partners for prevention

Partners for Prevention: Working to Prevent Gender-based Violence
UNDP, UNFPA, UN Women & UNV Regional Joint Programme for Asia and the Pacific

The State of Gender-based Violence Prevention in Asia and the Pacific: Reviewing Evidence and Mapping Opportunities

A Discussion Paper based on the proceedings of the regional consultation meeting held in Bangkok, Thailand, 9-10 Feb 2012

Back Row (l-r): Stephanie Miedema, Clara Magarino Manero, Sara De La Pena Espin, Raymond Brandes, Peter Evans, James Lang, Mary James, Helen McDermott, Adrien Boucher; Front Row (l-r): Khamsavath Chanthavysouk, Orawan Raweekoon, Anna-Karin Jatfors, Anna Coates, Marit Winther Øyslebø, Samantha Hung, Rodrigo Montero Cano, Leslie Gonzales, Katherine Crawford, Kai Spratt, Beverly Jones, Claudia Garcia-Moreno, Kamolmas Jaiyen, Emma Fulu, Adriana Quinones; Not pictured: Caroline Liou, Annemarie Reerink, Shoko Ishikawa, Pattama Vongratanavichit, Moonstan Chatri, Jane Hardy

Overview

This discussion paper summarizes the discussions and themes of the regional donor consultation meeting: **"The State of Gender-based Violence Prevention in Asia and the Pacific: Reviewing Evidence and Mapping Opportunities"** held in Bangkok, 9-10 February 2012 by Partners for Prevention (P4P) a UN regional joint programme of UNDP, UNFPA, UN Women and UNV focused on the primary prevention of gender-based violence (GBV).

Effectively preventing gender-based violence requires bold actions. Those who design, fund and influence the field of violence prevention must work together to create more effective and innovative ways to address the numerous challenges for prevention and to build on the evidence, inspiration and creativity of those working to end violence across the Asia and Pacific region. The consultation was an opportunity to bring together some of these actors and explore possibilities for more creative collaboration. As conference panelist Professor Rachel Jewkes declared: **"It's time to think big!"**

This paper reviews the key themes from the meeting, and presents a number of strategies and models to address the gaps in primary prevention programming on GBV. **In particular, it provides recommendations on how to support innovative and evidence-based programming, improve coordination, and address issues of continuity, in order to drive the field of GBV prevention forward.**

For decades, GBV has been part of the international development agenda. Although primary prevention of violence is relatively new in the field overall, it is increasingly recognized that while responding to violence is crucial, it is not sufficient to decrease the prevalence of violence. Rather, integration of prevention – or stopping violence before it starts – into programming is the key to reducing the burden of suffering, and to minimizing the long-term human, economic and public health costs of violence. In the Asia-Pacific region, given the high prevalence of GBV, primary prevention is also likely to be a cheaper and more effective approach in the long run. However, P4P has identified a lack of clarity among stakeholders and actors in this field on what prevention is and what it looks like in terms of interventions and policies. There is a need for greater understanding and focus on what prevention is and how it can be used to effectively end GBV.

Partner for Prevention's Regional Perspective

P4P supports prevention programming across the Asia-Pacific region and adopts a regional perspective to the issues surrounding GBV. This means that we recognize there are multiple, often overlapping and complementary, approaches to violence prevention work. There are multiple types, classifications and different interpretations of violence across the Asia-Pacific region. As the work of P4P is in part driven by local demand, we do not limit our work to specific types of violence or limit our outreach to specific partners. However, in terms of our work on evidence building and data collection we focus primarily on intimate partner and sexual violence as two of the most common types of violence in the region and in the world.

Percentage of ever-partnered women, aged 15-49, reporting physical and/or sexual violence by an intimate partner, from WHO Multi-Country Study methodology

	Ever	Last 12 months
Bangladesh (city)	**53%**	**30%**
Bangladesh (province)	**62%**	**32%**
Kiribati	**68%**	**36%**
Maldives	**20%**	**6%**
Samoa	**46%**	**22%**
Solomon Islands	**64%**	**49%**
Thailand (city)	**41%**	**21%**
Thailand (province)	**47%**	**23%**
Viet Nam	**34%**	**9%**

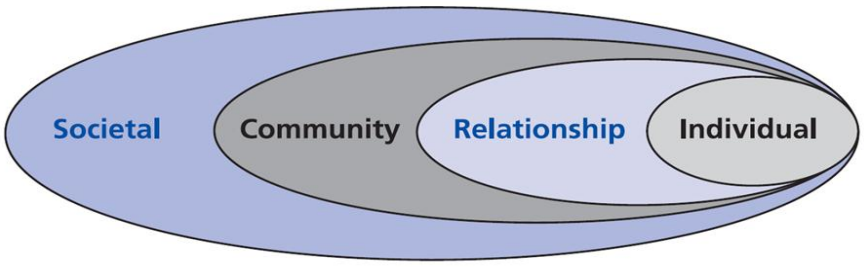
Effective support from a regional level requires flexibility, adaptation and an open mind. To maintain this balance and to accommodate multi-partners and multiple perspectives on violence, P4P's learning to date has led to the following conclusions that a regional support programme should:

- Combine and draw from different approaches and perspectives on violence (e.g. criminal justice, human rights and public health approaches and a gender-power perspective), and maintain partnerships that keep us informed of these approaches;
- Understand the nuances and intersections of different types of violence (violence against children, sexual violence, homophobia, class/caste-based violence, violence of the state, etc.);
- Connect with cutting edge research and global literature on prevention, as well as learn from local practitioners and activists across this vast region, who are often located in remote locales and disconnected from the possibilities of rigorous evaluation;
- Build on evidence as well as innovation and focus on critical elements driving change and their adaptability in order to determine what actually changes due to an intervention, what are the factors that drive that change, and investigate whether those factors can be adapted and applied in other settings across the region;
- Convene practitioners and diverse actors from across the region to inspire learning;
- Support coordination efforts that influence changes across the spectrum of work: in local, national and regional arenas.

