



Appendix

Learning from Practice: Training for Behaviour Change to prevent violence against women and girls

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Appendix A: Methodology

This synthesis review is based on PBK and insights that have been extracted from the project documents of the 10 projects.

The production of this synthesis review included five stages: (i) the selection of the 10 projects, (ii) a quick literature review on training as a strategic activity in VAWG prevention research, (iii) the data extraction of all PBK using qualitative data analysis software, (iv) the analysis of all the data, interviews and focus group discussions with the partner organizations, and (v) the final submission of the report with recommendations.

As part of the monitoring and evaluation requirements of the UN Trust Fund, grantees had to submit detailed annual monitoring reports or results and activities reports. At the end of their grant cycle, each project was evaluated by an external third party; these final evaluations were also included in the set of project reports. The breakdown of reports by type is as follows.

Type of report	Number of reports
Annual monitoring reports	24
Final project evaluations	9
Results and activities reports	2
Total	35

Data extraction was an inductive process that focused on analysing the reports for data on the what, how and why of training. Data were first extracted and coded using qualitative data analysis software. A series of interviews with the grantees¹ were conducted to extract further PBK, validate some of the findings and fill in gaps in the narrative, allowing for a participatory exploration of the PBK that emerged from the reports. The first draft of the report was circulated among the organizations and the UN Trust Fund External Advisory Group and Internal Advisory Group. Since this synthesis review is based on the information contained in the reports, there are gaps and omissions.

¹ Of the seven organizations included in this brief, five participated in the first round of interviews.

Appendix B: Description of projects

Project	Project details	Goals	Results and key stakeholders
<p>AÇEV Turkey, 3-year grant, 2010–2013.</p> <p>Project title: Father training for violence-free families</p> <p>Grant amount: \$800,000</p>	<p>This project engaged men in a community-based violence prevention programme. Fathers and their spouses were trained to foster democratic, anti-violence and gender-sensitive attitudes and behaviours in the family. School teachers were trained as trainers for the Father Support Programme.</p>	<p>The overall goal of the “Father training for violence-free families” project is to prevent VAWG by engaging men in a comprehensive and community-based prevention programme.</p>	<p>The training programme was a 13-week intensive programme. Training was given on parenting, gender equality and gender-based violence and reached 3,320 fathers. In addition, 2,600 women (spouses) were trained through shorter programmes on services for women and girls experiencing violence and on the legal mechanisms available to them. The project reached 22 per cent more households than expected. Four panels and workshops and 14 school seminars were also organized for the communities. For more on the results, see the project evaluation here.</p>
<p>AÇEV Turkey, 3-year grant, 2016–2019.</p> <p>Project title: Fathers are here for gender equality</p> <p>Grant amount: \$461,415</p>	<p>A second project implemented by AÇEV furthered the activities and outcomes of the first project. AÇEV used the parenting programme as an entry point to discuss gender equality and gender-based violence, facilitating long-term societal shifts towards gender equality and the prevention of VAWG. This project worked across five Turkish cities and sought to empower women in the cities by supporting their rights, making parenting more gender-equitable and working to prevent domestic violence in their homes and communities. AÇEV ran the Father Support Programme, two campaigns (Fatherhood First and I am a Father) and follow-up sessions with fathers, resulting in local fatherhood groups.</p>	<p>To facilitate long-term change on gender equality and VAWG among fathers and empower women in five cities in Turkey to experience greater support for their rights, parenting responsibilities, and prevention of VAWG in their homes and communities.</p>	<p>The project targeted 3,991 men and an equivalent number of their partners/spouses. At the end of the programme, mothers who participated in the programme reported an 11 per cent increase in support for women’s rights, 27 per cent increase in support for prevention of VAWG and 30 per cent increase in shared parental responsibilities. AÇEV reported reaching 2,021,387 people through its campaigns. For more on the results, see the project evaluation here.</p>

