

A Community-Based Intervention to Prevent Violence against Women and Girls in Haiti

Lessons Learned

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With the collaboration of the Wilson Center

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ABSTRACT*

Violence against women and girls (VAWG) is highly prevalent in Haiti and constitutes a serious public health problem. Social norms promoting power imbalance between women and men and condoning VAWG are also widespread. Changing these norms and curbing the cycle of VAWG in Haiti is an important step toward ensuring healthier, more productive, and safer communities in Haiti. This report documents the lessons learned from a review of the planning, implementation, and evaluation of community mobilization interventions concerning VAWG in Haiti, namely the SASA! program by Raising Voices and the Power to Girls program by Beyond Borders. The methods used to develop this report consist of a review of literature on VAWG prevention programs, as well as qualitative data collection with key informants in Haiti. Findings from this analysis will contribute to the broader literature on adapting, testing, implementing, and evaluating evidence-based interventions in developing countries.

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Abbreviations

AIDS	acquired immune deficiency syndrome
CDCP	Center for Disease Control and Prevention
GoH	Government of Haiti
GWI	Global Women's Institute
HIV	human immunodeficiency virus
IFOS	Institut de Formation du Sud
SDE	standard deviational ellipses
VAW	violence against women
VAWG	violence against women and girls
WHO	World Health Organization

OVERALL GOAL

The purpose of this report is to document the lessons learned from a review of the planning, implementation, and evaluation of the SASA! program by Raising Voices and the Beyond Borders' program, Power to Girls, both of which took place in Haiti. Findings from this analysis will contribute to the broader literature on adapting, testing, implementing, and evaluating evidence-based interventions in developing countries.

This report is divided into four sections. Following the background, the second section describes the methodology used to develop this report. The third section presents the results of the key discussions held from October 2016 to August 2017 during the planning, implementing, and evaluation processes. The final section presents a series of recommendations based on lessons learned for future adaptation and scale up of community-based interventions in various settings.

BACKGROUND

Violence against Women and Girls

Violence against women and girls (VAWG) is a worldwide complex and pervasive issue that has adverse economic, social, and health outcomes for women and their families (Duvvury et al., 2013; Ellsberg et al., 2008; Garcia-Moreno et al., 2006). Globally, an estimated 35 percent of women experience physical and/or sexual violence at the hands of an intimate partner or nonpartner during their lifetime (Contreras et al., 2016; Ellsberg et al., 2015; WHO, 2013: 29). As a result of this violence, women and girls suffer a number of negative physical and mental health outcomes, including death (Duvvury et al., 2013; WHO, 2013). Families and communities affected by violence are deprived of the many benefits associated with healthy family relationships, such as increased self-confidence, family unity, and trust, improved academic performance among children, increased participation in community life, community progress and development, healthy conflict resolution, and increased community security, among others (Michau, undated). Children who witness domestic violence have been found to experience increased risk of emotional and behavioral problems, decreased child survival rates, low birth weight, and increased vulnerability to being either victims or perpetrators of violence as adults (Garcia Moreno et al., 2003).

VAWG severely limits a survivor's potential contribution to society. For this reason, on a macro level, the consequences include the economic costs of lost productivity and an overlooked workforce, strain on response systems and services to treat survivors, and decreased progress toward the Sustainable Development Goals. VAWG imposes an economic burden on some countries of up to approximately 4 percent of their gross domestic product (Duvvury et al.,

2013). This figure, however, underestimates the total economic burden of VAWG, as it does not include the economic burden of VAWG for young girls or the direct and indirect costs of caregiving, premature deaths, and disability associated with VAWG.

Violence against Women and Girls in Haiti

The Government of Haiti has taken a comprehensive step toward supporting prevention of VAWG in detailing a National Action Plan for Gender Equality for 2014–20. The plan engages various government ministries and recommends legal reforms, educational system and curriculum changes, and efforts to equalize rights between women and men more broadly, as well as improving services specific to preventing VAWG (GoH, 2014). In addition, the government launched a National Action Plan in October 2017 on VAWG, valid for 2017–27. The legal framework on VAWG, however, has many critical gaps, despite years of effort by the women's movement; these include a law on domestic violence and a sexual violence law that includes a clear definition and specifies the inclusion of sexual violence in marriage.

Despite governmental and nongovernmental efforts, comprehensive and concrete actions to prevent VAWG have been scarce. VAWG remains highly prevalent in Haiti and constitutes a serious public health problem. According to the 2012 Haiti Mortality, Morbidity, and Service Utilization Survey, 29 percent of ever-married women have experienced violence perpetrated by their most recent husband or partner (GoH, IHE, and ICF, 2013). This rate was highest among women ages 15–19 (42 percent). Girls also experience high rates of nonpartner violence. The Violence against Children Survey, conducted in 2012 by the United States Centers for Disease Control and Prevention on behalf of the Haitian Government, found

that more than 25 percent of female children and more than 20 percent of male children experienced sexual abuse before the age of 18 (CDCP, 2014).

The first sexual experience of girls is often forced or coerced, as indicated by a growing number of studies (WHO, 2014: 152). For example, nearly one in three girls in the Caribbean (Halcon et al., 2003) and one in five girls in Haiti (Bott et al., 2012; 74–75) reported their first sexual experience was forced or coerced. In addition, Haitian girls age 15–24 are twice as likely as Haitian boys their age to contract HIV (USAID, 2010), while HIV rates are five times higher in girls than in boys aged 15–19 in Trinidad and Tobago (UNAIDS, 2014). These figures, however, likely underestimate the prevalence of domestic violence due to underreporting on a sensitive issue such as experiences of violence.

VAWG is a driver and a consequence of HIV (AMFAR, 2005; UNAIDS, UNFPA, and UNIFEM, 2004), with catastrophic implications for the entire country. Haiti's HIV rate is the highest in the Caribbean, with nearly 140,000 infected, 56.4 percent of whom are women over 15 years of age (UNAIDS, 2014). One USAID study indicates that young Haitian women between the ages of 15 and 24 have twice the risk of contracting HIV as their male counterparts (USAID, 2010). Compounding the well-documented biological risks that link them, VAWG and HIV are also linked through gender inequality or power imbalances between women and men—also known globally as the root cause of VAWG (AMFAR, 2005).

Social norms promoting power imbalance and condoning VAWG are widespread in Haiti. A 2012 survey of youth in Haiti revealed that nearly half of all girls and two out of five boys aged 13–17 years old believed that a man is justified in beating a woman for one or more reasons (CDCP, 2014). Similarly, surveys conducted by Beyond Borders in and around the southeastern town of Jacmel found that such attitudes were common among the gen-

eral population, most alarmingly among duty bearers and thought leaders. Changing these norms and curbing the cycle of VAWG in Haiti is an important step toward ensuring healthier, more productive, and safer communities in Haiti.

Community-Based Interventions

Interventions to prevent and respond to VAWG use multiple approaches to reduce violence. Several recent systematic reviews of the effectiveness of interventions designed to reduce VAWG in low- and middle-income countries have improved understanding in this area (Contreras et al., 2016; Fulu et al., 2015; Fulu and Heise, 2015; Arango et al., 2014; Ellsberg et al., 2015). These reviews have found that most interventions to prevent VAWG have occurred in developed countries such as the United States and the United Kingdom. However, recent reviews suggest that programs involving community mobilization are among the most promising and show significant evidence of reducing rates of IPV in low- and middle-income countries (Contreras et al., 2016; Ellsberg et al., 2015).

Community mobilization interventions are successful in transforming harmful gender norms because they guide community members at all levels of society through gradual and sustainable change. This approach aims to reduce violence of a population through the use of complex interventions that engage multiple stakeholders at all levels (e.g., community men, women, youth, religious leaders, police, teachers, political leaders). Community mobilization interventions incorporate many strategies, from group training to public events and advocacy campaigns. They also have been found to be effective at changing attitudes toward power imbalances among boys and girls, thereby preventing physical, sexual, and emotional violence against girls (Lundgren and Amin, 2015). However, due to their complex design, very few rigorous assessments of community mobilization programs have been completed (Ellsberg et al., 2015).

