



Promising strides toward ending violence against women and girls in the Asia and the Pacific Region: Results from Partners for Prevention pilot interventions in four countries

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Empowered lives.
Resilient nations.



FOREWORD

ABOUT THIS DOCUMENT

This report is primarily intended for donors, policy makers, programme managers, and practitioners donors, and will describe the development, implementation, and evaluation of diverse primary prevention interventions to prevent violence against women and girls that have a focus on transforming harmful masculinities and social norms in 4 diverse Asia-Pacific contexts, as well as discuss the main impacts of these interventions. The report will locate the P4P project and learnings within the broader context of the global primary prevention field to highlight the contributions that P4P is making to advance the field globally.

The report will draw on outcome reports from each country:

- Cambodia – quantitative and qualitative reports
- Indonesia – qualitative reports
- PNG – quantitative and qualitative reports
- Viet Nam – qualitative and quantitative reports

Because of the diversity of interventions and monitoring and evaluation M&E strategies across the four countries, the impact discussed will focus on three main themes (and these will be linked to an overarching theory of change):

- Gender attitudes, including transforming harmful masculinities
- Healthy relationships
- Volunteerism

These three themes were identified across all interventions and their respective M&E strategies will collect data on these themes in different ways. Additional notable findings from individual projects will be discussed as relevant (e.g., violence attitudes).

The report will conclude with recommendations for primary prevention of VAWG programming that transform harmful masculinities and social norms and research based on the multiple data sources (i.e., quantitative and qualitative data from intervention participants, key informants, programme implementers, and technical advisors) drawn on throughout the report.

ACKNOWLEDGMENTS

We would like to express our deep appreciation for all people, communities, local and national organizations, local leaders, government ministries, and international agencies who embraced the P4P projects and drove them to success. We congratulate all teams on the exciting, positive results they achieved.

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We hope that the positive results of the P4P projects will be nurtured and grow further so that women and girls are able to fully attain their right to live free from violence, and healthy, non-violent and equitable ways of being men and boys are the most common and accepted forms of masculinities. P4P has demonstrated that such a future is possible and the lessons shared here can assist teams taking up this important work.



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PARTNERS FOR PREVENTION KNOWLEDGE PRODUCT SUMMARY

REGIONAL KNOWLEDGE PRODUCTS

1. Promising strides toward ending violence against women and girls in the Asia and the Pacific Region: Results from Partners for Prevention pilot interventions in four countries
2. Partners for Prevention Lessons Learned about Primary Prevention of VAWG in the Asia and the Pacific Region
3. Lessons learned about volunteerism within the context of primary prevention of VAWG
4. Evaluation the Partners for Prevention Regional Joint Programme for Gender-Based Violence Prevention in Asia and the Pacific

COUNTRY PRODUCTS

- **Bangladesh**

1. Factsheet: Building Capacity to Prevention Violence Against Women
2. Policy Brief: Stopping the violence before it starts: Reducing Violence Against Women in Bangladesh

- **Cambodia**

1. Factsheet: Building our Future: Supporting Healthy and Happy Relationships
2. Intervention evaluation report: Cambodian Endline Report
3. Policy Brief: "Shaping Our Future: Developing Healthy and Happy Relationships" Primary Prevention Intervention with Young Adolescents and Caregivers in Kampong Cham, Cambodia
4. Cambodian Lessons Learned Report: "Shaping Our Future: Developing Healthy and Happy Relationships" Primary Prevention Intervention with Young Adolescents and caregivers in Kampong Cham, Cambodia. របាយការណ៍សរុប និងគោតថវិកាបាលយផ
5. Intervention Manual (Caregiver group – Khmer): ព្រឹត្តិ ស បំរើអាកស បស ល អភិបាល មហិច ងវីយដទង់ ងឿមខន ចំ ដល់ ងវីយដទង់កងអភិវឌ្ឍ នីតិកម្មនិង កបយសក្កត និងពាកយ្យវិ ស ប
6. Intervention Manual (Adolescent group – English): Shaping Our Futures: Developing Healthy and Happy Relationships Adolescents Manual, Second Edition, 2018
7. Intervention Manual (Caregiver group – English): Shaping Our Futures: Developing Healthy and Happy Relationships Caregivers Manual, Second Edition, 2018

Social Media:

- UNV Mana discussing volunteerism
- Fostering The Links Between Adolescents And Caregivers
- Start Young, And In The Home: How To Make Gender-Equal Violence-Free Families The New Norm
- Family Members Empowered To Reject Violence Against Women And Girls In Cambodia

12. Speaking out against violence
 13. Breaking the cycle of intergenerational violence
 14. Breaking the cycle of intergenerational violence
 15. Family members empowered to reject violence against women and girls in Cambodia
- **Indonesia**
 1. Factsheet: Reimay (Reaching Papuan Prosperity)
 2. Intervention evaluation report: Evaluation of Reimay: Reaching Papuan Prosperity
 3. Policy Brief: *Reimay: Reaching Papuan Prosperity*
Engaging Young People to Change Social Norms and Promote Gender Equitable Relationships
 4. Indonesian Lessons Learned: Reimay: 'Reaching Papuan Prosperity' Community-Based Primary Prevention Intervention with Young Adolescents and Caregivers, Jayapura District, Papua, Indonesia
 5. Intervention Manual (Adolescent group – Bahasa): Reimay: Mencapai Kesejahteraan Papua Buku Pedoman Lokakarya Untuk Remaja (Umur 12–16)
 6. Intervention Manual (Caregiver group – Bahasa): *Reimay: Mencapai Kesejahteraan Papua Buku Pedoman Lokakarya Untuk Pengasuh*
 7. Intervention Manual (Adolescent group – English): *Rai Mai: Reaching Papuan Prosperity, Adolescents Manual*
 8. Intervention Manual (Caregiver Group – English): *Rai Mai: Reaching Papuan Prosperity, Caregivers Manual*

Social Media:

 9. UNV Grace discusses volunteerism
 10. In Papua, Indonesia, Violence Prevention Programmes Are Transforming Communities One Person At A Time
 - **Papua New Guinea**
 1. Factsheet: Planim Save, Kamap Strongpela (Plant Knowledge, Grow Strong)
 2. Intervention evaluation report (quantitative): Quantitative Evaluation of Planim Save Kamap Strongpela Intervention to Prevention Gender
 3. Intervention evaluation report (qualitative): Planim Save Kamap Strongpela: A Qualitative Endline Study of an Intervention to Build Peace and Reduce Gender Based Violence in South Bougainville
 4. Policy Brief: Planim Save Kamap Strongpela: Preventing and reducing gender-based violence while building peaceful communities in Bougainville
 5. Executive Summary: A Quantitative Evaluation of Planim Save Kamp Strongpela Intervention to prevent Gender Based Violence and build Peace in Bougainville, Papua New Guinea
 6. Intervention Manual

Social Media:

7. Building Peace And Preventing Violence Against Women And Girls In Papua New Guinea, One Conversation At A Time
8. Prevention Intervention In Papua New Guinea - Bougainville

- **Viet Nam**

1. Factsheet: Male Advocate Programme
2. Intervention evaluation report: A Qualitative Endline Study of a Male Advocate Intervention to Prevent Violence against Women and Girls in Da Nang, Viet Nam
3. Policy Brief: Engaging Men And Boys To Prevent Gender Based Violence and <http://www.partners4prevention.org/resource/engaging-men-and-boys-prevent-gender-based-violence-vietnamese>
4. Vietnam Lessons Learned report: Male advocate Club Project in Da Nang
5. Vietnam Lessons Learned report: Male advocates Club Project in Da Nang, Vietnamese
6. Viet Nam Intervention Manual (Vietnamese): TÀI LIỆU HƯỚNG DẪN SINH HOẠT CÂU LẠC BỘ NAM GIỚI TIỀN PHÒNG PHÒNG NGỪA BẠO LỰC VỚI PHỤ NỮ Thay đổi các chuẩn mực nam tính, xây dựng các mối quan hệ tôn trọng và bình đẳng với phụ nữ
Dành cho Hướng dẫn viên
7. Intervention Manual (English): A Manual For Facilitators Of Male Advocate Clubs To Prevent Violence Against Women And Girls: Transforming Masculinities And Building Respectful And Equal Relationships With Women
8. Vietnamese Executive Summary

Social Media:

9. Volunteerism as a Vehicle for Preventing Violence
10. Voices of Male Advocates in Viet Nam
11. Partners For Prevention Launches A Male Advocacy Programme To Prevent Vawg In Da Nang, Vietnam

All products are available on the Partners for Prevention website: www.partners4prevention.org

EXECUTIVE SUMMARY

BACKGROUND

Between 2015 and 2018, Partners for Prevention supported primary prevention of violence

Background

Between 2015 and 2018, Partners for Prevention supported primary prevention of violence against women and girls (VAWG) projects in five countries: Bangladesh, Cambodia, Indonesia, Papua New Guinea and Viet Nam. This report describes the evaluation results from the four countries where P4P was deeply involved in intervention design and/or monitoring and evaluation of the intervention pilot projects: Cambodia, Indonesia, Papua New Guinea and Viet Nam.

Primary prevention of VAWG means addressing the underlying causal and risk factors driving this violence. At the core of effective primary prevention of VAWG is challenging prevailing norms around gender including gender inequality and power imbalances between men and women and problematic hegemonic gender roles and identities.¹ Data from the United Nations Multi-Country Study² indicate that common additional risk factors for perpetration of VAWG include:

