Partnering with men to end gender-based violence

Practices that work from Eastern Europe and Central Asia

UNFPA

PARTNERING WITH MEN TO END GENDER-BASED VIOLENCE

PRACTICES THAT WORK FROM EASTERN EUROPE AND CENTRAL ASIA

Contents

Acknowledgements 4

Foreword 5

Executive Summary 7

PART I. COUNTRY CASE STUDIES

CHAPTER 1. CHANGING PERCEPTIONS OF DOMESTIC VIOLENCE AMONG POLICE IN TURKEY

Project Snapshot 10
Context 10
The Work of UNFPA 12
Why this Project? 13
Action Steps 13
Results 16
Challenges 17
Lessons Learned 18
Good Practices 18

CHAPTER 2. INTEGRATING REPRODUCTIVE HEALTH AND GENDER ISSUES INTO THE TURKISH MILITARY CURRICULUM

Project Snapshot 22
Context 22
The Work of UNFPA 23
Why this Project? 24
Action Steps 25
Results 28
Challenges 29
Lessons Learned 30
Good Practices 31

CHAPTER 3. A COORDINATED INSTITUTIONAL RESPONSE TO CURB DOMESTIC VIOLENCE AND SERVE SURVIVORS IN ROMANIA

Project Snapshot 34
Context 34
The Work of UNFPA 36
Why this Project? 37
Action Steps 38
Results 40
Challenges 43

Lessons Learned 44
Good Practices 45

CHAPTER 4. CHALLENGING PATRIARCHAL NORMS AND TACKLING TABOOS IN ARMENIA
Project Snapshot..... 49
Context..... 49
The Work of UNFPA 50
Why this Project? 52
Action Steps..... 53
Results 55
Challenges 56
Lessons Learned 57
Good Practices 58

CHAPTER 5. EMPOWERING NGOs TO ADDRESS GENDER-BASED VIOLENCE IN THE UKRAINE
Project Snapshot..... 61
Context..... 61
The Work of UNFPA 63
Why this Project? 64
Action Steps..... 65
Results 66
Challenges 68
Lessons Learned 69
Good Practices 70

PART II. GOOD PRACTICES

CHAPTER 6. PARTNERING WITH MEN TO END GENDER-BASED VIOLENCE: WHAT WORKS
What Constitutes a Good Practice?..... 73
Goal 1. Making the Prevention of Gender-based Violence Matter to Men 74
Goal 2. Moving from Awareness to Action 76
Goal 3. Creating an Impact on the Police and Military 77
Goal 4. Changing Institutional Responses 79
Using the Practices for Guidance and Programming 81
Conclusion 82

ANNEXES
Annex 1: The Case Studies at a Glance 84
Annex 2: List of Interviewees..... 88
Annex 3: Terms of Reference..... 93

BOXES

Box 1: Taking Action: Training every police officer in Turkey 14
Box 2: Spotlight on Armenia: Getting the message across to male audiences 21
Box 3: Taking Action: Training every soldier in Turkey 25
Box 4: The Story of Ayshe: A case study used in training 27
Box 5: Taking Action: Formulating a multi-institutional response to domestic violence 38
Box 6: Spotlight on Uzbekistan: Ensuring the safety of women survivors 41
Box 7: Spotlight on Moldova: Taking an integrated approach to domestic violence 43
Box 8: Taking Action: Changing men's minds in rural and urban Communities 53
Box 9: Spotlight of Kyrgyzstan: Reaching communities through religious leaders 59
Box 10: Taking Action: Building the capacity of NGOs to work with men 65
Box 11: Ten Things Men Can Do to Stop Gender-based Violence 67
Box 12: Spotlight on Georgia: Challenging abuse through public service announcements 68
Box 13: Spotlight on the South Caucusus: Putting hard data to work 70

FIGURES

Figure 1: The Project Structure 13
Figure 2: The Project Structure 24
Figure 3: The Project Structure 37
Figure 4: The Project Structure 52
Figure 5: The Project Structure 64

TABLES

Table 1: Components of the Project: Combating Gender-based Violence in the South Caucuses, 2008-2010 51
Table 2: Addressing Common Programming Challenges when Partnering with Men 81

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FOREWORD

I present this publication to you with a sense of urgency and hope. On the following pages you will read about five UNFPA-supported projects in South and Eastern Europe that have made monumental strides in engaging men in the prevention of gender-based violence. The people responsible for these projects are on the cutting edge of development efforts, yet they often feel they are fighting an uphill battle. Violence remains pervasive in the region, with estimates showing that one woman in three still experiences abuse in her lifetime.[1] Attitudes and practices that perpetuate violence against women are accepted as norms, and countless crimes go unpunished.

Still, the men and women you will read about press forward and have changed policies, attitudes and practices – one step at a time. As a result of their efforts, they have seen statistics on violence against women decline; they have designed programmes that reach almost the entire young male population of a nation; they have introduced systems among institutions to better serve survivors; and they have seen abusers come forward on their own volition to ask for help. I believe they would all agree with me in saying that the only way to continue the battle uphill is to keep on climbing.

We at UNFPA have been involved in this battle for many years as a part of the United Nations system's expansive work on the prevention of gender-based violence. We participate in the Secretary-General's recently launched campaign, UNITE to End Violence Against Women, the UN Trust Fund to End Violence against Women, and an inter-agency group addressing sexual violence in conflict, among other initiatives.

In our programmes, we advocate for legislative reform to promote women's rights, zero tolerance of all forms of violence against women, and the eradication of practices harmful to women and girls. We also aim to influence policies that affect women's access to health care and train medical professionals on sexual and reproductive health and the prevention of gender-based violence. We have compiled many of these lessons in a manual, *A Practical Approach to Gender-based Violence,* and two publications – volumes I and II of *Programming to Address Violence against Women*.[2]

While the involvement of men has always been an integral part of our work, UNFPA scaled up action in this area in its 2008–2011 Strategic Plan and Framework on Gender Mainstreaming and Women's Empowerment. The plan includes a specific gender-equality outcome, and the corresponding framework provides technical guidance for UNFPA at country, regional and global levels in the context of United Nations reform.[3] Including men in our efforts is a fundamental goal in both the plan and the framework.

UNFPA is drawing from the past to plan its future. For this publication, we explored projects in the region dating back nearly a decade that have used a multisectoral approach to promote gender equality. We have also identified practices involving men that proved effective in more than one country. These practices have the potential for broad application and can be adapted to fit a wide variety of contexts. UNFPA intends to apply the lessons

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[1] Vermot-Mangold, Ruth-Gaby, 'Violence Against Women in Europe', Parliamentary Assembly, Council of Europe, Document 8667, 2000.

[2] These materials can be found on UNFPA's website, www.unfpa.org, under the heading 'Publications', or can be ordered from UNFPA Headquarters in New York.

[3] The Strategic Framework for Action can be found on UNFPA's website, www.unfpa.org, under the heading 'Publications'.

learned to our future programming. We hope that they will be equally useful to other organizations and practitioners.

If there is one key lesson to be learned from these case studies, it is the value of partnership between men and women. It is not women or men working alone to end gender-based violence that yields the best results. Rather, it is the partnerships between them that have the greatest impact and reach. Each case study, in its own way, exemplifies this point, and provides a portal – even if only a small one – into what a world free from violence would look like.

I would like to thank our colleagues from country offices and their partners in Armenia, Romania, Turkey and the Ukraine for their generous efforts and time. Without their cooperation and dedication, this publication and the good work described in it would not have been possible.

Ms. Thea Fierens
Director, UNFPA, Regional Office for Eastern Europe and Central Asia

EXECUTIVE SUMMARY

This publication was designed to identify good practices from UNFPA's work on the involvement of men in the prevention of gender-based violence in Eastern Europe and Central Asia. During the post-Soviet era, UNFPA launched its first country programmes in many countries in the region with a focus on sexual and reproductive health and population and development. UNFPA and its partners recognize the symbiotic relationship between these issues and gender-based violence, and the advantage of using them as entry points for the engagement of men in prevention programmes. Many innovative projects have been implemented in the region to address gender-base violence with the involvement of men. But, until now, UNFPA has not examined them in depth.

The cases studies that follow[4] provide the reader with a step-by-step analysis of how the work was carried out. The information is intended for organizations in Eastern Europe and Central Asia as well as other regions around the world. The practices can be applied to transitional settings, emerging democracies and in a variety of political and social contexts.

THE RESEARCH METHODOLOGY

The study was compiled over a period of five months through qualitative research methods including: 1) a review of annual reports from 2007 and 2008, 2) a brief information-gathering survey to identify countries in which UNFPA has programmes that involve men in the prevention of gender-based violence, 3) a literature review of policies, national plans, donor reports and project documents of countries selected for the study, 4) face-to-face interviews in the field with UNFPA staff, government officials, NGO representatives and other stakeholders, 5) phone interviews with individuals on projects not included in the case studies, and 6) focus groups.[5]

The case studies include five projects in four countries – two in Turkey and one each in Romania, Armenia and the Ukraine. The projects were selected on the basis of experience gained and the results achieved over time. Countries that have made extensive efforts to elicit the support of men over the course of two or more years were ideal candidates. Projects from Central Asia had not evolved to the extent that they revealed clear findings. Nevertheless, supporting information from several Central Asian countries is provided in boxes throughout the text.

HOW THE PUBLICATION CAN BE USED

The publication is organized into two sections. The first consists of five case studies; the second provides a synthesis of good practices from the region. The case studies are written in a user-friendly format to provide the reader with a quick reference when planning and programming similar initiatives.

Section I is a series of country case studies that include the following sections:

- **Action steps.** A description of the process through which the project was implemented. It provides a general guideline for replication and can be particularly useful in planning a project.

[4] A brief description of each of the projects can be found in Annex 1.
[5] A list of interviewees can be found in Annex 2, and a terms of reference for the studies, outlining the methodology used, can be found in Annex 3.

- **Results.** A review of key outcomes. Some were anticipated; others were not. This section can help the reader gain clarity when planning for desired results and devising steps to achieve them.

- **Challenges.** An overview of the critical factors that impeded a project's success and a description of how the implementers handled them. The reader is encouraged to plan with these in mind in order to avoid similar situations.

- **Lessons learned.** These lessons, which were gleaned from implementing the project, do not focus specifically on male involvement in the prevention of gender-based violence, but on the broader process of implementation. They encompass actions to replicate and to avoid. The information can be applied to many different kinds of development initiatives. The reader is encouraged to use them in planning to maximize effectiveness and avoid pitfalls.

- **Good practices.** Actions or strategies that emerged as key factors for success in attempting to engage men in the prevention of gender-based violence. These practices are specific to the project and country in which they were implemented. However, they have the potential for replication in other settings.

Section II identifies practices that have worked in more than one project, and across countries. The multiple successes of these practices reinforce their potential for replication. This section can serve as a stand-alone document and provide the reader with the most important information from the research. Or, it can be used as a practical guide for strategy development and activity planning.

Four areas of good practice emerged from the research: 1) making the prevention of gender-based violence matter to men, 2) moving from awareness to action, 3) making an impact on the police and military, and 4) changing institutional responses.

The first two categories directly target the way men think and behave. The latter two are not aimed at men exclusively, but affect them in critical ways. Military and law enforcement institutions are typically staffed by males, and ministries and other policy-making institutions responsible for creating and/or enforcing legislation can strongly influence male behaviour in terms of gender-based violence.

HIGHLIGHTS OF MAJOR FINDINGS

The projects feature innovative tools that led to significant changes in male involvement. A sample of these tools follow:

Making the prevention of gender-based violence matter to men

A two-part strategy, consisting of strategic entry points and careful timing of controversial topics in the agenda, can be used to attract male audiences to training sessions and dispel resistance to sensitive topics. Trainers in all four countries opened the sessions with topics that piqued the interest of men who would normally be apathetic or resistant to attending a training session on gender-based violence. In the case of Armenia, that topic was 'healthy families'; in Turkey, 'HIV prevention'; in Romania, 'human rights'; and in the Ukraine, 'dating and relationships'. In addition, trainers strategically placed the topic of gender-based violence towards the end of the sessions, when they were more likely to have established trust and a system for communicating openly with participants. This strategy was particularly

effective with the Turkish military and police, and with community members in rural Armenia who had never before discussed gender-based violence in a public forum.

Moving from awareness to action

Studies on personal motivation show that people are most inclined to take action when it seems simple, straightforward and easy to do so.[6] This proved true in Armenia, where project implementers encouraged men to allow their wives to access antenatal care after the training sessions. They made the services easily accessible by establishing mobile health-care units in the regions where the trainings were organized. As a result, the number of women accessing care after the training sessions increased markedly. In Romania, when police were called on a domestic violence case, they handed men information on counselling that was available to them in their region and encouraged them to seek help. To maximize the effectiveness of this intervention, the police made weekly visits for up to one year after the incident to survey the situation and encourage the men to get help.

Creating an impact on the police and military

Police departments rely heavily on hierarchical protocols, roles and responsibilities. Project implementers in Turkey and Romania used this knowledge to design training tools for the police that systematized a response to domestic violence. In Turkey, the implementers created a DVD that demonstrates how to deal with both survivors and perpetrators, and a comprehensive form that police must complete to track information. In Romania, the implementers designed a computerized tracking system and corresponding forms that established a uniform police response to domestic violence.

Changing institutional responses

The ‘woodpecker’ approach, coined by implementers in Romania, refers to a strategy for effecting change within institutions that relies on accurate data, consistency and tenacity. In Romania, implementers collected data on a consistent basis, and presented it monthly to authorities over the course of two years. Their tenacity, though time-consuming, eventually resulted in government funding for a women’s shelter and a highly effective model for multi-institutional collaboration. Similarly, in the Ukraine, implementers regularly produced data on gender-based violence over a three-year period and publicized it extensively among government officials. Their efforts led to a signed commitment among institutions for a unified response to domestic violence.

These are just a few examples of innovations used in the region that have stood the test of time. These practices did not come about by happenstance; they were cultivated and represent many years of trial and error. The reader is encouraged to use them, adapt them and share their own experiences.

[6] Lieberman, David, *Get Anyone To Do Anything*, St. Martin’s Griffin, New York, 2000, p. 59.

PART 1. COUNTRY CASE STUDIES

1. CHANGING PERCEPTIONS OF DOMESTIC VIOLENCE AMONG POLICE IN TURKEY

Between 2007 and 2008, 250 police facilitators in Turkey received training in the handling of domestic violence cases; they went on to train 40,000 of their peers. As a result, greater numbers of survivors are coming forward for help, and police officers have changed their approach in dealing with both perpetrators and survivors. Many officers now encourage women to prosecute their abusers instead of urging them to return home to them.

PROJECT SNAPSHOT

When the officers walked into the training session on domestic violence, they weren't sure what to expect. Some were tentative about the topic; others were hoping for a holiday away from home. All of that changed within the first hour. The five-day intensive 'training of trainers' pulled the officers in, and made them think about, discuss and engage in the topic in a way they had never done before.

"Before we attended the training, we didn't know about all the forms violence against women can take," explains Metin Murat Arslan, a chief police superintendent. "This training made me understand that I needed to work on prevention."

Mr. Arslan's colleague, Oguzhan Saribay, agrees. "We used to think that survivors needed to go back to their families because breaking the family apart is considered a bad thing in Turkey," he explains. "Now we encourage them to prosecute and we help them through the process."

Mr. Arslan and Mr. Saribay, along with 248 of their peers, have gone through the training and fulfilled their commitment to share the information they acquired to 40,000 of their fellow officers in Turkey. Many of them have gone above and beyond their initial obligation by organizing workshops, round tables and television programmes, and by creating websites to be used as a community resource to stop violence against women.

THE CONTEXT

The country

Positioned between the continents of Europe and Asia, Turkey has a strategic role in geopolitics and a rich, eclectic culture. Once the centre of the Ottoman Empire, the modern secular republic was established in 1923 by Mustafa Kemal Ataturk.

After decades of economic struggle, Turkey turned a corner in 2002, just three years after it became a candidate for membership in the European Union (EU). Since that time, Turkey has seen economic growth and decreasing inflation.

Developments towards joining the EU have been slow. Though Turkey has met many requirements in the areas of women's rights, ethnic cultures, language, education and media broadcasting, accession negotiations are expected to take more than a decade.

Gender-based violence in Turkey

A good deal of work has been done to address gender-based violence in Turkey. However, recent studies suggest that the problem remains widespread. According to a national study, 'Domestic Violence against Women in Turkey', published in January 2009 by the Directorate General on the Status of Women (KSGM), the rate of physical violence against women is 38 per cent in cities and 43 per cent in rural areas. The problem is compounded by a lack of education and opportunity. About 56 per cent of the women who reported abuse have no education.[7]

National media campaigns have brought more visibility to gender-based violence, but for many women, the problem remains locked behind closed doors. Nearly half the women in the study who experienced violence said they had never revealed the problem to anyone. One in three women reported that they had considered suicide at some point in their lives because of the abuse.

The endemic nature of violence is due in part to a collective ideology about gender-based violence. Close to 14 per cent of women said it was sometimes acceptable for a husband to beat his wife, and 49 per cent of women who had been abused did not seek help because they did not believe it was a problem.[8]

Government initiatives and mechanisms to address gender-based violence

Despite grave statistics on gender-based violence, Turkey is making strides towards prevention. The issue first became part of the public agenda when the women's movement in Turkey began a nationwide awareness campaign in the late 1980s. The campaign led to the establishment of women's centres and shelters for abuse survivors. By 2009, there were 54 such shelters, one third of which are run by women's non-governmental organizations (NGOs), municipalities and subgovernorates.

In 1990, the KSGM was established under the Ministry of Women and Family Affairs. The goal of the institution is to mainstream gender into all laws and regulations and to support women's human rights. Since that time, the KSGM and women's civil society organizations have advocated for the passage of legislation to protect survivors of violence and prosecute perpetrators. In 1998, the Law on Protection of the Family was passed. This law was amended in 2007 to include measures that can be applied by judges in Family Courts to protect survivors of domestic violence. In 2001 and 2004, amendments to the Constitution were passed, committing state actors to promote gender equality.[9]

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[7] Directorate General on the Status of Women (KSGM), *Domestic Violence against Women in Turkey*, January 2009.
[8] Ibid.
[9] Ibid.

