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Impact evaluation of combining women's economic support and the *Indashyikirwa* couple's curriculum to mitigate Intimate Partner Violence in Syria

Final Impact Report of the Syria Resilience Initiative's (SRI) Violence Against Women and Girls (VAWG) Intervention

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Scope:

This report examines the short-term impacts of the couple's curriculum on intimate partner violence and its pathways, including justification of wife-beating, gender attitudes, joint intra-household decision-making, and time-use. This report uses household survey panel data collected by SRI partners at baseline and endline from Northeast of Syria.

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Disclaimer:

The authors declare no conflict of interest. The evaluation team worked freely and without interference. Findings in this report are independent of other parties with an interest in the evaluation and were discussed with the SRI team only for contextualisation. No AI tools were used in the data collection, analysis or writing of this report. The report has Annex and two supporting documents.

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Table of Contents

Executive Summary

Background: Women in Syria face heightened risks of Gender-Based Violence (GBV), including Intimate Partner Violence (IPV), partly due to the conflict. The Building Local Resilience in Syria (BLRS) programme is testing different strategies to transform harmful gender attitudes and reduce IPV. In Al-Hasakah, the Syria Resilience Initiative (SRI) provides cash transfers to women and implements the 21-session *Indashyikirwa* couple's curriculum aiming to promote women's economic and social participation and reduce economic, emotional and physical IPV.

Impact evaluation objective and learning questions: The evaluation causally estimates whether cash transfers, combined with the couple's curriculum, reduces IPV, strengthens joint household decision-making, promotes gender-equitable attitudes and enhances women's empowerment. The key research questions are:

- **LQ1**: What are the immediate effects of combining the couple's curriculum with economic support on women's experiences of economic, emotional, and physical IPV and men's perpetration of economic IPV?
- **LQ2**: What are the impacts on the joint decision-making for wives and husbands?
- **LQ3**: Does the intervention influence women's attitudes about wife-beating and wives' and husbands' gender attitudes?
- **LQ4**: Does the intervention affect women's engagement in income generating activities and time spent on work? Are there add-on effects of the couple's curriculum in improving livelihood and food security outcomes of couples compared to only the economic support?

Impact evaluation design and analysis: To answer these questions, ISDC in collaboration with SRI, designed and implemented a cluster randomised controlled trial involving 610 couples. Causal short-term impacts were estimated using OLS regressions with round fixed effects and village-clustered standard errors, with appropriate robustness checks.

Curriculum attendance: More than 80% of couples attended at least one session and 77% of couples attended 17+ sessions. Attendance was similar among husbands and wives. Older couples and husbands with disabilities were less likely to complete the programme, while wealthier, income-generating couples were more likely to do so.

Baseline IPV: Baseline IPV prevalence was high: 44%, 64%, and 27% of women reported experiencing economic, emotional and physical in the prior 12 months, respectively. Twenty percent of men reported perpetrating economic IPV.

Impact Findings:

***LQ1**: What are the immediate effects of combining the couple's curriculum with economic support on women's experiences of economic, emotional, and physical IPV and men's perpetration of economic IPV?*

- Women's experiences of physical IPV decreased by about 21%, driven by significant reductions in women being hit, and having their arms twisted. There were stronger effects among women who attended ≥17 sessions.
- There were no significant changes in women's economic and emotional IPV experiences overall, except for public belittlement by their husbands.
- There was no impact on men's perpetration of economic IPV, although husbands reported increases in self-spending, suggesting either possible backlash or more honest reporting.

***LQ2**: What are the impacts on the joint decision-making for wives and husbands?*

- Women's joint decision-making improved, for example, on who works outside home (12 percentage points (pp)), children's education (18 pp), and girl marriage (12 pp).
- There were limited changes to men's reported joint decision-making, suggesting a perception gap between wives and husbands.

***LQ3**: Does the intervention influence women's attitudes about wife-beating and wives' and husbands' gender attitudes?*

- Gender-equitable attitudes among couples improved including reductions in male dominance in decision-making and acceptance of child marriage.
- Women's attitudes about tolerating violence (26 pp decline) and stigma around help-seeking also improved (32 pp decrease), but there were no changes to men's attitudes about violence tolerance.
- These effects were stronger among women attending more sessions.

***LQ4**: Does the intervention affect women's engagement in income generating activities and time spent on work? Are there add-on effects of the couple's curriculum in improving livelihood and food security outcomes of couples compared to only the economic support?*

- There were no short-term improvements in livelihood or food security outcomes.

Lessons and future recommendations:

1. **Addressing economic IPV:** The lack of short-term reductions highlights the need for deeper engagement in household finances, joint budgeting, and equitable decision-making.

2. **Assessing community-level interventions:** Women's attitudes improved but men's remained unchanged, underscoring the need for complementary community-level interventions.

3. **Ensuring attendance and learning:** Stronger impacts were observed among couples who attended more sessions; programmes should ensure consistent participation through flexible scheduling and follow-up sessions.

4. **Examining economic support**: Future research should assess how women use micro-grants and how men's behaviours evolve in response to women's empowerment.

5. **Focusing on husbands:** There were few impacts on men's gender attitudes, suggesting the need for targeted sessions on positive masculinities.

6. **Identifying mechanisms and sustainability of impact:** Short-term gains may show early progress toward longer-term change. Additional follow-ups and qualitative research is needed to identify mechanisms and long-term impacts.

7. **Child marriage for intergenerational impacts:** To further enhance impacts, the programme should integrate child- and family-focused modules linking child protection with equitable household power dynamics.

8. **Reaching diverse participants:** Flexible and accessible delivery is needed to reach older participants and those with disabilities.

9. **Understanding emotional IPV:** Emotional IPV remains widespread; the curriculum may need tailoring to intentionally address its gender-specific drivers.

In summary, the couple's curriculum shows early promise in reducing IPV, enhancing women's agency, and promoting equitable attitudes. Transformative impact will depend on consistent participation, tailored interventions and complementary community engagement.

List of Tables

List of Figures

List of Abbreviations

ATT	Average Treatment effect on the Treated
BLRS	Building Local Resilience in Syria
cRCT	clustered Randomised Controlled Trial
DiD	Difference-in-Difference
DHS	Demographic and Health Surveys
FCS	Food Consumption Score
GBV	Gender-Based Violence
HH	Household
ITT	Intention-To-Treat
IPV	Intimate Partner Violence
ISDC	International Security and Development Center
OLS	Ordinary Least Squares
PLWD	Persons living with disabilities (PLWDs)
PII	Personally Identifiable Information
SME	Small and Medium Enterprises
UNFPA	United Nation Population Fund
VAWG	Violence Against Women and Girls
WHO	World Health Organisation

1. Introduction

Globally, about one in three women experience intimate partner violence (IPV) in their lifetime, imposing significant private and social costs (WHO, 2021). Experiences of IPV worsen physical and mental health (Campbell, 2002; White et al., 2024), sexual and reproductive health (Maxwell et al., 2018), and decrease labour market participation and productivity (Duvvury et al., 2023; Gedikli et al., 2023). The effects are also intergenerational, where maternal IPV increases child stunting and other child development outcomes (Chai et al., 2016) as well as the prevalence of morbidity and mortality among children (Paul and Mondal, 2020; Da Thi Tran et al., 2022).

Women and girls in conflict and humanitarian settings typically experience higher levels of IPV and child marriage than women and girls in non-humanitarian settings (Murphy et al., 2024). Among households in humanitarian settings, conflict exposure, alcohol and drug use, income status, mental health, the use of coping strategies and limited social support have been shown to be strongly and positively associated with violence against women (Rubenstein et al., 2020). IPV also often persists long after the end of armed conflict, with men who were exposed to wartime violence being more likely to perpetrate IPV more than a decade later (Stojetz and Brück, 2023). Armed conflict and forced displacement affect households' risks and resources as well as intrahousehold power dynamics, making it crucial to understand what works to prevent IPV in these contexts (Murphy et al., 2023). However, current evidence on decreasing IPV in conflict, post-conflict and other humanitarian crises relies mainly on cross-sectional data and very few studies employ robust experimental methods to examine the effectiveness of economic and social interventions to reduce IPV risk in these settings (Rubenstein et al., 2020; Spangaro et al., 2021).

Economic interventions, such as cash transfers, are hypothesised to impact IPV via three pathways: (i) improving economic security and emotional wellbeing, (ii) affecting intrahousehold conflict, and (iii) empowering women (Buller et al., 2018). In the first pathway, cash to the household may decrease poverty-related stress and food insecurity, thereby improving mental health and emotional wellbeing and decreasing IPV. In the second pathway, the increased availability of cash to meet basic needs could decrease relationship conflict and consequently IPV. However, the increased availability of cash to purchase temptation goods may increase conflict and IPV. In the final pathway, women's access to economic opportunity may increase self-confidence and autonomy and effect relationship power shifts. If husbands' reactions are accepting of these shifts, IPV reduces. However, if husbands are threatened by these power shifts, they may perpetrate more violence to maintain the status quo, especially when broader gender attitudes related to

violence do not change. These impacts may vary based on different design features of cash transfer or livelihood programmes, such as gender of the main recipient, size and type of the transfer, and complementary programming (Vyas & Watts, 2009).

There are few studies on economic transfers and IPV from conflict or post-conflict settings. In post-conflict Uganda, a cash component and Gender-Based Violence (GBV) awareness programme found no reduction on GBV or gender equitable relationships, likely because the programme did not adequately engage men (Sengupta, 2014; Simon, 2019). In Ecuador, cash transfers targeting poor households and Colombian refugees found decreases in women's experiences of controlling behaviours and physical and/or sexual IPV (Hidrobo et al., 2016). These impacts were seen through improving food security, decreasing poverty-related stress and increasing women's bargaining power. While there was no evidence of increased backlash, the programme was framed as part of a wider food security intervention, traditional gender attitudes were not challenged as women generally are responsible for household nutrition. More recently in Syria, for instance, women reported that cash transfers given to the household were used to purchase food, water, shelter and clothing, or medical expenses, and to pay back family debt (Blackwell et al., 2019; Falb and Annan, 2019). However, over the course of the programme, although married women reported increased shared decision-making power, they also reported increases in sexual IPV and economic abuse, particularly around husbands taking cash from wives or spending it without discussions. The authors caution that increases in IPV reporting may have also stemmed from increases in IPV disclosure, as a result of community acceptance and trust of programme implementers. However, providing economic support alone to women without addressing the root causes of gender inequality may potentially lead to an increase in IPV, as partners may perceive shifts in power dynamics as threats, leading to tensions between couples and potential backlash and violence (Williams et al., 2022). Furthermore, while cash transfer and livelihood programmes have shown potential in reducing IPV in non-conflict settings, there is less available (and a need for more) evidence around the impact of economic assistance in conflict settings, along with a need to engage men and address their attendance in social norms programming (Buller et al., 2018; Bourey et al., 2023; Cross et al., 2018; Spangaro et al., 2021).

Recent trials indicate that interventions engaging men can positively influence attitudes, intentions, and behaviours related to violence, as well as improve relationship quality (Hossain et al., 2014; Vaillant et al., 2020). Male-focused discussion groups and accountability mechanisms encourage critical reflection on, and support of, gender equitable norms, enhanced relationship quality, and participation in household decision-making and tasks, which may reduce IPV perpetration over time (Bourey et al.,

2015). However, reductions in women's reported experiences of IPV are often modest or not immediately observable, suggesting that longer follow-up periods and complementary community-based norm-change components are likely needed to achieve measurable decreases in violence. In addition, programmes that bring husbands and wives together, aim to improve couple communication, address relationship dynamics and challenge harmful gender attitudes such as IPV to help women feel safer in relationships (Dunkle et al., 2020). In Rwanda, for example, the *Indashyikirwa* programme consisted of "a 21-session couple's curriculum; community outreach by trained community activists; the creation of an enabling environment through training and active involvement of key opinion leaders; and provision of support to victims through the creation of women's 'safe spaces'" (Dunkle et al., 2020). The programme successfully reduced physical and sexual IPV, reported both as wives' experiences and husbands' perpetration. Communication, trust and self-efficacy also improved as a result of the programme. These findings highlight the potential of engaging men and adopting couple-based interventions with broader gender-transformative programming to prevent IPV in conflict- or post-conflict affected contexts.

In summary, addressing and preventing IPV through combined economic and social programming is crucial, yet the evidence on how to do so remains unclear. On one hand, raising women's bargaining power within the household may increase household wellbeing, decrease spousal conflict and improve self-confidence and autonomy, thereby reducing IPV (Buller et al., 2018). On the other hand, entrenched harmful gender attitudes may create backlash against women's empowerment, thus increasing the potential for IPV. Hence, and especially in more conservative societies, livelihood programmes for women should not only actively and inclusively engage men, but also intentionally target harmful gender attitudes to prevent increases in IPV (UNFPA, 2024a).

To fill these gaps, the *Building Local Resilience in Syria (BLRS)* Programme is testing different strategies to transform harmful gender attitudes and reduce GBV and its tolerance in pilot programmes. During BLRS Phase 1, activities in three locations (Al-Hasakah, Homs, and Rural Damascus) were implemented to evaluate different approaches to preventing Violence Against Women and Girls (VAWG) and enabling their safe and sustainable economic and social participation. The VAWG pilots target a subset of beneficiaries participating in BLRS economic interventions with carefully designed and implemented complementary social interventions. In Al-Hasakah, the *Indashyikirwa* couple intervention model was used for the pilot, which was combined with economic support provided to wives, and was implemented by the Syrian Resilience Initiative (SRI).

This report presents the short-term findings from the impact evaluation of the *Indashyikirwa* couple's curriculum. Using an experimental design, the intervention was

delivered to married couples residing in a randomised group of communities, where all women received economic support from BLRS in the form of micro-grants and vocational training to establish Small & Medium Enterprises (SMEs).

The rest of the report is structured as follows: The next section describes the programme context, especially in relation to IPV, the implemented intervention and the theory and pathways of change. Section 3 outlines the impact evaluation objectives and design. Section 4 describes the data, outcomes, and ethics. Section 5 describes the empirical strategy and the analytical methods used. Section 6 presents sample attrition, programme compliance and baseline balance. Section 7 presents the descriptive findings, while Section 8 presents the impact causal findings. Section 9 presents robustness checks and the limitations of the study. Section 10 discusses the findings in relation to the Syrian context and broader evidence base. Section 11 concludes with programme strengths and areas for improvements in relation to the different pathways of change. Finally, Section 12 presents lessons learnt and provides actionable recommendations to strengthen the programme and areas for further research. Annex 1 provides additional supporting figures and tables. Annex 2 covers the evidence use and influence plan. And Annex 3 lists supporting documents attached to this report.

This report is intended for programme implementers, researchers, policy makers, donors and other key stakeholders working on gender equity and IPV prevention programming in Syria and similar contexts. While the sections on impact evaluation design, data analysis and impact findings are written for a technical audience, the discussion, conclusions, recommendations and lessons have been drafted for a broader audience. This approach ensures that the findings can effectively contribute to programme strengthening and inform policy development to improve gender equity and prevent IPV, both within and beyond Syria. Further details on the use of evidence and the communication plan are available in Annex 2 and Annex 3.

2. Context, Intervention and Pathways of Change

2.1. Context of Syria and Al-Hasakah

In Syria and specifically in Al-Hasakah governorate the ongoing crisis and conflict continue to shape economic, political and social spheres, deeply affecting individuals, families and communities. In this section, we identify and describe key contextual factors that shape recent developments in the region.

Insecurity: Conflict-related militarisation and persistent institutional fragility continue to drive insecurity across the country. In Al-Hasakah, particularly, shifting territorial control

and the presence of multiple armed and political actors have further exacerbated insecurity and weak rule of law (FEWS NET, 2026; MSF, 2025; UNDP, 2025).

Economic hardship: Key Infrastructure damage, disrupted production, and sanctions have undermined trade and contributed to sharp currency depreciation, reducing real incomes and limiting access to basic goods (UNDP, 2025; World Bank, 2025). Simultaneously, formal social protection systems have weakened capacity to protect vulnerable populations (UNDP, 2025). Agricultural production has declined remarkably, attributed to limited access to and affordability of inputs, and destroyed water infrastructure (FEWSNET, 2026). Historic drought conditions in Syria in 2025 have further intensified water scarcity (FEWSNET, 2026). Al-Hasakah has a predominantly agricultural economy and has therefore been particularly affected economically. The crisis and its cascading effects are reflected in unemployment rates, which rose from 8% in 2010 to 24% in 2024 in the whole of Syria, disproportionately affecting men while women increased their labour market participation (UNDP, 2025; World Bank, 2025). Extreme poverty rose from 11% to 66% over the same period (UNDP, 2025). Despite political changes in 2024, the humanitarian needs remain high, with an estimated 35% of the Syrian population remaining food insecure in 2025 (WFP, nd).

Displacement and social fragmentation: Around half of the Syrian population left their homes during the civil war (UNHCR, nd). In 2025, approximately 28% of the population remained internally displaced (UNHCR, 2025), often living in overcrowded conditions with limited resources (UNFPA, 2025). Al-Hasakah hosts large numbers of internally displaced persons (IDP) (UNHCR, 2025), placing additional economic, social, and institutional pressure on the population. Communities in Syria and particularly in Al-Hasakah are fragmented along political and ethnic lines because of the changes in governance and other war-related displacement (Bakkour and Stansfield, 2024).

Other social risk factors: Conflict-induced male mortality, detention, and displacement have shifted household gender roles and power dynamics, with women often assuming primary responsibility as heads and breadwinners leading to both new domains of autonomy and heightened vulnerabilities (OHCHR, 2023; Asaf, 2017).

Context of IPV: The compounded crisis-related pressures in Syria and Al-Hasakah, particularly insecurity, economic hardship, displacement and social fragmentation and other social risk factors are common stressors of IPV (Rubenstein et al., 2020), explaining the increase in incidence of IPV in Syria and Al-Hasakah in the past years (UNFPA, 2025). In Syria, VAWG is commonly perpetrated by male family members and is strongly reinforced by patriarchal norms and customs (UNFPA, 2025). The crisis and its effects

have increased women's dependence on potential abusers, limited their mobility and heightened exposure to early/forced marriage and economic control as livelihood coping strategies (UNFPA 2024b). Additionally, men have faced intense and prolonged stress due to the crisis, increasing their risk of being perpetrators (Meyer et al., 2025). At the same time, changes in power dynamics have undermined men's socially expected roles as providers, generating feelings of frustration in men and further increasing risk of VAWG and IPV (UNFPA, 2024a; Rubenstein et al., 2020).

Evidence shows that in patriarchal communities such as Syria, many women often remain silent when experiencing IPV while services to address violence become more limited and often inaccessible during crises (UNFPA, 2024a). Additionally, women's lack of awareness about GBV and combined stigma around violence also limit help-seeking behaviours (UNFPA, 2024a). This situation in Syria and Al-Hasakah underscores the need for prevention and risk mitigation strategies that challenge harmful gender attitudes and actively engage both men and women.

2.2. Description of the intervention

Against this challenging backdrop, SRI implemented economic and social interventions in Al-Hasakah in Northeastern Syria, covering 30 villages/communities across four subdistricts: Al-Hasakah, Amouda, Areesha, and Quamishli.[1]

Small and Medium Enterprise (SME) support

856 married women in all 30 villages participated in vocational training and 665 of which were then selected and provided with micro-grants of approximately USD 900 to start small businesses (SME support). The training was conducted before the first grant installment to ensure women were equipped with essential technical and business skills. The vocational training lasted up to 18 days and included training in women's chosen profession, along with two days of project management and two days of life skills sessions. The training emphasised practical skills in food production, processing, and business and financial management, preparing women to use the micro-grant more effectively.

The micro-grant for SME support was distributed in two installments. The first installment of USD 400 was provided immediately after enrollment. The second installment of USD 500 was disbursed only after the couple sessions (described below) were completed for both the control and treatment groups, and following detailed monitoring by the project

[1] The eligible villages and areas of implementation for the SME were chosen by each implementing partner where they have the capacity to deliver the Indashyikirwa couple's curriculum.

team, which verified that women had purchased the necessary materials and ingredients for their business through confirmed invoices.

To be eligible for the SME support, women had to meet the following criteria: they must not have received similar support previously; the micro- or small business must provide a primary source of livelihood for the household; the participant or her spouse must have basic literacy and numeracy skills; at least one year of experience in the respective business; age under 50; the proposed business must be legal locally; permanent residence in the targeted location with a commitment to remain for the duration of the project; household meets minimum vulnerability cutoff points; live with her spouse in the same household; married for more than six months; commit to attend business management skills training; and have the financial capacity to cover the remaining expenses needed to establish or expand the business.

Couple's curriculum

In addition to SME support, women and their husbands in 15 randomly-selected out of the 30 villages/communities were invited to voluntarily participate in a 21-session couple-based curriculum adapted from the evidence-based *Indashyikirwa* programme (Dunkle et al., 2020). The adaptation considered the Syrian context and was based on formative research conducted by the implementing partners in Syria before the start of the intervention, accounting for local cultural norms, conflict-related stressors, and community dynamics. Each session lasted between 1.5 and 3 hours, and included 6–8 husband-wife pairs, treating them as one unit to foster collaboration and joint decision making, rather than addressing individual couples separately. Both couples attended sessions together, but if one partner could not attend, compensation sessions were offered. Sensitive topics were sometimes covered in separate gender-specific sessions to ensure comfort and openness. Sessions were conducted midway between all participants' homes to facilitate equitable access and encourage consistent attendance. A transportation allowance for each couple per session (approximately 3 USD) was provided. This allowance ensured that participants could attend the sessions without having additional financial burden.

The content of the sessions covered several topics, including: power dynamics, gender roles, healthy communication, conflict management, economic decision-making, balancing household responsibilities, managing triggers of violence, and community responsibility. Emphasis was placed on practical skills for negotiation, joint problem-solving, and fostering mutual respect, with structured exercises to encourage reflection and behaviour change. The sessions also reinforced the importance of community norms and collective

action in preventing IPV. A detailed description of all 21 sessions is included in Table A1 in the Annex.

2.3. Theory and pathways of change

The curriculum aims to mitigate physical, emotional, and economic forms of IPV, discourage early marriage, and promote gender-equitable roles within households.

The conceptual framework described below builds on empirical and theoretical insights from fragile and conflict-affected settings, which show that IPV is shaped by overlapping economic, social, and psychological stressors (Gibbs et al., 2020a; Kelly et al., 2021). Conflict and displacement heighten these risks by exacerbating household poverty, reinforcing patriarchal gender hierarchies, and normalizing violence as a means of control (Heise & Kotsadam, 2015). Combining women's economic empowerment through SME support with a couples-based violence prevention curriculum can reduce women's experience of IPV in its multiple forms (physical, emotional, and economic) and men's perpetration of economic IPV through the following interlinked economic, normative, and relational pathways.

Pathway 1: Reduced financial stress and improved household wellbeing:
Economic insecurity is a key driver of household conflict and IPV, particularly in fragile contexts (Gibbs et al., 2020a). When livelihoods collapse, the added financial pressures of meeting household needs may negatively affect mental health, thereby increasing the potential for intrahousehold tensions that lead to IPV (Buller et al., 2018). Men may also use violence to reassert control and preserve their provider identity. Reducing financial stress and increasing women's access to and autonomy over cash transfers can lead to decreased IPV if women do not have to ask their husbands for money, which is a known predictor of IPV in some contexts (Barrington et al., 2022; Buller et al., 2018).

By improving women's skills, capacities, and access to income-generating opportunities and resources, SME support can reduce economic stress, promote mental health, and improve household welfare. The couple's curriculum will additionally promote husbands' perceptions of women's labour force participation and income generation as complementary rather than competitive, which can ease tensions, improve intrahousehold cooperation, and ultimately lower IPV risk.

Pathway 2: Empowerment through enhanced joint decision-making and equitable intrahousehold dynamics
Men often control income and economic decision-making, reinforcing women's dependence and limiting women's empowerment and agency. Structured couple sessions

encourage joint financial planning, discussions and negotiations, and shared responsibility for household tasks.

By creating safe spaces for discussions, couples learn to resolve disagreements collaboratively, improving trust, respect and communication. These factors promote nonviolent conflict resolution, strengthen women's voice within the household, decrease men's controlling behaviour, and serve as a protective factor against IPV.

Pathway 3: Gender-equitable norms and reduced acceptance of violence

Gender-transformative approaches challenge the entrenched beliefs of male dominance and female submissiveness that underpin IPV (Jewkes et al., 2015; Abramsky et al., 2014). Particularly in conflict settings, norms often condone violence as discipline and control and proliferate the normalisation of such behaviours.

The couple's curriculum fosters dialogue based on respect, empathy, and equality, aimed to reduce individual attitudes towards the justification and social acceptance of violence against women as a form of discipline, and the acceptance of early marriage of underage girls. In these sessions, men and women critically reflect on progressive gender roles and positive masculinity, leading to shifts in attitudes towards partnership and mutual respect, rather than dominance and ownership.

Cross-cutting: Male behavioural engagement and reduced perpetration of economic IPV

Active male participation is essential for transforming violent behaviours and promoting positive masculinities. Evidence shows that when men engage in gender-transformative programmes, physical and economic IPV perpetration declines (Hossain et al., 2014; Gupta et al., 2013; Vaillant et al., 2020).

Across all three pathways, men's active engagement is crucial to changing intrahousehold dynamics and harmful norms that promote IPV. The curriculum aims to reduce men's use of violence as a tool for control, foster empathy, stress management, and constructive conflict resolution. Men are trained to view women's contributions as assets to household stability rather than threats to their authority.

Potential unintended or adverse effects

Changes in economic power dynamics and normative shifts for some groups but not others can trigger male backlash in patriarchal societies, particularly where women's economic empowerment may challenge existing power structures and threaten men's identities (Gibbs et al., 2020a). To mitigate these risks, the curriculum explicitly engages

men as partners in change, emphasising the collective household benefits of empowerment.

By addressing financial stress, promoting gender-equitable norms, and fostering joint decision-making, the intervention aims to reduce IPV experiences and perpetration and promote healthier long-term relationships.

3. Impact Evaluation Objective and Design

3.1. Objective and learning questions

The primary objective of the impact evaluation is to causally estimate if and how the couple-based *Indashyikirwa* curriculum mitigates experiences of different forms of IPV, testing the specific pathways outlined in Section 2.3. Specifically, it investigates whether integrating the couple's curriculum with SME support positively influences equitable gender attitudes, strengthens joint intra-household decision-making, increases women's empowerment, and mitigates experiences of IPV. The impact evaluation considers both women's and men's reports, assessing changes in attitudes toward gender equality, joint decision-making, justification of wife-beating, time-use, and experiences or perpetration of economic, emotional, and physical IPV.

The impact evaluation is guided by the following learning questions:

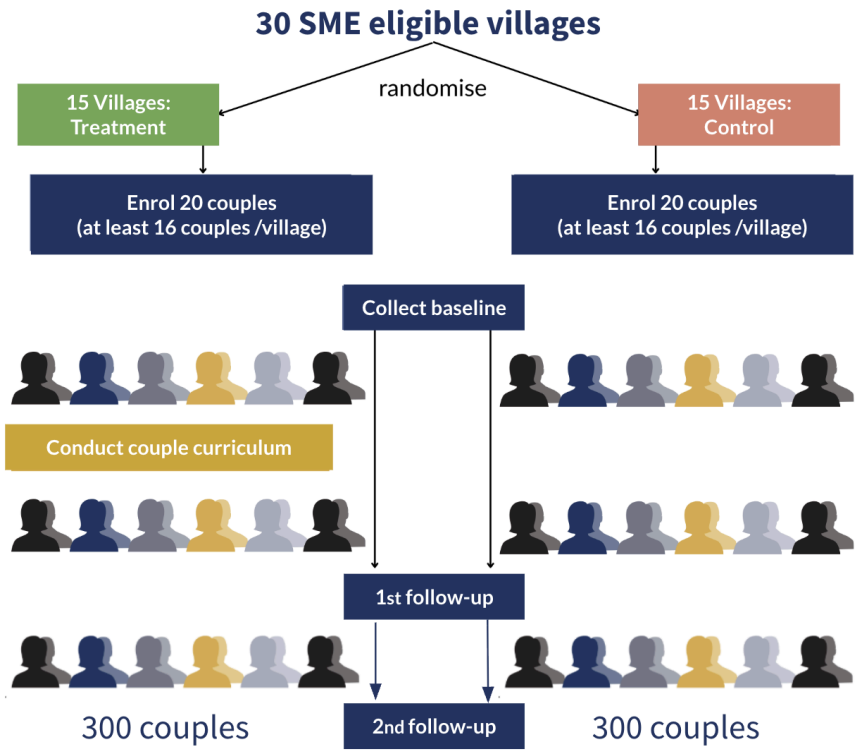
- **LQ1**: What are the immediate effects of combining the couple's curriculum with economic support on women's experiences of economic, emotional, and physical IPV and men's perpetration of economic IPV? (Pathways 1, 2 and 3)
- **LQ2**: What are the impacts on the joint decision-making for wives and husbands?
- **LQ3**: Does the intervention influence women's attitudes about wife-beating and wives' and husbands' gender attitudes? (Pathways 1, 2 and 3)
- **LQ4**: Does the programme affect women's engagement in income generating activities and time spent on work? Are there add-on effects of the couple's curriculum in improving livelihood and food security outcomes of couples compared to only SME support? (Pathways 1 and 2)

3.2. Study design and sampling strategy

To answer these learning questions, we employ a **cluster Randomised Control Trial (cRCT)**, where we randomly assign eligible SME villages (or communities) in Al-Hasakah to

either receive the couple's curriculum or not. In total, 30 eligible SME villages were randomised, where 15 were assigned to the treatment arm and 15 to the control arm (see Figure 1). All 30 eligible villages were identified by the implementing partners, and where they have the capacity to deliver the *Indashyikirwa* couple's curriculum. In each village, there would be at least 20 women who have received the SME support. Therefore, if villages were randomly selected to receive the couple's curriculum, all SME beneficiaries in these villages were invited to enroll with their husbands in the couple sessions. This produced two study arms: (1) 15x20=300 wives, who received both SME support and the couple's curriculum, and (2) 15x20=300 wives, who only received SME support. Hence, the total study sample is 600 couples (or 1,200 interviews).[2]

Figure 1. Impact evaluation design for the VAWG study



The same couples in both groups were surveyed at baseline (pre-intervention) before the disbursement of the SME microgrant and the start of the couple session and at endline (first follow-up post-intervention), around one month after the end of the couple sessions.

[2] Based on power analysis, we identified that to be able to statistically detect impact, the sample size should include a minimum of 30 SME clusters, where 15 clusters are assigned to receive the couple's curriculum. Within each cluster, a minimum of 16 couples should be enrolled to attend the session.

This setup allows us to causally attribute any detected immediate changes in the main outcomes to the VAWG intervention.[3]

In practice, since the couple sessions were rolled out in phases by the SRI partners who are responsible for implementing the programme in different locations and communities, the study was conducted in **four rounds of randomisation and data collection**. Table 1 below summarises the timeline for baseline, intervention, and follow-up data collection across the four rounds. In each round, baseline surveys were conducted in both treatment and control villages at the same time, prior to the start of the couple sessions. The curriculum was then delivered only in treatment villages, followed by endline surveys in both groups approximately one month after the sessions ended. Each round covered between 4 and 13 villages per group. Further information on the design and sampling are available in the inception report (Annex 3).

The sampling strategy and study design followed the same approach outlined in the inception report (Annex 3). We selected the originally planned 30 villages to maintain the power of the experimental design. However, not all villages were able to reach the minimum target of 16 couples due to difficulties enrolling participants in some villages. At the same time, other villages had higher numbers of couples, leading to unequal cluster sizes. This variation, and in particular the smaller clusters, could reduce the precision of the estimates. In total, seven of the 30 clusters had fewer than 16 couples. To account for these differences in cluster size and the relatively small number of participants per cluster, we conducted the analysis using wild cluster bootstrap, which provides more robust and reliable inference in cluster-randomised trials (Cameron et al., 2008).

[3] We are also planning to conduct interviews with the same couples one year after the end of the intervention to measure the medium-term impacts of the programme (second follow-up in the post-intervention period). This is planned to take place in December 2025.

Table 1. Study timeline by round and treatment status

			2023		2024												2025				
Round	**Group**	**# Village**	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
1	T	4	baseline					Couple session							1st follow-up						
	C	4	baseline												1st follow-up						
2	T	2									baseline		Couple session						1st follow-up		
	C	2									baseline								1st follow-up		
3	T	3										baseline			Couple session					1st follow-up	
	C	2										baseline								1st follow-up	
4	T	6											baseline		Couple session					1st follow-up	
	C	7											baseline							1st follow-up	

Note: *T denotes Treatment Group, and C denotes Control Group. Baseline data was collected from treatment and control couples before the start of the session in the treatment group for each of the four rounds, and within one month after the end of the couple sessions.*

4. Outcomes, Data Collection and Ethics

4.1. Outcome indicators

The baseline and endline surveys included the same modules, harmonised across partners, and administered separately to husbands and wives. We present below the indicators analysed in this report:

- **Household and respondent characteristics:** Includes age, gender, literacy, age at first marriage, number of peers, household size, disability, engagement in income generation, and sources of income. A peer refers to someone close to the respondent, such as an extended family member, friend, or neighbor with whom they feel comfortable discussing important matters. Household size refers to all members living together and involved in household activities. Literacy indicates whether the respondent can read or write, and engagement in income generation refers to whether the husband or wife is currently earning income. Disability was defined as having at least some difficulty in any of several functional domains. These included seeing, hearing, walking or climbing steps, communicating in their usual language, remembering or concentrating, performing self-care tasks such as washing or dressing, lifting a 2-litre bottle from waist to eye level, or using hands and fingers for tasks such as picking up small objects or opening containers. A respondent reporting at least some difficulty in any of these areas was classified as having a disability.

- **Gender attitudes:** Measures beliefs about men's and women's roles, women's participation, and tolerance of violence. Key statements include "A man should have the final word in his home" and "Women should be able to safely speak out without harm." Respondents rate their level of agreement on a scale from strongly agree to strongly disagree.

- **Intra-household decision-making:** Measures who usually makes decisions: the respondent, the spouse, jointly with the spouse, or another household member, on matters such as household spending, savings, children's education, and income-generating activities over the past 12 months. For agricultural production, it captures who decides how much land to cultivate and who retains the income from selling produce. For broader household financial decisions, it includes who decides on health or educational expenses, children's marriages, purchases or sales of major items (e.g., car, house, land), daily food purchases, who works outside the home to earn income, and the amount to save.

- **Justification of physical wife-beating:** Based on the Demographic and Health Survey (DHS) module, this measures women's attitudes toward whether a husband is justified in hitting his wife under specific circumstances (e.g., neglecting children, arguing, refusing sex, or perceived disobedience). Responses range from strongly agree to strongly disagree.

- **Intimate Partner Violence (IPV):** Captures women's experiences of economic, emotional, and physical IPV over the past 12 months. Economic IPV includes actions such as taking a spouse's earnings or spending household money on personal use. Emotional IPV covers insults, belittlement, intimidation, or threats, while physical IPV includes acts such as slapping, pushing, or hitting with objects. Economic IPV was reported by both husbands and wives, while emotional and physical IPV were asked only to wives to minimise potential backlash.

A detailed explanation of these outcomes and variables is provided in Table A2 in the Annex.

Most survey modules are based on standardised tools, and when necessary were adapted to the Syrian context in consultations with the What Works team supporting the VAWG pilots under BLRS. Questionnaires were translated from English into Arabic, digitised in XLS forms, and administered via Kobo Collect on tablets to reduce entry errors through built-in validation and skip logic. Both wives and husbands were interviewed, with a unique couple ID ensuring proper matching across baseline and endline surveys. All wives and husbands completed the survey at baseline and endline. The data collection was

conducted in rounds, where the first baseline data collection took place in October 2023 and the last endline data collection was completed in April 2025 (see Table 1).

The digitised tools were developed reflecting the Principles for Digital Development, including Principles 1 and 2, with an understanding of the Syrian context and close collaboration with programme partners; Principle 4 on Building for Sustainability by minimizing environmental impact with paper-based surveys; and Principle 8 on addressing privacy and security to mitigate harm, especially the topic of the programme and evaluation, and live up to the commitment of 'do no harm'.

4.2. Training enumerators

We delivered comprehensive training sessions for the data collection coordinators and enumerators before the start of the baseline (around October 2023) and before each endline round (see Table 1). The baseline training covered the survey tool, ethical considerations, and data quality procedures. At endline, we worked with the same enumerators who collected baseline data to ensure strong consistency in the quality of the data. In addition to revisiting the tool and protocols, the training also included role-play exercises simulating real interviews, with continuous feedback provided by ISDC and other enumerators. In addition, a two-day refresher training session was held before both baseline and endline to reinforce ethical practices in collecting sensitive IPV data, including interactive risk scenarios and group discussions. All enumerators, hired directly by the partners, were required to attend all the training sessions. For sensitive questions, the training was conducted for male and female enumerators separately. Prior to the start of the fieldwork, each enumerator piloted at least two surveys. Pilot data was reviewed, and was followed by feedback sessions to address any remaining concerns or questions.

4.3. Data collection, monitoring and cleaning

During data collection, we maintained close contact with the field coordinator teams through WhatsApp communication groups, to resolve any issues during their work. The coordination team shared anonymised raw data on a weekly basis, which we reviewed using high-frequency and backend checks to identify errors, monitor enumerator performance, examine data distributions, and identify outliers. Feedback was provided in the following days, and issues were discussed with the coordinators to ensure our comments were well-understood and implemented. After the completion of the data collection and reviewing all data, we returned Excel sheets highlighting any detected

errors or any inconsistencies in matching IDs from baseline to endline, which needed to be revised by the team before proceeding further with the data merging.[4]

In addition to the survey data, we have also developed in coordination with the implementing partners, a detailed tracking sheet of the attendance, which included detailed information on whether a couple (for both wives and husbands separately) attended which session. This included also the duration, the topic, the date, and if the person attended the full session. Using the same unique ID from the survey data, we then merged the attendance data with the main dataset. Having this additional information on attendance allows us to estimate not just the impact of attendance, but also the intensity of the treatment (measured through the number of sessions attended).

For data cleaning, we resolved discrepancies between village assignments in the survey data and sampling documentation in coordination with the implementation and data collection teams.[5] We ensured that the individual time-invariant characteristics and ID correspond to the same respondent at both waves. New variables and outcome indicators were generated (for instance, experience of any physical, economic, or emotional IPV in the past 12 months was calculated as binary yes/no variable), and a clean panel dataset, including only couples with both baseline and endline surveys, was prepared for the impact analysis.

Data access: Micro-level data are not made publicly available due to confidentiality and data protection considerations. However, upon reasonable request, the data may be made available to relevant stakeholders for purposes such as replication, verification, or evaluation, subject to appropriate safeguards and approval.

4.4. Roles and responsibilities of various stakeholders

FCDO, the funders of the BLRS project, provided feedback on draft reports to improve clarity and ensure they are suitable for publication. The **What Works** (WW) team contributed to programme design, helped revise the data collection tools, and reviewed the drafted reports. **SRI** implemented the interventions, supported in the data collection and provided contextual input for ISDC's impact evaluation. **ISDC** was responsible for the overall study design, data analysis, and report writing, including the development of study

[4] For instance, data entry errors could include errors from enumerators selecting the village of the participant or a large discrepancy in the age of the same respondent from baseline to endline survey.

[5] As part of our quality assurance process, we request our implementing partners to verify the respondent names, village identifiers, and ID assignments at both baseline and endline to ensure that the same individuals are surveyed in each round (since the data we receive is anonymised). Additionally, there are instances where enumerators may have selected incorrect village names. In such cases, we emphasise the importance of reviewing and confirming the data to ensure accuracy. This process helps guarantee that each record is correctly matched to the same individual and that data consistency is maintained across survey waves.

questionnaires, delivering the training, drawing on inputs from FCDO, WW, and SRI. The evaluation team conducted its work independently, and the findings in this report are independent of other parties with an interest in the evaluation and were discussed with the SRI team only for contextualisation.

4.5. Safeguarding and ethics

We adhered to strict ethical standards to ensure participant confidentiality, privacy, and protection, aligned with ISDC's 'do no harm' policy. Respondents provided verbal consent after being fully informed about the study purpose, the use of their data, and their right to withdraw at any time without penalty. Participants were assured that their involvement would not affect any interventions they currently receive or might receive in the future. The study included only BLRS beneficiaries who have already received the SME support, thereby minimising any potential risks or negative implications associated with interviewing non-beneficiaries (pure control group).

Personally identifiable information (PII), including names and phone numbers, was collected solely for follow-ups and securely stored by the implementing partners. ISDC did not have access to this PII. Instead, anonymised individual IDs were assigned to link and merge baseline and endline data, as well as intervention attendance records. Each ID uniquely connects the husband and wife within a household, enabling precise longitudinal tracking of outcomes while maintaining full anonymity.