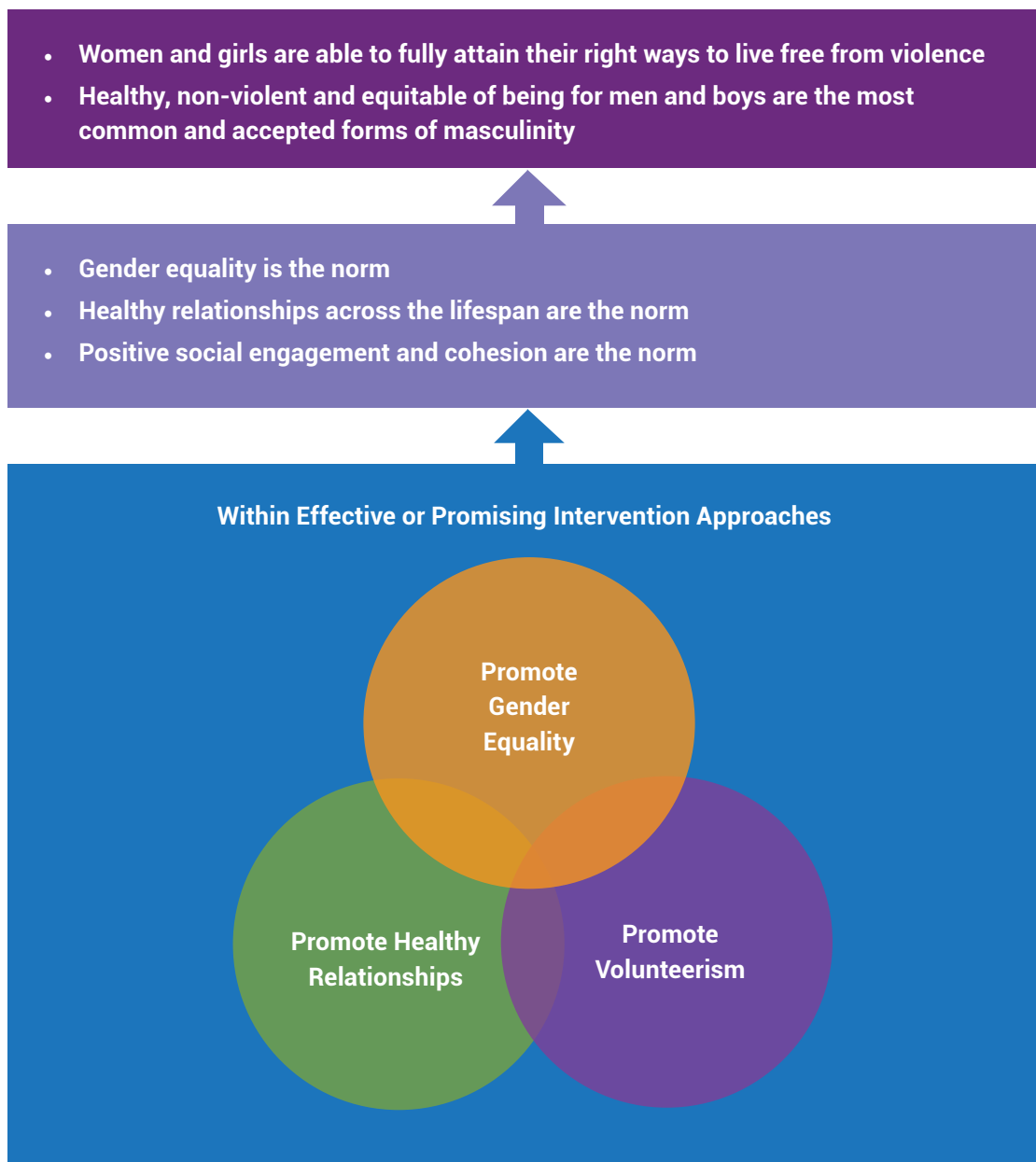
1. Experiences of childhood trauma, including emotional abuse or neglect, physical abuse, sexual abuse, or witnessing the abuse of a mother
2. Problematic relationship practices
3. Mental health challenges including depression and alcohol abuse
4. Involvement in violence outside the home
5. Socio-economic adversity including not having a high school education or current food insecurity

THEORY OF CHANGE

Promoting gender equality, healthy relationships and volunteerism through effective intervention methodologies will result in people adopting gender equitable attitudes, beliefs, practices and identities; people having more positive relationships and safer and happier homes; greater community and social cohesion; and social diffusion of equitable, positive attitudes and practices throughout communities and social institutions. In this way, gender equality, healthy relationships throughout the lifespan, and positive social engagement and cohesion become normative. These norms will allow women and girls to be able to fully attain their right to live free from violence and for healthy, non-violent, equitable masculinities to be most common and accepted norms.

1 Michau, L., Horn, J., Bank, A., Dutt, M. & Zimmerman, C. (2015). Prevention of violence against women and girls: lessons from practice. *The Lancet*, 385 (9978): 1672–1684. doi:10.1016/S0140-6736(14) 61797-9.

2 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013). *Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations multi-country study on men and violence in Asia and the Pacific*. Bangkok: UNDP, UNFPA, UN Women and UNV.



PARTNERS FOR PREVENTION INTERVENTIONS

Cambodia: SHAPING OUR FUTURE: DEVELOPING HEALTHY AND HAPPY RELATIONSHIPS

UNFPA Cambodia in partnership with UN Women Cambodia supported the National Ministry of Women's Affairs and the Provincial Department of Women's Affairs to adapt and pilot a VAWG prevention intervention in five semi-rural communes in Kampong Cham province.

The intervention engaged adolescent girls and boys (aged 12–14) to adopt gender-equitable, respectful and caring attitudes and practices, develop skills to appropriately manage stress and mental health challenges, participate in productive and prosocial leisure or volunteer pursuits, and build healthy, non-violent, happy and respectful interpersonal relationships. The intervention also engaged caregivers of adolescents such as parents or other family members, teachers, youth service workers and community leaders on similar topics and skills in order to facilitate a supportive environment for adolescents that would support the intervention outcomes.

Indonesia: REIMAY

UNFPA Indonesia in partnership with UN Women Indonesia supported two local NGOs (Indonesian Planned Parenthood Association – PKBI; the Institute for the Study and Empowerment of Women and Children – LP3A) to pilot a VAWG prevention intervention in two semi-rural villages in Papua province.

piloted in Cambodia, this community-based intervention had two complementary components implemented in parallel: a participatory workshop series for young adolescents and one for caregivers of adolescents (e.g. parents, grandparents, guardians, teachers and youth service providers). The aim was for adolescents to have gender-equitable attitudes and be equipped to build healthy, non-violent, happy and respectful interpersonal relationships supported by influential adults in their lives and communities. These adults would have gender-equitable attitudes and practices and engage in supportive and understanding relationships.

Papua New Guinea: PLANIM SAVE KAMAP STRONGPELA

UN Women Papua New Guinea supported a local NGO – Nazareth Centre for Rehabilitation (NCFR) – to test a locally developed intervention, “Planim Save Kamap Strongpela”, in 8 semi-rural Village Assemblies and 11 rural Village Assemblies in southern Bougainville.

The intervention aimed to strengthen the role of communities in Bougainville to build social cohesion and security, and end VAWG. Using a community conversations model, the intervention addressed four themes:

1. Gender-Based Violence and Gender Equality
2. Peacebuilding and Conflict Resolution
3. Gender and Human Rights
4. Trauma

Viet Nam: Male Advocate Clubs To Prevent Violence Against Women And Girls: Transforming Masculinities And Building Respectful And Equal Relationships With Women

UN Women Viet Nam supported the Da Nang Women's Union to adapt and pilot a male advocacy intervention in one rural and one semi-urban commune within a broader violence prevention programme.

The intervention aimed at transforming harmful masculinities, promoting gender equality, building relationship skills (e.g. being supportive, open communication, non-violent conflict resolution), and challenging the use of violence against women and children. In addition, throughout the intervention, participants were encouraged and given opportunities to participate in community activism and volunteerism activities (these were part of the broader VAWG prevention project that included a parenting programme and community activities) and then to develop and implement their own community advocacy and volunteerism activities to help build a safe and vibrant community and end VAWG.

Intervention design and contextualization process

P4P committed to an evidence-based approach and supported country teams to translate local, national and international evidence into intervention design. The following steps were followed during the development and adaptation process:

1. Develop a theory of change and select a context for the intervention
2. Select existing effective or promising intervention model
3. Draft intervention materials with a participatory and consultative process
4. Revise intervention materials

INTERVENTION EVALUATION METHODOLOGIES

P4P's strong commitment to evidence-based programming meant that rigorous, high-quality monitoring and evaluation for each project was prioritized. The P4P technical team, together with country teams, developed feasible, relevant, locally meaningful and rigorous methodologies to monitor and evaluate the interventions. Each project had a tailored monitoring and evaluation (M&E) strategy and therefore the methodologies for each pilot evaluation differed; the strengths and limitations of these are discussed in each intervention evaluation report. A mix of quantitative and qualitative data was collected from direct beneficiaries, implementation team members and key stakeholders in each project.

Results of pilot intervention evaluations

These descriptions are based on the findings from each intervention evaluation. Because of the different methodologies utilized for each project, it was not possible to use the same measures across projects but data was collected on a core set of themes (gender, relationships and volunteerism). The measures for variables within each theme are discussed in detail in each project's intervention evaluation report. Although a meta-analysis of data from all projects is not possible we are able to present and discuss findings within each theme. The three themes correspond to the Theory of Change:

1. Gender equitable attitudes and transforming harmful masculinities
2. Healthy and happy relationships
3. Volunteerism

Gender equitable attitudes and transforming harmful masculinities

Quantitative data on gender equitable attitudes showed mixed results. Intervention participants in Indonesia showed significant improvements in gender equitable attitudes. However, there was no statistically significant change between baseline and endline scores on this measure among intervention participants in Cambodia and Papua New Guinea. No quantitative data on gender attitudes was collected in Viet Nam.

The qualitative data provide a more nuanced view of changes in gender equitable attitudes and harmful masculinities. Across all four sites, participants reported changing gender inequitable behaviour, most often in the context of household chores. Prior to the intervention, most households followed traditional norms of a gendered division of labour with most of the burden of the family caring and household work assigned to women and girls. However, after the intervention many participants reported sharing childcare and household work more equitably among all family members old enough to take on specific responsibilities. Some men described an increase in appreciation and empathy for women and girls after they gained insight through the intervention discussions into the hardships that gender inequality and patriarchal norms create for women and girls.

Happy and healthy relationships

Overwhelmingly, intervention participants and facilitators reported a multitude of improvements in various relationships. Family relationships – especially those between caregivers and adolescents, and adolescents and their siblings – became more supportive and less violent, and many participants reported that these changes made the relationships more rewarding and warm. Caregivers and adolescents in Cambodia and Indonesia especially reflected on transformations in their understanding of the negative effects of harsh discipline and the value of expressing and discussing emotions. Another significant theme of findings from P4P projects is an improvement in intimate relationships such as between spouses or other intimate partners. It was remarkable to see significant quantitative reductions in physical violence perpetration by men in Papua New Guinea as well as similar reductions in women's experiences of emotional, physical and sexual partner violence in the same project. In addition, many facilitators and intervention participants described reductions in or stopping sexual violence in their relationships (most notably in Viet Nam), strategies to reduce tension and engage in productive conflict resolution to avoid violence (especially in Cambodia), and overall more positive interactions between spouses or partners reported across projects. There were some reports, particularly out of Papua New Guinea, of improved community relations with increased cooperation and positive conflict resolution.

Volunteerism

Most participants and volunteer facilitators found their involvement in volunteerism to be very fulfilling and planned to continue with these efforts in the future. The most common forms of volunteerism were participants and facilitators across projects sharing lessons and skills from the intervention with family and friends, and engaging in awareness-raising of VAWG in their communities. Participants and facilitators from Indonesia and Viet Nam reported that their involvement in volunteerism through the interventions built their leadership skills and self-confidence, enabling them to be agents of change in their communities. In Cambodia, Indonesia and Viet Nam, the intervention was structured to include specific, mentored volunteerism opportunities for participants such as at community events (e.g. a Lake Festival in Indonesia or a family holiday in Viet Nam) or using a drawing competition or role plays to build community members' awareness of VAWG, gender equality and happy relationships. In Papua New Guinea, volunteerism efforts grew more organically from the intervention; for example, some participants formed a group to regularly help elderly members of their communities to tend their vegetable gardens which they rely on for food, others visited a non-intervention community to share their learnings and try to develop a

solution to the problems caused by brewing alcohol in the neighbouring community, and another group formed a farming collective to strengthen their negotiation with buyers.