Adapting public health models and gender power perspectives

P4P draws on various perspectives and approaches to violence. This has led us to use broad definitions of GBV that emphasize gendered power relations. We also borrow from the criminal justice and human rights approaches for our policy analysis and advocacy. We draw heavily from the public health approach in terms of our emphasis on understanding risk and protective factors across the social ecological model, and in terms of our emphasis on evidence-based programming. See the figures below discussed at the consultation.

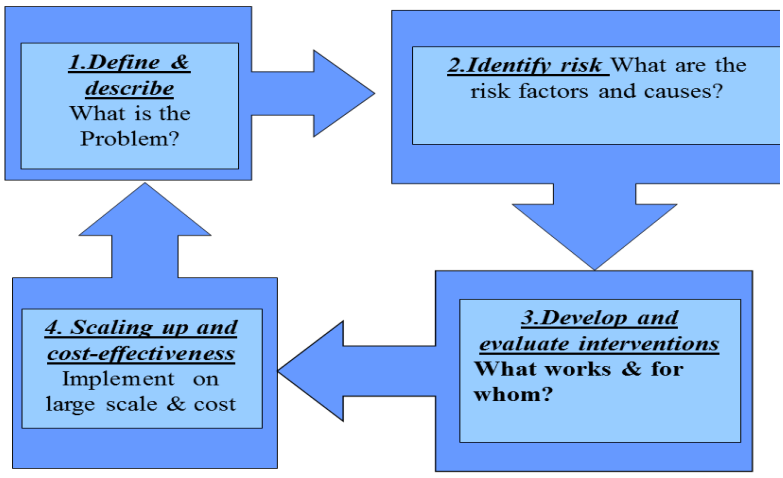
Figure 1: The Social-Ecological Model - Understanding factors and responses associated with GBV



This model provides a framework to understand how causes and solutions of violence unfold across levels of society. The model outlines four levels of social organization where risk and protective factors for GBV interact, and were interventions can focus on change. Some primary prevention strategies focus on individual behavior change, including raising awareness of alternatives to violence. Others target communities to build healthy relationships or address power structures that prioritize some groups of people over others. Some interventions cut across the levels of the social ecology and try to influence changes in the different spheres. In general, the consensus is that, whether desired changes of an intervention are specific to one level or act at multiple levels, it is vital that all small influences and changes are connected across the social ecology to have a larger impact for preventing violence. This integration must be addressed as part of developing strong coordination mechanisms within work on GBV prevention to ensure that these linkages are systematically strengthened and enhanced.

Another area where P4P borrows from the public health approach is the collection and use of evidence to inform programming. One challenge within the region is the lack of evidence of interventions that are considered effective to reduce violence in a given setting based on rigorous evaluations. On the other hand, there are countless innovative programmes being undertaken in localized or informal settings that are off the radar of evidence-driven programmers and funders. Reconciling the evidence-based approach with local innovation, and finding ways forward to identify changes influenced by different kinds of interventions was a challenge central to the conversations at the meeting. Different options for context-specific and feasible, yet rigorous, monitoring and evaluation are discussed later in this paper.

Figure 2: A systematic, evidence-based approach in 4 steps (WHO)[1]



[1] WHO & LSHTM. *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Geneva, World Health Organization, 2010.

Key Themes of the Consultation

The flow of this consultation was driven by three overarching thematic areas, which represent three key focus areas for future collaborative work on evidence-based GBV prevention programming. These three areas include:

(1) support to local innovation *and* evidence-based programming across the region;
(2) improving collaboration and coordination;
(3) addressing issues of continuity.

(1) Support to local innovation *and* evidence-based programming

As we continue to advocate for an evidence-based approached to GBV prevention in Asia and the Pacific, it is important to recognize that our knowledge of on-going work in the region is by no means comprehensive. In addition, there are new and exciting areas of programming that are emerging from local innovations and local knowledge of what may work that are different to other programming in other parts of the world. From the regional level, **we aim to strike a balance between supporting rigorous evidence-based programming on the one hand, and learning from and supporting local innovation and entrepreneurship in the field of GBV prevention, on the other.** There is emerging and existing evidence on the various types of interventions that are promising and some that have proven to be effective in specific settings based on rigorous evaluation methods. Some of these interventions have potential for broader adaptation and scale-up in additional sites across the region. However, there are also countless local, informal and/or voluntary initiatives on GBV being implemented at the grassroots level or beyond the reach of our networks and knowledge – and many of these are effective local responses based on effective local knowledge.

Support to Local Innovation

Local interventions often occur outside the scope of influence of government and international organizations, and in many cases are not framed in the participants mind as "a project". Consequently, less is known about what is being undertaken through localized informal mechanisms and efforts. There is a need to deepen our networking and outreach to these types of activities and strengthen conversations with local actors and leaders. Recognizing that many of these approaches will have limited or no evaluation, we can explore new ways to capture changes that are appropriate for these settings. Many of these localized approaches will need support to be sustained and scaled up. In short, it is necessary not only to support adaptations of rigorously evaluated approaches, but also to complement this evidence-based programming with support to local innovations that take us beyond what is already known to work, and that will enable us to discover new frontiers of GBV prevention.

