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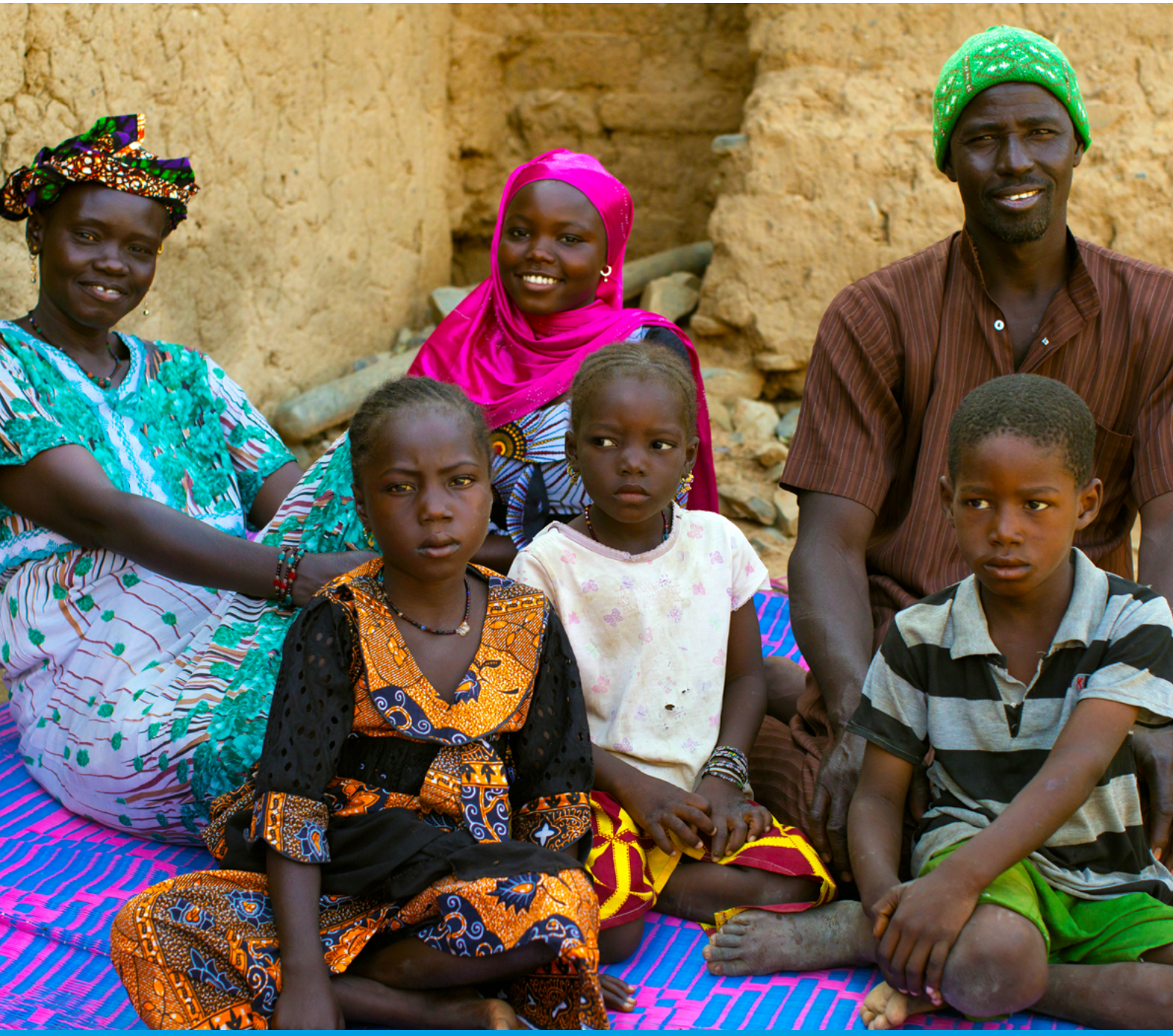

BRIEF 4.

Parenting programmes to reduce violence against children and women: How to measure change.

Acknowledgements

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The following individuals reviewed or provided input: Taveeshi Gupta at Equimundo; Lauren Stephens at Save the Children; Ann Willhoite, Chemba Raghavan, Emma Ferguson, Malvikha Manoj, Vania Alves, and Zeinab Hijazi at UNICEF; Beatrice Ogutu and Moureen Ochieng at Investing in Children and their Societies (ICS-SP) Africa; Kathy Durand, Dominique Maidment, Ritha Nyiratunga, Rubina Singh, and Oluwatobiloba Ayodele at the Prevention Collaborative; and Katy Chadwick (independent consultant). It was designed by Blossom.

The development of this brief was funded by the Oak Foundation through a grant to the Prevention Collaborative.

Suggested citation

UNICEF Innocenti – Global Office of Research and Foresight, Prevention Collaborative and Equimundo, Parenting Programmes to Reduce Violence against Children and Women. How to measure change. Brief 4. UNICEF Innocenti, Florence, 2025.

Published by

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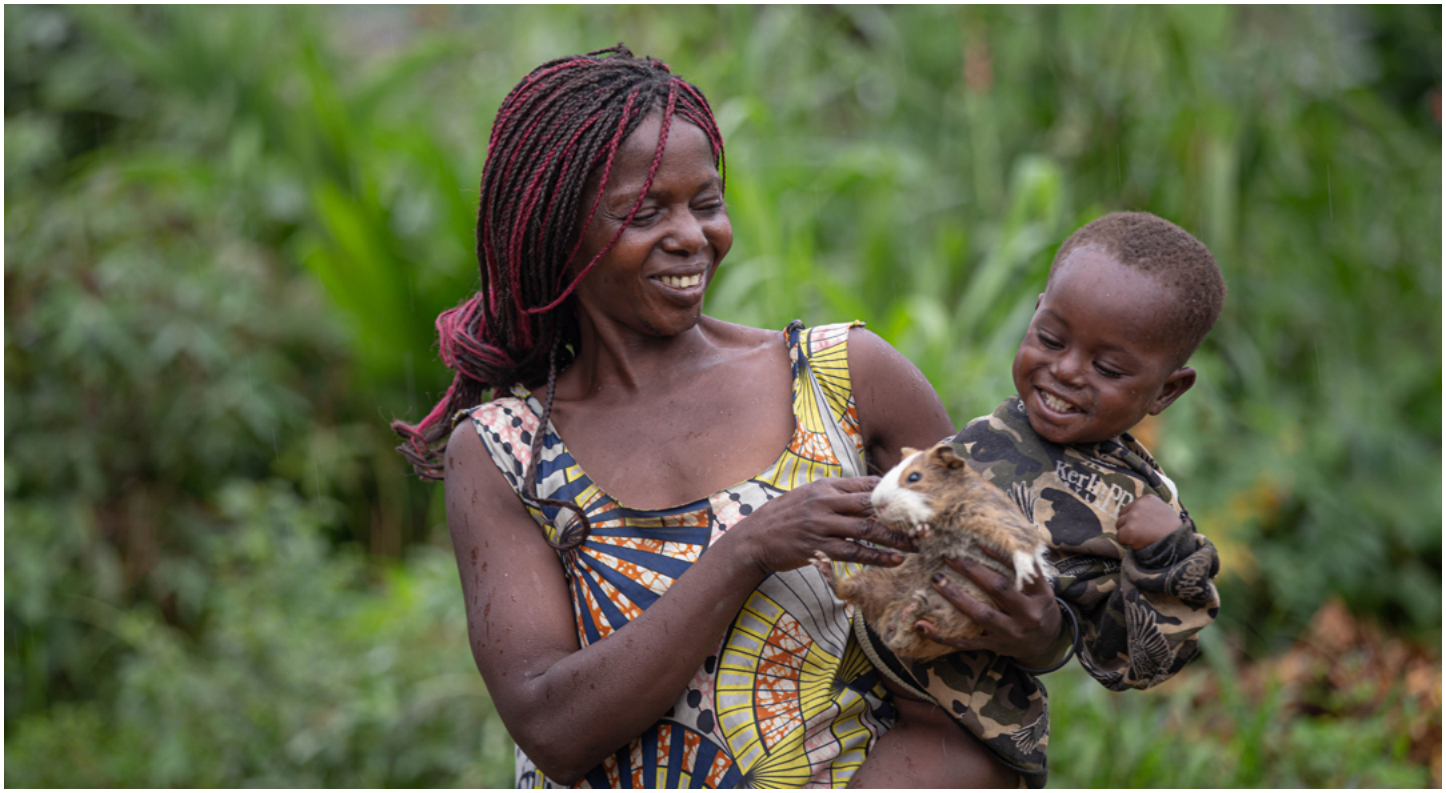
Introduction



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Parent and caregiver support programmes are well-placed to reduce violence against children and violence against women. There is growing interest in adapting or strengthening parenting programmes to address both types of violence, given their shared risk factors, common co-occurrence, and similar consequences for children's and women's physical and mental health and psychosocial well-being, as well as for child development. Programmes that have successfully reduced both types of violence often take a gender-transformative approach — working with women and men to challenge unequal gender norms and power dynamics and to build relationships and parenting skills that support more equitable, caring, and nonviolent families.[1,2] This brief is the fourth in a series designed to support parenting practitioners in integrating gender equality and violence prevention into existing parenting programmes. The brief aims to support parenting practitioners in effectively monitoring and evaluating their programmes after going through the process of integrating gender and violence prevention. It focuses primarily on aspects of monitoring and evaluation specific to gender and violence, aspects of programming that may be newer to parenting practitioners — however, it is not a comprehensive guide on how to monitor and evaluate parenting programmes.

Box 1. The Focus of This Series: Parenting Programmes to Reduce Violence against Children and Women

While reducing children's exposure to violence in the family requires working with individuals and families, communities, services, and systems to change attitudes, behaviours, and norms, this series intentionally highlights parenting programmes.

In many communities, parenting programmes are already reaching parents and caregivers. Evidence suggests these programmes can be strengthened to reduce violence against both children and women and to promote gender equality, in addition to improving parenting and child outcomes.

This series focuses on:

- The most common forms of violence against children (VAC) and violence against women (VAW): violent discipline by parents and intimate partner violence (IPV), respectively. These types of violence often co-occur in families, and there is evidence to suggest parenting programmes can reduce them.

- Parenting programmes for parents of young children, given the benefits of intervening early, and the greater availability of evidence from these programmes, with regard to reducing VAC and IPV. However, some information is applicable to programmes for parents of older children and adolescents.

- Parents in heterosexual relationships, since gendered, unequal relationship dynamics between men and women are a risk factor for intimate partner violence and men are its primary perpetrators. While violence in non-heterosexual relationships — also driven by power and control dynamics — is outside the scope of this series, all parents and caregivers, regardless of sex, gender identity, or sexual orientation, can benefit from parenting programmes designed to prevent violence and promote nurturing environments for children.

We use the terms *parents* and *caregivers* interchangeably throughout the series to refer to individuals with a primary role in providing care to children, whether they are biological, adoptive, or foster parents, grandparents, other relatives, or guardians.

Box 2. Gender-Transformative Parenting Programmes to Reduce Family Violence

Gender-transformative parenting programmes intentionally seek to address the root causes of gender-based inequalities and to challenge or transform harmful gender roles, norms, and power imbalances between women and men, girls and boys.[1] They work with both female and male parents and caregivers to promote caring, equitable relationships and nonviolent interactions for the whole family.

These programmes aim to transform parents' own gender attitudes and behaviours to improve couple relations and change the way parents raise their children. To do so, they promote critical reflection and discussion of unequal gender attitudes, norms, and power dynamics, as well as support parents in identifying the benefits of more equitable ways of being. They build or strengthen relationship and parenting skills to improve the quality of co-parent and parent-child relationships (e.g., communication, emotional self-regulation, conflict resolution, stress management, and nonviolent discipline).

Alongside improved parenting practices, programmes often seek multiple changes that can benefit children's physical and mental health, development, and well-being, such as:

- Caring, supportive, and nonviolent parent-child and partner relations
- Equitable relationships where partners share responsibility for caregiving and power in making decisions about their relationship, household, and children's lives
- Parent/caregiver capacity to raise children with equal care and opportunities for play, learning, and education, free from gender stereotypes

For a fuller definition of gender-transformative parenting programmes — including the common principles, delivery characteristics, and content of these programmes —see Brief #2 in this series.

Monitoring and Evaluation Considerations for Gender-Transformative Parenting Programmes

Monitoring and evaluation (M&E)[a] are critical to successful programme implementation. Monitoring is the systematic process of collecting, analysing, and using information to track the progress of programme implementation and identify emerging problems and potential risks. Monitoring data is processed, analysed, and shared in a timely manner to allow programme implementers to solve problems, integrate learning, and adapt the programme to fit the needs of the community.[3,4] Evaluation is the systematic assessment of programme impact and processes of change, which focuses on what changes the programme has resulted in and what has been learned from the programme. In this series, we refer to research-based impact evaluation, which is often done through a standalone study led by or conducted in collaboration with an external partner.[3,4] This type of evaluation is more complex and rigorous, and it can enable stakeholders to attribute the changes in outcomes to the specific programme.[4] Monitoring and evaluation are closely linked but differ in their purpose, their timing, and how their findings are used and fit into the broader programme cycle (see Box 3).

After you adapt your programme, M&E is critical to understanding whether programme modifications are being implemented as intended; if they are working (or not) and for whom; and whether and how the programme is achieving the expected outcomes for caregivers, children, and families. In other words, how well are new gender and violence prevention programme components being implemented, and are they contributing to improving your outcomes of interest, such as improved gender relations and parenting practices, and reductions in VAC/VAW? Ideally, you will also investigate how the implementation and impact of the new gender-transformative version of your programme compare to those of the original programme (where data are available). Such information can help expand the evidence base on gender-transformative parenting programmes.

Box 3. Monitoring and Evaluation

MONITORING

- Tracks programme progress towards preset milestones (e.g., activities, outputs, participation) while implementation is ongoing
- Integrates routine data collection and analysis into programme activities using tools such as reporting forms, attendance logs, observations, and periodic surveys or pre-post tests
- Uses learning immediately to make 'real-time' changes to adapt and strengthen the programme
- May collect data on outcomes, but cannot assess impact on its own
- Is usually conducted by programme staff

EVALUATION

- Assesses programme impact (intended and unintended) on participants at a particular point in time and can identify processes of change
- Often compares changes over time (e.g., before and after programme) and between different groups (e.g., participants and non-participants)
- Involves a detailed protocol specifying the evaluation design, outcomes to be assessed, and methods
- Generates findings that inform future programme implementation and can contribute to the broader evidence base
- Is often undertaken by or in collaboration with outside researchers; may be undertaken in-house when the programme team includes researchers

Box 4 summarises some general best practices in M&E design. The following considerations, specific to monitoring and evaluating your adapted gender-transformative parenting programme, may be helpful as you design your M&E:

- **Remember that monitoring is key.** Immediately after adapting your programme, you should ensure monitoring takes precedence over evaluation, as it is crucial to understand whether the changes made to integrate gender and violence are working, and if not, why. Regular and careful monitoring is needed to assess the quality of programme implementation and help you course-correct as needed. Even if you pre-tested programme modifications during adaptation, you may still face challenges when addressing sensitive topics like gender, power, or violence for the first time, or when you are implementing at a larger scale or in new locations.
  In addition, working with parents to reduce violence and challenge entrenched gender norms and power dynamics may carry risks for children and women, including increased violence or backlash from families and communities (see Brief #3). When not implemented well, programmes may unintentionally reinforce gender stereotypes or power imbalances — for example, increasing men's influence and control over decisions that impact women's and girls'

lives. Routine and careful monitoring of these potential risks and unintended consequences is crucial to identify and address them in a timely manner, and ensure the programme is responsive to emerging or evolving needs and programmatic realities.

