

Final Report

The community-based approach of Indashyikirwa heavily emphasized skill development and behaviour change, as well as the goal of wider social norms change.



Building and Strengthening Healthy households' Order (BAHO) Project

End-line evaluation for Building and Strengthening Healthy households' Order (BAHO) Project

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TABLE OF CONTENTS

List of tables	iii
List of figures	v
LIST OF ABBREVIATIONS	vi
Acknowledgement	vii
Executive Summary	viii
CHAPTER ONE : GENERAL INTRODUCTION	1
1.1. Background and context	1
1.2. The state of Gender-based violence in Rwanda	1
1.3. Rwanda’s efforts to promote Gender Equality	2
1.3.1. Legal and policy framework	2
1.3.2. Women participation	2
1.3.3. Women in ICT	4
1.3.4. Women in household decision making	4
1.3.5. Public Education Efforts on Gender Equality and GBV in Rwanda	5
1.4. About Indashyikirwa/BAHO program	5
1.4.1. Context of the program	5
1.4.2. Scope of the program	5
1.5. Purpose and scope of the Endline Evaluation	7
CHAPTER TWO : APPROACH AND METHODOLOGY	8
2.1. Population and sampling	9
2.2. Evaluation design	10
2.3. Key project areas of investigation	11
2.4. Data collection techniques and tools	12
2.4.1. Desk Review of relevant literature	12
2.4.2. Survey Questionnaire	12
2.4.3. Focus Group Discussions (FGD) among selected participants	12
2.4.4. Key Informant Interviews with Implementing partners and stakeholders	13
2.5. Recruitment of enumerators and supervisors	13
2.6. Testing of data collection tools	13
2.7. Data Quality Control and assurance	14
2.8. Data processing, analysis and reporting	14
2.9. Measuring relevance, effectiveness, efficiency of the BAHO Project	14
2.10. Ethical considerations	15
CHAPTER THREE : FINDINGS	11
3.1 Profile of the respondents	17
3.1.1 Distribution of the respondents by location and by sex	17
3.1.2 Distribution of respondents by age, marital status, education and participation in VSAs	18
3.2. Project achievements on output indicators	20
3.3. Project achievements on outcome indicators	21
3.3.1. Decrease in prevalence of IPV as a result of transformed social, cultural and gender norms	21



3.3.2. Beliefs about Acceptability of Violence: % of people who reject intimate partner violence	28
3.3.4 Beliefs about Gender Norms and Roles	31
3.3.5. Reduced prevalence of GBV comparing time of starting the project and at end of the project towards target set	39
3.3.6. Attitudes and Perceptions about Gender Social Norms	43
3.3.7. Women’s decision-making power in the household	44
3.3.8. Structural/System Level 3	49
3.3.9. Decrease in prevalence of IPV as a result of transformed social, cultural and gender norms: Couples Practice More Gender Equitable Behaviors	51
3.3.10. Structural: Transforming Norms	53
3.3.11. Awareness and Management	55
3.3.12. Support Systems and Economic Access	57
3.3.13. Women’s Spaces and GBV Services	60
3.3.14. Structural Change: Norms and Practices	61
3.3.15. Community Activism and Opinion Leaders	67
3.4. BAHO Blended Approach	69
3.4.1. Digital Literacy and accessibility	69
3.4.2. BAHO Blended Program Usage and Performance	78
CHAPTER FOUR : LESSONS LEARNT, BEST PRACTICES, CHALLENGES, AND RECOMMENDATIONS	88
4.1. Lessons learnt	88
4.2. Best practices	90
4.3. Challenges	91
4.4. Recommendations	92
CHAPTER FIVE : GENERAL CONCLUSION	93
REFERENCES	96
APPENDICES: ACHIEVEMENTS OF BAHO/INDASHYIKIRWA PROJECT TOWARDS OUTCOME INDICATORS	97

LIST OF TABLES

Table 1: Number of structured interviews (Quantitative) conducted through person to person (Kobo Tool Collect)	6
Table 2: Number of Unstructured interviews (Qualitative) conducted through FGDs and KIs.....	6
Table 3: Age group of surveyed couple's members that benefited to traditional curriculum of IPV/GBV prevention and responses.....	11
Table 4: Education level of surveyed couple's members that benefited from traditional curriculum of IPV/GBV.....	12
Table 5: VSLAs membership and participants of surveyed couple's members that benefited to traditional curriculum of IPV/GBV.....	13
Table 6: GBV Awareness by district at baseline and endline.....	14
Table 7: GBV Awareness by sex at baseline and Endline Evaluation.....	16
Table 8: Distribution of surveyed couples who benefited from traditional curriculum of IPV/GBV by their awareness of Women rights.....	17
Table 9: Improved knowledge, attitude and practices on GBV prevention at Endline.....	18
Table 10: Situation that justifies a husband to heat or beat his wife at baseline and Endline Evaluations.....	19
Table 11: Impact level findings at Endline.....	21
Table 12: Attitudes and perception about gender social norms using the Gender Equitable Men Scale.....	23
Table 13: Perceptions on Beliefs about Gender Norms and Roles.....	24
Table 14: Decision-Making and Masculinity.....	25
Table 15: Attitudes Towards Conflict and Masculinity.....	25
Table 16: GBV experience at Baseline and Endline Evaluations.....	26
Table 17: Reduced Prevalence of GBV & Strengthened Mechanisms at Endline.....	28
Table 18: GBV Reporting at baseline and Endline Evaluations.....	30
Table 19: The place where IPV/GBV victims reported cases.....	30
Table 20: Attitudes and Perceptions about Gender Social Norms.....	32
Table 21: Household financial Decision-Making.....	33
Table 22: Women who report they can equally participate in household financial decision-making.....	36
Table 23: Confidence in Challenging GBV.....	37
Table 24: Changes in Community Attitudes Towards GBV Over the Past Year.....	37
Table 25: Level of awareness of women's Rights & benefits of gender equality.....	39
Table 26: Managing Relationship Tensions Non-Violently: Community Perspectives.....	39
Table 27: Perceptions on Nonviolent Relations in the Community.....	40
Table 28: Economic Impact of VSLA and MEC Participation: Community Perspectives.....	44
Table 29: Beliefs and community engagement.....	47
Table 30: Methods Used by Participants to Charge Mobile Phones.....	53
Table 31: Common Uses of Mobile Phones among Participants.....	54
Table 32: Primary Locations for Internet Access among Participants	56
Table 33: Types of In-Person Phone Training Received.....	57
Table 34: Phone Sharing Practices among Participants.....	57
Table 35: Individuals with Whom Participants Share their Phones.....	57
Table 36: Spouse's Perception of Phone and Internet Use Among Female Participants.....	58
Table 37: Reasons for Lack of Smartphone Access Among Women	58
Table 38: Awareness of Domestic Violence Cases Linked to Women's Phone Use Among Participant.....	58
Table 39: Strategies to Promote Smartphone Use among Women	59
Table 40: Presence of BAHO App on Participants' Smartphones.....	60
Table 41: Participation in Digital/Blended Couple Curriculum Training.....	60

Table 42: Effective Learning Methods for Smartphone Use with BAHO Project Support.....	62
Table 43: Average Daily Time Spent on Phone for Learning Sessions (Hours or Minutes).....	62
Table 44: Frequency of Engaging in Blended Digital Learning Sessions per Week.....	63
Table 45: Average Daily Time Spent on Face-to-Face Classes (Hours or Minutes).....	63
Table 46: Frequency of Attending Face-to-Face Classes per Week.....	63
Table 47: Preferred Learning Approach Among Participants.....	64
Table 48: Satisfaction with Blended Digital Learning Compared to Face-to-Face Learning.....	64
Table 49: Extent of Asynchronous Completion of Digitized Content.....	64
Table 50: Understanding of GBV Prevention Best Practices After Digitised Curriculum Participation.....	65
Table 51: Quality Comparison: Digital Modules vs. In-Person Sessions.....	65
Table 52: Impact of BAHO Blended Program on Technology Skills Enhancement.....	66

LIST OF FIGURES

Figure 1: Schematic Presentation of the Endline Review methodology.....	7
Figure 2: Marital status of surveyed couple’s members that benefited from traditional curriculum of IPV/GBV.....	12
Figure 3: Trend of the extent of reject intimate partner violence comparing baseline and endline values towards target.....	21
Figure 4: Distribution of the types of telephones devices owned by participants of blended digital training.....	53
Figure 5: Types of Network providers.....	55
Figure 6: Quality of Network Coverage in Participants’ Areas of Residence.....	55
Figure 7: Time for completing the session on the app and in class.....	61



LIST OF ABBREVIATIONS

BAHO	Building and Strengthening Healthy households' Order
CA	Community Assistants
CARE	Cooperative for Assistance and Relief in Everywhere
FGD	Focus Group Discussion
GBV	Gender Based Violence
GoR	Government of Rwanda
IPV	Intimate Partner Violence
IZU	"Inshuti z'Umuryango"
KII	Key Informant Interview
NGOs	Non-Governmental Organizations
NWC	National Women's Council
OECD-DAC	Organization for Economic Co-operation and Development/ Development Assistance Committee
PMF	Project Monitoring Framework
PSHEA	Prevention of Sexual Harassment and Abuse
PSS	Psychosocial Support
RWAMREC	Rwanda Men's Resource Centre
RWN	Rwanda Women's Network
ToC	Theory of Change
ToR	Terms of Reference
VAN	Voluntary Association Network
VSLAs	Village Savings and Loans Associations

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Care International Rwanda extends its heartfelt appreciation to all those who contributed to the successful completion of the BAHO/Indashyikirwa project endline evaluation. This report is a testament to the collaborative efforts of numerous individuals and institutions, without whom this assignment would not have been possible.

First, we express our deepest gratitude to our esteemed partners (District, and RWAMREC) their unwavering commitment to enhancing eradicating intimate partner violence and empowering women in Rwanda and their invaluable support throughout the research process, from availing all the project documents and sharing all the relevant project information to dedicating time for countless meetings with the research team, have been instrumental in ensuring the professional conduct of the study and the attainment of expected results.

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Our sincere appreciation also extends to all the study participants in their respective categories, notably direct project beneficiaries couples trained using both traditional and blended curriculum, community activists, VSLA members and opinion leaders. Their willingness to share experiences and insights during survey questionnaires, key informant interviews and focus group discussions has greatly enriched the depth and breadth of this evaluation, providing a nuanced understanding of the project's impact.

Last, but not least, we express our profound gratitude to the research team for all their efforts in collecting both quantitative and qualitative data and conducting thorough analysis. Their dedication to ensuring a comprehensive assessment has been pivotal in delivering an insightful report.

This acknowledgment serves as a tribute to the collective efforts and commitment of all parties involved, setting a benchmark for transformative GBV prevention initiatives. Thank you for your unwavering dedication, collaborative spirit, and commitment to a GBVP/IPV-free society.

Sincerely,

CARE Rwanda country Director

EXECUTIVE SUMMARY

This endline evaluation assessed the performance and impact of the BAHO/Indashyikirwa project implemented by CARE International Rwanda from September 2022 to August 2024 in Gatsibo and Nyagatare districts of Rwanda. The project aimed to enhance women economic condition by reducing intimate partner violence (IPV) through interventions at household, community and village levels. Key interventions included training of couples on equitable and healthy relationships, reducing gender-based violence (GBV) and increasing women's economic decision-making power as well as engaging Women from Village Savings and Loan Associations (VSLAs), opinion leaders and Community Activists to influence positive change in the target communities. Additionally, the project leveraged digital technology to optimize the program's reach and effectiveness. The Building and Strengthening Healthy Households' Order (BAHO) project was tested on 540 couples (1,000 individuals) with the aim to change attitudes towards violence and control over women's mobility and finances, promoting positive behaviors such as communication, positive masculinity, shared chores, and joint decision-making.

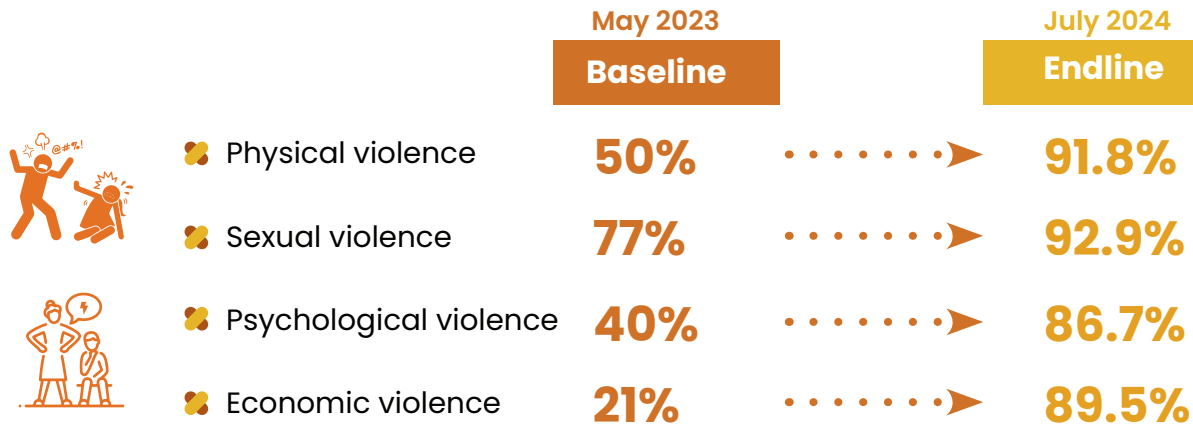
The study employed a mix of quantitative and qualitative data collection methods including survey questionnaire, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and Desk review. Data was collected from all categories of project beneficiaries and partners including trained couples (both using traditional and blended curricula), community activists, opinion leaders, project staff and implementing partners.

A comparative analysis of the findings from both baseline and endline evaluation was performed to examine the project's impact compared to the situation when it started. Overall, a comparative view of the baseline and endline evaluation findings demonstrate commendable achievements of the BAHO/Indashyikirwa project at both the output and outcome levels, exceeding the initial targets. At the outcome level the project successfully met its target by training 480 couples, totaling 960 individuals, with an equal distribution of 480 males and 480 females. The digital curriculum trained 60 couples (120 individuals) equally divided between males and females. Most importantly, 100% of participants passed all the quizzes, and 100% completed at least 75% of the digitized content. The project trained 228 individuals as community activists (CAs), exceeding the target of 200. This included 124 females and 104 males, with a majority trained through traditional curriculum (192) and the rest (24) through digital curriculum. The project trained 249 community and religious leaders, beyond the initial target of 60 participants. The trained group comprised 147 females and 102 males.



At the outcome level, the project was successful in increasing awareness on GBV and Gender equality and improving women economic empowerment. Below are the key highlights of the project's achievements:

Increase of awareness of gender based violence by types (GBV/IPV)

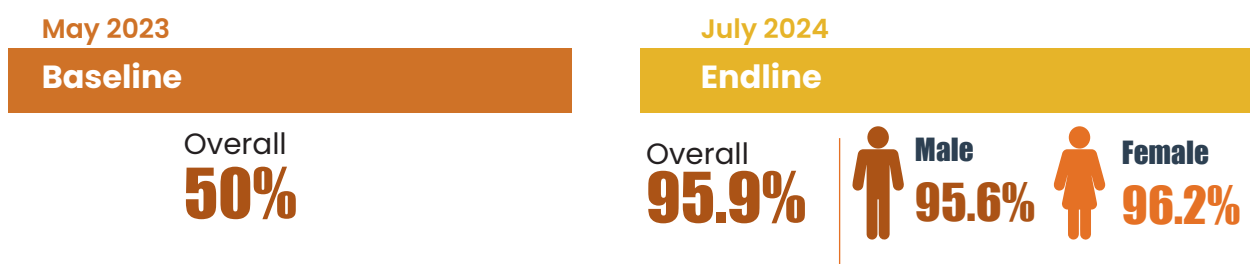


GBV awareness significantly increased to 92% at endline from 50% recorded at the baseline for physical violence and from 77% to 93% for sexual violence. Notably, psychological violence awareness saw the most dramatic growth, from 40% (baseline) to 87% (endline). The gender gap in GBV awareness also narrowed, with substantial improvements among men, particularly in recognizing psychological and economic violence.

Awareness of forms of GBV by sex:

Types of violence that couple members are aware of by sex	Baseline		Endline	
	Male	Female	Male	Female
Physical Violence	43%	75%	89.7%	93.7%
Sexual Violence	91%	64%	91.9%	93.7%
Psychological Violence	22%	58%	83.8%	89.2%
Economical Violence	35%	67%	86.8%	91.8%

Confidence in their understanding womens rights in non-violent relationship



at endline, 95.9% of respondents, both male (95.6%) and female (96.2%), felt confident in their understanding of women's rights in non-violent relationships, up from 50% at baseline.



Only 4.1% remained unaware, highlighting a small knowledge gap

Understanding of GBV prevention

May 2023

Baseline: Understanding of GBV/IPV prevention

56.8%



July 2024

Endline: Understanding of GBV/IPV prevention

100%

62.8%



Gender-equitable attitudes with traditional curriculum

97.8%



50.5%

Gender-equitable attitudes with Digital curriculum

71.7%

Rejection of violence:

May 2023

Baseline: Rejection of violence

Overall

40%



Female

46%



Male

34%

July 2024

Endline: Rejection of violence

Overall

98.2%



Female

98.4%



Male

98.1%

Changing gender norms:

May 2023

Baseline: Changing gender norms



85.7%

Believed a woman's most important role was homemaking



82.5%

Thought caregiving for children was solely a mother's responsibility

July 2024

Endline: changing gender norms



2.4%

Believed a woman's most important role was homemaking



6.7%

Thought caregiving for children was solely a mother's responsibility

Collaborative decision-making:

May 2023

Baseline: believed that men should have the final say in family decisions



Overall
54.2%

July 2024

Endline: believed that men should have the final say in family decisions



Overall
2.8%

Non-violent conflict tolerate by women to keep their families together:

May 2023

Baseline: Felt that women should tolerate violence to keep their families together



Overall
56.4%

July 2024

Endline: Felt that women should tolerate violence to keep their families together



Overall
3.5%

Indicating a strong inclination towards non-violent conflict resolution (“Do-No-Harm approach”) for maintaining family cohesion.

Decrease in IPV prevalence

May 2023

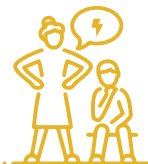
Baseline: The prevalence of GBV (physical, sexual, or psychological)



Overall
47.3%

July 2024

Endline: The prevalence of GBV (physical, sexual, or psychological)



Overall
8.8%

Masculinity and sexual norms

May 2023

Baseline: "To be a man, you need to be tough"



Overall
27.1%

July 2024

Endline: "To be a man, you need to be tough"



Overall
2.8%

Baseline: men should be embarrassed if they are unable to

Overall
88.2%

Endline: men should be embarrassed if they are unable to get an erection "

Overall
6.1%

The percentage of respondents agreeing that "To be a man, you need to be tough" fell from 27.1% at baseline to 0.7% at endline in the traditional setting and 2.1% in the digital setting. Similarly, the belief that men should be embarrassed if they are unable to get an erection decreased from 88.2% at baseline to 2% in the traditional setting and 4.1% in the digital setting for the endline.

Reporting GBV Cases:

May 2023

Baseline

Overall rate **56%** | female **72%** | Male **39%**

July 2024

Endline

Overall rate **68.3%** | female **69%** | Male **66.7%**

Reports were primarily made to local authorities (53.6%), with Inshuti Z'Umuryango (21.4%) and Abunzi (14.3%) being other common reporting venues. Police and religious leaders were the least utilized (3.6% each).

Attitudes and Perceptions about Gender Social Norms:

May 2023

Baseline

50% of participants initially supported women's control over their financial assets

July 2024

Endline

99.7% surged through support

STRUCTURAL/SYSTEM LEVEL INSIGHTS

Confidence in challenging GBV:

Overall **77.6%**



Female
72.8%



Male
82.4%

Changes in community attitudes towards GBV



Overall
87.8%

Presence of community networks addressing GBV

Presence **90.8%**

being active **100%**

Community support for GBV victims

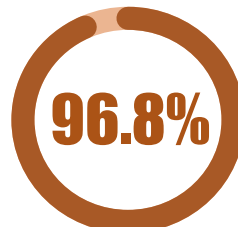
May 2023

Baseline : support networks for GBV victims



July 2024

Endline: support networks for GBV



Women access to economic resources

May 2023

Baseline : women's access to and control over economic resources

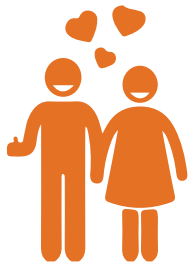
Overall
50%

July 2024

Endline: women's access to and control over economic resources

Overall
98.7%

Non- violent relations



12.6%

Managing relationship tensions non violently



48%

Managing relationship tensions non violently

Women rights and gender equality knowledge among couples



Female

85.5%



Male

82.8%

Awareness and management

Community willingness to challenge GBV norms



Overall

99.7%

Community support for abuse victims



Female

98.7%



Male

94.9%

acknowledged a greater commitment to supporting survivors.

Participation in BAHO digital training



87.2%

of participants had the BAHO app installed



97.9%

engaged in the digital/ blended couple curriculum training.

The table below illustrates achievements of BAHO project towards its outcome's indicators:

Expected Result	Indicator No.	Indicator	Baseline Data (2023)	Target (2024)	Achievement (Endline 2024)	Status of the achievements
Impact: Decrease in prevalence of IPV as a result of transformed social, cultural & gender norms	CI Global Indicator 10	% of people who reject intimate partner violence (Global Indicator)	Overall, 40%: Female: 46% Male: 34%,	70%	Overall: 98.2% Male: 98.1% Female: 98.4	Over Achieved: significantly exceeded, with an overall rejection rate of IPV reaching 98.2%, reflecting a profound shift in social & gender norms.
Outcome I: Reduced prevalence of GBV and strengthened community-level mechanisms for the prevention of violence against women, girls and boys	1.1 (global Indicator	Prevalence of physical, sexual or psychological violence e among couples = % of couples who (say they) have experienced physical, sexual or psychological violence in the last 12 months perpetrated by their (former) partner	The average of couples who have experienced Violence in the last 12 months is 47.33%	20%	Overall: 5.44% Male: 0.7% Female: 9.5%	Over Achieved: Target greatly surpassed, with a significant reduction in violence, bringing the prevalence down to 5.4% overall, demonstrating effective prevention mechanisms.
	1.2 (global Indicator #17	Women's decision-making power in the household = % of women who report they can equally participate in household financial decision-making	44.57% Average of women who equally participate in decision-making	85%	84.6%	Nearly Achieved: results closely approached the target, with 84.6% of women reporting equal participation in decision-making, indicating substantial progress toward gender equality in HHs.
Intermediate outcome I: Improved knowledge, attitude & practices on GBV prevention best practices		% of couples reporting improved understanding of GBV prevention best practices compared to baseline of non- digitized curriculum	The average of couples who understand the GBV prevention: 56.75%	100%	Overall: 100% Improved Significantly: 84.8% Improved Somewhat: 15.2%	Achieved: The target fully met, with all couples reporting improved understanding, & a significant majority showing substantial improvement in GBV prevention knowledge.
		* % of respondents who report gender equitable attitudes (GEM scale) disaggregated by couples using digital curriculum and traditional curriculum	Traditional: 62.76% Digital: 50.50%	80%	Traditional: 97.8% Blended Digital: 71.7%	Partially Achieved: target exceeded in the traditional curriculum group, but the blended digital group fell short, though still showing considerable progress toward more gender-equitable attitudes. Further focus on digital learning is recommended.

The evaluation revealed **several key lessons learned** during the project implementation. The blended approach to training, was particularly effective, saving time and resources while allowing participants to learn at their own pace. Additionally, integrating women's economic empowerment through VSLAs proved crucial in addressing economic violence. Empowering the community to challenge GBV norms increased overall awareness and action against violence, although there remains a need for targeted campaigns to address the minority who still accept violence as a norm.

Best practices identified included the integration of VSLAs within GBV prevention efforts addressed economic aspects of violence effectively, training of community activists to ensure the sustainability of project impacts beyond the project's lifespan, and the use of personal, real-life testimonies during training sessions, fostering a supportive community atmosphere.

The project faced **challenges** such as resistance to change among some community members with traditional norms, transportation issues affecting participant attendance in traditional training, while poor internet connectivity and the need for shared devices also hindered access to digital training.

Recommendations for future projects include establishing strong follow-up mechanisms, addressing transportation and internet connectivity issues, developing targeted educational campaigns to shift deeply ingrained attitudes towards violence, enhancing financial education programs to support joint decision-making in households, and strengthening community-based support systems to reduce barriers to utilizing GBV services.

CHAPTER ONE : GENERAL INTRODUCTION

1.1. Background and context

Violence against women and girls remains a global human security challenge, especially in societies with culture norms and beliefs that favour gender inequality and patriarchy. According to UN Women, one in three women (approximately 736 million) have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life (UN Women, 2023). Most violence against women is perpetrated by current or former husbands or intimate partners, with 26% of women (over 640 million) aged 15 and above, having have been subjected to intimate partner violence (UN Women, 2023).

Several global frameworks and agreements have been established to promote gender equality and put an end to Gender Based Violence (GBV). The 1979 Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) mandates governments to ensure women's actual enjoyment of equality. The 1993 UN Declaration on the Elimination of Violence Against Women calls for collective action against gender-based violence, while the 1995 Beijing Platform for Action advocates for women's empowerment and gender mainstreaming in all policies. Furthermore, gender equality is central to the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs), which set gender equality goals, with a focus on women's empowerment. Various regional agreements also reinforce gender equality and women's rights (UN Women, 2023).