Evidence-and Theory-based Prevention Programming

In addition to local innovations, P4P promotes prevention programming built upon two mutually-reinforcing elements which contextualize programmes and make certain that they are appropriate and effective for the environment in which they will be implemented:

1) **Formative evidence** is research that explores the nuances of GBV (e.g. risk and protective factors) in the specific site/context of the intervention.

2) **Theories of change** clarify how a project envisions and works towards change for violence prevention, in other words, what specific factors associated with GBV the programme seeks to change, and how.

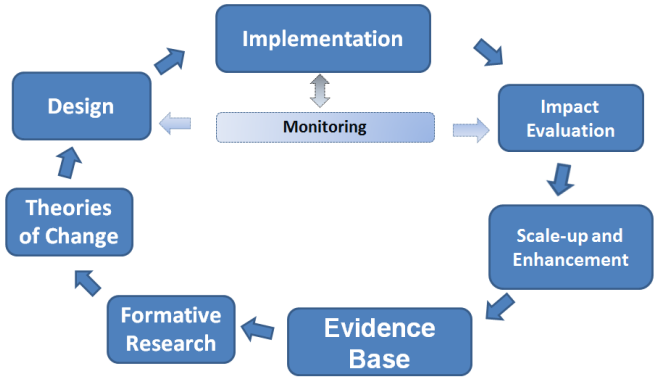
To articulate theories of change, a project must identify:

- **The drivers of the problem** (i.e. what causes violence);
- **What the programme seeks to change** (e.g. gender inequality attitudes, behaviors and structures that perpetuate GBV);
- **How behavior change will be achieved** (e.g. work across levels of the ecological model – individual, community and society – to link circles of influence with behavioral change);
- **How will change be sustained?** (i.e., how does your programme design plan to maintain behavior change in the long-term?)

Figure 3 depicts a generic project cycle adapted for an evidence-and theory-based approach to effective prevention. This model not only promotes strong project design, but also a dynamic cycle of evaluation for programme enhancement and scale-up.

Formative evidence is a critical starting point of strong prevention programme development. There is an increasing amount of existing and emerging global and regional evidence on risk and protective factors associated with perpetration and victimization of GBV. P4P has implemented The Change Project, a multi-country study on GBV and masculinities across seven countries in the Asia-Pacific[2] which will provide specific and rigorous data on risk and protective factors associated with violence in the region and in specific sites.

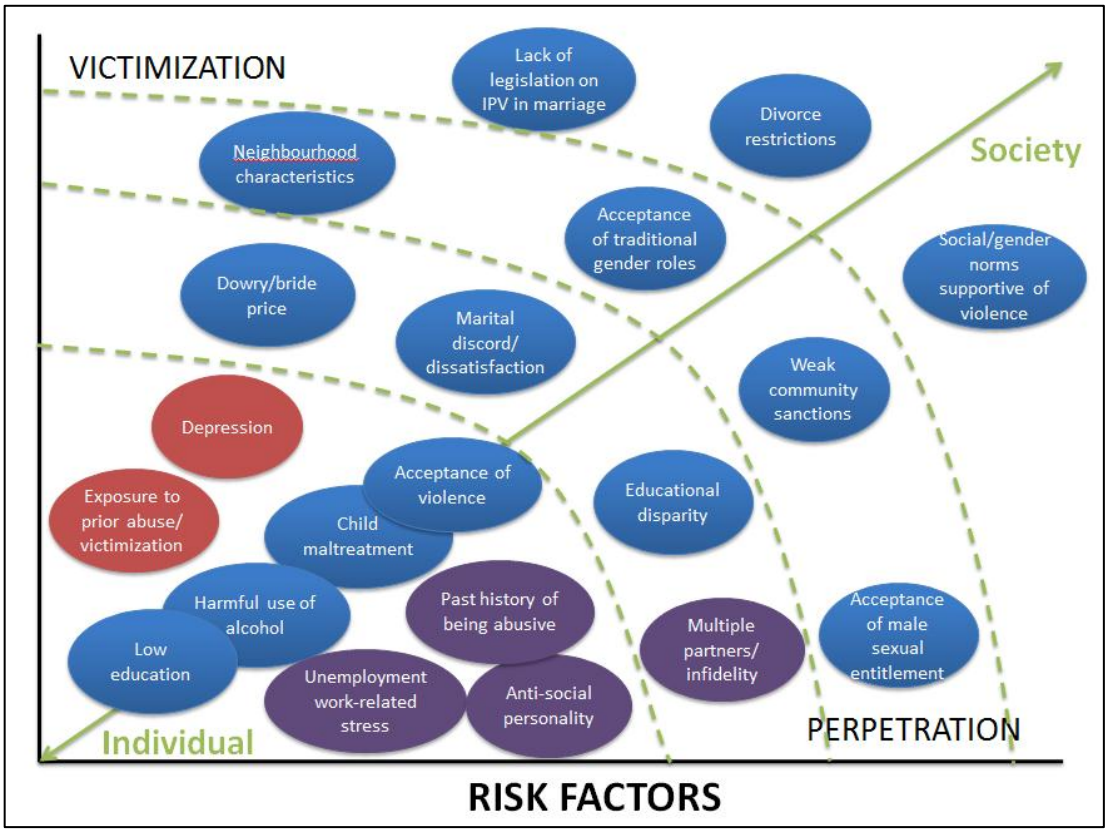
Figure 3: Evidence-and theory-based project cycle



The following diagrams and tables demonstrate some of the existing evidence on what we know about risk and protective factors, including some emerging evidence coming out of The Change Project research. The diversity of risk and protective factors, and gaps remaining in the evidence (e.g. we know little on protective factors) illustrate the complexity of GBV and how contextualized analysis can lead to better programming.

