

PROJECT

Building capacity of duty bearers and beneficiaries to improve access to services for women and children survivors of intimate partner violence and non-partner sexual violence and change community's attitude and behavior towards violence against women in Nghe An and Yen Bai provinces, Vietnam

(2020 – 2022)

RESULTS FROM FINAL EVALUATION



Hanoi, August 2022

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Acknowledgements

The project “Building capacity of duty bearers and beneficiaries to improve access to services for women and children survivors of intimate partner violence and non-partner sexual violence and change community’s attitude and behaviour towards violence against women” was implemented by HAGAR International from December 2019 to September 2022 in Minh An and Binh Thuan communes, Van Chan district, Yen Bai province and Quynh Thang and Quynh Luong communes, Quynh Luu district, Nghe An province. Under the project activity plan, this final assessment was conducted in July 2022 by an independent research team.

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ACRONYMS AND ABBREVIATIONS

GBV	Gender-based Violence
VAW	Violence against women
VAW/C	Violence against women and children
VAW/G	Violence against women and girls
DV	Domestic Violence
W/C	Women/children
IDI	In-depth interview
FGD	Focus group discussions
WHO	World Health Organization
IPV	Intimate Partner Violence
NPSV	Non-Partner Sexual Violence
MP	Male perpetrator
GSO	GENERAL STATISTICS OFFICE OF VIET NAM
MOLISA	MINISTRY OF LABOR, INVALIDS AND SOCIAL AFFAIRS

EXECUTIVE SUMMARY

Description of the project

With funding support from United Nations Trust Fund (UNTF), HAGAR International in Vietnam implemented the project “Building capacity of duty bearers and beneficiaries to improve access to services for women and children survivors of intimate partner violence and non-partner sexual violence and change community’s attitude and behavior towards violence against women” in Nghe An and Yen Bai Provinces, Vietnam (hereafter referred to as HAGAR project). The project addressed Violence against Women and Children (VAW/C) in four hotspot communes in the two provinces, contributing to changes in the lives of VAW/C survivors in 03 years (from Oct 2019 to Sep 2022) in terms of increased safety, wellbeing, and voice. This project also supports to enhance the capacity for 3 groups: (1) village leaders (village chief, village women’s union) to recognize VAW, provide initial emergency and referral supports; (2) commune emergency response teams (ERT) including members from government agencies of police, women’s union, DoLISA, justice, village leaders, etc. to coordinate and provide assistance services for survivors; (3) provincial and district authorities to technically support commune- and village-members.

Objective and Methodology

The purpose of this final assessment is to provide an analysis of the achievements from the “Building capacity of duty bearers and beneficiaries to improve access to services for women and children survivors of intimate partner violence and non-partner sexual violence and change community’s attitude and behavior towards violence against women” (hereafter referred to as HAGAR project) implemented from October 2019 to September 2022 in Nghe An and Yen Bai provinces.

Purpose of the evaluation

- To collect final evaluation’s data on the overall project results including the project appropriateness; effectiveness; efficiency; impacts (positive and negative if any); sustainability and lessons learned.
- To provide recommendations/proposals to maintain, improve and replicate the results of the project in the next phases.

This report reflects the main results and contributions delivered by the Project as well as demonstrates the key impacts of the project interventions to reduce violence against women and girls (VAW/G) through providing direct support to the survivors, enhancing communities’ knowledge about human rights, gender based violence (GBV), human trafficking, and sexual abuse.

This evaluation was guided by eight evaluation criteria – comprised of effectiveness, relevance, coherence, impact, efficiency, sustainability, Knowledge Generation and Gender Equality and Human Rights.

In order to address these evaluation criteria, this evaluation used the following data collection methods:

- *Quantitative method:*

- Semi-structured questionnaire: Face-to-face interviews were conducted using the semi-structured questionnaire with closed-ended and open-ended questions.
- Quick survey to assess project's activities by evaluation criteria used for men and women in 4 peer groups, survivors of VAW, local authorities (at commune, district and provincial level).
- *Qualitative methods:*
 - Desk review: Reviewing secondary data/information including available related reports or information collected from local authorities/agencies and the project documents (including the inception report, work plans, results framework, biannual and annual reports as well as other donor documents produced by or associated with the Project).
 - In-depth interviews (IDIs) for survivors of VAW, male perpetrator and authorities who are responsible for activities related to VAW at district and provincial levels
 - Focus Group Discussions (FGDs) local authorities at commune level.

Key findings with analysis per evaluation questions

Effectiveness

By project month 36, all most all of the outcome and output results were achieved (meet or exceed the targets). Only the Output 4.1 regarding community members, students and parents have increased understanding about VAW/G, impact of violence and trauma upon survivors, and VAW/G preventive strategies was not reached as the target of 90% was too ambitious. The project did not have enough resources to focus on community communication.

Almost no one of study participants expressed the opinion that the project's actions were ineffective. 900 individuals with GBV received trauma-sensitive multidisciplinary support services, 80% of local officials increased knowledge and skills, 96.7% respondents knowing about the availability of activities/services to support VAW/C in their locality and where/who they can come for seeking help when facing or at risk of violence, 100% of male and female peer group members have increased awareness and knowledge on GBV, how to maintain safety for women and girls and gained economic empowerment through the livelihood supports, 12 of them became change agents, those evidence are enough to demonstrate the project's effectiveness after three years implementation. The initiative to build peer groups, especially a peer group for the men who cause violence, is appreciated. It not only helps reduce violence in the families of these people but is also an effective communication channel when insiders speak out for the propagation.

Relevance

Most of participants assessed that the services provided by the project were "relevant" with the current situation of violence, local mechanisms and conditions, and in line with the needs and capabilities of local officials and needs of peer group members, survivors in general and community.

Coherence

The project activities are built based on the basis of Vietnam's policies and laws (the Law on Gender Equality and the Law against Domestic Violence and human trafficking) as well as the local political and economic development plan. In particular, the project's support services are carried out in areas where there has never been a GBV prevention project before, so it is very suitable for the needs of

local people and officials. Report results from Nghe An and Yen Bai indicate that 100% of people receiving support services feel satisfied with them.

Impact

Most of the study participants reported that the project has great impact contributed to the reduction of VAW/C in localities, supporting survivors with needed services and bringing them other beneficial economic and psychological effects.

After 3 years, the number of W/C who have experienced at least one act of GBV has considerably dropped (from 57.6% to 23%). According to statistics on VAW/G who are members of a peer group, 14 out of 21 women still face domestic violence, and most of them on a frequent basis (more than 10 times in the last 3 years). However, severity of violence has significantly dropped since participating in group activities. The fact that both husband and wife participate in peer groups is considered to have significantly improved the violent situation in their family, but the violence still exists and has not completely stopped.

Physical and emotional violence are still more common than economic violence and sexual violence in both community groups and peer club members. No cases of W/C participating in the interviews were trafficked or were ever tempted into trafficking.

Some skills to ensure survivors' safety have been strengthened, such as seeking help from people around; stepping out or running away from the dangerous places; and asking for help from the local support system; becoming more confident and spending time for self-care. The highlight of this assessment is that more survivors are sharing their stories and reaching out to their relatives, neighbors, and authorities for support, showing the popular impact of the media and the success of local authorities' efforts to address GBV issues.

Efficiency

There have been some changes related to the project progress/timeline, contents of activities and methods to deliver the activities due to COVID-19 outbreak, natural disasters and changes on the current situation of GBV in the localities. The activities were delayed from 1 to 5 months towards the plan, including: Male and female peer groups establishment and activities, training courses for village leaders, communication campaigns, study tour. However, the project was successfully implemented with resources and activities managed efficiently, timely and within budget. According to the local officials' comments, project activities as well as all adjustments were evaluated as efficient and cost-effective as they were designed to make best use of resources and fit with the new context.

This evaluation did not conduct a detailed review of the project financial management. Contracts and payments for goods and services followed United Nations cost-norm regulations and payment in Vietnam. No complaints were recorded about project payments from local partners.

The project activity of livelihood support for survivors of GBV was assessed as cost-effective as it reflected in marked improvement in their income.

Sustainability

As for maintaining activities after the end of the project (sustainability), there are certain challenges because local resources are limited and not guaranteed. The locality can only conduct activities in coordination and integration. However, the obtained quantitative and qualitative data also show the commitment of the locality in continuously maintaining some of the project activities, particularly conducting the activities of the established rapid response groups, developing communication materials, and continuing to integrate communication and training activities. Despite the fact that there won't be as much support as there was when the HAGAR project was active, Nghe An and Yen Bai are both dedicated to making an effort to continue the peer group's activities. According to the respondents, a number of activities that are not highly maintainable include: organizing training courses for officials at the provincial/district/commune/village level; designing and developing leaflets, communication materials, structured communication campaigns, and periodic radio broadcasts; establishing new peer groups; and maintaining group meetings. The reason given mainly comes from shortage of local funding. The activities that local authorities expressed commitment to continue are protection and support survivors of GBV, which was both by verbally, documented and by actively in contact with Hagar expert to consult about working with complex case and to coordination with multi stakeholders in both provinces.

Knowledge Generation

Main lessons learned from the project implementation which are recommended for replication or scaling up in other projects or contexts in the two provinces include:

- With a low rate of respondents who were unaware of more sophisticated forms of GBV which do not show the nature of force or coercion, more effort on raising awareness on the recognition of mental and economic violence forms should be made.
- The respondents' awareness of identifying the root cause of GBV was limited, more communication programs or awareness activities are recommended to help the communities correctly recognize root cause and risk factors. The awareness activities should focus on gender equity/inequity as the main contributor to VAW/C.
- It is required to equip necessary self-protection skills and skills to avoid risks of GBV for both the general population and especially for W/C. Some advanced skills such as "Having a safety bag", "Putting away things that can become weapons" or "Studying policies, laws about the rights free from violence" should be introduced, too. Awareness activities should be designed in suitable channels/forms, timeframes, and repetitively to reach more audiences.
- Most of the respondents' knowledge on related laws on VAW/C is just as "have heard about the laws but could not specify rights, responsibilities, and penalties. Theses knowledge should be properly equipped to the local people, especially for both survivors and perpetrators as well as the local officials.
- Not only W/C, but also perpetrators changed their perception and behavior by joining peer groups and project activities. The initiative of maintaining the available peer groups or setting up the new groups (both male and female groups) is highly recommended to retain these positive changes in non-violent families and extend to those that are not yet completely free of violence, firstly among peer group members, then out into the community. The role of change agents identified by the project should also need to be promoted because they are effective influencers.

- Reducing domestic violence should incorporate with livelihoods supports to increase household income. Also, financial support for livelihood activity should be incorporated with livelihood assessment and training.

Gender Equality and Human Rights

The project with goal, outcomes, outputs, indicators as well as the final assessment were designed and implemented consistently following human rights based and gender responsive approaches. HAGAR proposed this project to reduce VAW through providing direct support to women and girls, building the knowledge of communities about the right of everyone to be protected from domestic violence, human trafficking, and sexual abuse. The GBV survivors were increased safety, wellbeing and voice. The data on right to make decisions in the family collected at the baseline and final evaluation was the evidence illustrating for the improvement of human rights.

Compared with the baseline assessment, the perception and knowledge of gender, GBV, and related laws of the people and local officials in the 4 project communes have changed positively. The concept of gender inequality has shown signs of reduction. However, the final evaluation results also show that the concept of gender inequality, although there are signs of reduction, is still quite popular among people in the 4 project areas.

Conclusion

Most of the study participants rated the project as effective, in line with local needs and capabilities, and producing great impact to the issue of VAW/C in four project locations. Over the last three years, local authorities and departments have paid attention, actively engaged in, and made positive changes in solving issues of gender equality, prevention of VAW/C, human trafficking, and sexual abuse. The services/activities of prevention and response to GBV, and support for people with violence have been implemented and have become popular in the community. In particular, there are not only communication activities to raise awareness, but also other prevention activities such as training skills to recognize, prevent, and protect themselves against VAW/C; quick response groups on the prevention of VAW/C; reporting mailbox/address/hotline, emergency phone number, medical assistance, and livelihood. Most study participants know who/where to turn for help when experiencing violence. The number of people willing to share their stories with relatives and neighbors, as well as seek help from the government when suffering from GBV has increased. This is an impressive result of the strong involvement of authorities at all levels, multi-sectoral coordination and a big change in awareness and actions related to GBV of government officials, especially members of rapid response teams.

However, prevention and response to GBV are still implemented by the locality in an integrated way in the activities of other departments; and the human resources working on GBV prevention and control often hold several positions at the same time. VAW/C is still an urgent problem in the two project provinces. Local people and officials still requested supports regarding communication activities and training. All local officials and peer groups members expected to receive continuous support from the projects as with limited local resources, activities cannot be organized in a proper method and systematic manner; services will not be guaranteed to be as intensive as when there is a support project.

Recommendations

For Peer group members

- Maintain the activities of the established peer groups for men who cause violence and women who suffer from violence.
- Peer group members become change agents who transfer the knowledge and skills as well as their own changes in awareness and behavior to other people in the community.

For Provincial, district and commune authorities

- Maintain and allocate local budgets and staff to continue to support the activity of peer groups and replicate this model in other communes and expand it to the group of children with GBV (because there is no peer group for children).
- Maintain the operation and promote the working efficiency of rapid response teams and officials in charge of this issue in the locality.
- Continue to enhance the trauma-informed multi-sectoral support people experiencing violence in every village/commune with clear coordination mechanism (who, what, and how to coordinate to ensure feasibility and avoid overlap).
- The information on available support services and local officials who are responsible, hotlines, emergency phone numbers, and safe addresses should be promoted strongly and clearly to the people, repeated in communication activities/channels.
- Local officials who have been trained in capacity building can organize hand-on trainings or share experiences with other/new staff to take advantage of the knowledge and skills.
- Local people and officials suggest that it is necessary to strengthen communication and training on identifying acts of VAW/C and how to prevent, respond, and protect themselves from VAW/C; on regulations, policies, and the right to be protected from VAW/C; on psychological, medical, legal, and livelihood support for people with violence; on handling strict legal action against those who commit acts of violence; and having mailboxes/addresses/complaint hotlines. All participants from the IDIs expected to receive continuous support from the projects because this is still an urgent issue in the locality. Local resources are limited. The locality cannot organize activities in a proper method and systematic manner; services will not be guaranteed to be as intensive as when there is a support project.
- Timely encourage and set examples of happy families, responsible men who do not use violence to resolve conflicts. They are active agents to create change in the community and need to be strongly promoted by the media.
- Communications on preventive measures, self-protection skills to ensure safety and related laws need to be implemented more frequently, repetitively, and intensely to ensure that laws are enforced.

For HAGAR International

If required from the two provinces, HAGAR can continue to provide remote technical assistance with updated knowledge/skills or advice on:

- GBV case handling or case management.
- Capacity building, hand-on trainings, refresh trainings or sharing experiences for local officials (old and new staff)

- Awareness activities on gender equity/inequity, GBV forms, root causes, related laws preventive measures, self-protection to ensure safety skills for peer group members, local officials, and general population.
- Sharing experience with related tools on livelihood supports
- Provide knowledge and support skills with the trauma-informed approach for local officials.

PART 1. OVERVIEW

I. CONTEXT AND DESCRIPTION OF THE PROJECT

1. Context of the project

Gender-based violence is violence that is directed against a person because of their gender or sex. It includes acts that inflict physical, mental, or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. Boys and men can be victims of violence, but the majority of GBV cases are directed towards women and girls. GBV includes physical violence, emotional violence, economic violence and sexual violence happen in families by husbands/partners or in the community (workplaces, in schools or public places) by non-partners. Besides physical, emotional, economic, and sexual harms, GBV encompasses human trafficking, preventing women from voting or participating in workforce or discrimination in workplaces.^{1,2} The harms caused by GBV in many cases are severe, including physical and emotional injuries/harm such as healthcare costs, household property damage, loss of income, emotional and psychological shocks/trauma, damaging their health, and in many cases leading to suicide.

GBV occurs in all countries and societies, and all cultural, religious, economic and social groups. According to the report published by WHO (2013), about 1 in 3 (35%) of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.³ In Vietnam, the 2010 National Study on Domestic Violence against Women shows that 58% of ever-partnered women during lifetime experienced at least one type of physical, sexual or emotional violence.⁴ The data may be lower than reality as respondents often fear or feel ashamed to talk to others about their domestic violence, or they are still influenced by backward concepts. Cultural attitudes, norms and behavior are hindering understanding of GBV in Viet Nam. The term “Violence” in Vietnamese is a severe concept, and people are reluctant to use it to refer to their family members unless the abuse has serious physical consequences, in terms of health and other consequences. In everyday life, the less severe forms of violence such as verbal abuse, slapping, coercion or sexual coercion are generally not considered as violence.^{5,6} According to the latest national survey on VAW in Vietnam in 2019, 62.9% (nearly 2/3) of women have experienced at least one form of physical, emotional, sexual or economic violence, controlling behaviors caused by husband/partner in their lifetime; 11.4% of women (1/10 women) have experienced physical violence by others since the age of 15.⁷ In response to this issue, since 2010, the Vietnamese government has approved the National Strategy on Gender Equality 2011-2020, in which the goal 6 states that Vietnam acts to ensure gender equality in families and gradually reduce GBV.⁸

With effort to reduce VAW through providing direct support to women and girls, building the knowledge of communities about the right of everyone to be protected from domestic violence,

human trafficking, and sexual abuse, HAGAR International in Vietnam implemented the project “Building capacity of duty bearers and beneficiaries to improve access to services for women and children survivors of intimate partner violence and non-partner sexual violence and change community’s attitude and behavior towards violence against women” in Nghe An and Yen Bai Provinces, Vietnam (hereafter referred to as HAGAR project). The project is funded through United Nations Trust Fund (UNTF).

Nghe An lies on the north central coast and Yen Bai is northern Vietnam. Both evidence poverty rates of 27% and 45% respectively, are amongst Vietnam’s top ten ‘poorest’ provinces and identified by the Government as trafficking hotspots. Nghe An is the largest province by area in Vietnam, population 3.547 million (2019), sharing a 420km of border with Laos. 35% of the population do not derive primary income from agriculture. Yen Bai population is 809,248 people (2019), and share borders with Ha Giang and Lao Cai provinces, both having international borders. Forestry and farming are the main economic stays of the province.

Quynh Luu (Nghe An) and Van Chan (Yen Bai) districts are recommended project locations by provincial authorities, having diverse topographies and ethnicities (mountainous, coastal, low land), Kinh and ethnic minorities and relatively high rates of VAW/G, which has practical applications for piloting new initiatives. Van Chan district has 23 ethnicities with 65% ethnic minorities. From 2016-2018, 20 cases of VAW/G (including 15 sexual abuse) were reported. Quynh Luu district, having the second highest population in Nghe An, has been piloting the “Trusted Address”/ERT model by DoLISA in one commune. Upon approval, 2 communes with high rates of underserved VAW/G and vulnerable women and girls without other agencies supporting VAW/G will be chosen in each district/province. 2 communes in Van Chan and 2 in Quynh Luu have an estimated population of 10,000 and 18,000 respectively.