The study received full ethical approval from the Humboldt University of Berlin's independent review board, reflecting the highest standards of research integrity and participant protection. Due to operational delays in obtaining baseline clearance, ethical approval was granted only for the endline, which allowed safe and fully compliant data collection. Consequently, the primary impact analysis focuses on endline data, while additional difference-in-differences analyses are presented as robustness checks to strengthen causal inference.

The cRCT was registered on ClinicalTrials.gov (NCT06735417). Registration ensures transparency, accountability, and reproducibility by publicly documenting the study design, sampling procedures, and outcome measures prior to analysis.

Given the sensitive nature of the impact evaluation, ISDC has taken additional ethical and safeguarding measures, which include but are not limited to:

- **Privacy and confidentiality:** Interviews were conducted in safe, private locations. Female enumerators interviewed wives, while male enumerators interviewed

husbands. Enumerators were selected from outside the respondents' villages to minimise recognition and social desirability bias.

- **Framing of research:** The study was introduced as research on household and family wellbeing, not IPV, to reduce any risks of stigma or backlash. For the same reason, men were not asked about emotional and physical IPV perpetration or asked about the justification for wife-beating. Study participants were not provided any compensation for being a part of the study.[6]

- **Survivor-Centred Approach:** Enumerators were trained to recognise signs of distress and follow a survivor-centred approach, pausing or stopping interviews if preferred by the respondents.

- **Referrals:** At the end of each interview, participants received referral information tailored to their local context. GBV service centres were set up by the implementing partners, where women were referred directly to these services, if needed. In villages without such centres, the implementing partner trained a designated staff member to respond to participants' questions and provide guidance. All participants received referral cards that included a variety of services, ranging from agricultural and economic support, mental health and psychosocial support, and access to GBV-related services. Presenting a broad spectrum of services ensured that participants could access needed support without raising suspicion or concerns from other household members, including husbands.

5. Empirical Strategy and Methodology

Impact estimates are reported across three treatment specifications:

(1) couples in villages assigned to the treatment intervention versus control villages, representing the intention-to-treat (ITT) effect at the level of randomisation;

(2) Couple attending at least one session versus control, capturing compliance with the treatment assignment, representing the Average Treatment on the Treated (ATT); and

(3) Couple attending at least 17 sessions versus control, capturing full compliance with all sessions, representing the dose-effect estimates.

[6] While approximately USD 3 was provided to participants to cover transportation costs to the couple's curriculum sessions, the evaluation did not provide any incentive or compensation to participate in this study.

While we present results for all three specifications, our confidence in causal inference is highest for the ITT estimates (specification 1), and lowest for the dose-response estimates (specification 3), due to potential selection of participants into the couple's sessions and smaller sample sizes for full compliance.

For each of the treatment specifications, we ran the following base regression OLS model for estimation the treatment effect:

- **Model 1 (Base Model):** Outcome variables at endline are regressed on the treatment indicator alone, controlling only for survey round fixed effects given that the staggered randomisation was conducted for each round separately, and clustering the standard errors at the village level (at the level of randomisation) using a wild bootstrap procedure .

For the robustness of the findings, we also ran the following estimation

- **Model 2:** including the same estimation of Model 1 plus controlling for the outcome variables at baseline.
- **Model 3:** including the same estimation of Model 2 plus controlling for wife-specific covariates at baseline, including age, literacy, and disability status.
- **Model 4:** including the same estimation of Model 3 plus controlling for husband-specific covariates at baseline, such as age, literacy and disability status.
- **Model 5:** a difference-in-differences (DiD) estimation using panel data, including controlling for individual fixed effects to account for unobservable time-invariant confounders.

All five estimation models account for **round fixed effects** and use **village-level wild cluster bootstrap standard errors** to account for the randomisation rollout and the intra-cluster correlation. Estimated coefficients on the treatment indicator are interpreted as percentage point differences for binary outcomes. All models report p-values derived from the wild cluster bootstrap as well. Statistical significance is evaluated at the 10%, 5%, and 1% levels, corresponding to $p < 0.1$, $p < 0.05$, and $p < 0.01$, respectively. The impact results are presented in Section 8.

Subgroup analyses were also explored for men's engagement in income-generating activities and women's age at first marriage, which were significant predictors of men's perpetration of economic violence (Figure A1). However, these results are not reported due to insufficient statistical power and imprecise inference from the limited number of clusters in subgroups. Drawing conclusions from these analyses could be misleading, so the report focuses on estimating the causal impact, rather than heterogeneity analysis.

We have conducted the following additional analyses:

First, **we estimate the predictors of the sample attrition** between baseline and endline by testing which baseline factors and characteristics independently explain dropout using OLS regressions (Section 6.1). Assessing sample attrition is essential to evaluate whether the study retained sufficient power to detect intervention effects and to ensure that attrition did not systematically bias the results between the treatment and control groups. It also provides insights into the characteristics of couples who are more likely to drop out of the study.

Second, **we analyse predictors of intervention compliance and retention** (Section 6.2) by testing which baseline sociodemographic and IPV-related characteristics independently explain non-compliance to the couple's curriculum using separate linear regressions. Compliance is examined for attending at least one session (1+ sessions) and for completing 17 or more sessions. Assessing predictors of compliance is important to understand whether participation in the sessions is systematically influenced by observable characteristics, which could affect the interpretation of the results.

Third, the randomisation at the village level should guarantee that there are no striking differences between the two groups in the pre-treatment period. However, given that the enrollment into the couple sessions was voluntary, there might be some differences between the two samples that need to be accounted for in the analysis. Therefore, **we assess the balance of key sociodemographic characteristics and outcomes between the treatment and control groups at baseline** (Section 7.1). For continuous variables, we computed means and standard deviations, and for categorical variables, we computed frequencies. Differences were formally tested using t-tests for continuous outcomes and chi-squared tests for categorical outcomes. All p-values are reported to show the significance of the statistical difference. Characteristics that were statistically different at baseline, as well as time-invariant covariates that are unaffected by the treatment but could influence the outcomes, were included as controls in the impact estimation regressions of Model 2 & 3 as robustness checks. These covariates comprised respondent age, literacy, and disability status for both partners, house ownership, and the share of income from animal keeping. Including such time-invariant characteristics can enhance the precision of the estimates and mitigate potential bias arising from observable differences between treatment and control groups (Imbens & Wooldridge, 2009; Angrist & Pischke, 2009).

Finally, **we provide descriptives and time trends of the overall SME beneficiary sample (without differentiating between the treatment and control groups)** to highlight the changes in the main outcomes of interest during the study period independently of the couple's curriculum (Section 7). For each variable, we computed mean differences and assessed statistical significance between baseline and endline using two-sample t-tests (independent samples). These trend analyses provide insight into changes in gender attitudes, decision-making, justification of IPV, and experiences of IPV over time for the overall SME beneficiary sample, allowing us to interpret treatment effects relative to broader temporal patterns. Where necessary, p-values are reported for each comparison to indicate the statistical significance of observed changes.

6. Sample Attrition and Compliance

Key findings

Sample size: The panel sample includes 610 couples across 30 villages / communities (310 in the treatment arm and 300 in the control arm). Attrition rate is less than 10% (6.9% in the treatment arm and 8.1% in the control arm). Attrition was not systematically different between the two arms. Older age, disability, larger households, higher income, and women's engagement in income-generating activities were significantly associated with higher sample attrition.

Enrollment and participation: Out of the 311 treated couples, 255 attended at least one session, and 240 couples completed 17+ sessions. Attendance rates for husbands and wives were nearly identical. Older age and husband's disability reduced compliance. Wealthier couples who engage in income-generating activities were more likely to comply. Women experiencing emotional IPV or justifying some forms of physical violence were marginally more likely to comply.

6.1. Sample and attrition

This section presents the planned and actual sample of couples across the treatment and control study arms, along with the attrition rates between baseline and endline. We also identify baseline predictors of attrition, examining which characteristics are associated with participant dropout.

Table 2 presents the planned and actual sample of couples across the two study arms, including the sample attrition rates. The study initially aimed to target 600 couples across 30 villages (300 couples in the treatment arms and 300 couples in the control arm). At baseline, data were collected from 665 couples, 334 in the treatment arm and 331 in control arm, exceeding the originally planned sample. At endline, 615 couples out of 665 were surveyed, with attrition rates of 6.9% in the treatment arm and 8.1% in the control arm villages.[7] The balanced panel, including couples with both baseline and endline data, consists of 610 couples.

Moreover, the attrition between baseline and endline was not systematically different between the treatment and control arms. Most importantly, the number of clusters (villages / communities) was not lower than originally planned, which is the key parameter that could affect the power of experimental design. However, not all villages reached the planned minimum number of 16 couples due to difficulties in finding enough participants to enroll in some villages and communities. However, in other clusters, there was a larger number of couples. The deviation in cluster size, particularly the low number of couples per cluster, might decrease the power of cRCT because unequal cluster sizes reduce precision in cRCTs with a fixed number of clusters. Out of 30 clusters, 7 had a cluster size lower than 16. To account for the small sample size per cluster and potential bias from unequal cluster sizes, the analysis below is conducted using wild cluster bootstrap-t, which provides more reliable inference in cRCT (Cameron et al., 2008).

Table 2. Sample size and attrition rates by treatment arm

Assignment	Planned sample (couples)		Actual sample (couples)		
	Sample	Village	Baseline	Endline	Panel Attrition
Treatment	300	15	334	310	**6.9%**
Control	300	15	331	304	**8.1%**
Total	**600**	**30**	**665**	**615**	**7.5%**
Panel	-	-	**610**	**610**	-

Note: *The total planned sample includes 30 villages / communities with 16 couples. The baseline actual sample includes 65 couples more than planned, where all women have received economic support. Attrition rates are calculated as the share of couples who were interviewed at baseline but not at endline divided by the total number of couples at baseline.*

[7] 50 surveys were not completed at the endline because the respondent was not available at the time of the data collection for multiple reasons such as serving the military or migrating inside or outside of Syria.

Now, in order to understand which baseline characteristics are associated with attrition, Figure A2 in the Annex examines predictors of being lost to follow-up between baseline and endline surveys. This analysis will allow us to assess which observable characteristics from our SME beneficiary sample are significantly related to attrition. The results show that having a disability or being older, whether for the husband or the wife, are significantly associated with lower attrition from the study. In addition, households with higher food security, larger household size, higher household income, and where women engaged in income-generating activities also experienced lower attrition. Overall, these findings suggest that attrition from baseline to endline was not random. The robustness checks under Section 9 account for these systematic differences by controlling for baseline characteristics that may confound the relationship between treatment and outcomes.

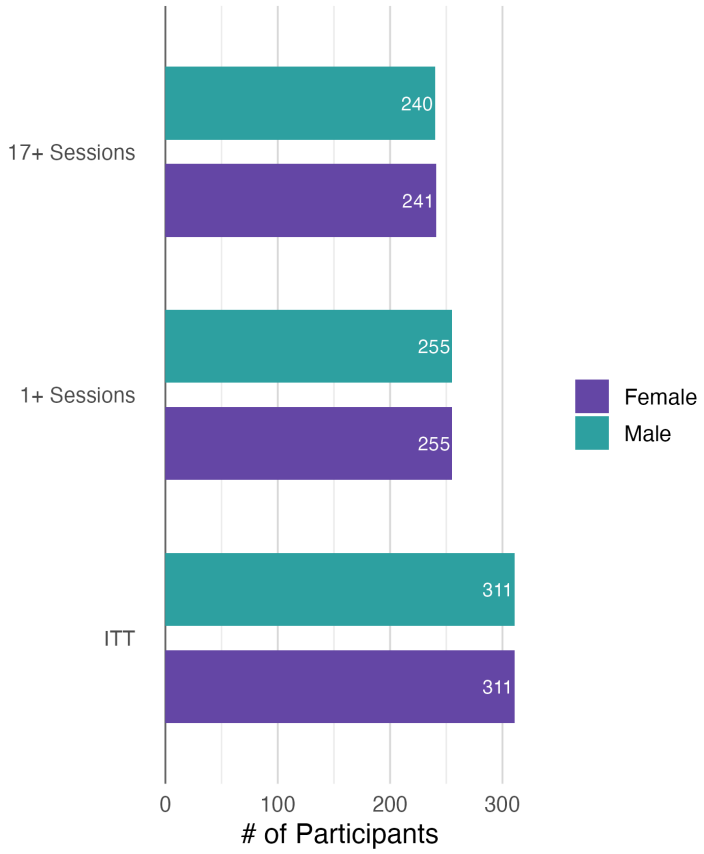
6.2. Compliance with the couple sessions

In addition to sample attrition, participation in the couple sessions is an essential measure of programme compliance. This section examines adherence to the couple's curriculum, providing an overview of the number of couples who were intended to treat (ITT), attended at least one session (1+), and completed most sessions (17+). It also analyses the predictors of non-compliance or retention, both for not attending at least one session, as well as for not attending all 17+ sessions.

Figure 2 presents participation in the couple sessions by gender. A total of 310 couples were surveyed at endline and assigned to attend the couple's curriculum. Of these, 255[8] couples attended at least one of the 21 sessions, demonstrating compliance with the treatment assignment. Participation remained strong throughout the programme: 241 wives and 240 husbands completed 17 or more sessions. Attendance rates were nearly identical between wives and husbands, as the sessions were designed for joint participation. Compensatory sessions were also offered to couples who missed regular meetings. For the impact analysis, we use data from 310 couples (those with both baseline and endline surveys) in line with the research design and the intention-to-treat (ITT) framework.

[8] As reported by the implementing partners, non-participation in the couple sessions was primarily due to work commitments, husbands' employment outside the community, or military obligations.

Figure 2. Session attendance and retention among treated couples



Note: *Enrolled couples include those who have shown initial interest in the treated village to take part in the couple's curriculum. 1+ sessions include couples who at least attended 1 session of the couple's curriculum, and 17+ sessions include couples who attended at least 17 sessions of the couple's curriculum.*

We define compliance as follows: couples who attended at least one session are considered compliant with their treatment assignment, while those who attended 17 or more sessions are considered fully compliant.

Predictors of non-compliance to the couple's curriculum

Next, we present the predictors associated with non-compliance to the couple's curriculum, both for attending at least one session and for completing at least 17 sessions. For 1+ sessions, the analysis compares 55 non-compliant couples (who did not attend any session, although assigned to the treatment arm) with 255 compliant couples (who attended at least one session, and assigned to the treatment arm). For 17+ sessions, 69 couples were non-compliant, compared with 241 couples who completed the full curriculum.

Figure A3 and Figure A4 in the Annex present the sociodemographic predictors of compliance with regards to 1+ sessions and 17+ sessions, respectively. Older couples, as well as husbands with a disability, were consistently less likely to comply with the sessions, while wealthier households, including those who own assets and engage in income-generating activities, were more likely to comply. Other demographic characteristics, including literacy, number of peers, or household size, were not significant predictors of non-compliance.

Figure A5 and Figure A6 in the Annex present the baseline IPV predictors of compliance with regards to 1+ sessions and 17+ sessions, respectively. Women experiencing emotional IPV, or those justifying certain forms of physical violence (such as disobedience or going out without informing the husband), were more likely to comply with the curriculum. However, these associations were only marginally significant, while other forms of IPV and justifications were not significant predictors.

Overall, these findings indicate that non-compliance is not fully random, but can be explained by specific demographic and socioeconomic characteristics. On one hand, structural barriers, such as older age and people with disability can affect retention, as participants may face challenges with the pace of the sessions or have restricted mobility that prevents them from complying to the sessions. On the other hand, women who already experience or accept certain forms of violence are more likely to continue engaging in the sessions. However, this effect is not consistent and widespread across all forms of IPV. Finally, and surprisingly, husbands who engage in income generating activities are more likely to comply compared to husbands who do not work. This implies that time availability to attend the sessions is not a structural barrier to compliance. On the opposite, men who do not engage in income generation activities are less likely to continue attending the couple sessions, which might be explained by intrahousehold power dynamics around economic resources.

7. Baseline Descriptives and Balance

Key findings

Socio-demographic characteristics of the sample: Wives averaged 31 years (77% literate, 29% with disability); husbands 37 years (90% literate, 43% with disability). Households averaged 7 members and 14 million SYP (~USD 1,200) annual income, mainly from non-agricultural wage labour (42%) and off-farm businesses (24%).

IPV and gender attitudes: 65% of women experienced emotional IPV, 44% economic IPV, and 27% physical IPV. Men reported 20% economic IPV perpetration. Justification of wife-beating was common for dishonouring family (83%) and unfaithfulness (67%), and less common for arguing (20%) or housework dissatisfaction (13%).

Insights from the list experiment: Wives' experiences of physical IPV were consistent across the direct reports and indirect reports. However, husbands' in the control group significantly underreported perpetration of economic IPV, suggesting increased awareness among men in the treatment group.

Intra-household decision-making: Over half reported joint decisions, but discrepancies exist. For example, 70% of wives vs. 54% of husbands reported joint decisions on children's marriage; 56% of wives vs. 70% of husbands on savings.

Balance assessments: Baseline variables were largely balanced between treatment and control groups, with minor differences in age, house ownership, and income from livestock, which were controlled in sensitivity analyses.

7.1. Baseline balance

First, we examine baseline balance across key demographic, socioeconomic, and IPV outcomes between couples in the treatment and control arms.

Table 3. Baseline balance on demographic and socioeconomic characteristics

Variables	*Overall*	*Control*	*Treatment*	*p-value*
Wife's characteristics				
Age (Years)	31.0 (7.1)	30.5 (6.8)	31.6 (7.4)	**0.051**
Literacy (%)	77.5	77.0	78.1	0.827
Disability (%)	28.9	29.7	28.1	0.728
Age first marriage (Years)	19.0 (3.7)	19.0 (3.7)	19.0 (3.8)	0.746
Number of peers	1.6 (1.0)	1.6 (1.0)	1.6 (1.1)	0.892

Husband's characteristics				
Age (Years)	37.4 (8.7)	36.7 (8.2)	38.1 (9.0)	**0.043**
Literacy (%)	90.2	90.1	90.2	1.000
Disability (%)	42.6	41.7	43.5	0.698
Household (HH) characteristics				
HH size (number of members)	6.9 (2.5)	6.9 (2.5)	6.9 (2.5)	0.862
Yearly HH income (million SYP)	13.8 (6.6)	13.7 (6.3)	13.9 (6.8)	0.631
Own house (% Yes)	77.9	82.2	73.8	**0.016**
Own car (% Yes)	5.9	6.7	5.2	0.530
Own motorcycle (% Yes)	52.9	53.0	52.8	1.000
Own solar grid panel (% Yes)	23.7	24.5	23.0	0.730
Own gas stove (% Yes)	84.5	85.6	83.5	0.552
Food Consumption Score (FCS)	45.4 (17.3)	44.8 (17.1)	46.1 (17.4)	0.342
Main source of income (Shares %)				
Crop production	10.5	10.1	10.9	0.692
Livestock production	6.2	8.0	4.4	**0.013**
Job with a fixed salary	7.6	7.4	7.8	0.839
Off-farm business	23.6	23.6	23.7	0.964
Non-agriculture wage	42.1	39.9	44.2	0.140
Agriculture wage	6.8	7.9	6.0	0.180
Transfer, assistance and rent	1.0	0.9	1.1	0.705
N	610	300	310	

Note: *The table presents baseline characteristics of households and couples in the treatment and control arms. Means and standard deviations (in parentheses) are shown for continuous variables, and frequencies for categorical variables, along with p-values for group differences. Differences between groups were assessed using t-tests for continuous variables and Chi-square tests for categorical variables. The overall column presents summary statistics for the SME beneficiary sample in the panel sample.* ***Jobs with fixed salaries*** *include income from employment positions, such as teaching, government jobs, or working in a private company.* ***Off-farm business*** *include income from self-employment or running a small business outside of farming, such as opening a shop, producing and selling homemade products (e.g., crafts, jams), or other entrepreneurial activities not tied to wage labour.* ***Non-agricultural wages*** *include income earned by working for someone else in non-farm sectors, such as construction, retail, or other manual or service labour, usually on a daily wage basis.* ***Agricultural wages*** *include income earned by working for someone else on their farm, usually on a seasonal or daily wage basis.*

7.2. Descriptive characteristics of sample

Table 3 summarises key demographic and socioeconomic characteristics of couples and their households at baseline for the panel dataset (n=610), which includes only those with both baseline and endline surveys. At baseline, the mean age of wives in the SME beneficiary sample is 31 years, with an average age at first marriage of 19 years. Approximately 77% of wives are literate, and have on average 1–2 peers, who they trust and can rely on in time of need. Around 29% of wives have at least one form of disability. Overall, these wife characteristics are similar across the two study arms (p-value > 0.1),

with only age showing a marginal difference at the threshold 5% level. Wives in the treatment arm sample are on average 1 year older than wives in the control arm sample.

For husbands, the average age is around 37 years with a literacy rate of 90%. Around 40% of husbands report at least one form of disability. Similar to wives characteristics, these variables are well balanced between treatment and control groups ($p > 0.1$), and husbands in the treatment arm sample are, on average, 1 year older than husbands in the control arm sample.

Households in the sample have on average 7 members, and the average annual household income is around 14 million Syrian pounds. The majority of the households (78%) own a house, 6% own a car, and 53% own a motorcycle. The average Food Consumption Score (FCS) is 45 points, indicating acceptable food security levels in the SME beneficiary sample. **Non-agricultural wage labour** and **off-farm businesses are the main sources of income**, accounting for on average 42% and 24% of total income, respectively. Crop production contributes to around 11% of income, and livestock to around 6% of income with a slightly higher proportion among those in the control group as compared to the treatment group. Transfers and assistance provide only a minor share of household income (<1% on average).

Second, we examine the baseline balance of key outcome variables related to IPV and attitudes toward wife-beating. Similarly to Table 3, the analysis is conducted on the panel dataset (n=610), which includes only couples with both baseline and endline observations. As shown in Table 4, women experienced on average 1.35 types of IPV (out of three possible IPV forms: emotional, economic, and physical) in the 12 months preceding the baseline survey. Emotional IPV was the most common form, reported by 64% of women, followed by economic IPV (44%) and physical IPV (27%). Economic perpetration of IPV was reported by around 20% of the husbands during the same period.

In terms of attitudes justifying wife-beating, wives on average agreed with 3 out of 8 statements accepting the perpetration of interpersonal violence under certain circumstances. The most commonly accepted reasons include dishonouring the family (83%) and being unfaithful (67%), while fewer women agreed that wife-beating is justified if a wife argues with her husband (20%) or if the husband is unsatisfied with her housework (13%).

Overall, the balance tests indicate no major statistically significant differences between couples in the treatment and control arms at baseline across the majority of demographic and socioeconomic characteristics, and no statistically significant differences for any

levels of IPV experience, perpetration or justification of wife-beating. These results confirm the validity of the experimental design for causal inference.

Table 4. Baseline balance on key IPV outcomes

Variables	Overall	Control	Treatment	p-value
Any IPV (% Yes)				
Any Emotional IPV (%yes)	64.1%	62.6%	65.6%	0.504
Any Physical IPV (%yes)	27.1%	25.6%	28.5%	0.478
Any Economic IPV (%yes)	44.2%	41.5%	46.8%	0.219
Any Economic (perpetration) IPV (%yes)	20.3%	21.2%	19.4%	0.667
# of wife-beating justification types (0-8)	3.24 (2.25)	3.16 (2.25)	3.31 (2.26)	0.413
Hit if she goes out (%yes)	33.1%	34.7%	31.6%	0.475
Hit if she refuses sex (%yes)	22.6%	19.9%	25.2%	0.150
Hit if she did unsatisfactory housework (%yes)	12.6%	12.3%	12.9%	0.928
Hit if she disobeys him (%yes)	47.0%	45.3%	48.7%	0.451
Hit if she is unfaithful (%yes)	67.4%	65.1%	69.6%	0.276
Hit if she dishonours family (%yes)	83.2%	82.8%	83.5%	0.898
Hit if she neglects children (%yes)	38.9%	37.0%	40.6%	0.401
Hit if she argues with him (%yes)	19.7%	20.4%	19.1%	0.762
N	610	300	310	

***Note**: The table presents key outcome variables on IPV experience and perpetration, as well as justification of wife-beating, between the treatment and control arms. Means and standard deviations (in parentheses) are shown for continuous variables, and frequencies for categorical variables, along with p-values for group differences. Differences between groups were assessed using t-tests for continuous variables and Chi-square tests for categorical variables. The overall column presents summary statistics for the panel sample.*

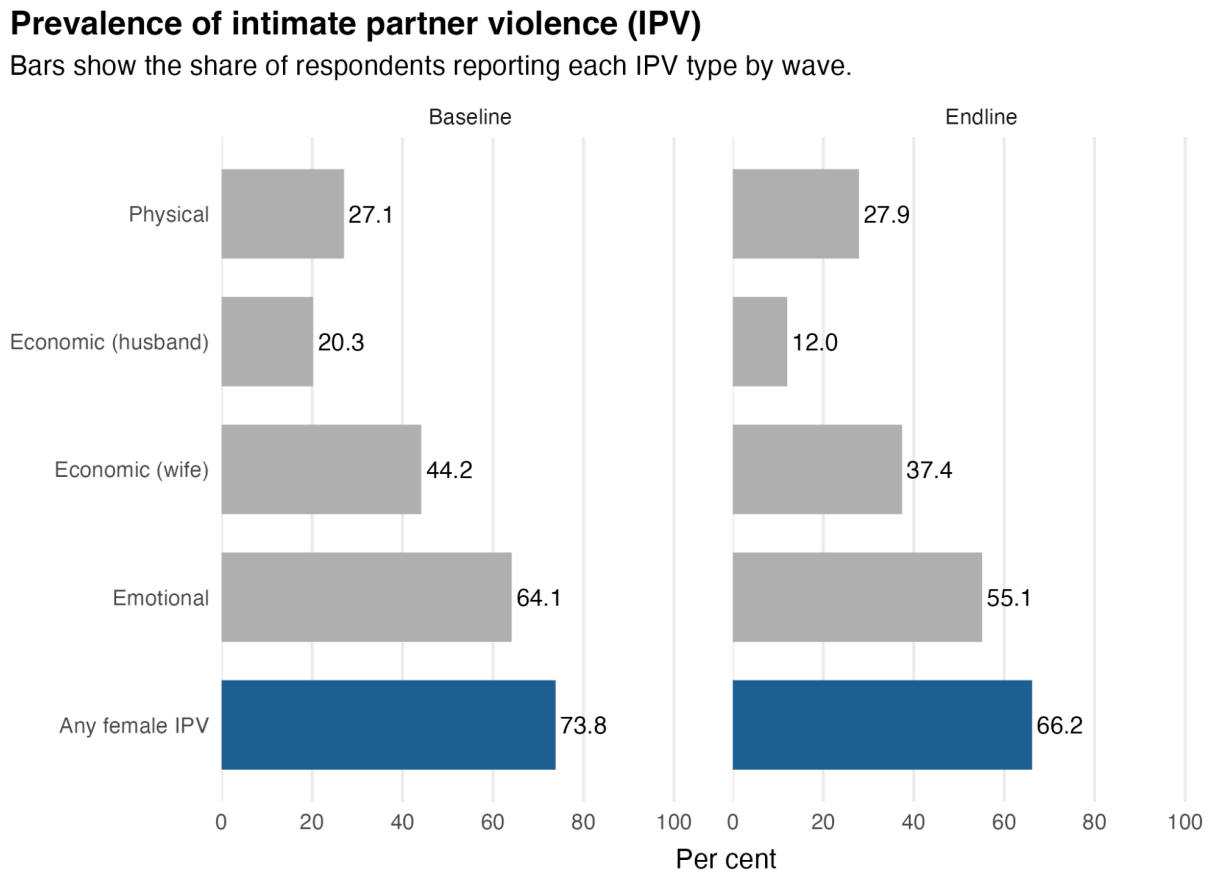
The Section 7.3. provides descriptive statistics of the outcome variables in the SME beneficiary sample, and explores trends over time in IPV experience and perpetration, attitudes justifying wife-beating, joint decision-making, time-use, and gender attitudes. For the descriptive analysis, we use the complete dataset, which includes all available observations from both baseline and endline surveys. This allows us to retain the full sample from Al-Hasakah without dropping any participants. It is important to note that these findings, although they compare changes in between baseline and endline, are purely descriptive and do not assess the impact of the intervention. Rather, this section illustrates an overview of how IPV prevalence and its different forms, as well as community perceptions and intra-household decision-making have evolved over the study period, independent of the couple's curriculum.

7.3. Prevalence of IPV experiences and perpetration

Figure 3 shows the overall share of women experiencing any IPV in our full sample (n=665), as well as its specific forms during the past 12 months, for both the control and treatment groups. At baseline, around 74% of women reported experiencing any form of IPV in the past 12 months. Emotional violence was the most common (65%), followed by economic (44%) and physical IPV (27%). At endline, the overall prevalence of any IPV significantly decreased from 74% to 65%. Similar to baseline, emotional IPV is still the most prevalent at 54%, economic IPV at 34%, and physical IPV at 28%. These trends indicate an overall significant reduction in emotional and economic IPV in the overall sample, but no changes in the prevalence of any physical IPV. Further details on co-occurring forms of IPV are presented in Figure A7.

When comparing self-reports between husbands and wives, we observe a persistent reporting gap. At baseline, 21% of husbands admitted perpetrating economic violence, compared to 44% of women reporting having experienced it. This discrepancy persists at endline (12% vs. 34.4%), suggesting the presence of social desirability bias and potential underreporting among men. To better understand these differences and uncover hidden behaviours, we complement the direct reports with a list experiment.

Figure 3. Prevalence of any IPV and its forms



Note: *Bar charts show the share of respondents reporting each type of intimate partner violence at baseline and endline. Percentages are calculated on the non-missing base for each item.*

The list experiment provides an indirect way of measuring sensitive behaviours that respondents may be less likely to disclose openly (Aronow et al., 2015). The two statements on physical violence from direct reporting: (1) being slapped and (2) being hit in the past 12 months, were combined, and are coded as a 'yes' if the women reported experiencing any of the two physical acts of violence. This allows us to compare the reported experiences of these two forms of violence with the results from the list experiment, which measures being hit or slapped over the past 12 months indirectly. It is key to note that the list experiment was only introduced at endline, and thus, the sample corresponds to 610 surveys.

We compare direct and list experiment measures for economic violence perpetration and physical slapping/hitting experience. Across the full sample, 22% of women directly reported being slapped or hit in the past 12 months, compared to 15.6% under the list experiment (also in the past 12 months), with no statistically significant difference

between the two methods (p = 0.372) (Table 5). This pattern even holds when disaggregated by study arm. In the treatment group, 19.5% of women directly reported being slapped or hit compared to 15% under the list experiment (p = 0.697), and in the control group, 24.7% directly reported experience versus 15% under the list experiment (p = 0.266). These findings align with evidence that women's self-reports of IPV are relatively reliable when interviews are conducted in safe and confidential settings (Agüero & Frisancho, 2022).

Table 5. Direct vs indirect comparison of sensitive questions at endline

Statements	Group	N	Direct report	N	List experiment	p-value
Women reporting: Experience of slap or hit	Overall	604	22%	606	15.6%	0.372
	Treatment	308	19.5%	308	15%	0.697
	Control	296	24.7%	298	15%	0.266
Husband reporting: Refuse to give money to his wife	Overall	565	3.7%	568	21.4%	**0.008**
	Treatment	282	3.5%	283	5.1%	0.861
	Control	283	3.9%	285	36.1%	**0.000**

***Note**: The table compares direct self-reports and lists experiments of physical violence experiences as reported by wives, and economic perpetration as reported by husbands. For each outcome, we calculate the mean of the direct report and the treatment effect from the list experiment. Standard errors clustered at the village level to account for intra-village correlation. We control for round fixed effects. The difference between the list experiment estimate and the direct report mean is computed, and a simple two-sided t-test is used to calculate the p-value.*

In contrast, men's reports show remarkable discrepancies. Overall, only 3.7% of men directly admitted to refusing to give money to their wives, while the list experiment suggests a prevalence of 21.4% (p = 0.008). This underreporting is significantly higher among the control group, where only 3.9% of husbands directly admitted to refusing to give money to their wives compared to 36.1% of husbands through the list experiment. In the treatment group, the difference between direct (3.5%) and list experiment (5.1%) reports is much smaller and not statistically significant (p = 0.861), potentially reflecting the role of the couple's curriculum in increasing men's willingness to self-report sensitive behaviours. These findings suggest that while women's reporting of physical violence experiences tend to be consistent across groups, men's direct self-reports may significantly underestimate perpetration, especially among the control group (Agüero & Frisancho, 2022). This list experiment is essential to capture these underreported behaviours around violence perpetration among men.

To provide additional context on IPV changes over time, the time trend figures showing the prevalence and frequency of the main outcomes are displayed in Figure A8-16. Specifically, Figure A8-11 shows the frequency of different forms of IPV experienced by women and perpetrated by men in the overall sample (both intervention and control groups) from baseline to endline. Figure A12 presents descriptive findings on the justification of wife-beating under various circumstances, providing a snapshot of the social norms and beliefs around IPV in this sample. Figure A13 illustrates time trends in household and agricultural decision-making for husbands and wives in the full sample, while Figure A14 provides a descriptive overview of gender attitudes among both spouses over time. All these Annex figures are purely descriptive and are intended to offer insights into prevailing norms and patterns, and not to assess the causal impact of the couple's curriculum.

7.4. Economic and livelihood outcomes

Table A3 in the Annex presents descriptive statistics for household and women's livelihood and economic characteristics at baseline and endline for the panel dataset, all of whom received the economic SME support. These changes between baseline and endline should be taken as descriptive changes over time and cannot be causally attributed to economic support. Overall, household income for the overall sample increased significantly from around 14 million SYP at baseline to around 22 million SYP at endline, while the FCS significantly improved from 45 to 53 points. The share of households reporting income from wage and salary rose from 7.62% to 12.45%, and income from transfers increased from 1.02% to 13.49%, likely reflecting the microgrant received by women after baseline. Other income sources, including agricultural and livestock production, as well as off-farm business, remained largely stable during the study period. The share of women who engage in income-generating activities outside of home increased from 62.5% at baseline to 78.1% at endline, which might be driven by the SME support provided after baseline. Average daily hours working in their businesses rose from 1.25 to 1.92 hours per day, while average daily hours spent in paid employment decreased from 1.59 to 0.77 hours per day. These trends could suggest that women are relying more on self-employment for generating income rather than on other employment.

8. Impact Findings

This section presents the impacts of the couple's curriculum on all forms of intimate partner violence (IPV), joint intra-household decision-making, justification of wife-beating, gender attitudes, and time-use. We use coefficient plots to present the impact findings which include the estimates from Model 1 (Robustness and sensitivity checks are presented in Section 9). For each outcome in the coefficient plot, we display the:[9]

- **Intention-to-Treat (ITT) estimates** which use observations from all 310 couples in the treatment group and all 300 couples in the control group.
- **ATT estimates for attending at least one session**, which uses the sample of 255 treated couples and all 300 couples in the control group.
- **ATT estimates for attending at least 17 sessions**, which uses the sample of 241 treated couples and all 300 couples in the control group.

8.1. Impact on intimate partner violence

LQ1: What are the immediate effects of combining the couple's curriculum with economic support on women's experiences of economic, emotional, and physical IPV and men's perpetration of economic IPV?

- The programme did not impact women's reported IPV experiences or men's reported perpetration of economic IPV when looking at overall combined outcomes
- When examining different forms and types of IPV, the programme was successful at decreasing women's reported severe physical IPV experiences (being hit or having their arm twisted)
- Men who went through the couple's curriculum reported spending more money on themselves even though there were household needs, warranting a closer examination of the curriculum

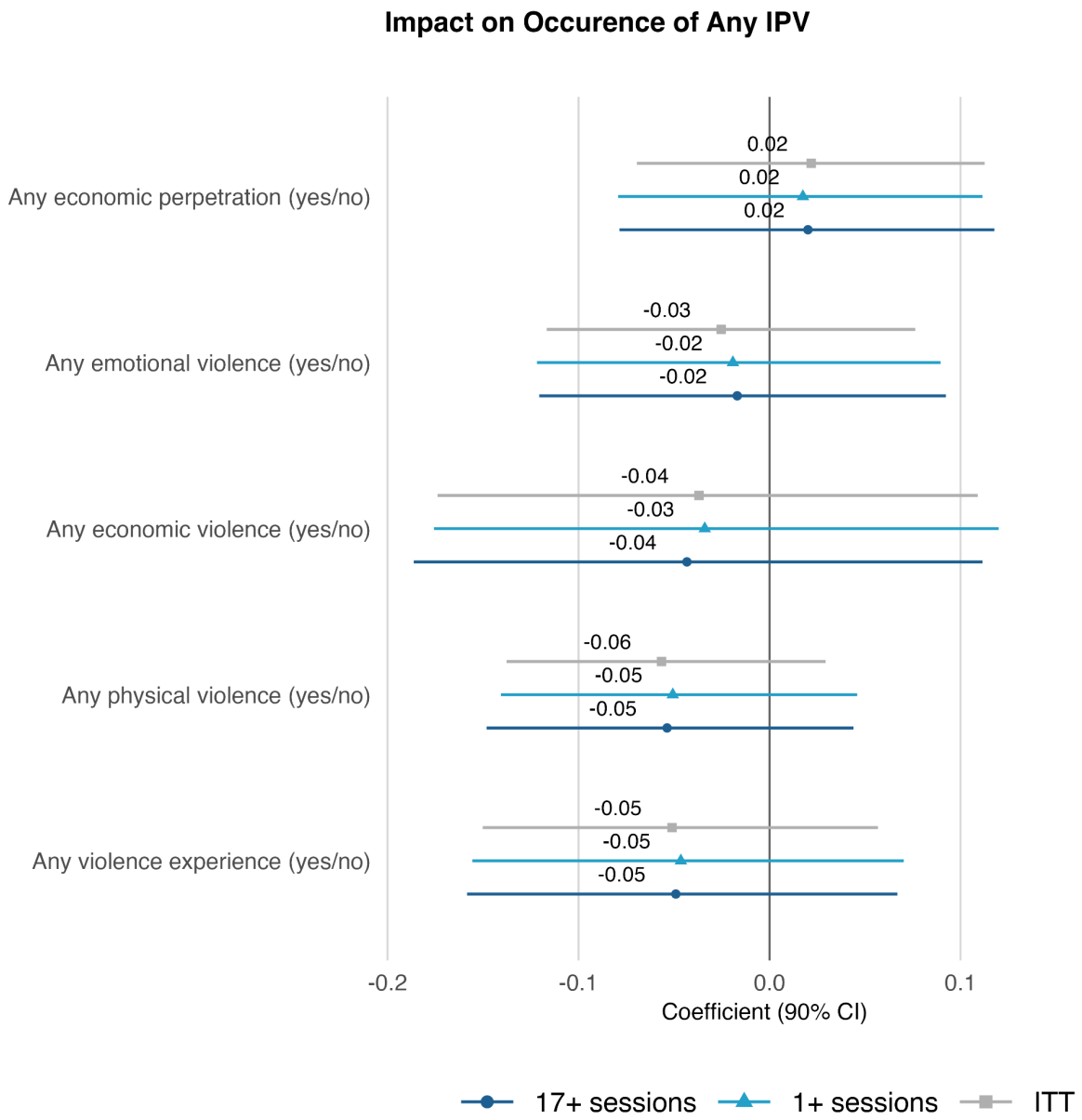
[9] We have the strongest confidence in the ITT estimates. As attendance in the couple's curriculum sessions is not random, we have more limited confidence in the ATT estimates.

