

PEER REVIEW HISTORY

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This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Cash plus programming and intimate partner violence: A qualitative evaluation of the benefits of group-based platforms for delivering activities in support of the Ethiopian government's Productive Safety Net Programme (PSNP)
AUTHORS	Buller, Ana Maria; Pichon, Marjorie; Hidrobo, Melissa; Mulford, Michael; Amare, Tseday; Sintayehu, Wastina; Tadesse, Seifu; Ranganathan, Meghna

VERSION 1 – REVIEW

REVIEWER	Colombini, Manuela LSHTM
REVIEW RETURNED	03-Jan-2023

GENERAL COMMENTS	<p>This manuscript on Cash plus programming and intimate partner violence is well written. The content is important as the literature on cash plus and IPV is emerging but still more is needed to understand the pathways and dynamics affecting IPV reductions (and what 'ingredients' lead to long-term sustainability of IPV reduction). I only have a few minor suggestions.</p> <p>Introduction:</p> <ul style="list-style-type: none">- page 4, line 44: it could be useful to define agency.- page 5, line 25: I wonder if the authors could add a sentence about the existing evidence of cash plus transfer interventions though group modality in reducing IPV (since the paper claims that this is an evidence gap). <p>Methods:</p> <ul style="list-style-type: none">- page 5, line 48: It could be useful to add in brackets what outcomes were improved - especially if related to IPV.- page 6: lines 35-46: It could be interesting to add length of training on gender norms (e.g. 1 session?) and also specify if there was a specific training on IPV. Also, since the group modality of the VESAs is the aim of this paper, I would suggest to add a sentence to explain group modality in a more detailed way (size, age etc.). <p>Page 7, lines 4-5: Although there is another paper linked to the explanation, I wonder if a short explanation could be given why only men - and no women, were interviewed in Oromia (was there a higher rejection among men of women's participation in this area?).</p>
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	<p>Results: Good presentation of the results in relation to the social capital resources. The agency concept feels less explored though (despite being a conceptual lens used for the analysis). The findings could also highlight more how the group-based modality of delivering the plus activities contributed to reductions in IPV - despite not being a direct topic of discussion in VESA activities. Was there a difference between men and women in IPV acceptability through group modalities? I also wonder if there are any findings about what dynamics and pathways of group modalities could led to increased and protective social capital for women against IPV (and for men?). Page 13, Line 14-16: this is a quote and should be in italics. Page 13: line 17-27: only this is about how benefits of working as a group was seen as beneficial. The rest of the section does not reflect that, but more individual benefits.</p> <p>Discussion: Page 13, line 11: resilience was not not directly addressed in the results. Could it be included more explicitly? Page 16, Line 45-54: The findings presented though seem to show an impact for women rather than for men. Could this be addressed here?</p>
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REVIEWER	Mulrenan, Claire RBK- Public Health
REVIEW RETURNED	20-Jan-2023

GENERAL COMMENTS	<p>Qualitative paper aiming to explore how the group-based modality of delivering plus activities contributes to reductions in IPV in the context of Ethiopia's PSNP.</p> <p>A well-written manuscript with a clearly defined research question.</p> <p>In terms of methodology, in-depth interview process was clearly outlined but table 1 made it appear that FGDs were conducted for single sex, rather than mixed sex, groups. Was this the case? A sentence to clarify this at the bottom of p8 in the 'participant selection and data collection' section of the manuscript would be useful. If available (and shareable) the inclusion of the topic guides used in IDIs and/or FGDs in the appendix would provide the reader with even greater insight into the data collection process.</p> <p>The observation that these groups served as a reference group for members, potentially helping to shift harmful social norms around IPV, was a useful one. However, I would have liked to see some reflection on the potential negative unintended consequences of this 'social norming' in cases where dominant voices in the group may normalise rather than challenge IPV. A sentence to acknowledge this as a potential limitation (or at least a potential unintended consequence that deserves exploration and/or consideration) would have strengthened this section.</p> <p>Final conclusion felt slightly weak and could be strengthened with an additional sentence to highlight the policy implications of the findings- i.e. that they point to potential benefits of group based modality of delivery plus the need to consider differences in gender specific needs when designing social protection programmes. Small formatting edit needed on p13 for IDI 26 quote (italicised, new paragraph)</p>
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VERSION 1 – AUTHOR RESPONSE