2. Description of the project

This project addresses Violence against Women and Children (VAW/C) in four hotspot communes in Nghe An (Quynh Luong and Quynh Thang communes) and Yen Bai (Minh An and Binh Thuan communes), contributing to changes in the lives of VAW survivors and vulnerable women and children in 03 years. The project starts in Oct 2019 and ends in Sep 2022. The project’s beneficiaries are “Women survivors and those at risk of violence, in particular, Intimate Partner Violence (IPV), Non-Partner Sexual Violence (NPSV) and human trafficking survivors, and those at risk in project areas. The project aimed that those ones would be subjected to increased safety, wellbeing and voice by the project end at Month 36”. This project also supports to enhance the capacity for 3 groups: (1) village leaders (village chief, village women’s union) to recognize VAW, provide initial emergency and referral supports; (2) commune emergency response teams (ERT) including members from government agencies of police, women’s union, DoLISA, justice, village leaders, etc. to coordinate and provide assistance services for survivors; (3) provincial and district authorities to technically support commune- and village-members.

The project aims to achieve the following outcomes and outputs:

Outcome 1: Survivors of VAW in particular IPV, non-partner sexual violence and trafficking, reached by the project, receive trauma-informed multi-sectoral support to heal and recover by project month 36.

Output 1.1. Women survivors targeted by the by the project have improved access to appropriate multi-sectoral support services.

Outcome 2: Provincial, district and commune authorities have increased commitment to VAW multi-sector collaboration, and consider scaling-up project achievements by project month 36.

Output 2.1. 80% of provincial, district and commune local authorities, including emergency response teams, have increased knowledge and skills in VAW prevention and trauma-informed responses, in alignment with national legislation, and pilot UN ESP guidelines.

Output 2.2. 60 village leaders (village chief, village Women's Union) have increased VAW awareness, and improved skills to recognize and provide initial support to VAW survivors.

Output 2.3. 01 trauma-informed essential services toolkit published and disseminated to local authorities and/or service providers.

Output 2.4. Provincial, district and commune authorities have increased opportunity for multi-sector collaboration

Outcome 3: Men and women in peer groups become change agents in their community by project month 36

Output 3.1. 02 pilot female peer groups and 2 pilot male peer groups established and operating well.

Output 3.2. Women in pilot female peer groups have increased self-awareness to manage their own trauma; increased understanding about national legislation, gender equality and VAW/G, human rights; and increased access to economic empowerment (EE) skills and opportunities.

Output 3.3. Men in pilot male groups have increased awareness on gender stereotypes, childhood trauma; skills to manage violence triggers, and improved knowledge about national legislation, gender equality, domestic violence, and how trauma affects children.

Output 3.4. Women and men participating in pilot peer groups have increased awareness and knowledge on how to maintain safety for women and girls, and raising awareness about VAW, in their own community

Outcome 4: Community members in four project communes have improved awareness and attitudes towards VAW.

Output 4.1. Community members, students and parents have increased understanding about VAW/G, impact of violence and trauma upon survivors, and VAW preventive

After three years of implementation in Quynh Luu district (Nghe An province) and Van Chan district (Yen Bai province), this final evaluation is designed to support HAGAR International to (1) assess the

project impact; (2) validate project achievements against the implementation plan and results framework; and (3) serve as the last measurement of indicators of project's goal, outcomes, outputs.

II. EVALUATION PURPOSE, OBJECTIVES AND SCOPE

1. Purpose of the evaluation

- To collect final evaluation's data on the overall project results to assess the project effectiveness, relevance, coherence, impact, efficiency, sustainability, Knowledge Generation and Gender Equality and Human Rights.
- To provide recommendations/proposals to maintain, improve and replicate the results of the project in the next phases.

2. Evaluation objectives and scope

2.1. Evaluation objectives

- To find out any changes on awareness, attitude, behaviour and responses towards VAW/G of survivors (of VAW in particular IPV, non-partner sexual violence, and trafficking), male perpetrators, local authorities and community members in four project communes after the project implementation
- To find out any decline on the situation and level of VAW/G in the localities after the project implementation
- To understand the commitment to VAW multi-sector collaboration of provincial, district and commune authorities
- To assess the overall project results including the project appropriateness, effectiveness, efficiency, impacts, sustainability, lessons learned to provide recommendations/proposals to maintain, improve and replicate the results of the project in the next phases.

2.2. Evaluation scope

Targeted groups

The research aimed at 4 targeted groups living in study locations:

- Survivors of VAW in particular IPV, non-partner sexual violence and trafficking aged from 12 to 60
- Male perpetrators
- Provincial, district, commune, and village authorities aged from 19 to 60, who are responsible for this issue from People's Committee, Women's Union, Public Security/Police, Fatherland Front, village chief.
- Four promising men and women pilot peer groups aged from 18 to 60
- Community members, students, parents aged from 12 to 60

Time and Study locations

The data collection was conducted at Quynh Luong, Quynh Thang communes (in Quynh Luu district, Nghe An province) and Binh Thuan, Minh An (in Van Chan district, Yen Bai province) in July 2022.

III. EVALUATION METHODOLOGY

1. Research methods and sampling

Quantitative method:

- ***Semi-structured questionnaire:*** Face-to-face interviews were conducted by the main researcher and research assistant using the semi-structured questionnaire with closed-ended and open-ended questions.
- The semi-structured questionnaire was designed with 2 parts:
 - Part 1 (applied to all participants) includes questions on participant's knowledge, attitude, and behavior towards gender equity, gender-based violence (GBV), human's right to a life free from GBV, his/her understanding about local situation regarding GBV, multi-sectoral support policies and services towards GBV, etc. In case the participants are survivors of VAW, after completion of the part 1, the data collectors will ask to conduct part 2 of the semi-structured questionnaire (details mentioned below).
 - Part 2 (only for survivors of VAW) includes questions on their experience and level of VAW, their behavior/reactions/responses to violence against women and the supports that they received/have not received yet, etc.
- *Sample size* will be calculated based on the total population of each commune, according to HEALTHQUAL International. (2010). *Quality Improvement in primary health centers*. New York, USA (Please annex 1 for the sampling matrix). This sample size calculated for a 95% confidence interval.
 - The total population of the 2 communes in the district is over 5000. According to the sampling matrix, the sample size for each district will be 150. There are 2 districts, so the total sample size will be 300 (=150 x 2 districts). The actual number of samples collected for 4 communes in 2 study districts is 303.
- *Sampling criteria*
 - Local people living in the commune, from 12 – 60 years old, including local authorities, students (from secondary schools and higher) and their parents, and community members;
 - Gender: approximately equal numbers of men and women;
 - Evenly and varied in age groups.
- *Sampling selection method*
 - The samples for this final evaluation will be the same samples of the baseline. As in the baseline, the samples were selected according to the stratified random sampling method. Based on the list of people aged 12-60 living in the commune, provided by the village chiefs, the researchers randomly selected the participants (by ticking the names on the list) according to the sample size and sampling criteria. After setting up the randomly selected sample list, the commune officials helped to invite the selected people to the interviewing location. In the case that the selected person was unable to reach, or refused to participate in the research, the researchers randomly selected another replacement (note: strictly follow the sample selection criteria).

- For this final evaluation, the researchers had worked with local authorities to reach as much as possible the participants who participated in the baseline survey based on the baseline participant list to assess their changes in terms of awareness, attitudes and behaviour towards VAW/G as well as any changes in the situation of VAW/G and the accessibility to trauma-informed multi-sectoral support services. In cases that it was unable to reach the ones who participated in the baseline survey due to any subjective or objective reasons, the researchers chose replacements to ensure the sample size and sampling criteria. Of course, these new participants were clearly notified for the purposes of this assessment.
- **Quick survey to assess project's activities by evaluation criteria:** This tool was used for men and women in 4 peer groups, survivors of VAW, local authorities (at commune, district and provincial level). This questionnaire included simple questions to assess the project effectiveness, relevance, coherence, impact, efficiency, sustainability, Knowledge Generation and Gender Equality and Human Rights. The research team instructed the participants to answer each question by themselves.

Sampling selection method: The research team visited peer groups' sessions in Quynh Thang and Minh An and reached all of the male and female group members attending those sessions. There was a total of 32 peer group members reached. The research team also visited 2 rapid response team meetings to reach all members of these teams from the four communes. All other district and provincial officials were recruited from in-depth interviews and focus group discussions conducted by this evaluation. There were a total of 46 village, commune, district and provincial officials recruited for this quick survey.

Qualitative methods:

- **Reviewing secondary data/information** including available related reports or information collected from local authorities/agencies and the project documents (including the inception report, work plans, results framework, biannual and annual reports as well as other donor documents produced by or associated with the Project).
- **In-depth interviews (IDIs):** Each IDI took part in about 30 - 40 minutes.
 - 07 IDIs for survivors of VAW were conducted. The IDIs included questions on any changes in their experience and level of VAW, their behavior/reactions/ responses towards VAW and the supports that they received from related local authorities/agencies.
 - 06 male perpetrator IDIs were conducted. They were members of male groups in Quynh Thang and Minh An. The IDIs included questions on their awareness and attitudes towards gender equality and VAW/C, their domestic violence and reasons for their actions, any changes towards their level of VAW, their awareness, attitudes, behavior and responses towards VAW during and after participating in the peer groups.
 - 06 IDIs for authorities who are mainly responsible for activities related to VAW at district and provincial levels (3 IDIs in Nghe An and 3 IDIs in Yen Bai). The IDIs focused on their changes on awareness and knowledge towards GBV and related laws, changes in local situation of GBV and activities and supports from local authorities.

Note: Before the interviews were taken, with the consents from interviewees, voice-recorder was asked to be used in order to record full detailed interviews.

- ***Focus Group Discussions (FGDs)*** for local authorities at commune level: to get further understanding on the reality VAW, the available supports/programs/ policies/activities in the commune to protect the survivors of VAW. Each FGD took place in about one hour with 7 participants in each FGD. One FGD was conducted in each commune with all authorities from emergency response teams, village chief, village’s Women’s Union, commune police officers, commune health station, and other related agencies (4 FGDs totally).

Note: Before the interviews taken, with the consents from interviewees, voice-recorder was asked to be used in order to record full detailed interviews.

Sampling selection method: Female survivors and male perpetrators were randomly selected from peer group members by the researchers for IDIs. Regarding the selection of commune, district and provincial officials for IDIs and FGDs, the researchers based on their roles/responsibilities towards VAW/C in order to hear from different perspectives.

2. Research tools

- Semi-structured questionnaire
- Quick survey to assess project’s activities by evaluation criteria
- Guideline for IDIs for survivors of VAW, male perpetrators and authorities at district and provincial level
- Guideline for FGDs for local authorities (at commune level).

Table 1. The total questionnaires, IDIs and FGDs by Subjects/Targeted groups

	Quynh Luong	Quynh Thang	Binh Thuan	Minh An	Total
Semi-structured questionnaire	83	76	75	69	303
IDI with Survivors of VAW/C	1 IDI	2 IDI	2 IDI	2 IDI	7 IDI
IDI with Male perpetrators	0 IDI	3 IDI	0	3 IDI	6 IDI
FGD with Local authorities (at commune level)	1 FGD	1 FGD	1 FGD	1 FGD	4 FGD
IDI with local authorities (at district and provincial level)	3 IDI		3 IDI		6 IDI
Quick survey	36		42		78

3. Data analysis

- Quantitative data will be input and analyzed using SPSS 22.0 software
- Qualitative data will be input and analyzed using Nvivo software

4. Limitations

- As required by the project, the assessment needs to collect information on various areas/aspects of GBV, including gender equality, domestic violence, sexual abuse, human trafficking, and the targeted groups are women, children and men. Due to the need to cover different types of GBV, the questionnaire, IDI and FGD were designed to cover all the issues, so they are long and complicated. As a consequence, the respondents might be confused among different types of GBV, and their answers could not cover all of the types. Long interview times might also affect the quality of information collected.
- Due to the differences in level of awareness, regional or ethnic languages, especially in Van Chan, Yen Bai, the research team had difficulty in collecting information, and this could affect the quality of information. Especially the quick survey was initially planned to use online Google form in order to reach more participants and give the opportunity for the respondents to independently provide their answers. This aimed at ensuring the objectivity of the information collected as well as saving interview time in the field. However, after being informed that many of the participants were illiterate or had limited reading and writing skills (especially male and female members of peer groups), the research team changed the Google form to an interviewing questionnaire using individual or group interviews to be able to collect information.
- When asking questions related to sex or an intimate relationship, some young respondents hardly provided their opinion/answers. This might also affect the quality of information regarding this part.
- Sampling error. According to the study design, the samples of this final evaluation are those from the baseline one. The sample size was still guaranteed according to the plan; however, many of them were not able to come for interviews, or they worked far from home. This happened in both Nghe An and Yen Bai. In addition, at the time of the final evaluation in Yen Bai, there was a heavy rain, flood and landslides occurred, many residential areas were isolated, so many of selected people could not come to attend the interview. The percentage of respondents who had participated in baseline survey was only 33%. The research team had to choose the replacements, and still followed the sampling criteria (regarding gender, study locations and age groups).

IV. SAFETY AND ETHICAL CONSIDERATIONS AND PROTOCOLS PUT IN PLACE

- The venues for the interviews in each commune were set up in private rooms to ensure the confidentiality of the participants' personal information and their sensitive stories. The research team were fully trained on the research tools, how to conduct the interviews and how to work with vulnerable people based on trauma-informed knowledge before going to the field.
- Each participant was asked to sign an informed consent after a clear introduction of the study. His/her participation in the interview was extremely voluntary, and he/she could refuse to answer any unexpected questions or withdraw their participation at any time without consequence.
- The participants' personal information and all the contents of the interviews were kept confidential. All of the information provided by the participants was used for research purposes only.

- The answers/interviews from IDIs and FGDs were recorded by recording devices to ensure accuracy and detailed information. Electronic copies of participants' answers and the recordings were transferred from the recording devices and stored in password protected and encrypted computers. All of them were kept confidentially. All of the data collected (questionnaires and electronic records of IDIs and FGDs) were stored in password protected and encrypted computers (investigators' computers). Only the research team and HAGAR had the right to access the participant's responses. After being transferred and stored in password protected and encrypted computers, the recordings were erased from the recording devices.

PART 2. FINDINGS WITH ANALYSIS PER EVALUATION QUESTIONS

This part presents key findings from the evaluation. It is structured around the eight evaluation criteria of effectiveness, relevance, coherence, efficiency, impact, sustainability, knowledge generation, gender equality and human rights of the HAGAR project. The research team collected comments from the target groups directly participating in the project's activities and who are also the primary beneficiaries of the project. This target group includes women experiencing violence; men causing violence; members of four female and male peer groups; government officials at provincial, district, commune, and village levels; and people in the community. The team also incorporated analysis of local and project reports as well as information from post-training assessments from training courses provided by HAGAR during three years of implementation. The evaluation results show that the project achieved a significant contribution to the GBV issue in four project sites.

I. EFFECTIVENESS

Table 2. Project's target and achievements by outcomes and outputs

Project Goal Women and girl, including survivors and those at risk of violence, in particular IPV, non-partner sexual violence and trafficking in project areas have increased safety, wellbeing and voice by project month 36.			
Outcome	Output	Target	Achievements by the project month 36
Outcome 1. 100% of survivors of VAW/G in particular IPV, non-partner sexual violence and trafficking, reached by the project, receive trauma-informed multi-sectoral support to heal and recover by project month 36.	Output 1.1. 100% W/G survivors targeted by the by the project have improved access to appropriate multi-sectoral support services.	250 people	302 people (Exceed the target)
Outcome 2. 80% of local staff have capacity building and commitment to preventing VAW/C and supporting cases based on the understanding of trauma.	Output 2.1. 80% of provincial, district and commune local authorities, including emergency response teams, have increased knowledge and skills in VAW/G prevention and trauma-informed responses, in alignment with national legislation, and pilot UN ESP guidelines.	225 people	180 (=80% of the target)
	Output 2.2. 60 village leaders (village chief, village Women's Union) have increased VAW/G awareness, and improved skills to recognize and provide initial support to VAW/G survivors.	60 people	60 people (=100% of the target)
	Output 2.3. One trauma-informed essential services toolkit published and disseminated to local authorities and/or service providers.	1 toolkit	1 toolkit

	Output 2.4. Provincial, district and commune authorities have increased opportunity for multi-sector collaboration	225 people	180 people (=80% of the target)
Outcome 3. Men and women in peer groups have improved attitude and behaviours towards VAW/G, and 10 people become change agents in their community by project month 36.	Output 3.1. 2 pilot female peer groups and 2 pilot male peer groups established and operating well.	4 groups	4 groups
	Output 3.2. 100% women in pilot female peer groups have increased self-awareness to manage their own trauma; increased understanding about national legislation, gender equality and VAW/G, human rights; and increased access to economic empowerment (EE) skills and opportunities.	43 women	43 women (Nghe An: 25 Yen Bai: 18) (=100% of the target)
	Output 3.3. 80% men in pilot male groups have increased awareness on gender stereotypes, childhood trauma; skills to manage violence triggers, and improved knowledge about national legislation, gender equality, domestic violence, and how trauma affects children.	29/36 men (80%)	36 men (Nghe An: 21, Yen Bai: 15) (Exceed the target)
	Output 3.4. 75% women and men participating in pilot peer groups have increased awareness and knowledge on how to maintain safety for women and girls, and raising awareness about VAW/G in their own community.	60/79 women and men	79 women and men (Exceed the target)
	Outcome 3. 10 men and women in peer groups become change agents in their community by project month 36.	10	12 (Exceed the target)
Outcome 4. Community members in four project communes have improved awareness and attitudes towards VAW/G.	Output 4.1. 90% Community members, students and parents have increased understanding about VAW/G, impact of violence and trauma upon survivors, and VAW/G preventive strategies	90%	The proportion of respondents understanding about the consequences for VAW/C and knowing the ways to ensure safety and avoid the risks of VAW/C: 10.6% (32/303)

For outcome 1, according to statistics from Yen Bai and Nghe An Women's Unions, from January 2020 to July 2022, the project provided trauma-sensitive multidisciplinary support services to a total of 900 survivors affected by GBV⁹. Among these cases, 290 people experienced domestic violence; 6 children and 2 people with disabilities suffered from sexual violence; 2 people returned as victims of trafficking; and the remaining 600 cases included relatives of survivors (children, parents, sexual partners...) and those at risk of violence. These numbers of GBV survivors receiving appropriate

multi-sectoral support services exceed the targets and all W/G survivors targeted by the project have received appropriate multi-sectoral support services (Table 2). In addition, according to statistics from HAGAR, 12 cases of serious domestic violence and sexual violence have received intensive support services from HAGAR⁹.