1.2. The state of Gender-based violence in Rwanda

According to Rwanda Demographic and Health Survey (RDHS), 37% of women and girls in Rwanda, aged between 15-49, have experienced physical or sexual, or psychological violence, with the corresponding proportions among men being 30% (RDHS, 2020). The report further indicates that 46% of ever-married women and 18% of ever-married men have experienced spousal, physical, sexual, or emotional violence (RDHS,2020).

To address this persisting challenge, the Government of Rwanda has adopted several measures including improving access to services and justice for GBV victims. The government established Isange One Stop Centres across all district hospitals, ensuring that victims of GBV can access comprehensive services under one roof. These specialized centers serve as safe and supportive spaces where survivors can receive medical, legal, and psychosocial assistance in a coordinated and efficient manner (MIGEPROF, 2022).

To further enhance access to justice for GBV survivors, legal aid services have been decentralized at the district level through the dedicated staff of the Ministry of Justice (MINIJUST). The mobile justice (MAJ) staff were work directly at the Isange One Stop Centres, streamlining the process of seeking legal support and ensuring a more responsive approach. Through these efforts, survivors are provided with immediate care and support while the culture of accountability and justice for GBV cases is promoted (GMO, 2024).

1.3. Rwanda's efforts to promote Gender Equality

1.3.1. Legal and policy framework

Over the past three decades, Rwanda has implemented comprehensive legal and policy reforms aiming to create a conducive environment for gender equality and women empowerment across different sectors. The country's revised constitution recognizes gender equality and women's rights as a fundamental principle and mandates a minimum 30% quota for women in all decision-making bodies (GMO, 2024). Additionally, the National Gender Policy adopted in 2021 underscores the country's resolve to promote gender equality and equity in all sectors, providing women with increased access to productive economic resources and opportunities (GMO, 2024). The policy also elaborates strategies to ensure that both women and men are free from any form of gender-based violence and discrimination (GMO, 2024). The same efforts are reflected in the 2011 National Policy against Gender Based Violence which capitalizes on the development of a preventive, protective, supportive and transformative environment to eliminate gender-based violence (GMO, 2024).

Furthermore, a series of laws have been enacted or amended to ensure that gender equality is at the centre of the country's social economic development. In 1999, Rwanda passed the first law governing matrimonial regimes, donations, and successions which was later revised in 2016. The law which was later revised in 2016 marked a historical moment in Rwanda by granting equal inheritance rights to boys and girls for the first time, ensuring that they both have an equal opportunity to inherit property from their parents (GMO, 2019). Complementing the inheritance law, the law No27/2021 of 10/06/2021 governing land in Rwanda, guarantees both women and men equal access, rights and enjoyment over their land properties. From this, both men and women have land titles registered in their names, especially women to access loans from financial institutions and engage in income generating activities (GMO, 2024).

In addition to land and inheritance, several laws were also enacted to ensure women's right to education and gender-responsive budgeting. More specifically, the law N° 010/2021 of 16/02/2021 determining the organization of education sought to eliminate all obstacles that hinder the development of girls and women education as well as of any other groups that need special attention. Lastly, the organic Law N° 002/2022.OL of 12/12/2022 on public finance management provided the grounds for a Gender Responsive Planning and Budgeting programme (GRB) to ensure the realization of gender commitments. To reinforce this implementation, mandatory gender responsive planning and reporting have been instituted through Annual Gender Budget Statements (GBS) (GMO, 2024).

1.3.2. Women participation

Rwanda has consistently ranked among the best countries in the world in promoting gender equality. According to the World Economic Forums' (WEF) Global Gender Gap Index, the country ranks 06th globally in bridging gender gap (WEF, 2022). With the constitutional requirement of a minimum quota of at least 30% of women in decision making organs, Rwanda has the highest women representation in parliament (Lower Chamber) in the world (61.3%) (UN, 2024). Women are also represented at different

leadership levels from local to national levels. For instance, 49.7% judges and clerks are women, 33% of District mayors are women, 45.2% members of District councils are women, 42% of Sector Councils are women, and women make up 50% of community mediation and conflict resolution committees “Abunzi” (MIGEPROF, 2023).

Apart from politics, women and girls’ participation and inclusiveness is observed in other key sectors including education and health. Girls’ education has remarkably improved, with female primary school enrolment rate standing at 99.1%. The number of females enrolled in TVET level 1–7 stands at 44.2% for female while tertiary school’s attainment stands at 39% (MIGEPROF, 2023). Furthermore, 2022 Rwanda Fifth Population and Housing Census revealed that Adult Literacy rate among women stood at 76.7% (NISR, 2022).

In health, women make up 66% of the community health workers (CHWs), a leading force behind the country’s remarkable health sector transformation. Thanks to the CHWs, the maternal mortality ratio has significantly declined to 210 deaths per 100,000 live births in 2014–2015 down from 1071 in year 2000. Mortality rate for children under 5 years old reduced from 196/1000 in 2000 to 50/1000 in 2015. Assisted births were at 91% in 2015 up from 27% in 2005 and 69% in 2010 (MOH, 2023).

1.3.3. Women in ICT

Rwanda’s resolve to position itself as an African hub for technology has not left out women. National statistics indicate that 84% of females and 88% of males in Rwanda have access to mobile phones, boosting rapid information sharing among Rwandans and increasing access to financial services through mobile cash transactions (NISR, 2022).

Furthermore e-learning has offered opportunities for students to access required skills and education without leaving behind the rest of their daily responsibilities. For instance, pregnant and breastfeeding mothers and others with little children are able to upgrade their education through e-learning while limiting their mobility and still taking care of their children and homes (MINEDUC, 2020).

1.3.4. Women in household decision making

Rwanda’s investment in women and girls has created a ripple effect not only for women themselves, but also for families and the community at large. Women who have increased control over household resources tend to spend more on food, better health, and schooling for their children, increasing the living standards and productivity of the household (UN Women, 2023). However, the journey is far from over.

For instance, while women farmers who account for 79% of the labor force have been making an important contribution to the country’s economy, they remain less productive than male farmers (UN Women, 2023). Moreover, despite the several reforms that have improved women’s ownership rights, women continue to face discriminatory social and customary norms and limited decision-making power at the household level, constraining their ability to control land and income produced from it (UN Women, 2023).

1.3.5. Public Education Efforts on Gender Equality and GBV in Rwanda

The government of Rwanda and partners have invested significant efforts in educating the public on gender equality and GBV. Public education campaigns such as “16 days of activism” and “HeForShe” have been instrumental in changing societal attitudes towards gender equality and GBV (UN Women, 2015, 2022). These campaigns, supported by widespread media outreach and community-based activities, have reached thousands raising the public’s awareness on the importance of gender equality and the detrimental impacts of GBV (UN Women, 2022).

Furthermore, institutions have invested in training of professionals, particularly those in law enforcement, healthcare, and education to enhance the response to GBV in Rwanda. For instance, the Rwanda National Police (RNP) established specialized GBV desks to effectively handle GBV-related cases while the Ministry of Health, together with partners, provided training for healthcare providers to improve their ability to recognize and treat survivors of GBV (WHO, 2018; RNP, 2019).

The existing synergy between the government, NGOs, CSOs and international agencies has been instrumental in ensuring a coordinated and comprehensive approach to addressing GBV and promoting gender equality in Rwanda. However, while the impact of these joint efforts is often witnessed through testimonies and field observations, it remains less documented in the literature.

1.4. About Indashyikirwa/BAHO program

1.4.1. Context of the program

Over the last three decades CARE International Rwanda has played an instrumental role in Rwanda’s social economic recovery. Several lifechanging programs have been implemented with a particular focus on women’s economic empowerment, GBV prevention, and adolescent sexual and reproductive health, that had a tangible positive impact on the lives of over five million people (CARE, 2023).

In 2022, CARE International Rwanda introduced Indashyikirwa, a program set to improve women’s economic conditions by reducing intimate partner violence (IPV). The program sought to empower women economically, engage men as allies for gender equality, and use digital messaging and mass media. The aim was to change attitudes towards violence and control over women’s mobility and finances, promoting positive behaviours such as communication, positive masculinity, shared chores, and joint decision-making. Indashyikirwa program operated on three levels: Household level, Community level and Village level. At household level, CARE and partners trained couples to foster equitable and healthy relationships, reducing gender-based violence (GBV) and increasing women’s economic decision-making power. Women from Village Savings and Loan Associations (VSLAs) actively participated and brought their partners for training.

At the community level, the program engaged women in VSLAs to enhance access to resources through savings and small businesses while at village level, Indashyikirwa program collaborated with opinion leaders and “Community Activists” to hold regular dialogues aimed at changing GBV norms.

Recognizing the potential of digital technology to expand and optimize the program, CARE Rwanda launched the Building and Strengthening Healthy Households' Order (BAHO) project. BAHO targeted 540 couples (1,000 individuals) in Gatsibo and Nyagatare districts, Eastern Province, focusing on at-risk women, girls, men, and boys to reduce GBV and support economic recovery through increased access to resources and small businesses. The project run from September 2022 to August 2024.

1.4.2. Scope of the program



The project's primary goal was to prevent intimate partner violence (IPV) among couples in unhealthy relationships in the specified districts through the three key interventions:

- **GBV-related intervention with Blended Digital couple training:**

This intervention consisted of gender training sessions delivered through personal channels for maximum effectiveness, with digitized training content for use in classroom settings alongside in-person training. A pilot test for the digital curriculum was conducted to 60 couples while the traditional couples' curriculum was delivered to 480 couples.

- **Community activism:**

As an extension of the couples' curriculum and to ensure program sustainability, 20% of the 540 trained couples (192 individuals) were selected to conduct community-based activities. Additionally, 12 representatives from community structures such as the National Women's Council (NWC), "Inshuti z'Umuryango" (IZU), and Voluntary Association Network (VAN) were included to support the program's sustainability.


- **Psycho-Social Support:**

This component which was introduced later in the project following recommendations from monitoring reports, consisted of providing counselling and support to GBV victims to help them heal and recover. Facilitators and selected community members were trained on listening and basic counselling practices to offer psycho-social support and strengthen connections with existing community support systems in response to GBV.


1.5. Purpose and scope of the Endline Evaluation

The main goal of the endline evaluation was to assess BAHO's performance against its targets as outlined in the Project Monitoring Framework (PMF) and to measure the program's impact on participants. The evaluation sought to assess whether the BAHO project has been relevant to the country context and development policies, whether it was effective and to what extent it achieved its expected outputs and outcomes.

The endline evaluation also identifies gaps in project implementation and achievements and assess the degree of success in addressing constraints and gaps that emerged. It also identifies channels through which these effects have occurred, and attempts to establish the determinants of change along with reasons for smaller/bigger than expected or unintended impacts. Furthermore, in terms of a forward-looking perspective, the end-line assessment also draws lessons learned and identify key operational experiences that may be used for future interventions.



CHAPTER TWO: APPROACH AND METHODOLOGY



2.1. Population and sampling

The BAHO project endline evaluation applied a mixed-methods, pre-post design approach which included longitudinal tracking of couples to identify changes over time within the same population. The research team therefore recontacted the same individuals that were part of the baseline and midline (digital curriculum) assessments by adapting the tools used by baseline and midline evaluation

The primary quantitative data were collected from two districts - Nyagatare and Gatsibo, equally distributed across the four administrative sectors of the project intervention. The sample size for the quantitative data collection is displayed on the following tables:

Table 1: Number of structured interviews (Quantitative) conducted through person to person (Kobo Tool Collect)

District	Sector	Categories of the respondents			Total
		Couples trained using traditional curriculum	Couples trained through Digital curriculum	Community Activists	
Nyagatare	Katabagemu	68	11	5	84
	Karangazi	70	12	5	87
	Total	138	23	10	171
Gatsibo	Remera	68	12	4	84
	Kabarore	69	12	5	86
	Total	137	24	9	170
Total		275	47	19	341

Table 2: Number of Unstructured interviews (Qualitative) conducted through FGDs and KIIs

Sector	FGDs_Men_ Traditional	FGDs_Women Traditional	FGDs_ Men Digital blended	FGDs Women Digital blended
Kabarore		1	1	
Remera	1			1
Katabagemu	1			1
Karangazi		1	1	
Sector	FGDs_Men_ VSLAs & women			
Kabarore	1 (Men)			
Remera	1(Women)			
Katabagemu	1 (Men)			
Karangazi	1(Men)			

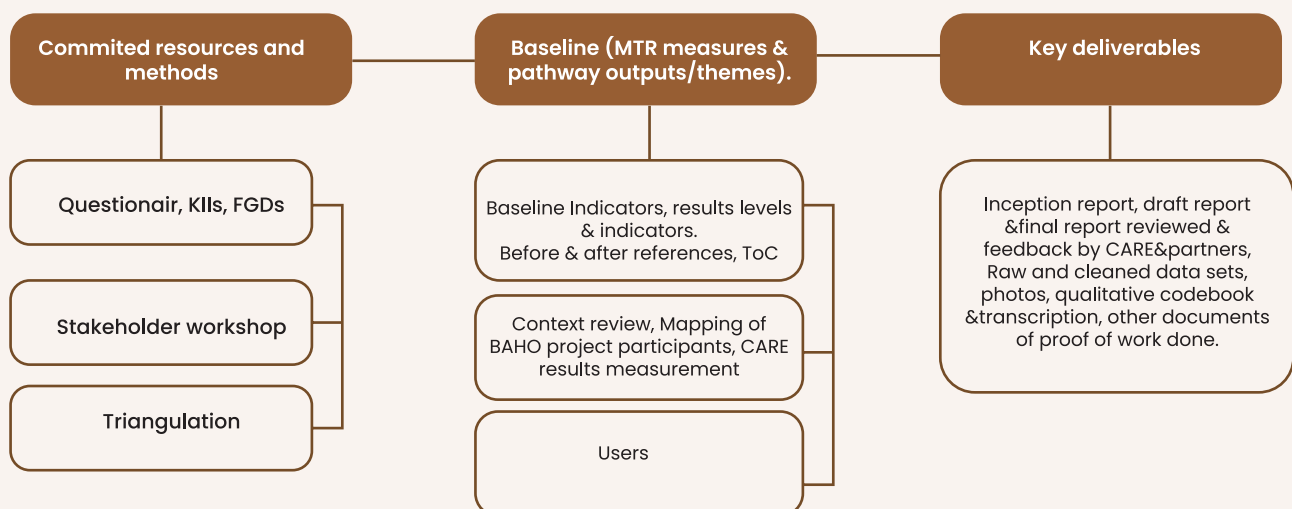
Sector	KIIs_ Traditional men	KIIs traditional Women	KIIs _ Blended Digital men	KIIs blended Traditional_ Women
Kabarore	1	1	1	1
Remera	1	1	1	1
Katabagemu	1	1	1	1
Karangazi	1	1	1	1
Sector	KIIs_ Who did not benefit to the project		KIIs_ Good Governance sector/ CNF	
Kabarore	1		1 Good Governance	
Remera	1(woman)		1 CNF(NWC)	
Katabagemu	1(man)		1 CNF (NWC)	
Karangazi	1(man)		1 CNF(NWC)	
District	KIIs_ DJAF		KIIs_ Gender officer	KIIs_ other CSOs operate in district
Nyagatare	1 (woman)		1 (woman)	1 Girls' Destiny: Man
Gatsibo			1(woman)	1(AKWOS): Woman
Sector	KIIs_ with opinion leaders			
Kabarore	1 Pastor, 1 IZU			
Remera	1 Pastor, 1 IZU			
Katabagemu	1 IZU			
Karangazi	1 Pastor, 1 IZU			

2.2. Evaluation design

The BAHO project endline evaluation employed a mix of qualitative and quantitative, both relying on data collected from different sources to include primary and secondary data sources as summarized below. Descriptive statistics were used to compute values to the project indicators towards targets.

This helped to determine the extent to which the project attained its targets. Furthermore, chi-square tests were used to approve significant change, relationships and degree of associations between VSLAs membership and financial inclusion achieved

Figure 1: Schematic Presentation of the Endline Review methodology



2.3. Key project areas of investigation

The endline evaluation examined the following aspects to determine the extent to which changes could be attributed to the BAHO Project:

- ✿ The extent to which the project interventions have reduced the prevalence of GBV after couples received training;
- ✿ The impact of the couple training on participants' lives;
- ✿ The most effective methods for challenging gender and social norms to reduce IPV;
- ✿ The impact of VSLAs/Men Engage Clubs on couples' ability to maintain a sustainable income stream;
- ✿ The extent to which digital technology lowered the cost of delivering BAHO/Indashyikirwa project;
- ✿ The feasibility of digitizing the couples' curriculum while maintaining or enhancing program fidelity and quality;
- ✿ Innovative ways to ensure digitization does not increase the digital gender divide or put women at risk;
- ✿ Proposed approaches to How to leverage technology to change norms at a systemic level, beyond individual and household levels;
- ✿ The value added to program participants by strategic alliances such as CARE and Baobab;
- ✿ BAHO's contribution to improving knowledge, attitudes, and practices regarding GBV prevention best practices;
- ✿ Any positive or negative, direct or indirect, intended or unintended impacts of the project;
- ✿ The likelihood of the benefits being sustained after project completion;
- ✿ The efficiency with which the project outcomes have been achieved;
- ✿ The extent to which project interventions have reduced depression or improved mental health and PSS among couples and the effect of these changes on their relationships

2.4. Data collection techniques and tools

2.4.1. Desk Review of relevant literature

The evaluation team reviewed several project documents including project design, project implementation progress reports including quarterly and annual reports and M&E tools among others. This literature helped to have a deep understanding of the project background and context.

National policy documents were also consulted to understand the BAHO Project's alignment with national policies and strategies, therefore shaping thorough analysis of the findings from the field.

2.4.2. Survey Questionnaire

A structured questionnaire was developed to collect quantitative data from the identified respondents. Well trained enumerators, statisticians and M&E specialists administered the questionnaire to all selected categories (direct and indirect beneficiaries of the project). The questions were aligned with nine key projects area indicators as well as the OECD-DAC principles.

The set of questions related to the project key areas of interventions were assigned to a specific category of beneficiaries, formatted in electronic software of Kobo Collect Tool that was later connected to Cloud DropBox and link for online transmissions with online data collection.

2.4.3. Focus Group Discussions (FGD) among selected participants

Focus Group Discussions were conducted with groups of participants in order to fully capture the changes experienced in terms of knowledge, attitudes and practices on GBV and gender equality. The FGDs were organized at the level of each of the selected administrative sector comprising 6-10 participants.

A total of eight FGDs conducted, targeting Traditional couples & Digital couples (4 FGDs in each District); Community Activists (2 FGDs in each District); and VSLA members (2 FGDs in each district). The moderator and note taker were trained to moderate the discussions and take notes while the mobilization of discussants was facilitated by the field staff from CARE international Rwanda.

2.4.4. Key Informant Interviews with Implementing partners and stakeholders

The evaluators team carried out interviews with implementing partners and stakeholders of the project including who were involved in the implementation of the project. More specifically, the KIIs were conducted with field project staff (2 KIIs); PSS Counselors (IZU, CA, Local leaders) 6 KIIs in all Districts); Communities who received PSS support (trained and non-trained - 6 KIIs in all Districts); Trained couples (20 KIIs in each district); and Local leaders (4 KIIs in each district).

The information collected from interviews responded to specific questions on relevance, effectiveness, impact, sustainability, lessons learnt, best practices and recommendations on the project's implementation process and the extent to which the project interventions related to the established underlying assumptions and the theory of change (ToC).

2.5. Testing of data collection tools

A field visit was organized on the first day of the field data collection as a pilot phase to test for the reliability of the evaluation tools. The data collected in pre-test were analyzed to measure content of validity and reliability statistics using Cronbach Alpha Test. This approach served to confirm the tools validity (CAT \geq 0.5) for data collection.

Additionally, data collection tools were reviewed and validated by the CARE international Rwanda and partners' technical team.

2.6. Data Quality Control and assurance

The data were collected using CAPI, an updated technology, with devices (smartphone) directly connected to Server/Dashboard and GIS dashboard for purpose of monitoring enumerators remotely. Each enumerator connected their device location app to the internet for field monitoring and the recording of the GPS coordinates of surveyed beneficiaries' location. The survey questions were controlled with command security in time of skips, incorrect typing such as confusing string and numerical.

The server center was overseen and managed by an experienced IT-Statistician to check consistencies of data transmitted and provide quick feedback to the data collectors on field. Moreover, the field supervisors were deployed to different evaluation sites to check data quality and support in handling any other challenges encountered on field. The data collection progress and maps were produced and shared with partners and quick feedback was provided for regulations and data quality assurance.

Furthermore, check-in calls were organized with data collection teams, researchers and partners to discuss progress and feedback from the field.

2.7. Data processing, analysis and reporting

Data analysis was systematically conducted using different statistical and narrative writing techniques. Data were extracted from a server to computers for processing using STATA, Excel spreadsheets; data coding, labeling, recode. Other STATA command needs were done to produce key areas project indicators that shall demonstrated the actual indicator. Statistical tables, graphs, and data visualization (infographics) were then produced for interpretation and analysis.

The qualitative analysis involved transcribing and translating results from interviewees and FGD discussants. The research team generated text files that will further be scrutinized to spot patterns, relationships using a thematic approach. The research team also strived to code all related quotes as aired by the project beneficiaries as best practices and lessons learnt and report on most significant themes. These findings assisted the project team members, stakeholders, partners, and donors to understand the level of relevance, effectiveness, impact and sustainability of the project.

Both quantitative and qualitative information was triangulated to explain the phenomena, and extensively discuss the changes brought by the BAHO project, comparing to the situation before and after the project implementation.

2.8. Measuring relevance, effectiveness, efficiency of the BAHO Project

To conduct the BAHO project's end-line evaluation, the research team used OECD-DAC principles of development which have proven to be effective in evaluating development projects of this nature.

✿ Relevance:

The research team sought to understand the degree to which BAHO project interventions aligned with the national priorities articulated in the strategic development programs, policies and common community level.

✿ Effectiveness:

The evaluation established the extent to which BAHO project delivered on its envisaged objectives and ascertain whether the project achieved the planned targets as expected during the project inception phase.

✿ Efficiency:

The team analyzed and interpreted the collected data to establish whether the BAHO project efficiently utilized resources (financial, human, institutional and technical) in a more optimal manner in order to achieve its specific objectives. This was measured by considering financial performance, liquidity and optimum utilization of available resources including human.

✿ Outcomes emerging to the Impact:

The research team also traced how the project registered achievements in terms of different changes in the aspects of Gender and GBV, improved relations among the project participants (couples) through targeted project interventions and how it responded to the theory of Change (ToC) adopted during design of the project.

✿ Sustainability:

This particular aspect of the evaluation assessed the likelihood of durability of the registered achievements of BAHO project beyond the project's duration/lifetime.

✿ Lesson Learnt and best practices:

The research team collected the information and data related to lessons learnt and best practices observed in the implementation of the BAHO project

2.9. Ethical considerations

The BAHO project entire evaluation process adhered to professionalism and confidentiality principles. Verbal consent was requested by enumerators and a consent form was signed by the respondent /participants before starting interviews/conversation.

Protection and respect of participants' views and opinions was also observed by the team. The team also upheld the ethical and respondent protection requirements as outlined in the Code of Conduct signed by the research team.

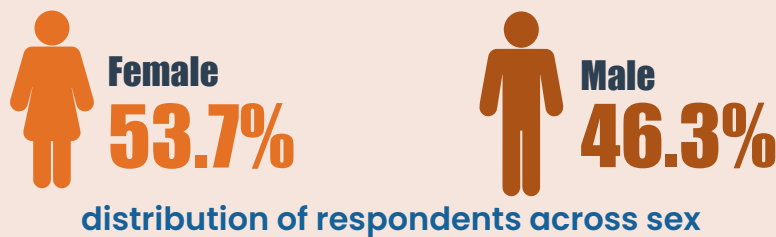
CHAPTER THREE : FINDINGS

3.1 Profile of the respondents

3.1.1 Distribution of the respondents by location and by sex

A total of 294 respondents across the four administrative sectors of Katabagemu, Karangazi, Remera, and Kabarole in Nyagatare and Gatsibo districts, participated in the endline evaluation of BAHO Project. The participants were drawn from couples that benefited from intensive training program on IPV/GBV prevention using the class-style (referred to as traditional curriculum), with 46.3% (n=136) males and 53.7% (n=158) females represented, indicating a slightly higher participation of females overall.

Katabagemu sector counted 35 male and 38 female respondents, totaling 73 participants, while Karangazi sector counted more females (42) than males (33), totaling 75 respondents. Remera sector was represented by 72 respondents (34 males and 38 females) while Kabarore sector counted 34 male and 40 female respondents, making a total of 74 participants.



Source: CARE BAHO Endline Evaluation field data, June 2024

The nearly equal distribution of respondents by sex and sector reflects the effective sampling methods. Gender-specific analysis is crucial to uncover unique insights and tailor interventions accordingly. Additionally, understanding sector-specific trends can help in tailoring programs to address localized needs and challenges more effectively. The findings also reveal that several important insights regarding the respondents interviewed for the traditional curriculum by sector.