Any IPV

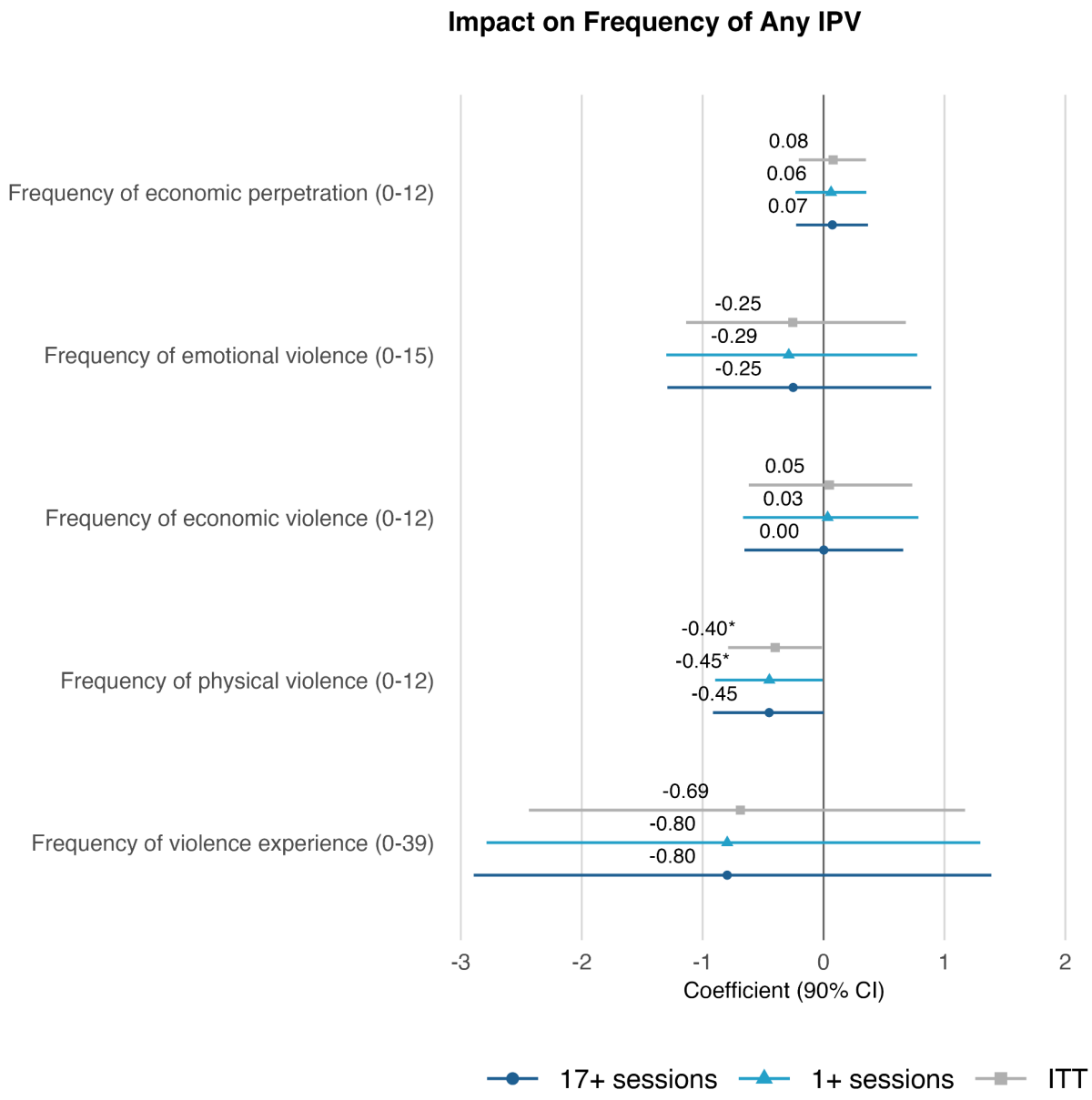
Over the course of the study period, we found no impacts of the couple's curriculum and combined SME support on women's reported experiences of any form of IPV, in terms of occurrence or frequency in the past 12 months (Figure 4).

Figure 4. Impact of the couple's curriculum on experiences of any type of IPV

(a) Occurrence



(b) Frequency



Note: *The coefficient plots show estimated treatment effects of the intervention on both the occurrence and frequency of any violence. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show the 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

Economic IPV

When examining the different forms of IPV, there were no significant effects of the programme on women's reported economic IPV experiences or men's perpetration of economic IPV. There were also no programme effects on the different items of economic IPV in terms of occurrence or frequency based on women's reports (Figure 5).

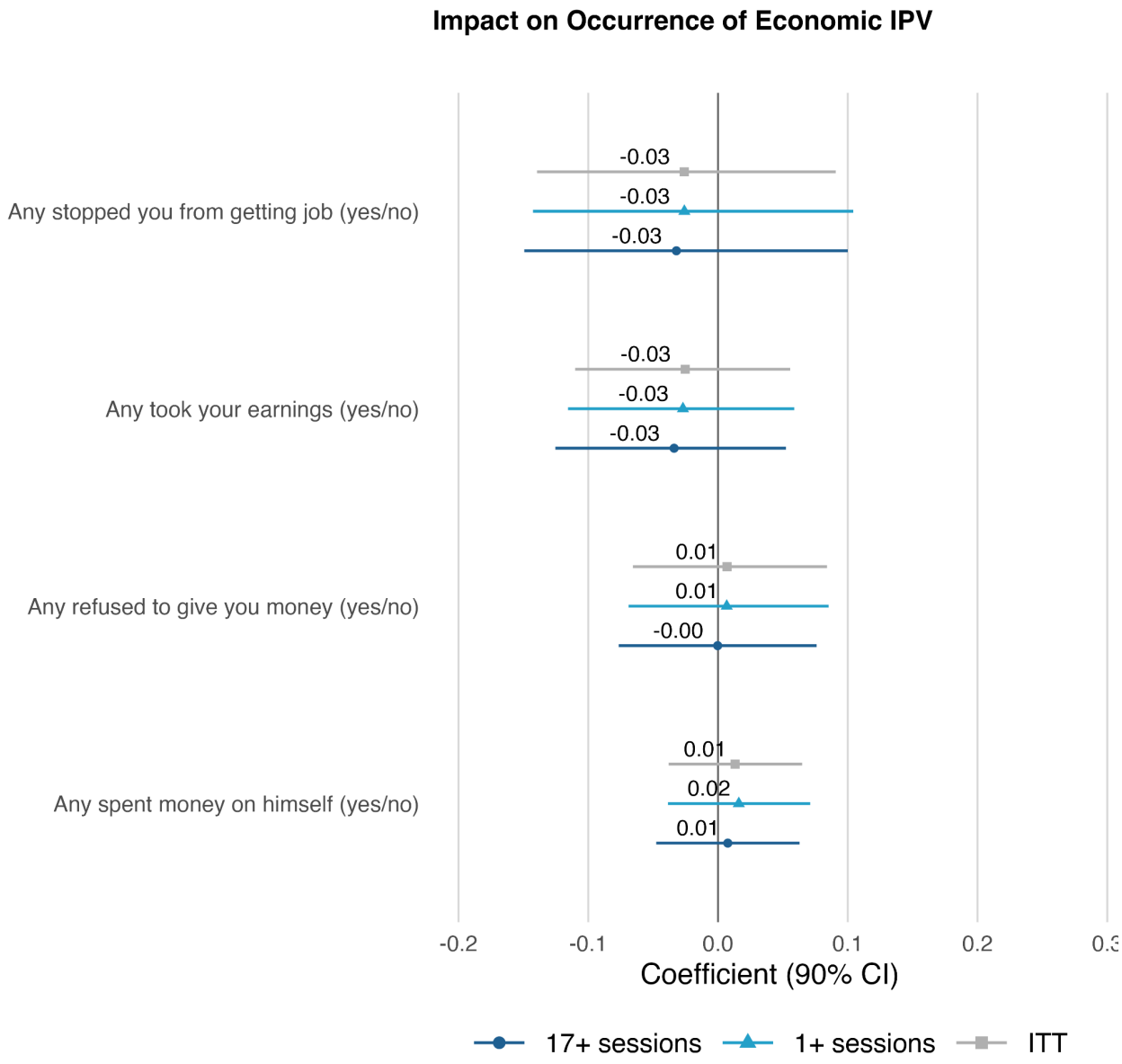
Breaking down the impact by the acts of perpetration, there is a notable increase in occurrence and frequency of husbands spending money on themselves knowing that there are household needs (9 to 10 percentage points across all treatment specifications) (Figure 6). There are a few possible explanations for this increase, which are further examined in the Discussion section. First, this increase may reflect a short-term negative effect of the programme, where husbands who participated in the curriculum may have understood aspects of the curriculum to also be empowering for men or less likely, may be perpetrating this form of IPV more frequently to maintain the power status quo. Second, this increase could also reflect a shift in reporting behaviour since treatment group husbands may feel more comfortable admitting or recognizing certain behaviours after attending the sessions. Combined with men in the control group underreporting the perpetration of economic violence (which was established during the list experiment in Section 7.3), positive impacts on this form of IPV may indicate an overestimation of the true effect. We are unable to isolate the underlying reasons for such an unintended effect with the existing survey and study design.

There are no significant impacts of the programme on other acts of perpetration such as refusing to give their wives money, taking wives' earnings, or preventing wives from working, show no significant changes (Figure 6).

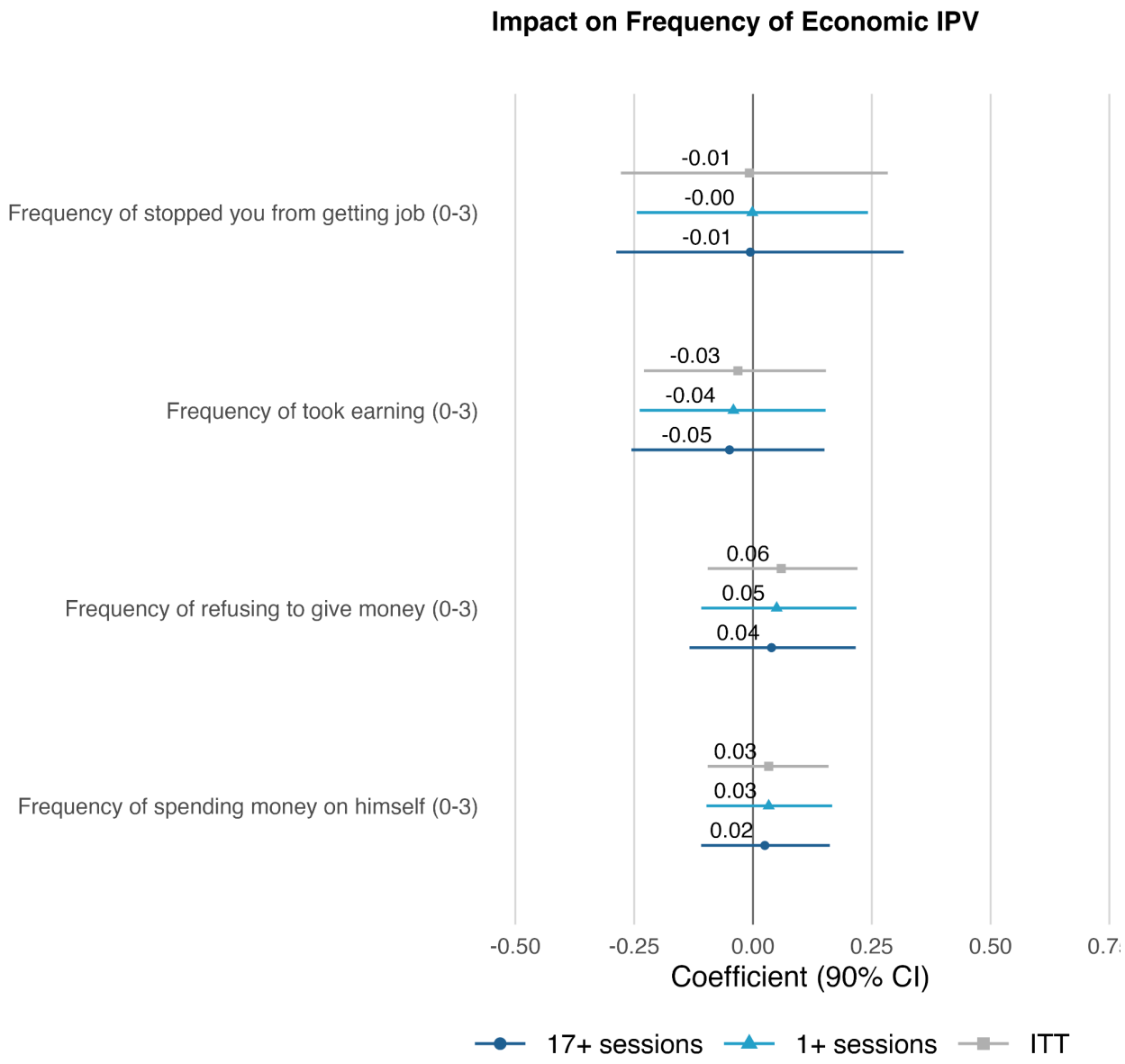
We caution that the prevalence of economic IPV perpetration, as shown in Figure 4c, was on average extremely low at both baseline and endline. Only 4% of men in both treatment and control groups reported spending money on themselves. Therefore, given these low rates, it would be difficult to detect any additional impact of the intervention on the perpetration of economic IPV.

Figure 5. Impact of the couple's curriculum on experience of economic IPV

(a) Occurrence



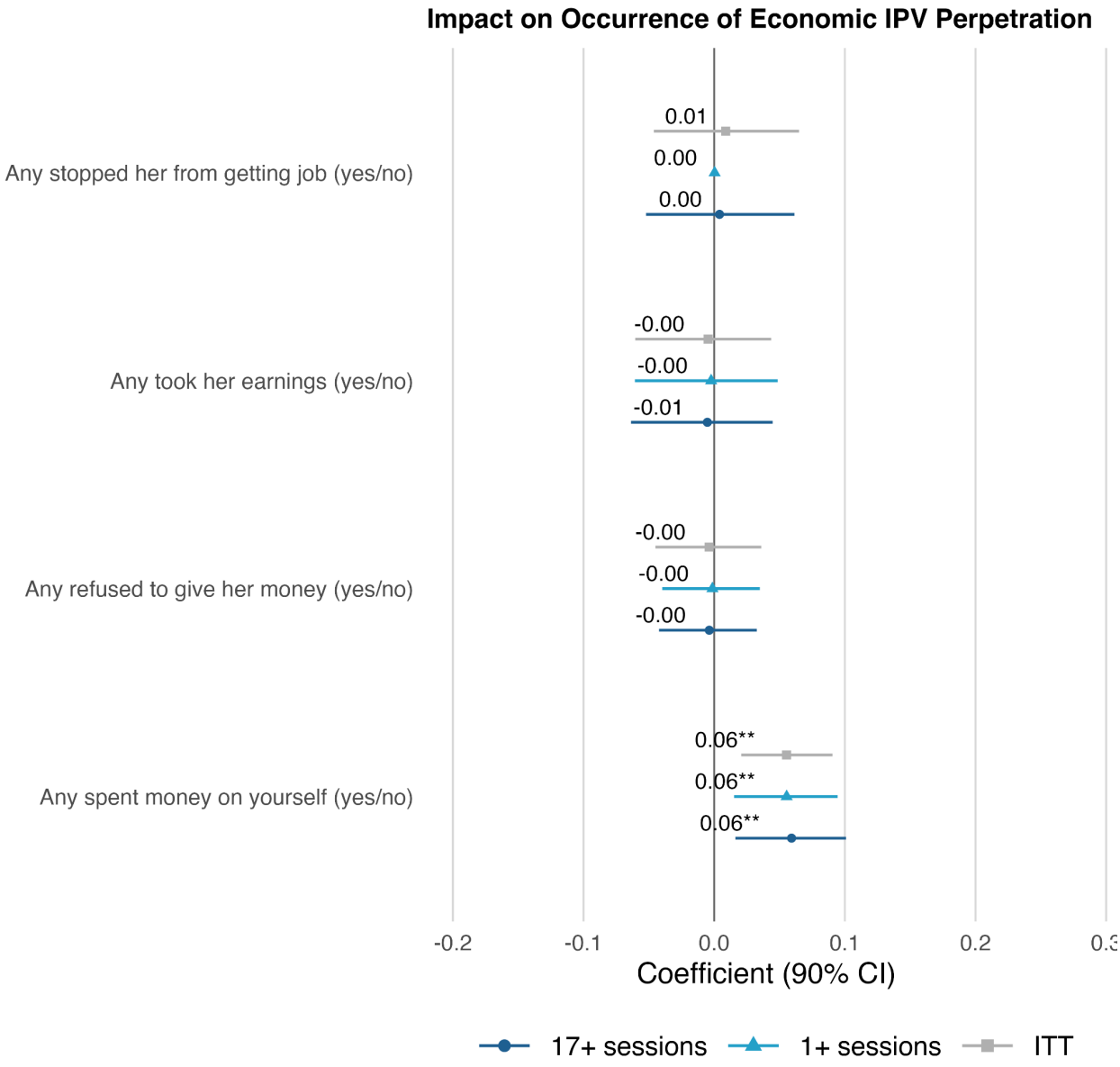
(b) Frequency



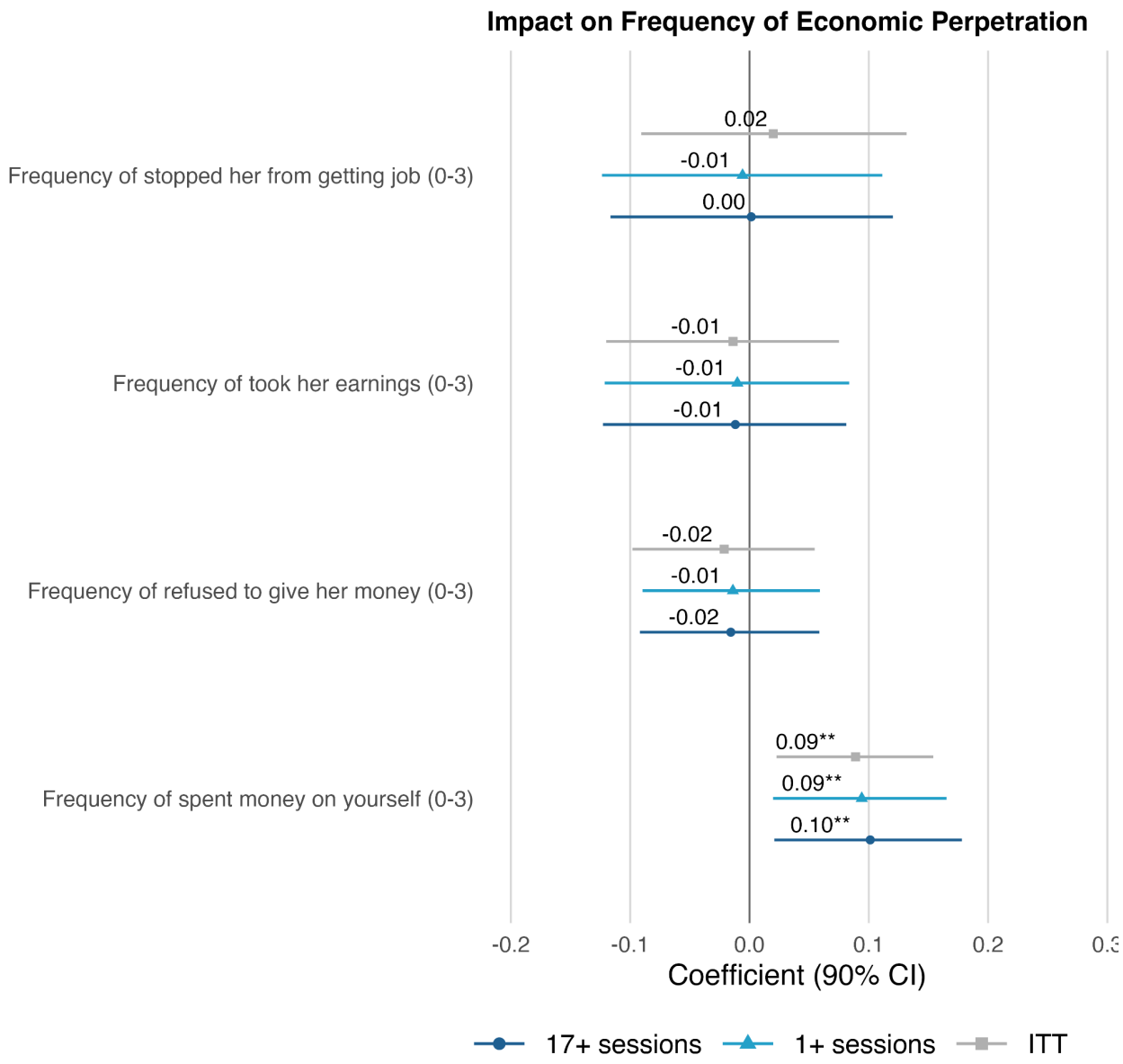
Note: *The coefficient plots show estimated treatment effects of the intervention on both the occurrence and frequency of economic violence as reported by women. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show the 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

Figure 6. Impact of the couple's curriculum on perpetration of economic IPV

(a) Occurrence



(b) Frequency



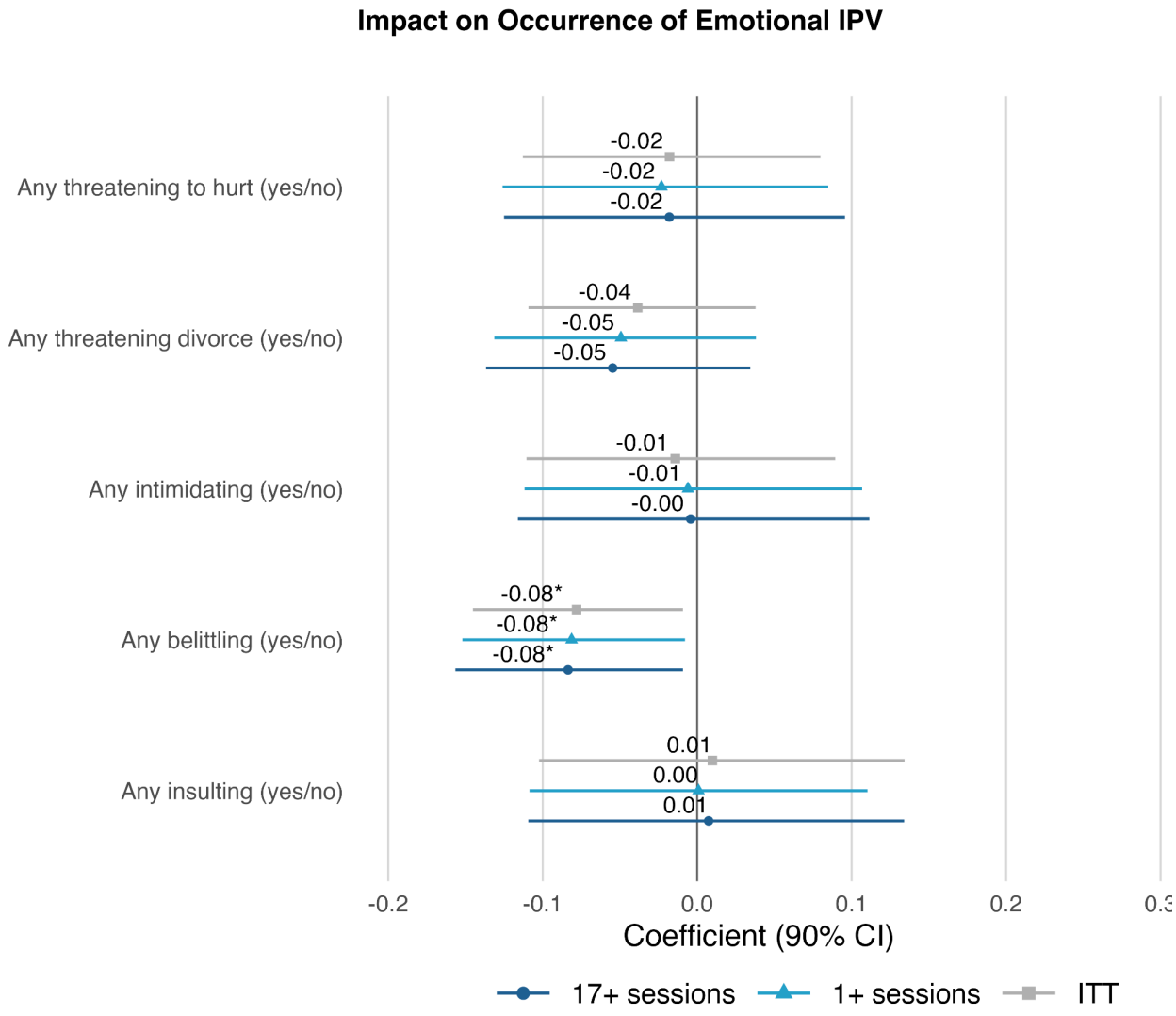
Note: *The coefficient plots show estimated treatment effects of the intervention on both the occurrence and frequency of economic perpetration as reported by men. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show the 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

Emotional IPV

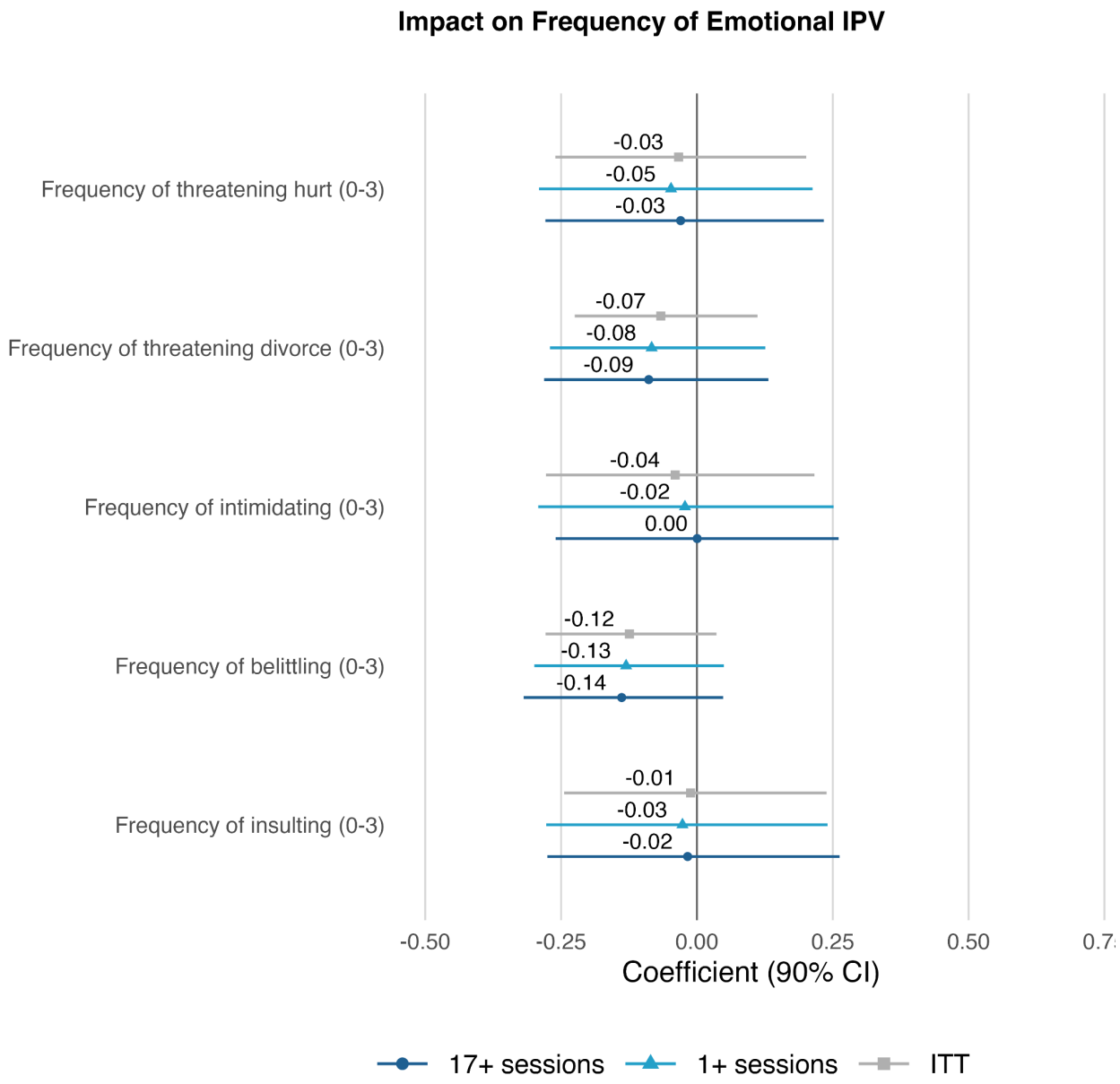
Although there were no programme effects on overall emotional IPV prevalence, we found that the couple's curriculum reduced **women's experiences of being belittled by their husbands in front of others** (improved by 8 percentage points) (Figure 7). These results were consistent across all treatment specifications, lending more confidence to these results. Given that this was the only act of emotional violence that is experienced in public, the result shows that the involvement of men in the couple's curriculum has the potential to reduce publicly perpetrated emotional violence. However, this effect was not significant for the frequency of belittling. There were also no programme effects on other forms of emotional IPV in terms of occurrence or frequency.

Figure 7. Impact of the couple's curriculum on experiences of emotional IPV

(a) Occurrence



(b) Frequency



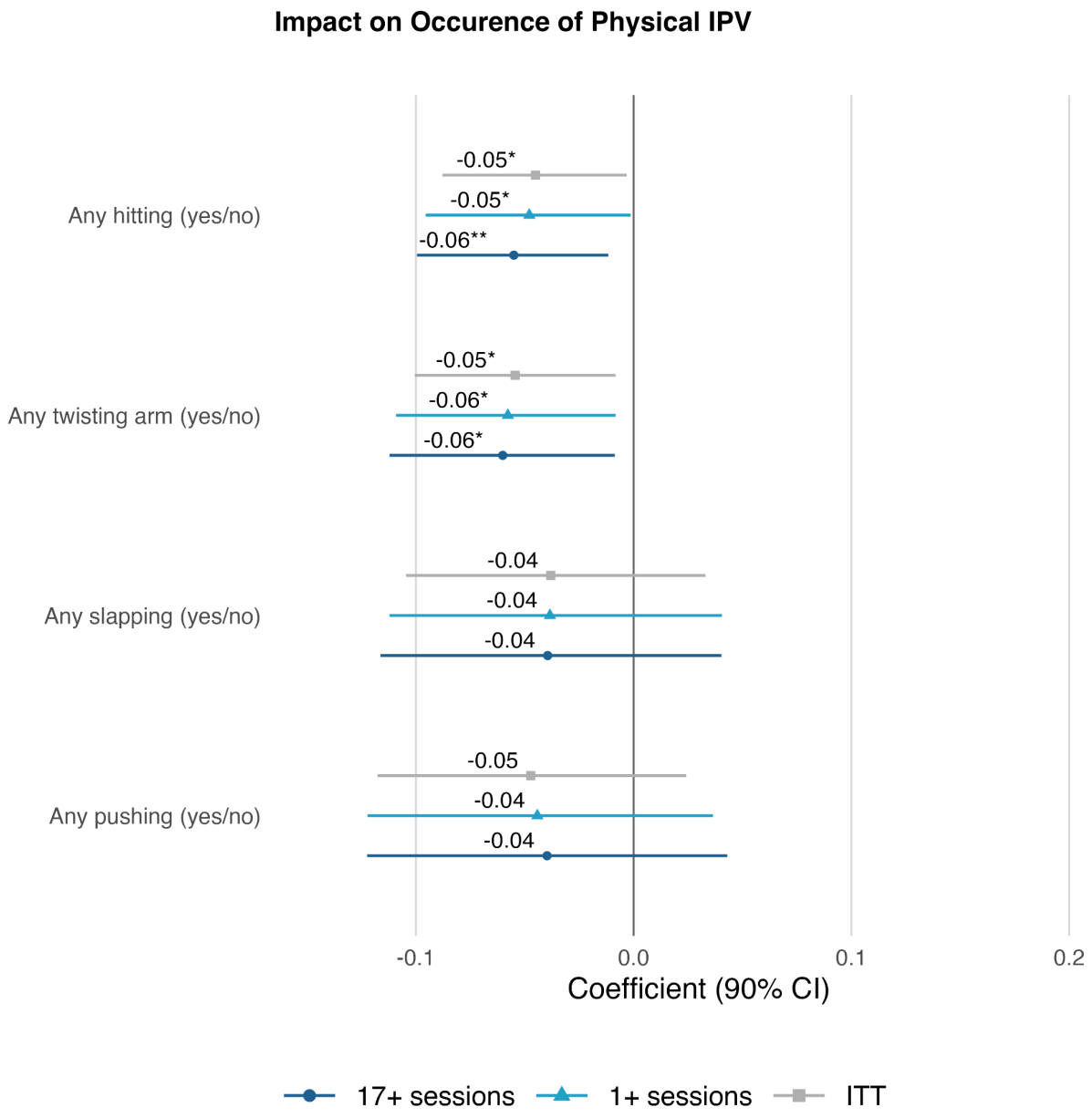
Note: *The coefficient plots show estimated treatment effects of the intervention on both the occurrence and frequency of emotional violence as reported by wives. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show the 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

Physical IPV

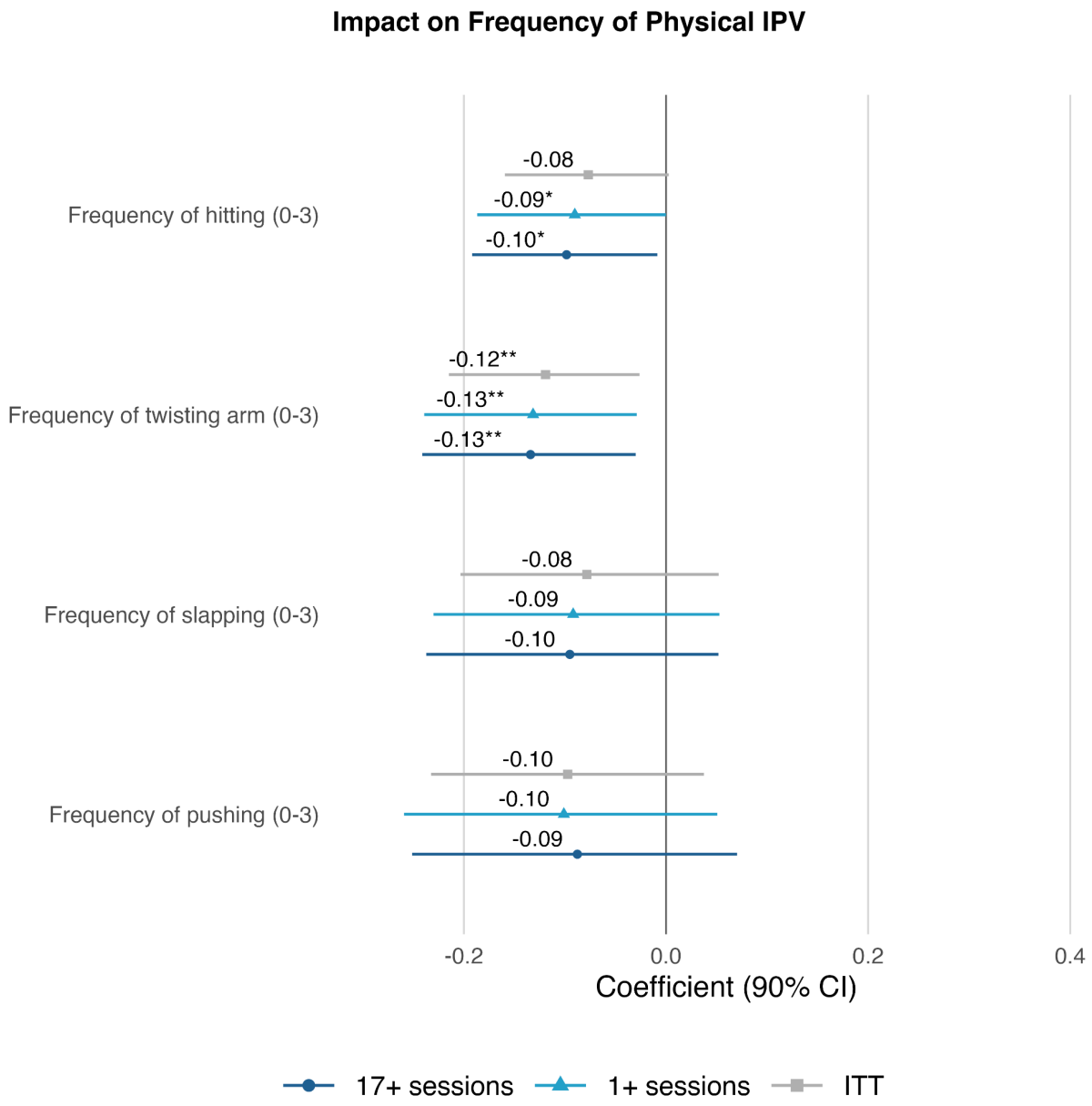
While the programme also did not affect the occurrence of women's physical IPV experiences, the **frequency of women's physical IPV experiences decreased** by around 21% ($p<0.1$) compared to women who only received economic support.

Figure 8. Impact of the couple's curriculum on experiences of physical IPV

(a) Occurrence



(b) Frequency



Note: *The coefficient plots show estimated treatment effects of the intervention on both the occurrence and frequency of physical violence as reported by wives. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show the 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

Examining the impacts on individual acts of violence, we detected decreases in experiences of women being hit (6 percentage points reduction) or having their arms twisted by their husbands (a 5 percentage point reduction) (Figure 8) as a result of the programme. There is marginal, but significant, dose-effect response to the treatment. This implies that **among couples who attended more than 17 sessions, wives reported being less likely to experience being hit or having their arm twisted**, which are statistically significant at 5% and 10% levels, respectively.

The frequency of experiences of these acts, which are more severe forms of IPV, also became less recurrent due to the intervention. The frequency of arm twisting decreased significantly for couples attending at least 1 or 17 sessions, while the frequency of hitting declined by around 9 to 10 points, and is significant for those who attended 1+ session. Overall, these findings demonstrate that the **couple's curriculum was most effective in reducing both the occurrence and the recurrence of severe acts of physical IPV**, with effects becoming slightly stronger among couples who attended more sessions, highlighting a dose-response pattern and reinforcing the importance of sustained engagement of participants in these sessions to mitigate IPV.

8.2. Impact on decision-making

LQ2: What are the impacts on the joint decision-making for wives and husbands?

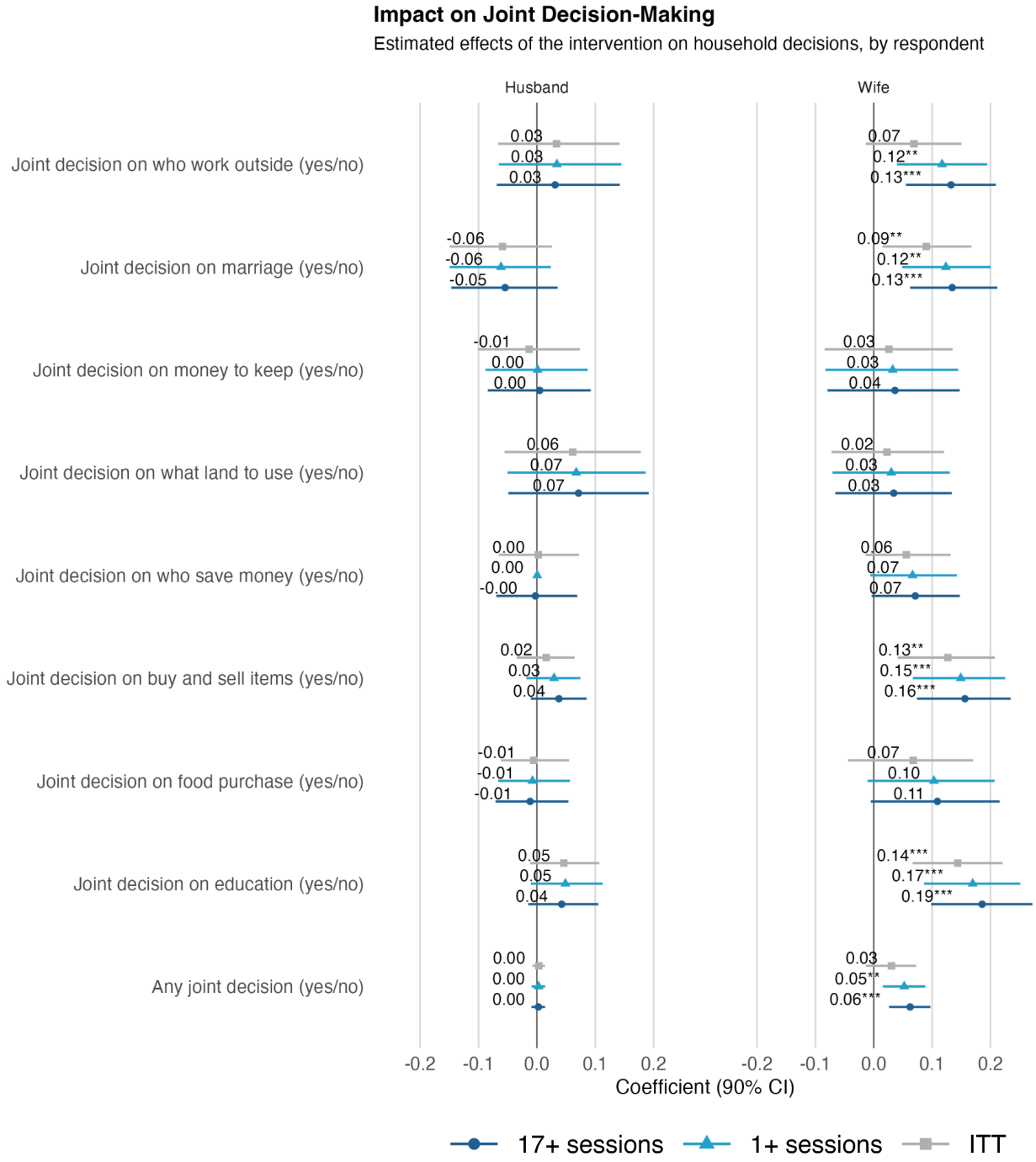
- The programme successfully increased women's reported joint decision-making on a number of domains, including working outside the home, girl marriage, and food purchases
- There were no programme impacts on men's reported joint decision-making, or sole decision-making among women or men

The couple's curriculum substantially increased women's reported joint decision-making with their husbands across multiple domains in all empirical models: joint decision-making about who works outside the home rose on average by 12 percentage points, joint decisions on children's education increased by 18 percentage points, joint decisions on girl marriage rose by 12 percentage points, joint decisions on food purchase increased by 11 percentage points, and joint decisions on buying and selling household items increased by 14 percentage points (Figure 9). These gains were the largest among women who attended at least 17 sessions, and highlight a clear dose-response relationship.