Globally, there also is a gap in prevention methodologies designed to address the links between violence against women and violence against children, and specifically addressing prevention of violence against girls. Traditionally interventions to prevent violence against women and violence against children have been implemented separately. Recent reviews, however, have found that these two types of violence (i) have overlapping risk factors, such as poverty and community, social, and cultural norms that support power imbalances among different generations of men and women; (ii) co-occur in many families; (iii) lead to intergenerational effects; (iv) have compounding consequences across the life span; (v) are influenced by social norms that support both forms of violence and discourage help seeking; and (vi) intersect during adolescence, which is a time of heightened vulnerability to certain types of violence (Guedes et al., 2016). Authors specifically noted “the need to harmonize conceptual frameworks and instruments used to measure violence against adolescent girls.” As such, this situation offers an opportunity for better coordination and cohesion between these types of interventions (Bacchus et al., 2017). To date, however, there has been no evidence-based methodology on a global scale that engages girls and communities together to prevent violence against girls.

SASA!

One of the best-known models to address social change and reduction of violence against women is SASA! The SASA! methodology was developed by Raising Voices, a nongovernment organization based in Kampala, Uganda, to prevent VAW and HIV by addressing the balance of power in intimate partner relationships and broader community dynamics.

Based on the stages of change theory scaled up to a community level, the methodology guides the community through a four-phase process of change—*Start, Awareness, Support, and Action*—supporting stakeholders from all levels of the community who participate in each step of the intervention.

- I. **Start** (6–8 months)¹: Staff and a community network change knowledge and attitudes about VAW and HIV/AIDS as interconnected issues, and foster “power within” to address them.
- II. **Awareness** (14–18 months): The entire community changes knowledge and attitudes, raising awareness about community acceptance of men’s use of “power over” women.
- III. **Support** (6–8 months): The community builds skills to support activists directly involved in these interconnected issues by joining the movement.
- IV. **Action** (6 months+): The community takes action and changes their behavior, using their “power” to prevent VAW and HIV/AIDS.

SASA! subscribes to the theory of change in the social norms approach to preventing VAWG, holding that change in community level knowledge, attitudes, and skills—and creating social pressure toward balanced power and away from violence—successfully changes community behavior and reduces violence. A rigorous evaluation of the impact of the SASA! approach on participating communities in Kampala was conducted by the London School of Hygiene & Tropical Medicine. Results from the evaluation demonstrate the methodology’s effectiveness in preventing VAWG and risk behaviors related to HIV transmission (Abramsky et al., 2014). In terms of IPV experience among participating women, SASA! resulted in a 52 percent reduction in risk of physical

¹ Estimates are for implementation time only; additional time may be needed for adaptation of materials. Typically, organizations can implement SASA! in between three and five years.

violence and a 33 percent reduction in risk of sexual violence.² These results demonstrate that SASA! was effective in changing underlying attitudes and norms, and it shows promise in reducing levels of IPV in the Ugandan context (Abramsky, et al., 2014; Kyegombe et al., 2014). Importantly, it shows that prevention at a community level is possible within programmatic timeframes; typically, SASA! implementation takes between three and five years.

While budgets required to operate SASA! depend on context and organizational style, a recent cost and cost-effectiveness study of SASA! in Kampala showed that the average cost per participant in intervention communities was US\$21 over four years or US\$5 per participant annually (Michael-Igbokwe et al., 2016). More importantly, this study found SASA! to be cost-effective, with an estimated cost for past year IPV averted of \$460, which was far less than the cost per IPV averted in the Intervention with Microfinance for AIDS & Gender Equity (IMAGE) study conducted in South Africa (Michael-Igbokwe et al., 2016; Jan et al., 2010).

Since the release of the study results, SASA! has gained popularity. It now is being adapted and implemented in over 20 countries by more than 60 organizations.

SASA! Adaptation in Haiti

Background

Past interventions to address VAWG in Haiti have focused mainly on response to survivors without incorporating a prevention focus. Those interventions adopted a case-by-case treatment and did not emphasize on the community as a whole. The SASA! adaptation in Haiti in 2010 is among the first interventions in the country to focus on prevention of different types of VAWG at the community level. Significantly, it was also the first full adaptation of SASA!

SASA! in Haiti

SASA! was adapted to the cultural and language context of Haiti by Beyond Borders between 2010 and 2015, making the range of materials available to Haitian organizations and communities in Haitian Creole. While adapting the methodology, Beyond Borders simultaneously implemented it in five communities in the southeast of Haiti, integrating feedback on the adaptation throughout the process of implementation. The communities were selected based on the existing community relationships and recommendations of the local organization that began its implementation. In 2013, in an agreement with Raising Voices as the creators of the methodology, Beyond Borders also began providing technical support to other Haitian organizations interested in using the methodology. Today, it has eight long-term local partners in various stages of SASA! implementation and several others making use of materials or short courses on VAWG prevention. These partners use the adapted SASA! activist kit, and have access to the long-distance and in-person training and expertise of the people who participated in the Beyond Borders implementation in the Southeast.

An internal process evaluation conducted by the organization that collected data throughout the implementation of the SASA! Haiti adaptation in the five implementation communities in the Southeast showed positive changes in community knowledge, attitudes, skills, and activist behaviors on a number of indicators. An end-line evaluation using a random convenience sample of 600 surveys and focus groups across five participating communities found significant improvements in community-level indicators from baseline. In a study of SASA! adaptations globally, Raising Voices, University of California San Diego, and UN Trust Fund are preparing a research report detailing more information about the Haitian adaptation and success

² While a large effect was observed, changes were not statistically significant. Evaluators observed an increase in variations of physical IPV levels among control sites at follow-up compared to baseline. This reduced the power to observe statistical significance when analyzed by cluster.

of implementation, to be shared in 2018 (*Adapting SASA! for Global Communities: A Case Study from Haiti*, forthcoming).

In a qualitative program evaluation process conducted in 2016 using a process called Most Significant Change (Davies and Dart, 2005), local researchers interviewed community members and activists who had participated in the community change process. They were asked what the most significant change (positive or negative) produced by SASA! was in their community. These interviews were then transcribed and evaluated by a panel of community members, who voted on the stories that, to them, represented the most significant change they had experienced in the program. The following quotes were extracted from two of the stories selected by that panel.

“There are many changes in my personal life, in the way I used to speak to my wife and children too, how [I] treated students at school. There were certain kinds of jokes I used to tell that I don’t tell anymore. Whenever I yell at the children or hit my children or students, my wife says, ‘Be careful Pastor! What you are doing is violence!’ Now I can’t even remember when I last hit my children . . . Now my relationship with my wife is going well, even when we don’t have any money. . . . SASA! has allowed us to make decisions together, and to better manage our household. We even made the decision to stop having children together.” (Male religious leader, Meno, Haiti)

“My father was very violent. He swore a lot at my mother and really mistreated us women. But today, thanks to SASA! training, he has completely changed . . . and today I feel happy for the beautiful change in him . . . In the community, people have started to understand they shouldn’t do violence, especially to women, and they should value young girls and balance power well in their families.” (Female community leader, Kay Jakmèl, Haiti)

While the potential benefit of SASA! in Haiti was clear, a rigorous impact evaluation was still needed to assess the impact of SASA! on Haitian intervention communities. In addition, program staff feared the positive changes experienced by women were not always experienced by girls in the community. Proponents of girl-centered programming often remark that methodologies designed for children or women often do not meet the needs of girls (Population Council, 2010). Adult women also hold tremendous power in girls’ lives—a unique dimension that needs to be explored in order to effectively prevent violence against girls. In addition, programs aimed at helping children often end up benefiting mainly boys, due to the greater power that boys have to access activities, and speak and act freely. Given the connections between these types of violence, much of the work overlaps. Specific tools, techniques, and spaces, however, are needed to address the particular needs of girls in order to see maximum benefit in their lives.