Additionally, the slightly higher representation of females in the traditional curriculum provides a reliable data set for further analysis. Such a slight difference in gender representation underscores the need for gender-sensitive policies and programs that consider the specific needs and challenges faced by women. The importance of gender-sensitive policy development and resource allocation, while ensuring male participation, is well documented in literature and is confirmed by study findings.

3.1.2 Distribution of respondents by age, marital status, education and participation in VSLAs

The majority of the respondents that benefited from the traditional curriculum were in the age group of 41-50 years (33.3%), followed by 31-40 years and 51-60 years.

These results indicate a careful selection of beneficiaries (couples) of the project in line with the project’s goal and theory of change. The table below indicates details about age of the surveyed respondents.

Table 3: Age group of surveyed couple’s members that benefited to traditional curriculum of IPV/GBV prevention and responses

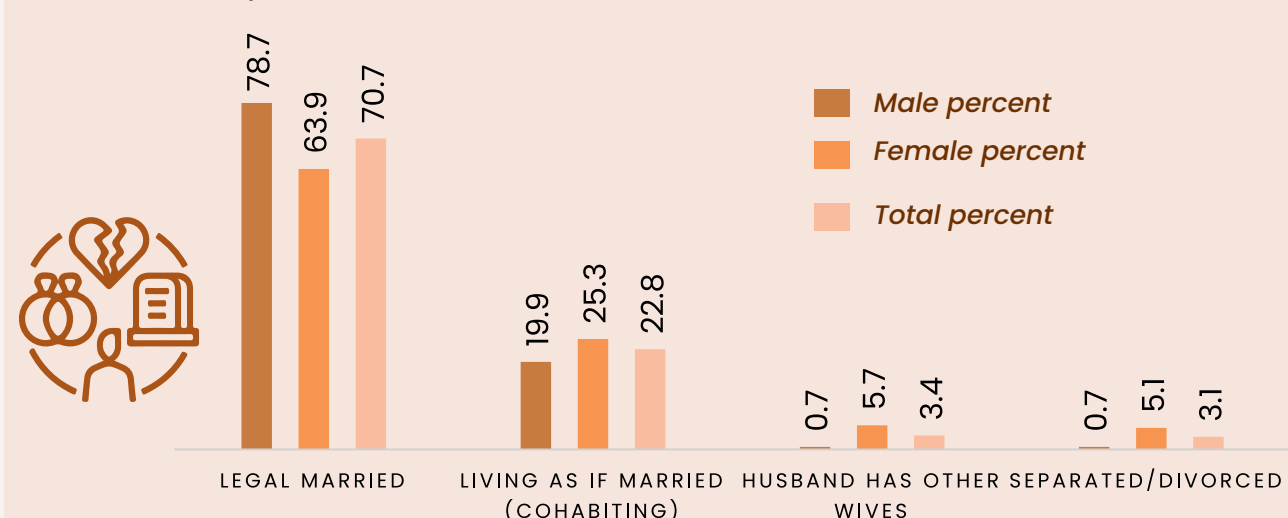
Age group	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
19 -30 years	6	2.0	17	5.8	23	7.8
31- 40 years	28	9.5	47	16.0	75	25.5
41- 50 years	40	13.6	58	19.7	98	33.3
51- 60 years	43	14.6	25	8.5	68	23.1
61 - 70 years	17	5.8	9	3.1	26	8.8
71- 80 years	2	0.7	2	0.7	4	1.4
Total	136	46.3	158	53.7	294	100

Source: CARE BAHO Endline Evaluation field data, June 2024

About marital status, the majority of respondents were legally married (70.7%), indicating a generally stable marital status among the participants. There was a notable difference between males and females in terms of cohabiting and polygamous arrangements, with more females falling in these categories. The percentage of separated or divorced individuals was relatively low (3.1%), suggesting relatively stable family units, though this could also mask underlying social or economic pressures.

The findings on marital status suggest that support programs should consider the high rate of legal marriages when designing family-oriented interventions. Tailored approaches may be necessary to address the needs of cohabiting couples and those in polygamous marriages. The low rate of separation or divorce, while indicating relatively stable family units, should be further examined to ensure that it does not obscure underlying issues.

Figure 2: Marital status of surveyed couple’s members that benefited from traditional curriculum of IPV/GBV



Source: CARE BAHO Endline Evaluation field data, June 2024

A significant proportion of respondents (37.1%) did not complete primary education, followed by those who completed primary education (32.3%). Notably, a considerable number of females (25.3%) had no schooling compared to males (16.2%), indicating a gender disparity in educational attainment. The completion rate of secondary education is very low, with only 1% having completed secondary school.

The high percentage of respondents with incomplete or no primary education highlights the necessity of interventions and programs that are sensitive to the education level of participants. Educational initiatives addressing these gaps, with a particular focus on increasing school completion rates through adult education or skill development programs targeting both genders, and especially females, could significantly improve living conditions in the studied communities.

Table 4: Education level of surveyed couple’s members that benefited from traditional curriculum of IPV/GBV

Number of respondents by level of education and by sex	Male		Female		Total	
	Count	Percentage	Count	Percentage	Count	Percentage
Never attended any formal of school	22	16.2	40	25.3	62	21.1
Primary (Incomplete)	54	39.7	55	34.8	109	37.1
Primary (Complete)	48	35.3	47	29.7	95	32.3
Secondary (Incomplete)	11	8.1	13	8.2	24	8.2
Secondary (Complete)	0	0.0	3	1.9	3	1.0
Other schooling (Specify)	1	0.7	0	0.0	1	0.3
Total	136	100	158	100	294	100

Source: CARE BAHO Endline Evaluation field data, June 2024

In terms of VSLA (Village Savings and Loan Associations) membership participation, a significant majority of couples participate together in VSLAs (67.3%), indicating strong joint financial involvement. More females participate in VSLAs independently compared to males, suggesting that women may have more active roles in these savings groups than males. The small percentage of non-participants (5.4%) indicates high overall involvement in VSLAs, demonstrating the effectiveness of these groups for financial inclusion and community support.

The high participation rates in VSLAs, especially among women, highlights the importance of leveraging these groups for financial and community support initiatives. Programs encouraging joint financial activities can benefit from the significant engagement in VSLAs, and female empowerment initiatives can build on the independent participation of women in these savings groups.

Table 5: VSLAs membership and participants of surveyed couple’s members that benefited to traditional curriculum of IPV/GBV

VSLAs member participation	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Wife	13	9.6	46	29.1	59	20.1
Husband	16	11.8	5	3.2	21	7.1
Both	101	74.3	97	61.4	198	67.3
None	6	4.4	10	6.3	16	5.4
Total	136	100	158	100	294	100

Source: CARE BAHO Endline Evaluation field data, June 2024

3.2. Project achievements on output indicators

Output 1.1: Couples undertake the couple training using the traditional curriculum

One of the key outputs of BAHO/Indashyikirwa project was the training of couples in the selected area using a traditional (in-person) curriculum. As described on the following table, the project successfully met its target by training 480 couples, totaling 960 individuals, with an equal distribution of 480 males and 480 females. Over 93% of these couples completed all 21 sessions of the training, slightly below the 100% target.

While this completion rate is encouraging, it still indicates a need for strategies to improve retention and session completion rates. It is also worth to note that all participants who remained in the program (448 participants) completed their take-home assignments, demonstrating a strong commitment to interacting with and applying the course content.

Output 1.2: Couples undertake couple training through use of blended digital curriculum

To leverage the technology potential in improving the quality and effectiveness of training, the BAHO project introduced a blended digital curriculum. All ten targeted modules were successfully digitalized and piloted. The digital curriculum trained 60 couples (120 individuals) equally divided between males and females.

Most importantly, 100% of participants passed all the quizzes, and 100% completed at least 75% of the digitized content. This indicates the effectiveness and engagement of the digital platform. Additionally, all participants completed their take-home assignments, indicating the success of the blended learning approach.

Output 1.3: Trained couples support women, men, girls, and boys who suffer abuse and encourage them to get help

The BAHO Project training extended its impact beyond direct participants by empowering trained couples to support others in the community. The project trained 228 individuals as community activists (CAs), exceeding the target of 200. This included 124 females and 104 males, with a majority trained through traditional curriculum (192) and the rest (24) through digital curriculum.

These activists were trained to promote positive attitudes against GBV in their respective sectors. This approach has significantly contributed to the community-level engagement in GBV prevention.

Output 1.4: Opinion Leaders and Local Authorities engage, participate in, and support GBV prevention messaging and activities at sector level

Another key project intervention was the engagement of opinion leaders and local authorities in GBV prevention. The project trained 249 community and religious leaders, beyond the initial target of 60 participants. The trained group comprised 147 females and 102 males, indicating a fair representation of both genders, a critical aspect to GBV prevention. The opinion leader engagement further set a strong foundation for future information dissemination and practice sharing. The project also conducted information-sharing and lesson-learning interactions with local and district structures, facilitating knowledge exchange and reinforcing the commitment to combatting GBV at various governance levels.

Overall, the BAHO/Indashyikirwa project interventions performed beyond the targets, indicating effective planning and implementation. The selection for couples to be trained, the training packages and the combination of traditional and digital training methods have proven effective in educating and engaging participants about GBV prevention. The establishment of community activists and the involvement of opinion leaders and local authorities have laid a solid groundwork for sustained community-level efforts against GBV.

3.3. Project achievements on outcome indicators

3.3.1. Decrease in prevalence of IPV as a result of transformed social, cultural and gender norms

Indicator 1: Awareness, reduction of IPV/GBV and Attitudes towards Gender Equality and IPV increased

3.3.1.1. GBV Awareness

One of the key areas of the BAHO project interventions was to improve the participants' awareness of the types of gender-based violence (GBV), a key factor in decreasing in IPV prevalence.

As illustrated on the table below, the comparison between the baseline and endline evaluations of selected couples' awareness of different types of violence in Gatsibo and Nyagatare districts revealed significant progress in awareness levels across all categories of violence—physical, sexual, psychological, and economic.

Table 6: GBV Awareness by district at baseline and endline

Types of violence that selected couples' members are aware of	Baseline			Endline		
	Gatsibo Percent	Nyagatare Percent	Both District Percent	Gatsibo Percent	Nyagatare Percent	Both District Percent
Physical Violence	57%	61%	59%	99%	85%	92%
Sexual	78%	76%	77%	99%	87%	93%
Psychological	37%	44%	40%	95%	78%	87%
Economical	48%	54%	51%	97%	82%	90%

Source: CARE BAHO Endline Evaluation field data, June 2024

At the baseline, the awareness of physical violence was relatively low, with 57% of respondents in Gatsibo and 61% in Nyagatare, leading to an average of 59% across both districts. By the endline, these figures had dramatically increased to 99% in Gatsibo and 85% in Nyagatare, resulting in an overall awareness rate of 92%. This increase suggests that the interventions during the project were highly effective in raising awareness about physical violence, particularly in Gatsibo, where almost all respondents were aware of this GBV type by the endline.

Similarly, the participants' awareness of sexual violence also saw a considerable rise. Initially, 78% of respondents in Gatsibo and 76% in Nyagatare were aware of this type of violence, with an overall baseline average of 77%. By the endline, awareness had reached 99% in Gatsibo and 87% in Nyagatare, averaging 93% across both districts. This improvement underscores the project's success in sensitizing communities to the prevalence and impact of sexual violence.

Notably, psychological violence awareness exhibited the most significant growth. The baseline figures were relatively low, with only 37% awareness in Gatsibo and 44% in Nyagatare, resulting in a 40% average. By the endline, awareness had reached 95% in Gatsibo and 78% in Nyagatare, averaging 87% overall. This notable increase indicates that psychological violence, often less visible and less understood, became much more recognized by the end of the project, reflecting the importance of comprehensive educational efforts.

Economic violence awareness also remarkably improved. Initially, 48% of respondents in Gatsibo and 54% in Nyagatare were aware of economic violence, leading to a baseline average of 51%. By the endline, awareness rose to 97% in Gatsibo and 82% in Nyagatare, with a combined average of 90%. This rise in awareness highlights the effectiveness of the project in bringing attention to economic violence, which can often be intertwined with other forms of abuse.

The survey findings on the awareness status of GBV types are consistent with the findings from FGDs and KIIs where respondents testified of improved awareness of different GBV types after attending BAHO project training.

"We used to endure many acts of violence without even realizing it. We hardly had a say in the management of our households, with our husbands doing whatever they wished without our consent. Today, women have realized their rights. We are no longer housewives; we can actively contribute to the household's improved wellbeing" a female respondent from Karangazi sector, Nyagatare district said.

"The BAHO training has been very important to us. Thanks to the training, we are now aware of what violence means and how we can prevent it. Today, I discuss all my projects with my wife before making any decision, with no arguments or violence. Indeed, we have been transformed and have a shared vision for the future" a male respondent from Kabarore sector, Gatsibo district said.

Implications

The interventions undertaken in Gatsibo and Nyagatara were successful in significantly enhancing awareness of various forms of violence among the selected couples.

Lessons Learned

- ✿ The findings emphasize the need for continued and targeted education, especially in areas where initial awareness levels remain low.
- ✿ The differences in awareness levels between the two districts at the endline suggest that tailored strategies may be necessary to address district-specific challenges, ensuring that awareness is uniformly high across all regions.

Table 7: GBV Awareness by sex at baseline and Endline Evaluations

Types of violence that selected couple members are aware of by sex	Baseline		Endline	
	Male	Female	Male	Female
Physical Violence	43%	75%	89.7%	93.7%
Sexual	91%	64%	91.9%	93.7%
Psychological	22%	58%	83.8%	89.2%
Economical	35%	67%	86.8%	91.8%

Source: CARE BAHO Endline Evaluation field data, June 2024

The endline evaluation findings show significant improvements in GBV awareness and highlight the impact of targeted interventions aimed at educating individuals about GBV. At the baseline, noticeable gender disparities were observed regarding participants' awareness of various forms of GBV.

Typically, only 43% of men were aware of physical violence as a form of GBV, compared to 75% of women at baseline. This indicates that, initially, women were far more likely than men to recognize physical violence. Conversely, when it came to sexual violence, 91% of men were aware of it, compared to just 64% of women, suggesting that men had a higher awareness of sexual violence at the baseline. Awareness of psychological violence was generally low, with only 22% of men and 58% of women recognizing it as a form of violence, highlighting a significant gap in understanding, particularly among men. Similarly, awareness of economic violence showed a gender gap, with 35% of men and 67% of women aware of it, indicating that women were more informed about economic violence, although overall awareness was still relatively low.

By the endline, there were significant improvements in awareness across all types of violence for both genders. Awareness of physical violence rose dramatically, with 89.7% of men and 93.7% of women recognizing it as a form of GBV. This reflects a substantial improvement and a narrowing of the gender gap in awareness. For sexual violence, awareness remained high, with 91.9% of men and 93.7% of women recognizing it, effectively closing the gender gap that existed at baseline.

Awareness of psychological violence saw a remarkable increase, with 83.8% of men and 89.2% of women recognizing it by the endline, representing a significant improvement,

particularly among men, whose awareness increased more than threefold. Similarly, awareness of economic violence also improved notably, with 86.8% of men and 91.8% of women recognizing it by the endline. The gender gap in economic violence awareness narrowed considerably, reflecting a more balanced understanding among both sexes.

Implications

- ✿ The data indicates that the interventions were highly effective in raising awareness of all forms of violence among both men and women. The significant increases in awareness from baseline to endline, especially in areas where awareness was initially low, suggest that the educational efforts successfully addressed gaps in knowledge and understanding.
- ✿ The closing of gender gaps in awareness, particularly in the recognition of physical, psychological, and economic violence, is an important achievement, as it indicates that both men and women are now more equally informed about GBV.

Lessons Learned

✿ Targeted Interventions Are Effective:

The data shows that targeted interventions can effectively increase awareness across different types of violence, particularly in areas where initial awareness is low. The substantial increase in male awareness of psychological and economic violence suggests that these interventions successfully addressed specific gaps in knowledge.

✿ Gender-Specific Approaches May Be Necessary:

The baseline data revealed significant gender disparities in awareness, which were largely addressed by the endline. This suggests that gender-specific approaches may be necessary to ensure that both men and women are equally informed about all forms of GBV. Tailoring interventions to address the unique needs and perspectives of each gender can lead to more balanced and comprehensive outcomes.

✿ Sustained Efforts Are Key:

The dramatic improvements in awareness levels between baseline and endline underscore the importance of sustained educational efforts. Continuous engagement and reinforcement of key messages are essential to maintaining and further enhancing awareness over time.

Overall, the findings reflect significant progress in raising awareness of different types of violence among both male and female members of selected couples. The interventions were successful in closing gender gaps and increasing overall understanding of GBV, particularly in areas where awareness was initially low.

These findings highlight the importance of targeted, gender-sensitive approaches in effectively addressing and preventing GBV, ensuring that both men and women are equally equipped to recognize and respond to all forms of violence.

3.3.1.2. Awareness of women’s rights

Apart from the community awareness of GBV, the limited knowledge of women’s rights has also been associated with increased levels of GBV in the community. Thanks to BAHO project training, the vast majority of respondents, both male (95.6%) and female (96.2%), expressed confidence in their awareness level of women’s rights regarding non-violent relationships.

This high level of awareness, totaling 95.9%, reflects the success of educational and advocacy efforts in raising awareness about women’s rights in the community. The low percentage of individuals unaware of these rights (4.1%) indicates a relatively minor gap in knowledge that could be addressed through targeted awareness campaigns.

Table 8: Distribution of surveyed couples who benefited from traditional curriculum of IPV/GBV by their awareness of Women rights

Aware of women’s rights regarding. non-violent relationships	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Not aware of women’s rights regarding non-violent relationships	6	4.4	6	3.8	12	4.08
Aware of women’s rights regarding non-violent relationships	130	95.6	152	96.2	282	95.92
Total	136	100	158	100	294	100

Source: CARE BAHO Endline Evaluation field data, June 2024

The increased awareness rate of women’s rights is also observed in respondents’ testimonies shared during KIIs and FGDs. A female respondent from Kabarore, Gatsibo district noted:

“In the past, women in our community never had a say on the household property. Today, we confidently engage in discussion with our partners before any economic decision is made, because we have been empowered to do so. Today, thanks to BAHO training, I am aware of my rights as a woman including rights regarding household property, and consent before sex”.

Table 9: Improved knowledge, attitude and practices on GBV prevention at Endline

		Baseline	Target	Endline
Intermediate outcome 1: Improved knowledge, attitude and practices on GBV prevention best practices	% of couples reporting improved understanding of GBV prevention best practices compared to baseline of non-digitized curriculum	The average of couples who understand the GBV prevention: 56.75%	100%	Overall: 100% Improved Significantly: 84.8% Improved Somewhat: 15.2%
	* % of respondents who report gender equitable attitudes (GEM scale) disaggregated by couples using digital curriculum and traditional curriculum	Traditional: 62.76% Digital: 50.50%	80%	Traditional: 97.8% Blended Digital: 71.7%

Initially, only 56.8% of couples reported understanding GBV prevention best practices when using a non-digitized curriculum. This baseline figure suggests that slightly more than half of the couples had a foundational grasp of how to prevent GBV.

However, following the intervention, there was a remarkable improvement, with 100% of couples reporting an understanding of GBV prevention best practices by the endline. Notably, 84.8% of these couples indicated that their understanding had “improved significantly,” while 15.2% reported that it had “improved somewhat.” This substantial increase suggests that the curriculum—whether digitized or not—was highly effective in enhancing couples’ comprehension of GBV prevention strategies.

The data also sheds light on the impact of these curricula on fostering gender-equitable attitudes, as measured by the Gender Equitable Men (GEM) scale. At the baseline, 62.8% of respondents using the traditional curriculum reported gender-equitable attitudes, compared to 50.5% of those using the digital curriculum. This indicates that the traditional curriculum was initially more successful in promoting gender equity than its digital counterpart.

By the end of the intervention, there was a significant improvement in gender-equitable attitudes across both curricula. Among those who used the traditional curriculum, the percentage of respondents reporting gender-equitable attitudes rose to 97.8%, demonstrating a substantial enhancement. For couples who engaged with the blended digital curriculum, 71.7% reported gender-equitable attitudes—a notable increase from the baseline but still trailing behind the effectiveness of the traditional curriculum.

Implications

✿ Enhanced Understanding of GBV Prevention:

The complete improvement in couples' understanding of GBV prevention best practices is a major success, indicating that the interventions were highly effective in educating participants. The significant increase suggests that the curriculum, whether digital or traditional, successfully imparted crucial knowledge on preventing GBV.

✿ Varying Effectiveness in Promoting Gender Equity:

The traditional curriculum outperformed the digital curriculum in fostering gender-equitable attitudes. Although both methods showed improvement, the traditional curriculum led to a higher percentage of respondents with gender-equitable attitudes. This indicates that while digital tools have potential, they may need to be supplemented or adapted to match the effectiveness of traditional methods in promoting gender equity.

Lessons Learned

✿ Curriculum Delivery Matters:

The data highlights that the method of curriculum delivery can significantly impact outcomes. While the digital curriculum showed promise, the traditional curriculum was more effective in promoting gender-equitable attitudes. This suggests that a blended approach, which incorporates the strengths of both digital and traditional methods, might be most effective in achieving desired outcomes.

✿ Targeted Improvement in Digital Curriculum:

The lower performance of the digital curriculum in promoting gender-equitable attitudes indicates a need for further refinement. Enhancements to digital content and delivery methods could help bridge the gap and make digital approaches as effective as the traditional ones.

✿ Comprehensive Approaches to Education:

The success in improving understanding of GBV prevention practices across board emphasizes the importance of comprehensive and well-structured educational approaches. Ensuring that participants fully grasp prevention practices is critical to reducing GBV.

Overall, the findings reflect significant progress in improving couples' understanding of GBV prevention and promoting gender-equitable attitudes, particularly through traditional educational methods. While the digital curriculum shows potential, further improvements are necessary to match the effectiveness of traditional approaches.

These findings underscore the importance of carefully considering curriculum design and delivery methods to maximize the impact of GBV prevention interventions.

3.3.2. Beliefs about Acceptability of Violence: % of people who reject intimate partner violence

Rejecting intimate partner violence means that respondents believe there are no situations or conditions where it is acceptable or justifiable for a man to physically, emotionally, or economically abuse his intimate partner. It is measured using standards question, in the opinion that, a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him, b) If she refuses to have sex with him; c) If she argues with him; d) If she neglects the children; e) If she burns the food.

The endline evaluation findings reveal significant changes in perceptions and the extent of rejecting intimate partner violence, highlighting the impact of interventions aimed at reducing acceptance of domestic violence.

Table 10: Situation that justifies a husband to heat or beat his wife at baseline and Endline Evaluations

Situation that justifies a husband to heat or beat his wife	Baseline values (n=360)	Endline values (n=276)
If she burns/does' not cook well the food	18%	1.40%
If she neglects children	43%	0.68%
If she urges with him	40%	1.02%
If she refuses to have sex with him	39%	1.70%
If she goes out without telling him	47%	4.08%

Source: CARE BAHO Endline Evaluation field data, June 2024

At the baseline, a notable percentage of respondents justified violence in various situations. For instance, 18% of respondents believed it was acceptable for a husband to beat his wife if she burned or did not cook the food well. Similarly, 43% thought it was justifiable if she neglected the children, 40% if she argued with him, 39% if she refused to have sex, and 47% if she went out without informing him.

By the endline, these justifications for violence saw dramatic reductions. The percentage of respondents who considered it acceptable for a husband to beat his wife in these situations fell significantly. Only 1.4% of respondents believed violence was justifiable if the wife burned or did not cook the food well, and a mere 0.7% thought it acceptable if she neglected the children. The justification for violence in the case of arguments decreased to 1%, and it dropped to 1.7% if she refused sex. The lowest percentage of 4.1% related to the situation where a wife goes out without informing her husband.

These changes indicate a substantial shift in attitudes towards domestic violence, reflecting a positive impact of the interventions. The dramatic reduction in the percentages of respondents justifying violence in all these scenarios suggests that the efforts to educate and change perceptions about domestic violence were highly effective.

Implications

- ✿ The sharp decrease in justifications for domestic violence demonstrates that interventions can successfully alter harmful attitudes and beliefs. This reduction is crucial for fostering a culture that rejects violence and supports gender equality. It also indicates progress in shifting societal norms towards more respectful and equitable relationships.

Lessons Learned

- ✿ The effectiveness of targeted interventions in changing attitudes towards domestic violence is evident. The substantial reductions in justifications for violence highlight the importance of continued education and awareness-raising efforts.
- ✿ The specific situations that saw the most significant changes in attitudes suggest that addressing commonly accepted justifications for violence can be particularly impactful. Tailoring interventions to focus on these areas may yield even greater results. Finally, the endline data underscores the need for ongoing efforts to reinforce positive changes and prevent any potential backsliding in attitudes.

