



**LESSONS LEARNED ABOUT
PRIMARY PREVENTION OF
VIOLENCE AGAINST WOMEN
AND GIRLS IN THE ASIA AND
THE PACIFIC REGION**

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Empowered lives.
Resilient nations.



Acknowledgments

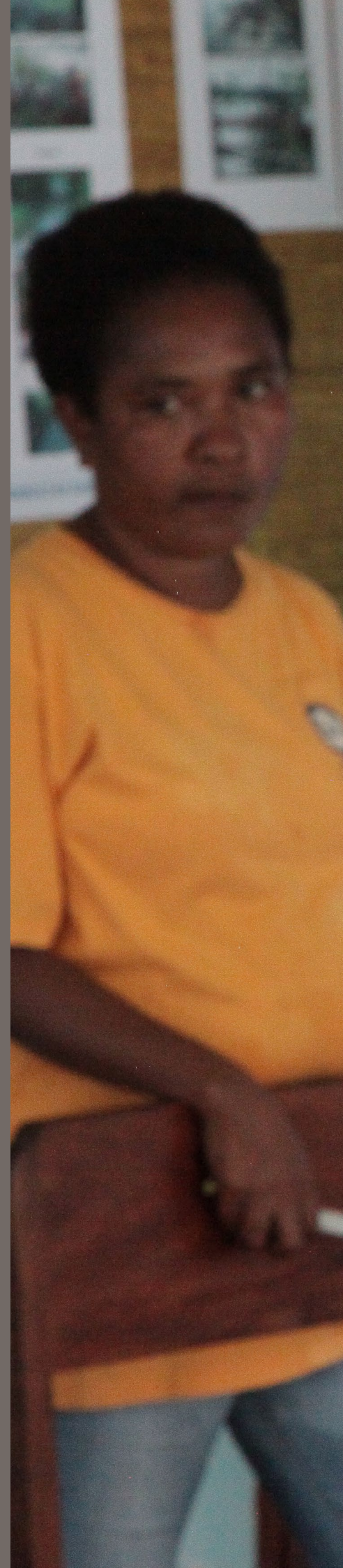
The P4P team would like to express its deep appreciation to all people, communities, local organizations, national organizations, community leaders, government ministries and international agencies who embraced the project and drove it to success. We congratulate all teams on the exciting, positive results they achieved.

We thank the Australian Department of Foreign Affairs and Trade (DFAT) for its generous, continued support to P4P in Phase I and Phase II.

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We hope that the positive results of this project will be nurtured and will grow further so that women and girls are able to fully enjoy their right to live free from violence and so that 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 in taking up this important work.



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ACRONYMS & ABBREVIATIONS

DFAT	Australian Department of Foreign Affairs and Trade
GEMS	Gender Equitable Men Scale
GBV	Gender-Based Violence
IPV	Intimate Partner Violence
M&E	Monitoring & Evaluation
P4P	Partners for Prevention
PKBI	International Planned Parenthood Federation of Papua
TAG	Technical Advisory Group
UN MCS	United Nations Multi-Country Study on Men and Violence
UN Women	United Nations Entity on Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNV	United Nations Volunteers
VAWG	Violence Against Women and Girls
WHO	World Health Organisation

EXECUTIVE SUMMARY

Between 2014 and 2018, Partners for Prevention (P4P) 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 lessons learned throughout this program, to give insight into successful strategies and challenges, with practical recommendations for prevention programming. These lessons learned and recommendations cover six themes.

Theme 1: Understanding primary prevention of VAWG

We found that most project teams, stakeholders and implementers were experienced with VAWG response projects – for example providing care for survivors – or awareness raising activities. However, they needed intensive capacity building in understanding primary prevention of VAWG. P4P invested deeply in this capacity building, with the result that multiple groups at national and community levels in the five countries had improved capacity in this field.

Theme 2: Intervention design, development and adaptation

P4P maintained an evidence-based approach, first by encouraging teams to develop theory-of-change models grounded in available evidence and using data from local sources and experiences to adapt and contextualize interventions in a systematic way. It was important to build on and adapt existing effective and promising approaches to primary prevention, such as: (1) addressing gender inequality; (2) using a participatory approach to facilitating transformation among individuals, families and communities; and (3) maintaining the duration and frequency of sessions to support transformation.

Integrating and promoting volunteerism throughout the primary prevention of VAWG interventions yielded promising results for ongoing activism. Although most teams found the interventions to be complex and demanding with the design, development and adaptation phase needing a lot of time, it was very encouraging to see this deep investment and effort pay off with the changes that the interventions effected among intervention beneficiaries, their families and their communities.

Theme 3: Intervention Implementation

Overall, the lessons in this theme point to the importance of collaborating fully with communities throughout the process of planning and implementation in order to maximize their buy-in and ownership of the intervention and the process of social norm transformation. Projects benefitted from community partnership and also from staff and facilitators, who: (1) embraced the intervention principles and skills for their own transformation; (2) who were deeply committed to the logistical and technical needs of the project; and (3) who were strongly supported throughout their work. With VAWG being a pervasive problem in communities, integrating response support services for survivors of VAWG, or offering referrals to services, within prevention projects is necessary.

Theme 4: Monitoring & Evaluation (M&E)

P4P also contributed to evidence on primary prevention of VAWG in the Asia-Pacific region through rigorous monitoring and evaluation (M&E) strategies for each project. These strategies were designed to fit the scope, available resources and theory of change for each project, and therefore it was helpful to have the intervention design and M&E design teams work closely together. Although it can be challenging to quantify and measure social norm transformation at multiple levels of the socioecological model, projects were able to gather valuable quantitative and qualitative data that demonstrated various impacts of the interventions. All teams found it encouraging to see the results of their intervention efforts documented systematically and are now able to use these data to inform future work. Given the sensitivity of VAWG and research on this topic, P4P supported each team to obtain ethics approval for their M&E from local institutions.

Theme 5: Operational Learning

The technical, ethical and operational demands of primary prevention of VAWG were different from those that teams were accustomed to managing on their other projects. Therefore, P4P provided ongoing capacity strengthening and technical advice to the teams to ensure successful pilot projects as well as increased readiness to continue this work. The P4P programme itself, and all P4P projects in the five countries, were all joint programmes or otherwise involved partnerships across agencies and sectors. This kind of multi-sectoral programming offered great opportunities for complementary, cross-sector contributions and capacity building, which may result in more long-term successful primary prevention programming in the countries and across the region.

Theme 6: Budgeting

Funding and budget concerns are typical on most projects and primary prevention of VAWG is no exception. However, because of the investments in intensive capacity building, development and management required for VAWG primary prevention, budgets can be particularly tight. Across the P4P programme, teams were resourceful and went above and beyond to mobilize resources, cost-share, minimize administrative costs and leverage other resources to support interventions.

In conclusion, P4P and the project teams in each country invested deeply in capacity building, development and adaptation, implementation, management and M&E for primary prevention of VAWG interventions. This investment, and the committed partnerships throughout the project resulted in many valuable lessons learned and, notably, encouraging changes were achieved within project teams as well as among project participants, their families and communities.

Four overarching recommendations emerged across the themes:

1. Invest in good, on-going capacity development and continuous learning.
2. Establish multi-sectoral partnerships and commit to personal and organisational transformation, processes to embrace the guiding principles and core components of evidence-based primary prevention.
3. Build on and contribute to the evidence-base for primary prevention of VAWG
4. Plan well and allocate sufficient resources.

We hope that these lessons and recommendations will inform ongoing successful work on primary prevention. Effective prevention on a large scale will be necessary in order to attain Sustainable Development Goal #5 on gender equality and empowering women and girls, particularly Target 5.2 on eliminating VAWG. It is remarkable to see that when deep investment in, and commitment to, evidence-based primary prevention occurs, promising transformation is achieved at the individual, family and community levels.



PARTNERS FOR PREVENTION KNOWLEDGE PRODUCT SUMMARY



Regional Knowledge Products

- Promising strides toward ending violence against women and girls in Asia and the Pacific Region: Results from Partners for Prevention pilot interventions in four countries Partners for Prevention Lessons Learned about Primary Prevention of VAWG in Asia and the Pacific Region
- Lessons Learned about volunteerism within the context of primary prevention of VAWG
- Evaluation of Partners for Prevention Regional Joint Programme for Prevention of Violence Against Women and Girls in Asia and the Pacific

Country Products

Bangladesh

- [Factsheet: Building Capacity to Prevent Violence Against Women:](#)
- [Policy Brief: Stopping the violence before it starts: Reducing Violence Against Women in Bangladesh](#)

Cambodia

- [Factsheet: Building our Future: Supporting Healthy and Happy Relationships](#)
- Intervention evaluation report: Cambodian Endline Report
- Policy Brief: “Shaping Our Future: Developing Healthy and Happy Relationships” Primary Prevention Intervention with Young Adolescents and Caregivers in Kampong Cham, Cambodia
- [Cambodian Lessons Learned Report: “Shaping Our Future: Developing Healthy and Happy Relationships” Primary Prevention Intervention with Young Adolescents and caregivers in Kampong Cham, Cambodia](#)
- Intervention Manual (Adolescent group – Khmer): សង្ខេបការងារណែនាំ សម្រាប់អ្នកសម្របសម្រួលក្រុមយុវជន និង ឪពុកម្តាយទៅកាន់អនាគតរបស់យើង៖ អភិវឌ្ឍន៍ទំនាក់ទំនងប្រកបដោយផាសុខភាព និងភាពរីករាយ

- Intervention Manual (Caregiver group – Khmer): ធ្វើ ស បំរែកស បស ល អកចឹមបីថ ងវ័យជំទង ើង ធ្វើមខន ច្រំ ដល់ ងវ័យជំទងកងអភិវឌ្ឍ ថ្ងៃកំទីនង កបយសុកព និងពរកយ
- Intervention Manual (Adolescent group – English): Shaping Our Futures: Developing Healthy and Happy Relationships Adolescents Manual, Second Edition, 2018
- 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:
- Speaking out against violence:
- Breaking the cycle of intergenerational violence:
- Breaking the cycle of intergenerational violence:
- Family members empowered to reject violence against women and girls in Cambodia:

Indonesia

- Factsheet: Reimay (Reaching Papuan Prosperity)
- Intervention evaluation report: Evaluation of Reimay: Reaching Papuan Prosperity
- Policy Brief: *Reimay: Reaching Papuan Prosperity*
- Engaging Young People to Change Social Norms and Promote Gender Equitable Relationships
- Indonesian Lessons Learned: Reimay: ‘Reaching Papuan Prosperity’ Community- Based Primary Prevention Intervention with Young Adolescents and Caregivers, Jayapura District, Papua, Indonesia
- Intervention Manual (Adolescent group – Bahasa): Reimay: Mencapai Kesejahteraan Papua Buku Pedoman Lokakarya Untuk Remaja (Umur 12-16)