- **Consider gender in your approach.** M&E plans and tools must consider how programme staff, facilitators, and participants (caregivers and children) may experience or benefit from the programme differently depending on their sex or gender identity. At a minimum, M&E tools should capture and analyse data disaggregated by sex or gender identity (alongside age, child age group, or other important demographic characteristics that may influence programme uptake or impact). Your M&E plan should also clearly distinguish outcomes that you seek to achieve for male versus female caregivers (e.g., greater engagement in parenting and childcare among men or increased participation in household decisions among women) and for children (where relevant). Depending on your capacity, methods, and sample size, you can also consider assessing whether people of different backgrounds benefit from your programme in different ways.

- **Assess the added value of programme adaptations.** In addition to measuring new outcomes, it is critical to assess whether programme changes bring added value to programme implementation (e.g., improved recruitment or attendance) or enhance existing outcomes. For example, engaging fathers and promoting better communication between partners may facilitate better co-parenting dynamics, which could support greater adoption of positive parenting practices. Similarly, addressing IPV may support improved mental health outcomes for female caregivers. Ask the staff and facilitators involved in the original programme to reflect on differences they see in programme implementation and impact. Where possible, design any research-based evaluation to allow you to compare the impact of the programme with new gender and violence content included to the outcomes achieved by the programme as originally designed. This will help you assess whether new components or approaches provide added value — which can be further explored through qualitative research to understand potential mechanisms of change.

- **Benefit from multidisciplinary expertise and experience.** You may want to bring on board external partners who have expertise and experience that can support you in designing and implementing your M&E plans. You can learn a lot from practitioners experienced at implementing gender-transformative programming. Reach out to them.
  Take inspiration from the monitoring tools and evaluations of existing gender-transformative programmes — regardless of whether they are parenting programmes — but always tailor tools and measures to your programme and context. When designing your impact evaluation, bring on partners who can support research design, measurement, data collection, and/or analysis — they may be able to fill capacity gaps, support your team, and provide useful perspectives on ways to measure and capture the impact of your programme. Gender and violence are sensitive topics that require care when conducting research. Seek advice and guidance from individuals and organisations with experience doing so safely and ethically.
  If you are measuring violence for the first time — whether against children or against women, or both — ensure you are measuring and analysing these outcomes in line with common practice. You want to generate evidence that allows for comparison with other programmes to put your impact into context and build the evidence base.

Box 4. M&E Best Practices

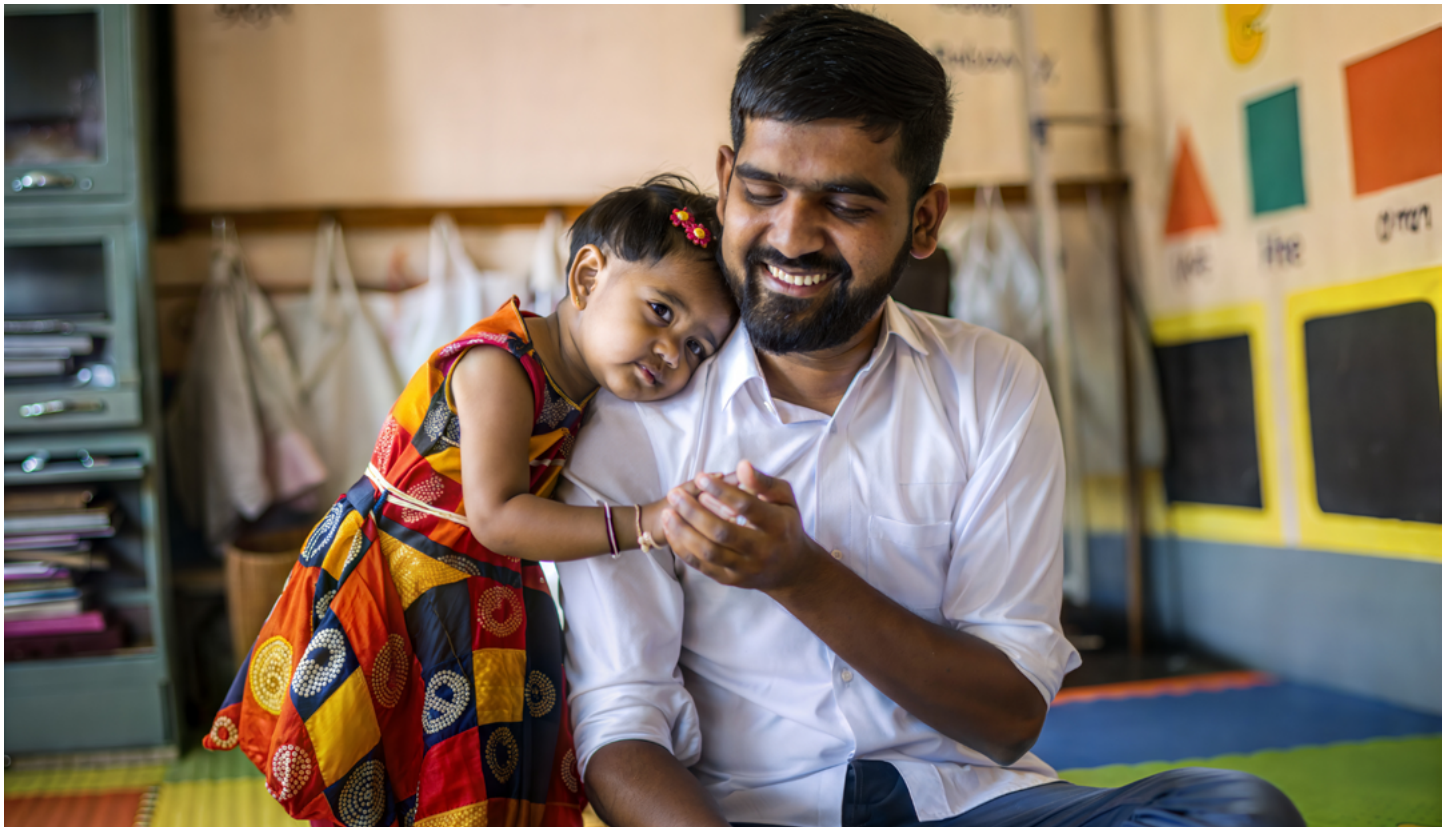
- **Align M&E plans to your theory of change.** Your programme should be guided by a strong theory of change that outlines the outcomes you seek for caregivers and their children, as well as the pathways through which these changes will be achieved. The outcomes and indicators in your M&E plan or framework should directly align with your programme's theory of change to inform how you track activity implementation, the short- and long-term outcomes you measure, and with whom you measure them (e.g., parents and caregivers, children).[4]

- **Engage stakeholders in M&E design.** Involve programme facilitators, caregivers, children, community leaders, and other stakeholders (e.g., government) in designing your M&E plan. These individuals will be directly involved in or affected by your programme or may have a role in making decisions to fund or scale it. Make sure to plan and budget for their participation. Their involvement will help ensure M&E plans and tools are relevant to the context and respond to different stakeholder expectations and evidence needs.[3] Ask stakeholders what changes they expect from your programme (what does gender-transformative change look like for them?), any potential risks or challenges they foresee, and what type of evidence they require to feel confident the programme is having a positive impact. Stakeholders can also tell you how best to communicate your findings to different audiences. Different stakeholders may be involved through advisory committees or engagement groups and (where appropriate) participate in data analysis, validation, or dissemination.[5] Engaging stakeholders (particularly government) early can also facilitate buy-in for implementation and support for future scale-up.

- **Value different approaches and types of learning.** Using multiple research methods can add credibility, value, and rigour to your M&E, regardless of the strategy you choose. Different research methods (e.g., quantitative, qualitative, mixed methods) and evaluation designs (e.g., pre/post, quasi-experimental, experimental) have advantages and disadvantages. The right method will depend on your research questions and needs, programme context, and available resources — including the expertise you have (or can hire) and how much is already known about your programme.[6] Qualitative research is always recommended alongside quantitative evaluation to help interpret and validate findings through triangulation and to assess implementation barriers, quality, and unexpected benefits or harms.[4,7] Formative research findings can also help put evaluation findings into context (i.e., how attitudes, practices, or norms are changing). Practice-based knowledge, collected through reflection sessions or testimonies from staff, can illuminate the context of programme implementation and identify key learning to inform future implementation.

- **Ensure evaluation design is 'fit for purpose'.** While this brief does not discuss evaluation design, it is critical to select a research methodology suited to your available capacity, resources, potential sample size, effect size calculations, and time frame. Evaluation methodology and level of rigour should be appropriately matched to the current stage of programme implementation and your evidence needs. Consider what type of data or evidence you currently require (e.g., if you want to understand a pilot's feasibility and acceptability or need rigorous data on impact). If your timeline is particularly short or budget limited, we recommend investing more in careful programme monitoring (of quality, fidelity, and potential risks) than rigorous evaluation.

- **Use and disseminate evidence and learning.** Your M&E findings should be used on a continuous basis to inform programming decisions (e.g., programme adjustments and, in rare cases, to halt implementation if your programme is causing harm). You should disseminate evidence and learning to key stakeholders (such as community leaders), who may already be involved in research design, analysis, or validation. Dissemination with national and global practitioners, researchers, and donors (through conferences, publications, or webinars) can also generate learning on what works in different contexts and help build the evidence base.



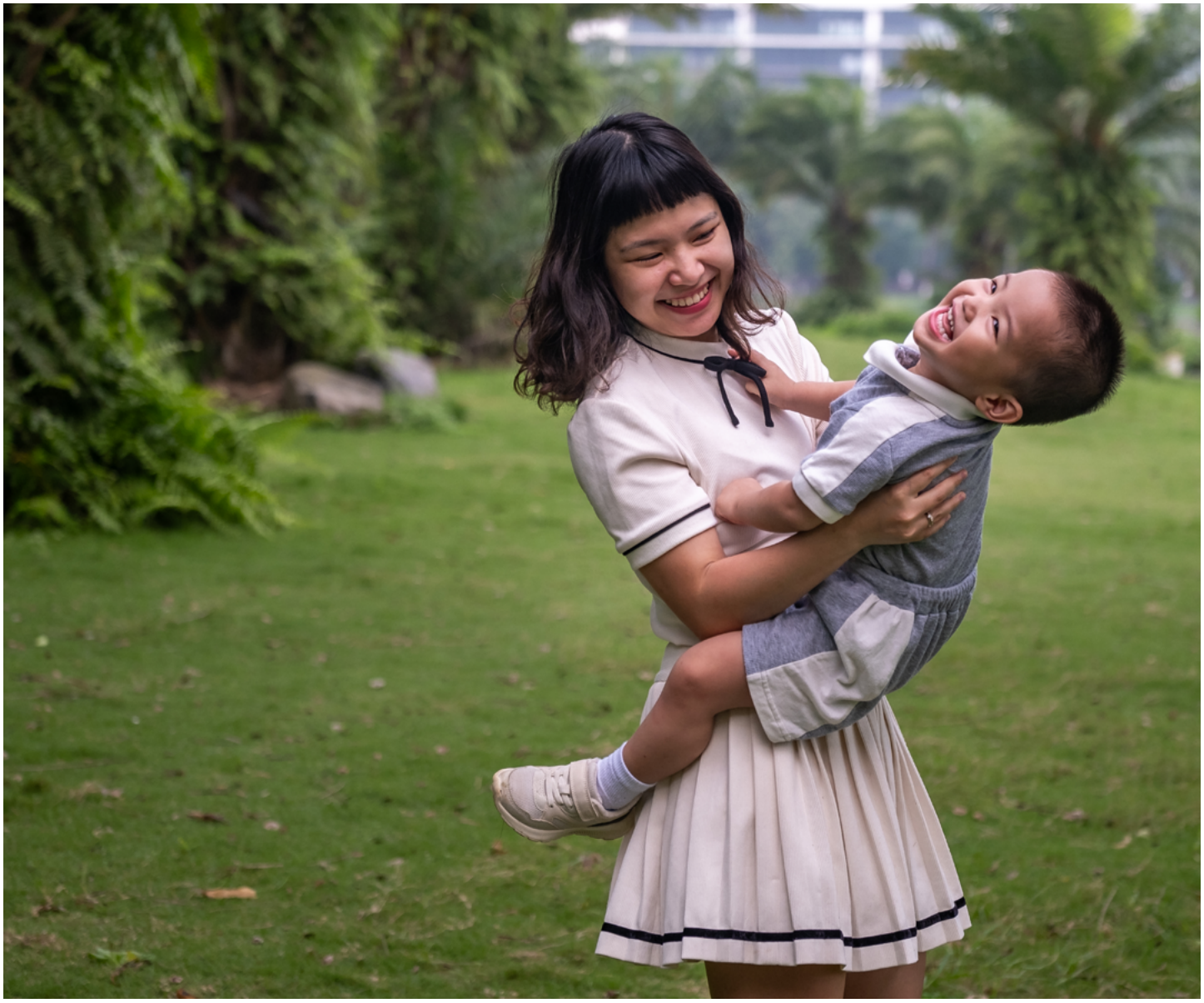
Monitoring Gender-Transformative Parenting Programmes

Invest in monitoring and allow sufficient time to incorporate learning. Organisations often devote less energy and fewer resources to programme monitoring, but it is so crucial to high-quality implementation. Monitoring also takes on additional importance in the early phase of implementing your newly gender-transformative parenting programme. When you design your programme monitoring, remember:

- **You should build on your existing monitoring tools and systems.** Your original monitoring tools and processes can be adapted to integrate new domains and complemented by new tools where needed. Adapt your monitoring tools and processes to reflect the information you need to assess implementation quality and fidelity, feel confident adaptations are working, and identify potential risks or challenges. Think about what data is needed to adequately understand if the modifications you made are being implemented as intended and resonating with program participants. For example, if you are engaging fathers and male caregivers for the first time, ensure your monitoring tools are designed to capture data (e.g., men's versus women's attendance and retention data) and learning (e.g., what works best to recruit fathers) on engaging men. This data will help you assess whether programme changes were sufficient to successfully recruit and retain fathers, or whether additional changes are required. Engage local stakeholders in the design to ensure monitoring tools and plans are feasible and appropriate for the context.

- **Data should be easy to collect, analyse, and interpret.** Monitoring should be a continuous process, with regular, timely data collection and analysis to allow you to make 'real-time' modifications to address challenges and improve implementation.[8] Data must, therefore, be easy to collect, analyse, and interpret, and it must be available in a timely manner to ensure time for integrating learning into the programme. Avoid overcomplicating the process. Design simple, efficient tools and processes that provide data that is on time, clear, and actionable. For example, having attendance data after every session or every few sessions can identify right away if few fathers are being recruited or if many caregivers drop out after one or two sessions. With timely information, you can explore why this is occurring and take action to address it. For example, feedback from facilitators and participants may suggest that simply shifting the timing of parenting sessions can ensure greater participation and retention and get the programme back on track. Similarly, session observations may identify facilitators who are not fully comfortable with the gender content or provide an opportunity to gather participant feedback on session content and topics. This information can be used to organise refresher training and mentoring or to modify or integrate new content as relevant.