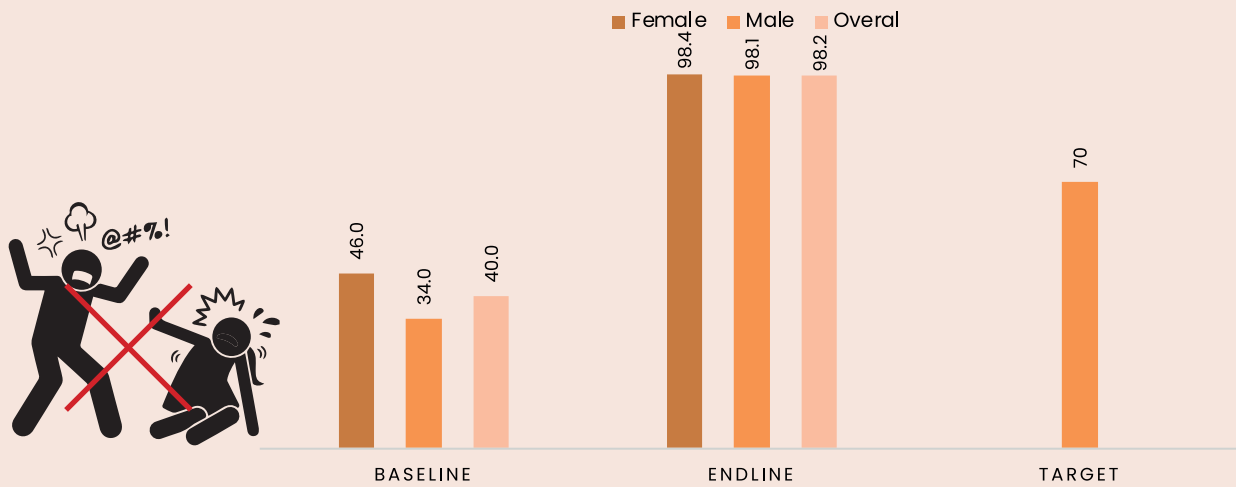
Trends of the project’s achievements on the rejection of Intimate Partner Violence

Table 11: Impact level findings at Endline

Expected Result	Indicator No.	Indicator	Baseline Data (2023)	Target (2024)	Achievement (Endline 2024)
Impact: Decrease in prevalence of IPV as a result of transformed social, cultural and gender norms	CI Global Indicator 10	% of people who reject intimate partner violence (Global Indicator)	Overall, 40%: Female: 46% Male: 34%,	70%	Overall: 98.2% Male: 98.1% Female: 98.4

Source: CARE BAHO Endline Evaluation field data, June 2024

Figure 3: Trend of the extent of reject intimate partner violence comparing baseline and endline values towards target



Source: CARE BAHO Endline Evaluation field data, June 2024

The findings from the endline evaluation reveal a significant positive shift in attitudes toward intimate partner violence (IPV) as a result of interventions aimed at transforming social, cultural, and gender norms. At the baseline, only 40% of the population rejected IPV, with a notable gender difference where 46% of women rejected IPV, compared to just 34% of men. This indicates that, initially, a relatively low proportion of the population, particularly men, disapproved of IPV.

However, by the endline, the findings indicate a dramatic improvement. Overall, 98.2% of the population rejected IPV, with female rejection rates rising to 98.4% and male rejection rates closely following at 98.1%. This represents a substantial increase across all groups: the overall rejection rate rose by 58.2 percentage points, female rejection by 52.4 percentage points, and male rejection by an impressive 64.1 percentage points. These findings confirm that the project has achieved the desired change, exceeding the target by 28.2%.

Implications

- ✿ The significant increase in rejection of IPV across both genders indicates that the interventions were highly effective in transforming social and cultural norms related to gender and violence. The nearly uniform rejection rates between men and women at the endline suggest that the interventions successfully addressed the gender disparities observed at baseline.

The tailored interventions effectively addressed knowledge gaps about non-violent relationships by ensuring a comprehensive understanding across all demographics. Specifically, continued education on consent and sexual rights played a crucial role in rejecting violence in cases of sexual refusal and in changing persistent traditional views among selected couples regarding sexual rights and consent within marital relationships.

Strengthening cultural norms against violence, such as the near-unanimous rejection of violence for arguing, neglecting children, or going out without permission, indicates strong cultural norms against such behaviors. Reinforcing

these norms through community engagement and dialogue further solidified non-violent conflict resolution practices. Addressing traditional views on domestic roles provided a higher rejection rate for violence related to domestic roles, such as cooking, as traditional gender roles influenced some attitudes.

Lessons Learned

- ✿ Targeted Interventions are Effective: The marked improvement in attitudes towards IPV underscores the importance of targeted interventions in challenging and changing harmful social and cultural norms.
- ✿ Gender-Specific Approaches Yield Results: The initial disparity between male and female rejection rates highlights the need for gender-specific strategies. The larger increase among men suggests that focused efforts to engage men in gender norm transformation are crucial.
- ✿ Sustainability of Impact: The data suggests that once social and cultural norms are addressed effectively, the change can be widespread and significant, with long-term implications for reducing IPV.

Overall, the project intervention led to a commendable increase in the rejection of intimate partner violence, with both genders showing significant improvements. This indicates that the strategies employed were highly effective in transforming social, cultural, and gender norms.

The lessons learnt highlight the importance of targeted, sustained, and inclusive approaches in achieving meaningful and lasting changes in attitudes towards IPV.

3.3.3 Beliefs about Gender Norms and Roles

The comparison of baseline and endline evaluation results using the Gender Equitable Men Scale reveals a significant shift in attitudes and perceptions about gender social norms among the surveyed population. The data highlight a notable move away from traditional, rigid gender norms towards more equitable views, particularly in the digital context.

At baseline, a large majority of respondents held traditional views on gender roles. For example, 85.7% totally agreed that a woman's most important role was to take care of her home and cook for her family, and 82.5% totally agreed that changing diapers, giving kids a bath, and feeding the kids were the mother's responsibility. However, by the endline, these figures had dramatically shifted. In the traditional setting, only 2.4% totally agreed with the first statement, with 83.7% disagreeing. Similarly, in the digital context, no respondents totally agreed, and 97.9% disagreed. This shift indicates a profound transformation in the understanding of gender roles, driven by increased awareness and perhaps the impact of digital education and interventions.

The data also show a significant reduction in the belief that men should dominate decision-making in the home. At baseline, 54.2% totally agreed that a man should have

the final word about decisions in his home, but by the endline, this figure had plummeted to 0.7% in the traditional setting and 2.1% in the digital setting, with the overwhelming majority now disagreeing. This suggests a growing acceptance of gender equality in household decision-making.

Another critical area of change is in attitudes toward violence. Initially, 56.4% totally agreed that a woman should tolerate violence to keep her family together. By the endline, this figure dropped to just 1.4% in the traditional setting and 2.1% in the digital setting, with nearly all respondents disagreeing. This indicates a significant shift towards rejecting violence as a means of maintaining family cohesion.

Furthermore, the perception that men need to be tough or that they should be embarrassed if they are unable to get an erection during sex saw substantial decreases in agreement. For instance, those totally agreeing with the statement “To be a man, you need to be tough” dropped from 27.1% at baseline to 0.7% in the traditional setting and 2.1% in the digital setting by the endline. This reflects a growing understanding that masculinity does not need to be associated with toughness or sexual performance, signaling a positive move towards more progressive gender norms.

Table 12: Attitudes and perception about gender social norms using the Gender Equitable Men Scale

Perceptions	Baseline (%)						Endline (%)					
	Traditional			Digital			Traditional			Digital		
	Totally Agree	Partially Agree	Disagree	Totally Agree	Partially Agree	Disagree	Totally Agree	Partially Agree	Disagree	Totally Agree	Partially Agree	Disagree
A woman's most important role is to take care of her home and cook for her family	85.7%	8.2%	6.0%	68.7%	13.7%	17.5%	2.4%	13.9%	83.7%	0.0%	2.1%	97.9%
Men need sex more than women do.	80.7%	12.8%	6.0%	73.7%	15.0%	11.2%	16.0%	23.5%	60.5%	4.3%	21.3%	74.5%
Men don't talk about sex; you just do it.	58.5%	21.4%	20.0%	28.7%	28.7%	42.5%	1.7%	19.0%	79.3%	0.0%	8.5%	91.5%
There are times when a woman deserves to be beaten.	39.6%	17.5%	42.8%	20.0%	27.5%	52.5%	0.0%	1.4%	98.6%	0.0%	0.0%	100.0%
Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility.	82.5%	8.2%	9.2%	71.2%	12.5%	16.2%	6.1%	1.0%	92.9%	0.0%	0.0%	100.0%
It is a woman's responsibility to avoid getting pregnant.	68.5%	19.6%	11.7%	47.5%	32.5%	20.0%	0.7%	0.7%	98.6%	2.1%	0.0%	97.9%
A man should have the final word about decisions in his home.	54.2%	23.9%	21.7%	36.2%	18.7%	45.0%	0.7%	9.9%	89.5%	0.0%	2.1%	97.9%
Men are always ready to have sex.	64.6%)	20.0%	15.3%	52.5%	22.5%	25.0%	7.8%	25.2%	67.0%	0.0%	19.1%	80.9%
A woman should tolerate violence to keep her family together.	56.4%	21.7%	21.7%	35.0%	13.7%	51.2%	1.4%	12.2%	86.4%	0.0%	2.1%	97.9%
A man would be outraged if his wife asked him to use a condom.	58.5%	23.9%	17.5%	43.7%	28.7%	27.5%	2.7%	15.3%	82.0%	0.0%	10.6%	89.4%
A man and a woman should decide together what type of contraceptive to use.	88.5%	75.0%	3.9%	97.5%	3.0%		86.7%	5.8%	7.5%	91.5%	4.3%	4.3%
If someone insults me, I will defend my reputation, with force if I have.	25.7%	24.2%	50%)	30.0%	12.5%	57.5%	3.7%	3.4%	92.9%	2.1%	0.0%	97.9%
To be a man, you need to be tough	27.1%	25.7%	47.1%	18.7%	13.7%	67.5%	0.7%	7.8%	91.5%	0.0%	2.1%	97.9%
Men should be embarrassed if they are unable to get an erection during sex.	88.2%	7.8%	3.9%	83.7%	11.2%	5.0%	2.0%	4.1%	93.9%	2.1%	8.5%	89.4%

Source: CARE BAHO Endline Evaluation field data, June 2024

This near-universal rejection of gender-based violence is a positive indicator of changing attitudes towards domestic violence, reinforced by a statistically significant result (p-value = 0.00). When it comes to responsibilities such as changing diapers and feeding children, 92.9% of respondents disagreed that these are solely the mother’s responsibilities. This broad disagreement, observed across both males (91.2%) and females (94.3%), suggests an increasing acceptance of shared parenting roles.

Furthermore, 98.6% of respondents disagreed that it is solely a woman’s responsibility to avoid getting pregnant. This near-consensus indicates a strong understanding that contraception is a shared responsibility between partners.

Table 13: Perceptions on Beliefs about Gender Norms and Roles

Beliefs about Gender Norms and Roles	Belief has changed (%)	Belief persists (%)	Mean of belief perceptions	Std. Deviation	Chi-square test -value	P - value
The most important role of a woman is to take care of her home and cook for her family	83.7	16.3	2.81	0.45	341.16	0.000
Men need sex more than women do	60.5	39.5	2.45	0.75	100.43	0.000
Men don't talk about sex; you just do it	79.3	20.7	2.78	0.46	292.22	0.000
There are times when a woman deserves to be beaten	98.6	1.4	2.99	0.12	278.22	0.000
Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility	92.9	7.1	2.87	0.49	469.9	0.000
It is a woman's responsibility to avoid getting pregnant	98.6	1.4	2.98	0.18	564.24	0.000

Source: CARE BAHO Endline Evaluation field data, June 2024

Implications

- ✿ The data suggest that targeted interventions, particularly those leveraging digital platforms, have been effective in challenging and changing deeply ingrained gender norms. The move from traditional to more equitable perceptions indicates that such interventions can have a lasting impact on societal views.

Lessons Learned

- ✿ The importance of continuing to promote gender equality through education and awareness programs, especially in digital spaces where change appears to be even more pronounced. Additionally, the results suggest that while traditional views are changing, there is still a need to reinforce these changes consistently to ensure that they are sustained over time.

Decision-Making and Masculinity:

A significant majority (89.5%) of respondents at the endline disagreed with the statement that a man should have the final word about decisions in his home.

This high level of disagreement, seen among both males (91.9%) and females (87.3%), reflects a shift towards more collaborative decision-making in households. When asked whether a man should always be ready for sex, 67% disagreed, although 25.2% partially agreed, indicating some persistent stereotypes about male sexuality. The belief that a woman should tolerate violence to keep her family together was largely rejected, with 86.4% of respondents disagreeing. However, the higher percentage of females (17.1%) partially agreeing compared to males (6.6%) suggests that some women still feel pressured to tolerate violence for the sake of family unity.

The majority (82.0%) disagreed that a man would be outraged if his wife asked him to use a condom, although more females (20.9%) partially agree compared to males (8.8%). This indicates a need for further education on sexual health and communication within relationships. A substantial majority (86.73%) agreed that a man and a woman should decide together what type of contraceptive to use, reflecting a strong endorsement of shared decision-making in reproductive health matters. The Table 14 illustrates details:

Table 14: Decision-Making and Masculinity

Decision-Making and Masculinity	Believe has been changed (%)	Believe is still persist (%)	Mean of believe perceptions	Std. Deviation	Chi-square test -value	P - value
A man should have the final word about decisions in his home	89.5	10.5	2.89	0.34	420.43	0.000
Men are always ready to have sex	67	33	2.59	0.63	163.29	0.000
A woman should tolerate violence to keep her family together	86.4	13.6	2.85	0.39	377.71	0.000
A man would be outraged if his wife asked him to use a condom	82	18	2.79	0.47	319.98	0.000
A man and a woman should decide together what type of contraceptive to use	13.3	86.7	1.21	0.56	377.41	0.000

Source: CARE BAHO Endline Evaluation field data, June 2024

Attitudes Towards Conflict and Masculinity:

Most respondents (92.9%) disagreed that they would use force to defend their reputation if insulted. This high level of disagreement indicates a cultural shift towards non-violent conflict resolution. Similarly, 91.5% disagreed with the notion that to be a man, one needs to be tough, reflecting changing perceptions of masculinity that reject traditional notions of toughness and embrace more nuanced views of manhood.

Lastly, a significant majority (93.9%) disagreed that men should be embarrassed if they are unable to get an erection during sex, indicating progressive attitudes towards male sexual health.

Table 15: Attitudes towards Conflict and Masculinity

Attitudes Towards Conflict and Masculinity	Believe has been changed (%)	Believe is still persist (%)	Mean of believe perceptions	Std. Deviation	Chi-square test -value	P - value
If someone insults me, I will defend my reputation, with force if I have to	92.86	7.1	2.89	0.42	468.76	0.000
To be a man, you need to be tough	91.5	8.5	2.91	0.31	449.82	0.000
Men should be embarrassed if they are unable to get an erection during sex	93.88	6.1	2.92	0.34	485.14	0.000

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings suggest a broad shift towards more egalitarian and progressive views on gender norms and roles among the respondents. The near-universal rejection of violence against women and the acceptance of shared responsibilities in both parenting and contraception indicate significant progress towards gender equality.

Promoting Egalitarian Gender Norms:

The widespread disagreement with traditional gender roles highlights the effectiveness of gender equality programs and suggests that continued promotion of these values can further solidify progressive attitudes. **Challenging Stereotypes About Sexual Needs:** While there is a strong trend towards equal perceptions of sexual desires, the remaining stereotypes about men’s and women’s sexual needs indicate the need for ongoing education and dialogue; **Strengthening Shared Parenting and Household Roles:** The high levels of disagreement with gendered parenting roles suggest that efforts to promote shared responsibilities within the household are resonating well with the community; **Reinforcing Non-Violent Conflict Resolution:** The overwhelming rejection of violence as a means to resolve conflicts or maintain family unity underscores the importance of continuing to promote non-violent conflict resolution methods; **Enhancing Communication About Sexual Health:** The findings indicate that while there is substantial agreement on shared contraceptive decisions, there is still a need for further education on sexual health communication, particularly regarding condom use.

Overall, the data reflects significant progress towards gender equality and highlights areas where continued efforts can help solidify these gains and address remaining gaps.

Indicator 2: Prevalence of physical, sexual or psychological violence among couples: % of couples who (say they) have experienced physical, sexual or psychological violence in the last 12 months perpetrated by their (former) partner

CARE defines GBV as a harmful act or threat based on a person’s sex or gender identity. It includes physical, sexual, and psychological abuse, coercion, denial of liberty, and economic deprivation, whether occurring in public or private spheres.

GBV is rooted in unjust and unequal power relations and structures, and rigid social and cultural norms. (Global Indicator): “The indicator is a measure of attitudes by women and men, girls & boys (aged 15–49) with regard to the acceptability of intimate partner violence.

Table 16: GBV experience at Baseline and Endline Evaluations

Have Experienced GBV	Baseline (%)			Endline (%)		
	Nyagatare	Gatsibo	Both District	Nyagatare	Gatsibo	Both Districts
Have experienced physical Violence	48%	52%	49%	5.5%	5.4%	5.4%
Have been forced into a sexual Violence	51%	49%	38%	4.8%	4.1%	4.4%
Have experienced economic Violence	45%	55%	55%	9.6%	9.5%	9.5%
Have experienced psychological violence				11.6%	9.5%	10.5%

Source: CARE BAHO Endline Evaluation field data, June 2024

The comparison between the baseline and endline evaluation results regarding the experience of violence among participants in Nyagatare and Gatsibo districts reveals a significant reduction across all types of violence.

At the baseline, a high percentage of respondents reported having experienced physical violence 12 months before the survey, with 48% in Nyagatare, 52% in Gatsibo, and an overall average of 49% across both districts. By the endline, these figures had drastically reduced to 5.5% in Nyagatare and 5.4% in Gatsibo, with a combined average of 5.4%. This dramatic decline indicates a substantial improvement in reducing physical violence within these communities, suggesting that the interventions implemented were highly effective in curbing this form of violence.

Similarly, the experience of forced sexual violence saw a marked decrease. Initially, 51% of respondents in Nyagatare and 49% in Gatsibo reported being forced into sexual violence, with an overall average of 38%. By the endline, these figures dropped significantly to 4.8% in Nyagatare and 4.1% in Gatsibo, averaging 4.4% across both districts. This reduction highlights the success of the project in addressing and mitigating sexual violence, contributing to a safer environment for the affected communities.

Economic violence also saw a notable reduction. At baseline, 45% of respondents in Nyagatare and 55% in Gatsibo reported experiencing economic violence, with a combined average of 55%. By the endline, these figures had decreased to 9.6% in Nyagatare and 9.5% in Gatsibo, averaging 9.5% across both districts. This decline underscores the effectiveness of the interventions in raising awareness and reducing the prevalence of economic violence.

For psychological violence, while no baseline data was provided, the endline results show that 11.6% of respondents in Nyagatare and 9.5% in Gatsibo reported experiencing

this type of violence, with an overall average of 10.5%. The presence of psychological violence data at the endline suggests that the project also effectively addressed this often-overlooked form of violence, bringing it into focus for the community.

Implications and Lessons Learnt

The significant reductions in the reported experiences of physical, sexual, and economic violence, along with the measured presence of psychological violence at the endline, indicate that the interventions were successful in reducing violence across multiple dimensions. The following lessons can be drawn from these findings:

❖ **Gender Disparities in Violence:**

Females are more likely to experience various forms of violence, including physical, economic, and psychological abuse, compared to males. This underscores the need for targeted interventions that address the specific vulnerabilities and challenges faced by women.

❖ **Effectiveness of Intervention Programs:**

The high percentage of respondents reporting no violence after attending the sessions indicates the effectiveness of these programs. However, the persistence of violence for a small but significant proportion of respondents suggests that continuous support and follow-up are necessary to ensure sustained impact.

❖ **Addressing Coerced Sexual Activity:**

Although the majority of respondents did not experience coerced sexual activity, the presence of such cases, especially among females, highlights the need for ongoing education and support to prevent sexual abuse and promote healthy, consensual relationships.

❖ **Economic Empowerment and Protection:**

The higher incidence of economic abuse among females points to the importance of economic empowerment and financial independence as critical components of intervention programs. Providing women with the resources and support to achieve economic stability can help reduce their vulnerability to economic abuse.

❖ **Psychological Support and Counseling:**

The notable prevalence of psychological violence, particularly among females, indicates the need for comprehensive psychological support and counseling services. These services can help victims cope with the emotional and mental impact of abuse and support their recovery.

❖ **Holistic Approach to Violence Prevention:**

The data suggests that a multifaceted approach is necessary to effectively prevent and address violence. This includes legal protections, economic empowerment, psychological support, and ongoing education to challenge and change harmful gender norms and behaviors.

While the BAHO interventions have had a positive impact in reducing the experience of violence among respondents, the persistent gender disparities and the presence of various forms of violence highlight the need for continued and enhanced efforts to protect and empower individuals, particularly women, and to promote healthy, non-violent relationships.

Outcome 1: Reduced prevalence of GBV and strengthened community-level mechanisms for the prevention of violence against women, girls and boys

Intimate partner violence includes abuse perpetrated by a current or former partner within the context of marriage, cohabitation or any other formal or informal union. Violence directed at girls and women is the most common form of gender-based violence. CARE defines gender-based violence as: a harmful act or threat based on a person's sex or gender identity. It includes physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres. GBV is rooted in unjust and unequal power relations and structures and rigid social and cultural norms.

The United Nations Declaration on the Elimination of Violence against Women defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life". This definition encompasses physical, sexual and psychological violence occurring in the family, physical, sexual and psychological violence occurring within the general community and physical, sexual and psychological violence perpetuated or condoned by the State.

These different forms of violence are defined further, with examples, in the UN Guidelines for Producing Statistics on Violence against Women: Statistics Surveys. The Beijing Platform for Action further specifies that acts of violence against women include violation of the human rights of women in situations of armed conflict, such as systematic rape, sexual slavery and forced pregnancy, as well as forced sterilization, coercive/ forced use of contraceptives, female infanticide and prenatal sex selection. The definition also encompasses acts of violence particular to specific contexts, such as dowry-related violence and female genital mutilation.

An intimate partner is a person with whom a woman maintains an intimate relationship, whether formally (marriage), through a cohabiting relationship or by regular or steady dating. These relationships must be clearly differentiated as current marital partner, current de facto partner and current steady dating partner, and former marital partner, former de facto partner and former steady dating partner.

If a woman does not have a current partner, the most recent partner may be distinguished from other former intimate partners in the analysis, as needed. Occasional dating partners should not be considered intimate partners, but rather friends or acquaintances.

3.3.4. Reduced prevalence of GBV comparing time of starting the project and at end of the project towards target set

3.3.5.1. GBV experience

At the starting of the project, the prevalence of couples who had experienced violence 12 months before the survey stood at 47.3%. At endline survey, the overall experience drastically reduced to 8.8%, specifically 12.3% for women and 4.7 to the men, exceeding the project target of 20% reduction.

Table 17: Reduced Prevalence of GBV & Strengthened Mechanisms at Endline

Outcome 1: Reduced prevalence of GBV and strengthened community-level mechanisms for the prevention of violence against women, girls and boys	1.1 (global Indicator	<i>Prevalence of physical, sexual or psychological violence e among couples = % of couples who (say they) have experienced physical, sexual or psychological violence in the last 12 months perpetrated by their (former) partner</i>	The average of couples who have experienced Violence in the last 12 months: 47.33%	20%	Overall: 5.44% Male: 0.7% Female: 9.5%
	1.2 (global Indicator #17	<i>Women's decision-making power in the household = % of women who report they can equally participate in household financial decision-making</i>	Average of women who equally participate in decision-making: 44.57%	85%	84.6%

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings of the endline evaluation indicate substantial progress in reducing the prevalence of gender-based violence (GBV) and strengthening community-level mechanisms to prevent violence against women, girls, and boys. Initially, the situation was alarming, with 47.3% of couples reporting that they had experienced physical, sexual, or psychological violence from their (former) partner in the last 12 months. This high prevalence highlights the widespread nature of intimate partner violence at the baseline.

However, following the intervention, there was a remarkable decline in the prevalence of such violence, with only 5.4% of couples reporting experiences of violence in the endline data. When broken down by gender, the data shows that 0.7% of males and 9.5% of females reported experiencing violence. This significant reduction suggests that the strategies implemented were highly effective in creating safer and more respectful relationships between partners.

In parallel with the efforts to reduce GBV, the intervention also focused on empowering women within the household. At the baseline, only 44.57% of women reported having equal participation in household financial decision-making, reflecting a significant gender disparity.

However, by the endline, this figure had increased substantially, with 84.6% of women now reporting that they can equally participate in household financial decisions, nearly reaching the target of 85%. This change signifies a meaningful shift towards gender equality in the household, with women gaining greater influence and autonomy in financial matters.

Implications

❖ **Reduction in Violence:**

The sharp decline in the prevalence of violence among couples, from 47.3% to 5.4%, signifies a major success in reducing GBV. This suggests that the interventions were highly effective in not only reducing incidents of violence but also in fostering safer and more respectful relationships between partners.

❖ **Empowerment of Women:**

The substantial increase in women's participation in household financial decision-making, from 44.6% to 84.6%, indicates a significant shift towards gender equality within the household. Women are now more empowered to contribute to and influence financial decisions, which is a crucial aspect of overall gender equality.

Implications

❖ **Effective Interventions Lead to Significant Change:**

The data highlights the importance of targeted and well-implemented interventions in achieving substantial reductions in GBV and promoting gender equality. The interventions likely included awareness campaigns, education, and community engagement, which together have led to these positive outcomes.

