



UN WOMEN / Amy Reggers

EFFECTIVE APPROACHES TO PREVENTING VIOLENCE AGAINST WOMEN (VAW)

RESEARCH ON PROGRAMMES AND INTERVENTIONS
PREVENTING GENDER-BASED VIOLENCE IN BANGLADESH

Table of Contents

Key Terminology	3
Executive Summary	5
Introduction	11
UN WOMEN and Ending Violence Against Women in Bangladesh	11
Background and Purpose of the Research	13
PART 1: METHODOLOGY	13
1. Research Lines of Inquiry	13
2. Research Design and Approach	14
3. Review of Related Literature	15
Public health approach to VAW prevention: What constitutes primary prevention?	15
Evidence-based definition of “effectiveness” and current gaps: What does the data show?	16
4. Research Plan	18
4.1. Data Gathering and Programme Design Activities	18
4.2. Summary of Data Sets and Methodologies.....	21
PART 2: RESULTS	22
5. Effective VAW prevention programmes and interventions that have been proven to work: What are their characteristics and components based on the global evidence?	22
5.1. Characteristics of effective VAW prevention programmes	23
5.2. Components of VAW prevention programmes evaluated to be effective	28
6. Prevention interventions of CSOs in Bangladesh: What are the current learnings on what works to combat VAW?	30
6.1. Examples of effective VAW prevention strategies and interventions in Bangladesh	31
6.2. Gaps in primary prevention programming in Bangladesh	37
6.3. Challenges faced in implementation of VAW Prevention Programmes in Bangladesh	39
6.4. Community perceptions on assets and opportunities to support roll-out of locally adapted prevention interventions	40
7. Risk factors and Protective factors for VAW: What do the global and local evidence show?	41
8. Conclusions and Recommendations for the CGBV Project	45
(1) Evidence-based programming and evidence generation to strengthen VAW prevention	46
(2) Strengthening legal protections for women and girls against GBV	46
(3) Building capacities in VAW prevention strategy development	46
(4) Implementing context-specific local governance and advocacy strategies	47
(5) Implementing community-mobilisation and family / relationship-level interventions using evidence-based behaviour and social norm change methodologies and curricula.....	47

(6) Addressing sexual harassment and other forms of sexual violence against women and girls in education institutions	48
<i>Annexes</i>.....	49
Annex IA. Workshop Results from Small Group Discussions regarding learning on what works and what are the gaps in VAW prevention programmes in Bangladesh	49
Annex IB. Workshop Results from Validation Workshop – Small Group Discussion on Opportunities and Challenges...	53
Annex IC. Results from Workshop on Risk and Protective Factors for VAW	56
Annex II. Resources for researching GBV	57
Annex III. Relevant National Laws to VAW.....	58
<i>Bibliography</i>	59

Key Terminology

A. ON FORMS OF VIOLENCE AGAINST WOMEN

Violence against women (VAW): is 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. (UN General Assembly, 1993)

Gender-based violence (GBV): is violence that is directed against a person on the basis of gender. It constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity. (Council of Europe, 2012)

Intimate partner violence (IPV): refers to behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse, and controlling behaviours. (WHO, 2013)

Sexual violence/sexual assault: is any sexual act, attempt to obtain a sexual act, or other act directed against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part, or object. (WHO, 2012)

Sexual exploitation: means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially, or politically from the sexual exploitation of another. (UN Secretary General, 2003)

Sexual harassment: is unwelcomed sexual advances, requests for sexual favours, and other verbal or physical conduct of a sexual nature. (UN Secretary General, 2008).

Unwelcome sexually determined behaviour, both physical and non-physical, whether by words or actions. Such conduct can be humiliating and may constitute a health and safety problem. In case sexual harassment takes place in the work environment it is discriminatory when a person has reasonable grounds to believe that objection to such behaviour would create disadvantage in connection with employment, including recruitment or promotion, or when it creates a hostile working environment. (CEDAW General Recommendation 19 on Violence Against Women, 1992)¹

Some examples of physical contact sexual demand by action, such as touching a person's clothing, hair or body, hugging, kissing, groping, pushing or pulling, patting or stroking, standing close or brushing up against a person. Some examples of non-physical sexual harassment include sexual demand by words, sexually coloured remarks, showing pornography, staring ("eve teasing²"), "cat calling", following, chasing, stalking, flashing³, masturbating in public space. (UN WOMEN Safe Cities and Public Spaces Flagship Glossary of Terms, 2015)

Child marriage: a formal marriage or informal union before age 18.

¹ Available at: <https://www.refworld.org/docid/52d920c54.html>

² A widely used term in South and South East Asia to refer to the sexual harassment of women.

³ Sporadically exposing sexual organs in public spaces for example by opening and closing a long coat in front of another person with sexual organs being uncovered.

B. ON PREVENTION

Primary Prevention: Activities that take place before violence has occurred to prevent initial perpetration or victimization.

Primary prevention efforts are more than awareness-raising activities or a collection of communication interventions; a primary prevention approach is necessarily guided by ***theory, strategy, and evaluation.***

Secondary Prevention: focuses on preventing violence from continuing or escalating.

Tertiary Prevention: also indirectly contributes to prevention by helping shape community attitudes about violence against women.

C. ON PROGRAMME EVALUATION (as used in this research)

Effective interventions: For the purpose of this research, refers to those that were studied using rigorous impact evaluations.

Rigorous impact evaluation (IE): Impact evaluations compare the outcomes of a program against a counterfactual that shows what would have happened to beneficiaries without the program. Unlike other forms of evaluation, they permit the attribution of observed changes in outcomes to the program being evaluated by following experimental and quasi-experimental designs (World Bank DIME Initiative). Moreover, Rigorous IE refer to analyses that measure the net change in outcomes for a particular group of people that can be attributed to a specific program using the best methodology available, feasible and appropriate to the evaluation question that is being investigated and to the specific context" (International Initiative for Impact Evaluation).

Outcome monitoring: examines whether targets have been achieved.

Control Group: In an experiment, the control group does not receive the intervention or treatment under investigation. This group may also be referred to as the comparison group.

Intervention Group: the group that receives the intervention or participates in the project activities.

Statistical Significance: Statistical significance refers to the probability or likelihood that the difference between groups or the relationship between variables observed in statistical analyses is not due to random chance. If there is a very small probability that an observed difference or relationship is due to chance (e.g., $p < .05$), the results are said to reach statistical significance. This means that the researcher concludes that there is a real difference between two groups or a real relationship between the observed variables.

Executive Summary

Background, Research Objectives and Methodology

UN Women Bangladesh is implementing a four-year project titled *Combating Gender Based Violence in Bangladesh (CGBV)* as part of its programme on Ending Violence Against Women (EVAW), with the support of the Government of Canada. The project recognizes that prevention of violence requires sustained and comprehensive action at individual, family, organizational and societal levels.

The current study titled, “Effective Approaches to Preventing Violence Against Women (VAW): A research on programmes and interventions preventing gender-based violence in Bangladesh” was conducted to inform strategy development and programme design. It is an evidence-based assessment of effective VAW prevention programmes with an action research component, using the investigation results for programme development, informing the contents of this CGBV Strategy and Implementation Plan. The research and programme design process were conducted from February until the end of March 2019. The research had 3 aims:

- Gather examples of effective VAW prevention programmes from around the globe that defined and measured impact and outcomes of various VAW prevention interventions, community approaches as well as of gender transformative training curricula;
- Select and analyse VAW prevention programmes being implemented in Bangladesh, identifying and assessing effective interventions against the evidence-based standards; and
- Gather views/recommendations on GBV prevention of the leading CSOs working on VAW in the country and of key actors, including stakeholders from government, UN agencies, donors, community-based organisations especially grassroots women’s rights organisations, as well as the women, men and children targeted as beneficiaries of the VAW programmes.

Primary data gathering activities were participated in by over 100 local stakeholders representing

organisations that have VAW prevention programmes. These included: key informant interviews (16), two consultation workshops with civil society (with approx. 26 participants from NGOs and 18 from community-based organisations), four FGDs (with 38 women, men and youth) and the validation workshop (with approximately 45 participants from NGOs, development partners, and UN agencies).

Results

Internationally, there is a general agreement among development practitioners and scholars that there is not sufficient evidence on what works in preventing gender-based violence, especially in lower income countries and crisis contexts. Based on a World Bank systematic review of reviews on interventions to reduce violence against women and girls, it was found that evidence for interventions is mostly available for high-income countries, and for response, rather than prevention. Further, most research has been done on intimate partner violence, with far less evidence on how to prevent other forms of violence. Nonetheless, the body of research indicates that it is possible to prevent violence, with some interventions achieving large effects in programmatic timeframes; i.e., multi-year programmes. In brief, successful programmes are those which engage multiple stakeholders with multiple approaches, aim to address underlying risk factors for violence including social norms regarding gender dynamics and the acceptability of violence, and support the development of non-violent behaviours.

Characteristics, components and strategies of effective VAW prevention programmes

Below are some key findings in response to the research inquiry regarding the characteristics, components and strategies of effective VAW prevention programmes.

A. Characteristics

1. **Multi-level interventions:** Interventions that target all levels of the social-ecological model necessarily need to include work on laws and

policies, alongside those that work on individual capacities/attitudes/behaviours of women and men, improve relationships within the family and communities, and strengthen communities' social mechanisms.

2. **Multi-sectoral and multi-faceted approaches:**

Although, there is conflicting evidence regarding how effective economic-only interventions are in reducing VAW, there is some evidence that the approach is promising when coupled with gender trainings and other social empowerment interventions. Ex: A recent study in Bangladesh provided evidence that cash or food transfers accompanied by behaviour-change communication interventions can lead to a decrease in IPV, even after the programme intervention.

3. **Aims for, and measures, gender transformative changes:**

There is insufficient evidence to make a recommendation for all types of social empowerment, however some interventions show effectiveness in reducing violence. These include sex worker collectivisation, home visits to at-risk pregnant women. Group empowerment training for women and girls are not often evaluated based on their impact on VAW prevalence; however there is evidence that they can reduce risk factors or increase protective factors for VAW.

4. **Context specific:** On top of maximising data generated by RCTs on the impact of various VAW prevention interventions, evidence-based programming also involves the adaptation of tested models to new contexts, while maintaining fidelity to the core principles and components or methodologies. There is a growing community of practitioners, development partners and researchers producing and testing several resources and tools that can be used as a guide in adapting primary VAW prevention interventions to new contexts such as the World Bank Review of Evidence and Essential Steps to Adaptation

(2016), case studies from CUSP⁴, and the ADAPT-ITT Framework.

B. Components

1. **Includes relationship-level / Family interventions:**

There is fair amount of evidence on effectiveness of relationship-level interventions in reducing VAW prevalence, such as the Stepping Stones in South Africa and SHARE in Uganda, to name a few. Further, studies show that the family is also an increasingly important entry-point for intervention to target violence prevention at the domestic unit rather than just between women and their husbands.

2. **Combines community mobilisation with other interventions to change social norms:**

In order to go beyond community awareness-raising and group trainings, primary prevention programmes targeting longer term and gender transformative change integrated community mobilisation interventions in their approach. One notable example is the use of the SASA! Community-based mobilisation approach in Uganda, which has been adapted by more than 60 organizations in over 20 countries.

3. **Group education and community mobilisation, primarily engaging men and boys:**

Interventions that combine group education with boys and men (sometimes in combination with women and girls) and adopt a gender transformative approach and intense community mobilization have been found to be promising. An example is the Ethiopia Male Norms Initiative using Promundo's Programme H curriculum, which found a significant decrease in IPV perpetration.

4. **Linkages established with services for women and girls as part of the prevention programme:**

Programmes that integrate services for women's empowerment or/and for VAWG survivors under one roof are promising practices that may reduce violence and increase survivors' ability to leave their perpetrator, preventing further violence. Further, it supports women more effectively saving their time, resources and

⁴ In 2016, the Community for Understanding Scale Up (CUSP), was formed to address challenges and maximise opportunities

arising from the methodologies, such as SASA! and Stepping Stones, being taken to scale.

sparing them from having to repeat the story of abuse multiple times.

C. Strategies

The research results and analysis have led to specific strategic approaches that merit greater attention based on the recommendations from evaluations of VAW prevention programmes. The strategic approaches outlined are further discussed in the iteration of the CGBV Programme Design and Strategies:

1. Identification of key partners and entry points in order to promote good governance and heightened participation for VAW
2. Mobilisation of leaders (community leaders, faith leaders, government leaders at all levels, heads of organisations)
3. SMART Programme Design: Identifying and addressing the drivers (root causes and risk factors) of violence + Identifying evaluation questions during programme design.
4. Adaptation of tested models to new contexts, while maintaining fidelity to the core principles and components or methodologies
5. Internal capacity building and internalization of the values promoted at individual and organizational level
6. Coordination with key actors, including other UN agencies and development partners to create synergies across programmes
7. Designing from evidence while contributing to national and global knowledge base on effective VAW prevention

[Examples of effective GBV prevention strategies and interventions in Bangladesh](#)

Although there are only a few VAW programmes in Bangladesh that included an impact-level evaluation of the project interventions on the prevalence of VAW, there have been promising approaches implemented that can inform better VAW prevention.

- 1. Adapting globally-evaluated gender transformative training curricula and approaches** – There have been several organisations that have made use of globally-evaluated approaches and group training curricula that aim to positively change gender

norms and impact attitudes on violence against women and prevalence of various forms of VAW (ex: IPV, SV, child marriage). Some examples include: Oxfam’s We Can Campaign in 6 South Asian countries, including Bangladesh, which rolled out the Change Makers training based on Raising Voices’ SASA!; the Nurturing Connections approach of Hellen Keller International HKI adapted from Stepping Stones; the HERrespect Curriculum adapted from Stepping Stones as well as the SAMRC curriculum Skhokho Supporting Success—being used in a multi-sectoral collaboration including iccdr,b—in addressing workplace violence in 4 factories in Bangladesh.

- 2. Implementing concerted legislative advocacy at the national level to increase legal protections for women against GBV** – Women’s rights organisations and other CSOs working towards gender equality and the fulfilment of human rights in Bangladesh have successfully advocated for several legal frameworks relevant in addressing VAW. Recent successes include the advocacy of Bangladesh Legal Aid and Services Trust (BLAST), which led to the High Court decision last year prohibiting the controversial use of “two-finger test” conducted for the rape victims to prove the rape, BNWLA’s work that led to a High Court Directive on Sexual Harassment in 2009, and the efforts of Naripokkho and Acid Survivors Foundation in the late 90s that set up special courts and restricted the sale of acid, which led to a decrease in the number of women who experience acid attacks.
- 3. Designing projects with the dual aim of intervention and research in order to evaluate VAW prevention interventions** – There have been notable evaluation-cum-intervention projects implemented in Bangladesh that contributed to the global knowledge pool on interventions associated with outcome and impact level results of reducing violence against women such as the SAFE project (that found a 21% reduction in physical IPV among adolescents in intervention sites that received health and legal services, along with the complete set of community-based interventions—female dialogues, male dialogues, and community

campaigns); and the BALIKA Project of the Population Council, which saw a 20-30% reduction in likelihood for girls to be married as children after receiving educational support (31%), life skills and gender training (31%), and livelihoods trainings (23%).

- 4. Mobilising huge numbers of community members to organise into community-based organisations, loose networks or committees addressing VAW, and form alliances** – Many NGOs and women’s rights organisations have, in the past decade and a half, mobilised women, men and youth in order to address VAW in their communities. Examples include Oxfam’s WE CAN Campaign that trained tens of thousands of Change Makers since 2005, reaching communities in 55 of the 64 districts in the country; BRAC which has over 11,000 *Polli Shomaj* or community forums at the ward level, where women play a more active role in strengthening grassroots democracy, including addressing gender equality and violence against women. Other groups include: *EKATA* women’s solidarity groups (CARE Bangladesh), *Adda* (Oxfam), adolescent girl clubs (UNICEF), Reflection Action Circle women’s groups (Action Aid Bangladesh), and various in-school committees (ex: BNPS). Although many of the community-mobilising interventions for VAW have not been rigorously evaluated in terms of its contribution to the reduction of VAW prevalence, there have been many project reports highlighting their effectiveness in improving gender equality attitudes, decreasing the acceptability of VAW, and increasing empowerment of women and men to better prevent and respond to VAW.

[Learning and gaps in primary prevention programming in Bangladesh](#)

Using known gap analysis tools (ex: SWOT and fishbone analysis) during the CSO consultation workshops, the following gaps were identified:

1. COORDINATION AS A FUNCTION OF VAW PROJECTS

- **Insufficient CSO-Government Coordination** – Respondents cited a lack of coordination

between CSOs and government agencies working on VAW. This is partly due to the programme design of VAW prevention projects not always having a focus on improving good governance; however, the other reason is that in some local government units (District, *Upazila* or sub-district, and Unions) the VAW standing committees, or focal points from national ministry offices are not always present and/or active.

- **Insufficient CSO Coordination integrated into the VAW projects’ learning and knowledge management** – Although networks and platforms were identified (ex: LCG WAGE, Gender Working Group) some respondents still felt that in some instances, various EAW programmes are working in silos with few systematic avenues to share knowledge and strategies. Further, although there are national level networks, coordination is not typically integral to the specific VAW prevention programmes. This is especially true regarding the generation and use of data and information for what works in primary prevention—preventing VAW before it first occurs.

2. TECHNICAL CAPACITY IN VAW PREVENTION, especially regarding PRIMARY PREVENTION

- **There is insufficient understanding on risk factors and protective factors for VAW (includes lack of iteration in project TOCs)** – Some projects were found to not have a clear iteration of the risk and protective factors being targeted in VAW prevention. This is also related to the key finding that there are very few VAW projects that have a strong focus on primary prevention. Many, if not most, focus on secondary prevention, or the provision of immediate services
- **Gaps in theory, and lack of comprehensive strategies to guide behaviour-change / social norm change** – In relation to the above gap, many projects did not have sufficient multi-faceted strategies targeting gender transformative change in the communities.
- **Rigorous evaluation designs for primary prevention of VAW are not often defined during project design or from the beginning** – Apart

from a handful of projects, VAW prevention projects often did not have a clear impact evaluation framework as part of the programme design. Consultations with the NGOs and CBOs also found that there is limited organisational capacities to design and implement rigorous evaluations. As a result, many of the evaluations conducted were limited to qualitative external evaluations, or non-experimental pre- and post-evaluations. This is also linked to the gap that the use and generation of evidence on VAW prevention remains very limited.