In 2005, the government established a Parliamentary Investigation Commission to identify measures for preventing so-called 'honour' killings. The commission, which lasted for three months, produced a report that has been circulated nationally and used to formulate additional legislation. In 2006, the Prime Ministry took an important step by issuing a circular that assigned tasks to specific institutions, NGOs and the media to organize a campaign to address violence against women. The KSGM is coordinating the campaign.[10]

In 2007, the circular also sparked new initiatives among the ministries of interior and justice. The Ministry of Interior issued its own circular requiring coordination and cooperation among front-line institutions that deal with domestic violence, and the Ministry of Justice did likewise to ensure that all judges and prosecutors are well versed and trained on the Law of the Protection of the Family.

Turkey's inspiration to become a member of the EU has also led to new initiatives on the prevention of gender-based violence. Within the framework of a 2005 Pre-Accession Agreement between Turkey and the EU, a project to promote gender equality was launched in 2007 and 2008. The project included a nationwide research project on violence against women. This information was used to develop a comprehensive National Action Plan on Combating Violence against Women.[11]

THE WORK OF UNFPA

The country programme

UNFPA began its first multi-year country programme in Turkey in 1998, though it has been working with the government since 1971. It also serves as a regional coordinator for efforts in neighbouring Armenia, Azerbaijan and Georgia.

UNFPA is currently implementing its Fourth Country Programme (from 2006 to 2010), with an emphasis on three areas: gender equality, reproductive health, and population and development. The agency's work on violence against women is supported mostly through its projects on gender equality. However, UNFPA staff have mainstreamed gender into some of their largest and most effective initiatives on reproductive health.

Addressing gender-based violence

In 2004, UNFPA initiated a study on honour killings that drew the attention of both national and international institutions. The document included case studies on survivors over a five-year period and uncovered the enormity of the problem. The initiative led to a larger-scale survey on honour killings, which was publicized on 25 November – the International Day for the Elimination of Violence against Women.

At the same time, UNFPA decided to broaden its efforts by launching an advocacy campaign for the prevention of all forms of gender-based violence. The campaign lasted from 2004 to 2006 and included government institutions, NGOs, the private sector, Turkish TV celebrities and famous athletes. The campaign created a new level of awareness in Turkey that provided the necessary momentum for UNFPA's project on police training, which began the year the campaign ended.

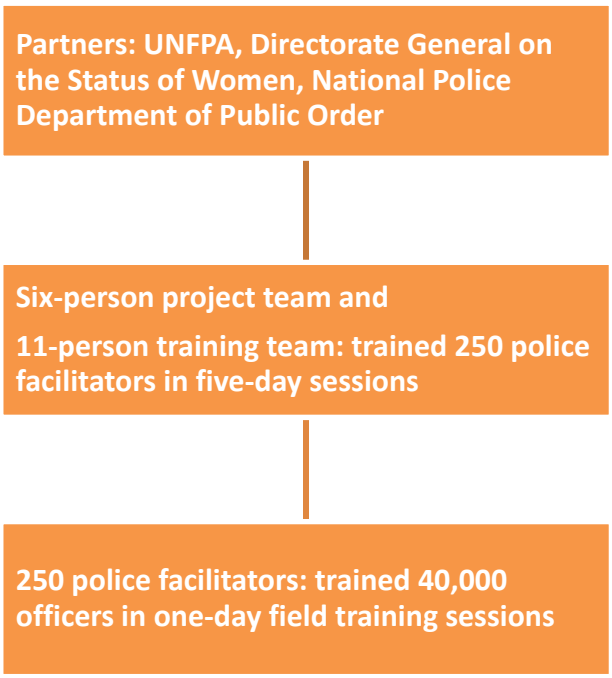
[10] Ibid.
[11] Ibid.

Joint UN programming on the prevention of gender-based violence

As UNFPA's advocacy campaign came to a close, UN agencies, bilateral donors and private sector organizations came together to start a two-year project that would create 'Women-Friendly Cities' in six urban centres in Turkey. The project had four goals: to 1) improve the national policy environment, 2) strengthen the capacity of local governments and NGOs, 3) design service models for women and girls, and 4) raise awareness about women's human rights.

Each city has produced a Local Equality Action Plan on gender equality and has established a gender unit within the municipality that is responsible for monitoring progress and commitments. These projects have led to an increase in budget allocations for initiatives on gender equality and better coordination among local institutions and NGOs.

FIGURE 1. THE PROJECT STRUCTURE



WHY THIS PROJECT?

In 2006 the timing was right for UNFPA, KSGM, and the Training Centre for Crime Investigation and Research under the National Police Department of Public Order (SASEM) to begin a nationwide training programme for police officers on the handling of domestic violence cases. UNFPA's momentum from the advocacy campaign and SASEM's mandate to increase training for police officers made the project and the partnership a natural fit. "The soil was ready for a massive effort on domestic violence," explains Meltem Agduk, UNFPA's gender programme coordinator.

The three institutions chose to focus only on domestic violence, as opposed to other forms of gender-based violence, for three reasons. First, the prevention of domestic violence is part of SASEM's mandate (other institutions are assigned to work on trafficking and other forms of gender-based violence). Second, it is the most ubiquitous form of gender-based violence in Turkey. Third, as first responders in domestic violence cases, the police needed new tools and practices with which to assist survivors, prevent further violence and prosecute

perpetrators. “Our police officers must believe that domestic violence is a priority. Once they believe, we have to give them the tools to help victims in the best way possible,” explains Ibrahim Erbaba, SASEM’s chief superintendent.

“The soil was ready for a massive effort on domestic violence.”
– *Meltem Agduk, gender programme coordinator for UNFPA*

ACTION STEPS

BOX 1. TAKING ACTION: TRAINING EVERY POLICE OFFICER IN TURKEY

Step 1: Hold stakeholder meetings

Step 2: Establish a Project Planning Working Group

Step 3: Coordinate the project and training teams

Step 4: Develop a methodology and materials

- Micro-training
- Interactive DVD
- Training manuals

Step 5: Pilot the training of trainers and implement the field training

Step 6: Conduct evaluations

Step 1: Hold stakeholder meetings

In late 2006, UNFPA chose a project advisor for the training and held a series of three meetings with SASEM to identify needs, logistics and goals. The meeting resulted in the ambitious decision to reach every police precinct in Turkey. Using a cascade model, teams of two police facilitators were designated as trainers from each district in the country. They would attend a five-day ‘training of trainers' session, and then lead a one-day field training session for their peers.

The stakeholders used a competitive process to recruit police facilitators. Superintendents (chiefs) from each region received a notice about the training and were asked to encourage officers to apply. The selection process was pitched as a professional achievement to officers, who could use the accreditation to boost their careers.

Step 2: Establish a Project Planning Working Group

The next step was to organize a working group with membership from the Directorate of Security, KSGM, the Crime Scene Investigation Unit, the Homicide Unit and UNFPA, along with the project advisor. They met twice a week for several months and developed a unified vision for the project.

Step 3: Coordinate the project and training teams

Once the topics and systems were agreed upon, UNFPA assembled a multidisciplinary project team with experts on gender equality, violence against women, administrative issues, national and international legal rights, and communication.

Four of the team members were well-known activists from women's NGOs in Turkey. The two men on the team, Erdal Vural, a superintendent from the Department of Public Order, Murder and Violent Crime Unit, and Alpaslan Onalyi, SASEM's chief inspector, were responsible for the logistics and other administrative issues of the project.

After the content was developed by the project team, the group invited colleagues to join them to conduct the trainings, creating an 11-person training team.

Step 4: Develop a methodology and materials

The project team spent five months developing an interactive DVD, along with a comprehensive set of training manuals. These included:

- **Micro-training.** The team used a micro-training model to help police facilitators practise teaching. Beginning on the third day of the training, the team asked several volunteers to prepare a mini-lesson and teach it to their peers. The team videotaped each presentation and facilitated a group discussion to identify strengths and areas for improvement. This approach gave participants hands-on practice and helped them refine their skills.

- **The interactive DVD.** The DVD was designed for use in the one-day field trainings, and presents every step of assisting a survivor. Each section is followed by discussion. The DVD gave officers a standardized procedure that could be shared by all precincts in Turkey.

- **Three levels of training manuals.** The project team produced three training manuals:
  1) a comprehensive resource guide for police facilitators, 2) a training manual for police facilitators with clear steps on how to conduct one-day field training sessions, and 3) a pocket-sized resource guide for police officers who went through the field training.

Step 5: Pilot the training of trainers and implement the field training

When the training team piloted their first workshop in Istanbul in the spring of 2007, they were braced for resistance. "We were basically telling them [the police facilitators] to forget much of what they learned about the role of women in society, and to start all over again from scratch," explains Ms. Agduk.

The training team met each night to discuss the events of the day and to make improvements. They changed the order of the topics, and put gender equality later in the training in hopes that it would dispel resistance.

Once the materials were edited, the team was ready to begin. From May 2007 until the end of 2008, 14 training session for 250 trainers were conducted, and 40,000 police officers received a one-day field training session.

Step 6: Conduct evaluations

The project included two kinds of evaluations: written forms after each training of trainer session, and evaluation workshops with police facilitators half way through and at the end of the project. The workshops gave the stakeholders a deeper understanding of the project's impact, and how the trainings could be modified to maximize their impact.

RESULTS

Increased number of survivors seeking assistance. Data and statistics show that, since the field trainings, more survivors have come forward for help in many regions around the country. In one region, Denizli, the number of survivors seeking assistance from the police has doubled in less than two years.

Improved police understanding of domestic violence. Many of the officers said their eyes had been opened by the trainings. "Before, we had no idea that violence against women could be more than physical," explains Mr. Arslan. "I had never focused on the victim. This was the first time I learned about empathic communication with victims."

Changed goals in domestic violence cases. Prior to the training, police tended to view themselves as mediators in family violence cases. They tried to make peace and keep the family intact. In the evaluation workshops many of the officers said their perspective had changed. Now, they encourage survivors to prosecute. "If the situation is so bad that a woman ends up in our hands, our priority is to protect her," explains Ugur Ozturk, chief superintendent and police facilitator.

Positive spinoffs from the training. Many of the police facilitators have taken on additional initiatives to educate themselves, their colleagues and their communities. "The training gave me a key to open a door to a world that I previously knew very little about. This world is bothering me now," says Mr. Arslan. "I want to do more to raise the awareness of people around me."

Since the training, Mr. Arslan has researched and written articles on domestic violence. Another officer organized a three-hour education programme on 25 November; and another got permission from an imam in his region to make a presentation to religious leaders. One officer even created a site on Facebook with resources for officers on domestic violence.

"I had never focused on the victim. This was the first time I learned about empathic communication with victims."
– *Metin Murat Arslan, chief superintendent and police facilitator*

Increased collaboration between the police and women's NGOs. Members of the training team say they have changed their own views and stereotypes of police. "I was hesitant at first," explains Zehra Tosun, who conducted the training module on violence against women. "I hadn't expected them [the officers] to be so warm and sensitive. I may have changed the officers in the training, but they changed me too."

The police facilitators continue to rely on their training team. "They call us in the middle of the night if they need to," explains Nazik Isik, the project advisor. "Sometimes they want help

with domestic violence cases, other times it's honour killings. They are using us as a resource on an ongoing basis. We didn't expect this, but we are happy about the outcome."

"I may have changed the officers in the training, but they changed me too."
– Zehra Tosun, representative of a women's NGO and training team member

Replication of methodologies and materials by national institutions and UNFPA. The training protocol on which the project was based officially ended in 2008. An extension was denied, despite overwhelming support from precincts throughout Turkey. High-ranking officials want to continue the training and are developing risk assessment forms for police to use with survivors.

Other state institutions have replicated components of the training. Esengul Civelek, director of the KSGM, explains: "We are using the model and many of the materials from this police training as we prepare a similar programme with the Ministry of Justice to train judges and prosecutors and the Ministry of Health to train health-care providers."

In addition, the training team members are using the curriculum in their work. One member is using the modules on gender equality and violence against women in training for religious leaders. Another is using the experiences of officers in a project she is spearheading to establish eight shelters throughout Turkey. "I take the police facilitators with me when I meet with people from these regions," explains Ms. Isik. "Their knowledge and opinions give our work a great deal of credibility, and dispel resistance."

CHALLENGES

Overcoming resistance. The training team faced three types of resistance from officers:

- **Defensive behaviour.** Some of the police facilitators felt criticized for their work in domestic violence. "They would ask, 'why us?'" explains Ms. Agduk. "They felt blamed because they often sent survivors back home to abusers. The community then sees them as part of the problem."

- **Lack of support from other institutions.** Participants were frustrated by the lack of support, responsibility and capacity of other institutions. This problem placed a heavy burden on the shoulders of the police, who had to find creative ways of providing shelter for survivors and their children.

- **Social norms.** The training for police required a shift in thinking about traditional gender roles in Turkish society. "The first question I asked myself in the training is whether I would be destroying Turkish families if I tried to encourage a survivor to prosecute," explains Mr. Ozturk. "For us, this meant breaking up the family unit."

Apart from Turkish culture, police officers have their own institutional culture that leads them to focus on the criminal, not the survivor. "The image of how police see themselves was very important for us to consider," says Ms. Isik. "They are crime stoppers, so they tend to focus on perpetrators. Our goal was to teach them how to better understand and meet the needs of survivors."

"The first question I asked myself in the training is whether I would be destroying Turkish families if I tried to encourage a victim to prosecute."
– *Ugur Ozturk, chief superintendent and police facilitator*

Lack of support from some police leaders. Without support from police leadership at the central and regional levels, it was difficult to implement the training. Police facilitators in some precincts struggled with their superiors. The same problem occurred at the central level where high-ranking officials in security forces who were primed on the project felt it wasn't a priority.

Lack of follow-through on the part of the government. The new Minister of the Interior's decision not to extend the protocol was a challenge. This outcome, however, may not have been detrimental to the project's effectiveness. "We've done a lot of work for the past two years," says Ms. Agduk. "It may be good for awhile to stop and evaluate the work before we move forward."

LESSONS LEARNED

Get institutional leaders on board. Working with the highest echelons in institutions would have made the project easier to implement and continue. "We need more awareness-raising with the leadership in our institutions," explains Mr. Ozturk. "The highest people should be trained with us so that they will support the field trainings."

Target institutions beyond law enforcement. The training gave police officer a new sense of responsibility to help domestic violence survivors, but they lack the necessary support from social services, hospitals, forensic institutions and other first responders.

"Other institutions need this training," says Mr. Ozturk. "We [the police] don't want to send survivors to other social services, for example, because we know they don't have the ability and knowledge to help them."

The challenge in this regard is funding and capacity. The organizers have considered partnering with other donors to extend the model to create a multi-institutional approach.

Individualize needs assessments and evaluate the impact. The initial needs assessment was conducted in Ankara. In hindsight, the partners believe that an assessment of each city prior to the training would have helped them tailor the project to individual precincts.

The partners have not yet done a final evaluation of the police training. However, they recognize that it will be useful. First, it will help them know definitively whether they have achieved their goals. Second, it will enable them to plan future police training, which will serve as a guide for similar projects with health-care, social services and other institutions.

GOOD PRACTICES

Provide standardized, interactive training. The project team realized that police officers tend to do hands-on, high energy work that involves multiple tasks. To the extent possible, the team tried to create a training programme that was equally engaging.

"Police officers aren't desk workers," explains Ms. Isik. "They are used to doing many things at once because of the nature of their work, and we needed to engage them in that way."

That high-energy level was achieved and sustained through the following approaches. First, the team included discussions, working groups, role-plays and games to make sure participants moved, talked and debated. Second, they kept lectures short and changed speakers frequently. Third, they kept officers on their toes by making them put knowledge into practice in the micro-training sessions.

By standardizing the training through the interactive DVD, the team was able to achieve several goals. First, the DVD ensured that all 40,000 police officers spread throughout the country learned the same information and, as a result, became conversant in policies regarding domestic violence. Second, the step-by-step approach fit within the culture of law enforcement, where there is generally an adherence to systems, rules and protocol. Many of the police in the training noted that the DVD was the most useful part of the training.

The highly interactive nature of the training and the clear-cut, systematized approach set out in the DVD are appropriate for institutions that tend to work at a frenetic pace, respond to emergencies and have a hierarchal structure, such as the military, paramedic teams, crime investigation units and emergency rooms.

"Police officers aren't desk workers. They are used to doing many things at once because of the nature of their work, and we needed to engage them in that way."
– Nazik Isik, project advisor

Employ a combination of assertiveness and empathy in the training. After 14 sessions, the training team could say with confidence that dispelling resistance from the male police officers worked best when they used a combination of assertiveness and empathy. They set the tone at the beginning of each training session to command respect. If one trainer was being disrespected, the entire training team would step forward and call the offender on his behaviour. The training team did this respectfully yet consistently to show participants that they would accept nothing less than their full participation and cooperation.

"In one training, an officer asked me if I was trying to make him turn into a homosexual by giving him training on gender equality," says training team member Ilknur Ustun. "I immediately took a hard-line approach and told him he was being disrespectful and that I had the floor and had the right to speak…. In the end, this officer turned out to be one of the best facilitators we have."

When officers had a genuine argument or question, the training team stopped, listened and opened the floor for discussion – even if it meant changing the schedule for the day in order to work through their concerns. "I listened to them and let them explain themselves," says training team member Zehra Tosun. "My goal was to help them understand that I am on their side, and that I want to give them new tools that will help them in their job."

The combination of these two approaches earned the training team respect, and enabled them to reach the minds and hearts of the police facilitators.

Match high- and low-ranking officers to conduct field training. Most of the precincts chose a senior- and junior-level officer to train fellow officers. This tactic was successful

since both members had something unique to contribute. High-ranking officials gave the subject matter authority. Those in the junior ranks had their fingers on the pulse of their colleagues and delivered the message in a way that got their understanding and buy-in.

"As an inspector, I am just one level higher than police officers on the streets," explains Ergun Isildar, police facilitator, who worked with a senior officer to deliver the field training. "My co-trainer is a senior officer. He made everyone pay attention. But the officers were very comfortable with me and open with me after our session. They came to me voluntarily with questions and requests for more information on domestic violence."

Strategically time the introduction of controversial topics. The training team learned an important lesson about timing when they piloted the programme. In the first few workshops they introduced the topic of gender-based violence at the beginning of the training, on the first day. They found that the police facilitators were highly resistant and argumentative – so much so that it made it difficult for the training team to move forward with other topics. For that reason, the team decided to begin the training with communication skills – a less controversial subject, and to introduce the modules on gender equality and gender-based violence later in the training, once trust and rapport were established. This change in the training format, though minor, made an enormous difference in the way the topic was perceived.