The programme did not alter men's reported joint decision making in any domain. We also did not find any programme effects on women's or men's sole decision making in any domain (Figure 10).

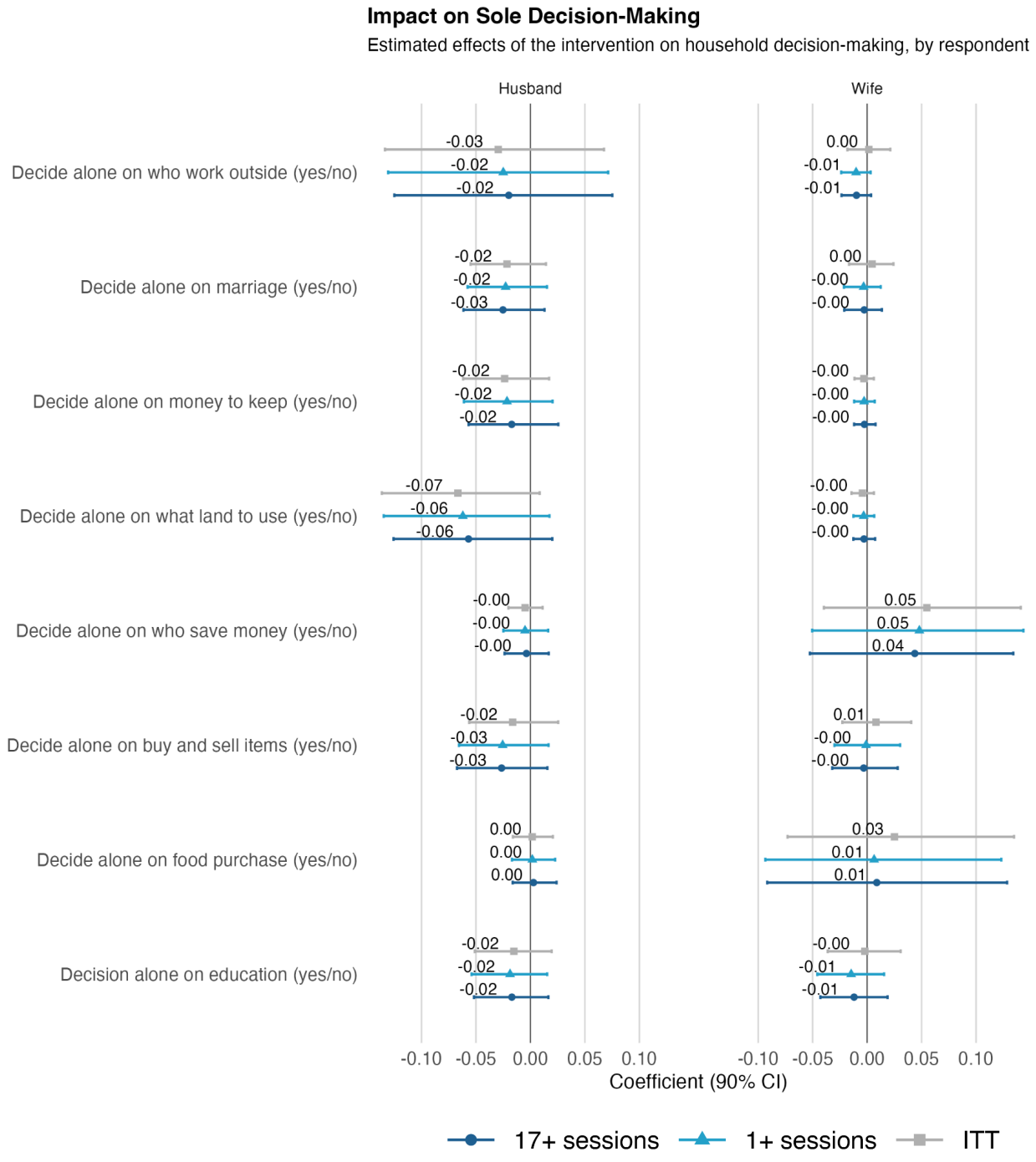
The differences in the effects between wives and husbands suggest that while women perceive and experience an increase in shared decision-making within the household, husbands may not fully recognise or acknowledge that these decisions are made jointly. Nevertheless, these findings underscore the intervention's effectiveness in empowering women to participate more actively in household decisions, even if men's reporting does not fully reflect these shifts. A post-endline follow-up will further shed light on whether these changes have been sustained and if men's perceptions around decision-making may have taken longer to shift.

Figure 9. Impact of the couple's curriculum on joint decision-making



Note: *The plot shows estimated treatment effects of the interventions on joint decision-making as reported by wives and husbands. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors and p-value computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Only significant estimates have stars displayed next to the coefficient. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

Figure 10. Impact of the couple's curriculum on sole decision-making



Note: *The plot shows estimated treatment effects of the interventions on sole decision-making as reported by wives and husbands. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors and p-value computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Only significant estimates have stars displayed next to the coefficient. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

8.3. Impact on gender attitudes

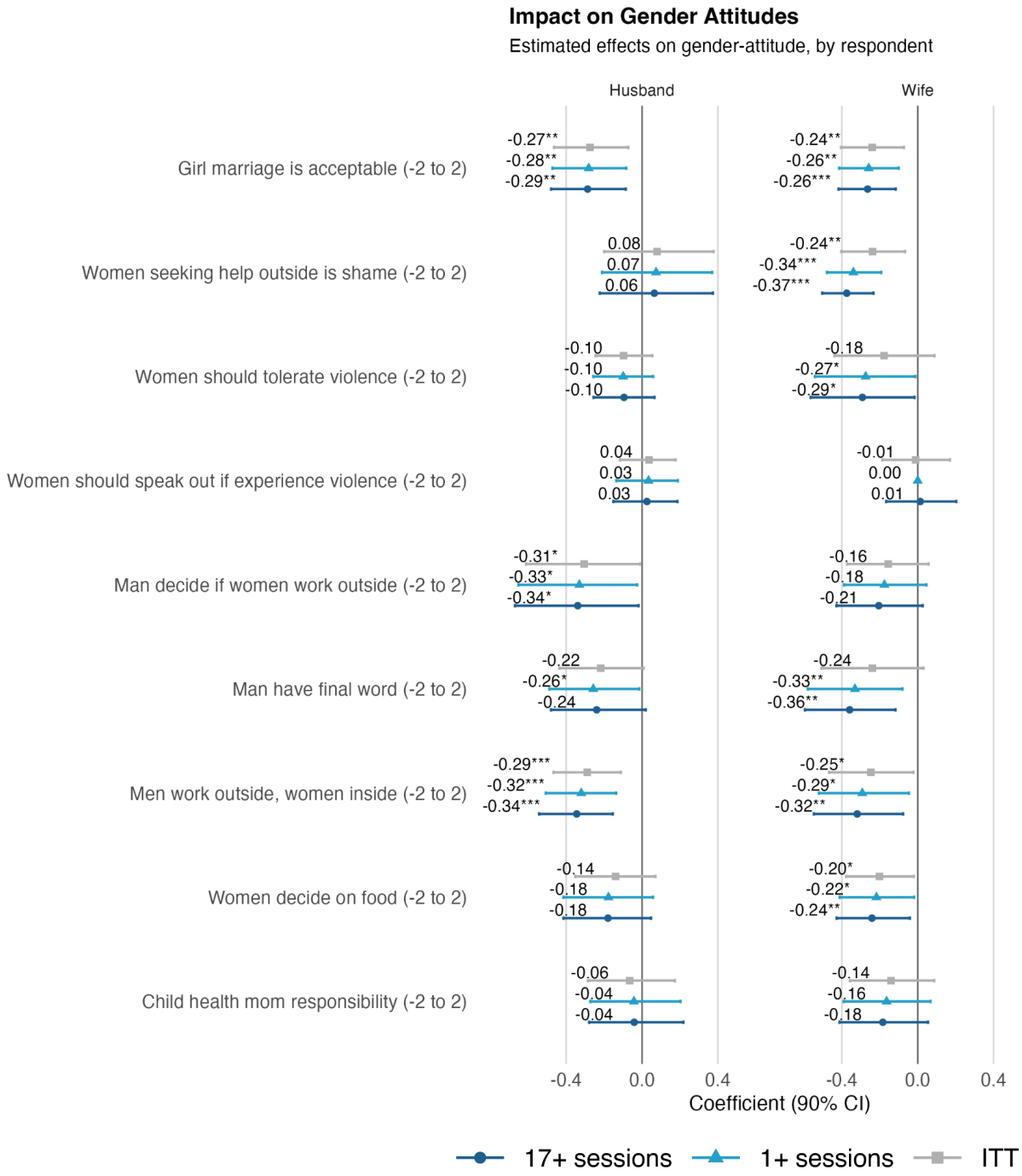
LQ3: Does the intervention influence women's attitudes about wife-beating and wives' and husbands' gender attitudes?

- There were notable shifts towards more egalitarian gender attitudes among participating couples, particularly around child marriage and women's work outside the home
- While the programme improved women's attitudes about tolerating violence and seeking help for violence, there were no such improvements for men
- Men's time spent socializing increased by about 30 minutes as a result of the programme, likely time spent in the sessions themselves. There were no other shifts in women's or men's time use

The programme shifted gender attitudes toward more egalitarian views among participating couples (Figure 11). Both women and men in the treatment group reported notable decreases in agreement with statements such as: "child marriage is acceptable" and "men should work outside while women work at home". We also observe, particularly among wives, strong decreases with the statement that "men should have the final word in household decisions", and that "women decide alone what food to buy and cook". A ceiling effect was observed on perceptions that women can speak without harm, where baseline agreement was already near-universal both among men (96%) and women (94%), leaving limited scope for further gains.

Notably, a clear dose-response pattern emerged based on the number of sessions attended and attitudes statements about violence. Among women who attended more than 17 sessions, agreement that women should tolerate violence to keep her family together fell by 29 percentage points. The programme also reduced agreement on the statement "seeking help outside the home for violence brings shame to the family" by 37 percentage points among women, which is an important potential protective factor against IPV. These improvements were not seen among men.

Figure 11. Impact of the couple's curriculum on gender attitudes of husbands and wives

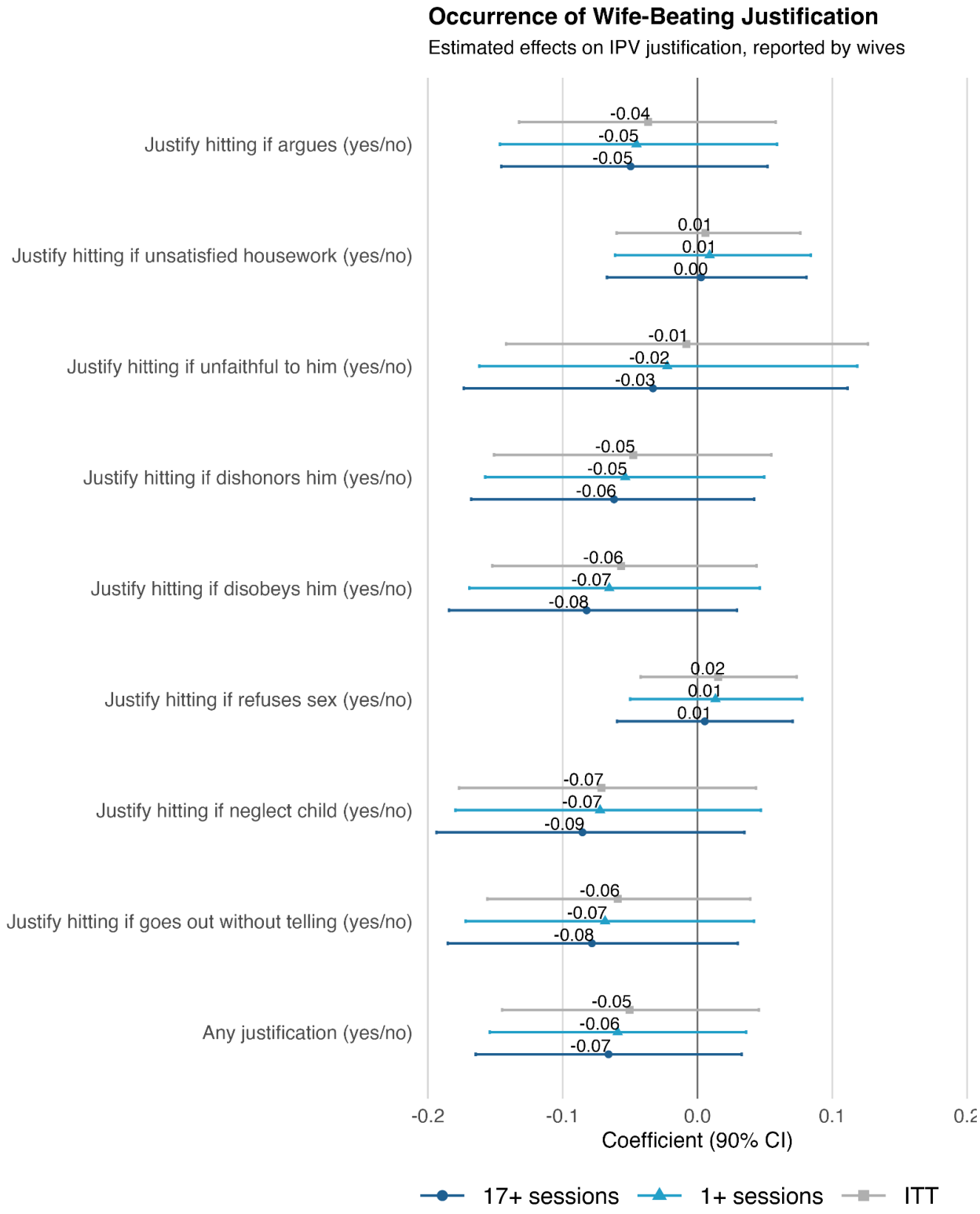


Note: *The plot shows estimated treatment effects of the interventions on gender attitudes as reported by husbands. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors and p-value computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Only significant estimates have stars displayed next to the coefficient. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

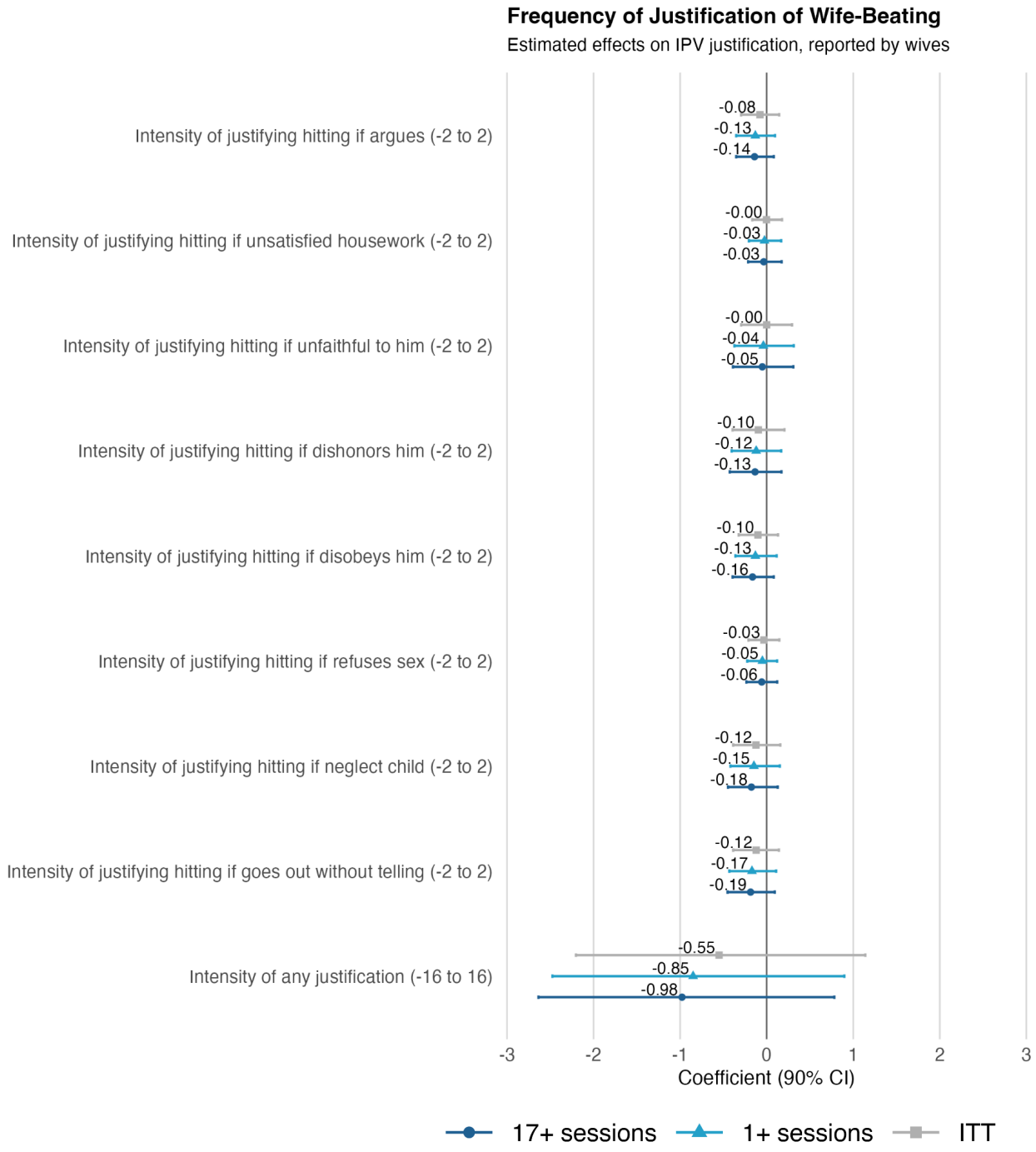
Furthermore, **the curriculum did not generate statistically significant shifts in women's justification of wife-beating** across specific scenarios in the short-run (Figure 12). These results suggest that the couple sessions (regardless of the dose) alone are not sufficient to change these deep-rooted beliefs around the justification of violence against women in the short-run or that these attitudes take longer time to change.

Figure 12. Impact of the couple's curriculum on justification of wife-beating

(a) Occurrence

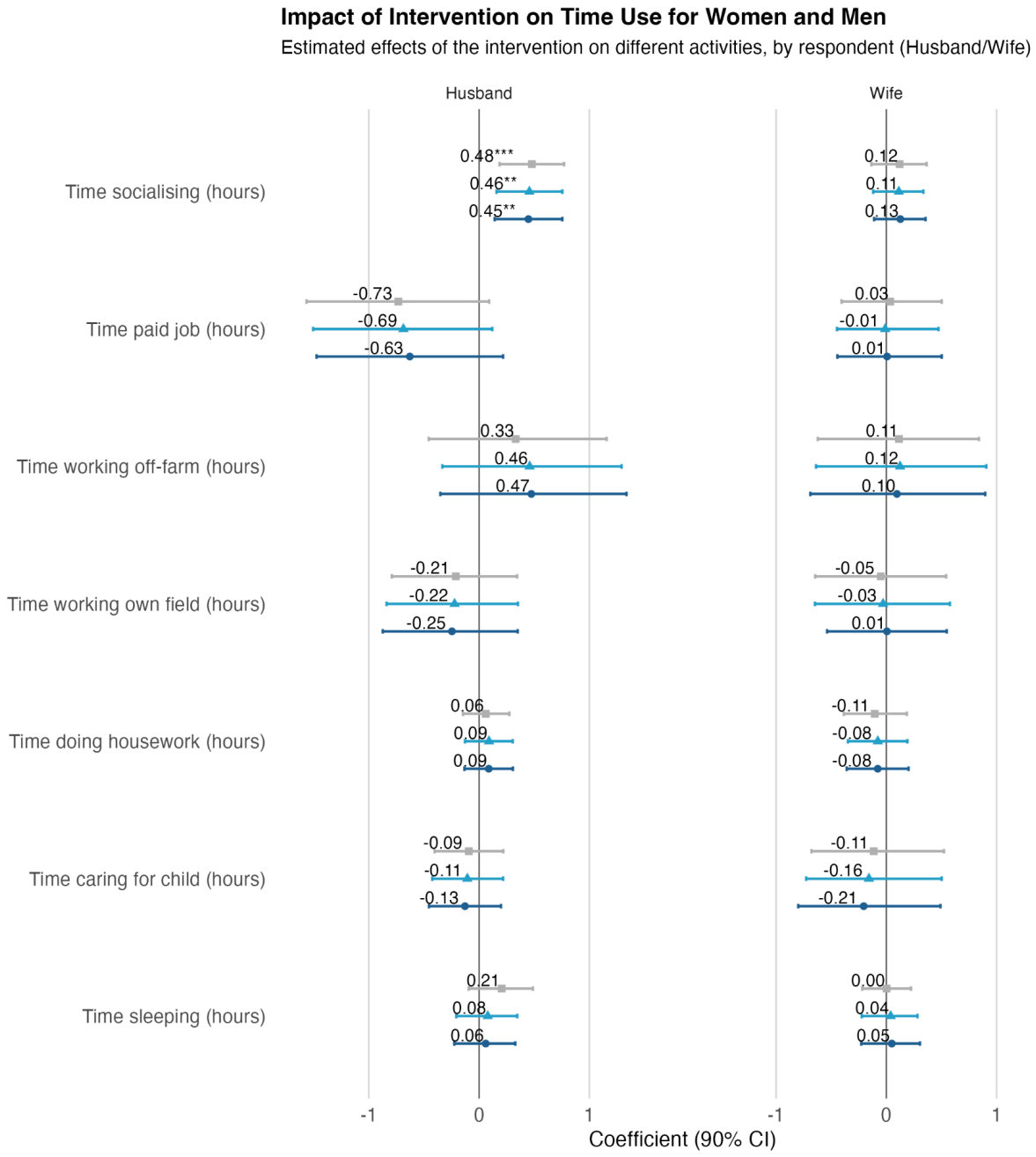


(b) Frequency



Note: *The plot shows estimated treatment effects of the interventions on the justification of IPV as reported by wives. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors and p-value computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Only significant estimates have stars displayed next to the coefficient. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

Figure 13. Impact of the couple's curriculum on time-use



Note: *The plot shows estimated treatment effects of the interventions on the time use as reported by wives and husbands. Coefficients are obtained from OLS regressions including round fixed effects, with standard errors and p-value computed using wild cluster bootstrap clustered at the village level. Dots represent the point estimates, and error bars show 90% confidence intervals. Stars indicate statistical significance based on the bootstrap p-value: * p < 0.10, ** p < 0.05, *** p < 0.01. Only significant estimates have stars displayed next to the coefficient. Treatment effects are distinguished by forms and colours: ITT (light gray square), compliance to 1+ sessions (medium blue triangles), and compliance to 17+ sessions (dark blue circle). The vertical line at zero indicates no effect.*

We also assessed whether the curriculum affected women's and men's time use over the previous 24 hours (Figure 13). There were no effects found for women in any of the dimensions. For husbands, however, the programme increased time spent on socializing by 0.48 hours (approximately 30 minutes).

Overall, the evidence suggests the curriculum is effective in moving several salient norms and help-seeking attitudes, particularly with higher participation, but may be insufficient on its own to alter deeply entrenched beliefs that condone violence without additional, complementary strategies or might show such effects in the long term. For wives, the couple's curriculum had no significant impact on overall time use on sleeping, childcare, housework, farming, paid work, or socialising. For husbands, time use was largely unchanged, except for socialising, which increased significantly, likely reflecting participation in these group sessions.

8.4. Impacts on economic outcomes

LQ4: Does the intervention affect women's engagement in income generating activities and time spent on work? Are there add-on effects of the couple's curriculum in improving livelihood and food security outcomes of couples compared to only the economic support?

- The programme did not affect women's engagement in income generating activities or time spent on work
- There were also no programme effects on livelihood and food security outcomes, likely reflecting that the evaluation is designed to capture the added effect of the couple's curriculum

Next, we tested whether participation in the couple's curriculum had any impact on economic and livelihood outcomes, including on women's engagement in incoming generating activities, and time spent on work. There is no strong statistical evidence the couple's curriculum, even with full attendance, led to any improvements in economic and livelihood outcomes (Table A3) .

This pattern was consistent across all models, suggesting that **the programme did not generate any short-term improvement in economic or livelihood outcomes** beyond those achieved through the micro-grants and the vocational training alone. These results emphasise the focus of the couple's curriculum, which is primarily designed to target violence, household decision-making, and gender attitudes, rather than economic or livelihood outcomes.

As this evaluation compares the additive effect of the couple's curriculum, that is, both the control and treatment groups received economic support, the lack of significant effects may reflect that both groups improved equally. For instance, household income increased by 8.2 million SYP for the control group and by 7.7 million SYP for the treatment group between baseline and endline. Similar improvements were observed in FCS, with increases of 9 and 6 points for the control and treatment groups, respectively (Table A4, Model 5 under Intention-to-treat).

These results further highlight that material improvements in livelihoods likely require direct economic measures alongside, and not replaced by, the couple sessions.

9. Robustness Checks and Limitations

9.1 Robustness checks

We conducted several analytical checks to ensure the robustness of the results across different model specifications. As explained in Section 5, we tested different regression models in a nested way. In addition to the main model, we controlled for the baseline outcome levels in Model 2, additionally accounting for baseline characteristics of wives in Model 3, and, finally, adding the husbands' socio-demographic characteristics in Model 4. We also tested the difference-in-differences estimation with individual fixed effects to account for any unobservable individual level characteristics in Model 5. All results are presented in the Annex.

In Table A5, reductions in the frequency of any physical violence remain consistent across most model specifications. These reductions disappear in Models 4 and 5 in the ITT analysis, but are maintained in the compliance with 1+ session and 17+ sessions analyses in Model 5, indicating that the main effect is fairly, but not completely, robust.

In Table A6, the occurrence of twisting arm and hitting remain significant for Models 1 and 2, but not for the other models in the ITT and compliance with 1+ session analyses. There are varying results with the compliance with 17+ sessions analysis. Similarly, the frequency of twisting arm and hitting are significant across Models 1 to 3, but not with Models 4 and 5 for the ITT analysis, along with varying results for the 1+ sessions compliance analysis. These changes highlight that the effects are sensitive to model choice. However, we find consistent significant reductions in the frequency of hitting for the compliance with 17+ sessions analysis, reflecting that this effect is robust to model specification.

In Table A7, belittling by husbands shows significant reductions across Models 1–3, although the effect is not significant in Models 4 and 5. Other forms of emotional IPV, such as insulting, intimidating, or threatening, remain largely unchanged. The frequency of threatening divorce is significant only in the DiD model across all treatment types, suggesting that a positive impact exists when we account for time-invariant characteristics.

Table A8 confirms that the effects on experience of economic IPV are consistent across all specifications, with no impacts of the programme on occurrence or frequency. In contrast, the perpetration of economic IPV (Table A9) shows a strong and significant increase in the occurrence and frequency of husbands spending money on themselves despite household needs. These effects are robust across all models, including the DiD estimation.

Table A10 and Table A11 confirm significant improvements in women's decision-making regarding education across most model specifications. Joint decisions about what items to buy or sell, as well as child marriage are significant at endline (Models 1–4), but not in the DiD model once we account for all time-invariant characteristics. Decisions about women working outside the home are significant starting from 1+ sessions and show a clear dose-response effect, but are not robust to the DiD estimation (Model 5). Table A11 confirms that there are no consistent impacts in women's sole decision-making for any of the domains regardless of the used specification. For men, the programme does not show any significant changes on joint decision-making across any model, and confirms the validity of our results (Table A12). However, we see a decrease in men's sole decision-making with the DiD specification for some domains, such as decisions related to education, what food to buy, and child marriage (Table A13).

Table A14 confirms the results on women's attitudes about deciding what food to buy and cook, which improves across endline models, although not in the DiD specification, except for the 17+ sessions analysis. There are also robust results regarding women's gender attitudes on men having the final word for the compliance analyses. Women's agreement that seeking help outside brings shame decreases significantly in all models except the DiD in the ITT analysis. Among men, attitudes shift toward supporting women working outside across most specifications and treatments, while reducing acceptance of early marriage is seen across all specifications except DiD (Table A15). There were varying results regarding husbands' opinions of men having the final say in household decisions.

Table A16 confirms that there is no impact of the intervention on women's justification of wife beating across any model or treatment specification.

Finally, Table A17 confirms that there were no impacts on women's time allocation across all models and treatments. For men, time spent socializing increases significantly in endline models, although this effect is not significant in the DiD model (Table A18).

9.2 Limitations

The impact evaluation has several limitations:

First, the study was conducted in a context where people were exposed to and/or experienced varying levels of violence and conflict since 2011. During fieldwork, skirmishes near certain villages were still occurring, which affected both implementation and data collection timelines. For example, the intervention was rolled out in a staggered manner across different rounds and villages, due to operational constraints and security circumstances. While this approach helped deliver the programme in a highly volatile context, it also implies that participants were exposed to the intervention at different points in time and under varying contextual conditions. These differences may affect the comparability of impacts across rounds. Therefore, we include round fixed effects in the analysis to account for this heterogeneity, yet the residual variation related to staggered rollout may remain.

Second, baseline and endline surveys asked respondents about IPV experiences over the past 12 months. However, in some rounds (particularly rounds 2, 3, and 4), the interval between baseline and endline data collection was shorter than 12 months (around 8–9 months on average) meaning that endline reports may partially overlap with the period preceding baseline. This shorter time frame between baseline and endline was due to challenging security circumstances in Syria and the fall of the regime, which pushed the partners from round 2, 3, and 4 to deliver the intervention sessions over a shorter period to minimise participant attrition. We conducted additional analyses focusing only on the impact estimates from round 1 (not displayed), and generally found larger magnitudes and significance on the main outcomes of interest. For instance, the impact of the couple's curriculum on mitigating emotional violence is significant with a slightly larger effect size. Therefore, impacts should be interpreted as a lower bound effect of the intervention, as we might still be capturing baseline experiences of IPV during the follow-up.

Third, based on earlier fieldwork and qualitative studies of the implementation partners indicating a high prevalence of IPV against women and girls, we were cautious about administering the standard IPV module to women to protect both women respondents and interviewers. Consequently, we did not collect detailed data on particularly sensitive forms of IPV such as burning, choking, or attacks with a weapon. Similarly, reflecting implementation partners' concerns and ISDC's 'do no harm' policy, we asked husbands

only about economic IPV perpetration, but not about the perpetration of emotional or physical IPV. These choices were made to prioritise the safety of wives and interviewers. As a result, we did not measure IPV severity using conventional methods, which consider the severe and sensitive forms of IPV types. These changes may limit the comparability of this study with other studies. Furthermore, because we do not measure the same outcomes for husbands and wives, our ability to assess some impacts on husbands and examine couple concordance on all IPV outcomes is limited.

Fourth and relatedly, responses from both men and women may have been influenced by their perceived expectations of the implementation and evaluation teams, particularly at endline and after the rollout of the couple sessions. In addition, although SRI implemented the programme and supported data collection, different teams were involved in these aspects: the food security and livelihoods team implemented the programme, while data were collected by the monitoring, evaluation and learning team. To assess potential social desirability bias that may have arisen as a result, we implemented a list experiment at endline and compared its results with the outcomes from survey questions. However, results from the list experiments cannot be used directly to adjust for the biases in the reporting of IPV at the individual level, which limits the ability to correct for these biases in the regression analysis. In the interpretation of the findings, we take these differences in reporting into consideration, particularly around the effects of the perpetration of economic violence by men.

While the utmost care was given to ensuring privacy and confidentiality, given the nature of the couple's curriculum and some of the outcomes, the data are highly subject to social desirability bias. We expect that women and men were less likely to report about experiences and perpetration of IPV, respectively. This is particularly the case for those with higher levels of compliance (e.g., attending 17 or more sessions). Therefore, the programme estimates should be interpreted cautiously, as higher compliance may be correlated with greater willingness to provide socially desirable responses rather than actually reflecting stronger treatment effects.

Fifth, endline data were collected one-month after the intervention, which means we primarily capture immediate impacts of the couple's curriculum. An additional follow-up wave would allow us to assess the sustainability of impact, or whether effects increase, decrease or emerge over a longer period in line with the theory of change. Because prior studies assess similar programmes approximately 1-2 years after implementation, our estimates of the immediate impact are not directly comparable, as behavioural changes may take longer to emerge.

Sixth, attrition between baseline and endline was not random. Specifically, older respondents, persons living with disabilities (PLWDs), and poorer households were more likely to drop out of the study. This differential attrition may bias the results if treatment effects differ systematically for these groups. For instance, since PLWDs face greater constraints to participating in couple sessions, the estimated impacts may not fully reflect the effects of the intervention for these subpopulations. However, balance checks were conducted and suggest that attrition does not differ systematically by treatment status.

Seventh, the analysis covers a large number of outcomes and regression specifications, especially across different IPV domains and their potential mechanisms. However, adjustments for multiple hypothesis testing are beyond the scope of this report.

Finally, the unique context of this study and exclusive focus on couples limits the generalizability of these findings to other contexts and populations. Nevertheless, despite these main limitations and potentially others that are not discussed, the study adds a wealth of evidence from an understudied context to understand what works to improve gender equity and prevent IPV.

10. Discussion

This section synthesizes the key findings from this evaluation, interpreted with elements of the Prevention Collaborative's Prevention Triad Framework (Stern et al., 2023). While we interpret the results and add key factors keeping the Syrian context and population in mind, there is much less direct and recent evidence from the country due the challenging nature of the conflict and setting. This study contributes to filling this evidence gap. We also touch on aspects of the programme model and operational foundations in this section and the conclusions. Furthermore, we situate the results within the broader household wellbeing, women's empowerment and IPV prevention literature to develop insights that may be transferable to other contexts.

This impact evaluation was conducted among married couples who were beneficiaries of economic support in the form of microgrants to women in the Northeast of Syria during the conflict. Consistent with what is observed in conflict settings, the intervention implementation and data collection faced multiple operational challenges. These include insecurity, population displacement, and local disruptions, all of which affected both the timing and sequencing of couple sessions. Notably, the endline survey did not cover a full-12 month recall period for some rounds due to condensed implementation sessions designed to minimise attrition. In addition, not all the planned samples were enrolled in every village, reflecting the practical difficulty of reaching the sample under such volatile

conditions. Collectively, these factors highlight the methodological and operational complexities of conducting rigorous impact evaluation in conflict settings.

Yet, despite this challenging context, the impact evaluation experimentally tests whether the *Indashyikirwa* couple's curriculum, provided in addition to economic support to married women, improves joint intra-household decision-making and equitable gender attitudes, reduces acceptance of violence, and leads to reduction in IPV. Using an experimental study design, we estimate the immediate impacts of the programme, which leads to several key findings.

First, **the couple's curriculum does not causally contribute to short-term improvements in women's reported experiences of any intimate partner violence**. Although there were no programme impacts on the combined IPV indicators, we did find that the programme **reduced women's experiences of severe physical IPV in the short-term,** namely women's experiences of being hit and having their arms twisted in the past 12 months. We also find decreases in women's reports of emotional violence perpetrated by their husbands, particularly experiences of belittlement in public.

The lack of an immediate effect of the *Indashyikirwa* couple's curriculum on overall IPV outcomes likely reflects the entrenched patriarchal norms of Syrian households, where male authority and control over women's role remain strongly reinforced, and IPV is often considered a private, socially acceptable matter. In such contexts, the direct impact, even of intensive training to change social norms, is unlikely to yield immediate behavioural change.

Findings from programmes in other conflict-affected settings also show similar patterns. For instance, in Afghanistan, a combined social and economic empowerment training programme also found no effects on IPV (Gibbs et al., 2020b). Even from the broader evidence base, there are no studies that have found statistically significant reductions in IPV through economic and social norms programming, delivered separately or together, in conflict, post-conflict and other humanitarian crises (Spangaro et al., 2021). Nevertheless, and similar to our study, there is some evidence of reduced risk factors for IPV, including through changing gender attitudes, for which we found some evidence in our study.

Our evaluation also relied on data that was collected approximately one month after the couple's curriculum sessions were completed, thereby limiting the time frame for programme impacts to emerge. Evidence from the Indashykirwa evaluation in Rwanda showed substantial reductions in physical violence after 24 months post-baseline, once participants had sufficient time to internalise positive gender norms (Dunkle et al., 2020). Other studies in the Spangaro et al. (2021) systematic review on programmes tackling IPV

in conflict-affected settings also had a maximum follow-up period of two years. As changing patterns of abuse and gendered social norms require longer time frames, there is a crucial need to further ground evaluation timelines with theories of change and allow sufficient time for impacts to materialise.

Second, there were no changes attributable to the programme on men's overall perpetration of economic IPV. However, an examination of individual types of economic IPV showed that **treatment group men were more likely to report spending money that the household needed on themselves**, revealing an unanticipated negative impact of the programme. As previously discussed, there may be different reasons for this finding. First, this increase may reflect that husbands who participated in the curriculum may have understood aspects of the curriculum to also be empowering for men. Second, men who were part of the curriculum may have been more likely to recognize this behaviour or felt more comfortable reporting it after attending the sessions. Third, we considered that the SME support to wives may have been perceived as being meant for and used on household needs, thereby reducing men's breadwinner strain. We internally checked and discussed whether this survey question could have been misunderstood by respondents, but the translation of this survey item was sound. Fourth, these increases may indicate potential male backlash, where men feel threatened by changes in intrahousehold power dynamics and perpetrate this form of IPV to maintain the status quo. We are unable to isolate the underlying reasons for such an unintended effect with the existing survey and study design, but have included questions to unpack these topics on SME support and men's breadwinner strain in the post-endline and qualitative work.

Third, although immediate impacts on IPV were small or absent in our study, the programme **significantly enhances women's reported participation in joint household decision-making** across most economic and social domains within a short period. We clearly detect a dose-response pattern - there are stronger programme effects among couples who attended more sessions. Findings from the study in Afghanistan, which found that women reported more gender equitable attitudes and more household decision-making, may shed light on these dynamics (Gibbs et al., 2020b). Supporting qualitative work highlighted that while women were able to raise their concerns or make suggestions to their husbands, they felt unable to challenge their husbands views (ibid). We posit that although women perceive these concerns and suggestions as contributing to decisions, husbands may not perceive so. More broadly, decision-making indicators are subject to several constraints, including differences in perceptions between husbands and wives on what constitutes a joint decision, the need to understand these perceptions in each context, and whether these measures appropriately capture women's status (Acosta et al., 2020; Seymour & Peterman, 2018; Peterman et al., 2021). Accordingly, our findings

on increases in women's joint decision-making, but not men's, may indicate differences in perceptions of joint decision-making, rather than a lack of impacts. We also caution that our endline survey was conducted one month after the end of the sessions, and that responses to these questions may be highly prone to social desirability bias, which we elaborate on in the limitations section.

Women's joint decision-making about working outside the home also improved as a result of the programme. Both women's and men's **attitudes about women working outside the home also improved, signalling the effectiveness of the key component of the curriculum**. We attribute the lack of effects on women's economic engagement (behaviours) to the nature of the intervention and evaluation design - all women received SME support to open or expand their businesses, and the evaluation focuses only on the additional effect of the curriculum. We did not find significant effects of the programme on women's time spent on work, which might be attributed to women already working more than usual due to the war (World Bank, 2025). We also did not observe changes in men's involvement in domestic activities, and were unable to further disentangle men's involvement in women's SMEs. These are areas that will be explored in the post-endline survey and qualitative work.

Fourth, the programme **shifts gender attitudes toward more egalitarian views,** notably lowering support for girls' early marriage, among both women and men. These findings demonstrate that sessions 10 and 11 of the curriculum on addressing early marriage (Table A1) were an effective component of the curriculum. Although child marriage was a common practice prior to the conflict, conflict- and displacement-related concerns have added new drivers of child marriage in the country (Mourtada et al., 2017; UNFPA, 2025).[10] In addition, while we see improvements in attitudes related to child marriage, we are unable to assess whether behaviours also changed as a result of this curriculum, i.e., if couples delayed the marriage of their children. Nevertheless, the meaningful gains from our study may yield long-term welfare improvement for women and girls.

