Policy Note

Medium term Impacts of the Family Dialogue Pilot on Children's Wellbeing and Violence in the Household

Jean-Noel Batiobo[*], Tara Bedi†, Ludovic Bequet*, Claire Boxho* and Julia Vaillant*

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Introduction

The government of Mauritania and the World Bank collaborated to implement a Family Dialogue pilot that targets the recipients of Tekavoul, the national cash transfer program, and combines a couple's training and community-level edutainment through the screening of a mini-fiction series. The program, which took place from 2022 to 2024, centers on a couples' intervention aimed at changing gender norms through the engagement of husbands. The core training consists of six sessions aimed at strengthening economic cooperation within the couple. It includes sessions on how to strengthen financial management skills through better understanding of planning and budgeting, communication skills, and the sharing of responsibilities through activities on time use and gendered roles and responsibilities. A 12-session variation of the training extends the core version to broaden the range of topics covered to include issues of violence, intra-spousal power dynamics, conflict management, gender roles and norms, and parenting. The couples' training is complemented by a community-wide intervention to examine to what extent changing norms at the community level can support individual level behavioral change. The community intervention consists in the showing of a 5-episode mini-series ("Harmony") that display, in a fictional setting, behavioral changes consistent with the couple's training. A rigorous impact evaluation lead by the Africa Gender Innovation Lab (GIL) is ongoing to measure the effects of three different combinations of the program: (i) receiving the core 6 sessions, (ii) receiving the core 6 sessions and the community-level edutainment intervention; (iii) receiving the 12 sessions and the community-level edutainment intervention.

[*]World Bank; †Trinity College of London

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This report presents intermediate impacts of the Family Dialogue pilot on outcomes related to children's wellbeing and parenting practices, using two rounds of data collections: one for short-term effects (3 months post 6 modules) and one for medium-term effects (18 months post 6 modules). The report aims to respond to the following research question: What is the effect of a gender-transformative program on children's wellbeing and intra-household conflict, in the context of a national social protection system targeting vulnerable households? To respond to this question, we exploit quantitative and qualitative data on a range of outcomes including school attendance, child development, knowledge on child development, parenting practices, parental aspirations and attitudes, and experience of Intimate Partner Violence (IPV).

The remainder of this report is organized as follow: Section 2 describes the interventions piloted in the Family Dialogue, and the theory of change; Section 3 details the impact evaluation design, implementation timeline and data sources; Section 4 presents the results from both quantitative and qualitative data; Section 5 concludes.

2. Description of the interventions

2.1. The social protection program 'Tekavoul'

The Tekavoul Social Transfer Program combines regular cash transfers with social promotion activities aimed at improving essential nutrition and health practices and enhancing household resilience. This approach recognizes that poverty hampers future planning, negatively affecting cognitive and executive functions. By providing cash support and promoting social activities, the program helps poor households gain knowledge and adopt better practices. The program provides cash transfers to households identified as vulnerable through a targeting activity. Payments go to the primary caregiver, often the mother, on a quarterly basis and are contingent on participation in social promotion activities. These activities include modules on health, nutrition, early childhood development, and education, presented by facilitators around the time of the cash distribution. The Tekavoul program started in April 2020 in the moughataa of Maghama where the Family Dialogue pilot took place. The amount of the cash transfers distributed every 3 months gradually increased from 1,500 MRU (48 USD) in 2020 and 2021 to 3,600 MRU (90 USD) in 2024.

2.2. Couple's training

Tekavoul beneficiaries are invited to participate together with their husbands to the Family Dialogue training (6 or 12 sessions, depending on their treatment group). The curriculum is based on another gender-transformative training called Umodzi, implemented in Malawi[3]. A formative study was conducted in 2019 to identify gender constraints that women face specifically in Mauritania and to further understand the nature of restrictive gender norms in that context. The curriculum was adapted to the country context based on the lessons from this formative study. The curriculum was approved by the Ministry of Social Affairs, Family and Children (MASEF) and the Ministry of Islamic Affairs who contributed to the strong buy-in of governmental, local and religious authorities.

[3] For more information on the Umodzi program, see https://www.concern.net/news/umodzi-approach-gender-inequality-malawi and https://www.tcd.ie/time/research/malawigraduation

The first 6 modules of the curriculum focus on strengthening intra-household economic cooperation and communication. The topics covered include financial management skills through better understanding of planning and budgeting, communication skills, and the sharing of domestic responsibilities through activities on time use and gendered roles and responsibilities. The other half of the curriculum consisted of 6 modules covering gender-based violence, intra-spousal power dynamics, conflict management, gender roles and norms, and parenting. The activities of the curriculum are all adapted to an illiterate audience and are designed to equally engage both men and women. Examples of activities include building a family budget (each couple working together to list household revenues and spendings); role playing with other participants illustrating stereotypical gender roles at home to spark discussion; using colored sticky notes on flipcharts to display time use differences between wives and husbands. The variety and dynamic nature of the activities keep the couples engaged and foster behavioral change through the principles of learning-by-doing, reinforced by the encouragement of completing homework after each session. The eleventh module focuses on parenting and includes, among other activities, a group discussion on the parenting practices to adopt in case of undesired child behavior and details which are adapted for different age ranges. This includes information on the negative impact of using violence against children.

A female and male facilitator lead all modules as a pair. This further empowers women who saw women being facilitators as role models but also signals to husbands that the topics of the Family Dialogue are not women-only topics and should be discussed by both men and women together. The facilitators were trained extensively on the curriculum through simulations and exercises during one calendar year. The curriculum was further piloted with couples in the suburbs of Nouakchott to both perfect facilitators' skills and make final adjustments to the module's content.

Sessions take place in a public outdoor or indoor setting, in a central location of the village with a frequency of about one session every 3 weeks. On average, the sessions last about 2 hours and 15 minutes. At the end of each session, participants receive a symbolic compensatory token, in the form of a mobile phone credit of about USD2, conditional on both spouses being present, and participating couples receive a final printed certificate at the end of the program.

2.2. Community video screenings

A second component of the Family Dialogue are the community-wide video screenings. The videos all together constitute a mini-series of 5 episodes, called "Harmony", showcasing a couple with difficulties communicating, experiencing financial hardship, and in which the husband is against his wife's participating economically to the household's income. Throughout the different episodes, the audience sees various conversations of each spouse with the Imam, women of a cooperative, and friends, and overcome disagreements and reach a new equilibrium in dividing tasks at home and encouraging the woman to earn some income. Each episode focuses on a topic of the modules 7 to 11, related to power dynamics, gender roles, communication skills and emotional regulation, gender-based violence (GBV) and parenting. The scenario was written by Marguerite Abouet, a renowned writer, and was approved by the Ministries involved in the project. A Mauritanian production company hired local actors and produced the episodes in the two main local languages, Hassanya and Pular.

In the group of villages where the videos are showed, the screenings start after the completion of the first 6 modules of the training curriculum and take place about every 2 or 3 weeks. In addition to the

beneficiaries of the training, the entire community, women, men, youth and religious and community leaders are invited to watch and participate in the discussion. With the objective of maximizing turnout to foster a change in norms across the community that would support the individual couple's behavioral changes, the information on the location and time of the event is widely communicated. The screenings start with the viewing of the previous episode and the new episode and is followed by a community discussion facilitated by a mixed pair of facilitators. The discussion aims to highlight the messages of the episodes, open a space for the audience to share their reactions, and invite community members to adopt and support positive behaviors.