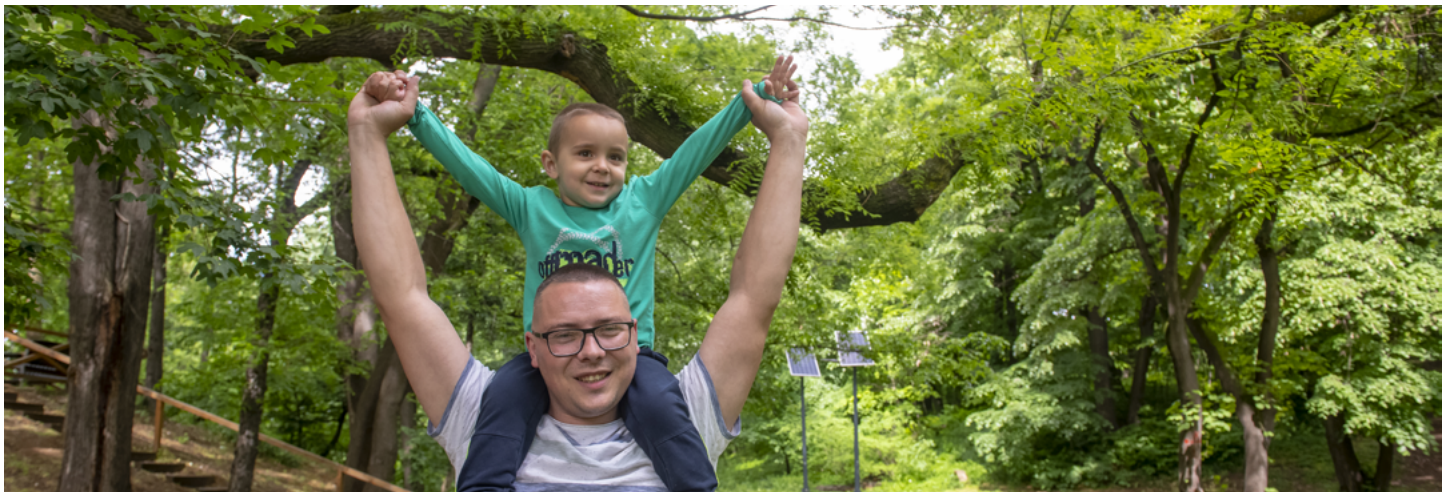
- **Monitoring and evaluation are closely linked.** As outlined in Box 3, monitoring and evaluation are closely linked but distinct. Your M&E systems should 'speak to each other' to enable an ongoing process of generating evidence and learning that is used to improve your programme.[8] Monitoring data should play a key role in programme evaluation — informing what you evaluate and enabling you to put evaluation findings into context. For example, your evaluation may show that your programme had no impact on reducing IPV. Yet, that may not be surprising if monitoring data indicates that violence activities in the curriculum were inconsistently implemented because facilitators felt uncomfortable or faced pushback from participants. At times, you may also collect outcome data as part of routine monitoring (e.g., through pre/post surveys on attitudes, knowledge, or practices that happen outside of a formal impact evaluation). Monitoring data can also help you to understand the factors hindering or supporting successful programme implementation, which can inform future implementation and scale-up.



Domains for Monitoring Programme Implementation

There are multiple domains of programme implementation you may wish to monitor. This section outlines eight domains for monitoring parenting group sessions or home visits — some of which may also apply to broader community-level programme components (e.g., awareness-raising sessions or community dialogues). Each domain includes key questions that may be relevant to assessing implementation progress. Some domains may be less relevant or feasible given your programme, context, or resources. Identify your key questions, and then consider what data is needed to answer them, to guide the adaptation and/or development of your monitoring tools and processes. A variety of tools and methods may be needed to collect the right data. Remember to keep things simple and ensure tools and processes can feasibly collect and analyse the data you need to answer your key questions in time in order to avert problems or mitigate risks (see Box 5 on collecting monitoring data).

Involve staff and facilitators in designing programme monitoring tools, and ensure they understand why the data is needed and how it will be used. Like your programme content, it is helpful to pilot the tools and receive user feedback to ensure that they are clear, easy to use, and capturing the intended data, and that you can make adjustments where necessary. Once the tools are developed, all users should be trained on how to use them, the timing for data collection, reporting, and analysis, and their individual roles and responsibilities.



Domain 1: Reach and Quality of Staff and Facilitator Training and Support

Collect data on staff and any others trained to facilitate, supervise, or support programme implementation. This includes assessing whether the training has equipped them with the necessary knowledge, skills, confidence, and self-efficacy to facilitate, support, or supervise programme implementation. If your programme has tailored content for caregivers and/or children of different ages, it is also important to monitor whether facilitators are appropriately trained for the population they serve. At a minimum, your data should be disaggregated by sex or gender identity — however, you should also consider other characteristics that may be important for your programme and context (e.g., age, education, type of facilitator/service provider, geographic area). Such information is needed to assess whether your training benefits everyone equally and whether specific groups require more training or support. For example, you might train several types of service providers (e.g., early childhood development care providers, social workers, health providers) but find that social workers are more comfortable facilitating the gender or violence content. Alternatively, it might be that facilitators in one location report significantly better training outcomes — potentially due to differences in who provided the training or the methodology used. The availability of disaggregated data can provide critical learning for your programme and highlight areas for additional research or exploration.

Suggested Questions to Assess the Reach and Quality of Training and Support:

- How many staff/supervisors/facilitators were trained (and for what duration)?
- How many staff/supervisors/facilitators received refresher training?
- Do supervisors/facilitators feel they have the necessary skills, knowledge, and confidence to implement or supervise?
- Do facilitators demonstrate the knowledge and capacity to effectively implement your gender-transformative parenting programme (e.g., through external assessment)?
- Do supervisors demonstrate the knowledge and capacity to effectively supervise your gender-transformative parenting programme (e.g., through external assessment)?
- Do some supervisors/facilitators require additional support or training? Which ones, and what kind of support?
- What types of supportive supervision are facilitators receiving (e.g., mentorship, observation visits, constructive feedback) and how often?
- Do facilitators feel supportive supervision is sufficient?
- How many supervisors/facilitators drop out of the programme and why?

Domain 2: Programme Impact on Staff, Facilitators, and Supervisors

Assess the impact of programme involvement on the attitudes, behaviours, and well-being of staff, facilitators, and/or supervisors. These individuals are also influenced by the prevailing social and gender norms, and they may have gender-inequitable attitudes or support violence against children or others. Their attitudes may change because of their participation in training (which, as noted in Brief #3, should include self-reflection on their own attitudes about gender roles, violence, etc.) and programme implementation. In some cases, their behaviour may also change (e.g., greater sharing of household tasks or decision-making among facilitators and their own partners). Surveys can be used to measure attitudes about gender and violence (see Annex A for potential measures) and behaviour (as appropriate) before and after training. Ideally, you can also measure changes over time, assessing changes in attitudes during or after programme implementation. Where feasible, data on attitudes can be collected early enough to inform the design of staff or facilitator training (e.g., through knowledge, attitudes, and practices [KAP] surveys). Such data can also be useful for programme evaluation. Unsurprisingly, research suggests that facilitators with more equitable gender attitudes are associated with better violence and gender outcomes for programme participants.[9] You may wish to analyse these associations in your programme evaluation — but it requires monitoring tools that enable you to match participants to their facilitators.

Facilitating gender-transformative programming can take an emotional toll on facilitators. At the same time, it can also bring a profound sense of personal fulfilment. You can collect data on facilitator well-being to assess potential programme impacts — both negative (e.g., stress, burnout, or vicarious trauma) and positive (e.g., improved relations with peers or community, personal fulfilment, self-esteem, or confidence). Such data can inform facilitator training, supportive supervision, and recruitment and retention strategies.

Suggested Questions to Assess the Programme Impact on Staff, Facilitators, and Supervisors:

- Do staff/supervisors/facilitators report more equitable gender attitudes after training and/or programme implementation?
- Do staff/supervisors/facilitators report lower acceptance of VAC or VAW after training and/or programme implementation?
- Do staff/supervisors/facilitators report any positive behaviour change after training and/or programme implementation?
- Are staff/supervisors/facilitators having trouble managing the workload or balancing it with their other responsibilities?
- Are staff/supervisors/facilitators experiencing any backlash or pushback from participants or community members?
- Are staff/supervisors/facilitators experiencing any impacts on their mental health or well-being because of their role in the programme?

Domain 3: Programme Reach, Attendance, and Retention

Collect data on how many parents and children your programme reaches, how often they attend, and whether they drop out. You may want to measure the number of caregivers and/or children reached in sessions or home visits, as well as children reached via parent/caregiver participation in the programme. Attendance records (paper or digital) should track the number of participants per session. At a minimum, attendance data should be disaggregated by participant sex or gender identity, age of child(ren), and ideally, caregiver age and disability. Depending on your context and programme aims, it can be helpful to capture other participant characteristics that may influence recruitment and retention, such as marital/partnership status, socioeconomic status, first-time parents, parents of children with disabilities, type of caregiver (e.g., biological parent, grandparent, foster carer), and geographic location. Ideally, your records will link a specific individual's attendance data to their facilitator and location in order to allow you to analyse whether attendance and retention rates differ based on facilitator, location, or other characteristics. Such information can identify *who* is attending (or not) and *who* is dropping out.

For example, your data might show that despite engaging men, fathers (especially older ones) attend less regularly and are more likely to drop out. Reaching and retaining this population might require changes to recruitment messaging, session timing, frequency, or location. As another example, you might find attendance and retention are higher in areas where community leaders are more engaged and supportive. This data could inform future implementation and recruitment strategies. You can also ask facilitators (and participants) for feedback on recruitment and retention to illuminate learning that may not be evident in the data. During programme evaluation, attendance data can also be used to assess associations between attendance rates (or *dose*) and outcomes or impact where feasible.

Suggested Questions to Assess Programme Reach, Attendance, and Retention:

- How many parents/caregivers are enrolled in the programme?
- What percentage of parents/caregivers met the eligibility criteria?
- How many children (and what ages) were indirectly reached by the programme (via parent/caregiver participation)?
- *(If relevant)* How many children are enrolled in the programme?
- How many sessions or home visits did parents/caregivers (or children) attend or participate in (on average)?
- Are participants receiving incentives (financial or material) as planned and in a timely manner? Are they sufficient?
- How many parents/caregivers (or children) dropped out of the programme?
- What factors hindered participants from attending or completing the programme?
- Did the attendance and dropout rates differ among different types of parents/caregivers?

Domain 4: Programme Implementation Quality and Fidelity

Monitor programme implementation's quality and fidelity. You will want to ensure the quality and fidelity of your adapted programme — that it is being implemented well and that staff and facilitators adhere to the programme's core components ('what' is delivered — the content and activities) and principles ('how' the programme is delivered).[10] Monitoring quality and fidelity is particularly important for gender-transformative parenting programmes, which are unlikely to succeed at achieving individual attitude and behaviour change when they are not implemented well or in alignment with their core principles (see Brief #2). You want to ensure facilitators are implementing new programme elements and content as planned. Assessing the quality and fidelity of gender-transformative programming differs from assessing other types of programmes. Staff and facilitator reflection can identify the key characteristics or elements they feel signify implementation quality and fidelity for your programme. This may include seating arrangements that foster equity between facilitators and participants, male and female facilitators modelling equitable power relations, or facilitators reinforcing key messages about gender equality and power.

Multiple tools and methods may be necessary to assess quality and fidelity — including attendance records, session observations, feedback forms, or regular reflection meetings with staff and facilitators (which can also help identify key challenges and barriers to implementation quality and fidelity). Continuously monitoring quality and fidelity and analysing the data are crucial to understanding programme implementation. For example, perhaps facilitators are skipping key content on gender or violence because they feel ill-equipped to handle the difficult questions participants raise in these sessions. The earlier you can identify challenges in quality or fidelity, the better and faster you can address them. Such knowledge is critical for putting evaluation findings into context because you want to know whether a lack of demonstrated impact on key outcomes reflects poor implementation rather than programme ineffectiveness.

Suggested Questions to Assess Implementation Quality and Fidelity:

- Are facilitators implementing sessions as planned (i.e., intended number, order, duration, and frequency)?
- Do facilitators bring the required materials to the sessions (e.g., curriculum, attendance sheets, activity props, and visual aids)?
- Do facilitators adhere to the curriculum content and gender-transformative messaging?
- Are facilitators capable of promoting equal participation among programme participants and managing tensions or disagreements?
- Do facilitators model or reinforce gender-equitable behaviour in the sessions?
- Are the materials and resources required to implement the programme given to facilitators on time, and are they sufficient?
- Are facilitators remunerated sufficiently and in a timely manner?
- Do facilitators complete programme monitoring tools as intended?
- Which sessions or activities do facilitators feel are the most challenging to implement (and why)?
- Are other programme components or activities (e.g., cash transfers, awareness-raising) being implemented as intended?

Domain 5: Programme Acceptability and Resonance

Monitor whether your programme is accepted by and resonates with programme participants, facilitators, and key stakeholders. Collect information during and after implementation to understand how participants (male and female caregivers, and children as relevant) perceive your adapted programme and whether they feel it is having the intended impact. Feedback from participants and facilitators can provide insight to improve how the programme is experienced and perceived. For example, female (as well as male) caregivers may appreciate the programme but suggest they would be more comfortable speaking freely if certain sessions were conducted with men and women separately. Where feasible, you should also ask community stakeholders about their perceptions of the programme. For example, you may find that community members have heard misinformation about the programme; this could lead to backlash against programme participants or facilitators (e.g., teasing, ostracization, or worse) or discourage new participants from joining. Identifying these perceptions early can inform actions to mitigate or overcome potential challenges.

Suggested Questions to Assess Programme Acceptability and Resonance:

- How do staff and/or facilitators perceive the programme?
- Do staff and/or facilitators (if the same as from before programme adaptation) believe the programme adaptations are working and leading to the intended impacts?
- How do programme participants perceive the programme?
- What aspects do participants like best and least about the programme?
- Do these differ among different populations (e.g., male versus female caregivers, younger versus older caregivers)?
- (Where relevant) Do men and women feel comfortable participating in (some or all) sessions together?
- (Where relevant) Do children feel comfortable participating in sessions (whether separately or together with their caregivers)?
- How does the broader community perceive the programme?

Domain 6: Referral to Additional Services or Support

Track referrals of children and/or caregivers to additional services or support, and monitor whether referral pathways are working as intended.[b] There may be women (or children) in your programme who are experiencing violence (or require other types of support) and desire referral to additional services. During programme adaptation, you should have developed or updated your referral processes and pathways. It is critical to monitor how many programme participants are referred to additional services (and which services) to understand the extent to which referral is taking place and the existing demand. Regular reflection sessions with facilitators can provide insight into how referral processes are functioning and whether additional effort is needed to improve them. For example, feedback from facilitators may indicate changes in the availability of services, a lack of clarity on referral processes, or unresponsiveness from certain service providers. Such information can be used to strengthen your referral processes and pathways. Special attention should be paid to individuals who may be at a particularly increased risk of violence, such as children with disabilities, to enable early identification, screening, and referral.