- Intervention Manual (Caregiver group – Bahasa): Reimay: Mencapai Kesejahteraan Papua Buku Pedoman Lokakarya Untuk Pengasuh
- Intervention Manual (Adolescent group – English): *Rai Mai: Reaching Papuan Prosperity, Adolescents Manual*
- Intervention Manual (Caregiver Group – English): Rai Mai: Reaching Papuan Prosperity, Caregivers Manual

Social Media:

- UNV Grace discusses volunteerism:
- In Papua, Indonesia, Violence Prevention Programmes Are Transforming Communities One Person At A Time:

Papua New Guinea

- Factsheet: Planim Save, Kamap Strongpela (Plant Knowledge, Grow Strong)
- A QUANTITATIVE EVALUATION OF PLANIM SAVE KAMP STRONGPELA INTERVENTION TO PREVENT GENDER BASED VIOLENCE AND BUILD PEACE IN BOUGAINVILLE, PAPUA NEW GUINEA
- 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*
- Policy Brief: Planim Save Kamap Strongpela: Preventing and reducing gender-based violence while building peaceful communities in Bougainville
- Executive Summary: A Quantitative Evaluation of Planim Save Kamp Strongpela Intervention to prevent Gender Based Violence and build Peace in Bougainville, Papua New Guinea
- Intervention Manual

Social Media:

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

Viet Nam

- [Factsheet: Male Advocate Programme](#)
- [Intervention evaluation report: A Qualitative Endline Study of a Male Advocate Intervention to Prevent Violence against Women and Girls in Da Nang, Viet Nam](#)
- [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>
- [Vietnam Lessons Learned report: Male advocate Club Project in Da Nang](#)
- [Vietnam Lessons Learned report: Male advocates Club Project in Da Nang, Vietnamese](#)
- [Viet Nam Intervention Manual \(Vietnamese\): TÀI LIỆU HƯỚNG DẪN SINH HOẠT CÂU LẠC BỘ NAM GIỚI TIÊN 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
- [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](#)
- [Vietnamese Executive Summary](#)

Social Media:

- [Volunteerism as a Vehicle for Preventing Violence](#)
- [Voices of Male Advocates in Viet Nam](#)
- [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



INTRODUCTION



This regional lessons-learned report provides insight into what is involved in undertaking primary prevention of violence against women and girls (VAWG) and what both drives its success and hinders its progress. These lessons aim to inform organisations and agencies involved in, or that plan to become involved in, primary prevention programming, to assist in their planning and budgeting, and for donors to gain insight into the costs and complexities of primary prevention work.

Partners for Prevention

Partners for Prevention (P4P) is a regional joint programme between the United Nations Development Programme (UNDP), the United Nations Population Fund (UNFPA), the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) and United Nations Volunteers (UNV) for the prevention VAWG in Asia and the Pacific. P4P Phase I produced the UN Multi-country Study on Men and Violence in Asia and the Pacific (UN MCS)¹, which includes seminal data on men's perpetration of different forms of VAWG from six countries in the Asia-Pacific region. The evidence and learning from P4P Phase I functioned as a framework for building capacity of national and sub-national stakeholders, and to support the design of site-specific prevention programmes. P4P Phase II supported the design, development, implementation, monitoring and evaluation of evidence and theory-based VAWG primary prevention interventions in Papua New Guinea, Viet Nam, Cambodia and Indonesia.

The findings of the UN MCS show that VAWG is extremely prevalent in Asia and the Pacific and that it constitutes an urgent public health and human rights crisis that disrupts the safety of women and their families. Among respondents, 26 to 80% of men reported ever having perpetrated physical and/

¹ 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. Available from <http://www.partners4prevention.org/sites/default/files/resources/p4p-report.pdf>

or sexual intimate partner violence, and 10 to 62% of men reported perpetrating some form of rape in their lifetime. Overall, half (49%) of the men who reported having raped a woman said that they did so for the first time while they were still teenagers.

In addition to violating fundamental human rights, violence has wide-ranging negative impacts on individuals, families and communities. A WHO study on the consequences of intimate partner violence and sexual violence for women² shows that, among others, women who have experienced physical or sexual violence are twice as likely to have an abortion, are almost twice as likely to suffer from depression and are at increased risk of suicide³ compared to women who have not experienced partner violence. The recent Demographic Health Survey in Cambodia⁴ also reported that 48 percent of women who experienced IPV suffered from physical injuries.

These findings underline the urgent need for prevention interventions that engage men and boys, as well as women and girls, to realize the long-term goal of a world where women and girls can live a life free from any form of violence.⁵

The UN MCS identified key risk factors associated with men's perpetration of violence against women and girls, which included factors related to gender inequality, childhood experiences with abuse and the enactment of harmful masculinities. In some sites with a low level of education, food insecurity, alcohol abuse, controlling behaviour over a partner and gender inequitable attitudes were related to violence perpetration. Rape was related to having multiple

sexual partners, engaging in transactional sex or having had sex with a sex worker and perpetration of physical violence against female partners.⁶

What is primary prevention of VAWG?

The P4P Phase II VAWG primary prevention projects aim to prevent violence before it starts rather than respond to violence after it has already occurred. This approach is relatively new in Asia and the Pacific, with few programmes of this nature having been implemented and rigorously evaluated. But this is a fast-growing and essential field.⁷

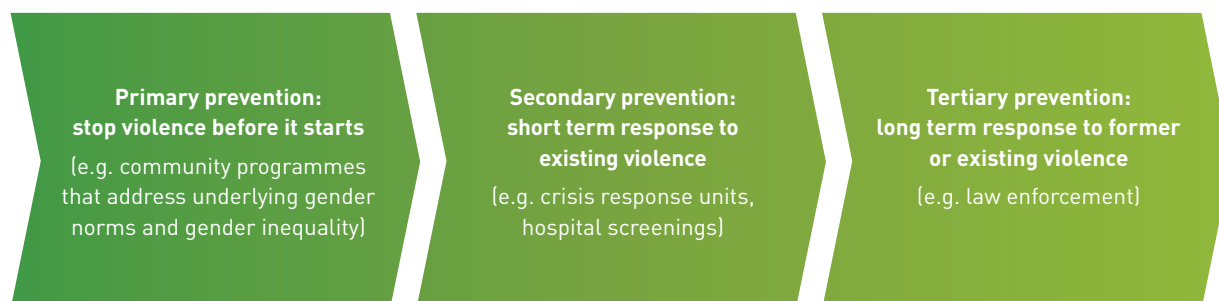
While the term "prevention" is used to describe a wide range of activities and programming, the specific focus of primary prevention is to stop violence by transforming the underlying harmful social norms, practices and inequalities that drive VAWG (see Figure 1). This approach is largely driven by theoretical models⁸ informed by reliable data from large-scale, population-based surveys on VAWG and the causal and risk factors of this behaviour, such as those found in the UN MCS.⁹

Why prioritise primary prevention?

Although response services are necessary to support the women and girls who have already experienced violence, in order to realize a world free

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- 2 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
 - 3 Ellsberg, M., Jansen, H. A., Heise, L., Watts, C. H., & Garcia-Moreno, C. [2008]. Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *Lancet*, 371(9619), 1165-1172. doi:10.1016/
 - 4 National Institute of Statistics, Directorate General for Health, and ICF International. 2015. Cambodia Demographic and Health Survey 2014. Phnom Penh, Cambodia, and Rockville, Maryland, USA: National Institute of Statistics, Directorate General for Health, and ICF International
 - 5 Heise, L. 2011. What works to prevent partner violence? An evidence overview. Working paper (version 2.0). London, Department for International Development.
 - 6 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
 - 7 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? *The Lancet*, 385(9977), 1555-1566
 - 8 See Glossary for definition of theoretical models.
 - 9 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

FIGURE 1. LEVELS OF VAWG PREVENTION PROGRAMMING



of violence for women and girls in the long term, the circumstances and conditions that give rise to this violence in the first place must be addressed.¹⁰ Primary prevention of VAWG is based on a feminist perspective that recognizes that this violence is driven by a power imbalance between men and women and the patriarchal norms that promote this power imbalance.¹¹ Therefore, the primary prevention approach focuses on strengthening protective factors and minimising or eliminating risk factors related to violence.¹² Primary prevention upholds the rights of women and girls and is a strategic approach to address the public health and human rights crisis of VAWG.¹³

To date the most common VAWG programming has focused on response services and secondary prevention, and has primarily engaged with women and girls. However, because primary prevention is about transforming gender-inequitable social norms and harmful practices, these interventions are directed at women, girls, men and boys from the general population, that is, individuals who do not

necessarily have a history of violence or a particular risk profile. In addition, effective primary prevention includes intervention components at different levels of the socio-ecological model, which means working with multiple groups of people (see Figure 2).

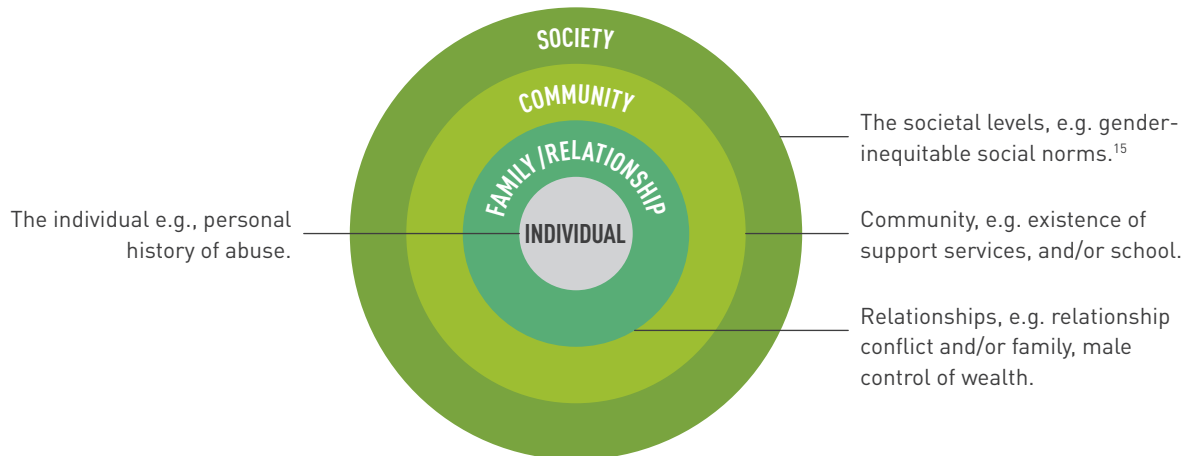
The socio-ecological model is a conceptual framework to understand the interplay of factors that explain why some people are more likely than others to perpetrate VAWG, or to experience it. The socio-ecological model portrays factors within each level and acknowledges interaction between risk factors on all levels.¹⁴

By addressing all levels of the socio-ecological model, these interventions reach beyond the individual level, striving to transform problematic social norms and promoting positive social engagement in order to ultimately help individuals realize gender-equitable, violence-free and thriving relationships, families and communities.¹⁶