Power to Girls

While implementing the Support phase (the third of four phases) of SASA!, Beyond Borders began receiving community feedback that more was needed to specifically address violence against girls, and to engage youth as change agents to interrupt intergenerational cycles of violence. In an internal program evaluation conducted at that time, Beyond Borders hired local researchers to conduct 700 surveys (350 female and 350 male) and two focus group discussions to ask about indicators related to girls’ lives. Over 70 percent of adults still felt it was best to teach a girl to submit to her husband when she grew up, and almost as many (69 percent) felt that girls should not be allowed to meet together without the presence of boys or men, particularly as attitudes about adult women’s empowerment had changed significantly across several indicators and communities (Beyond Borders, 2013). The organization consulted with young women leaders and mentors associated with the Haiti Adolescent Girls Network to gather ideas for themes specific to preventing violence against girls; they drew from evidence-based and

promising practices and led a participatory co-creation process with Haitian girls and communities to develop the Power to Girls methodology.

Power to Girls is a step-by-step methodology that combines girl-centered programming with school- and community-wide social norm change. Used alone or together with SASA!, Power to Girls builds on SASA!'s 'essential' elements, including gender-power analysis and a phased process of change, involving the entire community (including participants from across the socio-ecological model) and activism (Raising Voices, 2017). Power to Girls is designed to increase girls' safety and freedom and prevent violence against girls by combining multiple violence-prevention strategies. The logic model for the second implementation of SASA! Haiti, which includes the Power to Girls methodology, can be found in Annex A. From 2013 to 2016, Beyond Borders piloted Power to Girls in three communities where it was continuing to implement SASA!, including one pilot school to help to develop the school-wide component of the community-based intervention. While this pilot was not formally evaluated, community feedback from existing girls' groups, community leaders, school leadership, personnel, and students, as well as community-based activists involved in SASA!, was positive. The pilot allowed for the completion of materials being used in the current evaluation.

SASA! and Power to Girls in Haiti

In 2016, with the support of NoVo Foundation, Beyond Borders engaged a new cohort of communities in southeast Haiti, using the adapted and piloted SASA! methodology in tandem with Power to Girls. This dual model, the Rethinking Power program, expects to reduce social acceptance of gender inequality and VAWG; to decrease experiences and perpetration of VAWG; to increase girls' sense of safety and freedom to make decisions; and to decrease HIV/SRH risk behaviors. To measure the effectiveness of this dual model, Beyond Borders and the

Global Women's Institute (GWI) at George Washington University—with the support of the NoVo Foundation and Inter-American Development Bank—are evaluating the impact of the implementation of SASA! and Power to Girls in two communal sections in the southeast of Haiti.

There are several reasons justifying the continued implementation and evaluation SASA! and Power to Girls in Haiti, such as:

- The need for rigorous impact evaluation to inform replicability, scale-up, and sustainability.
- The need to integrate both programs to benefit women and girls because of positive and multiplicative effects or synergy between the two programs. This combination may also result in reductions in implementation and evaluation costs due to economies of scale.
- Effectiveness, appropriateness, and relevance of this combined approach to address important issues of VAW in order to prevent and reduce associated physical, social, emotional, intergenerational, and economic adverse consequences.
- Degree of adoption and acceptability by community members and other key stakeholders, such as women's organizations.
- The implementation cost per participant is low and the SASA! methodology is cost effective.
- Additional secondary individual and societal benefits include improvement in girls' schooling retention rates and academic achievement, improved labor market outcomes later in life, equity in gender, and improvement in women's and girls' self-confidence.
- Additional secondary community benefits also may include enhanced empowerment and activism, access to justice, and other social programs by participating community members.

METHODOLOGY

For the purposes of the review, VAWG includes any physical, sexual, economic, or psychological harm perpetrated on a woman or girl by her husband or intimate partner. It also encompasses the physical, sexual, economic, and emotional abuse of girls at the hands of family members or strangers.

The methods used to develop this report consist of a review of literature on VAWG prevention programs, as well as qualitative data collection with key informants in Haiti. The literature review informed the background of this report, and focuses on the effectiveness of VAWG prevention interventions and adapting in-

terventions for scale up. To learn more about SASA! and Power to Girls in Haiti, semi-structured interviews and focus group discussions were conducted with key informants, including research staff from GWI, local research partner staff (Institut de Formation du Sud (IFOS)), and program staff from Beyond Borders as the implementers of the methodology, as well as local community leaders and activists. Data gathered from these activities were used to provide a detailed picture of the processes of design, adaptation, implementation, and evaluation of the SASA! and Power to Girls methodologies in Haiti.

WHAT WE HAVE LEARNED

Adapting SASA! and Creating Power to Girls

Background

The process of planning for the implementation of SASA! and Power to Girls methodologies was informed by the following factors:

- 1. Lessons learned from the implementation of SASA! in Uganda.** For the adaptation of the first implementation of SASA! in Haiti, Beyond Borders drew from the experience of its implementation in Uganda.
- 2. Lessons learned from the adaptation, testing, implementation, and evaluation of the first cycle of SASA! (implementation of all four phases of SASA!) and pilot of Power to Girls in Haiti, including:**
 - positive outcomes from the process evaluation and its potential impact when adapted for Haiti;
 - community satisfaction with the methodology and their interest in expanding its activities, demonstrating its relevance and potential sustainability;
 - feedback from the first implementation on the methodology's gaps when it came to the lives of Haitian girls, leading to the conception and development of the Power to Girls methodology; and
 - understanding of requirements for effective implementation, including staff capacity, resources, and logistics.

Challenges

The process faced several challenges, including the following:

- **Funding:** Lack of donor support of VAWG work in Haiti and, in particular, long-term funding is a challenge for many local organizations wishing to take on longer-term social change programming like SASA! This is despite the fact that this program has been found to be cost-effective in similar settings.
- **Need for high staff capacity:** There was a lack of availability of staff with experience with community mobilization programs aimed at preventing VAWG in Haiti; presence of a former Raising Voices staff on Beyond Borders staff allowed for continuous process of support and staff training.
- **Lack of guidance on fidelity and adaptation globally:** As it was the first full adaptation of SASA!, the team in Uganda did not yet have recommendations relating to fidelity or the adaptation process. The team in Haiti had to innovate a process and set of guidelines that worked for them.
- **Adaptation into Haitian Creole.** As a language with various spellings and with a relatively recent standardization of writing style, undertaking adaptation meant extensive consultation to ensure readability by the desired population.
- **Handover of activities after SASA!** SASA! works through relationship building between people in a community to influence each other's social norms. The 'handover' to the community at the end of SASA! can easily be seen as an abandonment, and a removal of resources. Positive reframing and close community capacity building are needed in order to make the handover successful to communities of continued activism around VAWG.

Promising Practices

The promising practices that can be identified are:

- **Expanding an innovative intervention.** As mentioned above, the adaptation of SASA! in Haiti was the first of all global SASA! adaptations, and—particularly with a lack of guidance on adaptation and methodology fidelity—managed to achieve a high level of fidelity to the original model. Due to the program’s demonstrated successes in the first implementation, donors and local institutions alike were interested in adapting and expanding the methodology in Haiti through a second implementation and technical support.
- **Integrating lessons learned on implementation.** The wealth of knowledge gained through the implementation of SASA! in Uganda and the first phase of the program in Haiti greatly informed its smooth implementation during scale up.
- **Utilizing a participatory approach.** Beyond Borders worked in collaboration with the community and designed the intervention based on their identified needs. Such collaboration led to quality adaptation of SASA! as well as the birth of the Power to Girls methodology, which was developed and piloted, based on community feedback. This approach demonstrates good governance and accountability within the program structure.
- **Implementing an empowerment model for girls.** The Power to Girls model is the first model focusing on the safety and freedom of girls to be implemented in Haiti. Integrated into the SASA! framework, the Power to Girls model uses a comprehensive, community-based approach that engages all stakeholders in the empowerment of girls.

Implementing the Program

Background

Implementation of SASA! and Power to Girls in tandem through the Rethinking Power program in the commune of La Vallée-de-Jacmel, Haiti, began in early 2017. Implementation was delayed by several months due to several factors related to the research study, including the length of time it took to obtain adequate resources, identify and hire the right partners, and establish the planning and baseline data collection for the evaluation.