Suggested Questions to Assess Referral to Additional Services or Support:

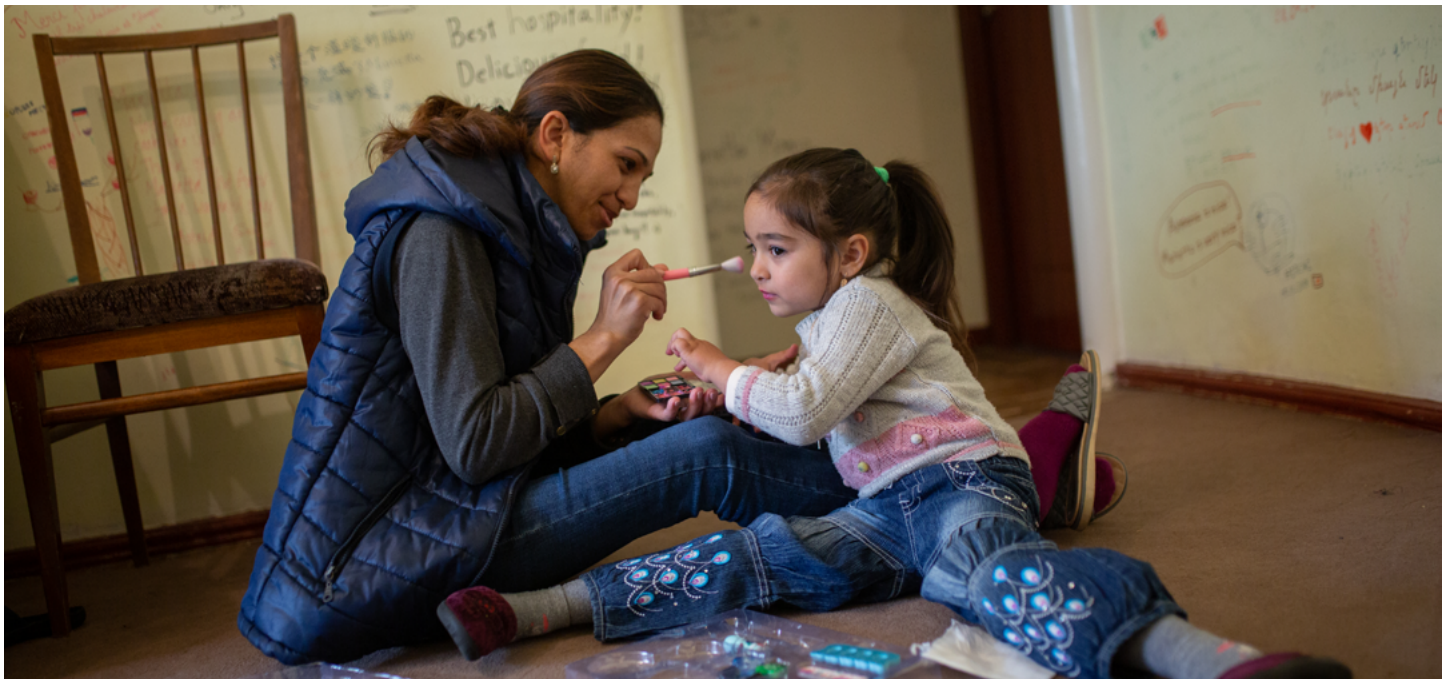
- How many caregivers or children are referred to (which) services?
- Were all referrals made with participant (or parental) consent?
- Are facilitators aware of referral pathways, and do they feel equipped to refer (i.e., know when and how to do so)?
- Is the referral process working as intended?
- What (if any) challenges do staff or facilitators face in referring programme participants to additional services?
- What (if any) challenges do the referred caregivers/children experience in accessing additional services?

Domain 7: Mandatory Reporting Obligations and Their Impacts

In settings with mandatory reporting obligations, track any reports about programme participants made to local authorities.[c] Document when, why, and to whom the report was made — and ensure this information is securely stored and kept confidential. As noted in Brief #3, reporting children's exposure to violence in the home may have negative impacts on children and their mothers or female caregivers. It is important to monitor whether any potential consequences for programme participants arise because of mandatory reporting measures. This can be done through senior staff following up with the staff or facilitators involved to discuss how to improve the process to better comply with mandatory reporting obligations while protecting the best interests of children and their female caregivers.[2]

Ask Yourself These Questions to Assess Mandatory Reporting Obligations and Impacts:

- How many children were reported to (which) local authorities, and by whom?
- Were the reports made in a timely and professional manner?
- Was the reporting process clear?
- (Where feasible) Did staff follow up to understand the outcome of the mandatory reporting on children and their families?



Domain 8: Potential Risks and Unintended Consequences

Track potential risks for participants and facilitators related to programme implementation and monitor risk mitigation strategies. Challenging inequitable gender norms and power dynamics is not without risk. Programmes, particularly when not implemented well, may have unintended consequences for programme participants and/or facilitators. Risks may include increased violence, more inequitable attitudes, and resistance or backlash from family or community members.[2,3,11] Monitoring the presence of the potential risks or unintended consequences you identified during your programme adaptation should be an essential part of your monitoring (and evaluation).[2,3] You want to know quickly whether such risks are occurring, if the mitigation strategies you put in place are being implemented, and why they may not be working. This includes documenting steps taken by facilitators and staff to address any risks observed.

Gather regular feedback from programme facilitators about any harms, consequences, or backlash they witness; hear about from programme participants or community members; or even suspect may be occurring. Design M&E tools and processes to collect such information, and ensure staff and facilitators understand the importance of gathering it. In some settings, facilitators may be particularly uncomfortable, or fearful, reporting negative impacts. In such cases, having anonymous reporting channels may be useful. You can also ask programme participants about any negative or positive changes they are experiencing because of the programme, whether during visits to parenting groups or through qualitative research. Qualitative research can also help identify why such risks or unintended consequences are occurring — which can inform programme modification to reduce or (if feasible) eliminate them in future. Programme evaluation should also assess the impact of potential risks or the presence of unintended consequences.

Suggested Questions to Assess Potential Risks and Unintended Consequences:

- Have facilitators (or participants) reported any harms or consequences related to programme participation?
- What type of risks, harms, or adverse events are occurring?
- Are facilitators and/or participants experiencing any backlash from family or community members because they participate in the programme?
- Do staff, facilitators, or participants believe the programme is leading to any unintended consequences (and if so, what and for whom)?
- Is the risk management plan being implemented as planned? If not, what are the challenges to implementation?

Box 5. Collecting Monitoring Data

Different tools and methods can be used to gather quantitative and qualitative data to monitor programme implementation. Aim for simple tools that provide easily interpretable and actionable data. Data can be collected in-person or remotely, and it be captured on paper or by tablet, computer, or phone — including through SMS, WhatsApp, or Telegram. Common tools and methods include:

- Attendance forms (for attending trainings or parenting sessions — participants, session, date, duration)
- Training feedback forms or self-assessments
- Pre/post surveys (completed by staff, facilitators, participants)
- Facilitator capacity and skills assessments (completed by trainers/staff)
- Training and programme implementation reports
- Parenting group/home visit enrolment or intake forms (e.g., number of participants, basic demographic and contact information)
- Home visit logs (e.g., participants, session, date, duration)
- Session feedback forms (e.g., what went well/less well, key challenges)
- Observation forms or checklists for sessions or home visits (e.g., core elements to assess quality and/or fidelity)
- Rapid surveys with facilitators or supervisors (via phone or text)
- Routine reflection meetings with facilitators or supervisors guided by key questions (e.g., what's working well or not working, any challenges or programme changes required)
- Routine staff reflection meetings guided by key questions (e.g., what's working well or not working, any challenges or programme changes required)
- Focus group discussions or in-depth interviews with facilitators and/or participants: early on to assess whether adaptations are working and after implementation as part of your programme evaluation
- Referral forms
- Mandatory reporting forms
- Financial or material incentive disbursement forms
- Programme implementation and financial reports
- Feedback gathered from any anonymous reporting channels (e.g., hotline, SMS, community feedback box)

Evaluating Gender-Transformative Parenting Programmes

Impact evaluation is crucial to understanding whether the adaptations you made to integrate gender and violence prevention are leading to improvements in the lives of caregivers, children, and families. An evaluation also provides valuable information on areas for improvement, which can inform further modifications and implementation. Yet, impact evaluation is often intensive and costly, and not all programmes are ready or appropriate to be evaluated for their effectiveness.[4] You need to assess whether your programme is ready for an impact evaluation. It is best to do this once you are confident the programme is being implemented as intended — i.e., the content is clear, you have worked out any implementation kinks, and you have the necessary resources to do so. In the early phase of implementing your revised programme, focusing on monitoring will let you make 'real-time' adjustments, during which you can also collect information on outcomes as you talk to facilitators and participants. Once those adjustments have been made, you can plan for an impact evaluation with the next cohort of programme participants. When planning to evaluate your programme, remember:

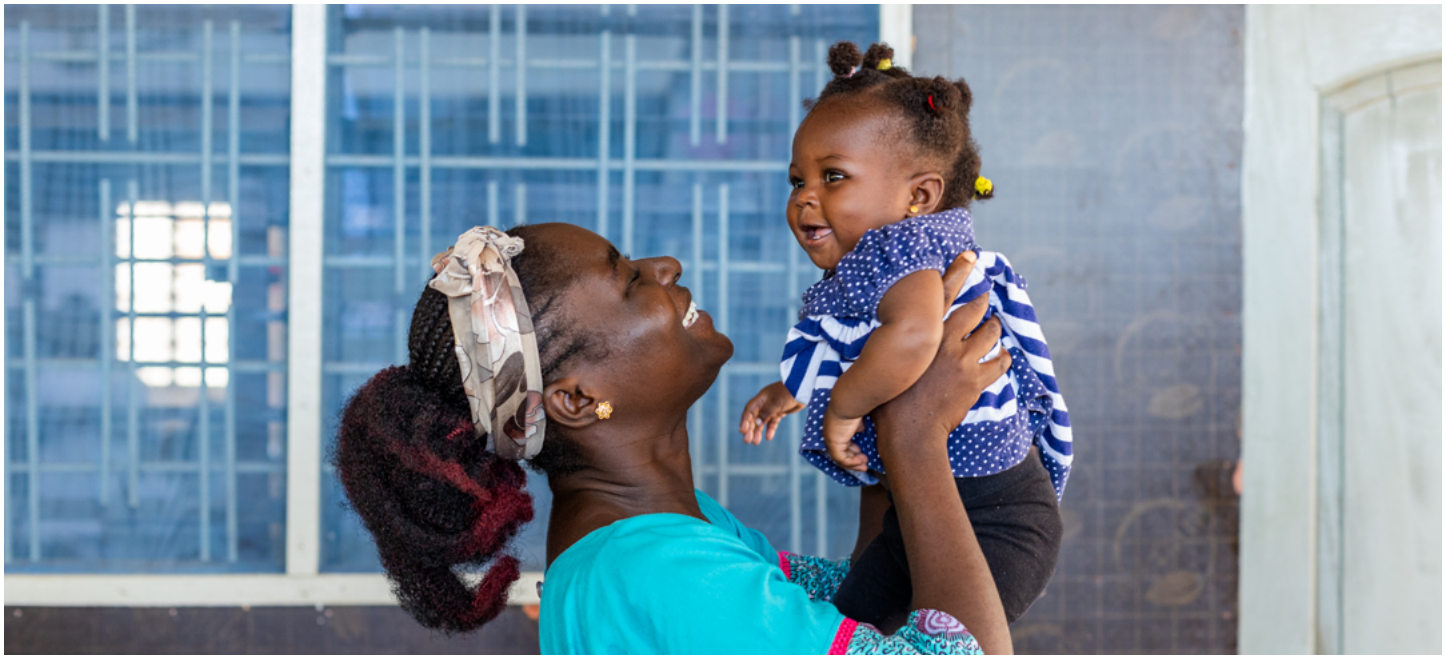
- **Use your theory of change to select outcomes to measure.** Carefully consider which outcomes you are likely able to achieve and measure change given your implementation and evaluation time frame. Do not measure something simply because another gender-transformative programme did so. Ask yourself whether your programme directly targets changes in a particular attitude or behaviour, or whether it may be affected through other changes in your programme targets (e.g., reducing IPV may improve women's mental health even if your programme does not specifically focus on mental health). Consider investing more resources in exploring the impact of new programme components, including VAC and/or VAW. Prioritise where to put your emphasis — measuring violence in safe and comparable ways requires significant time and investment, while other areas (e.g., couple relationship quality) can be measured in simpler ways.

- **Explore mechanisms of change through qualitative research.** Conducting qualitative research with programme participants is incredibly beneficial regardless of your evaluation design (e.g., pre/post surveys, quasi-experimental, or randomised controlled trial). In-depth interviews or focus group discussions can not only capture impacts but also illuminate how they are being achieved (i.e., mechanisms or pathways of change).[3] Qualitative research can help you understand how the programme is, or is not, leading to key attitudinal or behaviour changes; how these changes may be working in synergy; and whether these outcomes are likely to be sustained beyond your programme time frame. It can also help you understand the context of programme implementation, which may explain why certain changes were or were not seen (e.g., due to poor quality or consistency in implementation). Qualitative research can also explore how programme participants

experience your programme, what they appreciate most and least, and any benefits or challenges they perceive because of changing relationship or parenting practices, including most significant change stories.

- **Follow ethical guidelines if measuring violence.** Researching VAC and VAW carries unique ethical and safety challenges that must be carefully considered. It is imperative to follow international ethical guidelines to minimise the potential risks of harm and prioritise the physical and emotional safety of the women and children involved in research about your programme.[3,5] See Box 6 on ethical considerations for collecting data on violence and the Recommended Resources at the end of this brief. This is an important part of ensuring a 'do no harm' approach at the heart of gender-transformative programming. You should *not* collect data on experiences of VAW or VAC if you do not have the capacity to meet international guidelines on how to do so safely. In such cases, you can measure intermediate outcomes or mechanisms of change (e.g., attitudes about gender and violence, communication).