- **Lack of targeted action to address intersectionality (i.e., violence against WGWD, LGBT, etc.); disability and SOGIE mainstreaming is also lacking** – During group consultations with NGOs and CBOs, it was found that very few organisations target the prevention of violence against the most marginalised groups of women. They do however, include them when identified in the communities, but they are not specifically reached by the VAW prevention to address the intersecting forms of discrimination faced.

2. PROJECT APPROACHES, EXECUTION AND EVALUATION

- **Need to balance the benefits and challenges posed by volunteer-based mobilisation** – Although working through volunteers is recognised to promote sustainability of community actions beyond the project, consideration should be made in ensuring the volunteers mobilised in projects are protected, especially youth volunteers. For example, they should not be expected to perform as NGO staff or an extension of an organisation’s personnel without proper remuneration or consideration for their many other obligations (ex: youth need to tend to their studies, women need to balance their multiple roles, etc.). Moreover, many of the community-based associations and loose networks are not sustained after the end of the project that formed them. There needs to be a review of how to support volunteerism more systematically, as well as to find opportunities to link with existing CBOs / grassroots associations when implementing new VAW prevention programmes as opposed to each

organisation forming new groups with every project.

- **Lack of roll-out and operationalisation of WHO Ethical Considerations and Safety Recommendations for Researching DV + PATH & WHO Researching VAW Guide** – Reference to the safety considerations for women respondents or project participants were very limited. In some cases, although the global guidelines above were mentioned there was a lack of details provided how these were operationalised.
- **Uneven implementation or roll-out of training across project sites (e.g., some sites receive more intense interventions, or skilled trainers, etc.)** – In evaluating VAW projects, it was found in one instance that results were achieved in only one project site, citing that this community received “more intense” interventions. This included greater number of community activities as well as more skilled community organisers found in one project site compared to the others. This also underlines the importance of coupling qualitative evaluations with the quantitative approaches in order to get a more complete picture as to why some interventions result in changes/expected outcomes and others do not. For example, through a qualitative evaluation, there could be more information gathered on the quality and content of training modules, quality of delivery, and so on.
- **Lack of beneficiary and process monitoring** – In relation to the above point, some rigorously evaluated projects do not have qualitative data to provide more insight on processes, programmatic learning, and on the quality and efficiency in delivery of project inputs. It is useful to conduct both Beneficiary Monitoring and Process Monitoring at mid-term and at the end of the project, to gather the views of the community members and stakeholders participating in the project, and gather any recommendations for improving project delivery. It is also an important source of learning on what have worked and why.
- **School-based approaches do not measure VAW outcomes** – Although school-based

projects have made significant progress in promoting the confidence and capacity of students and teachers in tackling gender-based violence in schools, families and communities, the impact of these projects on VAW prevalence are not typically measured. Often the outcomes measured in relation to these projects refer to the increase in leadership skills of young women / adolescent girls, improved performance in school, decrease in drop-out, etc.

6. Addressing sexual harassment and other forms of sexual violence against women and girls in education institutions

At the project implementation level, insights were gathered from the FGDs with the women, men and youth on gaps and challenges met by the community members on the ground:

- Women and girls' access to the programme need to be ensured at the start through a tailored approach that meets the needs and priorities of women and girls.
- Some monetary support and compensation were identified as a need as community volunteers advocating against violence against women
- Community members organised to prevent VAW need additional skills building in educating the community on changing gender biases, and dealing with strong opposition from influential religious or political leaders that do not hold gender sensitive and rights-based views.

Recommendations and Strategic Directions

1. Evidence-based programming and evidence generation to strengthen VAW prevention
2. Strengthening legal protections for women and girls against GBV
3. Building capacities in VAW prevention strategy development
4. Implementing context-specific local governance and advocacy strategies
5. Implementing community-mobilisation and family / relationship-level interventions using evidence-based behaviour and social norm change methodologies and curricula

Introduction

UN WOMEN and Ending Violence Against Women in Bangladesh

UN Women, grounded in the vision of equality enshrined in the Charter of the United Nations, works for the elimination of discrimination against women and girls, the empowerment of women, and the achievement of equality between women and men as partners and beneficiaries of development, human rights, humanitarian action and peace and security.

Bangladesh has a significant history of women organising movements to claim their rights. Over the years, women's groups have mobilised themselves and made sure their voices are heard in various issues, starting from violence against women, gender equality in securing economic opportunities, equal representation in politics, reproductive rights, family law reforms and gender mainstreaming in public policies.

Project in Brief

Program Area: Ending Violence Against Women

Implementation period: April 2018-September 2022

Duration of the Project: 4.5 years

Donor: Government of Canada

Implementing partner: UN Women Bangladesh

Project Locations: Bogura, Patuakhali, Comilla

Against this backdrop, UN Women in Bangladesh is working with government and civil society partners in the following areas:

- Income security, decent work and economic autonomy for women
- Violence against women and girls
- Governance, national planning and budgeting for gender equality
- Peace and resilience and prevention of natural disasters and conflicts
- Humanitarian response to the Rohingya refugee crisis

UN WOMEN is implementing its Strategic Note 2017–2020, with key programmes in gender responsive planning and budgeting, Ending Violence Against Women (EVAW), Women's Economic Empowerment, Women Peace and Security, and Disaster Resilience and Humanitarian Action, which is currently the largest programme area for the Bangladesh Country Office.

In the area of EVAW, UN Women Bangladesh is implementing a four-year project titled *Combatting Gender Based Violence in Bangladesh (CGBV)* with the support of the Government of Canada. The project will focus on primary prevention, stopping violence before it occurs, through multi-pronged approaches to ending violence against women and girls. The proposed CGBV initiative will create a comprehensive framework of integrated and mutually reinforcing interventions to address the underlying causes of violence against women and girls, improve their access to economic opportunities, and promote their equal status in society.

CGBV will enhance the capacity of civil society to design, implement and sustain primary prevention of gender-based violence, while also strengthening government mechanisms and strategies identified under Bangladesh's 8th Five Year Plan and the National Women Development Policy. The project will generate and test effective practices adapted to the context of Bangladesh, while measuring results in order to contribute to the global pool of knowledge and inform evidence-based prevention interventions.

Relevant Government Programmes⁵

The Government of Bangladesh has taken positive steps towards the empowerment of women, including through the **National Women's Development Policy (NWDP) , 2011** that seeks to reduce violence; eliminate discrimination; increase access to education, health and employment; and address the special needs of older women, women with disabilities and women from indigenous and marginalized communities.

Below are some objectives of the NWDP related to addressing VAW:

- To establish equal rights of men and women in all areas of state and public life in the light of the Constitution of Bangladesh.
- To ensure security and safety of women in all areas of state, social and family life;
- To establish human rights of women;
- To eliminate all forms of abuse of women and female children; and
- To eliminate discrimination to women and female children.

The **Multi-Sectoral Program on Violence against Women⁶** is being implemented jointly by the Government of Bangladesh and Government of Denmark under the Ministry of Women and Children Affairs. The project is being carried out in collaboration with the Ministry of Law, Justice and Parliamentary Affairs, Ministry of Information, Ministry of Social Welfare, Ministry of Home Affairs, Ministry of Health and Family Welfare, Ministry of Education, Ministry of Religious Affairs, Ministry of Youth and Sports and Ministry of Local Government, Rural Development and Cooperative.

One of the significant components of the program is the **OCC (One Stop Crisis Centre)** in the Medical College Hospitals (MCHs). The OCCs provides health care, police assistance, DNA test, social services, legal assistance, psychological counselling and shelter service etc. Training module for combating VAW developed for OCC staffs, teacher, students, health assistant, family planning officers and other professions.

The **National Human Rights Commission** was established in 2008. In the absence of an independent national commission on women's rights, the Commission has a women's cell mandated to monitor the rights of women in Bangladesh. It has launched campaigns to raise awareness⁶ on the issue of violence against women, and reports such campaigns as being some of their more successful ones.⁷ It has also published an extensive report analysing the impact of the Higher Judiciary's decisions on the protection of women's rights and how the Court's decisions measure against international human rights norms.⁸ In spite of its limited human, technical and financial resources, the Commission has been a key institution in shaping the country's human rights discourse and providing a wide range of training to various institutions, state agencies, the media and the population at large.

At the central level, the Ministry of Home Affairs and the Ministry of Women and Children's Affairs (MOWCA) compile statistics of cases received through their decentralized units. There is also a database on cases of violence against women under the Multi-Sectoral Program on Violence against Women. Moreover, the government has enacted a number of stringent laws and policies to protect women from such violence. The policies, laws and acts are listed in Annex III.

⁵ Source: UN WOMEN GBV Mapping, February 2017

⁶ Website of Multi Sectoral Project ;www.mspvaw.gov.bd

⁷ National Human Rights Commission, Annual Report, 2012 (Dhaka), p. 13. Available from <http://www.nhrc.org.bd/PDF/Annual%20Report%20English%202012.pdf> .

⁸ National Human Rights Commission, Analysis of Decisions of the Higher Judiciary on Protection of Women's Rights in Bangladesh (Dhaka, 2013), available from <http://www.nhrc.org.bd/PDF/Study%20reports/Protection%20fo%20Women.pdf>.

Background and Purpose of the Research

In order to inform strategy development and programme design, UN Women conducted a study titled, “*Effective Approaches to Preventing Violence Against Women (VAW): A research on CSO programmes and interventions preventing gender-based violence in Bangladesh*”. It is an evidence-based assessment of effective VAW prevention programmes with an action research component, using the investigation results for programme development. The research and programme design process were conducted from February until the end of March 2019.

Building on the GBV Mapping Survey conducted by UN Women in 2017 with over 50 NGOs in Bangladesh (see Annex IV), the research and consultation process aimed to conduct a rapid assessment to identify and describe effective strategies and interventions to prevent violence against women, currently being implemented by CSOs in Bangladesh. It also aimed to identify gaps, opportunities and entry points to implement VAW prevention strategies using a comprehensive and multi-sectoral approach.

Specifically, the research purported to:

- Gather examples of effective VAW prevention programmes from around the globe, including consolidating literature on scholarly studies, development co-operation reports, reviews and evaluations that defined and measured impact and outcomes of various VAW prevention interventions, community approaches as well as of gender transformative training curricula;
- Select and analyse VAW prevention programmes being implemented in Bangladesh, identifying and assessing effective interventions against the evidence-based standards, including identifying existing mechanisms and community assets, CSO interventions, and organised groups; and
- Gather views/recommendations on GBV prevention of the leading CSOs working on VAW in the country and of key actors, including stakeholders from government, UN agencies, donors, community-based organisations especially grassroots women’s rights organisations, as well as the women, men, girls and boys targeted as beneficiaries of the VAW programmes.

PART 1: METHODOLOGY

1. Research Lines of Inquiry

Main Research Questions

There are two main research questions for this inquiry:

1. What are the programme characteristics/strategies/components of VAW prevention programmes that have been evaluated to be effective, based on available studies globally and in the country?
2. What are examples of effective GBV prevention interventions implemented by CSOs in Bangladesh that share similar components as those found in the available evidence base on effective GBV prevention?

Sub-questions:

(1) On Programme Effectiveness and Evaluation

- 1.1. How do stakeholders from national to sub-district and community levels /and from various sectors in society define an effective GBV prevention programme? Are there differences across levels/sectors?
- 1.2. What are examples of evaluation designs/framework used to measure and assess effectiveness of GBV prevention?

(2) On Prevention of Violence Against Women

- 2.1. What types of prevention programmes are being implemented in Bangladesh?
- 2.2. What are the learning regarding what works locally?
- 2.3. What are gaps in current GBV prevention in the country?

- 2.4. What is the common denominator among promising interventions (i.e., what are the strategies' strengths)?
 A) in behaviour/social norm change; B) in community mobilisation; C) in women's empowerment; D) in support services; E) in advocacy for normative change; among others
- 2.5. What are current assets and opportunities for replicating the promising interventions, adapting them locally?
- (3) On Risk Factors and Pathways**
- 3.1. Which risk factors and pathways to violence were identified to be the main drivers of violence against women?
 Are there different drivers for different forms of VAW?
- 3.2. What are protective factors that mitigate the risks for VAW?

2. Research Design and Approach

Given that the issue of gender-based violence is a human rights and social justice issue—being a manifestation of historically unequal power relations between men and women (UN Declaration on the Elimination of Violence Against Women, 1963)—this research makes use of a qualitative research design informed by an Advocacy Research Paradigm (Kemmis & M., 1998). It has the purpose of gathering data and advocating for an action agenda for positive change for marginalised groups; in this case, for the women and girls, who are subjected to various forms of gender-based violence. This identification and disclosure of the philosophical worldview or paradigm in the presentation of the research methodology is valuable because it informs the reader and future users of the study about the theoretical framework that guides how meanings are constructed and findings are interpreted by the researcher.

The Advocacy Paradigm was complemented by a Participatory Action Research (PAR) approach to inquiry in order to adopt a pluralistic orientation to generating knowledge and achieving social change. With this approach the research aimed to create a collective and evolving inquiry where experiences of the key stakeholders inform the subsequent research and data gathering activities. For example, the research inquiry began data gathering through a series of key informant interviews and *group consultation workshops*, wherein key NGO actors working on ending VAW in the country provided input on how effective prevention programmes are defined in their view, as well as which community stakeholders can be consulted as part of subsequent data gathering activities, among others. Thus, through this approach, the stakeholders were also co-researchers. Further to this methodology is the identification and discussion of actions to address issues that are significant to those who participate. This was observed in the conduct of validation and strategy development workshop, which allowed the respondents, not only to comment on key research findings, but also to provide their own inputs or additional insights, sparked by the research, into strategies to better prevent violence against women.

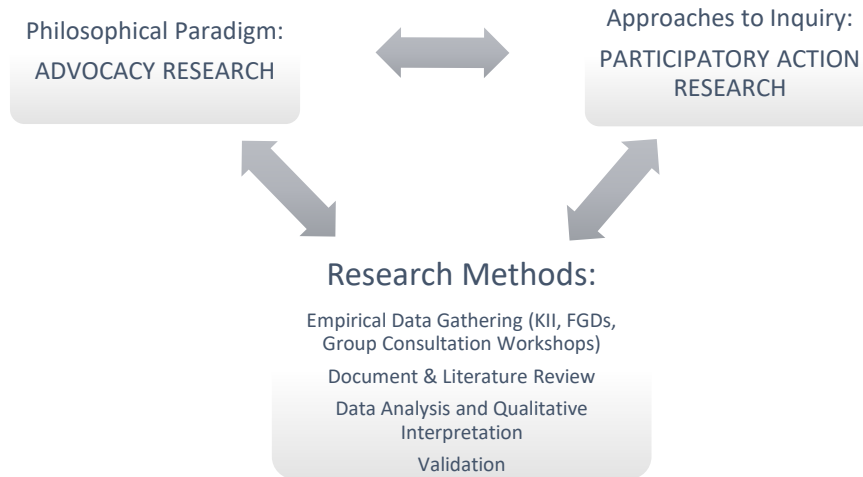


Figure 1. A Framework for Design – the Interconnection of Worldviews or Paradigms, Approach to / Strategy of Inquiry and Research Methods (Creswell, 2009).

As a part of the qualitative research design, the following methods for data gathering were selected:

- Key Informant Interviews
- Focus Group discussions
- Group Consultation Workshops
- Document and Literature Reviews
- Policy Review

Each research activity will be discussed in greater detail in the Research Plan section.

3. Review of Related Literature

Public health approach to VAW prevention: What constitutes primary prevention?

Given that there are several ways to classify violence prevention and intervention activities, the Centers for Disease Control and Prevention (2004) adapted the most common and useful way, from a public health perspective⁹, identifying activities according to when they occur in relation to the violence:

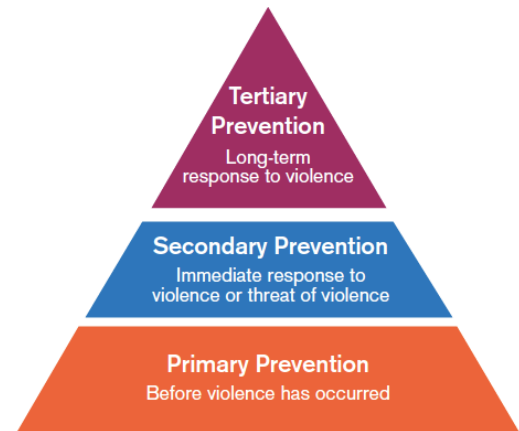
- Primary Prevention: Activities that take place before violence has occurred to prevent initial perpetration or victimization.
- Secondary Prevention: Immediate responses after the violence has occurred to deal with the short-term consequences of violence.
- Tertiary Prevention: Long-term responses after violence have occurred to deal with the lasting consequences of violence and offender treatment interventions.

When all three types (primary, secondary, and tertiary) are used together, they create a comprehensive response to violence against women¹⁰.

⁹ The Commission on Chronic Illness' (1957) disease prevention classification scheme

¹⁰ As cited in Project PreventConnect <http://wiki.preventconnect.org/primary-secondary-tertiary-prevention/>

Primary prevention efforts are more than awareness-raising activities or a collection of communication interventions; a primary prevention approach is necessarily guided by *theory, strategy, and evaluation*. For example, activities to promote awareness of the problem of violence against women are a crucial effort, though they are generally not recognized as primary prevention. Similarly, identifying resources for those who have been abused, activities intended to identify those who have been abused are not primary prevention activities. (California Coalition Against Sexual Assault).



Primary prevention dictates that the prevention strategy is rooted in one or more of the frequently used behaviour-change models and theories, such as the Diffusion Theory (E.M. Rogers, 1962; National Cancer Institute, 2006), Spectrum of Prevention (National Sexual Violence Resource Center [NSVRC], 2006), and the Socio-Ecological Model (Centers for Disease Control and Prevention).¹¹

Similarly, the WHO (2007) defined the public health approach to the primary prevention of intimate partner violence and sexual violence to be grounded in four stages, which also involves having a clear theory and evaluation framework.