The availability and quality of support services for people suffering from GBV at the project sites

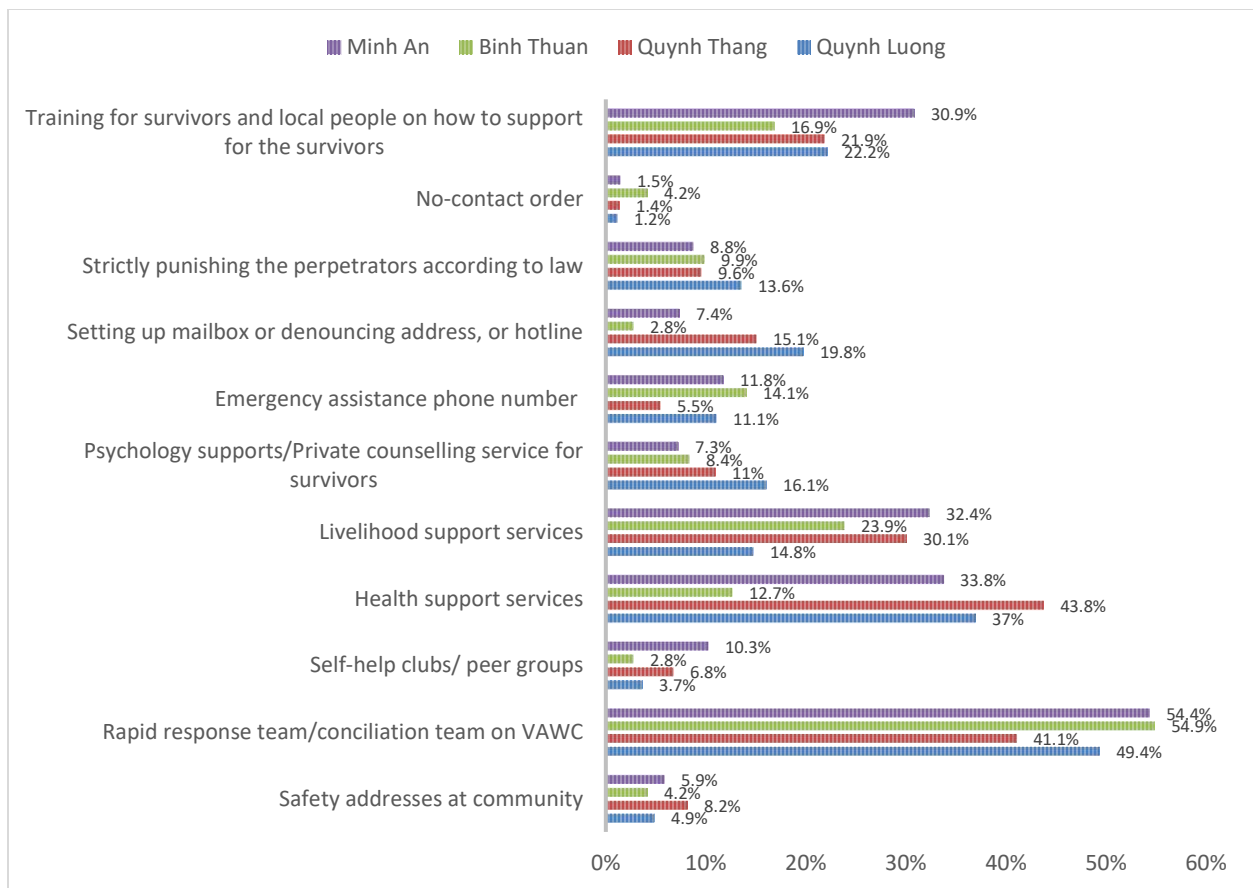
When asked about local support services for women and children with violence, only 3.3% of respondents reported that there was no service in the locality. This is a significant decrease from 17.2% in the baseline survey. The remaining (96.7%) informed that there were some activities/services to support VAW/C in their locality, of which 32.5% could not name specifically these services. This rate has also dramatically dropped compared to the baseline survey (76.5%).

Among the support services for survivors of violence, 5.8% of respondents were aware of safe places in the community; 49.8% knew about rapid response groups and mediation groups for the prevention of VAW/C; 5.8% knew about the self-help club/peer group; 32.1% knew about medical supports; 24.9% knew about livelihood supports; 22.9% were aware of training for survivors on safety. In particular, 10.6% of respondents knew about emergency phone numbers, while in the baseline survey, no one was recorded to have this information.

“Now that people have the numbers of the commune police head, the rapid response team leader, and the commune authorities at all levels, it is able to report timely. There are situations in that people have been abused and had their phones confiscated so they could only rely on their neighbors and especially the rapid response group to come to the place to help.” (IDI, female, official of Women Union, Yen Bai).

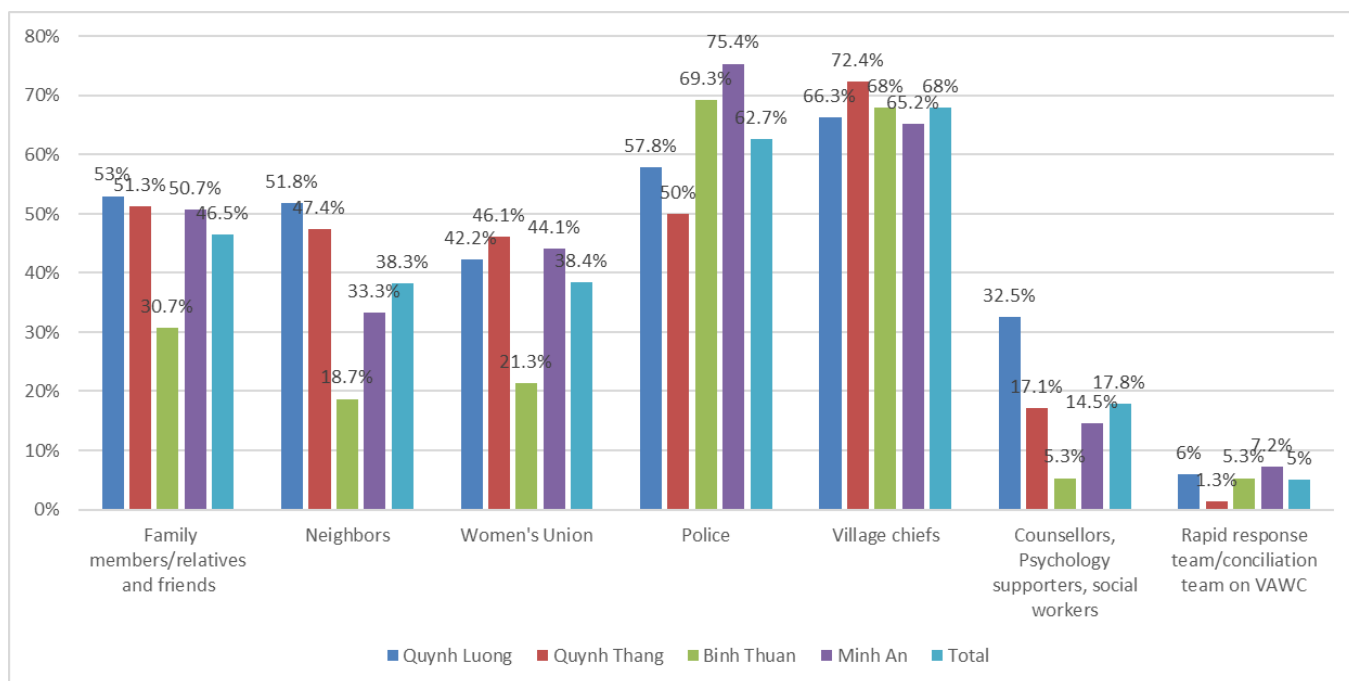
Figure 1 provides specific information on the percentage of people in the 4 communes who are aware of available support services for VAW/C.

Figure 1. The proportion of respondents knowing support services for people suffering from GBV by location (2020 - 2022)



The majority of the study participants confirmed that they knew who/which agencies to seek help when facing or at risk of violence (97.1%). Besides relatives, friends, and neighbors, the percentage of respondents who came to seek help from authorities was quite high. Village chief, police, and Women's Union are popular places people come for help when experiencing violence, accounting for 68%, 62.7%, 38.4%, respectively (Figure 2). These figures are quite similar to the baseline survey data. Notably, more people now believe they can ask for help from their neighbors than before, increasing from 17.2% to 38.3%.

Figure 2. The proportion of respondents knowing who/which agencies to seek help when facing violence (2020 - 2022)



This is an impressive result of the drastic actions of the authorities at all levels in the changes in people's awareness of GBV. The following are the discussions from IDIs and FGDs:

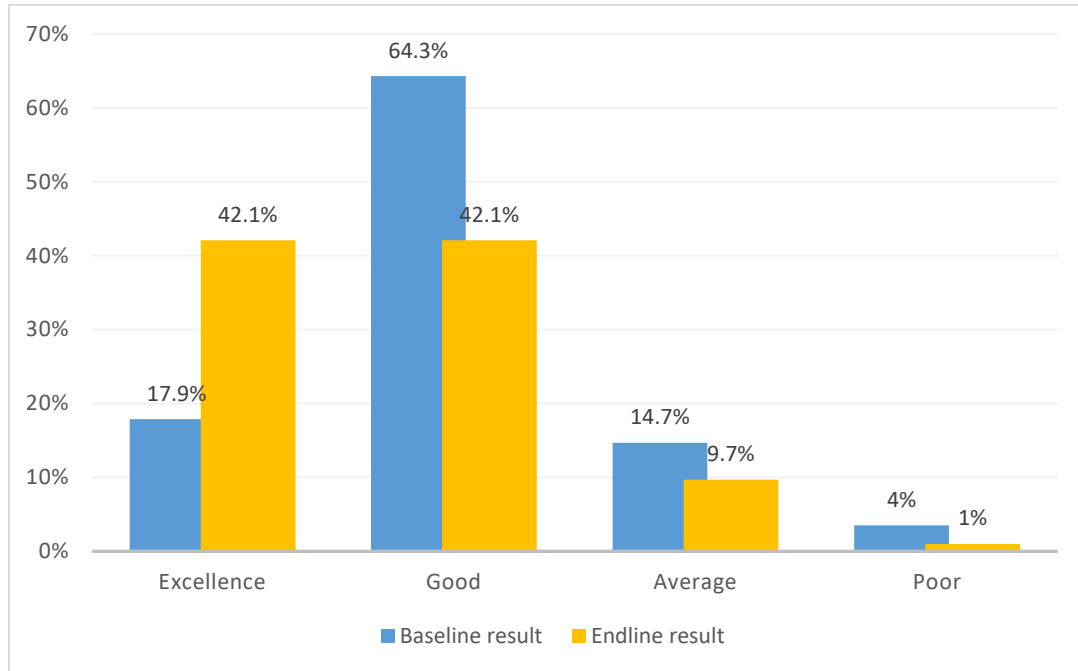
"There is a fundamental change in public awareness and the direction of the authorities at all levels to reduce domestic violence. In the past, it was common that issues related to domestic violence were handled privately by each family. But now, from the point of view of legal policies on the negative impacts of domestic violence on the community and society, it is clear that the role of organizations and people must be promoted in the GBV prevention and response." (IDI, Female, official of the Women's Union, Yen Bai)

"Before, people believed that they should not reveal their family's affairs to outsiders. But now, this perception has changed, and people have seen the impact of domestic violence. It affects not only themselves but also their children and relatives. Therefore, the story of domestic violence is also shared more widely." (IDI, Female, official of the Women's Union, Yen Bai)

"Family members experiencing violence are more willing to share their stories than before. It can be seen that they have more faith in the authorities." (FGD, officials at Minh An commune, Yen Bai).

In evaluating the effectiveness of local support services for people suffering from violence, most of the respondents rated the quality of these supports as "Excellence" and "Good", an impressive improvement compared to the baseline data with "Excellence" rating increased and "Average" and "Poor" rating decreased (Figure 3).

Figure 3. Evaluation on the quality of local support services for GBV survivors



Regarding the capacity of local staff to prevent and respond to GBV, comments summarized from IDIs and FGDs of district and commune officials in all study areas shared the same point: there has been a marked change in awareness and actions related to GBV among authorities, especially those in the rapid response group.

“Before HAGAR project, local officials had already propagandized GBV, but it was on a small scale and there wasn't rapid response group yet, so the transmission to the village was limited. With support from HAGAR, officials are now trained, supported, and directed straightly to the village, so the results are more effective.” (FGD, official at Binh Thuan commune, Yen Bai)

“The project has trained and improved skills for officials, propagated to people the behaviors and actions that are considered domestic violence, so that they could detect and protect themselves from GBV, timely report to the authorities...to quickly prevent and handle the violence.” (FGD, official at Binh Thuan commune, Yen Bai).

“In previous years, there were many cases of violence. At that time, I did not have the knowledge and skills to do public propaganda or mobilization. With support from HAGAR, we focus on training leading departments such as Justice, Police, Youth, Women, and the Fatherland Front. The Chairman of the People's Committee, the President of the Women's Union, the Head of the Village Women's Association, and public security...all received a lot of training sessions. There were nearly 19 training sessions within 3 years, and the results showed that violence had significantly decreased. We are not claiming that HAGAR alone

creates such results, but it is clear that HAGAR also has a far-reaching impact on the issue of violence in our community. (FGD, official at Binh Thuan commune, Yen Bai)

"I feel like I have been enlightened, practiced, played other characters, and trained very seriously. When I came back from my peer group, I realized that so far, I have also been the victim of violence without knowing it. Now I have enough knowledge and understanding to help other people, that makes me more confident and stronger, and I can see the change in myself. When each person shares his/her story with others, everyone is stronger and more confident." (FGD, official at Quynh Thang commune, Nghe An).

Regarding outcome 2, according to the baseline report (2020), government officials in the project sites reported that "I have never been trained on GBV prevention and support skills, I myself found information and supported the survivors on my way". Or when mentioning trauma-sensitive support, officials stated that they "just heard it in general, don't understand it well". During 3 years implementation, the project had conducted 29 training courses and coaching and therefore enhanced knowledge and skills in VAW/G prevention and trauma-informed responses to 180/225 (80%) of provincial, district and commune local authorities, including emergency response teams. Also, 60 village leaders who are village chiefs or village Women's Union were trained on VAW/G awareness, and improved skills to recognize and provide initial support to VAW/G survivors. According to HAGAR's post-training assessments from those training courses and coaching, the data shows that participants have mastered 80% of the knowledge and skills of the course¹². They have also applied it to the prevention of GBV and support the survivors effectively. There have been 5 policy advocacy workshops at provincial and central levels; 2 models of male and female peer groups were replicated locally in Yen Bai. In general, capacity and commitment to the prevention of VAW/C have been enhanced and have resulted in significant outcomes. In particular, statistics from reports of Yen Bai and Nghe An showed that, in 3 years of project implementation, the project's core team, consisting of 60 members of the rapid response group in 4 communes, has made 2,000 visits and supported 900 cases affected by GBV; 80% of commune and village officials have participated in a capacity-building training program in GBV prevention⁹. One trauma-informed essential services toolkit titled "Trauma-informed supports" for local officials was also developed by HAGAR in 2021 and disseminated to local authorities and service providers. 180/225 (80%) provincial, district and commune authorities have increased opportunity for multi-sector collaboration with enhancing capacity and activating coordination mechanism under HAGAR's support. After 3 years of project implementation, the objective of enhancing the local officials' capacity has been accomplished.

"For the first time, there is a project to build a series of standard training programs with a large amount of knowledge, equivalent to training a bachelor's degree. What I appreciate is that the project combines supervision and hands-on training for officials in supporting victims of violence. I believe that officials fully participating in the training program can completely become professional social workers in GBV prevention and response." (H.P.T, Vice President of Yen Bai Women's Union)

According to the final evaluation's interviews with government officials, 100% of the participants reported that the knowledge and skills they acquired in the training course changed their attitudes toward people who have experienced violence as well as their attitudes toward the prevention of GBV. They stated "This job is not only a task. It helps me to see the human values while doing it".

"Now I access information from many different sources, often listening with two ears. As for myself, I always accept to listen, observe, and recognize thereby encouraging survivors to choose appropriate solutions." (Ms. T, President of the Women's Union, Quynh Thang Commune)

"Participating in training courses organized by HAGAR, I have learned more about the skills of approaching victims, creating openness in sharing so that victims can trust and actively communicate. We will accept the victim's story without judgment and accept their behavior." (Mr. P. – Justice Officer of Quynh Thang Commune, Nghe An)

Regarding the output 3, the male and female peer groups (men causing violence and women experiencing violence) were not available locally before the project's implementation. The project had supported to establish one male and one female peer groups in Quynh Thang (Nghe An) in March 2021 with a total of 46 members (25 female, 21 male) and one male and one female peer groups in Minh An (Yen Bai) March 2021 with a total of 33 members (18 female and 15 male). The result from the rapid assessment among the peer groups members revealed that 100% (43/43) of women in 2 peer groups in Nghe An and Yen Bai reported enhancing self-awareness to manage their own trauma. They have increased understanding about national legislation, gender equality and VAW/G, human rights; and increased access to economic empowerment (EE) skills and opportunities. The project also reached 100% (all 36 males) male members and contributed to 100% men in male groups reporting increased awareness on gender stereotypes, childhood trauma; skills to manage violence triggers, and improved knowledge about national legislation, gender equality, domestic violence, and how trauma affects children. This target for this output was only 80%. These knowledge and skills were provided through the total of 12 regular group activities/meetings, four 2-day sessions of group counseling for female groups and one 2-day session of group counseling for male groups since the establishment of the groups. Furthermore, 100% of peer group members have gained economic empowerment through the livelihood supports for their economic development initiatives.

"In the past, I suffered in silence whenever there was violence. Now, when I know that I am protected and have the right to be protected, I am bolder and more confident in participating in activities and calling the leader of the Rapid Response Team." (Ms. H, participant of "New Vitality" group, Nghe An)

The target of 75% women and men participating in pilot peer groups have increased awareness and knowledge on how to maintain safety for women and girls, and raising awareness about VAW/G in their own community was also exceeded with all 79/79 members achieved.

"If I had joined this club earlier, perhaps violence would have never happened in my house." (Man in the "Responsible Men" Club, Quynh Thang Commune, Nghe An)

"This is the first time in my life that I have joined this type of club. At first, I was afraid to join because I thought joining such a club was a "punishment" of society. But I've been in the peer group for more than a year, and I myself have more opportunities to explore my own thoughts and feelings and learn skills to have a good relationship. Now I see that the club

has helped me and my wife get closer and understand each other better." (Male, member of peer group, Yen Bai)

Similarly, the outcome 3 targeted 10 peer group members becoming change agents in their community. By project month 36, there have been 12 change agents achieved (6 males and 6 females). They participated in communication events/campaigns, became actors and actresses in plays, and confidently shared their stories widely to promote for gender equity and stop of GBV.

"Men have only joined these clubs/peer groups since the presence of HAGAR. I find it very interesting that no other project has been able to attract men to participate, and yet men who caused violence are now the ones who participate in propaganda against violence. This initiative is highly appreciated not only by me but also by the district authorities because the activity has attracted men, who had caused violence to participate, to feel their changes and to transfer their changes to their communities." (T.T.H, District official, Quynh Luu, Nghe An)

Under the output 4, this is the first time that 4 communes have been conducted to implement a project on prevention and response to GBV. The communes are surrounded by 3/4 mountainous terrain and have difficult socio-economic conditions. Therefore, resources for raising people's awareness about GBV prevention are still limited. From the results of the final evaluation, after 3 years of project implementation, communities in 4 project communes experienced positive changes in awareness and attitudes towards GBV. According to Nghe An and Yen Bai's reports, because the project was implemented during the COVID-19 outbreak, public awareness-raising activities faced many difficulties. However, the project has come up with solutions to cope with the epidemic and carry out communication activities. There were 18 media campaigns carried out, attracting 200,000 participants with 600 communication initiatives from the community, including children. In the context of COVID-19, where the situation of domestic violence has increased, the project implemented communication skills on GBV prevention for 1000 W/C affected by violence and provided 800 social security packages. 50,000 awareness-raising media publications were distributed to people in the project area, including leaflets, videos, books, radio programs, etc^{15,16}.

"After the project entered, there were media activities. Some individuals were permitted to watch media programs, and via these interactions, they spread information to people at home who refused to go. Even children who hear about it will tell their parents again, creating a powerful awareness-raising channel." (FGD, official at Minh An commune, Yen Bai).