- **Carefully select, train, and support data collectors.** Asking study participants about violence or other sensitive topics, like relationship dynamics, can cause distress and discomfort, alongside other potential harms. Those collecting data for your programme evaluation require specific training on gender, violence (even if not directly asking about violence), and how to overcome their own biases and stereotypes. This includes creating space for data collectors to reflect on their own attitudes about gender and violence. It also includes training on how to ask questions about sensitive topics and respond to distress. Everyone involved in data collection must be trained on privacy, confidentiality, potential risks of harm, referral processes, and (where applicable) mandatory reporting requirements. Data collectors should also be supported in addressing any vicarious or secondary trauma they may experience because of listening to others' experiences of violence.[12,13]



Box 6. Ethical Considerations for Collecting Data on Violence

INSPIRE: Seven Strategies for Ending Violence against Children and RESPECT Framework Monitoring and Evaluation (M&E) Guidance highlight key ethical considerations for researching VAC and VAW, respectively. Many are applicable to evaluating parenting programmes designed to reduce both types of violence:

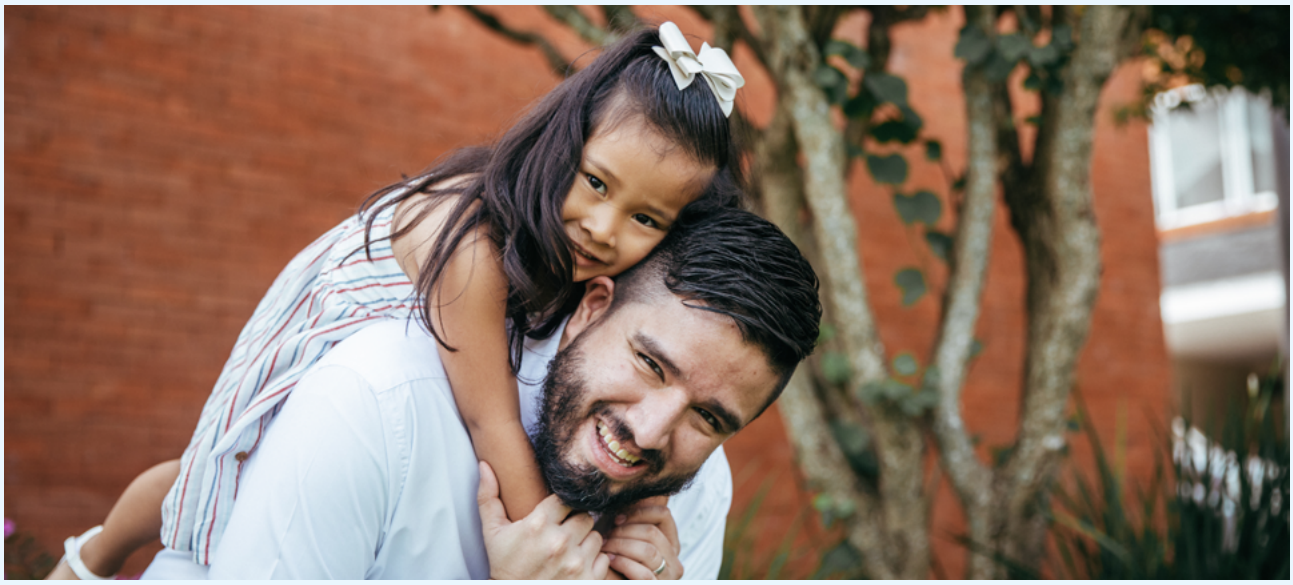
- **Ensure methodologically sound research.** Poorly designed and implemented research can put women and children at risk of harm, result in poor-quality data (which can harm your programme), and waste resources. It is critical to ensure your study design is methodologically strong. Use validated measures and methods for measuring violent discipline and/or IPV. Select tools that have been shown to adequately capture these outcomes (and ideally have been contextualised or tested in your context). Ensure that researchers are trained to apply the tools accurately and safely and that the data is analysed and interpreted in standardised ways that allow for comparison with other programmes.

- **Prioritise participant safety.** Informed consent, privacy, and confidentiality are critical to keeping research participants safe. The purpose and any potential risks (or benefits) of study participation should be explained to participants in a language they understand and in age-appropriate ways. Adults must provide informed consent, and if you are collecting data directly from children, their voluntary assent is required alongside parental consent. Participants need to know that study participation is voluntary — they have a right to refuse to participate or to drop out at any time without consequence. Privacy should be ensured when collecting data, and confidentiality maintained before, during, and after. This includes storing data securely (in locked cabinets and/or password-protected files) and separately from participants' names and identifying data.

- **Minimise and mitigate the risk of distress and harm.** Study participants may experience discomfort and distress during data collection. It is critical to plan for ways to mitigate distress and the risks of harm for study participants and the research team, who may experience vicarious trauma. Further, women and children may be placed at risk if their study participation becomes known, particularly if they are suspected of disclosing violence. Engage relevant stakeholders (e.g., women's organisations, survivor organisations, child social workers, child advocates, police) to help identify potential risks for women and/or children and ways to mitigate them. Follow guidelines on when and how to ask about experiences of violence when designing your study tools (see the *Recommended Resources*). Ensure data collectors are adequately trained on study participation's possible effects for victims/survivors of violence, how to ask questions in a supportive and non-judgmental manner, and how to respond to distress or terminate an interview if necessary.

- **Ensure referral to additional services or support.** When you adapted your programme to integrate gender and violence, you should have mapped available services and set up referral pathways (see Brief #3). You may need to update these referral pathways when evaluating your programme, particularly if you will collect data in communities where your programme is not operating (i.e., a control group). The research team and data collectors need to be equipped with information on the services available locally for children, women, and families (e.g., health, justice, social services, women's organisations) and on when and how to refer individuals (with their consent). The World Health Organization (WHO) suggests that where few services exist, you may need to create short-term support mechanisms and should consider having a trained counsellor with experience working with women and/or children present during data collection to provide immediate support to participants (and data collectors) if needed.[3] Where no referral services exist, researchers have an ethical obligation to ensure the research team has the capacity to handle crisis situations, including crisis counselling and safety planning.[3]

- **Manage mandatory reporting obligations.** In some settings, mandatory reporting is required if children's exposure to violence is disclosed during data collection. This can have consequences for your study participants and reduce the accuracy of your data if individuals fear disclosing experiences or perpetration of violence.
  During adaptation, you reflected on how best to manage mandatory reporting in ways that support the best interests of children and their mothers or female caregivers (see Brief #3). Engage the research and programme team to reflect on the possible benefits and risks of mandatory reporting and how to balance them with the cultural and legal context.[5] In some settings, research ethics bodies may grant an exemption from mandatory reporting to support high-quality, accurate data. Inform research participants of any reporting requirements and their implications (e.g., overriding confidentiality) prior to enrolment, and ensure the study team is adequately trained on the reporting requirements and process.

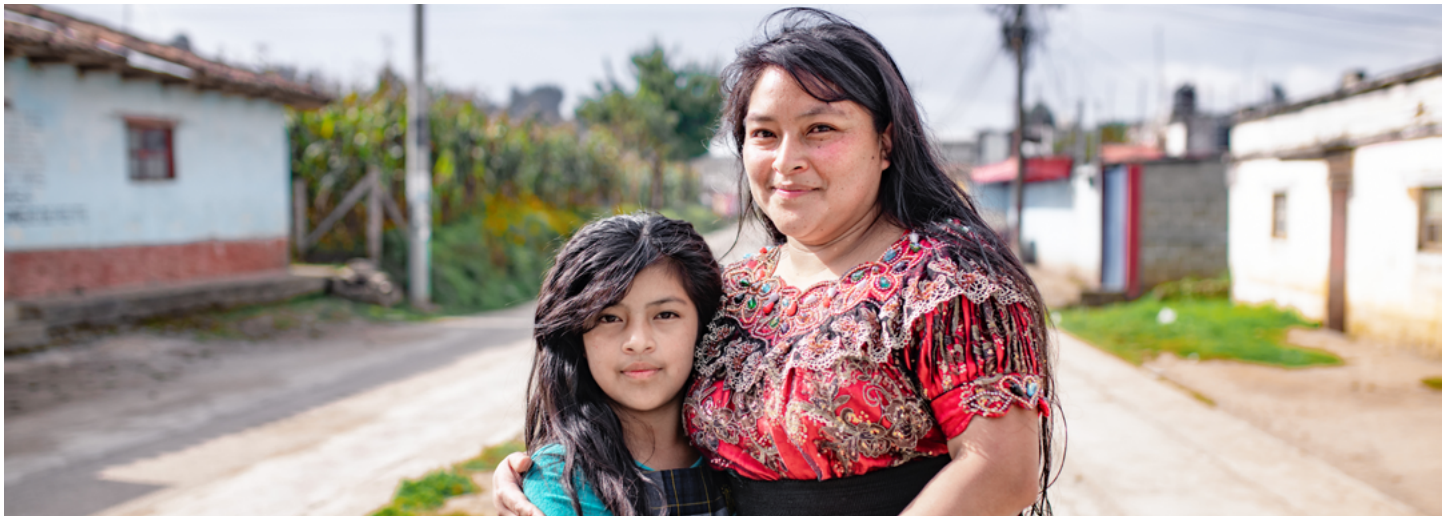


Potential Outcomes to Evaluate

Parenting programmes typically evaluate impacts on parenting knowledge and practices, parent-child relationships, and whether programmes lead to improved, age-appropriate child development outcomes.[d] You will want to continue measuring those outcomes after integrating gender and violence prevention into your programme. In this section, we highlight additional outcomes you can measure to assess the impact of new programme components related to gender and violence prevention. You may want to evaluate the impact on some or all of these outcomes. For some outcomes, standard or recommended ways to measure them exist (e.g., violent discipline and IPV), while others may lack standard measures, particularly ones that have been validated in the Global South (see Annex A for recommended/potential tools and measures). Using standardised measures is important for enabling comparison across programmes and contexts. However, when selecting your measures, it is crucial to ensure they are relevant to your programme context. You may need to tailor standardised measures to better reflect the lived realities of your programme participants.

- **Attitudes about gender roles and the acceptability of violence.** Measure changes in caregivers' attitudes about gender and gender roles, including men's and women's roles in parenting, caregiving, household tasks, and household decision-making. The tools and attitude statements should be relevant to your context and chosen to reflect your programme content. For example, gender attitude scales often include attitudes about men's and women's roles in sexual and reproductive health — which may or may not be relevant to your programme. You can also measure changes in attitudes accepting or justifying IPV. This often includes asking participants whether partner violence is justified under specific circumstances but may also include attitudes about VAW more broadly. Similarly, you can assess caregivers' attitudes on whether the harsh or physical punishment of children is acceptable or necessary for raising children. Attitudes should be measured before and after programme participation. However, attitude changes do not always lead to or accompany behaviour changes (and vice versa) — for example, you may find that attitudes are less supportive of VAW but see no reported reductions in IPV. Depending on your programme and context, you might also consider measuring changes in social and gender norms (see Box 6 on measuring norms change).

- **VAC perpetration or experience.** Measure changes in caregivers' use of violent discipline with children — which includes physical and psychological violence — before and after programme participation. Violent discipline is often measured using the discipline module from the Multiple Indicator Cluster Survey (MICS), implemented across many settings (see Annex A). You may also want to measure caregivers' use of nonviolent discipline or positive parenting practices. Measuring violence is not only about assessing positive impact but also about identifying potential harms (i.e., if violence increases after participation). Follow international ethical guidelines if you are measuring VAC (see Box 5 and the Recommended Resources), and ensure your study team is adequately trained on how to collect data safely and accurately. Qualitative research with caregivers can explore the mechanisms through



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which changes in violence perpetration are occurring. Depending on your programme, you may consider collecting data directly from children, which carries its own ethical challenges and considerations. INSPIRE guidance discusses how to navigate some of these challenges, including obtaining parental consent and mandatory reporting obligations.[5] Additional resources include the Ethical Research Involving Children (ERIC) community and the REFER framework, which outlines key steps for ensuring children's safety when including them in research on violence.[14]

- **IPV experience or perpetration.** Measure changes in IPV before and after programme participation. It is best to ask women about their experience of IPV — but you may also ask about men's perpetration under the right conditions. It is essential to follow international ethical guidelines, as asking about violence can potentially put a woman at risk. For example, if it becomes known (or even suspected) that she has disclosed violence, it may lead to retaliation by the perpetrator or stigma from community members.[3] Do not undertake research on IPV if you cannot meet the minimal standards for participant safety (see Box 5 and the Recommended Resources). If you do not have the capacity or resources to measure IPV safely, consider measuring mechanisms through which violence may be reduced (e.g., improved attitudes, couple communication, or relationship quality; reductions in alcohol consumption) that are targeted by your programme. Qualitative research with male and female caregivers can explore changes in partner relations and the mechanisms through which violence reductions may be occurring — but should ensure men and women are not interviewed together. If you do choose to collect quantitative data on IPV, follow current best practice in the VAW field when measuring and analysing IPV data to allow comparability across programmes (see Annex A).

- **Improvements in couple relations.** Measure changes in couple relations and relationship quality before and after programme participation. You can measure changes in the frequency of couple communication about the household, parenting, and children's health, nutrition, or education. Tailor your measures to include conversation topics relevant to your programme context and content. However, you may also consider measuring changes in communication about topics not directly addressed in your programme, as creating space for and promoting couple communication about parenting may encourage broader changes in couple

communication (e.g., about household finances). You can also measure changes in the quality of couple relationships (e.g., emotional closeness) and in co-parenting relations (i.e., how well partners work together in parenting) to understand whether your programme is fostering healthier, more supportive relationships between male and female caregivers. Frequency of couple communication, relationship quality or closeness, and co-parenting relations (see Annex A for potential measures) can all be measured quantitatively, but qualitative research is critical to understanding the mechanisms through which changes in couple relations are achieved — or why they are not. Qualitative research can also explore how these changes may be supporting shifts in other outcomes, such as improved parenting or child outcomes (e.g., through reduced stress, mutual support in adopting positive parenting practices, or less quarrelling) — but men and women should be interviewed separately.

- **Changes in couple gender and power dynamics.** Measure changes in how couples share roles and responsibilities to understand if your programme is contributing to more equitable couple relations. For example, you can measure changes in how couples divide daily childcare or household tasks (i.e., who does them) and even how much time they spend on these tasks. Such measures can assess whether your programme is promoting a more equitable division of labour by increasing men's participation in childcare and household tasks. Where appropriate, you can also assess changes in how parents assign children household tasks depending on their sex or gender identity, or you can gauge support for specific norms (e.g., 'Boys should be taught to do housework'). You can also measure whether your programme is leading to more equitable decision-making practices (i.e., increasing women's participation in decisions) by assessing changes in who generally makes key household and parenting decisions. Depending on your programme aims and content, you may want to measure changes in women's access to and control over various household resources. Qualitative research with men, women, and children (where appropriate) can further explore changes in the gendered division of labour and decision-making and in women's access to and control over resources, as well as their mechanisms of change. Critically, qualitative research can also explore the benefits or challenges women and men perceive from these changing relationship dynamics. For example, does sharing decisions about household resources facilitate better financial management or support greater investment in children's health or well-being?

- **Shared risk factors for VAC and VAW**. You may also wish to measure changes in certain shared risk factors for VAC and VAW. Such measures can complement the measurement of violent discipline and IPV, or they can be used on their own as intermediate outcome measures when it is not possible to collect data on violence perpetration or experience. Shared risk factors for violent discipline and IPV at the individual and family level include couple conflict, caregiver alcohol or substance abuse, economic stress, poor caregiver mental health, and men's dominance in the family.[15] You may wish to measure changes in caregiver mental health (e.g., depression or anxiety) regardless of whether your programme has content directly aimed at promoting psychosocial support and positive mental health. There are multiple pathways through which your programme may improve caregiver mental health, including by improving partner and peer support and reducing stress, conflict, and partner violence. If your programme addresses caregiver alcohol consumption, you can measure changes in the frequency, amount, and severity of men's and women's alcohol consumption. See Annex A for some potential measures for mental health and alcohol.