1. Define intimate partner violence and sexual violence and documenting their scope and magnitude.
2. Identify factors that increase the risk of intimate partner violence and sexual violence, or factors that have a protective effect.
3. Design prevention strategies using knowledge of risk and protective factors and grounded in social science theory for modification of those factors. Evaluate the impact of any strategy.
4. Implement proven and promising strategies on a larger scale, in various settings, continuing to monitor their impact.

Through the last decade, there has been growing attention to primary prevention strategies in addressing violence against women. The Results Chapter consolidating literature in this field will present the main interventions that development practitioners increasingly implement, and for which aid agencies have been strengthening support.

Evidence-based definition of “effectiveness” and current gaps: What does the data show?

Internationally, there is a general agreement among development practitioners and scholars that there is not sufficient evidence on what works in preventing gender-based violence, especially in lower income countries and crisis contexts. Based on a World Bank systematic review of reviews on interventions to reduce violence against women and girls (Arango, Morton, Gennari, Kiplesund, & Elsberg, 2014), it was found that evidence for interventions is mostly available for high-income countries, and for response, rather than prevention as cited in

¹¹ More information available on: Diffusion Theory: <http://sphweb.bumc.bu.edu/otlt/MPH-Modules/SB/BehavioralChangeTheories/BehavioralChangeTheories4.html>; Spectrum of Prevention: <https://www.nsvrc.org/publications/nsvrc-publications/sexual-violence-and-spectrum-prevention-towards-community-solution>; Socio-Ecological Model: <https://www.cdc.gov/violenceprevention/publichealthissue/social-ecologicalmodel.html>

Ellsberg, et al. (2014). Further, most research has been done on intimate partner violence, with far less evidence on how to prevent other forms of violence. Nonetheless, the report highlighted that assessments of programmes indicate that it is possible to prevent violence, with some interventions achieving large effects in programmatic timeframes; i.e., multi-year programmes. In brief, successful programmes are those which engage multiple stakeholders with multiple approaches, aim to address underlying risk factors for violence including social norms regarding gender dynamics and the acceptability of violence, and support the development of non-violent behaviours.

It is telling, however, that the World Bank review¹², which assessed 58 reviews and 84 rigorously evaluated interventions (using experimental or quasi-experimental methods), still underlined the fact that further investment is needed to expand the evidence base for what interventions are effective in different contexts, assess a broader range of intervention models, and explore issues of intervention cost, sustainability, and scalability. This has been echoed by many development practitioners in the field, including from UNDP: “To improve policies and programmes in the future, the design of GBV initiatives has to incorporate data and impact assessments, which require funding (Kumpf, 2015).”

Noticeably, more and more organizations are addressing this evidence gap, including the UK Department for International Development (DfID), through its What Works fund and the Humanitarian Innovation Fund, with a call for proposals to combat GBV in emergencies. DfID also published a series of papers as part of their resource, such as the “What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls”. The review concluded that there is fair evidence to recommend: relationship-level interventions such as the Stepping Stones intervention¹³; microfinance combined with gender-transformative approaches such as with the IMAGE¹⁴ project; community mobilization interventions to change social norms; interventions that primarily target boys and men through group education combined with community mobilization; and parenting programmes (Fulu, Kerr-Wilson, & Lang, What works to prevent violence against women and girls? Evidence Review of interventions to prevent violence against women and girls, 2014). Conversely, the same review found that there is insufficient evidence to recommend single component communications campaigns; while alcohol reduction programmes show promise in high-income countries, more evidence is required from low-/middle-income countries, and it was noted that such interventions should be combined with broader prevention initiatives to be more beneficial. Moreover, there is insufficient evidence on school-based interventions; mainly because they have not sufficiently measured VAWG as an outcome, but they show promise in reducing risk factors for violence. Finally, there is conflicting evidence on bystander programmes which does not allow recommendation for or against the intervention.

¹² <http://documents.worldbank.org/curated/en/700731468149970518/pdf/927130NWP0Wome00Box385382B00PUBLIC0.pdf>

¹³ More details at: <https://www.whatworks.co.za/news/news/item/235-stepping-stones-and-creating-futures-supporting-women-and-men-to-create-a-world-free-from-violence>

¹⁴ The study including IMAGE and Stepping Stones as case studies in evaluating multi-faceted approaches to VAW is available at: http://www1.paho.org/hq/dmdocuments/2011/Addressing_violence_against_women_HIV-AIDS_eng.pdf

More recently, DfID’s What Works fund has been supporting a highly respected source of evidence on effective VAW prevention. The What Works to Prevent Violence Against Women and Girls Global Programme is implemented by a consortium led by the South African Medical Research Council, in partnership with the London School of Hygiene and Tropical Medicine and Social Development Direct, and is working in 13 countries across the world, including in Bangladesh, building the evidence base on What Works to prevent violence in low-middle income settings. Moreover, since 2015 the What Works to Prevent Violence Against Women and Girls Programme has developed, adapted, and implemented 15 evidence-based VAWG prevention interventions across the Global Programme projects in Africa and Asia. To ensure these were implemented effectively, all were implemented alongside rigorous evaluation research to test effectiveness¹⁵.

Impact of intervention	EFFECTIVE (Impact on VAWG)	<ul style="list-style-type: none"> • Microfinance and gender transformative approaches • Relationship-level interventions • Group education with community outreach (men/boys) • Community mobilization – changing social norms 	<ul style="list-style-type: none"> • Social empowerment interventions with vulnerable groups • Alcohol reduction programmes (limited evidence from LMICs)
	PROMISING (Impact on risk factors only)	<ul style="list-style-type: none"> • Parenting programmes 	<ul style="list-style-type: none"> • Whole-school interventions
	CONFLICTING	<ul style="list-style-type: none"> • Bystander interventions 	<ul style="list-style-type: none"> • School curriculum-based interventions
	INEFFECTIVE		<ul style="list-style-type: none"> • Single component communication campaigns • WASH interventions in schools
		FAIR EVIDENCE	INSUFFICIENT EVIDENCE

Summary table of availability of evidence and impact of interventions evaluated in: *What Works to prevent violence (2015). What works to prevent violence against women and girls evidence reviews Paper 2: Interventions to prevent violence against women and girls.*

Despite existing limitations in the evidence base, there are useful data listing common characteristics of effective VAW-prevention programmes. This related literature will be expanded in the Results Chapter of this report in order to discuss in greater detail some of the types of interventions, effective combinations of strategies, and methods that have proved to be gender transformative, and impactful in reducing violence against women.

4. Research Plan

4.1. Data Gathering and Programme Design Activities

Primary Data Gathering

1. Key Informant Interviews (KII)

A series of qualitative in-depth interviews were conducted with people who have first-hand knowledge about the VAW programmes being implemented Bangladesh as well as on the communities they work with. Through semi-

¹⁵ More information on the country interventions and training manuals developed are available at: <https://www.whatworks.co.za/resources/vawg-prevention-curricula>. However, note that at the time of the writing of this report results of the evaluations of the interventions, including the ones in Bangladesh, are not all published as yet.

structured interviews with a combination of closed- and open-ended questions, information was collected from a wide range of people—VAW/GBV project managers from NGOs and INGOs, gender focal points of other UN agencies and development partners (donor agencies), women’s grassroots leaders and other community leaders and organisers, and researchers and academics. These lasted between 60 and 90 minutes. *See Annex for* database of key informants for the research.

Prior to the conduct of the KIIs, the researcher conducted preparatory steps in the planning, including: (1) gathering and reviewing existing data; (2) determining what information is needed; (3) determining target population and brainstorming with UN Women and other professionals in the field about possible key informants; (4) identifying key informants; and (5) developing an interview tool.

2. CSO Consultative Workshop on Effective VAW Prevention for NGOs and CBOs

The consultative workshop offers a format for bringing together stakeholders, who are informed about and experienced in gender equality and women’s empowerment, including violence against women issues. With theoretical links to participatory action research and rapid appraisal methods, *consultative workshops* have become a popular qualitative research method, especially in developing contexts. At the beginning of the workshop, the researcher presented a consolidation of effective practices in GBV-prevention from around the globe and how these have been evaluated. The dual aim of the workshop was to share expert knowledge on evidence that exists around the globe on effective GBV prevention interventions, and to gather the professional views and input of the relevant stakeholders in Bangladesh. Thus, the workshops allowed participants the opportunity of synthesizing newly acquired knowledge with their own experiential knowledge and of constructing new ways of thinking about GBV prevention.

Each consultation was facilitated for 25 to 30 participants during a one-day workshop, which composed of structured learning exercises, small group discussions, guided plenary processing, and case study analysis and group work. There were separate consultations for NGOs and CBOs partly to involve more stakeholders, and also in consideration of providing a venue for grassroots organisations to participate more meaningfully, and providing an enabling environment for them to voice their views and inputs. Another reason for having separate consultations is because often their modes of action to prevent VAW are different and play complementary roles in the prevention programme, therefore it seemed more effective to capture the various information first-hand.

Below are several criteria in selecting NGOs and CBOs to engage in the research activities :

- Have conducted a multi-year EAW Programme of at least 3–4 years or more, with a focus on primary prevention as a priority (however, EAW programmes that focused on secondary prevention can be identified/included as well)
- EAW Programmes with primary prevention interventions including any or all of the following:
 - Closely involved/worked with local social and community mechanisms
 - Engaging men and boys, as well as women and girls
 - Integration in formal education / childhood development and formation
 - Behaviour/social norm change and gender transformative interventions
 - Strengthened response / improved VAW info & service provision quality and access
 - Strengthened/improved implementation of legal and/or community-based protections for women
 - Policy Advocacy
- Implemented an EAW project in a pilot area where measurement of at least **outcome-level** changes was made more possible within project duration.

- If any, those that implemented an EAW Programme with a clear impact-level Evaluation Framework (i.e., either experimental, using randomised controlled trial (RCT) or quasi-experimental design; or non-experimental design such as pre-/post-evaluation using baseline and endline measures)
- If possible those with operations or partner CBOs in the CGBV Project sites: Bogra, Patuakhali, Comilla

3. Focus Group Discussions (FGD) with community women, men & youth

The FGDs aimed to gather first-hand accounts of observed and perceived effects of VAW prevention programmes in their communities; community views on gaps and challenges in current GBV prevention interventions; perceptions on assets and opportunities in the village level to support roll-out of locally adapted prevention interventions; as well as community views and perceptions on risk factors and protective factors for VAW. The respondents came from communities where a GBV or VAW prevention programme was implemented. A total of four (4) with 8 to 10 respondents in each were conducted. Two FGDs were conducted in Comilla, with support from Dristi a local NGO partner of We Can Bangladesh, for (1) adult women; and (2) young women (15-24 years). Two FGDs were conducted in Gazipur, with support from BRAC Community Empowerment Program, for (3) adult men; and (4) young men (15-24 years).

Secondary Data Gathering

4. Review of programme documents

The researcher conducted preliminary review of programme documents gathered online as well as collected from UN Women Bangladesh and other NGO partners of UN Women. This first review led to identification of data gaps and informed the data gathering activities that will be designed (ex: Consultation Workshops), as well as the interview and FGD tools. The review also gathered information on GBV prevention interventions in Bangladesh, learning generated so far in the field, and what has been identified to work locally.

5. Review of literature (global EAW reports on BD, studies, surveys, evaluations, etc.)

The researcher consolidated effective practices in GBV prevention from around the globe. This includes compendium of reviews, as well as individual research studies evaluating various prevention approaches and behaviour-change theories, and individual evaluation exercises conducted by NGOs or government agencies (ex: from CDC and NSVRC in the United States). This helped identify key components and characteristics of GBV-preventions that have yielded impact-level results (i.e., reduction in VAW prevalence or incidence) or outcome-level results (i.e., decrease in risk factors or increase in protective factors mitigating risks for VAW), as well as compiled an evidence base of evaluation designs used to assess GBV prevention, risk factors and protective factors of VAW, and other learning on what works and what can be improved in the design of programmes that aim to prevent VAW.

Validation and Strategy Development Workshop

The researcher consolidated and analysed the results from the data gathering using interpretative qualitative analysis methodologies. The research's initial findings were validated with stakeholders in a one-day workshop. The researcher facilitated strategy identification sessions through known tools and structured methodologies used in linking research with programme ex: Fishbone analysis, Community Project Mapping, Asset Identification, Force Field Analysis, and Stakeholder Analysis, etc.

4.2. Summary of Data Sets and Methodologies

Data Set	Methodology	Source/s	Notes (ex: Coordinating entity, links)
<ul style="list-style-type: none"> 1. Programme characteristics/ strategies/components of VAW prevention programmes, and behaviour-change theories that have been evaluated to be effective 2. Risk factors and protective factors for VAW in general 3. Evaluation Designs measuring GBV prevention effectiveness 4. GBV prevention interventions in Bangladesh, learning, what works locally 	<ul style="list-style-type: none"> -Literature Review -Programme Document Review 	<ul style="list-style-type: none"> -Research and scholarly studies databases (Ex. JSTOR) -Online compendiums -NGO Programme Evaluation Reports 	<ul style="list-style-type: none"> DfID and WB have compilations of reviews of evaluation studies of GBV prevention effectiveness; along with published studies in peer-reviewed journals
<ul style="list-style-type: none"> 5. CSOs' first-hand accounts of GBV prevention interventions in Bangladesh, learning, what works locally 6. Experienced challenges and observed gaps in current GBV prevention interventions by CSOs 7. Civil society's observations on assets and opportunities to replicate/locally adapted prevention interventions 8. Views on risk factors and protective factors for VAW in Bangladesh 	<ul style="list-style-type: none"> -KII with NGOs -Consultation Workshops with NGOs and CBOs -Validation Workshop 	<ul style="list-style-type: none"> Stakeholders from NGO, INGO, UN, DP, CBO and GO 	<ul style="list-style-type: none"> Shortlist NGOs/interviewees in consultation with UNW; shortlist CBOs based on NGOs' input
<ul style="list-style-type: none"> 9. Community members' first-hand accounts of observed and perceived effects of VAW prevention programmes in their communities 10. Community views on gaps and challenges in current GBV prevention interventions 11. Community perceptions on assets and opportunities in the village level to support roll-out of locally adapted prevention interventions 12. Community views and perceptions on risk factors and protective factors for VAW in the community 	<ul style="list-style-type: none"> -FGDs with community members -KIIs with community leaders, women's grassroots organisation leaders 	<ul style="list-style-type: none"> Community members 	<ul style="list-style-type: none"> -Identify participants with NGOs/CBOs
<ul style="list-style-type: none"> 13. Stakeholders' recommendations on primary prevention strategies to combat GBV 14. Key stakeholders to involve in subsequent EVAW interventions 	<ul style="list-style-type: none"> -Programme Design Workshops -KIIs with government (TBD) -Policy Review 	<ul style="list-style-type: none"> Stakeholders from NGO, INGO, UN, DP, CBO and GO 	<ul style="list-style-type: none"> May include representatives from wider group of stakeholders, on top of those that participated in the research.

PART 2: RESULTS

5. Effective VAW prevention programmes and interventions that have been proven to work: What are their characteristics and components based on the global evidence?

❖ **The social-ecological model is a foundational theory in effective violence prevention, used and adopted by leading practitioners and alliances working to address violence against women.**

Adopted by the WHO in the 2002 World Report on Violence and Health, the social-ecological model, also referred to as the ecological model, has been integral in understanding how to prevent violence against women before it begins. The report underlined that using the social-ecological model serves a dual purpose in violence prevention: each level in the model represents a level of risk, and each level can also be thought of as a key point for intervention (Krug & Dahlberg, 2002). This framework views interpersonal violence as the outcome of interaction among many factors at four levels—the individual, the relationship, the community, and the societal. The overlapping rings in the model illustrate how factors at one level influence factors at another level. It is based on evidence that no single factor can explain why some people or groups are at higher risk of interpersonal violence, while others are more protected from it. Similarly, the Centers for Disease Control and Prevention (CDC) uses the four-level model to better understand violence and the effect of potential prevention strategies. It recognises how it helps in the understanding of the range of factors that put people at risk for violence or protect them from experiencing or perpetrating violence. It is also the dominant paradigm for understanding violence against women (VAW), and posits that violence emerges from the interplay of multiple interacting factors at different levels of the social ‘ecology’ (Heise, 1998; Jewkes, Flood and Lang, 2014; Solotaroff and Pande, 2014) as cited in (Fulu & Kerr-Wilson, 2015).



As the model has been used to better understand the risk and protective factors for VAW, the ecological framework has also guided the evaluation of the interventions preventing the various forms of violence against women and girls. One of the most comprehensive and recent compilations of such evaluations is presented in *“What works to prevent violence against women and girls evidence reviews: Interventions to prevent violence against women and girls”* (2015), the second in a series of four papers that are part of DfID’s *What works to prevent violence against women and girls evidence reviews*. The interventions were presented based on the social-ecological model; and although it is recognised that some interventions work across more than one level, the review categorised the most common and promising interventions according to the level at which the programme primarily tries to intervene or the level at which it is trying to create change, i.e. working with and trying to change individuals, relationships, communities or institutions.

❖ **Below are some key findings in response to the research inquiry regarding the characteristics and components of effective VAW prevention programmes.** It is primarily based on the above What Works review that included over 200 individual studies in analysing the existing evidence on the impact of interventions that aim to prevent VAWG, or address its key risk factors. Thus, the below section provides a synthesis of the findings in the What Works review, while highlighting the conclusions relevant to designing VAW prevention

programmes¹⁶. Moreover, significant findings from additional studies that are not included in the review or have come out more recently have been added where relevant; with the notable studies conducted in Bangladesh highlighted.

5.1. Characteristics of effective VAW prevention programmes

Based on the What Works and other studies, it emerged that these are the characteristics for effective interventions:

5.1.1. *Multi-level interventions*

Programmes that designed interventions to target VAWG at multiple levels simultaneously—at the individual, interpersonal, community, institutional—prove to be more effective in achieving changes at the population level such as observing positive changes in attitudes towards VAW, reduction in experience and/or perpetration of VAW, etc.