Intervention acceptability

All project M&E plans included systematic collection of feedback³ from participants, facilitators and key stakeholders about the intervention and its implementation in order to understand the overall acceptability of the intervention methods and content. Overall, the beneficiaries, implementers and other stakeholders were all very positive about the interventions and their experiences of participating in them. They felt that the content, skills and concepts were valuable and that the participatory methodologies were enjoyable and promoted learning. Most respondents were also very enthusiastic about the opportunity to address issues they felt were important in their community and that most skills or changes could be applied within their daily lives. This indicates that the interventions were, in general, relevant to people and communities. There were a few detractors of the P4P interventions in each community but they were in the minority. Many came to view the interventions positively after their concerns were answered.

CONCLUSIONS AND RECOMMENDATIONS

The following achievements were made in the pilot interventions:

1. Intervention participants began to adopt gender equitable practices and attitudes, though continued work on this transformation and integration into gender equitable beliefs and identities is needed.
2. Intervention participants reported significant improvements in a multitude of relationships including more supportive and non-violent or less violent relationships between caregivers and adolescents, adolescents and their younger siblings, spouses or partners, and community and peer relationships among adolescents and adults. This was a particular area of success for the P4P projects.
3. There was evidence of intervention participants sharing their learning and skills with their families and to some extent with friends or community members as well as some burgeoning community volunteerism in various forms indicating the potential for the attitudes, practices and identities promoted in the intervention as well as community-driven development work to continue to grow equitable, non-violent norms.
4. The capacity of project partners and implementing organizations to design and implement rigorous VAWG primary prevention programmes in communities was strengthened.

These are all promising results indicating good evidence that the P4P interventions did make strides in promoting gender equality, healthy relationships and volunteerism. Further, it is encouraging that communities enjoyed the interventions and found them valuable. While interventions for the primary prevention of VAWG may be demanding during development and piloting, they are well

3 As with the outcomes findings, details of feedback from stakeholders in particular countries can be found in their outcomes reports and there is additional discussion of some key points in the P4P lessons learned reflection report: Partners for Prevention Lessons Learned about Primary Prevention of Violence Against Women and Girls in Asia and the Pacific Region.

worth the investment given the promising results achieved across all four pilot projects in the P4P programme.

In addition to conducting larger trials to establish the effectiveness of these interventions in comparison to control groups, future work should continue to document evidence for the following questions:

1. How are the intervention impacts sustained and grown over time in communities?
2. What are some culturally appropriate and reliable measures of gender norm transformation?
3. What are the costs and savings of primary prevention interventions?
4. How can men and boys be engaged in transformative VAWG prevention programming in ways that promote accountability and remain grounded in feminist approach?



BACKGROUND

Violence against women and girls is a worldwide epidemic that is preventing women and girls from enjoying their full human rights and ability to maximize their contributions to development goals. Partners for Prevention (P4P) – a joint UNDP, UNFPA, UN Women and UNV regional programme – aims to contribute to the prevention of VAWG in Asia and the Pacific. During the first phase of P4P (P4P I), the programme focused on building understanding and awareness of the epidemic of VAWG in Asian and Pacific contexts through the three main areas of (1) Effective Communications; (2) Networking and Capacity Development; and (3) Research, Knowledge and Policy Advice. During the second phase (P4P II), the programme focused on primary prevention interventions with an aim to achieve the following outputs:

1. Output 1: Interventions are implemented, monitored and evaluated in selected sites to prevent men and boys' perpetration of violence against women and girls, and to generate new learning.
2. Output 2: Selected national partners have increased their capacity to design and implement rigorous evidence-based interventions and policies for the prevention of VAWG.
3. Output 3: Regional bodies and organizations have a greater number of resources to support effective programmes and policies for the prevention of VAWG.

P4P II supported the design, implementation, monitoring and evaluation of localized VAWG prevention interventions to address specific risk factors for VAWG in Bangladesh,⁴ Cambodia, Indonesia, Papua New Guinea and Viet Nam.

This report describes the evidence-based theoretical model P4P used to guide the development and piloting of VAWG primary prevention interventions and then goes on to describe the process of development, piloting, and monitoring and evaluation for each project. The report then describes the interventions and highlights the outcomes achieved by the interventions in the various projects before concluding and identifying the next steps for primary prevention of VAWG work in the region.

EXTENT OF VIOLENCE AGAINST WOMEN AND GIRLS

Globally, more than one-third of women aged 15 and over have experienced physical and/or sexual intimate partner violence in their lifetimes.⁵ There is significant variation in prevalence estimates of VAWG victimization between countries: in the World Health Organization (WHO) multi-country study on women's health and domestic violence, which surveyed women between 15 and 49 years old, the range of lifetime prevalence of physical or sexual violence was reported to be between 15

4 P4P's role in Bangladesh was as a capacity-building partner and the focus of the team's work on this project was supporting UN Volunteers to implement advocacy activities that supported a larger intervention that was being trialed. Because P4P was not involved in the intervention development or monitoring and evaluation, we are not able to include discussion of this project and its achievements within this report.

5 Devries, K.M., Mak, J.Y., Garcia-Moreno, C., Petzold, M., Child, J.C., Falder, G., Lim, S., Bacchus, L.J., Engell, R.E., Rosenfeld, L., Pallitto, C., Vos, T., Abrahams, N. & Watts, C.H. (2013). Global health. The global prevalence of intimate partner violence against women. *Science*, 340: 1527–8.

percent and 71 percent of ever-partnered women.⁶ Globally, approximately 38 percent of murders of women are committed by their male partners. In countries in the Asia and the Pacific region, 37.7 percent of women have experienced physical or sexual intimate partner violence in their lifetimes.⁷

Prevalence of the perpetration of VAWG provides further understanding of the extent of VAWG. Partners for Prevention led the UN Multi-country Study (UN MCS) on Men and Violence in the Asia and the Pacific region.⁸ Across all countries in the study, 45.6 percent of men had ever perpetrated physical and/or sexual intimate partner violence. Again, there is significant variation in prevalence in specific countries with between 26 percent and 80 percent of men having ever perpetrated physical or sexual intimate partner violence. In addition, 53.2 percent of men had perpetrated emotional intimate partner violence; 34 percent had perpetrated economic intimate partner violence; and 10.9 percent of men reported perpetrating non-partner rape in their lifetime. In each country, significant proportions of men who raped did so for the first time as teenagers.

The specific results per country* who participated in the second phase of Partners for Prevention are summarized in the table below:

Country/Region	Lifetime Prevalence of Violence Perpetration		
	Physical Violence	Sexual Violence	Physical and/or Sexual Violence
Cambodia (National) ⁶	16.4%	20.8%	32.8%
Indonesia (Papua) ⁷	37.7%	43.8%	60.2%
Papua New Guinea (Bougainville) ⁸	61.9%	59.1%	80.4%

* Viet Nam did not participate in the quantitative survey for the UN MCS.

CONSEQUENCES OF VIOLENCE AGAINST WOMEN AND GIRLS

There are countless negative health consequences of VAWG including physical injuries, a higher likelihood of acquiring HIV, and a higher likelihood of having a low birthweight baby.¹² In addition, there are a slew of negative mental health consequences associated with VAWG including

6 Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M. & Watts, C. (2005). WHO Multi-country Study on Women's Health and Domestic Violence Against Women: Initial results on prevalence, health outcomes and women's responses. Geneva, Switzerland: World Health Organization.

7 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013); WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013). Global and regional estimates of violence against women – Prevalence and health effects of intimate partner violence and non-partner sexual violence.

8 Ibid.

9 Ibid

10 Ibid

11 Ibid

12 Jewkes, R., Dunkle K., Nduna M. & Shai N. (2010). Intimate partner violence, relationship gender power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet* 367, 41–48.

depression, substance abuse, suicidality and anxiety.¹³ In too many cases, VAWG ends in murder.¹⁴

Children living in homes where violence against women occurs are more likely to be abused themselves.¹⁵ Children who experienced physical or sexual abuse have a greater likelihood of suffering depression, suicidality, post-traumatic stress disorder, unwanted pregnancy, alcohol dependency and sexually transmitted infections.¹⁶ Boys who witness violence against women in their homes are at risk of perpetrating such violence later in life, whereas girls in similar situations are more likely to become victims of violence in later life.¹⁷ Further, childhood abuse and neglect increases the risk of developing anti-social and violent behaviour which, for boys, may include rape perpetration.¹⁸

These consequences affect not only the individual survivors and victims, but also their children and families as well as impacting on public health costs and potential lost productivity. Therefore, the fundamental human rights violation of violence against women and girls needs to be addressed urgently.

RISK FACTORS FOR VIOLENCE AGAINST WOMEN AND GIRLS

The UN interagency Framework to Underpin Action to Prevent VAWG¹⁹ details an extensive list of risk factors for VAWG victimization and perpetration, categorized within a nested social ecological

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- 13 Ibid.; Abrahams N., Jewkes R. & Mathews, S. (2013). Depressive symptomatology after a sexual assault: Understanding victim-perpetrator relationships and the role of social perceptions. *African Journal of Psychiatry*. Filipas, H. & Ullman S. E. (2006). Child sexual abuse, coping responses, self-blame, posttraumatic stress disorder, and adult sexual revictimization. *Journal of Interpersonal Violence*, 21, 652–672. Kilpatrick, D.G., Acierno, R., Resnick, H.S., Saunders, B.E. & Best, C.L. (1997). A 2-year longitudinal analysis of the relationships between violent assault and substance abuse in women. *Journal of Consulting and Clinical Psychology*, 65, 834–847. Myer, L., Smit, J., Roux, L. L., Parker, S., Stein, D. J. & Seedat, S. (2008). Common mental disorders among HIV-infected individuals in South Africa: prevalence, predictors, and validation of brief psychiatric rating scales. *AIDS Patient Care STDS*, 22, 147–58. Seedat, S., Stein, D. J. & Carey, P. D. (2005). Post-traumatic stress disorder in women: epidemiological and treatment issues. *CNS Drugs*, 19, 411–27. Smit, J., Myer, L., Middelkoop, K., Seedat, S., Wood, R., Bekker, L. G. & Stein, D. J. (2006). Mental health and sexual risk behaviours in a South African township: a community-based cross-sectional study. *Public Health*, 120, 534–42.
- 14 Abrahams, N., Mathews, S., Martin, L. J., Lombard, C. & Jewkes, R. (2013). Intimate partner femicide in South Africa in 1999 and 2009. *PLoS Med*, 10, e1001412.
- 15 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013). *Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations multi-country study on men and violence in Asia and the Pacific*. Bangkok: UNDP, UNFPA, UN Women and UNV.
- 16 Felitti, V., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M. & Edwards, V. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. *American Journal of Preventive Medicine*, 14, 245–258. Jewkes, R., Dunkle K, Nduna M. & Shai, N. (2010). Intimate partner violence, relationship gender power inequity, and incidence of HIV infection in young women in South Africa: a cohort study. *The Lancet* 367, 41–48. Koss, M. P., Yuan, N. P., Dightman, D., Prince R. J., Polacca M., Sanderson B., et al. (2003). Adverse childhood exposures and alcohol dependency among seven native American tribes. *Am J Prev Med*, 25, 238–244. Turner, H., Finkelhor D. & Ormrod R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science & Medicine*, 62, 13–27.
- 17 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013).
- 18 Caspi, A., McClay, J., Moffitt, T.E., Mill, J., Martin, J., Craig, I.W., Taylor, A. & Poulton, R. 2002. Role of genotype in the cycle of violence in maltreated children. *Science*, 297, 851–854. Jewkes, R., Sikweyiya, Y., Morrell, R. & Dunkle, K. 2011. Gender inequitable masculinity and sexual entitlement in rape perpetration South Africa: findings of a cross-sectional study *PloS One*, 6.
- 19 United Nations. 2015. *A Framework to Underpin Action to Prevent Violence Against Women*. New York, NY: UN Women. Heise, L.L. (1998). Violence Against Women: An Integrated, Ecological Framework. *Violence against women*, 4. doi:10.1177/1077801298004003002

model that is typically used in the VAWG prevention field.²⁰ This model considers factors at various levels: individual, relationships or family, community, and society.