❖ **Need for Continuous Monitoring:**

The impressive gains in reducing violence and enhancing women's decision-making power underscore the need for ongoing monitoring and support to ensure these changes are sustained over time.

❖ **Focus on Both Prevention and Empowerment:**

The dual approach of preventing violence and simultaneously empowering women to participate equally in household decisions has proven effective. This approach should be considered a best practice in similar future initiatives.

In summary, the findings demonstrate significant progress in both reducing the prevalence of GBV and increasing women's empowerment within households. The interventions have led to a safer environment for women, girls, and boys, and have promoted greater gender equality in decision-making. These outcomes underscore the importance of comprehensive and sustained efforts to address GBV and empower women at the community level.

3.3.5.2. Reporting of GBV cases and strengthened community-level mechanisms for the GBV prevention

The data presented in the table below provide insights into the reporting of intimate partner violence (IPV) over the past 12 months, comparing responses from both males and females at baseline and endline. This comparison sheds light on changes in the prevalence of reported IPV and highlights the effectiveness of interventions.

Table 18: GBV Reporting at baseline and Endline Evaluations

Have reported any IPV in the last 12 months	Baseline			Endline		
	Male	Female	Both sex	Male	Female	Both sex
	%	%	%	%	%	%
Yes	39%	72%	56%	66.7%	69%	68.3%
No	61%	28%	44%	33.3%	31%	31.7%
Total	100%	100%	100%	100%	100%	100%

Source: CARE BAHO Endline Evaluation field data, June 2024

At the baseline, the percentage of individuals reporting IPV was notably different between genders. For males, 39% reported experiencing IPV, while a significantly higher 72% of females reported the same. This resulted in an overall prevalence of 56% for both sexes combined. Conversely, 61% of males and 28% of females reported not experiencing IPV, making the combined total 44% who had not reported IPV.

By the endline, the overall reporting of IPV had increased, with 66.7% of males and 69% of females indicating that they had experienced IPV, resulting in a combined total of 68.3%. The percentage of individuals not reporting IPV decreased to 33.3% among males and 31% among females, reflecting a combined total of 31.7%.

Regarding the reporting venues, the data from endline indicate that the majority of reports were made to local authorities (53.6%), with a higher tendency among females (60%) than males (37.5%). Inshuti Z’Umuryango, a community-based organization, was the next most common reporting venue (21.4%), followed by Abunzi, a local mediation group (14.3%). Police and religious leaders were least utilized, each accounting for only 3.6% of reports. This distribution indicates a preference for community-based and local authority structures over formal legal systems among the respondents, highlighting the importance of strengthening these local support networks.

Table 19: The place where IPV/GBV victims reported cases

Where did you report it	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Police	0	0.0	1	5	1	3.57
RIB	0	0.0	1	5	1	3.57
Local authorities (Village leader, sector, or district)	3	37.5	12	60	15	53.57
Inshuti Z’Umuryango	3	37.5	3	15	6	21.43
Church/religious leaders	0	0.0	1	5	1	3.57
Abunzi	2	25	2	10	4	14.29
Total	8	100	20	100	28	100

Source: CARE BAHO Endline Evaluation field data, June 2024

A significant majority (73.8%) reported managing relationship tensions in a non-violent way, with males (77.2%) slightly more likely than females (70.9%) to adopt non-violent strategies.

This positive trend suggests that interventions promoting non-violent conflict resolution have been effective, though continued efforts are needed to address the 26.2% who still resort to violence.

Implications and Lessons Learnt

The increase in IPV reporting from baseline to endline suggests several important implications. First, the rise in reported IPV might indicate improved awareness and a greater willingness among individuals to report IPV, rather than a true increase in incidence. This could be attributed to successful interventions that have empowered individuals to speak out about their experiences and have increased the understanding of what constitutes IPV.

The lesson learned from this data is the importance of distinguishing between an actual increase in IPV and a rise in reporting due to increased awareness and trust in support systems. The significant increase in IPV reporting highlights the effectiveness of interventions in creating an environment where individuals feel more comfortable disclosing their experiences. However, it is crucial to interpret these findings within the context of broader efforts to combat IPV and support survivors.

Another key lesson is the need for continued support and resources to address IPV. Even with increased reporting, ongoing efforts are essential to provide support to survivors, ensure accurate reporting, and address the root causes of IPV. Enhanced awareness and education can lead to greater reporting, but it also necessitates a robust response system to meet the needs of those coming forward.

The relatively high reporting rates and preference for local authorities and community organizations also suggest that while awareness of IPV and the importance of reporting is strong, there is a need to strengthen and support community-based reporting and support systems. Formal legal systems are underutilized, indicating potential barriers such as lack of trust or accessibility issues;

Furthermore, the majority's adoption of non-violent ways to manage relationship tensions is a positive outcome of interventions promoting peaceful conflict resolution. However, targeted interventions are still necessary for the significant minority who continue to engage in violent behavior; Strong Support for Gender Equality Norms: The overwhelming support for gender equality in household chores and financial autonomy for women demonstrates a successful shift in social norms towards equality. Continuous reinforcement of these norms is essential to maintain and build upon these gains.

Overall, there is an increase in the reporting of IPV from baseline to endline, suggesting improved awareness and willingness to report IPV. While this indicates positive progress in addressing IPV, it also highlights the need for continued support and resources to effectively manage and respond to IPV cases.

3.3.5. Attitudes and Perceptions about Gender Social Norms

An overwhelming majority (99.6%) strongly agreed that men and women should share household chores, with no significant gender difference. Only a negligible percentage (0.4%) strongly disagreed with the statement. This strong consensus supports the ongoing efforts to promote gender equality in domestic responsibilities. The belief that women should have control over their financial assets is strongly supported by 99.7% of respondents, with minimal disagreement (0.3%).

This widespread agreement underscores the importance of financial independence for women as a critical aspect of gender equality. A substantial majority (95.6%) disagree or strongly disagree that violence is an acceptable way to resolve conflicts in a relationship. However, a small minority (4.4%) still find violence acceptable, indicating the need for continuous education and intervention to eliminate such harmful attitudes completely. A vast majority (99.4%) strongly agree that joint decision-making improves household wellbeing, with minimal disagreement (0.6%).

This consensus highlights the recognition of the benefits of collaborative decision-making in enhancing family dynamics and overall wellbeing. The majority (99.7%) strongly agreed that men should be involved in activities promoting gender equality, with only a negligible percentage (0.3%) remaining neutral or disagreeing. This reflects a positive shift towards inclusive approaches in gender equality initiatives. The Table 20 indicates details:

Table 20: Attitudes and Perceptions about Gender Social Norms

Attitudes and Perceptions about Gender Social Norms	Agree	Disagree	Mean of perceptions	Std. Deviation	Chi-square	P value
1. It is important for men and women to share household chores	99.6%	0.4%	4.79	0.45	307.5	0.000
2. Women should have control over their financial assets	99.7%	0.3%	4.86	0.37	388.7	0.000
3. Violence is an acceptable way to resolve conflicts in a relationship	4.4%	95.6%	1.41	0.87	384.2	0.000
4. Joint decision-making improves household wellbeing	99.4%	0.6%	4.88	0.44	425.2	0.000
5. Men should be involved in activities promoting gender equality	99.7%	0.3%	4.83	0.39	338.0	0.000
6. Overall	80.6%	19.4%	4.15	0.504	368.7358	0.000

Source: CARE BAHO Endline Evaluation field data, June 2024

Implications and Lessons Learnt:

Rejection of Violence as a Norm:

The broad rejection of violence as an acceptable conflict resolution method is encouraging. However, addressing the small minority who still accept violence requires targeted educational campaigns and interventions to shift deeply ingrained attitudes.

Joint Decision-Making Benefits:

The recognition of the benefits of joint decision-making reflects an understanding of collaborative approaches in enhancing household wellbeing. Programs should continue to promote and support shared decision-making practices.

Inclusive Gender Equality Initiatives:

The strong support for male involvement in gender equality activities highlights the importance of inclusive approaches that engage all genders in promoting and achieving gender equality. While there are positive trends in reporting IPV, managing relationship tensions non-violently, and supporting gender equality norms, continuous efforts are required to address the persistent challenges and barriers. Strengthening community-based support systems, targeting minority groups with harmful attitudes, and promoting inclusive and collaborative approaches will be crucial in sustaining and advancing gender equality and non-violence.

Indicator 3: Women's decision-making power in the household: % of women who report they can equally participate in household financial decision-making

3.3.6. Women's decision-making power in the household

This indicator measures women's decision-making power in relation to the household's finances. The indicator is a proxy to show change in social norms supporting women's economic and financial empowerment. Equal participation in financial decision increases women's access and control over the household's resources. This indicator is relevant for all WEE pathways: DW Dignified Work; FI Financial Inclusion; ENT female entrepreneurship; VC Women and Value Chains; RM Women in Resilient Markets.

Equally: Women and men have equal decision-making power (i.e. their voice weighs equally). Women or those in the "power down" position are able to hold their own during conversations with men, to use their knowledge of finances and business their own agency to speak out, posit arguments and make judgment calls.

Men respect women's opinion, give them the space to speak, and weigh women's opinions and arguments as just as important as their own. Men and other power-holders begin the decision-making exercise understanding that women have the same personal, social and political worth as them.

3.3.7.1. Financial decision-making

The relevant financial decision-making processes need to be determined based on the local context. It is important that the range of financial decisions is reflected: which business to enter and key business management decisions, purchase or sale of productive assets.

Table 20: Attitudes and Perceptions about Gender Social Norms

Household decision	Baseline (%)				Endline (%)		
	Husband alone	Husband and wife must agree	Wife can make decision alone	Not applicable (or don't know)	Husband alone	Husband and wife must agree	Wife can make decision alone
How do you decide on taking a loan or open a savings account or any other kind of saving (in VSLA)	39.0%	46.0%	8.0%	7.0%	3.1%	92.5%	4.4%
Who decides what to do with loan amount or savings (or another financial asset)?	42.0%	42.0%	9.0%	7.0%	3.4%	91.5%	5.1%
How do you decide how to spend the woman's income?	30.0%	37.0%	29.0%	4.0%	3.1%	89.8%	5.1%
How do you decide on how to spend the man's income?	54.0%	39.0%	4.0%	3.0%	5.4%	90.5%	4.1%
How do you decide on major household purchase (land, livestock, household items such as chairs, TV)	42.0%	46.0%	6.0%	6.0%	5.8%	89.8%	4.4%
How do you decide on major purchase of productive asset such as fertilizer, tools, machines, land, real estate (or other productive asset or income generation)?	41.0%	48.0%	5.0%	7.0%	4.1%	91.2%	4.8%
How do you decide what business to engage in?	33.0%	54.0%	5.0%	8.0%	3.7%	90.8%	5.4%
Buy, sell, or give away major properties (Land, houses, buildings)	39%	46%	4.00%		4.42%	91.5%	3.74%
Buy, sell main livestock (those that are major income sources)	38%	46%	5%		4.8%	91.2%	4.1%
Join Saving groups or taking up loans	43%	45%	8%		3.4%	92.2%	4.4%
Women own production/incomes/employment	33%	44%	17%		3.1%	90.8%	6.1%

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings reveal significant changes in how decisions are made on various financial and economic activities from baseline to endline. These changes highlight shifts towards more equitable decision-making processes and increased involvement of women.

At the baseline, a considerable 39% of respondents reported that decisions regarding taking a loan or opening a savings account were made solely by the husband. In contrast, by the endline, this figure dropped dramatically to 3.1%, reflecting a substantial shift towards more inclusive decision-making. At baseline, 46% of respondents indicated that decisions required agreement between husband and wife, which increased to 92.5% by the endline. This shows a significant increase in joint decision-making for financial matters. Only 8% of respondents at baseline reported that the wife could make such decisions alone, which increased slightly to 4.4% by the endline.

Regarding decisions on the use of loan amounts or savings, the baseline data showed that 42% of respondents reported that the husband alone decided, while 42% said that decisions required agreement between husband and wife. By the endline, the percentage of decisions made solely by the husband decreased to 3.4%, and decisions requiring joint

agreement rose to 91.5%. The percentage of respondents indicating that the wife could decide alone increased from 9% at baseline to 5.1% at endline.

For decisions on how to spend a woman's income, baseline data revealed that 30% of the decisions were made solely by the husband, while 37% required agreement between both spouses, and 29% were made by the wife alone. By the endline, the percentage of decisions made by the husband alone dropped to 3.1%, while decisions requiring joint agreement increased to 89.8%, and the percentage of decisions made by the wife alone remained the same at 5.1%.

When it came to decisions on spending the man's income, 54% of respondents at baseline indicated that the husband alone decided, compared to 39% who required joint agreement and 4% where the wife decided alone. By the endline, the percentage of decisions made solely by the husband increased slightly to 5.4%, with joint decisions rising to 90.5% and decisions made by the wife alone remaining low at 4.1%.

For major household purchases, such as land or household items, 42% of respondents reported that these decisions were made solely by the husband at baseline, with 46% requiring joint agreement. By the endline, decisions made solely by the husband decreased to 5.8%, while joint decision-making rose to 89.8%, and decisions made by the wife alone remained low at 4.4%.

Decisions regarding major purchases of productive assets saw a similar trend. At baseline, 41% of decisions were made solely by the husband, while 48% required joint agreement. By the endline, decisions made solely by the husband decreased to 4.1%, with joint decision-making increasing to 91.2%, and decisions made by the wife alone remaining low at 4.8%.

In terms of choosing a business to engage in, baseline data showed 33% of decisions made by the husband alone, 54% required joint agreement, and 5% were made by the wife alone. By the endline, decisions made by the husband alone decreased to 3.7%, with joint decision-making rising to 90.8% and decisions made by the wife alone slightly increasing to 5.4%.

The findings on buying or selling major properties, such as land or houses, indicated that at baseline, 39% of decisions were made solely by the husband, and 46% required joint agreement. By the endline, decisions made by the husband alone dropped to 4.42%, while joint decision-making rose to 91.5%. The percentage of decisions made by the wife alone remained minimal at 3.74%.

For buying or selling main livestock, 38% of decisions were made solely by the husband at baseline, compared to 46% requiring joint agreement. By the endline, decisions made solely by the husband decreased to 4.8%, with joint decision-making rising to 91.2%. Decisions made by the wife alone remained low at 4.1%.

Regarding joining saving groups or taking up loans, baseline data showed 43% of decisions made solely by the husband and 45% requiring joint agreement. By the endline, decisions made by the husband alone dropped to 3.4%, with joint decision-making increasing to 92.2%. Decisions made by the wife alone remained minimal at 4.4%.

Finally, in terms of women owning production, income, or employment, baseline data showed 33% of decisions made solely by the husband, 44% required joint agreement, and 17% were made by the wife alone. By the endline, decisions made by the husband alone decreased to 3.1%, with joint decision-making rising to 90.8% and decisions made by the wife alone increasing to 6.1%.

Implications

The data reflects a significant shift towards more equitable decision-making within households. The substantial decrease in decisions made solely by the husband, combined with the increase in decisions requiring joint agreement, highlights a successful move towards shared decision-making.

This shift suggests that interventions aimed at promoting gender equality and collaborative decision-making have been effective in transforming household dynamics.

Lessons Learned

❖ **Predominance of Joint Decision-Making:**

Across various financial decisions, a significant majority of households prefer joint decision-making. The increase in joint decision-making indicates that promoting shared responsibility and encouraging collaborative decision-making can help reduce gender disparities in household finances and resource management. This highlights the importance of mutual agreement and collaboration in financial management, promoting shared responsibility and reducing the likelihood of conflicts.

❖ **Effective Interventions:**

The significant reduction in decisions made solely by the husband suggests that interventions promoting gender equality and women's empowerment have been successful. This highlights the importance of continued support for programs that challenge traditional gender roles and encourage shared responsibilities.

❖ **Need for Ongoing Support:**

Despite the significant progress, the continued presence of a small percentage of decisions made solely by the husband or by the wife alone indicates that ongoing efforts are needed. Ensuring that gender equality principles are fully integrated into household practices requires sustained education and support.

❖ **Empowerment through Participation:**

The increase in women's involvement in decision-making underscores the importance of empowering women to participate actively in household decisions. Providing women with opportunities and support to take part in financial and economic decisions can lead to more equitable outcomes and improve their overall status.

❖ **Evolving Gender Roles:**

While traditional gender roles persist, with men often being the primary earners, there is a notable shift towards shared earning and decision-making responsibilities. This evolution reflects changing societal norms and increased economic participation by women;

Empowerment and Autonomy:

The findings indicate a growing trend of women’s autonomy in financial decisions, though it remains less than men’s. Continued efforts to empower women and promote gender equality in financial matters are essential to ensure balanced decision-making power within households;

Importance of Financial Education:

The preference for joint decision-making underscores the need for financial education programs that target both partners. Such programs can enhance financial literacy, enabling couples to make informed decisions together.

Community-Based Financial Support:

The high rate of joint decisions in accessing loans and savings groups suggests the effectiveness of community-based financial support systems. Strengthening these systems can further enhance household financial stability and inclusivity.

While joint decision-making is prevalent and reflects positive trends towards collaborative financial management, there is still a need to further empower women and ensure equitable participation in all financial decisions. Promoting financial education, supporting community-based initiatives, and addressing traditional gender norms will be crucial in achieving balanced and inclusive financial decision-making within households. .

Women’s equal participation: During starting of the project, the baseline value was 44.57% as an average of women who equally participated in financial decision-making, the endline value is 84.6% against 85% of target set. This target could be achieved if there is an equal share of earning income between men and women. The Table 22 illustrates details about findings of the end results of the project:

Table 22: Women who report they can equally participate in household financial decision-making

Women who report they can equally participate in household financial decision-making	Percent
• Earning income (almost same amount)	45.6 %
• Decision-Making in Household Business Engagement	90.8%
• Decision-Making on Major Property Transactions in Households	91.5%
• Gender Roles in Livestock Decision-Making	91.16%
• Decision-Making Authority in Investments and Sales of Major Income Source Crops	90.8%
• Decision-Making Roles in Joining Savings Groups or Taking Loans	92.2%
• Decision-Making for Women’s Production, Incomes, and Employment	90.8%
Overall	84.6%

Source: CARE BAHO Endline Evaluation field data, June 2024

Income Earning:

In examining who earns more within households, 45.6% of respondents indicated that the husband earned more, with 47.1% of males and 44.3% of females agreeing. Conversely, 11.6% reported that the wife earned more, with a higher percentage among females (15.8%) compared to males (6.6%). Interestingly, 16.3% stated that both partners earned about the same, and 26.5% indicated that all household members worked together, with a higher response rate among males (30.9%) than females (22.8%). These findings suggest a predominant male breadwinner model, though a significant portion of households exhibit shared or collective earning patterns, highlighting evolving economic dynamics within families.

3.3.7. Structural/System Level

The findings from the field data collection provide critical insights into the community’s confidence in challenging gender-based violence (GBV), changes in community attitudes towards GBV, the presence and participation in community networks addressing GBV, and the awareness and utilization of support services for GBV survivors. The implications of these findings and lessons learned are detailed as well.

Confidence in Challenging GBV and Promoting Non-GBV Practices in the Community:

The data reveal that a substantial majority of respondents, both males (82.4%) and females (72.8%), felt very confident in challenging GBV and promoting non-GBV practices within their community. An additional 16.2% of males and 25.9% of females reported feeling confident. Only a small fraction of the population felt somewhat confident (1.4%). The overall mean confidence level was 1.24 on a scale of 1 to 3, with a statistically significant chi-square value of 272.47 (p-value = 0.00). This high level of confidence suggests that the community is well-empowered and motivated to address GBV issues, reflecting the effectiveness of ongoing interventions and awareness programs.

Table 23: Confidence in Challenging GBV

Confident in beneficiaries feeling in challenging GBV and practices that promote GBV in your community	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Very Confident	112	82.4	115	72.8	227	77.2
Confident	22	16.2	41	25.9	63	21.4
Somewhat Confident	2	1.5	2	1.3	4	1.4
Total	136	100.0	158	100.0	294	100.0
Statistical test and significance level	n	Mean	Std. Deviation	Chisquare	P value	
	294	1.24	0.46	272.47	0.00	

Source: CARE BAHO Endline Evaluation field data, June 2024

Community Attitudes towards GBV:

The findings indicate notable changes in community attitudes towards GBV over the past year. A majority of respondents (49.0%) reported moderate changes, while 38.8% indicated significant changes in attitudes. Only a small percentage noted slight changes (11.2%) or no change at all (1%). The mean score for changes in attitudes was 3.26 out of 4, with a standard deviation of 0.69 and a significant chi-square value of 179.878 (p-value = 0.00). These results highlight a positive shift in the community’s perceptions and attitudes towards GBV, suggesting that awareness and educational initiatives have been effective.

Table 24: Changes in Community Attitudes Towards GBV Over the Past Year

How much have community attitudes towards GBV changed over the past year?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Not at all	1	0.7	2	1.3	3	1.0
Slightly	14	10.3	19	12.0	33	11.2
Moderately	66	48.5	78	49.4	144	49.0
Significantly	55	40.4	59	37.3	114	38.8
Total	136	100.0	158	100.0	294	100.0
Statistical test and significance level	N		Mean	Std. Deviation	Chi-square	P value

Source: CARE BAHO Endline Evaluation field data, June 2024

Community Activities and Networks:

The findings indicate a strong presence of community networks or groups addressing GBV, with 90.8% of respondents acknowledging their existence. Participation in these networks is also high, with all respondents (100%) who acknowledged the existence of such groups reporting active participation. This widespread involvement indicates robust community engagement and collective action in addressing GBV, which is crucial for sustaining long-term change.

Access to Services:

Awareness of support services for GBV survivors is exceptionally high, with 99.3% of respondents reporting awareness of these services. However, the utilization of these services was less prevalent, with only 34% of respondents having used them. Notably, there was a gender disparity in service utilization: 42.4% of females have used these services compared to 24.3% of males. This discrepancy suggests potential barriers to service utilization, particularly among males, which need to be addressed to ensure equitable access to support services for all survivors.

Implications and Lessons Learnt

Empowered Community:

The high levels of confidence in challenging GBV and promoting non-GBV practices reflect the success of empowerment and awareness programs. Continuing to build on this foundation will further strengthen the community’s resolve and ability to combat GBV.

Positive Attitudinal Shifts:

Significant and moderate changes in community attitudes towards GBV indicate that awareness campaigns and educational efforts are effectively shifting perceptions. Maintaining and enhancing these efforts will be essential to solidify and expand these positive changes.

Active Community Networks:

The strong presence and participation in community networks addressing GBV demonstrate the power of collective action. Supporting and expanding these networks will be critical in sustaining community-driven initiatives against GBV.

High Awareness but Low Utilization of Services:

While awareness of GBV support services is nearly universal, the lower utilization rates, especially among males, point to potential barriers such as stigma, lack of trust, or inadequate service provision. Addressing these barriers through targeted outreach, reducing stigma, and improving service quality and accessibility will be necessary to increase utilization.

The findings of the evaluation highlight significant progress in community empowerment, attitudinal change, and active engagement in GBV prevention and response. However, there is a need to bridge the gap between awareness and utilization of support services to ensure comprehensive support for all GBV survivors.

3.3.8. Decrease in prevalence of IPV as a result of transformed social, cultural and gender norms: Couples Practice More Gender Equitable Behaviors

The Impact Assessment findings highlight significant progress in transforming social, cultural, and gender norms within the community. These transformations are reflected in increased awareness of women’s rights and gender equality, nonviolent relationship practices, community support for abuse victims, and enhanced economic access for women. The implications of these findings and lessons learned are discussed below.

Community Awareness of Women’s Rights and Gender Equality:

The findings indicate that a substantial majority of respondents agreed that there is greater awareness of women’s rights and the benefits of gender equality within the community. Specifically, 82.3% of males and 85.5% of females agreed with this statement. Only a small percentage of respondents were neutral (3.7%) or disagree (12.2%). The overall mean score was 2.03, with a standard deviation of 0.89 and a significant chi-square value of 204.31 (p-value = 0.00).

These results suggest that awareness programs and educational initiatives have been effective in promoting gender equality, resulting in a more informed and supportive community.

Table 25: Level of awareness of women’s Rights & benefits of gender equality

The extent to which agree with the following statement: Men and women in our community now have a greater awareness of women’s rights and the benefits of gender equality.?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Strongly Agree	40	29.4	35	22.2	75	25.5
Agree	72	52.9	100	63.3	172	58.5
Neutral	6	4.4	5	3.2	11	3.7
Disagree	18	13.2	18	11.4	36	12.2
Total	136	100.0	158	100.0	294	100.0
Statistical test and significance level	N	Mean	Std. Deviation	Chi-square	P value	
	294.00	2.03	0.89	204.31	0.00	

Source: CARE BAHO Endline Evaluation field data, June 2024

Relations: Nonviolent Relations and Economic Access:

The findings show that nonviolent conflict resolution is becoming more prevalent among couples in the community. About 12.6% of respondents reported that couples always managed relationship tensions non-violently, while 48% said it happens often. Another 37.1% indicated that it occurs sometimes, with only a small fraction (2.4%) noting that it happens rarely. The mean score was 2.29 with a standard deviation of 0.71 and a significant chi-square value of 157.43 (p-value = 0.00).

These findings underscore the positive impact of interventions aimed at promoting peaceful and respectful relationships, contributing to a decrease in intimate partner violence (IPV).