Draw upon both men and women in communicating the problem of gender-based violence. The model of 'men talking to men' has proven very useful in gaining buy-in from males. However, the training also showed that the voices of women – particularly those involved in NGOs – helped the police understand the struggles of survivors in a way that men alone may not have been able to fully convey. The results of this project suggest that a 'men and women talking to men' approach is the most effective way of delivering a message on gender-based violence to men for two reasons. First, women can provide a first-hand perspective on gender equality and gender-based violence. Second, modelling a respectful male/female partnership between trainers provides a good example of cooperation between genders.

"As an inspector, I am just one level higher than police officers on the streets… the officers were very comfortable with me and open with me after our session. They came to me voluntarily with questions and requests for more information on domestic violence."
– *Ergun Isildar, inspector and police facilitator*

BOX 2. SPOTLIGHT ON ARMENIA

Getting the message across to male audiences

As part of the Combating Gender-based Violence in the South Caucuses project, UNFPA Armenia conducted training sessions for future trainers in 2008 to raise awareness among men. Approximately half the people trained were males. They will work in pairs, with female counterparts, to conduct two-day training sessions in high schools throughout Armenia on gender-based violence, sexual assault, gender equality and trafficking. UNFPA staff and partners believe that the 'men and women talking to men' approach will be key to their ability to make an impact on their audiences.

Develop detailed and comprehensive police forms for reporting domestic-violence cases. The use of new police forms after the training greatly improved data collection and management of domestic-violence cases. The new forms are highly detailed and require more time to complete. However, they also allow police officers to gather accurate and comprehensive information on both the survivor and perpetrator. They enable officers to assess the level of danger and the risk potential for further, or more serious, injury to the survivor. The forms also show perpetrators that the case is being taken seriously and will not be overlooked by the authorities.

Institutionalize the training by using police officers to train fellow colleagues. According to the implementers, training on such a massive scale could only work though a cascade model that utilizes trainers from within the institution. By choosing to train police officers to train their peers, instead of contracting women's NGOs throughout the country, the implementers institutionalized the training and created a sense of ownership among police facilitators. This method proved effective, as illustrated by the strong commitment demonstrated by officers who took the training to their local schools, religious institutions and government agencies.

Use the Project Planning Working Group to cultivate ownership and commitment among government leadership. The working group, consisting of representatives from the National Police Department, UNFPA and the KSGM solidified commitment to the training and created a sense of ownership within the upper echelons of government in Turkey. A signed commitment might not have had the same impact as the working group – which met weekly and sometimes more often to develop the training design and materials. The individuals in the group developed a sense of commitment to each other and to the project. This bond created the momentum and strength to execute the project and to counter resistance from some police department chiefs.

2. INTEGRATING REPRODUCTIVE HEALTH AND GENDER ISSUES INTO THE TURKISH MILITARY CURRICULUM

In 2002, UNFPA teamed up with the Ministry of Health and the Turkish Armed Forces to educate every young man in Turkey on sexual and reproductive health, gender equality and the prevention of gender-based violence. With no formal programmes in schools on sexual health, the training was the first time many soldiers learned how to use a condom or gave thought to gender-based violence. To date, three million men have been trained, and the project has been made permanent by a decree from the Turkish Armed Forces. Many of the soldiers say the training changed their beliefs about a woman's right to make her own choices and to live free from violence.

PROJECT SNAPSHOT

It should have been one of the happiest nights of their lives. A young soldier and his new wife were alone for the first time on their wedding night. Much to the husband's surprise, there was no blood after they consummated the marriage. They knew the kind of danger this result could bring if anyone found out. Elder women from the village would want to see the sheets, and if there was no blood, the young bride could be hurt, or even killed for tarnishing her family's honour.

Several months earlier, the soldier had participated in a field training session on sexual and reproductive health, gender equality and the prevention of gender-based violence. He learned that a woman can be a virgin and not bleed during intercourse, and that there may be more to a woman's honour than her virginity. The soldier cut his finger and let it bleed onto the sheets to save his wife from danger.

He reported this story to the trainers. It trickled up to the leadership in the Ministry of Health, the Turkish Armed Forces and UNFPA, and stays with them as a reminder that just one day of education can change – and perhaps save – a person's life.

"This story brought me to tears," says Gokhan Yildirimkaya, UNFPA's national professional project officer for reproductive health. "We can't ask the soldiers to leave their culture behind, but we can encourage them to see things differently."

THE CONTEXT

Sexual and reproductive health in Turkey

Much has changed in Turkey since the government began working on family planning in 1965. From 1978 to 2008, the total fertility rate declined from 5.1 to 2.15 children per woman. In roughly the same time period, maternal mortality rates decreased from 208 to 28.5 per 100,000 live births.[12]

[12] Hasde, Colonel Metin (Turkish Armed Forces), 'Reproductive Health Education of Conscripts in the Turkish Armed Forces', *Journal of Military Medicine* 172, 12:1254, 2007.

Despite these positive trends, there remains a gap in policies and services to improve sexual and reproductive health. The 2003 Demographic and Health Survey in Turkey showed that 18.9 per cent of women receive no antenatal care, and 23 per cent of all births occur at home. These rates are highest in the eastern region of the country, where poverty is rampant and access to education is limited.[13]

Low rates of antenatal care are compounded by a number of factors: Women are expected to marry and give birth at a young age, causing health risks for them and their children. In addition, lack of formal education on sexual and reproductive health in schools makes many young women susceptible to unwanted pregnancies and sexually transmitted infections, including HIV. Finally, patriarchal norms prohibit some women from making choices about their reproductive health.

Related government initiatives and mechanisms

In the mid-1960s, the Government of Turkey relinquished its pronatalist strategy and adopted a family planning approach, which included legalizing contraceptives. In the decades that followed, the Ministry of Health initiated many programmes to support this new direction. In 1983, nurse practitioners and midwives were authorized to insert intrauterine devices, and Turkey became one of the first Muslim nations to legalize sterilization and abortion.[14]

In 2005, with support from UNFPA, the Ministry of Health prepared Turkey's first National Sexual Health and Reproductive Health Strategy and Action Plan. The strategy spans a 10-year period, and was written in accordance with the Plan of Action Plan of the 1994 International Conference on Population and Development (ICPD) and the Millennium Development Goals.[15]

In 2007, UNFPA supported the government in publishing Turkey's first survey on the reproductive health of youth. This initiative was an important step in understanding the current sexual behaviours and needs of young people in the country.

THE WORK OF UNFPA

Promoting sexual and reproductive health in Turkey

UNFPA has been providing support to the Ministry of Health on reproductive health for more than three decades. With its first multi-year programme, beginning in 1988, UNFPA supported actions in four main areas: 1) policy development, 2) research and studies, 3) training for the Turkish Armed Forces, health personnel, teachers, university students, youth in orphanages and sex workers, and 4) advocacy.

UNFPA has a specific concentration on youth. The office supports university volunteer training programmes that reach hundreds of teens and young adults every year. The office also provides technical support to a flagship programme called Y-Peer that is now under way in 39 countries around the world. The project is a distance-learning network that disseminates information about adolescent sexual and reproductive health globally and provides free information, tools and materials for trainers.

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[13] Ministry of Health, Turkey, *Turkish Demographic Health Survey*, 2003.
[14] Kaya, T., et al., 'Reproductive Health Programme of the Turkish Armed Forces', *Balkan Military Medical Review* 11:15-21, 2008.
[15] Ibid.

FIGURE 2. THE PROJECT STRUCTURE

WHY THIS PROJECT?

In 2002, UNFPA, the Ministry of Health and the Gulhane Medical Military Academy within the Turkish Armed Forces launched a project that reached men in Turkey on an unprecedented scale. Through the 1994 ICPD in Cairo and the Fourth World Conference on Women in Beijing the following year, the Ministry of Health had committed to engaging men in sexual and reproductive health and women's rights. "We were inspired by these conferences, and were well aware that we couldn't resolve health issues without addressing gender equality," explains Ibrahim Acikalin, deputy general director of the Ministry of Health's Department for Maternal and Child Health and Family.

The Turkish Armed Forces had never seen a programme for soldiers on sexual and reproductive health, but realized there was a need. "Men are the decision-makers in family life," explains Tulay Yavan, a registered nurse and institutional trainer. "We needed to work with men to show them the importance of sharing decision-making power with women."

The partners chose to reach men through the Turkish Armed Forces for three reasons. First, since the military is compulsory for young men, the entire male population would receive the training before they got married. Second, there is no education on sexual and reproductive health, gender equality or gender-based violence in the Turkish school systems. Many of them might never have another opportunity to acquire the information. Third, Turkey allocates approximately 31 per cent of its annual budget to the Armed Forces, which allows them to have their own publishing capabilities. The institution was well positioned to produce the training materials and take over the finances.

Since the Turkish Armed Forces could allocate just one day to the sexual and reproductive health programme, the partners chose information-sharing as their primary goal. "We didn't go into the project with the goal of behaviour change," explains Tunga Tuzer, UNFPA's

assistant representative. “Our intention was to open their minds to something they had never seen before, and to show them new ideas.”

“We were well aware that we [the government] couldn’t resolve health issues without addressing gender equality.”
– Ibrahim Acikalin, deputy general director of the Ministry of Health’s Department for Maternal and Child Health and Family

ACTION STEPS

BOX 3. TAKING ACTION: TRAINING EVERY SOLDIER IN TURKEY

Step 1: Form a steering committee

Step 2: Conduct a countrywide needs assessment

Step 3: Develop a methodology and materials
- Three-tiered ‘cascade’ model
- Manuals, charts, models, PowerPoint presentations, resource guides
- Interactive classrooms

Step 4: Develop monitoring tools
- Questionnaires and a database

Step 5: Implement the cascade trainings

Step 6: Incorporate the module on gender equality and gender-based violence

Step 7: Conduct impact evaluations

Step 1: Form a steering committee

In 2001, a steering committee with high-ranking representatives from the Ministry of Health, the Gulhane Medical Military Academy and UNFPA began planning. Their job was to design a model for the training and iron out the logistics. “We were very excited about this,” explains Mr. Acikalin. “This was the first step Turkey had taken to engage men in sexual and reproductive health at a mass level.”

Step 2: Conduct a countrywide needs assessment

The committee designed an in-depth needs assessment to understand the level of education young men had received in school on sexual and reproductive health. The assessment included two components: a cross-sectional survey and interviews with school administrators.

Step 3: Develop a methodology and materials

The results of the needs assessment showed a need for four critical areas of education: reproductive health and anatomy; contraception; prevention of sexually transmitted infections, including HIV; and safe motherhood.

The committee appointed a curriculum development team from the Ministry of Health, with support from the Gulhane Medical Military Academy and a consultant from UNFPA. The team decided on a cascade model that included three tiers of training. They spent one year developing the methodology and materials. These included:

- **Three-tiered cascade model.** The cascade model was the most effective means of reaching two million soldiers in Turkey. Training was mandatory at all tiers, and consisted of:

  - **Master trainers.** This team of 12 experts from the Ministry of Health and top-level medical personnel from Gulhane Medical Military Academy conducted five-day workshops for institutional trainers.
  - **Institutional trainers.** This team of 56 specialist physicians and Ph.D. nurse practitioners participated in the master trainer workshops and conducted five-day workshops for field trainers.
  - **Field trainers.** This cadre of 4,000 field nurse practitioners and medical petty officers, who received training from the institutional trainers, conducted one-day field trainings for every officer in the Turkish Armed Forces.

The institutional and master trainers consisted of men and women. Whenever possible, a team and men and women would train together.

- **Materials.** The materials were practical, clear and participatory. “We designed a simple and straightforward curriculum,” explains Mine Gurginer, a member of the curriculum development team from the Ministry of Health. “We had to keep in mind that our target group was young males, many of whom had only a primary school education.” The materials included:

  - Training manuals for master and field trainers
  - Illustrative charts on sexual and reproductive health
  - Models of the male anatomy with condoms to give soldiers practice in safe and effective condom use
  - PowerPoint presentations for each module
  - A pocket-sized resource guide for soldiers who attended the field trainings.

- **Interactive classrooms.** The steering committee created a total of 620 classrooms designed for interactive education. Each classroom was supplied with state-of-the-art audio-visual equipment, and the desks were mounted to the floor in a U-shape to foster a participatory, engaging environment. The walls of each classroom were filled with information, posters and articles on the training topics. “The classrooms helped us standardize the training,” explains Dr. Yildirimkaya. “It also helped us ensure that there would be a place to continue the training after the project ended.”

Step 4: Create monitoring tools, including questionnaires and a database

The steering committee designed a 25-question pre- and post-training questionnaire to measure the knowledge of the soldiers before and after their one-day training sessions.

Each room was connected to a reproductive health network within the Intranet of the Turkish Armed Forces, a process that enabled field trainers to record information about the soldiers' demographics, educational and marital status.

Step 5: Implement the cascade trainings

In 2002, the team of master trainers conducted their first five-day workshop for institutional trainers. Two days were dedicated to teaching the content of the four modules and three days were spent on participatory methodologies. Within one year, the institutional trainers began training the field trainers in a similar five-day workshop. By 2004, soldiers began receiving their one-day training sessions.

Step 6: Incorporate the module on gender equality and gender-based violence

In 2005, the steering committee made the decision to add a fifth module to the curriculum on gender equality and gender-based violence. The committee was strategic in its timing. "We knew from the beginning that we needed to introduce a module on gender equality, but the focus of the military at that time was terrorism. They [the Turkish Armed Forces] didn't necessarily see sexual and reproductive health and gender-based violence as a topic of great importance," explains Dr. Yildirimkaya. "They decided to start with the four modules. After two years we saw that it worked. This was a good time for us to incorporate the module on gender equality and gender-based violence," he adds.

The UNFPA gender advisor in Turkey developed the content for a one-hour module on gender equality and gender-based violence. The session included controversial case studies to provoke thought and meaningful debate on the topic (see Box 4).

BOX 4. THE STORY OF AYSHE: A CASE STUDY USED IN TRAINING

The situation
When Ayshe was 13 years old, her brothers and father forced her to marry a man who was 30. He raped and beat her. They had a son, and then she became pregnant again. The abuse caused her to lose the baby.

Questions for the audience
Why did Ayshe's husband beat her?
Why couldn't Ayshe stop the violence?
What should she have done in this situation?

The soldiers' responses
"Some of the soldiers would insist that Ayshe should have left her husband," explains Gulten Guvenc, a registered nurse and institutional trainer. "But others would speak up and say that the situation made it impossible for her to leave. Ultimately, this showed the soldiers that power between men and women must be shared."

Step 7: Conduct impact evaluations

In 2008, the steering committee began impact evaluations to measure knowledge retention and behaviour change. The evaluations are being administered by provincial centres responsible for post recruitment. The partners plan to use the evaluation results to replicate the training in other institutions within the Turkish Armed Forces.

RESULTS

Increased knowledge among partners and soldiers. The results of the pre- and post-test scores show that the soldiers improved their knowledge of areas covered by the training, with a median increase of 84 per cent.[16] Many of the soldiers recognized this outcome as an important opportunity for them. "I would never have had the chance to learn this information in my regular life," says Erding Tali Askeer, a soldier.

The data showed a lower level of awareness of sexual and reproductive health issues, and a higher rate of early marriages, in soldiers from the eastern region of Turkey. These statistics highlighted the need to educate youth in these areas before they enter the military.[17] The partners plan to use this information as they expand the training programme.

"I would never have had the chance to learn this information in my regular life."
– *Erding Tali Askeer, solider*

Changes in behaviour and understanding. The data collected did not measure behavioural change. However, anecdotal evidence suggests that the training affected many of the soldiers on a profound level.

"I see big changes," says Cenk Yeginer, a medical doctor and field trainer. "The soldiers keep the pocket-sized books we gave them. They come to me often and ask questions or want more information. Many of them tell me they use condoms now. I think it also changed the way they think about violence against women. They seemed genuinely surprised by what they learned."

"The soldiers keep the pocket-sized books we gave them. They come to me often and ask questions, or want more information…."
– *Cenk Yeginer, a medical doctor and field trainer*

Institutionalization of the programme. The project led to a decree adopted by the Turkish Armed Forces that institutionalizes the training programme. "I see this as the greatest success of the project," explains Dr. Tuzer. In addition, the Turkish Armed Forces have taken over the lion's share of funding. The project partners are beginning plans to extend the model to all five branches of the Armed Forces.

Improved confidence on the part of the trainers. The institutional and field trainers both report that they were transformed by their teaching experience. It improved their self-assuredness and also made them question their own preconceived ideas about gender equality.

"We are different as a result of the training," explains Tulay Yavan, a nurse practitioner and institutional trainer. "It gave us more confidence in ourselves. It made us feel stronger as women and more aware of our rights."

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[16] Hasde, Colonel Metin (Turkish Armed Forces), 'Reproductive Health Education of Conscripts in the Turkish Armed Forces', *Journal of Military Medicine,* 172, 12:1254, 2007.
[17] Ibid.

Ms. Yavan's male colleague agrees. "By teaching these subjects, I became more knowledgeable," says Mr. Yeginer. "Sometimes dealing with resistance from the soldiers helped me understand the importance of what I was teaching."

Deepened relationships among project partners and participants. This ground-breaking project brought the partnering institutions closer together. "Seeing this training work supported our connection to each other and deepened it," says Mr. Acikalin.

The project had a similar impact on officers from the Gulhane Medical Military Academy and the Turkish Armed Forces. "In the sessions, we ask the trainers not to behave as soldiers, but to make the process interactive and to be open to debate and discussion," says UNFPA's Tunga Tuzer. "This removed some of the barriers between officers and soldiers."

"In the sessions, we ask the trainers not to behave as soldiers, but to make the process interactive and to be open to debate and discussion…. This removed some of the barriers between officers and soldiers."
– *Tunga Tuzer, UNFPA assistant representative in Turkey*

CHALLENGES

Ingrained resistance. Many of the field trainers faced resistance from soldiers on issues of gender equality and gender-based violence, and worried that varying educational levels would make it difficult to impart the information. "In the beginning, the soldiers didn't believe the data on gender-based violence and gender equality," says Memnum Seven, a nurse practitioner and institutional trainer. "They told us there were no wage discrepancies between men and women and asked us to prove the statistics on domestic violence."