As both methodologies are community mobilization approaches, the implementation and evaluation areas include two communal sections of La Vallée-de-Jacmel (Mizak and Tenyé). The methodologies aim to change the knowledge, attitudes, skills, and behaviors of the entire population, although they specifically and directly engage a particular community network comprised of 16 girls’ groups run by mentors, 46 (23 female and 23 male) community activists, three schools, a drama troupe, and a set of religious and local leaders, journalists, and health workers. This network will be trained and mentored to engage others in their own circles with participatory activities held regularly and in the course of everyday community life. The implementation team includes two Local Activism staff fully present in community activities, a Coordinator, 16 mentors, and two part-time technical support staff as well as general support staff.

Challenges

The program team experienced several challenges in implementation, as follows:

- **Navigating the environment.** The geographical environment in the implementation communities is very rural, and it is difficult to reach many of the communities.
- **Relying on unpaid activism without strong, established relationships.** Haitian communities are in need of livelihoods and financial sup-

port. However, voluntarism is a significant component of SASA! and Power to Girls. It can be a challenge to engage activists and community members without being able to promise them financial compensation, in particular when new to a set of communities and relationships of trust are still being built.

- **School and teacher availability/ institutional commitment.** It proved very challenging to convene teachers for activities for several reasons, including exam schedules, heavy rainfall, and the volunteer nature of the program. Teachers had participated in previous programs where organizations had provided financial incentives for their participation.

Promising Practices

Several promising practices were identified during the implementation of the program:

- **Facilitating the high capacity of staff for quality implementation.** Because they were heavily involved in the adaptation and creation phases, the implementation staff had a very high capacity for the effective implementation of the two methodologies and their core activities.
- **Establishing good relationships with partners.** Relationships with program partners were maintained after the first implementation of SASA!, and those partners were included in the second implementation of SASA!'s scale up and the first implementation of Power to Girls.
- **Utilizing a participatory approach.** Program staff continued working in collaboration with the community and civil society, which enabled the smooth implementation of the scaled-up program.
- **Engagement of women, men, girls, and boys.** Both methodologies successfully engage female and male community leaders and members

through benefits-based and engaging dialogues about power and violence. The methodologies allow for participation of all sectors with minimal community resistance.

- **Supporting feelings of ownership and capacity building of community network.** The adoption of program activities by the community is integral for sustainability of SASA! and Power to Girls. To avoid the handover of VAWG prevention activism being perceived as an abandonment or the removal of resources at the end of the SASA! and Power to Girls implementation, program staff will have to put significant effort into engaging the community in all aspects of planning and implementation, facilitate feelings of ownership within the community, and systematically build capacity to prepare them to lead. Implementation staff create specific mentoring plans for each phase of the methodologies toward this end.

Evaluating the Program

Background

GWJ designed and implemented the evaluation of SASA! in partnership with Beyond Borders. Within the first year of the program, GWJ designed the evaluation in collaboration with local partners, conducted quantitative and qualitative baseline data collection, and began preliminary analysis of results.

The demand for a rigorous evaluation arose from community and donor interest. Initial quantitative and qualitative findings of the first implementation of the SASA! adaptation in Haiti have been showing promising results and also demonstrate a community interest in expanding the program within the region. The results of the process evaluation reveal the potential impact of the program, and conducting an impact evaluation would allow stakeholders to attribute the program to a change in outcomes. In addition, the impact evaluation would measure

the effectiveness of the new Power to Girls component, implemented in tandem with the scale up of SASA! programming. With the support of donors and community members alike, Beyond Borders has decided to conduct a rigorous impact evaluation in collaboration with GWI.

GWI developed the evaluation design in collaboration with Beyond Borders and other local stakeholders. A theory of change for the dual program was developed based on the original SASA! framework and integrated with the Power to Girls methodology. The theory of change for the combined program can be found in Annex A.

Utilizing this theory of change and corresponding logic model, the research team developed a rigorous evaluation design for a community-based program. After conducting several field visits and discussing the feasibility of various evaluation designs with the implementing partner, it was determined that randomizing the intervention setting was not possible for programmatic reasons (e.g., the site selections, Mizak and Tenyé, had to be done purposefully). Therefore, the most rigorous evaluation design for the specific context was a quasi-experimental design that includes the intervention and comparison communities. The comparison group was selected from a different department in Haiti, based on an analysis of sociodemographic factors and specific selection criteria. Selection criteria included being sufficiently far geographically from the intervention group that contamination would be unlikely. This ensured that the intervention community, Jacmel, and the comparison community, Marigot, had similar characteristics at baseline while being geographically distant enough to avoid contamination.

Indicators to measure impact were chosen based on the theory of change and desired outcomes. The indicators included outcomes at the societal and community levels to measure impact at multiple levels of society. At the highest level, the project and evaluation team identified a number of key indicators to measure the project's overall impact. To contribute to the overall goal and impact level indicators, indicators measuring community-level

change in knowledge, attitudes, skills, and behavior were also included. Specific indicators measuring changes in knowledge, attitudes, skills, and behaviors among key stakeholders of the Power to Girls component were included to determine the success of the Rethinking Power methodology. Each indicator will be assessed at baseline, mid-term, and end-line to measure change.

Based on these indicators and outcomes, quantitative and qualitative data collection tools were developed. Data collection tools were designed in English as well as in Creole. The quantitative tools include a household survey for women, a household survey for men, an individual girls' club survey for adolescent girls, and a school-based self-administrated survey with female and male students. All youth were between 10 and 19 years old. A summary of the number of people surveyed per commune during the baseline is provided in Table 1. Qualitative tools were developed to conduct focus groups with male and female, adult and adolescent community members including parents, teachers, community leaders, students, and adolescent girls, and individual in-depth interviews with female and male stakeholders from the public, private, and the third sector. The focus group tools include participatory techniques such as free-listing, incomplete stories, and Venn Diagrams. A total of 12 and 10 foci group were respectively conducted in La Vallée-de-Jacmel and Marigot.

TABLE 1. NUMBER OF RESPONDENTS SURVEYED

COMMUNE	LA VALLÉE-DE-JACMEL	MARIGOT
Women	819	1,158
Men	317	547
Schools	363	358
Girls' club	267	–

This mixed-methods approach allows for the triangulation of data and the collection of in-depth information that can be used to inform the program and analysis of

the program's impact. The research protocol and tools were approved by the George Washington University Institutional Review Boards and Haiti's Ministry of Public Health and Population.

Conducting research on VAWG is similar to conducting research in other sensitive topics; however, there are aspects of this type of research that are unique because of the traumatic nature of the subject matter. In the past 20 years, a wide variety of international experts and researchers have documented a number of best practices and ethical guidelines for conducting research on VAWG. In this baseline, we followed the ethical recommendations established by the World Health Organization to ensure that data was collected in an ethical way and, at the same time, ensure the quality of the information. For example, particular attention was given to safeguard privacy and confidentiality, availability of support services for survivors of violence, and the use of empathetic and nonjudgmental interviewers who received intensive training for several days.

In addition, the evaluation applies a participatory approach that involves beneficiaries—women and girls in the intervention communities, in particular—in the design and implementation of the research. IFOS, the local research partner, was hired to support the qualitative and quantitative data collection. Throughout the development of the evaluation design and data collection tools, GWI, Beyond Borders, and IFOS worked closely together not only to ensure that the design was relevant in the local context, but also to strengthen local capacity. Local stakeholders, community-based organizations, and local authorities were involved in the planning and implementation stages through the creation of a technical advisory group, an independent advising body consisting of experts with knowledge of and experience in VAWG and evaluation of interventions on VAWG. This collaborative process will also be utilized in the interpretation and dissemination of findings

The evaluation also applies a gender approach to achieve the ultimate goal of the program: to transform

the underlying roots of gender inequality. The evaluation focuses on gender inequalities and the systemic and structural nature of these inequalities. It also engages women and girls in the participating communities throughout the evaluation process. The results of the evaluation will not only build the knowledge base on the adaptation and scale up of community-based prevention programs, it also will inform policies and funding around preventing VAWG in Haiti and other low-resource settings.

Baseline data collection occurred from March to July 2017. It included four components: a household representative population-based survey with women, a household representative population-based survey with men, a school-based self-administrated survey with female and male students, and a qualitative component that included focus groups and in-depth interviews with stakeholders, members of the community, and key actors. Fieldworkers received an intensive and comprehensive training that included key concepts on gender and VAWG, interactive lessons that involved significant practice with delivering the research tools, and instruction on important methodological and ethical considerations for conducting research on this topic. This training helped to build the capacities of local researchers for conducting fieldwork on VAWG.