Table 26: Managing Relationship Tensions Non-Violently: Community Perspectives

The extent to which agree with the following statement: Men and women in our community now have a greater awareness of women's rights and the benefits of gender equality.?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Strongly Agree	40	29.4	35	22.2	75	25.5
Agree	72	52.9	100	63.3	172	58.5
Neutral	6	4.4	5	3.2	11	3.7
Disagree	18	13.2	18	11.4	36	12.2
Total	136	100.0	158	100.0	294	100.0
Statistical test and significance level	N	Mean	Std. Deviation	Chi-square	P value	
	294.00	2.03	0.89	204.31	0.00	

Source: CARE BAHO Endline Evaluation field data, June 2024

Implications and Lessons Learnt

✿ Effective Awareness Programs:

The substantial increase in community awareness of women's rights and gender equality indicates that educational and awareness programs are highly effective. Continuous efforts in this area will further consolidate these gains and promote sustained behavioral change.

✿ Promotion of Nonviolent Conflict Resolution:

The prevalence of this among couples suggests that interventions focused on promoting respectful and peaceful relationships are successful. Expanding these programs can further reduce IPV and promote healthier family dynamics.

✿ Community Support Mechanisms:

The high level of community support for abuse victims highlights the importance of strong community networks and support mechanisms. Strengthening these networks will ensure that victims receive the necessary support and protection.

✿ Economic Empowerment of Women:

Increased access to economic resources for women demonstrates the effectiveness of initiatives. Continuing to focus on economic empowerment will help women achieve greater autonomy and reduce their susceptibility to GBV.

✿ Cultural Shift Towards Nonviolence:

The significant shift towards nonviolent relations within the community indicates a positive cultural change. Maintaining and reinforcing this cultural shift through ongoing community engagement and education is crucial for long-term violence prevention.

The Impact Assessment findings reveal substantial progress in transforming social, cultural, and gender norms within the community. These changes are reflected in increased awareness of women's rights, nonviolent conflict resolution, community support for abuse victims, and enhanced economic access for women. The lessons learned from these findings underscore the importance of sustained and comprehensive interventions to promote gender equality and prevent GBV in the target communities.

3.3.9. Structural: Transforming Norms

✿ Changes in Gender and Social Norms Addressing IPV/GBV Root Causes:

Community Observations: The data reveals a unanimous recognition of changes in gender and social norms that address the root causes of IPV and GBV within the community. Both males and females reported 100% awareness of these changes, indicating a widespread and comprehensive shift in societal attitudes and behaviors. This total consensus underscores the effectiveness of interventions aimed at modifying harmful gender norms and promoting more equitable social practices. The unanimous response also suggests that the community is moving towards a more progressive and supportive environment, where the root causes of violence are being actively addressed and mitigated.

✿ Community Willingness to Challenge GBV-Promoting Norms and Practices:

The findings indicate that community members are now overwhelmingly willing to challenge norms and practices that promote GBV. Among the respondents, 100% of males and 98.1% of females affirmed this willingness, resulting in a total of 99% across the community. This near-universal readiness to confront and change harmful norms signifies a crucial shift towards proactive prevention of GBV. It suggests that the community is not only aware of the issues but is also committed to taking action against them. The negligible percentage of respondents (1%) who did not perceive this willingness points to an almost complete cultural transformation.

Implications of the Findings

✿ Enhanced Community Engagement:

The unanimous recognition of changes in gender and social norms indicates a highly engaged community. This engagement is crucial for the sustainability of efforts to prevent IPV and GBV, as it suggests a collective commitment to maintaining and furthering these positive changes.

Effective Interventions:

The data implies that interventions targeting gender and social norms have been highly effective. Programs that focus on education, community dialogue, and empowerment have successfully instilled a sense of responsibility and urgency in addressing GBV at its roots.

Proactive Community Stance:

The overwhelming willingness to challenge GBV-promoting norms highlights a proactive stance within the community. This proactive approach is essential for creating a safer and more supportive environment for all community members, particularly women and girls.

Lessons Learned

Comprehensive Awareness Campaigns:

The success is evident from the unanimous recognition of positive changes. Future initiatives should continue to employ comprehensive and inclusive strategies that engage all community members, ensuring that awareness translates into sustained action.

Community Involvement in Norms Change:

The high level of willingness to challenge harmful norms indicates that community involvement is critical for effective change. Programs should focus on empowering individuals and groups within the community to lead and advocate for these changes, fostering a sense of ownership and responsibility.

Continuous Monitoring and Support:

To maintain the positive momentum, continuous monitoring and support are essential. Ongoing evaluation of community attitudes and behaviors will help identify areas that need further attention and support, ensuring that progress is sustained and built upon.

Addressing Residual Resistance:

Although the resistance to change is minimal, it is still important to address it. Tailored interventions that focus on the small percentage of individuals who may not yet be willing to challenge harmful norms can help achieve total community consensus and support.

The findings from the CARE BAHO Endline Evaluation field data demonstrate significant progress in changing gender and social norms to address the root causes of IPV and GBV.

The community's unanimous recognition of these changes and their willingness to challenge harmful practices highlight the effectiveness of current interventions and the importance of continued, comprehensive efforts to foster a safe and equitable environment.

3.3.10. Awareness and Management

The findings of the outcomes evaluation illustrate significant shifts in community perceptions and behaviors concerning gender-based violence (GBV) and the promotion of gender-equitable practices. The findings and implications of these results are discussed below;

✿ Community Perceptions on Challenging the Acceptability of Violence in Relationships:

The findings reveal that an overwhelming majority of community members, 99.7%, were now more likely to challenge norms and practices that promote GBV. This included 100% of males and 99.4% of females. Only a minuscule 0.3% of respondents indicated otherwise. This near-universal willingness to oppose GBV suggests a profound cultural shift towards intolerance of violence in relationships. It signifies that awareness and intervention programs have been highly effective in altering perceptions and encouraging proactive behavior against GBV.

✿ Frequency of Gender-Equitable Behavior Among Couples:

Community Perspectives: The evaluation shows that 99.3% of respondents believed couples in their community now model gender-equitable behavior more frequently compared to before the program's implementation. Specifically, 98.5% of males and 100% of females observed this positive change. Only a negligible 0.7% reported no change. This indicates that initiatives aimed at promoting gender equality have successfully penetrated community practices, leading to more equitable and respectful relationships among couples.

✿ Community Response to Violence:

Calling Out Behaviors: Similarly, 99.7% of community members are now more likely to call out violence when they witness it, with 100% of males and 99.4% of females affirming this behavior. Again, only 0.3% of respondents indicated otherwise. This strong willingness to intervene and address violence directly points to a community that not only recognizes the importance of preventing GBV but also feels empowered to take action against it.

Implications

✿ Increased Community Engagement:

The near-unanimous agreement among community members to challenge GBV and promote gender-equitable behavior indicates a high level of community engagement and commitment. This engagement is critical for the sustainability of these positive changes.

✿ Effective Interventions:

The data suggests that the interventions implemented have been highly effective in altering community norms and behaviors. Awareness campaigns, education programs, and community dialogues have evidently fostered a more supportive and equitable environment.

Proactive Stance Against GBV:

The willingness of community members to call out violent behavior reflects a proactive stance against GBV. This readiness to act can help in the early identification and prevention of violence, providing a safer environment for all community members.

Gender-Equitable Practices:

The increased modeling of gender-equitable behavior among couples highlights a significant cultural shift towards equality in relationships. This change is likely to have long-term positive impacts on family dynamics and overall community health.

Lessons Learned

Sustained Awareness and Education:

Continuous awareness and education efforts are crucial in maintaining and building upon these positive changes. Regular community engagement and education can help reinforce new norms and ensure they become deeply rooted in the community fabric.

Empowering Community Members:

Empowering individuals to challenge GBV and model gender-equitable behavior is essential. Programs that focus on building confidence and providing the necessary tools and knowledge can enhance the community's ability to sustain these changes.

Monitoring and Evaluation:

Ongoing monitoring and evaluation are vital to understanding the long-term impacts of these interventions. Regular assessments can help identify any emerging challenges and allow for timely adjustments to programs and strategies.

Addressing Residual Resistance:

While the resistance to change is minimal, it is important to address any remaining reluctance. Targeted interventions aimed at the small percentage of individuals who are not yet on board can help achieve complete community consensus.

The outcomes evaluation findings demonstrate significant progress in changing community perceptions and behaviors regarding GBV and gender-equitable practices. The near-unanimous willingness to challenge GBV, model gender-equitable behavior, and call out violence reflects a transformative cultural shift. These findings highlight the effectiveness of the interventions and underscore the importance of continued community engagement, education, and monitoring to sustain and build upon these positive changes.

3.3.11. Support Systems and Economic Access

✿ Participation in VSLA and MEC Programs:

Community Engagement Perspective: A significant portion of the community, 87.1%, joined the VSLA or MEC programs. Specifically, 89.7% of males and 84.8% of females had participated in these initiatives. The high participation rate suggests a strong community interest and engagement in programs aimed at economic empowerment and gender equality. This broad involvement indicates the programs' relevance and appeal to both men and women, contributing to community-wide benefits.

✿ Saving Participation in VSLA and MEC Programs: Community Insights:

Among participants, 88.1% have been able to save money through the VSLA or MEC programs, with 90.4% of males and 86.1% of females affirming their ability to save. This high rate of saving demonstrates the programs' effectiveness in fostering financial discipline and enabling community members to accumulate savings. The ability to save is crucial for economic stability and growth, suggesting that these programs provide valuable financial tools and opportunities for participants.

✿ Loan Repayment Experience in VSLA and MEC Programs:

Community Perspectives: The findings indicate that 77.2% of participants who took loans from the VSLA or MEC were able to repay them on the agreed timelines, with 75.7% of males and 78.5% of females successfully managing their repayments. This indicates a high level of financial responsibility and the viability of the loan structures within these programs. Successful loan repayment is a positive indicator of economic stability and the effectiveness of the support systems in place, reinforcing participants' creditworthiness and trust in the program.

✿ Economic Impact of VSLA and MEC Participation:

Community Perspectives: A majority of participants, 90.5%, agreed or strongly agreed that participation in the VSLA or MEC programs had improved their economic situation. Specifically, 91.2% of males and 89.9% of females reported economic improvements, with a small minority (1%) expressing neutral or negative views. The mean score of 4.46 on a 5-point scale, with a standard deviation of 0.708, underscores the significant positive economic impact of these programs. This suggests that the programs are effective in enhancing the economic well-being of participants, contributing to poverty reduction and financial resilience.

Table 28: Economic Impact of VSLA and MEC Participation: Community Perspectives

To what extent do you agree with the following statement: Participation in the VSLA or MEC has improved my economic situation?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Strongly Disagree	1	0.7	0	0.0	1	0.3
Disagree	2	1.5	0	0.0	2	0.7
Neutral	9	6.6	16	10.1	25	8.5
Agree	39	28.7	61	38.6	100	34.0
Strongly Agree	85	62.5	81	51.3	166	56.5
Total	136	100.0	158	100.0	294	100.0
		N	Mean	Std. Deviation	Chi-square	P value
		294	4.46	0.708	355.422	0.000

Source: CARE BAHO Endline Evaluation field data, June 2024

✿ Observations of Strengthened Community Structures Supporting Gender Equality:

Nearly all respondents (99.3%) have observed strengthened community structures supporting gender equality, such as VSLA groups and women's spaces. Specifically, 98.5% of males and 100% of females noted these improvements. This widespread recognition of enhanced community structures indicates that the programs have successfully promoted gender equality and created supportive environments for women and other marginalized groups.

✿ Effectiveness of Community Members in Gender Equality and Violence Prevention Roles:

An overwhelming majority, 99.3%, believe that community members have become more effective in their roles related to gender equality and violence prevention. This includes 99.3% of males and 99.4% of females. Only 0.7% of respondents expressed a contrary view. The high effectiveness rate suggests that the programs have successfully empowered community members, equipping them with the skills and knowledge to advocate for gender equality and prevent violence effectively.

Implications of the Findings

✿ High Community Engagement:

The high participation rates in the VSLA and MEC programs indicate strong community engagement. This engagement is crucial for the success and sustainability of the programs, as it reflects the community's trust and investment in these initiatives.

✿ Financial Empowerment:

The ability of participants to save money and repay loans highlights the programs' role in fostering financial empowerment and economic stability. This empowerment is vital for reducing poverty and enhancing the economic resilience of community members.

✿ Positive Economic Impact:

The significant positive economic impact reported by participants underscores the effectiveness of the VSLA and MEC programs in improving the economic situation of community members. This improvement can lead to broader economic development and reduced economic disparities.

✿ Strengthened Support Structures:

The widespread recognition of strengthened community structures supporting gender equality suggests that the programs have successfully created supportive environments. These structures are essential for promoting and sustaining gender equality in the community.

✿ Enhanced Roles in Gender Equality and Violence Prevention:

The increased effectiveness of community members in gender equality and violence prevention roles indicates that the programs have successfully built capacity and empowered individuals to advocate for and support these causes.

Lessons Learned

✿ Sustained Engagement and Support:

Continuous engagement and support are crucial for maintaining the high levels of participation and effectiveness observed in the programs. Ongoing training and resources can help sustain and build upon the successes achieved.

✿ Scalability and Replication:

The positive outcomes suggest that similar programs could be scaled up or replicated in other communities to achieve comparable benefits. Sharing best practices and lessons learned can facilitate this process.

✿ Monitoring and Evaluation:

Regular monitoring and evaluation are essential to track progress, identify challenges, and make necessary adjustments to the programs. This process can help ensure that the programs remain effective and responsive to community needs.

✿ Inclusive Participation:

Ensuring inclusive participation, particularly for marginalized groups, is key to achieving equitable outcomes. Tailored strategies may be needed to address any barriers to participation and ensure that all community members can benefit from the programs.

The findings on support systems and economic access demonstrate significant community engagement and positive economic impacts from participation in the VSLA and MEC programs.

These programs have effectively fostered financial empowerment, strengthened support structures for gender equality, and enhanced the roles of community members in advocating for gender equality and violence prevention. The findings highlight the importance of sustained engagement, scalability, and regular monitoring to maintain and build upon these successes.

Pathways/Activities Evaluation

The findings from the field provide insights into the availability of women's spaces for GBV services and familiarity with virtual coaching for supporting GBV survivors within the community. The implications of these findings and lessons learned are discussed below:

3.3.12. Women's Spaces and GBV Services

✿ Availability of Women's Spaces for GBV Information and Referral Services in the Community:

The data indicates that 79.3% of the community members, including 75.7% of males and 82.3% of females, reported the availability of women's spaces providing information and referral services for GBV in their community. Conversely, 20.7% of respondents indicated the absence of such spaces. This disparity highlights a significant achievement in establishing supportive environments for women facing GBV, but it also points to a need for further expansion to ensure comprehensive coverage.

✿ Familiarity with Virtual Coaching for Supporting GBV Survivors:

The findings indicate that 41.8% of community members, including 39% of males and 44.3% of females, were familiar with using virtual coaching to support GBV survivors. However, a significant 58.2% of respondents were not familiar with this tool, indicating a gap in knowledge and utilization.

Implications of the Findings

✿ Positive Outreach:

The majority presence of women's spaces suggests successful outreach and establishment of support systems for women facing GBV. These spaces are crucial for providing necessary information, referral services, and creating safe havens for survivors.

✿ Need for Expansion:

The 20.7% of the community reporting a lack of such spaces signifies the need to identify areas where these services are not yet available and take measures to expand the infrastructure to ensure universal access.

✿ Gender Inclusivity:

The slightly higher awareness among females indicates that these services are reaching the target demographic effectively, but efforts should be made to ensure that males are equally aware and supportive, as they can play a crucial role in advocating for and supporting these spaces.

✿ Underutilization of Technology:

The relatively low familiarity with virtual coaching for supporting GBV survivors' points to an underutilization of available technological resources that could enhance support mechanisms. Virtual coaching can provide immediate, confidential, and accessible support to survivors, and its underuse suggests a missed opportunity.

✿ Training and Awareness:

There is a clear need for increased training and awareness campaigns to educate the community about the benefits and usage of virtual coaching tools. Such initiatives could significantly enhance the support network for GBV survivors.

❖ Bridging the Knowledge Gap:

Addressing the knowledge gap, particularly among males who reported lower familiarity than females, could improve the overall effectiveness of community support for GBV survivors. Engaging both genders in training can foster a more inclusive and supportive environment.

Lessons Learned

❖ Strengthening Infrastructure:

The establishment of women's spaces has been largely successful, but continuous efforts are required to ensure that these spaces are available in all parts of the community. Regular assessments can help identify gaps and direct resources where they are most needed.

❖ Leveraging Technology:

The potential of virtual coaching remains largely untapped. Future programs should focus on integrating technology into GBV support strategies, providing comprehensive training to both community members and professionals on how to use these tools effectively.

❖ Inclusive Education:

Education and awareness campaigns should be designed to reach all community members, ensuring that both men and women are knowledgeable about and can access GBV support services. This approach can create a more supportive community environment and encourage collective responsibility in addressing GBV.

❖ Continuous Monitoring:

Regular monitoring and evaluation of both the physical and virtual support systems are crucial. These efforts can help in understanding their effectiveness, making necessary adjustments, and ensuring that they meet the evolving needs of the community.

The findings indicate significant progress in providing physical spaces for GBV support, but highlights a need for increased familiarity and utilization of virtual support tools. Moving forward, efforts should focus on expanding the availability of women's spaces, enhancing training on virtual coaching, and ensuring inclusive education to maximize community support for GBV survivors.

These steps will be essential in building a comprehensive, accessible, and effective support system for addressing GBV in the target community.

3.3.13. Structural Change: Norms and Practices

❖ Beliefs and community engagement

The data on beliefs and community engagement related to gender-based violence (GBV) and women's economic participation demonstrate remarkable changes from baseline to endline, highlighting the impact of targeted interventions.

Table 29: Beliefs and community engagement

Beliefs and community engagement	Baseline (%)	Endline (%)
It is acceptable for a wife to be beaten by her husband	66.0	1.3
Women invest and sell main crops (those that are major income sources)	46.0	90.8
Women join saving groups or taking loans	87.0	92.2
Women own production/income/ employment	70.0	90.8
It is ok to discuss underlying gender and social norms	39.0	99.6
Feel confident to participate in actions to prevent GBV/IPV	68.0	98.6

Source: CARE BAHO Endline Evaluation field data, June 2024

At the baseline, a concerning 66% of respondents believed it was acceptable for a wife to be beaten by her husband. This high level of tolerance for domestic violence indicates deeply entrenched harmful attitudes towards gender-based violence. By the endline, however, this percentage plummeted to just 1.3%. This dramatic decrease signifies a profound shift in community norms and a significant success of the interventions aimed at challenging and changing perceptions about domestic violence.

The data also reveals significant progress in women’s economic engagement. At baseline, only 46% of women were involved in investing in and selling major crops, which are crucial for income. By the endline, this figure had surged to 90.8%, demonstrating a substantial increase in women’s economic activities and their role in key income-generating sectors. This improvement underscores the effectiveness of initiatives designed to enhance women’s economic empowerment and participation in critical agricultural activities.

Additionally, women’s involvement in saving groups or taking loans was already high at baseline, with 87% participating. This percentage increased slightly to 92.2% by the endline, indicating sustained engagement in financial activities. This suggests that programs promoting financial inclusion and access to credit have been effective in maintaining high levels of participation.

Regarding women’s ownership of production, income, or employment opportunities, there was a notable increase from 70% at baseline to 90.8% at endline. This improvement reflects significant progress in women’s economic empowerment and their access to productive resources, highlighting the success of interventions aimed at increasing women’s control over income and employment opportunities.

The acceptance of discussing underlying gender and social norms saw an extraordinary increase from 39% at baseline to 99.6% at endline. This near-universal acceptance of open discussions about gender norms indicates a successful shift towards more progressive attitudes, facilitated by interventions that promoted dialogue and education on gender issues.

Finally, the confidence to participate in actions to prevent GBV/IPV also saw a substantial rise. At baseline, 68% of respondents felt confident to engage in GBV/IPV prevention efforts. By the endline, this confidence had increased dramatically to 98.6%. This significant growth in confidence suggests that efforts to build community capacity and involvement in GBV/IPV prevention have been highly effective.

Implications

- ✿ The dramatic changes in beliefs and community engagement from baseline to endline highlight the success of targeted interventions in reshaping attitudes and behaviors regarding GBV and women's economic roles.
- ✿ The significant reduction in the acceptance of domestic violence, combined with increased economic participation and confidence in preventing GBV, reflects a successful shift towards more supportive and equitable community norms.

Lessons Learned

- ✿ **Impact of Norm-Changing Interventions:**
The substantial decrease in the acceptance of domestic violence underscores the effectiveness of interventions designed to challenge and change harmful gender norms. These efforts are crucial for transforming attitudes and reducing tolerance for violence.
- ✿ **Importance of Economic Empowerment:**
The significant increase in women's involvement in economic activities and ownership of productive resources highlights the importance of economic empowerment initiatives. Empowering women economically contributes to broader gender equality and improves their overall status in the community.
- ✿ **Sustained Financial Inclusion:**
The high levels of participation in saving groups and loans suggest that ongoing support for financial inclusion is essential. Maintaining and enhancing access to financial resources helps sustain women's economic engagement.
- ✿ **Promotion of Open Dialogue:**
The near-universal acceptance of discussing gender norms indicates that creating safe spaces for dialogue and education is effective in changing attitudes and fostering a more open approach to addressing gender issues.
- ✿ **Building Confidence for Action:**
The significant increase in confidence to participate in GBV/IPV prevention actions demonstrates the importance of empowering individuals with knowledge and skills to take active roles in addressing and preventing violence.

The evaluation reveals significant progress in changing community beliefs and enhancing engagement in gender equality and women's empowerment. The interventions have been successful in reducing tolerance for domestic violence, increasing women's economic participation, and fostering a supportive environment for discussing and addressing gender issues. These findings highlight the effectiveness of comprehensive efforts to promote gender equality and prevent GBV.

- ❖ **Community Willingness to Challenge Norms Promoting Gender-Based Violence:**
The survey findings reveal that 98% of community members, including 97.1% of males and 98.7% of females, were now more likely to challenge norms and practices that promote gender-based violence (GBV). Only 2% of respondents indicated reluctance in this regard.
- ❖ **Role of Opinion Leaders in Addressing GBV Cases:**
The findings indicate that 99.3% of community members, including 99.3% of males and 99.4% of females, acknowledged that opinion leaders had spoken out and acted against GBV cases. Only 0.7% of respondents noted a lack of action from opinion leaders.
- ❖ **Perceptions on Effectiveness of GBV Case Management in the Community:**
The survey shows that 95.2% of respondents, including 92.6% of males and 97.5% of females, believed that GBV cases were being effectively managed in their community. However, 4.8% of respondents expressed dissatisfaction with the case management.
- ❖ **Improvement in Collaboration with Local and National Structures for GBV Response:**
The findings indicate that 99.7% of respondents, including 99.3% of males and 100% of females, observed improved collaboration with local and national structures (e.g., Ministries, CAs, one-stop centers, RIB) for GBV response. Only 0.3% of respondents did not perceive such improvements.
- ❖ **Assessment of Collaboration Improvement with Local and National Structures Post-Project:**
When assessing the improvement of collaboration with local and national structures post-project, the findings showed that 26.9% of respondents rated the improvement as excellent, 25.9% as significant, 39.8% as moderate, and 7.1% as slight. Only 0.3% of respondents noted no improvement.

Implications of the findings

- ❖ **High Awareness and Engagement:**
The overwhelming willingness to challenge GBV-promoting norms signifies a high level of awareness and proactive engagement within the community. This reflects the success of initiatives aimed at changing harmful social and cultural norms.
- ❖ **Sustainable Change:**
The near-universal agreement suggests a strong foundation for sustainable behavioral change. Continued efforts to reinforce these attitudes can further solidify these gains.
- ❖ **Influential Leadership:**
The active involvement of opinion leaders in addressing GBV cases highlights their influential role in shaping community norms and behaviors. Their support is crucial for legitimizing and driving anti-GBV initiatives.
- ❖ **Leadership Empowerment:**
Continued support and empowerment of opinion leaders can further enhance their effectiveness in promoting gender equality and preventing GBV.

Community Trust:

The high level of community acknowledgment of opinion leaders' actions suggests a strong trust in local leadership, which is essential for the successful implementation of GBV interventions.

Effective Systems:

The high percentage of respondents affirming effective GBV case management indicates that the systems and processes in place are largely successful. This suggests that the community is benefiting from well-coordinated and responsive GBV services.

Areas for Improvement:

The minority expressing dissatisfaction points to potential areas for improvement. This feedback can be used to refine and enhance GBV case management practices, ensuring that they are inclusive and address all concerns.

Ongoing Evaluation:

Regular evaluation and feedback mechanisms are crucial to maintaining and improving the effectiveness of GBV case management, ensuring that they adapt to the evolving needs of the community.

Enhanced Coordination:

The near-universal perception of improved collaboration signifies enhanced coordination and partnership among various stakeholders, which is essential for a comprehensive GBV response.

Resource Utilization:

Effective collaboration ensures better utilization of resources and more cohesive support for GBV survivors, leading to more holistic and effective interventions.

Continued Efforts:

Sustaining and further enhancing these collaborations can lead to even more significant improvements in GBV response, ensuring that all community members have access to comprehensive support services.