Given that Partners for Prevention works in the Asia and the Pacific region, the focus here will be on the findings of the UN MCS on risk factors for perpetration of VAWG.

There are five groups of risk factors associated with men's intimate partner violence and non-partner rape perpetration:

1. Inequitable, patriarchal gender norms and practices including problematic constructions of masculinity that emphasize aggression, controlling behaviour and sexual prowess
2. Experiencing violence during childhood including emotional abuse or neglect, physical or sexual abuse, and witnessing domestic violence.
3. Mental health problems such as depression, alcohol abuse or drug use.
4. Involvement in violence outside the home such as gang involvement and getting into fights.
5. Adverse social conditions including food insecurity and having no high school education.

ADDRESSING VIOLENCE AGAINST WOMEN AND GIRLS

There is growing global awareness and prioritization of addressing VAWG through effective policy

20 Heise, L.L. (1998). Violence Against Women: An Integrated, Ecological Framework. *Violence against women*, 4. doi:10.1177/1077801298004003002

and programming. The commitments to CEDAW²¹ have compelled the elimination of all forms of discrimination against women since 1981. Recently, the Sustainable Development Goals (SDGs) – specifically Goal 5: *Achieve gender equality and empower all women and girls* and Target 5.2: Eliminate all forms of VAWG in the public and private spheres, including trafficking and sexual and other types of exploitation – provide an imperative to actively promote gender equality, including eliminating all forms of VAWG.²²

Prevention of Violence Against Women and Girls

Prevention of VAWG is based on a strategy of addressing the underlying causal and risk factors driving VAWG perpetration in order to prevent such violence from occurring in the first place. Multiple large-scale studies have shown that there is no single factor or pathway determining VAWG perpetration, but rather that it emerges from multiple interacting factors across various levels of the social ecological model.²³ That is, individual factors, relationship and family factors, community factors and broader social factors all play a role. At the core of effective primary prevention of VAWG is challenging prevailing norms around gender including gender inequality and power imbalances between men and women and problematic hegemonic gender roles and identities.²⁴

Violence Against Women and Girls Prevention Interventions

Recent evidence reviews have identified effective and promising intervention approaches for VAWG prevention and include:²⁵

1. Microfinance and gender transformative interventions
2. Relationship-level interventions (e.g. for people in intimate relationships)
3. Group programmes and community outreach
4. Community mobilization programmes to change social norms
5. Parenting programmes
6. Whole school programmes

Further, lessons from programming offer important insights into key success strategies

21 <http://www.un.org/womenwatch/daw/cedaw/>

22 <https://sustainabledevelopment.un.org/sdg5>

23 Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015). Prevention of violence against women and girls: what does the evidence say? *Lancet*, 385. doi:10.1016/s0140-6736(14)61703-7; UN Women (2015). *A Framework to Underpin Action to Prevention Violence Against Women*. New York: UN Women Headquarters; Fulu, E. & Heise, L. (2015). *What works to prevent violence against women and girls evidence reviews: State of the field of research on violence against women and girls*. Pretoria: South African Medical Research Council; Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013).

24 Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015). Prevention of violence against women and girls: lessons from practice. *The Lancet*, 385(9978), 1672-1684. doi:10.1016/S0140-6736(14)61797-9

25 Fulu, E. & Heise, L. (2015); Mathews, C., Eggers, S.M., Townsend, L., et al. (2016). Effects of PREPARE, a Multi-component, School-Based HIV and Intimate Partner Violence (IPV) Prevention Programme on Adolescent Sexual Risk Behaviour and IPV: Cluster Randomised Controlled Trial. *AIDS and behavior*, 20 (9),1821-1840. doi:10.1007/s10461-016-1410-1.

for VAWG prevention interventions.²⁶ All programming should be informed by theory and existing, rigorous evidence to ensure the best chance for success in addressing a complex issue. While transforming gender-power imbalances is at the centre of successful VAWG prevention, addressing multiple risk factors across the social ecological model in sustained and coordinated multi-sectoral efforts is essential. These efforts should encourage personal and collective critical thinking and skills building, and inspire change through benefits-based or aspirational approaches that focus on the positive changes participants can expect to gain, instead of solely focusing on issues that should be avoided or taking a punitive, judgemental approach. Experiential and participatory learning approaches are more effective rather than didactic or 'lecturing' approaches and there is no proof of effect for standalone communication campaigns that do not provide opportunities for discussion and questioning.²⁷

Recent reviews²⁸ of global evidence for VAWG prevention interventions found that few interventions have been rigorously evaluated with published results – especially in low resource contexts – and thus it is difficult to document all prevention efforts. While most evaluations have been conducted in high-income countries, intervention evaluations in low- and middle-income countries are increasing. In particular, multiple evaluations have been conducted in countries in sub-Saharan Africa and a few in South America. The prevention intervention evaluations conducted in Asia and the Pacific region have primarily occurred in Bangladesh and India.²⁹ Indeed, during Partners for Prevention Phase I, it was noted that VAWG prevention work in the region was mostly small scale and isolated with few links to comprehensive programming or evidence-based approaches identified in the global field. Therefore, Partners for Prevention Phase II addressed a particular need to generate knowledge and build capacity on VAWG prevention in countries in the Asia and the Pacific region.

THEORY OF CHANGE FOR P4P II INTERVENTIONS

There was an overarching core Theory of Change for the P4P II interventions and then in each of the four participating countries, the Theory of Change was adapted for the specific context. As noted above, the Theory of Change is based on the assumption that addressing driving factors underlying VAWG perpetration will prevent such violence from occurring. There is no single theoretical model or intervention package that is effective in preventing VAWG. Rather rigorous research has found several, varied interventions to be promising or effective in diverse contexts.³⁰ Therefore, adaptation and continued development and refinement within particular contexts is essential.

The overarching Theory of Change for Partners for Prevention is based on evidence from the UN MCS³¹ – including data from individual country studies – and international promising practices.³² The Theory of Change is illustrated below and a description follows.

26 Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015).

27 Fulu, E. & Kerr-Wilson, A. (2015). *What works to prevent violence against women and girls evidence reviews paper 2: Interventions to prevent violence against women and girls*. Pretoria, South Africa: South African Medical Research Council.

28 Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015); Fulu, E. & Kerr-Wilson, A. (2015).

29 Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015).

30 Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015); Fulu, E. & Kerr-Wilson, A. (2015).

31 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013).

32 Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015); Fulu, E. & Kerr-Wilson, A. (2015).

Theory of Change Statement

Promoting gender equality, healthy relationships, and volunteerism through effective intervention methodologies will result in people adopting gender equitable attitudes, beliefs, practices, and identities; people having more positive relationships and safer and happier homes; and, greater community and social cohesion as well as social diffusion of equitable, positive attitudes and practices throughout communities and social institutions. In this way gender equality, healthy relationships throughout the lifespan, and positive social engagement and cohesion become normative. These norms will allow women and girls to be able to fully attain their right to live free from violence and for healthy, non-violent, equitable masculinities to be most common and accepted.



Theory of Change Illustration



Theory of Change Description

Research has repeatedly found that various manifestations of gender inequality and patriarchal constructions of gender are at the root of VAWG.³³ In addition, various types of problematic relationship dynamics across the lifespan have been found to be associated with VAWG. These include: abuse and neglect during childhood, witnessing domestic violence during childhood, frequent quarrelling with an intimate partner, rigid gender role expectations, and commonly accepted social narratives of violence as normal in relationships.³⁴ Communities where instability, disadvantage, violence (ranging from individuals fighting to gang conflict), normative beliefs around patriarchal gender roles and acceptance of violence against women, as well as poor social cohesion are prevalent, are likely to have higher levels of VAWG.³⁵ In order to transform problematic social norms around patriarchy and violence, it is essential for communities to build on their existing strengths and drive the transformation from within. Volunteerism can build community and social cohesion around positive and healthy gender and relationship norms, and is essential to create an enabling and empowering environment that supports an end to VAWG. Addressing these factors in interventions is essential for VAWG prevention.

At the core of the Partners for Prevention interventions Theory of Change are three components:

- Promote gender equality
- Promote healthy relationships
- Promote volunteerism

These three main components are conceptually and practically interlinked. That is, a gender-power analysis cannot ignore how men and women relate to one another in different types of relationships, and constructions of gender drive many relationship expectations and practices. Further, equitable relationships are part of having a healthy and safe relationship. Volunteerism means that people go beyond embracing gender equitable and healthy relationship norms for themselves and share these ideas and skills with others. For ease of reference and clarity, these three components are illustrated and discussed separately.

Gender equality is promoted through building understanding of the manifestations and effects of gender inequality in daily life; challenging patriarchal constructions of gender; and transforming harmful masculinities. Gender transformative interventions have been found to be essential in effectively addressing VAWG.³⁶

Healthy relationships are promoted through building understanding of various forms of violence or abuse and their impacts; strengthening relationship-building skills such as being non-violent, being supportive, good communication and conflict resolution; and developing healthy relationship ideals. Relationship interventions including parenting and school-based programmes have been found to be effective or promising in VAWG prevention.³⁷

33 UN Women (2015); Fulu, E. & Heise, L. (2015); Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T., & Lang, J. (2013). *Why do some men use violence against women and how can we prevent it*. Bangkok: UNDP, UNFPA, UN Women, UNV.

34 Ibid

35 UN Women (2015); Fulu, E. & Heise, L. (2015). *What works to prevent violence against women and girls evidence reviews: State of the field of research on violence against women and girls*. Pretoria: South African Medical Research Council.

36 Ellsberg, M., Arango, D. J., Morton, M., Gennari, F., Kiplesund, S., Contreras, M., & Watts, C. (2015); Fulu, E. & Kerr-Wilson, A. (2015).