Preliminary findings of the baseline (from the women's household survey) underline that patriarchal gender norms and attitudes prevail in both communes. Regarding the gender roles in the household, more than 90 percent of women believe that household chores and childcare are women's main responsibility. Although more than 80 percent appear to support equal authority with their partners in the family, three out of five women believe that the male partner should have the final decision in the household. This dynamic is also reflected in the way girls and boys are treated. For instance, four out five women agree that girls should not be allowed to socialize outside the home, and half of the women supports that girls should not

be able to make the decision on when to get married.

VAWG is prevalent in both communes, and attitudes on VAWG reveal a lack of awareness of women's rights. Four out of five women have suffered controlling behavior from their partners, and half of the women justify physical intimate partner violence (IPV). One-third of the women agree that IPV is a private matter and 20 percent believe that IPV is the price to pay to keep their family safe. One-fifth of the women believe that rape is related to the survivors' behavior. Furthermore, more than half of adolescent girls do not feel safe walking in the community. These initial findings corroborate the importance and the need to implement programming that promotes the transformation of gender norms that can lead to a reduction of the different types of VAWG.

Challenges

The research team experienced several challenges while designing, planning, and implementing the evaluation and baseline data collection. These challenges can be divided into two phases: design and data collection.

Design Challenges

- **Attributing results to the program without bias.** Developing a rigorous evaluation design of a community-based program that can attribute outcomes to the program while minimizing bias is difficult in any setting, and was made particularly difficult in this geographic context. Rigorous evaluation designs are complex and require a comparison group. Because the program is a multilevel community-based program (including program implementation through media campaigns, schools, churches, and other service points that draw from multiple communities), there was a strong potential for contamination of control communities in a randomized controlled trial design. However, especially with a quasi-experimental design, logistical and resource limitations complicated the selection of a similar comparison group within a sufficiently wide area that would allow them to ef-

ficiently implement the program, while simultaneously minimizing contamination between control and intervention sites. Through sociodemographic and economic data collected at the commune level, as well as information gathered during several site visits, the comparison communities were selected from a different commune in the same province as the intervention communities, thereby minimizing the potential for contamination while also establishing equivalence at baseline.

- **Accommodating for limited data and modifying the sampling frame.** Limited and/or outdated official data complicated selection of the control site, the development of adequate maps, and decisions regarding the sampling frame. Lack of access to an updated map made it difficult to determine accurate geographic borders and distribution of the population, inhibiting the creation of the sampling frame. The research team collected GPS coordinates in the field to identify the borders among the standard deviational ellipses (SDEs) and create a map. While the research team was collecting GPS coordinates, it found a discrepancy between the official and the real borders of some communal sections, which led to a revision of the sample selection.
- **Hiring a local research partner.** Finding a local research partner with the capacity to conduct data collection for a complex study on a sensitive topic was extremely difficult in Haiti. It took several months of advertising the project and meeting with different consultants to identify an appropriate local research partner. Additional time was also required to establish and finalize a contract.
- **Establishing a comparison group and delayed intervention.** In a community setting, delivering a beneficial program to only one group involved in an intervention can raise ethical questions and

heighten tensions at the political and community levels, particularly when delayed implementation of the program is planned for the comparison group after end-line data collection takes place. The research and implementing partners had to carefully explain the evaluation design to stakeholders and community leaders to gain buy-in, and still received questions from members of the comparison group during data collection. Such a design requires additional ethical considerations when being implemented in locations without adequate support services.

Data Collection Challenges

- **Overcoming logistical and environmental limitations.** During data collection, it was more difficult than expected for the fieldwork team to access the households in the mountains. This, paired with the high percentage of vacant houses in the selected SDEs, led to a decrease in the sample size. The research team had to select additional SDEs, namely in the urban areas, to achieve the appropriate sample size.
- **Managing costs.** Implementing a rigorous mixed-methods impact evaluation can be very costly, and the program location is expensive for operational planning and conducting fieldwork. GWI and Beyond Borders had to work jointly to raise the financial resources for the program and the evaluation alike, which took a significant period of time. The project was implemented with the financial support of NoVo Foundation and the Inter-American Development Bank for the baseline and mid-line data collection. Funds must be obtained for the end-line data collection.
- **Supporting disclosure of physical IPV.** Social norms and stigma surrounding physical IPV may have led to underreporting of violence. Prevalence rates from the baseline, however, are slightly higher than IPV rates from oth-

er sources such as the Haitian Demographic Health Survey (EMMUS). These higher rates may be a result of the rigorous methodological and ethical approaches applied during evaluation, including extensive fieldworker training and piloting, as well as the efforts to reduce risks to confidentiality and privacy.

- **Ensuring confidentiality and privacy.** Due to weather conditions, many people stayed in their home and it was difficult for the enumerators and respondents to locate a private place to conduct the interview. In addition, there were some cases where the enumerators knew the respondents, and some respondents shared the objectives of the study with their neighbors, compromising confidentiality in the communities. The research team worked closely with the program and field staff to mitigate any risks to participants and to establish strategies for overcoming these challenges. These issues were discussed during training and debriefing sessions, and enumerators were instructed not to conduct an interview unless privacy could be guaranteed. When these circumstances arose, enumerators postponed the interview until an alternative private location or enumerator was available. Because of these additional procedures, however, fieldwork took longer than expected to complete.
- **Training male enumerators.** Training male enumerators to deliver the survey to other men in a sensitive but neutral manner was difficult, as many of them were not sensitive to the topic of VAWG. The enumerators participated in interactive training activities and role-playing sessions to sensitize them to the experiences of women and girls, as well as to familiarize them with the questionnaires. Special care was taken to discuss these complex concepts and to foster an open environment in

which the male enumerators could expand their knowledge of VAWG and practice delivering the interviews in an appropriate and supportive way.

Promising Practices

Throughout the design, planning, and implementation of the evaluation, the research and program teams identified several best practices that guaranteed the successful collection of data.

- **Evaluating a well-assessed program.** The successful adaptation of the first phase of SASA! in Haiti piqued community and donor interest in expanding the program. For this reason, the program and research teams decided to undertake an impact evaluation to measure the effectiveness of the second phase of SASA! and Power to Girls and to monitor scale up of a community-based intervention. Because of the previous evidence on the success of the program and its potential effectiveness when adapted to Haiti, undertaking a rigorous evaluation was feasible and appropriate.
- **Incorporating a mixed-methods design.** The evaluation design employs a mixed-methods approach that utilizes quantitative and qualitative methodologies to allow for the triangulation of findings by gathering data using multiple forms of enquiry, giving more depth and certainty to conclusions made from the data. It also provides opportunities to collect information on and explore complex issues that are not easy to quantify. Supporting rigorously collected quantitative data with in-depth qualitative findings provides additional insights that will increase understanding about the ways in which impact was achieved and the factors and conditions that influence them.
- **Utilizing a participatory approach.** GWI engaged program partners and other key stakeholders in all stages of the evaluation design and baseline data collection. In a consultative manner, the

IFOS and Beyond Borders teams contributed to the planning and realization of the translated tools and protocol, as well as the hiring and training of fieldworkers and the conducting of the baseline research. The establishment of the technical advisory group and annual meetings with this group's members enabled the research team to obtain technical input on the evaluation process and programmatic insight, and it also will allow them to contribute to dissemination and uptake strategies throughout the lifecycle of the program.

- **Ensuring researcher-implementer cooperation.** Clear and transparent sharing of information between GWI, Beyond Borders, and local research and implementing partners in Haiti established a collaborative relationship from project inception. The intervention goals and objectives, as well as the evaluation methodology, were clearly delineated at the beginning. This enabled the local research and evaluation partners in Haiti and other stakeholders to feel that that they were an integral part of the process from the start, as they were able to make suggestions to ensure program adaptability and fit were compatible with the Haitian context while also feeling comfortable about the process.
- **Employing ethical research practices.** The research team, in collaboration with Beyond Borders and IFOS, made significant efforts to ensure that the highest ethical standards in the field were maintained throughout the design and implementation of the evaluation and baseline data collection. Efforts included, among others, the selection and training of local enumerators; the establishment of a comparison group; and enforced protocols for guaranteeing privacy, confidentiality, and anonymity while ensuring safety and avoiding re-traumatization.