The trainers handled objections by encouraging discussion and resisting the urge to argue. "When they asked for a source, we patiently provided it," says Ms. Memnum. "We tried to encourage their peers to speak up, so it wasn't only us [the trainers] making the points."

The participatory methods helped relinquish resistance by creating a relaxed and informal atmosphere. "The style of the training made it very useful for me," says Ilhan Karabala Asker, a soldier. "We could all ask questions and give our opinions. It was different than anything I'd ever seen before."

"They [the soldiers] told us there were no wage discrepancies between men and women and asked us to prove the statistics on domestic violence."
– *Memnum Seven, nurse practitioner and institutional trainer*

Trainer overload. The training increased the workload for field trainers, who are responsible for large numbers of soldiers at the field level. In addition, most of the trainers who are nurse practitioners are stationed in Ankara, and can't get out to the field to assist them. "It's a lot of work for the field trainers," says Bilal Bakir, a master trainer and co-director of the project from the Gulhane Medical Military Academy. "We need to find new ways of motivating them."

Getting buy-in from military leadership at all levels. Leaders in the Gulhane Medical Military Academy supported the project. However, project partners struggled with some commanders in the regions. “Some of them felt that there just wasn’t time for training on sexual and reproductive health and gender-based violence,” says Dr. Yildirimkaya.

When met with resistance from commanders, Ministry of Health and UNFPA staff negotiated with them and explained the importance of the programme. The interventions worked in part because the training was mandatory, but the sessions are still challenged by a lack of interest in some regions.

Lack of knowledge among trainers on gender equality and gender-based violence. As trained medical professionals, institutional and field trainers are well versed in sexual and reproductive health issues. The module on gender equality and gender-based violence, however, was not part of their formal training, and was new to many of them. “The part on violence against women was the hardest to teach,” says Cenk Yeginer, a field trainer. The institutional trainers concurred. “The one area we [trainers] needed more information on was gender-based violence and gender equality,” says Ms. Guvenc. “As nurse practitioners in obstetrics and gynaecology, we know reproductive health, but the subject of violence against women is less familiar to us.”

LESSONS LEARNED

Ensure the longevity of the training through binding commitments. The longevity of the training was solidified through a written commitment from the Turkish Armed Forces. Since the director of the Gulhane Medical Military Academy was planning to leave the institution, the partners organized an ad hoc reproductive health committee to ensure the project would continue in his absence. The result was a 60-page document that led to a decree within the Turkish Armed Forces to make the training obligatory.

“One of the most significant outcomes of the project was this decree,” explains Dr. Tuzer. “It institutionalized the programme, and it bound the Turkish Armed Forces and the Ministry of Health to pursue the training on an ongoing basis.”

Use ‘carrots’ to dispel resistance. The specially designed classrooms, participatory methodologies and interactive materials gave the training a unique place and allure in military education – so much so that many of the soldiers asked for more. “We used these methods as a kind of carrot,” explains Dr. Yildirimkaya.

“It was great to see things on the screen and to talk. It made me think,” says Erding Tali Askeer, a soldier. “I really liked the method the trainer used. I wish we could have more of this training.”

“I really liked the method the trainer used. I wish we could have more of this training.”
– *Erding Tali Askeer, soldier*

Use incentives to encourage trainers. Project partners discussed two possible ways of handling the challenge of trainer overload. First, the Turkish Armed Forces could offer a certificate or accreditation to field trainers to be used towards career advancement. Second,

they could introduce a fourth level of peer teaching in the cascade model to lighten the load of trainers.

Consider repeated training or information campaigns to ensure long-lasting change. With the impact evaluation currently under way, the partners have yet to determine definitively if the project had a long-lasting effect on the soldiers. “It’s hard to say if the training will change the way men think about gender equality,” says Ms. Guvenc, an institutional trainer. “They need more training for sure.”

The soldiers, many of whom resisted the training at first, agree with her. “We should have this type of training every three months,” says Erden Mehmet, a soldier.

The problem with more training is time. With so few training days, it is difficult to allocate another day to the subject. The partners have considered sharing information in other ways, through print articles, ads, posters in the education rooms, and by repeating the training at least once annually to ensure that soldiers receive it at least twice during their service.

“We should have this type of training every three months.”
– *Erden Mehmet, a soldier*

GOOD PRACTICES

Introduce gender-based violence strategically, in the context of sexual and reproductive health. Introducing gender equality and gender-based violence through the lens of sexual and reproductive health lessened resistance, and made the soldiers more open to receiving the information. The young men were hungry to learn about sexually transmitted infections, including HIV, and sexuality. Parlaying these topics into discussions about gender roles and human rights was an easy fit, once trust and comfort were established.

“We had to make sure the module on gender-based violence was included, but we [the partners] had to do it carefully,” says Dr. Bakir.

Their carefulness was demonstrated in several ways. For example, they waited until the Turkish Armed Forces had fully bought into the other four training modules before introducing the section on gender equality and gender-based violence. They also placed the module last in the curriculum to give groups time to gel and establish rapport.

Organizations planning to implement a similar project with audiences that are likely to be resistant to these topics can apply three important practices from this case study: 1) Teach gender equality and gender-based violence in the context of a subject that is relevant to the institution and recipients of the training (in this case, sexual and reproductive health), 2) introduce gender equality and gender-based violence once the project has been piloted and received by the institution (this is a conservative approach that may not be necessary in all institutions), and 3) place the model of gender equality and gender-based violence towards the end of the curriculum.

Reach men in their ‘critical years’. Ideally, education on gender equality and the prevention of gender-based violence should begin from early childhood. However, in countries that have little or no formal sexual and reproductive health education in the schools, targeting institutions that have an impact on young people is an excellent option.

The military catches most men at a ripe age, just before they get married. Their minds and hearts are focused on their futures as husbands and fathers. They crave information related to their sexual lives and relationships. “The military is a very special time for Turkish men,” says the Ministry of Health’s Ibrahim Acikalin. “These are critical years…. So this was the perfect time to teach them about sexual and reproductive health and gender-based violence.”

Introducing or reinforcing information on gender-based violence to large groups of young men can be implemented through many institutions besides the military, including trade schools, boys’ preparatory schools, police academies and other professional training institutions with largely male populations.

Integrate the training as part of the institutional hierarchy. The project fit the cascade model of training into the military hierarchy. This strategy created efficiency, effectiveness and promoted longevity. “If we had not used the Gulhane Medical Military Academy’s existing structure for the cascade model, the project wouldn’t have been sustainable,” says Dr. Tuzer. “In the past, NGOs have tried this kind of thing, but since it came from the outside, it didn’t work very well.”

Another critical factor was making the training mandatory at all levels. Once the trainers accepted the additional responsibility, they began to enjoy it. “At first, they [the institutional and field trainers] weren’t happy about it,” says Dr. Bakir. “After they gave their first or second training, they really wanted to do it.”

The hierarchy also fostered buy-in. Rank commands respect, and this made soldiers more amenable to sensitive and controversial subjects. “Soldiers were ready to receive information because they value authority,” explains Dr. Yildirimkaya. “When they get a message from a person who has power, they are more likely to accept it.”

Utilizing hierarchy within institutions to deliver training on gender-based violence can be applied to any institution with a system that relies on vertical structures of management. This can range from private sector corporations that value tiered leadership models to public sector institutions, such as law enforcement. The keys are to make the training mandatory at all levels, and to use participatory methods that open the discussion and relieve some of the formality commonly found in traditional hierarchies.

Incorporate a ‘men and women talking to men’ approach. Some of the training sessions were co-facilitated by a male and female team. These sessions seemed to have a powerful impact on soldiers because it enabled them to get both male and female perspectives on issues regarding sexual and reproductive health, gender equality and gender-based violence. In addition, it modelled a healthy and respectful professional relationship between a man and a woman. Some of the soldiers reported that they felt more comfortable with a woman in the room, as a female presence and perspective made the information more comprehensive.

Make strategic use of monitoring and evaluation. The project included four essential components: 1) countrywide needs assessment at the beginning of the project, 2) a database with demographic information on the soldiers, 3) pre- and post-test questionnaires, and 4) impact evaluations.

The initial assessment enabled the partners to justify the project to the Turkish Armed Forces leadership and design training to meet the most crucial needs. The database allowed the partners to collect additional information on demographics and educational levels that could be useful to other areas of education within the military and to future training on sexual and reproductive health, gender equality and gender-based violence. The pre- and post-test

questionnaires proved the knowledge gap on sexual and reproductive health, and the increase in knowledge as a direct result of the training. Once the impact evaluation is completed, it will be used to modify the content of the training, and as an advocacy tool to expand the training to other branches of the Armed Forces.

While it is costly and time-consuming, comprehensive monitoring and evaluation is an excellent means of gathering concrete data and advocating for new and additional training on gender equality and gender-based violence. Evidence on the lack of knowledge and the impact of the training is particularly important when institutions are advocating for training in subject matter that is typically met with resistance.

Create an active steering committee and instil ownership among the group. The commitment of key members well placed in the Ministry of Health and the Turkish Armed Forces was critical to the success of the project. UNFPA staff recognized the need to build relationships with their partners in order to institutionalize the training. The critical factor in making the steering committee work was the regularity of their meetings. During the development of plans and materials, the group met weekly and communicated often. The frequency of meetings over an extended period of time among the same group of people created a bond and a sense of collective responsibility.

3. A COORDINATED INSTITUTIONAL RESPONSE TO CURB DOMESTIC VIOLENCE AND SERVE SURVIVORS IN ROMANIA

In 2002, 16 institutions came together in the Targu-Mures region of Romania to start the nation's first inter-institutional system of data collection and collaboration on services for domestic violence survivors. The institutions meet on a monthly basis, have a joint strategy for providing comprehensive services, and use a computerized tracking system to monitor the progress of survivors. Targu-Mures now has the highest level of reporting on domestic violence in the country, leading to an increase in the provision of services and a decrease in incidents per case. The model has been expanded to 13 other regions of Romania.

PROJECT SNAPSHOT

Several years have passed since the violence ended. A survivor of domestic abuse proudly displays pictures of her grown children to staff from the East European Institute for Reproductive Health, an NGO that runs a women's crisis centre and shelter. She now has a job, a place to live and, most importantly, she is safe and free from the man who abused her for more than 20 years.

"I got help in many ways from different institutions," she recalls. "I received counselling, legal advice, housing and medical care." The police brought her to the information and counselling centre for domestic violence survivors and helped her with her case. The East European Institute for Reproductive Health gave her shelter, helped her relocate and provided counselling. This spectrum of services and comprehensive response is the result of what is now called the 'Integrated Approach' – a system of institutional collaboration that assists survivors and holds perpetrators accountable. The East European Institute for Reproductive Health created and manages the network.

"If we want to stop violence against women, we need to have a commitment among all institutions," explains Ionela Cozos, the Institute's president. "None of us can be effective alone."

The woman is one of 8,000 survivors who have come forward over the past five years in regions where the system has been replicated. UNFPA staff and government partners see the Integrated Approach as an initiative unlike any other. "The commitment they have created among institutions is hard to describe. You have to see it with your own eyes," says Stela Serghiuta, a programme officer on youth, gender and communication for UNFPA in Romania. "Through the Integrated Approach, they have changed institutions, but more importantly, they have changed the people in them."

THE CONTEXT

The country

Romania, like many of its neighbours, experienced major economic and political changes after transitioning from a pro-communist government that dated back to the end of World War II. The demise of Nicolae Ceausescu's regime in 1989 marked a turning point in Romanian history, giving way in subsequent years to a centrist government that came to power in 1996. Ion Iliescu emerged as a prominent force in Romanian politics since

Ceausescu's death, and supported his successor, Traian Basescu, who was first elected in 2004.

Over the past six years, Romania has taken major steps towards integration into the European Union. In 2004, the nation entered the North Atlantic Treaty Organization (NATO) along with six of its neighbours and, in 2007, Romania became part of the EU. Membership in the EU has changed Romania's role in global development – from a recipient of assistance to a donor country.

Gender-based violence in Romania

Despite legislation, national machinery and policies that address gender-based violence in Romania, the problem remains widespread and deeply ingrained in society. Studies from 2004 show that more than one quarter of women who are currently or were previously married experienced some form of abuse in their lifetimes. More than half the male population surveyed admitted that they had been verbally abusive, and 21 per cent reported that they had physically abused their partners.[18]

Statistics on family violence from a national reproductive health survey expose the inter-generational cycle of abuse. Surveys of childhood violence show that 26 per cent of men observed violence against their mothers while growing up, and 67 per cent were abused by one or both of their parents.[19]

As in many countries, rates of domestic violence are higher in rural areas, where a scarcity of services, economic constraints, a lack of housing, and traditional beliefs about gender equality limit options and fuel the problem.

In recent years, standards stipulated by the EU have brought more attention and funding to projects addressing gender-based violence. The National Agency for Family Protection is now working closely with the European Commission to develop new interventions and programmes that hold perpetrators accountable and provide services to survivors.

Related government initiatives and mechanisms

Since 2002 Romania has taken strides to address gender-based violence through a national framework and legislative reform. In 2002, the country adopted the Law on Equal Opportunities and Treatment for Women and Men. That same year, the Romanian Parliament introduced a criminal law provision mandating harsher punishment for perpetrators who injure family members. In 2003, a grassroots NGO campaign resulted in the government's adoption of the Law to Prevent and Combat Domestic Violence, which mandates ministries to conduct research and gather accurate data on the crime.

The government established the National Agency for Family Protection, the main institution responsible for preventing, monitoring and combating domestic violence, in 2004. With the help of UNFPA, the agency established an Inter-ministerial Consultative Committee to promote collaboration and coordination on the issue of gender-based violence.

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[18] The Romanian Ministry of Health, World Bank, UNFPA, United States Agency for International Development, United Nations Children's Fund, *Reproductive Health Survey: Romania, 2004* and the *Summary report*, May 2005, p. 113.
[19] Ibid., p. 114.

Since joining the EU, Romania has signed the European Convention of Human Rights and the Additional Protocols. These agreements entitle citizens of Romania to address the European Court of Human Rights to access justice.[20]

THE WORK OF UNFPA

The country programme

UNFPA has been working in Romania since 1993 and launched its first country programme in 2005. Its activities fall into two main areas: 1) improving sexual and reproductive health, with a focus on youth and underserved populations, and 2) enhancing the government's capacity to plan for future population and development needs, including combating gender-based violence and human trafficking.

The reproductive health component is being implemented in 10 of the country's 42 districts. It includes four main elements: 1) increased availability of comprehensive, client-oriented sexual and reproductive health services, 2) increased availability and use of youth-friendly sexual and reproductive health information and services, 3) improved knowledge of reproductive health, gender issues and responsible sexual behaviour among youth, minorities (the Roma) and rural populations, and 4) promoting family life education for youth.

The population and development component has two elements: 1) enhancing the government's capacity to plan and implement comprehensive policies at the national and regional levels, and 2) improving the capacity of government and NGO partners to combat gender-based violence and human trafficking.

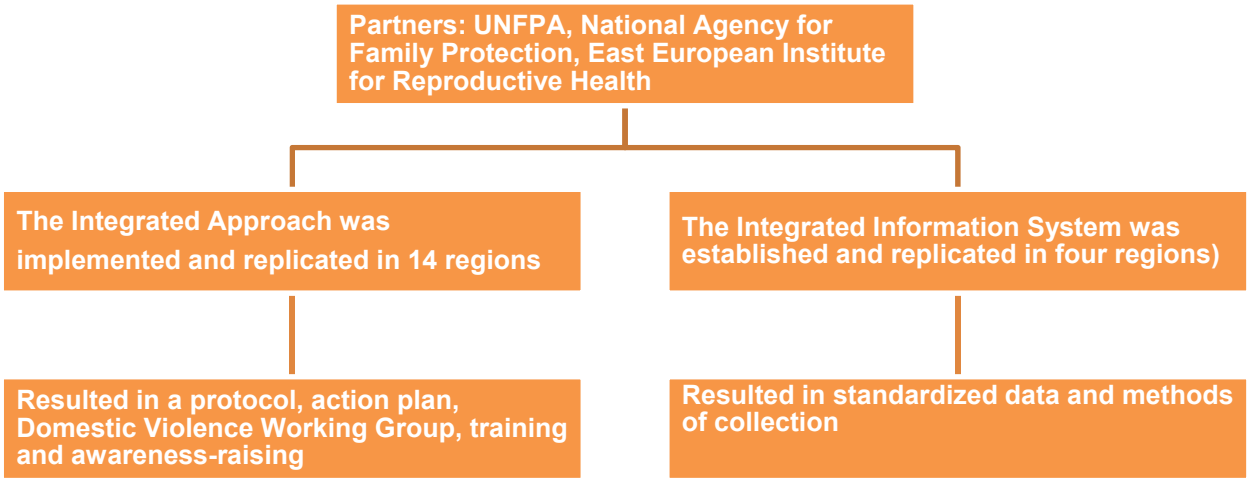
Addressing gender-based violence

In 2000, UNFPA supported a reproductive health survey that included data on domestic violence. It subsequently piloted a women's crisis centre in Buftea, with funding from UNFPA, and replicated the centres in three other regions between 2002 and 2003.

In its first country programme, UNFPA scaled up its work on the prevention of gender-based violence. Over the subsequent five years, it has supported an innovative, multisectoral project in 14 regions that provides services to survivors of domestic violence. In addition, together with the UN Information Centre, government partners, NGOs and the media, UNFPA launched a multimedia awareness campaign in 2008 for the 16 Days of Activism against Gender Violence. The campaign included screenings of the documentary *Women on the Front Lines*, the launching of an Internet site with resources on gender-based violence, print ads and leaflets, and T-shirts and bags promoting the campaign, which reached an estimated three million people.

[20] UNFPA, *Eastern Europe and Central Asia Regional Legislative Analysis: A Review of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Legislative Compliance*, 2009.

FIGURE 3. THE PROJECT STRUCTURE



WHY THIS PROJECT?

Prior to 2002, there was neither legislation nor clarity on institutional responsibilities for dealing with domestic violence in Romania. NGOs had initiated campaigns on the subject and provided some services, but without coordination among police departments, social services, hospitals and other institutions, survivors tended to get lost in the system.

