



Knowledge hub - Collection of best practices

Summary of the best practice

1. Title of the best practice (e.g. name of policy, programme, project, etc.) *

Preventing Violence Against & Among Children in Schools through Sports and Play

2. Country or countries where the practice is implemented *

Pakistan

3. Please select the **most relevant** Action Track(s) the best practice applies to *

- Action Track 1. Inclusive, equitable, safe, and healthy schools
- Action Track 2. Learning and skills for life, work, and sustainable development
- Action Track 3. Teachers, teaching and the teaching profession
- Action Track 4. Digital learning and transformation
- Action Track 5. Financing of education

4. Implementation lead/partner organization(s) *

Right To Play International, Pakistan

5. Key words (5-15 words): Please add key descriptive words around aims, modalities, target groups etc. *

Prevention, Violence Against Children, Depression, Patriarchal attitudes, Play- based-activities, Experiential learning, Randomize Control Trial, Adolescent.

6. What makes it a best practice? *

Scientifically proven effectiveness of the intervention and potential of scaling up. User-friendly, manualized activities. Intervention addressed multiple drivers of violence,

Description of the best practice

7. Introduction (350-400 words)

This section should ideally provide the context of, and justification for, the practice and address the following issues:

i) Which population was affected?

ii) What was the problem that needed to be addressed? Which approach was taken and what objectives were achieved? *

Violence against children (VAC) and violence against women (VAW) are widespread and normalized forms of violence in Pakistan. According to Pakistan's 2017-18 demographic and health survey (DHS), 28% of women (aged 15-49) have experienced physical or sexual violence. Baseline data from the Right to Play programme found that that 78% of girls and 92% of boys (aged 11-12) had experienced peer violence in school, and 56% of girls and 78% of boys reported having perpetrated violence (in the month preceding the survey). 92% of boys and 67% of girls reported corporal punishment at school, and 62% of boys and 38% of girls reported physical punishment at home. Children with disabilities were more likely than children without disabilities to experience these various forms of violence.

Analysis of the baseline data found associations between corporal punishment in school, physical punishment at home and engagement in peer violence; suggesting that children experience a vicious cycle of violence in school and at home. Furthermore, experiences of violence in school and at home were found to be associated with depression in girls and boys. Right To Play Pakistan (RTP) worked with Aga Khan University to implement and evaluate a play-based transformative programme in schools. The intervention used the power of sport and play to empower boys and girls to reduce peer violence, improve mental health, and change social norms in support of gender equality and non-violence.

8. Implementation (350-450 words)

Please describe the implementation modalities or processes, where possible in relation to:

- i) What are the main activities carried out?
- ii) When and where the activities were carried out (including the start date and whether it is ongoing)?
- iii) Who were the key implementation actors and collaborators? (civil society organizations, private sector, foundations, coalitions, networks etc.)?
- iv) What were the resources needed (budget and sources) for the implementation?

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Right to Play worked in 40 government schools in Hyderabad in Sindh Pakistan, 20 girl's schools and 20 boy's schools, reaching 8,000 children. The entire programme spanned over a three-year period (2015-2018), with a two-year implementation period of activities in schools. The programme followed a whole-school approach where all children in the selected schools took part in the intervention. Most children were 11-12 years old when the programme commenced. The Right to Play intervention's primary approach was to engage children in a series of structured, play-based learning activities. The activities gave children opportunities to develop a range of skills and abilities, aiming to build confidence, empathy, resilience, and improve children's ability to cope with negative emotions and conflicts, and promote gender equality and tolerance. In addition, activities with boys focused on developing positive forms of masculinity. Activities were integrated into the school schedule through a 35- to 40-minute session twice a week (total 120 sessions), implemented by volunteer trained coaches over a two-year period. Each session has three steps of discussion: reflect on the activity, connect the activity to daily life and, apply the learning. Right to Play also provided leadership training for 120 children selected as junior leaders. In addition, the children participated in community based thematic play days, tournaments and summer camps. These increase the visibility, in particular, of girls' engagement in sport and play.

The intervention was done in public schools in partnership with School Education and Literacy Department Sindh funded by FCDO (then UKAID) under its flagship program What Works- Preventing VAWG. Total cost of the intervention was less than half a million GBP. However, the scale up needed increased cost but the increase is not linear.