37 Lundgren, R., & Amin, A. (2015). *Addressing Intimate Partner Violence and Sexual Violence Among Adolescents: Emerging*

Volunteerism encompasses both formal and informal social behaviour or activities undertaken of free will, for the public good and where monetary reward is not the principal motivating factor.³⁸ There is great value in volunteers being intrinsically motivated and personally committed to a cause – this conviction is likely to positively impact on their dedication to drive social norm change in their communities, and to embrace and model positive social norms. Volunteerism is promoted through supporting people to share the ideas, skills and practices they have learned in the intervention with others in their social circles such as family, neighbours, co-workers and community members; creating opportunities for people to engage in activities that enhance community development and safety, and overall positive engagement with and investment in the community.³⁹ This component is both an intervention strategy and a social diffusion strategy to expand the impact of the intervention. Community mobilization approaches have been found effective in reducing VAWG.⁴⁰

The P4P theoretical model identified the core factors to address – gender equality, healthy relationships, and volunteerism – and also focused on the importance of addressing these within effective or promising intervention methodologies:

- Given the sensitive nature of the factors being addressed and the goal of deep, personal transformation, it is important that intervention workshop sessions are considered a safe space for open discussion and group processes.⁴¹ The structure of the group as egalitarian and non-hierarchical should model the safe, equal and vibrant spaces that the intervention promotes and aims to inspire in homes, communities and social structures and institutions.
- Facilitating such sensitive and deep transformative work is complex and requires facilitators to have respect within the community as well as being role models for the attitudes, identities and practices that the intervention is promoting. Therefore, careful facilitator selection, intensive pre-service and in-service training and mentoring, and ongoing support of facilitators – all of these are crucial.⁴²

Evidence of Effectiveness. *Journal of Adolescent Health*, 56 (1), S42-S50. doi:10.1016/j.jadohealth.2014.08.012; Fulu, E. & Kerr-Wilson, A. (2015).

38 UNV (2017). Literature review for the State of the World's Volunteerism Report 2018: Building Resilient Communities in a Turbulent World.

39 Contributions of Volunteerism to the prevention of Gender-Based Violence in Aceh: <http://www.partners4prevention.org/resource/contributions-volunteerism-prevention-gender-based-violence-aceh-english-version>; Ending Violence Against Women: A Guide to Working with Volunteers: <http://asiapacific.unwomen.org/en/digital-library/publications/2015/03/ending-violence-against-women-a-guide-to-working-with-volunteers>; Making a Difference: An Assessment of Volunteer Interventions Addressing Gender-Based Violence in Cambodia: <http://www.partners4prevention.org/resource/making-difference-assessment-volunteer-interventions-addressing-gbv-cambodia>; Lessons learned about volunteerism within the context of primary prevention of Violence Against Women and Girls

40 Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015); Fulu, E. & Kerr-Wilson, A. (2015). *What works to prevent violence against women and girls evidence reviews: Interventions to prevent violence against women and girls*. Pretoria: South African Medical Research Council.

41 Gevers, A., & Dartnall, E. (2014). The role of mental health in primary prevention of sexual and gender-based violence. *Global health action*, 7, 10.3402/gha.v3407.24741. doi:10.3402/gha.v7.24741. Landreman, L.M. (Ed.) (2013) *The Art of Effective Facilitation: Reflections from Social Justice Educators*. Sterling, VA: Stylus Publishing. Hunter, M. A. (2008). Cultivating the art of safe space. *Research in Drama Education: The Journal of Applied Theatre and Performance*, 13(1), 5-21. doi:10.1080/13569780701825195.

42 Dartnall, E. & Gevers, A. (2017). Harnessing the power of South-South partnerships to build capacity for the prevention of sexual and intimate partner violence. *African Safety Promotion Journal*, 15, 8-15. Raising Voices. 2015a. Creating an organizational culture for social justice activism. Learning from Practice Series, No. 1: Organizational Perspectives. Kampala, Uganda: Raising Voices. Raising Voices. 2015b. *Walking In Her Shoes inspires a pathway of change in sub-Saharan Africa*. Learning From Practice Series, No. 3: Research Perspectives. Kampala, Uganda: Raising Voices.

- Participatory workshops or conversation groups with experiential learning opportunities have been more successful than didactic approaches or communication campaigns.⁴³
- These interventions aim to transform pervasive and entrenched problematic social norms and beliefs that link to people's attitudes, practices and identities. Therefore, building critical thinking skills and a critical consciousness is essential to sustain the continued development of gender equality and healthy relationships at all levels of the social ecology both during and beyond the intervention time.⁴⁴
- As transformation of this nature, especially sustained transformation, takes time, interventions need to have a consistent, regular and intensive presence in communities.
- As discussed earlier, aspirational or benefits-based framing both attracts participants and helps them to focus on the desired changes rather than undesirable attitudes and behaviours.⁴⁵

In summary, the theory of change posits that promoting gender equality, healthy relationships, and volunteerism through effective intervention methodologies will lead to people adopting and demonstrating gender equitable attitudes, beliefs, practices and identities; having more positive relationships and safer and happier homes; greater community and social cohesion; and widespread engagement and uptake of positive gender and relationship norms. These changes in individuals, relationships and communities will lead to changes in social norms where gender equality, healthy relationships throughout the lifespan, and positive social engagement and cohesion are normative for all people. In this way, there will be no more VAWG, women and girls will be able to fully attain their right to live free from violence, and men and boys will adopt healthy, non-violent and equitable forms of masculinity.

PARTNERS FOR PREVENTION II PROJECTS

PROJECT DESCRIPTIONS

Below are brief summaries of four projects where P4P played a central role in supporting project teams in each country with the intervention design and evaluation. Comprehensive information about each project can be found in the individual intervention outcome reports linked below. All studies followed ethical standards of VAWG research.⁴⁶

Cambodia - Shaping Our Future: Developing Healthy and Happy Relationships

Intervention Outline

SHAPING OUR FUTURE: DEVELOPING HEALTHY AND HAPPY RELATIONSHIPS.

UNFPA Cambodia in partnership with UN Women Cambodia supported the National Ministry of Women's Affairs and the Provincial Department of Women's Affairs to adapt and pilot a VAWG prevention intervention in five semi-rural communes in Kampong Cham province

43 Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015); Fulu, E. & Kerr-Wilson, A. (2015).

44 Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015).

45 Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015). *Prevention of violence against women and girls: lessons from practice*. The Lancet, 385(9978), 1672-1684. doi:10.1016/S0140-6736(14)61797-9

46 World Health Organization. (2007). *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*

Intervention implementation

Over 12 months, the intervention engaged 352 adolescent girls and boys (aged 12–14) to adopt gender equitable, respectful and caring attitudes and practices, develop skills to appropriately manage stress and mental health challenges, participate in productive and prosocial leisure or volunteer pursuits, and build healthy, non-violent, happy and respectful interpersonal relationships. The intervention also engaged 346 caregivers of adolescents such as parents or other family members, teachers, youth service workers and community leaders on similar topics and skills in order to facilitate a supportive environment for adolescents that would support the intervention outcomes.

The adolescent intervention content⁴⁷ included:

1. Gender equality and healthy, positive masculinities and femininities
2. Communication, negotiation and conflict-resolution skills
3. Stress and coping
4. Alcohol and drug use
5. Happy and unhappy or violent/abusive relationships (including family, friendships and dating) including help seeking and support for violent relationships
6. Sexual and reproductive health
7. The developmental stage of adolescence
8. Values-based decision-making and critical thinking skills
9. Rights and responsibilities
10. Sharing learning and benefits through community projects (volunteerism)

The caregiver intervention⁴⁸ included:

1. The joys and challenges of the caregiver role
2. The adolescent developmental stage including risks, challenges and concerns
3. Adolescents and dating
4. Stress and coping
5. Gender equality and gender equitable parenting
6. Supporting adolescents
7. Child abuse
8. Positive discipline skills
9. Communication and conflict resolution skills
10. Sharing learning and benefits through community projects (volunteerism)

The community-based intervention had two complementary components that were implemented in parallel: a participatory workshop series for young adolescents (ages 12–14) and one for caregivers of adolescents (e.g. parents, grandparents, guardians, teachers and youth service providers). Groups of approximately 20 to 25 adolescents met twice a month

47 Gevers, A. & Sok, S. (2016). *Shaping Our Future: Developing Healthy and Happy Relationships. A participatory programme for adolescents in Cambodia*. Supported by Partners for Prevention.

48 Gevers, A. & Sok, S. (2016). *We Are Ready: Supporting Teenager's Development in Healthy and Happy Relationships. A participatory programme for parents, caregivers, and services providers of adolescents in Cambodia*. Supported by Partners for Prevention.

over a year for about 2 hours (total 22 sessions, some mixed sex and some single sex) for participatory sessions (1 group per commune). Similarly, groups of 20 to 25 caregivers met once a month over a year for about 2 hours (total 12 sessions, all mixed sex). The workshop sessions were facilitated by trained community volunteers who followed an intervention guide for each respective group. These facilitators were selected by the implementing partner and received an intensive 10-day pre-service training co-led by local and international VAWG intervention experts. In addition, the implementing organization (Provincial Department of Women's Affairs) along with a UN Volunteer and representatives from the National Ministry of Health and UNFPA Cambodia provided regular mentoring and support for facilitators throughout the implementation period. The group sessions were conducted in Khmer and the intervention guides were available in English and Khmer.

Intervention evaluation

The formative evaluation of this intervention sought to determine the feasibility, acceptability, accessibility and potential impacts of the intervention. The mixed method evaluation study included: (a) a quantitative within-group comparison of change using baseline and endline self-complete questionnaire data from intervention participants (100 adolescent girls, 42 adolescent boys, 116 female caregivers and 24 male caregivers); (b) qualitative feedback about the intervention experience and impact from intervention participants at the end of the intervention (5 focus group discussions (FGD) with adolescents, 5 FGDs with caregivers); and (c) qualitative feedback sought from key stakeholders/informants including the intervention facilitators and supervisors (1 FGD and 4 in-depth interviews (IDI)) from each community in the intervention. The study followed ethical guidelines for VAWG research⁴⁹ and received permission and support to conduct the study from the National Ethics Committee for Health Research from the Cambodian Ministry of Health.

Key results:

1. Reductions in violent punishments towards adolescents
2. Decreased acceptance of violence
3. Increased access to support services

Indonesia - Reimay

Intervention outline

UNFPA Indonesia in partnership with UN Women Indonesia supported two local NGOs (Indonesian Planned Parenthood Association – PBI; Institute for the Study and Empowerment of Papuan Women and Children – LP3A) to pilot a VAWG prevention intervention in two semi-rural villages in Papua province. The intervention name means: *Reaching Papuan Prosperity*. This project built on the Violence Free Villages model⁵⁰ that has been implemented in several communities and focuses on advocacy, response services such as traditional mechanisms, health services, legal services, counselling and awareness of VAWG issues.

49 WHO Ethical guideline: <http://www.who.int/ethics/research/en/>

50 This model focused on awareness-raising of VAWG in villages, supporting villages to develop action plans to prevent and respond to cases of VAWG particularly through early detection, and referral to appropriate services. <http://indonesia.unfpa.org/en/news/creating-safe-villages-free-violence-papua>

The intervention over 10 months aimed for adolescent girls and boys aged 12–16 years to have gender equitable attitudes and be equipped to build healthy, non-violent, happy and respectful interpersonal relationships supported by influential adults in their lives and communities.