❖ **Interventions that target all levels of the social-ecological model necessarily need to include work on laws and policies, alongside those that work on individual capacities/attitudes/behaviours of women and men, improve relationships within the family and communities, and strengthen communities' social mechanisms.**

It is widely recognised that changes in the penal code—for example, to include new forms of VAW such as marital rape—may have limited effects at a population level if law enforcement institutions remain weak, communities fail to acknowledge women's right to consensual sex within marriage, and if individual women are unaware of such a law (World Bank, n.d.). Thus, interventions at all four levels of the social ecology are needed. Similarly, behaviour-change interventions in the communities will not have widespread nor lasting effects without sufficient legal protections for women against VAW.

In fact, an analysis of Demographic and Health Surveys (DHS) indicates that national laws are an important protective factor: women who live in countries with domestic violence legislations have 7% lower odds of experiencing violence compared with women in countries without such laws, as well as a reduced prevalence of approximately 2% for every year the law has been in place (The World Bank, 2014). However, it is important to note still, that no country has been able to reduce the prevalence of VAWG to zero, irrespective of how long the law has been in place—as such, multi-sectoral approaches that include behaviour change/social norms initiatives are essential for catalysing long-term change (Klugman et al., 2014.).

5.1.2. *Multi-sectoral and multi-faceted approaches*

Findings of multiple studies have established the need to support multi-faceted approaches and interventions, not only establishing linkages between government, NGOs, and communities, but also ensuring collaboration between law enforcement, legal aid services, health care organizations, public health programs, educational institutions, and agencies devoted to social services and economic development.

Although, there is conflicting evidence regarding how effective economic-only interventions are in reducing VAW, there is some evidence that the approach is promising when coupled with gender trainings and other social empowerment interventions.

There is strong qualitative evidence that women's disempowerment and dependence on men make them both vulnerable to experiencing violence, and less able to challenge or leave situations of violence. Economic interventions as part of primary VAW prevention typically involves microfinance, village savings and loans

¹⁶ signified by the bullet symbol (❖)

associations (VSLA), provision of transfer of goods or cash, and vocational, job or livelihoods skills training including business or entrepreneurship skills.

While a number of economic-only interventions showed positive outcomes on IPV in a range of settings, others documented an intensification of IPV among women receiving transfers or women who were part of economic groups (Fulu & Kerr-Wilson, 2015). Evaluation of vocational/jobs training interventions also showed mixed results. For example, Stepping Stones/Creating Futures¹⁷ used a pre-test/post-test design and showed a reduction in women's experience of IPV; but no significant reduction in men's perpetration of violence (Jewkes et al., 2013).

On the other hand, all four RCTs (that linked microfinance or other group-based approaches to economic strengthening and social empowerment interventions) showed a reduction in IPV amongst female participants. One example is the project IMAGE, which used livelihood strategies to address gender, HIV and violence among rural women in South Africa. It combined microfinance with training and skills-building on preventing HIV infection, gender norms, cultural beliefs, communication, and intimate partner violence, and led to a 50% reduction of self-reported IPV after 24 months (Kim, et al., 2009).

Another successful model can be found in the Empowerment and Livelihood for Adolescents (ELA) program implemented in Uganda (Bandiera, et al., 2012) as part of the World Bank evidence generation through gender impact evaluations (Kiplesund & Morton, 2014), and combined economic and social empowerment interventions. The program delivered "Adolescent Development Clubs," which provided safe places for positive social interactions along with vocational and life skills to girls aged 14-20. The clubs were led by female mentors who taught courses on income generation with a focus on micro-enterprises. Life skills courses covered topics such as sexual and reproductive health, family planning, rape, conflict resolution and leadership. The study found that the share of girls reporting sex against their will dropped from 21 per cent to almost zero. Further, the program significantly increased entrepreneurial skills and participation in income-generating activities, in addition to a number of positive outcomes related to condom use, teen pregnancies rates and knowledge about risky behaviours (HIV and pregnancy knowledge).

❖ **A recent study in Bangladesh provided evidence that cash or food transfers accompanied by behaviour-change communication interventions can lead to a decrease in IPV, even after the programme intervention.**

The study assessed post-program impacts on IPV of randomly assigning women in Bangladesh to receive cash or food, with or without nutrition behaviour change communication (BCC). At 6–10 months post-program, IPV did not differ between women receiving transfers and a control group; however, women receiving transfers with BCC experienced 26% less physical violence (Roy, Hidrobo, Hoddinott, & Ahmed, 2018). In light of mixed evidence from rural Bangladesh on the relationship between women's economic empowerment and IPV, the study showed evidence that providing women with transfers while also engaging them and their household and community members through BCC decreases IPV beyond the end of the program.

¹⁷ Stepping Stones and Creating Futures intervention is a participatory gender transformative and livelihoods strengthening intervention. More information on these approaches and curricula are available at: <https://www.whatworks.co.za/resources/vawg-prevention-curricula#stepping-stones-and-creating-futures-south-africa>

5.1.3. *Focuses on gender transformative change*

In aiming to achieve outcomes related to the reduction of VAW, programme design and intervention need to be based on theories of gender and power, and should aim to address toxic masculinities as well as harmful social norms, as these are predictive of actual violence perpetration. Primary VAW prevention programmes need to include social empowerment interventions that aim to reduce gender inequalities and raise the status of women in their communities, especially of those who are most marginalised, while including ways to measure these changes. Thus, these gender transformative changes need to be planned for, targeted and measured as part of an effective programme to prevent VAW.

- ❖ **There is insufficient evidence to make a recommendation for all types of individual capacity development for women and girls, however some interventions such as collectivisation show effectiveness in reducing violence.**

One of the foundations of violence prevention are the social empowerment interventions for women and girls. This is supported by numerous studies and discourse that VAWG is fundamentally about gender inequality and women's subordination. In the *What Works* review (Fulu & Kerr-Wilson, 2015) of social empowerment interventions that target vulnerable groups of women, including pregnant women and female sex-workers (FSW), who are often highly vulnerable to violence from many perpetrators, interventions included gender sensitization and transformative programming, combination of awareness-raising with skills building (ex: life skills, human rights and violence prevention, leadership and collective organising for building the awareness of women and girls about their rights; how to access services; how to protect themselves against violence; etc). These also included one-on-one support in the form of home visits and mentoring. The review concluded there is a lack of evidence available on the effectiveness of social empowerment interventions on reducing VAW—both in quantity or quality of evaluations conducted. This is in part because many social empowerment (e.g., leadership) programmes do not measure their effects on VAW outcomes but only on the increase in leadership skills and confidence of the participants.

- ❖ **Organising sex workers into collectives showed this helped reduce violence and helped the women manage client risk behaviours related to violence better.**

Studies of the Avahan HIV prevention programme in Karnataka, India, showed that female sex workers membership of a collective group was associated with less experience of violence and police coercion, particularly in districts with programmes of longer duration (Blanchard, 2013; Karnataka Health Promotion Trust, 2012), while a study of the Ashodaya Samithi initiative in Mysore (Reza-Paul et al., 2012) found that, after a safe space was established for sex workers to meet, and with crisis management and advocacy initiated with different stakeholders, violence decreased by 84 per cent over five years; while police-perpetrated violence and violence by clients decreased substantially.

- ❖ **Intensive home visits by health care professionals or non-professional mentors resulted in a reduction in IPV; however as these are costly interventions, thus, they are difficult to replicate in low and middle income countries.**

Home visits to at-risk pregnant women particularly where these visits, which continued up to a year or more, were done before and after the pregnancy, and where the mother's partner was involved, resulted in the greatest reductions in IPV (Mejdoubi et al., 2013; Taft et al., 2011). In contrast, less intensive intervention, involving a short 30-minute empowerment training session and the provision of a card containing details of community resources for abused women, was also effective in reducing psychological abuse, but not sexual abuse (Tiwari et al., 2005).

- ❖ **Group empowerment training for women and girls are not often evaluated based on their impact on VAW prevalence; however there is evidence that they can reduce risk factors or increase protective factors for VAW.**

A leadership training programme for adolescent girls in the Solomon Islands did not measure its impact on violence, but found positive outcomes in terms of protective factors, including an increase in women’s leadership skills, knowledge on women’s right, and self-confidence (YWCA Solomon Islands, 2013).

Some collectivization interventions reported an impact on: women’s self-esteem; acceptance of IPV; women’s ability to challenge male behaviour and to resist unequal relations in the family (Brandl et al., 2003; Unterhalter et al., 2013); and women’s knowledge of pregnancy and STI symptoms, savings, self-confidence and social capital (Engebretsen, 2013)—which are all considered protective factors.

Many interventions for VAW prevention have empowerment training for women and girls as a key component, targeting change at an individual level to increase their agency and capacity to prevent GBV. Nonetheless, numerous studies have shown that in order to fully evaluate the effectiveness of these programmes in reducing VAW prevalence, measuring the interventions effect beyond gender equality or women’s empowerment indicators needs to be done. For example, an Oxfam impact evaluation study of a GBV project in Indonesia (2018) recommended including an evaluation framework in the project design. Evaluation is a key tool for learning as it can help to strengthen theories of change and sharpen project design, enable evidence informed adaptation, and support projects and programmes to capture and communicate their effectiveness. When designing a project, the programme team is encouraged to consider and define key evaluation questions to be addressed and to plan for sufficient budget, time and resources

5.1.4. Context-specific

In the light of trends of using evidence generated globally regarding what works in preventing VAW, it is important to note that programmes should employ culturally-sensitive and context-specific interventions. Programmes should ensure that any adaptation of VAW prevention approaches or group training curricula are done in close consultation with key stakeholders in the target communities, and is informed by a good understanding of local context and available evidence of what works locally.

- ❖ **On top of maximising data generated by RCTs on the impact of various VAW prevention interventions, evidence-based programming also involves the adaptation of tested models to new contexts, while maintaining fidelity to the core principles and components or methodologies.**

In 2016, the Community for Understanding Scale Up (CUSP), was formed to address challenges and maximise opportunities arising from the methodologies, such as SASA! and Stepping Stones, being taken to scale. It is composed of a group of nine organizations¹⁸ with robust experience in developing social norms change methodologies that are now being scaled across many regions and contexts, and its formation underlines the importance of following principles and guidelines in scaling up “tried and tested” initiatives for social norms change programming. Developed as a community of practice, CUSP recognises that although randomised controlled trials (RCTs) have become the gold standard for generating rigorous evidence, there is growing recognition of its limitations in measuring and understanding social norms change programming. One of which is

¹⁸ CUSP Member Organisations: the Center for Domestic Violence Prevention (CEDOVIP), Intervention with Microfinance for AIDS and Gender Equity (IMAGE), the Institute for Reproductive Health at Georgetown University, the Oxfam-initiated “We Can” campaign, Puntos de Encuentro, Raising Voices, Salamander Trust, Sonke Gender Justice, and Tostan.

its strong focus on one-directional behaviour change model that are unable to accommodate the multi-directional, multi-layered aspects of social norms change programming (Raab and Stuppert, 2014). Moreover, RCTs cannot predict what will happen when an initiative is applied in a different context (CUSP, 2017). Thus, it is important to recognise that researchers using social norms theory are finding that quasi-experimental and other participatory survey methods (i.e., non-RCT designs such as in-depth case study evaluation,) can contribute greatly to understanding not just what attitudes or behaviours may have changed, but also how and why those changes have or have not happened (Siegfried et al, 2017). The discussion of the principles and guidelines on overcoming some of the common challenges in scaling up or replicating evidence-based practices can be found in CUSP's brief published online¹⁹, along with a collection of case studies²⁰.

❖ **There is a growing community of practitioners, development partners and researchers producing and testing several resources and tools that can be used as a guide in adapting primary VAW prevention interventions to new contexts.**

Contributing to the same goal of maintaining fidelity to core principles and methodologies of adapted VAW prevention interventions, a World Bank study, *Community-Based Approaches to Intimate Partner Violence - A Review of Evidence and Essential Steps to Adaptation* (2016), highlights several examples of effective community mobilization interventions to prevent IPV, and underscores the basic components and steps that must be considered to adapt successful interventions to different contexts. The review describes some of the most successful community-based interventions, such as SASA! , Somos Diferentes, Somos Iguales, and Stepping Stones²¹.

More recently, a study documented results of using a structured adaptation framework—the ADAPT-ITT (Assessment, Decisions, Administration, Production, Topical experts, Integration, Training staff, and Testing) framework, which provides a sequential eight-step process to adapt interventions and programs to new populations and locations (Wingood & DiClemente, 2008)—to adapt a primary prevention program to address sexual violence in universities in Ghana (Munro-Kramer, et al., 2019).

ADAPT-ITT was developed, and has previously been used, to adapt evidence-based interventions for HIV to different locations (Sullivan et al., 2014), using a teen advisory board to adapt to a different population (Latham et al., 2010; Latham et al., 2012) and using community-based methods for adaptation to a new context (Wingood, Simpson-Robinson, Braxton, & Raiford, 2011).

The ADAPT-ITT framework involves eight steps: (a) Assessment of the priorities of the new population, (b) Decisions on whether or not to adapt the intervention and what content to adapt, (c) Administration of the intervention, (d) Production of an adapted version of the intervention, (e) Topical experts assist in the adaptation process, (f) Integration of feedback from the topical experts into the adapted intervention, (g) Training staff to implement the adapted intervention, and (h) Testing the adapted intervention.

¹⁹ CUSP (2017) On the cusp of change: Effective scaling of social norms programming for gender equality, Community for Understanding Scale Up available at: http://raisingvoices.org/wp-content/uploads/2013/02/CUSP_SVRlpaper.Final_6sept2017.forWeb.pdf

²⁰ CUSP (2018). Social Norms Change at Scale: CUSP's Collective Insights. Available from: <http://raisingvoices.org/wp-content/uploads/2013/02/6.CombinedCUSPcasestudies.FINAL.pdf>

²¹ More information on these studies available at: SASA: <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-014-0122-5>
SDSI: <http://www.comminit.com/hiv-aids/content/impact-data-sdsi-somos-diferentes-somos-iguales-were-different-were-equal>;
Stepping Stones: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3146862/>

The study found that by adapting a pre-existing evidence-based program focused on values-based decisions and healthy relationships, the programme was able to engage faculty, staff, and university students in a more rapid adaptation and dissemination of the primary prevention program. Adapting a pre-existing evidence-based program was efficient, ensured accuracy and quality, and allowed the implementers to reuse some of the universal content (i.e., values-based decision making) as it related to the needs identified by Ghanaian university students.

5.2. Components of VAW prevention programmes evaluated to be effective

As discussed above, multi-pronged approaches proved to be more effective in preventing VAW. Below are some of the key components of VAW programmes that have resulted in a decrease in VAW prevalence as a result of the interventions:

5.2.1. *Relationship-level / Family interventions*

Since majority of VAW occurs at the relationship level, with IPV being the most common form of VAWG globally, spousal relationships have been a focus of many VAW prevention approaches; and these interventions have been evaluated to have an impact on VAW prevalence.

❖ **There is fair amount of evidence on effectiveness of relationship-level interventions in reducing VAW prevalence, such as the Stepping Stones in South Africa and SHARE in Uganda, to name a few.**

The Stepping Stones evaluation from South Africa found a decrease of 38 percent in men’s reports of IPV perpetration at 24 months in the intervention group (Jewkes, et al., 2008). However, there was no change in reports of women’s experiences of IPV or forced sex among women. Further, it also reported a decrease in risk factors, such as problem drinking at 12 months.

The SHARE evaluation found a decrease in women’s experiences of physical and sexual IPV (including spousal rape), but no change in men’s reported perpetration of these outcomes (Wagman, et al., 2015). Both interventions, show an increase in protective factors, such as education and better communication skills within relationships. A review of the Stepping Stones interventions in seven countries revealed that of the five studies investigating gender equity, only one did not show any change (Skevington, Sovetkina, & Gillison, 2013).

❖ **The family as a whole unit is also an increasingly important entry-point for intervention.**

A recent study by Jewkes, Corboz, and Gibbs (2019) found that violence by in-laws and siblings has a major impact on women’s health, compounding the health impact of intimate partner violence (IPV), which also suggests that it may be strategic to target violence prevention at the domestic unit rather than just women and their husbands.

5.2.2. *Community mobilisation combined with other interventions to change social norms*

❖ **In order to go beyond community awareness-raising and group trainings, primary prevention programmes need to target longer term and gender transformative change by integrating community mobilisation interventions in their approach. One notable example is the use of the SASA! Community-based mobilisation approach in Uganda, which has been adapted by more than 60 organizations in over 20 countries.**

Behaviour and social norm change that impacts the population needs sustained community organising and capacity building of champions—from national to community levels—in order to address harmful gender norms, attitudes and beliefs at all levels of society.

Findings from the SASA! evaluation found that past year physical IPV experienced by women was significantly lower in intervention communities versus control communities (Abramsky, et al., 2014). The intervention was associated with significantly lower social acceptance of IPV among women and men; as well as with significantly greater acceptance among both sexes that a woman can refuse sex. Moreover, women experiencing violence in intervention communities were more likely to receive supportive community responses.

In addition to the contributions of the initial rigorous evaluation, SASA! was also evaluated at 4 years post-intervention to measure outcomes related to women's past year experiences of physical and sexual IPV, emotional aggression, controlling behaviours and fear of partner (Abramsky, et al., 2016). Notably, at follow-up, all types of IPV (including severe forms of each) were lower in intervention communities compared with control communities. SASA! was associated with lower onset of abuse and lower continuation of prior abuse; thus, being an effective means for both primary and secondary prevention of IPV.

More recently, a *Learning from SASA! Adaptations* case study in Tanzania (2018) documented learning and challenges in adapting the SASA! Curriculum in a rural setting, including participants' perceptions. It presented progress towards outcomes intended in SASA!, describing changes regarding women's and men's attitudes and behaviour related to VAW. In general, SASA! was perceived to have helped transform attitudes and behaviours by raising awareness about the value of reducing violence in the community. The majority of participants stated that IPV decreased substantially in their community during SASA! implementation due to increased awareness and the ability to recognize different forms of IPV. Women experiencing IPV who were familiar with SASA! were influenced to seek help.