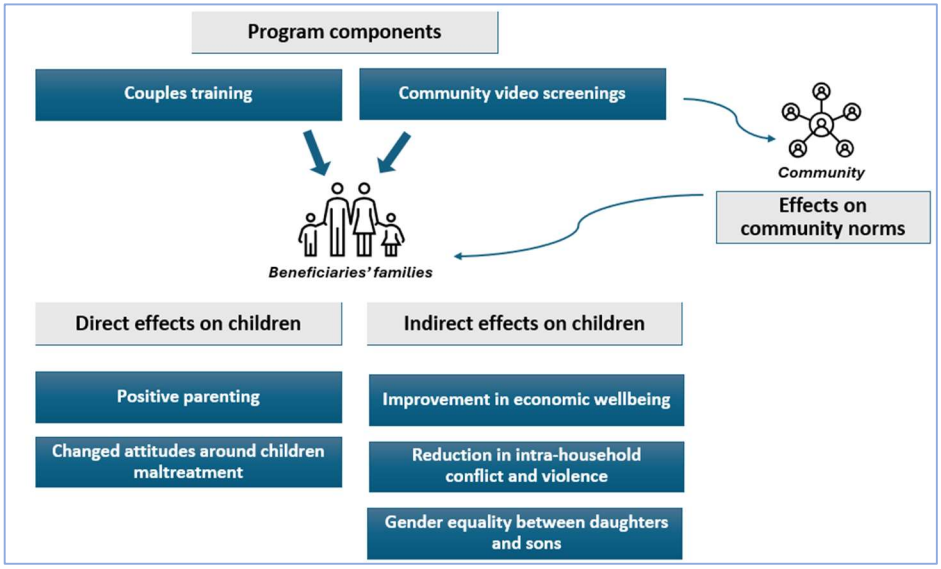
The screenings take place around the end of the day, in an open space in the center of the village. Videos are projected on a wall with portable projectors and Bluetooth speakers. On average, the videos screenings last about 15 minutes and are followed by a conversation of 40 minutes.

2.3. Theory of change

The impact evaluation of the Family Dialogue pilot aims to test the efficacy of two interventions alleviating different but complementary constraints. First, the couples' training aims at modifying norms and behaviors towards more gender equality in the households and more positive parenting attitudes. Beyond the norms, the training programs also seek to equip couples with knowledge on the best practices around addressing conflicts in the couple and with children, through better communication skills and increased awareness of children's needs. Second, the community-wide screenings of the series "Harmony" have the objective of changing norms of the general community (rather than a group of community members), which may continue holding conservative norms otherwise and holding beneficiaries back from updating their beliefs and changing their behaviors in response to the couple's training. The increased awareness of the community through the videos should ease the transformational effects of the couple's training. The design of the impact evaluation, detailed in the next section, will allow to test the complementarity of the two levels of intervention.

Specifically in this report, we focus on the effects of the intervention on the children's wellbeing and parental practices. We exploit two channels of impacts that Figure 1 illustrates. First, we test the hypothesis that participation in the couples' training and/or exposure to the videos screening directly impact children's wellbeing, through improved parenting practices and updated parental attitudes around children's maltreatment. Second, we test the hypothesis that children's wellbeing will improve through the mechanisms of improved economic wellbeing, reduction in intra-household conflict and violence, and improved gender equality between sons and daughters.

Figure 1: Theory of change

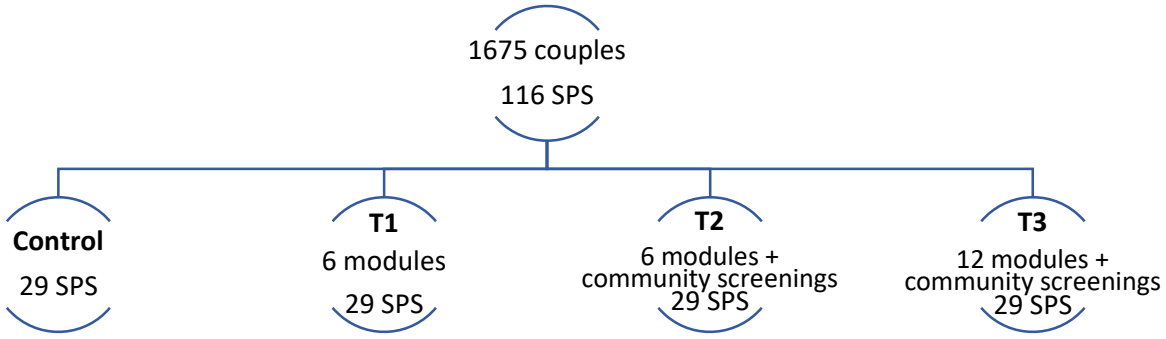


3. Impact evaluation design and implementation

3.1. Design and timeline

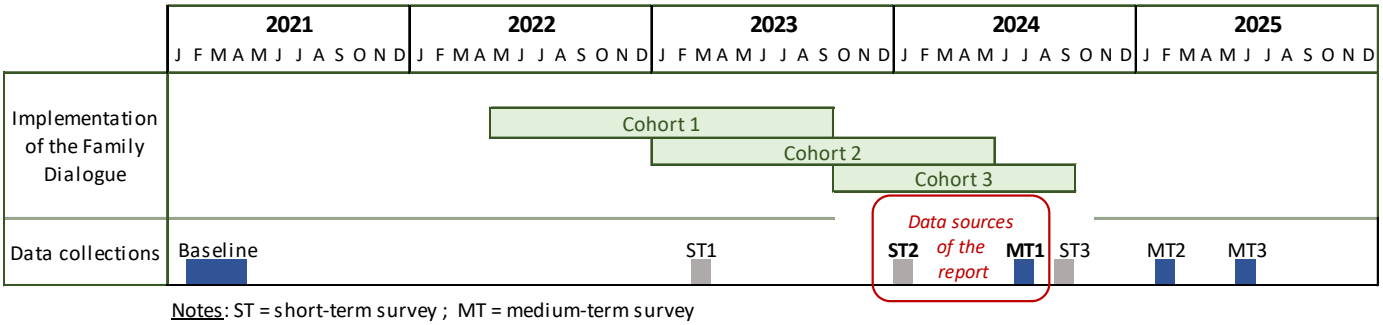
The impact evaluation of the Family Dialogue pilot is ongoing and follows a randomized controlled trial approach. It measures rigorously the impact of the following three variations, against a control group: (i) receiving the core 6 sessions, hereafter referred to as T1, (ii) receiving the core 6 sessions and the community-level edutainment intervention, referred to as T2; (iii) receiving the 12 sessions and the community-level edutainment intervention, referred to as T3. A baseline survey was conducted in 2021 on a target sample of 1,675 couples. The sample was then randomly divided into the treatment groups as listed in Figure 2. The unit of randomization is the Social Promotion Space (SPS) which is a group under which Tekavoul beneficiaries are organized to receive the cash transfer of the Tekavoul program and other accompanying measures.