Intervention implementation

Similar to the intervention piloted in Cambodia, this community-based intervention had two complementary components implemented in parallel: a participatory workshop series for young adolescents and one for caregivers of adolescents (e.g. parents, grandparents, guardians, teachers and youth service providers). The group size, format, delivery method and intervention content was the same as that for the Cambodian intervention described above, but during the process of adaptation and contextualization, slight changes were made to better fit with the local context. The intervention sessions were conducted in the local language – Bahasa – and the intervention guides were available in both English and Bahasa. Facilitators were selected and trained by the implementing organizations and ongoing mentoring and support, including supervision sessions, was provided by a UN Volunteer and staff from the implementing organizations.



©Partners4Prevention

Intervention evaluation

The intervention evaluation methodology included (a) collecting qualitative data in group discussions from adolescent (4 FGDs) and caregiver (4 FGDs) participants before and after the intervention including reflection and feedback on their intervention experience, and documenting stories of change; and (b) qualitative data from intervention facilitators and supervisors (1 FGD). In addition to the rich qualitative data collected, the study also employed a short questionnaire before and after the intervention to provide additional data on the impact of the intervention on gender equitable attitudes (38 adolescent girls, 43 adolescent boys, 37 female caregivers and 34 male caregivers). This study followed all ethical standards for VAWG research.

Key results:

1. Reduction in violent punishments towards adolescents
2. Improved communication and conflict-resolution skills
3. Improved relationships, reduced stress and increased confidence and hope for the future

Papua New Guinea - Planim Save Kamap Strongpela

Intervention outline

UN Women Papua New Guinea supported a local NGO – Nazareth Centre for Rehabilitation (NCFR) – to test a locally developed intervention, “Planim Save Kamap Strongpela”, in 8 semi-rural Village Assemblies and 11 rural Village Assemblies in southern Bougainville.

Intervention implementation

The intervention aimed to strengthen the role of communities in Bougainville to build social cohesion and security, and end VAWG. It reached 2,800 people to prevent and reduce gender-based violence while building peaceful communities in Bougainville, addressing gender-based violence (GBV), gender and human rights.



©Partners4Prevention

Using a community conversations model, the intervention addressed four themes:

1. Gender-Based Violence and Gender Equality
2. Peacebuilding and Conflict Resolution
3. Gender and Human Rights
4. Trauma

In addition to the community conversations, community counsellors were also trained and available for additional support to participants who requested it. Further, facilitators and community counsellors referred participants to a safe house or additional counselling services through NCFR.

Mixed-sex, participatory group sessions primarily for adults were facilitated by trained community members who received a small stipend for their service. Groups met over a period of 12 months and followed a 22-session intervention guide. The intervention guide was available in English, but all training and group sessions were conducted in the local dialect of Tok Pisin.

Intervention evaluation

The quantitative evaluation of this intervention had a one group, pre-test post-test design that only allowed comparison within groups between the baseline (pre-intervention) and

the endline (immediately following the intervention, 12 months after the baseline). The intervention implementation period of 12 months was agreed with NCFR and UN Women. This non-experimental design was chosen based on the available capacity, funds and resources. The study sample included matched cases for 344 men and 407 women. These participants self-completed a standardized questionnaire on a tablet device with an audio-enhanced application that enabled participants to read and/or listen to each item in either Tok Pisin or English. The qualitative evaluation (conducted at endline only) of this intervention included 11 FGDs and 10 IDIs with intervention participants, 2 FGDs and 3 IDIs with intervention facilitators and counsellors, and 3 IDIs with key informants. The study followed all ethical guidelines for VAWG research and was reviewed by the Institutional Review Board of the Papua New Guinea Institute for Medical Research and the Medical Research Advisory Committee of the Papua New Guinea National Department of Health.

Key results:

1. Community commitment to ending VAWG including support services, strengthened governance structure and responsibility for peace building
2. Reduced alcohol-related GBV
3. Increased self-reflection and change for peaceful communities

Viet Nam

Intervention outline

Male Advocate Clubs To Prevent Violence Against Women And Girls: Transforming Masculinities And Building Respectful And Equal Relationships With Women in Viet Nam. UN Women Viet Nam supported the Da Nang Women's Union to adapt and pilot a male advocacy intervention in one rural and one semi-urban commune within a broader violence prevention programme.



The intervention engaged 120 male youths and older men to transform harmful masculinities, promote gender equality, build relationship skills (e.g. being supportive, open communication and non-violent conflict resolution), and challenge the use of violence against women and children. In addition, throughout the intervention, participants were encouraged and given opportunities to participate in community activism and volunteerism activities (these were part of the broader VAWG prevention project, Community mobilization in prevention of violence against women and girls in Da Nang, Viet Nam that included a parenting programme and community activities) and then to develop and implement their own community advocacy and volunteerism activities to help build a safe and vibrant community and end VAWG.

The intervention content included:

- Constructions of gender and masculinities with a focus on challenging and transforming harmful masculinities and promoting gender equality
- Communication and conflict-resolution skills
- Understanding VAWG and its effects
- Supporting survivors of VAWG
- Sexual violence and healthy sex
- Healthy relationship ideals
- Being a VAWG prevention advocate in the community

Intervention implementation

Community-based, men-only group sessions were facilitated by trained community volunteers (an older respected, community volunteer and a youth volunteer were paired to co-facilitate sessions). Facilitators were selected by the implementing organization and received a one-week pre-service training led by a local technical expert. Ongoing training and support was provided throughout the implementation period through another three-day training midway through the intervention and monthly supervision sessions for the facilitators primarily by a UN Volunteer. Participants were recruited from the community by facilitators and the implementing organization. This component focused on engaging men and boys only whereas other components that were part of the larger project engaged women and men.



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The intervention consisted of 16 participatory sessions (including discussion, games and other learning or critical reflection activities) and were each between 1 and 3 hours. Participants were also given handouts in Vietnamese at the end of sessions summarizing key information or resources related to each session's themes.

Intervention evaluation

The intervention evaluation collected qualitative endline data from intervention participants (20 IDIs), facilitators (2 FGDs) and key informants (8 IDIs) about change and transformation inspired by the intervention and their recommendations to strengthen the intervention. This study secured ethics approval from the Hanoi School of Public Health.

Key results:

1. Increased awareness and understanding of positive masculinities, gender equality and prevention of VAWG
2. A willingness to share their learnings among the community.
3. Increased volunteerism, less acceptance of violence, better relationship quality, lower depression, empowerment, and a commitment to continue VAWG prevention

DESCRIPTION OF INTERVENTION DESIGN AND CONTEXTUALISATION PROCESS

P4P's commitment to an evidence-based approach meant that the intervention design began with evidence-informed theory of change models based on country data from the UN MCS where available. Second, most intervention design began by drawing from and adapting effective, evidence-based intervention models where possible.⁵¹ In Cambodia, Indonesia and Viet Nam, P4P assisted with intervention design and adaptation, whereas the intervention used in Papua New Guinea was developed by a local faith-based organization; P4P and UN Women's role was to assist in formalizing the intervention into a comprehensive manual.

Step 1: Develop a theory of change and select a context for the intervention

Intervention design began with the development of a theory of change using country findings on risk factors for VAWG perpetration from the UN MCS. Intervention selection was based on alignment of the theoretical model with country programme goals and plans taking into consideration existing strong partnerships between UN agencies and implementing organizations.

Next, teams had to strategically plan the context in which they planned to pilot the intervention – for example, considering the target participants (e.g. adult men and women, adolescent boys and girls, etc.) and where to locate the intervention (e.g. community-based, school-based, faith-based, workplace-based, etc.). Teams in Cambodia and Indonesia selected a community-based approach that engaged adolescent girls and boys, and adults from the community who were caregivers of adolescents (e.g. parents, teachers, youth service providers and youth leaders). These interventions were implemented by a government ministry in Cambodia and by NGOs in Indonesia. In Viet Nam, the team selected a male advocacy intervention to be integrated into a larger VAWG prevention programme pilot.

Step 2: Select existing effective or promising intervention models

Specific intervention models⁵² that addressed the primary aspects of the theoretical model

51 Fulu, E. & Kerr-Wilson, A. (2015); Mathews, C., Eggers, S.M., Townsend, L., et al. (2016); Jama-Shai, N., & Sikweyiya, Y. (2015). Programmes for change: Addressing sexual and intimate partner violence in South Africa. *South African Crime Quarterly*, 51, 31-41. doi:10.4314/sacq.v51i1.4

52 Carter, L., Hilton, A., Solinda, L., Vibol, L., Kunthea, P., Mostafa, S. (2010). A Young People's Toolkit On Issues Connected to Gender-Based Violence: Raising Awareness on Roles and Responsibilities in Relationships. Phnom Penh, Cambodia: Deutsche Gesellschaft Fur Technische Zusammenarbeit (GTZ) in cooperation with the Ministry of Women's Affairs of the Royal Government of Cambodia. AND Koech, J., Webber, K., Mathews, C., Mtshizana, Y., Bastien, S., de Jager, S., & Mason-Jones, A. (2013) Need to add: PREPARE Manual for Facilitators based on Jewkes, R., Gevers, A., Cupp, P., Mathews, C., Russell, M., LeFleur-Bellerose, C., & Flisher, A. (2010). Respect 4 U. Cape Town, South Africa: University of Cape Town. AND Gevers, A., Jama-Shai, N., & Jewkes, R. (2014). Skhokho Supporting Success for Families. Pretoria, South Africa: South African Medical Research Council. AND DeRosa, R., Habib, M., Pelcovitz, D., Rathus, J., Sonnenklar, J., Ford, J., Sunday, S., Layne, C., Saltzman, W., Turnbull, A., Mahoney, K., Labruna, V., & Kaplan, S. (2005). Structured Psychotherapy for Adolescents Responding to Chronic Stress: A Trauma-Focused Guide. Great Neck, New York USA: North Shore-Long Island Jewish Health System, Inc. AND Tumursukh, U., Chanthavysouk, K., Uysingco, P., Hernandez L., Hasyim, N., Muttaqin, F., Trang, Q.T.T., Sananikone, S., Nakagawa, K., Greig, A., and Pawar, A. (2013). *Transforming Masculinities towards Gender Justice. Produced by the Partners*

within the context that a team wanted to work were reviewed by the project team in each country with technical inputs from P4P.⁵³ Those deemed most relevant and most feasible by the team were selected for adaptation and piloting.