- 10 Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. 2002. The world report on violence and health. *The Lancet*, 360 (9339). Heise, L. (2011). What works to prevent partner violence? An evidence overview
- 11 Raising Voices. 2016. "Get Moving! Transforming individuals and organizations" Learning from Practice Series No. 6: Research Perspectives. Kampala, Uganda: Raising Voices
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- 14 O'Toole, L., Schiffman, J. R. & Edwards, M. L. K. 2007. Preface: Conceptualizing gender violence. In: *Gender Violence: Interdisciplinary Perspectives*, O'Toole, L., Schiffman, J. R. & Edwards, M. L. K, eds. New York and London: New York University Press. Gage, A. J. 2005. Women's experience of intimate partner violence in Haiti. *Social Science and Medicine*, vol. 61, pp. 343-364. United Nations General Assembly. 2006. In-depth Study on all forms of Violence against Women: Report of the Secretary-General. Geneva: United Nations. Heise, L. 1998. Violence against women: An integrated, ecological framework. *Violence Against Women*, vol. 4, pp. 262-290. World Health Organization and London School of Hygiene and Tropical Medicine. 2010. Preventing Intimate Partner and Sexual Violence Against Women: Taking Action and Generating Evidence. Geneva: WHO
- 15 Darntall, E., & Gevers, A. Briefing Paper Building capacity for SIPV primary prevention research and intervention development in Sub-Saharan Africa-Lessons Learned.
- 16 Heise, L. (2011). What works to prevent partner violence? An evidence overview. Working paper (version 2.0). London, Department for International Development

FIGURE 2. THE SOCIO-ECOLOGICAL MODEL FOR UNDERSTANDING VAWG

Concentric circles that represent different levels of the social ecology.



What is the evidence for effective and promising primary prevention interventions?

There has been an increase in the development and rigorous evaluation of primary prevention interventions recently, especially in low- and middle-income countries. Recent reviews summarise interventions that have obtained promising and effective¹⁷ results. Promising interventions include parenting programmes and effective interventions include gender-transformative approaches, interventions at the relationship level, group education with community outreach that engages men and boys, and community mobilisation.¹⁸ Other effective approaches include skills building, economic empowerment and participatory group efforts such as community mobilisation programmes that engage multiple

stakeholders to address gender norms.¹⁹ These types of interventions have obtained some promising results in increasing knowledge and use of services, changing attitudes toward gender and acceptance of VAWG, and toward violence perpetration, in low and middle-income countries.²⁰

Evaluations of primary prevention interventions in the Asia-Pacific region are few (see Annex 2). The SAFE project, in Bangladesh, targeted youth living in slums and addressed issues around gender inequality, violence, health and rights through group sessions.²¹ The group sessions were structured to include women only, men only and men and women together.²² In India there have been successful approaches, including the Yaari Dosti programme, and Parivartan, which targeted men's perpetration of VAWG by transforming gender inequitable norms through group trainings and social communication programmes.²³

17 See glossary for definitions of promising and effective primary prevention programmes.

18 Fulu, E., Kerr-Wilson, A., & Lang, J. 2015. Effectiveness of Interventions to Prevent Violence against Women and Girls. A summary of the Evidence. What Works to Prevent Violence

19 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? *The Lancet*, 385(9977), 1555-1566.

20 Heise, L. (2011). What works to prevent partner violence? An evidence overview. Working paper (version 2.0). London, Department for International Development.

21 Naved, R.T., & Amin, S. (Eds.). 2014. Impact of SAFE intervention on sexual and reproductive health and rights and violence against women and girls in Dhaka slums. Dhaka; icddr'b.

22 Parvin, K., Sultana, N., & Naved, R. T. 2012. Spousal violence against women and help behaviour. In R. T. Naved & S. Amin (Eds.), *Growing up safe and healthy (SAFE): Baseline report on sexual and reproductive health and rights and violence against women and girls in Dhaka slums*. Dhaka, icddr'b

23 Verma R, Pulerwitz J, Mahendra V, et al. Promoting gender equity as a strategy to reduce HIV risk and gender based violence among young men in India. Washington, DC: Population Council, 2008; Das M, Ghosh S, Miller E, O'Conner B, Verma R. Engaging coaches and athletes in fostering gender equity: findings from the Parivartan program in Mumbai, India. New Delhi: International Center for Research on Women and Futures Without Violence, 2014.

But a stronger evidence base is still needed in the region, to inform future successful programming. This evidence base should include practical recommendations for programming to continue to build capacity.

What are the core components of primary prevention programming?

Prevention interventions should use a multi-faceted approach and should target underlying risk factors when men perpetrate violence, such as power imbalances and gender-inequitable attitudes, patriarchal and harmful masculinities, and harsh parenting. The interventions must support gender equality as well as healthy and happy relationships, and should address mental health issues such as substance abuse and coping skills.²⁴

Research and learning from previous programs have lead to the identification of the core components that should always be included in VAWG prevention:²⁵

- Engage multiple groups of stakeholders simultaneously, such as men and women, boys and girls, teachers and schools, and/or community or religious leaders.
- Address gender inequality and patriarchal constructions of masculinities, power, relationships including parenting/childhood and intimate relationships, and mental health, including substance abuse and coping skills.

- Engage people in a participatory and inclusive way that promotes critical reflection²⁶, discussion and practice of key skills such as communication, dialogue and conflict resolution.
- Use aspirational framing to stimulate personal transformation and facilitate integration of these newly learned skills and knowledge into participants' personal lives.

The evidence-based intervention models and approaches for primary prevention are demanding and complex, as well as being a very new area for most project stakeholders in the region. Primary prevention interventions address norms and practices that are intricately linked to people's world view, identities and day-to-day practices. It is delicate and intense work.

Further, interventions should engage with multiple groups of people simultaneously across the socioecological model, which is challenging and which requires coordination across sectors. In addition, increasing evidence suggests that personal and organisational transformation is needed first so that all involved in the project fully understand and embrace the guiding principles of primary prevention work including equality, justice, respect and participatory processes.²⁷

What are the aims of this report?

The growing number of published, rigorous evaluations of primary prevention interventions provides important guidance for programming.²⁸ However, what is often not included in this literature,

24 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? *The Lancet*, 385(9977), 1555-1566. Heise, L. (2011).

What works to prevent partner violence? An evidence overview. Working paper (version 2.0). London, Department for International Development. Fulu, E., Kerr-Wilson, A., & Lang, J. 2015. Effectiveness of Interventions to Prevent Violence against Women and Girls. A summary of the Evidence. What Works to Prevent Violence

25 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; 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? *The Lancet*, 385(9977), 1555-1566.; Shai, N. J., & Sikweyiya, Y. 2015. Programmes for change: Addressing sexual and intimate partner violence in South Africa. *SA Crime Quarterly*, (51), 31-41

26 See Freire's writing on critical consciousness: Freire, P. (1968). *Pedagogy of the oppressed*. New York: Seabury Press.

27 Michau, L., Horn, J., Bank, A., Dutt, M., & Zimmerman, C. 2015. Prevention of violence against women and girls: lessons from practice. *The Lancet*, 385(9987), 1672-1684. Raising Voices. 2016. "Get Moving! Transforming individuals and organizations" Learning from Practice Series No. 6: Research Perspectives. Kampala, Uganda: Raising Voices. Raising Voices. 2015. "Creating an organizational culture for social justice activism." Learning from Practice Series, No. 1: Organizational Perspectives. Kampala, Uganda: Raising Voices

28 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? *The Lancet*, 385(9977), 1555-1566. Fulu, E., Kerr-Wilson, A., & Lang, J. 2015. Effectiveness of Interventions to Prevent Violence against Women and Girls. A summary of the Evidence. What Works to Prevent Violence

or in the reports, is the “nuts-and-bolts” learning of how we actually do prevention work effectively. Some lessons-learned publications have emerged²⁹ that provide important insight into what it takes on the programme management and implementation levels to do primary prevention successfully. These lessons are valuable for the field more broadly because they are often undocumented and yet influence the design, planning, implementation, timeframes and outcomes of projects as well as work relations and partnerships.

How did we generate lessons learned?

Lessons learned were generated through extensive reflections and some in-depth interviews on practical experiences and the processes of designing and adapting the intervention framework, content, approach and materials. We reflected thoroughly upon all aspects of implementation, monitoring, evaluation and management, and collectively reflected upon all facets of programming, providing feedback on these reflections and lessons learned. Further lessons learned were generated through feedback from staff working at the country level, including UNVs, project officers and implementation partners. In-depth interviews and focus groups with intervention participants, facilitators and key stakeholders provided further insight into lessons learned at the national level.

²⁹ 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*, 15(1), 8-15. Dartnall, E., & Gevers, A. SVRI Briefing Paper: Building capacity for SIPV primary prevention research and intervention development in Sub-Saharan Africa-Lessons Learned. Raising Voices Learning From Practice Series: <http://raisingvoices.org/resources/#learning-from-practice-series>

Summary of the P4P II projects

P4P Phase II integrated findings from Phase I with local knowledge and evidence as well as international promising practices into the design of primary prevention programmes at the community level that engage men, boys, women and girls. Four pilot interventions were designed with a focus on primary prevention and the transformation of harmful masculinities through participatory methods and capacity building of local and regional organisations for sustained results.

Bangladesh

UN Women, in partnership with Hedda Produktion, the Bangladesh National Women’s Association, the Bangladesh National Lawyer’s Association, Bangladesh Gender Equality Advocates and the University Grants Commission implemented an intervention in four universities. This included raising awareness, mobilisation, engagement of youth groups and promoting universities’ institutional capacity to address sexual harassment.

UNFPA, in partnership with UN Women, the Bangladesh Ministry of Women’s and Children’s Affairs, the Ministry of Education, Plan International Bangladesh, Concerned Women for Family Development and BBC Media Action implemented the “Generation Breakthrough” project. This intervention engaged adolescents, parents, teachers, sports instructors and community leaders at schools, madrasas and community clubs for adolescents on VAWG and sexual and reproductive health issues.

Cambodia

In Cambodia, the Building Our Future: Supporting healthy and happy relationships intervention was a joint effort of UNFPA Cambodia, UN Women, UNV and the Ministry of Women's Affairs (MoWA), with technical support from P4P. It was implemented in five communes of Kampong Cham province and addressed key risk factors for VAWG. The intervention engaged 252 adolescents ages 12 to 14 and 346 caregivers, including parents, guardians, teachers and youth service providers, in parallel workshops. It employed a participatory method to transform social norms and harmful masculinities, decrease harsh punishment and increase supportive parenting.