- **Potential risks and unintended consequences.** Programmes that challenge gender norms and power imbalances carry potential risks and may have unintended consequences for participants and their families — particularly if not implemented well. For example, efforts to

engage men may unintentionally reinforce inequitable power dynamics or undermine women's agency and autonomy.[11] They may also lead to backlash against men or their partners if men are seen as defying norms by taking on traditionally female caregiving responsibilities.[11] You want to measure these potential risks and consequences in your evaluation, in addition to monitoring them during programme implementation. This includes ensuring that key outcomes you may already be measuring — such as attitudes about gender or violence, or rates of violence — do not worsen because of your programme. It can also include exploring changes in household decision-making patterns (e.g., do shifts to shared decision-making reflect reductions in women's decision-making power) or participants' experiences of backlash from family or community members. Qualitative research with caregivers and children, as well as community leaders or stakeholders, can explore any unintended impacts of the programme — whether negative or positive — and why they may have occurred.

- **Continuing to evaluate key outcomes you measured prior to integrating gender and violence prevention.** Evaluations of parenting programmes typically measure parenting practices, parent-child relationships, and age-appropriate child development outcomes. You likely measured some of these outcomes prior to integrating gender and violence prevention into your programme. You will want to continue measuring these outcomes, with both male and female caregivers, using the same tools as before. Comparable data will help assess whether your updated programme demonstrates similar, worse, or better outcomes than the original. Integrating a gender-transformative approach may contribute to greater (or previously unseen) impacts on parenting and child outcomes. For example, working with couples to promote communication may support partners in adopting and sustaining positive parenting practices. Similarly, reducing IPV may support better caregiver-child relationships and behavioural outcomes for children. Promoting men's (alongside women's) participation in responsive care and early learning activities may facilitate improved child development outcomes, while conversely, integrating gender and violence content may potentially undermine programme impact by reducing time spent on parenting skills — particularly if the programme duration is unchanged. Such data is critical to understanding programme effectiveness and can inform additional programme adjustments if needed (e.g., increasing time spent on skill-building). Where data suggest programme impact is enhanced, such evidence can demonstrate the importance of a gender-transformative approach to partners, donors, and/or government.

Box 6. Measuring Norms Change

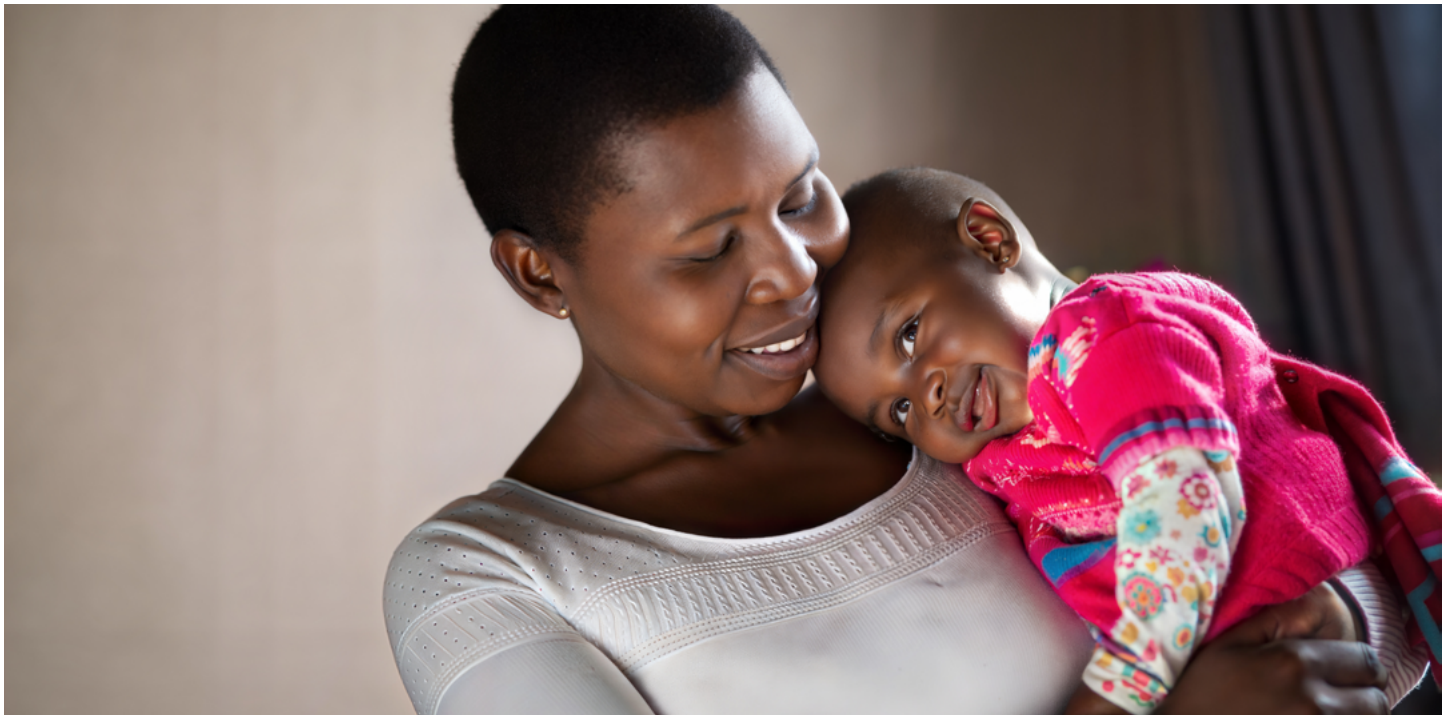
Parenting programmes may be interested in measuring changes in social and gender norms. Yet, many parenting programmes work only at the individual and family levels, promoting changes in individual parents' and caregivers' knowledge, attitudes, and behaviour. Many do not work at the community and institutional levels necessary to actually change norms, and thus, measuring norms may not be appropriate. If your programme works at other levels of the socioecological model — e.g., through community campaigning to challenge and transform specific social or gender norms — you may want to measure changes in those targeted norms – see the *Recommended Resources* for guidance on measuring norms change.

Conclusion

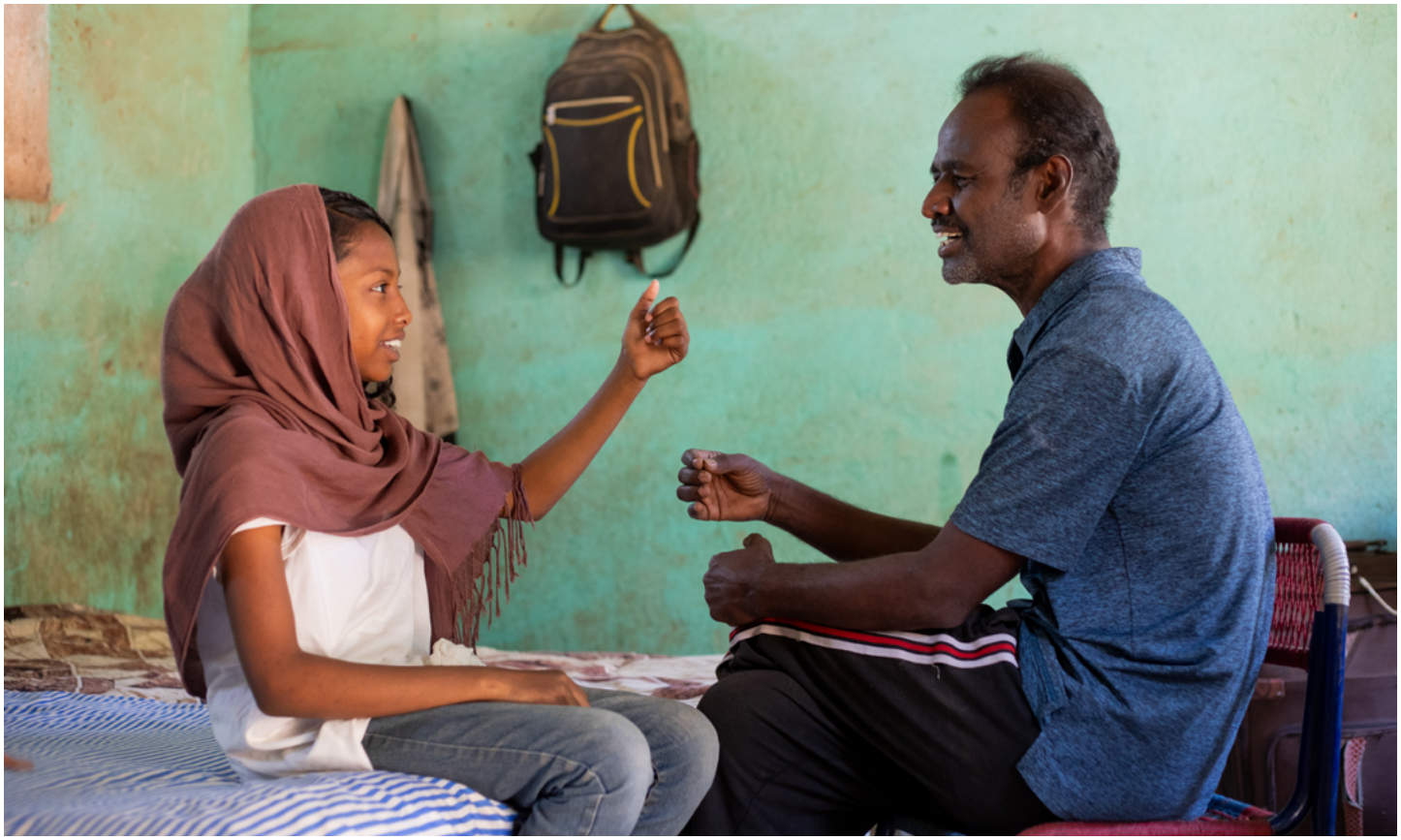
Monitoring and evaluation are key to the successful implementation of gender-transformative parenting programmes. Using this brief, you can develop a well-designed M&E plan that will provide you with the necessary information to ensure your programme is working well and know whether it is leading to the intended changes for caregivers, children, and families. Investing in measuring the added value of the changes you made to integrate gender and violence prevention into your programme can also help build the evidence base on the effectiveness of gender-transformative parenting programmes.

This brief is the last in a series designed to support parenting practitioners in adapting their programmes to integrate gender and violence. We invite you to explore all four briefs in our series:

- Brief #1. Parenting Programmes to Reduce Violence against Children and Women: Why It Is Important.
- Brief #2. Parenting Programmes to Reduce Violence against Children and Women: What Gender-Transformative Programmes Look Like.
- Brief #3. Parenting Programmes to Reduce Violence against Children and Women: How to Adapt Programmes to Address Both Types of Violence.
- Brief #4. Parenting Programmes to Reduce Violence against Children and Women: How to Measure Change.



Recommended resources



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M&E Design and Indicators:

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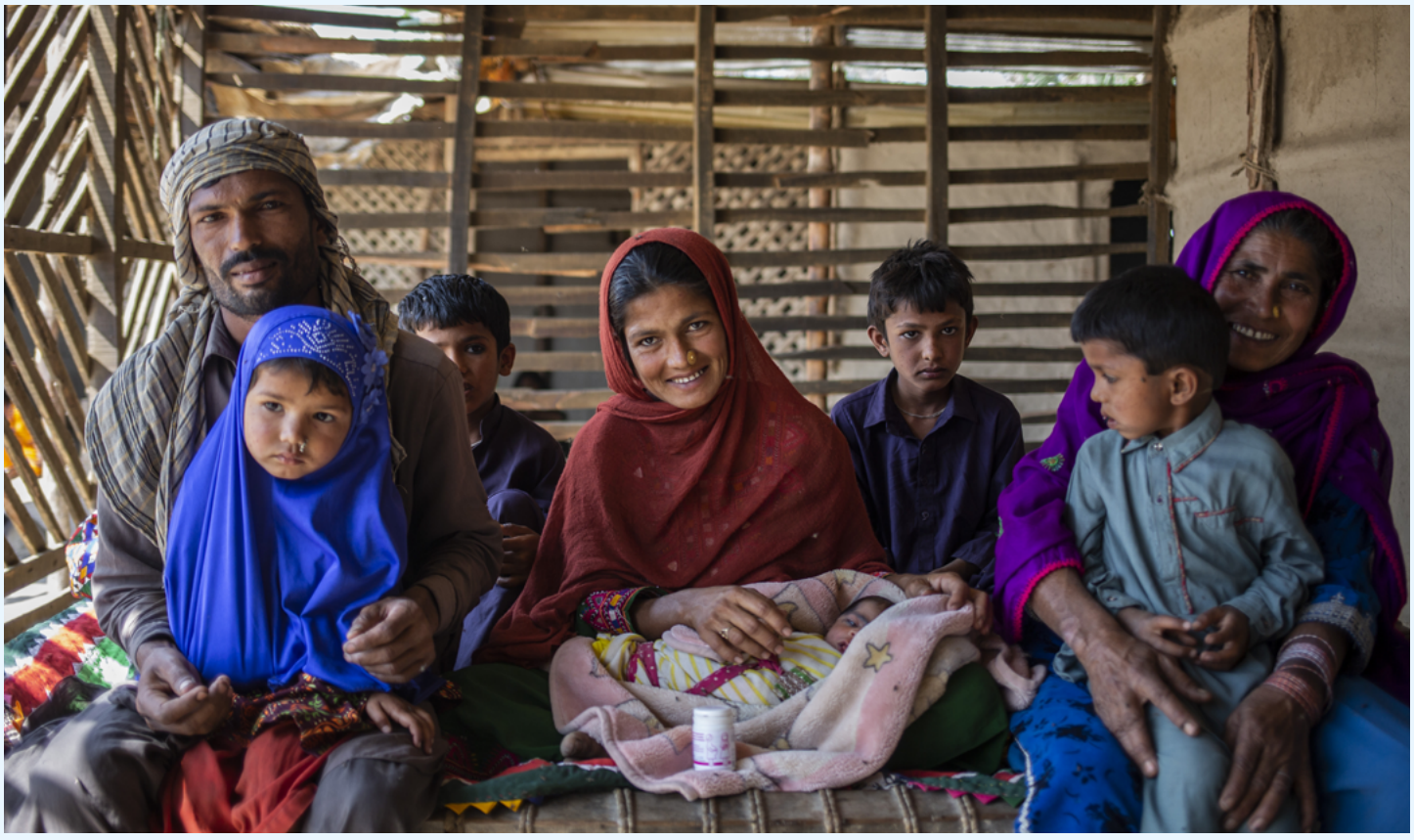
Annex A. Recommended Outcome Measures