Step 3: Draft intervention materials with a participatory and consultative process

Once intervention models were selected, P4P's intervention and M&E design consultant was paired with a national partner with technical expertise in VAWG prevention work. This pair worked together closely to draft a first adaptation that integrated the selected intervention models into one (see each manual – linked above – for a description of the specific models that were adapted for each project). This adaptation focused on culturally contextualizing the materials and activities. For example, scenario sketches were contextualized to be locally relevant (e.g. instead of going to a house party or a community football game, characters in a sketch would go to a community wedding party or celebration day) and all character names were changed to typical local names. Socio-cultural contextualization in most settings primarily focused on making sexual references less explicit to align with local sensitivities. The next stage of adaptations focused on translation and providing additional explanation or illustrations of some concepts that were difficult to translate or thought to be unfamiliar to potential implementing team members. Translation proved to be a particularly complex task because verbatim translations were not adequate and sometimes such translations lost the original meaning of an activity or concept or skill (a more detailed discussion of lessons learned around translation is provided in another report).⁵⁴

The adapted materials then underwent extensive review and consultation with multiple national and local stakeholders identified by the project team. Participatory workshops proved to be very useful in bringing together stakeholders, project team members, and national and international technical experts to continue to adapt and strengthen the intervention model and materials prior to piloting. After a few rounds of review and feedback by the project team and other stakeholders, the two technical consultants were able to finalize the intervention model and materials to be used in piloting.

Step 4: Revise intervention materials

While piloting the intervention materials, supervisors (with facilitator input) documented the strengths and weaknesses of them and made specific recommendations for revisions. In addition, in every project we sought feedback from intervention participants about the intervention experience and their recommendations for improvements. This data, together with evaluation data, and inputs from the project team and key national and local

stakeholders during consultative workshops were used to make further evidence-based revisions to the intervention model and materials.

for Prevention Regional Learning Community for East and Southeast Asia. AND Jewkes, R., Nduna, M., & Jama, N. (2010). Third South African Edition of Stepping Stones: A training manual for sexual and reproductive health communication and relationship skills. Pretoria, South Africa: South African Medical Research Council. AND Michau, L., Hundle, A., Chevannes, C., Sekitoleko, D.E., McMullen, K., Moreaux, M., & Sauve, S. (2008). SASA! An Activist Kit: Preventing Violence against Women and HIV. Kampala, Uganda: *Raising Voices*.

53 Gevers, A., & Dartnall, E. (2015). Violence prevention programme: Consideration for selection and implementation. *SA Crime Quarterly*, 53-55.

54 Partners for Prevention Lessons Learned about Primary Prevention of Violence Against Women and Girls in Asia and the Pacific Region

REFLECTION ON INTERVENTION EVALUATION METHODOLOGIES

The evaluation methods for each intervention are briefly described above (in section 3.1) and also in more detail in each intervention outcome paper. Again, P4P's strong commitment to evidence-based programming meant that rigorous, high-quality monitoring and evaluation for each project was prioritized. The randomized controlled trial (RCT) methodology is considered the gold standard in intervention evaluation research,⁵⁵ however, recently there has been increasing acknowledgment of the limitations of this methodology and acceptance of the validity of other rigorous methodologies.⁵⁶ RCTs were not feasible for the pilot projects within the P4P programme because of budget constraints, the small project size, timeframe limitations, and low technical capacity. Therefore, the P4P technical team together with country teams developed feasible, relevant, locally meaningful and rigorous methodologies to monitor and evaluate the interventions. While these methodologies may not provide conclusive evidence of effectiveness they did document promising effects. Each project had a tailored M&E strategy and therefore the methodologies for each pilot evaluation differed; the strengths and limitations of these are discussed in each intervention evaluation report.

A mix of quantitative and qualitative data was collected from direct beneficiaries, implementation team members and key stakeholders. This allowed insight into the potential outcomes and impact of the intervention as well as process-oriented insights that were invaluable for contextualizing the findings and making recommendations for strengthening interventions and informing future programming.

INTERVENTION OUTCOMES

CHANGES EFFECTED BY THE INTERVENTIONS

These descriptions are based on the findings from each intervention evaluation. Because of the different methodologies utilized for each project, it was not possible to use the same measures across projects but data was collected on a core set of themes (gender, relationships and volunteerism). The measures for variables within each theme are discussed in detail in each project's intervention evaluation report. Although a meta-analysis of data from all projects is not possible, we are able to present and discuss findings within each theme. The three themes correspond to the Theory of Change:

- Gender equitable attitudes and transforming harmful masculinities
- Healthy and happy relationships
- Volunteerism

Gender equitable attitudes and transforming harmful masculinities

The intention of each intervention was to challenge harmful constructions of masculinity and

55 See http://www.affirm.uct.ac.za/sites/default/files/image_tool/images/230/Affirm_Components/Capacity_Building/RCT_SC/1.what_is_an_rct_mp.pdf for an accessible description of RCT

56 Bothwell, L. E., Greene, J. A., Podolsky, S. H., & Jones, D. S. (2016). *Assessing the Gold Standard – Lessons from the History of RCTs*. *New England Journal of Medicine*, 374(22), 2175-2181. doi:10.1056/NEJMms1604593

patriarchal norms because these are a common core driver of VAWG in all the countries.⁵⁷ Gender transformative interventions are central to effective, evidence-based primary prevention of VAWG.⁵⁸ Therefore, each project M&E plan included quantitative and/or qualitative measures or enquiry of gender attitudes. This data is reported here.

Quantitative data on gender equitable attitudes showed mixed results. Intervention participants in Indonesia showed significant improvements in gender equitable attitudes. However, there was no statistically significant change between baseline and endline scores on this measure among intervention participants in Cambodia and Papua New Guinea. No quantitative data on gender attitudes was collected in Viet Nam.

Gender attitudes, identities and practices are difficult to measure quantitatively, especially in culturally diverse settings.⁵⁹ We used previously validated and standard measures used in other studies in the field.⁶⁰ It is possible that the participants experienced no significant changes after the intervention, but there are other possible explanations. Statistically significant changes were hard to detect because the studies were generally small, statistically underpowered and without a control group. The indicator is complex; the measures used may not be sensitive enough to accurately measure it. Finally, transformation in gender equality may take more time. Longer-term follow-up measures are needed to detect results.

The qualitative data provide a more nuanced view of changes in gender equitable attitudes and harmful masculinities. Across all four sites, participants reported changing gender inequitable behaviour, most often in the context of household chores. This focus on the family and household may be because interventions were focused on these relationships and context rather than broader political and economic participation. Prior to the intervention, most households followed traditional norms of a gendered division of labour with most of the burden of the family caring and household work assigned to women and girls. However, after the intervention, many participants reported sharing childcare and household work more equitably among all family members old enough to take on specific responsibilities.

From men's perspectives, this was often phrased as "helping" their wives indicating that they did not take full ownership of and shared responsibility for family and household work. Several adolescent participants also described changes in their views that men and women are equally capable of the same work. Some men described an increase in appreciation and empathy for women and girls after they gained insight into the hardships that gender inequality and patriarchal norms create for women and girls through the intervention discussions. All of these examples are very encouraging. There were, however, some instances where gender inequitable attitudes and behaviours persisted even after the intervention. For example, some participants supported continuous monitoring of women and girls' morality and purity but not for boys; some continued to see particular tasks as women's work; and some continued to see community leadership as primarily the responsibility of men and promoted grooming boys for this structure.

57 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013).

58 Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. (2015).

59 Jewkes, R. Measuring gender attitudes in highly patriarchal settings: developing measures in Pakistan and Afghanistan. What Works to Prevent Violence: Pretoria, South Africa. <https://www.whatworks.co.za/documents/project-resources/70-measuring-gender-attitudes-in-highly-patriachal-settings-jewkes-asm-aug-2016-1/file>

60 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013).

These findings signal that positive changes in ideas about gender and masculinities have begun among participants. It is possible that participants and facilitators found it easier to make concrete changes in their lives relating to gender equitable norms whereas changes that are more abstract (such as changes in attitude and identity) may take more time and potentially more sustained intervention work. The value of these incremental changes should not be diminished, because there is evidence that equitable practices and equitable caregiving in the home is more likely to lead to men having gender equitable attitudes and practices later in life.⁶¹

Problematic constructions of gender and harmful masculinities are widely and deeply entrenched at the individual, family, community and societal level; they are woven into our very identities and social order so it is no wonder that they are particularly challenging to transform. However, data from the P4P pilot studies as well as many other prevention studies show that transformation of gender equitable attitudes and behaviour is possible which makes it all the more important to continue to invest in these evidence-based approaches to build gender equality and positive masculinities for the benefit of all.

Healthy and happy relationships

The theoretical model outlines the importance of promoting healthy, non-violent relationships of all kinds to prevent intimate partner violence as a form of VAWG and also to interrupt the intergenerational cycle of violence by having healthy, non-violent family relationships. Frequent quarrels, emotional abuse and neglect, and harsh punishments (especially during childhood) are indicative risk factors for later relationships to be violent or abusive.

Overwhelmingly, intervention participants and facilitators reported many improvements in various relationships. Family relationships – especially those between caregivers and adolescents, and adolescents and their siblings – became more supportive and less violent, and many participants reported that these changes made the relationships more rewarding and warm. Caregivers and adolescents in Cambodia and Indonesia especially reflected on transformations in their understanding of the negative effects of harsh discipline and the value of expressing and discussing emotions. Another significant theme of findings from P4P projects is the improvement in intimate relationships such as between spouses or other intimate partners. *It was remarkable to see significant quantitative reductions in physical violence perpetration by men in Papua New Guinea as well as similar reductions in women's experiences of emotional, physical and sexual partner violence in the same project.* In addition, many facilitators and intervention participants described reductions in or stopping sexual violence in their relationships (most notably in Viet Nam), strategies to reduce tension and engage in productive conflict resolution to avoid violence (especially in Cambodia), and overall more positive interactions between spouses or partners reported across projects. There were some reports, particularly out of Papua New Guinea, of improved community relations with increased cooperation and positive conflict resolution. Some facilitators and participants in the other projects also described using skills from the intervention that benefited their relationships with others in the community; however, this

61 Levtov, R. G., Barker, G., Contreras-Urbina, M., Heilman, B., & Verma, R. (2014). Pathways to Gender-equitable Men: Findings from the International Men and Gender Equality Survey in Eight Countries. *Men and Masculinities*, 17(5), 467-501. doi:10.1177/1097184x14558234

appeared to be an incremental change only among some and was not explored in-depth in the evaluations due to time and budget constraints.

Positive changes in relationships were reportedly due to changes in communication styles. This link was emphasized especially by participants and facilitators in Cambodia and Indonesia who spoke of using more polite and respectful language and “sweet words” which improved their relationships and inspired similar changes in those around them even though they had not directly participated in the intervention. Another important skill promoted by interventions was around conflict resolution and peacebuilding where people are encouraged to understand others’ perspectives and express their own views respectfully and work towards a mutually acceptable solution. Participants reported using the initial steps of proactively reducing tension in conflict situations and prioritizing dialogue in various situations.

Improvements in relationships can also be seen through a gendered lens. Many changes described within the family or household where men took on more chores and caring tasks and appreciated women’s work more, are likely to have had a positive impact on relationships in the home and increased satisfaction in intimate relationships.⁶²

The potential intergenerational impact of improvements in relationships especially within homes and between caregivers and young people is particularly exciting. Boys who grow up in emotionally supportive and caring homes without harsh punishments and warm relationships with caregivers, together with the equitable caregiving discussed above will have a significantly reduced risk of becoming violent men when they grow up.⁶³ This kind of impact will contribute to the ultimate elimination of VAWG.