<p>Reviewer: 1 Dr. Manuela Colombini, LSHTM</p>	
<p>Comments to the Author: This manuscript on Cash plus programming and intimate partner violence is well written. The content is important as the literature on cash plus and IPV is emerging but still more is needed to understand the pathways and dynamics affecting IPV reductions (and what 'ingredients' lead to long-term sustainability of IPV reduction). I only have a few minor suggestions.</p>	<p>Thank you for these positive comments.</p>
<p>Introduction: - page 4, line 44: it could be useful to define agency.</p>	<p>Thank you for this suggestion, we have now included text as suggested in p.4 of the marked copy.</p> <p>“For this paper we advance Kaber’s conceptualisation of agency as “the ability to define one’s goals and act upon them”15 p. 438 and understand this ability as a fluid concept, rather than a binary one, whereby agency can be “thickened” or “thinned” by structural forces, contexts and social relationships that directly influence individuals or collectives’ range of viable options”</p>
<p>page 5, line 25: I wonder if the authors could add a sentence about the existing evidence of cash plus transfer interventions though group modality in reducing IPV (since the paper claims that this is an evidence gap).</p>	<p>Thank you for this comment. We have now cited studies that discuss this or highlight this gap in the literature when looking at CT and IPV: Ranganathan et al 2022 , Roy et al 2019, Gram et al 2020.</p>
<p>Methods:</p>	<p>Thank you for the opportunity to clarify this point.</p>

<p>page 5, line 48: It could be useful to add in brackets what outcomes were improved - especially if related to IPV.</p>	<p>As stated in line 42-46 our companion paper found that both PSNP and SPIR participation decreased poverty related stress and conflict in the household. Poverty related stress and conflict are recognised pathways by which cash transfers can decrease IPV. In order to clarify these points we have now amended the text and included relevant references as follows:</p> <p>“Our companion mixed-methods paper found mixed impacts on women’s empowerment and IPV14, but that both PSNP and SPIR decreased poverty related stress and conflict in the household, which are demonstrated pathways in the literature on cash transfers and IPV (Buller et al 2018, Keith et al 2022)”</p>
<p>page 6: lines 35-46: It could be interesting to add length of training on gender norms (e.g. 1 session?) and also specify if there was a specific training on IPV. Also, since the group modality of the VESAs is the aim of this paper, I would suggest to add a sentence to explain group modality in a more detailed way (size, age etc.).</p>	<p>VESA facilitators were trained to facilitate the discussions on topics related to gender over six separate sessions. Here is the time allotted for each session:</p> <ol style="list-style-type: none"> 1. Daily clock – 1 to 1.5 hours 2. Harmony in the Home Role-Play – 1 hour 3. Household decision making on income and assets – 1 hour 4. Learning to listen – 1 hour 5. Engaged fathers and role models – child and maternal care – 1 hour 6. It takes action to stop violence – 1 hour <p>The couples were of diverse ages. VESAs ranged from 20-30 members with slightly less than 25 on average. Generally, there were around 10-15 couples represented, but closer to 10-11 on average.</p>

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	<p>We have now added a summarized version of this information in page 7 as follows:</p> <p>“VESA facilitators were trained to facilitate six discrete gender related discussion sessions that each lasted between 60 to 90 minutes. These sessions covered a range of themes such as gender roles, household decision-making on income and assets, communication skills, engaged fatherhood and bystander approaches to stop violence.”</p> <p>“Contrary to the common practice of women only groups, VESAs included couples from a single household in the community. The group size varied between 20 to 30 members with around 10 to 15 couples from a wide range of ages represented in each group. Between 80-85 percent of households in the SPIR treatment sample were part of a VESA.</p>
<p>Page 7, lines 4-5: Although there is another paper linked to the explanation, I wonder if a short explanation could be given why only men - and no women, were interviewed in Oromia (was there a higher rejection among men of women's participation in this area?).</p>	<p>Thank you for this comment. As we explain in the paper we only sampled men in Oromia to allow for a deeper exploration of men’s reactions to women’s empowerment, and if and how engaging couples in complementary activities affected household gender dynamics.</p> <p>We have slightly reworded this sentence to add clarity to this point as follows:</p> <p>“We focused our sampling in Oromia on men to allow for a deeper exploration of men’s reactions to women’s empowerment, and if and how engaging couples in complementary activities affected household gender</p>