Figure 2: Impact Evaluation Design



The 1,675 couples were further divided into implementation cohorts with the objective to maximize the quality of the intervention by forming groups of 13 couples maximum. The cohort-design also enables ongoing fine-tuning of the delivery method throughout the implementation period (such as improved M&E tools, trainers' refreshment trainings, etc.). The implementation started in May 2022 with the first cohort and ended in August 2024 with the third and last cohort. Figure 3 below shows the timeline of the pilot and the three cohorts, as well as the data collections discussed in the next section.

Figure 3: Timeline



Notes: ST = short-term survey ; MT = medium-term survey

3.2. Data sources

a. Quantitative data

In this report, we use data from 2 surveys: a short-term survey that took place in January 2024 on the 453 couples of the second cohort of beneficiaries (excluding households of the 12-module group), and a medium-term survey that took place in July 2024 on 440 couples of the first cohort. Figure 2 presents the timeline of the data collections and indicates the two surveys used. While the short-term survey took place 3 months after the end of the 6 modules, the medium-term survey took place 18 months after. 375 couples and 416 couples were successfully re-interviewed respectively in the short- and medium-term surveys, among which respectively 321 and 336 husbands were re-interviewed. The analysis in this report focuses on households with young children (336 in the short-term survey, 403 in the medium-term survey). It is worth noting that one caveat of using data from different cohorts are the potential imbalances in characteristics and program delivery between cohorts that we cannot control for in the identification of

the impacts. The final analysis, using aggregated data across all cohorts, will allow to control for these potential differences and rigorously identify the impacts of the pilot.

The short-term survey included a woman and a man questionnaire both collecting indicators on access to finance, economic activities, mental health, intra-household dynamics, decision making power, gender norms and attitudes, and parenting practices and knowledge. The medium-term follow-up questionnaire further included indicators on agriculture, income generating activities, revenues, consumption, food security, household assets, and child development. In addition, an intimate-partner violence module was included in the medium-term follow-up, using state-of-the-art guidelines to reduce harm and ensure respondent safety and confidentiality.

b. Qualitative data

A qualitative study following the Qualitative Impact Protocol (QuIP) approach collected and analyzed narrative data from in-depth interviews with women living in villages in Maghama. QuIP interviews usually aim to focus on individual and household level impacts of an intervention, by gathering intended beneficiaries' perceptions of what has changed in their lives across a series of pre-determined domains, based on the project's theory of change and over a set period – the recall period used for this study is one year. The questions are designed to elicit stories of change, and the researchers trained to probe respondents with follow-up questions to establish what they perceive to be the reason for any change cited. Narrative data collected by independent field researchers is cross analyzed against the commissioner's project activities to identify unexpected as well as anticipated drivers of change. The resulting drivers of change and related outcomes can help to establish which interventions are having most effect, and what other factors may be mitigating or aiding their success.

The interviews were conducted with a small sample of women in households from the control group and treatment arms 1, 2 and 3, to better understand their experiences relating to key domains of interest over the past year. The interview scripts were based on the intended outcomes of the Tekavoul program supplemented with the Family Dialogue, with questions designed to capture stories of change in the domains of respondents' lives which we would expect to have been affected.

The QuIP interviewed 79 women, clustered across communities that had received T1, T2, or T3. Two thirds of villages selected were Pular and a third Hassanya. The villages for T2 and T3 (longer intervention delivery times) were deliberately taken from the earlier Wave 1 cohort to ensure that all treatment villages had finished the training at around the same time – October 2023.

4. Quantitative Results

Preliminary results of the intervention are promising, despite the low number of observations which decreases the level of significance of results and prevents the detection of modest changes. The program does not appear to have worsened any key indicator, and instead, several improvements are noted. The Family Dialogue pilot improved school attendance, early childhood development and increased mothers' knowledge of child development. Beneficiary parents also tended to have more egalitarian aspirations for their sons and daughters' work trajectories. On the other hand, the program had limited effects on parental practices and parents' attitudes toward corporal punishment. In terms of family dynamics and

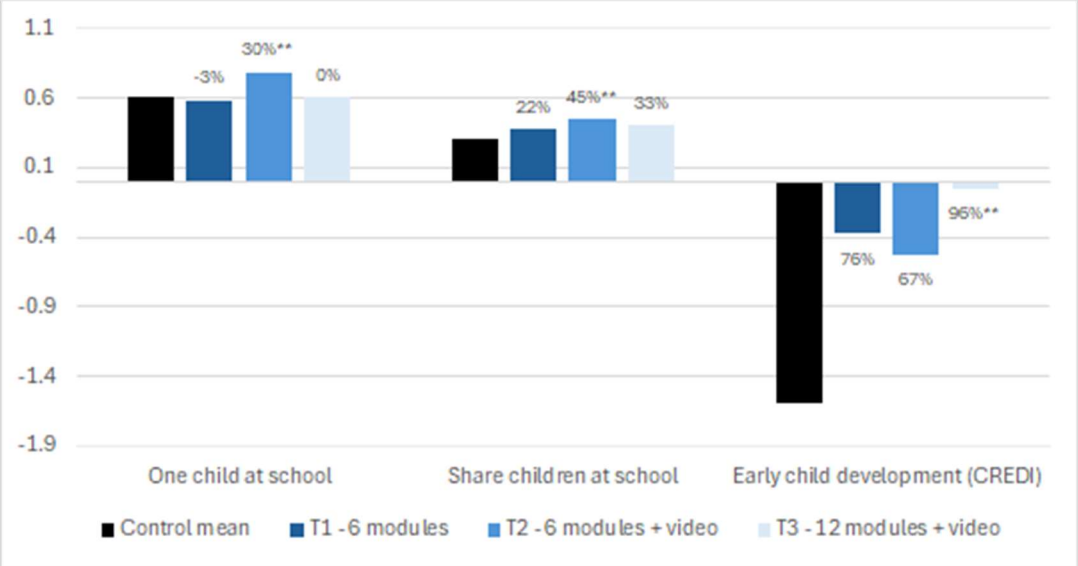
prevalence of intimate partner violence, the program did not cause any backlash, and some improvements are noted for specific treatment arms. All results are presented in comparison to the control group, which was not offered the pilot.

4.1. Direct effects on children

School attendance. The intervention increased school attendance of children aged 6-16. The share of children going to school increased in all treatment groups, although the effect is only significant for T2. In that group, the share of children going to school increased by 14 percentage points (45 percent) compared to the control group, corresponding to an average 0.7 additional children attending school in each household. The probability of having a child in school also increased by 20 percentage points in T2, with no effect on other groups.

Child development. The program strongly reduced the development gap of young children, although the effect is only significant in T3. The development of young children (aged below 36 months) is measured using the Caregiver Reported Early Development Instruments (CREDI) developed by Waldman et al. (2021). The CREDI measures the motor, cognitive, language, and socio-emotional development of children and combines those dimensions into a single indicator. As development varies with the age of the child, we use the z-score, normalized by age. A score of 0 therefore indicates that the child's development is the same as the average in the reference population. The average of the control group is -1.6, indicating that children in that group are 1.6 standard deviations below the expected level for their age group. This gap is more than halved in all treatment groups, although the effect is only significant for T3. In that group, children are only 0.2 standard deviations below the reference level.