Despite the gains, the case study underlines a persistent challenge in implementing interventions for gender transformative social norm change. The discussion of results acknowledged that although the community members were able to put into practice concepts learned from SASA! activities, both men and women struggled to shift traditional inequitable gender norms. For both men and women, the idea of a married woman refusing to have sex with her husband and asking for condom use was hard to change and likely requires more time. Interestingly, gendered division of labour (e.g. in the 2017 survey, 51% of women and 71% men responded that it is okay for a man to wash dishes) was harder to change for women than men. Findings from both RAS and qualitative data suggest that although SASA! is effective in changing knowledge, attitudes and behaviour surrounding VAW, transforming existing inequitable gender norms is challenging and requires sustained programming.

5.2.3. Group education and community mobilisation, primarily engaging men and boys

❖ **There is evidence of the promising effects of interventions that combine group education with boys and men and adopt a gender transformative approach and intense community mobilization, such as the Ethiopia Male Norms Initiative.**

Engaging men and boys, sometimes in combination with women and girls, have been found to be promising (Barker, 2009; Dworkin, Treves-Kagan and Lippman, 2013; Heise, 2011) as cited in Fulu and Kerr-Wilson (2015). The Ethiopia Male Norms Initiative using Promundo's Programme H curriculum, is one example of such that found a significant decrease in IPV perpetration (Pulerwitz, 2010). The evaluation showed decreased IPV perpetration in both arms of the intervention. The RCT results showed that the IPV perpetration decreased from 36 per cent to 16 per cent in the community that received group education and community mobilization arm, while it decreased from 36 per cent to 18 per cent in the community that received only group education.

However, more evidence is still needed as there are also some similar programmes that did not produce statistically significant results. For example, an Instituto Promundo (2012) study done in India, using Programme H, Stepping Stones and White Ribbon campaign methodologies, showed a decrease in IPV, but this was not significantly different to the control community.

5.2.4. Linkages established with services for women and girls as part of the prevention programme

Programmes that integrate services for women's empowerment or/and for VAWG survivors under one roof are promising practices that may reduce violence and increase survivors' ability to leave their perpetrator, preventing further violence. Further, it supports women more effectively saving their time, resources and sparing them from having to repeat the story of abuse multiple times (World Bank, n.d.).

6. Prevention interventions of CSOs in Bangladesh: What are the current learnings on what works to combat VAW?

In Bangladesh, despite the progress made so far in terms of the normative and policy framework, the incidence of violence against women and girls is still very high. The Bangladesh Bureau of Statistics (2016) Violence Against Women survey in 2015 found that 72.6% of ever-married women reported having ever experienced one or more forms of violence by their husbands at least once in their lifetime, and 54.7% experienced violence during last 12 months. According to women's rights group, Bangladesh Mahila Parishad (BMP), there were 940 incidents of rape in Bangladesh in 2018 alone. However, researchers say the real number is likely to be much higher. Moreover, 76 per cent female students in higher education institutions faced sexual harassment in their education campus (UN WOMEN, 2013).

Over the years, women's groups and other human rights and development organisations have mobilized themselves to address the high prevalence of VAW through the implementation of community-based interventions in addition to advocating for better legal protections against VAW. This include: community awareness raising, provision of legal and health services to VAW victim-survivors, leadership training for women and girls, economic interventions, school-based or workplace projects to address sexual harassment in institutions, and engaging men and boys—including religious and community leaders and elites. Many of their interventions also focus on strengthening capacities of civil society and government to improve VAW prevention and response.

Information for this section of the research report were gathered and consolidated from both primary and secondary sources. At the beginning of the research process, programme documents on VAW prevention were requested from approximately 40 different NGO, CBO, university, research, DP, UN agencies working on addressing VAW in Bangladesh²². The document review was complemented by primary data gathering activities participated in by over 100 local stakeholders representing organisations that have VAW prevention programmes. These included: key informant interviews (16), two consultation workshops with civil society (with approx. 26 participants from NGOs and 18 from community-based organisations), four FGDs (with 38 women, men and youth) and the validation workshop (with approx. 45 participants from NGOs, development partners, and UN agencies).

²² These organisations were identified based on the UN Women 2015 Mapping of Organisations working on GBV.

6.1. Examples of effective VAW prevention strategies and interventions in Bangladesh

Although there are only a few VAW programmes in Bangladesh that included an evaluation of the impact of the project interventions on the prevalence of VAW, there have been promising approaches implemented that can inform better VAW prevention. Below are some of the interventions conducted by CSOs locally in the past five to ten years, which share characteristics and components with programmes abroad that were evaluated to have contributed to the achievement of outcomes related to reducing VAW prevalence.

6.1.1. *Adapting globally-evaluated gender transformative training curricula and approaches*

❖ **Use of global evidence for prevention programme design**

There have been several organisations that have made use of globally-evaluated approaches and group training curricula that aim to positively change gender norms and impact attitudes on violence against women and prevalence of various forms of VAW (ex: IPV, SV, child marriage). Some examples include: Oxfam’s We Can Campaign in 6 South Asian countries, including Bangladesh, which rolled out the Change Makers training based on Raising Voices’ SASA!; the Nurturing Connections approach of Hellen Keller International HKI adapted from Stepping Stones; and the HERrespect Curriculum²³ adapted from Stepping Stones as well as the SAMRC curriculum Skhokho Supporting Success—being used in a multi-sectoral collaboration including iccdr,²⁴—in addressing workplace violence in 4 factories in Bangladesh.

Case Example 1: Hellen Keller International: “Nurturing Connections gender sensitization trainings”

Project Title and Brief

The “Agriculture, Nutrition, and Gender Linkages (ANGeL) Project” was a 3-year initiative that aimed to identify actions and investments in agriculture to promote agricultural diversity, increase farm household income, improve nutrition, and empower women. The ANGeL project explicitly recognizes the importance of gender along agriculture-nutrition impact pathways. It includes gender sensitization activities, based on a tool called Nurturing Connections, adapted from Stepping Stones and developed by HKI for use in Bangladesh at the community level with adult male and female household members (including grandparents) to foster communication, negotiation skills, mutual respect, and appreciation within families, even addressing topics such domestic violence and child marriage, and how they can be harmful to overall family health.

ANGeL was supported by the Government of Bangladesh, the U.S. Agency for International Development (USAID), and the CGIAR Research Program on Agriculture for Nutrition and Health (A4NH), designed and evaluated by the International Food Policy Research Institute (IFPRI)’s Bangladesh Policy Research and Strategy Support Program (PRSSP), and implemented by the Bangladesh Ministry of Agriculture. Hellen Keller International (HKI) facilitated the Nurturing Connections gender sensitization trainings. These highly interactive sessions focus on gender relations, power dynamics, communication, and empowerment.

Main Strategies and Key Messages

Nurturing Connections offers a participatory approach to challenging gender norms and building equality and constructive communications skills with every member of a community to create the best environment for improving nutrition.

The Nurturing Connections curriculum was adapted from the Stepping Stones programme and aims to create a safe space for discussion and structured activities where men and women directly discuss and challenge existing household inequalities that contribute to health and economic problems at home and in communities. While the program is oriented around nutrition and food security, it also builds skills in communication, assertiveness, and problem-solving.

²³ The curriculum also adapted exercises from: Promoting Gender Equity and Diversity: A CARE Training Curriculum for Facilitators (CARE), Yaari Dosti: Young Men Redefine Masculinity (Population Council), Building Intergenerational Relationships to Mitigate Gender-Based Violence and Promote Family Health (Dil Mil), Women’s Economic Empowerment Initiative’s Women in Factories Program - Foundational Training Curriculum (CARE and Walmart Foundation), and Program M (Promundo).

²⁴ A recognised international health research organisation based in Dhaka.

Agricultural Production
Facilitating the production of high-value commodities rich in essential nutrients through the diversification of crops, livestock, etc.

Nutrition BCC
Conducting high-quality training in behavior change communication (BCC) to improve knowledge of nutrition

Gender Sensitization
Undertaking activities to empower women and raise their status while encouraging gender parity

ANGeL

- It consisted of a series of participatory exercises to facilitate conversations on gender equity and enhance intra-household communication around food production and nutrition decisions and practices, division of labour, and resource allocation.
- The curriculum involved four months of weekly interactive group exercises, led by trained local facilitators, that included games, theatre, and storytelling
- Most weeks, three groups (women, their husbands/partners, and community leaders) met separately; every 4th week was a “community meeting” in which participants shared experiences across groups

Duration and Location
2014 to 2018 in 16 rural districts across Bangladesh

Evaluations Conducted and Main Outcomes Measured
Using a randomized controlled trial method, IFPRI-PRSSP (Ahmed, 2018) evaluated ANGeL’s impact for 5 combinations of 3 types of interventions for promoting nutrition- and gender-sensitive agriculture implemented in 17 months. Combining agriculture, nutrition, and gender sensitization trainings produced the greatest improvements in empowerment. ANGeL’s household approach empowered women and

men in unique ways: while women became more empowered in asset ownership and income decisions, men became more empowered in production and income decisions in select interventions. Both men and women’s attitudes related to gender improved, with more women recognizing that they make important contributions to their communities.

Contributions to, and Gaps in Evidence and Evaluation
The IFPRI’s impact evaluation involved two rounds of comprehensive household surveys. The first round, conducted before the start of project activities, created a baseline. The follow-up survey (endline) was conducted 24 months later, shortly after the second year of project activities ended²⁵. Although the program and the evaluation design didn’t purport to measure the impact of the combined interventions on VAW prevalence, it did, however, contribute to evidence on the effectiveness of the gender transformative curriculum, Nurturing Connections, on changing gender dynamics in the household. Nonetheless, a remaining gap is that results were observed for interventions participants and not to the wider community, leaving the questions regarding the effectiveness of wider diffusion unanswered.

Resources / Links
<http://www.ifpri.org/publication/agriculture-nutrition-and-gender-linkages-angel>

6.1.2. Implementing national advocacy to increase legal protections for women against GBV

❖ Women’s rights organisations and other CSOs working towards gender equality and the fulfilment of human rights in Bangladesh have successfully advocated for more legal frameworks necessary to protect women and girls from GBV

One of the recent successes include the advocacy of Bangladesh Legal Aid and Services Trust (BLAST), which led to the High Court decision last year prohibiting the controversial use of “two-finger test” conducted for the rape victims to prove the rape. In 2009, a High Court Directive on Sexual Harassment was another milestone judgement in response to public interest litigation filed by the Bangladesh National Women Lawyers Association (BNWLA). Other examples are efforts of Naripokkho and Acid Survivors Foundation in the late 90s, early 2000s to work closely with government that introduced strict new penalties, set up special courts to deal with cases and restricted the sale of acid. This has been documented to reduce the more than 500 women who experience acid attacks to less than 100.

²⁵ Currently, at the time of writing this report, the results of the RCT have not yet been published.

6.1.3. *Measuring effects of VAW programmes on the prevalence rate*

- ❖ **There have been notable projects implemented in Bangladesh that contributed to the global knowledge pool on interventions associated with outcome and impact level results of reducing violence against women.**

Designing projects with the dual aim of intervention and research, in order to evaluate VAW prevention interventions, contributes to the global evidence base of what works. One of the first examples of this is the SAFE project²⁶ that found a 21% reduction in physical IPV among adolescents in intervention sites that received health and legal services along with the complete set of community-based interventions (female dialogues, male dialogues, and community campaigns), compared to the arm that received all but the male dialogue group interventions.

Another notable evaluation joined with an intervention programme is the BALIKA Project of the Population Council, which saw a 20-30% reduction in likelihood for girls to be married as children after receiving educational support (31%), life skills and gender training (31%), and livelihoods trainings (23%).

Below are two examples of programmes that consisted of evaluation and intervention components to text VAW prevention strategies that result in a reduction of VAW:

Case Example 2: icddr,b. (Project Lead)

Project Title and Brief

The “*Growing Up Healthy and Safe (SAFE) Project*” was an integrated research and intervention project that combined awareness raising on health and legal rights and remedies through interactive group sessions, community campaigns, activism and provision of legal and health services. The project, which ran from 2010 to 2014, was a joint initiative between icddr,b, the Bangladesh Legal Aid and Services Trust (BLAST), the Population Council, Nari Maitree, WE CAN and Marie Stopes Bangladesh.

Main Strategies and Key Messages

The project compared the effectiveness of three different approaches to reducing gender-based violence:

Study arm A involves community awareness-raising, group sessions with female and male participants.

Study arm B involves community awareness-raising, group sessions with only female participants.

Study arm C, the comparison arm, involves community awareness-raising.

All arms had access to one-stop service centers (both health and legal services). 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.

Duration and Location

2010 to 2014 with a 20-month project intervention (March 2012 to October 2013) in 19 slums in Dhaka

Evaluations Conducted and Main Outcomes Measured

1. Impact of SAFE intervention on sexual and reproductive health and rights and violence against women and girls in Dhaka slums (Naved & Amin, 2014)

Spousal physical violence against adolescent girls reduced in both arms with group sessions (Female only and female + male groups), while men’s gender equitable attitudes increased in the study arm with both female and male group sessions.

2. A cluster randomized controlled trial to assess the impact of SAFE on spousal violence against women and girls in slums of Dhaka, Bangladesh (Naved, Al Mamun, Mourin, & Parvin, 2018)

²⁶ The “*Growing Up Healthy and Safe (SAFE) Project*” was an integrated research and intervention project between icddr,b, the Bangladesh Legal Aid and Services Trust (BLAST), the Population Council, Nari Maitree, WE CAN and Marie Stopes Bangladesh. More details are presented in the case studies of Bangladesh programmes in the research report.

A cluster was conducted to assess the impact of SAFE implemented in slums of Dhaka on IPV and test effectiveness of female only groups vs. no groups; and female + male groups vs. female only groups on IPV in the community using a three-arm cluster randomized controlled trial. The regression analyses (female survey: baseline n = 2,666; endline n = 2,670) showed no effect of SAFE on IPV against young women aged 15±29 in both comparisons. However, sub-group analyses demonstrated 21% risk reduction of physical IPV against adolescent girls aged 15±19 in the female+ male group intervention arm. A consistent reduction in sexual violence was observed in both female only and female + male arms for both groups of women, but the results were not statistically significant.

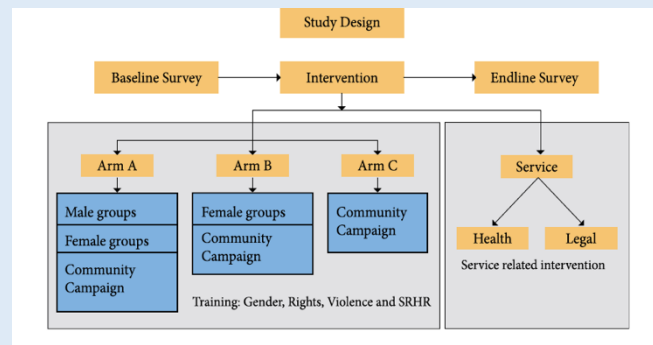


Figure 1. SAFE Evaluation Design

Contributions to, and Gaps in Evidence and Evaluation

The project contributed to the very limited pool of rigorously evaluated VAW prevention programmes (using experimental or quasi-experimental designs), and to an even smaller number of RCTs conducted in the country. Although, as the study noted, the control was not a true control group since all arms received community awareness raising interventions as well as VAW health and legal services. The study argues that this could have been the reason for less than significant changes between the arms compared (Arm B with C, and Arm A with B); it, however, does not explain the lack of significant changes within the arms from baseline to endline. Apart from not being able to measure the true impact of the interventions, having no true control group led to the absence of a counterfactual that can show what would have happened without the intervention. Lastly, it is unclear how the women's safety were taken into consideration during the research, particularly how the World Health Organisation (WHO) and PATH's guidelines for researching violence against women were operationalised. This may be particularly relevant since the project's evaluation results noted that the arm where female groups were exclusively targeted might have led to increased economic violence against adolescent girls.

Resources / Links

<http://www.safeprojectbd.org/resources/publications/>; <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0198926>

Case Example 3: Population Council

Project Title and Brief

BALIKA (Bangladeshi Association for Life Skills, Income, and Knowledge for Adolescents)

was a four-arm randomized controlled trial that evaluated whether three skills-building approaches to empower girls can effectively delay the age at marriage among girls aged 12–18 in parts of Bangladesh where child marriage rates are at their highest. Communities were assigned to one of three intervention arms.

Main Strategies and Key Messages

- Education support: girls received tutoring in mathematics and English (in-school girls) and computing or financial skill training (out-of-school girls).
- Life-skills training: girls received training on gender rights and negotiation, critical thinking and decision making.
- Livelihoods training: girls received training in entrepreneurship, mobile phone servicing, photography and basic first aid.

The approach is to engage communities by working with local institutions and supportive adults to create a favourable environment to invest in girls. These investments include creating safe spaces, supportive networks, and a common platform that can bring girls together, as well as various skill-building activities.

Duration and Location

The project run for 18 months from February 2014 to August 2015 in 72 communities in three southern districts—Narail, Khulna, and Satkhira. Another 24 communities served as the control arm of this study: no services were provided in those communities.

Evaluations Conducted and Main Outcomes Measured

1. Delaying child marriage through community-based skills-development programs for girls: Results from a randomized controlled study in rural Bangladesh (Amin, Ahmed, Saha, Hossain, & Haque, 2016);

Results found girls who were single at the beginning of the study were one-fourth less likely to be married by the end of the study. In an intent-to-treat analysis, each intervention showed that it was possible to significantly delay child marriage in comparison to control communities:

- Girls who received educational support were 31% less likely to be married as children
- Girls who received life skills training on gender rights and negotiation, critical thinking, and decision-making were 31% less likely to be married as children
- Girls who received livelihoods training in entrepreneurship, mobile phone servicing, photography, and basic first aid were 23% less likely to be married as children

The evaluation also studied impact of its three intervention approaches on other indicators that affect education, health, and social outcomes later in life. All three interventions had similarly successful outcomes. Compared to girls outside BALIKA communities, girls participating in the program were more likely to be attending school, have improved mathematical skills, and earning an income.

2. Skills-Building Programs to Reduce Child Marriage in Bangladesh: A Randomized Controlled Trial (Amin, Saha, & Ahmed, 2018)

The study used a cluster randomized controlled trial design with four arms (N=Education: baseline 2,917/endline 2,198; Gender: baseline 2,839/endline 2,165; Livelihoods: baseline 2,837/endline 2,215; Control: baseline 2,858/endline 2,276). Results showed the program reduced child marriages significantly in all arms relative to control. Program participants were younger and more likely to be in school and faced lower risk of marriage relative to nonparticipants.