Indonesia

Reimay (Reaching Papuan Prosperity) was a programme initiated by UNFPA, UN Women, UNV and the International Planned Parenthood Federation of Papua (PKBI), with technical support from P4P, in Papua Province. The pilot intervention engaged 131 adolescent boys and girls ages 12 to 16 and 60 of their caregivers including parents, religious leaders and other influential community members in participatory group sessions. These sessions aimed to give adolescents gender-equitable attitudes and improve the relationship with their caregivers, and also aimed to give caregivers gender equitable attitudes, skills in positive discipline and skills in supportive parenting. The project built on the existing 'Violence Free Villages' programme, which raised awareness of VAWG in communities and built capacity of local authorities and civil society to respond to VAWG.

Papua New Guinea

The Planim Save, Kamap Strongpela (Plant Knowledge, Grow Strong) intervention in South Bougainville, was designed and implemented by UN Women, UNICEF and Nazareth Centre for Rehabilitation, with technical support from P4P. It focused on preventing VAWG and transforming negative gender norms, community peace-building and trauma healing activities. The project used a community conversation model that aimed to increase awareness, information and conversation on VAWG, trauma, healing, peace-building, and positive relationship skills, with 716 men and 814 women.

Viet Nam

In Viet Nam, the 'Male Advocate Programme' was a project of UN Women, UNV, the Da Nang Women's Union and UNFPA, with technical support from P4P. This was a year-long programme with 24 male facilitators and 93 youth and older men. It focused on transforming harmful masculinities and engaging men to become advocates for VAWG prevention in their communities through a volunteerism component. It also aimed to build gender-equitable attitudes, challenge harmful masculinities, build healthy relationship skills, develop awareness of VAWG issues and empower young men and older adult men to volunteer in their communities, to lead and engage in violence prevention.



LESSONS LEARNED AND RECOMMENDATIONS

Theme 1: Understanding primary prevention of violence against women and girls

Lesson #1: At the outset, most stakeholders and implementers had a very limited understanding of primary prevention of VAWG.

Primary prevention of VAWG is a new and fast-growing field, and there are gaps and misconceptions as to what it actually entails. While the technical and academic terms used are very helpful to direct evidence-based approaches that are the most likely to succeed to prevent VAWG before it begins, this can be unclear especially to those who are new to the field, those who are not academics or those whose primary language is not English.

It is therefore essential to translate technical language into plain language that is understandable to national and local community stakeholders. These materials should also include the theoretical models underpinning primary prevention of VAWG and the evidence base of effective practices. This will not only help more organisations and teams to do this work well but will also facilitate greater participation and contributions to the evidence base from more diverse sources.

Recommendations:

- Clarify the concept of primary prevention and the evidence-based theoretical models so that they are more easily understood by non-academics.
- Compare and contrast primary and secondary prevention interventions to highlight the differences.
- Develop training and capacity building materials on primary prevention of VAWG from the beginning of the project using plain language with careful translations and contextualised examples.
- Develop and disseminate popularised versions of academic literature.

Lesson #2: Organizations and teams that have already carried out successful programmes on VAWG still need additional capacity building to effectively plan and implement new primary prevention projects.

As discussed earlier, primary prevention of VAWG is complex and demanding work, and personal and organisational transformation is an essential part of it. Teams need to build up their capacity to take on intervention programming driven by evidence, rigorous M&E and community mobilisation. In general, teams rated their own capacities in the P4P capacity assessment exercise very high. Many of these teams and organisations had worked successfully on VAWG, so their self-ratings reflected these experiences. However, the capacity development needs for evidence-based primary prevention of VAWG were much more intensive than anticipated both by P4P and by the teams themselves. The nature of primary prevention meant that teams often had to learn about this new field as well as manage a complex intervention.

Specific capacity building for primary prevention:

- Understanding approaches to primary prevention of VAWG.
- Understanding promising evidence-based practices.
- Developing and using theories of change.
- Using evidence to inform programming.
- The importance of fidelity to evidence-based interventions
- Realistic timelines and staff capacity for adaptation, contextualisation, training and implementation.
- Community mobilisation needs.

- Ethics protocols.
- Rigorous M&E.

Recommendations:

- Invest in long-term, ongoing capacity strengthening throughout the project and carry out an extended inception and planning phase.
- Commit to personal and organisational transformation to align the values, goals and process of work to the values, goals and principles of social norm change.

Theme 2: Intervention design, development and adaptation

P4P committed to supporting evidence-based interventions that directly address risk and causal factors of VAWG perpetration, such as those found in the UN MCS.³⁰ Where possible, P4P strongly encouraged teams to adapt existing interventions that had been found to be effective or promising through rigorous evaluation.³¹

This adaptation process included pairing a national technical advisor with an international technical advisor who had experience in development of primary prevention interventions and design of manuals for community facilitators. All P4P partners were encouraged to participate in the process to adapt the intervention, including reviewing and providing input to draft materials. Facilitator training and pilot implementation stages began after the manuals had been approved by all

30 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

31 Fulu, E., Kerr-Wilson, A., & Lang, J. 2015. Effectiveness of Interventions to Prevent Violence against Women and Girls. A summary of the Evidence. What Works to Prevent Violence. 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? *The Lancet*, 385(9977), 1555-1566. Koech, J., Webber, K., Mathews, C., Mtshizana, Y., Bastien, S., de Jager, S., & Mason-Jones, A. [2013] 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. Gevers, A., Jama-Shai, N., & Jewkes, R. [2014]. *Skhokho Supporting Success for Families*. Pretoria, South Africa: South African Medical Research Council. Shai, N. J., & Sikweyiya, Y. 2015. Programmes for change: Addressing sexual and intimate partner violence in South Africa. *SA Crime Quarterly*, (51), 31-41

team stakeholders. In addition, the project held consultative workshops with the project team and with international, national and community stakeholders to get their input on the intervention plan, approach and content. The intervention materials were then translated into the local languages by professional translators and the translations were reviewed by national project staff. Any artwork or visual resources used in the intervention were also carefully adapted and contextualised. All of these processes meant that the intervention manual went through several revisions before arriving at the product that was used to guide the pilot.

Lesson #3: Building on existing, data-based, theoretical models, and rigorously evaluated and effective or promising intervention methods is ethical and efficient.

Throughout P4P the team maintained a strong, evidence-driven process to all aspects of programming and learning. Evidence generated by the UN MCS³² was used to inform primary prevention interventions that transform problematic social norms around gender and power. Additional data from national, regional and international studies and promising or effective interventions were used to inform decision-making and design throughout the project where possible.

The P4P team demonstrated how evidence can be translated into programming recommendations primarily through a theory-of-change model. This theory of change model – adapted for each intervention from an overarching P4P theory-of-change model for VAWG prevention interventions – illustrated the risk factors that had to be transformed in order to achieve primary prevention goals.

It is essential to review the available research on what is effective and what is not effective in primary prevention of VAWG in order to design a project that has the highest likelihood of success given the scarcity of funding and the urgency of addressing the VAWG epidemic. In this way, building from a solid evidence base is ethical because it uses good-practice models that are unlikely to cause harm and more likely to have promising effects.

There are evidence summaries available that will help to orient teams toward effective and promising practices and away from those that are less likely to be effective.³³ We found that some teams needed to be guided away from simple “awareness raising” or “communication campaign” models because these are not effective in creating behavior change.

This process of evidence-based development and decision-making was particularly helpful with teams who had little previous experience with primary prevention. The development process was thus significantly more efficient – especially with the limited time and funding available – because well-developed approaches already exist which could then be adapted for piloting. While adaptation and contextualization required a significant amount of resources (described in Lesson 2), adapting completely new models without a basis in good evidence could have taken much longer and ran the risk of being ineffective or even harmful.

32 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

33 Fulu, E., Kerr-Wilson, A., & Lang, J. 2015. Effectiveness of Interventions to Prevent Violence against Women and Girls. A summary of the Evidence. What Works to Prevent Violence. 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? *The Lancet*, 385(9977), 1555-1566

Recommendations:

- Review and learn from existing literature, organisations and people with a solid history of effective or promising primary prevention work that is informed by good evidence.
- Develop a data-informed theory-of-change model for the project.
- Link specific research to intervention design to show how the evidence is being translated into programming.
- Understand the core components of evidence-based primary prevention and of specific interventions that are being adapted so that these aspects are not compromised during the design and adaptation process.
- Establish an evidence-based decision-making, design and planning process, and apply it to all aspects.

Lesson #4: Development of interventions demand sustained and active engagement from stakeholders and technical advisors.

All of the lessons learned in this section indicate the complexity of design, development and adaptation. The process requires input from multiple local, national and international stakeholders. Given that the intervention is the core of the project, time should be allocated to incorporate feedback from all stakeholders in at least two revisions of the intervention plan and its materials, such as the manual or guide. Ideally, opportunities to field test all or part of the intervention should also be included in this process. These experiences will provide data to further strengthen the intervention and well as identify key areas for focused training or issues to address during community mobilisation.

It is also essential that all project staff and community representatives go through the manual in detail to understand it and contribute to its development as well as support ongoing internal ,

organisational transformation (see Lesson 2). This deep involvement will ensure that all concerns are addressed early to strengthen the manual and that all staff will be better equipped to manage and support implementation.

Recommendations:

- Allocate enough time, funding and staff to design, development and adaptation, for example, six months to one year depending on the context.
- Actively engage stakeholders and community members in design, development and adaptation.

Lesson #5: Balance fidelity to evidence-based models with necessary modifications for the local context.

Adaptation and contextualisation are not simply about translating documents but are also about adapting processes, activities, illustrations and sometimes additional content to support extra formative research around new or sensitive themes such as sexuality or adolescents and dating. This should include common cultural symbols and practices that (1) align with the values of the intervention, but (2) are not harmful or (3) perpetuate patriarchal gender norms. Participants must be able to identify with the content.

In some countries, some project stakeholders were concerned that the cultural context was too conservative, for example on sexuality, adolescents dating or sexual and reproductive health. However, during workshops, other stakeholders suggested a way to address this issue, by retaining the sensitive content but introducing it to participants gradually, such as by modifying language to be less explicit but still clear, or by changing examples to mirror common local practices: guests going to a wedding party; teenagers meeting at a guest house. But this “contextualising” should not dilute the intervention either.

We found that consultative workshops with the project team, stakeholders and national and international primary prevention technical experts were very useful in the process of adapting interventions, because multiple inputs from various perspectives strengthened the intervention.

Some specific steps during adaptation and contextualization may include:

- List the core components of primary prevention and of the specific intervention models being considered to understand where there is flexibility and where adaptations should be more careful. It is important to stay faithful to the intervention intensity, frequency, key messages, approach and duration.
- Gather and present evidence on the local context to inform adaptations and planning in a systematic manner.
- Consider the theory of change and ensure that adaptations do not significantly depart from this theory.
- Assess the capacity of implementing partners and community facilitators in order to inform adaptations and planning particularly in the training and implementation plan, to ensure that the scale of the intervention is within the scope of the available capacity.

Adaptation and contextualisation should be considered an ongoing process within a project with learning and results from early piloting or ongoing implementation informing continued strengthening of an intervention. While the adaptation and contextualisation process through consultations may take time, it will yield rich dividends in terms of intervention acceptability and ownership.