The participants’ and facilitators’ enthusiastic reports on improvements in their various relationships as well as the significant reductions in intimate partner violence found in Papua New Guinea illustrate accomplishments that the P4P interventions had on people’s lives and relationships.

Volunteerism

An innovative component of the P4P interventions was to promote ongoing activism and transformation through volunteerism. Each project and the programme as a whole integrated volunteerism in different ways and these are described in more detail in the volunteerism lessons learned report. Volunteerism is social behaviour or activities undertaken with free will, for the general public good and where monetary reward is not the principal motivating factor, although it is recognised that volunteering brings significant benefit to the volunteer as well.⁶⁴ It encompasses both formal and informal activities, local and international volunteers, and covers a broad range of issues.

The most common forms of volunteerism were participants and facilitators across projects sharing lessons and skills from the intervention with family and friends, and engaging in awareness-raising of VAWG in their communities. Most participants and volunteer facilitators

62 Ibid.; Sprecher, S. (2018). Inequity Leads to Distress and a Reduction in Satisfaction: Evidence From a Priming Experiment. *Journal of Family Issues*, 39 (1), 230–244. doi:10.1177/0192513x16637098.

63 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013).

64 UNV. 2017. Literature Review for the State of the World’s Volunteerism Report 2018: *Building resilient communities in a turbulent world*. UNV.

found their involvement in volunteerism to be very fulfilling and planned to continue with these efforts in the future. Participants and facilitators from Indonesia and Viet Nam reported that their involvement in volunteerism through the interventions built their leadership skills and self-confidence to be an agent of change in their communities. In Cambodia, Indonesia, and Viet Nam the intervention was structured to include specific, mentored volunteerism opportunities for participants such as at community events (e.g., a Lake Festival in Indonesia or a family holiday in Viet Nam) or using a drawing competition or role plays to build community members' awareness of VAWG, gender equality, and happy relationships. In Papua New Guinea volunteerism efforts grew more organically from the intervention; for example, some participants formed a group to regularly help elderly members of their communities to tend their vegetable gardens which they rely on for food, others visited a non-intervention community to share their learnings and try to develop a solution to the problems caused by brewing alcohol in the neighbouring community, and another group formed a farming collective to strengthen their negotiation with buyers.

Many of the volunteerism activities promoted links between the intervention implementers and participants with other organisations or leaders in the community (for example, the Women's Union and Farmer's Union became involved in the Viet Nam project and religious leaders become involved in the Indonesia project). These linkages may provide ongoing opportunities for VAWG prevention and social norm transformation.



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The positive benefit of volunteerism to individuals and communities supports the P4P interventions and aims to build enabling environments that support non-violence and equality. Further, the volunteerism efforts appear to promote local ownership of VAWG prevention and efforts to build gender equality so that the outcomes of the intervention may be sustained and grown.

Reflection on findings within the context of the Theory of Change

In the theoretical model, the P4P interventions broadly aimed to promote gender equality, healthy relationships, and volunteerism to ultimately achieve violence-free lives for women and girls and non-violent masculinities to become the norm for men and boys.

Three out of four P4P projects adapted effective or promising intervention methodologies and addressed the three core themes of the theory of change model. The result was that high-quality interventions were implemented by trained facilitators in various communities and reached many individual adolescent girls and boys and adult women and men.

Considering the overview of the findings presented here, the following achievements were made:

- Intervention participants began to adopt gender equitable practices and attitudes, though continued work on this transformation and integration into gender equitable beliefs and identities is needed.

- Intervention participants reported significant improvements in a multitude of relationships including more supportive and non-violent or less violent relationships between caregivers and adolescents, adolescents and their younger siblings, spouses or partners, and community and peer relationships among adolescents and adults. This was a particular area of success for the P4P projects.
- There was evidence of intervention participants sharing their learning and skills with their families and to some extent with friends or community members as well as some burgeoning community volunteerism in various forms indicating the potential for the attitudes, practices, and identities promoted in the intervention as well as community-driven development work to continue to grow equitable, non-violent norms.
- The capacity of project partners and implementing organisations to design and implement rigorous VAWG primary prevention programmes in communities was strengthened.

These are all promising results indicating good evidence that the P4P interventions did make strides in promoting gender equality, healthy relationships, and volunteerism. Unfortunately, it was beyond the scope and timeframe of P4P to measure the larger, long-term impact on social norms and the ultimate elimination of VAWG. Nevertheless, the positive results within the context of the theory of change model leaves us optimistic. The limitations of each study to draw conclusions on effectiveness because of a small sample size, and lack of control group for comparison have been discussed in each intervention evaluation report. The lack of similar interventions and M&E designs across the countries limited the ability to draw stronger conclusions about effectiveness of VAWG primary prevention in the region in this report. Further, the lack of longer-term follow up data makes it difficult to determine the sustained impact of any of these interventions.

PARTICIPANTS' AND FACILITATORS' EXPERIENCES OF THE INTERVENTIONS

All project M&E plans included systematically collecting feedback⁶⁵ from participants, facilitators, and key stakeholders about the intervention and its implementation in order to understand the overall acceptability of the intervention methods and content.

Overall, the beneficiaries, implementers, and other stakeholders were all very positive about the interventions and their experiences of participating in them. They felt that the content, skills, and concepts were valuable and that the participatory methodologies were enjoyable and promoted learning. Even the sensitive topics – especially sexuality-related themes for young people – were usually well-accepted by community members and even those who felt uncomfortable recognised the importance of addressing the topics. This feedback indicates that the interventions were in general acceptable to communities.

Most respondents were also very enthusiastic about having the opportunity to have an intervention that addressed an issue they felt was important in their community and that most skills or changes could be applied within their daily lives indicating that the interventions were,

⁶⁵ As with the outcomes findings, details of feedback from stakeholders in particular countries can be found in their outcomes reports and there is additional discussion of some key points in the P4P lessons learned reflection report.

in general, relevant to people and communities. Further, participants and facilitators discussed the benefits they experienced in their personal, professional, and family lives because of their participation in the P4P projects beyond the formal intervention results indicating that they found the interventions valuable.

There were some detractors to the P4P interventions. In Papua New Guinea, implementers faced a lot of initial scepticism and resistance to the intervention but once community leaders and members engaged more with them and experienced the intervention they were open to and supportive of it. A few participants and stakeholders complained about some of the intervention material being inappropriate or too foreign, and that some of the activities were not being appropriate for elderly participants. But such feedback was minimal.

Three common themes emerged in feedback about what was challenging about the P4P interventions:

- The interventions were intensive and demanding in terms of resources, training, preparation and support to facilitators, and achieving implementation targets within the project timeframe and the community's ebb and flow of availability.
- The concepts and materials were sometimes too complex and the materials were not always user-friendly especially for facilitators with low levels of education.
- It was difficult to engage men and boys in the interventions. Some initial feedback from project officers and implementers suggest that a variety of reasons may have contributed to fewer male participants including that they don't see it as "their" issue but rather a women's issue,⁶⁶ they do not feel comfortable in a female-dominated space, they do not see prevention of VAWG as an important priority, they worry about being blamed in the workshops, and, most typically, they reported that their work commitments conflicted with the intervention implementation schedule.



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These themes are discussed in more detail with specific recommendations to address them in the P4P lessons learned reflection report.⁶⁷

The overwhelming majority of the feedback is that the P4P interventions had a high level of community acceptability, relevance and value.

66 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4706022/#cit0023>

67 Partners for Prevention Lessons Learned about Primary Prevention of Violence Against Women and Girls in Asia and the Pacific Region.

CONCLUSIONS AND RECOMMENDATIONS

The recent SDGs provide a global imperative to urgently address VAWG around the world. The prevalence of VAWG documented in the UN MCS⁶⁸ indicated that primary prevention of VAWG is an urgent necessity in the Asia and Pacific region and provides insight into the risk factors for VAWG perpetration in this region. This evidence informed the development of theoretical models and strategies to prevent VAWG in the second phase of P4P. The experience and results of this second phase indicate that evidence-based primary prevention of VAWG in the Asia and Pacific region is feasible and shows great promise, but it is resource intensive work as all programme stakeholders and participants have noted.

The monitoring and evaluation results of the P4P interventions provide evidence that they have very promising results and are generally embraced and enjoyed by communities. These results were driven by strong dedication to the intervention work from all levels of the project: community participants and facilitators implementing partners, partner UN agencies, and the P4P team. These findings have also proven to be inspiring at the country level with several organisations planning to continue the intervention in different forms in the future. It is especially encouraging to see implementing partners in different countries planning to take on the mantle of driving future evidence-based VAWG prevention programming within their own mandates and programming plans.

The P4P projects used three main strategies to promote sustainability of the interventions themselves and their results.

1. Deep investment in the transformation and capacity building of country teams and specifically of community partners such as the local facilitators and supervisors.
2. All interventions integrated and promoted volunteerism in various ways so that participants, facilitators, and stakeholders would be equipped and inspired to continue to share and embody the ideas and skills learned in the intervention and engage in community development to promote social norm change toward gender equality, healthy relationships, and community safety and cohesion.
3. Partnerships with government ministries or well-established NGOs within a country or region are invaluable to promote the integration of VAWG prevention into their policies and programming which will sustain this work.

The evidence and lessons learned⁶⁹ generated from these P4P pilot projects have provided valuable insight into the potential benefits and impact of the interventions as well as what it takes to achieve these results. These findings and the experience of piloting have also generated questions that would be valuable to explore in future research or monitoring and evaluation plans for programming:

1. Larger scale trials that include a control group and long-term follow ups would be useful to demonstrate effectiveness of the interventions.
2. Culturally appropriate and reliable measures of gender norm transformation at the individual, relationship, family, and community level need to be developed.

68 Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. & Lang, J. (2013).

69 Partners for Prevention Lessons Learned about Primary Prevention of VAWG in Asia and the Pacific Region

3. It would be valuable to document how intervention-driven transformation is sustained and grown in the long-term and what the most effective sustainability strategies are.
4. The scalability of interventions is a key issue that urgently needs evidence to inform how best to expand or scale up interventions and understand whether the impacts also scale to the same level in order to achieve large-scale social norm change.
5. Economic evaluations and intervention costings are increasingly necessary to inform programme budgeting and illustrate the long-term economic benefit of such programming.

Future work should also invest in and document innovations in engaging men and boys in gender transformative VAWG prevention programming in ways that promote accountability and continue to be grounded in gender equality to facilitate true and lasting transformation in harmful masculinities. Understanding how best to recruit and retain men and boys to actively participate in interventions is essential if VAWG prevention is to achieve the ultimate goal of the elimination of VAWG and establishment of gender equality.

The P4P pilot interventions for the primary prevention of VAWG made significant strides in demonstrating the feasibility and results of this work, as well as generating important evidence-based recommendations for the continued strengthening of such programmes. In our experience, continuing to invest deeply in capacity-building for evidence-based VAWG prevention programming would greatly benefit the women, men, girls, and boys in the Asia-Pacific region.