Figure 4: Impact on child schooling and development

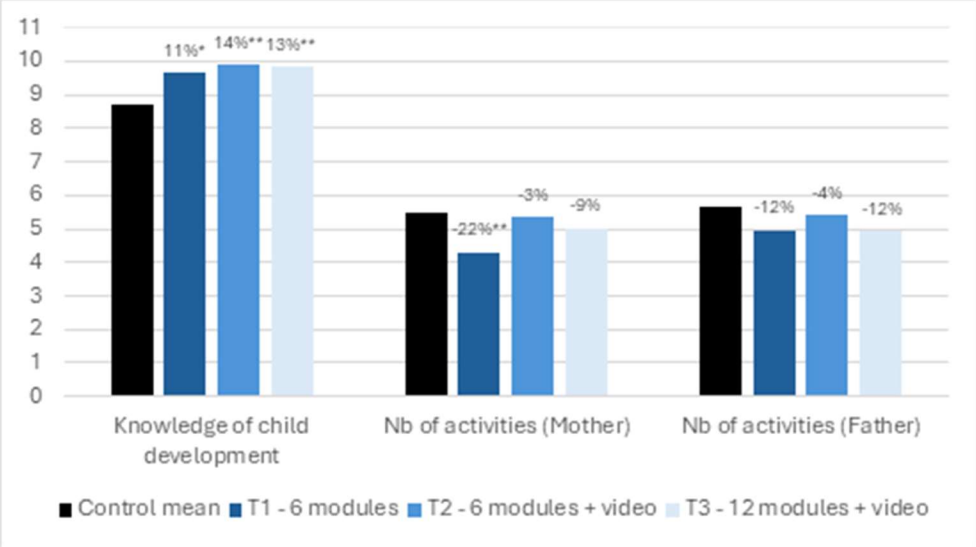


Notes: Graph presents the medium-term (27 months after program started) impact of the intervention. Black bars show the average value of the outcome in the control group. The size of blue bars is the sum of the control mean and the average treatment effect, estimated via regression. Percentages above the bars indicate the relative difference between control and treatment, with asterisks noting statistical significance (*** p<0.01, ** p<0.05, * p<0.1). All regressions control for household size, Pular language, schooling dummy for each spouse, the share of Pular in SPS and the stratification fixed effects. Standard errors are clustered at the level of the SPS.

Knowledge of child development. The program increased mothers' knowledge of early childhood development in all treatment groups. Out of 17 true/false questions, mothers obtained between 1 and 1.2 additional correct answers compared to baseline. This indicates that the program was successful in delivering information relevant to children's wellbeing.

Time spent with children. We asked parents about their time spent with their children and the number of activities they engaged in with their children in the last 7 days. Activities include reading, telling a story, singing, taking the child out, playing, counting and naming, drawing and painting and feeding the child. The number of activities did not increase in treatment groups compared to the control group. In T1, mothers even shared 1.2 fewer activities with their children compared to the control group, out of a total of 8. This could be driven by an increase in income generating activities, limiting the time available to spend with the children, however further analyses would be necessary to conclude as to the mechanism driving the effect.

Figure 5: Impact on knowledge of child development and activities



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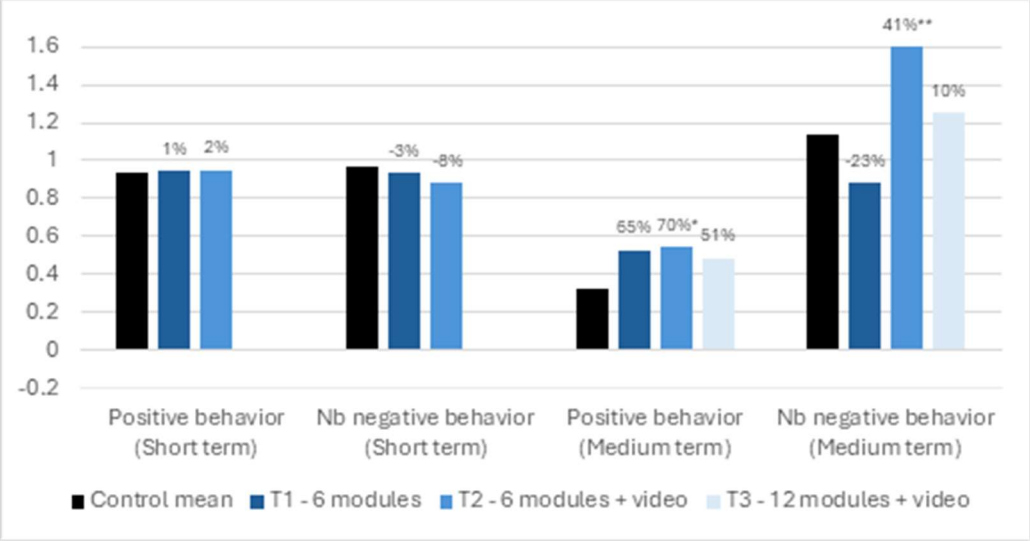
Mothers' parenting practices. Mothers' parenting practices were not impacted by the program in the short-term (13 months after the beginning of the program). In the medium term (27 months after the program started), the prevalence of positive parenting practice increased for all groups while that of negative parenting practices increased in T2. Positive parenting behavior means that the parent of a misbehaving child explains to him/her why what he/she did was wrong and how to behave next time. Negative parenting behaviors include not knowing what to do when the child misbehaves, yelling, hitting or shaking the child, promising something if he/she obeys and punishing him/her by depriving him/her of

something. The number of negative behaviors therefore ranges between 0 and 5 while positive parenting behavior takes values 0 or 1.

In the short term, treated mothers are not more likely to adopt positive behaviors (but the prevalence of positive behavior in the control group is already extremely high) or more likely to use negative parenting practices. In the medium term, the treated mothers who report using the positive practice is at least 50 percent higher in all groups compared to control, although the effect is only significant in T2. In that group, the number of negative practices also increases by 0.5 (a 41-percent increase), which indicates a more intensive parenting style, with both positive and negative impacts on the children.

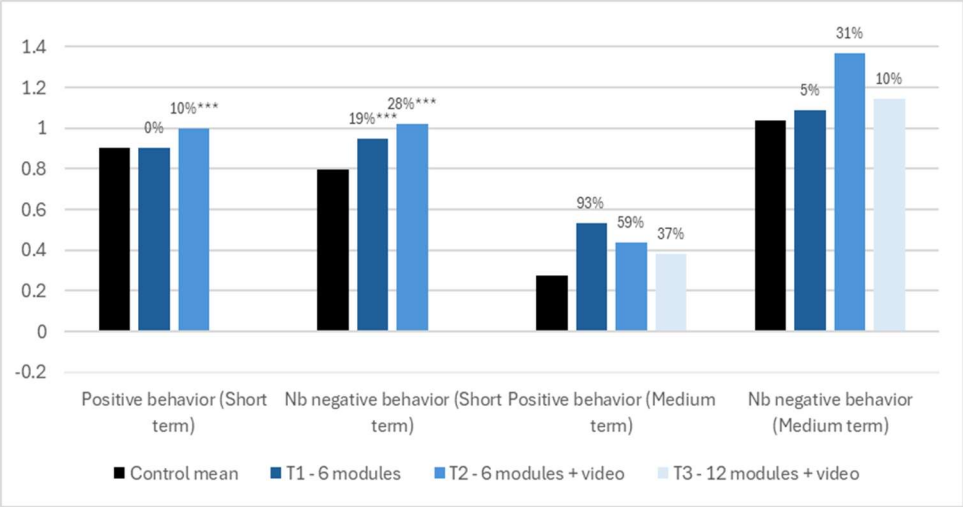
Figure 6: Impact on parenting practices - Mothers