	<p>dynamics (for the analysis on these objectives see Ranganathan et al 2022)”</p>
<p>Results: Good presentation of the results in relation to the social capital resources. The agency concept feels less explored though (despite being a conceptual lens used for the analysis).</p>	<p>Thank you very much for this comment. We have now reviewed the results section to try and bring up evidence on impact on agency throughout the three sub-sections, specifically on pp 13, 14, 15</p>
<p>The findings could also highlight more how the group-based modality of delivering the plus activities contributed to reductions in IPV - despite not being a direct topic of discussion in VESA activities.</p>	<p>Thank you for this comment. We have highlighted in the results the economic, social and relational benefits of VESAS. The economic and social benefits indirectly support reductions of IPV while the relational impact provided explicit evidence on how the group modality affected decision making and IPV in our sample.</p> <p>In order to highlight this issue even further we have amended the text and added a new quote in the economic benefits section as follows pp.14):</p> <p>“There was also some evidence that saving in groups generated a sense of accountability and encouraged participants to work harder as they knew other group members were relying on them, this in turn led to a greater feeling of satisfaction as the money saved as a group was larger than an individual’s savings as the following two quotes show respectively:</p> <p><i>The savings also motivating me to work... Since I have to pay to the VESA group I will think about it and plan</i></p>

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how to earn money. So it is helping us against laziness.
– Woman, 29 years-old, Amhara, IDI 27

The money we are saving as individuals seem small but it is huge when we see our contribution as a group, this gave a lot of satisfaction and hope. – Man, 40-50 years-old, Amhara, FGD 1”

We also had included the reflection on how the group-based modality contributed to activate mechanisms on the pathway to IPV reduction in the discussion section as follows:

In the discussion (pp. 17):

“We also found evidence that through group discussions and the opportunity to be exposed to other couples’ interactions and dynamics, participants could reflect upon joint decision-making, positive communication and the (un)acceptability of violence. These results shed light on the mechanisms by which group-based activities affect intermediate outcomes on the pathway to violence, and in doing so support findings from Ranganathan et al (2022) on how plus activities affected women’s empowerment, men’s reactions and IPV. Our results also highlight the importance of not just delivering content through groups, but promoting frequent interactions among group participants which can generate deeper and sustained impacts that extend beyond programmatic timeframes and original aims of the programme as shown by other studies (Feigenberg et al. 2013, Roy et al. 2019, Villalonga-Olives et al. 2018,).”

“Furthermore, our results shed light on two important findings, that the group-based delivery can leverage interactions among group members outside the groups and facilitate a broader discussion beyond the topics discussed during the group sessions, as well as create a reference group for members that can help shift harmful social norms around violence against women in the household and gender inequality (Díaz-Martin et al., 2022).”

Conclusion p.18

“Our results contribute to the emerging body of literature that aims to establish the benefits of group-based delivery of plus activities delivered alongside cash transfer programmes, as well as understanding the role of groups in creating or strengthening economic resilience, social capital, women’s agency, and gender relations that are on the pathway to reducing IPV.”

We did not find evidence of more acceptability of IPV by gender. We have clarified this in page 10 as follows:

“Although the majority of participants reported that IPV was not socially acceptable, our data showed that in these regions IPV was sometimes accepted by both women and men.”

And added the quote below from a man to add the male perspective in page 11.

Similarly, a man stated that as long as the act didn't cause her long-term pain than he didn't consider it violence:

It [hitting] does [not] have any problem, unless she is physically hurt. You know, you should have to be selective where to hit, it is better to hit bellow [the] back, like the butt, and not around the head or the face. – Man, 40-50 years-old, Amhara, IDI 11

<p>Was there a difference between men and women in IPV acceptability through group modalities?</p>	
<p>I also wonder if there are any findings about what dynamics and pathways of group modalities could led to increased and protective social capital for women against IPV (and for men?).</p>	<p>Thank you for this comment, in our results and discussion sections we identify and discuss three potentially mechanisms through which the group modality seemed to increased and protective social capital for men and women against IPV:</p> <ul style="list-style-type: none"> • Our results seem to indicate that interaction beyond the group was beneficial – suggesting that networks help couples economically, socially and relationally. • Listening to other couples and how they relate to each other was useful as modelling behaviour, reflecting on own practices in the household. • Groups acts as a new reference group for both men and women.
<p>Page 13, Line 14-16: this is a quote and should be in italics.</p>	<p>We have amended as suggested</p>