Recommendations:

- Ensure local community stakeholders are actively and deeply involved throughout the design and adaptation.
- Conduct several consultative workshops with a diverse group of stakeholders from different sectors to develop and adapt the intervention before implementation and afterwards using the pilot data to inform continued intervention strengthening.
- “Pre-pilot” the intervention during the design and adaptation phases with integrated robust community monitoring and feedback mechanisms throughout to understand what works well and what needs further adaptation and contextualisation, and note any unanticipated consequences.

Lesson #6: Adaptation to the local context is not about verbatim translation, but must be an active process to ensure meaning and accessibility in the new language without compromising fidelity to the core material.

The project team found that professional translation services often lacked the technical knowledge and insight to accurately and concisely translate the materials. Activities that were concise in English were often not so in Khmer or Bahasa, for example. There needs to be a more active process for translation, then, where national team members, national consultants, community stakeholders and community representatives work through translations in detail, together, refining them to be more accurate. Pre-pilot implementation, on a small scale, would also help to assure that nothing was lost in translation. A team with technical knowledge of primary prevention interventions should be part of this process to ensure continued alignment with effective practices.

Intervention facilitators must be literate in order to use the materials as a guide to deliver sessions efficiently and with fidelity. However, many community facilitators had limited literacy levels and manuals needed to be further simplified in clear language. The manuals are designed for community facilitators to use, but are not for participants, because interventions are designed to be participatory in nature. The intervention approach should avoid traditional rote teaching methods that focus on passive listening, and instead use an approach where facilitators ask thought-provoking questions and encourage critical thinking by getting participants to engage in discussions, debate and dialogue. In addition, participants need experiential learning activities such as role-plays, skits or other games in order to learn, practice and internalise different skills.

Recommendations:

- All initial translations should be done by local staff or facilitators who are bilingual and who have a solid technical understanding of evidence-based primary prevention.
- Involve community members and key facilitators in translating manuals in a participatory workshop manner especially around core concepts and terminology.
- Ensure that local project staff and key facilitators carefully review all translations for accessible, accurate language as well as fidelity to the intervention model, rather than leaving the translation up to one or two people alone.
- Use posters and story boards to start discussions with clear and relevant sample scenarios

Lesson #7: A multiple session intervention implemented over the course of a year is necessary to support transformation. Challenge the misconception that programmes should be shorter.

Several teams requested that interventions have a shorter time period, shorter sessions, and shorter activities within the sessions. However, the evidence to date suggests that sustained activities over time are needed given the complexity and depth of transformation necessary to achieve primary prevention of VAWG. It is not realistic to implement a participatory process necessary for transformation in very brief sessions. The P4P team provided the rationale for length of sessions and assisted teams with planning to demonstrate a consistent but not overwhelming schedule. By the end of the intervention, most participants even requested more sessions because they felt them to be relevant, valuable and enjoyable.

Recommendations:

- Strengthen stakeholders' understanding of, and commitment to, effective and promising evidence-based processes, including frequency, duration, and intensity of the intervention.
- Bring in experienced teams who have implemented evidence-based primary prevention interventions similar to the one planned in order to share the reasons for and experiences of the lengthy, sustained and intensive activities.
- Develop an implementation plan that balances project resources with community availability and evidence-based practices.
- Develop mobilisation and recruitment strategies to deal with community-level concern of interventions being too long by positively framing the time commitments as an investment in family well-being and respect, or community safety and success (see also notes about benefits-based framing in lesson 10).

- Nurture community commitment to the intervention throughout mobilisation, recruitment and implementation particularly through the community facilitators and community leaders.

Lesson #8: Building gender-equitable attitudes is a complex process, but it is possible with adequate investment.

Addressing gender inequality and patriarchy, especially problematic masculinities, is central to effective primary prevention of VAWG. But transforming harmful masculinities and building gender equality means challenging deeply entrenched sociocultural norms and beliefs.

Some of the manuals piloted in various P4P interventions offered sessions focusing solely on gender, and others also had brief notes about gender and gender equality. However, many community facilitators were also undergoing transformation in their gender attitudes and practices themselves, through their experience while being trained for the intervention, and still needed explicit guidance. Field reports also indicate that supervisors and community facilitators found the gender sessions to be difficult for participants to understand, and suggested additional, simplified sessions that address gender more slowly using examples that the community could relate to.

Recommendations:

- Invest in ongoing capacity strengthening and facilitate transformation among facilitators in order to deepen their understanding of gender and embrace gender equality. Use additional resources such as from Raising Voices SASA! or Get Moving as evidence-based interventions focusing on gender and power analysis.

- There should be several experiential learning sessions on gender equality throughout an intervention to give participants the opportunity to continuously engage with the topic in ways that support a transformative experience. Rote training styles are unlikely to be transformative.
- Facilitators need explicit guidance in every session to link content to gender equality, because they too are often in the early stages of transforming their ideas and practices around gender equality.

Lesson #9: Integrating volunteerism shows encouraging results, although more research is needed to identify how to promote it effectively and how to understand the role that it plays.

P4P integrated volunteerism by:

- recruiting international and national UNVs for field assignments to support the interventions and to liaise with UN agencies, implementing partners, facilitators and communities;
- training community members, who then volunteered as intervention facilitators; and
- including activities for participants to engage in volunteerism either through existing activities in the community or by supporting participants to conceptualise, plan and implement their own projects.

Most participants needed more guidance than originally provided in order to successfully drive their own volunteerism projects, and they benefitted from initial, formal opportunities to get involved in their communities before doing so independently, such as events lead by local organisations or government ministries.

There is still little research on the best way to integrate volunteerism in primary prevention projects, or on what role it has in achieving and

sustaining results particularly in transforming social norms. Raising Voices has documented their work on SASA! through community activists who implement the programme in their communities. To date there are no evidence-based guidelines for volunteerism within primary prevention. However, P4P has found that it is feasible to do this and qualitative reports from intervention participants, facilitators and supervisors indicate positive results. There were multiple examples where participants were able to share ideas and skills gained from the interventions with others in their communities through volunteerism so that the reach of the intervention went beyond the direct beneficiary group.

Recommendations:

- Continue to develop and research volunteerism in primary prevention interventions.
- Build the evidence base by collecting data on volunteerism to strengthen the case for it.
- Partner with existing volunteer groups in the community to support VAWG volunteerism.

Theme 3: Implementation

Lesson #10: Recruiting participants takes time and community members often have concerns in the early stages of the intervention that can slow implementation and that can affect evaluation.

In several P4P-supported interventions, more time, resources and/or planning were needed for participant mobilization, including raising awareness and enthusiasm about the intervention, clarifying and addressing questions or concerns, understanding communities' needs and how the intervention links to them, and negotiating implementation logistics with communities to adjust to their schedules.

Some community mobilization should be continued throughout the intervention in order to retain participants, and the sessions should build on each other, because the intervention is designed to address complex risk factors for VAWG and to build up several layers of protective factors. Facilitators can check in with participants on challenges in attendance or how to make sessions more enjoyable, and in consultation with the supervisors and technical team make adjustments as needed, but ones that do not compromise the effectiveness of the intervention overall.

P4P supported interventions in environments where people work, harvest, contend with harsh weather, participate in elections and attend community festivals, among many other elements of community life. They are not always available for all sessions and some community factors like these delayed some elements of implementation, while others went ahead. In some projects, community members who were not initially participating joined the intervention later because their interest was piqued, because they witnessed the benefits among participants or were encouraged by other participants, or because of ongoing mobilization and recruitment. But the appearance of new participants should be managed carefully. All of this work also delves into personal and sensitive topics, so maintaining the cohesion and safe space of the group based on trust, confidentiality, respect and support is important.

The process of mobilization is especially important here because interventions are not usually integrated into an activity for which community members regularly gather, such as school, religious activities or work, but are an additional activity for people to fit into their lives. Community leaders, community members and other stakeholders therefore need to understand the intervention and how it may be valuable to them as individuals, as members of families and as a community before they will take ownership. For example, an intervention could be integrated into regularly-scheduled things like lunch breaks, religious events or other events where people meet.

In the early stages, some participants thought that P4P was for “women-only” or was a “foreign” attempt to undermine local culture or religious beliefs. But the team was able to ally their concerns, and once they experienced the intervention they were generally positive about it and encouraged others to join (link to outcome report here). One lesson learned here: by partnering with community leaders and community organisations you can limit misunderstandings. Further, these early partnerships with grassroots stakeholders and representatives allow for sustainability beyond the life of the pilot and help to develop a feasible implementation plan and community-accessible intervention materials.

Recommendations:

- Invest in thorough, sustained and participatory community mobilization and relationship building prior to, and during, implementation. Develop a strategy to mitigate community resistance.
- Carry out in-depth situation analysis of a community early, to put in place successful strategies to mobilize participants, recruit facilitators and plan for training and support.
- Develop talking points about the intervention that focus on the potential benefits that it hopes to bring to individuals, families and the community rather than the problems it will address; benefits-based or aspirational framing is more inspiring and motivating.
- Engage in community-driven scheduling, such as negotiating the implementation schedule with various community stakeholders and participants during planning and mobilization.
- Plan on whether and how to integrate additional participants into existing groups without jeopardising group cohesion. Alternatively, consider a rolling implementation schedule with multiple groups in a community starting at different times to accommodate different groups’ schedules.

Lesson #11: Engaging men and boys is feasible, but challenging.

All P4P projects aimed to engage men and boys either in men-only interventions or within combined interventions with both women and men, and/or boys and girls. As with many similar projects, there was often relatively low participation or high dropout for interventions that combined men and women, yet in the male-only intervention in Viet Nam there were good participation and retention rates.

However, feedback from the male participants in this intervention was that they recommended women be included because the intervention would be relevant and valuable for women, it would be easier to institute community-change with more people involved, and because the men would enjoy working with women.

This intervention in Viet Nam, which was part of a larger, multi-component programme, was male-only at first because the initial feedback during the planning and early implementation stages was that men in the community felt that the combined groups were primarily for women. In contrast, men in Papua, Indonesia, where an intervention was piloted, felt it was not culturally appropriate to have men and women meet together for all topics.

This contradictory feedback illustrates the complexity in engaging men and boys in prevention programming. Therefore, a good situational analysis, in-depth community mobilization and community input into planning and design are all necessary to understand how best to engage men and boys. This similar situation has been found in other regions.

It was encouraging to see that men did participate in various interventions across the countries, although in lower numbers than women (except for Vietnam). The evaluations indicated that men changed in positive ways, including being less violent, more involved in caring and housework and less prone to drinking³⁴.

34 Gevers, A., Taylor, K. [2018] 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.

Further, men were willing to be positive role models in their communities, demonstrating equitable, non-violent attitudes and behaviours sometimes despite potential stigma or “questions” from neighbours or other peers. In these cases, support from fellow participants was helpful.