Notes: Graph presents the impact of the intervention in the short term (13 months after program started, left-hand bars) and in the medium term (27 months after program started, right-hand bars). Different samples for short and medium term results. Black bars show the average value of the outcome in the control group. The size of blue bars is the sum of the control mean and the average treatment effect, estimated via regression. Percentages above the bars indicate the relative difference between control and treatment, with asterisks noting statistical significance (*** p<0.01, ** p<0.05, * p<0.1). All regressions control for household size, Pular language, schooling dummy for each spouse, the share of Pular in SPS and the stratification fixed effects. Standard errors are clustered at the level of the SPS.

Fathers' parenting practices. Treated fathers also exhibit a more intensive parenting style, with an increase in both positive and negative behaviors. While this effect is observed in both follow-up surveys, it is only statistically significant in the short term. 16 months after the start of the program, fathers in T2 are 9 percentage points more likely to explain to their misbehaving child than in the control group, but also use 0.2 additional negative practices. Effects of similar magnitudes are observed in the medium-run for all treatment groups, but they are not significant.

Figure 7: Impact on parenting practices - Fathers



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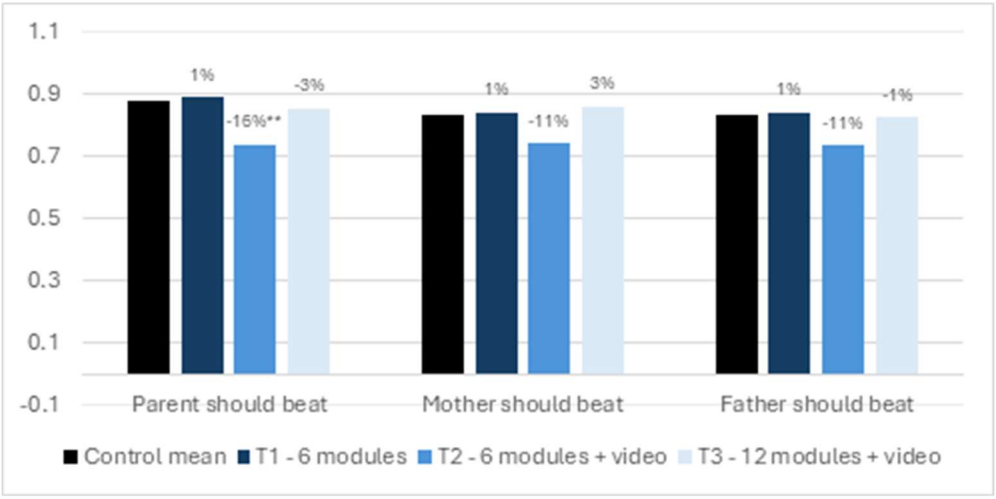
Mothers' attitude toward corporal punishment. The program had limited impact on whether mothers consider that parents should beat a child who misbehaves. Treatment group 2 is the only one in which there is a statistically significant decline, as mothers are 14 percentage points less likely than in the control group to consider that any parent should beat their child. This decline appears to come equally from a decrease in the belief that both mothers and fathers should beat their child. For treatment groups T1 and T3, the effect is insignificant and very close to zero.

Figure 8: Impact on attitudes toward corporal punishment - Mothers



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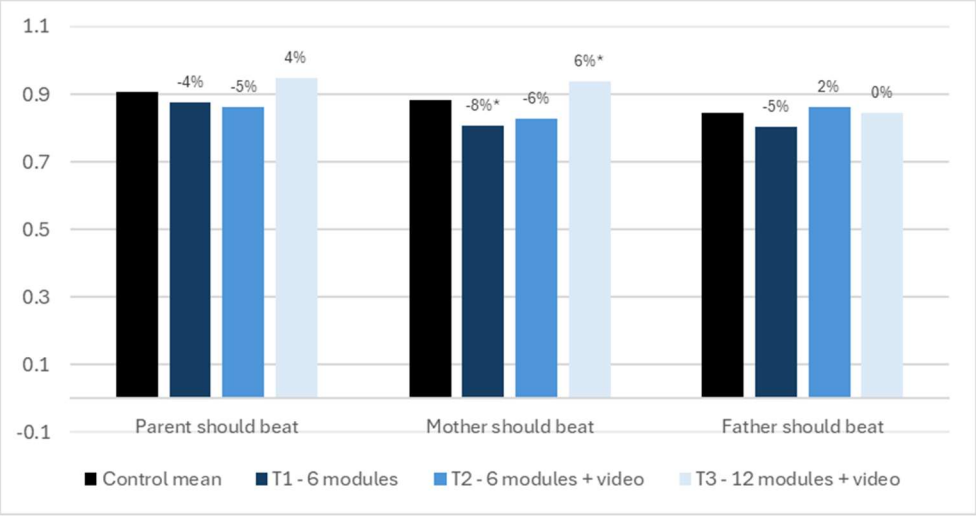
Fathers' attitude toward corporal punishment. As with mothers, fathers' attitudes toward corporal punishment were marginally impacted by the program. In addition, effects of different treatment groups go in opposite directions. Fathers in T1 were 7 percentage points less likely to declare that mothers should beat a child who misbehaves, while those in T3 were 6 percentage points more likely to declare the same. No significant effect was found on the probability to declare that fathers should beat their child.

Figure 9: Impact on attitudes toward corporal punishment - Fathers



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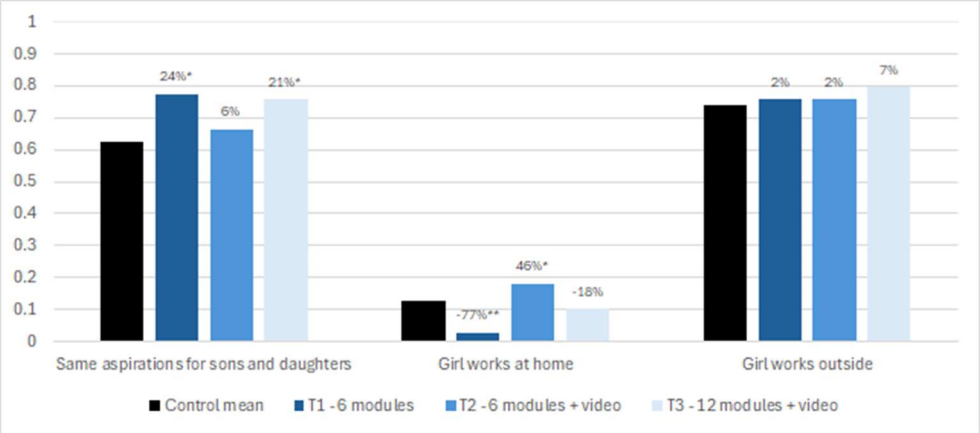
4.2. Indirect effects on children

Mothers' aspirations. Mothers in all treatment groups were more likely to have similar aspirations for their sons' and their daughters' future careers, this effect being statistically significant in groups T1 and T3 where the probability respectively increased by 15 and 13 percentage points. Women in T1 were also less likely to declare that the ideal trajectory for their daughters was to join or lead the family business (-10 percentage points) while those in T2 were more likely to declare the same (+6 percentage points). The program did not impact the probability that a mother hopes her daughter works outside of the household.