[2] Bangladesh, Cambodia, China, Indonesia, PNG, Sri Lanka and Viet Nam

Figure 4: Existing and emerging evidence on risk and protective factors associated with perpetration and victimization of intimate partner violence



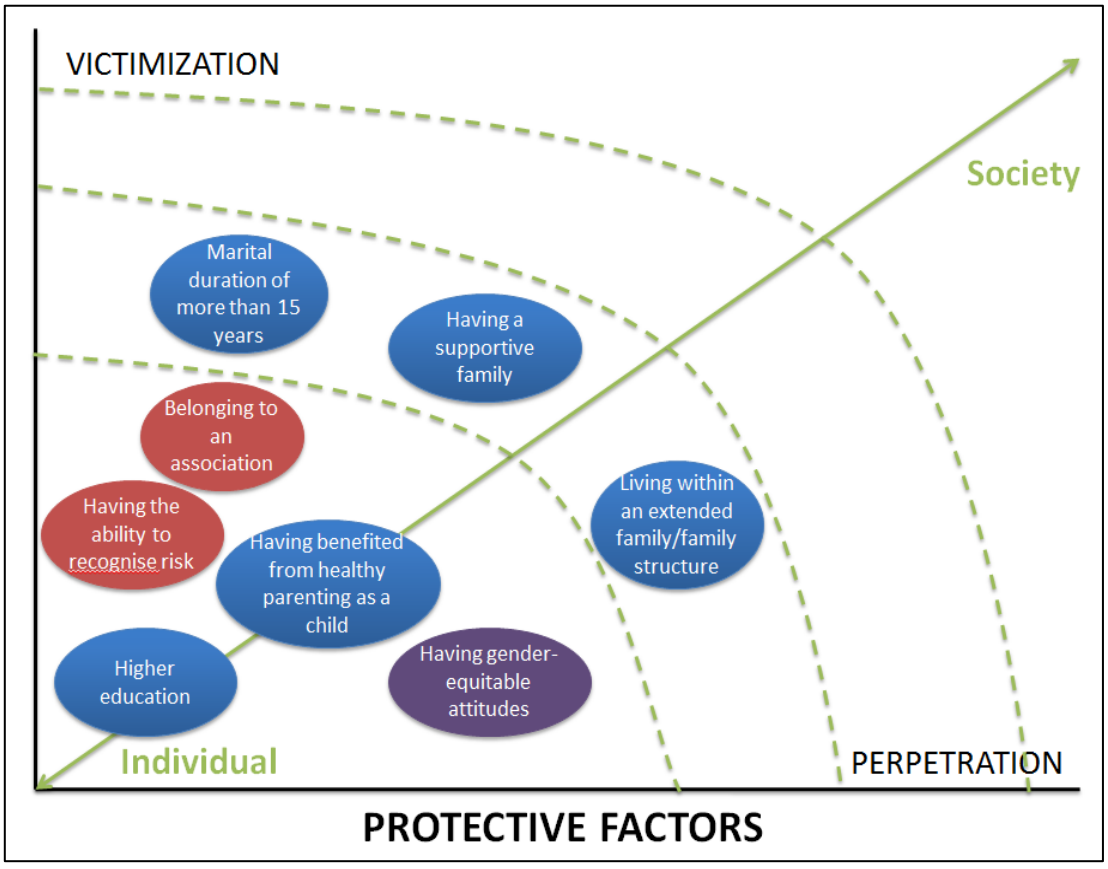


Table 1: Risk/Protective Factors* for men's perpetration of sexual violence against women in China (adjusted for age, educational level, marital status and income)

Risk factors	Odds Ratio
Childhood Trauma	1.2
Sexual abuse during childhood	1.7
Whether witnessed mother abused	2.7
Physical IPV perpetration	2.6
Ownership of weapons	2.7
Transactional sex or sex with sex worker	1.8
Last sex not with main partner	4.2
Multiple lifetime sexual partners (4-20)	3.0
Protective factor	
Gender attitudes (continuous GEM scale, high=more equitable)	0.9

* All statistically significant

What does this mean? This table highlights the statistical linkages between certain behavioral patterns and the likelihood of men's perpetration of sexual violence against women in China. For example, this data demonstrates that men who have multiple lifetime sexual partners are three times more likely to perpetrate sexual violence against women. Consequently, healthy relationship approaches that promote equitable relationship building and improved communication on sexual and reproductive health issues are opportunities for evidence-driven prevention programming in China.

Table 2: Risk/protective factors* for men's perpetration of intimate partner violence or sexual violence against women in Bangladesh, multivariate analysis

Bangladesh Urban	Odds Ratio
Secondary education complete (education none ref)	0.4
Above secondary	0.5
Experienced childhood sexual abuse	2.0
High work related stress	2.1
Transactional sex	2.2
Bangladesh Rural	**Odds Ratio**
Above secondary education (education none ref)	0.3
Socio-economic status medium (low ref)	0.6
Experienced childhood physical abuse	2.2
Experienced childhood sexual abuse	1.8
Experienced childhood emotional abuse	1.6
Transactional sex	3.3
Dowry demand in marriage	2.7

* All statistically significant

What does this mean? This data from Bangladesh shows that risk and protective factors are not only unique and context-specific between countries, but also within countries. For example, in rural Bangladesh, men who demand dowry payments from their brides are almost three times more likely to perpetrate IPV/SV against women. However, this risk factor is not significant in urban Bangladesh. These differences demonstrate the need to base programming on strong, contextual data.