P4P ultimately strove to ensure that engaging men and boys in violence prevention did not come at the cost of values and goals for the intervention, including:

- it did not replicate patriarchal norms;
- it did not cast men in the role of protector of women; and
- it did not impose solutions to VAWG that exclude women.

It was important to maintain this feminist grounding while working with men and boys.

Recommendations:

- Continuously engage in team reflection on engaging men and boys to ensure that they are included, and also to avoid replicating problematic norms or practices within the intervention.
- Engage men and boys specifically during mobilization to understand their concerns, and find the motivators for them to commit to the intervention.
- Employ benefits-based and aspirational framing focusing on what men stand to gain from participation during recruitment and intervention sessions.
- Get buy-in from community leadership and have them encourage men to join the intervention.
- Men’s involvement should not come at the expense of priorities, leadership, participation and safety for women and girls.

Lesson #12: Initial implementation piloting requires dedicated staff to address logistical and technical issues.

All P4P projects faced challenges with community mobilization, recruitment, retention, facilitator capacity and support, scheduling and fidelity to the intervention model. Yet they benefited greatly from having a dedicated staff member to mentor and monitor the intervention with the implementing agency and facilitators on the ground. The projects that dedicated more staff time to this kind of support showed more encouraging results. Primarily national UNVs were recruited and assigned to fill these positions, but in some cases other UN staff took on this role. Even better if staff have technical knowledge of the intervention and especially of the evidence-based effective strategies.

P4P invested deeply in the capacity strengthening, mentoring and support of the people in this role. For example, some UNVs lead in-service training and capacity building activities to strengthen facilitators’ skills particularly in participatory intervention methodologies and fidelity to the manual. They developed this activity with the support of P4P staff, and it is best if the support person participates in both development and pre-service facilitator training, to build both technical and management knowledge for their role.

Recommendations:

- Appoint a mid-level staff person to support and monitor all aspects of implementation in the community.
- Provide solid technical training and operational management skills to the field support person.

Lesson #13: Facilitators are essential to success, yet have a lot of capacity strengthening and support needs. They need to go through transformation themselves, similar to what the intervention aims to achieve among participants.

As described earlier, primary prevention interventions aim to facilitate deep transformation of gender norms and practices, relationship norms and practices, and family and childcare norms from the personal and relationship levels through to the community and society levels. This kind of transformation is a large undertaking, but evidence shows that it is possible, even within the relatively short timeframe of interventions that are implemented over a year or two. Facilitators drive this transformation, and so play a central role in achieving the intervention aims.

Facilitators need to be carefully selected based on clear criteria:

- High school graduate and/or demonstrated literacy in abstract ideas, intervention guides and background reading.
- Confidence with public speaking.
- Experience with community mobilization or bringing people together.
- Ability to build rapport and cohesion with a group.
- Be in good standing in the community, not necessarily as a leader, but at least someone who people in the community trust and respect.
- Able to deal with sensitive topics and discussions as well as with challenging questions.
- Available to commit fully to all training and support for, as well as preparation and facilitation of, the intervention.

In addition, in-depth assessment of facilitators could be integrated into the M&E to document capacity building achievements as well as use data to inform future facilitator selection and capacity building.

One method used in Cambodia and Indonesia, for example, was to recruit more facilitators than needed to participate in the pre-service training. The

project then delivered an intensive training which included teach-back activities, where candidate facilitators led an intervention activity from the manual. This strategy had multiple benefits:

- Both supervisors and facilitators got a feel for the intervention and whether it was something that they could commit to; and supervisors can make an informed decision selecting the best facilitators.
- Project managers and supervisors could identify facilitators' skill level and strengths and develop a strategy for strengthening specific skills.
- Having more facilitators allowed for a co-facilitation model pairing stronger facilitators with those who needed more support and capacity building. This model could potentially be used for ongoing training if implementation were expanded to additional communities. In other cases, a young and dynamic facilitator was paired with a senior facilitator to bring both a seriousness as well as a participatory and fun approach to the intervention.
- Having more facilitators will lessen the impact of staff turnover.

Pre-service training alone was not sufficient in any project. It was essential to have combination of pre-service training, in-service training and ongoing mentoring and supportive supervision for both capacity strengthening and skills building, as well as for motivation and emotional support. Facilitators requested in-service training on various topics that they identified as key needs, and they benefited from mentoring and supportive supervision, as evidenced in their improved facilitation documented in project reports by project officers or UNVs.

All projects also benefited from initial training by experienced, technically strong trainers. Further, it was extremely useful for facilitators to have monthly guided preparation and practice sessions, especially during the beginning stages of the intervention. These sessions should be held before a particular session is implemented in the community to derive the most benefit.

Facilitating social norm change interventions that deal with VAWG can also be emotionally taxing on

facilitators. To minimize the impact of vicarious trauma and burnout, regular support sessions are essential and good ethical practice for primary prevention work. This kind of training and support programme throughout intervention implementation is both time-consuming and resource-intensive, but in the P4P experience (as well as other projects such as SASA!) it is clear that the rewards are seen in the intervention impacts.

The intensive training and support programme described above is not only for skills building, but also to support and facilitate personal transformation among facilitators. This transformation is important because facilitators will become role models for their group participants as well as more broadly in the community. Facilitation is both easier and more effective, in our experience at P4P similar to that of Raising Voices, when facilitators believe in and fully embrace and display the values, principles and practices promoted by the intervention.

Recommendations:

- Develop selection criteria and assessment strategies.
- Invest in good quality pre-service and in-service training as well as ongoing mentoring, coaching and supportive supervision with all project staff, who will be involved in intervention facilitation including the facilitators and supervisors.
- Use a co-facilitation model of two community facilitators guiding intervention sessions.

Lesson #14: Participatory learning methodologies are a new approach for project staff at UN agencies, for implementing partners, for intervention facilitators and for community members. Although project stakeholders found this methodology challenging at first, they eventually found it very useful.

Participatory methodologies for intervention delivery are a core component of primary prevention of VAWG. These methodologies include open sharing, questioning and dialogue on complex issues fostering critical consciousness. They focus on transforming social norms rather than simply memorizing information and they encourage critical thinking and use thought-provoking questions.

The approach requires emotional vulnerability and non-hierarchical dynamics in a group, which can feel uncomfortable for facilitators and/or participants who are accustomed to teaching structures where questioning, discussion and emotional openness are not encouraged. Nevertheless, participatory methods are essential to facilitate the process of transformation around deeply held social norms, attitudes, and practices.

Participatory methods can also appear to take more time to deliver results because they are not focused on knowledge gains but rather on deeper transformation that is not always immediately apparent or easy to measure. Some supervisors requested facilitators to list the aims, objectives and key messages for each session and each activity that they felt would ensure learning. Such practice, though, could undermine the participatory approach and does not encourage the process of transformation. If participants are told the aims, objectives and key messages, then they may disengage if they don't agree with them or if they feel they already know them.

Further, this structure of simply telling participants the key messages focuses on passively hearing information rather than the deeper transformation of attitudes, practices and norms. This rote method for simply memorizing information allows participants

to remain detached from the content, where a participatory approach means that they, their families and their communities can be immersed in the learning and better integrate it into their lives.

In this environment, manuals for participatory interventions are usually meant to be a guide for facilitators but not for participants. These manuals outline a series of questions or activity directions in each session used to facilitate the group discussion and activities. In addition, there are notes within the session guide as well as in the annexes that provide information and reminders to facilitators about core content and key messages. As reflected in Lesson 12 above, this manual requires facilitators to be literate and to spend substantial time preparing for sessions by reading the notes and understanding the process they will facilitate. Several facilitators requested shorter manuals and sessions, but this needs to be carefully considered to guard against the intervention sessions focusing only on rote learning.

As mentioned in lessons 6 and 7, facilitators, supervisors and programme managers need to realise that there is no shortcut to transformation, so participatory approaches throughout the project design, management and implementation – especially for facilitator training and community sessions – are necessary for effective prevention work. The focus in participatory interventions is on facilitating a process for experiential learning and understanding, which will drive change.

Recommendations:

- Teams need a lot of capacity building, guidance, mentoring and encouragement on participatory methodologies. Best practice session for community facilitators are very useful to build such capacity.
- Using participatory methodologies in other project development, management and training processes would be helpful to build supervisor and facilitator capacity and confidence in this approach.
- Share the evidence for – and explain the rationale, benefits, and challenges of – participatory methodologies vs. rote teaching or awareness raising methodologies.

Lesson #15: Emotional expression, including acknowledging and voicing emotions, or addressing emotional needs, is new for most people, including project staff, facilitators and participants, so it was more challenging to complete the activities focused on this. However, it was greatly appreciated

Project officers and facilitators reflected that talking about their own emotions was uncommon in their experience. Depending on the cultural context, it may be necessary to carry out activities that: (1) practice using emotional expression; (2) supportive listening and reflection; and (3) discuss the value of sharing these within various relationships before starting project implementation.

Although prevention interventions are not necessarily focused on therapeutic processes for survivors, experiences of abuse and violence are often shared. In addition, the themes covered in interventions are often very personal and the process of transformation can be emotional and deeply personal. Therefore, facilitators need to be able to address emotional needs and provide emotional support to participants, which also serves to model appropriate emotional expression and support for participants so that they can apply it in their own relationships.

Recommendations:

- Include activities on emotional awareness and expression in the intervention so that new skills on coping, emotional regulation and support are easier to integrate into participants' lives.
- Facilitating prevention interventions can be emotionally taxing so facilitators need good support. Providing good emotional support to facilitators will help to model this skill that they can use with participants
- Understand locally-relevant self-care practices to integrate them into the facilitator support plan as well as promote them during the intervention.

Lesson #16: VAWG is a pervasive problem in communities and prevention interventions will include participants who need support services.

Even though the focus of primary prevention interventions is to stop violence before it occurs, in reality many participants in primary prevention are likely to be survivors of violence themselves. In addition, at times an intervention or project may become known for its focus on VAWG and thus community members may even come forward to ask project staff or facilitators for assistance. Facilitators and project staff therefore need to be prepared to manage these needs.

P4P used, different models to address this issue. In one project, the implementing partner trained community counselors and also had parallel response services running so participants could be referred to either of these support services. Specifically, community counselors were trained to provide initial support to survivors of VAWG, and central to their training was the ability to make referrals to safe houses or more intensive counseling. In other projects, the team compiled information about referral services in the area in line with the WHO ethical guidelines for such information sheets³⁵ and included help seeking sessions in the workshops.

Facilitators were trained to make referrals and distribute information leaflets to all participants at multiple times during the intervention implementation. Local service providers were also aware of the interventions being implemented in their areas and were invited to meetings to share information about the project.

Recommendations:

- Prevention programmes need strong linkages to care for VAWG survivors as part of the intervention either through referral networks or through making counseling services available.
- Information about where to find various support services such as counseling, protection orders or shelters must be provided to all participants. These information leaflets must include information about other social welfare (e.g., social grants, vocational training, employment agencies, work programmes), health related services, and/or civic engagement organisations so as not to increase the risk of victimization among those who have violent partners or parents (see WHO guidelines).
- When developing referral leaflets for participants, ensure that you contact all organisations to make them aware of potential increases in service utilization and discuss potential partnerships between the prevention project and their ongoing work.