"There are many forms of propaganda in the project, such as theatrical organization, radio, video, posters, and leaflets for daily propaganda. Thereby, the products of the participants in the competitions on the stage are broadcasted for propaganda." (FGD, official at Quynh Luong commune, Nghe An)

With these great efforts, however the target of 90% community members, students and parents have increased understanding about VAW/G, impact of violence and trauma upon survivors, and VAW/G preventive strategies was not achieved. The proportion of respondents understanding about the consequences for VAW/C and knowing the ways to ensure safety and avoid the risks of VAW/C only reached 10.6% (32/303). The reasons for this are (1) The target of 90% was too

ambitious and (2) The project did not have enough resources to focus on community communication.

Table 3. The assessment on effectiveness of project activities from the primary beneficiaries

Project activities	<i>Very effective</i>	<i>Effective</i>	<i>Not effective</i>	<i>Don't know</i>
<i>Activities under Outcome 1</i>				
Violence support services (including violence prevention services, psychological support, medical support, necessities support, housing, and legal support...)	63.6%	35.1%	0%	1.3%
<i>Activities under Outcome 2</i>				
Establishment of rapid response teams at commune level with regular direct/indirect technical assistance from HAGAR	53.2%	45.5%	0%	1.3%
Training courses for provincial officials	52.9%	29.4%	0%	17.6%
Training courses for district and commune officials	53.5%	46.5%	0%	0%
Training courses for village chiefs	44%	54%	0%	2%
A trauma-based support guide	50%	47.6%	0%	2.4%
<i>Activities under Outcome 3</i>				
Establishment of male and female peer groups for the couples with domestic violence	67.6%	25.7%	0%	6.85%
Peer group sessions on trauma	67.1%	30%	0%	2.9%
Peer group sessions on knowledge and skills on GBV prevention and self- protection skills	62.9%	32.9%	0%	4.3%
Provide fundings and capacity building on livelihoods for female peer group members	72.7%	26%	0%	1.3%
<i>Activities under Outcome 4</i>				
Communication leaflets to raise awareness on VAW/C	48.1%	50%	0%	1.9%
Community-based VAW/C response and prevention communication campaigns	68.4%	28.9%	0%	2.6%
Radio broadcast programs in the commune	56.5%	43.5%	0%	0%
The book "The Stories of Change"	52.9%	41.2%	0%	5.9%

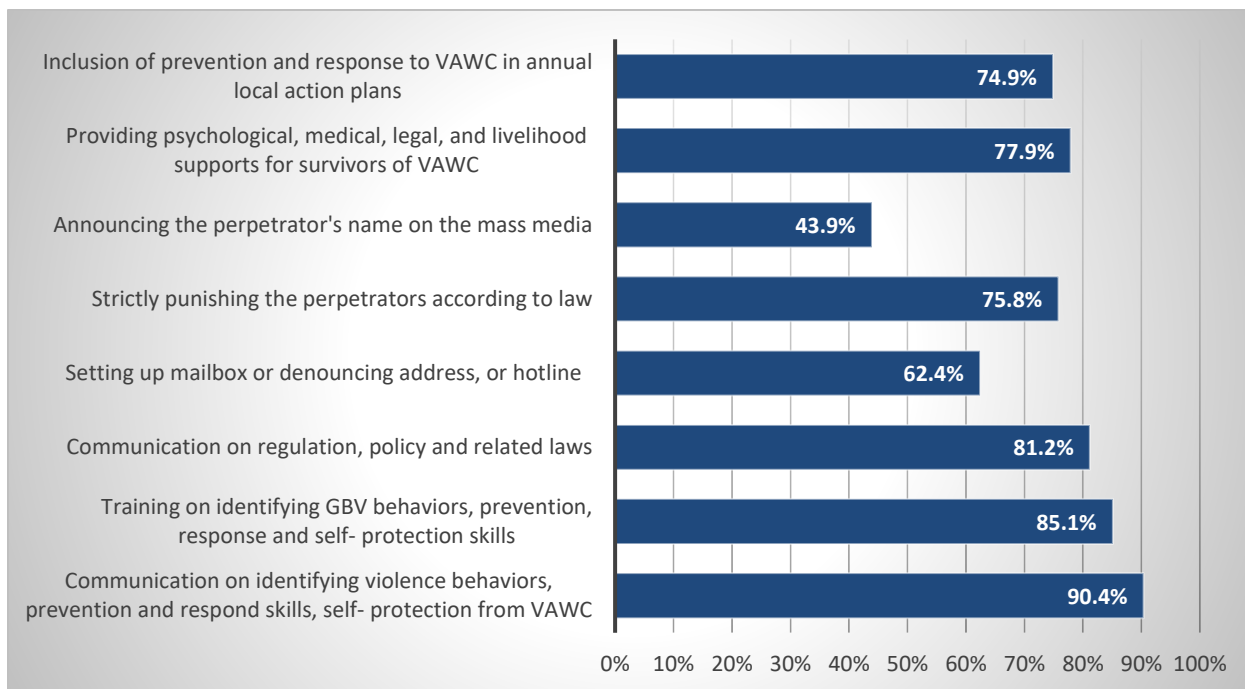
The table 3 above presents the assessment on effectiveness of project activities from the primary beneficiaries from the quick survey. In general, for all of the project activities, results show that most respondents rated as "effective" and "very effective" (over 95% of respondents) and there is no case assess as "not effective".

II. RELEVANCE AND COHERENCE

To assess the aspects of relevance and coherence of the project, the study explored the needs of local people especially women and girls towards GBV prevention and support services in the localities to see how the achieved results (project goal, outcomes and outputs) continue to be

relevant to the local people needs. At the beginning of the project, project activities were designed based on the baseline assessment on the locality needs towards this issue. Figure 4 below shows the expected activities/services that the local authorities should do to prevent GBV against W/C after 3 years of project implementation.

Figure 4. What should local authorities do to prevent GBV against W/C (2020 - 2022)



When being asked about the measurements of GBV prevention against W/C that need to be continued in the locality, communication on identifying violence behaviors, prevention and response, self-protection, and communication on regulations, policies, and related laws were mostly recommended by respondents, with over 81%. Providing psychological, medical, legal, and livelihood support for survivors of VAW/C; Integrating prevention and response to VAW/C into annual local action plans were also desired by 80% of respondents. The majority of respondents also suggested strictly punishing the perpetrators according to laws and setting up a mailbox, denouncing address, or hotline. People said that the method of announcing the perpetrator's name on the mass media should be considered, depending on the case. Because it is really sensitive information for both the survivors and the perpetrators.

Table 4. The assessment on relevance of project activities from the primary beneficiaries

Project activities	Very relevant	Relevant	Not relevant	Don't know
<i>Activities under Outcome 1</i>				
Violence support services (including violence prevention services, psychological support, medical	77.6%	22.1%	0%	0.3%

support, necessities support, housing, and legal support...)				
<i>Activities under Outcome 2</i>				
Establishment of rapid response teams at commune level with regular direct/indirect technical assistance from HAGAR	67.1%	30.3%	0%	2.6%
Training courses for provincial officials	55.9%	26.5%	0%	17.6%
Training courses for district and commune officials	60.5%	39.5%	0%	0%
Training courses for village chiefs	58%	40%	0%	2%
A trauma-based support guide	50%	47.6%	0%	2.4%
<i>Activities under Outcome 3</i>				
Establishment of male and female peer groups for the couples with domestic violence	70.3%	23%	0%	6.8%
Peer group sessions on trauma	75.4%	21.7%	0%	2.9%
Peer group sessions on knowledge and skills on GBV prevention and self- protection skills	55.7%	40%	0%	4.3%
Provide fundings and capacity building on livelihoods for female peer group members	75.6%	23.1%	0%	1.3%
<i>Activities under Outcome 4</i>				
Communication leaflets to raise awareness on VAW/C	48.1%	51.9%	0%	0%
Community-based VAW/C response and prevention communication campaigns	60.5%	36.8%	0%	2.6%
Radio broadcast programs in the commune	59.4%	40.6%	0%	0%
The book "The Stories of Change"	41.2%	52.9%	0%	5.9%

Regarding the relevance of the activity under outcome 1, the results show that 98.7% of participants assess that the services are "relevant" (Table 4). The relevance of the provided services is shown in the suitability with the current situation of violence and with the local mechanisms and conditions. According to the report of the Women's Union of Yen Bai province and Nghe An province, these two provinces are key localities for human trafficking, especially Van Chan and Yen Bai. In addition, domestic violence and sexual abuse situations in the project area are quite complicated.

"The support services for people with violence are carefully researched and evaluated by the project's steering committee. In addition to focusing on the needs of survivors, the project also considers other aspects such as their capacity, resources, and local contributions. All services are developed with the consent of violent sufferers, local authorities, and the project team." (H.T.T, Chairman of the Women's Union, Quynh Luong Commune, Nghe An)

Under outcome 2, the final evaluation showed that the majority of respondents (82.4% - 98%) agreed that these activities are relevant to local needs, none of them deny the relevance of the project activities (Table 4). Officials in 4 communes shared that these capacity building training activities met the needs of officials and localities. Before implementing this project, there was almost no training as well as activities to promote government involvement in violence prevention. The officials affirmed that "The project made a strong push in our local situation of GBV prevention and developed it to a new level"; "The topics, contents, and training methods are appropriate to

learners' input knowledge and learning styles, the student-centered methodologies help learners easily absorb the lessons and make it easy to utilize at work."

"I really like the training method of the lecturer. We have learned and taught it again and again to the sisters in the association. The courses focus on practice, so it's very close to me." (H.T.H, Vice President of Women's Union, Quynh Luu district, Nghe An)

Regarding the assessment on relevance of peer groups establishment and activities to directly support group members (outcome 3), the final evaluation showed that the peer group model is considered "relevant" and "very relevant" (accounting for 93.2% - 98.7% of respondents) (Table 4). Activities on trauma and support trauma, as well as livelihood capacity building, received a high proportion of positive evaluations (over 75%) (Table 4).

"The idea of a happy family club existed in the communes before the implementation of the HAGAR project. However, the form of the model is usually the propaganda of policies and laws of the women's union, without any male participation or support for livelihoods. Therefore, building a peer group model on the knowledge gained from the old model is a great fit for this project. In addition, we have always advocated for men's involvement in the development of gender equity and the reduction of violence. So I appreciate the appropriateness of the peer group model in this project." (T.T.H – President of the Women's Union, Quynh Luu, Nghe An)

Regarding the public awareness-raising activities (outcome 4), the results show that all activities are evaluated as "relevant" with 94.1% - 100% of the respondents (Table 4). Many people (including officials, group members, and other people) cited communication campaigns as the most suitable action. The outcomes of the staff group discussion demonstrated that communication activities are carried out flexibly and creatively. During the time of the COVID epidemic, 6/18 communication activities were carried out online, attracting hundreds of thousands of participants. The project's communication not only affects awareness but also creates behavioral changes for the community. In addition, local culture is always harmoniously incorporated into media events to bring knowledge in an attractive way to people.

"Media events have overlaid knowledge on the community, together with the project's impact on the individual level, the government level, and the change in people's attitudes and awareness have made the prevention and response to GBV becoming a systemic problem." (H.P.T, Vice President of Women's Union, Yen Bai)

Regarding the assessment on coherence aspect of the project activities, according to the results from the FGDs and IDIs, the local officials said that the project activities are built based on the basis of Vietnam's policies and laws as well as the local political and economic development plan. Support services for people experiencing violence are provided on the foundation of the Law on Gender Equality and the Law against Domestic Violence and human trafficking. In particular, the project's support services are carried out in areas where there has never been a GBV prevention project before, so it is very suitable for the needs of local people and officials. Report results from Nghe An and Yen Bai indicate that 100% of people receiving support services feel satisfied with them.

In consultation with local officials on the next proposed programs/activities for VAW/C issues, everyone expected to continue to receive support from the projects. This is still an urgent issue in the locality because only relying on local resources is not enough and it is impossible to organize in a qualified and systematic manner.

“Local people and officials are very eager to continue the project of HAGAR and propose the second round. If it can not be implemented in the current communes, then we can replicate the project model in some other communes so that more people can benefit from the project. Specifically, some of the activities I would like to suggest due to their effectiveness include: theatricalization, training to improve knowledge and skills for officials working on GBV prevention, livelihood models for survivors so that they can ease the economic burden and stabilize their lives.” (T.T.H, officer at Quynh Luu district, Nghe An)

“We [on behalf of provincial officials] wish that phase 2 of this project will be implemented in these communes or move to other communes. Actually, we want to replicate the program in other areas because these two communes are basically equipped with knowledge. They now have regular activities, so they just need to maintain them. Meanwhile, other communes have not received any support.” (Ms. T, official at Yen Bai provincial, Yen Bai)

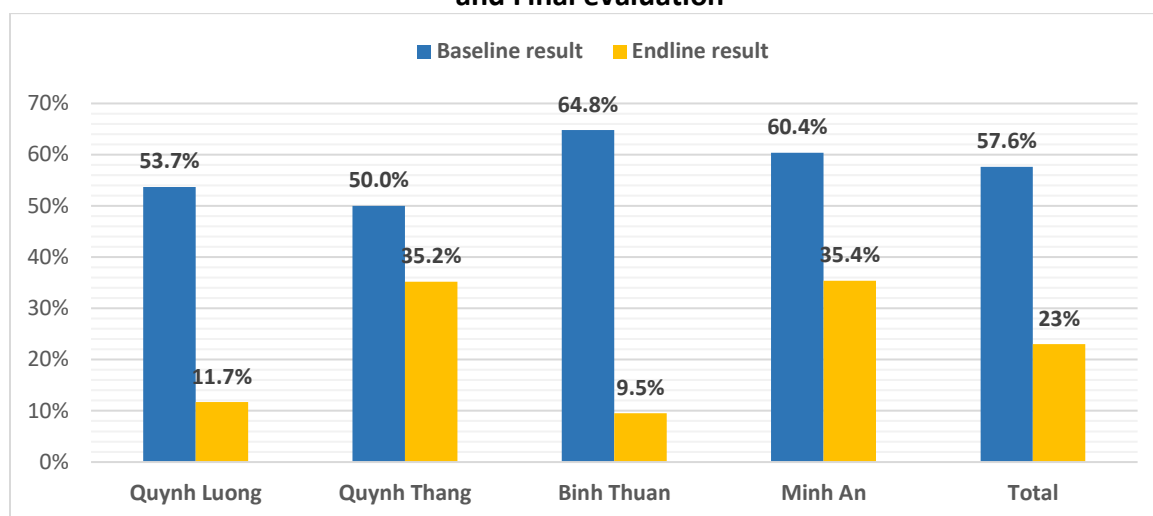
III. IMPACT

In order to assess the impact of project activities, this final evaluation investigates the changes in GBV status in communities and among peer group members.

Forms of GBV and levels of VAW/C

When studying about the experience of GBV against W/C, 23% (47/204) of W/C in four communes reported that they had experienced at least one of physical, emotional, sexual, and economic violence behaviors in the last three years (time of project implementation in 2 provinces). This figure is significantly lower than that of 3 years ago with 57.6% (110/191) of women and children reporting (table 5). Detailed data for each commune and a comparison between baseline survey results and final evaluation’s results are presented in the chart below.

Figure 5. The proportion of W/C experiencing at least one violence behaviors at Baseline survey and Final evaluation



The data makes it quite evident how the level of violence has changed throughout 4 communes. The decreasing trend was clearly recorded, particularly in Quynh Luong and Binh Thuan communes. The proportion of women and children reporting that they still experience violence is only about 9.5% (in Binh Thuan) to 35.4% (in Minh An). Notably, Binh Thuan commune where formerly reported as the commune with the highest rate of W/C experiencing at least one act of gender-based violence in the four project communes is now the commune with the lowest rate (Table 5). Physical violence and emotional violence are recorded as more popular than economic violence and sexual violence. In respect of human trafficking, this result recognized no case in all four communes.

Table 5. The proportion of W/C experiencing forms of GBV by locations (2020-2022)

Forms of Gender-based Violence		Quynh Luong	Quynh Thang	Binh Thuan	Minh An	Total
	N	60	54	42	48	204
Physical Violence	n	5	11	1	7	24
	%	8.3%	20.4%	2.4%	14.6%	11.8%
Emotional Violence	n	5	15	3	14	37
	%	8.3%	27.8%	7.1%	29.2%	18.1%
Sexual Violence	n	0	3	1	4	8
	%	0.0%	5.6%	2.4%	8.3%	3.9%
Economic Violence	n	2/46*	4/46*	1/37*	5/40*	12/169*
	%	4.3%	8.7%	2.7%	12.5%	7.1%

* This data only includes women from 18 years old, because economic violence against children has not been studied.

“In the past, there were reports of violence, but the data is not clear because victims do not dare to speak up so that they can learn what violent behavior is, how to protect themselves, and know to avoid it. The violence is still there but less than before. After Hagar’s project,

although the data is not yet 100% controlled, it is quite accurate. Contrary to previous reports where the data is not clear, it is obvious that the number of cases is down, and the level of violence is lighter now." (FGD of commune officials in Quynh Thang, Nghe An).

"Now every time I get angry, I only say a few words, and no longer fight. I know how to keep calm and walk away. Attending peer group gives me the chance to understand better and learn from experience. I think a family without violence is better, it is warmer and happier. Before, I used to support the view that men have more rights than women. But the peer group taught me that men and women are equal, and that the family is happy only when I care for my wife, and my wife cares for me too." (T.T.T, male, peer group member, Minh An, Yen Bai)

As the number of respondents reporting having experienced gender-based violence in the final evaluation report was much lower than in the baseline, the data for different types of GBV are now quite small, only about 8 to 37 cases. So, in the subsequent analysis, the report will not present data in percentage but by stating how many cases in each commune.

The final evaluation also explores the status of violence in the group of women participating in the peer group in 2 communes, Quynh Thang (Nghe An) and Minh An (Yen Bai), to figure out if they still suffer from violence in the past 3 years. 14 out of the 21 women who took part in the interview reported that they continue to face domestic violence, and the majority of them suffer frequently (more than 10 times within 3 years). It is noted that the women who were invited to join the peer groups were those experiencing frequent and severe domestic violence in the commune. Inviting both husband and wife to participate in peer group was appreciated by most of the group members to have significantly reduced the violent situation in their families. Although 100% of the female group members affirmed that their violence status has decreased since their spouses joined group activities, violence still exists and has not completely disappeared. The peer group members also emphasized that the acts of violence mentioned in table 9, most of which occurred during the beginning of joining the group, and decreased over time. Some male members, when interviewed, confirmed that the violence had entirely stopped in their families.

"My violence status has also decreased a lot. My husband hits me less since attending HAGAR's program. He learned a lot and knew how to control anger. In the past, whatever I said, he always got mad and beat me, but now he can control a lot. Now if he is angry, he only curses me, not hit." (N.T.T, female, IDI of peer group member, Quynh Thang, Nghe An)

"- Interviewer: So recently, is there any time when you couldn't bear but have acted violently or said offensive words to your wife?"