RECOMMENDATIONS FOR ADAPTATION OF COMMUNITY-BASED PROGRAMS

Political

- **Collaborate with donors who have a long-term vision and a commitment to prevention programs.** Maintain an open and communicative process with donors to ensure that they have reasonable expectations regarding the timeframe required to design and implement a community-based prevention program, as well as the outcomes that can be expected in the short and long term.
- **Provide guidance on keeping political ambitions distinct from activism.** While political office is one avenue for change, it is important to have guidance for staff on keeping political ambitions distinct from their roles, to avoid damaging the reputation of the program.
- **Ensure the necessary resources.** To implement a prevention program, and also to evaluate such a program, it is necessary to have resources in place to support these components, including referral systems to ensure basic services for survivors.
- **Engage with local and national actors.** The implementing partner should facilitate a participatory process with the national and local governments and private sector to gain political and financial support for the program and to incorporate those actors into the program as valuable stakeholders.

Programmatic

- **Focus the program on the needs of the community.** Intervention activities should be adapted, developed, and evolved in direct response to community priorities, needs, and challenges. For the program to be sustainable, the local communities have to embrace it, accept it, and own it.

- **Facilitate a collaborative, participatory process.** Valuable inputs about social norms, cultural values, practices, and realities of the Haitian communities were gathered during the first implementation of SASA! in Haiti. Both phases of adaptation of SASA! and the creation and pilot of Power to Girls systematically used a collaborative approach by incorporating community leaders' and stakeholders' inputs into the design, implementation, and evaluation of the two methodologies. This approach has enhanced and maximized potential for effectiveness in the new communities where they are being implemented.
- **Maintain fidelity while contextualizing the program.** Adaptations of effective interventions achieve a balance between maintaining the essential characteristics of the original intervention and cultural relevance to a different setting. The most successful adaptations encourage participation across multiple groups and sectors of society. They also allow sufficient time and resources to effectively adapt and implement an intervention, resulting in sustained capacity building and the creation of networks that are critical to reducing IPV.
- **Utilize complimentary programs, where possible.** The SASA! and Power to Girls methodologies are designed to be complementary and can work in tandem if an organization has the skills and resources over the long term. This dual program will address the needs of women and girls in Haitian communities.
- **Invest in staff capacity.** The experience of the implementing partner and other stakeholders in implementing SASA! activities in Haiti was a huge asset to the scale up of the program and the de-

velopment of the Power to Girls model. Providing comprehensive training to staff and leading a process over which they have ownership can allow for a more effective expansion of program activities.

- **Ensure referral services are in place.** While a program such as SASA! focuses on prevention of VAWG, many community members already may have experienced violence and may be in need of services and other support. Response services, including health and legal support, should be in place before beginning program activities, and paths of referral from program staff and activists should be developed to easily connect participants to necessary support. If adequate response programs are not already in place, the implementing partner should provide such services on a temporary basis.

Evaluation

- Conduct an impact evaluation at the appropriate point in the program cycle. Impact evaluations are important for this type of community-based intervention, as they inform future local policy and national and international funding, in addition to providing a opportunity to learn more about the feasibility of an approach in different contexts. It also is important, however, to conduct an impact evaluation at the appropriate point in the program cycle, when potential im-

pact and effectiveness have already been measured through process evaluations and less rigorous evaluations.

- **Utilize a participatory and gender approach.** Monitoring and evaluation processes should be approached with the beneficiaries in mind. To do so, stakeholders—and women and girls, in particular—must be engaged in all aspects of the evaluation design, implementation, analysis, and dissemination. Maintaining a participatory and gender lens will ensure that the evaluation results are useful and applicable to the local population.
- **Assess the pros and cons of evaluation designs.** Not all projects can be evaluated using randomized controlled trials. The evaluation design should be flexible and based on the specific context and environment where the intervention is taking place. Programmatic implications need to be taken into account when deciding on the evaluation design.
- **Foster a close collaboration between research and programmatic partners.** Establishing a collaborative and communicative relationship between the research and programmatic partners from the outset of the project allows for a collaborative learning process and a successful adaptation and evaluation.

REFERENCES

- Abramsky, T. et al., 2014. Findings from the SASA! Study: A Cluster Randomised Controlled Trial to Assess the Impact of a Community Mobilisation Intervention to Prevent Violence against Women and Reduce HIV Risk in Kampala, Uganda. *BMC Medicine*, 122(12). Available at <https://bmcmedicine.biomedcentral.com/articles/10.1186/s12916-014-0122-5>.
- AMFAR. 2005. Gender-Based Violence and HIV among Women: Assessing the Evidence.
- Arango et al., 2014. Interventions to Prevent or Reduce Violence against Women and Girls: A Systematic Review of Reviews. Washington, DC: World Bank. Available at <http://documents.worldbank.org/curated/en/700731468149970518/Interventions-to-prevent-or-reduce-violence-against-women-and-girls-a-systematic-review-of-reviews>
- Bacchus, L. J. et al., 2017. Exploring Opportunities for Coordinated Responses to Intimate Partner Violence and Child Maltreatment in Low and Middle Income Countries: A Scoping Review. *Psychology, Health & Medicine*, 22(sup1): 135–65.
- Beyond Borders. 2013. Program Evaluation Survey Results from 600 Surveys (300 Male, 300 Female) on Violence against Girls in 5 Communities in the Southeast of Haiti. Unpublished data.
- Bott, S., A. Guedes, M. Goodwin, J. A. Mendoza. 2012. Violence against Women in Latin America and the Caribbean: A Comparative Analysis of Population-Based Data from 12 Countries. Washington, DC: Pan American Health Organization. Available at https://oig.cepal.org/sites/default/files/violence1.24-web-25-febrero-2014_0.pdf.
- CDCP (Centers for Disease Control and Prevention). 2014. Violence against Children in Haiti Findings from a National Survey 2012. Atlanta, Georgia, USA: Centers for Disease Control and Prevention. Available at www.togetherforgirls.org/wp-content/uploads/2017/09/2012_Haiti_Findings-from-a-Violence-Against-Children-Survey.pdf.
- Contreras, J. M. et al., 2016. Community-Based Approaches to Intimate Partner Violence: A Review of Evidence and Essential Steps to Adaptation. Washington, DC: The Global Women's Institute and World Bank. Available at <http://documents.worldbank.org/curated/en/907511467996712161/AUS16688-REVISED-Community-Programs-SinglePages.pdf>.
- Davies, R. and J. Dart. 2005. The “Most Significant Change” (MSC) Technique: A Guide to Its Use. Available at www.researchgate.net/publication/275409002_The_'Most_Significant_Change'_MSC_Technique_A_Guide_to_Its_Use.
- Duvvury, N., A. Callan, P. Carney, and S. Raghavendra. 2013. Intimate Partner Violence: Economic Costs and Implications for Growth and Development. Women's Voice, Agency, & Participation Research Series 2013, No.3. 82532. Washington, DC: World Bank. Available at <http://documents.worldbank.org/curated/en/412091468337843649/pdf/825320WP0Intim00Box379862B00PUBLIC0.pdf>.
- Ellsberg, M. et al., 2015. Prevention of Violence against Women and Girls: What Does the Evidence Say? *The Lancet*, 385(9977): 1555–66. Available at <https://www.ncbi.nlm.nih.gov/pubmed/25467575>.
- Ellsberg, M., C. Bradley, A. Egan, and A. Haddad. 2008. Violence against Women in Melanesia and East Timor: Building on Global and Regional Promising Approaches. Office of Development Effectiveness, AusAID. Canberra: Government of Australia. Available at <http://dfat.gov.au/aid/how-we-measure-performance/ode/Documents/violence-against-women-melanesia-east-timor-building-on-global-and-regional-promising-approaches-2008.PDF>.
- and L. Heise. 2015. What Works to Prevent Violence against Women and Girls Evidence Reviews: State of the Field of Research on Violence Against Women and Girls. Paper 1. What Works Programme. London: UK Department for International Development. Available at <https://www.whatworks.co.za/documents/publications/16-global-evidence-reviews-paper-1-state-of-the-field-of-research-on-violence-against-women-and-girls/file>.
- Fulu, E. et al., 2015. What Works to Prevent Violence against Women and Girls Evidence Reviews: Paper 2: Interventions to Prevent Violence against Women and Girls. Paper 2. What Works Programme. London: UK Department for International Development. Available at <https://www.whatworks.co.za/documents/publications/35-global-evidence-reviews-paper-2-interventions-to-prevent-violence-against-women-and-girls-sep-2015/file>.