9. Results – outputs and outcomes (250-350 words)

To the extent possible, please reply to the questions below:

- i) How was the practice identified as transformative? (e.g., impact on policies, impact on management processes, impact on delivery arrangements or education monitoring, impact on teachers, learners and beneficiary communities etc.);
- ii) What were the concrete results achieved with regard to outputs and outcomes?
- iii) Has an assessment of the practice been carried out? If yes, what were the results? *

The programme was evaluated in a rigorous randomized control trial (RCT). Out of the 40 schools, 20 schools received the intervention while 20 were control schools. After two years of implementation, the RCT observed significant changes in intervention schools compared to control schools. Experiences of peer violence decreased from 92% to 84% among boys and from 78% to 50% among girls who received the intervention. Peer violence perpetration dropped from 78% to 73% among boys and from 56% to 37% among girls. Corporal punishment in school decreased by 45% in boys and 66% in girls, and by 62% in boys and 77% in girls at home. The reductions in violence appear to have had a positive impact on children's mental health outcomes, shown by reductions in depression among girls and boys, and changes in gender attitudes, with children displaying less patriarchal gender attitudes after the intervention. Notably, the study also observed a significant reduction in children reporting that they had witnessed domestic violence at home. There was a 70% decrease among girls and 65% decrease among boys. Prior to the intervention, the baseline study found a strong association between children perpetration of peer violence and witnessing domestic abuse at home: 1 in 7 of the children who had perpetrated peer violence in the past month had witnessed their mother being abused in this period.

At policy level the School Education and Literacy Department get convinced to scale up the intervention in the all schools of the province through integrating the play based approach in Physical Education Curriculum.

10. Lessons learnt (300 words)

To the extent possible, please reply to the following questions:

- i) What were the key triggers for transformation?
- ii) What worked really well – what facilitated this?
- iii) What did not work – why did it not work? *

The Right to Play programme in Pakistan shows that schools can be a powerful platform to prevent multiple forms of violence and transform social norms around violence and gender, even in challenging settings. Some of the contributing factors to the results and lessons for school-based violence prevention programming are summarised below.

Allow enough time for the intervention: Longer programme cycles, in this case two years of implementation, enables time for children’s experiential learning, critical reflection, and for testing new skills and knowledge over a longer period.

Training and support for those delivering the programme: the field staff, volunteer coaches and junior leaders all went through in-depth training prior to the programme and received ongoing support

User-friendly, manualised activities: Interventions that have effectively managed to prevent VAC have in common that they have used carefully designed, user-friendly manuals. The manual used in Pakistan included a clear objective for each activity, and step-by-step guidance on how to carry out the activity and facilitate the subsequent RCA discussion.

Focus on multiple drivers of violence: The Right to Play intervention addressed multiple drivers of violence, including social norms that underpin violence, and poor communication and conflict-resolution skills. It also worked at multiple levels, with children, schools and communities to challenge and shift norms that perpetuate violence.

Initially it was a challenge to get buy in of the program from school teachers and community to engage children specially girls in fun, play and sports related activities and event due to social and cultural values or stereotypes about use theatre, dance and sport and play. However, programme engaged with parents and the wider community through community events, which intended to raise awareness around children’s rights, gender equality and importance of the intervention.

11. Conclusions (250 words)

Please describe why may this intervention be considered a “best practice”.

What recommendations can be made for those intending to adopt the documented “best practice” or how can it help people working on the same issue(s)? *

The intervention may be considered a best practice because the RCT findings have highly recommended the use of play based learning in schools to reduce VAC and VAWG and improve mental health. The intervention has potential to be scaled up as the intervention has been fully designed and with little bit efforts of the contextualization can be used in different areas of the country and around the world.

12. Further reading

Please provide a list and URLs of key reference documents for additional information on the “best practice” for those who may be interested in knowing how the results benefited the beneficiary group/s. *

<https://www.tandfonline.com/doi/full/10.1080/16549716.2020.1836604>

<https://www.ghspjournal.org/content/5/1/115>

<https://www.whatworks.co.za/resources/film-and-audio/item/461-what-works-to-prevent-violence-against-children-in-hyderabad-pakistan>

<https://www.whatworks.co.za/resources/evidence-reviews/item/691-effective-design-and-implementation-elements-in-interventions-to-prevent-violence-against-women-and-girls>