Theme 4: Monitoring & Evaluation

Throughout P4P – in phases I and II – there has been a strong commitment to gathering and using high-quality data or evidence both to inform programming and to contribute to the larger national, regional and global evidence base for primary prevention of VAWG. This means that rigorous M&E strategies were very important in the P4P pilots. These strategies were designed specifically for each country bearing in mind: the available funding and capacities; the intervention design; the project timeframes, the interests of various stakeholders and the outcomes they wanted to learn about; and

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

the questions they wanted to answer. Randomised control trials were not feasible and the exact same design was not possible across projects. Instead, collecting good quality data on the same concepts (e.g., gender equitable attitudes and practices, aspects of healthy relationships and volunteerism³⁶ was common across all projects, though measured differently. This section discusses the lessons learned and specific recommendations based on the P4P experience.

Lesson #17: Good M&E takes time and is costly, but it is very valuable. M&E design and implementation must go hand in hand with the intervention.

P4P used data-driven design processes throughout projects, which further built interest in, and capacity for, understanding, using and valuing good M&E data. Yet M&E is often left as a last item for design and budgeting, with the primary focus being development and implementation of the intervention itself.

Teams were often surprised by the time, detail and constraints required by M&E, or they misunderstood the importance of the M&E activities being conducted specifically with the people participating in the intervention rather than a selection of people who did not participate at all. Or they misunderstood the importance of standardizing the intervention and implementing it accurately in all communities in order to understand the specific effects. Some teams also hoped for results quickly, at the end of intervention. However data analysis is time-consuming, especially with multiple researchers and reviewers.

It is important to schedule opportunities to reflect frequently on monitoring data and feedback. For example, facilitator feedback in Cambodia and Viet Nam during the intervention implementation period lead to revision of intervention materials to be more simple or to include informational handouts for participants.

Good quality M&E, which reliably documents both the process and outcomes of an intervention and its implementation, allows for rigorous evaluation where agencies and donors can be confident in the results. Monitoring data can offer insight into both unintended consequences and achievement of important milestones in transformation, and can be analysed quicker than can results data. However, rigorous M&E is also costly because expertise is needed to design strategy and tools; high-quality M&E demands time and human resources for documentation and analysis.

Despite these challenges, the teams on P4P projects valued the findings generated under this initiative because they provided clear evidence of achievements as well as important understanding of processes that strengthened implementation. They found it particularly helpful when data and findings were linked to specific actions.

Without good M&E, teams will not be able to answer essential questions after piloting that will inform whether to continue investing in and expanding the intervention, and how to strengthen the intervention and its implementation. Therefore, all team members and stakeholders, including the facilitators, should understand the importance of rigorous M&E, the specific project M&E strategy and their roles in supporting the M&E activities.

Recommendations:

- It is crucial to start M&E at the outset, to ensure a solid foundation for the implementation, and continuation of the programme.
- Link data and findings to actions not only during data analysis but also during the planning and design phases so that teams strengthen their capacity to assess and use evidence.

36 Gevers, A., Taylor, K. (2018) 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.

- Showcase the evidence and describe how it was generated, and why you have confidence in the findings.
- Monitoring data will generate important “process learning” – why and how something is implemented and how it effects change – so be sure to include this in the design and build in opportunities to reflect on what is emerging.
- Involve all team members in the design of M&E so that they understand it and will support the process; also so they understand what questions the M&E design will be able to answer at the end of the project. Encourage team members to ask questions that will feed into M&E design and data to promote buy-in and ensure that the questions that are relevant to project stakeholders will be answered with good quality data.
- Disseminate the M&E data widely and show project teams how their work has contributed to broader learning in VAWG primary prevention programming.
- Take time regularly to reflect on and document lessons learned throughout the project, by all staff and stakeholders, as part of thorough M&E.
- The implementation plan may need to be adapted based on emerging M&E data and findings.

Lesson #18: Transformation takes time and can be difficult to measure, especially within small pilot projects.

The kinds of transformation that primary prevention interventions aim to effect are nuanced and difficult to measure in simple, reliable “self-report scales”, such as the Gender Equitable Men Scale (GEMS) scale, while qualitative research with reporting biases may affect the data as well. P4P used the same existing measures that are widely used in VAWG research, including many that were used in the first phase of P4P’s work with the UN MCS.³⁷ These measures are considered rigorous in violence prevention and they generate data comparable to that of other studies. However, personal communications indicate that even leading researchers in the field will acknowledge that these measures are imperfect.³⁸

Additionally, many of these tools were developed in other languages and in other cultural contexts. The concepts that they strive to measure are complex and translation into another language is not always simple. Some adaptation for the cultural context is also necessary, however this requires in-depth research as well as local stakeholder involvement.

The conditions for rigorous, research trials such as experimental or quasi-experimental designs, randomised control trials, or interrupted-time-series design is not possible in small pilots.³⁹ Neither is it feasible to have large enough sample sizes or control groups to conduct the best statistical analysis and interpretation. Small sample sizes mean that the opportunity to detect even small but significant changes is minimized. Without a “control group” the changes that are detected cannot be attributed entirely to the intervention.

Accordingly, given the deep kind of transformative impact that primary prevention interventions seek

37 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. Available from <http://www.partners4prevention.org/sites/default/files/resources/p4p-report.pdf>

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

39 Raising Voices No2 Learning from Practice Series. Growing as an activist organisation through evaluation research. http://raisingvoices.org/wp-content/uploads/2015/09/LP2.EvalResearch.FINAL_.redesign.dec2015.pdf

to make, it would be useful to have long follow-up measures to understand whether initial changes and impacts are sustained or whether they grow or fade over time.

Recommendations:

- Researchers should continue to strengthen culturally sensitive, simple and rigorous measures of key outcomes such as gender equitable attitudes, practices and norms; violence attitudes and behaviours; healthy relationship indicators; communication and conflict resolution in different contexts to improve the documentation of intervention outcomes and impact in diverse settings.
- Consider evaluation needs in M&E design to best meet the project needs and available resources and capacities.
- Budget for long-term, follow-up M&E.

Lesson #19: Approvals from ethics committees and institutional review boards are necessary, but access to these bodies in each country is challenging.

P4P sought formal ethics review and approval from official bodies as a good practice, yet most teams were also unfamiliar with this process and with the amount of the time and resources needed to go through it. However, with P4P's focus on generating and disseminating rigorous evidence for the countries and the region as well as contributing this to the international field of VAWG prevention, it was important to secure ethics approval.

Recommendations:

- Begin the ethics approval process very early in the project so that the M&E protocols and procedures can be developed during the design phase and baseline implementation can begin on time.

Theme 5: Operational Learning

Interestingly, the challenges noted most frequently and as the most disruptive by most teams and partner organisations were operational. The role of management and logistics of the project and the project team become very important in complex projects that use new methodologies, approaches, and technical understanding compared to what teams and agencies usually work on. The most successful projects in terms of implementation efficiency and results achievement occurred when:

- All partner agencies and organisations were committed at the senior management and technical team level with good communication and mutual support between the management and technical leaders.
- Partner agencies and organisations recognised the added value of P4P and took co-ownership of the project as a whole rather than seeing themselves and/or the programme as a separate or additional commitment.
- Staff time and resources were dedicated to the project including at least one full-time staff member to coordinate the project and liaise between partners and different groups in the team.
- Key staff put in considerable effort to learn about and implement evidence-based primary prevention and rigorous M&E, and champion the project.

Lesson #20: The technical, ethical and operational demands of community-based social norm change with rigorous M&E differ for that in VAWG response or awareness-raising projects.

As discussed in Lesson 1, this area was new for most partners. Therefore, P4P fostered a culture of continuous learning at the regional level by including all team members in learning activities, including sharing key articles and readings, group review processes for documents and reports, encouraging dialogue especially with the technical group and translating learning and evidence from previous studies into action.

Similar to other projects⁴⁰ partner teams needed continuous support and technical guidance as well as regular contact with the P4P team in order to keep activities moving forward as planned. In this type of project, operations or management decisions may conflict with the evidence-based, technical guidelines. For example:

- hiring a workable, realistic sample of facilitators instead of recruiting strictly according to the recommended criteria;
- shortening intervention sessions or shortening the intervention overall;
- reducing the training plan or reducing the time spent on support, mentoring and monitoring; and
- not assigning senior staff and resources to the project.

Therefore, the management, operations team and technical team should all work closely to build their understanding of each aspect of the project in order to make decisions that do not significantly compromise the effectiveness or ethics of the intervention.

Managers and directors will ultimately need to understand how meaningful outcomes can be achieved in primary prevention. For example, knowledge gains alone do not drive reduction or prevention of VAWG, so other targets need to be defined bearing in mind the challenges associated with M&E in this field. Results frameworks need to be developed together with the technical team to ensure that all members understand what they are working toward.

Recommendations:

- Nurture a culture of learning with all project team members by encouraging curiosity, asking tough questions and integrating M&E learning into programming.

- Invest in ongoing capacity development especially by partnering with a group who have previous experience and technical expertise in primary prevention of VAWG.
- The management and operations group should work closely with the technical group and collaborate on all planning and implementation.
- Build productive partnerships with organization and people with complementary skills with a particular focus on continuous learning.

Lesson #21: Joint programming and projects with multi-sectoral teams are challenging but also beneficial to building long-term, effective primary prevention programmes.

The advantage of joint programming and multi-sectoral teams is that the strengths of multiple agencies and organisations can be combined. This also ensures a multi-sectoral approach across the socioecological model in programming. Strong multi-sectoral teams, based at project sites, countries or locations will promote long-term sustainability and expansion of the programming.

There are important capacity strengthening and advocacy benefits of partnering with multi-sectoral stakeholders as well. If multiple partners are involved then capacity building is reaching more people and organisations. In addition, multiple sectors will become engaged in primary prevention efforts so more voices will become advocates for evidence-based primary prevention. Having government partners in early primary prevention projects is particularly important for this.

Large project teams are also challenging, however, in that each partner agency or organization has their own priorities, culture, structures, methods and administration. Therefore, clear procedures

40 Dartnall, E., & Jewkes, R. 2013. Sexual violence against women: the scope of the problem. Best practice & research Clinical obstetrics & gynaecology, 27(1), 3-13

and protocols, and clear agreement on values and goals, are vital for effective coordination. Equally important is establishing good working relationships throughout to promote effective collaboration and cohesive implementation. Fostering a culture of inclusive, participatory management will also serve as a model for communities and facilitators during the implementation. Empowering all levels of staff to work together without hierarchical barriers may also contribute to capacity development and later successful expansion of this work. Here it is especially important to engage government ministries from project inception.