- Garcia-Moreno, C. et al., 2006. Prevalence of Intimate Partner Violence: Findings from The WHO Multi-Country Study on Women's Health and Domestic Violence. *The Lancet*, 368(9543): 1260–9. Available at <https://www.ncbi.nlm.nih.gov/pubmed/17027732>.
- Garcia Moreno, C., et al., 2003. Responding to Violence against Women: WHO's Multicountry Study on Women's Health and Domestic Violence. *Health and Human Rights*, 6(2): 112–27.
- GoH (Government of Haiti, U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and Center for Disease Control (CDC). 2012. Violence against Children in Haiti: Findings from a National Survey. Port au Prince: VACS.
- _____. 2014. Plan National d'Action EFH 2014-2020: Resume. Port au Prince: Government of Haiti. Available at www.omrh.gouv.ht/Media/Others/1-Publications/Mesuresduplansynth%C3%A8se.pdf.
- _____. (Ministry of Public Health and Population (MPHP), Haitian Childhood (IHE), and ICF International). 2013. 2012 Haiti Mortality, Morbidity, and Service Utilization Survey: Key Findings. Calverton, Maryland, USA: Government of Haiti (MPHP), IHE, and ICF International. Available http://procurement-notices.undp.org/view_file.cfm?doc_id=17735.
- Halcón, L. et al., 2003. Adolescent Health in the Caribbean: A Regional Portrait. *American Journal of Public Health*, 93(11):1851–7.
- Jan, S. et al., 2010. Economic Evaluation of a Combined Microfinance and Gender Training Intervention for the Prevention of Intimate Partner Violence in Rural South Africa. *Health Policy and Planning*, 26(5), 366–72. Available at <https://www.ncbi.nlm.nih.gov/pubmed/20974751>.
- Kyegombe, N. et al., 2014. SASA! is the Medicine that Treats Violence: Qualitative Findings on How a Community Mobilisation Intervention to Prevent Violence against Women Created Change in Kampala, Uganda. *Global Health Action* 7. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4165071>.
- Lundgren, R., and A. Amin. 2015. Addressing Intimate Partner Violence and Sexual Violence among Adolescents: Emerging Evidence of Effectiveness. *Journal of Adolescent Health*, 56(1): S42–S50. Available at <https://www.ncbi.nlm.nih.gov/pubmed/25528978>.
- Michaels-Igbokwe, C. et al., 2016. Cost and Cost-Effectiveness Analysis of a Community Mobilisation Intervention to Reduce Intimate Partner Violence in Kampala, Uganda. *BMC Public Health*, 12(196). Available at <https://bmcpublikealth.biomedcentral.com/articles/10.1186/s12889-016-2883-6>.
- Michau, L. Undated. The SASA! Way to Preventing Violence against Women. Kampala: Raising Voices. Available at http://raisingvoices.org/wp-content/uploads/2013/03/downloads/resources/The_SASA!.pdf.
- Population Council. 2010. Girl-Centered Program Design: A Toolkit to Develop, Strengthen & Expand Adolescent Girls Programs. New York: Population Council. Available at www.popcouncil.org/uploads/pdfs/2010PGY_AdolGirl-ToolkitResources.pdf.
- Raising Voices 2017. Fidelity to the SASA! Activist Kit. Programming for Prevention Series, Brief No.2. Kampala: Raising Voices. Available at <http://raisingvoices.org/wp-content/uploads/2017/05/ProgramBrief2.Fidelity-toSASA.RaisingVoices.may2017.pdf>.
- UNAIDS. 2014. Adolescent Girls and Young Women. The Gap Report: Geneva: UNAids. Available at www.unaids.org/sites/default/files/media_asset/02_Adolescentgirl-sandyoungwomen.pdf.
- UNAIDS, UNFPA, and UNIFEM (UNAIDS, United Nations Population Fund, and United Nations Development Fund for Women). 2004. Women and AIDS: Confronting the Crisis. Geneva and New York: UNAids, UNFPA, and UNIFEM. Available at <https://gcwa.unaids.org/sites/womenandaids.net/files/UNAIDS-UNFPA-UNIFEM-WomenAids---Confronting-the-Crisis.pdf>.
- USAID (United States Agency for International Development). 2010. Haiti HIV/AIDS Health Profile. <https://www.usaid.gov/haiti/global-health>
- WHO (World Health Organization). 2013. 16 Ideas for Addressing Violence against Women in the Context of the HIV Epidemic. Geneva: World Health Organization. Available at http://apps.who.int/iris/bitstream/handle/10665/95156/9789241506533_eng.pdf;jsessionid=C74883D729F58A92A897978FB15FA9B2?sequence=1.
- . 2014. World Report on Violence and Health. Geneva: WHO.

APPENDIX A. SASA! AND POWER TO GIRLS: THEORY OF CHANGE AND LOGIC MODEL

Theory of Change

The original SASA! methodology and Power to Girls were developed based on the perspective that IPV and other forms of VAWG are the result of multiple causal layers. The framework, originally developed by Urle Bronfenbrenner (1994) and since adapted by Lori Heise for VAWG (1998), presents the causes of IPV at the macro-social, community, interpersonal, and individual levels. At the community level, imbalance of power is manifested in inequitable norms and harmful practices. These norms are often perpetuated by religious or cultural justification, which deters action by stakeholders who are crucial to preventing violence. Lori Michau and colleagues argue that inequitable norms can be addressed through education and capacity building, which fosters collective action (Michau et al., 2014). This approach allows participants to feel empowered to contribute to an enabling environment in which a significant part of the population practices and advocates for gender equality. Using a similar approach, norms that perpetuate gender inequality and drive violence can be addressed in the healthcare sector by carrying out educational and behavior change interventions among health care professionals and other stakeholders (Gennari, 2014).

Community mobilization interventions are successful in transforming harmful gender norms because they guide community members at all levels of the ecological framework through gradual and sustainable change. This approach is founded in the transtheoretical model of behavior change. According to this model, there are six key stages through which behavior change occurs: precontemplation, contemplation, preparation, action, maintenance, and termination (Prochaska, 1997). Community mobilization efforts informed by this framework assist individuals and communities as they move through these six stages in an organic and empowering

manner. The responsive parenting (RP) intervention is based on this model. SASA!'s four steps take stakeholders from all levels of the community through each step of the intervention, changing over time their knowledge, attitudes, and behaviors that perpetuate harmful gender norms and creating an enabling and empowering environment that supports safety, nonviolence, and the dignity of women, men, girls, and boys.