Contributions to, and Gaps in Evidence and Evaluation

The study demonstrates it is possible to reduce the prevalence of child marriage in a relatively short period of time by working with communities to implement holistic programs to build skills among girls. The program had similarly large impact and did not depend on the type of skills offered. The research intervention provides a good model of an RCT evaluation design, which was carefully designed alongside the programme intervention from inception. However, one limitation is that the study was not designed to assess the combined effects of the interventions with the common program elements—such as intensive community engagement, recruitment of local mentors, use of technology, and creating a safe platform for girls to meet—which all together may have contributed to the impact measured, rather than independently/ individually affecting the change. There is also a lack of qualitative evaluation that can provide greater explanation and information on other critical factors that may have played an important role in achieving impact such as the availability of highly qualified mentors, the intensive monitoring that was integral to the research intervention, the availability of the safe space via schools, as well as the impact of the use of technology in achieving high participation rates among the adolescents even without material incentives. Further, evaluation of the sustainability of the effect of the intervention on the adolescents is an area that needs further study.

Resources / Links

<https://www.popcouncil.org/research/balika-bangladeshi-association-for-life-skills-income-and-knowledge-for-ado>;
[https://www.jahonline.org/article/S1054-139X\(18\)30194-0/fulltext](https://www.jahonline.org/article/S1054-139X(18)30194-0/fulltext)



6.1.4. Organising community members into groups, alliances and networks addressing VAW

❖ **Many NGOs and women’s rights organisations have, in the past decade and a half, mobilised women, men and youth in order to address VAW in their communities.**

WE CAN Bangladesh, for example, have trained tens of thousands of Change Makers since 2005, reaching communities in 55 of the 64 districts in the country. BRAC has formed over 11,000 *Polli Shomaj* or community forums at the ward level, where women play a more active role in strengthening grassroots democracy, including addressing gender equality and violence against women. Other groups include: *EKATA* women’s solidarity groups (CARE Bangladesh), *Adda* (Oxfam), adolescent girl clubs (UNICEF), Reflection Action Circle women’s groups (Action Aid Bangladesh), and various in-school committees (ex: BNPS), grassroots STOP VAW committees, men and boys platforms, and other women’s rights platforms formed nationally, along with community groups in Dhaka slums as well as in the rural areas by numerous projects on community development and VAW. This has led to the growing support to prevent VAW from the ground up, and provided different platforms for women’s voices to be heard.

Although many of the community-mobilising interventions for VAW have not been rigorously evaluated in terms of its contribution to the reduction of VAW prevalence, there have been many project reports highlighting their

effectiveness in improving gender equality attitudes, decreasing the acceptability of VAW, and increasing empowerment of women and men to better prevent and respond to VAW.

- ❖ **Community members regarded highly the previous VAW prevention programmes. Through trainings, courtyard meetings and events, respondents gained knowledge and skills to recognize and intervene in VAW and spread the messages to other community members to reject VAW.**

From the FGDs, the research gathered the views of community members that participated in the VAW programmes of the various NGOs mentioned above. For young and adult women in particular, involvement in the DRISTI²⁷ programmes empowered them to question the patriarchal norms and gender inequality, and to voice their opinions as an equal member of the society. The DRISTI programme provided practical trainings to women—such as property rights, marriage without registration, micro credit and how to sign documents for illiterate women, and VAW, that benefitted women at multiple levels. Through the programme, women created a peer support network at the local level where members provided support/advice to other women in their community, and members also networked with other women groups across the country for knowledge sharing and mobilizing women’s movement. By inviting husbands to attend courtyard meetings together with their wives, the DRISTI programme succeeded in emphasizing gender equality and ending VAW as everyone’s issue. Respondents noted that their husbands became more involved in household chores, and supported their participation in the programme. Moreover, some adult women continue to hold meetings after the programme ended.

The BRAC programme targeted male adults and youth to become allies in ending VAW. The adults formed EAW Committees while the young men formed Youth Committees, and both raised awareness about VAW issues among the community members and intervened in cases of VAW. They shared the great satisfaction of being able to work for their communities and to address issues such as child marriage, drug addiction and security.

Case Example 4: Oxfam-initiated We Can Campaign and WE CAN Bangladesh

Project Title and Brief
“We Can End All Violence Against Women Campaign” was a campaign started by Oxfam in 6 South Asian countries (Sri Lanka, India, Bangladesh, Nepal, Pakistan and Afghanistan), which trains and mobilises Change Makers to recruit 10 people as members of their Circle of Influence (COI) with whom they organise advocacy events to raise awareness on, and change attitudes regarding VAW. At the end of the campaign in 2011, WE CAN Bangladesh registered as Amrai Pari Paribarik Nirjaton Protirodh Jot (WE CAN), a platform of civil society aimed at ending VAW in the country using the original WE Can Change Makers methodology.

Main Strategies and Key Messages

- Community organising
- Alliance forming at national and district levels
- Involvement of media
- Communication materials for Change Makers

For the campaign itself, change started with the Change Makers, who in an exercise known as ‘clean the broom before you sweep’ were ‘encouraged first to recognise, understand and address the acceptance of violence in their own lives, attitudes and behaviour before seeking to persuade others do the same. The ‘We Can’ campaign seeks to trigger this internalisation and then a person-to-person chain reaction of change in attitudes and behaviour, on a scale sufficient to generate a mass social movement to end violence against women.

2004 We Can Campaign launched in Bangladesh

2005 1st Conference with 30k Change Makers

2007 We Can End DV National Alliance formed

2008 District Alliances formed

2009 Re-engagement & Deepening of Change among 10k Change Makers

2010-11 Assessment Period of We Can Campaign

to

²⁷ Dristi is a local NGO based in the Comilla district which served as a local partner for We Can Bangladesh in VAW prevention interventions.

Thus, the campaign brought the goal of eliminating gender-based violence within the sphere which individuals can hope to influence. Even minor changes in attitudes (a boy no longer demanding that his sister brings him water) were seen as significant.

Figure 2. We Can Timeline of Key Milestones

Duration and Location

2004 to 2010 launched in 55 of 64 Districts in Bangladesh

Evaluations Conducted and Main Outcomes Measured

1. We Can: A model of behavioural Change Concerning VAW (We Can Bangladesh, 2012)

An assessment was conducted of the We Can Campaign in reducing social acceptance of VAW and moving beyond individual change into collective attitudinal changes; i.e., diffused behaviour changes to members of their COI. Key outcomes observed include (N=445): Seventy-one per cent of Change Makers demonstrated “*Significant deepening of change*”;²⁸ almost eighty-eight per cent strongly agreed or agreed with the statement *A man is never justified in hitting his wife*”; over ninety-eight per cent strongly agree or agree that *“It is the responsibility of the community to support women who face violence.”*

2. Effectiveness Review: We Can Campaign by Oxfam Bangladesh (Hughes, 2012)

A non-RCT trial of the We Can Campaign in Bangladesh, where participants were purposely assigned to the intervention vs. control group as opposed to randomly assigned, found evidence to suggest that the campaign, where implemented with significant intensity, can reduce intra-marital violence, although primarily among the Change Makers—those trained by the programme—rather than in the general community. However, when the data are disaggregated by research site, it is clear that these differences only apply to one site in particular (Naogaon), where the campaign was more intensely implemented.

Contributions to, and Gaps in Evidence and Evaluation

The campaign assessment had a quasi-life history approach in the study where participants relayed stories about key milestones in their lives, in order to understand the subtleties in the deepening of change process among the Change Makers and the members of the Circle of Influence. This was conducted alongside quantitative methods to explore attitudes regarding VAW. It however did not have any baseline information to compare results with, nor a counterfactual. The effectiveness review, on the other hand, could have benefitted from a complementary qualitative research to probe further into how the reduction in intra-marital in the Naogaon site was actually brought about by the campaign, and how it differed from implementation from the other sites. Further the changes measured were limited to the participants in the intervention instead of on the greater community.

Resources / Links

<http://www.wecan-bd.org/research/>; <http://www.wecan-bd.org/reports/>

<https://oxfamilibrary.openrepository.com/bitstream/handle/10546/247213/er-we-can-bangladesh-effectiveness-review-081012-summ-report-en.pdf?sequence=1&isAllowed=y>

6.2. Gaps in primary prevention programming in Bangladesh

Synthesising the inputs and discussions from the consultation workshops and the KIIs, below is a summary of the gaps and challenges identified by respondents and observed by the researcher. Detailed responses from the workshops can be found in Annex IA. These were all validated by the CSO representatives that participated in the Validation Workshop conducted on 24 March 2019:

6.2.1. Lack of coordination and knowledge-sharing in the implementation of VAW Prevention Projects

- Various EAW programmes are working in silos and there is little to no formal sharing of what has worked and what are things that can be improved in preventing VAW.
- Respondents cited a lack of coordination between CSOs and government agencies working on VAW. For example, many projects have their own service provision component, and do not have close referral mechanisms with government-led services.

²⁸ Characterised by Change Makers: (1) showing a deeper understanding of VAW (i.e., identifying new forms of violence in new contexts; a sense of feeling more strongly about the issue of VAW; (2) engaging others on the issue; (3) gave examples of actions / behaviour change in one’s own life and a sense of continuity in taking actions; (4) showing examples of taking actions involving other people, reflecting continuous engagement with issues of VAW.

6.2.2. *Insufficient technical capacity in VAW Prevention, especially Primary Prevention Programming*

- Lack of the clear identification and understanding of the risk and protective factors in numerous projects' Theory of Change or results frameworks.
- Gaps in theory, and lack of comprehensive strategies to guide BCC / social norm change for primary prevention since a good number of the projects described by respondents have a strong focus on secondary prevention
- Rigorous evaluation designs for primary prevention of VAW are not often defined during project design or from the beginning, and some do not have rigorous evaluations at all
- Lack of targeted action to address intersectionality (i.e., violence against WGWD, LGBT, sex workers, Dalit, etc.); moreover mainstreaming is also lacking²⁹
- Use and generation of evidence on VAW prevention is limited, especially on gathering evidence in preventing VAW before it occurs

6.2.3. *Project Approaches and Execution*

- Volunteer-based community mobilization also faces challenges of sustainability, as many organisations report that after the project they have difficulty sustaining support for/engagement of the groups of changemakers and committee members they organised
- Lack of roll-out and operationalisation of WHO Ethical Considerations and Safety Recommendations for Researching DV + PATH & WHO Researching VAW Guide, which if not followed can pose a risk to the women and girls who participated in the research and intervention projects.
- Uneven implementation or roll-out of training across project sites (e.g., some sites receive more intense interventions, or skilled trainers, etc.)
- Lack of beneficiary and process monitoring; some rigorously evaluated projects do not have qualitative data to provide more insight on processes, programmatic learning, etc.

At the community level, many insights were gathered from the FGDs with the women, men and youth on learning, gaps and challenges met by the community members on the ground:

❖ **Women and girls' access to the programme need to be ensured at the start through a tailored approach that meets the needs and priorities of women and girls.**

Many women and girls require prior approval from their husbands and/or guardians to participate in the programmes, and the meeting time discouraged some women from participating in the programmes. In addition, local leaders' strong support for the programme is essential to facilitate further engagement and participation of community members in the programme. Community support for the programme led by the community leaders also deters threats of violence against participants—particularly against young women—and contributes to their safety.

❖ **Some monetary support and compensation were identified as a need for community volunteers advocating against violence against women**

²⁹ This gap is also supported by global evidence of overall slow-down on progress towards *Leaving No One Behind*. On inclusiveness, as well as violence against minorities and acceptance of gays and lesbians, 56 of the 146 ranked countries witnessed declines (The Social Progress Imperative Index, 2018). The root causes of why certain population groups stay behind need to be tackled through long-term investments and partnerships with agents of change, notably civil society organisations (CSOs). CSOs advocate for groups that are not otherwise seen or heard and help bring the voices of people on the frontlines of poverty, inequality and vulnerability to national and international policy processes. More at: <https://www.socialprogress.org>

Female FGD respondents cited the challenge of a lack of continued support for their community advocacy efforts after the project ends. They also expressed the challenge of not having some compensation or monetary support to carry out their community education or outreach to community members. Some participants also expressed the need for further skills development to intervene in VAW cases—such as leadership and negotiation skills.

❖ **Community members organised to prevent VAW need additional skills building in educating the community on changing gender biases, and dealing with strong opposition from influential religious or political leaders that do not hold gender sensitive and rights-based views.**

Stories shared by the FGD respondents underlined the need for further skills building for them to advocate effectively against VAW in the communities. Skills in explaining gender equality, applying human rights principles, and discussing with religious and other influential leaders (especially in relation to stopping child marriages) all need to be further developed. In addition, male ERAW committees called for the need for their committee to be officially recognized by the hosting organization for their effective interventions. Many respondents expressed their frustration dealing with the corrupt police. They suggested the need to link them directly with the justice sector to prevent VAW and deliver justice for survivors of VAW.

6.3. Challenges faced in implementation of VAW Prevention Programmes in Bangladesh

Below is the list of challenges identified by CSOs in implementing VAW Prevention Programmes. They refer to the political environment and government structures, socio-cultural norms, as well as the funding environment:

6.3.1. GOVERNANCE ISSUES

- Respondents cited lack of implementation of local government mechanisms for VAW provided by law ex: Standing Committees for VAW are inactive; family courts/mediation suffer from improper implementation
- Local government structure pose challenges, such as disconnect between people’s and government’s representative; i.e., UNO vs. Chairman
- Respondents cited gaps in delivery of government services (police / hospitals asking for money)
- Most respondents also shared the challenges regarding a lack of staff with technical skills and capacities to implement VAW prevention interventions and support civil society, especially at the *upazila* and union levels
- Results of individual skills-building for government staff are not sustained when they transfer or are reassigned to other ministries

6.3.2. DEVELOPMENT of CO-OPERATION PROGRAMMING

- Lack of long-term / flexible funding for comprehensive VAW prevention programming that is multisectoral and tackles VAW at the different levels of the social-economic model; diminishing funds
- Lack of support and technical capacities for rigorous evaluations; or for other organisational development capacities

6.3.3. SOCIAL AND INSTITUTIONAL ISSUES

- Strong traditional norms that promote patriarchy
- Backlash / perceptions of “male disadvantage” with the rise of WROs, GEWE

- Some community leaders and elites do not support advocates challenging the current gender norms and traditions including child marriage, women’s main reproductive role and subordination to their husband, and questioning the acceptability of sexual harassment in the schools and workplaces.

6.4. Community perceptions on assets and opportunities to support roll-out of locally adapted prevention interventions

While there are many challenges cited, the respondents in the research also identified existing assets, entry points and opportunities to advance VAW prevention programming in the country:

6.4.1. Existing allies from CSOs and government

At the community level, there are existing networks of EAW supporters from the previous VAW interventions (women’s groups, change-makers, youth committee, EAW committee) to take the lead to roll out future interventions. The Deputy Commissioner (DC) for administrative support and BLAST for legal support have both been engaged from the previous interventions, and they could be effective partners for future interventions. There are local leaders who have committed to act against VAW in their communities, who, together with EAW supporters could leverage other government, religious, community leaders to join in the efforts to influence the community at large.

6.4.2. Faith-based groups and gatherings

In addition, utilizing existing community and religious gatherings, such as *Talim*, has a potential to reach those who may not be reached through the programme intervention. By complementing existing individual and community networks, faith-based groups can establish support systems and network with other groups across the country to implement joint advocacy initiatives and contribute to the broader women’s movement.

6.4.3. Existing laws

There are existing laws that provide legal protection against VAW on top of the Penal Code 1860 (*see Annex III for more details*), such as the Domestic Violence (Prevention & Protection) Act 2010, the Acid Crime Prevention Act 2002, the Child Marriage Restraint Act 1929, Dowry Prohibition Act 1980, and the National Women’s Development Policy 2011, to name a few. The workshop and FGD respondents identified the need to take a holistic approach that is rights-based and address both individual and structural discrimination against women. The current legal framework provides opportunity to promote systematic change by strengthening law implementation and holding governments and institutions accountable to end impunity and deliver justice.

6.4.4. Growing awareness on gender equality

There are continued efforts to empower women to fully and equally participate in decision making processes must be promoted. This includes many interventions such as those ensuring women’s representation in village arbitration committee and resolve committee, identifying and partnering with female leaders in the community and religious settings, and those providing economic and leadership trainings for women and girls. There has been numerous initiatives that engage community leaders and men and boys both at schools and in the community, which are good starting points in transforming social norms and gender stereotypes to prevent VAW before it occurs.

7. Risk factors and Protective factors for VAW: What do the global and local evidence show?

Risk Factors and *Protective Factors* for violence against women refer to aspects of a person or group, personal experience and/or environment that make it more likely (risk factors) or less likely (protective factors) that women will experience violence. Factors associated with intimate partner and sexual violence occur at individual, family, community and wider society levels. Some are associated with being a perpetrator of violence, some are associated with experiencing violence and some are associated with both (*see below Box on Risk Factors, source: WHO*).

It is important to note that not all risk factors are causal; however, many factors are related to multiple outcomes (IPV, SV, child maltreatment). The more risk factors a person has, the greater the likelihood they will experience violence. It is critical to have a clear understanding of the behaviours, socio-economic contexts, and personal aspects correlated with the likelihood that VAW will or will not occur because the most effective prevention programmes work on both: reducing risks and enhancing protective factors.