<p>Page 13: line 17-27: only this is about how benefits of working as a group was seen as beneficial. The rest of the section does not reflect that, but more individual benefits.</p>	<p>The economic benefits of being part of the VESA's were directly connected to the group delivery modality as it was only because they were saving as a group that they could access a higher level of savings that they would have not been able to access if they would have been saving as an individual or as a household. Also, as highlighted in the text now a group loan allowed them to avoid having to pay interest on a loan which is typical of individual lending (see p.13)</p> <p>We acknowledge that more on this issue could have been asked in the interviews but the original topic guide did not set up to explore this issue. This is something that arose inductively from the data while we were conducting the primary analysis of the data for the sister paper. We do acknowledge this in the limitation section when discussing that we could not establish a direct comparison with activities implemented at the individual level.</p>
<p>Discussion: Page 13, line 11: resilience was not directly addressed in the results. Could it be included more explicitly?</p>	<p>Thank you for the opportunity to clarify this issue. In this paper we use 'resilience' from an economic perspective, as the ability to cope with or recover from adverse events that result in unexpected economic burden on the household. To clarify we have inserted the word 'economic' throughout the manuscript when referring to Resilience.</p>
<p>Page 16, Line 45-54: The findings presented though seem to show an impact for women rather than for men. Could this be addressed here?</p>	<p>One of the strengths of this paper is that it includes the perspective of both men and women which allowed us for a gender disaggregated analysis of</p>

	<p>the results. This analysis showed differential impacts for men and women rather than impact on women only as follows.:</p> <ul style="list-style-type: none"> • By creating or consolidating bonds with group members, both men and women were able to form a support network that provided them with social support when in need of assistance. • Men mostly valued or highlighted the financial benefits of VESAs and enhanced status in the community. • Women's accounts of the benefits focused mostly on strengthened social networks and increased individual social capital. <p>These points have been directly addressed in the results and discussion sections.</p>
<p>Reviewer: 2 Ms. Claire Mulrenan, RBK- Public Health</p>	
<p>Comments to the Author: Qualitative paper aiming to explore how the group-based modality of delivering plus activities contributes to reductions in IPV in the context of Ethiopia's PSNP. A well-written manuscript with a clearly defined research question.</p>	<p>Thank you for your positive comments and for reviewing our paper.</p>
<p>In terms of methodology, in-depth interview process was clearly outlined but table 1 made it appear that FGDs were conducted for single sex, rather than mixed sex, groups. Was this the case? A sentence to clarify this at the</p>	<p>In Amhara, separate FGDs were conducted with groups of men and with groups of women. This has been added on page 8.</p>

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<p>bottom of p8 in the 'participant selection and data collection' section of the manuscript would be useful. If available (and shareable) the inclusion of the topic guides used in IDIs and/or FGDs in the appendix would provide the reader with even greater insight into the data collection process.</p>	
<p>The observation that these groups served as a reference group for members, potentially helping to shift harmful social norms around IPV, was a useful one. However, I would have liked to see some reflection on the potential negative unintended consequences of this 'social norming' in cases where dominant voices in the group may normalise rather than challenge IPV. A sentence to acknowledge this as a potential limitation (or at least a potential unintended consequence that deserves exploration and/or consideration) would have strengthened this section.</p>	<p>Thank you very much for this interesting reflection. We explored and reported on unintended consequences of taking part in the PSNP programme in our sister paper (Ranganathan et al 2022), however we did not find any evidence of backlash as a reaction to the group challenging IPV as a norm in the community.</p> <p>We agree with the reviewer, nevertheless, that this is an important consideration and have added a line in the discussion to address this issue, as follows (p.17):</p> <p>“Arguably the latter finding deserves further exploration as it is possible that within groups, dominant voices may normalise rather than challenge traditional gender norms and IPV. Although we did not see any evidence of this in our data.”</p>

<p>Final conclusion felt slightly weak and could be strengthened with an additional sentence to highlight the policy implications of the findings- i.e. that they point to potential benefits of group based modality of delivery plus the need to consider differences in gender specific needs when designing social protection programmes</p>	<p>Thank you for this suggestion we have now added a sentence to our conclusion (p.19) that reads:</p> <p>“Our results also suggest that policy makers should consider gender specific needs as men and women might differentially benefit from group-based interventions that enhance social capital to generate gender transformative impacts.”</p>
<p>Small formatting edit needed on p13 for IDI 26 quote (italicised, new paragraph)</p>	<p>Done as suggested</p>

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VERSION 2 – REVIEW

REVIEWER	Colombini, Manuela LSHTM
REVIEW RETURNED	07-Apr-2023

GENERAL COMMENTS	The authors have clearly and comprehensively addressed all the comments. I have no additional suggestions. I am happy to recommend publication of this interesting manuscript.
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REVIEWER	Mulrenan, Claire RBK- Public Health
REVIEW RETURNED	30-Mar-2023

GENERAL COMMENTS	Thank you for your edits- you have satisfactorily addressed my previous comments. A well written and interesting manuscript which makes a useful contribution to the literature exploring how the group based modality of delivering plus activities contributes to reductions in IPV in the context of Ethiopia's PSNP.
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