Figure 7 Impact on aspirations for children - Mothers



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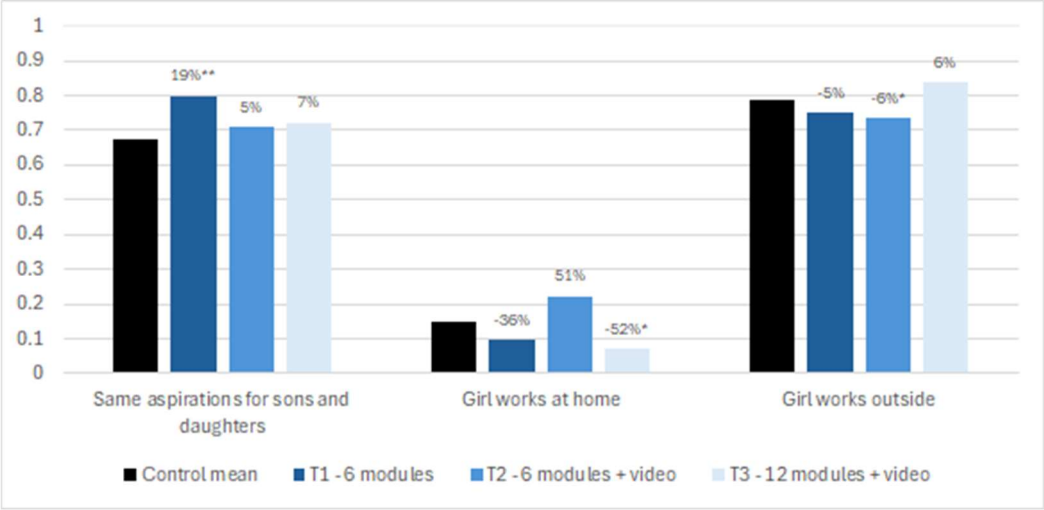
Fathers' aspirations. Similarly to mothers, the program increased the probability that fathers have similar aspirations for their sons and daughters, especially in T1 where the effect is statistically significant (+13 percentage points). Fathers in T1 and T3 are also less likely to report that the ideal trajectory for their daughters is to work or lead the household business (-5 percentage points in T1, insignificant; -8 percentage points in T3, significant at 10%). On the other hand, those in T2 are 8 percentage points more likely to want their daughters to work for the household business (insignificant) and 5 percentage points less likely to want them to work outside of the household (significant at 10%). These conflicting results between treatment groups echo those found for mothers' aspirations.

Figure 8: Impact on aspirations for children – Fathers

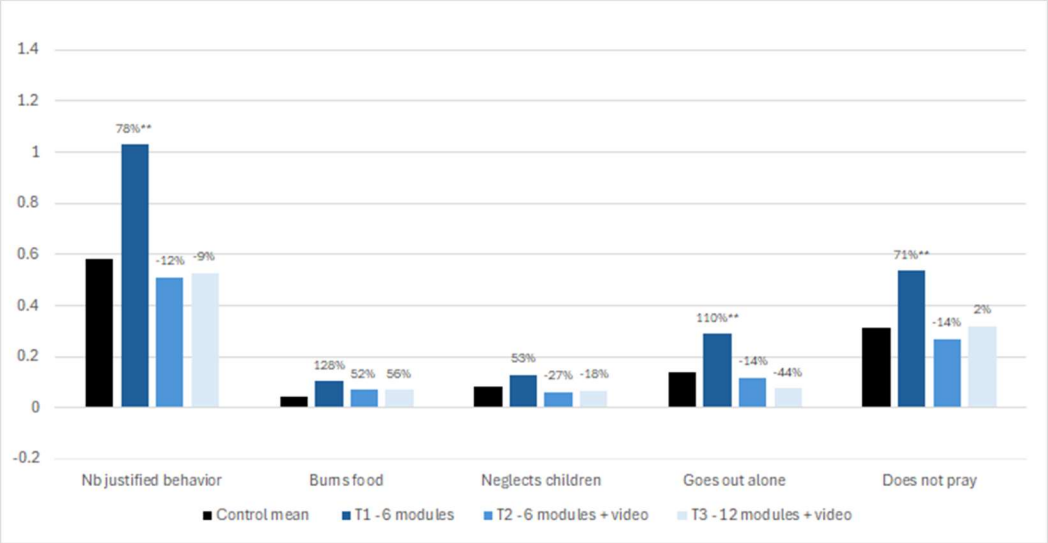


Notes: Graph presents the medium-term (27 months after program started) impact of the intervention. Black bars show the average value of the outcome in the control group. The size of blue bars is the sum of the control mean and the average treatment effect, estimated via regression. Percentages above the bars indicate the relative difference between control and treatment, with asterisks noting statistical significance (*** p<0.01, ** p<0.05, * p<0.1). All regressions control for

household size, Pular language, schooling dummy for each spouse, the share of Pular in SPS and the stratification fixed effects. Standard errors are clustered at the level of the SPS.

Women's support for intimate partner violence (IPV). While not directly affecting children, intimate partner violence has negative consequences for their mental and physical health, as documented by Evans, Davies, & DiLillo (2008). To assess their attitudes with respect to IPV, respondents were asked whether it was justified for a husband to hit or beat his wife in four different situations (burning the food, neglecting the children, going outside alone and not praying). T1 women justified on average 0.5 additional situations of violence after the program compared to the control group while no similar effect was observed for women in other treatment groups. This increase comes from an increased justification of violence in all situations, although it is only statistically significant for going out alone and not praying. This concerning result deserves further investigation as it might indicate a potential backlash effect of the program.