- ❖ **One of the most notable and comprehensive studies on factors identified in this research was a systematic review of risk factors for intimate partner violence (IPV) that was conducted in 2012 (Capaldi, Knoble, Shortt, & Kim)³⁰.**

Below are some notable areas of findings on the risk factors and protective factors associated with IPV:

- Younger age is associated with increased risk for IPV, with the peak seeming to occur quite early—in late adolescence and young adulthood. This shows similarity to the pattern for crime and violence more generally, which peaks in adolescence and then declines.
- Deprivation, including unemployment and low income, was predictive of IPV.
- Minority group membership was also predictive of IPV.
- High levels of acculturation stress are predictive of IPV, as well as other kinds of stress such as financial and work related. This underlines increased risks of migrant populations for VAW.
- Regarding social and behavioural risk factors evident in adolescence, there is evidence that involvement with aggressive peers is a relatively robust and strong predictor of involvement in dating aggression at adolescence, whereas higher friendship quality is a protective factor.
- A factor that has been hypothesized as an important protective factor for IPV victimization, in particular, is social support; because social isolation is considered a risk factor. The relatively limited number of studies that have examined this issue indicates that social support and tangible help are protective for perpetration and victimization, and that parental support is protective for adolescents.
- Regarding relationship factors – which overall are understudied compared to contextual and developmental characteristics and behaviours of partners – relationship status (e.g., married, cohabiting, separated) is related to IPV, with married individuals being at lowest risk and separated women being particularly vulnerable. Low relationship satisfaction and high discord or conflict are proximal predictors of IPV, with high discord in particular being a robust predictor.

³⁰ The study reviewed a total of 228 articles, with a strict inclusion criteria: publication in a peer-reviewed journal; a representative community sample or a clinical sample with a control-group comparison; a response rate of at least 50%; use of a physical or sexual violence outcome measure; and control of confounding factors in the analyses.

- The main area where there was relatively robust evidence of gender differences was in internalizing problem behaviours, including depressive symptoms and low self-esteem, where there was relatively consistent evidence that internalizing behaviours are risk factors for women but not for men.
- The second area where there seemed to be emerging evidence for gender differences, somewhat surprisingly and counter to conventional wisdom, was in alcohol use as a greater risk factor for IPV for girls/women than for men.

❖ **Risk factors are not to be taken separately, as their interaction and presence in varying combinations affects the degree to which they can be a predictor of VAW. Similarly, the interaction of protective factors can have moderating effects on the relationship between the risks and VAW exposure.**

It must be noted, that the above lists are not exhaustive and that careful analysis is needed to understand specific risks for women in specific contexts, and the intersection of combined risks when present. Nonetheless, many of these factors have been identified as predictors of IPV as a result of research studies, while other factors were found to have less correlation when combined with other contextual factors. For example, women's risk of IPV were studied across neighbourhoods in Sao Paulo and found that women in the middle range of the socioeconomic scale were significantly more likely to report having experienced violence by a partner (Kiss, et al., 2012). The study also identified multiple factors such as partner behaviours, e.g. excessive alcohol use, controlling behaviour and multiple sexual partnerships, were important predictors of IPV. A women's likelihood of IPV also increased if either her mother had experienced IPV or if she used alcohol excessively.

These findings suggest that although the characteristics of people living in deprived neighbourhoods may influence the probability that a woman will experience IPV, there are other contextual dynamics that may affect this risk. Meaning, while poverty reduction will improve the lives of individuals in many ways, the study concluded that strategies to reduce IPV should prioritize changing the norms that reinforce certain negative male behaviours.

❖ **Another implication of the interaction of risk factors is that stand-alone interventions that address only one risk may not be effective in reducing VAW, and indeed may result in a backlash and increase VAW for participants of the intervention.**

In Bangladesh, this finding is supported when a study found that violence increased with membership of women in micro-credit organizations initially; however, it tapered off as duration of involvement increased (Wahed & Bhuiya, 2007). Similar results were found in an earlier study where, urban women being younger than their husband and participating in savings and credit groups increased the risk of abuse; while in the rural area, women's

Box 1. Risk Factors for VAW

❖ **Risk factors for both intimate partner and sexual violence include:**

- Lower levels of education (perpetration of sexual violence and experience of sexual violence);
- History of exposure to child maltreatment (perpetration and experience);
- Witnessing family violence as a child (perpetration and experience);
- antisocial personality disorder (perpetration);
- harmful use of alcohol (perpetration and experience);
- having multiple partners or suspected by their partners of infidelity (perpetration);
- attitudes that condone violence (perpetration);
- community norms that privilege or ascribe higher status to men and lower status to women; and
- low levels of women's access to paid employment.

❖ **Factors specifically associated with intimate partner violence include:**

- past history of violence
- marital discord and dissatisfaction
- difficulties in communicating between partners
- male controlling behaviours towards their partners

❖ **Factors specifically associated with sexual violence perpetration include:**

- beliefs in family honour and sexual purity
- ideologies of male sexual entitlement
- weak legal sanctions for sexual violence

Source: WHO Factsheet on Violence Against Women (2017); available at: <https://www.who.int/news-room/factsheets/detail/violence-against-women>

earning an income increased the risk (Naved & Persson, 2005). The multilevel analysis from the same study revealed that in both urban and rural areas, dowry or other demands in marriage and a history of abuse of the husband's mother by his father increased the risk of violence. On the other hand, better spousal communication and husband's education beyond the tenth grade (in rural areas) and beyond the sixth grade (in urban areas) decreased the risk of violence.

❖ **In 2011, the first study in Bangladesh that targets understanding men's attitudes and practices regarding gender and violence against women was conducted in collaboration with Partners for Prevention.**

The quantitative study, "Men's Attitudes and Practices Regarding Gender and Violence Against Women in Bangladesh" was conducted by icddr,b, with UNFPA and Partners for Prevention³¹. It found that men who have negative attitudes towards women are more likely to use violence, affecting not only the women who experience abuse, but also children, families and the community at large. The research also found that men who have been abused as a child are at least two times more likely to use violence against women later on in life, among other findings (icddr,b, 2011).

❖ **A recent and notable ODI³² study in Bangladesh was conducted in 2017 to understand the multi-level drivers of men's perpetration of IPV in Bangladesh.**

Interestingly, it examined the tension between traditional gendered norms and changing gender roles, responsibilities and dynamics as a result of increased female education, employment, mobility and empowerment:

“Despite evidence that men want to punish women for transgressing conventional norms, they were not found to stand in the way of educational opportunities for their daughters, granddaughters or sisters. On the contrary, many families readily accepted female employment opportunities. It seems that most men demonstrate contradictory attitudes and practices when they deal with the transgression of gendered norms. They may be conventional when dealing with their wives and other women in their community, but they renegotiate their conventional attitudes and legitimise these changes when dealing with their granddaughters, daughters and sisters, imposing stricter purdah norms (i.e. hijab and burkah). Varying degrees of internalisation of gendered norms by a family may lead to different IPV outcomes. Female employment, for example, may result in IPV in households if the husband is opposed to female mobility or income earning. But that is not the case in every household. In some households, employment will give a woman greater economic independence and household decision-making power” (Naved, et al., 2017, p. 22).

UN WOMEN Virtual Knowledge Centre to End Violence Against Women and Girls presents a brief summary of risk and protective factors for VAW³³:

❖ **General risk factors for various forms of VAW include:**

- women's membership in marginalized or excluded groups³⁴;

³¹ More information available at: <http://www.partners4prevention.org/resource/mens-attitudes-and-practices-regarding-gender-and-violence-against-women-bangladesh-0>

³² The Overseas Development Institute (ODI) is the UK's leading independent think tank on international development and humanitarian issues.

³³ Available at: <http://www.endvawnow.org/en/articles/300-causes-protective-and-risk-factors-.html>

³⁴ For example: Women with disabilities are twice as likely to experience domestic violence and other forms of sexual and gender-based violence as those without disabilities (Ortoleva & Lewis, 2012).

- limited economic opportunities (an aggravating factor for unemployed or underemployed men associated with perpetrating violence; and as a risk factor for women and girls, including of domestic abuse, child and forced marriage, and sexual exploitation and trafficking);
- the presence of economic, educational and employment disparities between men and women in an intimate relationship;
- women’s insecure access to and control over property and land rights;
- attitudes and practices that reinforce female subordination and tolerate male violence (e.g. dowry, bride price, child marriage);
- lack of safe spaces for women and girls, which can be physical or virtual meeting spaces that allow free expression and communication; a place to develop friendships and social networks, engage with mentors and seek advice from a supportive environment.
- normalized use of violence within the family or society to address conflict;
- a limited legislative and policy framework for preventing and responding to violence;
- lack of punishment (impunity) for perpetrators of violence; and,
- low levels of awareness among service providers, law enforcement and judicial actors

❖ **Protective factors that can reduce women and girls’ risk of violence include:**

- completion of secondary education for girls (and boys);
- delaying age of marriage to 18;
- women’s economic autonomy and access to skills training, credit and employment;
- social norms that promote gender equality;
- quality response services (judicial, security/protection, social and medical) staffed with knowledgeable, skilled and trained personnel;
- availability of safe spaces or shelters; and,
- access to support groups.

❖ **Community perceptions on risk factors identified many of the same ones identified in global studies; however, male FGD respondents strongly emphasised the problem of drug abuse in the communities as a key risk factor.**

Majority of the FGD respondents agree that negative social norms and gender stereotypes condone VAW and contribute to its acceptability. The normalization of VAW and the lack of trust in the justice sector that creates a culture of impunity were also identified as key risk factors, increasing the probability of VAW occurring in communities. Further, gender roles and stereotypes based on patriarchal values and discrimination against women denies women’s access to education, employment and decision making processes in both public and private spheres, which may increase their vulnerabilities to VAW. Specifically, some types of VAW are linked to traditional practices such as child marriage, intergenerational marriage and dowry, which contribute to further VAW. Respondents also mentioned low education, poverty, and a wife being more educated and earning more than a husband, as contributing factors to VAW. Male respondents, both adult and youth, emphasised the problem of drug abuse in the communities as a key risk factor for VAW.

❖ **For community members, in the absence of effective judicial response, community sanction is a strong deterrent to VAW.**

The attitudes and practices of community leaders—including union *parishad* leaders, religious leaders and elderlies—strongly influence the attitudes of the community members to accept or reject VAW. While the community leaders’ rejection of VAW constructs community condemnation of VAW, the leaders’ acceptance of VAW normalizes VAW and individuals who break those norms or work to end VAW face threats and social

punishments. Many respondents shared that one cannot influence others to change, but a collective voice against VAW delivered repeatedly, can have an effect on the community to prevent and end practices of VAW. In addition, women's empowerment and availability of women-centered support systems at the local level encourages women to speak out, provide support to each other and access services. Education and economic empowerment of women were also identified as critical components of women's empowerment and are protective factors for VAW. Engagement of men and boys in VAW prevention across different generations, but particularly elders and local leaders, is effective to transform attitudes and practices of other men and boys to reject VAW.

8. Conclusions and Recommendations for the CGBV Project

Globally, there are numerous interventions and available curricula that have been proven to reduce VAW prevalence. Effective VAW prevention programmes commonly consist of multi-sectoral and multi-faceted approaches that combine strategies such as relationship-level interventions, group education engaging men and boys, and community mobilisation—to name a few. It is critical to underline that VAW prevention interventions that have been evaluated to be most effective are the ones that aim for gender transformative changes such as increasing gender equality beliefs and norms among within communities, reducing the acceptability of VAW, and strengthening views that women and men have the same rights to enjoy economic, political and socio-cultural freedoms. Moreover, these interventions that aim to promote greater gender equality and women's empowerment also need to be evaluated in terms of their longer-term effect on preventing violence against women from occurring in the first instance.

Evaluating VAW prevention programmes has been a growing focus for many development practitioners—NGOs, international organisations, think tanks, researchers, and donor agencies alike. Although there have been an increasing number of impact evaluations and studies done to test the effectiveness of VAW prevention strategies, curricula and projects, there still remain considerable gaps in the evidence in what works. Particularly, there is need for growing the number of impact evaluated programmes, especially in developing countries, as well as to test the adaptation of recognised gender transformative curricula in various community settings. In Bangladesh, where there has been a great focus on response mechanisms and longer-term prevention strategies such as reintegration, primary prevention interventions have not typically been evaluated in terms of their effect on the prevalence rates of VAW.

While legal protections against VAW has been increasing, the government offices and ministries in Bangladesh have a ways to go in the implementation of many of the laws that purport to protect women from various forms of gender-based violence. Reports from CSOs as well as results from primary data gathering from this research reflect the need to increase capacities of government and communities to combat intimate partner violence, sexual harassment and other forms of sexual violence in the workplace, schools and public spaces, dowry-related violence, as well as child marriage. The front-liners in communities need to be better organised; primary prevention strategies need to be effectively implemented and measured; interventions to change gender norms that promote harmful practices in families and condone VAW need to be systematically transformed; and institutional responses need to be strengthened in the workplaces and education institutions to better prevent and respond to VAW as well as to change social norms for longer-term reduction in the risks for women and girls to experience gender-based violence in their lives.

In light of the above issues highlighted by the results of this research, below are some strategic directions recommended for the UN WOMEN CGBV project. Note that the full-description and detailed interventions are presented in the CGBV Programme Design.

(1) Evidence-based programming and evidence generation to strengthen VAW prevention

As a key strategy, Evidence Building should be at the core of the CGBV Programme, from the design, implementation of interventions, partnership development, and the evaluation of results. The CGBV Project will be implemented in three districts: Bogura, Comilla, and Patuakhali. Thus, for each district a combination of strategies can be chosen so the results of these can be evaluated based on the degree to which they impact the population of the intervention sites in reducing VAW prevalence and achieving gender transformative changes (such as reduced acceptance of VAW and harmful social norms that lead to VAW, increased supportive behaviour for gender equality and women's empowerment, increased bystander action to stop VAW, etc.). Key to this is identifying the combination of strategies that effectively prevent VAW; thus, identifying what can be rolled out to the rest of the country in support of its implementation of the National Action Plan to Prevent Violence Against Women and Children (2018-2030). A critical component of this strategy is the development of a clear evaluation design as part of the project's M&E framework which will provide guidance on how to measure the interventions' effects on VAW reduction outcomes.

(2) Strengthening legal protections for women and girls against GBV

Given the dynamic civil society and active women's rights organisations advocating for the end of violence against women in Bangladesh, the CGBV project will support concerted national level Policy Advocacy for a stronger legal framework protecting women from all forms of gender-based violence. In order to maximise the presence of this strong activism and address the gaps in primary prevention programming, a national alliance building strategy will be implemented to strengthen the involvement of women's rights activists—including those often underrepresented and who suffer from multiple and intersecting forms of discrimination—to develop and lead the advocacy for government to implement more effective VAW Prevention policies and programmes.

To build on the results from this research, the CGBV will conduct a consultation with the representatives from national ministries working on VAW prevention (ex: *Women and Children Affairs, Social Welfare, Local Government, Education, etc.*), in order to identify areas for collaboration to strengthen women's protection from VAW. The consultation can also help determine how the project can support government structures and mechanisms in better implementation of VAW-related laws and policies.

(3) Building capacities in VAW prevention strategy development

Throughout the CGBV project implementation, it is strategic for technical support to be given to the implementing partners in utilising latest VAW prevention strategies and evidence to inform project implementation. This can include clarifying behaviour-change and community mobilisation strategies that goes beyond community awareness-raising. Strengthening capacities of local CSOs to use and generate evidence on effective VAW prevention programming should include improving process documentation and beneficiary monitoring to capture differences in implementation quality across different sites. They can also receive capacity development support in results-based management and implementing M&E mechanisms that mutually reinforce all implementing partners' role in contributing to the evidence being generated through implementation of the CGBV Project.

Another area of support is in improving capacities of stakeholders to implement the *Leave No One Behind* principle of the SDGs by creating mechanisms for intersectional analysis, design and implementation to address violence

against the most marginalised women. The CGBV Project can maximise the networks working on issues of marginalised groups (ex: Bondu for LGBT, WDDF for disabled women, etc.) in forming advisory groups and gathering learning from their implementation of inclusion projects. Concurrently, these groups capacities in integrating VAW in their work will be strengthened. Lastly, the project can also provide technical support to local NGOs and research partners on training surveyors/enumerators/researchers on basic GST and Ethical Guidelines on Researching VAW.

(4) Implementing context-specific local governance and advocacy strategies

CGBV can implement a Governance and Participation approach through local advocacy strategies. Through partnerships at the District level with the Deputy Commissioners (DCs), the CGBV project can support the *upazila* and *union parishad* (councils). As a crosscutting theme for gender-responsive budgeting, VAW can be integrated in gender-responsive budgeting (GRB) trainings in the 3 project districts, and the government units will receive mentorship on developing VAW prevention plans with counterpart budgets from local government (ex: from the mandated 3% allocation for the Women's Development Forum). Another key approach that the CGBV can promote may be use of Women's Safety Audit methodology in engaging women community leaders and government representatives alike to jointly identify women's safety issues in public spaces in the communities and to integrate public safety in priorities for infrastructure development.

Similarly, the CGBV project can support NGOs to conduct local advocacy in order to: (1) strengthen local government accountability to better prevent all forms of violence against women before it occurs (including providing technical support to government officials, representatives and MOWCA focal points on VAW prevention action plans) in the 3 project districts; (2) coordinate with civil society ex: NGOs with district level alliances to advocate for local VAW policies and programmes; and (3) to conduct gender and VAW prevention training (using the CGBV VAW Prevention Modules to be provided by UN Women) for all *upazila* Chair and Vice Chairs, *union parishad* members and women community leaders. Examples of action for local advocacy to support VAW prevention is the proper implementation of the law preventing the use of *fatwas* (religious edicts) in justifying extrajudicial punishments³⁵ against women for perceived moral transgressions. Key to this strategy is the facilitation of linkage between the government officials (UNOs), government representatives (Chairman, Vice-Chairs (men and women), Committee/Council Members), and CGBV's CSO partners.

(5) Implementing community-mobilisation and family / relationship-level interventions using evidence-based behaviour and social norm change methodologies and curricula

A key strategy can be to strengthen community members' capacities to organise themselves and implement local level actions to prevent intimate partner violence (IPV), as well as sexual harassment (SH) and other forms of non-partner sexual violence (SV) in public spaces. Through partnerships with local NGOs with longstanding expertise on community mobilisation and VAW prevention, a group of trainers will be trained on locally adapted Community Mobilisation curricula and approaches and on rolling out family and relationship level VAW prevention training for communities. Whenever possible it would be ideal to reach out and strengthen existing community-based organisations (CBOs) and informal networks of women and men³⁶, and to involve them in VAW prevention and in the ward/village level working groups. Community mobilisation topics can include: gender equality, human rights,

³⁵ Bangladesh has a Supreme Court Appellate Division ruling that allows the use of "fatwas" (religious edicts) only to settle religious matters; fatwas may not be invoked to justify punishment, nor may they supersede secular law.