In early 2003, the government introduced three new pieces of legislation on domestic violence that assigned roles and responsibilities to ministries. The following year, the National Agency for Family Protection was established as a central public institution subordinated to the Ministry of Labour, Family and Social Protection. UNFPA seized these two opportunities to begin what Stela Serghiuta calls 'a top and bottom approach' – a strategy that brings together NGOs and government institutions to provide ongoing and comprehensive support to survivors and perpetrators.

UNFPA helped the East European Institute for Reproductive Health establish Romania's first Integrated Approach system. The purpose was to open lines of communication between institutions to give survivors comprehensive care. The model makes domestic violence a priority among institutions and establishes clear steps for action. "The Integrated Approach is a strategy for dealing with domestic violence, and it is also a philosophy," says Ms. Cozos.

The system consists of two separate components. The first is a mechanism for institutional collaboration among 16 organizations that deal with domestic violence. Members of these organizations meet regularly to share information and devise better ways of working together. They collaborate on public awareness events and develop strategies for better servicing survivors and perpetrators. They also work together on individual cases to ensure that services are not duplicated, and that survivors receive the tools they need to move forward. The second component is a computerized tracking system and database with information shared by four institutions – the police, emergency medical services, a forensic department, and a women's shelter. The tracking system allows them to monitor services and share information.

ACTION STEPS

BOX 5. TAKING ACTION: FORMALIZING A MULTI-INSTITUTIONAL RESPONSE TO DOMESTIC VIOLENCE

Step 1: Create a base through crisis centres and an Inter-ministerial Consultative Committee

Step 2: Transfer coordination responsibilities to the crisis centres

Step 3: Formalize the Integrated Approach through key institutions

- A protocol
- A Domestic Violence Working Group
- An action plan
- Training for professionals
- Awareness-raising

Step 4: Establish an information system

- Identify victims' point of entry for each institution
- Assign district focal points to collect information and communicate to the central level
- Agree on common definitions
- Establish common indicators at districts and regional levels
- Develop and agree upon forms and rules for entering information into the system
- Clarify the aggregation of information and reporting
- Design the software
- Train users of the system

Step5: Replicate and evaluate the system regionally.

Step 1: Create a base through crisis centres and an Inter-ministerial Consultative Committees

By 2003, three of the four crisis centres supported by UNFPA had opened shelters and were seeking their own funding. In 2004, UNFPA took on a formal role with the government when the National Agency for Family Protection asked it to support an Inter-ministerial Consultative Committee at the central level to improve institutional cooperation and develop a national strategy on domestic violence. Two years later, similar committees at the regional level called Consultative Working Groups were established. "The regional Consultative Working Groups created possibilities for change," says Ms. Serghiuta. "There was a formal and official directive from government that could be used in a practical way by NGOs in the regions."

UNFPA capitalized on the timing and the work it was doing with government and NGOs by inviting NGOs to observe the central-level government meetings. It also helped the East European Institute for Reproductive Health bring institutions together in Targu-Mures to develop a system of collaboration for survivors. They started with quarterly meetings to explore the needs of each institution and develop a system of working together.

Step 2: Transfer coordination responsibilities to the crisis centres

By 2005, the East European Institute was facilitating regional meetings on a regular basis and had begun conducting training with institutions on domestic violence. UNFPA felt it was a good time to transfer their role as coordinator of the four crisis centres to the NGO. "We try not to create new things," explains Ms. Serghiuta. "Our goal was to work within organizations and systems that exist…The East European Institute for Reproductive Health was ready to take on the leadership." In addition to its role as coordinator for the crisis centres, the Institute began to share its methods for institutional cooperation with their colleagues in other regions.

Step 3: Formalize the Integrated Approach through key institutions

In 2006, the East European Institute for Reproductive Health used the momentum it had created to launch a system that enabled institutions to share information and collaborate on individual cases. The Integrated Approach comprises five components:

- **A protocol.** A Memorandum of Understanding that commits each institution to work on domestic violence and stipulates roles and responsibilities for addressing survivors' needs
- **A Domestic Violence Working Group.** A regional steering committee with representatives from each institution that meets on a monthly basis to review processes, manage cases, troubleshoot and identify needs to strengthen services
- **An action plan.** A description detailing the interface between institutions, including regular meetings, communication about specific cases, data collection and service provision
- **Training for professionals.** Standardized training on domestic violence for up to three days for each institution; the training is tailored to specific functions
- **Awareness-raising.** Information on domestic violence and services for survivors is disseminated through a newsletter called 'Agora', media campaigns and booths at community functions.

Step 4: Establish an information system

The staff from East European Institute for Reproductive Health developed an Integrated Information System for collecting data from four institutions in Targu-Mures that most frequently deal with survivors – the police, pre- and in-hospital emergency medical services, a forensic department, and a domestic violence centre. This computerized tracking system protects confidentiality through the encryption of data and strict access rights. Each incident of domestic violence is assigned a personal numeric code to eliminate redundant information and allow for the construction of a complex case profile from multiple institutions. The information system is the first of its kind in Romania and has resolved three major problems:

- **Accuracy.** Institutions at the regional level are required to transfer data to the central level. But since previously they were not collaborating with other institutions, data were often duplicative and presented an inaccurate picture of domestic violence. The Integrated Information System eliminated that problem.

- **Uniformity.** Previously, each ministry relied on its own definitions and methods of gathering information, leading to confusion and unreliable data. The new information system created common terminology to ensure clarity.

- **Cooperation,** Without a system to share information and update cases, institutions could not provide comprehensive services. The Integrated Information System enables professionals to access complex case information.

The steps involved in developing the system included:

- Identifying survivors' point of entry for each institution
- Assigning focal points at the district level to collect information and communicate to the central level
- Agreeing on common definitions
- Establishing common indicators at districts and regional levels
- Developing and agreeing upon forms and rules for entering information into the system
- Clarifying how information is to be aggregated and reported
- Designing the software
- Training users of the system.

Step 5: Replicate and evaluate the system regionally

In 2007, the East European Institute replicated the system in two new regions. The staff trained and mentored NGOs in six communities to take on their role, and co-facilitated meetings and workshops with institutions. Each of the communities adapted the system to meet their specific needs and constraints.

At the end of that year, the trainers conducted six evaluation meetings in each of the regions and used the feedback to further develop the systems and improve the software.

In 2008, the government asked the Institute to expand its model of institutional collaboration to eight more regions, but without the computerized tracking system. They also requested changes to the model, which shortened the length of time spent on training and mentoring.

RESULTS

Increased reporting of domestic violence incidents. Over a period of five years, 8,000 survivors received assistance in districts covered by the project – a number that far exceeds other regions in Romania. The data suggest that the project had an immediate and tangible impact on the public. Word spread quickly through communities, and many survivors sought assistance for the first time.

"I heard about the project from my mother," says a 25-year-old survivor of domestic violence.[21] "The crisis centre, police and social services helped me realize that I didn't have to go on like that anymore. I began to see that I could live without the violence, and that my life would be better without him [the perpetrator]."

"The crisis centre, police and social services helped me realize that I didn't have to go on like that anymore…."
– Survivor of domestic violence who received assistance through the project

[21] Survivors' names are not used in this report to protect their identities.

BOX 6. SPOTLIGHT ON UZBEKISTAN

Ensuring the safety of women survivors

In order for victims to take the courageous step of leaving an abusive home, they must know that their safety is assured. In 2006, UNFPA and the Women's Committee of Uzbekistan opened eight crisis centres that provide legal, psychological, social and medical support for victims of gender-based violence. Each centre is equipped with a small shelter. While UNFPA provides funding and technical support, government and local authorities have taken responsibility for the premises and staffing. The centres are seeing an increasing number of survivors each year, a signal that more women are becoming aware of the centres, and believe their safety will be protected through them.

A decrease in rates of domestic violence. Police in Targu-Mures say that rates of domestic violence have steadily declined since the system for tracking information and institutional collaboration were introduced. They attribute the decline to:

- **Counselling for perpetrators**. The East European Institute opened an outreach office in Targu-Mures for perpetrators. Although there is no law that requires abusers to seek counselling, many of them decided to get help on their own. Over a two-year period, 26 men in the region sought counselling.

  "Most of the men who come to us for counselling had violent childhoods, and want to stop being abusive," says Marinela Lazar, a psychologist. "We help them explore the reasons behind their behaviour and give them new tools to control their actions."

- **Monitoring.** Police monitor every case for one year after an incident of domestic violence has been reported. They make weekly visits to the home to check on the family and remind abusers that they are being watched. "It's in our interest to monitor the cases," says Ioan Nicolae Cabulea, police chief of the Inspectorate in Targu-Mures. "We want to focus on prevention more than intervention."

- **Data forms.** The data system requires the police to complete forms with detailed information about the perpetrator and survivors after a violent event. The forms provide accurate and current information that can be accessed by other institutions and serve as a deterrent by intimidating perpetrators and community onlookers.

"We want to focus more on prevention than intervention."
– Ioan Nicolae Cabulea, police chief of the Inspectorate in Mures

A personal commitment on the part of the police to end domestic violence. Collaboration with other institutions provoked a deep commitment among many police officers to take action on domestic violence. During the holiday season, the officers use their own money to buy presents for survivors and their children, and organize information booths on violence prevention at public events. "It is our job to protect and to take care of our community and to stop domestic violence," says Adrian Nicusan, coordinator of the Proximity Police in Targu-Mures.

"The bond between the institutions and the collective commitment to helping survivors is truly amazing," says Marlene François Lays, UNFPA resident representative in Romania and country director for seven neighbouring countries.

This commitment has also benefited the police department. The community has changed the way they view law enforcement. "I called the police because I knew they would help me," explains a survivor. "They protected me and put me in touch with other institutions. I was able to divorce my husband, get counselling and legal support, and find a safe place to live."

"I called the police because I knew they would help me. They protected me and put me in touch with other institutions. I was able to divorce my husband, get counselling and legal support, and find a safe place to live."
– *Survivor of domestic violence who received support in Targu-Mures*

A shift in the media's portrayal of domestic violence. Media representatives from the region of Targu-Mures say they have changed their views about domestic violence and have consequently altered the way they portray the issue to the public. They want to cover stories about domestic violence and have produced radio and television shows on the topic. They often get calls asking for advice and help and believe they are opening the eyes of some community members.

"When we first started talking about domestic violence, I felt protective of men," says Sorin Schiopu, editor at Radio Targu-Mures. "The training from the East European Institute for Reproductive Health made me realize that we needed to change our approach to the subject…. I realized we have a responsibility to help take care of survivors, and to do something for the public."

"The training from the East European Institute for Reproductive Health made me realize that we needed to change our approach to the subject….
I realized we have a responsibility to help take care of victims, and to do something for the public."
– *Sorin Schiopu, editor at Radio Targu-Mures*

Holistic support for survivors. All of the institutions involved believe that the approach has changed their services for the better. "We finally speak the same language," says Camelia Fiordean, an emergency room medical social worker.

The front-line organizations see institutional collaboration as a key to their success. "Sometimes a survivor comes to the emergency room, and as soon as we take care of her, the police are there, ready to take her to the shelter," says Ms. Fiordean.

Replication in neighbouring countries. Stories of the work in Romania have spread to neighbouring countries, and similar projects are being developed in Georgia and Moldova. As an EU member and donor, Romania has taken on a leading role in this process by contributing funding, technical support and organizing site visits for colleagues in Moldova. In

2009, Moldova began implementing the Integrated Information System using Targu-Mures as a model.

BOX 7. SPOTLIGHT ON MOLDOVA

Taking an integrated approach to domestic violence

In 2008, UNFPA Moldova began implementing the Integrated Approach and the computerized information system in the regions of Drochia and Cahul. In each region they organized multi-institutional teams with representatives from police departments, health-care institutions, social service organizations, NGOs, religious leaders and public authorities. Later that year, they conducted training for members of each institution, who, in turn, trained other staff to use the information system. The cadres of trainers have conducted training for 239 people in their regions, and the model will be expanded to five more regions in 2009.

CHALLENGES

Centralizing the Integrated Information System. When discussions began, the National Agency for Family Protection was highly supportive of expanding the computerized tracking system to the central level. As the process ensued, however, several ministries expressed their reluctance. Some believed that the software was inadequate to capture the data fully; others felt that a computerized system would not be feasible in rural areas. There were ministries, though, that fully supported the system. "It's hard to sell this project and get agreement from all the ministries," says Olga Jora, senior advisor for the National Agency for Family Protection.

To add to the challenge, the Agency's leadership has changed four times since the project's inception, disrupting the continuity of the process. Currently, the view of the National Agency for Family Protection is that institutional collaboration should be replicated without the tracking system. Yet UNFPA, the East European Institute and some of the ministries are not convinced.

"The system we have overlaps data and leads to lapses in services," says Angela Chirvasuta, police inspector from the Institute of Crime Research and Prevention at the central level. "This new system is harmonized…but to make it work, we all need to use it."

"This new [information] system is harmonized…but to make it work, we all need to use it."
– Angela Chirvasuta, police inspector from the Institute of Crime Research and Prevention within the Ministry of Interior

Expanding to other regions. The mentorship involved in expanding the project to 14 regions is labour- and time-intensive for the East European Institute for Reproductive Health. The model works very well in some regions, but is troublesome in others.

"Some of the districts aren't self-sufficient," explains Ms. Cozos. "We teach them to do the trainings with institutions, but they don't feel comfortable doing it alone."

The leap to eight regions in just one year was a particularly difficult task. The National Agency for Family Protection requested the expansion, but shortened the number of days allocated to training the professionals. The East European Institute struggled with the idea of trying to transfer information and tools in such a short time.

"The challenge was to do in one year what it took us to achieve in three," says Ms. Cozos. "We need the funding and time to fully replicate in other regions what we have done in Mures."

Reaching rural areas. The project has been implemented in regions with largely urban populations. Some of the main institutions believe that people from the villages still don't have the awareness or access to the support they need.

"We need a centre [like the one created by the East European Institute for Reproductive Health] closer to the mountains, where survivors can get help," says Gabriela Pinca, department coordinator for the Mures Police Department. "We don't have enough officers or resources to really get to these places."

LESSONS LEARNED

Knowing when to shift from donor to partner. UNFPA began its work by providing funding and technical support, but it shifted its role over time. The result was a sustainable, self-funded system in many of the regions where the system has been implemented.

The staff of the East European Institute for Reproductive Health view this shift as a key to their success. "UNFPA was a donor for the first two years, but when it was time for a partner, that's what they became to us," says Ms. Cozos.

UNFPA played another critical role as a partner by acting as an intermediary between government and NGOs. They invited the crisis centres to observe meetings between institutions at the central level, and when needed, they supported their communication. "In one region we were having trouble convincing the authorities to participate in the Integrated Approach," explains Ms. Cozos. "UNFPA stepped in and negotiated for us, and they were very influential in this role."

"UNFPA was a donor for the first two years, but when it was time for a partner, that's what they became to us."
– *Ionela Cozos, president of the East European Institute for Reproductive Health*

Finding a balance between patience and pressing ahead. When discussions stalled at the central level, UNFPA found a fine line between pushing and patience. They continued working with institutions that wanted the project, but they also recognized that change takes time and tried to address the National Agency for Family Protection's concerns.

"When you work with institutions, you work first with the individuals in them," explains Mihai Horga, assistant representative for UNFPA in Romania. "We must realize that individuals may have very different ideas about what works…and we must operate within that context."

Measuring the readiness of communities. The system took root in many of the regions in which it was introduced. However, some institutions lacked the commitment and capacity to fully implement the project. After several years, they still depend on the East European

Institute for Reproductive Health to do their training and organize meetings. The Institute's staff believe that, with enough time and effort, they could help the communities. But they also realize it might be more fruitful to assess communities' capacity and willingness to implement the systems before committing funds and energy.

"Sometimes communities come to us and they are ready. They want these systems, but they don't have a clue how to do it. That's when we need to invest more – if we have it," says UNFPA's Stela Serghiuta. "But the most important thing I learned from this project is that for anything to work, there first needs to be a will to do it."

"The most important thing I learned from this project is that for anything to work, there first needs to be a will to do it."
– Stela Serghiuta, programme officer for youth, gender and communication, UNFPA Romania

Understanding that relationships are the foundation for success. When asked why they have been able to establish such a strong commitment among institutions to stop domestic violence, members can't quite explain the phenomenon.

The police and staff of the East European Institute for Reproductive Health have a particularly strong bond and connection. They communicate almost daily and support each other in every aspect of their work. While this is a critical factor in their success, it is difficult to provide clear steps for creating such a strong relationship. The personal commitment of individuals, however, is recognized by all as a necessity part of the process.

GOOD PRACTICES

Taking the 'woodpecker' approach. Ionela Cozos describes herself and her staff as 'woodpeckers' – constantly knocking on doors of institutions until they open. The approach relies on three key ingredients: accurate data, consistency and tenacity. When the staff of the East European Institute began their work on domestic violence, they made sure to gather accurate and comprehensive data on survivors. Without it, they believed, they could not make a case with local government. Every month or two, they took their data to the regional ministry to prove that the problem was severe, and they were tenacious about talking to authorities, even when told they did not have time to see them.

"At the beginning, we took the numbers every month to the local authorities to show them the problem and get their support," says Ms. Cozos. "They got tired of us, but eventually they listened, and within two years, they took over the funding for the shelter."

Police departments are mostly male-dominated institutions, and the Institute's staff believe that the consistency of the training and meetings over time changed the way many of the men see gender equality.

"Men call us very often after the trainings to tell us that it has changed their lives," says Elena Micheu, programme coordinator for the East European Institute. "They say that the sessions made them think about their own marriages differently."

The experience of the Institute is a reminder to organizations working on the prevention of gender-based violence that passion and tenacity can influence almost any institution – and that every 'no' is one step closer to a 'yes'.

Using human rights as a strategic entry point. The East European Institute presented domestic violence from a human rights perspective in their training sessions with police. They explained that survivors need support and safety, not pity. The staff believe that this approach helped to dispel stereotypes and resistance police officers may have towards the issue of gender equality.

"Men sometimes think we are talking about being the same as them," says Ms. Cozos. "Our first step in the training is to help them understand that no one should be a survivor of violence…. I tell them that I don't want to be the same as them, I just want the same rights. Once they understand our intentions, they are much more open."