Targeting Reluctance:

The small percentage of reluctant individuals indicates a need for targeted interventions to address specific barriers or misconceptions that might be preventing full community engagement.

Positive Impact:

The high ratings for improvement suggest that the project has had a positive impact on enhancing collaboration between local and national structures. This indicates successful implementation of project activities aimed at strengthening these partnerships.

Room for Growth:

The presence of moderate and slight improvement ratings indicates that while progress has been made, there is still room for further enhancement. Continued efforts to address gaps and streamline collaboration can lead to more significant improvements.

Continuous Improvement:

The feedback underscores the importance of continuous improvement and adaptation in collaborative efforts. Regular assessments and adjustments based on community feedback can ensure sustained progress and effectiveness.

Lessons Learned**Community Engagement:**

High levels of community willingness to challenge GBV-promoting norms and the active role of opinion leaders underscore the importance of engaging community members and leaders in GBV prevention efforts.

Effective Management:

The positive perceptions of GBV case management effectiveness highlight the success of current systems but also point to the need for ongoing improvements based on community feedback.

Strengthened Collaboration:

The significant improvement in collaboration with local and national structures demonstrates the importance of coordinated efforts and partnerships in addressing GBV. Continuous efforts to enhance these collaborations can lead to more comprehensive and effective responses.

Feedback Utilization:

The varied ratings on the improvement of collaboration post-project emphasize the need for regular feedback mechanisms to identify areas for growth and ensure that interventions remain responsive to community needs.

The findings from the field survey highlight significant progress in community willingness to challenge GBV-promoting norms, the active role of opinion leaders, effective GBV case management, and improved collaboration with local and national structures. These findings underscore the importance of community engagement, effective management systems, and coordinated efforts in addressing GBV. Continuous monitoring, feedback, and adaptation are essential to sustaining and enhancing these achievements, ensuring that all community members benefit from comprehensive and effective GBV prevention and response initiatives.

3.3.14. Community Activism and Opinion Leaders

❖ **Participation in Digital Campaigns for Community Activism:**

The survey data reveals that 76.9% of community members, including 75% of males and 78.5% of females, had participated in or observed digital campaigns for community activism. Meanwhile, 23.1% of respondents, including 25% of males and 21.5% of females, had not engaged in these campaigns.

❖ **Community Activism and Opinion Leaders:**

The survey data indicates that 90.5% of community members, including 86% of males and 94.3% of females, believed that opinion leaders in their community now had better knowledge and skills to practice and promote gender equality. Conversely, 9.5% of respondents, including 14% of males and 5.7% of females, did not share this belief.

Implications and Lessons Learnt

❖ **High Participation and Financial Engagement:**

The strong engagement in VSLA and MEC programs demonstrates their acceptance and relevance. Continued support and expansion of these programs can further enhance financial stability and empowerment.

❖ **Improved Leadership Competency:**

The high percentage of respondents recognizing improved knowledge and skills among opinion leaders suggests that training and capacity-building efforts have been successful. This improvement is crucial for sustaining momentum in promoting gender equality and addressing GBV.

❖ **Gender Disparities in Perception:**

The difference in perceptions between males and females, with a higher percentage of females acknowledging improved leadership competency, may indicate varying levels of engagement or influence of opinion leaders on different genders. This calls for a nuanced approach in leadership training and community engagement to ensure all demographic groups feel equally supported and empowered.

❖ **Continued Support and Training:**

The presence of 9.5% of respondents who do not perceive improved competency among opinion leaders underscores the need for ongoing support and training. Ensuring that all opinion leaders are well-equipped and consistently effective in their roles is essential for achieving long-term gender equality goals.

Lessons Learned

✿ Effectiveness of Digital Platforms:

The high engagement in digital campaigns demonstrates the effectiveness of digital platforms in mobilizing community activism. Future programs should continue to incorporate digital strategies to enhance reach and impact.

✿ Addressing Barriers to Participation:

The notable minority who have not participated in digital campaigns highlights the need to address barriers such as digital access and literacy. Ensuring that all community members can engage in digital activism is critical for inclusive community development.

✿ Targeted Leadership Development:

The varied perceptions of opinion leaders' competencies suggest that tailored and continuous leadership development programs are necessary. These programs should address the specific needs and challenges faced by opinion leaders to ensure they can effectively promote gender equality.

✿ Sustaining Momentum:

The overall positive perceptions of opinion leaders' knowledge and skills indicate successful capacity-building efforts. Sustaining this momentum through ongoing training, support, and evaluation will help maintain and further improve the community's progress towards gender equality.

The findings highlight significant engagement in digital campaigns for community activism and improved perceptions of opinion leaders' competencies in promoting gender equality.

These findings emphasize the importance of leveraging digital platforms, addressing participation barriers, and providing targeted leadership development. By continuing to build on these successes and addressing identified gaps, the community can sustain and enhance its progress towards achieving gender equality and preventing GBV

3.4. BAHO Blended Approach

3.4.1. Digital Literacy and accessibility

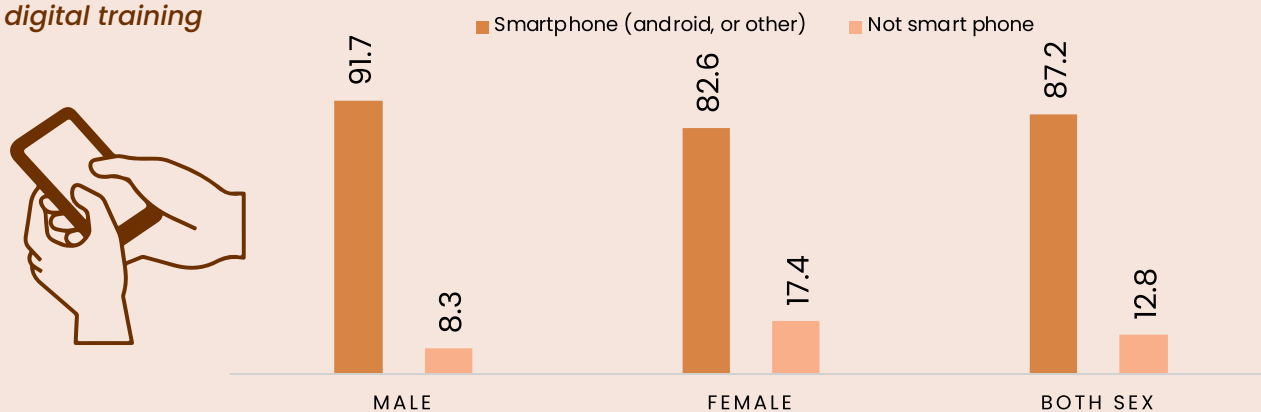
To assess the effectiveness and impact of BAHO blended approach, this study collected the data on digital literacy and accessibility of mobile phones among participants. The findings provided insights into mobile phones ownership, types of phones, charging methods, usage patterns, network providers, network coverage, internet access, digital literacy training, phone sharing practices, gender dynamics in phone usage, social implications of smartphone access, stereotypes around smartphone use, the need for discretion in phone usage, and strategies to promote smartphone use among women.

The findings revealed that all participants, comprising 24 males and 23 females, reported owning mobile phones, signifying a 100% ownership rate across both genders. This full ownership indicates that mobile phones are a ubiquitous tool among the participants, potentially facilitating communication and access to various services.

Implications and Lessons Learnt

The universal ownership of mobile phones and the high percentage of smartphones among participants suggest a strong foundation for leveraging mobile technology in development programs. This can facilitate the dissemination of information, financial inclusion, and access to critical services.

Figure 4: Distribution of the types of telephones devices owned by participants of blended digital training



Source: CARE BAHO Endline Evaluation field data, June 2024

The findings of the study show that majority of the participants owned smartphones, with 91.7% of males and 82.6% of females reporting ownership of smartphones.

In total, 87.2% of the participants possessed smartphones, while only 12.8% owned non-smartphones. This high prevalence of smartphones suggests that most participants have access to advanced mobile functionalities, which can enhance their digital literacy and connectivity.

Table 30: Methods Used by Participants to Charge Mobile Phones

How do you charge your phone when the battery runs low?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Home PAYG/solar light/electricity	22	91.7	18	78.3	40	85.1
Neighbor’s home for free	2	8.3	5	21.7	7	14.9
Total	24	100.0	23	100.0	47	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings indicate that most participants (85.1%) charged their phones using home PAYG/solar light/electricity, with 91.7% of males and 78.3% of females utilizing these methods. However, a notable proportion, particularly females (21.7%), relied on neighbors’ homes for free charging. This reliance on external charging sources highlights potential gaps in consistent access to electricity, especially among female participants.

Implications and Lessons Learnt

The reliance on neighbors for phone charging, particularly among females, underscores the need to address electricity access disparities. Enhancing access to reliable and affordable energy solutions can empower women and ensure they can fully utilize their mobile phones.

Table 31: Common Uses of Mobile Phones among Participants

What do you often use your phone for?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Voice calls	24	51.1	23	48.9	47	100.0
Mobile money	24	51.1	23	48.9	47	100.0
SMS	23	48.9	21	44.7	44	93.6
What’s app	21	44.7	19	40.4	40	85.1
Facebook	13	27.7	12	25.5	25	53.2
witter, Instagram	9	19.1	6	12.8	15	31.9
Watching videos	20	42.6	14	29.8	34	72.3
Access information or services on Health, education, agriculture and other government services	19	40.4	16	34.0	35	74.5
Banking	8	17.0	7	14.9	15	31.9
Connect with other VSLA Group members	19	40.4	17	36.2	36	76.6
For business	10	21.3	4	8.5	14	29.8
Total	24	51.1	23	48.9	47	100.0

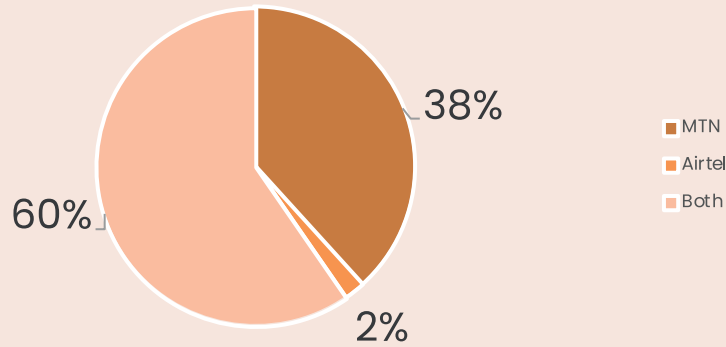
Source: CARE BAHO Endline Evaluation field data, June 2024

The findings reveal that mobile phones served a variety of functions for the participants. Universally, all participants used their phones for voice calls and mobile money transactions. Other prevalent uses include SMS (93.6%), WhatsApp (85.1%), and connecting with VSLA group members (76.6%). Additionally, 74.5% used their phones to access information or services related to health, education, agriculture, and other government services. Entertainment through watching videos (72.3%) and social media activities like Facebook (53.2%) were also common. Lesser-used functions included banking (31.9%) and business purposes (29.8%).

Implications and Lessons Learnt

The diverse use of mobile phones for communication, financial transactions, social connections, and accessing information highlights the importance of digital literacy programs. Educating participants on maximizing smartphone capabilities can further improve their socio-economic outcomes.

Figure 5: Types of Network providers



Source: CARE BAHO Endline Evaluation field data, June 2024

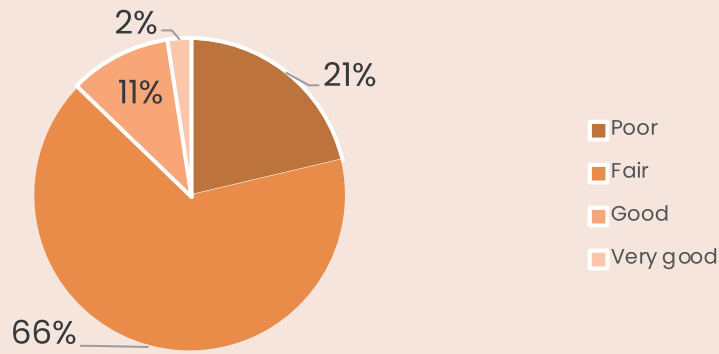
The findings show that majority of participants (59.6%) used both MTN and Airtel networks, ensuring they had reliable connectivity. Specifically, 66.7% of males and 52.2% of females reported using both networks.

MTN was the primary provider for 38.3% of participants, with a higher prevalence among females (47.8%) compared to males (29.2%). Airtel was significantly less used, with only 2.1% of participants exclusively using it.

Implications and Lessons Learnt

The preference for using both MTN and Airtel networks indicates a strategy to maintain connectivity and mitigate network issues. This insight can inform service providers to improve network coverage and reliability, ensuring uninterrupted access to mobile services.

Figure 5: Types of Network providers



Source: CARE BAHO Endline Evaluation field data, June 2024

The findings reveal that the quality of network coverage varies significantly across the participants' areas of residence. While a majority of participants (66%) reported fair network coverage, a considerable proportion (21.3%) experienced poor coverage. Good and very good network coverage was limited, with only 12.7% of participants rating it positively.

Notably, females reported poorer network coverage (26.1%) compared to males (16.7%). This uneven network quality can impact the efficacy of mobile phone usage and access to digital services, suggesting a need for infrastructure improvements in certain areas.

Implications and Lessons Learnt

The variation in network quality, particularly the higher incidence of poor coverage among females, indicates a need for targeted improvements in telecommunications infrastructure. Ensuring reliable network coverage is essential for maximizing the utility of mobile phones and internet access.

Internet Access via Smartphones among Participants:

The data indicates that all participants with smartphones (100%) reported accessing the internet via their devices. This universal internet access underscores the pivotal role smartphones play in connecting participants to the digital world, facilitating communication, information access, and various online services.

Implications and Lessons Learnt

The fact that all smartphone owners access the internet highlights the importance of mobile technology in bridging the digital divide. Future initiatives can build on this by developing mobile-friendly applications and services that cater to the needs of the participants.

Table 32: Primary Locations for Internet Access among Participants

If yes, where do you mostly access internet?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
My mobile phone	19	86.4	18	94.7	37	90.2
Internet café	0	0.0	0	0.0	0	0.0
Health centre	0	0.0	0	0.0	0	0.0
Local administration office	3	13.6	1	5.3	4	9.8
Total	22	100.0	19	100.0	41	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings indicate that majority of participants (90.2%) primarily accessed the internet on their mobile phones. Very few used other locations such as local administration offices (9.8%), and none used internet cafés or health centers.

This reliance on mobile phones for internet access highlights their importance as the main gateway to the internet for the participants, emphasizing the need for stable and widespread network coverage.

Implications and Lessons Learnt

The primary use of mobile phones for internet access points to the necessity of ensuring these devices are affordable, well-maintained, and supported by robust network services. Any disruptions in mobile service can significantly affect participants’ connectivity.

Experience with In-Person Phone Training among participants

The data reveals that a significant portion of participants (57.4%) had not received any in-person training on how to use their phones. More females (65.2%) lacked such training compared to males (50%). This gap in formal training indicates an area for potential intervention, as enhancing participants’ phone usage skills through structured training programs could improve their digital literacy and maximize the benefits of mobile technology

Implications and Lessons Learnt

The lack of formal training for a majority of participants, especially females, suggests a gap that can be addressed through structured digital literacy programs. Leveraging existing informal learning networks can be a starting point, but formalized training can provide more comprehensive and standardized knowledge.

Table 33: Types of In-Person Phone Training Received

If yes, what kind of training have you received?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
From training given to us by education project	1	8.3	1	12.5	2	10.0
By providing information on COVID-19 test using phones	0	.0	0	.0	0	.0
From training on the General Population and Housing Census	1	8.3	0	.0	1	5.0
By Using WhatsApp	1	8.3	0	.0	1	5.0
Trained by my friends	9	75.0	7	87.5	16	80.0
Total	12	100.0	8	100.0	20	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The study reveals that for those who had received training, the majority (80.0%) were trained informally by friends. Formal training programs, such as those provided by education projects (10%) and the General Population and Housing Census (5%), were less common. Training on specific applications like WhatsApp was minimal (5.0%). This reliance on peer-to-peer learning suggests that while participants are resourceful, there is an opportunity to formalize and expand training programs to ensure consistent and comprehensive digital literacy education.

Table 34: Phone Sharing Practices among Participants

Does anyone share your phone with you?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
No	7	29.2	15	65.2	22	46.8
Yes	17	70.8	8	34.8	25	53.2
Total	24	100.0	23	100.0	47	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings indicate that phone sharing was a common practice among the participants, with 53.2% sharing their phones, while 46.8% did not. More males (70.8%) shared their phones compared to females (34.8%). This gender difference in phone sharing suggests that women are more likely to have exclusive access to their phones, which might impact their privacy and autonomy in phone usage.

Implications and Lessons Learnt

The higher rate of phone sharing among males compared to females may reflect different patterns of phone usage and autonomy. Understanding these dynamics can help tailor interventions to ensure equitable access and use of mobile technology within households.

Table 36: Spouse’s Perception of Phone and Internet Use Among Female Participants

Individuals with Whom Participants Share their Phones	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Spouse	17	68.0	8	32.0	25	100.0
Children	10	40.0	1	4.0	11	44.0
Other family members	1	4.0	0	.0	1	4.0
Friends	1	4.0	0	.0	1	4.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The data reveals that among those who shared their phones, all shared with their spouses (100%). Additionally, males were more likely to share their phones with children (40%) compared to females (4%). Sharing with other family members and friends was minimal (4.0% each). This indicates that phone sharing was primarily confined to close family members, particularly spouses and children, suggesting a degree of trust and intimacy in these relationships.

Implications and Lessons Learnt

The high level of spousal support for women’s phone and internet use is encouraging. Leveraging this support can be crucial for promoting digital literacy and encouraging more women to engage with digital tools.

Permission Requirements for Phone Use among Participants:

The data reveals that all participants reported that they did not need permission to use their phones (100%). This unanimous response reflects a sense of personal ownership and control over their mobile devices, which is crucial for effective digital engagement and autonomy.

Table 36: Spouse’s Perception of Phone and Internet Use Among Female Participants

What does your spouse think about your phone or internet use? (for females only)?	Female	
	Count	Percent
Supports	16	69.6
Neutral	7	30.4
Total	23	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

From the findings, among female participants, 69.6% reported that their spouses supported their phone and internet use, while 30.4% indicated a neutral stance. This high level of spousal support is positive, as it can encourage women’s digital engagement and reduce potential conflicts related to phone use.

Awareness of Women without Smartphone Access among Participants:

The findings established that all participants were aware of women who did not have access to smartphones (100%). This awareness highlights a recognized disparity in digital access and suggests a collective consciousness about the digital divide affecting women in their community. The universal awareness of women without smartphone access indicates a community-wide recognition of the digital divide. Interventions should focus on addressing the financial, educational, and social barriers that prevent women from accessing smartphones.

Table 37: Reasons for Lack of Smartphone Access Among Women

Reasons for Lack of Smartphone Access Among Women	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Financial reasons	24	51.1	23	48.9	47	100.0
Lack of knowledge to use	13	27.7	12	25.5	25	53.2
Lack of infrastructure (e.g., no network coverage)	2	4.3	2	4.3	4	8.5
Husband does not allow	10	21.3	14	29.8	24	51.1
Too expensive	16	34.0	11	23.4	27	57.4

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings indicate that primary reasons for women’s lack of smartphone access were financial constraints (100%), lack of knowledge to use smartphones (53.2%), and high costs (57.4%). Additionally, some women faced restrictions from their husbands (51.1%), and a small percentage cited lack of infrastructure (8.5%). These multifaceted barriers underscore the need for comprehensive interventions that address financial, educational, and social obstacles to enhance women’s digital inclusion.

Table 37: Reasons for Lack of Smartphone Access Among Women

Reasons for Lack of Smartphone Access Among Women	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Financial reasons	24	51.1	23	48.9	47	100.0
Lack of knowledge to use	13	27.7	12	25.5	25	53.2
Lack of infrastructure (e.g., no network coverage)	2	4.3	2	4.3	4	8.5
Husband does not allow	10	21.3	14	29.8	24	51.1
Too expensive	16	34.0	11	23.4	27	57.4

Source: CARE BAHO Endline Evaluation field data, June 2024

From the findings, a significant majority (78.7%) had heard of cases of domestic violence linked to women’s phone use, with more females (87.0%) reporting this awareness compared to males (70.8%). This troubling statistic points to underlying issues of control and conflict within households, highlighting the potential risks women face in accessing and using digital technology.

The high-level awareness of domestic violence cases related to phone use calls for integrated approaches that combine digital literacy programs with initiatives addressing gender-based violence. Ensuring women’s safe and secure use of digital technology is essential for their empowerment.

❖ Issues Arising from Smartphone Use within Households:

The findings reveal that despite the awareness of domestic violence cases, none of the participants reported that smartphone use created problems within their own households (100%). This discrepancy suggests that while participants recognize the broader issue, they may not perceive or report similar conflicts within their own homes, possibly due to social desirability bias or underreporting.

❖ Stereotypes Regarding Men or Boys Who Use Smartphones:

The findings reveal that stereotypes about men or boys using smartphones existed, but they were not overwhelmingly pervasive. A majority (61.7%) reported no stereotypes, while 38.3% acknowledged the presence of stereotypes. This indicates that while some negative perceptions existed, they did not dominate the community’s views on male smartphone users. Notably, more females (43.5%) than males (33.3%) reported these stereotypes, suggesting that women may be more aware or affected by these perceptions.

❖ Stereotypes Regarding Women or Girls Who Use Smartphones:

The findings from the study reveal that stereotypes about women or girls using smartphones were slightly more prevalent than those for men. A total of 44.7% of participants reported such stereotypes, with a higher percentage of females (52.2%) acknowledging them compared to males (37.5%). This indicates that women faced more societal scrutiny and negative perceptions regarding their smartphone use, which can hinder their digital engagement and autonomy.

❖ The Need to Hide Phone during Use (Yes/No):

The findings show that the need to hide phone usage was minimal among participants. Almost all (97.9%) reported that they did not have to hide their phone when using it, with only 2.1% (one male participant) indicating otherwise. This suggests that, generally, participants do not face significant pressure to conceal their phone use, indicating a relatively open environment for mobile phone usage.

Table 39: Strategies to Promote Smartphone Use among Women

How can we encourage more women to use smart phones?	Male		Female		Total	
	Cou nt	Perce nt	Cou nt	Perce nt	Cou nt	Perce nt
Involve men in advocacy efforts to support their wives	12	50.0	14	60.9	26	55.3
Offer financial support	18	75.0	15	65.2	33	70.2
Provide literacy training on how to use smartphones	6	25.0	5	21.7	11	23.4
Raise awareness about the benefits of smartphone use	19	79.2	20	87.0	39	83.0
Provide affordable smartphones	21	87.5	21	91.3	42	89.4
Other	2	8.3	1	4.3	3	6.4
Total	24	100.0	23	100.0	47	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The participants identified several strategies to encourage more women to use smartphones where more than half (55.3%) suggested involving men in advocacy efforts to support their wives. This approach recognizes the influential role men can play in promoting women’s digital inclusion and addressing gender norms. A significant majority (70.2%) recommended providing financial support to make smartphones more accessible.

This reflects the financial barriers that many women face in accessing digital technology. About 23.4% emphasized the need for literacy training on how to use smartphones. This indicates that enhancing digital literacy is essential for empowering women to utilize smartphones effectively. The highest percentage (83%) suggested raising awareness about the benefits of smartphone use. This highlights the importance of educating communities about the positive impacts of digital technology on women’s lives. Nearly all participants (89.4%) advocated for providing affordable smartphones. This strategy addresses the cost barrier directly, ensuring that more women can access and own smartphones. A small percentage (6.4%) mentioned other strategies, reflecting recognition of diverse approaches to enhance smartphone access and usage among women.

Implications and Lessons Learnt

The barriers to smartphone access, including financial constraints, lack of knowledge, and social restrictions, require multifaceted solutions. Programs providing affordable smartphones, digital skills training, and community awareness can significantly enhance women’s digital inclusion.

3.4.2. BAHO Blended Program Usage and Performance

The findings from the study indicates a high level of engagement with the BAHO app, with 87.2% of participants having it installed on their smartphones. This high rate of adoption suggests that the app is accessible and valued by participants, providing an effective platform for delivering program content.

Table 40: Presence of BAHO App on Participants’ Smartphones

Do you have the BAHO app installed on your smartphone?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
No	2	8.3	4	17.4	6	12.8
Yes	22	91.7	19	82.6	41	87.2
Total	24	100.0	23	100.0	47	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

Implications and Lessons Learnt

The successful installation of the BAHO app on most participants’ smartphones indicates that digital interventions are feasible and can be widely adopted. Future programs can leverage similar apps to ensure broad reach and engagement.

Curriculum and Training:

Participation in the digital/blended couple curriculum training was nearly universal, with 97.9% of participants engaging in the training. This high participation rate reflects the participants' commitment and the program's reach.