Attitudes about Gender Roles and Violence

Attitudes about Gender Roles	Tool(s)
Different gender attitude measures and scales exist. Evaluators often draw upon questions in the **Gender Equitable Men (GEM) Scale** and the **International Men and Gender Equality Survey (IMAGES)**. Although both were originally developed for use with men, the attitude measures are commonly used with both men and women. These measures often combine multiple attitude statements to obtain an attitude score, but individual statements can also be used. The **Repository of Gender Scales and Surveys** includes different gender scales, organised by topic (e.g., gender roles, gender and power, gender norms). **Use in programme evaluation:** Measure support for gender attitude statements at baseline (prior to programme start) and endline (after programme completion) to assess shifts towards more or less equitable attitudes on gender roles. Make sure to select measures and attitudes that are relevant to your local context and programme content. Given the focus on parenting and men's engagement, you will want to include attitudes about gendered parenting roles (e.g., 'Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility, not the father's') and gendered power dynamics (e.g., 'It is natural and right that men have more power in the family'). Don't measure gender attitudes that are not applicable simply because they exist in a validated tool.	International Men and Gender Equality Survey (IMAGES), Equimundo, International Center for Research on Women – search online repository for theme 'gender perceptions' and subtheme 'gender roles and responsibilities' Gender Equitable Men (GEM) Scale, Equimundo/ Population Council Repository of Gender Scales and Surveys, Gender Equity Unit, Johns Hopkins Bloomberg School of Public Health
Attitudes about Physical Punishment of Children	**Tool(s)**
The **Multiple Indicator Cluster Survey (MICS) child discipline module** asks caregivers: 'Do you believe that in order to bring up, raise, or educate a child properly, the child needs to be physically punished?' **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion). You may find low levels of support at baseline due to social desirability, although physical punishment may be commonly accepted and prevalent.[e] Consider using additional statements that may elicit more unfiltered responses (e.g., local proverbs related to physical punishment) or attitudes regarding the use of nonviolent discipline (e.g., 'It is important to praise a child when s/he does something new') to gather additional data to assess change.	Multiple Indicator Cluster Survey (MICS), UNICEF – child discipline module

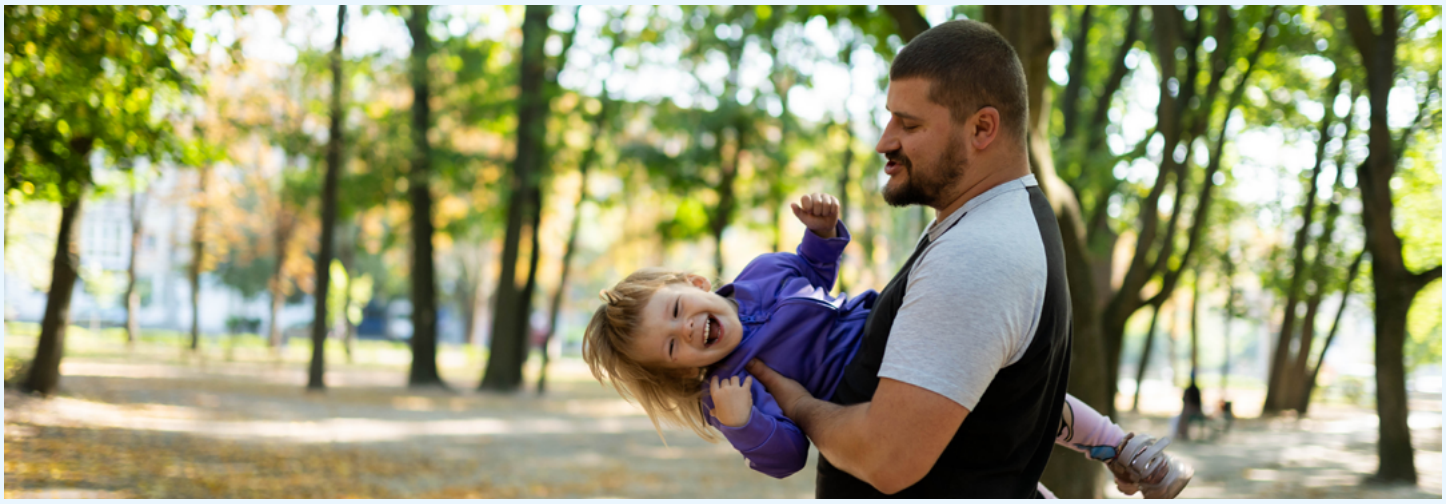
Attitudes about Gender Roles and Violence

Attitudes about Intimate Partner Violence/Violence against Women	Tool(s)
A standard measure of acceptance of IPV is questions from the **Demographic and Health Survey (DHS)**, which asks respondents, 'In your opinion, is a husband justified in hitting or beating his wife' in five different situations. The Multiple Indicator Cluster Survey (MICS), Violence Against Children and Youth Surveys (VACS), and WHO Multi-Country Surveys (MCS) have harmonised their measures to include the same five items. Attitude measures from other studies, such as the **International Men and Gender Equality Survey (IMAGES)**, can also be used to assess the acceptance of IPV more broadly (e.g., 'Sometimes a woman deserves to be beaten' or 'A woman should tolerate violence to keep her family together'). **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion). If you are not able to ask all five statements, select those that best fit where you work and/or your programme targets. Where it is available, country data can help you prioritise. Surveys sometimes include additional country-specific items (e.g., if he suspects she has been unfaithful) that may be relevant, and you may also wish to ask about attitudes that are common in your context (for example, using local proverbs).	Demographic and Health Survey (DHS) – core questionnaire International Men and Gender Equality Survey (IMAGES) – search online repository for the theme 'intimate partner violence' and subtheme 'violence: perceptions'



Violence against Children

Violent Discipline by Caregivers	Tool(s)
The **Multiple Indicator Cluster Survey** (**MICS) child discipline module** asks whether a caregiver or another adult in the household has used any of 11 specific acts in the last month to teach a child (ages 1 to 17) the right behaviour or to address a behaviour problem. Eight acts measure the use of violent discipline (psychological aggression, physical punishment, and severe violent discipline). **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion) to assess changes in caregivers' use of violent discipline. When evaluating the impact of your programme, you will want to modify the statements to ask only about the caregiver completing the survey (*not* other adults in the household). Additionally, you may want to include context-specific forms of punishment that caregivers use that do not appear in MICS. Ensure you follow ethical brief on researching violence.	Multiple Indicator Cluster Survey (MICS) – child discipline module
Positive/Nonviolent Discipline by Caregivers	**Tool(s)**
The **Multiple Indicator Cluster Survey** (**MICS) child discipline module** asks whether a caregivers or another adult in the household has used any of 11 specific acts in the last month to teach a child (ages 1 to 17) the right behaviour or to address a behaviour problem. Three of the acts relate to nonviolent discipline practices. **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion) to assess changes in the use of nonviolent discipline practices. When evaluating the impact of your programme, you will want to modify the statements to ask only about the participant completing the survey (*not* other adults in the household). Follow ethical brief on researching violence. Depending on the context, your programme participants, and the age of their children, you may also consider measuring caregivers' future intention to use nonviolent discipline techniques.	Multiple Indicator Cluster Survey (MICS) – child discipline module



Intimate Partner Violence

Physical Violence by an Intimate Partner	Tool(s)
The recommended practice in the VAW field is to use the **WHO Multi-Country Study (MCS) on Women's Health and Domestic Violence against Women** questionnaire, which includes six items on women's experience of physical IPV in the past 12 months. The same questions (slightly adapted) are also used in the **Demographic and Health Survey (DHS) domestic violence module**. The **UN Multi-Country Study on Men and Violence (UNMCS)** uses the same questions to ask about men's perpetration of physical IPV. **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion). When using the measure to evaluate programme impact, you may need to modify the time frame in the question; for example, if your endline is six months after the baseline, ask participants (at *both* baseline and endline) about their experience and/or perpetration of IPV in the past six months. You may choose to report on women's experience (and/or men's perpetration) of physical and sexual IPV. Follow guidelines on ethically researching VAW, and ensure you (or your external team) have the capacity to conduct the research safely and with high quality.	WHO Multi-Country Study (MCS) on Women's Health and Domestic Violence against Women Demographic and Health Survey (DHS) – domestic violence module UN Multi-Country Study on Men and Violence (UNMCS) – methodology, men's and women's questionnaires

Sexual Violence by an Intimate Partner	Tool(s)
Common practice in the VAW field is to use the **WHO Multi-Country Study (MCS) on Women's Health and Domestic Violence against Women** to measure women's experience (or men's perpetration) of sexual IPV, which includes three items on women's experience of sexual IPV in the past 12 months. The **UN Multi-Country Study on Men and Violence (UNMCS)** includes slight adaptations of the same three items. **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion). When using the measure to evaluate programme impact, you may need to modify the time frame in the question; for example, if your endline is six months after the baseline, ask participants (at *both* baseline and endline) about their experience and/or perpetration of IPV in the past six months. You may choose to report on women's experience (and/or men's perpetration) of physical and sexual IPV. Follow guidelines on ethically researching VAW, and ensure you (or your external team) have the capacity to conduct the research safely and with high quality.	WHO Multi-Country Study (MCS) on Women's Health and Domestic Violence against Women UN Multi-Country Study on Men and Violence (UNMCS) – methodology, men's and women's questionnaires

Emotional Violence by an Intimate Partner	Tool(s)
Several measures of emotional or psychological IPV are frequently used. Common practice is to use the **WHO Multi-Country Study (MCS) on Women's Health and Domestic Violence against Women** to measure women's experience (or men's perpetration) of emotional IPV, which includes four items on women's experience of emotional IPV in the past 12 months. The **UN Multi-Country Study on Men and Violence (UNMCS)** includes five items, adapted from the WHO MCS. **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion). When using the measure to evaluate programme impact, you may need to modify the time frame in the question; for example, if your endline is six months after the baseline, ask participants (at both baseline and endline) about their experience and/or perpetration of IPV in the past six months. You may choose to report on women's experience (and/or men's perpetration) of emotional IPV. Follow guidelines on ethically researching VAW, and ensure you (or your external team) have the capacity to conduct the research safely and with high quality.	WHO Multi-Country Study (MCS) on Women's Health and Domestic Violence against Women UN Multi-Country Study on Men and Violence (UNMCS) – methodology, men's and women's questionnaires

Couple Relationships and Co-parenting

Couple Communication Frequency	Tool(s)
Different measures of couple communication are often employed in evaluating gender-transformative programming. The **Couple Functionality Assessment Tool (CFAT)** has a parenting subscale with four questions on the frequency of couple communication about child discipline, child(ren)'s education, child(ren)'s physical health and development, and the daily care of child(ren). Consider adapting some of the decision-making questions in the **Demographic and Health Survey (DHS) core module** to ask about the frequency of couple communication ('how often do you discuss with your partner…') about key topics beyond children and parenting — such as the weekly or monthly household budget, family planning, women's cash earnings, and men's cash earnings — tailored to your programme and context. **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion) with both male and female caregivers to assess changes in the frequency of couple communication. You may wish to tailor the questions to your context and the types of communication you think your programme may be influencing. This includes selecting relevant questions from existing tools and/or adding new topics (e.g., around children's health, nutrition, or education or the division of household chores).	Couple Functionality Assessment Tool (CFAT), Catholic Relief Services – parenting subscale Demographic and Health Survey (DHS) – core module

Couple Closeness and Relationship Quality	Tool(s)
While there is no standardised measure, a range of scales have been developed to measure couple relationship quality. The **Couple Functionality Assessment Tool (CFAT)** includes a relationship quality index that has an intimacy subscale with five questions on relationship closeness (e.g., warmth and comfort, mutual understanding). It also includes a communication subscale with seven questions on how partners handle conflict in the relationship (e.g., discuss the problem, express feelings to each other, blame, accuse, criticise each other). The **Exploratory Study of Decision-Making in Low-Income Couples (CDM)** has a conflict management scale with 19 questions exploring managing conflict and relationship closeness (e.g., I feel appreciated, we are good at solving our differences). **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion) with both male and female caregivers to assess any improvements in relationship quality or closeness. Different measures may be more relevant to your context, but they may also need to be slightly adapted or tailored to reflect the cultural context in which your programme operates.	Couple Functionality Assessment Tool (CFAT) – intimacy and communication subscales Exploratory Study of Decision Making in Low-Income Couples, Dion et al. (2010) – conflict management scale

Couple Relationships and Co-parenting

Co-parent Relationship	Tool(s)
There is no standardised measure of co-parenting relationships, but a range of scales exist. Although most have been developed and validated in the Global North, these scales may serve as inspiration or be adapted to your context and programme. The **Coparenting Relationship Scale (CRS)** includes 35 questions, some of which measure co-parenting agreement, closeness, or support, that may be relevant to your programme. It is unlikely that you would use the full scale in your programme evaluation, but you could consider the shorter form of the scale, which includes 14 items, or use only the specific scales on support, closeness, etc. Alternatively, you may choose to use or adapt only specific items that resonate with your programme and context. The **Parenting and Family Adjustment Scales (PAFAS)** includes three questions designed to measure teamwork in parenting ('I work as a team with my partner', 'I disagree with my partner about parenting', and 'I have a good relationship with my partner'). You may wish to use these on their own or alongside the items in the full PAFAS tool. The **Partner Parental Support Questionnaire (PPSQ)** includes 15 items to measure the support that partners offer each other in the specific area of parenthood, across the domains of emotional support, concrete support, and role approval. It has scales designed to measure both perceived support and given support. **Use in programme evaluation:** These three scales were primarily developed in high-income countries. As such, the original scales may not be applicable in your context and may need to be adapted/tailored for your programme. Additionally, some of the scales are lengthy and are unlikely to be used in full as part of your programme evaluation. You can review the scales and identify which items may work best in your context.	Coparenting Relationship Scale (CRS), Feinberg, Brown, and Kan (2012) Parenting and Family Adjustment Scales (PAFAS), Sanders and Morawska (2010) Partner Parental Support Questionnaire (PPSQ), Gillis and Roskam (2019)

Family Functioning	Tool(s)
Several scales have been developed to measure family functioning, although the authors emphasise the importance of contextual adaption to ensure the tools reflect local family and parenting practices. These tools may provide useful starting points for the development of family functioning measures relevant to your context. The **Family Togetherness Scale (FTS)** includes 30 items designed to assess global family functioning, including items related to family organisation, emotional closeness, and communication/problem-solving. The scale was tested in Kenya, adapted from an earlier scale developed in Thailand. The **Feminist-Grounded Family Functioning Scale (F-GFFS)** is a 26-item scale that integrates considerations of gender and power within family functioning measures. The scale was adapted from a longer 32-item scale developed in South Africa and tested in the Democratic Republic of Congo.	Family Togetherness Scale (FTS), Puffer et al. (2021) Feminist-Grounded Family Functioning Scale (F-GFFS), Blackwell et al. (2022)

Household Gender and Power Dynamics

Gendered Division of Household Decision-Making	Tool(s)
Household decision-making is commonly measured using questions from the **Demographic and Health Survey (DHS) core questionnaire**, which asks partnered women and girls who usually makes decisions (you, your partner/husband, you and your husband/partner jointly, or someone else) about a series of household decisions — e.g., about their own health care, major household purchases, or visiting family or friends. These questions are commonly adapted to include additional domains of household decision-making relevant to a context or programme. The **Women's Empowerment in Agriculture Index (WEAI)** includes similar questions to the DHS (e.g., 'When decisions are made regarding [ACTIVITY], who is it that normally takes the decision?') but includes more questions (e.g., routine household purchases), such as decisions about economic, agriculture, and livelihoods activities. In addition to asking who makes the decision, the WEAI follows up and asks women 'how much input do you feel you have' in each decision. While commonly used, these two measures have been critiqued[f] for their considerable limitations, including not being contextually relevant across settings, effectively capturing women's agency in decision-making, or being straightforward to interpret. New measures are being developed to overcome these limitations: see, for example, the tools being developed and tested as part of the Measures for Advancing Gender Equality (MAGNET) initiative. **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion) — with both female and male caregivers — to assess any improvements in shared household decision-making. You may consider selecting (or adapting) questions depending on your context and/or to reflect household decisions that your programme targets or may be influencing; this might include adding questions around decisions about children's health, nutrition, or education, for example. You may wish to analyse your data to explore changes in women's participation in decision-making (i.e., are women making more decisions jointly or alone), reductions in men's dominance in household decisions, or in joint decision-making only.	Demographic and Health Survey (DHS) – core questionnaire Women's Empowerment in Agriculture Index (WEAI) MAGNET Resource Center Unpacking Joint Decision-Making (2023)