Personalizing the problem to foster empathy and understanding, but also being assertive. The trainers use a combination of assertiveness and empathy to gain the respect of police officers in their training session. They also use controversial topics to bring taboo issues out into the open.

"After we introduce ourselves and the goal of the training we ask the men to raise their hands if they think a woman wearing a short skirt and high heels is an invitation for rape," says Ms. Micheu. "The debate opens them up."

The training team handled objections by personalizing the problem and turning it around. They often ask their male audiences how they would react if their mothers, daughters or sisters were survivors of domestic violence. This approach changed the responses of their audience. When an officer had a concern or question, the trainers would take as much time as needed to listen, and assist. This vacillation between assertiveness and empathy worked well with the officers.

The police in Targu-Mures say that the training changed the way they think about and behave towards survivors. "There was a lot we didn't know about the psychological aspects of domestic violence and its impact," says Mr. Nicusan. "It opened our eyes."

Organizations working with male-dominated institutions can take away three lessons from this experience: 1) Start the training with a frank conversation about gender equality from a human rights perspective to dispel resistance and misconceptions, 2) create lively debate to uncover and change stereotypes; and 3) personalize questions to foster empathy and understanding.

"There was a lot we didn't know about the psychological aspects of domestic violence and its impact…It [the training] opened our eyes."
– Adrian Nicusan, coordinator for the Proximity Police in Mures

Establishing a mechanism for ongoing communication among relevant institutions. The systems for institutional collaboration and tracking worked because good communication was established. The regional Domestic Violence Working Group was dedicated to ongoing dialogue among institutions, which led to three important results: 1) a constant flow of information, 2) follow-through and consistency, and 3) commitments among individuals and institutions.

"We [the police] have developed a very good working relationship with the emergency room and social services," says Ms. Pinca of the Mures Police Department. "We call each other immediately if a survivor comes to any of us." This type of trust, the East European Institute learned, could only come through relationship-building over time.

Organizations working on institutional collaboration on gender-based violence can consider establishing a system of communication among partners that is continuous, consistent and most importantly, frequent. This kind of system, such as that established through the Working Group, turns theory and protocols into action, while building unity.

"We [the police] have developed a very good working relationship with the emergency room and social services. We call each other immediately if a victim comes to any of us."
– Gabriela Pinca, department coordinator for the Mures Police Department

Systematizing a response to domestic violence. The computerized tracking system was tailored to the four institutions that used it, making it an accessible and important tool. "The Integrated Information System has changed the way we [the police] work," says Ms. Pinca. "It took time for us to learn the system, but the results have been very important for us."

The systematized response ensures that all institutions are on the same page. It rallies institutions around the prevention of domestic violence by giving them a common tool to maximize their effectiveness. "We thought of the idea, but the institutions involved were very open to it because they are on the front lines, and they need this," says Ms. Cozos.

Three lessons emerge from this practice that can be applied to a collective system of information among institutions: 1) Engage institutional representatives in the process of developing tools for a computerized tracking system, 2) ensure that the tools benefit them in their jobs, and 3) allow for a system that is flexible enough to accommodate different institutional needs.

Exploiting 'paper power' to deter violence. The extensive data forms required for the computerized tracking system enable officers to identify perpetrators and monitor them. They also serve as a formal reminder to community members that the police take domestic violence seriously.

"If people from a village see an officer filling out the form on a perpetrator, it makes them realize he is in trouble with the law," says Police Chief Cabulea. "They know we are keeping an eye on them."

Moreover, the tool can be useful in countries that lack adequate legislation to prosecute perpetrators. Ideally, the forms are part of a data collection system that enables the police to identify and monitor potentially violent situations. But even without the computerized data base, the forms have the power to deter violence at the community level.

"If people from a village see an officer filling out the form on a perpetrator, it makes them realize he is in trouble with the law. They know we are keeping an eye on them."
– Ioan Nicolae Cabulea, chief of the inspectorate, Mures Police Department

Linking information to services. Police play a critical role in helping survivors and perpetrators seek services. When dealing with an incident of domestic violence, the police file an extensive report on the perpetrator, and provide him/her with information on

counselling. In their follow-up visits, they continue to encourage the perpetrators to get help. The fact that the services were readily and immediately available convinced some men (26 in the region of Targu-Mures over a two-year period) to seek counselling. Similarly, police officers provided information to each survivor by giving them the phone number of the shelter and a detailed description of the types of services that are available to them. The immediate access to services gave many survivors the courage to step forward and get help.

Motivating trainees to act on what they've learned. The goal of the training is not only to teach police officers about gender-based violence, but to spur them into action. The training team challenges them to make domestic violence a priority and to go above and beyond the call of duty, if necessary, to protect survivors and prosecute perpetrators. As a result of this approach, the police in Targu-Mures approached the problem from a different vantage point than they had previously. They decided among themselves to monitor domestic violence cases on a weekly basis by paying home visits to households where there had been an incident. They also decided to get involved with the shelter by volunteering their time and bringing holiday gifts to the children living there. This lesson illustrates the importance of giving trainees an immediate task or action they can take as a result of training.

4. CHALLENGING PATRIARCHAL NORMS AND TACKLING TABOOS IN ARMENIA

Between 2002 and 2004, 3,800 people in Armenian cities and villages participated in training on reproductive health and family planning, initiated by UNFPA in Armenia. The training included a section on domestic violence that challenged patriarchal norms and encouraged men to share decision-making power with their wives. The result was a twofold increase in some regions of women receiving antenatal care and other services – a indication that the training changed the way men think and feel about women's reproductive health and rights.

PROJECT SNAPSHOT

Gayane Avagyan, chief specialist in reproductive health for the Ministry of Health in Armenia, will never forget the day she attended one of the first village workshops. The room was full of married couples, teens and young women with their mother-in-laws waiting with quiet curiosity for the trainers to begin. Ms. Avagyan and the training team were hoping for the best, but anticipating the worst. Family planning, reproduction and gender-based violence were typically taboo topics in Armenia, and they were worried about how people from the villages would receive the information.

At the end of the day, a woman in the audience stood up. "If I had the knowledge several years ago that I have received today, my child wouldn't have died at the age of one, and I would have divorced my husband for refusing me my right to go to a doctor before it was too late."

The woman's sentiment drove home to Ms. Avagyan how much the training was needed. "We must educate people," she says. "This is the initial step to changing behaviours and ensuring that women have their rights."

While the trainings have ended due to funding constraints, they changed minds and behaviours that affect women's health. Years later, women continue to call the Ministry of Health for advice and access services from the mobile health-care units in their regions.

THE CONTEXT

The country

Armenia is a small, landlocked country bordered by Turkey to the west and Georgia to the north. It is known as one of the earliest Christian civilizations, and Christianity remains the nation's prominent religion today.

Armenia proclaimed independence twice in the last century: first after World War I, until it was claimed by the Bolsheviks as part of the former Soviet Union, and again in 1991, with the collapse of communism. In the 1990s, Armenia plunged into an economic crisis caused by a 1988 earthquake, armed conflict over the disputed region of Nagorno Karabagh, and an energy crisis. By 1993, half the country's residents were living below the poverty line, forcing a mass exodus to seek work and a better life abroad.

By the mid-1990s, things began to change in Armenia due to a comprehensive reform programme that supported a liberal market economy and democratic governance. Between 1994 and 2002, the economy grew an average of 6.6 per cent annually. Armenia became a member of the European Council in 2001.

Gender-based violence in Armenia

Gender-based violence and the beliefs that cause it are widespread in Armenia. A survey on families published by the National Statistics Service of the Armenian government with support from UNFPA showed that 22 per cent of 6,500 women surveyed agreed with at least one reason justifying abuse against women. Male agreement was even higher, at 31 per cent.[22]

A 2007 study conducted by the Turpanjian Centre for Policy Analysis within the American University of Armenia shows that 27 per cent of women polled experienced physical abuse, and 66 per cent reported psychological abuse. A startling 88 per cent of respondents believed that domestic violence is best handled privately, without intervention from legal authorities.[23]

Related government initiatives and mechanisms

Armenia lacks legislation, services and national machinery to address violence against women. At present, there is no law addressing the problem, though legislation was drafted in 2008. The Armenian criminal code does not define domestic violence as a separate crime, rather it is prosecuted under codes on assault, battery and bodily harm. There are currently no shelters for domestic violence survivors. However, the government plans to support the establishment of one in Yerevan in 2009.[24]

Two government agencies have been established on women's issues – the Women's Issues Division in the Department of Family, Women and Children within the Ministry of Labour and Social Affairs, and the Inter-agency Commission on Gender Issues and Women's Council Adjunct to the Prime Minister. While these institutions work to support gender equality and women's rights, neither of them are primarily responsible for the prevention of domestic or sexual violence.

In 2004, the government adopted a six-year National Action Plan on Improving the Status of Women and Enhancing their Role in Society. The plan includes a section on gender-based violence that commits to conducting research, studying best practices from other countries, and providing training for social, health-care, education and law enforcement personnel. Over the subsequent four years, the government was able to conduct some of the activities planned, but many of the commitments have not yet been implemented.[25]

THE WORK OF UNFPA

The country programme

UNFPA began its work in Armenia in 1995 and launched its first five-year country programme ten years later. Its work covers three areas: 1) population and development, 2) reproductive health, and 3) cross-cutting issues such as gender equality, youth and HIV/AIDS.

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[22] Amnesty International, *No Pride in Silence: Countering Violence in the Family in Armenia*, 2008
[23] Ibid.
[24] Ibid.
[25] Armenian Ministry of Health, *The National Strategy, Programme and Action Timeframe on Reproductive Health Improvement*, 2007.

UNFPA's achievements cover many areas, including support to health care and family services, training for doctors and nurses, peer education for youth, and research to help the government implement a national population strategy.

In 2007 and 2008, UNFPA Armenia joined with neighbouring Azerbaijan and Georgia to implement two regional projects on reproductive health for youth and the prevention of gender-based violence.

Addressing gender-based violence

Prior to its first country programme, UNFPA Armenia addressed gender-based violence through projects on sexual and reproductive health and HIV/AIDS. In 2006, the office tackled gender-based violence directly by organizing a photo contest and exhibition on gender equality for World Population Day. That same year, they provided funding for activities associated with the 16 Days of Activism against Gender Violence campaign.

In 2008, UNFPA Armenia launched the national component of a regional initiative called 'Combating Gender-based Violence in the South Caucuses'. The project, the first of its kind in the region, fosters intercountry collaboration and establishes a subregional network to stop gender-based violence.

"The regional approach gives us a great advantage," explains Jina Sargizova, national project coordinator for UNFPA. "We get to share our ideas and learn from each other."

The project is well under way in all three countries. In 2008, the Armenia office organized a workshop for statisticians, who have begun collecting data on domestic violence. Several months later, the office conducted a training for trainers session for 59 educators who will facilitate awareness meetings throughout Armenia.

A key element of the awareness meetings is a component called 'men talking to men', through which male trainers will work with their peers to promote gender equality and challenge traditional ideology that condones gender-based violence.

"If women are the only ones to educate about gender-based violence, everyone thinks it's only a problem for women," says Vahan Asatryan, project coordinator of the International Centre for Human Development, a partner with UNFPA in the project. "We need people to understand that violence against women is everyone's problem."

The regional programme will officially end in 2010, but will include a strong national component in each country to ensure that actions continue and are supported by government and civil society.

TABLE 1. COMPONENTS OF THE PROJECT: COMBATING GENDER-BASED VIOLENCE IN THE SOUTH CAUCUSES, 2008–2010

Focus area	Sample activities in Armenia, Azerbaijan and Georgia
1. Research	Countrywide surveys on gender-based violence
2. Awareness-raising	Awareness campaigns, survivor information meetings, media workshops, advocacy with policymakers
3. Legislation and policy	Legislative assessments, support to institutions to monitor policies on gender-based violence

4. Capacity-building	Training professionals in government, law enforcement and health-care services and supporting the collection of accurate statistics on gender-based violence
5. Coordination and intercountry collaboration	Establishment of a national coordination mechanism, intercountry networks on best practices and lessons learned

FIGURE 4. THE PROJECT STRUCTURE

WHY THIS PROJECT?

The post-Soviet era brought monumental change to the demographic situation in Armenia, including negative population growth, an aging population, and a loss of males in the labour force, who left the country for short-term work abroad. Some men brought back sexually transmitted infections (STIs), which led to an increase in such infections among the general population.

While much changed in Armenia in the 1990s, patriarchal beliefs about gender roles remained intact, particularly in rural areas. Family planning and sexual and reproductive health were not part of the formal education system, nor were they subjects that people talked about candidly. Many women felt they could not refuse sex with their husbands, even if they suspected they had contracted an STI abroad, and did not have the authority to access antenatal care and other family planning services without their husbands' permission.

"The project wasn't just about improving reproductive health," explains Razmik Abrahamyan, director of the Institute of Perinatology, Obstetrics and Gynaecology and co-creator of the training programme. "It had great social importance to problems Armenians were experiencing at that time."

By 2001, UNFPA had had a presence in Armenia for six years, and had made strong connections with the Ministry of Health and Institute of Perinatology, Obstetrics and Gynaecology. Members from all three institutions believed there was a need to reach

communities on issues of sexual and reproductive health, family planning, safer sex, antenatal care and domestic violence.

The organizations developed a two-day training programme to reach as many people as possible in both cities and rural communities. They targeted the capital, Yerevan, and a large region, Ararat, that has easy access to surrounding villages. Combined, these two areas cover half the population of Armenia.

The purpose of the training was to: 1) increase access to antenatal care and reproductive health services, 2) promote awareness on STIs, particularly among men travelling abroad for work, and 3) change attitudes and practices that prevent women from seeking essential health-care services.

ACTION STEPS

BOX 8. TAKING ACTION: CHANGING MENS' MINDS IN RURAL AND URBAN COMMUNITIES

Step 1: Create a training plan

Step 2: Develop a methodology and materials
- Training trainers
- Community training sessions
- The module on domestic violence

Step 3: Assemble a training team

Step 4: Advertise the training and meet with community representatives

Step 5: Conduct the trainings

Step 6: Link training to services

Step 1: Create a training plan

In 2001, the partners developed a five-day training of trainers session for a team of doctors from the Institute of Perinatology, Obstetrics and Gynaecology. The doctors then facilitated 68 two-day workshops in communities in Yerevan and Ararat. The training was designed differently for urban and rural settings. In Yerevan, the focus was on STIs, including HIV, due to increased infection rates in urban areas. In Ararat, where antenatal care was dangerously low, the primary goal was to increase women's access to services.

Step 2: Develop a methodology and materials

The partners set up a working group with representatives from the Ministry of Health and the Institute of Perinatology, Obstetrics and Gynaecology to develop the training sessions and materials, and hired a consultant to handle publicity.

- **Training trainers.** The working group developed the content of the training sessions and a corresponding manual that focused on participatory methodologies to convey information on sexual and reproductive health. "We were confident that the trainers knew

the subject," says Ms. Avagyan. "But we wanted to help them reach the communities and make an impact in new ways."

- **Community training sessions.** Teams of two conducted the sessions in Yerevan and Ararat. The trainers used visual aids, slide shows and short films to keep the audiences interested and alert. Participants received booklets and brochures on healthy pregnancies; family planning; STIs, including HIV; and domestic violence.

- **The module on domestic violence.** Although domestic violence was a subject rarely discussed in public, the partners believed it was essential to the training. "There is a direct correlation between domestic violence and low rates of reproductive health," explains Dr. Abrahamyan. "A woman may know that her husband is infected with a sexually transmitted disease, but when he forces sex, she can't refuse….This must change."

A psychologist from a women's NGO, the Women's Rights Centre, led the session on domestic violence. The module covered the concept and causes of domestic violence, gender roles within the family, women's right to make decisions about their bodies and sexuality, and international standards and national criminal codes that protect survivors of domestic abuse.

"There is a direct correlation between domestic violence and low rates of reproductive health. A woman may know that her husband is infected with a sexually transmitted disease, but when he forces sex, she can't refuse.This must change."
– Razmik Abrahamyan, director of the Institute of Perinatology, Obstetrics and Gynaecology

Step 3: Assemble a training team

UNFPA Project Coordinator Vahe Gyulkhasyan assembled a team of six male and female doctors practising in the field of obstetrics and gynaecology. They were all young, energetic professionals who wanted to do something proactive in Armenian communities. "I accepted the position because I realized how desperately pregnant women needed information about antenatal care," says Nana Harutyunyan, a medical doctor and training team member.

The team came together for five meetings throughout the two years to share challenges and lessons, and worked together informally to improve their training sessions. "We would talk when we got back to Yerevan and problem-solve together," says Lilit Hovakimyan, a medical doctor and training team member. "This support was very good for us because we had a lot to learn about the rural perspective."

Step 4: Advertise the training and meet with community representatives

The trainings were publicized by a short but intensive media blitz in newspapers, television and radio. Staff from the Institute of Perinatology, Obstetrics and Gynaecology and the Ministry of Health visited each community to gain the support of mayors, health-care personnel and school principals. The partners provided travel stipends and lunch to participants to quell community members' concerns about losing two days of work.

Step 5: Conduct the training sessions

From 2002 to 2004, the training team conducted 48 workshops in Ararat and 20 in Yerevan, reaching a total of almost 4,000 people. The sessions included pre- and post-session questionnaires to measure the knowledge of each group and to understand how the information affected them.

"Many of them [the participants] told us that this was the first time they had ever heard anyone talk about these issues openly," says Dr. Harutyunyan. "They had no other sources for information on reproductive health and domestic violence besides the training."

At the end of each day, the trainers and psychologist offered private consultations for participants who had questions or problems they did not want to discuss in front of their spouses and neighbours.

Step 6: Link training to services

The goal of the training was to link information to services. Nine mobile health-care units were established in rural areas where women could seek antenatal and other forms of care without having to travel far from their villages.

"The mobile teams were extremely important to the project," says Dr. Gyulkhasyan. "We could expect people to go a few miles for medical attention, but it's harder for them to travel further. We needed to make it easy for them."

RESULTS

More women seeking health care and declining maternal mortality rates. Throughout the region of Ararat, the statistics showed a change in behaviour. Following the training sessions there was an increase in preventive screening for cervical cancer and immunizations, and not a single case of maternal mortality was reported between 2003 and 2004. In some of the villages, the number of women seeking antenatal care doubled. The partners believe this was due to a combination of the training and the mobile units. The units are now funded by the government and are still available in the regions. "The fact that more women are seeking assistance shows us that there was a direct impact on men," explains Dr. Avagyan. "Without their husband's permission, they could not come."