Finally, while **the programme improved women's attitudes about tolerating violence and perceived shame in seeking help for violence, there were no such effects for men**. There were also no programme impacts on the justification of wife beating among women or men. These effects may also take longer to emerge. In the medium to long term, if women's attitudes and behaviours shift faster than those of men, these dynamics could potentially

[10] There are few updated estimates on the prevalence of early marriage in Syria. There are some recent estimates from Syrian refugees in other countries (https://www.girlsnotbrides.org/learning-resources/child-marriage-atlas/regions-and-countries/syria/) and a recent commitment in 2020 to reduce the child marriage rate from 13% to 5% (https://www.nairobisummiticpd.org/commitment/reducing-rate-early-marriage-13-5-0).

lead to increased IPV through male backlash effects. Rigorous confirmation of such downstream effects will require follow-up data collection from the same household over an extended horizon.

Overall, the Indashykirwa couple's curriculum, delivered alongside economic support to married women in Northeast Syria, shows early promise in shifting gender norms, strengthening women's agency, and reducing severe forms of physical IPV and public emotional abuse, while broader reductions in IPV were not observed. These results likely reflect the entrenched patriarchal norms, often normalising IPV, and the challenges of achieving rapid behaviour change in conflict-affected settings.

11. Conclusions

This section draws together the key findings and provides an overview of programme strengths and areas for improvements in relation to the different pathways of change.

Pathway 1: Reduced financial stress and improved household wellbeing

The couple's curriculum alone was not designed to generate additional short-term gains in income, food security, or livelihoods beyond those achieved through the SME support. Accordingly, we did not see any differential economic impacts between those who received the couple's curriculum and those who did not. Consistent with the design of the study, both groups experienced improvements in income, food security, and livelihood outcomes between baseline and endline, reflecting the effectiveness of the economic support component. Importantly, the curriculum contributed indirectly to this pathway by increasing women's participation in joint decisions about working outside the home and by shifting attitudes among both women and men toward greater acceptance of women's economic participation, which may support longer-term economic cooperation within households.

Pathway 2: Empowerment through enhanced joint decision-making and equitable intrahousehold dynamics

Our findings demonstrate strong support for this pathway, particularly from women's reports. The programme substantially increased women's reported joint decision-making across multiple domains, including employment, food purchases, children's education, and decisions about girls' marriage, with clear dose–response effects among couples attending more sessions. While men did not report similar changes, this divergence likely reflects differences in perceptions of what constitutes joint decision-making rather than an absence of real shifts. These findings indicate meaningful short-term gains in women's

agency and voice within households, even in a highly patriarchal and conflict-affected setting.

Pathway 3: Gender-equitable norms and reduced acceptance of violence

The results provide partial support for this pathway. The programme shifted women's and men's gender attitudes in the short term, notably reducing acceptance of child marriage and increasing support for women's work outside the home. Among women with high programme exposure, there were also large reductions in attitudes supporting tolerance of violence and stigma around help-seeking. However, there were no short-term changes in justification of wife-beating, underscoring the deeply entrenched beliefs around IPV, which require longer durations and sustained reinforcement to shift.

Cross-cutting: Male behavioural engagement and reduced perpetration of economic IPV

Evidence for this pathway is limited in this short-term impact evaluation. While the programme reduced women's experiences of some specific forms of IPV (belittling in public, being hit, having arm twisted), there were no overall reductions in overall combined outcomes of women's experiences or men's perpetration of economic IPV. We also observed an increase in men's self-reported spending on themselves, which could suggest that men are more honest about their reporting, misunderstandings about microgrant support, or short-term resistance to changing economic power dynamics. Together, these findings highlight that more intensive or tailored engagement with men may be required to translate normative change into consistent behavioural change. Further research will also help unpack these unintended effects.

Unintended effects and implications

The results show potential short-term tensions around economic power, which aligns with the risk of economic backlash identified in the theory of change. There are no unintended effects of the programme on other outcomes measured.

In sum, the programme successfully activated the normative pathway, particularly among women, and showed early reductions in the most harmful forms of violence. However, economic stress reduction and male behavioural transformation require longer timeframes to observe any change.

Despite the challenges faced methodologically and operationally, the programme's ability to influence key risk factors for IPV, even in highly patriarchal and conflict settings, demonstrates its transformative potential. Overall, this study provides valuable lessons for strengthening violence against women and girls programs in conflict settings and

underscores the importance of combining economic support and social norms programmes to improve healthy relationships.

12. Lessons Learnt and Recommendations

Following the discussion and these conclusions, we present the main lessons learnt during this evaluation and provide targeted, actionable recommendations to strengthen the programme (ordered alphabetically as they are equally important and speak to different aspects of the programme and evaluation). In doing so, we highlight insights that could be transferable to future VAWG prevention efforts:

Addressing economic violence

Lessons learnt → There are no impacts on women's reported experiences of economic IPV during the study timeframe. This finding may reflect that men report more honestly about spending on themselves, male backlash due to shifts in intrahousehold power dynamics, or that aspects of the curriculum are also understood to be empowering for men.

Recommendations for programme strengthening → The small increase in men spending money on themselves rather than on household needs further investigation, particularly by reviewing the economic IPV sessions in the curriculum (sessions 17: Balancing Economic Power and 18: Family Financial Management), in terms of their content and delivery. In addition, to strengthen the economic component, there is a need for additional sessions on joint financial planning and decision-making, helping couples create and follow household budgets together. Sessions could also address income source transparency, for example, differentiating income generated by women's businesses from other household earnings. Finally, sessions that include practical exercises on negotiating household expenditures could guide couples in balancing personal and joint priorities while respecting women's financial autonomy.

Assessing community-level interventions for norms transformation

Lessons learnt → The programme did not significantly change beliefs that women should tolerate violence to keep their families together and stigma around seeking external help for violence, among women or

men, reflecting the need to further strengthen this component of the programme.

Areas for future research → As beliefs are shaped by not only individual attitudes but also perceptions of broader community norms, integrating community-level interventions to reinforce positive normative change beyond individual couples remains important. Although such community interventions were implemented under BLRS, their effects could not be evaluated in this study. Future programming and evaluation should aim to be synchronized to rigorously test the additive effects of community-level interventions in combination with couple-level support.

Ensuring consistent attendance and reinforcing learning and motivation

Lessons learnt → We found stronger impacts among couples who attended more sessions[11], highlighting the importance of consistent participation in the couple's curriculum.

Recommendation for programme strengthening → To further strengthen the programme, implementers can emphasize the importance of attendance at all sessions and provide flexible arrangements for couples to make up missed sessions. Active monitoring of attendance and tailored support for couples at risk of dropping out will be essential to sustain engagement and maximise programme benefits for everyone.

To ensure retention of couples in attending the sessions and intensify learning over time, the programme should implement additional follow-up sessions and refresher activities. New themes could include peer support sessions to motivate participants, assigning peer mentors who have successfully completed the programme, and offering small certificates or recognition to encourage consistent attendance. These strategies will help strengthen engagement, reinforce learning, and

[11] Prior work (Spangaro et al., 2021) has emphasised the need to improve especially men's attendance in such sessions.

foster a supportive environment for couples throughout the curriculum and beyond.

Examining SME support

Areas for future research → While this evaluation focused on effects of the couple's curriculum, further research is needed to examine how SME support is used and the level of women's control over their businesses. For instance, monitoring whether households reinvest micro-grant funds into business materials rather than spending the money on household needs, and whether men subsequently spend household income on themselves, could potentially explain these results. Exploring men's and family members' involvement in SMEs will also provide a clearer understanding of the dynamics women face in agency over their businesses. Qualitative interviews can shed further light on these dynamics to ensure that increases in women's income as well as men's spending on themselves do not lead to tensions among couples.

Focusing on husbands and promoting positive masculinities

Lessons learnt → We found that the programme is less effective in improving men's reporting of joint decision-making with their wives and positive gender attitudes around violence in the short-run, compared to women. These changes reflect that women's gender attitudes moved faster than men's and highlight the potential for male backlash.

Recommendations for programme strengthening → In addition to session 7 on 'power over' in the curriculum, integrating discussions on positive masculinities for men, focusing on challenging toxic masculinity forms and fostering further support for women's empowerment, may help men reflect on their beliefs and engage constructively without feeling threatened by shifts in gender dynamics.

Areas for future research → Understanding why there were improvements in men's attitudes surrounding women's economic participation and child marriage, but not on other attitudes statements should be explored. Furthermore, since women and men received the same content in the sessions, further qualitative work could assess whether the content and delivery of sessions need to be tailored for women and men, and the potential of holding certain sessions separately and others together.

Identifying mechanisms and sustainability of impact

Lessons learnt → Since behaviour change and shifts in IPV justification take time to manifest, it will be important to assess the underlying pathways to impact and whether impacts are sustained in the longer term, beyond this one-month post-intervention assessment.

Areas for future research → Qualitative evidence can further bolster *how* programme impacts develop and *why* impacts on some outcomes are positively or negatively stronger than others. Identifying the mechanisms of impact and targeting these stepping stones can further strengthen IPV reductions in the long-run.

Leveraging gains on child marriage for intergenerational impacts

Lessons learnt → This evaluation found positive impacts on reducing child marriage reported among wives and husbands, suggesting that couples successfully internalize lessons about protecting children and preventing harmful practices. While broader gender-power dynamics within the household, such as tolerance of violence, showed more limited change, protecting girls from early marriage is essential to prevent the intergenerational transmission of violence and gender inequities.

Recommendations for programme strengthening → Adjusting the sessions of the curriculum to integrate child-focused modules with intensified interventions around intra-household power and equity,

using practical exercises and couple dialogue tools, can ensure that reductions in child marriage are complemented by meaningful changes in household gender dynamics and women's empowerment.

Reaching diverse participants

Lessons learnt → In this evaluation, we found that older couples and participants with disabilities were less likely to attend sessions, suggesting the need for adapted and more inclusive sessions. Programme implementers indicated that these participants missed sessions because of involvement in daily wage labor.

Recommendation for programme strengthening → To improve attendance among these groups, the programme can consider offering sessions at flexible times for those who rely on everyday work for income. In addition to boosting attendance, slowing the session pace, simplifying content for older participants, and adjusting training materials to be more visual and accessible will help participants with literacy or cognitive constraints. Furthermore, transportation support or home-based sessions for people with mobility challenges can further ensure reaching all participants.

Understanding emotional IPV

Lessons learnt → We found that the programme did not significantly reduce emotional IPV, which remains high in this context (the highest form of IPV experienced by women) and needs further consideration.

Areas for future research → As the curriculum already has focused attention on emotional IPV (such as sessions 6, 9, 14, 15, and 16), further attention should be given to examining the drivers underpinning emotional IPV, as well as overlaps and pathways between different IPV types (for example, from economic to emotional IPV), in this context. This research will inform how the couple's curriculum can be further tailored, including whether there needs to be different

content (or its delivery) for women and men, to better address the high prevalence of emotional IPV.

Overall, the findings from this study demonstrate early promise in reducing certain violent behaviours, strengthening women's joint decision-making, and promoting equitable norms related to early marriage and women's work outside the home among couples in conflict-affected Syria. However, consistent participation, complementary long-term strategies that engage men, addressing emotional and economic IPV, and linkages to wider community transformation will be needed to leverage the programme's transformative potential. Our findings, lessons and recommendations aim to strengthen the BLRS VAWG prevention programme, with the goal of enabling women's safe and sustainable economic and social participation and mitigating economic, emotional and physical violence in Syria.

References

Abramsky, T., Devries, K., Kiss, L., Nakuti, J., Kyegombe, N., Starmann, E., ... & Watts, C. (2014). Findings from the SASA! Study: a cluster randomised controlled trial to assess the impact of a community mobilisation intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda. *BMC Medicine*, 12(1), 122.

Acosta, M., van Wessel, M., Van Bommel, S., Ampaire, E. L., Twyman, J., Jassogne, L., & Feindt, P. H. (2020). What does it mean to make a 'joint'decision? Unpacking intra-household decision making in agriculture: Implications for policy and practice. *The Journal of Development Studies*, 56(6), 1210-1229.

Agüero, J. M., & Frisancho, V. (2022). Measuring violence against women with experimental methods. *Economic Development and Cultural Change*, 70(4), 1565-1590.

Angrist, J. D., & Pischke, J.-S. (2009). *Mostly harmless econometrics: An empiricist's companion*. Princeton University Press.

Asaf, Y. (2017). Syrian women and the refugee crisis: surviving the conflict, building peace, and taking new gender roles. *Social Sciences*, 6(3), 110.

Aronow, P. M., Coppock, A., Crawford, F. W., & Green, D. P. (2015). Combining list experiment and direct question estimates of sensitive behaviour prevalence. *Journal of Survey Statistics and Methodology*, 3(1), 43-66.

Bakkour, S., & Stansfield, G. (2024). Sectarianism, indiscriminate violence and displacement in the Syrian Regime's Civil War strategy. *Conflict, Security & Development*, 24(3), 203–226.

Barrington, C., Peterman, A., Akaligaung, A. J., Palermo, T., de Milliano, M., & Aborigo, R. A. (2022). Poverty can break a home: Exploring mechanisms linking cash plus programming and intimate partner violence in Ghana. *Social Science and Medicine*, 292, 114521.

Blackwell, A., Casey, J., Habeeb, R., Annan, J., & Falb, K. (2019). Women's status and qualitative perceptions of a cash assistance programme in Raqqa Governorate, Syria. *Gender & Development*, 27(2), 253-271.

Bourey, C., Bass, J., & Stephenson, R. (2023). Women's employment and intimate partner violence: Understanding the role of individual and community structural drivers in low-and middle-income countries. *Journal of Interpersonal Violence*, 38(9-10), 6480-6499.

Bourey, C., Williams, W., Bernstein, E.E. & Stephenson, R., (2015). Systematic review of structural interventions for intimate partner violence in low-and middle-income countries: organizing evidence for prevention. *BMC Public Health*, 15(1), 1165.

Buller, A.M., Peterman, A., Ranganathan, M., Bleile, A., Hidrobo, M. & Heise, L., (2018). A mixed-method review of cash transfers and intimate partner violence in low-and middle-income countries. *The World Bank Research Observer*, 33(2), 218-258.

Cameron, A. C., Gelbach, J. B., & Miller, D. L. (2008). Bootstrap-based improvements for inference with clustered errors. *The Review of Economics and Statistics*, 90(3), 414-427.

Campbell, J. C. (2002). Health consequences of intimate partner violence. *The Lancet*, 359(9314), 1331-1336.

Chai, J., Fink, G., Kaaya, S., Danaei, G., Fawzi, W., Ezzati, M., ... & Fawzi, M.C.S., (2016). Association between intimate partner violence and poor child growth: Results from 42 demographic and health surveys. *Bulletin of the World Health Organisation*, 94(5), 331.

Cross, A., Manell, T. & Megevand, M., (2018). Humanitarian cash transfer programming and gender-based violence outcomes: evidence and future research priorities. New York: Women's Refugee Commission and International Rescue Committee. https://www.calpnetwork.org/wp-content/uploads/2020/03/genderandctpwrcirc-1.pdf.

Da Thi Tran, T., Murray, L. & Van Vo, T., (2022). Intimate partner violence during pregnancy and maternal and child health outcomes: a scoping review of the literature from low-and-middle income countries from 2016-2021. *BMC Pregnancy and Childbirth*, 22(1), 315.

Dunkle, K., Stern, E., Chatterji, S. & Heise, L., (2020). Effective prevention of intimate partner violence through couples training: a randomised controlled trial of Indashyikirwa in Rwanda. *BMJ Global Health*, 5(12), e002439.

Duvvury, N., Vara-Horna, A., Brendel, C., & Chadha, M. (2023). Productivity impacts of intimate partner violence: Evidence from Africa and South America. *SAGE Open*, 13(4), 21582440231205524.

Falb, K. & Annan, J., (2019). Cash transfers in Raqqa Governorate, Syria: Changes over time in women's experiences of violence & wellbeing. What works to prevent violence. https://reliefweb.int/node/3717896.

FEWS NET. (2026). Syria context report. ReliefWeb. https://reliefweb.int/report/syrian-arab-republic/syria-context-report-december-31-2025.

Gedikli, C., Popli, G., & Yilmaz, O. (2023). The impact of intimate partner violence on women's labour market outcomes. *World Development*, 164, 106166.

Gibbs, A., Corboz, J., Chirwa, E., Mann, C., Karim, F., Shafiq, M., ... & Jewkes, R. (2020b). The impacts of combined social and economic empowerment training on intimate partner violence, depression, gender norms and livelihoods among women: an individually randomised controlled trial and qualitative study in Afghanistan. *BMJ global health*, 5(3).

Gibbs, A., Dunkle, K., Ramsoomar, L., Willan, S., Jama Shai, N., Chatterji, S., ... & Jewkes, R. (2020a). New learnings on drivers of men's physical and/or sexual violence against their female partners, and women's experiences of this, and the implications for prevention interventions. *Global Health Action*, 13(1), 1739845.

Gupta, J., Falb, K. L., Lehmann, H., Kpebo, D., Xuan, Z., Hossain, M., ... & Annan, J. (2013). Gender norms and economic empowerment intervention to reduce intimate partner violence against women in rural Côte d'Ivoire: a randomised controlled pilot study. *BMC International Health and Human Rights*, 13(1), 46.

Heise, L. L., & Kotsadam, A. (2015). Cross-national and multilevel correlates of partner violence: an analysis of data from population-based surveys. *The Lancet Global Health*, 3(6), e332-e340.

Hidrobo, M., Peterman, A. & Heise, L., (2016). The effect of cash, vouchers, and food transfers on intimate partner violence: evidence from a randomised experiment in Northern Ecuador. *American Economic Journal: Applied Economics*, 8(3), 284-303.

Hossain, M., Zimmerman, C., Kiss, L., Abramsky, T., Kone, D., Bakayoko-Topolska, M., Annan, J., … & Watts, C., (2014). Working with men to prevent intimate partner violence in a conflict-affected setting: a pilot cluster randomised controlled trial in rural Côte d'Ivoire. *BMC Public Health*, 14(1), 339.

Imbens, G.W., & Wooldridge, J.M. (2009). Recent developments in the econometrics of program evaluation. *Journal of Economic Literature*, *47*(1), 5-86.

Jewkes, R., Flood, M., & Lang, J. (2015). From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls. *The Lancet*, 385(9977), 1580-1589.

Kelly, J., Ekhator-Mobayode, U., Hanmer, L. C., Rubin, A., & Arango, D. J. (2024). The risk that travels with you: Links between forced displacement, conflict and intimate partner violence in Colombia and Liberia. *Journal of Development Studies*, 60(12), 1994-2021.

Maxwell, L., Nandi, A., Benedetti, A., Devries, K., Wagman, J., & García-Moreno, C. (2018). Intimate partner violence and pregnancy spacing: results from a meta-analysis of individual participant time-to-event data from 29 low-and-middle-income countries. *BMJ global health*, 3(1).

Meyer, S. R., Hardt, S., Brambilla, R., & Stöckl, H. (2024). A Systematic Review of Theories of Stress as a Predictor of Intimate Partner Violence. *Trauma, Violence, & Abuse*, 26(5), 871-888.

Mourtada, R., Schlecht, J., & DeJong, J. (2017). A qualitative study exploring child marriage practices among Syrian conflict-affected populations in Lebanon. *Conflict and Health*, 11(Suppl 1), 27.

MSF. (2025). MSF Syria: Challenges in northeast persist, humanitarian needs increasing. ReliefWeb. https://reliefweb.int/report/syrian-arab-republic/msf-syria-challenges-northeast-persist-humanitarian-needs-increasing.

Murphy, M., Contreras-Urbina, M., Spearing, M., & Swaine, A. (2023). Socioecological framework for drivers of conflict and postconflict violence against women and girls. *Violence Against Women*, 29(2), 406-427.

Murphy, M., Potts, A., Nassif, G., Khalfalla, L. A., Kaisi, J., Modi, A. T., ... & Ellsberg, M. (2024). Violence against women and girls in conflict: progress and priorities. *The Lancet*, 404(10471), 2495-2498.

OHCR. (2023). Gendered impact of the conflict in the Syrian Arab Republic. https://www.ohchr.org/sites/default/files/documents/hrbodies/hrcouncil/coisyria/policypapersieges29aywar/2023-06-12-Gendered-impact-women-girls-%20Syria.pdf.

Paul, P. & Mondal, D., (2020). Maternal experience of intimate partner violence and its association with morbidity and mortality of children: Evidence from India. *PLoS One*, 15(4), p.e0232454.

Peterman, A., Schwab, B., Roy, S., Hidrobo, M., & Gilligan, D. O. (2021). Measuring women's decisionmaking: Indicator choice and survey design experiments from cash and food transfer evaluations in Ecuador, Uganda and Yemen. *World Development*, 141, 105387.

Rubenstein, B.L., Lu, L.Z.N., MacFarlane, M. & Stark, L. (2020). Predictors of interpersonal violence in the household in humanitarian settings: a systematic review. *Trauma, Violence and Abuse*, 21(1), 31-44.

Sengupta, A. (2014). Understanding the interaction between women's economic empowerment and gender based violence: A study on ACF's cash transfer programme in Northern Uganda. https://www.calpnetwork.org/wp-content/uploads/2020/01/acfugandagenderstudyreportjune2014.pdf.

Seymour, G., & Peterman, A. (2018). Context and measurement: An analysis of the relationship between intrahousehold decision making and autonomy. *World Development*, 111, 97-112.

Simon, C.A., 2019. The effect of cash-based interventions on gender outcomes in development and humanitarian settings. UN Women. https://www.unwomen.org/en/digital-library/publications/2019/11/discussion-paper-effect-cash-based-interventions-gender-outcomes-development-humanitarian-setting.

Spangaro, J., Toole-Anstey, C., MacPhail, C. L., Rambaldini-Gooding, D. C., Keevers, L., & Garcia-Moreno, C. (2021). The impact of interventions to reduce risk and incidence of intimate partner violence and sexual violence in conflict and post-conflict states and other humanitarian crises in low and middle income countries: a systematic review. *Conflict and Health*, 15(1), 86.

Stern, E., Heise, L., & Levtov, R. (2023). Introducing the prevention triad. A tool for understanding what works to prevent violence against women and girls. Prevention Collaborative.

Stojetz, W., & Brück, T. (2023). Exposure to collective gender-based violence causes intimate partner violence. *Journal of Development Economics*, 164, 103054.

UNDP. (2025). The impact of the conflict in Syria: a devastated economy, pervasive poverty and a challenging road ahead to social and economic recovery. ReliefWeb. https://reliefweb.int/report/syrian-arab-republic/impact-conflict-syria-devastated-economy-pervasive-poverty-and-challenging-road-ahead-social-and-economic-recovery-enar.

UNFPA (2025). Voices from Syria 2025: Assessment findings of the humanitarian needs overview. https://syria.unfpa.org/en/publications/voices-syria-2025-assessment-findings-humanitarian-needs-overview.

UNFPA (2024a). Voices from Syria 2024: Assessment findings of the humanitarian needs Overview. https://reliefweb.int/node/4109224.

UNFPA (2024b). An overview of gender-based violence in Syria. Advocacy Brief. https://arabstates.unfpa.org/sites/default/files/pub-pdf/whole_of_syria_gbv_advocacy_brief_2024_f1.pdf.

UNHCR. (2025). Syria governorates IDPs and IDP returnees overview. UNHCR Operational Data Portal. https://data.unhcr.org/en/documents/details/114787.

UNHCR. (n.d.). Syrian Arab Republic. UNHCR. https://www.unhcr.org/where-we-work/countries/syrian-arab-republic.

Vaillant, J., Koussoubé, E., Roth, D., Pierotti, R., Hossain, M., & Falb, K. L. (2020). Engaging men to transform inequitable gender attitudes and prevent intimate partner violence: a cluster randomised controlled trial in North and South Kivu, Democratic Republic of Congo. *BMJ Global Health*, 5(5).

Vyas, S., & Watts, C. (2009). How does economic empowerment affect women's risk of intimate partner violence in low and middle income countries? A systematic review of published evidence. *Journal of International Development: The Journal of the Development Studies Association*, 21(5), 577-602.

WFP. (n.d.). Syrian Arab Republic. https://www.wfp.org/countries/syrian-arab-republic.

Williams, A., Heise, L., & E. Tas (2022). How well do economic empowerment efforts prevent intimate violence in South Asia? Evidence Review July 2022. https://documents1.worldbank.org/curated/en/099835507012217390/pdf/IDU06e35949b0ba3504f03089ad03146cdb8759d.pdf.

White, S.J., Sin, J., Sweeney, A., Salisbury, T., Wahlich, C., Montesinos Guevara, .. & Khan, A., (2024). Global prevalence and mental health outcomes of intimate partner violence among women: a systematic review and meta-analysis. *Trauma, Violence and Abuse*, 25(1), 494-511.

WHO (2021). Violence against women prevalence estimates, 2018: global, regional and national prevalence estimate for intimate partner violence against women and global and regional prevalence estimate for non-partner sexual violence against women. https://www.who.int/publications/i/item/9789240022256.

World Bank. (2025). Syria macro-fiscal assessment. https://documents.worldbank.org/en/publication/documents-reports/documentdetail/099844407042516353.

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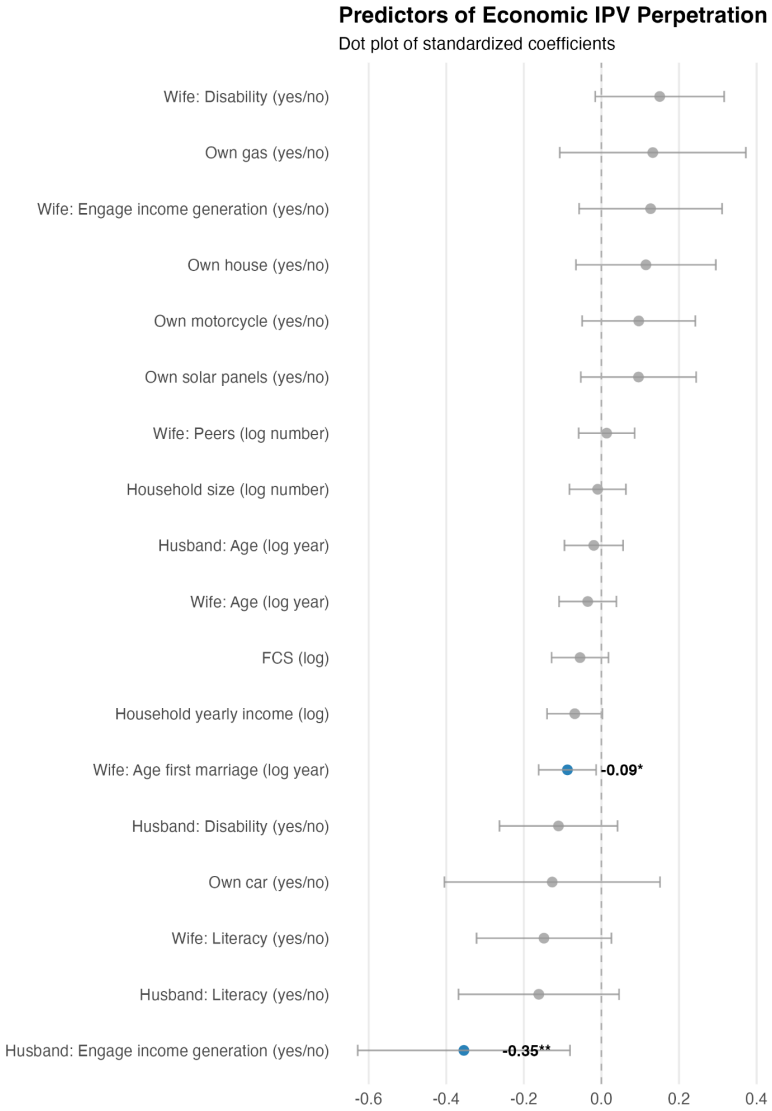
Annex

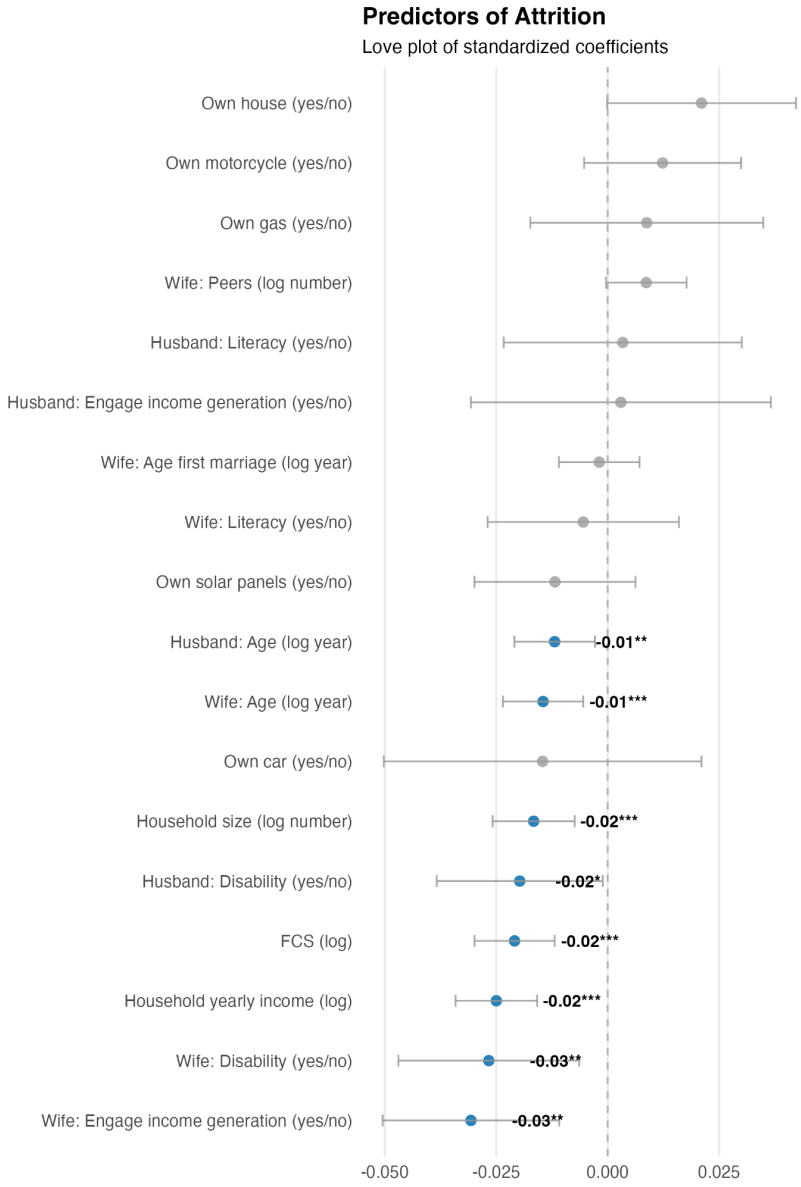
Annex 1: Additional figures and tables

Figure A1. Baseline predictors of man's perpetration of economic violence



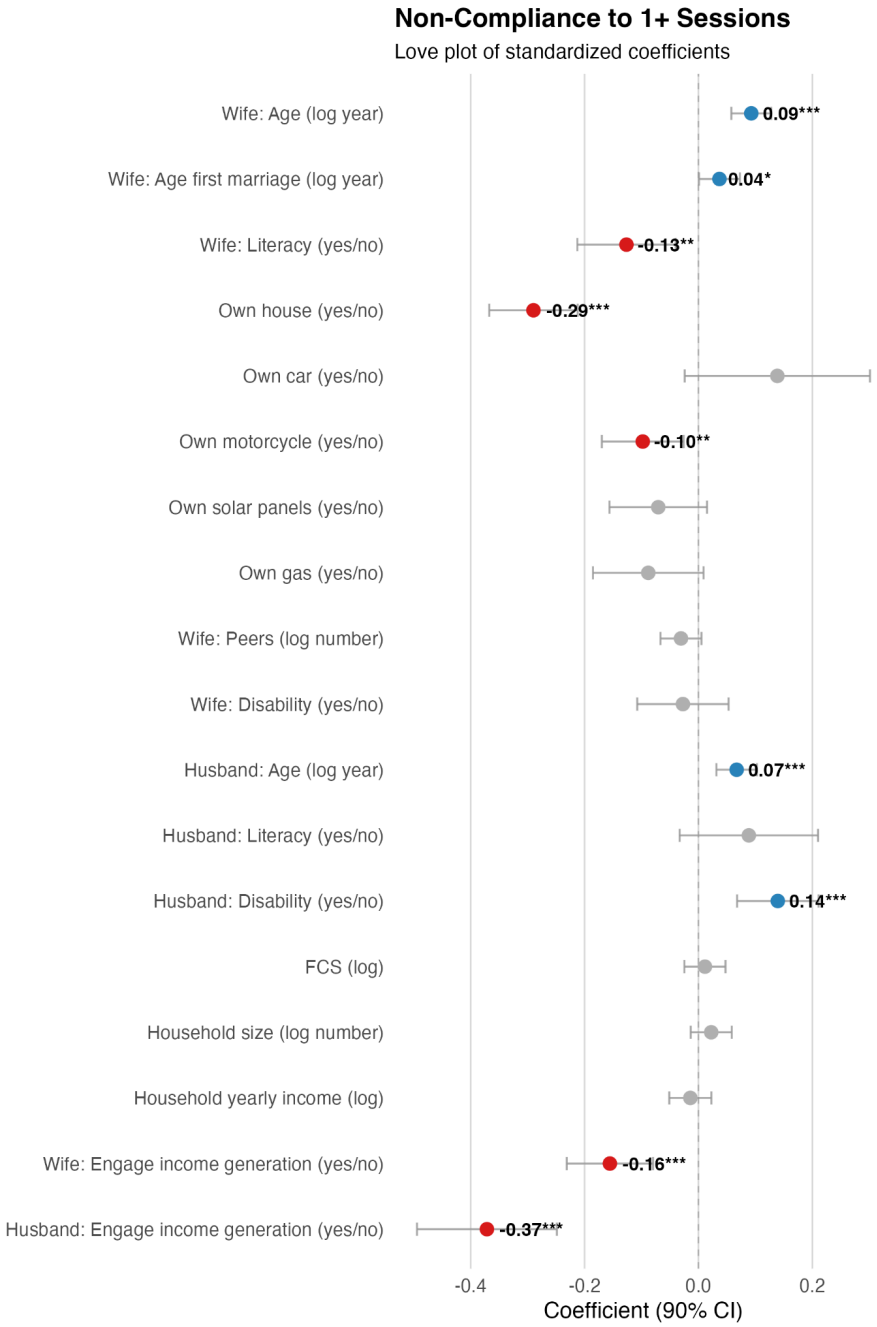
Note: *Estimates are from separate linear regressions of men' perpetration of economic violence on each baseline characteristic. Continuous variables are standardised (mean = 0, SD = 1). Error bars represent 90% confidence intervals. Significance is indicated using stars: * for p < 0.10, ** for p < 0.05, and *** for p < 0.01. Negative estimates indicate lower probability of men perpetrating economic violence.*

Figure A2. *Baseline predictors of being attrited (from baseline to endline)*



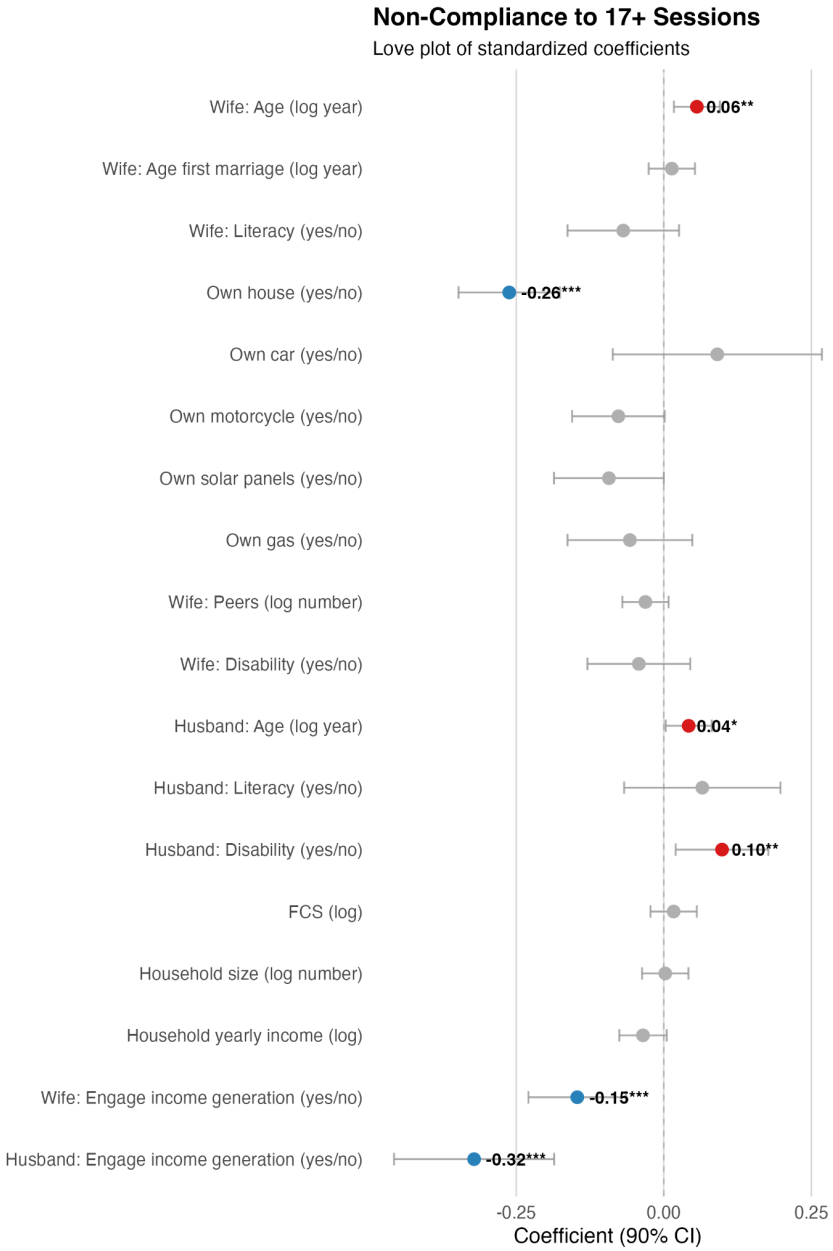
Note: *Estimates are from separate linear regressions of attrition on each baseline characteristic. Participants are attrited if data was collected at baseline but not endline. Continuous variables are standardised (mean = 0, SD = 1). Error bars represent 90% confidence intervals. Significance is indicated using stars: * for p < 0.10, ** for p < 0.05, and *** for p < 0.01. Positive estimates indicate higher probability of attrition, negative estimates indicate lower probability.*

Figure A3. *Baseline predictors of non-compliance to attending at least 1 session (demographic)*



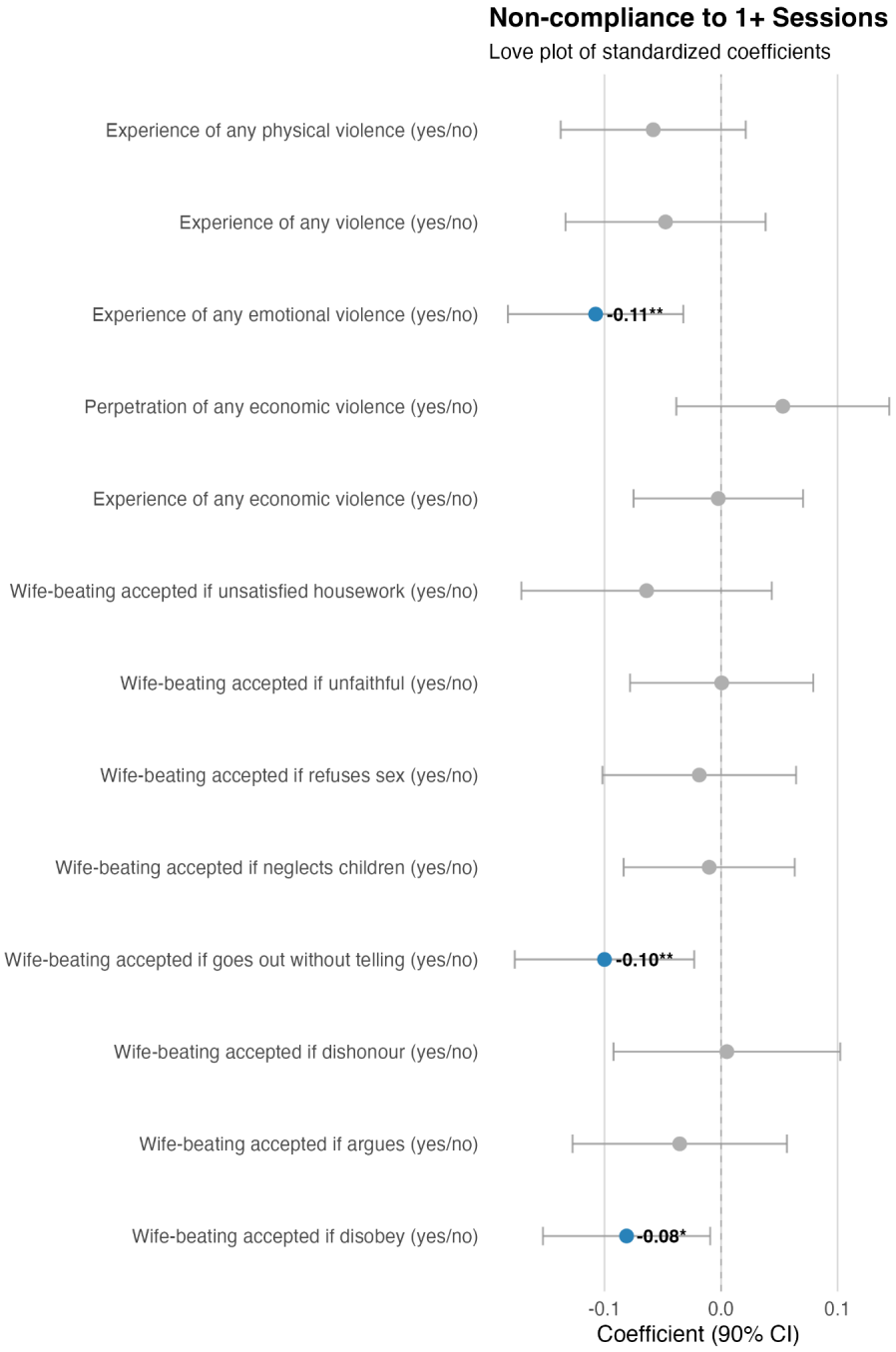
Note: *Estimates are from separate linear regressions of compliance to attending at least 1 session on each baseline characteristic. Continuous variables are standardised (mean = 0, SD = 1). Error bars represent 90% confidence intervals. Significance is indicated using stars: * for p < 0.10, ** for p < 0.05, and *** for p < 0.01. Positive estimates indicate higher probability of non-compliance to at least 1 session, negative estimates indicate lower probability of non-compliance.*