<p>Breakthrough Trust India, 3-year grant, 2014–2016.</p> <p>Project title: Preventing violence: change starts now</p> <p>Grant amount: \$540,739</p>	<p>Breakthrough Trust worked to reduce the social acceptability of violence against women. Breakthrough Trust’s campaigns were driven largely by youth activists, and colleges and universities were critical spaces where the campaigns were rolled out. The project used a multimedia online and offline engagement strategy. The training sessions trained participants on gender norms and gender inequality in society. In addition, young people were trained in media advocacy, and members of the press were trained on gender-sensitive reporting. The project also worked closely with women’s groups and other CSOs, the police and law enforcement agencies.</p>	<p>Women and girls in 15 districts from 6 states in India (Karnataka, Uttar Pradesh, Jharkhand, Bihar, Haryana and Delhi) resist domestic violence and sexual harassment, experience reduced sexual harassment in public places and enjoy increased access to redressal mechanisms.</p>	<p>The overall perception of how safe public spaces were (according to project participants surveyed) increased from 1 per cent to 18 per cent; the overall percentage of women who felt unsafe outside at night decreased from 46.9 per cent to 29.2 per cent; the percentage of women who reported experiencing violence in a public space in the previous year fell from 63.4 per cent to 42 per cent; and experiences of domestic violence in the previous year fell from 19.6 per cent to 4.7 per cent. The project reached nearly 1,100,000 people (around 200,000 through on-the-ground activities and over 800,000 through digital campaigns). Furthermore, 5,616 project participants were trained, 1,800 youth advocates were mobilized and 366 journalists were reached. For more on the results, see the project evaluation here.</p>
<p>CMC Palestine, 2-year grant, 2015–2017.</p> <p>Project title: Stop violence against women</p> <p>Grant amount: \$158,350</p>	<p>CMC sought to improve responses to violence against women by supporting an enabling media environment. Over the course of two years, the project trained female media studies graduates and journalists on gender-sensitive reporting, including critical media skills. An advocacy campaign was also run in parallel with the training. Five broad activities were planned as part of the campaign: radio episodes and a film on VAWG prevention were produced and disseminated, campaign materials (brochures) were designed and an online social media campaign was run. CMC also ran</p>	<p>Women and girls in the Gaza Strip feel more able to speak out against VAWG and seek support, through access to information and a more supportive media that improves public attitudes and perceptions.</p>	<p>Thirty media graduates were trained on gender and human rights and gender-responsive media. A total of 611 men and 764 women were reached through 20 awareness workshops, and 114 media pieces were produced by the graduates and disseminated by 19 media and news agencies.</p>

	community-level workshops with men and women in different locations across the Gaza Strip, where all the material was broadcast and distributed. Finally, CMC organized a conference for CSOs, activists, community leaders and members of the public.		
<p>ECPAT France Madagascar, 3-year grant, 2017–2020.</p> <p>Project title: Project Ranavalona: prévention, prise en charge et accès à la justice des filles survivantes de l’exploitation sexuelle à Madagascar</p> <p>Grant amount: \$557,906</p>	<p>This project was implemented in six towns in Madagascar. ECPAT worked extensively with girls who had survived sexual exploitation, with young adults in schools and with men from the community.</p> <p>Training social workers on protocols to be followed in cases involving child sexual exploitation was challenging, and the majority of the social workers who were trained were not able to effectively apply the protocols in their practice – this was in part because the majority of these social workers did not work with children. A recommendation therefore was to identify social workers who work directly with children. ECPAT also trained local journalists on VAWG prevention and the sexual exploitation of minors; at the end of the training, journalists had a better understanding of their roles in preventing violence in Malagasy communities.</p>	<p>ECPAT’s goal was to see the end of commercial sexual exploitation of children, to help young girls defend themselves against sexual exploitation and to support survivors in choosing alternate pathways for their lives.</p>	<p>Ninety-five girls were mentored through the project, of whom 38 were subsequently able to pursue their education, and 57 chose to work. A microproject was run for the girls in school and their parents. At the end of the project, the girls were aware of their rights, expressed more confidence and were able to exit the cycle of exploitation. Thirteen girls received legal support and ten abusers were arrested, of whom two were undergoing prosecution. For more on the results, see the project evaluation here.</p>