Gendered Division of Household Tasks	Tool(s)
The **International Men and Gender Equality Survey (IMAGES)** includes multiple questions to assess the division of different household tasks — both caring for children and domestic tasks. The questions ask how the respondent and his/her partner divide common household tasks when excluding any external help they receive from others. The tasks vary by context but often include cooking, laundry, sweeping, daily care of children, bathing children, etc. **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion) with both male and female caregivers to assess changes in the division of household tasks. You will want to tailor the tasks to your context and programme content. When analysing the data, you may wish to look at child care activities and household tasks separately or together. Depending on your focus, you may also wish to measure time spent by caregivers on these activities to assess shifts in time spent (e.g., more time by men).	International Men and Gender Equality Survey (IMAGES) – search online repository for the theme 'partner dynamics' and subtheme 'housework: time use'

Risk Factors for Violence against Children
Violence against Women

Caregiver Mental Health	Tool(s)
Several tools are commonly used for measuring caregiver mental health, often measuring anxiety and/or depression. Some tools include shorter versions of scales that may be useful to integrate into your evaluation when improved mental health is not a primary outcome sought by your programme. While we provide some examples here, though, it is best to choose tools that have previously been adapted, used, and validated in your context. *Caregiver anxiety:* **Generalised Anxiety Disorder Assessment (GAD-7)** is a seven-item instrument that is used to measure or assess the severity of generalised anxiety disorder. Each item asks the individual to rate the severity of his or her symptoms over the past two weeks. The total score is calculated according to the brief on generalised anxiety disorder, with a higher score indicating greater severity of symptoms. The **Kessler Psychological Distress Scale (K-10)** is a 10-item questionnaire that measures distress (both anxiety and depressive symptoms). *Caregiver depression:* The **Center for Epidemiologic Studies Depression Scale Revised (CESD-R-10)** is a 10-item measure that asks caregivers to rate how often they experienced symptoms associated with depression over the past week. The **Patient Health Questionnaire-9 (PHQ-9)** is a nine-item measure that asks about specific physical and emotional symptoms to assess depression. For adolescents and young people ages 15 to 24, UNICEF and partners from the **Measuring Mental Health among Adolescents and Young People at the Population Level (MMAPP)** have developed a module designed to be integrated into the Multiple Indicator Cluster Survey (MICS), which can also be used in other surveys. The tool, which has undergone rigorous cultural adaptation and clinical validation in six countries (Belize, Kenya, Nepal, Peru, South Africa, and Zimbabwe), measures nine indicators across four domains: presence of symptoms of anxiety and depression; identification of functional limitations resulting from these symptoms; suicidal thoughts and behaviour; and care-seeking and connectedness. The **Multi-Sectoral Mental Health and Psychosocial Support Assessment Toolkit** (currently a field-testing version) also includes many other relevant measures that you may want to consider. **Use in programme evaluation:** Measure at baseline (prior to programme start) and endline (after programme completion) — with both female and male caregivers — to assess any changes in caregiver anxiety and/or depression. As noted earlier, it is important to use a measure that is adapted to your programme's context.	Generalised Anxiety Disorder Assessment (GAD-7) Kessler Psychological Distress Scale (K-10), Kessler and Mroczek (1994) Center for Epidemiologic Studies Depression Scale Revised (CESD-R-10), originally by Radloff (1977) Patient Health Questionnaire-9 (PHQ-9), Kroenke, Spitzer, and Williams (2001) Measuring Mental Health among Adolescents and Young People at the Population Level (MMAPP) Multi-Sectoral Mental Health and Psychosocial Support Assessment Toolkit

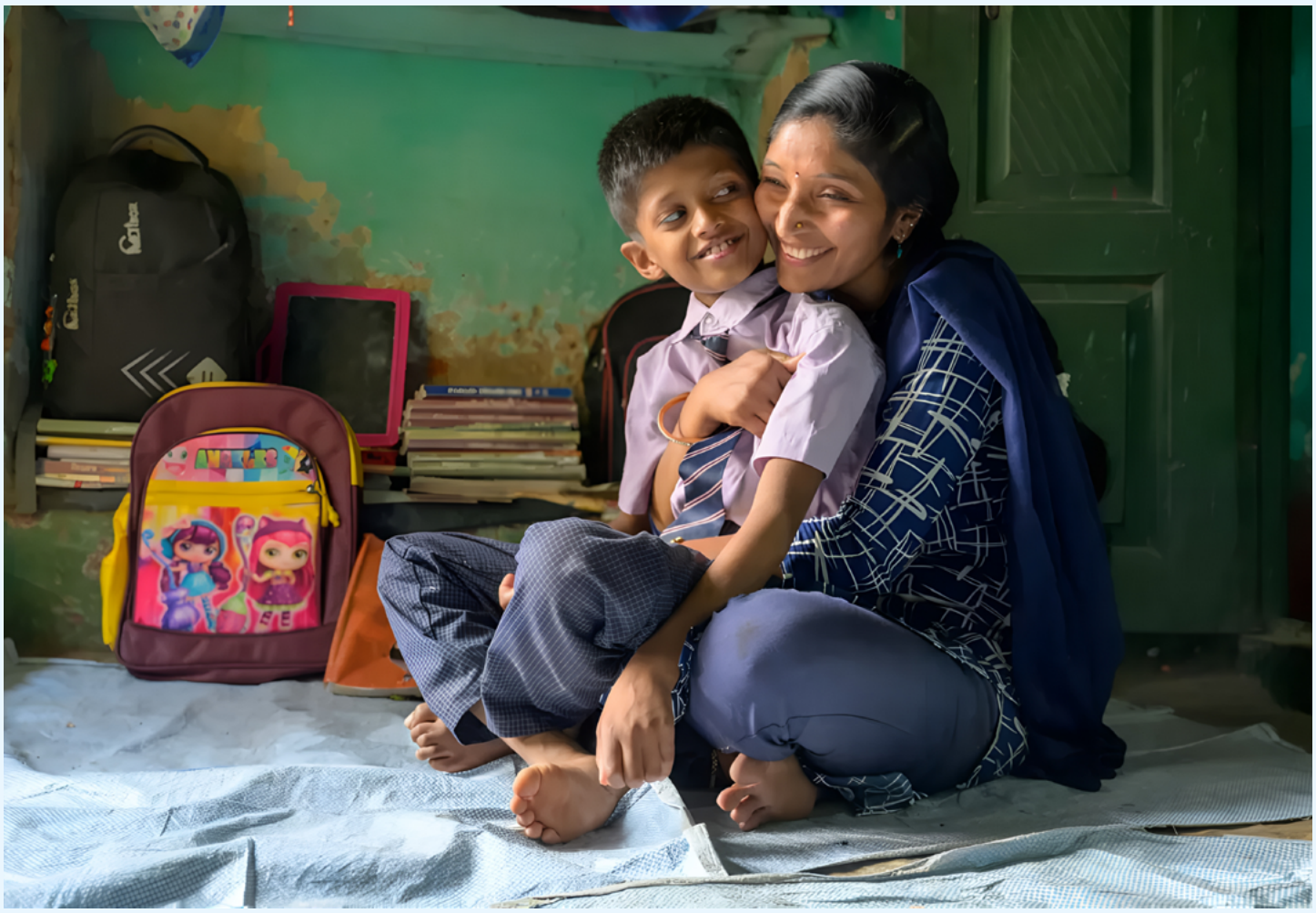
Risk Factors for Violence against Children
Violence against Women

Caregiver Alcohol Consumption

The **Alcohol Use Disorders Identification Test (AUDIT)** developed by WHO is the most widely used tool for screening for unhealthy alcohol use and is often used in evaluations of IPV prevention programmes. AUDIT includes 10 items on the respondent's alcohol use; it can also be adapted to ask about a respondent's partner's alcohol use. A shorter three-item scale also exists (AUDIT-C).

Alcohol Use Disorders Identification Test (AUDIT), WHO

Use in programme evaluation: Measure at baseline (prior to programme start) and endline (after programme completion) with both male and female caregivers to assess changes in alcohol consumption. You may choose to select only a few items from the AUDIT scale. Depending on the context, you may wish to ask about male and female caregivers' alcohol use or only male caregivers' use of alcohol. Tailor the tool to reflect the local context, types of alcohol commonly consumed, and patterns of alcohol consumption.



Endnotes

a. Monitoring and evaluation are also sometimes referred to as monitoring, evaluation, and learning (MEL) or monitoring, evaluation, accountability, and learning (MEAL). The terms sometimes indicate a particular standpoint or philosophy, but they generally refer to similar activities. In this document, we use monitoring and evaluation, or M&E.

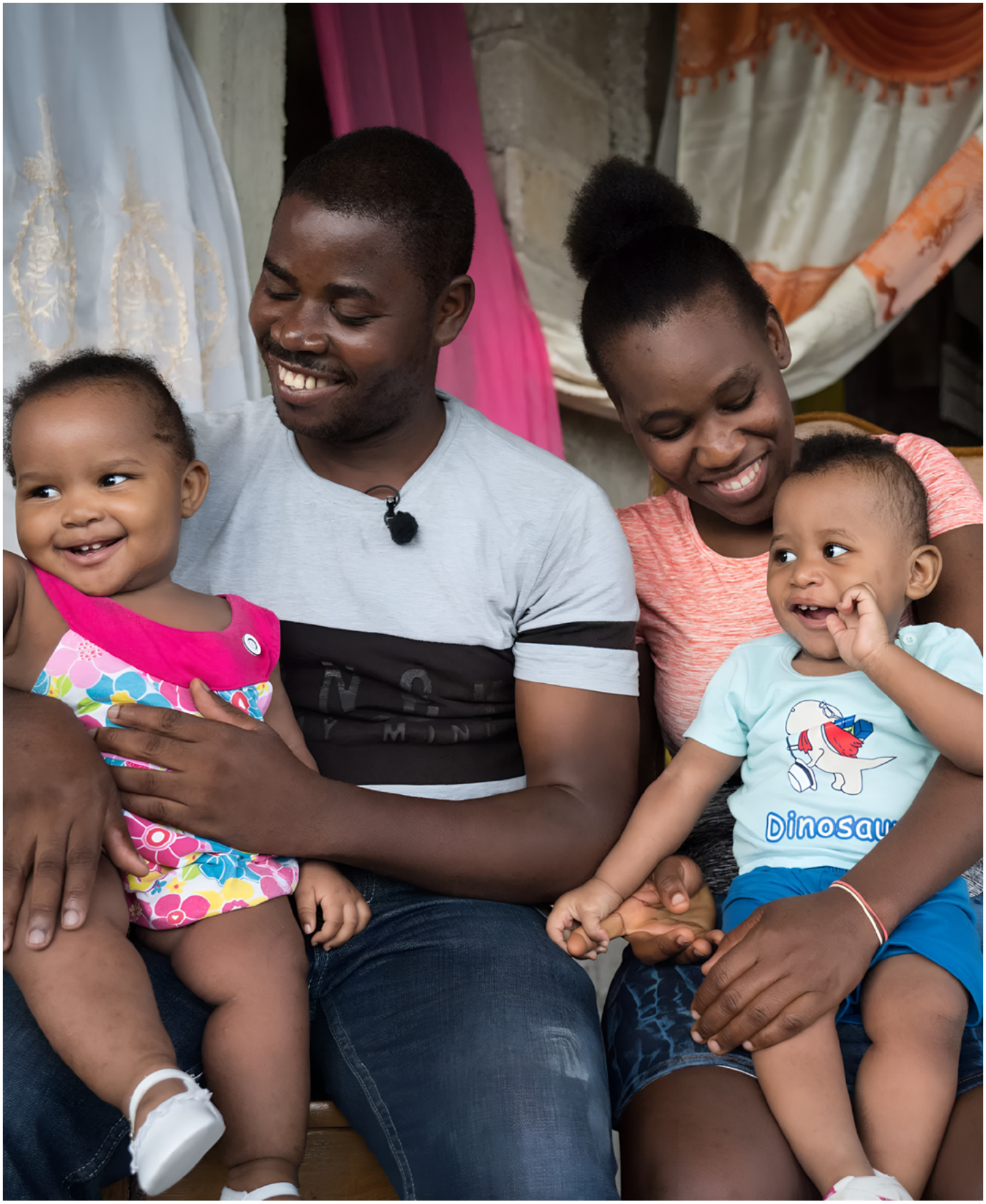
b. Referral to services or other support may include areas such as health, **psychosocial** well-being, shelter, legal services, child protection, education, specialist support or intervention (e.g., substance abuse), or economic strengthening.

c. For more on mandatory reporting, see the Mental Health and Psychosocial Support Minimum Service Package.

d. Evaluations of parenting programmes often measure parenting practices (e.g., stimulation, shared book reading, attachment and parental sensitivity, behaviour management, violent discipline, positive parenting), parent-child relationships, and at times, age-appropriate early child development outcomes (e.g., cognitive, language, motor, and socioemotional development; behaviour problems [internalising and externalising behaviours]). Some programmes also measure parenting stress and/or parental mental health (e.g., depressive symptoms). This may be done through surveys, observational methods, and/or direct child assessments.

e. United Nations Children's Fund (UNICEF). 2010. *Child Disciplinary Practices at Home: Evidence from a Range of Low- and Middle-Income Countries*. New York: UNICEF. data.unicef.org/resources/child-disciplinary-practices-at-home-evidence-from-a-range-of-low-and-middle-income-countries/

f. Peterman, Amber, Benjamin Schwab, Shalini Roy, Melissa Hidrobo, and Daniel O. Gilligan. "Measuring Women's Decision Making: Indicator Choice and Survey Design Experiments from Cash and Food Transfer Evaluations in Ecuador, Uganda and Yemen." *World Development* 141 (2021): 105387. www.sciencedirect.com/science/article/pii/S0305750X20305155?via%3Dihub



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About us

UNICEF works in the world's toughest places to reach the most disadvantaged children and adolescents — and to protect the rights of every child, everywhere. Across 190 countries and territories, we do whatever it takes to help children survive, thrive and fulfill their potential, from early childhood through adolescence. And we never give up.

UNICEF Innocenti – Global Office of Research and Foresight tackles the questions of greatest importance for children, both current and emerging. It drives change through research and foresight on a wide range of child rights issues, sparking global discourse and actively engaging young people in its work.

The **Prevention Collaborative** works to reduce violence against women and their children by strengthening capacity of key actors to deliver effective prevention programmes, based on feminist principles and evidence -and practice -based learning. We serve the specific needs of practitioners and implementing partners by curating evidence, mentoring organisations, and ensuring that donor funding is channelled wisely.

Equimundo: Center for Masculinities and Social Justice has worked internationally and in the US since 2011 to engage men and boys as allies in gender equality, promote healthy manhood, and prevent violence. Equimundo works to achieve gender equality and social justice by transforming intergenerational patterns of harm and promoting patterns of care, empathy, and accountability among boys and men throughout their lives.

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