Figure A4. *Baseline predictors of non-compliance to attending at least 17 session (demographic)*



Note: *Estimates are from separate linear regressions of compliance to attending at least 17 sessions on each baseline characteristic. Continuous variables are standardised (mean = 0, SD = 1). Error bars represent 90% confidence intervals. Significance is indicated using stars: * for p < 0.10, ** for p < 0.05, and *** for p < 0.01. Positive estimates indicate higher probability of non-compliance to at least 17 sessions, negative estimates indicate lower probability of non-compliance.*

Figure A5. *Baseline predictors of non-compliance to attending at least 1 session (outcomes)*



Note: *Estimates are from separate linear regressions of compliance to attending at least 1 session on each baseline characteristic. Continuous variables are standardised (mean = 0, SD = 1). Error bars represent 90% confidence intervals. Significance is indicated using stars: * for p < 0.10, ** for p < 0.05, and *** for p < 0.01. Positive estimates indicate higher probability of non-compliance to at least 1 session, negative estimates indicate lower probability of non-compliance.*

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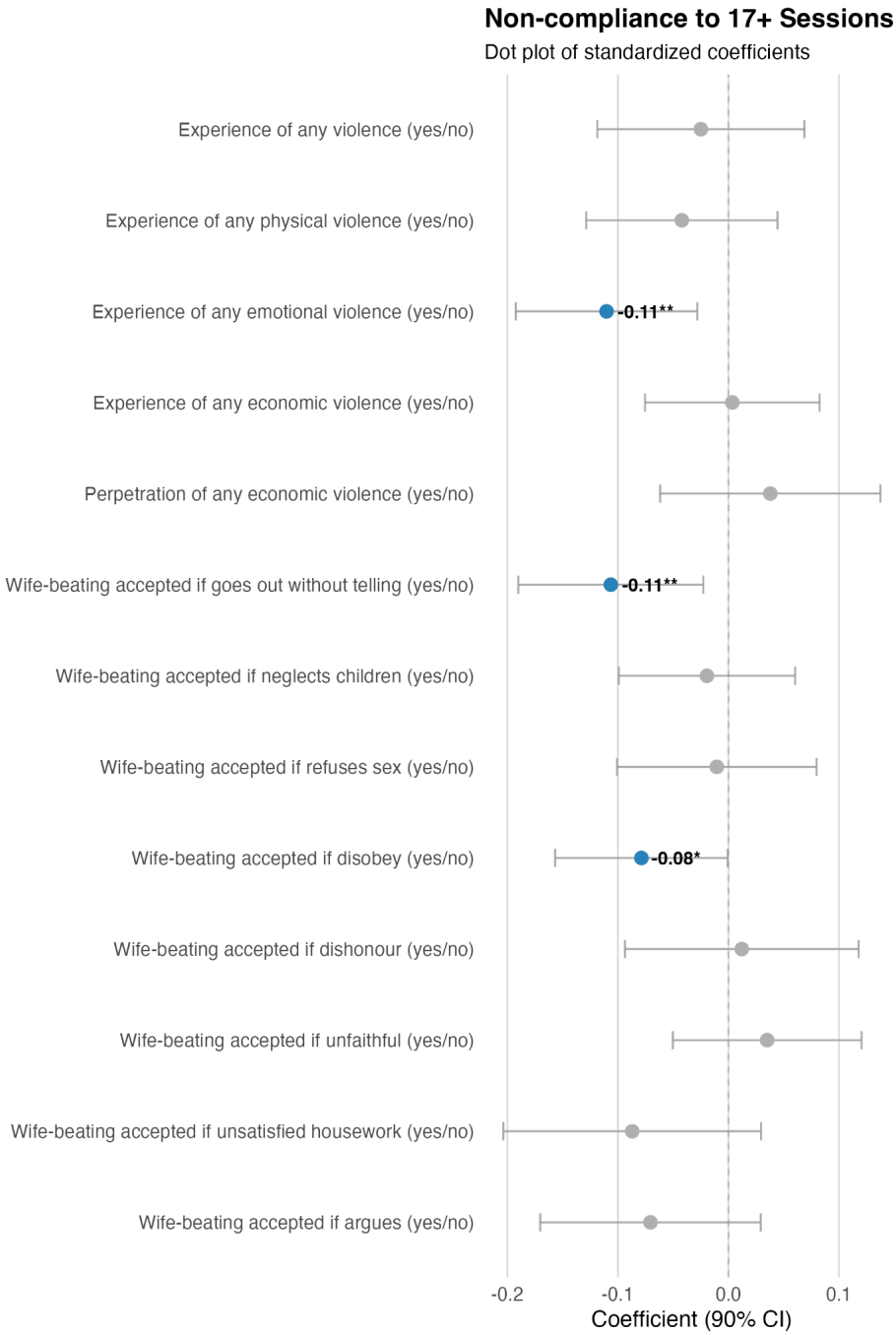
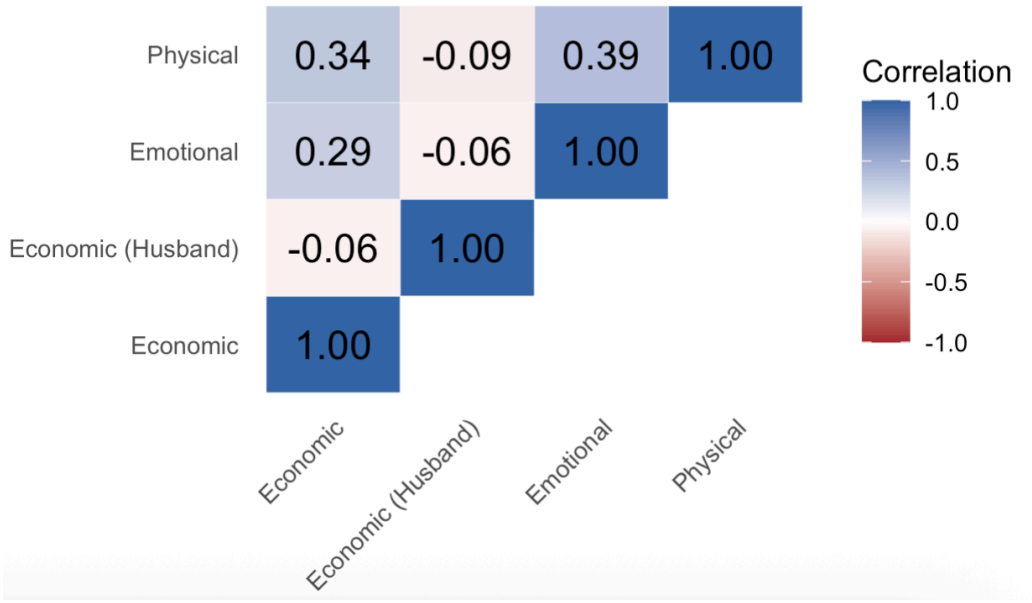
Figure A6. *Baseline predictors of non-compliance to attending at least 17 sessions (outcomes)*



Note: *Estimates are from separate linear regressions of compliance to attending at least 17 sessions on each baseline characteristic. Continuous variables are standardised (mean = 0, SD = 1). Error bars represent 90% confidence intervals. Significance is indicated using stars: * for p < 0.10, ** for p < 0.05, and *** for p < 0.01. Positive estimates indicate higher probability of non-compliance to at least 17 sessions, negative estimates indicate lower probability of non-compliance.*

Figure A7. *Correlation of IPV prevalence at baseline*



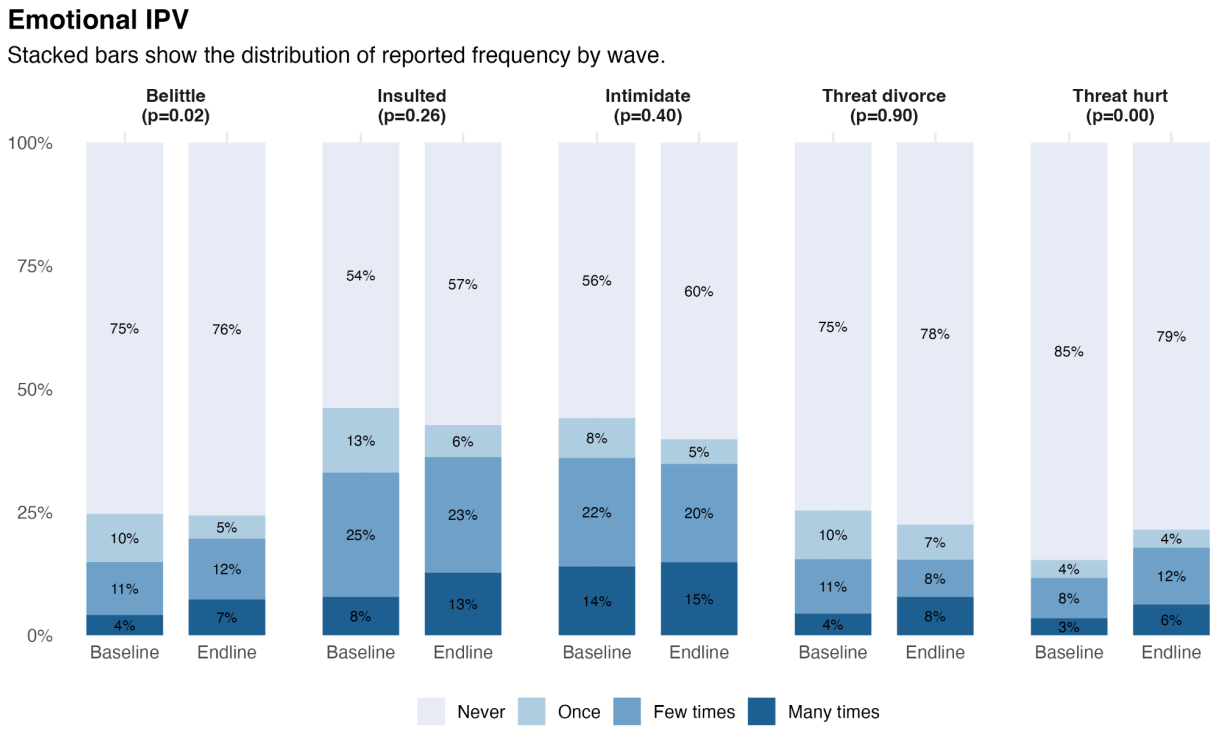
Note: *1 indicates strong positive correlation between the variables, and -1 indicates strong negative correlation. 0 indicates no correlation.*

The results show the co-occurrence of multiple forms of IPV over the past 12 months. Correlation coefficients measure the strength and direction of the linear relationship between two outcomes, ranging from -1 (perfect negative) to +1 (perfect positive), with cutoffs commonly interpreted as: negligible (0.0–0.1), weak (0.1–0.3), moderate (0.3–0.5), strong (0.5–0.7), and very strong (0.7–1.0). At baseline, correlations among different forms of IPV indicate that emotional and physical IPV are moderately and positively associated (r= 0.39), while economic IPV is weakly but positively correlated with emotional (r=0.29) and moderately correlated with physical (r = 0.34) IPV. The perpetration of economic IPV by husband shows weak negative correlations with other forms, and is negatively but weakly correlated with women experiencing economic IPV (r= -0.06). These patterns highlight that different forms of IPV co-occur simultaneously to varying degrees, with emotional and physical IPV co-occurring more frequently than other combinations.

Figure A8. *Frequency of women experiencing emotional IPV in the past 12 months*

First, emotional IPV was the most common of all types and frequent at baseline, with at least 1 in 4 women experiencing any emotional violence at least once. More than 40% of the wives experienced insult or intimidation by their husbands during the past 12 months, and at least 25% experienced belittling or threat to divorce. There are no significant

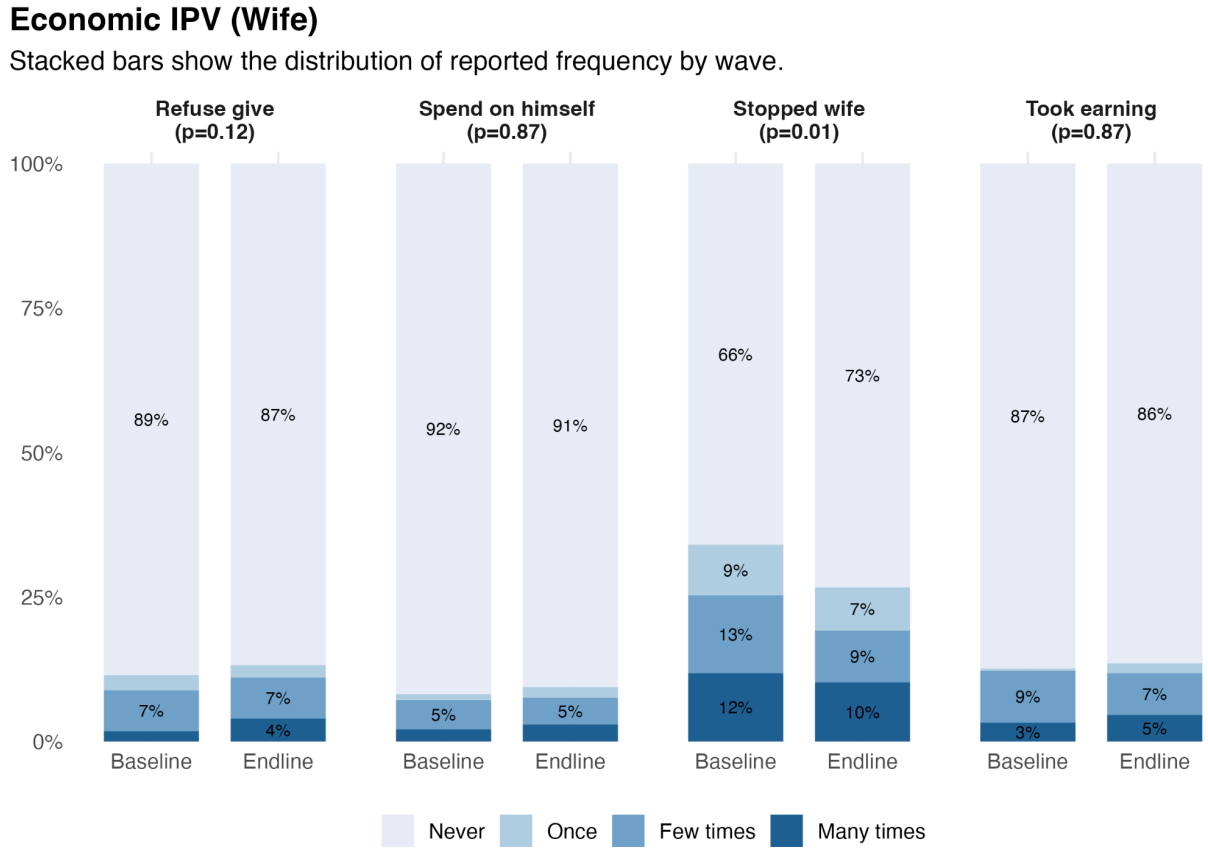
differences in the frequency over time (Figure A9). However, the prevalence of the more severe forms of emotional violence, such as husbands threatening to hurt their wives, was experienced by 15% of women at baseline, which significantly increased to around 21% at endline ($p<0.01$).



Note: *Stacked bar charts show the distribution of reported frequency of each type of IPV by wave. Percentages are calculated on the non-missing base for each item. P-values are from paired tests comparing baseline and endline responses among matched respondents in the panel sample.*

Figure A9. *Frequency of women experiencing economic IPV in the past 12 months*

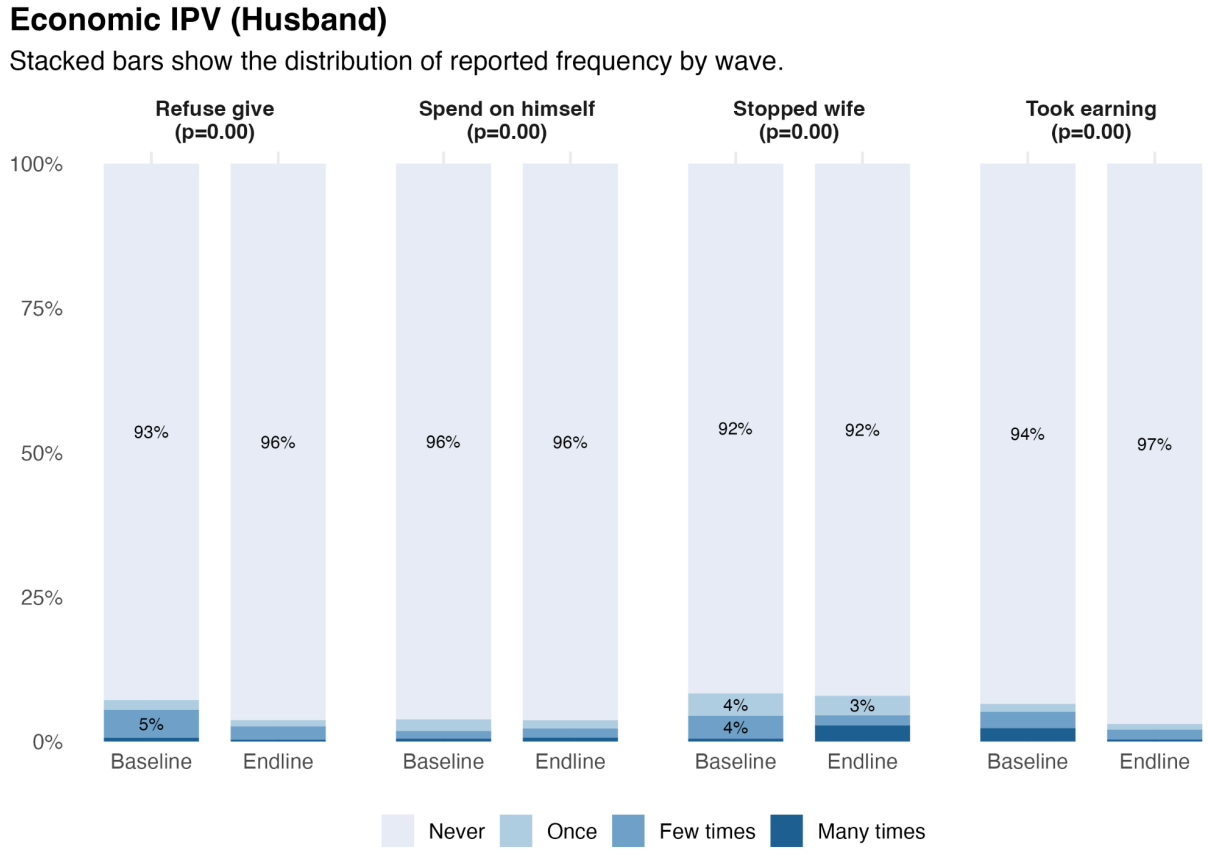
Second, economic IPV was less common than emotional IPV. At baseline, 34% of women reported being stopped from getting a job by their husband. At the endline, this significantly decreased to 27%. Other forms of economic IPV were less prevalent. For example, 11% of the wives reported that their husbands refused to give money to them, 8% indicated that their husbands spent money on themselves despite knowing that it was needed in the household, and 13% of wives reported that their husband took their earnings. From these figures, we do not detect any notable changes in the frequency of these behaviours between baseline and endline for the overall sample ($p>0.1$).



Note: *Stacked bar charts show the distribution of reported frequency of each type of IPV by wave. Percentages are calculated on the non-missing base for each item. P-values are from paired tests comparing baseline and endline responses among matched respondents in the panel sample.*

Figure A10. *Frequency of perpetration of economic IPV in the past 12 months*

Third, Figure A10 shows that self-reported perpetration of economic IPV by husbands was relatively low. At both baseline and endline, the vast majority of husbands (over 90%) reported never having engaged in such behaviours. Fewer than 6% admitted taking their wife's earnings many times or refusing to give them money despite known household needs, which both significantly decreased from baseline to endline. There are no substantial differences for the other economic statements, remaining at less than 10% over time. Compared to women's reporting, husbands consistently underreported the frequency of economic IPV, which aligns with the results from Figure 3 and Table 5 above. For example, while at least 28% of women reported being prevented from getting a job at baseline and endline, fewer than 10% of husbands admitted engaging in this behaviour.



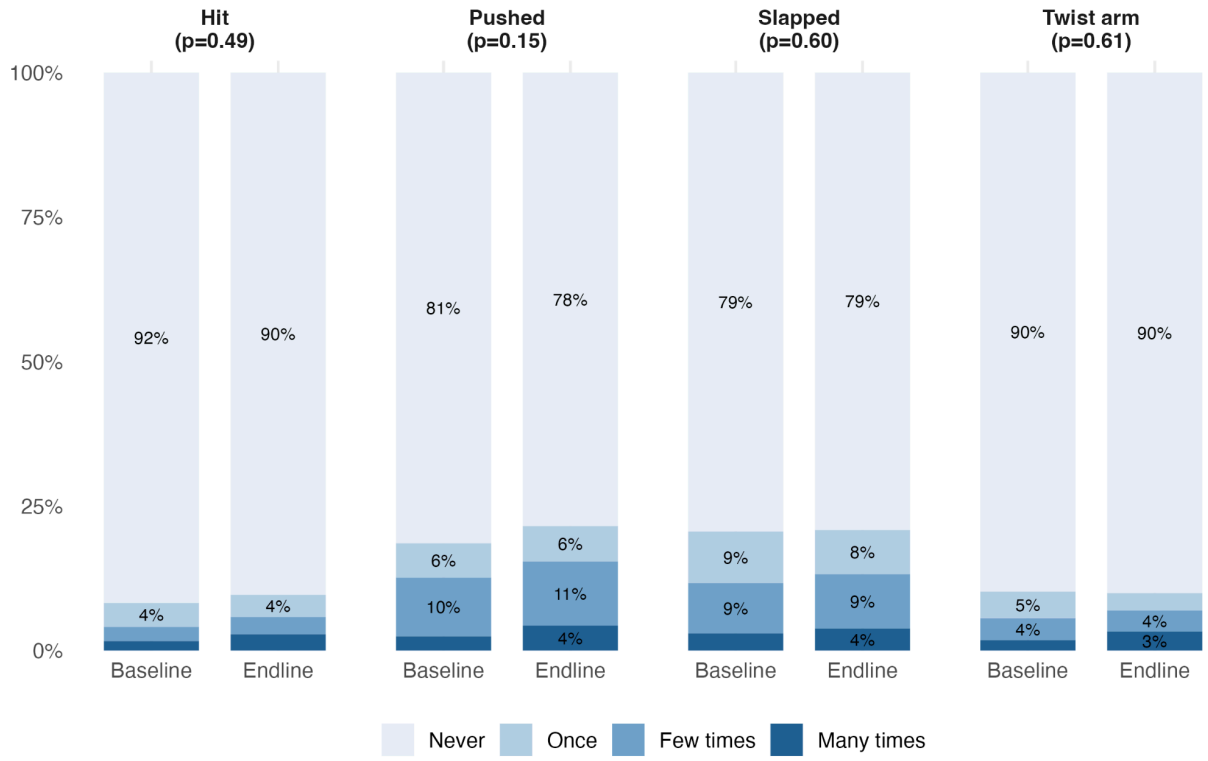
Note: *Stacked bar charts show the distribution of reported frequency of each type of IPV by wave. Percentages are calculated on the non-missing base for each item. P-values are from paired tests comparing baseline and endline responses among matched respondents in the panel sample.*

Figure A11. *Frequency of women experiencing physical IPV in the past 12 months*

Finally, regarding physical IPV (Figure A11), 92% of wives reported at baseline that they had not been hit in the past 12 months, 81% had not been pushed, 79% had not been slapped, and 90% had not had their arm twisted by their husbands. At the endline, these figures remained largely similar, with around 10% of wives reported being hit or having their arm twisted at least once, while around 20% reported being slapped and pushed at least once in the past 12 months. Overall, we do not detect notable changes in the reported experiences of physical IPV in the SME beneficiary sample over time and the changes were not statistically significant over time.

Physical IPV

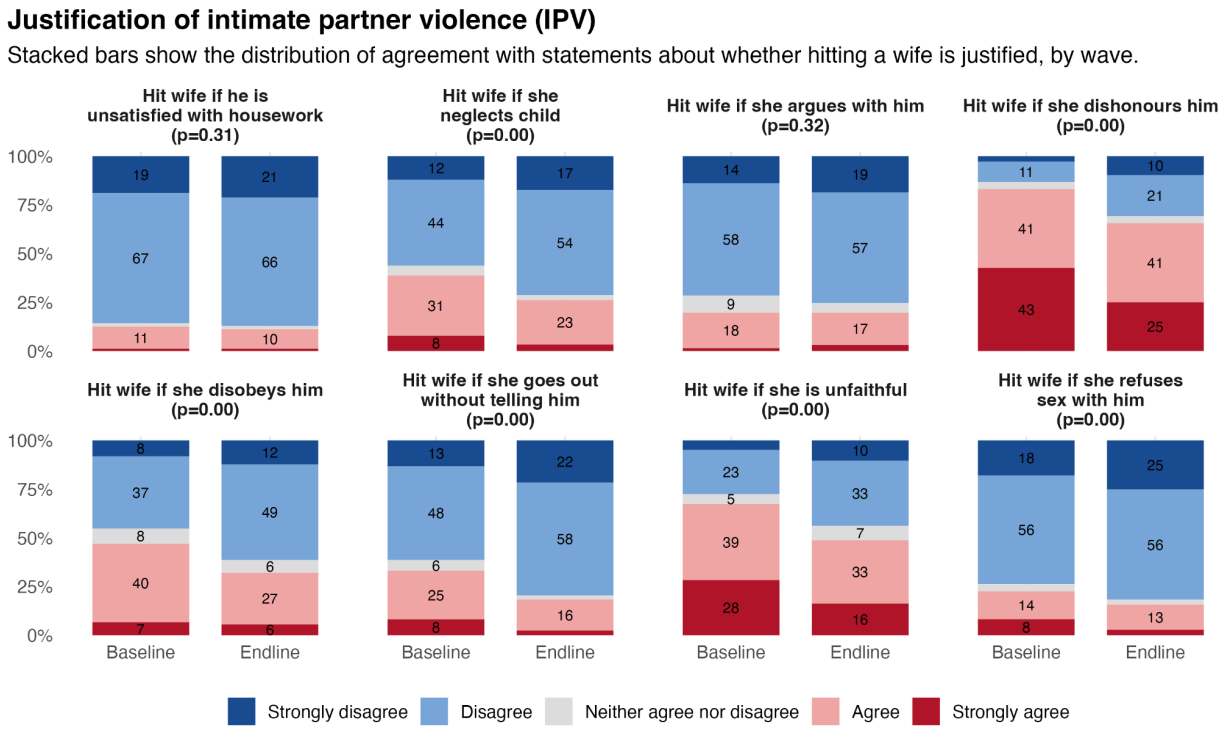
Stacked bars show the distribution of reported frequency by wave.



Note: *Stacked bar charts show the distribution of reported frequency of each type of IPV by wave. Percentages are calculated on the non-missing base for each item. P-values are from paired tests comparing baseline and endline responses among matched respondents in the panel sample.*

As IPV prevalence and frequency decreased from baseline to endline, it is important to examine these changes by treatment and control groups to assess whether the couple's curriculum causally contributed to any reductions, which we explore in Section 8.

Figure A12. *Justification of wife-beating as reported by women*



Note: *Stacked bar charts show the distribution of agreement with statements about the justification of wife-beating at baseline and endline. Percentages are calculated on the non-missing base for each statement. P-values are from paired tests comparing baseline and endline responses among matched respondents in the panel sample.*

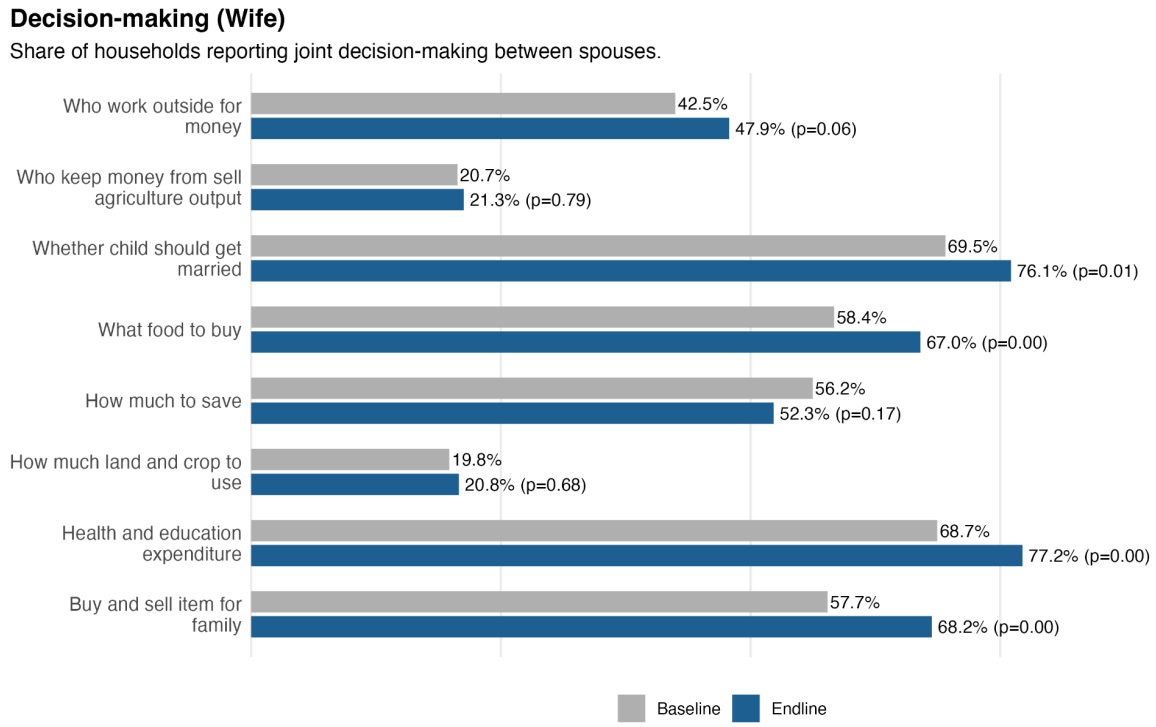
Figure A12 above presents women's justification of wife-beating under different circumstances, at baseline and endline. At baseline, 84% of women agreed or strongly agreed that husbands can hit their wives if she brings dishonour to the family. Violence due to unfaithfulness was also widely accepted, where 67% of wives agreeing (39%) or strongly agreeing (28%), followed by justification of violence due to disobedience, with nearly half of the wives (47%) agreeing or strongly agreeing. By endline, wives' acceptance of IPV had decreased significantly in the SME beneficiary sample, particularly for situations involving dishonour, unfaithfulness, or disobedience. For instance, the share of wives justifying violence due to dishonour fell from 84% at baseline to 66% at endline, violence due to unfaithfulness dropped from 67% to 49%, and due to disobedience from 47% to 33%.

However, the share of wives who justify violence for other reasons, such as arguing with the husband, refusing sex, neglecting children, or not doing housework, was lower at baseline. Even so, we observe further reductions in the acceptance of violence for these

circumstances at endline. Finally, the relatively large proportion who still justify violence reflects persistent patriarchal norms and cultural expectations such as honor, male hierarchy and control, and women's perceived unfaithfulness or disobedience. By contrast, norms tied to traditional gender roles such as housework and childcare appear less likely to be justified. Overall, 89% of women reported justifying IPV under at least one circumstance at baseline, which has significantly dropped to 69% at endline (not shown in this report).

Figure A13. *Share of wives and husbands deciding jointly in the household (wives and husband reporting)*

(A) Wife reporting

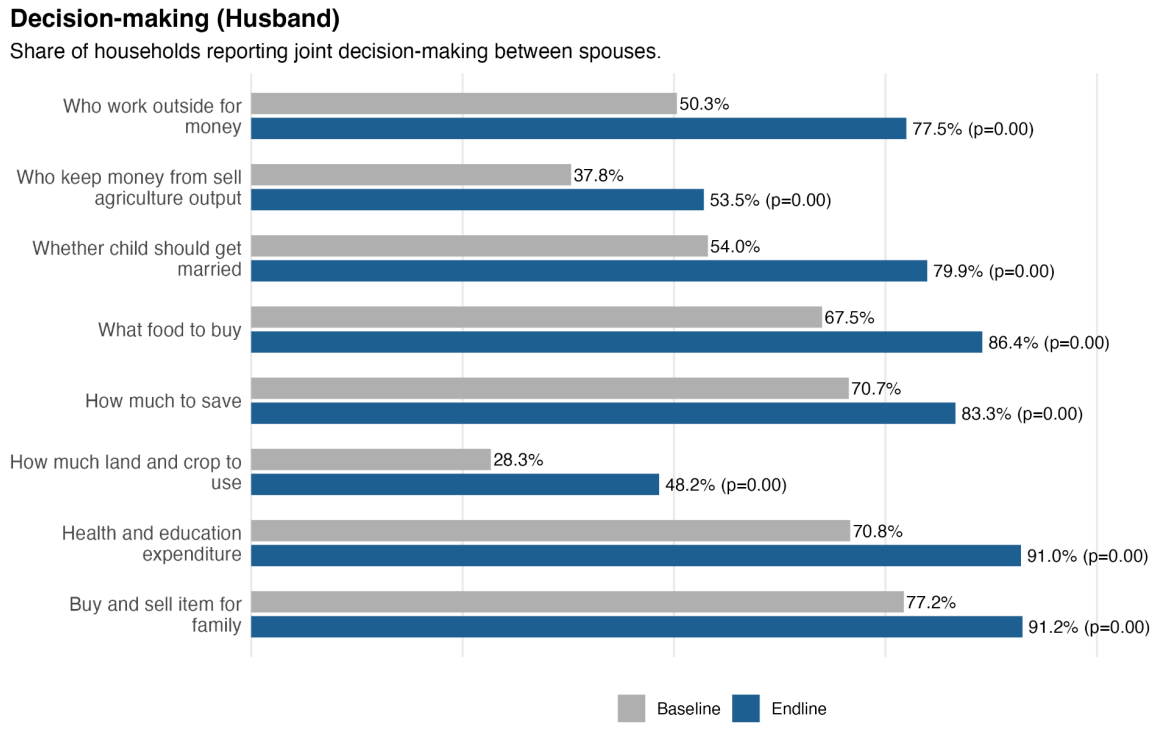


In the survey, we asked the husband and the wife about decision-making in both household and agricultural sectors for the full sample. These questions allow us to measure who currently holds decision-making power, and whether women in household and agricultural sectors have changed over the time. Similarly to the previous sections, this is a purely descriptive section and does not assess the impact of the couple's curriculum.

From the wives' perspective (A), joint decisions at baseline were most common in the household sector, such as marrying children (70%), children's health and education (69%), and buying and selling household items (58%), and what food to buy (58%), which all of them significantly increased from baseline to endline. However, joint decision-making in the agriculture domain such as decision over land use and control of money from selling agricultural produce remained relatively low (around 20% at baseline and endline).

From the husbands' perspective (B), they consistently reported higher levels of joint decision-making at baseline across all domains, with larger increases over time compared to women. For instance, joint decision-making over buying and selling items for the family increased from 77% to 91%, food purchases from 67.5% to 86%, and education from 71% to 91%. Even in agricultural domains such as land use and money-keeping from selling produce, wives reported limited involvement, while husbands reported substantially higher levels and significantly larger increases over time, highlighting the persistent gap in how men and women view joint-decisions within the household.

(B) Husband reporting

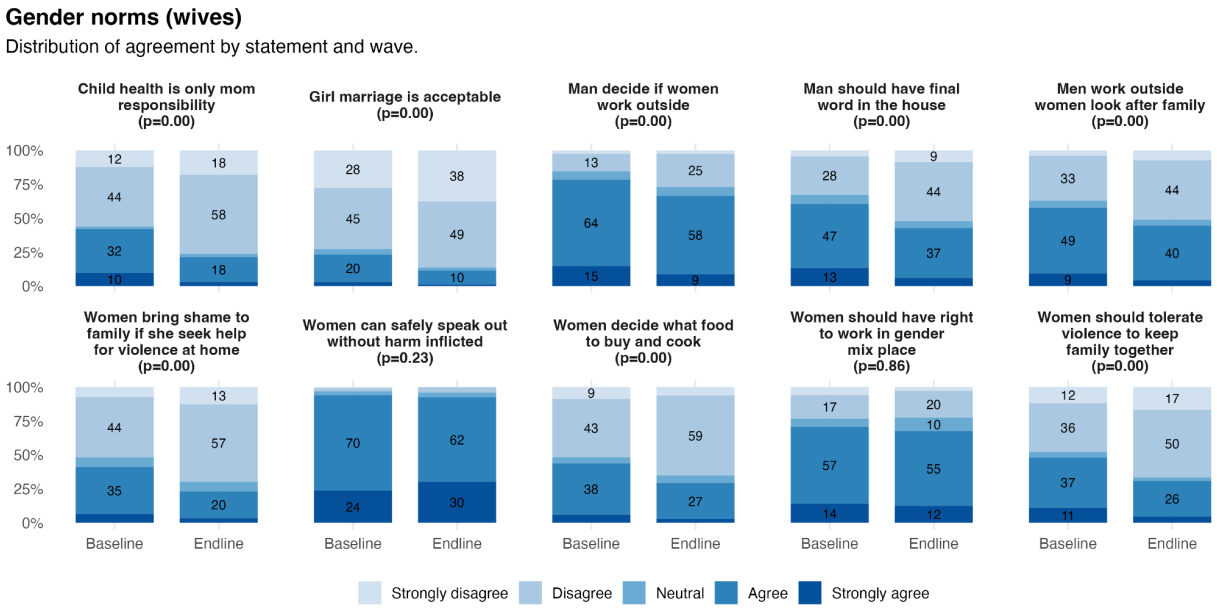


Note: *The barplots show trends in the share of husbands reporting that they are deciding jointly together with their wives in the full non-attrited sample of the SME beneficiaries. The p-values indicate the statistical differences between baseline and endline.*

Figure A14. *Wives' and husband's attitudes on gender attitudes*

Figures A and B show the wives' and husbands' views on gender attitudes at baseline and endline, respectively. At baseline, many women agreed that men should work outside while women care for the family (58%) and that men should have the final word in household decisions (60%). Endline data show significant shifts toward more equitable norms, with agreement that men should have the final word decreasing to 44% and that men alone should decide whether women work falling from 79% to 67% (p>0.1).