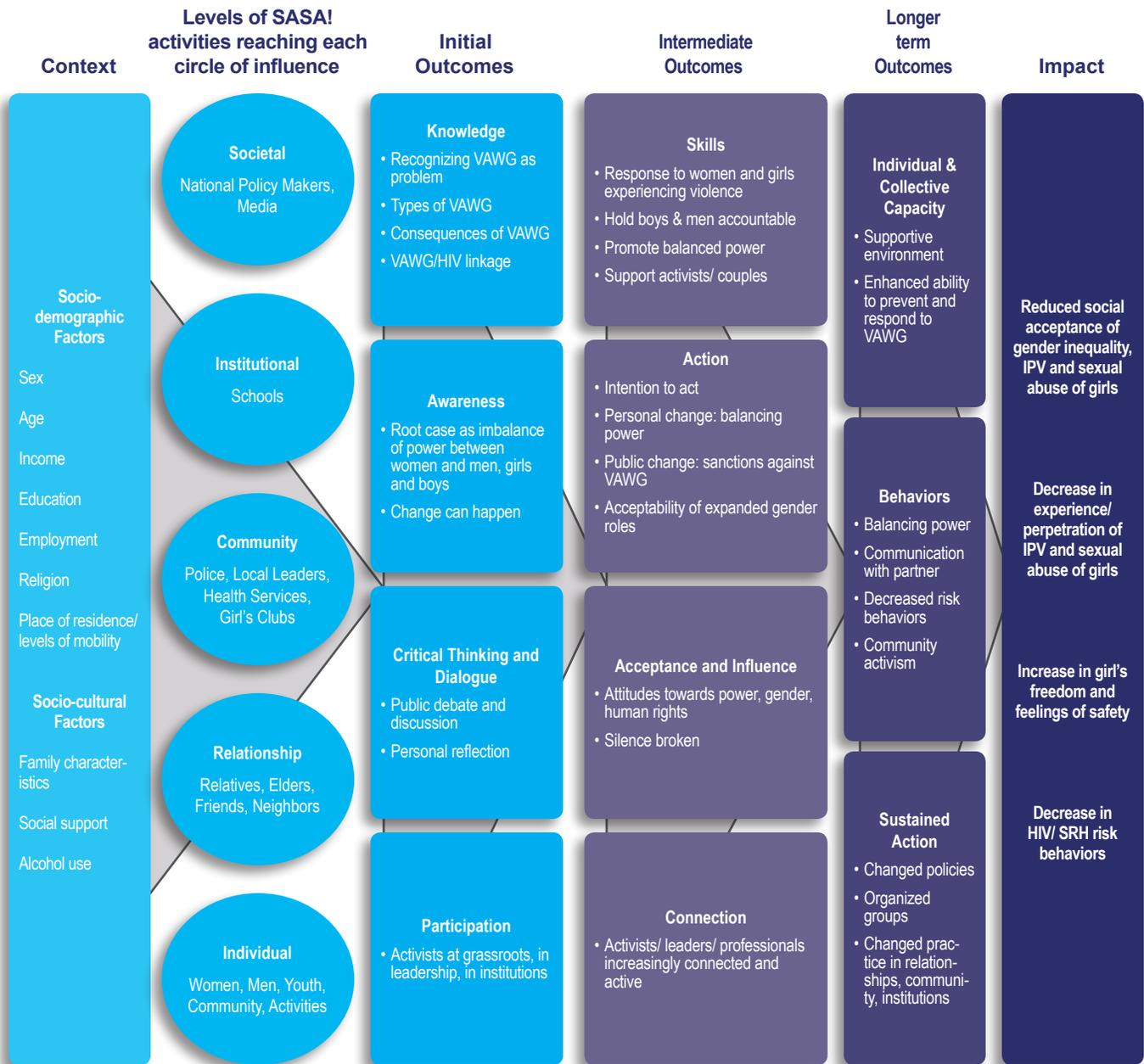
Rethinking Power Model

To conceptualize the theory of change of the Rethinking Power project, the evaluation and project teams reviewed the original SASA! logic model and the complementary Power to Girls to identify which areas were still applicable for the expanded project and where additions needed to be made to incorporate the new focus on girls. These are detailed in Figure A1.

The Rethinking Power model details the logical progression that the SASA!/Power to Girls approach employs to reduce violence. It begins first by detailing some of the most important factors that need to be considered when designing a program aimed at reducing violence and providing an overview of how the approach seeks to influence these factors at multiple levels. It then describes the initial, intermediate, and long term outcomes of the program approach, as well as the final impact RP seeks to achieve.

The model begins by noting some of the most important risk factors for VAWG that should be considered when implementing the program. These include sociodemographic factors (e.g., sex, age, income, education, employment, religion, residence) and sociocultural factors (e.g., family characteristics, social support, and alcohol use). For example, education levels correlate with the likelihood of experiencing VAWG. As such, RP may work to increase the safety of girls

FIGURE A1. SASA! ANALYSIS



on school grounds, as well as to advocate for family and community acceptance of girls' education. Each of these interventions may increase girls' educational attainment and subsequently reduce their risk of experiencing VAWG. Conversely, these factors may provide contextual knowledge that help improve program delivery. An example of this would be to determine the primary employment or income-generating activities are used in an area may change how the program approaches dissemination activities (e.g., where and when to hold activities and which key business leaders or other informal sector employees to engage).

The model then presents a visual of the ecological model approach that informs the RP program, describing the different levels that the methodology seeks to impact. As can be seen in the model, the RP methodology addresses each of these interlinked drivers of violence by working with community activists to change gender norms at multiple levels with a variety of groups. The initial outcomes expected from the program include increased knowledge of community members (male and female) of the types and consequences of VAWG and the linkages between violence and HIV. The program also expects to increase community awareness of the root cause of VAWG (an imbalance of power) and build consensus that it is possible to achieve change within a community. It also hopes to promote critical thinking, dialogue, and the development of community activists who can facilitate further community-level change among men, women, girls, and boys.

The initial outcomes give way to intermediate outcomes that take longer to develop. This includes building skills on appropriately responding to women and girls

who experience violence, holding men and boys accountable for their actions, and promoting a balance of power. In addition, changes in individual and community behaviors will begin to occur, along with changes in attitudes on concepts such as power, gender, and human rights. Parallel to these achievements, the program will continue to strengthen and build its community activist network that drives these changes within the community.

These intermediate outcomes lead to long-term outcomes, including increased capacity that support longer-term behavior change and sustained action to reduce VAWG. At this level, there will be improved individual and collective capacity to prevent and respond to incidents of violence within the community. Behavior change will also continue at the community (e.g., increased community activism) and individual levels (reduced risk behaviors, balanced power, improved partner communications). In addition, larger societal and community-level transformations will take place to provide a more supportive environment for women and girls (e.g., improved policies, transformed institutions, and community groups)

Together, these initial, intermediate, and longer-term outcomes will facilitate a number of expected program impacts. As detailed in the above model, these include (i) reducing the social acceptance of gender inequality, IPV, and the sexual abuse of girls; (ii) decreasing experiences of/perpetration of IPV and the sexual abuse of girls; (iii) increasing girls' freedom and feelings of safety; and (iv) decreasing sexual and reproductive health and human immunodeficiency virus (HIV) risk behaviors. This model will guide program and evaluation design for the RP program.

APPENDIX B. KEY INFORMANT QUESTIONNAIRE

Key Informant Questionnaire for the Adaptation, Implementation, Evaluation, and Acceptability of the SASA! Methodology and Power to Girls Intervention Programs in Haiti

Goal and Confidentiality

The goal of this interview is to collect important information from you as a key informant about the process, the organization, and the structure used during the adaptation, implementation, evaluation, and acceptability of the SASA! Methodology and Power to Girls Programs by George Washington University, Global Women’s In-

stitute (GWI), and Beyond Borders in Haiti in 2016–17. Any information provided here will be anonymous and any comments or information shared during this interview will be personally attributed to you. Your participation is voluntary and it may take you approximately 45 minutes to complete this questionnaire.

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Key Informant Questionnaire

A We would like to ask you a few questions about yourself. Please write the following:

First and Last Name

Organization Name

Title

Intervention Role

Starting Date of Involvement in the Intervention

Current Date

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B Planning and Adaptation

1. Please discuss the process, the structure, and the organization put in place for planning, selecting, and adapting the SASA! Methodology. These may range from brainstorming exercises, group discussions, similar interventions implemented in Haiti, literature reviews, or any formal needs assessment activities.

2. Discuss to what extent you have considered such issues (e.g., as the fidelity, the fit, or the cultural acceptance of the intervention during the planning and adaptation phase).

3. What are your insights about some of the lessons learned, challenges faced, and proposed solutions during the planning and adaptation phase of the intervention?

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C Implementation

1. Please discuss the process, the structure, and the organization put in place during the implementation phase of the intervention.

2. What are your insights about some of the lessons learned, challenges faced, and proposed solutions during this phase of the intervention?

D Evaluation

1. Please discuss the process, the structure, and the organization put in place during the evaluation phase (quantitative and qualitative) of the intervention.

2. What are your insights about some of the lessons learned, challenges faced, and proposed solutions during this phase of the intervention?