"The fact that more women are seeking assistance shows us that there was a direct impact on men. Without their husband's permission, they could not come."
– *Gayane Avagyan, chief specialist in reproductive health for the Ministry of Health*

Myths debunked. The training topics were cutting edge, particularly in the rural areas, where sexuality was not openly discussed. Bringing men and women together for discourse on sexual health lifted some taboos and gave people the opportunity to ask questions about topics that, in some cases, had been lingering in their minds for years.

"We were able to get out into the open some of the myths that lead to health problems," says Dr. Hovakimyan. "They would ask about traditional methods of contraception. This gave us the opportunity to explain that they don't work well, and to give them alternatives."

Heightened awareness of domestic violence. Most of the participants were surprised to learn about the many forms abuse can take. “You could see that the women in the training were questioning things they used to accept as normal,” says Dr. Hovakimyan. “This was the first time in their lives that had ever heard this kind of information.”

Many women sought private consultations with the trainers and the psychologist from the Women’s Rights Centre. “We were pleased with the fact that they wanted more information,” explains Susana Vardanyan, executive director of the Women’s Rights Centre. “At the same time, we realized that women from rural areas were trapped.”

The partners recognized survivors’ constraints, but viewed the training sessions as a first step in raising awareness about domestic violence and hoped that it would force men to allow their wives more access to care and decisions about their health. “We planted a seed,” explains Garik Hayrapetyan, assistant representative of UNFPA in Armenia. “But of course there is more work to do.”

“You could see that the women in the training were questioning things they used to accept as normal.”
- Lilit Hovakimyan, medical doctor and training team member

A shift in the relationship between doctors and patients. The sessions gave trainers new insight into their patients from rural areas and deepened their relationships with them. “After the trainings, I understood my patients from villages better,” says Dr. Hovakimyan. “I think we all [the training team] learned to ask them more questions, and to spend more time giving them information.”

CHALLENGES

Communicating the concept of family planning in a culturally sensitive way. When UNFPA began its work in Armenia, the staff used the term ‘family planning’. At that time, Armenia had a negative population growth rate, and many people interpreted the concept as a means to deter couples from having children. “In 2000, just talking about sex was still taboo,” says Mr. Hayrapetyan. “At first, using the term ‘family planning’ was a disaster.”

To change public perception, the partners replaced the term ‘family planning’ with ‘healthy families’. The new phraseology made people more amenable to the topic.

Encouraging male attendance in rural areas. Despite the partners’ best efforts to advertise the trainings, the attendance rate of men in rural areas was very low. In Yerevan, however, more than half the participants were males. The trainers attribute this disparity to the heavy workload of men in the villages, who might not have been able to take two days off from their jobs, and to the strong collective ideology about the male role in society.

Countering opposition. The training team often faced resistance from participants. Sensitive issues were hard to discuss interactively, and many people waited until the end of the training to ask their questions in private. Some of the women brought up stories they had heard about the dangers of contraception. “Occasionally, a woman would raise her hand and tell us that a neighbour was poisoned by Depo-Provera or other contraceptives,” says Dr. Gyulkhasyan.

The trainers handled opposition with patience. They took their time to listen and explain scientifically the reality of the situation. Their way of dealing with resistance generally made

the group more comfortable. On the second day of training, participants often showed up early and brought gifts for the trainers.

Creating long-lasting change. One training session wasn't enough to truly change the way people think and behave on a long-term basis, particularly on the issue of domestic violence. "I saw some things change for people as a result of the training," Dr. Hovakimyan says. "But we need more than one training to change attitudes and practices."

The lack of continuity is due to financial constraints and competing priorities. The project was very costly, particularly in regions where travel stipends were necessary. In addition, when UNFPA started its first country programme, mortality rates became their priority concern. "We just don't have the capacity to do everything," says Mr. Hayrapetyan. Still, the staff recognize the need to continue education at the local levels. "If we don't work with communities, we won't achieve our goals," says Dr. Gyulkhasyan.

"If we [UNFPA staff] don't work with communities, we won't achieve our goals."
– *Vahe Gyulkhasyan, project coordinator, UNFPA Armenia*

LESSONS LEARNED

Link education to services. The mobile units were the link between knowledge and action on antenatal care. This same approach was needed, but not available, on domestic violence. "We have a hotline survivors of domestic violence can call," says Susana Vardanyan. "But that's not enough. They need services."

Include high-level professionals to get buy-in for the training. High-level officials added credibility to the training, quelling some of the resistance. A well-known doctor and public figure in Armenia, Razmik Abrahamyan, opened every training session in both rural and urban settings. In addition, the training team were from the Institute of Perinatology, Obstetrics and Gynaecology, one of the best-known institutions in Armenia. "This is a small country, and people know who we are," says Dr. Abrahamyan. "It makes a difference with people."

Bring local medical doctors into the training process. Community physicians were not included in the training sessions. In hindsight, the partners realize they could have assisted in the process and in data collection to measure the long-term impact of the trainings. "The statistics were the first level of proof that the training had an impact," says Dr. Gyulkhasyan. "But community physicians could have been a big help to us with long-term follow-up."

Include a monitoring and evaluation component and an impact evaluation. Financial constraints and UNFPA's competing priorities prevented the project partners from carrying out a comprehensive evaluation. However, such an evaluation would have helped them in three significant ways, by: 1) measuring change in attitudes and behaviours associated with each of the topics presented, 2) following participants over a multi-year period to see if they continued seeking services from local doctors and the mobile units, and 3) modifying the content to maximize the impact of other training sessions at the community level. The information could also have been used as an advocacy tool with government and multilateral institutions for further funding.

"We should have begun monitoring the programme after two or three months to see if there was a change in attitudes – especially among men," says Dr. Abrahamyan. "We should have also seen how the training impacted reproductive health indicators over time."

GOOD PRACTICES

'Warming up'communities. The partners were cautious about introducing the topics of reproductive health and domestic violence to communities. They had limited time, and wanted people to attend, buy-in to new ideas, and change their behaviour. This was a tall order for a first-time workshop that only lasted two days. The preparation was therefore essential to the project's success. The partners sent teams into each community to work with officials prior to the session. This helped garner support and piqued the interest of community members. "The information we gave ahead of time generated a lot of participation. Even teens came to listen," says Dr. Avagyan.

Organizations can replicate several techniques used in Armenia:

- **Television, newspaper and radio advertisements.** Before each training, create television, radio and print ads with well-known personalities supporting the training. Distribute brochures to ensure that people know about the event.

- **Meetings between well-known personalities and top-level officials in the community.** Choose an influential spokesperson who can meet with community officials prior to the event to garner support. The spokesperson can open the training session to give it an added sense of validity and build immediate trust among participants.

- **Hospitality.** Provide travel stipends and offer lunch as an extension of appreciation and recognition of the time and money people sacrificed in order to attend the training.

Reaching men through their mothers. The partners attribute their success in part to the information mothers shared with their sons when they returned home from the training. Matriarchs have a great deal of power over their sons – particularly in close-knit communities where several generations live under the same roof. The matriarchs may also be perpetrators of violence. A 2007 study conducted for the Women's Rights Centre by the Turpanijan Centre for Policy Analysis within the American University of Armenia found that that in 10 per cent of domestic violence cases, the perpetrators were mother-in-laws.[26]

"We found that if we could explain things to both the wives and their mother-in-laws, it could really impact the husbands," says Dr. Gyulkhasyan.

"We found that if we could explain things to both the wives and their mother-in-laws, it could really impact the husbands."
– Vahe Gyulkhasyan, project coordinator, UNFPA Armenia

[26] Amnesty International, *No Pride in Silence: Countering Violence in the Family in Armenia*, 2008.

BOX 9. SPOTLIGHT ON KYRGYZSTAN

Reaching communities through religious leaders

The leadership of imams is central to many communities in Kyrgyzstan, and people often turn to them for guidance, support and strength. For that reason, UNFPA saw religious leaders as a key entry point for reaching the general public on topics related to sexual and reproductive health. In 2001, UNFPA initiated round table meetings for religious leaders and NGOs to prompt candid discussions on reproductive health, family planning, and STIs, including HIV.

In 2002, UNFPA supported the translation into Russian and Kyrgyz of the widely acclaimed book, Family Planning in the Legacy of Islam, by Professor Abdel Rahim Omran. The book was subsequently used as a training tool in a seminar for religious leaders, the Ministry of Health, local administrations and NGOs. The seminar created an open dialogue about the position of women in Kyrgyz society and their lack of access to decision-making power over their bodies and their health. Over the course of two years, 400 people participated in meetings and seminars.

Out of the seminar process, UNFPA formed a cadre of 35 trainers, who now provide training on sexual and reproductive health, family planning, and gender issues for communities throughout the country. The trainings have spurred more action, including:

- Discussion evenings hosted by religious leaders in which young people can receive information on sexual and reproductive health, family planning and women's rights
- Conversations between religious leaders and brides and grooms about sexual and reproductive health, family planning and women's rights prior to their weddings
- Increased grants to NGOs and faith-based organizations working on HIV prevention
- The inclusion of information on sexual and reproductive health and family planning and gender issues in some imams' Friday evening prayer sessions

UNFPA used feedback from the religious leaders to adapt the training materials from Professor Omran's book to the context of Central Asia. The materials were published and distributed widely in 2007.

Using a strategic entry point and carefully timing the introduction of sensitive topics. The partners recognized from the outset the difficulties they would have getting men in rural communities to attend workshops on sexual and reproductive health and gender-based violence. Most people had to give up two days of work and travel to the nearest town to participate. Moreover, sexual and reproductive health and especially gender-based violence were not issues talked about openly in rural Armenia. As a result, the partners decided to use a non-threatening vantage point that would appeal to both men and women – that of healthy families. The partners encouraged local leaders to promote the training and garner support from men to either attend or to allow their wives to come. This method proved effective, and the sessions were well attended.

The partners were also careful in planning the timing of the model on gender-based violence, introducing it in the second half of the training in order to lessen resistance. "It was good for us [the trainers] to begin with reproductive health, and then introduce domestic

violence," says Dr. Hovakimyan. "The psychologist was very good with the audience and knew how to handle their questions."

From this practice, two lessons emerge: First, use an entry point that appeals to male and female audiences that have little exposure or interest in sexual and reproductive health and gender-based violence. This can be a useful way to conquer apathy and resistance. Second, place domestic violence after the first half of the training, which helps ensure the receptivity of the male audience to the topic.

Linking information to services. The mobile health-care units gave community members an immediate and tangible opportunity to act on the information they learned in the training. The content of the training highlighted the importance of seeking antenatal care and created a sense of urgency among participants. As a result, the number of women seeking services doubled immediately after the sessions. This lesson suggests the importance of providing easily accessible, low-cost services as an immediate follow-up to training.

Using male and female trainers to extend reach and enhance impact. The gender balance within the training team provided participants with a model of mutual respect between men and women. It also allowed participants to approach either the male or female trainer for private questions after the sessions, based on their comfort level. Using both male and female trainers tends to provide the greatest impact and reach.

5. EMPOWERING NGOs TO ADDRESS GENDER-BASED VIOLENCE IN THE UKRAINE

In 2006, UNFPA launched a partnership with NGOs in the Ukraine to work with men on reproductive health and the prevention of gender-based violence. They developed a five-part strategy to gather information, train NGOs, provide funding for interventions and advocate with local government. More than 40 NGOs received training, and 14 of them were awarded grants. The project inspired men to teach their peers about the prevention of gender-based violence and gave NGOs the opportunity to become leaders and mentors to other organizations.

PROJECT SNAPSHOT

When Taras Maksymov and Kostiantyn Suchko were invited by their professor from the Lutsk Medical College to attend a day-long workshop on male involvement in the prevention of gender-based violence, they were sceptical, but interested. “I had never heard of the subject before, but I was curious about what they would teach us,” says Mr. Suchko.

The event was one of two workshops organized by Lyubystok, an NGO that participated in a UNFPA-sponsored training session that sought to build capacity on male involvement in the prevention of gender-based violence. The organization subsequently received a grant to put the training into practice in the community.

The trainers from Lyubystok and partnering organizations gave the two men, along with 25 other male students and professors, eye-opening facts about gender-based violence in the Ukraine, and encouraged them to do something about it. The day ended with a powerful public service announcement showing them how men can stop gender-based violence.

Mr. Suchko and Mr. Maksymov each organized training for more than 50 of their peers and asked every student to help them inundate businesses with brochures on ‘Ten Things Men Can Do to Stop Gender-based Violence’ throughout the city. Students not only agreed to help, they asked for more.

“Our friends wanted more training and information on gender-based violence,” says Mr. Maksymov. “Many of them are dealing with these problems in their families and relationships, and it’s the first time they have ever talked about it.”

THE CONTEXT

The country

Ukraine is Europe’s second largest country. It won its independence from the Soviet regime in 1991, and in the nearly two decades that followed, Ukraine experienced immense changes as it strengthened ties with the West. The government has been seeking membership in NATO since 2002, and to the EU since the country’s current president, Viktor Yushchenko, came to power in 2005. Neither goal has yet come to fruition, though the country anticipates joining the EU by 2015.

Friction with the neighbouring Russian Federation, and the global financial crisis, have created economic and political strife in recent years. In 2006, Russia cut gas exports to Ukraine and almost doubled the price to reinstate them. The same scenario recurred in

January 2009. The situation has been made worse by the Ukraine's dependence on steel exports, which declined sharply around the world in 2008, leading the International Monetary Fund to offer the nation a loan of $16.5 billion.

President Yushchenko and Prime Minister Yulia Tymoshenko seek close ties with the West, yet they have struggled politically since 2005, leading to a collapse of their coalition government in 2008. The next elections are scheduled for October 2009.[27]

Gender-based violence in the Ukraine

Ukraine is the first post-Soviet country to pass legislation on domestic violence, but the problem remains widespread. Survivors seeking safety, freedom and justice face tremendous obstacles. Estimates from 2004 show that 20 per cent of women are victimized on a continuous basis by domestic violence.[28] Statistics from the Department of Public Safety within the Ministry of Internal Affairs show that there were 83,150 reports of violence in the family in the first nine months of 2005. These statistics are not disaggregated by gender, but, according to the Department of Public Safety, 90 per cent of those abused are women.[29]

In Ukraine, as in many other countries around the world, women who have suffered domestic violence are deterred by local authorities to take legal action. Many survivors never report incidents of abuse because of the social stigma in doing so and the lack of economic options and support.

Related government initiatives and mechanisms

Many laws and mechanisms exist to support survivors of gender-based violence in the Ukraine. However, they are poorly implemented and enforced and therefore limited in their efficacy. Parliament passed the Law on the Prevention of Violence in the Family in 2001, which covers all aspects of the issue, and offers a definition of domestic violence that is in line with UN standards. The law, however, contains the concept of 'survivor behaviour', which is defined as 'the behaviour of a survivor that provokes domestic violence'. This provision places the burden of proof on authorities, who are generally not sensitized to the issue, and holds women accountable if they are deemed to have 'provoked' the crime. The result is a lack of social and legal assistance within the justice system.[30]

Over the past four years, Ukraine has taken several key measures to end gender-based violence. In 2005, the government passed the Law on Ensuring the Equal Rights and Opportunities of Women and Men. In 2006, the Ministry of Family, Youth and Sports was authorized as the central executive body for ensuring equal rights and opportunities for men and women. That same year, two parliamentary hearings were held, and a state programme was approved through 2010 to strengthen gender equality. The government declared 2007 the Year of Gender Equality in support of an EU initiative.[31]

Legislation calls for domestic violence shelters, yet most of them have proven inadequate: They are not geared specifically for women and do not protect the anonymity and safety of survivors.

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[27] Ibid.
[28] The Astra Network, 'Reproductive Health in Ukraine', 2006.
[29] Amnesty International, 'Ukraine: Domestic Violence – Blaming the Victim', 2008.
[30] Ibid.
[31] The Organization for Security and Co-operation in Europe, 'Legislation on Gender Equality in Ukraine', 2007.

THE WORK OF UNFPA

The country programme

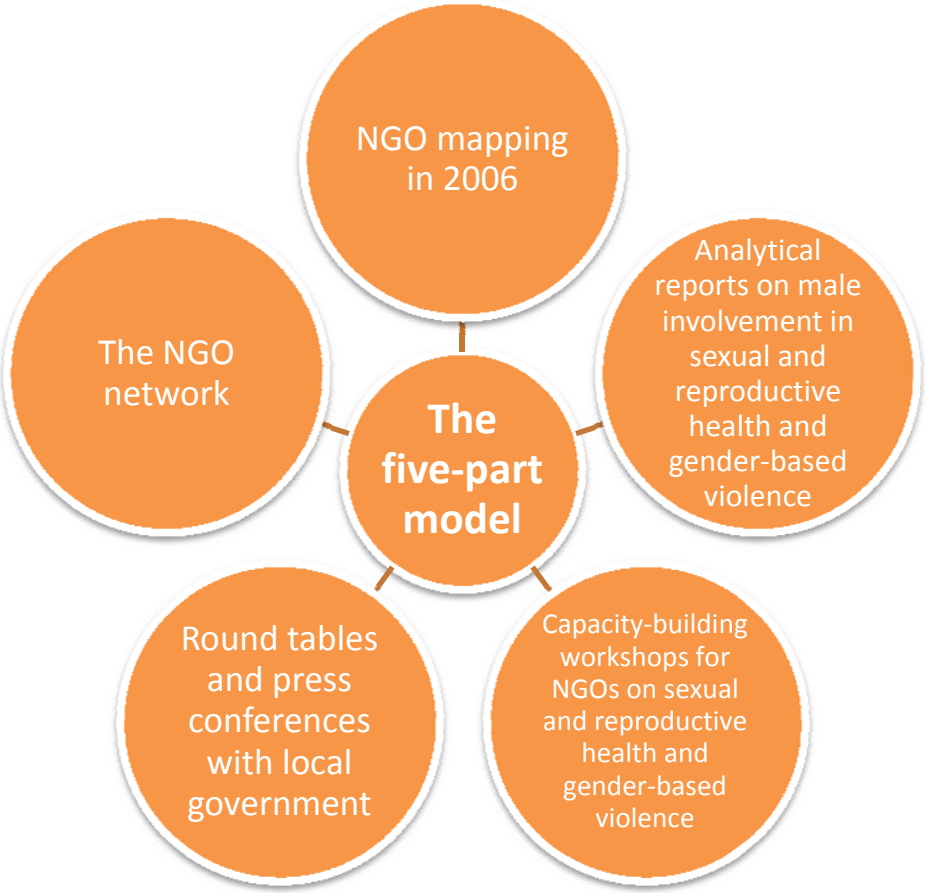
UNFPA began working on a project basis in the Ukraine in 1997 by assisting the Ministry of Health in implementing the first National Family Planning Programme. In 2000, UNFPA expanded its work with training for the military and police on HIV prevention, which had been instituted by the government.