(A) Wife

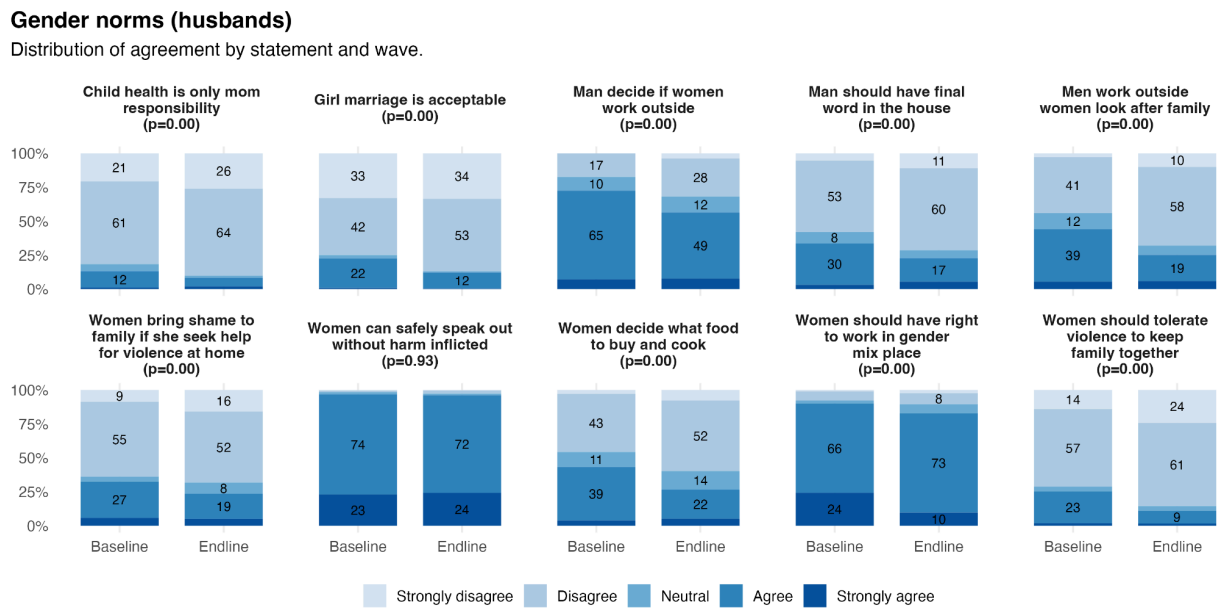


Note: *The barplots show the distribution of wives' gender attitudes calculated on the non-missing base for each item. Percentages reflect the share of respondents in each response category. P-values report differences between baseline and endline based on the underlying continuous attitude scale.*

Husbands' reports follow the same pattern of wives but reflect stronger adherence to traditional roles. For example, 70% of men in the SME beneficiary sample at baseline agreed that husbands should decide whether wives work, and 50% agreed that men should have the final word. At endline, the agreement to these statements has significantly decreased, highlighting more gender equity between couples. However, husbands' agreement to negative gender attitudes remains higher than that of women across most domains.

Finally, over 90% of husbands and wives agreed that women must speak safely in the household and community without any personal harm inflicted to them. Tolerance of violence and early marriage, although significantly declining, persisted among couples. Around half of women and a quarter of men at baseline agreed that a woman should tolerate violence to keep her family together, dropping to 30% and 9% for women and men at endline, respectively. These findings highlight both a shift toward more equitable norms in the SME beneficiary sample and the continued persistence of patriarchal expectations, particularly around the justification of violence.

(B) Husband



Note: *The barplots show the distribution of wives' gender attitudes calculated on the non-missing base for each item. Percentages reflect the share of respondents in each response category. P-values report differences between baseline and endline based on the underlying continuous attitude scale.*

Table A1. Content of the Indashyikirwa couple's curriculum

Session	Key points
Session #1: Starting the Journey Together	- Who we are and why here - Create safe space - Set expectations - Introduce home-exercises
Session #2: It is All About Power	- Types of power - Positive and negative types of power
Session #3: Power in our Lives	- Identify conditions of having or lacking power - Experience feelings of powerlessness - Explore community influences on power use - Reflect on positive and negative uses of power in life
Session #4: Gender Roles and Norms	- Identify roles and traits imposed on men and women - Distinguish between 'sex' and 'gender' - Recognise household roles of men and women
Session #5: Rights and Reality	- Show how men and women experience rights differently - Explore implications of inequality - Examine access to rights and power imbalances in relationships - Value benefits of balanced power and equal rights
Session #6: Type of Violence	- Show the link between power and violence - Understand different forms of violence - Identify and assess the effects of violence
Session #7: Understanding "Power Over"	- Deepen understanding of 'power over' - Connect it to community realities - Identify examples of 'power over' in relationships
Session #8: Gender, Power and Marital Relationship	- Awareness of how gender shapes assumptions in marriage - Identify community perceptions and norms around marriage - Promote healthy family planning
Session #9: Common Triggers of Violence in Couples	- Identify common GBV triggers - Build awareness of gendered assumptions about behaviour
Session #10: The Children are Our Future	- Understand how family relationships affect children - Explore benefits of raising boys and girls equally - Identify positive changes in treating boys and girls - Reflect on current practices and commit to one change
Session #11: Early Marriage	- Understand why delaying marriage beyond 18 - Reflect on factors driving early marriage

Session #12: What Makes a Healthy Relationship?	- Identify characteristics of healthy relationships - Recognise actions that foster or harm positive feelings - Apply healthy relationship concepts to real life - Identify and practice behaviours that improve relationships
Session #13: Building the Foundations for a Healthy Relationship	- Commit to spending positive time with partners - Understand verbal and nonverbal communication types
Session #14: Managing Triggers (Part 1) - Feelings	- Identify and discuss different feelings comfortably - Recognise situations that trigger emotions - Practice positive ways to manage negative feelings
Session #15: Managing Triggers (Part 2) - Thoughts	- Differentiate thoughts from feelings - Learn how thoughts, feelings, and behaviours connect - Practice to encourage behaviour change
Session #16: Managing Triggers (Part 3) - Effective Communication	- Understand communication styles and practice - Strengthen analysis and dialogue skills - Improve conflict communication in marriage
Session #17: Balancing Economic Power	- Highlight strategies to balance economic power in relationships - Men's and women's perspectives on participation in VSL
Session #18: Family Financial Management	- Understand household income sources - Recognise value of agriculture and paid/unpaid work
Session #19: Our Community, Our Responsibility	- Recognise influence of others' beliefs and actions - Understand family issues as community, not private, matters
Session #20: Providing Empowering Response	- Explore fear, shame, and stigma - Show stigma can be overcome through collective power - Increase awareness of contributing to stigma - Practice supportive responses and plan safe interventions
Session #21: Committing to Change!	- Identify motivations and obstacles for change - Reflect on concrete personal and relationship changes - Commit individually and as partners to implement change

Table A2. *Detailed description and measurement of the outcome variables*

Outcome	Respondent	How assessed	Nb. of items	Method of scaling	Statements
Any IPV experience (economic, physical, emotional)	Wife	Self-report about experiences with current husband in past 12 months	13 items: -4 economic -5 emotional - 4 physical	- **Binary:** yes/no for each individual item (any occurrence of violence) - **Sum of the frequencies for each violence type** was calculated for each of physical, economic and emotional separately. It is the sum of frequencies of each form of violence and ranges from 0-12 for economic and physical and 0-15 for emotional violence. - **Frequency score for each violence act**: This is calculated based on the frequency of each act, where responses are coded as: Once = 1, A few times = 2, Many times = 3. This gives a continuous measure of frequency for each IPV type (0-3).	**Economic:** - In the past 12 months, how often has your husband stopped you from getting a job, going to work, trading, or earning money? - In the past 12 months, how often has your husband spent money on things for himself when there was not enough for essentials? - In the past 12 months, how often has your husband refused to give money needed for household expenses? - In the past 12 months, how many times has your husband taken your earnings without consent? **Emotional:** - In the past 12 months, how many times has your husband insulted you or made you feel bad about yourself? - In the past 12 months, how many times has your husband belittled or humiliated you in front of other people? - In the past- In the past 12 months, how many times has your husband verbally threatened you by saying they will leave you or divorce you? 12 months, how many times has your husband verbally threatened to hurt you or someone you care about? - In the past 12 months, how many times has your husband done things to scare or intimidate you on purpose, for example by the way he looked at you, by yelling and smashing things? **Physical**: - In the past 12 months, how many times has your husband slapped you or thrown something at you which could hurt you? - In the past 12 months, how many times has your husband pushed or shoved you? - In the past 12 months, how many times has your husband twisted your arm or pulled your hair?

					- In the past 12 months, how many times has your husband hit you with his fist or with something else that could hurt you?
IPV perpetration (economic)	Husband	Self-report about behaviours towards wife in past 12 months	4 items	Same as above	- In the past 12 months, how often have you stopped your wife from getting a job, going to work, trading, or earning money? - In the past 12 months, how often have you spent money on things for yourself when you knew there was not enough money for food, school fees, or other essential household expenses? - In the past 12 months, how often have you refused to give your wife the money she needed for household expenses, even when you had money for other things? - In the past 12 months, how many times have you taken your wife's earnings from her when she didn't want you to?
Justification of IPV	Wife	Agreement with statements about situations where hitting wife is justified	8 items	**Intensity of each wife-beating statement** is calculated by summing the following: strongly disagree(-2), Disagree(-1), Neutral (0), Agree (1), Strongly agree (2). **Sum of all the intensities** includes the sum of all statements and ranges from -16 to +16 **Binary** (Yes: if agree/strongly agree, and No: neutral, disagree, or strongly disagree)	- A man has good reason to hit his wife if she goes out without telling him - …if she neglects the children - …if she argues with him - …if she refuses sex - …if she is not satisfied with housework - …if she disobeys him - …if she is unfaithful - …if she brings dishonour to the family
Gender attitudes in household	Wife / Husband	Agreement with statements about household and gender	9 items	**Likert scale:** Strongly disagree (-2) to Strongly agree (2) **Binary:** Yes: if agree/strongly agree and No: neutral, disagree, or strongly disagree	- Children's health is only mother's responsibility - Woman decides what food to buy and cook, husband should not interfere - Men work outside, women look after family - Man should have final word on household decisions - Man decides if wife should work outside

		roles			- Women should safely speak out in household/community - Women should tolerate violence to keep family together - Seeking help outside household brings shame - Marrying a daughter <18 is acceptable
Decision-making	Wife / Husband	Who makes decisions in the household	8 items - 2 on agriculture - 6 on household	**Binary** for 'joint decision' = Yes if respondent reported to decide jointly with the spouse. All other options = No	- Who usually keeps money from selling agricultural produce? - Who makes financial decisions in the household? - Who decides on health or educational expenditures (tuition, uniforms)? - Who decides whether children should marry? - Who decides when selling/buying items for the family (car, house, land)? - Who decides what food to buy? - Who decides who works outside the household? - Who decides how much to save?
List experiment					
Husband	Attitudes and perpetration of economic violence in marital relationships	Respondents silently counted the number of statements they found acceptable in the context of a marriage, without specifying which ones.	Control: 3 Treatment: 4	**Control**: used as continuous, total number of statements found acceptable (0-3) **Treatment**: used as continuous, total number of statements found acceptable (0-4)	**Control**: Statements included prioritizing wife, consulting wife before spending, working outside only after agreement with wife **Treatment**: Control statements + refusing to give money to my wife she needed for the house, even if i had it (over the past 12 month)

Wife	Attitudes and experience of physical violence in marital relationships	Respondents silently counted the number of statements they found acceptable in the context of a marriage.	Control: 3 Treatment: 4	**Control**: used as continuous, total number of statements found acceptable (0-3) **Treatment**: used as continuous, total number of statements found acceptable (0-4)	**Control**: Statements included prioritizing husband, consulting husband before spending, and working outside only after permission **Treatment**: Control statements + experiencing slapping or hitting from husband (over the past 12 months)

Table A3. *Differences in livelihood and economic variables between baseline and endline*

Variables	*Baseline*	*Endline*	*p-value*
Livelihood and economic characteristics			
HH income (in SYP)	13.82 (6.57)	21.77 (10.97)	**<0.001**
FCS	45.44 (17.27)	52.89 (19.09)	**<0.001**
Share of income on food (%yes)	73.58%	68.53%	**<0.001**
Share of income from agriculture (%yes)	10.51%	8.85%	0.179
Share of income from livestock (%yes)	6.17%	6.82%	0.547
Share of income job with fixed salaries (%yes)	7.62%	12.45%	**0.001**
Share of income from off-farm business (%yes)	23.64%	24.74%	0.554
Share of income from transfers (%yes)	1.02%	13.49%	**<0.001**
Women's characteristics			
Engage in income generation (% Yes)	63.0%	78.0%	**<0.001**
Time work off-farm (hours)	1.25 (2.13)	1.92 (2.28)	**<0.001**
Time work in own field (hours)	0.96 (1.83)	0.95 (1.94)	0.907
Time work in paid job (hours)	1.59 (2.48)	0.77 (1.75)	<0.001
N	610	610	

Note: *Means and standard deviations are reported for continuous variables, while percentages are shown for categorical outcomes. p-values indicate differences between baseline and endline, calculated using t-tests for continuous variables and Chi-square tests for categorical variables. Outcomes include household income, Food Consumption Score (FCS), share of income by source, women's engagement in income generation, and her time allocation to various work activities (off-farm, own field, and paid job). The overall column presents summary statistics for the full sample.*

Table A4. *Impact of the couple's curriculum on livelihood and economic outcomes*

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Food consumption score (FCS)	53.72	-1.07 (2.47)	-1.55 (2.21)	-1.22 (2.13)	-0.98 (2.33)	-3.08 (3.78)	-0.88 (2.57)	-1.39 (2.27)	-1.06 (2.17)	-0.54 (2.48)	-2.82 (3.9)	-1.06 (2.59)	-1.48 (2.27)	-1.22 (2.16)	-0.65 (2.47)	-2.56 (3.95)
Sum of women's time working: paid job, own farm or off-farm (hours)	3.68	0.10 (0.22)	0.04 (0.21)	0.01 (0.20)	0.06 (0.22)	-0.11 (0.31)	0.08 (0.23)	0.05 (0.22)	0.01 (0.21)	0.04 (0.23)	-0.09 (0.34)	0.11 (0.23)	0.07 (0.22)	0.03 (0.22)	0.05 (0.23)	-0.09 (0.35)
Women's time working in her own field (hours)	1.00	-0.05 (0.32)	0.05 (0.19)	0.06 (0.19)	0.06 (0.21)	0.09 (0.31)	-0.03 (0.33)	0.08 (0.19)	0.08 (0.18)	0.07 (0.20)	0.11 (0.31)	0.01 (0.33)	0.09 (0.19)	0.08 (0.19)	0.07 (0.20)	0.11 (0.31)
Women's time working off-farm business (hours)	1.97	0.11 (0.37)	0.12 (0.36)	0.08 (0.35)	0.07 (0.32)	0.15 (0.54)	0.12 (0.4)	0.14 (0.38)	0.09 (0.37)	0.08 (0.33)	0.24 (0.56)	0.1 (0.41)	0.12 (0.39)	0.08 (0.38)	0.08 (0.34)	0.22 (0.58)
Women's time in paid job (hours)	0.71	0.03 (0.24)	-0.04 (0.23)	-0.03 (0.22)	0.05 (0.21)	-0.35 (0.53)	-0.01 (0.24)	-0.06 (0.23)	-0.06 (0.22)	0.01 (0.21)	-0.43 (0.54)	0.01 (0.25)	-0.05 (0.24)	-0.04 (0.23)	0.02 (0.21)	-0.43 (0.53)
Household share of income on food (0-100%)	69.46	-1.15 (2.12)	-1.18 (2.17)	-1.04 (2.07)	-1.28 (2.1)	1.47 (5.8)	-1.22 (2.14)	-1.25 (2.21)	-0.98 (2.13)	-0.97 (2.16)	1.97 (6.31)	-1.37 (2.13)	-1.39 (2.2)	-1.14 (2.15)	-1.04 (2.19)	2.32 (6.36)
Household's share of income from off-farm business (0-100%)	24.94	1.84 (3.00)	0.78 (2.32)	0.96 (2.30)	0.53 (2.12)	-0.85 (5.02)	2.37 (3.11)	1.06 (2.62)	0.92 (2.62)	0.43 (2.41)	-0.42 (5.86)	1.61 (3.10)	0.34 (2.54)	0.35 (2.56)	0.31 (2.46)	-1.39 (5.85)
Household income (in million SYP)	21.89	-1.06 (1.28)	-1.17 (1.15)	-1.09 (1.09)	-1.50 (1.08)	-0.40 (4.55)	-0.68 (1.23)	-1.00 (1.09)	-0.98 (1.04)	-1.41 (1.04)	-0.24 (4.72)	-0.68 (1.24)	-1.04 (1.10)	-1.02 (1.05)	-1.42 (1.06)	-0.68 (4.67)

Women's engagement in income generation (Yes/No)	0.81	-0.00 (0.03)	0.00 (0.03)	-0.00 (0.03)	0.00 (0.03)	0.01 (0.12)	0.00 (0.03)	0.01 (0.03)	0.01 (0.03)	0.01 (0.03)	0.03 (0.12)	0.00 (0.03)	0.01 (0.03)	0.01 (0.03)	0.01 (0.03)	0.02 (0.12)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the impact of the intervention on various livelihood and women's economic outcomes by running separate regressions for each outcome and model. In all models (M1-M5), estimates are OLS regression coefficients with Wild Cluster Bootstrap Standard Errors (SE) reported in parentheses. SEs are clustered at the village level to account for correlation of outcomes within geographic units. Significance is indicated using stars: * for p < 0.10, ** for p < 0.05, and *** for p < 0.01, based on t-tests on the regression coefficients. The regressions were repeated separately for three treatment definitions: (1) Intention-to-Treat (ITT/VAWG assignment), (2) Compliance (attended ≥1 session), and (3) Full compliance (attended ≥17 sessions), each compared to the control group. Model specifications are as follows: **Model 1** (Uncontrolled): Endline data, controls only for Round Fixed Effects. **Model 2** (Baseline outcome control): Model 1 + control for the baseline value of the outcome variable. **Model 3** (Baseline and outcome covariates control): Model 2 + controls for household and wife characteristics (house ownership, women's literacy, age, and disability). **Model 4** (Full covariates control): Model 3 + controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). This table presents the mean control of the full sample.*

***Table A5**. Impact of the couple's curriculum on the occurrence and frequency of any violence*

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Any physical violence (yes/no)	0.31	-0.06 (0.05)	-0.07 (0.04)	-0.05 (0.04)	-0.04 (0.04)	**-0.10* (0.08)**	-0.05 (0.05)	-0.06 (0.05)	-0.04 (0.04)	-0.03 (0.05)	-0.09 (0.08)	-0.05 (0.05)	-0.07 (0.05)	-0.05 (0.05)	-0.03 (0.05)	-0.10 (0.08)
Any emotional violence (yes/no)	0.57	-0.03 (0.05)	-0.04 (0.05)	-0.02 (0.04)	-0.02 (0.04)	-0.07 (0.07)	-0.02 (0.06)	-0.04 (0.05)	-0.01 (0.05)	-0.02 (0.04)	-0.08 (0.08)	-0.02 (0.06)	-0.04 (0.05)	-0.01 (0.05)	-0.03 (0.05)	-0.08 (0.08)
Any economic violence (yes/no)	3.37	-0.04 (0.07)	-0.04 (0.07)	-0.04 (0.07)	-0.04 (0.07)	-0.08 (0.11)	-0.03 (0.08)	-0.04 (0.07)	-0.03 (0.07)	-0.03 (0.07)	-0.08 (0.11)	-0.04 (0.08)	-0.05 (0.07)	-0.04 (0.07)	-0.04 (0.07)	-0.09 (0.11)
Any economic perpetration (yes/no)	0.11	0.02 (0.05)	0.03 (0.05)	0.03 (0.05)	0.02 (0.05)	0.06 (0.11)	0.02 (0.05)	0.02 (0.05)	0.03 (0.05)	0.02 (0.05)	0.07 (0.11)	0.02 (0.05)	0.02 (0.05)	0.03 (0.05)	0.02 (0.05)	0.06 (0.11)
Sum of frequencies of physical violence (0-12)	1.35	**-0.40* (0.22)**	**-0.41** (0.20)**	**-0.34* (0.19)**	-0.24 (0.19)	-0.37 (0.32)	**-0.45* (0.25)**	**-0.46** (0.22)**	**-0.38* (0.21)**	-0.30 (0.20)	**-0.43* (0.33)**	-0.45 (0.25)	**-0.47** (0.22)**	**-0.39* (0.21)**	-0.32 (0.21)	**-0.46* (0.33)**
Sum of frequencies of	3.37	-0.25 (0.51)	-0.48 (0.44)	-0.27 (0.40)	-0.20 (0.44)	-0.63 (0.76)	-0.29 (0.57)	-0.51 (0.49)	-0.26 (0.44)	-0.24 (0.47)	-0.71 (0.80)	-0.25 (0.59)	-0.49 (0.51)	-0.26 (0.46)	-0.22 (0.49)	-0.75 (0.81)

emotional violence (0-15)																
Sum of frequencies of economic violence (0-12)	3.37	0.05 (0.36)	-0.07 (0.31)	-0.01 (0.30)	-0.04 (0.28)	-0.24 (0.48)	0.03 (0.38)	-0.05 (0.33)	0.02 (0.32)	0.02 (0.31)	-0.15 (0.52)	0.00 (0.40)	-0.08 (0.34)	-0.02 (0.33)	-0.00 (0.31)	-0.21 (0.53)
Sum of frequencies of economic perpetration (0-12)	0.28	0.08 (0.15)	0.09 (0.15)	0.11 (0.15)	0.09 (0.15)	0.15 (0.35)	0.06 (0.16)	0.07 (0.16)	0.10 (0.16)	0.07 (0.16)	0.13 (0.34)	0.07 (0.16)	0.08 (0.17)	0.11 (0.16)	0.08 (0.16)	0.13 (0.34)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various outcomes such as the occurrence and frequency of physical violence. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A6. Impact of the couple's curriculum on the occurrence and frequency of physical violence

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Any pushing (yes/no)	0.24	-0.05 (0.04)	-0.04 (0.04)	-0.03 (0.04)	-0.03 (0.04)	-0.03 (0.08)	-0.04 (0.04)	-0.05 (0.04)	-0.03 (0.04)	-0.02 (0.04)	-0.04 (0.08)	-0.04 (0.05)	-0.04 (0.04)	-0.03 (0.04)	-0.02 (0.04)	-0.03 (0.08)
Any slapping (yes/no)	0.23	-0.04 (0.04)	-0.04 (0.04)	-0.03 (0.04)	-0.02 (0.04)	-0.05 (0.06)	-0.04 (0.04)	-0.04 (0.04)	-0.02 (0.04)	-0.02 (0.04)	-0.04 (0.06)	-0.04 (0.04)	-0.04 (0.04)	-0.02 (0.04)	-0.02 (0.04)	-0.05 (0.06)
Any twisting arm (yes/no)	0.12	**-0.05* (0.03)**	**-0.05* (0.03)**	-0.04 (0.02)	-0.03 (0.02)	-0.02 (0.05)	**-0.06* (0.03)**	**-0.05* (0.03)**	-0.04 (0.03)	-0.04 (0.02)	-0.03 (0.05)	**-0.06* (0.03)**	**-0.06* (0.03)**	-0.05 (0.03)	**-0.05* (0.02)**	-0.04 (0.05)
Any hitting (yes/no)	0.12	**-0.05* (0.02)**	**-0.05* (0.02)**	-0.04 (0.02)	-0.02 (0.02)	-0.05 (0.05)	**-0.05* (0.03)**	**-0.05* (0.03)**	-0.04 (0.03)	-0.03 (0.03)	-0.06 (0.05)	**-0.06** (0.02)**	**-0.06** (0.03)**	**-0.05* (0.02)**	-0.04 (0.02)	**-0.07* (0.05)**
Frequency of slapping (0-3)	0.42	-0.08 (0.07)	-0.09 (0.07)	-0.06 (0.07)	-0.04 (0.07)	-0.09 (0.12)	-0.09 (0.08)	-0.10 (0.07)	-0.07 (0.07)	-0.06 (0.06)	-0.10 (0.12)	-0.10 (0.08)	-0.10 (0.07)	-0.07 (0.07)	-0.07 (0.06)	-0.11 (0.12)
Frequency of twisting arm (0-3)	0.26	**-0.12** (0.05)**	**-0.11** (0.05)**	**-0.10* (0.05)**	-0.07 (0.05)	-0.07 (0.08)	**-0.13** (0.06)**	**-0.12** (0.05)**	**-0.11* (0.05)**	-0.09 (0.05)	-0.08 (0.08)	**-0.13** (0.06)**	**-0.13** (0.06)**	**-0.11* (0.05)**	**-0.10* (0.05)**	-0.09 (0.08)
Frequency of hitting (0-3)	0.26	-0.08 (0.05)	**-0.08* (0.04)**	-0.06 (0.04)	-0.04 (0.04)	-0.09 (0.08)	**-0.09* (0.05)**	**-0.10* (0.05)**	-0.08 (0.05)	-0.06 (0.05)	**-0.11* (0.08)**	**-0.10* (0.05)**	**-0.11* (0.05)**	**-0.09* (0.05)**	**-0.08* (0.04)**	**-0.12** (0.08)**
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No

Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various outcomes such as the occurrence and frequency of physical violence. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A7. *Impact of the couple's curriculum on the occurrence and frequency of emotional violence*

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Any insulting (yes/no)	0.43	0.01 (0.06)	-0.01 (0.06)	0.01 (0.05)	0.02 (0.05)	-0.06 (0.09)	0.00 (0.07)	-0.02 (0.06)	0.00 (0.05)	0.02 (0.05)	-0.06 (0.09)	0.01 (0.07)	-0.02 (0.06)	0.01 (0.05)	0.02 (0.05)	-0.07 (0.09)
Any belittling (yes/no)	0.28	**-0.08*** **(0.04)**	**-0.08*** **(0.04)**	**-0.06*** **(0.04)**	-0.06 (0.04)	-0.09 (0.09)	**-0.08*** **(0.04)**	**-0.09*** **(0.04)**	-0.06 (0.04)	-0.06 (0.04)	-0.10 (0.09)	**-0.08*** **(0.04)**	**-0.09*** **(0.04)**	-0.07 (0.04)	-0.06 (0.04)	-0.10 (0.09)
Any intimidating (yes/no)	0.40	-0.01 (0.06)	-0.02 (0.06)	-0.00 (0.05)	0.01 (0.05)	-0.02 (0.10)	-0.01 (0.06)	-0.01 (0.06)	0.01 (0.05)	0.01 (0.06)	-0.03 (0.10)	-0.00 (0.06)	-0.01 (0.06)	0.01 (0.06)	0.01 (0.06)	-0.04 (0.11)
Any threatening to divorce (yes/no)	0.25	-0.04 (0.04)	-0.04 (0.04)	-0.03 (0.03)	-0.03 (0.03)	-0.06 (0.05)	-0.05 (0.04)	-0.06 (0.04)	-0.04 (0.03)	-0.05 (0.04)	**-0.09**** **(0.05)**	-0.05 (0.05)	-0.06 (0.04)	-0.05 (0.03)	-0.06 (0.04)	**-0.10**** **(0.06)**
Any threatening to hurt (yes/no)	0.23	-0.02 (0.05)	-0.02 (0.05)	-0.00 (0.05)	-0.00 (0.05)	-0.01 (0.11)	-0.02 (0.06)	-0.02 (0.06)	0.00 (0.05)	-0.01 (0.05)	-0.01 (0.12)	-0.02 (0.06)	-0.02 (0.06)	0.00 (0.05)	-0.01 (0.05)	-0.02 (0.12)
Frequency of insulting (0-3)	0.94	-0.01 (0.13)	-0.06 (0.12)	-0.01 (0.10)	0.02 (0.10)	-0.14 (0.19)	-0.03 (0.14)	-0.08 (0.13)	-0.02 (0.11)	0.02 (0.11)	-0.16 (0.20)	-0.02 (0.14)	-0.08 (0.13)	-0.02 (0.11)	0.02 (0.11)	-0.18 (0.20)
Frequency of belittling (0-3)	0.57	-0.12 (0.09)	-0.13 (0.09)	-0.10 (0.08)	-0.09 (0.09)	-0.15 (0.19)	-0.13 (0.10)	-0.14 (0.10)	-0.09 (0.09)	-0.09 (0.10)	-0.15 (0.21)	-0.14 (0.10)	-0.15 (0.10)	-0.10 (0.09)	-0.10 (0.10)	-0.17 (0.21)

Frequency of intimidating (0-3)	0.91	-0.04 (0.14)	-0.08 (0.14)	-0.03 (0.13)	0.01 (0.14)	-0.11 (0.25)	-0.02 (0.15)	-0.05 (0.15)	-0.01 (0.14)	0.01 (0.15)	-0.14 (0.25)	0.00 (0.16)	-0.03 (0.15)	0.01 (0.15)	0.03 (0.15)	-0.11 (0.26)
Frequency of threatening divorce (0-3)	0.49	-0.07 (0.09)	-0.09 (0.07)	-0.07 (0.07)	-0.08 (0.07)	**-0.14*** **(0.11)**	-0.08 (0.10)	-0.11 (0.08)	-0.08 (0.08)	-0.11 (0.09)	**-0.18**** **(0.11)**	-0.09 (0.11)	-0.12 (0.09)	-0.09 (0.08)	-0.12 (0.09)	**-0.20**** **(0.12)**
Frequency of threatening to hurt (0-3)	0.48	-0.03 (0.13)	-0.05 (0.12)	-0.01 (0.12)	-0.01 (0.12)	-0.07 (0.23)	-0.05 (0.14)	-0.06 (0.13)	-0.01 (0.12)	-0.02 (0.12)	-0.07 (0.25)	-0.03 (0.14)	-0.04 (0.14)	-0.00 (0.13)	-0.01 (0.13)	-0.08 (0.25)
N		600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline		No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable		No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various outcomes such as the occurrence and frequency of emotional violence. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A8. *Impact of the couple's curriculum on the occurrence and frequency of economic violence*

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Spending money on himself (yes/no)	0.09	0.01	0.01	0.02	0.02	-0.00	0.02	0.02	0.02	0.03	0.02	0.01	0.01	0.01	0.03	0.00
		(0.03)	(0.03)	(0.03)	(0.03)	(0.05)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)	(0.03)	(0.03)	(0.03)	(0.03)	(0.05)
Refusing to give you money (yes/no)	0.13	0.01	0.00	0.01	-0.00	-0.01	0.01	0.00	0.01	0.00	0.01	-0.00	-0.00	0.00	-0.00	-0.01
		(0.04)	(0.04)	(0.04)	(0.04)	(0.07)	(0.04)	(0.04)	(0.04)	(0.04)	(0.07)	(0.05)	(0.04)	(0.04)	(0.04)	(0.07)
Taking your earnings (yes/no)	0.15	-0.03	-0.03	-0.02	-0.02	-0.02	-0.03	-0.03	-0.02	-0.02	-0.01	-0.03	-0.03	-0.03	-0.02	-0.02
		(0.04)	(0.04)	(0.04)	(0.04)	(0.09)	(0.05)	(0.05)	(0.04)	(0.04)	(0.10)	(0.05)	(0.05)	(0.05)	(0.04)	(0.10)
Stopping you from getting a job (yes/no)	0.28	-0.03	-0.03	-0.02	-0.04	-0.08	-0.03	-0.03	-0.02	-0.04	-0.09	-0.03	-0.04	-0.03	-0.05	**-0.10***
		(0.06)	(0.06)	(0.06)	(0.05)	(0.08)	(0.06)	(0.06)	(0.06)	(0.06)	(0.07)	(0.06)	(0.06)	(0.06)	(0.06)	**(0.07)**
Frequency of spending money on himself (0-3)	0.18	0.03	0.03	0.04	0.06	-0.01	0.03	0.03	0.05	0.09	0.04	0.02	0.02	0.04	0.07	0.01
		(0.07)	(0.07)	(0.06)	(0.05)	(0.11)	(0.07)	(0.07)	(0.06)	(0.06)	(0.11)	(0.07)	(0.07)	(0.07)	(0.06)	(0.11)
Frequency of refused to give you money (0-3)	0.26	0.06	0.04	0.05	0.04	0.02	0.05	0.04	0.05	0.05	0.03	0.04	0.02	0.03	0.03	0.00
		(0.09)	(0.08)	(0.08)	(0.07)	(0.14)	(0.09)	(0.08)	(0.08)	(0.08)	(0.15)	(0.10)	(0.09)	(0.08)	(0.08)	(0.15)

Frequency of took your earnings (0-3)	0.32	-0.03 (0.10)	-0.04 (0.10)	-0.02 (0.09)	-0.03 (0.09)	-0.04 (0.20)	-0.04 (0.11)	-0.04 (0.11)	-0.02 (0.10)	-0.02 (0.10)	-0.01 (0.21)	-0.05 (0.11)	-0.05 (0.11)	-0.03 (0.10)	-0.02 (0.10)	-0.02 (0.22)
Frequency of stopped you from getting a job (0-3)	0.55	-0.01 (0.14)	-0.05 (0.13)	-0.02 (0.13)	-0.06 (0.12)	-0.20 (0.18)	-0.00 (0.15)	-0.04 (0.13)	-0.02 (0.13)	-0.06 (0.12)	-0.20 (0.17)	-0.01 (0.15)	-0.05 (0.13)	-0.02 (0.13)	-0.06 (0.12)	-0.21 (0.17)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various outcomes such as the occurrence and frequency of economic violence. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A9. *Impact of the couple's curriculum on the occurrence and frequency of perpetration of economic violence*

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Spend money on yourself (yes/no)	0.01	**0.06****	**0.06****	**0.06****	**0.06****	**0.06****	**0.06****	**0.06****	**0.06****	**0.05****	**0.07****	**0.06****	**0.06****	**0.06****	**0.06****	**0.08****
		(0.02)	**(0.02)**	**(0.02)**	**(0.02)**	**(0.04)**	**(0.02)**	**(0.02)**	**(0.02)**	**(0.02)**	**(0.04)**	**(0.02)**	**(0.02)**	**(0.02)**	**(0.02)**	**(0.04)**
Refused to give money to your wife (yes/no)	0.04	-0.00	-0.00	-0.00	-0.00	0.01	-0.00	-0.00	-0.00	-0.00	0.01	-0.00	-0.00	-0.00	-0.00	-0.00
		(0.02)	(0.02)	(0.02)	(0.02)	(0.05)	(0.02)	(0.02)	(0.02)	(0.02)	(0.05)	(0.02)	(0.02)	(0.02)	(0.02)	(0.05)
Took your wife's earnings (yes/no)	0.03	-0.00	-0.01	-0.00	-0.00	0.01	-0.00	-0.00	-0.00	-0.00	0.01	-0.01	-0.01	-0.00	-0.00	0.01
		(0.03)	(0.03)	(0.03)	(0.03)	(0.08)	(0.03)	(0.03)	(0.03)	(0.03)	(0.08)	(0.03)	(0.03)	(0.03)	(0.03)	(0.08)
Stopped your wife from getting a job (yes/no)	0.07	0.01	0.01	0.01	0.01	-0.01	0.00	-0.00	0.00	-0.01	-0.01	0.00	0.00	0.01	-0.00	-0.00
		(0.03)	(0.03)	(0.03)	(0.03)	(0.06)	(0.03)	(0.03)	(0.03)	(0.03)	(0.06)	(0.03)	(0.03)	(0.03)	(0.03)	(0.06)
Frequency of spending money on yourself (0-3)	0.02	**0.09****	**0.09****	**0.09****	**0.09****	**0.11****	**0.09****	**0.09****	**0.10***	**0.09***	**0.12****	**0.10****	**0.10****	**0.10****	**0.10****	**0.13****
		(0.04)	**(0.04)**	**(0.04)**	**(0.04)**	**(0.07)**	**(0.04)**	**(0.04)**	**(0.04)**	**(0.04)**	**(0.07)**	**(0.04)**	**(0.04)**	**(0.04)**	**(0.04)**	**(0.07)**
Frequency of refusing to give money to your wife 0-3)	0.08	-0.02	-0.02	-0.02	-0.02	0.00	-0.01	-0.01	-0.01	-0.01	-0.00	-0.02	-0.02	-0.01	-0.01	-0.01
		(0.04)	(0.04)	(0.04)	(0.04)	(0.10)	(0.04)	(0.04)	(0.04)	(0.04)	(0.10)	(0.04)	(0.04)	(0.04)	(0.04)	(0.10)

Frequency of taking your wife's earnings (0-3)	0.07	-0.01 (0.06)	-0.02 (0.06)	-0.01 (0.06)	-0.01 (0.06)	0.04 (0.19)	-0.01 (0.06)	-0.01 (0.06)	-0.01 (0.06)	-0.01 (0.06)	0.04 (0.19)	-0.01 (0.06)	-0.01 (0.06)	-0.01 (0.06)	-0.01 (0.06)	0.04 (0.19)
Frequency of stopping your wife from getting a job (0-3)	0.14	0.02 (0.06)	0.02 (0.06)	0.03 (0.06)	0.02 (0.06)	-0.02 (0.11)	-0.01 (0.06)	-0.01 (0.06)	0.00 (0.06)	-0.02 (0.06)	-0.03 (0.11)	0.00 (0.06)	0.00 (0.06)	0.01 (0.06)	-0.01 (0.06)	-0.03 (0.11)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various outcomes such as the occurrence and frequency of economic violence. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A10. *Impact of the couple's curriculum on joint decision-making (women reporting)*

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Involved in any joint decision with the husband (yes/no)	0.93	0.03	0.03	0.03	0.03	0.01	**0.05****	**0.05****	**0.05****	**0.04****	0.03	**0.06*****	**0.06*****	**0.06*****	**0.05*****	0.04
		(0.02)	(0.02)	(0.02)	(0.02)	(0.05)	**(0.02)**	**(0.02)**	**(0.02)**	**(0.02)**	(0.05)	**(0.02)**	**(0.02)**	**(0.02)**	**(0.02)**	(0.05)
Decide on education jointly (yes/no)	0.71	**0.14*****	**0.14*****	**0.14****	**0.16*****	0.09	**0.17*****	**0.17*****	**0.16*****	**0.18*****	**0.14***	**0.19*****	**0.18*****	**0.18*****	**0.19*****	**0.16****
		(0.04)	**(0.04)**	**(0.04)**	**(0.04)**	(0.10)	**(0.04)**	**(0.05)**	**(0.05)**	**(0.04)**	**(0.10)**	**(0.04)**	**(0.05)**	**(0.05)**	**(0.04)**	**(0.10)**
Decide what food to buy jointly (yes/no)	0.64	0.07	0.07	0.06	0.07	0.05	0.10	0.10	0.09	0.10	0.06	0.11	0.11	0.10	0.11	0.08
		(0.06)	(0.06)	(0.06)	(0.06)	(0.15)	(0.06)	(0.06)	(0.06)	(0.06)	(0.16)	(0.06)	(0.06)	(0.06)	(0.06)	(0.16)
Decide what items to buy and sell jointly (yes/no)	0.61	**0.13****	**0.12****	**0.12****	**0.11****	0.11	**0.15*****	**0.14*****	**0.13*****	**0.12****	0.12	**0.16*****	**0.15*****	**0.14*****	**0.13****	0.12
		(0.04)	**(0.04)**	**(0.04)**	**(0.04)**	(0.12)	**(0.04)**	**(0.04)**	**(0.04)**	**(0.04)**	(0.12)	**(0.04)**	**(0.04)**	**(0.04)**	**(0.04)**	(0.12)
Decide who save money jointly (yes/no)	0.61	0.06	0.06	0.06	0.06	0.04	0.07	0.07	0.06	0.07	0.05	0.07	0.07	0.07	0.07	0.07
		(0.04)	(0.04)	(0.04)	(0.05)	(0.11)	(0.04)	(0.04)	(0.04)	(0.05)	(0.11)	(0.04)	(0.04)	(0.05)	(0.05)	(0.11)
Decide what land and crops to use jointly (yes/no)	0.21	0.02	0.02	0.02	0.03	-0.00	0.03	0.03	0.02	0.03	0.01	0.03	0.03	0.02	0.03	0.01
		(0.05)	(0.05)	(0.05)	(0.05)	(0.08)	(0.05)	(0.05)	(0.05)	(0.05)	(0.08)	(0.05)	(0.05)	(0.05)	(0.05)	(0.08)

Decide how much money to keep from selling agr produce jointly (yes/no)	0.21	0.03 (0.06)	0.03 (0.05)	0.03 (0.05)	0.04 (0.05)	0.03 (0.09)	0.03 (0.06)	0.04 (0.05)	0.03 (0.05)	0.04 (0.06)	0.04 (0.10)	0.04 (0.06)	0.04 (0.05)	0.03 (0.05)	0.04 (0.06)	0.05 (0.10)
Decide whether children get married jointly (yes/no)	0.72	**0.09**** **(0.04)**	**0.10**** **(0.04)**	**0.09*** **(0.04)**	**0.09*** **(0.04)**	0.09 (0.12)	**0.12**** **(0.04)**	**0.12**** **(0.04)**	**0.11**** **(0.04)**	**0.12***** **(0.04)**	0.11 (0.12)	**0.13***** **(0.04)**	**0.13***** **(0.04)**	**0.13***** **(0.04)**	**0.13***** **(0.04)**	0.12 (0.13)
Decide who work outside home jointly (yes/no)	0.44	0.07 (0.04)	0.06 (0.05)	0.06 (0.05)	0.06 (0.05)	-0.05 (0.09)	**0.12**** **(0.04)**	**0.11**** **(0.05)**	**0.10**** **(0.04)**	**0.11**** **(0.05)**	-0.02 (0.09)	**0.13***** **(0.04)**	**0.12**** **(0.05)**	**0.12**** **(0.04)**	**0.12**** **(0.05)**	-0.00 (0.09)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various joint intra-household decision-making. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A11. *Impact of the couple's curriculum on women sole decision-making (women reporting)*