- Interviewee: No, absolutely not. Joining the peer group helps me learn a lot, husband and wife understand each other better, and avoid bad things and arguments in the family." (T.V.T, male, IDI of peer group member, Minh An, Yen Bai)

Table 6. Violence among women who are members of a peer group (2020-2022)

Unit: Number of cases

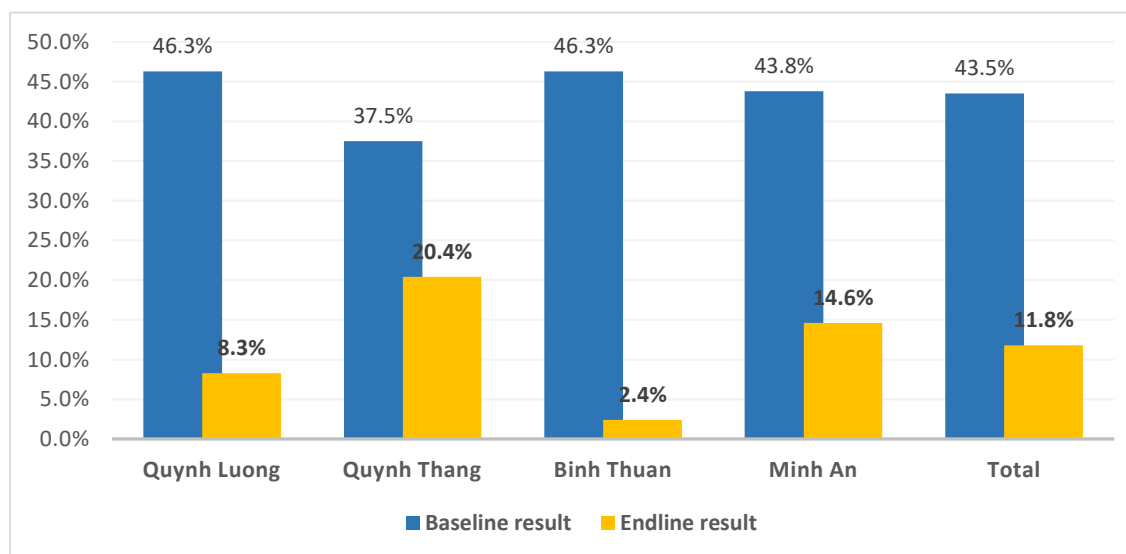
Forms of Gender-based Violence	Commune	N	Rare (about 1-2 times)	Sometimes (about 3-10 times)	Often (more than 10 times)
Physical Violence	Quynh Thang	5	0	1	4
	Minh An	4	2	2	0
Emotional Violence	Quynh Thang	7	0	1	6
	Minh An	5	1	1	3
Economic Violence	Quynh Thang	3	0	0	3
	Minh An	1	0	0	1
Sexual Violence	Quynh Thang	1	0	0	1
	Minh An	1	0	0	1
Human trafficking*	Quynh Thang	0	X	X	X
	Minh An	0	X	X	X

*The statistics of women who are members of the peer group in the 2 communes also do not record any cases of human trafficking.

Physical Violence

For physical violence, the study presented a series of physical violence behaviors to find out what types of violence respondents commonly experienced. Figure 6 shows the data of W/C experiencing at least one act of physical violence, in four communes within the last three years, with a total of 24 reported cases. Comparative data with the baseline report is also presented in the Figure 6. It can be seen that this rate has drastically fallen (from 43.5% to 11.8% - the average level of 4 communes).

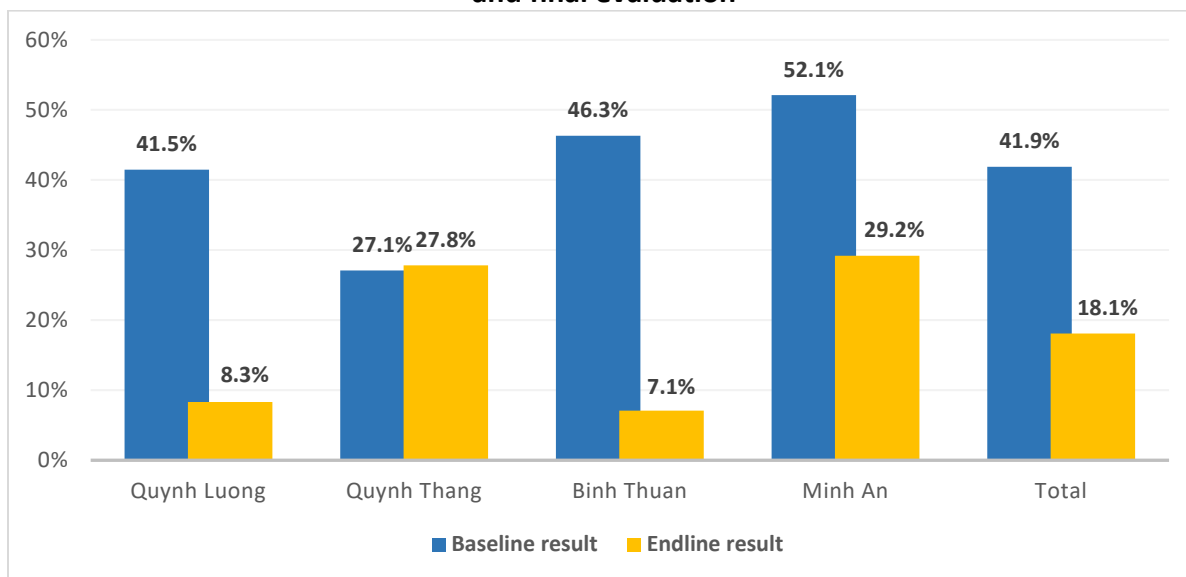
Figure 6. The proportion of W/C physically violated by location at Baseline survey and Final evaluation



Emotional Violence

According to the research findings, the results show that 18.1% of women and children (37 cases) in 4 communes have experienced at least one of these acts of mental violence within the past 3 years. This figure is much lower than it was at the start of HAGAR's project (41.9%). The ratio between communes fluctuated around 7.1% (in Binh Thuan) and 29.2% (in Minh An). Except for Quynh Thang commune, which remained unchanged from three years ago, other communes witnessed a decline in the rate (Figure 7).

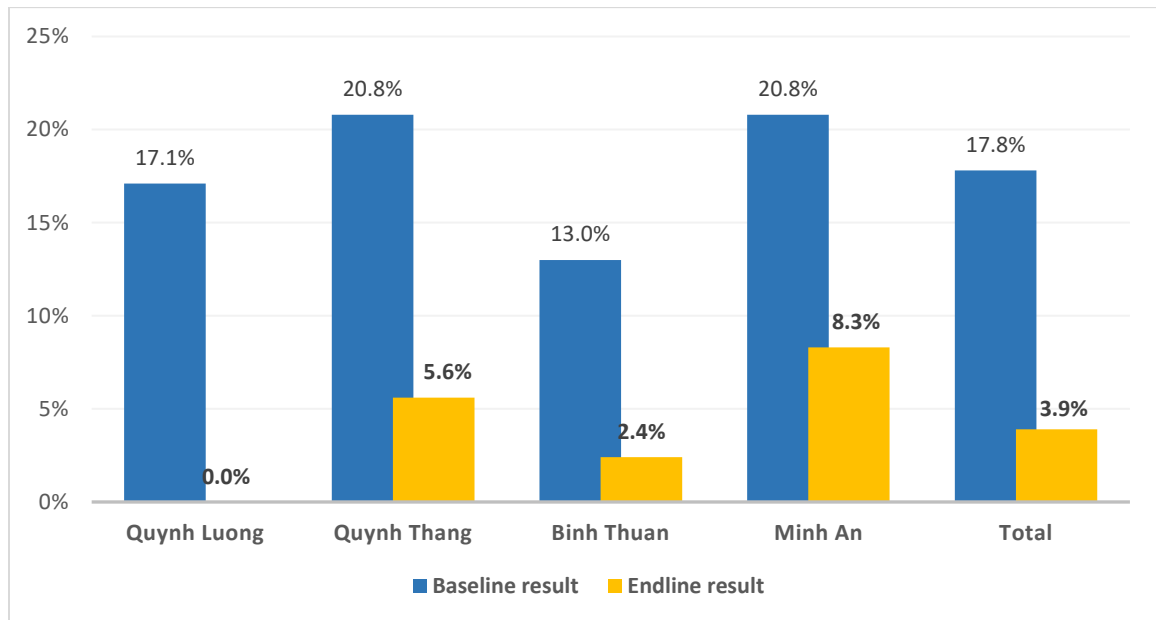
Figure 7. The proportion of W/C experiencing emotional violence by location at baseline survey and final evaluation



Sexual Violence

As a result of the project, in 4 communes, the percentage of women and children who have experienced at least one of the acts of sexual violence has reduced dramatically during the course of 3 years (3.9% versus 17.8%). Compared with physical violence and emotional violence, the proportion of women and children experiencing sexual violence is much lower, with a total of 8 cases recorded in the project areas. There was not a remarkable difference among the four communes, fluctuating between 2.4% and 8.3% (Figure 8).

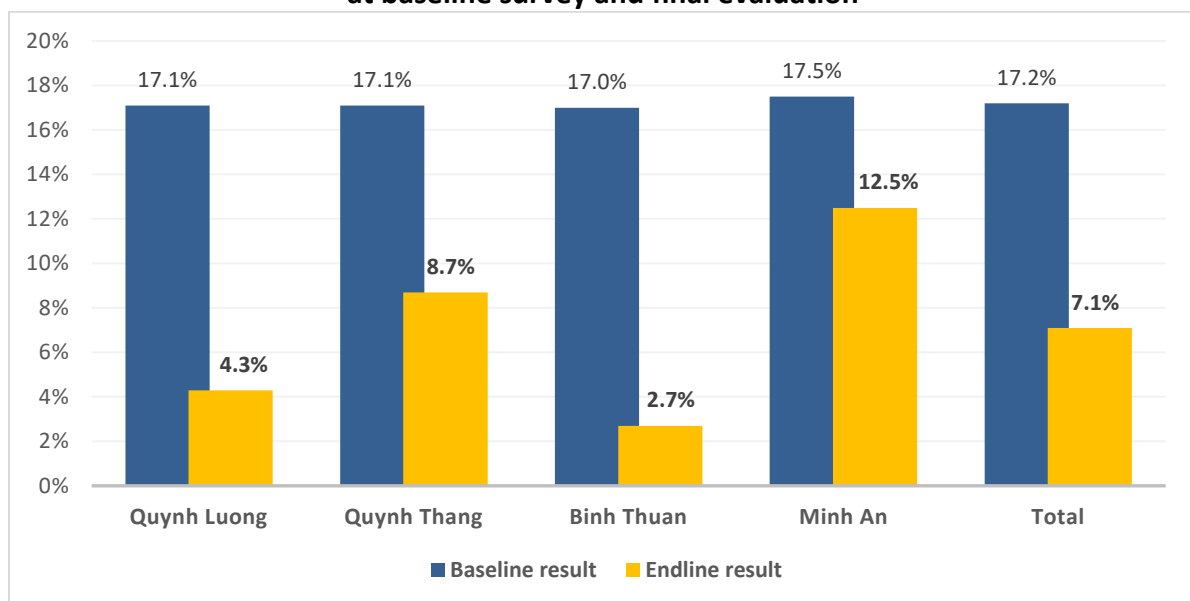
Figure 8. The proportion of W/C experiencing sexually violence by location at baseline survey and final evaluation



Economic Violence

Economic violence questions were applied to women aged from 18 with total of 169 respondents. These questions were not used to ask children under 18 because this age group is not economically independent in their families. Among 169 respondents from 4 communes, 12 survivors reported having experienced acts of economic violence (accounts for 7.1%). This is a considerable decrease from 17.2% at the baseline report. This rate in 4 communes ranges from 2.7% in Binh Thuan and 12.5% in Minh An (Figure 9).

Figure 9. The Proportion of women experiencing economic violence by location at baseline survey and final evaluation



Frequency of violence happening by location

Table 7. Frequency of violence by location (2020 - 2022)

Unit: Number of cases

	Frequency	Quynh Luong	Quynh Thang	Binh Thuan	Minh An	Total
Physical violence	About 1-2 times	2	5	1	3	11
	About 3-4 times	0	2	3	1	6
	About 5-10 times	0	0	0	2	2
	Often	2	4	0	4	10
Emotional violence	About 1-2 times	3	6	2	3	14
	About 3-4 times	0	1	0	4	5
	About 5-10 times	0	0	0	1	1
	Often	1	7	1	5	14
Sexual violence	About 1-2 times	2	1	0	3	2
	About 3-4 times	0	0	1	1	0
	About 5-10 times	0	0	1	1	0
	Often	1	0	2	3	1
Economic violence	About 1-2 times	1	2	0	1	4
	About 3-4 times	0	0	1	1	2
	Often	1	2	0	3	6

Regarding the frequency of violent behaviors of all forms, the majority of survivors claimed to have only experienced violence about 1-2 times in the past 3 years, or still suffer from violence regularly (Table 7).

“Since the project’s launch, children in violent families have received better care, accessed to better services, and more positive changes in families. Moreover, these households were supported in terms of livelihood. At this time, children affected by family violence are significantly fewer and are changing for the better.” (FGD of commune officials in Minh An, Yen Bai).

“Society is developing more and more, men and women are equal, so the rate of violence has decreased significantly. Secondly, public awareness and legal regulation are increasingly strict. If the violence causes minor consequences, the perpetrator will be administratively fined, and in case of causing injuries, they will get criminal penalties.” (FGD of commune officials in Quynh Luong, Nghe An)

“Domestic violence had a history of rising, but in the last three years, a decrease was recorded in both the number of cases and the form. There were about 12 cases previously, but only 4 are left now. These are the cases that were found in the villages, and victims were reported to the village.” (FGD of commune officials in Binh Thuan, Yen Bai).

Regarding violent Perpetrators of all forms of violence in four communes, the results show that survivors were mostly abused by their husbands/partners/lovers. In addition, family members and classmates/schoolmates are frequently found among the offenders. As most of the perpetrators of

4 forms of violence were husband/partner/lover; family member(s), and schoolmate(s)/classmate(s) of survivors, violence often happened at survivors' houses and schools. From the information on the perpetrators and places of violence, as shown above, the issue of GBV in the four project areas continues to focus mainly on domestic violence, with the main perpetrator being a husband or family member, and violence frequently taking place at the home of the survivors. The problem of school violence has also been noted but is not widespread.

Violence behaviors observed by local people

The final evaluation posed several questions for respondents regarding whether they witnessed or dealt with GBV cases in their locality. In comparison to the baseline survey, a greater percentage of respondents claimed that these acts of violence had never happened in the area. In contrast, the proportion of respondents reporting frequent violence has decreased in all mentioned acts of gender-based violence. Table 8 provides information on the prevalence of GBV behaviors in the 4 studied communes under study based on what respondents saw or heard. As can be observed, the situation of violence against women and children in the project communes has gradually reduced since the baseline report.

Table 8. Violence behaviors observed by local people (2020 - 2022)

Violence behaviors	Often	Sometimes	Not yet happened	No-idea
Threatening, controlling	3.6%	40.7%	51.3%	4.3%
Slapping, beating, pushing, using tools to beat	5.3%	52.1%	37.6%	5%
Insulting, belittling women, not allowing to make decisions in the family	7.9%	48.2%	38.6%	5.3%
Strictly controlling wife on travelling, sharing information, having relationships with relatives, friends and other surrounded people	5.6%	43.6%	43.2%	7.6%
Controlling family's finance, not allowing to make the decision on any expense in the family	4%	38.9%	48.5%	8.6%
Abandoning, not taking care of wife and children	3%	30.5%	58.3%	8.3%
Forcing women/children to have sex, forcing to perform unwanted gestures, forcing to watch pornographic movies/pictures	1%	16.8%	66%	16.2%
Leering at, touching on children body parts or forcing children to leer at, touch on a man's body parts	1%	8.3%	74.6%	16.2%
Not allowing women to use contraception or forcing abortion	0.7%	12.5%	66.7%	20.1%
Tempting, deceiving for human trafficking for sexual or labor	0%	5%	83.2%	11.9%

The assessment also studied the way that local people responded to violence when they witnessed cases. For witnesses, most of them intervened by giving MPs some advice (61.3%) or advised survivors to tolerate their peace (27.5%). Compared with the baseline report, the percentage of respondents choosing to talk/advise men causing violence increased (from 55.3% to 61.3%). At the same time, a slightly decline has been observed in the proportion of respondents who advise women to accept the situation. There is a positive change in the proportion of respondents who reported to and cooperated with local authorities to support and protect survivors (increasing from 9.4% to 25%). 6.3% of them know to seek help from local government and consult social services/experts to handle and support their case. In comparison to the baseline report, the percentage of respondents who did nothing when witnessing the violence reduced from 20% to 11.3%, while 6.3% of them were still unaware of what to do (Table 9).

Table 9. Responses/reactions to violence of witnesses

Responses/reactions to violence	Respondents witnessed violence		Respondents dealt with violence	
	Baseline survey	Final evaluation	Baseline survey	Final evaluation
Did nothing	20%	11.3%	6.3%	0%
Did not know what to do	8.2%	6.3%	0%	0%
Intervened immediately by advising the man	55.3%	61.3%	78.1%	68.8%
Intervened immediately by advising survivors to tolerate for their peace	29.4%	27.5%	47.8%	31.3%
Reported to the authorities/Handled the case according to their functions and powers	9.4%	25%	25%	53.1%
Consult social services/specialists on how to handle and support the case	0%	6.3%	0%	21.9%

Most of the officials directly involved in handling the case chose to intervene immediately by advising the man (68.8%); 31.3% chose to advise the woman to accept violence in peace, 46.9% report the violence to the authorities and cooperate with the authorities to ensure the safety of the victim. 53.1% of officials handled the case according to their functions and powers, and 56.3% cooperated with the authorities to support the victims of violence. The data also shows that 21.9% of officials knew how to seek/consult advice from social services/specialists on how to handle and support the case. This is a new point because no cases were recorded in the baseline report. Another very remarkable point is that none of the officials involved in handling the case in the final evaluation witnessed the violence without doing anything or did not know what to do (Table 9).

Some additional interventions and supports were also mentioned by witnesses/handlers of the violence such as: advising the victim of violence to run away; taking the survivors to a safe place/going to the hospital; calling people around for help; and reconciling according to the wishes of survivors; confiding in the wife; listening to the whole story; sharing; encouraging; comforting...

Responding to violence

Studying the response to VAW/C, the quantitative result indicates that quite a lot of survivors did not do anything to address violence because they saw it as normal, particularly emotional violence (Table 10). However, there are many positive changes when comparing the baseline survey and the final evaluation. Fewer survivors reported that they (1) "did nothing", (2) "were afraid/annoyed but did not dare to respond/kept silent", and (3) "protested, or resisted but could not do anything". The rates of critical reactions, including (1) "yelled out/sought help from people around", (2) "stepped out of the dangerous place/ran away", and (3) "sought help from local government" have increased. In particular, there are now survivors who are aware of putting dangerous objects out of sight to avoid the risk of harming themselves (Table 10). This was not mentioned in the baseline report.

Table 10. Reactions to the violence of W/C (2020 - 2022)

Unit: Number of cases

Responses/reactions to violence	Physical Violence	Emotional Violence	Sexual Violence	Economic Violence
Did nothing because it is common	3	8	2	1
Fear/annoyed but did not dare to respond/ kept silent	8	19	0	5
Protest, resist but no use	6	5	2	3
Yelled out/Sought help from people around	4	1	2	1
Stepped out from the dangerous place/ran away	13	4	2	0
Keep dangerous objects out of sight such as sticks, knives, etc.	1	1	0	0
Sought help from local government	2	2	0	1
Other responses	3	1	2	2

"In the past, when my husband beat me, I would stay in the home for him to beat me. I thought that even if my husband beat me to death, I would also have to die at home. But at the moment, when I have been consulted about safety skills, I understand that it is important for me to keep myself safe. Now, when my husband beat me but I couldn't run away from home, I used a bell and rang it so that the neighbors could hear it and come to rescue me." (NLT, female, VAW survivor, Quynh Thang, Nghe An)

"Usually, I often run away to the forest. If I don't have time to report to the police, I hide in the forest or go to a neighbor's house. I waited until 3–4 a.m. when my husband calmed down, then I went home. My husband beats me after drinking alcohol, so it's better for me to hide when he's drunk. And when he already falls asleep, I could come back home and sleep." (IDI, female, VAW survivor, Yen Bai)

Regarding the capacity of self-healing and self-helping to overcome psychological trauma caused by GBV, the final evaluation's data still showed that a large proportion of respondents claimed they still did nothing (because they thought violence was common), or didn't know what to do. Others forced themselves to try to forget or accept their negative emotions. Some people told their stories to someone to ease their sorrow or even waited for the husband to cool down and then talked to him. These figures are not much different from the initial assessment. Notably, more respondents

had access to social services such as hotlines, counseling services, legal aid, breathing exercises/other to remind themselves to come back to the reality that they are safe and to discover and develop their inner strengths (Table 11). This also partly demonstrates that HAGAR's trauma-based supports, which are already put into practice, have an impact on survivors' behaviors to recover from psychological trauma.