Emphasizing Appropriate Evaluation in Programme Design

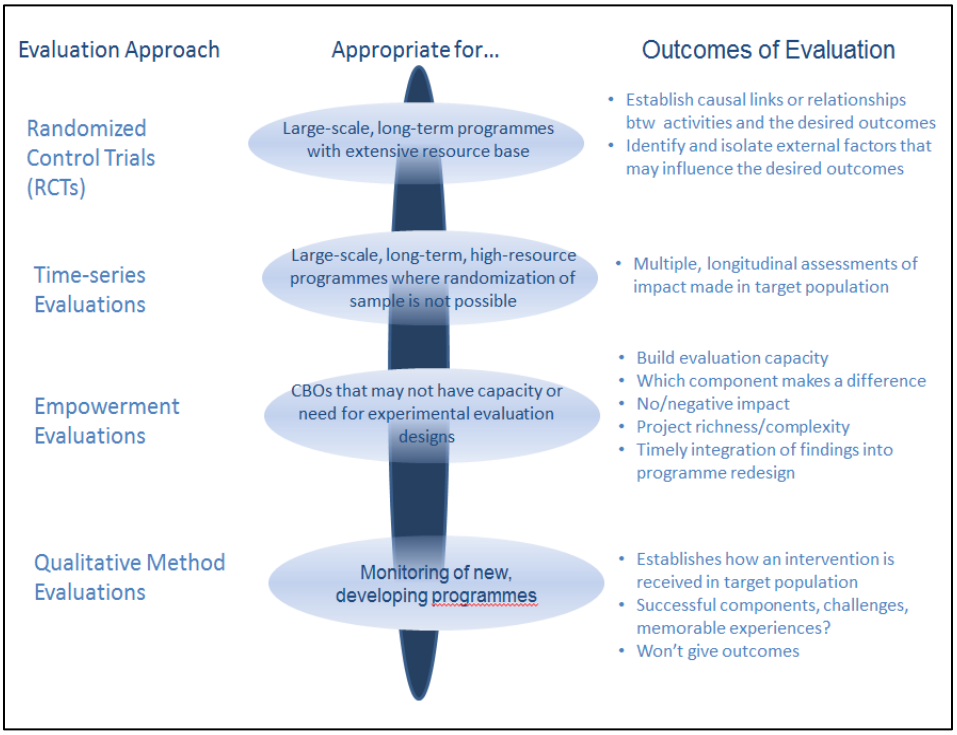
Programme evaluation is often an overlooked component of programme design and implementation. This is partly due to the challenges of conducting "rigorous" evaluations as precieved by programme managers and staff. Rigorous is often construed as "quantitative" or even as randomized control trials, whereas qualitative approaches are seemingly undervalued. However, evaluation approaches must be practical to the capacity and scope of the intervention, and able to effectively measure what it is trying to change.

Some key questions on monitoring and evaluation (M&E) from the consultation include:

1) How do we move beyond the measuring process or performance and engage with the complexity of measuring social change?
2) How do we promote rigorous but also appropriate and practical evaluations for different types and sizes of interventions?
3) How do we support critical reflection at the programme level that places a premium on learning from doing and flexibility to change and adapt?

There are a number of options for meaningful M&E, and the donor/UN community can do more to promote practical options that fit the capacity and scope of the intervention as part of effective programme design and implementation. Although randomized control trials (RCTs) are internationally considered the most rigorous in terms of evaluation design, there is a wide spectrum of M&E approaches that can be used by programmes to ensure quality evaluations. Discussions and findings from national level country programmes also suggest that beyond resource limitations, programmes are limited by a lack of capacity to conduct rigorous M&E. Capacity building around this area needs to be a focus area for future donor and UN work on this issue, in order to support meaningful and practical evaluation strategies and build sustainable M&E systems at the programme level.

Figure 4: Spectrum of possible approaches for evaluation



Indicators

Discussions during the consultation also focused upon the need for consistent indicators – both at the programme level, for more successful monitoring of programme-related change and effectiveness, and at the regional and global levels to develop a common set of indicators to mark progress and movement towards better GBV prevention. At the global level, prevalence indicators were highlighted as a priority to

measure how much impact programming is having on global level violence prevalence. Further development of broader indicators that measure progress on development priorities can also supplement prevalence indicators to be powerful tools for improved programming and strengthened advocacy and policy outcomes. The development of these indicators is one identified area for better collaboration between UN and donor agencies, and systematizing the outcomes of these indicators will need to be an integral component of future coordination mechanisms at the regional and global levels.

(2) Improving collaboration and coordination

To effectively stop GBV before it occurs, violence prevention programmes must aim to influence strategic changes – to transform entrenched attitudes, behaviors and/or beliefs that encourage violence at all levels of society – from individuals to governments and global institutions. Also, efforts across these levels needs to be coordinated in order to be effective.

Again we return to the comment by Rachel Jewkes: "It's time to think big!" to end GBV. Thinking big **does not mean that everyone does everything at once**. Rather, envisioning an ideal scenario of effective, long-term GBV prevention requires strengthening collaboration across sectors, to plan and work cohesively across agencies and institutions. This is a goal we need to work towards and understanding this progression from informal **collaboration**, *working together*, toward formal **coordination**, *planning and strategizing together*, allows us to be concrete about where we are, and what are the next steps that need to be taken. To strengthen coordination at the national and regional levels, it is essential to identify comparative advantages of the various actors and make links across institutions that build upon and reinforce these strengths. As another consultation participant remarked: "**We need to be honest**" about our collaboration. At times, entrenched competition for funding and notions of "ownership" over specific areas of work inhibit our ability to collaborate. Moving from collaboration to coordination requires all actors to work on the principles of honesty, humility and critical analysis in the work we do.