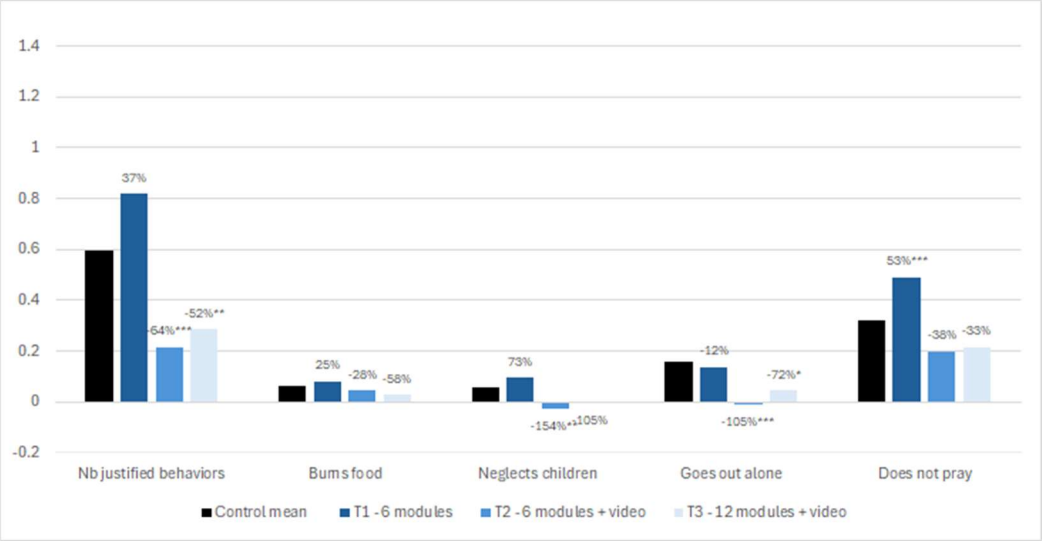
Figure 9: Support for Intimate Partner Violence - Women



Notes: Graph presents the medium-term (27 months after program started) impact of the intervention. Black bars show the average value of the outcome in the control group. The size of blue bars is the sum of the control mean and the average treatment effect, estimated via regression. Percentages above the bars indicate the relative difference between control and treatment, with asterisks noting statistical significance (*** p<0.01, ** p<0.05, * p<0.1). All regressions control for household size, Pular language, schooling dummy for each spouse, the share of Pular in SPS and the stratification fixed effects. Standard errors are clustered at the level of the SPS. All regressions also control for the outcome baseline level.

Men's support for intimate partner violence (IPV). Among husbands, the program appears to have decreased support for IPV in treatment groups that include community-level interventions (videos in T2 and T3). In those groups, men respectively reported 0.4 and 0.3 fewer situations in which violence was justified, dividing by two their support for IPV. This results from a decline in support for violence in all situations and is especially large and statistically significant when the wife neglects the children or goes out alone. In the treatment group that does not include the community-level intervention (T1), support for violence when the wife does not pray increases by 17 percentage points, similar to what is observed among women.

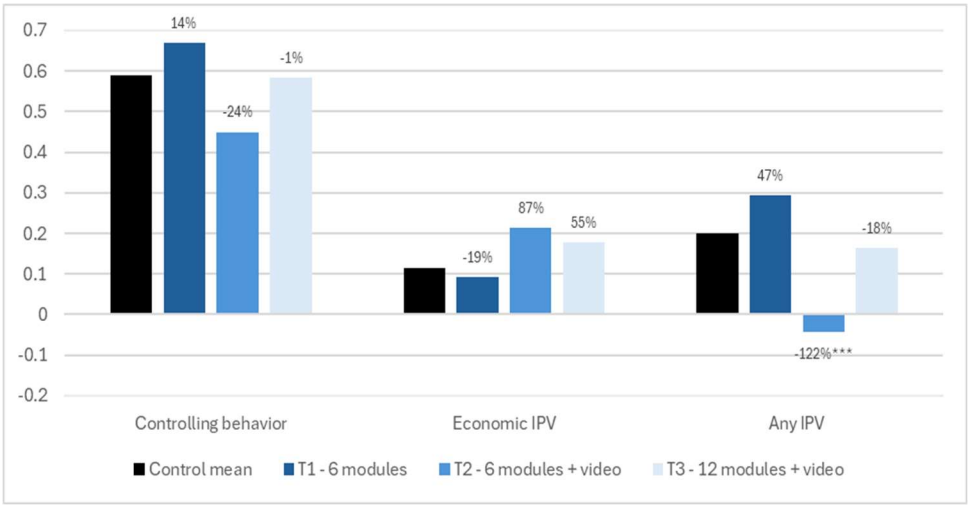
Figure 10: Support for Intimate Partner Violence - Men



Notes: Graph presents the medium-term (27 months after program started) impact of the intervention. Black bars show the average value of the outcome in the control group. The size of blue bars is the sum of the control mean and the average treatment effect, estimated via regression. Percentages above the bars indicate the relative difference between control and treatment, with asterisks noting statistical significance (*** p<0.01, ** p<0.05, * p<0.1). All regressions control for household size, Pular language, schooling dummy for each spouse, the share of Pular in SPS and the stratification fixed effects. Standard errors are clustered at the level of the SPS. All regressions also control for the outcome baseline level.

Experience of intimate partner violence. The program does not appear to have had any backlash effect in terms of domestic violence, similarly to what has been documented on a similar intervention in Rwanda (Cullen, Alik-Lagrange, Ngatia, & Vaillant, forthcoming). Indeed, there is no effect on the share of women reporting that their husband had a controlling behavior over the past 12 months (such as being jealous, preventing her from going out, etc.). Likewise, the program did not have any effect on the probability of experiencing economic IPV through situations that include husband refusing to give money or taking money from the wife. Finally, on the experience of emotional, physical or sexual IPV, the only statistically significant effect is a strong reduction by 24 percentage points for T2 women. All in all, these results indicate that the family dynamics affecting the development of young children were not adversely affected by the intervention. These preliminary results, however, need to be taken with caution as the sample size is limited, preventing us from identifying small treatment effects. Those results will therefore be confirmed once data on IPV has been collected for all three cohorts.

Figure 11: Experience of Intimate Partner Violence over the past 12 months



Notes: Graph presents the medium-term (27 months after program started) impact of the intervention. Black bars show the average value of the outcome in the control group. The size of blue bars is the sum of the control mean and the average treatment effect, estimated via regression. Percentages above the bars indicate the relative difference between control and treatment, with asterisks noting statistical significance (*** p<0.01, ** p<0.05, * p<0.1). All regressions control for household size, Pular language, schooling dummy for each spouse, the share of Pular in SPS and the stratification fixed effects. Standard errors are clustered at the level of the SPS. All regressions also control for the outcome baseline level.

5. Qualitative results

In addition to the quantitative results, semi-structured qualitative interviews were conducted. A total of 79 women were interviewed, 59 belonging to a treatment group (evenly distributed between treatment arms), and 20 to the control group. Many women reported a positive change attributable to the Tekavoul program in which the Family Dialogue pilot is embedded, especially in the domain of partner relationships, decision-making, and response to difficulties in relationships. The share of women reporting such changes was higher in T3.

Children's education. Changes in decisions around education mainly referred to both parents being more involved with planning and investing more in their children's education.

> "*Currently children are spending more time at school, including girls. This change has been since last year. We have been making decisions together since we received the training from TAAZOUR*[4]*.* » F26 (T1)

> "*The time devoted to education is the same for both boys and girls and both spend more time in Koranic school. The decision is made by mutual agreement between me and my husband - all this is new thanks to TAAZOUR. I think it's a very good thing.* » F12 (T1)

Aspiration for children. Most references to education were relayed in the forms of aspirations, with most desiring that their children get a good education so that they obtain secure professional occupation, and

[4] TAAZOUR is the General Delegation for National Solidarity and the Fight against Exclusion, a government agency that implements projects aimed at improving the living conditions and at providing skills to members of the most vulnerable sections of the population. Project implement by Taazour include the Tekavoul program and the Family Dialogue pilot.

in some cases support their parents with their income. Some women were very ambitious for their daughters, desiring more than being married and stay at home. There was a concern that staying in the rural area of Maghama would limit job opportunities (for boys and girls), and that education could be a way out.