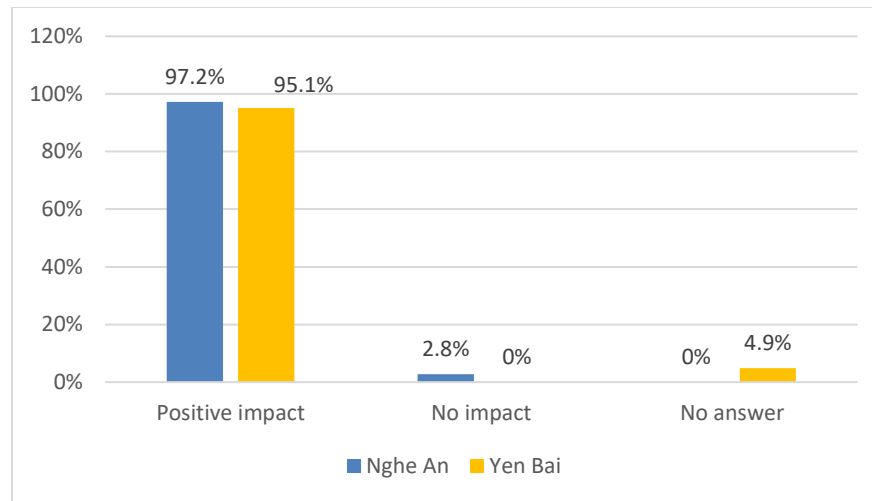
Table 11. Actions that W/C did to overcome trauma caused by violence (2020 - 2022)

Actions to overcome trauma	Physical Violence	Emotional Violence	Sexual Violence	Economic Violence
Did nothing	6	7	1	1
Did not know what to do	7	4	0	3
Spoke out/Shared with someone	9	16	4	4
Reminded themselves to forget negative feelings	8	9	4	5
Accepted negative feelings	4	4	0	1
Sought help from social services (hotlines, counselling services, social work center, legal aid...)	2	1	0	1
Practiced breathing exercises/other exercises to remind themselves to come back to the reality that they are safe	0	2	0	0
Discovered/developed inner strength	0	2	0	0

Reports from the People's Committees of Quynh Thang and Quynh Luong communes indicated that the commune has stepped up its efforts to deal with those who cause violence (maximum administrative fines, increased deterrence, and education measures). Quynh Trang commune is expected to strictly handle without tolerance for cases of violence in the area. In coordination with the HAGAR project, the People's Committee in Quynh Luong Commune used the commune's budget to support cases of violence^{13,14}. This is something that was hardly done before the project implementation.

Overall, when assessing the impact of the project activities, results from quick survey from the primary beneficiaries indicated that 96.1% of respondents agreed that services have a positive impact on supporting survivors to stop their violence and bring them other beneficial economic and psychological effects. Detailed data for the two provinces are presented in Figure 10 below. Especially, the activities under outcome 3 of peer group support, most respondents believed that these activities created positive impacts on life, husband and wife relationships, changed perceptions and actions, as well as had positive economic impacts. Livelihood support activities were highly desired by respondents.

Figure 10. The assessment on impact of project activities from the primary beneficiaries



In conclusion, the impact of services provided by HAGAR contributed to the decline and the termination of violent situations, the improvement in survivors' awareness and resiliency and the improvement on family economic development.

IV. EFFICIENCY

With a total grant amount of USD 491,334, the Project produced and delivered all of its planned activities within the prescribed timeline by September 30, 2022. The Project planned to start in October 2019 and run for 36 months, but launching workshops was actually held in May 2020. There have been some changes related to the project progress, contents of activities and methods to deliver the activities due to COVID-19 outbreak, natural disasters and changes on the current situation of GBV in the localities. However, the project was successfully implemented with resources and activities managed efficiently, timely and within budget.

Regarding the project progress, in response to the impact of the COVID-19 epidemic, HAGAR adjusted and rescheduled most of the activity plan. The activities were delayed from 1 to 5 months towards the plan, including: Male and female peer groups establishment and activities, training courses for village leaders, communication campaigns, study tour.

The content and way of organizing some activities were also adjusted, including:

- There have been 6/14 communication campaigns, 2/9 training courses and 1/3 group counseling for peer group were changed in the method of delivery from face-to-face to virtual events. These adjustments were made in order carry out the planned activities in the context of COVID-19 outbreak and follow regulations on social distancing. The adjustments also helped to improve the capacity and skill in using technology of local officials. The number of participants and audiences reached via online events were higher than in-person.
- The book "The Stories of Change" was initially planned to be composed by a consultant. Then HAGAR changed the way to retell the stories reflecting changes of survivors, perpetrators, and local authorities by collaborating with journalists. The book with 30 stories was published on mass media. This creative way not only helped to create true and inspirational

writings, but also transfer a great spread of message on preventing GBV on the media. These stories reached 300,000 readers nationwide.

- Training courses on building motivation for local officials in supporting survivors of GBV were added into the workplan as HAGAR recognized that building motivation was a crucial factor to help local officials become more aware of their roles, responsibility and the humanity of GBV prevention. Thereby, they carried out their tasks in a more responsible and committed manner.
- Additional activities to support W/C affected by GBV in the context of COVID-19 such as: Organizing 6 handwashing places for students in 6 schools, 4 training sessions on prevention of GBV and COVID-19 transmission in 4 communes, supporting for social security packages for W/C affected by COVID-19, counseling sessions on psychological support and safety for W/C in social distancing areas.

According to the local officials' comments, project activities as well as all adjustments were designed to make best use of resources and fit with the new context.

This evaluation did not conduct a detailed review of the project financial management. The primary and secondary sources of information collected during the investigation also did not mention financial management. However, as shared by HAGAR project coordinator, all contracts and payments for goods and services followed United Nations cost-norm regulations and payment in Vietnam. No complaints were recorded about project payments from local partners.

The project activity of livelihood support for people suffering from violence was assessed as cost-effective as it reflected in marked improvement in their income. After a half year of support, the interest rate has exceeded 50% in 80 cases of livelihood development support. The livestock and poultry supported by the project have been raised stably, and no deaths or diseases have been recorded (according to the report of Nghe An and Yen Bai Women's Unions)^{10,11}.

"My wife and I have changed and become closer since joining this peer group. I never miss any meetings if I'm not busy. There are 2 times that I can't join. My wife and I went together. I was also supported by this group. First of all, they gave me 20 million to buy a cow. I tried to add another 10 million to buy a pair of cows that cost 30 million. Because caring for them requires a lot of time and work, I bought another pair of buffaloes with 40 million to maximize productivity. My buffalo gave birth to 2 calves last Tet holiday. I sold 2 calves for 40 million and kept the parents. My son had an accident recently. I did not have the time for the cattle, so I decided to sell a buffalo for 52 million. You can see, I bought 2 buffaloes and 2 cows for a total of 70 million and sold them for 40 million plus 52 million. Now, I still have pregnant cows and buffalo. This time, after going to work on construction, I saved money to buy an excavator. I feel very lucky because when we lived in misery, they helped us to make a living. By joining peer group, I have the chance to learn more knowledge and improve my family income. My wife and I see positive changes in each other." (N.T.H, peer group member, Minh An, Yen Bai)

Overall, the project was successfully implemented within a shortened implementation period and given the restrictions due to COVID-19. Delay was seen but it did not negatively affect the project

outcomes. Project activities and all adjustments were evaluated as efficient and cost-effective with resources and activities managed efficiently, timely and to budget.

V. SUSTAINABILITY

To assess the sustainability of the project achievements, the study designed questions to seek for comments from the primary beneficiaries including local authorities and peer group members on how they commit to sustain the project activities after the project ends based on the availability of local resources and commitment. Result is shown in table 12 below.

Table 12. The assessment on sustainability of project activities from the primary beneficiaries

Project activities	<i>Yes</i>	<i>No</i>	<i>Don't know</i>
<i>Activities under Outcome 1</i>			
Violence support services (including violence prevention services, psychological support, medical support, necessities support, housing, and legal support...)	59.7%	6.5%	33.8%
<i>Activities under Outcome 2</i>			
Establishment of rapid response teams at commune level with regular direct/indirect technical assistance from HAGAR	61.8%	6.6%	31.6%
Training courses for provincial officials	45.5%	21.2%	33.3%
Training courses for district and commune officials	58.1%	23.3%	18.6%
Training courses for village chiefs	57.1%	16.3%	26.5%
A trauma-based support guide	64.3%	19%	16.7%
<i>Activities under Outcome 3</i>			
Establishment of male and female peer groups for the couples with domestic violence	38.4%	11.0%	50.7%
Peer group sessions on trauma	37.7%	5.8%	56.5%
Peer group sessions on knowledge and skills on GBV prevention and self- protection skills	35.7%	14.3%	50%
Provide fundings and capacity building on livelihoods for female peer group members	25%	16.7%	58.3%
<i>Activities under Outcome 4</i>			
Communication leaflets to raise awareness on VAW/C	52.8%	17%	30.2%
Community-based VAW/C response and prevention communication campaigns	48.0%	8%	44%
Radio broadcast programs in the commune	60.9%	7.2%	31.9%
The book "The Stories of Change"	56.3%	31.3%	12.5%

The result shows that activities which were received a high commitment of sustainability from local authorities and peer group members are: (1) trauma-based multidisciplinary support services for survivors of GBV, (2) Rapid response teams at commune level (3) Training courses/guidance for district, commune officials or village chiefs, (4) Communication materials on VAW/C that were

developed by the project, (5) Radio broadcast programs in the commune. Approximately 52.8% - 64.3% of respondents believed in the ability to maintain these project's activities after HAGAR project ended. For example, the trauma-based support manual developed by the HAGAR project can be used and republished by the local community. Similarly, the rapid response teams which were established with consisting of local authorities from different local agencies/organizations, can actually be maintained as even without the project, these authorities still have to perform their works and duties. Moreover, those people were trained and provided with a lot of knowledge and skills during three project years. HAGAR also helped to create a coordination mechanism among the local agencies/organizations which enables multidisciplinary support services for survivors.

“We determine that when the project ends, the rapid response team will continue, it is our responsibility. We will continue to maintain it. But now, without HAGAR's funding support, we will adjust to continue supporting the poverty reduction dossier so that they can make a better livelihood and get rid of violence.” (FGD, official at Binh Thuan commune, Yen Bai)

The ability to maintain training activities at the provincial, district, and commune levels is assessed with lower commitment (45.5–58.1%). The proportions of respondents who believed those activities were not possible to maintain activities and who did not give their opinion or do not know about the ability of sustainability these activities were relatively high (Table 12). Despite the need and the ability to maintain the training courses or skill improvement for local officials is still existed, it is very difficult for the locality to organize professional and methodical training courses on their own like what HAGAR did.

“I think when the project ends, it will be difficult to maintain the project's activities because it also depends on resources and funding. The locality does not have its own resources. The commune-level only gets 2-3 million a year for common activity. There is no separate source for GBV prevention activities, only coordinated with the activities of the "For the Advancement of Women" Committee. Therefore, it is very difficult to maintain the activities of HAGAR as it is now.” (Ms. H, official of the Women's Union, Quynh Luu district, Nghe An)

However, a bright side from the report of Yen Bai and Nghe An, starting from the 2nd year, leaders at the province, district, and commune level have enhanced their commitment to carrying out the project's operations and upholding its model. There have been 9 decisions of the Commune People's Committee in the implementation of the project. This has shown the locality's initial commitment in replicating and inheriting what the project has accomplished in Nghe An and Yen Bai^{15,16}.

“In particular, the Women's Union annually still has training activities, integrating the content of domestic violence prevention and awareness raising. Activities to raise awareness can be integrated in one way or another.” (T.T.H, Chairman of the Women's Union, Quynh Luu district, Nghe An)

With activities related to peer groups, the respondent's opinion about the possibility of maintaining these activities after the end of the project is not high (25–38.4%). Even when livelihood support activities for peer group members are considered to have a very positive impact on reducing violence, they are rated as low in sustainability (25%) in both Nghe An and Yen Bai provinces (Table

12). In addition, the percentage of respondents who did not know about the ability to maintain these activities also high (50–58.3%). This is similar to the sharing from local officials from IDIs.

“Once the project is over, it will be challenging to continue HAGAR's current activities, especially livelihood support activities, given the lack of funds. Peer groups have already been formed, and while it is difficult to maintain activities without funding, I will still fight for the continuation of the groups' operation. It would be a waste if we stopped right now. I will collaborate with the commune leaders to lead regular activities and keep the group's activities going. Even if I am unable to offer the same level of support as Hagar's, I will still try my best.” (Ms. H, IDI, official of the Women's Union, Quynh Luu district, Nghe An)

However, according to the report of Yen Bai Women's Union, the peer group model in Minh An commune reportedly continued after the study was finished. And at the same time, the Provincial People's Council aims to build a peer group model that will serve as a point model, to be replicated throughout Yen Bai province, which is considered one of the criteria to build the province's happiness index. Particularly in Yen Bai, as soon as the male and female peer group activities under the support of HAGAR stop, the Provincial Women's Union and Minh An Commune will use local resources to continue maintaining the activities of this model in the commune. Yen Bai has also planned to replicate the peer group model in other communes¹⁶.

Regarding communication activities under outcome 4, the research results showed that the percentage of respondents who think that the locality can continue its current activities after the end of the project fluctuated in the range of 50-60% (Table 12). Mr. Trieu Duc Quy, Chairman of the People's Council of Minh An Commune said, *“The commune does not have enough resources to organize separate communication activities like HAGAR project, but we will integrate knowledge about GBV prevention into local communication programs after the project ends”*.

“Communication to raise people's awareness is very effective, but I'm afraid the commune won't have the budget to continue when the project is no longer available; if there is a budget, they'll prioritize other urgent tasks.” (Male, Binh Thuan, Yen Bai)

Sharing the idea of maintaining communication activities after the end of the project, Mr. Le Van Nga, chairman of Quynh Thang commune stated that *“It is important that we have been provided with communication knowledge and skills regarding GBV prevention. When the project is over, we will use local resources to apply the knowledge gained from the project to conduct effective communications.”*

VI. KNOWLEDGE GENERATION

This section will explore lessons learned and promising practices generated from project implementation in the field of VAW/C by comparing the data collected in final evaluation with the baseline data. The following main lessons learned are recommended if there is a possibility of replication or scaling up in other projects or contexts in the two provinces in order to continue filling up gaps or sustaining the project achievements.

Lesson learned 1: Recognition of violence against women and children forms

Respondents could easily recognize physical violence with the use of force such as slapping, beating, punching, kicking, pushing, using tools to beat, threatening, or controlling (95%-99.3%), and acts of sexual violence and human trafficking (over 83.5%). The recognition rate of mental and economic violent actions was found to be lower. Although significantly improved compared to the baseline report, the rate of detecting acts of economic violence (Controlling family's finance, not allowing to making the decision on any expense in the family) is only 65.3%, and acts of mental violence (Strictly controlling wife on travelling, sharing information, having relationships with relatives, friends and other surrounded people; abandoning, not taking care of wife and children; Insulting, belittling, and not allowing to make decisions on family's matters) account for 68%-89.8% (Table 13). The final evaluation recognition rate for all instances of GBV was greater than it had been in the baseline report, indicating an improvement in locals' knowledge of GBV after three years. There were no appreciable differences in the rate of recognition of GBV acts in terms of the research location, gender, or age group.

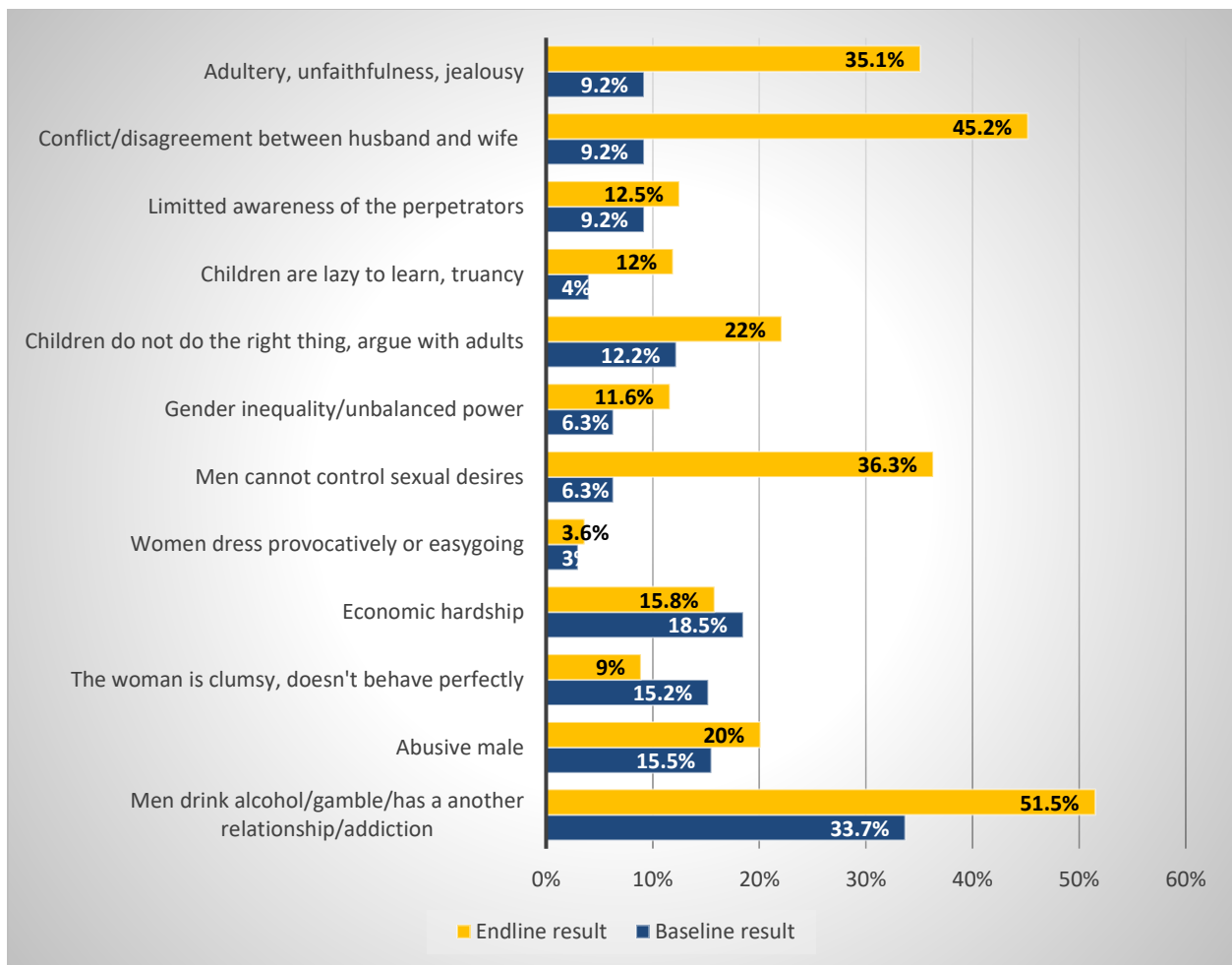
Table 13. The proportion of respondents recognizing VAW/C behaviors

Violence behaviors against W/C	Baseline survey	Final evaluation
Slapping, beating, punching, kicking, pushing, using tools to beat	97%	99.3%
Threatening, controlling	87.5%	95%
Insulting, belittling, and not allowing to make decisions on family's matters.	76.9%	89.8%
Abandoning, not taking care of wife and children	62.4%	69.6%
Strictly controlling wife on travelling, sharing information, having relationships with relatives, friends and other surrounded people	55.1%	68%
Forcing to have sex, forcing to perform unwanted gestures, forcing to watch pornographic movies/pictures	85.5%	91.1%
Leering at, touching on children body parts or forcing children to leer at, touch on a man's body parts	82.8%	91.7%
Not allowing to use contraception or forcing abortion	77.6%	83.5%
Controlling family's finance, not allowing to make the decision on any expense in the family	46.2%	65.3%
Tempting, deceiving for human trafficking for sexual and labor exploitation	82.8%	90.1%

Overall, with about 10% to 35% of respondents were still unaware of more sophisticated forms of GBV which did not show the nature of force or coercion, more effort on raising awareness on the detection of mental and economic violence forms should be made.