Coordination of work for more effective change

At the consultation meeting, we discussed both coordination mechanisms (as a process) and coordinated programme approaches (as a goal). Coordination mechanisms help those involved move from scattered, small-scale interventions to a more cohesive and effective response that builds on the comparative advantages of the actors involved in a given setting. Coordination helps build synergies and increase the cumulative effects and complementarities of various interventions, and dissuade replication or counter-actions among different actors working towards violence prevention.

Furthermore, recognizing that violence is multi-faceted, coordination must involve not only those working directly on GBV, but be inclusive across sectors to address the intersections of different issues (e.g. child maltreatment, HIV, trafficking and social justice in general). Capturing these links has the potential to strengthen our work, and the work of other issue areas. Consistent indicators that capture change in the prevalence of violence at the global level can be tools to document the impact of this improved coordination.

One outcome of the consultation was increased awareness that **formal coordination mechanisms in place at the national and regional levels need support**. For the UN system, The UNiTE Campaign is mandated to coordinate efforts to end violence against women work in the region. P4P is committed to supporting this

regional mechanism, as well as national coordination structures, and to do this we need to keep an eye on the goal of coordinated and cohesive programme approaches being implemented in specific sites across the region.

Two case studies of national level coordination mechanisms – from Cambodia and Viet Nam – were presented at the meeting as snapshots of what UN-donor-government-civil society national coordination mechanisms look like, and what spaces exist for better support from the regional level for these national mechanisms. In Viet Nam, formal coordination mechanisms among government, the UN family, donors, and civil society organizations resulted in a number of key achievements, including a common understanding of the issue of GBV in Viet Nam and clearly stated shared priorities for action, better communications among those working on GBV in Viet Nam and finally, more joint initiatives among partners. However, the effectiveness of these central coordination mechanisms in Viet Nam is limited by the difficulties of supporting coordination at the sub-national levels, a lack of formal coordination management, and limited engagement of actors from all relevant sectors. These are areas where more support is envisioned.

(3) Addressing issues of continuity

The final thematic area of the consultation discussions was how best to address issues of **continuity in GBV prevention work.**

We identified three overlapping continuity-related challenges to the field of GBV prevention. First, violence prevention requires long-term and sustained commitment, and those involved need support to keep our eyes on the goal. The social and structural changes required for prevention can take a generation or more to take hold and show results. We need patience, commitment and to support each other to stay the course – and to celebrate short-terms gains during this long-term endeavor.

In addition, there are overlapping medium-term goals and short-term actions: the goals of developing coordination mechanisms and moving toward more coordinated programme approaches are medium-term undertakings. Moving from collaboration to coordination takes time. Projects and programmes, on the other hand, are mostly short-term, limited by funding and project cycles.

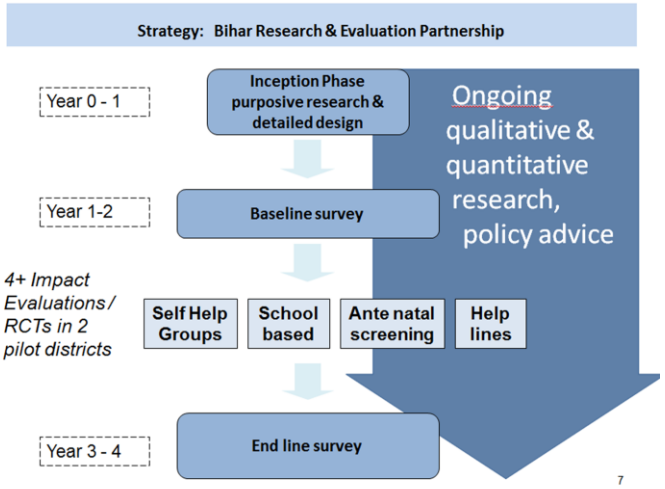
Finally, there are human resource-related challenges to ensuring continuity of work and commitment to long-and medium-term goals. Staff attrition and leadership change make it difficult to retain institutional knowledge on programme development and implementation. Furthermore, changes of individuals often result in changes to priorities and partnerships. Ensuring that valuable institutional knowledge is saved and consolidated, and that GBV programming goals remain prioritized despite the emphasis on change and short-term commitment, must be a focus of future work in this field.

There were a number of concrete suggestions proposed during the course of the consultation on how continuity issues can be addressed. To begin, issues around continuity could be captured through collaboration mechanisms at the regional level. For example, there were discussions concerning the role of a knowledge hub, coordinated at the regional level, as a space for consolidation of learning and best practices which would have the potential to help alleviate the impact of short-project cycles and staff attrition. In addition, DFID's example of promising programming in Bihar goes beyond typical project cycles and

develops a comprehensive programme design that is implemented long-term in one site. This "deep and long" approach to a programme is a good example of a long-term commitment to GBV prevention and has the potential to address concerns around project cycles, and to develop strong longitudinal evidence of impact in one site. However, there still remain issues around staff turnover, as well as funding commitments to long-term projects. This further highlights the need to continue to address challenges related to continuity and create long-term mechanisms and systems that bridge the gap between short-term efforts and long-term goals within the field of GBV prevention.

DFID's evidence-based approach in Bihar, India

A clear example of evidence-based programming was presented by the UK Department for International Development (DFID) India. This programme was developed to go "deep and long" in one setting. Using a comprehensive, multi-faceted approach, this project attempts to affect long-term social change in Bihar. The DFID prevention model in Bihar also attempts to address issues of continuity through a long-term commitment to violence prevention, with multiple promising components in one site.