<p>Grupo Guatemalteco de Mujeres Guatemala, 2-year grant, 2017–2019.</p> <p>Project title: Por una vida libre de violencia para las mujeres y las niñas</p> <p>Grant amount: \$430,000</p>	<p>This project from Guatemala sought to address the high rates of VAWG in Guatemala by improving women’s and girls’ access to the justice system. It did this by strengthening the institutional framework and capacities of the National Council on the Prevention of Family Violence, a national body for the prevention of domestic violence and violence against women, and by supporting it to fulfil its mandate of promoting an institutional framework to end VAWG in Guatemala. GGM worked to enhance the institutional and societal context so that human rights organizations would be able to effectively monitor the state’s commitments to preventing VAWG, and women and girls would be better informed about mechanisms to support them. This project ran in a politically volatile context in Guatemala, where human rights and the rights of women were constantly being challenged.</p>	<p>To improve access to justice for women and girls in Guatemala who are survivors and victims of violence.</p>	<p>The primary stakeholders in this project were indigenous women and women survivors of violence who request support from the Comprehensive Support Centre for Women Survivors of Violence, rights activists and members of partner and allied organizations, and members of the Comprehensive Support Centre for Women Survivors of Violence national networks.</p> <p>The project sought to improve the institutional responses of the state (working with the National Council on the Prevention of Family Violence) to support the ending of VAWG, fill a critical information gap on instances of violence and femicide, and strengthen the capacities of other women’s organizations to advocate on these issues. The project reached 228,153 primary stakeholders (women and girls, survivors of violence, individuals from minority groups and human rights activists), 619 members of CSOs, 1,137 public functionaries, 275 legal professionals, 767 men and boys, and 54 elected representatives.</p> <p>For more on the results, see the project evaluation here.</p>
<p>Physicians for Human Rights Kenya, Democratic Republic of the</p>	<p>The premise of PHR’s intervention was that the successful and visible process of justice for survivors would deter future acts of violence; that is, if the system was able to prosecute and convict perpetrators</p>	<p>To improve the medico-legal and justice system, increase the number of successful prosecutions and convictions, and provide judicial remedies, such as court-</p>	<p>The initiative increased knowledge and skills in documenting gender-based violence and involved a broader range of professionals. The project reached 851 personnel in the health care, legal and law enforcement sectors across Kenya and</p>

<p>Congo, South Sudan, Central African Republic, Uganda, 3-year grant, 2011–2014.</p> <p>Project title: Formation of a medico-legal network to address sexual violence in armed conflict in central and eastern Africa</p> <p>Grant amount: \$975,000</p>	<p>and provide survivors with remedies such as compensation, this would act as a deterrent. Survivors were placed at the heart of the approach and the project worked with three critical stakeholder groups: clinicians who performed forensic medical examinations, police officers who responded to crimes and legal professionals (e.g. judges) who saw the medico-legal process through the justice system. Training of these service providers was central to this project, as it was identified as a way to improve the experience for survivors. The intervention hypothesized that good networks and collaboration between medico-legal service providers would support prosecutions and assist survivors in accessing justice and recovery; if professionals followed procedures according to best practices, and if they collaborated with their peers across sectors, these best practices could be institutionalized and provide overall support for prosecutions.</p>	<p>imposed compensation for victims, that can act as effective deterrents.</p>	<p>the Democratic Republic of the Congo. This developed capacity to collect, manage and transfer evidence, which in turn benefited 17,448 survivors. For more on the results, see the project evaluation here.</p>
<p>Physicians for Human Rights</p> <p>Democratic Republic of the Congo and Kenya,</p>	<p>A second project by PHR in 2019 worked in the Democratic Republic of the Congo and Kenya, and expanded the best practices from the first project. In this project, PHR worked on the premise that, if networks of medico-legal and law enforcement professionals who were effectively trained</p>	<p>To deepen and expand cross-sector responses to sexual violence so that more survivors receive quality medical and psychological care. Evidence collection leads to thorough investigations and stronger</p>	<p>This project that built on the previous grant and deepened engagement with institutions in the Democratic Republic of the Congo and Kenya. PHR worked to embed the training modules with health-care institutions. Physicians for Human Rights developed and piloted a digital tool, MediCapt, to enhance evidence collection. It also</p>