Lesson learned 2: Awareness of gender-based violence root cause

Figure 11. Root causes of VAW/C behaviors



Current theories, international and national research point out that the root causes of GBV were the unequal power and accepting attitude of violence in families and society. In this evaluation, despite the fact that the ratio has grown since the baseline report (6.3%), only a tiny minority of respondents (11.6%) identified "Gender inequality/unbalanced power" as the main factor contributing to violence against women and children. This means that only a small number of respondents can correctly identify the root causes of gender violence, while the majority continue to mistakenly believe that risk factors leading to violence are the root causes. Among these misconceptions, up to 51.5% of respondents stated that "Men drink alcohol, gamble, have an outside partner, and/or drug addiction" are the primary contributors to violence against women and children. Not only using alcohol to excuse men's violent behavior, nearly 9% of respondents also blamed women's clumsiness and does not behave perfectly that lead to males acting violently. The result recorded many different risk factors for violence that respondents continued to assume to be the cause. Nevertheless, the rate of recognition of these risk factors at the final evaluation results was considerably higher, with the exception of the decrease in "women is clumsy and does not behave perfectly" (from 15.2% to 9%).

"Gender violence occurs because of perceptions and customs that frequently lead men to believe of themselves as having the right to be masters, and it is a must that women endure and obey." (FGD of commune officials in Quynh Thang, Nghe An).

“The main reasons that GBV occurs in the local area are economic and emotional problems. Another factor is that people do not distinguish the equality between men and women, and the patriarchal behaviors remain from the feudal custom.” (FGD of commune officials in Minh An, Yen Bai)

“My husband and I fight partly because of the economic strain, partly because of our kids. For example, every time I teach my kids because of their rudeness, my husband keeps saying that I curse or scold them. He always stands up for the kids unconditionally. Then, we fight each other. The second thing is that it's always fine when we have money, but in case of no money, there will be fights.” (IDI, women experiencing violence, Yen Bai)

With the low rate of respondents identifying the root cause of GBV, more communication programs or awareness activities are recommended to help the communities correctly recognize root cause and risk factors. The awareness activities should focus on gender equity/inequity as the main contributor to VAW/C.

Lesson learned 3: Understanding the ways to ensure safety and avoid the risks of VAW/C

Table 14. The proportion of respondents knowing the ways to ensure safety and avoid the risks of VAW/C

The ways to ensure safety and avoid the risks of VAW/C	Among general population		Among women and children	
	Baseline result	Final evaluation result	Baseline result	Final evaluation result
Putting away things that can become weapons	1%	11.2%	1%	15.3%
Not standing at dangerous places, running away if necessary	30.7%	33.3%	36.1%	35.7%
Yelling out for help from neighbors/ relatives	21.5%	41.9%	23.6%	45.7%
Having a safety bag	0.7%	4.0%	0.5%	5.7%
Self-equipping response skills to VAW/C	6.6%	32.7%	5.2%	30%
Studying policies, laws about the rights free from violence	6.6%	22.8%	3.7%	21.9%
Seeking help from local government	20.1%	49.2%	18.8%	47.1%
Sharing with friends, relatives, colleagues, and neighbors	16.2%	28.4%	16.2%	29%
Seeking help from social services (counselling services, hotlines, safety places/shelters, social work centers, legal aid etc.)	3.6%	30.4%	2.1%	32.9%
No-idea /not answer	17.2%	4.3%	15.7%	3.3%

Among general population in four study locations, the findings show that, while there has been an improvement from the baseline report, the respondent's awareness of how to ensure safety and avoid the risks of VAW/C is still at a low level. The proportion of respondents who did not know the ways to keep safe and prevent the risks of violence has dropped dramatically, from 17.2% to 4.3%.

Knowledge of safekeeping and violence prevention have both enhanced compared to the survey 3 years ago. The percentage of people who know how to run away from danger and yell out for help only accounts for 33–42%. At the time of the baseline survey, there were only a very few people who knew how to put away things that can become weapons (1%) and prepare safety bags (0.7%). So far, these data have increased to 11.2% and 4% respectively. However, the rates were still low (Table 14). Not everyone knows these ways of safekeeping, as most of them are provided through training courses, educational programs, or communication materials. In particular, sharing experiences and seeking support from the local system or social services has become more popular than before. The data for all mentioned methods to ensure safety and avoid the risks of VAW/C among women and children are similar to those among general population (Table 14). It is required to equip necessary skills to respond to violence and self-protection skills for both general population and especially for women and children. Some advanced skills such as “Having a safety bag”, “Putting away things that can become weapons” or “Studying policies, laws about the rights free from violence” were rarely mentioned by the participants. So, awareness activities should pay attention to introducing those skills, too. According to information shared by local officials in the 4 studied communes, there is no other project other than HAGAR's that supports GBV and human trafficking prevention. According to the HAGAR project document, activities related to training, knowledge enhancement, and skills development are focused only on local government groups, male and female members of the peer group (Goals 2 and 3 of the project). For the group of parents, students, and community members, there are only activities to develop and distribute communication materials to raise awareness: 14 community-based communication campaigns to prevent and respond to violence against women and children, a series of 12 radio programs in the commune, and a number of communication initiatives for schoolchildren (Goals 4). There are no training courses equipped with knowledge on how to stay safe and avoid the risks of VAW/C for community members. Communication programs and campaigns may not cover the entire population, leading to low awareness of residents on how to protect themselves from gender-based violence.

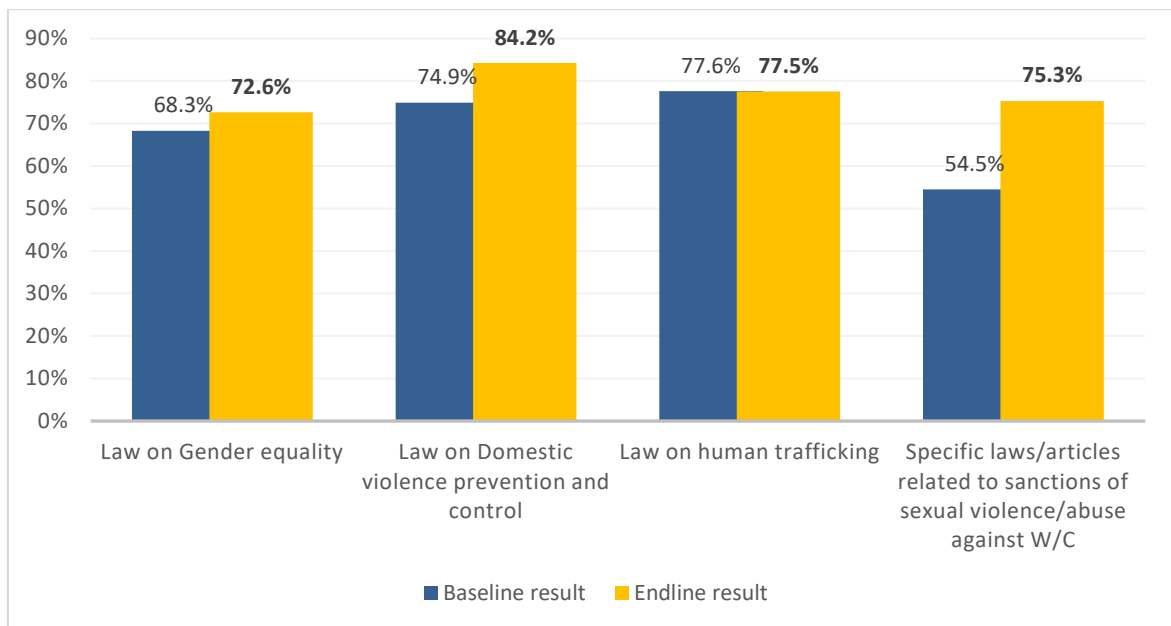
“There seems to be a loudspeaker in the village as well, but maybe my house is far away so I can't hear it. I don't know what time the radio plays, and I work all the time, staying in the orange hills all day, so I can't hear it.” (H.T.H, female, VAW survivor, Binh Thuan, Yen Bai).

So, in order to reach a larger audience, awareness activities should be designed in suitable channels/forms, timeframes, and repetitively.

Lesson learned 4: Understanding about laws on prevention of gender-based violence toward women and children of local people

When asked about the laws related to Gender Equality and the prevention of GBV, the final evaluation's data shows that people's awareness has ameliorated slightly from the baseline data. Figure 12 demonstrates that between 72,6% and 84,2% of respondents claimed to be aware of three laws (the law on gender equality, domestic violence prevention, and human trafficking prevention), as well as specific laws or articles related to sanctions of sexual violence/abuse against W/C.

Figure 12. Proportion of respondents who have heard about the laws related to GBV



However, these are data on proportion of respondents who have heard about the laws related to GBV. When being required to name a number of laws/regulations related to the handling of violations, 57.1% of respondents could give the answer. In general, the answers merely cited “Criminal process/imprisonment” and/or “administrative fine/fine”, almost no one could name specific penalties. The rest of respondents (42.9%) said that they have heard/knew about the regulation/article of addressing violence behavior related to GBV but could not give the detailed content. Understanding the laws as well as rights, responsibilities and penalties is considered as one way to for self-protection. Therefore, theses knowledge should be properly equipped to the local people, especially for both survivors and perpetrators as well as the local officials.

Lesson learned 5: Behavior changes towards VAW/C and ending domestic violence among peer group members

Not only W/C, but also men causing violence changed their perception and behavior by joining peer groups and project activities. They understand that violence is against the law and negatively affects their families and children. They now have taken actions to curb the violence and to take care of their families.

"I have to say that I have completely changed since I joined the peer group. I have changed my ways of eating and speaking; I have changed my personality and behavior toward my wife; I have become more comfortable; I even have a better economic situation. The project provided me with a cow. From that moment, I quit gambling and working. My wife and I become happier when I can earn money. I was a gambling and alcohol addict before. I never stayed in my house, and I spent all the money I had. It's not just me, but all the men in the peer groups have changed a lot. I haven't missed any meetings or training since joining peer group and I'm really absorbed. I'm always confident in sharing opinions when in meetings

and training. My wife and I have not quarreled for nearly 3 years. I have no longer beaten my wife. If I'm mad at her, I will leave to do something else." (N.V.C, man causing violence, Quynh Thang, Nghe An)

However, the final evaluation result shows that 14 out of 21 female members still face with domestic violence, and most of them on a frequent basis (more than 10 times in the last 3 years). Although their families' level of violence has significantly dropped since participating in group activities, the fact that violence still exists and has not completely stopped in some families. So, it cannot be denied that the project helped generating knowledge and emerging good practices towards VAW/C. These achievements should be retained in non-violent families and extended to those that are not yet completely free of violence, firstly among peer group members, then out into the community. The initiative of maintaining the available peer groups or setting up the new groups (both male and female groups) is highly recommended. The role of change agents identified by the project should also need to be promoted because they are effective influencers.

Lesson learned 6: Reducing domestic violence should incorporate with livelihoods supports to increase household income

Although household economy is not a root cause of domestic violence, but it is an important factor. Many people mentioned that due to the hardship of family economy, they could not control their behaviours or words which led to violent actions. As mentioned by all peer group members through IDIs, the livelihood supports for survivors of GBV from the project were assessed as very effective and contributed to the reduction of their violent level in their families. However, there is a lesson learned that financial support for livelihood activity should be incorporated with livelihood assessment and training.

"With the livelihood support from HAGAR, my wife and I received support to buy a couple of pigs. We worked together to raise those pigs. HAGAR did not give the money to us only, they came to make an assessment of what we should buy and also provide us livelihood training. I assessed it is more effective than previous project which just gave us one or 2 million. We spent all the money then nothing left." (T.T.T, IDI with male peer group member, Minh An, Yen Bai)

VII. GENDER EQUALITY AND HUMAN RIGHTS

To evaluate the gender equality and human rights, the assessment looked at the following aspects:

Project goal: Women and girl, including survivors and those at risk of violence, in particular IPV, non-partner sexual violence and trafficking in project areas have increased safety, wellbeing and voice by project month 36.

Project outcomes and outputs were already presented in table 2.

Project activities were presented in table 3.

Project's beneficiaries were (1) Women survivors and those at risk of violence, in particular, Intimate Partner Violence (IPV), Non-Partner Sexual Violence (NPSV) and human trafficking

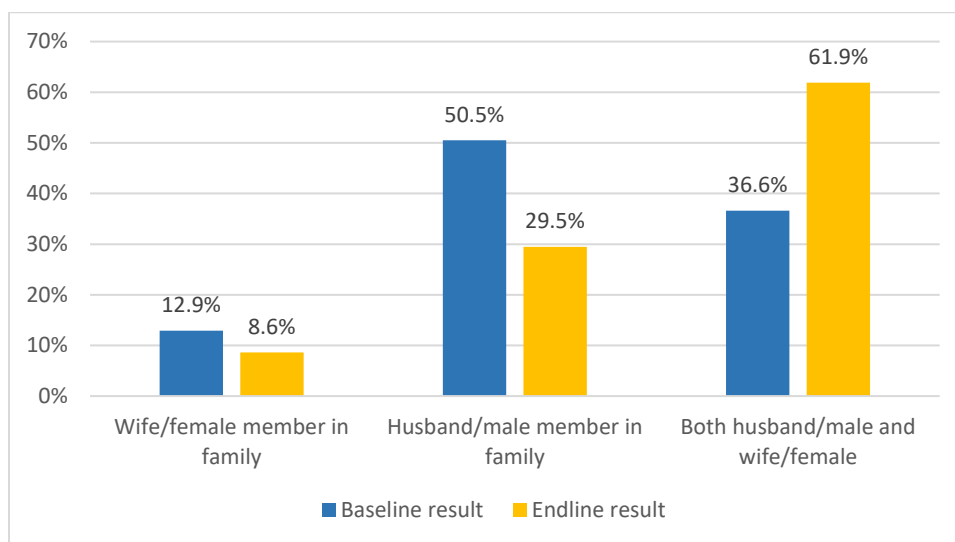
survivors, and those at risk in project areas; (2) Provincial, district and commune authorities who were directly responsible for this issue, supporting the GBV survivors and participating in the multi-sectoral support network, and (2) Community members, students and parents.

Project indicators: When designing project indicators for analyzing project achievements, HAGAR already set the indicators disaggregated by sex (See Annex 2).

HAGAR designed this project to reduce VAW through providing direct support to women and girls, building the knowledge of communities about the right of everyone to be protected from domestic violence, human trafficking, and sexual abuse. By project month 36, all most all of the outcomes and outputs (except for the Output 4.1) were achieved. The results were clearly mentioned in table 2. The GBV survivors were increased safety, wellbeing and voice. The data on the right to make decisions in the family collected at the baseline and final evaluation was one of the evidence illustrating for the improvement of human rights.

The right to make decisions in the family: Compared to the baseline report, the proportion of families where women and men (or husband and wife) gather to discuss and make decisions had significantly increased, from 36.6% to 61.9%. The percentage of respondents who declared in the baseline report that their husband/male had decided on family matters has decreased from 50.5% to 29.5%. Therefore, it can be concluded that equality of men and women in family decision-making has been greatly improved in the project areas.

Figure 13. The right to make decisions in the family



Perceptions of gender and gender-based violence

The research was given a number of opinions to understand local people and official’s perceptions of gender, gender equality, domestic violence, sexual abuse and children/women trafficking. The table below shows the results of the final evaluation result, along with a comparison with the results of the baseline survey to find out the changes in respondents' perceptions.

Table 15. Local people’s perceptions of gender and gender-based violence

Perceptions of gender and GBV	Rate of agreement	
	Baseline result	Final evaluation result
Men are breadwinners of the families.	79.9%	75.2%
A good wife must obey her husband.	62.7%	57.1%
A wife who keeps silent when being beaten, cursed by her husband to protect their family's reputation is wise.	44.6%	33.3%
Beating and cursing at children is an educational way to make them better.	31%	23.1%
Women who are trafficked because of desiring for wealth, want to earn money in a fast way, want to change their destiny, so they are cheated to be trafficked.	26.1%	25.7%
A woman is sexually teased/assaulted/ abused because of her sexy clothes or easy behaviors.	22.1%	25.7%
W/C who are sexually harassed and abused is shameful so that they should not speak out and should not report to save face.	18.5%	14.5%

The table above demonstrates that, compared with the commencement of the project, local officials' and citizens' perceptions have slightly changed. Specifically, the proportion of respondents who concurred with the gender and violent inequality opinions provided by the study is lower than the baseline report, however the decrease was not significant. Viewpoints concerning gender inequality are still highly popular in the community in 4 project areas, where the views "Men are the breadwinners in the family" and "A good wife must obey her husband" account for 75.2% and 57.1%, respectively. There are no gender or study location disparities among those who share these two viewpoints, but there are significant differences between local officials and residents, as well as variances in age groups. Residents are 2.5 times more likely to agree with these statements than local officials (67% versus 26.3%). In terms of age, older people tend to support these viewpoints, while younger people, especially those under the age of 18, perceive women with greater equality and respect. This outcome is exactly the same as that stated in the baseline report.

The percentage of respondents who agreed with the remaining statements was substantially lower and this is also lower than the data in baseline report, varying from 14.5% to 33.3% (Table 15). The percentage of local officials who disagree with the gender inequality views is higher than that of the community population. The assessment data also shows that adults and older groups still continue to support and practice negative gender stereotypes toward women.

Accordingly, the research's findings indicate that majority of respondents in both sexes and throughout all 4 communes adhere to cultural norms that give men the authority to make all family choices and have the power to control over women's lives. These gender unequal opinions are being practiced by adults and older groups. The majority of young people support gender equality and oppose VAW/C, as evidenced by their beliefs in theories that advance women's equality. However, there is still a small number of children who support the view of gender inequality. The final evaluation result also shows that there has been a positive change in public opinion towards gender equality, especially among local officials in the 4 project communes. This is an encouraging sign that

highlights the impact of the project activities over the last three years, since numerous activities are designed and implemented to raise awareness of local cadres at 3 levels: province, district and commune.