As we have identified, commitment to GBV prevention – to stopping violence before it starts – requires a long-term vision of a world in which violence is not accepted. Better GBV prevention programming requires investment in long-term capacity development of M&E systems and programme design to ensure quality programming, as well as investment in indigenous activities and knowledge systems to drive innovation and expand our knowledge base across the field. And "**thinking big**" – to take bold steps of collaboration across sectors and integrate GBV prevention into wider networks of violence prevention practice requires a long-term commitment of agencies, institutions and involved actors. This commitment to **quality**, **coordination** and **continuity** must be an underlying principle of closer UN family and donor community coordination on GBV prevention in order to drive the field forward.

Recommended Next Steps

Immediate Short-term Goals

The following recommendations are immediate or short-term steps that can be taken by P4P and partners for better collaboration and information sharing:

1) **Create a Prevention Clearinghouse** or web-based portal that provides access to information on the thematic areas of GBV prevention programming (e.g. resources on M&E and indicators, documentation of promising practices and approaches, summary of on-going funded projects, and consolidation of existing evidence and data on GBV in the region). This clearing house would allow for better information sharing and collaboration across stakeholders.

2) **Undertake further analysis of existing data and continue to build evidence of effective interventions**. For example, support supplements to the WHO & LSHTM manual "Preventing intimate partner and sexual violence against women: taking action and generating evidence" that consolidate evidence and learning from the Asia-Pacific region in order to strengthen documentation of what we know to work.
3) **Hold regional thematic meetings** that intensively workshop key issues, including evidence-based prevention, promising prevention approaches and M&E strategies, to improve donor and UN capacity for promoting and funding effective practices.
4) Support an **informal donors group on GBV for Asia-Pacific**. Discussions included whether or not this group could be integrated into existing networks (thus providing intersectional linkages across types of violence) or if it could be an extension of the clearing house, through informal emails.
5) Focus on **site-specific interventions** that are comprehensively designed and implemented, and facilitate long-term commitment to GBV prevention within a specific sphere of influence.
6) Continue to **integrate work with boys and men**, as a strategy to prevent GBV, into existing programme areas.
7) Recognizing the individual strengths of each of the various participating partners, develop **stronger partnerships and linkages** among donor and UN family members participating in this and future consultative meetings through bilateral support structures and networking.
8) Integrate with **existing networks on violence prevention**, particularly to represent Asia and the Pacific in global forums.

Suggested Future Areas of Work for Partners for Prevention

As a regional joint programme on GBV prevention, P4P is well-placed to foster sharing and learning on quality programming; provide technical assistance to diverse partners; support coordination mechanisms; and enhance continuity for GBV prevention work in the region.

P4P's current structure is based on a coordinated approach that combines evidence, capacity development and communications for a comprehensive response to ending GBV in the Asia-Pacific region. The current structure is comprised of three focus areas. P4P's current first activity area; **Communications for Social Change** provides strategic support for planning long-term and comprehensive communications strategies and offers analytical support to help translate research results into effective communications and provides technical support to incorporate informed primary prevention action-oriented messages into communications initiatives (from mass media campaigns to local level face-to-face interactions).

P4P's second area of current work is **Capacity Development and Networking**, which builds capacity of civil society, UN and government practitioners to understand violence and its prevention and to implement effective responses. Based on a learning approach, P4P's capacity development activities involve convening key target groups and supporting networks of partners throughout the region to share knowledge in terms of what is working and what else is needed.

Finally, P4P's third area of current focus is **Evidence-based Policy Advocacy.** Through The Change Project, an action-oriented research project, P4P is creating an unprecedented body of knowledge on gender, masculinities and power in the Asia-Pacific region to inform evidence-based responses for prevention. The

Change Project uses a combination of methodologies in a diverse set of countries across Asia and the Pacific to create a holistic picture of the factors associated with different types of violence in the region.

As P4P moves into its next phase, we are in a process of consolidating learning from Phase One and we are refining the structure of P4P to ensure that it capitalizes on the value added of a regional programme. Below is the first draft of a working outline of P4P Phase 2. We welcome feedback from members of the UN family and the donor community to ensure that this joint regional programme meets the needs of stakeholders and partners across Asia and the Pacific.

Initial Outline for Partners for Prevention - Phase Two

Goal: To reduce the prevalence of gender-based violence in the region.

Outcome: Enhanced programmes and policies for the primary prevention of gender-based violence are being implemented in Asia-Pacific.

Output 1: An expanded evidence-base is applied for effective prevention in the Asia and Pacific region.

Key Activities

- Data on the nature of GBV in the region consolidated (using the Change Project, WHO and other methodologies);
- In depth analysis of existing data from the region (i.e. WHO, Change Project, IMAGES), gaps in knowledge identified and new research formulated;
- Evidence on effective programming in the region consolidated (project and outcome evaluations);
- Effective technical assistance on research and M & E provided to partners in the region.

Output 2: Practitioners are equipped with enhanced capacities to implement effective initiatives for GBV prevention.

Key Activities

- Technical Assistance on evidence and theory-based programming provided;
- Institutional capacities enhanced of UN family and government partners;
- Integration of GBV prevention into learning systems of the UN family;
- Regional learning consortiums of NGOs continued, integrated and expanded.

Output 3: A regional hub for knowledge networking, programme integration and joint advocacy contributes to enhanced programmes and policies for GBV Prevention.

Key Activities

- Consolidated regional knowledge on GBV and prevention is effectively communicated and disseminated;
- Strategic partnerships and networks forged and maintained;
- Policy advocacy events and initiatives implemented;
- National and regional coordination mechanisms for GBV integration are supported and enhanced.