Table 41: Participation in Digital/Blended Couple Curriculum Training

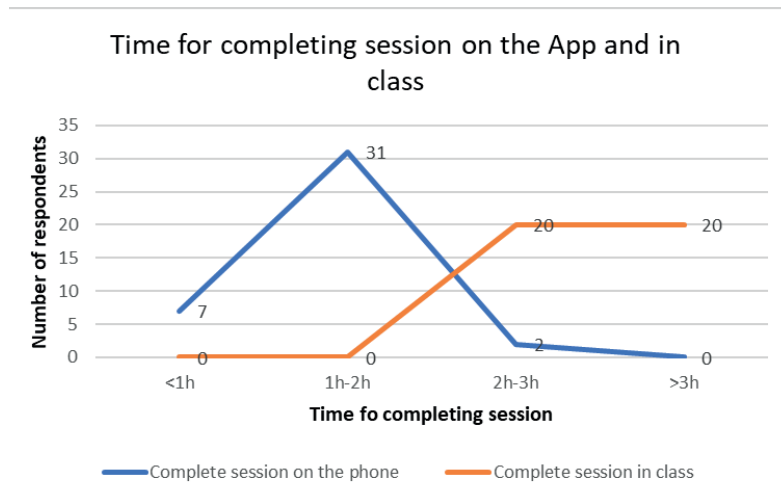
Did you undertake the digital/blended couple curriculum training?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
No	0	0.0	1	4.3	1	2.1
Yes	24	100.0	22	95.7	46	97.9
Total	24	100.0	23	100.0	47	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

Implications and Lessons Learnt

- High participation rates demonstrate the effectiveness of recruitment and engagement strategies for the training.
- Ensuring continued support and engagement mechanisms can maintain high levels of participation in future programs.

Figure 7: Time for completing the session on the app and in class



Source: CARE BAHO Endline Evaluation field data, June 2024

The Figure 7 compares the time taken by respondents to complete a session using an app on their phone versus in a classroom setting. The data highlights distinct patterns in the time required for completing sessions across these two modes of delivery.

The findings reveal distinct patterns in the time required for completing sessions between app-based learning and classroom settings. When using the app on their phones, the majority of respondents, specifically 31 people, completed the session within 1 to 2 hours. A smaller group of 7 individuals managed to finish the session in less than an hour, while only 2 participants took between 2 to 3 hours. Notably, no respondents needed more than 3 hours to complete the session on the app. In contrast, the classroom setting yielded different results. All respondents in this setting took either between 2 to 3 hours (20 people) or more than 3 hours (20 people) to complete the session. No one managed to complete the session in less than an hour or even within the 1 to 2-hour range.

These findings imply that app-based learning is generally more time-efficient, with most users completing sessions more quickly. This efficiency could be attributed to the flexibility inherent in app-based learning, which allows users to proceed at their own pace without the structured constraints of a classroom environment. On the other hand, classroom sessions consistently took longer to complete, with no participants finishing in less than 2 hours. This extended duration could be due to the structured nature of classroom learning, which might include additional elements such as group discussions, interactive activities, or question-and-answer segments that naturally lengthen the session time.

The significant difference in completion times between app-based and classroom sessions suggests that these two methods cater to different learning styles and needs. App-based learning might be more suitable for those who prefer or require a more condensed, flexible learning experience. In contrast, classroom sessions may benefit learners who need more time, interaction, and support.

Considering these findings, future training programs could benefit from offering both app-based and classroom options, recognizing that learners have diverse preferences and schedules. Providing flexibility in learning methods could enhance participation and satisfaction among participants.

Furthermore, the findings suggest potential advantages in adopting blended learning models. For instance, combining app-based learning for initial knowledge acquisition with classroom sessions for deeper engagement and interaction could create a more balanced and effective learning experience. Overall, the findings underscore the importance of offering varied educational methods to accommodate different learning needs and preferences.

Table 42: Effective Learning Methods for Smartphone Use with BAHO Project Support

What has been the best way for you to learn how to use your smartphone since the support from BAHO project?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
In person?	2	8.3	5	22.7	7	15.22
With trainers?	16	66.7	14	63.6	30	65.22
With a friend/family member who is already	6	25.0	3	13.6	9	19.57
Total	24	100.0	22	100.0	46	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The most effective learning methods identified were with trainers (65.2%) and in person (15.2%), highlighting the importance of direct interaction in learning how to use smartphones.

Implications and Lessons Learned

- Direct interaction with trainers is crucial for effective learning, suggesting that future programs should incorporate ample opportunities for participants to engage with knowledgeable trainers.
- Combining digital resources with in-person support can enhance learning outcomes.

The findings indicate that the participants spent varying amounts of time on their phones for learning sessions, with 50% spending 30–60 minutes daily and 37% spending more than 60 minutes.

Table 43: Average Daily Time Spent on Phone for Learning Sessions (Hours or Minutes)

On average, how much time (in hours or minutes) did you spend per day on your phone completing a learning session?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Less than 30 minutes	5	20.8	1	4.5	6	13.0
30–60 minutes	10	41.7	13	59.1	23	50.0
More than 60 minutes	9	37.5	8	36.4	17	37.0
Total	24	100.0	22	100.0	46	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

Implications and Lessons Learned

- Participants are willing to dedicate significant time to learning sessions, indicating high engagement.
- Programs should continue to offer flexible learning schedules to accommodate different time commitments.

The findings revealed that most participants engaged in learning 1–2 times per week (60.9%), with a smaller proportion engaging more frequently.

Table 44: Frequency of Engaging in Blended Digital Learning Sessions per Week

How many times per week did you engage in learning using Blended digital?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
1–2 times	17	70.8	11	50.0	28	60.9
3–4 times	2	8.3	4	18.2	6	13.0
5–6 times	2	8.3	2	9.1	4	8.7
Every day (7 times)	3	12.5	5	22.7	8	17.4
Total	24	100.0	22	100.0	46	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

Implications and Lessons Learned

- Regular engagement (1-2 times per week) is sufficient for most participants, suggesting that this frequency is effective for retaining information and skills.
- Encouraging more frequent engagement could further enhance learning outcomes

The findings revealed that most participants engaged in learning 1-2 times per week (60.9%), with a smaller proportion engaging more frequently.

Table 45: : Average Daily Time Spent on Face-to-Face Classes (Hours or Minutes)

In general, how long did you spend (in hours or minutes) a day attending face-to-face classes?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Less than 1 hour	6	25.0	2	9.1	8	17.4
1-2 hours	6	25.0	8	36.4	14	30.4
2-3 hours	8	33.3	10	45.5	18	39.1
3-4 hours	4	16.7	2	9.1	6	13.0
Total	24	100.0	22	100.0	46	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings established that participants generally spent 2-3 hours per day attending face-to-face classes (39.1%), with significant time also spent in shorter sessions.

Implications and Lessons Learned

- Face-to-face classes are a valuable component of the blended learning approach, providing depth and interaction.
- Balancing digital and face-to-face elements can optimize learning experiences.

The findings reveal that most participants attended face-to-face classes 1-2 times a week (87%), indicating a structured yet flexible approach.

Table 46: Frequency of Attending Face-to-Face Classes per Week

How many times per week did you engage in attending face-to-face classes?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Less than once a week	2	8.3	1	4.5	3	6.5
1-2 times a week	22	91.7	18	81.8	40	87.0
3-4 times a wee	0	0.0	2	9.1	2	4.3
5-6 times a week	0	0.0	1	4.5	1	2.2
Total	24	100.0	22	100.0	46	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

Implications and Lessons Learned

- Regular face-to-face sessions complement digital learning, reinforcing content and allowing for interactive discussions.
- A structured schedule helps maintain consistent participation.

Table 47: Preferred Learning Approach Among Participants

Which type of learning approach do you prefer?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Blended digital (combination of digital and face-to-face)	21	87.5	21	95.5	42	91.3
Traditional (solely face-to-face)	3	12.5	1	4.5	4	8.7
Total	24	100.0	22	100.0	46	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The majority of participants (91.3%) preferred the blended digital learning approach, underscoring its effectiveness and popularity.

Implications and Lessons Learned

- Blended learning is highly favored and should be prioritized in future programs to maximize participant satisfaction and engagement.
- Combining digital and face-to-face methods meets diverse learning needs and preferences.

One project partner in Nyagatare district observed “the blended training was such an innovative solution to addressing conflicts and GVB. Many couples have appreciated this approach since they don’t feel comfortable discussing their misunderstandings in public or attend the physical training, fearing that it could jeopardize their reputation”.

Table 48: Satisfaction with Blended Digital Learning Compared to Face-to-Face Learning

Overall, how satisfied are you with the blended digital learning approach compared to traditional face-to-face learning?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Very dissatisfied	1	4.2	1	4.5	2	4.3
Neutral	0	0.0	1	4.5	1	2.2
Satisfied	4	16.7	8	36.4	12	26.1
Very satisfied	19	79.2	12	54.5	31	67.4
Total	24	100.0	22	100.0	46	100.0
	n	Mean	Std. Deviation	Chi-square	P value	
	46	4.52	.913	50.522	0.00	

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings show that high satisfaction levels were reported, with 67.4% of participants being very satisfied and 26.1% satisfied with the blended digital learning approach.

Implications and Lessons Learned

- High satisfaction with blended learning indicates that this approach is well-received and effective.
- Continued use and refinement of blended learning models can enhance overall program effectiveness.

Table 49: Extent of Asynchronous Completion of Digitized Content

At what extent did you complete the digitized content asynchronously?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
I did a half of the content [50%]	1	4.2	0	0.0	1	2.2
I was closer to the end [75%]	1	4.2	0	0.0	1	2.2
I completed the content [100%]	22	91.7	22	100.0	44	95.7
Total	24	100.0	22	100.0	46	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings from the data indicates that a significant majority (95.7%) completed the digitized content asynchronously, demonstrating the feasibility of self-paced learning.

Implications and Lessons Learned

- Asynchronous learning is effective and should be supported to accommodate different schedules and learning paces.
- Providing high-quality digital content that can be accessed at any time enhances flexibility and accessibility.

Table 50: Understanding of GBV Prevention Best Practices After Digitised Curriculum Participation

How would you rate your understanding of GBV prevention best practices after participating in the digitized curriculum?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Improved significantly	22	91.7	17	77.3	39	84.8
Improved somewhat	2	8.3	5	22.7	7	15.2
Total	24	100.0	22	100.0	46	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The findings show that most participants reported significant improvement (84.8%) or some improvement (15.2%) in understanding GBV prevention best practices. It is therefore evident that the digitized curriculum is effective in enhancing participants' understanding of GBV prevention. Continued focus on GBV education within digital content is crucial for raising awareness and promoting best practices.

Effectiveness of Digitized Content in Recall Compared to Traditional Curriculum:

A large majority of respondents (97.8%) found that the digitized content helped them recall the training better compared to the traditional curriculum. This implies that digitized content could be highly effective for memory retention and should be a key component of future training programs. Ensuring high-quality and engaging digital materials can significantly enhance learning outcomes.

Table 51: Quality Comparison: Digital Modules vs. In-Person Sessions

How would you rate the quality of the digital modules in comparison to in-person sessions?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Higher quality	22	91.7	20	90.9	42	91.3
Same quality	1	4.2	1	4.5	2	4.3
Lower quality	1	4.2	1	4.5	2	4.3
Total	24	100.0	22	100.0	46	100.0

Source: CARE BAHO Endline Evaluation field data, June 2024

The quality of digital modules was highly rated, with 91.3% of participants stating they were of higher or the same quality as in-person sessions. These findings are consistent with the responses from KIIs and FDGs where participants appreciated the digital training content.

These findings from both quantitative and qualitative data indicate that digital modules can match or exceed the quality of in-person sessions, validating the investment in digital learning resources. Maintaining high standards for digital content is essential for successful program implementation.

Availability of Digital Feedback Mechanism for Program Participants:

The findings indicate that most participants (78.3%) had access to a digital feedback mechanism, which is important for continuous improvement. Providing digital feedback mechanisms allows for real-time participant input and program adjustments. Ensuring all participants have access to feedback tools can enhance program responsiveness and effectiveness.

Ability and Skills to Report GBV/IPV through Digital and Non-Digital Channels:

A significant majority of respondents (97.8%) reported having the ability and skills to report GBV/IPV through various channels, thanks to BAHO training. This implies that the program has successfully equipped participants with essential reporting skills, crucial for addressing GBV and that ongoing training and support are necessary to maintain and enhance these skills.

BAHO blended program and digital skill enhancement:

The findings reveal that BAHO blended program significantly enhanced technology skills for 71.7% of participants, with an additional 26.1% reporting some enhancement.

Consistent with the findings from the survey, a female respondent from Katabagemu said during FGD, “my skills in using technology kept increasing as I followed the digital training. I took time to learn from my husband on how to use a smart phone as we shared the handset during the training and worked on assignments together”.

These findings and testimonies illustrate how the program was effective in enhancing participants’ technology skills, supporting broader digital inclusion efforts. Continued emphasis on technology training can further empower participants.


Table 52: Impact of BAHO Blended Program on Technology Skills Enhancement

To what extent has the BAHO blended program enhanced your skills in using technology?	Male		Female		Total	
	Count	Percent	Count	Percent	Count	Percent
Significantly enhanced	19	79.2	14	63.6	33	71.7
Somewhat enhanced	4	16.7	8	36.4	12	26.1
Not significantly enhanced	1	4.2	0	0.0	1	2.2
Total	24	100	22	100	46	100


Source: CARE BAHO Endline Evaluation field data, June 2024

🔗 Access to services and Violence Reporting:

A large majority of respondents (89.1%) reported that community members were accessing existing GBV services more now than before, indicating increased awareness and utilization of the services. These findings indicated that the program has positively impacted the community access to GBV services, reflecting its success in raising awareness and providing resources. However, sustained efforts are needed to ensure continued access and support for GBV services.



**CHAPTER FOUR :
LESSONS LEARNT, BEST
PRACTICES, CHALLENGES,
AND RECOMMENDATIONS**



The BAHO/Indashyikirwa project has brought innovative solutions to addressing GBV/IPV through women empowerment. In addition to the traditional approach to training couples on GBV and women rights, CARE International Rwanda introduced the blended approach which marked a significant difference in terms of time and resources.

This section highlights the lessons learnt from the project implementation as well as the best practices and success stories that can be emulated for future similar interventions. It also proposes recommendations that can inform the planning and execution of future similar projects or subsequent phases.

4.1. Lessons learnt

- **Blended Approach Efficiency:**

The blended approach saved both time and resources for participants. Previously, attending traditional training required long-distance travel, incurring costs and consuming time. The digital training allowed participants to engage at their own pace, often with their partners, thus saving both time and resources.

- **Women economic empowerment as a catalyst:**

Women's economic empowerment through Village Savings and Loan Associations (VSLAs) proved critical in GBV prevention. Empowered women felt more confident, actively participated in household economic decisions, and experienced reduced economic violence. This underscores the importance of integrating economic empowerment into GBV prevention strategies.

- **Community Empowerment:**

The project significantly empowered communities to challenge GBV. The high levels of confidence in promoting non-GBV practices reflect the success of empowerment and awareness programs. Building on this foundation can further enhance the community's resolve and capacity to combat GBV.

- **Increased rejection of Violence as a Norm:**

The broad rejection of violence as an acceptable conflict resolution method is encouraging. However, addressing the small minority who still accept violence requires targeted educational campaigns and interventions to shift deeply ingrained attitudes.

- **Joint Decision-Making Benefits:**

The recognition of the benefits of joint decision-making reflects an understanding of collaborative approaches in enhancing household wellbeing. Programs should continue to promote and support shared decision-making practices.

- **Inclusive Gender Equality Initiatives:**

The strong support for male involvement in gender equality activities highlights the importance of inclusive approaches that engage all genders in promoting and achieving gender equality. While there are positive trends in reporting IPV, managing relationship tensions non-violently, and supporting gender equality norms, continuous efforts are required to address the persistent challenges and barriers. Strengthening community-based support systems, targeting minority groups with harmful attitudes, and promoting inclusive and collaborative approaches will be crucial in sustaining and advancing gender equality and non-violence.

- **Predominance of Joint Decision-Making:**

Across various financial decisions, a significant majority of households prefer joint decision-making. This highlights the importance of mutual agreement and collaboration in financial management, promoting shared responsibility and reducing the likelihood of conflicts.

- **Evolving Gender Roles:**

While traditional gender roles persist, with men often being the primary earners, there is a notable shift towards shared earning and decision-making responsibilities. This evolution reflects changing societal norms and increased economic participation by women; Empowerment and Autonomy: The findings indicate a growing trend of women's autonomy in financial decisions, though it remains less than men's. Continued efforts to empower women and promote gender equality in financial matters are essential to ensure balanced decision-making power within households; Importance of Financial Education: The preference for joint decision-making underscores the need for financial education programs that target both partners. Such programs can enhance financial literacy, enabling couples to make informed decisions together.

- **Women empowerment and autonomy:**

The findings indicate a growing trend of women's autonomy in financial decisions, although it is still less than men's. Continued women empowerment and gender equality promotion efforts remain essential to ensure balanced decision-making power within households.

- **Importance of Financial Education:**

The increased preference for joint decision-making among couples underscores the need for financial education programs that target both partners. Such programs can enhance financial literacy, enabling couples to make informed joint decisions.

- **Community-Based Financial Support:**

The high rate of joint decisions in accessing loans and savings groups suggests the effectiveness of community-based financial support systems. Strengthening these systems can further enhance household financial stability and inclusivity; While joint decision-making is prevalent and reflects positive trends towards collaborative financial management, there remains a need to further empower women and ensure equitable participation in all financial decisions. Promoting financial education, supporting community-based initiatives, and addressing traditional gender norms will be crucial in achieving balanced and inclusive financial decision-making within households.

- **Positive attitudinal shifts towards GBV:**

Significant and moderate changes in community attitudes towards GBV indicate that awareness campaigns and educational efforts are effectively shifting perceptions. Maintaining and enhancing these efforts will be essential to solidify and expand these positive changes.

- **Active Community Networks:**

There have been strong presence and participation in community networks addressing GBV, demonstrating the power of collective action. Supporting and expanding these networks will be critical in sustaining community-driven initiatives against GBV.

- **High Awareness but Low Utilization of Services:**

While awareness of GBV support services is nearly universal, the lower utilization rates, especially among males, point to potential barriers such as stigma, lack of trust, or inadequate service provision. Addressing these barriers through targeted outreach, reducing stigma, and improving service quality and accessibility will be necessary to increase utilization. The findings of the evaluation highlight significant progress in community empowerment, attitudinal change, and active engagement in GBV prevention and response. However, there is a need to bridge the gap between awareness and utilization of support services to ensure comprehensive support for all GBV survivors.

4.2. Best practices

- **Training design adapted to reality:**

Contacting beneficiaries individually and holding training in safe, comfortable settings made participants feel more at ease and free to express themselves.

- **Integration of VLSA in GBV Prevention:**

Introducing VLSA as a component of GBV prevention initiatives proved effective in empowering women economically and reducing economic violence.

- **Training of community activists:**

Training local community activists to champion GBV prevention efforts helped build a network of informed advocates who could sustain and propagate the project's goals.

- **Use of Personal Testimonies:**

Incorporating personal testimonies in training sessions provided relatable and compelling examples that reinforced the educational content and motivated participants to engage more deeply with the material.

4.3. Challenges

- **Resistance to change:**

while the majority of participants demonstrated positive change towards gender empowerment and gender equality thanks to BAHO project training, resistance was still observed among community members whose practices and beliefs are still rooted in longstanding traditional norms that could not be changed within just two years of the project lifetime.

- **Lack of transport means to training venue (traditional curriculum):**

some respondents reported that the training used to be held far from their homes, making it difficult for them to secure means of transport every time they attend the training.

- **Discomfort in traditional training:**

Conflictual couples attending training sessions together initially felt uncomfortable, hindering open expression. This discomfort was fueled by the public identification of these couples by sector administration.

One male participant from Katabagemu sector said during FGD:

“During the first days of training, we felt uncomfortable sitting together with our partners with whom we had had conflict for long. We could not freely express ourselves and at some point, there was a feeling of dropping out of the training. I also remember the first day I was contacted by the sector administration. I first had a feeling that I was going to be arrested because of family conflict and I know some colleagues who did not attend the training because of the same feeling. It’s also quite uncomfortable to see the whole neighborhood referring to us as conflicting families as they see us coming from the training venue”.

- **Poor internet connectivity for blended curriculum:**

Due to the low-quality internet connection in the project area, many participants struggled to open the training applications, follow the training online, and do the required assignments.

- **Sharing Handsets for Digital Training:**

Some participants faced difficulties sharing or borrowing handsets to access digital training, hindering their consistent participation. However, some participants said during KIs and FDGs that sharing the same handset increased communication and strengthened the bond between couples. For instance, a female respondent from Katabagemu said, “Each day we had to follow a certain course online, my husband would come home early and help me with some household chores before we started the training. As we followed the courses online and did assignments together, we would have fun and enjoy the moment together till bed time, and violence was no more”.

4.4. Recommendations

- **Establish Strong Follow-Up Mechanisms:**

To ensure the sustainability of project gains, ongoing follow-up mechanisms are essential. Behavioral changes and shifts in cultural norms require time and reinforcement beyond the project's duration.

- **Expand Project Coverage:**

Given the success in the initial four sectors, extending the project activities to additional areas can amplify the impact and benefit more communities.

- **Advocate for improved connectivity and access to technology:**

Ensuring that participants have access to reliable internet connectivity and necessary devices, such as handsets, is crucial for the success of blended training approaches.

- **Targeted educational campaigns:**

Develop and implement targeted educational campaigns to address the minority who still accept GBV as a norm. These campaigns should focus on shifting deeply ingrained attitudes and promoting non-violent conflict resolution methods.

- **Enhance service utilization:**

Increase the utilization of GBV support services by addressing barriers such as stigma and lack of trust. This can be achieved through targeted outreach, community engagement, and improving service quality and accessibility.

- **Support Community-based initiatives:**

Strengthen and expand community-based financial support systems, such as VSLAs, to enhance household financial stability and inclusivity. Promoting financial education programs that target both partners can also foster informed, joint decision-making.

CHAPTER FIVE : GENERAL CONCLUSION

This endline evaluation of the BAHO/Indashyikirwa project underscores the effectiveness of an innovative, integrated, community-driven approach to preventing and addressing intimate partner violence (IPV) in Rwanda. The blending of digital and traditional training methods significantly increased the project's reach and impact with little resources, thus maximizing efficiency and participant engagement. Additionally, the inclusion of economic empowerment through Village Savings and Loan Associations (VSLAs) was pivotal in addressing economic violence and supporting broader GBV prevention efforts. Engagement of community activists and local leaders significantly enhanced the community mobilization on GBV/IPV prevention.

Despite these successes, the project faced some challenges including resistance to change, time constraints, and logistical issues like transportation and internet connectivity. These obstacles highlight the need for continued advocacy, follow up mechanisms, targeted educational campaigns, and infrastructure improvements to sustain and deepen the impact of GBV prevention initiatives.

In conclusion, the BAHO/Indashyikirwa project has demonstrated substantial progress in shifting community attitudes and behaviors towards IPV/GBV. By addressing both economic and social aspects of violence and empowering community members to become advocates for change, the project has laid a solid foundation for continued efforts in this area. Future initiatives should build on these successes by addressing the identified challenges, enhancing follow-up mechanisms, and ensuring accessible support systems for all community members.

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APPENDICES: ACHIEVEMENTS OF BAHO/ INDASHYIKIRWA PROJECT TOWARDS OUTCOME INDICATORS

Expected Result	Indicator No.	Indicator	Baseline Data (2023)	Target (2024)	Achievement (Endline 2024)	Status of the achievements
Impact: Decrease in prevalence of IPV as a result of transformed social, cultural & gender norms	CI Global Indicator 10	% of people who reject intimate partner violence (Global Indicator)	Overall, 40%: Female: 46% Male: 34%	70%	Overall: 98.2% Male: 98.1% Female: 98.4	Over Achieved: significantly exceeded, with an overall rejection rate of IPV reaching 98.2%, reflecting a profound shift in social & gender norms.
Outcome I: Reduced prevalence of GBV and strengthened community-level mechanisms for the prevention of violence against women, girls and boys	1.1 (global Indicator)	Prevalence of physical, sexual or psychological violence among couples = % of couples who (say they) have experienced physical, sexual or psychological violence in the last 12 months perpetrated by their (former) partner	The average of couples who have experienced Violence in the last 12 months is 47.33%	20%	Overall: 5.44% Male: 0.7% Female: 9.5%	Over Achieved: Target greatly surpassed, with a significant reduction in violence, bringing the prevalence down to 5.4% overall, demonstrating effective prevention mechanisms.
	1.2 (global Indicator #17)	Women's decision-making power in the household = % of women who report they can equally participate in household financial decision-making	44.57% Average of women who equally participate in decision-making	85%	84.6%	Nearly Achieved: results closely approached the target, with 84.6% of women reporting equal participation in decision-making, indicating substantial progress toward gender equality in HHS.
Intermediate outcome I: Improved knowledge, attitude & practices on GBV prevention best practices		% of couples reporting improved understanding of GBV prevention best practices compared to baseline of non-digitized curriculum	The average of couples who understand the GBV prevention: 56.75%	100%	Overall: 100% Improved Significantly: 84.8% Improved Somewhat: 15.2%	Achieved: The target fully met, with all couples reporting improved understanding, & a significant majority showing substantial improvement in GBV prevention knowledge.
		* % of respondents who report gender equitable attitudes (GEM scale) disaggregated by couples using digital curriculum and traditional curriculum	Traditional: 62.76% Digital: 50.50%	80%	Traditional: 97.8% Blended Digital: 71.7%	Partially Achieved: target exceeded in the traditional curriculum group, but the blended digital group fell short, though still showing considerable progress toward more gender-equitable attitudes. Further focus on digital learning is recommended.