> *"May my daughters have a better chance of passing the baccalaureate and starting specialized studies such as medicine or computer science. They could be more independent and better manage their families. For boys, only the youngest attend school. I hope that they will be able to complete their schooling and have jobs other than agriculture which are very variable and with limited income. »* K15 (T3)

> *"I want them to study and get degrees to become teachers and ministers. And this is valid for both men and women. »* L29 (T3)

Discipline and corporal punishment. Discussions around how children are disciplined revealed some mixed responses. Although there was evidence that fathers were becoming more involved with raising children following the pilot, the types of discipline used remained often traditional. Many narratives give the impression that respondents retained messages from the Family Dialogue sessions – for example that they recognize the importance of setting a good example to their children, of talking to them and not hitting them – however, the idea of 'discipline' was still sometimes associated with corporal punishment and some responses were mixed.

> *"Me and their father take care of the discipline. If they do something bad, I tell them, I'm going to tell your father. I hit them so they understand. Yes, that has changed since last year. This is due to the lessons received. They taught us to get closer to children, to advise them, to show them the best" J22 (T3)*

> *"At our house, everyone is involved in disciplining the children. We talk a lot with the children, we threaten them or correct them if necessary. There is no change except the new methods we learned about during the training. I think it's very good. » J14 (T3)*

> *"Both of them, their father and me. Before we hit them, but when Tekavoul showed us that it is harmful to their development, we no longer do that. Now we talk to them and now they are more calm." K16 (T3)*

Attitudes on intimate partner violence (IPV). Women were asked if there were situations when it is acceptable to punish a woman. Responses to this question were mixed; most women said that physical violence is no longer acceptable and most expressed a view that things have changed, but they also often said that a woman who 'misbehaves' should be punished, and it is acceptable to verbally punish women in those situations or sometimes use other forms such as money or sex. There were 27 references to Tekavoul training as a direct driver of positive responses linked to not accepting punishment (with a higher share in T2 and T3) including, more discussion and negotiation, more respect for women and the idea that the husband does not control the wife.

> *"If the woman does not respect the rights of her husband she can be punished. But over the last year I have noticed that things have changed because things that cannot be resolved through dialogue cannot be resolved through punishment. The man must understand that the woman is his partner and he must not threaten her. Men use polygamy or divorce as a threat. But now this situation has changed, people have understood that it is necessary to use discussion and mutual understanding. All thanks to the training we received." D13 (T1)*

> *"The woman should not be punished. It is not normal. My attitude is new this year. The husband must not threaten his wife with violence whatever the reasons. If there is respect between the two, the language, the gestures, all must tend towards no violence. For me, there is no acceptable violence. Hitting is not acceptable. Not giving food as a punishment is not acceptable, not giving clothes is not acceptable, abstaining sexually is not acceptable. Men used to abandon their wives and go elsewhere with other women, preventing them from leaving the house etc. That has changed now. Men and women are all ashamed of having problems with their spouses, this no longer happens. This is not normal in a marriage. And in my community, that's changing. Because Tekavoul has brough us with training sessions around marriage on what to do or not to do, based on Sharia law. It's a good change." F20 (T2)*

> *"For me, a woman should not be abused either physically or verbally. Violence is not acceptable. Over the past year, training has strengthened our conviction on this issue. Men use divorce as a means of control. But the community has understood that this is no longer acceptable. And this change is positive. I think it's good." J14 (T3)*

Conclusion

This report summarizes the results of the impact evaluation of the Family Dialogue pilot of the *Tekavoul* social protection project in Mauritania on outcomes related to children's wellbeing and intra-household violence. The evaluation compared the impact of three variations of the pilot: a short training, a short training complemented by a community-wide intervention, and a long training with the community intervention. Participants in the short training participated in 6 sessions aimed at improving financial management skills through better understanding of planning and budgeting, communication skills, and the division of responsibilities through activities on time use and gendered roles. The community-wide intervention consisted in a public screening of a mini-series displaying behavioral change consistent with the couple's training. The long training consisted of the core 6 sessions complemented with an additional 6 sessions on issues including violence, intra-spousal power dynamics, conflict management, gender roles and norms, and parenting.

Preliminary midterm results are promising. The training improved school attendance, early childhood development and increased mothers' knowledge of child development. Treated parents also tended to have more egalitarian aspirations for their sons and daughters' work trajectories. However, the program showed limited effects on parenting practices and parents' attitudes toward corporal punishment. In terms of family dynamics and prevalence of intimate partner violence, the program did not cause any backlash, and some improvements are noted for specific treatment arms. When comparing the impacts of the three treatment arms, adding the community-wide intervention appears to have had a larger effect than adding the 6 additional sessions. These differences, however, need to be interpreted with caution as data on the entire sample is needed to robustly identify the final impact. The next iteration of results will provide further robustness checks and explore the mechanisms of impacts. **These findings will inform the design of the scaled-up Family Dialogue program in Mauritania and future gender-transformative interventions**..

References

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Annex

Table 1 Description of indicators

Indicator	Definition
One child at school	At least one child aged 6-16 goes to school
Share of children at school	Share of children aged 6-16 going to school
Early child development (CREDI)	Norm-referenced standardized score (z-score) for overall development, using the CREDI long score developed by (McCoy, Fink, & Waldman, 2018)
Knowledge of child development	Number of correct answers out of 17 Yes/No questions related to child development
Number of activities	Number of activities carried out by the parent with the child over the past 7 days, out of 8 activities (reading; telling a story; singing; taking the child out; playing; counting and naming; drawing and painting; and feeding the child).
Positive behavior	Equal to 1 if the parent explains to the child who misbehaves why what he/she did was wrong and how to behave next time
Number of negative behaviors	Number of behaviors used by the parent when their child misbehaves, out of 5 behaviors (don't know what to do; yelling; hitting or shaking the child; promising something if he/she obeys; and punishing him/her by depriving him/her of something).
Parent should beat	Answers "Agree" of "Fully agree" that either father or mother should beat children who misbehave
Mother/Father should beat	Answers "Agree" of "Fully agree" that mother/father should beat children who misbehave
Same aspirations for sons and daughters	Parent has the same ideal professional trajectory for their sons and for their daughters. Professional trajectories are divided into 4 categories : work in household business, lead the household business, work outside and do not work
Girl works at home	Ideal professional trajectory for the daughters is to work in, or lead the household business
Girl works outside	Ideal professional trajectory for the daughters is to work outside the household
Number of justified behaviors	Number of situations in which the respondent deems justified that a husband hits or beats his wife, out of 4 situations (wife burns the food, neglects the children, goes out alone and does not pray)
Support for IPV – Item	Answers "Yes" when asked it is justified that a husband hits or beats his wife in the described situation

Controlling behavior	Equal to 1 if the husband exhibited controlling behavior in the past 12 months.
Economic IPV	Equal to 1 if the wife experienced economic violence from her husband in the past 12 months. Situations of economic violence include husband taking money from the wife, refusing to give her money and forcing her to give away all her money
Any IPV	Equal to 1 if the wife experienced emotional, physical or sexual behavior from her husband in the past 12 months.