³⁶ Change Makers (WE CAN), Adda Members (Oxfam), Polli Sohraj and Men and Boys VAW Committees (BRAC), etc.

women's empowerment, VAW prevention, community organising basic project management and monitoring, negotiation, etc; while family and relationship intervention VAW prevention topics can include: gender sensitivity, power dynamics, human rights, conflict resolution, assertiveness skills, communication and relationship building skills, etc.

(6) Addressing sexual harassment and other forms of sexual violence against women and girls in education institutions

To build on initial talks conducted with the University of Comilla, CGBV can establish a partnership to pilot a whole-of-school approach in Comilla and provide technical support for developing institutional policies on preventing SH and other forms of SV in the universities³⁷. This will include building management and staff capacity to support student-led campaigns on SH and SV. Through support from a technical partner, students and teachers will be trained on addressing SH and SV against women and girls in universities, and increasing bystander actions. The project will also provide capacity development for the student leaders (ex: working with the student council and parties, student clubs) on integrating SH prevention in their activities and conducting women's safety audits, as well as provide opportunities to participate in the district level advocacy being implemented in the project communities in Comilla, linking them to the CGBV NGO partners.

³⁷ UNFPA, through its Generation Breakthrough project conducted gender sensitivity training for adolescents using the Gender Education Movement curriculum, which was developed by ICRW in India and contextualised in Bangladesh. It was implemented in 350 schools including in Bogra and Patuakhali, however it can be explored how this can be adapted for the University of Comilla in coordination with UNFPA.

Annexes

Annex IA. Workshop Results from Small Group Discussions regarding learning on what works and what are the gaps in VAW prevention programmes in Bangladesh

Below is a table of responses from the CSO Consultation Workshops held on 14 March and 18 March 2019. In small groups during these workshops, NGOs and CBOs were asked to discuss and share the interventions their organisations implement on VAW prevention. Divided into four groups, participants discussed the interventions at each level of the social-ecological model—Individual, Relational or Family, Community or Institutional— and identify the learning on what works as well as the gaps.

Group 1: Individual Level

Identification of programmes	Learning on what works	Gaps
<ul style="list-style-type: none"> • Training for changes in attitude • Many awareness building programs • BCC programmes • Leadership and capacity-building / individual development programs • Regional institution development is present • Involvement in networks and forums • Organising adolescents clubs and youth • Life skill development • Prevention of Child marriage and domestic violence 	<ul style="list-style-type: none"> • Attitude changes are required to better prevent VAW • Men and boy's engagement are vital • Faith leaders in positive and negative message dissemination • Working with youth is key • BCC programs need long term investment • Position and condition of women in society need to change 	<ul style="list-style-type: none"> • Short duration of programs do not allow long term impact • Inter coordination between EAW programmes was lacking • Message development for community is insufficient • Resource flow is reducing • Social media has negative impact • There is a Government-NGO collaboration gap • Research findings are lacking for advocacy

Group 2 Relational/Family

Identification of programmes	Learning on what works	GAPS
Awareness <ul style="list-style-type: none"> • Courtyard meetings • Popular theatre media campaigns • Community mobilization • Youth & Adolescents' engagement 	<ul style="list-style-type: none"> ❖ Positive programmes that have been observed to work are: Courtyard meetings, Pop theatre media campaigns, 	<ul style="list-style-type: none"> ❖ Lack of comprehensive approach- lacks diversity ❖ Gov-NGO requires relationship with local NGO's and community;

<ul style="list-style-type: none"> Fairs at community level for relationship nurturing and build up 	<p>Community mobilization, and Youth & Adolescents' engagement</p>	<ul style="list-style-type: none"> Rights-based approach Patriarchy is detrimental Family courts, mediation-suffers from improper implementation
<p>Services:</p> <ul style="list-style-type: none"> Individual & Couple counselling Legal counselling Peer to peer counselling Family counselling Psycho-social services in an apt manner First aid Referral services to other programs and GOB services and other likeminded NGOs' Safe shelters Ministry of social welfare in small scale for social safety network count and community health workers for family planning 	<ul style="list-style-type: none"> Counselling is key in preventing repeat of violence Leadership, gender awareness, and life skills trainings are all critical in prevention 	<ul style="list-style-type: none"> IGA training is required and to be linked with GOB GBV committee at community level – very inactive
<p>Capacity building</p> <ul style="list-style-type: none"> Leadership and life skill Gender and masculinity awareness Gender mainstreaming Nurturing conditions- separate sessions and then joint-sessions Social re-integration: Survivors with existing networks and tagged with social safety programs Para-legal training 		

Group 3 Community Level

Identification of programmes	Learning on what works	GAPS
<ul style="list-style-type: none"> Capacity building – taken, spouse training, youth leadership training, club based, survivors, paralegal counselling, networks, Community mobilization 	<ul style="list-style-type: none"> Men & boys' and youth engagement is key Collective and comprehensive approach is needed 	<ul style="list-style-type: none"> Lack of comprehensive structural protection mechanism Culture of impunity and silence

<ul style="list-style-type: none"> • Policy advocacy • Networking • Awareness of public media campaigns • Pop theatre • Skills development and IGS, entrepreneurship development programs 	<ul style="list-style-type: none"> • Link with awareness building and support mechanism • Life skills training for survivors and at-risk population are important (ex: Self-defence training, IGA, Bio-Psych-social program, Engaging survivors voice, Collective agency building and multi-stakeholder building) • There is need to work more with faith leaders- but in a rights-based program • Resilience and sustainability are very important • Perpetrators perspective should be considered 	<ul style="list-style-type: none"> • Law and policy implementation are poor • Deep-rooted patriarchy • Restorative justice program is required • Resource mobilization and allocation should be stronger • Role of mass media is so negative • Psychosocial and re-integration is poor • Prevention is poor • Culture of silence and immunity around SV • Change of curriculum • Gap between concept and proactiveness • Women are not involved enough on decision making for community planning • Fundamentalism is increasing
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Group 4: Institutional

Prevention	Learning on what works	Gaps
<p>IN SCHOOLS</p> <ul style="list-style-type: none"> • Safe school for girls campaign (The hunger project) • TOT for teachers to sensitise about SRHR & VAW; sessions with girls on sexuality education • Changemakers in communities • Formation of SH committees in schools • Social mapping of place of violence 	<ul style="list-style-type: none"> • Students organizing courtyard and SH prevention committees are key interventions • Some school-based interventions have seen early marriage reduced; school drop-out reduced; • IT based awareness is required • Whole school approach is required 	<ul style="list-style-type: none"> • Many parents are still conservative and need to discuss these issues • Management committees of schools secretly discourage SH reporting / action • Monitoring and accountability of government is highly lacking • Committees are either lacking or non-functional • No coordination between ministries (ex: Education

		ministry and MoWCA need to work together) <ul style="list-style-type: none"> • SH and SV is not clearly under the mandate of one ministry • Madrasas should be included for GEMS being done by PLAN
WORKPLACE <ul style="list-style-type: none"> • Committees formed in some institutions • Awareness raising • Policies develop in some workplaces 	<ul style="list-style-type: none"> • Awareness raised among employees / employers are helpful in reducing SH • #MeToo movement created a small impact in information campaigns • Whole of organisation approach is needed (i.e., integrated in systems, structures and organisation culture, etc.) • Individual buy-in is essential 	<ul style="list-style-type: none"> • Gaps in implementation • No financial allocation for committees • Lack of awareness on SH (e.g., it's not rape so it's not bad) • Power relations imbalance • Policies are more of an "eyewash" (i.e., lacking implementation) • Trade Union engagement is missing • Interventions in the informal sector is missing • Government accountability is required
LOCAL GOVERNMENT <ul style="list-style-type: none"> • 17 committees formed • There are awareness raising interventions, although it is limited 	<ul style="list-style-type: none"> • Awareness raising to a certain extent works • Early marriage has been reduced • Committees need to partner with NGOs (i.e., everyone has part to play) • Government needs to invest in its own buy-in 	<ul style="list-style-type: none"> • Implementation of the committees are weak • Male patriarchy is high- the officials need lifestyle change • Lack of oversight- create oversight and compulsory and punishment mechanism like recently India is pursuing, based on #MeToo • Lack of understanding / sensitization/ and lack of gov't. buy-in • Male patriarchy

Annex IB. Workshop Results from Validation Workshop – Small Group Discussion on Opportunities and Challenges

Opportunities and challenges identified by CSOs related to the implementation of selected gender-transformative interventions. During the Validation Workshop, participants were assigned to small groups to discuss 3–4 interventions and identify opportunities and challenges that they foresee in implementing these locally. Below are the summarised tables of the results from their discussions:

Group 1

OPPORTUNITIES →	GENDER TRANSFORMATIVE INTERVENTIONS	← CHALLENGES
<p>(i) Mobilization of youth – because they are already engaged in social community level activities.</p> <p>(ii) There are many groups, platform, and committees for men and boys in the local level. This is a key opportunity.</p>	<p>(1) Engaging community men and boys</p>	<p>(i) Men do not want to talk about the issues that are related to women’s empowerment and VAW</p> <p>(ii) We do not get enough time from them.</p> <p>(iii) Men and boys do not feel these issues are their issues</p> <p>(iv) They keep silent on protesting VAW.</p>
<p>(i) Regarding social empowerment of women and men, national women’s network platforms are strong, vibrant and connected.</p> <p>(ii) There are many interventions by NGO and GO focusing on social empowerment and social safety net.</p> <p>(iii) Enrolment of girls into education is increasing.</p> <p>(iv) VAW is socially recognized as an increasingly important problem</p>	<p>(2) Social empowerment of women and girls</p>	<p>(i) Lack of participation of women in the whole project cycle. There are many interventions and programmes at the local level, but women are not participating in the whole project cycle or in designing the programme, for example.</p> <p>(ii) Mindset of local leaders and government, negative social norms and values, misconception around religion, women and girls’ mobility is restricted, lack of social security and lack of fair competition between women and men at the workplace.</p> <p>(iii) Market system is expanding but lack of social responsibility of corporations is also a challenge</p>
<p>(i) Scope of work for women has increased.</p> <p>(ii) Presence of micro-credit programmes</p> <p>(iii) Women Development Policy</p> <p>Gender Responsive Budget</p>	<p>(3) Economic empowerment of women and girls</p>	<p>(i) Most economic empowerment programmes are gender neutral</p> <p>(ii) Unequal wages</p> <p>(iii) Sexual harassment at work place</p> <p>(iv) Men’s control over and access to women’s income</p>

(iv) Women migration opportunity		(v) Gender biased and discriminatory inheritance law (vi) Safety and security is not ensured in women migration
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Group 2

OPPORTUNITIES →	GENDER TRANSFORMATIVE INTERVENTIONS	← CHALLENGES
<ul style="list-style-type: none"> (i) Most of the families give some space or family time to discuss several issues to their children. (ii) Joint decision making can be observed in some families (iii) Couple counselling and family counselling (iv) Family bonding and harmonization that exist in our society and families 	(4) Relational and family interventions	<ul style="list-style-type: none"> (i) Patriarchal families; majority are male-headed families. (ii) Some families restrict women's mobility (iii) Lack of security/women feel insecure in their own family. (iv) Traditional mindset ex: girls do not need to be educated, or girls should do all household work (v) Social taboos
<ul style="list-style-type: none"> (i) Potential and pro-active community people who are willing to work to prevent violence against women. (ii) Volunteerism/many people in the communities are willing to work voluntarily (iii) There are a lot of active youth and adolescents (iv) Cultural harmony (v) Supportive community leaders 	(5) Community Mobilisation (i.e., forming committees, watch groups, task forces at community level) and awareness-raising	<ul style="list-style-type: none"> (i) Religious fundamentalism (ii) Traditional mindset and social barriers in the communities (iii) Opposition from social and religious groups (iv) Political influence and political agenda which might not match with the gender and development paradigm (v) Barriers from community leaders
<ul style="list-style-type: none"> (i) Presence of local support groups – youth groups, women groups, we have resource women groups, community groups. (ii) Active involvement of social leaders (iii) Involvement of religious leaders (iv) CSOs and CBOs (v) Supportive role from local government leaders, local administrations (vi) LGBTIQ advocates 	(6) Capacity building for community-led local advocacy	<ul style="list-style-type: none"> (i) Sometimes we face non-cooperation from local government and local administration (ii) In our interventions there is lack of linkages between community service providers (iii) Religious Fundamentalism

(vii) Availability of local fund		
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Group 3

OPPORTUNITIES →	GENDER TRANSFORMATIVE INTERVENTIONS	← CHALLENGES
<ul style="list-style-type: none"> (i) The NCTB pilot on transgender issues in 7 schools (ii) Separate toilet facilities for girls and boys. (It is more or less practiced but it is not always hygiene friendly; i.e., menstrual hygiene management. (iii) NGOs engaging boys in prevention of gender-based violence (iv) PEDP 3 and 4 have disability inclusive education commitment (v) Student Council for Primary and Secondary Education are also opportunities 	(7) School-based interventions (whole-of-school approach)	<ul style="list-style-type: none"> (i) Text-book and curriculum are not very gender sensitive. (ii) Gender stereotypes are rampant in schools e.g., seating arrangements, sports, responsibilities, interactions, etc. (iii) There is lack of adequate WASH and hygiene facilities (iv) Disability inclusiveness is very limited.
<ul style="list-style-type: none"> (i) Girls in ICT (ii) 6 months maternity leave (iii) Disability quota in employment 	(8) Work-based interventions (whole-of approach)	<ul style="list-style-type: none"> (i) Very limited intervention on gender equality actions. (ii) There are quotas for disability but it is together with orphans. Therefore, there is not much scope for persons with disability. (iii) Workplace are not accountable for persons with disability and LGBTQI (iv) In practice, ICT for career development is not women and girl-friendly.
<ul style="list-style-type: none"> (i) SOGI is gazetted (recognition document of the government) as Hijra group or transgender group³⁸ (ii) Department of Social Services is accountable for disability issues but 	(9) Capacity-building for gender sensitive service provision	<ul style="list-style-type: none"> (i) When SOGI people disclose their identity they face discrimination and violence in service provision. The discrimination happens in different environments. (ii) Lack of participation by men and boys regarding gender equality action

³⁸ According to the government gazette published in November 2014, the government of Bangladesh identified Hijra group as third gender. As a result of this Hijra people will have their identity as “Third Gender” in documents like – national ID card, passport and can also compete in national election. However, the government officials are not clear about the total concept of gender identity as they believe that all intersex people are Hijra, whereas Hijra refers to a wider group of people who live by certain lifestyles that includes intersex people, gay men and MSM group.

there are differences in urban and rural capacities.		(iii) There are very limited interventions on engaging men and boys/SOGI/fatherhood promotion. There are discussions but limited. (iv) Absence of multi-ministry interventions for disability issues.
(i) High Court directive on punishment for sexual harassment at workplace and educational institutions (ii) Gender responsive budget – currently 44 ministries have gender responsive budget among the 53 ministry.	(10) National level advocacy & networking for policy development/implementation (including GRB)	(i) no clear understanding of what gender responsive budget is and how to utilize and monitor this. (ii) No budget for the National Action Plan to End Child Marriage (iii) Sometimes when we raise the issue of no budget in presence of ministry officials they say that they have underspent / unspent budget. So this needs to be clarified to CSOs so there could be sufficient budget allocation for the gender programmes

Annex IC. Results from Workshop on Risk and Protective Factors for VAW

Members of civil society working to address VAW in Bangladesh shared many similar risk and protective factors found in aforementioned studies during the Validation Workshop:

Risk Factors

Individual Factors

- Disability because they are at risk of VAW
- Lack of access to opportunities to development – education
- Lack of knowledge

Relational/Family Factors

- Lack of participation in decision making
- Patriarchal mindset
- Unequal power relation in family

Community Factors

- Dependence of marriage about girls' future
- Social stigma about different sexual orientation

Institutional Factors

- Disability
- Lack of gender sensitization
- Social stigma about different sexual orientation
- Lack of legal support
- Institutional capacity
- Lack of law implementation
- Cultural impunity at institutional level

- Weak monitoring system
- Long procedure of justice – we know that our justice process is very long

Protection Factors

Individual Factors

- Awareness and sensitization – it would decrease risk factors.
- Life skill
- Leadership
- Capacity of self defence
- Knowledge and information on different laws, rules and regulations.

Relational/Family Factors

- Communication and life skill
- Couple counselling
- Knowledge about rights and entitlements
- Men's participation in care work – both household and parental care

Community Factors

- Women and girl support and solidarity group at community level
- Psychosocial counselling
- Different social protection mechanism that can reduce the risk factor

Institutional Factors

- Inclusive law and policy
- Increase of One-stop Crisis Centers
- Zero tolerance sexual harassment policy at all places (workplace and other places)
- Knowledge generation on supporting disability issue that can decrease risk factor at institutional level

Annex II. Resources for researching GBV³⁹

Measures of GBV

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³⁹ World Bank, 2014

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<http://unstats.un.org/unsd/genderstatmanual/>

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GBV ethical guidelines

World Health Organization. (2007). WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. Geneva: WHO. Available at:
http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf

World Health Organization. (2001). Putting women first: ethical and safety recommendations for research on domestic violence against women. Geneva: WHO. Available at:
<http://www.who.int/gender/violence/womenfirtseng.pdf>

Annex III. Relevant National Laws to VAW

- The Criminal Procedure Code, 1889
- The Penal Code 1860
- The Evidence Act, 1972
- Child Marriage Restraint Act 1929
- Citizenship Act 1951 (Amended 2009)
- Muslim Family Laws Ordinance 1961
- Dowry Prohibition Act 1980
- Immigration Ordinance 1982
- Family Court Ordinance 1985
- Women and Children Repression Prevention Act 2000 (2003)
- Acid Crime Prevention Act, 2002
- Acid Control Act 2002
- The Bangladesh Labour Act 2006
- Domestic Violence (Prevention & Protection) Act 2010
- Human Trafficking Deterrence and Suppression Act, 2012
- The Pornography Control Act, 2012
- The Hindu Marriage Registration Act 2012
- the National Women's Development Policy 2011

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