P4P found that it was useful to have senior-level staff fully involved in order to liaise among high-level partners such as national government and partner UN agencies and community leaders. Having a mid-to-senior-level staff person dedicated to this in the pilot stages of field work is useful to be able to respond to and document problems as they arise and for using this experience to plan for future work.

Recommendations:

- Establish a multi-sectoral project team from inception especially including government ministries.
- Develop clear protocols for administration, management and implementation for all partners. Be open to reviewing these regularly to ensure that project operations continue to be effective and capitalize on each partner's strengths.
- Invest in building relationships constantly, to ensure that the team will always work collaboratively and cohesively.
- Promote a participatory and inclusive project management approach, to empower and strengthen the capacity of all partners and team members as well as to embrace the core principles of effective primary prevention interventions. Commit senior staff to work directly on the project throughout, especially in the pilot phase.

Theme 6: Budget

Lesson #22: Primary prevention is resource- and time-intensive, so plan accordingly.

All P4P teams noted that evidence-based primary prevention with rigorous M&E was more costly and intense than they expected. In all projects unexpected issues arose, such as additional monitoring, additional training, extensions of activities or staff turnover, that all impacted budgets that were already very tight.

Funding in general was scarce and project teams needed to come to agreement on resource mobilization together rather than competing against one another. Innovative solutions to this included co-funding arrangements, in-kind agreements, sharing of resources minimizing the cost of complex administrative processes and avoiding costly design or implementation mistakes. Making ample use of volunteers was one cost-efficient strategy.

Often no money is set aside for good formative development work. Formative research is conducted prior to intervention piloting and evaluation. It allows for initial, systematic exploration of key processes and concepts within a particular cultural context as well as on aspects within the project area that will affect implementation, e.g., functional literacy rates; typical community schedule. It is very valuable to understand how specific risk factors manifest in a particular cultural context, and testing some intervention processes with communities during the design and planning stage of a large primary prevention project are recommended. This formative work should be linked to a situation analysis during the inception phase.

Recommendations:

- Develop a cohesive funding strategy with all project partners.
- Manage funds carefully; be clear from the planning phase on funding needs and obligations.

- Allocate time for resource mobilization including monitoring and following up on additional funding opportunities even if the project is already underway.
- Seek high-quality technical guidance early in order to minimize potentially costly mistakes; and the evidence-based approach has a higher likelihood of success based on previous rigorous evaluation.
- Invest in formative research or a situational analysis at the outset.

Conclusions

Critical reflection, feedback and data collected to date indicate that the process of intervention adaptation, implementation and evaluation of primary prevention programming has been a great personal and professional transformative experience for the teams, facilitators, volunteers and participants involved in the second phase of P4P. Important benefits and positive outcomes among intervention participants have been achieved, and great progress has been made in building capacities in the region for primary prevention of VAWG. Even though teams were initially concerned about the length and intensity of the work, the pilots all demonstrated the feasibility of the intervention models and the positive results that they generated ([link to outcomes/results paper here](#)).

During the project inception phase, donors, project teams and community stakeholders need to build an understanding of what it takes to carry out evidence-based primary prevention to be able to plan and allocate resources realistically. We hope that this paper will contribute insight into such processes.

The lessons learned and recommendations are summarized broadly under the following four steps for teams planning to undertake or continue primary prevention programming:

1. Invest in good on-going capacity development and continuous learning.

A recurring theme throughout the lessons learned was capacity gaps, and P4P found that working with experienced technical experts, and maintaining regular contact through live calls, country visits, and workshops, were essential to this process. Ideal would be an intensive, residential inception workshop with all teams to build relationships, strengthen understanding and guide initial planning for each country. Capacity development involves layers of learning so it is likely that topics, concepts and practices will need to be revisited especially as teams work to adapt and innovate for their local contexts. It was helpful in P4P to be able to come back to a consistent theoretical model and evidence-based programming recommendations when working with various teams.

2. Establish multi-sectoral partnerships and commit to personal and organisational transformation, processes to embrace the guiding principles and core components of evidence-based primary prevention.

Primary prevention is complex and there is a need for on-going and widespread advocacy for these evidence-based models. Establishing strong multi-sectoral partnerships at the outset allows for cross-sectoral sharing and learning, which can strengthen programming. This partnership needs to be grounded in the guiding principles and core components of effective primary prevention in order to collaborate well and to maximise the innovative and positive impact.

3. Build on and contribute to the evidence-base for primary prevention of VAWG

Start with understanding what is effective and then innovate and adapt the models for the community context where the intervention will be implemented. But innovation and adaptation should not compromise the core components of effective primary prevention either. Document all activities with rigorous but feasible and user-friendly M&E

strategies in order to: (1) illustrate outcomes and impact: (2) make recommendations for ongoing funding and expansion: and (3) contribute to the larger evidence base on primary prevention. Regularly reflecting on project learning and documenting these is also a valuable process

4. Plan well and allocate sufficient resources.

A clear and thorough – but flexible – intervention plan is essential. Allow time for thorough development, adaptation, training and mobilization to maximize outcomes and impacts.

Evidence-based primary prevention interventions may not be quick, cheap and easy, but it is remarkable that there are promising and effective models that can reliably result in less VAWG and improvements in gender equality, healthy relationships, and community cohesion.

ANNEX 1:

GLOSSARY

Effective violence prevention programme: meets the highest scientific standard for effectiveness (scientifically proven), as evidenced in published evaluations; has a significant, sustained preventive or deterrent effect or reduction of problem behavior; the reduction of risk factors related to problem behavior; or the enhancement of protective factors related to problem behavior and has been replicated in different communities or settings.⁴¹

It has been found that multi-component interventions that engage with multiple stakeholders tend to be more effective in preventing VAWG than single-component ones. There are proven effective programmes, such as Microfinance and gender transformative approaches; Relationship-level interventions, group education with community outreach and community mobilization.⁴²

Evidence-based: Derived from or supported by objective and scientific research.

Fidelity: The degree of adherence to essential elements in the implementation of evidence-based clinical practice. Programs with high fidelity are expected to have greater effectiveness in achieving desired client outcomes.

Interrupted Time Series design: is a special type of time series where treatment/intervention occurred at a specific point and the series is broken up by the introduction of the intervention. If the treatment has a causal impact, the post- intervention series will have a different level or slope.⁴³

Intervention: The systematic process of assessment and planning employed to remediate or prevent a social, educational, or developmental problem.

Primary prevention: Any effort to stop the occurrence of violence by addressing and transforming the underlying harmful social norms, practices, and inequalities that drive violence against women and girls (VAWG) perpetration. This approach is largely driven by theoretical models informed by reliable data from large-scale population-based surveys on VAWG perpetration and the causal and risk factors of this behaviour.

Promising violence prevention programmes: meet scientific standards for effectiveness without meeting all of the rigorous standards of effective programmes⁴⁴. For primary violence prevention programmes, parenting programme falls in this category.⁴⁵

41 National Crime Prevention Centre, Promising and Model Crime Prevention Programs. [2008] https://www.publicsafety.gc.ca/cnt/rsrscs/pblctns/prmsg-mdl-vlm1/index-en.aspx#toc_1a

42 **What works to prevent violence against women and girls evidence reviews** Paper 2: Interventions to prevent violence against women and girls. **September 2015; Youth Violence: A Report of the Surgeon General.** <https://www.ncbi.nlm.nih.gov/books/NBK44295/>

43 Abbreviated Interrupted Time-Series – Institute for Policy Research. <https://www.ipr.northwestern.edu/workshops/past...design.../QE2010-Day3ppt.pdf>

Violence against women and girls (VAWG): A broad umbrella term, defined by the United Nations as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. United Nations Declaration on the Elimination of Violence towards Women (1993, Article 1) It includes many different forms of violence against women and girls, such as intimate partner violence, non-partner sexual violence, trafficking, and harmful practices such as female genital mutilation.

Randomised controlled trial (RCT): A study in which a number of similar people are randomly assigned to 2 (or more) groups to test a specific drug, treatment or other intervention. One group (the experimental group) has the intervention being tested, the other (the comparison or control group) has an alternative intervention, a dummy intervention (placebo) or no intervention at all. The groups are followed up to see how effective the experimental intervention was. Outcomes are measured at specific times and any difference in response between the groups is assessed statistically. This method is also used to reduce bias.

Theoretical models: Diagrams that explain the causes of, risk factors for, and/or protective factors against a particular problem. A theory of change, built from a theoretical model, is a map of how to address the causes and risks (and strengthen the positive protective factors) in order to arrive at a solution or more desirable

44 National Crime Prevention Centre, Promising and Model Crime Prevention Programs. (2008)

45 What works to prevent violence against women and girls evidence reviews Paper 2: Interventions to prevent violence against women and girls September 2015; Youth Violence: A Report of the Surgeon General. <https://www.ncbi.nlm.nih.gov/books/NBK44295/>

ANNEX 2:

EXAMPLES OF OTHER EFFECTIVE REGIONAL PRIMARY PREVENTION PROGRAMMES

Title	Study Details	Summary of Intervention	Study Details	Summary of Intervention
ICDDR, B's "Growing Up Safe and Healthy" (SAFE)	Intervention programme implemented in 19 slums in Dhaka for 20 months with three arms: A, men and women; B, women only; C, no group session.	Prevention messages communicated within the SAFE project focus on bodily integrity, intimate decision making, choice, and consent. The project offers a comprehensive package of skills and services through one-stop service centers near slums. It aims to enhance access to available remedies and related referrals through implementation of the Domestic Violence (Prevention and Protection) Act 2010.	Females aged 10-29, males aged 18-35, and community members.	Decreased physical intimate partner violence for 15-19 year olds by 10%. Raised awareness in the slums of Dhaka through interactive group sessions on topics such as gender, health, rights, violence against women, and legal provisions; mobilized the community through support groups and volunteers; and provided health and legal services.
Verma et al., 2008 Yaari Dosti	Quasi-experimental 3 group design in urban slums of Mumbai and in rural villages in Gorakhpur, 2006-07.	Individuals in the first group received a lifestyle social marketing campaign and group education sessions (lifestyle marketing campaign plus group education campaigns). Individuals in the second group received only the group education sessions. The third group was the control	Young men aged 16-29 years, both unmarried and married (Mumbai) and young men aged 15-24 years (Gorakhpur)	Young men in the intervention groups in Mumbai and Gorakhpur were about five times and two times, respectively, less likely to report perpetration of physical or sexual partner violence in the previous 3 months, than those in the comparison sites. The levels of partner abuse rose in both comparison sites.
Das et al., 2012 Parivartan	Quasi-experimental design in Mumbai with 2 groups per setting: an intervention and comparison group.	Engaging coaches and athletes in fostering gender equity:	Young male athletes (age 10-16 years), mentors and coaches in community and school settings	Assessments of these interventions indicate promising outcomes in changes to young men's attitudes towards gender equality and the use of violence, but they did not result in significant behavioural changes.