Annex I: Meeting Agenda

Agenda Summary: *The meeting was for government donors and aid agencies, the UN family and other regional stakeholders to discuss the current state of violence prevention in Asia and the Pacific. It was an opportunity to discuss the current challenges and priorities for violence prevention, and entry points for deeper coordination among the development assistance community.*

Objectives:

- *To describe the state of violence prevention in Asia and the Pacific – challenges, successes and ways forward;*
- *To explore how we can collaborate more closely to address violence;*
- *To refine what a regional support programme can do to build on successes and address challenges.*

Thursday (09 February 2012)	
0830 – 0900	**Registration**
0900 – 0945	**Opening & Welcome** Introductions of participants, Statement Review of agenda and meeting objectives
0945 – 1035	**Regional Responses to Violence: Mapping UN and Donors' Priorities**
1035 – 1100	***Coffee/tea Break***
1100 – 1145	**Overview of Gender-Based Violence Prevention** Overview discussion of issues to be highlighted in the meeting
1145 – 1230	**Gender-Based Violence and Prevention in Asia and the Pacific** Presentation of the preliminary findings from the Change Project and other data, and legal and policy frameworks on violence in Asia and the Pacific
1230 – 1330	***Lunch***
1330 – 1430	**The State of Primary Prevention – Panel Discussion** Panel discussion on the business case for prevention, deeper understanding on risk & protective factors, and discuss about global evidence for effective prevention
1430 – 1445	***Coffee/Tea Break***
1445 – 1530	**Integrated, Evidence-Based Programming** Overview of ideal prevention programming cycle Presentation from DFID India
1530 - 1600	**Promising Prevention Areas of Work in Asia-Pacific** Overview of promising & evidence-based prevention models such as early childhood and parenting, school-based interventions, various campaign approaches, economic empowerment, social mobilization & community empowerment models

1600 – 1700	**Group Exercise:** What does an ideal comprehensive integrated approach look like?
1730 – 1930	**Reception: 8th floor terrace garden**
	Friday (10 February 2012)
0900 – 0930	**Summary of day one**
0930 – 1045	**Measuring Change** Discussion on evaluation and monitoring for prevention interventions, issues surrounding collecting evidence & reporting, and different models for evaluation that can capture change
1045 – 1100	***Coffee/tea Break***
1100 – 1230	**Coordination & Commitment – How to Move Forward** Discussion on how to strengthen existing mechanisms for coordination at the regional levels among donors and between the donor community and the UN family Examples of national coordination presented from Cambodia and Viet Nam
1230 – 1330	***Lunch***
1330 – 1500	**Partners for Prevention: Phase Two** Presentation of the results from Phase One, and discussion of priorities for Phase Two
1500 – 1530	**Wrap-up and Closing**
1500 – 1530	**Coffee/tea Break**

Annex II: Participant List

Name	Title	Organization
Ms. Helen McDermott	Assistant Director	Gender Policy & Coordination Section AUSAID
Ms. Jane Hardy	Policy Officer	Gender Policy & Coordination Section AUSAID
Ms. Mary James	Gender Policy Officer	Gender Policy & Coordination Section AUSAID
Ms. Cindy Berman (VIA SKYPE)	Social Development Advisor	DFID
Mr. Peter Evans	Senior Governance Adviser	DFID India
Mr. Moonstan Chatri	Senior Programme Officer	Norwegian MFA
Ms. Marit Winther Øyslebø		Norwegian MFA
Ms. Christine Lundberg	Senior Programme Manager	SIDA
Ms. Orawan Raweekoon	National Programme Officer	SIDA
Ms. Kai Spratt	Gender and Youth Senior Specialist	USAID
Ms. Leslie Gonzales	Gender Specialist	USAID/Pakistan
Ms. Katherine Crawford	Director of the Health Office	USAID/Pakistan
Ms. Samantha Hung	Senior Social Development Specialist (Gender & Development)	Asian Development Bank
Ms. Pattama Vongratanavichit	Programme Officer	CIDA/Thailand
Mr. Rodrigo Montero Cano	Communication Advisor	Access to Justice for Women Project GIZ/Cambodia
Ms. Shoko Ishikawa	OIC for Regional Office	UN Women ESEA Regional Office
Ms. Anna-Karin Jatfors	Regional Campaign Manager	UNiTE
Ms. Adriana Quinones	UN Trust Fund Manager for Asia & Pacific	UN Trust Fund EVAW
Ms. Sara De La Pena Espin	Programme Analyst	UN Women ESEA Regional Office
Ms. Annemarie Reerink	Gender Specialist	UNDP Asia Pacific Regional Centre
Ms. Anna Coates	OIC, a.i.	Gender Equality & Women's Empowerment Section ESCAP
Ms. Beverly Jones	Social Affairs Officer	Social Development Division ESCAP
Mr. Adrien Boucher	Programme Assistant	UNESCO Bangkok
Dr. Claudia Garcia-Moreno	Coordinator, Gender, Rights, Sexual Health and Adolescence	WHO Geneva
Mr. James Lang	Programme Coordinator	Partners for Prevention
Ms. Emma Fulu	Research Specialist	Partners for Prevention
Ms. Caroline Liou	Communication Specialist	Partners for Prevention
Mr. Raymond Brandes	Programme Specialist	Partners for Prevention
Mr. Khamsavath Chanthavysouk	Capacity Development	Partners for Prevention

	Coordinator	
Ms. Xian Warner	Research Analyst	Partners for Prevention
Ms. Stephanie Miedema	Research Analyst	Partners for Prevention
Ms. Clara Magarino Manero	Programme Officer, Cambodia	Partners for Prevention/UN Women