<p>3-year grant, 2016–2018.</p> <p>Project title: Deepening and expanding the cross-sector network response to sexual violence in the Democratic Republic of the Congo and Kenya: a project to increase justice for women and girl survivors of sexual violence</p> <p>Grant amount: \$625,000</p>	<p>on forensic documentation, analysis and preservation could support and mentor each other and their colleagues, best practices would be disseminated across the institutions concerned. More professionals would be exposed to this knowledge and the best practices; this would elevate the importance of forensic evidence and the prosecution of sexual violence crimes would be more evidence-based and effective. These practices could then be institutionalized in all relevant institutions, schools, centres, etc., and improve the overall cross-sector response to sexual violence.</p> <p>The project sought to do this by deepening the 13 networks of trained professionals, improving their skills and equipping them to become mentors and trainers, and creating local centres of excellence.</p>	<p>prosecutions; judges make evidence-based findings; the numbers of local and international prosecutions of sexual violence crimes increase; and many more women and girls who are survivors of sexual violence obtain justice and reparations.</p>	<p>trained frontline professionals working in health care, the police and courts in the use of forensic techniques to document sexual violence. The use of a formal “chain of custody” document by police officers improved internal coordination within police work.</p> <p>Medical and psychological documentation was standardized and harmonized. Law enforcement training resulted in successful prosecutions and convictions. The primary stakeholders in this project were 15,000 women/girl survivors of violence, 50 government officials, 400 health professionals, 50 legal officers and 50 law enforcement and uniformed personnel. For more on the results, see the project evaluation here.</p>
<p>Raising Voices Kenya, Botswana, Burundi, Ethiopia, the United Republic of Tanzania, 3-year grant, 2011–2014.</p> <p>Project title: National and regional scale up</p>	<p>In this first project to scale up the SASA! approach, Raising Voices worked with organizations in Eastern and Southern Africa in a competency-based training and mentoring process and supported SASA! implementation, monitoring and evaluation in at least 13 communities in Eastern and Southern Africa.</p>	<p>The goal of this project was to prevent VAWG and HIV in Eastern and Southern Africa by mobilizing communities to change social norms, laws and policies.</p>	<p>This project sought to reach around 140 primary stakeholders from the 13 partner organizations. The secondary stakeholders were members of eight communities throughout urban and rural areas of Uganda and five communities in Botswana, Burundi, Ethiopia, Kenya and the United Republic of Tanzania. For more information on this project: https://raisingvoices.org/sasa/</p>

<p>of the SASA! approach to preventing violence against women and HIV</p> <p>Grant amount: \$999,999</p>			
<p>Raising Voices SASA! implementing partners and the University of California San Diego, 3-year grant, 2016–2019.</p> <p>Project title: Strengthening SASA! implementation through learning and guidance²</p> <p>Grant amount: \$999,998</p>	<p>This was a research and learning grant to generate knowledge to deepen the understanding of SASA!’s adaptation and implementation using three case studies from diverse sites (Haiti, the United Republic of Tanzania and Kenya). The project also sought to put together evidence-based tools to strengthen SASA! interventions. The key partners in this project were Raising Voices, SASA! partner organizations (the International Rescue Committee in Ethiopia, Beyond Borders in Haiti and the Women’s Promotion Centre in the United Republic of Tanzania) and the University of California San Diego</p>	<p>The SASA! model for preventing VAWG is proven to be adaptable and transferable to other contexts through research in three sites (Haiti, the United Republic of Tanzania and Kenya), and this evidence strengthens the quality of implementation globally.</p>	<p>The primary stakeholders in this project were SASA! partner organizations.. The impact of this project is expected to grow after its completion as the learning from the projects is applied and used to strengthen SASA! adaptations.</p> <p>For more information on this project: https://raisingvoices.org/innovation/generating-evidence/</p>

² The second grant awarded to Raising Voices was a research project to strengthen the SASA! programme and not an implementation project.

Appendix C: Focus group discussion and interview questions

Questions on training

Design

1. What was the primary goal of training in your project? How much reflection is given to training at the design stage/in your theory of change?
2. Did your intervention involve training as a prevention strategy?
3. How did you design the training? (For example, was it designed from scratch, or adapted from an existing format?)
4. In what aspect of your approach was training most useful? Were there any expected/unexpected impacts?
5. What were some of the challenges that you faced during the implementation of the training?
6. Was there anything specific that you learned about what worked specifically with training, and what did not work?
7. Do you train on the use of social media as a tool or strategy as part of your intervention?
8. What advice would you give, if any, to an organization that is seeking to use training in VAWG prevention?
9. What have been your experiences in using training to scale up your intervention?

COVID-19

1. Have your programmes continued during the COVID-19 pandemic?
2. Do you have any tips from your experience with training that you can give to those working with training programmes for VAWG prevention and response during COVID-19 times?
3. Were there any unexpected challenges or opportunities that you faced during this period? Were there any limitations on your work that were imposed because of the pandemic?
4. Do you have experience in training in other crisis contexts, and are there any lessons that could be relevant to a COVID-19/post-COVID-19 context?

For all the questions, it would help if you could illustrate your answer with a specific example or story that you recall.