In order to explore the reasons of VAW/C, the evaluation challenged respondents' views to see which following situations is right when a husband beats his wife (Table 16).

Table 16. Which following situation that a husband beats wife is right

Situations	Rate of agreement	
	Baseline survey result	Final evaluation result
A wife does not obey her husband/does not do things as the husband's will so that the husband beats his wife is right.	25.7%	13.9%
A wife is constantly talking, nagging her husband so that the husband beats wife is right.	27.7%	12.9%
A wife refuses to have sex with her husband so that the husband beats his wife is right.	12.2%	6.9%
A husband doubts/ finds out his wife is having an affair so that the husband beats his wife is right.	35.3%	19.5%
A wife doubts/ finds out her husband is having an affair so that the husband beats his wife is right.	11.2%	7.9%
It is not allowed to beat a wife for any reason.	71%	72.9%
No-idea/do not answer	2%	0.7%

The improvement in people's perception of human rights and gender perspective is also reflected in the analysis of their views on which situations a husband beating his wife is right. Compared with the data in the baseline report, people's opinions in favor of a husband beating his wife for any reason have decreased markedly. Only a few (less than 20%) still agree with the given views. A very high rate accorded well that "No matter the reason is, it is not allowed to beat a wife", accounting for more than 2/3 of the total respondents and also slightly increased compared to the baseline survey (72.9% compared to 71%). Thus, it is obvious from the study sites that there have been positive attitudes, non-acceptance of violence and lack of respect toward the rights of women and children.

Overall, it is clearly seen that the project was designed and implemented consistently following human rights based and gender responsive approaches.

Final assessment

The evaluation approach and data collection methods of this final assessment were also designed ensuring gender responsive. This is clearly described in the methodology and safety and ethical

consideration sections. Sample selection and evaluation data were analyzed by sex disaggregation and other social criteria such as aged groups, study locations.

PART 3. CONCLUSIONS AND RECOMMENDATIONS

I . CONCLUSIONS

Evaluation Criteria	Conclusions
Overall	<p>In all of the study regions over the last three years, local authorities and departments have paid attention, actively engaged in, and made positive changes in solving issues of gender equality, prevention of VAW/C, human trafficking, and sexual abuse. The services/activities of prevention and response to GBV, and support for people with violence have been implemented and have become popular in the community. In particular, there are not only communication activities to raise awareness, but also other prevention activities such as training skills to recognize, prevent, and protect themselves against VAW/C; rapid response teams on the prevention of VAW/C; reporting mailbox/address/hotline, emergency phone number, medical assistance, and livelihood supports. The participants gave these activities highly positive evaluations. Most study participants know who/where to turn for help when experiencing violence. The number of people willing to share their stories with relatives and neighbours, as well as seek help from the government when suffering from GBV has increased. This is an impressive result of the strong involvement of authorities at all levels, multi-sectoral coordination and a big change in awareness and actions related to GBV of government officials, especially members of rapid response teams.</p> <p>However, prevention and response to GBV are still implemented by the locality in an integrated way in the activities of other departments; and the human resources working on GBV prevention and control often hold several positions at the same time. VAW/C is still an urgent problem in the two project provinces. Local people and officials suggest that it is necessary to strengthen communication and training on identifying acts of VAW/C and how to prevent, respond, and protect themselves from VAW/C; on regulations, policies, and the right to be protected from VAW/C; on psychological, medical, legal, and livelihood support for people with violence; on handling strict legal action against those who commit acts of violence; and having mailboxes/addresses/complaint hotlines. All participants from the IDIs expected to receive continuous support from the projects because this is still an urgent issue in the locality. If only relying on the limited local resources, it is hardly to organize activities in a proper method and systematic manner and services will not be guaranteed to be as intensive as when there were supports from HAGAR project.</p>
Effectiveness	<p>By the project month 36, all most all of the outcome and output results were achieved (meet or exceed the targets). Only the Output 4.1 regarding community members, students and parents have increased understanding about VAW/G, impact of violence and trauma upon survivors, and VAW/G preventive strategies was not reached as the target of 90% was too ambitious. The project did not have enough resource to focus on community communication.</p> <p>Almost no one of study participants expressed the opinion that the project's actions were ineffective. 900 individuals with GBV received trauma-sensitive multidisciplinary support services, 80% of local officials increased knowledge and skills, 96.7% respondents knowing about the availability of activities/services to support VAW/C in their locality and where/who they can come for seeking help when facing or at risk of violence, 100% of male and female peer group members have increased awareness and knowledge on GBV, how to maintain safety for women and girls and gained economic empowerment through the livelihood supports, 12 of them became change agents, those evidence are enough to</p>

	demonstrate the project's effectiveness after three years implementation. The initiative to build peer groups, especially a peer group for the men who cause violence, is appreciated. It not only helps reduce violence in the families of these people but is also an effective communication channel when insiders speak out for the propagation.
Relevance	Most of participants assessed that the services provided by the project were "relevant" with the current situation of violence, local mechanisms and conditions, and in line with the needs and capabilities of local officials, peer group members, survivors and community.
Coherence	The project activities are built based on the basis of Vietnam's policies and laws (the Law on Gender Equality and the Law against Domestic Violence and human trafficking) as well as the local political and economic development plan. In particular, the project's support services are carried out in areas where there has never been a GBV prevention project before, so it is very suitable for the needs of local people and officials. Report results from Nghe An and Yen Bai indicate that 100% of people receiving support services feel satisfied with them.
Impact	<p>Most of the study participants reported that the project has great impact contributed to the reduction of VAW/C in localities, supporting survivors with needed services and bring them other beneficial economic and psychological effects.</p> <p>After 3 years, the number of W/C who have experienced at least one act of GBV has considerably dropped (from 57.6% to 23%). According to statistics on VAW/G who are members of a peer group, 14 out of 21 women still face domestic violence, and most of them on a frequent basis (more than 10 times in the last 3 years). However, their families' level of violence has significantly dropped since participating in group activities. The fact that both husband and wife participate in peer groups is considered to have significantly improved the violent situation in their family, but the violence still exists and has not completely stopped.</p> <p>Physical and emotional violence are still more common than economic violence and sexual violence in both community groups and peer club members. No cases of W/C participating in the interviews were trafficked or were ever tempted into trafficking.</p> <p>The majority of perpetrators in all four types of violence are survivors' husbands, family members, and classmates/schoolmates. The most common places where violence occurs are in the victim's home and at school. The issue of GBV in 4 project areas still focuses mainly on domestic violence. School violence is also reported, but less frequently.</p> <p>Some skills to ensure survivors' safety have been strengthened, such as yelling out or seeking help from people around; stepping out or running away from the dangerous places; and asking for help from the local support system. Although it has increased since the baseline survey, only a minority of survivors practice these skills when experiencing violence. The remaining reported that they did not do anything to address violence because they saw it as normal, particularly emotional violence.</p> <p>Fewer people have gained knowledge on how to practice stress-relieving and emotion-management skills, showing the effectiveness of the trauma-based supports that HAGAR has tried to popularize among the target groups and community. The highlight of this assessment is that more survivors are sharing their stories and reaching out to their relatives, neighbours, and authorities for support, showing the popular impact of the media and the success of local authorities' efforts to address GBV issues.</p>
Efficiency	There have been some changes related to the project progress/timeline, contents of activities and methods to deliver the activities due to COVID-19 outbreak, natural disasters and changes on the current situation of GBV in the localities. The activities were delayed from 1 to 5 months towards the plan, including: Male and female peer groups establishment and activities, training courses for village leaders, communication campaigns, study tour. However, the project was successfully implemented with resources and activities managed efficiently, timely and within budget. According to the local officials' comments, project activities as well as all adjustments were evaluated as efficient

	<p>and cost-effectiveness as they were designed to make best use of resources and fit with the new context.</p> <p>This evaluation did not conduct a detailed review of the project financial management. Contracts and payments for goods and services followed United Nations cost-norm regulations and payment in Vietnam. No complaints were recorded for project payments from local partners.</p> <p>The project activity of livelihood support for survivors of GBV was assessed as a cost-effectiveness as it reflected in marked improvement in their income.</p>
Sustainability	<p>As for maintaining activities after the end of the project (sustainability), there are certain challenges because local resources are limited and not guaranteed. The locality can only conduct activities in coordination and integration. However, the obtained quantitative and qualitative data also show the commitment of the locality in continuously maintaining some of the project activities, particularly sustaining activities of the available rapid response teams, developing communication materials, and continuing to integrate communication and training activities. Despite the fact that there won't be as much support as there was when the HAGAR project was active, Nghe An and Yen Bai are both dedicated to making an effort to continue the peer group's activities. According to the respondents, a number of activities that are not highly maintainable include: organizing training courses for officials at the provincial/district/commune/village level; designing and developing leaflets, communication materials, structured communication campaigns, and periodic radio broadcasts; establishing new peer groups; and maintaining group meetings. The reason given mainly comes from shortage of local funding.</p>
Knowledge Generation	<p>There are six main lessons learned from the project implementation which are recommended for replication or scaling up in other projects or contexts in the two provinces. They include:</p> <ol style="list-style-type: none"> 1. With a low rate of respondents who were unaware of more sophisticated forms of GBV which do not show the nature of force or coercion, more effort on raising awareness on the recognition of mental and economic violence forms should be made. 2. The respondents' awareness of identifying the root cause of GBV was limited, more communication programs or awareness activities are recommended to help the communities correctly recognize root cause and risk factors. The awareness activities should focus on gender equity/inequity as the main contributor to VAW/C. 3. It is required to equip necessary self-protection skills and skills to avoid risks of GBV for both the general population and especially for W/C. Some advanced skills such as "Having a safety bag", "Putting away things that can become weapons" or "Studying policies, laws about the rights free from violence" should be introduced, too. Awareness activities should be designed in suitable channels/forms, timeframes, and repetitively to reach a larger audience. 4. Most of the respondents' knowledge on related laws on VAW/C is just as "have heard about the laws but could not specify rights, responsibilities, and penalties. Theses knowledge should be properly equipped to the local people, especially for both survivors and perpetrators as well as the local officials. 5. Not only W/C, but also perpetrators changed their perception and behavior by joining peer groups and project activities. The initiative of maintaining the available peer groups or setting up the new groups (both male and female groups) is highly recommended to retain these positive changes in non-violent families and extend to those that are not yet completely free of violence, firstly among peer group members, then out into the community. The role of change agents identified by the project should also need to be promoted because they are effective influencers. 6. Reducing domestic violence should incorporate with livelihoods supports to increase household income. Also, financial support for livelihood activity should be incorporated with livelihood assessment and training.

Gender Equality and Human Rights	<p>The project with goal, outcomes, outputs, indicators as well as the final assessment were designed and implemented consistently following human rights based and gender responsive approaches. HAGAR proposed this project to reduce VAW through providing direct support to women and girls, building the knowledge of communities about the right of everyone to be protected from domestic violence, human trafficking, and sexual abuse. The GBV survivors were increased safety, wellbeing and voice. The data on right to make decisions in the family collected at the baseline and final evaluation was the evidence illustrating for the improvement of human rights.</p> <p>Compared with the baseline assessment, the perception and knowledge of gender, GBV, and related laws of the people and local officials in the 4 project communes have changed positively. The concept of gender inequality has shown signs of reduction. However, the evaluation results also show that the concept of gender inequality, although there are signs of reduction, is still quite popular among people in the 4 project areas.</p>
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II. RECOMMENDATIONS

Based on the findings of the final evaluation, the research team proposes the following recommendations to improve prevention and response to VAW/C and maintain the achievements of HAGAR.

Evaluation Criteria	Recommendations	Relevant Stakeholders
Effectiveness	<p>Propagate the process of supporting people experiencing violence and punishing violent perpetrators in every village/commune. It needs to clearly define in these two processes who, what, and how to coordinate to ensure feasibility and avoid overlap; Enhance support services for people experiencing violence in the community, especially safe housing services, and medical, psychological, legal support.</p>	Provincial, district and commune authorities
	<p>Human trafficking was not detected in the final evaluation, but local officials have reported that it still occurs, especially in Yen Bai which is close to a province with a complicated border. In the past 3 years, activities related to this issue have not been focused by the locality, mainly handling cases when there are reports/denunciations. Therefore, it is necessary to strengthen propaganda to improve public knowledge to prevent human trafficking. Similarly, the issue of GBV in children has not received adequate attention, so the locality also needs to find out the status of this issue and take appropriate action.</p>	Provincial, district and commune authorities
	<p>The role and presence of each service and local officials, hotlines, emergency phone numbers, and safe addresses should be promoted strongly and clearly to the people. This content needs to be integrated and disseminated periodically, repeated often in communication sessions, and village meetings to ensure that people know about the peer group and its role in the community as well as necessary contacts, and know where to ask for support when things happen or are at risk of happening.</p>	Provincial, district and commune authorities, and peer group members
Relevance and Coherence	<p>It is necessary to include the content and the budget set aside for the prevention and resolution of VAW/C in the annual provincial/district/commune action plan. The prevention and resolution of VAW/C should be prioritized as an urgent local social issue in relation to education, health care, and poverty alleviation. VAW/C needs to be understood and clearly defined: it trespasses on the rights of women and children, and seriously affects the physical, mental, reproductive, and sexual health of the victims; VAW/C also</p>	Provincial, district and commune authorities

	directly affects the goals of economic development, education, and social stability of the locality.	
Efficiency	Pay attention the development of the household economy in parallel with communication and support to deal with VAW/C. This is a factor that affects and can increase local domestic violence, especially in communes with high poverty rate like 2 communes of Yen Bai.	Provincial, district and commune authorities
Sustainability	Local authorities need to have plan and guidance to every village/commune to systematically implement prevention and response actions of VAW/C, including domestic violence and children sexual assaults.	Provincial, district and commune authorities
	Maintain the operation and promote the working efficiency of rapid response teams and officials in charge of this issue in the locality. There should be regulations concerning rewards and punishments for local officials who are actively working or who have not fulfilled their responsibilities in prevention and response to GBV.	Provincial, district and commune authorities, Rapid response teams and agencies in charge of this issue.
	Maintain the activities of the established peer groups for men who cause violence and women who suffer from violence; allocate local budgets and staff to continue to support this activity because violence among female group members still exists and has not completely disappeared. It is proposed to replicate this model in other communes and expand it to the group of children with GBV (because there is no peer group for children); Strengthen the mobilization of funding sources (from projects, enterprises, schools, unions, associations, and local people) for this activity.	Provincial, district and commune authorities, and peer group members
	Local officials who have been trained in capacity building can organize hand-on trainings or share experiences with other/new staff to take advantage of the knowledge and skills. HAGAR can continue to provide remote technical assistance with updated knowledge/skills or advice for local officials if required.	Provincial, district and commune authorities who were trained by HAGAR and HAGAR International.
	There is a need for closer connections and coordination among local officials, which clarify the assignment of tasks, roles, and coordination among members in detecting, handling, and supporting cases of GBV and domestic violence (who participates, what to do, how to do it, support mechanisms, group bonding).	Provincial, district and commune authorities
	Continue to guide and support local officials in skills/case handling; do statistics monitor and manage cases of VAW/C in the locality. Localities can connect to phone numbers and supportive networks from HAGAR or other organizations and agencies working in this field.	Provincial, district and commune authorities and HAGAR or other related organizations and agencies
Impact	Timely encourage and set examples of happy families, responsible men who do not use violence to resolve conflicts. They are active agents to create change in the community and need to be strongly promoted by the media.	Provincial, district and commune authorities
Knowledge Generation	Peer group members, local officials and general population should be provided with knowledge and skills about gender equity/inequity, GBV forms, root causes and related laws, as well as practice skills to respond to, support, and ensure safety against GBV. In the context that GBV still exists in more diverse and sophisticated forms, it is necessary that the activities to raise awareness about gender equity and GBV be continuously operated. In particular, self-defence skills for both women in peer groups and women and children in the community need to be maintained and enhanced. Communications on preventive measures, self-protection to ensure safety and related laws need to be implemented more frequently, repetitively, and intensely to ensure that laws are enforced. HAGAR can continue to provide remote technical assistance on these awareness activities if required.	Provincial, district and commune authorities and HAGAR International

	<p>Reducing domestic violence should incorporate with livelihoods supports to increase household income. Also, financial support for livelihood activity should be incorporated with livelihood assessment and training. HAGAR can continue to provide remote technical assistance or sharing experience with related tools on livelihood support if required.</p>	<p>Provincial, district and commune authorities and HAGAR International</p>
	<p>Provide knowledge and support skills with the trauma-informed approach for officials in charge (polices, justices, local agencies, and unions) as well as for the officials who are directly supporting people who have suffered from violence (conciliation team, village leaders, police officers, women’s union, farmers’ union, and the National Front). These groups need to be trained on skills, attitudes, and coordination mechanisms based on guidance from essential package services to support W/C suffering from violence. The application of trauma-based support has helped officials to have a more empathetic view of violence. They also behave and communicate more professionally, reducing prejudice when dealing with victims and perpetrators of violence.</p>	<p>Provincial, district and commune authorities (conciliation team, village leaders, police officers, women’s union, farmers’ union, and the National Front)</p> <p>With support from HAGAR</p>
<p>Gender Equality and Human Rights</p>	<p>Promote policy advocacy to further strengthen government involvement towards the gender equity and the establishment of a GBV prevention and response network in the project area.</p>	<p>Provincial, district and commune authorities</p>

ANNEXES

Final Version of Terms of Reference (TOR) of the evaluation



TOR UNTF FORM
final.docx

Evaluation Matrix.



Endline-survey_HAG
AR_RC-Indicators.doc

Beneficiary Data Sheet (see table 2)

Methodology-related documentation

Data collection instruments



5.



4.



3.



2. Endline_quick



1.



6.

Endline_IDI_province Endline_IDI_Perpetrator Endline_IDI_Survivors survey on assessing Endline_questionnaire Endline_FGD_comm

Informed consent statements



Informed consent
statement.docx

Sampling size matrix according to HEALTHQUAL International, USA.

Population Size up to 20	Sample size/All
30	26
40	32
50	38
60	43
70	48
80	53
90	57
100	61
101-119	67
120-139	73
140-159	78
160-179	82
180-199	86
200-249	94

250-299	101
300-349	106
350-399	110
400-449	113
450-499	116
500-749	127
750-999	131
1000-4999	146
5000 or more	150
*Sample size calculated for a 95% confidence interval with width of 0.16, based on a predicted score of 50%.	

Lists of persons and institutions interviewed

- 07 Survivors of VAW aged from 12 to 60
- 06 Male perpetrators
- Rapid response teams in 4 communes (representatives from People's Committee, Women's Union, Public Security/Police, Fatherland Front, village chief)
- Provincial, district authorities from People's Committee, Women's Union, Public Security/Police, Fatherland Front.
- 32 members of the 4 male and female peer groups
- Community members, students, parents aged from 12 to 60

List of supporting documents reviewed (see reference list)

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10. Loan Management Report of the Loan Management Board of Quynh Thang Commune, Quynh Luu District, Nghe An Province
11. Loan Management Report of the Loan Management Board of Minh An Commune, Van Chan District, Yen Bai Province
12. Summary of HAGAR's training reports from January 2020 to July 2022
13. Quarterly report from the rapid response teams in Quynh Thang commune, Nghe An
14. Quarterly report from the rapid response teams in Quynh Luong commune, Nghe An
15. Summary report of 3-year implementation - HAGAR project - Nghe An province
16. Summary report of 3-year implementation - HAGAR project – Yen Bai province