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Decide on education alone (yes/no)	0.05	-0.00 (0.02)	-0.00 (0.02)	-0.00 (0.02)	-0.02 (0.02)	0.00 (0.05)	-0.01 (0.02)	-0.02 (0.02)	-0.02 (0.02)	-0.02 (0.02)	-0.02 (0.05)	-0.01 (0.02)	-0.01 (0.02)	-0.01 (0.02)	-0.02 (0.02)	-0.02 (0.05)
Decide what food to buy alone (yes/no)	0.20	0.03 (0.05)	0.02 (0.06)	0.03 (0.05)	0.02 (0.05)	0.02 (0.13)	0.01 (0.06)	0.01 (0.06)	0.01 (0.05)	0.02 (0.05)	0.02 (0.14)	0.01 (0.06)	0.01 (0.06)	0.02 (0.05)	0.02 (0.05)	0.01 (0.15)
Decide what items to buy and sell alone (yes/no)	0.02	0.01 (0.02)	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.01)	**-0.03**** **(0.02)**	-0.00 (0.02)	-0.01 (0.01)	-0.01 (0.01)	-0.00 (0.01)	-0.03 (0.02)	-0.00 (0.02)	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.01)	**-0.03*** **(0.02)**
Decide who save money alone (yes/no)	0.26	0.05 (0.05)	0.06 (0.05)	0.05 (0.05)	0.05 (0.05)	0.07 (0.10)	0.05 (0.05)	0.05 (0.05)	0.05 (0.05)	0.05 (0.06)	0.07 (0.11)	0.04 (0.05)	0.05 (0.05)	0.04 (0.05)	0.05 (0.06)	0.07 (0.11)
Decide what land and crops to use alone (yes/no)	0.01	-0.00 (0.01)	-0.00 (0.00)	-0.00 (0.00)	0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	0.00 (0.00)	0.00 (0.00)	0.00 (0.01)	0.00 (0.01)	-0.00 (0.01)	0.00 (0.00)	0.00 (0.00)	0.00 (0.01)	0.00 (0.01)
Decide how much money to keep from	0.01	-0.00 (0.00)	-0.00 (0.00)	-0.00 (0.01)	-0.00 (0.01)	0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	0.00 (0.02)

selling agr produce alone (yes/no)																
Decide whether children get married alone (yes/no)	0.01	0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	-0.01 (0.02)	-0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	-0.01 (0.01)	-0.01 (0.02)	-0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	-0.00 (0.01)	-0.01 (0.02)
Decide who work outside home alone (yes/no)	0.01	0.00 (0.01)	-0.00 (0.01)	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.02)	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.01)	**-0.01*** **(0.01)**	-0.01 (0.02)	-0.01 (0.01)	-0.01 (0.01)	-0.01 (0.01)	**-0.01*** **(0.01)**	-0.01 (0.02)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various sole intra-household decision-making. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A12. *Impact of the couple's curriculum on joint decision-making (men reporting)*

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Involved in any joint decision with the wife (yes/no)	0.99	0.00	0.00	0.00	0.00	-0.01	0.00	0.00	0.00	0.00	-0.01	0.00	0.00	0.00	0.00	-0.01
		(0.01)	(0.01)	(0.01)	(0.01)	(0.02)	(0.01)	(0.01)	(0.01)	(0.01)	(0.02)	(0.01)	(0.01)	(0.01)	(0.01)	(0.02)
Men decide jointly on education (yes/no)	0.89	0.05	0.06	0.05	0.05	0.03	0.05	0.06	0.05	0.05	0.05	0.04	0.05	0.05	0.04	0.04
		(0.03)	(0.04)	(0.04)	(0.04)	(0.13)	(0.04)	(0.04)	(0.04)	(0.04)	(0.13)	(0.03)	(0.04)	(0.04)	(0.04)	(0.13)
Men decide jointly on what food to buy (yes/no)	0.87	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	-0.01	0.01	-0.01	-0.02	-0.02	-0.01	0.00
		(0.03)	(0.03)	(0.03)	(0.03)	(0.11)	(0.03)	(0.03)	(0.03)	(0.03)	(0.11)	(0.03)	(0.03)	(0.03)	(0.03)	(0.11)
Men decide jointly on what items to buy and sell (yes/no)	0.91	0.02	0.02	0.02	0.02	0.08	0.03	0.03	0.03	0.03	0.09	0.04	0.04	0.04	0.04	0.09
		(0.03)	(0.03)	(0.03)	(0.03)	(0.08)	(0.03)	(0.03)	(0.03)	(0.03)	(0.08)	(0.03)	(0.03)	(0.03)	(0.03)	(0.08)
Men decide jointly on who save money (yes/no)	0.84	0.00	0.01	0.01	0.01	0.07	0.00	0.01	-0.00	0.01	0.05	-0.00	0.00	-0.00	0.00	0.05
		(0.04)	(0.04)	(0.04)	(0.04)	(0.12)	(0.04)	(0.04)	(0.04)	(0.04)	(0.11)	(0.04)	(0.04)	(0.04)	(0.04)	(0.11)
Men decide jointly on what land and crops to use (yes/no)	0.47	0.06	0.07	0.07	0.08	0.12	0.07	0.08	0.08	0.09	0.15	0.07	0.09	0.08	0.10	0.15
		(0.06)	(0.06)	(0.06)	(0.06)	(0.14)	(0.06)	(0.06)	(0.06)	(0.06)	(0.15)	(0.06)	(0.06)	(0.06)	(0.06)	(0.15)

Men decide jointly on how much money to keep from selling agr produce (yes/no)	0.56	-0.01 (0.05)	-0.00 (0.04)	0.01 (0.04)	0.02 (0.04)	0.05 (0.10)	0.00 (0.05)	0.01 (0.04)	0.02 (0.04)	0.03 (0.04)	0.07 (0.11)	0.00 (0.05)	0.01 (0.04)	0.02 (0.04)	0.04 (0.04)	0.07 (0.11)
Men decide jointly on whether children get married (yes/no)	0.84	-0.06 (0.05)	-0.05 (0.04)	-0.05 (0.04)	-0.05 (0.04)	-0.12 (0.22)	-0.06 (0.05)	-0.06 (0.05)	-0.05 (0.04)	-0.05 (0.04)	-0.16 (0.24)	-0.05 (0.05)	-0.05 (0.05)	-0.05 (0.05)	-0.05 (0.05)	-0.15 (0.23)
Men decide jointly on who work outside the house (yes/no)	0.77	0.03 (0.06)	0.03 (0.05)	0.02 (0.05)	0.03 (0.05)	0.00 (0.14)	0.03 (0.06)	0.03 (0.06)	0.02 (0.05)	0.03 (0.05)	0.01 (0.14)	0.03 (0.06)	0.02 (0.06)	0.01 (0.05)	0.03 (0.05)	0.01 (0.15)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various decision-making taken alone by the husband. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A13. Impact of the couple's curriculum on men sole decision-making (men reporting)

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Men decide alone on education (yes/no)	0.04	-0.02	-0.02	-0.02	-0.02	**-0.07****	-0.02	-0.02	-0.02	-0.02	**-0.09****	-0.02	-0.02	-0.02	-0.02	**-0.08****
		(0.02)	(0.02)	(0.02)	(0.02)	**(0.04)**	(0.02)	(0.02)	(0.02)	(0.02)	**(0.04)**	(0.02)	(0.02)	(0.02)	(0.02)	**(0.04)**
Men decide alone on what food to buy (yes/no)	0.01	0.00	0.00	0.00	0.00	**-0.02****	0.00	0.00	0.00	-0.00	**-0.03****	0.00	0.00	0.00	-0.00	**-0.03****
		(0.01)	(0.01)	(0.01)	(0.01)	**(0.01)**	(0.01)	(0.01)	(0.01)	(0.01)	**(0.02)**	(0.01)	(0.01)	(0.01)	(0.01)	**(0.02)**
Men decide alone on what items to buy and sell (yes/no)	0.07	-0.02	-0.02	-0.02	-0.02	-0.08	-0.03	-0.03	-0.03	-0.03	**-0.10***	-0.03	-0.03	-0.03	-0.03	-0.09
		(0.02)	(0.02)	(0.02)	(0.02)	(0.07)	(0.02)	(0.02)	(0.02)	(0.02)	**(0.08)**	(0.02)	(0.02)	(0.02)	(0.02)	(0.08)
Men decide alone on who save money (yes/no)	0.02	-0.00	-0.00	-0.00	-0.00	-0.01	-0.00	-0.00	-0.01	-0.00	-0.01	-0.00	-0.00	-0.00	-0.00	-0.01
		(0.01)	(0.01)	(0.01)	(0.01)	(0.03)	(0.01)	(0.01)	(0.01)	(0.01)	(0.04)	(0.01)	(0.01)	(0.01)	(0.01)	(0.04)
Men decide alone on what land and crops to use (yes/no)	0.13	-0.07	-0.07	-0.06	**-0.07***	-0.09	-0.06	-0.07	-0.06	-0.07	**-0.12***	-0.06	-0.06	-0.06	-0.06	**-0.11***
		(0.04)	(0.04)	(0.04)	**(0.04)**	(0.09)	(0.04)	(0.04)	(0.04)	(0.04)	**(0.09)**	(0.04)	(0.04)	(0.04)	(0.04)	**(0.09)**
Men decide alone on how much money to	0.06	-0.02	-0.03	-0.02	-0.03	-0.04	-0.02	-0.02	-0.02	-0.02	-0.05	-0.02	-0.02	-0.02	-0.02	-0.04
		(0.02)	(0.02)	(0.02)	(0.02)	(0.05)	(0.02)	(0.02)	(0.02)	(0.02)	(0.05)	(0.02)	(0.02)	(0.02)	(0.02)	(0.05)

keep from selling agr produce (yes/no)																
Men decide alone on whether children get married (yes/no)	0.04	-0.02 (0.02)	-0.02 (0.02)	-0.02 (0.02)	-0.02 (0.02)	**-0.05* (0.04)**	-0.02 (0.02)	-0.02 (0.02)	-0.02 (0.02)	-0.02 (0.02)	**-0.06** (0.04)**	-0.03 (0.02)	-0.02 (0.02)	-0.02 (0.02)	-0.03 (0.02)	**-0.07** (0.04)**
Men decide alone on who work outside the house (yes/no)	0.21	-0.03 (0.05)	-0.03 (0.05)	-0.02 (0.05)	-0.02 (0.05)	0.01 (0.13)	-0.02 (0.05)	-0.02 (0.05)	-0.02 (0.05)	-0.03 (0.05)	-0.01 (0.14)	-0.02 (0.05)	-0.02 (0.05)	-0.01 (0.05)	-0.02 (0.05)	-0.01 (0.14)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various sole decision-making of the husband. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A14. Impact of the couple's curriculum on wife's gender attitudes

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Children health is mother responsibility (-2 to 2)	-0.60	-0.14	-0.15	-0.15	-0.16	**-0.28***	-0.16	-0.17	-0.16	-0.15	**-0.29***	-0.18	-0.19	-0.18	-0.17	**-0.27***
		(0.11)	(0.11)	(0.11)	(0.11)	**(0.20)**	(0.12)	(0.12)	(0.12)	(0.12)	**(0.21)**	(0.12)	(0.12)	(0.12)	(0.12)	**(0.22)**
Women decide what food to buy and cook (-2 to 2)	-0.27	**-0.20***	**-0.21***	**-0.19***	**-0.23****	-0.25	**-0.22***	**-0.22***	**-0.19***	**-0.23****	-0.26	**-0.24****	**-0.24***	**-0.22****	**-0.25****	**-0.29***
		(0.09)	**(0.09)**	**(0.09)**	**(0.09)**	(0.21)	**(0.10)**	**(0.10)**	**(0.10)**	**(0.09)**	(0.22)	**(0.10)**	**(0.10)**	**(0.09)**	**(0.09)**	**(0.21)**
Men should work outside women inside (-2 to 2)	0.07	**-0.25***	**-0.23***	**-0.21***	-0.21	-0.23	**-0.29***	**-0.27***	**-0.24***	**-0.23***	-0.23	**-0.32****	**-0.30****	**-0.27***	**-0.26***	-0.26
		(0.12)	**(0.11)**	**(0.11)**	(0.11)	(0.24)	**(0.12)**	**(0.12)**	**(0.12)**	**(0.12)**	(0.24)	**(0.12)**	**(0.12)**	**(0.12)**	**(0.12)**	(0.24)
Man should have the final word (-2 to 2)	0.03	-0.24	-0.25	-0.23	-0.23	**-0.36***	**-0.33****	**-0.33****	**-0.31****	**-0.33****	**-0.36***	**-0.36****	**-0.36****	**-0.34****	**-0.35****	**-0.38***
		(0.14)	(0.14)	(0.13)	(0.14)	**(0.27)**	**(0.13)**	**(0.13)**	**(0.13)**	**(0.14)**	**(0.29)**	**(0.13)**	**(0.13)**	**(0.12)**	**(0.13)**	**(0.28)**
Man decide if women work outside (-2 to 2)	0.56	-0.16	-0.15	-0.15	-0.15	-0.16	-0.18	-0.17	-0.16	-0.19	-0.08	-0.21	-0.20	-0.19	-0.21	-0.12
		(0.11)	(0.11)	(0.11)	(0.11)	(0.17)	(0.11)	(0.10)	(0.10)	(0.11)	(0.17)	(0.11)	(0.11)	(0.11)	(0.11)	(0.17)
Women should speak out without personal harm (-2 to 2)	1.18	-0.01	-0.01	-0.02	-0.03	-0.00	0.00	0.00	-0.01	-0.02	0.02	0.01	0.01	0.01	-0.01	0.03
		(0.09)	(0.09)	(0.09)	(0.09)	(0.15)	(0.09)	(0.09)	(0.09)	(0.09)	(0.16)	(0.09)	(0.09)	(0.09)	(0.09)	(0.16)
Women should tolerate violence to keep her family together (-2 to 2)	-0.37	-0.18	-0.19	-0.18	-0.16	-0.32	**-0.27***	**-0.28***	**-0.26***	-0.23	-0.36	**-0.29***	**-0.30****	**-0.28****	**-0.25***	-0.37
		(0.14)	(0.12)	(0.11)	(0.12)	(0.31)	**(0.14)**	**(0.12)**	**(0.11)**	(0.13)	(0.32)	**(0.14)**	**(0.12)**	**(0.12)**	**(0.12)**	(0.33)

If women seek help outside, this brings shame into family (-2 to 2)	-0.43	**-0.24**	**-0.25**	**-0.24**	**-0.30***	**-0.38**	**-0.34***	**-0.34**	**-0.32***	**-0.39***	**-0.42**	**-0.37***	**-0.38***	**-0.35***	**-0.43***	**-0.41**
		(0.09)	**(0.09)**	**(0.08)**	**(0.09)**	**(0.23)**	**(0.08)**	***(0.08)**	**(0.07)**	**(0.08)**	**(0.24)**	**(0.07)**	**(0.07)**	**(0.07)**	**(0.07)**	**(0.24)**
Marrying a daughter at age 18 or less is acceptable(-2 to 2)	-0.98	**-0.24**	**-0.24**	**-0.24**	**-0.22**	-0.24	**-0.26**	**-0.26**	**-0.24**	**-0.22**	-0.24	**-0.26***	**-0.26***	**-0.26**	**-0.22**	**-0.26***
		(0.09)	**(0.09)**	**(0.09)**	**(0.10)**	(0.18)	**(0.08)**	**(0.09)**	**(0.09)**	**(0.09)**	(0.19)	**(0.08)**	**(0.08)**	**(0.09)**	**(0.09)**	**(0.19)**
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on gender attitudes. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A15. Impact of the couple's curriculum on husband's gender attitudes

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Children health is mother responsibility (-2 to 2)	-1.02	-0.06	-0.06	-0.05	-0.05	0.03	-0.04	-0.04	-0.02	-0.03	0.01	-0.04	-0.04	-0.03	-0.03	0.03
		(0.12)	(0.12)	(0.11)	(0.12)	(0.29)	(0.12)	(0.13)	(0.12)	(0.12)	(0.32)	(0.13)	(0.13)	(0.12)	(0.13)	(0.32)
Women decide what food to buy and cook (-2 to 2)	-0.30	-0.14	-0.13	-0.13	-0.13	0.05	-0.18	-0.18	-0.18	-0.18	-0.05	-0.18	-0.18	-0.18	-0.17	-0.06
		(0.11)	(0.11)	(0.11)	(0.10)	(0.23)	(0.12)	(0.12)	(0.12)	(0.11)	(0.23)	(0.12)	(0.11)	(0.12)	(0.10)	(0.23)
Men should work outside women inside (-2 to 2)	-0.33	**-0.29*** **	**-0.31** **	**-0.29*** **	**-0.27** **	**-0.43** **	**-0.32*** **	**-0.34** **	**-0.32*** **	**-0.28** **	**-0.48** **	**-0.34*** **	**-0.37*** **	**-0.35*** **	**-0.30** **	**-0.50** **
		(0.09)	**(0.09)** *	**(0.09)**	**(0.09)**	**(0.19)** *	**(0.10)**	**(0.10)** *	**(0.09)**	**(0.10)**	**(0.20)** *	**(0.10)**	**(0.10)**	**(0.09)**	**(0.10)**	**(0.21)** *
Man should have the final word (-2 to 2)	-0.43	-0.22	**-0.26***	**-0.25***	-0.23	-0.48	**-0.26***	**-0.30** **	**-0.29***	**-0.26***	-0.56	-0.24	**-0.28***	**-0.28***	-0.24	-0.52
		(0.12)	**(0.12)**	**(0.12)**	(0.12)	(0.42)	**(0.13)**	**(0.13)**	**(0.13)**	**(0.13)**	(0.46)	(0.13)	**(0.13)**	**(0.13)**	(0.14)	(0.45)
Man decide if women work outside (-2 to 2)	0.42	**-0.31***	**-0.30***	**-0.32***	-0.30	**-0.36***	**-0.33***	**-0.32***	**-0.34***	**-0.31***	**-0.37***	**-0.34***	**-0.33***	**-0.35***	**-0.32***	**-0.40***
		(0.16)	**(0.16)**	**(0.17)**	(0.16)	**(0.27)**	**(0.16)**	**(0.17)**	**(0.17)**	**(0.16)**	**(0.28)**	**(0.17)**	**(0.17)**	**(0.17)**	**(0.17)**	**(0.29)**
Women should speak out without personal harm (-2 to 2)	1.14	0.04	0.04	0.03	0.03	-0.04	0.03	0.03	0.01	0.01	-0.08	0.03	0.02	0.01	0.00	-0.09
		(0.08)	(0.08)	(0.07)	(0.07)	(0.16)	(0.08)	(0.08)	(0.07)	(0.07)	(0.17)	(0.09)	(0.09)	(0.08)	(0.07)	(0.17)

Women should tolerate violence to keep her family together (-2 to 2)	-0.94	-0.10 (0.08)	-0.11 (0.08)	-0.10 (0.07)	-0.09 (0.08)	-0.15 (0.21)	-0.10 (0.09)	-0.12 (0.09)	-0.10 (0.08)	-0.09 (0.08)	-0.19 (0.21)	-0.10 (0.09)	-0.11 (0.09)	-0.10 (0.08)	-0.08 (0.09)	-0.18 (0.22)
If women seek help outside, this brings shame into family (-2 to 2)	-0.60	0.08 (0.15)	0.06 (0.14)	0.07 (0.14)	0.04 (0.14)	-0.21 (0.24)	0.07 (0.16)	0.06 (0.14)	0.08 (0.14)	0.05 (0.14)	-0.20 (0.25)	0.06 (0.16)	0.05 (0.15)	0.08 (0.14)	0.04 (0.14)	-0.19 (0.25)
Marrying a daughter at age 18 or less is acceptable(-2 to 2)	-0.93	**-0.27** (0.11)**	**-0.22* (0.11)**	**-0.20* (0.10)**	**-0.21* (0.10)**	0.04 (0.29)	**-0.28** (0.11)**	**-0.23* (0.11)**	**-0.21* (0.10)**	**-0.22* (0.10)**	0.01 (0.31)	**-0.29** (0.11)**	**-0.23* (0.11)**	**-0.21* (0.10)**	**-0.22* (0.10)**	0.03 (0.32)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on gender attitudes. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A16. Impact of the couple's curriculum on the justification of wife-beating

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Justifications of wife-beating (yes/no)	0.74	-0.05	-0.05	-0.06	-0.07	-0.10	-0.06	-0.06	-0.07	-0.08	-0.08	-0.07	-0.07	-0.07	-0.08	-0.09
		(0.05)	(0.05)	(0.05)	(0.05)	(0.13)	(0.05)	(0.05)	(0.05)	(0.05)	(0.13)	(0.05)	(0.05)	(0.05)	(0.05)	(0.13)
Justifies hitting for going out (yes/no)	0.22	-0.06	-0.05	-0.06	-0.04	-0.04	-0.07	-0.07	-0.07	-0.05	-0.06	-0.08	-0.08	-0.08	-0.05	-0.08
		(0.05)	(0.05)	(0.05)	(0.05)	(0.09)	(0.06)	(0.05)	(0.05)	(0.05)	(0.09)	(0.06)	(0.05)	(0.05)	(0.05)	(0.09)
Justifies hitting for neglecting children (yes/no)	0.30	-0.07	-0.08	-0.08	-0.08	-0.12	-0.07	-0.08	-0.08	-0.07	-0.12	-0.09	-0.09	-0.09	-0.08	-0.14
		(0.06)	(0.06)	(0.06)	(0.06)	(0.11)	(0.06)	(0.06)	(0.06)	(0.06)	(0.12)	(0.06)	(0.06)	(0.06)	(0.06)	(0.12)
Justifies hitting for refusing sex (yes/no)	0.16	0.02	0.01	0.01	0.01	-0.05	0.01	0.00	0.01	0.01	-0.05	0.01	-0.00	0.00	0.00	-0.06
		(0.03)	(0.03)	(0.03)	(0.03)	(0.07)	(0.04)	(0.03)	(0.03)	(0.03)	(0.08)	(0.04)	(0.03)	(0.03)	(0.03)	(0.08)
Justifies hitting for disobeying (yes/no)	0.36	-0.06	-0.06	-0.06	-0.07	-0.11	-0.07	-0.07	-0.07	-0.08	-0.12	-0.08	-0.09	-0.09	-0.09	-0.14
		(0.05)	(0.05)	(0.05)	(0.05)	(0.14)	(0.06)	(0.06)	(0.06)	(0.06)	(0.14)	(0.06)	(0.06)	(0.05)	(0.06)	(0.14)
Justifies hitting for dishonouring him (yes/no)	0.70	-0.05	-0.05	-0.05	-0.06	-0.09	-0.05	-0.05	-0.06	-0.07	-0.07	-0.06	-0.06	-0.07	-0.08	-0.08
		(0.05)	(0.05)	(0.05)	(0.05)	(0.13)	(0.05)	(0.05)	(0.05)	(0.05)	(0.13)	(0.05)	(0.05)	(0.05)	(0.05)	(0.13)
Justifies hitting for being unfaithful (yes/no)	0.51	-0.01	-0.01	-0.02	-0.04	-0.07	-0.02	-0.02	-0.03	-0.05	-0.07	-0.03	-0.03	-0.04	-0.06	-0.07
		(0.07)	(0.07)	(0.06)	(0.06)	(0.17)	(0.07)	(0.07)	(0.07)	(0.07)	(0.17)	(0.07)	(0.07)	(0.07)	(0.07)	(0.17)

Justifies hitting for unsatisfactory housework (yes/no)	0.11	0.01	0.00	0.01	0.00	-0.01	0.01	0.01	0.01	0.01	-0.00	0.00	0.00	0.00	0.00	-0.01
		(0.04)	(0.04)	(0.03)	(0.04)	(0.06)	(0.04)	(0.04)	(0.04)	(0.04)	(0.06)	(0.04)	(0.04)	(0.04)	(0.04)	(0.06)
Justifies hitting for arguing (yes/no)	0.22	-0.04	-0.03	-0.03	-0.02	-0.04	-0.05	-0.04	-0.04	-0.03	-0.04	-0.05	-0.05	-0.04	-0.03	-0.05
		(0.05)	(0.05)	(0.05)	(0.05)	(0.09)	(0.06)	(0.05)	(0.05)	(0.06)	(0.09)	(0.05)	(0.05)	(0.05)	(0.05)	(0.09)
Intensity of justification of any wife-beating (-16 to +16)	-3.07	-0.55	-0.61	-0.62	-0.66	-1.35	-0.85	-0.93	-0.84	-0.83	-1.36	-0.98	-1.09	-1.00	-0.92	-1.58
		(0.91)	(0.84)	(0.76)	(0.78)	(1.98)	(0.91)	(0.84)	(0.79)	(0.83)	(2.03)	(0.92)	(0.84)	(0.78)	(0.81)	(2.02)
Intensity of justifying being hit for going out without telling him (-2 to 2)	-0.71	-0.12	-0.11	-0.11	-0.06	-0.11	-0.17	-0.16	-0.16	-0.11	-0.16	-0.19	-0.18	-0.18	-0.11	-0.19
		(0.14)	(0.13)	(0.13)	(0.12)	(0.26)	(0.14)	(0.13)	(0.13)	(0.13)	(0.27)	(0.14)	(0.13)	(0.13)	(0.13)	(0.27)
Intensity of justifying being hit for neglecting children (-2 to 2)	-0.49	-0.12	-0.14	-0.15	-0.15	-0.31	-0.15	-0.17	-0.16	-0.16	-0.29	-0.18	-0.20	-0.19	-0.18	-0.34
		(0.15)	(0.15)	(0.14)	(0.14)	(0.31)	(0.15)	(0.15)	(0.14)	(0.15)	(0.32)	(0.15)	(0.15)	(0.14)	(0.14)	(0.32)
Intensity of justifying being hit for refusing to have sex with him (-2 to 2)	-0.84	-0.03	-0.06	-0.05	-0.03	-0.28	-0.05	-0.08	-0.05	-0.03	-0.27	-0.06	-0.09	-0.07	-0.05	-0.28
		(0.10)	(0.10)	(0.08)	(0.09)	(0.25)	(0.10)	(0.10)	(0.08)	(0.09)	(0.27)	(0.10)	(0.10)	(0.08)	(0.09)	(0.27)
Intensity of justifying being hit for disobeying him (-2 to 2)	-0.27	-0.10	-0.10	-0.09	-0.13	-0.15	-0.13	-0.13	-0.12	-0.17	-0.17	-0.16	-0.17	-0.16	-0.19	-0.21
		(0.12)	(0.12)	(0.11)	(0.12)	(0.27)	(0.13)	(0.12)	(0.12)	(0.13)	(0.29)	(0.13)	(0.12)	(0.12)	(0.13)	(0.28)
Intensity of justifying being hit for dishonour (-2 to 2)	0.62	-0.10	-0.11	-0.11	-0.16	-0.27	-0.12	-0.13	-0.12	-0.17	-0.18	-0.13	-0.14	-0.14	-0.18	-0.20
		(0.15)	(0.14)	(0.13)	(0.13)	(0.36)	(0.15)	(0.14)	(0.13)	(0.13)	(0.35)	(0.15)	(0.14)	(0.14)	(0.13)	(0.36)

Intensity of justifying being hit for unfaithfulness (-2 to 2)	0.16	-0.00 (0.18)	0.00 (0.17)	-0.00 (0.16)	-0.06 (0.15)	-0.14 (0.45)	-0.04 (0.18)	-0.03 (0.18)	-0.03 (0.17)	-0.08 (0.16)	-0.10 (0.46)	-0.05 (0.18)	-0.04 (0.18)	-0.04 (0.17)	-0.08 (0.16)	-0.11 (0.46)
Intensity of justifying being hit for unsatisfactory housework (-2 to 2)	-0.93	-0.00 (0.10)	-0.00 (0.10)	0.00 (0.09)	-0.01 (0.09)	-0.06 (0.19)	-0.03 (0.10)	-0.03 (0.10)	-0.02 (0.10)	-0.01 (0.10)	-0.06 (0.20)	-0.03 (0.11)	-0.04 (0.10)	-0.03 (0.10)	-0.02 (0.10)	-0.08 (0.20)
Intensity of justifying being hit for arguing with him (-2 to 2)	-0.63	-0.08 (0.12)	-0.06 (0.12)	-0.06 (0.11)	-0.04 (0.11)	-0.09 (0.23)	-0.13 (0.12)	-0.12 (0.12)	-0.10 (0.11)	-0.08 (0.12)	-0.12 (0.24)	-0.14 (0.12)	-0.13 (0.11)	-0.12 (0.11)	-0.09 (0.11)	-0.15 (0.24)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on various outcomes such as the occurrence and intensity of wife-beating justification. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A17. Impact of the couple's curriculum on women's time use

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Time spent selling (hours)	8.27	0.00	-0.01	-0.01	-0.04	-0.10	0.04	0.04	0.02	-0.01	-0.05	0.05	0.05	0.04	0.00	0.01
		(0.13)	(0.13)	(0.13)	(0.12)	(0.35)	(0.14)	(0.13)	(0.13)	(0.12)	(0.36)	(0.14)	(0.13)	(0.13)	(0.13)	(0.35)
Time spent taking care of children (hours)	5.80	-0.11	-0.11	-0.06	-0.09	0.04	-0.16	-0.16	-0.11	-0.16	-0.09	-0.21	-0.20	-0.14	-0.16	-0.12
		(0.32)	(0.31)	(0.32)	(0.26)	(0.55)	(0.32)	(0.30)	(0.30)	(0.25)	(0.53)	(0.33)	(0.31)	(0.32)	(0.25)	(0.54)
Time spent doing housework (hours)	4.09	-0.11	-0.05	-0.05	-0.05	0.29	-0.08	-0.03	-0.01	0.00	0.30	-0.08	-0.03	-0.03	-0.02	0.29
		(0.15)	(0.15)	(0.14)	(0.14)	(0.36)	(0.15)	(0.15)	(0.15)	(0.13)	(0.33)	(0.15)	(0.15)	(0.15)	(0.13)	(0.34)
Time spent working in own field (hours)	1.00	-0.05	0.05	0.06	0.06	0.09	-0.03	0.08	0.08	0.07	0.11	0.01	0.09	0.08	0.07	0.11
		(0.32)	(0.19)	(0.19)	(0.21)	(0.31)	(0.33)	(0.19)	(0.18)	(0.20)	(0.31)	(0.33)	(0.19)	(0.19)	(0.20)	(0.31)
Time spent working off-farm business (hours)	1.97	0.11	0.12	0.08	0.07	0.15	0.12	0.14	0.09	0.08	0.24	0.10	0.12	0.08	0.08	0.22
		(0.37)	(0.36)	(0.35)	(0.32)	(0.54)	(0.40)	(0.38)	(0.37)	(0.33)	(0.56)	(0.41)	(0.39)	(0.38)	(0.34)	(0.58)
Time spent in a paid job (hours)	0.71	0.03	-0.04	-0.03	0.05	-0.35	-0.01	-0.06	-0.06	0.01	-0.43	0.01	-0.05	-0.04	0.02	-0.43
		(0.24)	(0.23)	(0.22)	(0.21)	(0.53)	(0.24)	(0.23)	(0.22)	(0.21)	(0.54)	(0.25)	(0.24)	(0.23)	(0.21)	(0.53)
Time spent socializing (hours)	2.16	0.12	0.11	0.09	0.10	-0.09	0.11	0.10	0.08	0.12	-0.06	0.13	0.11	0.10	0.13	-0.08
		(0.13)	(0.13)	(0.13)	(0.10)	(0.35)	(0.12)	(0.12)	(0.12)	(0.11)	(0.37)	(0.12)	(0.12)	(0.12)	(0.11)	(0.38)

N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No
Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on gender attitudes. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Table A18. Impact of the couple's curriculum on husband's time use

Variable	Control mean	Intention-to-treat					Compliance to 1+ sessions					Compliance to 17+ sessions				
		M1	M2	M3	M4	M5	M1	M2	M3	M4	M5	M1	M2	M3	M4	M5
Time spent spelling (hours)	7.82	0.21 (0.15)	0.21 (0.14)	0.23 (0.14)	0.23 (0.13)	0.16 (0.27)	0.08 (0.13)	0.12 (0.12)	0.14 (0.12)	0.13 (0.11)	0.16 (0.24)	0.06 (0.14)	0.11 (0.12)	0.13 (0.12)	0.12 (0.11)	0.17 (0.24)
Time spent taking care of children (hours)	3.78	-0.09 (0.17)	-0.09 (0.15)	-0.13 (0.15)	-0.08 (0.14)	0.05 (0.38)	-0.11 (0.17)	-0.11 (0.16)	-0.15 (0.16)	-0.08 (0.15)	-0.03 (0.36)	-0.13 (0.17)	-0.13 (0.16)	-0.17 (0.17)	-0.10 (0.16)	-0.05 (0.36)
Time spent doing housework (hours)	0.54	0.06 (0.11)	0.06 (0.12)	0.05 (0.11)	0.06 (0.11)	0.01 (0.28)	0.09 (0.12)	0.09 (0.12)	0.07 (0.12)	0.08 (0.12)	0.02 (0.28)	0.09 (0.12)	0.09 (0.12)	0.07 (0.12)	0.08 (0.12)	0.03 (0.29)
Time spent working in owen field (hours)	1.27	-0.21 (0.31)	-0.14 (0.17)	-0.12 (0.17)	-0.11 (0.18)	-0.07 (0.27)	-0.22 (0.32)	-0.16 (0.18)	-0.14 (0.19)	-0.15 (0.20)	-0.11 (0.29)	-0.25 (0.33)	-0.18 (0.18)	-0.16 (0.19)	-0.16 (0.20)	-0.11 (0.27)
Time spent working off-farm business (hours)	2.35	0.33 (0.43)	0.35 (0.44)	0.33 (0.44)	0.26 (0.45)	0.17 (1.23)	0.46 (0.43)	0.48 (0.44)	0.45 (0.45)	0.37 (0.47)	0.37 (1.24)	0.47 (0.45)	0.49 (0.46)	0.46 (0.46)	0.38 (0.48)	0.42 (1.26)
Time spent in a paid job (hours)	5.47	-0.73 (0.45)	-0.70 (0.47)	-0.66 (0.47)	-0.62 (0.49)	-0.32 (1.55)	-0.69 (0.45)	-0.69 (0.48)	-0.63 (0.49)	-0.59 (0.50)	-0.49 (1.59)	-0.63 (0.46)	-0.64 (0.49)	-0.58 (0.50)	-0.55 (0.51)	-0.57 (1.58)
Time spent socializing (hours)	2.53	**0.48*** (0.16)**	**0.44** (0.17)**	**0.43** (0.16)**	**0.38** (0.16)**	0.15 (0.37)	**0.46** (0.16)**	**0.42** (0.17)**	**0.42** (0.17)**	**0.38* (0.17)**	0.18 (0.36)	**0.45** (0.17)**	**0.42** (0.18)**	**0.41** (0.17)**	**0.37* (0.17)**	0.20 (0.37)
N	-	600	590	587	550	600	546	538	535	508	546	532	524	521	497	532
Control for outcome at baseline	-	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	No

Control for demographic variable	-	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No	No	No	HH + wife	HH + couple	No

***Note**: This table presents the estimated effects of the intervention on gender attitudes. Each coefficient is derived from separate OLS regressions, with Wild Cluster Bootstrap Standard Errors (SEs) clustered at the village level to account for intra-cluster correlation. Statistical significance is denoted by p < 0.10 (*), p < 0.05 (**), and p < 0.01 (***). The analysis is conducted separately for three treatment definitions: (1) intention-to-treat (assignment to VAWG), (2) compliance to the treatment assignment (attended at least one session), and (3) full compliance (attended at least 17 sessions), each compared to the control group. **Model 1** includes only round fixed effects. **Model 2** adds control for the baseline value of the outcome variable. **Model 3** further includes household and wife characteristics (house ownership, share of income from animal keeping, and women's literacy, age, and disability). **Model 4** also controls for husband characteristics (age, literacy, and disability). Finally, **Model 5** presents the difference-in-difference estimates using individual and round fixed effects. Model 1-4 uses the endline dataset and Model 5 uses the panel dataset (baseline and endline). Standard errors for Model 5 are also derived using the Wild Cluster Bootstrap method, clustered at the village level. This table presents the mean control of the full sample.*

Annex 2: Use, Influence and communication plan

This section outlines the strategy for ensuring the SRI VAWG Impact Evaluation findings lead to meaningful uptake. The plan identifies key audience groups and stakeholders, their anticipated use of the evidence, and the specific communication products to increase the evidence use and uptake.

Table A19 maps the stakeholders and describes how the evidence from this impact report can be used including how we aim to increase the outreach and uptake of these findings. This use and influence plan builds on the overall BLRS communication strategy developed by ISDC and provided in Annex 3.

Table A19: overview of key target audiences and evaluation uses

Stakeholder	Evaluation use	Outreach method
UK country office for Syria	Programme adaptation within and across country contexts Use of evidence to justify multi-year project funding	• Impact evaluation report • Thematic and evidence briefs • Regular access to internal findings • Presentations at policy- and practice-relevant forums, such as *Fragile Lives*
FCDO	Contextual policy learning	• Impact evaluation report • Accessible online evidence brief on VAWG that uses less technical language based on the results from the pilot and other BLRS pilot programs • A peer-reviewed journal article based on these findings • Direct FCDO engagement in planning and executing VAWG-related content at the annual *Fragile Lives* conference
SRI project team and partners	Programme adaptation: scaling of effective VAWG prevention models in Syria Internal learning: Understanding which specific interventions (e.g., economic vs. social) drove impact	• Impact evaluation report • Thematic and evidence briefs • Data access • Early findings internal presentation to SRI • Workshop to adapt the framework for Syria with relevant stakeholders

Government (Ministry of Gender / Social Welfare)	Policy integration: Adopting SRI's methodologies into future programming	• Thematic briefs (both 2-page non-technical pdfs and the online equivalent) • Direct briefings and presentations for relevant experts
Multilateral agencies within and beyond Syria (e.g., UNFPA, UNHCR, UN Women, World Bank, WHO)	Sectoral alignment: informing best practices based with findings from Syria and relevant global evidence Advocating for further funding and strengthening of VAWG prevention programming	• Impact evaluation report • Thematic briefs (both 2-page non-technical pdfs and the online equivalent)
Local NGOs and civil society organisations	Best practices: integrating findings into work on social protection, policy, and advocacy	• Posts and infographics on social media and ISDC Newsletter • Online thematic briefs
Academic and research institutes	Knowledge building: Contributing to the global evidence base on RCTs in VAWG prevention	• Impact evaluation report • Findings through social media and ISDC Newsletter • Presentations and discussions at conferences such as the SVRI Forum, the Jan Tinbergen European Peace Science Conference, and similar • Informing ongoing work and future direct collaborations with our academic partners • Peer-reviewed academic journal open access articles

Key communication products

This communications strategy uses a multi-channel approach to make the SRI VAWG evaluation findings accessible and actionable. To cater the needs of a diverse range of stakeholders, ISDC is deploying a dual-track dissemination strategy:

- **Strategic digital engagement:** We use interactive visual content to present data in an engaging and accessible format to the public and stakeholders.
- **Evidence-based thematic briefs:** For policymakers and practitioners, we provide technical thematic briefs that translate complex data into concise, clear summaries.

Further details on these products are available in the overall BLRS communication strategy, which is provided in Annex 3.

Implementation timeline

Figure A15: Dissemination and implementation timeline

The implementation of the communication and influence plan is structured across four strategic phases, designed to progress from generating evidence to sharing knowledge externally. **Phase 1** (evaluation) and **phase 2**, (full report) have now been completed, providing the required evidence base for assessing the intervention. We are currently transitioning to **phase 3** (launch of the thematic brief). The brief, titled ''Addressing Violence Against Women and Girls (VAWG)," has been developed and is currently available on the ISDC website. To ensure the highest level of policy relevance and accuracy, this phase requires a collaborative review process involving FCDO, SRI and FAO. Once final feedback has been collected and integrated, the brief will be launched publicly on ISDC website. This will immediately initiate **phase 4** (Linkedin, Bluesky and Newsletter engagement), a strategic social media series designed to amplify the findings and foster professional dialogue around the evaluation's findings, lessons, and recommendations.

Annex 3: Supporting documents

Please refer to the attached documents for the:

- Inception report (including the original terms of reference)
- Overall BLRS communication plan