of care provided.
<b>Key findings</b>	<ul style="list-style-type: none"> <li>• Substantial improvements across all domains measured, including the quality of history and exam, and the provision of pregnancy testing, emergency contraception, STI treatment; VCT and HIV post-exposure prophylaxis, as well as follow-up counseling and referrals.</li> <li>• The study showed that it is possible to improve the range and quality of services provided by a public-sector rural, district hospital for the medical management of sexual assault, including post-exposure prophylaxis for preventing HIV acquisition (PEP) using existing staff and resources, and that with additional training, nurses can play an expanded role in this care.</li> </ul>
<b>Reference</b>	Kim, J. et al. 2007a. 'Developing an Integrated Model for Post-Rape Care and HIV Post-Exposure Prophylaxis in Rural South Africa' Washington, DC: Population Council, Rural AIDS & Development Action Research Programme, School of Public Health, University of Witwatersrand, South Africa and Tshwaranang legal Advocacy Centre, South Africa <a href="http://www.popcouncil.org/projects/125_PostRapePEPSouthAfrica.asp">http://www.popcouncil.org/projects/125_PostRapePEPSouthAfrica.asp</a>

### 3. Further resources

**Bloom, S., 2008, 'Violence against women and girls, a compendium of monitoring and evaluation indicators', USAID**

<http://www.cpc.unc.edu/measure/tools/gender/violence-against-women-and-girls-compendium-of-indicators>

This document presented a consolidated list of indicators of Violence Against Women and Girls to assist in programme evaluation. This includes indicators for the magnitude and characteristics of different forms of VAW/G (skewed sex ratios, intimate partner violence, violence from someone other than an intimate partner, female genital cutting/mutilation and child marriage); programs addressing VAW/G by sector (health, education, justice/security, social welfare), and; under-documented forms of VAW/G and emerging areas (humanitarian emergencies, trafficking in persons, femicide), and preventing VAW/G (youth, community mobilization, working with men and boys).

**WHO, 2009, 'Promoting gender equality to prevent violence against women', in Violence Prevention: The Evidence, World Health Organisation**

[http://www.who.int/violence\\_injury\\_prevention/violence/4th\\_milestones\\_meeting/publications/en/index.html](http://www.who.int/violence_injury_prevention/violence/4th_milestones_meeting/publications/en/index.html)

This chapter spotlights evidence for the effectiveness of interventions to address gender based violence, and aims to provide lessons for how violence prevention funders, policy makers and programme implementers can boost the impact of their violence prevention efforts.

**AusAID, 2008, 'Violence Against Women in Melanesia and East Timor: Building on Global and Regional Promising Approaches', AusAID**

[http://www.ausaid.gov.au/keyaid/gender\\_approach.cfm](http://www.ausaid.gov.au/keyaid/gender_approach.cfm)

While this report is not an impact evaluation, it represents the findings of a wide-scale review of AusAID programmes addressing gender-based violence in Melanesia and East Timor (East Timor, Fiji, Papua New Guinea, Solomon Islands and Vanuatu). The report highlights promising approaches to ending Violence Against Women (VAW) across the region and proposes an Action Plan for all countries studied. It provides examples of AusAID funded activities that have been successful or innovative in the study countries.

**GSDRC Helpdesk Research Report: Violence Against Women Interventions, 2011**

<http://www.gsdrc.org/docs/open/HD623.pdf>

**GSDRC Helpdesk Research Report: Violence against Women (VAW) and political engagement, 2011**

<http://www.gsdrc.org/docs/open/HD746.pdf>

### Selection of websites visited

ALNAP, UNDP Evaluation Resource Centre, USAID Evalweb, 3ie, PREM Impact Evaluation, Centre for Reviews and Dissemination, The Campbell Collaboration, World Bank Independent Evaluation Group, Research for Development, UN Women, AusAID Office of Development Effectiveness, Minority Rights Groups International, International Centre for Research on Women, Inter-agency gender working group, DAC Network on Development Evaluation, UNFPA, WHO, International Rescue Committee, Eldis, GBV Prevention Network, National Online Resource Centre on Violence Against Women, Pathways of Women's Empowerment, MEASURE Evaluation, What works for women.org

**About Helpdesk research reports:** Helpdesk reports are based on 2 days of desk-based research. They are designed to provide a brief overview of the key issues; and a summary of some of the best literature available. Experts are contacted during the course of the research, and those able to provide input within the short time-frame are acknowledged. [www.gsdr.org](http://www.gsdr.org)