In 2006, UNFPA used the findings from the UN Common Country Assessment to launch its first country programme, which focuses on three areas: reproductive health, population and development, and gender equality. Major spheres of activity include developing sexual and reproductive health services, promoting rights in this area, addressing population and development challenges, supporting gender equality and preventing gender-based violence, promoting safe behaviour among adolescents and youth, and combating sexually transmitted infections, including HIV. The country programme covers the period from 2006 to 2010.

Addressing gender-based violence

Since 2006, UNFPA Ukraine has promoted gender equality by strengthening the capacity of NGOs working in this area. Together with the Ministry of Family, Youth and Sports, it began with the promotion of male involvement in sexual and reproductive health. The following year, it used the same strategy to address male involvement in gender-based violence. In 2009, UNFPA began focusing on gender discrimination and violence, and took its work to the national level by participating in parliamentary hearings and organizing a seminar on the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and its Optional Protocol.

FIGURE 5. THE PROJECT STRUCTURE



WHY THIS PROJECT?

When UNFPA Ukraine launched its work on gender equality, it decided to focus on male participation by building the capacity of NGOs. "Men needed to be involved and to reach a new level of understanding," explains Borys Vornyk, head of the UNFPA office in the Ukraine. "To achieve this, we had to engage civil society."

Partnering with NGOs was a sound starting place given the constant change within the Government of Ukraine over the previous decade. UNFPA's country programme was well supported by its partners in the Ministry of Family, Youth and Sports and other government institutions, but the best promise for assuring its impact and continuity seemed to be at the ground level. "We are still in the nascent stages of government," says Oleg Voronenko, programme officer for UNFPA Ukraine. "We must focus our work with the community if we want to be effective in reducing gender-based violence."

Another reason to work with NGOs was to reach the rural regions of the country, where rates of gender-based violence are high and services scarce. "So much is done in Kiev," says Mr. Voronenko. "We wanted to raise awareness among men in other areas of the country."

"Men needed to be involved and to reach a new level of understanding. To achieve this, we had to engage civil society."
– Borys Vornyk, head of the UNFPA office in the Ukraine

ACTION STEPS

BOX 10. TAKING ACTION: BUILDING THE CAPACITY OF NGOs TO WORK WITH MEN

Step 1: Map NGOs working on gender issues

Step 2: Implement the five-part model on male involvement in sexual and reproductive health/gender-based violence

- Research
- Round tables and press conferences
- Capacity-building workshops for NGOs
- Mini-grants
- The NGO network

Step 3: Provide an NGO with technical support to repeat the process

Step 1: Map NGOs working on gender issues

In 2006, an updated list of NGOs working on gender issues was non-existent. UNFPA therefore began by compiling a list of 311 organizations, which they distributed to NGOs, government officials, policymakers and donors. "The mapping was a necessary first step," explains Andrey Poshtaruk, national programme associate for UNFPA Ukraine. "It helped us know how and where to begin."

Step 2: Implement the five-part model on male involvement in sexual and reproductive health

With the NGO map in hand, UNFPA developed a five-part model to build the capacity of NGOs. The model included:

- **Research.** In 2006, UNFPA commissioned an analytical report on male involvement in sexual and reproductive health in the Ukraine. The study explored knowledge, skills, availability of services, stereotypes associated with reproductive rights, gender equality, gender-based violence, and prevention of STIs, including HIV. The research uncovered information gaps and needs. "Our approach was to assess the situation before we did anything else," explains Dr. Vornyk. "We then used the information to create our strategy."

- **Round tables and press conferences.** The analytical report was the basis for a series of press conferences and round table meetings that brought NGOs together with high-level professionals from the fields of medicine, sociology, psychology, education, the media and local government. Facts and statistics from the analytical report substantiated the problem and created a sense of urgency among local officials.

  "This topic was new to us," says Dmistrishin Igor Yaroslavovitch, a round table participant and deputy head of the Department of Family, Youth and Sports in the Volyn Regional State Administration. "It reinforced the need to increase cooperation on gender-based violence prevention among institutions."

- **Capacity-building workshops for NGOs.** The next step was to turn the report findings into a tool for NGOs. UNFPA used its map to invite organizations working on gender to a three-day capacity-building workshop in Odessa in 2006. The training was divided into two major parts – one on male involvement in sexual and reproductive health, and the other on fund-raising, grant-writing and organizational management skills.

  "The facts from the analytical report were very useful," says Lyudmyla Perekhodko, director of the NGO Lyubystok. "They [UNFPA] also gave us practical recommendations to get grants."

- **Mini-grants.** On the last day of the workshop, UNFPA announced a mini-grant competition for up to $3,000 per organization. All projects had to be implemented within one month of receiving the money. Armed with new ideas on male involvement in sexual and reproductive health, and tools to write grants, more than 20 NGOs applied. Eight organizations were selected for funding.

- **The NGO network.** Through the workshop, UNFPA helped NGOs establish an informal network through which they could collaborate and exchange information. In 2008, they organized a conference for network members to share lessons from the previous two years and plan future joint efforts.

Step 3: Replicate the model

In 2008, UNFPA repeated its strategy with a focus on male involvement in the prevention of gender-based violence. This time, the analytical report was a mapping of research on gender-based violence in the Ukraine, which was used by staff at round tables and in their second capacity-building workshop for NGOs. They increased the grants to $5,000 and gave funding to six organizations.

Step 4: Pass the torch

In its second round, UNFPA partnered with one of the 2006 grant recipients, Women of Donbass, from Lugansk. With UNFPA's support, the NGO became responsible for overseeing the analytical report, hosting a regional round table, and co-facilitating the capacity-building workshop for NGOs.

"We want to promote visibility and increase the credibility of NGOs," says Dr. Vorynk. "It is better for them to share ideas with each other than for the information to come from outside."

RESULTS

A positive ripple effect. Lyubystok used the 2008 grant from UNFPA to organize two seminars on 'Changing the World View of Men to Prevent Gender-based Violence', for deans, guidance counsellors, psychologists and professors from colleges throughout the region. They organized a third seminar for college and technical school students called 'Gender Violence: Myths and Realities'.

Lyubystok used a cascade model for training to maximize impact. Participants were asked to take what they learned and present it to their fellow colleagues and peers in colleges and schools throughout Lutsk. The male students used the issue of 'healthy dating relationships' to attract their fellow students to the discussion and as an entry point to discussing domestic

violence. The students also took information home to their parents and started dialogues with them about gender roles and equality. “The real results of our work have been in the presentations given by participants to their schools,” says Ms. Perekhodko. “We started an open conversation about men and gender-based violence in a region where this has never been discussed, and now many people talk about it.” Lyubystok has since received grants from the European Community and other organizations to continue their work with men on gender-based violence.

“We started an open conversation about men and gender-based violence in a region where this has never been discussed, and now many people talk about it.”
– *Lyudmyla Perekhodko, director of the NGO Lyubystok*

A shift in the thinking of young men. The young men who attended Lyubystok’s seminar were inspired to organize discussion groups for their peers. Some of them brought the information back to their families.

“We’ve never discussed these issues before,” says Mr. Maksymov. “It showed me how important it is to stop gender-based violence, and it made it easier for me to talk about these issues with my parents. I even got to educate them.”

BOX 11. TEN THINGS MEN CAN DO TO STOP GENDER-BASED VIOLENCE

1. Understand that gender-based violence impacts all men and women.
2. Stop being silent, and start speaking out about gender-based violence to other men.
3. Re-think your attitudes and behaviours that lead to gender discrimination.
4. Help and support any woman in danger.
5. Respect women and treat them equally.
6. Join women in the fight to stop gender-based violence.
7. Get more information about the causes of gender-based violence, and share it with your friends and colleagues.
8. Explain to the younger generation that being a ‘real man’ means you don’t commit acts of violence.
9. Boycott music and literature that reinforce gender stereotypes and condone violence against women.
10. Understand that a man’s strength should never be used to hurt anyone – especially someone he loves.

Source: A public service announcement and brochure produced by Lyubystok and distributed to thousands of male students in the region of Lutsk

Going public with the problem. Lyubystok produced and televised a public service announcement on male involvement in gender-based violence throughout the region. Ms. Perekhodko convinced a local corporation to show it in the middle of the city on a billboard movie screen and persuaded pool halls to air it on their televisions.

“People stop in the middle of the street and watch the billboard announcement – even on the coldest of days,” says Ms. Perekhodko. “It was shocking to most of them.”

It is hard for Ms. Perekhodko and her colleagues to say for certain how the public service announcement changed the way people think. "It's not something we have tried to measure yet," she explains, "but at least we are planting seeds."

BOX 12. SPOTLIGHT ON GEORGIA

Challenging abuse through public service announcements

For the 16 Days of Activism against Gender Violence in 2008, UNFPA produced a public service announcement that shows a woman getting ready for work. Her husband's voice in the background tells her she can't leave the house. Each segment shows her listening, but continuing to get ready to leave. At the end of the segment, she walks out the door, despite her husband's demands for her to come back.

UNFPA chose this powerful scenario to remind women that they do not have to succumb to the pressures and demands of abusive male behaviour.

Agreements for institutional coordination at regional levels. Lyubystok brought together institutions at a round table entitled 'Strengthening the Role of Social Partnerships to Combat Gender-based Violence'. Many of the attendees from the media, social services, educational and government organizations had been to the training and seen the public service announcement. The event resulted in the signing of a Memorandum of Understanding to better coordinate education and services on the prevention of gender-based violence.

"We have a coordination committee to follow up on these commitments," explains Mr. Yaroslavovitch. "We [institutions] need to do more…many people don't even know that gender-based violence is a criminal offense."

"We [institutions] need to do more…many people don't even know that gender-based violence is a criminal offense."
– Dmitrishin Igor Yaroslavovitch, deputy head of the Department of Family, Youth and Sports, Volyn Regional State Administration

Increased capacity of NGOs. The partnership between UNFPA and the Women of Donbass was an enormous step forward in the process of capacity-building. The NGO gained credibility among institutions in the region of Lugansk, and refined its leadership skills.

"We had a great opportunity," says Liliya Koveshnikova, director of Women of Donbass. "UNFPA worked with us on the agenda, and we facilitated. The response from the NGOs was extremely positive. And we have been benefiting from this ever since."

CHALLENGES

Fluctuating currency rates. Small grants got even smaller in 2008 when exchange rates dropped dramatically. The Ukrainian hryvnia fell from around 4.75 to the US dollar in September 2008 to historic lows of 9.8 by the end of the year.[32]

[32] Kolyander, Alexander and Geoffry T. Smith, *The Wall Street Journal*, 19 December 2008.

"It was very hard for us to cover the costs of the project. By the time we received the money, the exchange rates had made it worth much less," says Ms. Perekhodko. Her colleague from the Women of Donbass agrees. "It's hard to get funding, and now, money doesn't go far."

The UNFPA staff have considered the possibility of providing larger grants to fewer organizations. However, they don't want to lose the broad reach the project has achieved or the network of grant recipients. "We have to operate under our own financial constraints," explains Dr. Vornyk. "Small grants are the best way for us to get both breadth and depth."

Achieving continuity with project-based NGOs. Many NGOs in Ukraine are project-based, and work only when they have funding. Most are staffed by a bare minimum of dedicated individuals, who have at least one additional job to support themselves. This phenomenon leads to a lack of continuity and capacity. "Our budget is not constant. We live on grants," says Ms. Koveshnikova, whose organization has five full-time staff, all of whom have additional full-time jobs.

The UNFPA staff recognize this problem, which is precisely why they believe in using the five-part model. "We can't just give them [NGOs] service contracts," says Dr. Vornyk. "We are trying to help them become sustainable agents who are well equipped and well informed – and have the capabilities to raise resources for themselves."

More training for NGOs on gender-based violence. Most of the grant recipients do not specialize solely in gender-based violence. Much of the information about the problem and its causes was new to them. For that reason, the understanding that gender-based violence is the result of power imbalances between men and women, and that survivors are not to blame, has not fully reached some of the NGOs or the people they train.

"We pass on the materials we received," says Olena Klymenko, deputy director for pedagogical work for the Lugansk Medical College. "But we require more information, tailored to different audiences, so that we can give people the tools they really need."

LESSONS LEARNED

Start with research. Research was one key to the project's success. The mapping helped UNFPA identify partners and clarify NGO's needs. The analytical reports served three purposes, namely: 1) providing accurate information on the availability and level of education and services on sexual and reproductive health and gender-based violence, 2) supplying UNFPA with a country-specific training tool to use in capacity-building workshops, and 3) creating an advocacy tool to use with government.

"We do the research to raise awareness," explains Andrey Poshtaruk, a national programme associate in the UNFPA Ukraine office. "It gives NGOs a tool to work with on the ground…and it gives us a chance to show the government the importance of gender-based violence prevention."

"We do the research to raise awareness. It gives NGOs a tool to work with on the ground…and it gives us a chance to show the government the importance of gender-based violence prevention."
– Andrey Poshtaruk, national programme associate, UNFPA Ukraine

BOX 13. SPOTLIGHT ON THE SOUTH CAUCUSUS

Putting hard data to work

The first step in the subregional project called Combating Gender-based Violence in the South Caucuses is to gather accurate data. Each participating country – Azerbaijan, Armenia and Georgia – is training a cadre of statisticians from national institutions to collect information and conduct surveys on domestic violence. They will use this information to train government officials, service providers, health-care workers and law enforcement personnel.

Advocacy + capacity-building + resources = sustainability. UNFPA used a formula that produced long-lasting results. The combination of three key ingredients made the strategy work: 1) Their research gave them a tool to educate grantees and advocate with government, 2) capacity-building improved NGO's knowledge of gender-based violence and enhanced their fund-raising skills, and 3) small grants enabled NGOs to take immediate action.

Instil ownership among partners. Putting the process in the hands of an NGO made them into leaders among their peers. UNFPA used this same approach on a smaller scale by asking NGOs to lead individual training sessions at the 2007 and 2008 workshops.

"Our goal is to support the NGOs to do as much as they can," says Dr. Vornyk. "It makes a bigger impact when one NGO learns from the experience of another."

Conduct an impact evaluation for use in advocacy and capacity-building. Funding challenges prevented UNFPA from conducting an impact evaluation. However, they realize that without it, they are missing an important tool. An evaluation would help them understand and meet the funding and educational needs of the NGOs, and could be used for continued advocacy with government.

GOOD PRACTICES

Using a multi-level strategy. The five-part model helped UNFPA create partnerships with government and civil society to increase male involvement in sexual and reproductive health and the prevention of gender-based violence. Each step of the model played a significant role in the process:

- **Research.** The mapping and analytical reports gave UNFPA and their partners a bird's eye view of the needs in Ukraine.
- **Round tables and press conferences.** Presenting the reports at round tables that included government officials created a sense of urgency and promoted collaboration among institutions.
- **Capacity-building workshops.** NGOs learned new information and tools for male involvement and strengthened their technical skills in mobilizing resources.
- **Grants.** An infusion of funds that had to be spent immediately led to quick action and fostered momentum.

- **The NGO network.** The connections among NGOs gave them a sense of support and solidarity. The network also provided a sounding board through which they could share challenges, successes and good practices on encouraging male involvement in sexual and reproductive health and the prevention of gender-based violence. Many of the organizations continued their collaboration after the workshops.

Partners and donors seeking to introduce the concept of male involvement in gender-based violence prevention can consider a multi-level approach. The key elements are information-gathering, advocacy with local government, and capacity-building of NGOs. Launching these efforts simultaneously, or over a short time period, infuses communities with information and reaches the male population.

Planning your entry point strategically as a way to provoke interest. Male college students trained through Lyubystok organized sessions for their peers on healthy dating and relationships and introduced the themes of gender equality and gender-based violence in that context. The topic attracted a large number of students, many of whom asked for more training after the session. This lesson highlights the utility of using a strategic entry point to secure widespread interest in the training, and to lessen resistance to the subject of gender-based violence.

Influencing parents through their children. In addition to organizing peer training, the male students from Lyubystok's training brought brochures and other materials from the sessions home to their parents and opened a dialogue with them about gender-based violence and gender roles. Many of the students came from rural communities that would not normally have access to such information. While this initiative was taken on voluntarily by the young men, it could be included as a suggestion in the training sessions and younger generations could be guided in ways to influence their parents.

Establishing continuity with partners builds self-sufficiency. UNFPA repeated the five-part model three times, and with each round they capitalized on the previous cycle by giving their grantees more power and tools to become leaders. This approach has built relationships among NGOs and made them increasingly self-reliant.

"These organizations have learned to trust each other as much, if not more, than they trust us [UNFPA]," says Dr. Vornyk. "They need to have a strong support network when dealing with the challenges they face on male involvement in gender-based violence."

The NGOs recognize this approach as crucial to their growth and solidarity. "A lot of donor money goes the wrong way," says Ms. Koveshnikova. "UNFPA has given us funding with skills to do this difficult work. They help us reach men in the regions and make a change."

This experience suggests that a long-term, cumulative and consistent strategy over several years can be more effective than a brief infusion of support and/or funds. This approach is especially important on issues such as male involvement in the prevention of gender-based violence, where knowledge is lacking and capacity development is greatly needed.

"A lot of donor money goes the wrong way. UNFPA has given us funding with skills to do this difficult work. It helps us reach men in the regions and make a change."
– Liliya Koveshnikova, director, Women of Donbass

Using the 'woodpecker' approach. Similar to their peers in Romania, the implementers of this project used a combination of three tools to gain government support and interest: 1)

accurate data, 2) consistency and 3) tenacity. Each year began with a study that provided new and accurate data. The NGOs and UNFPA used this information to organize round tables and press conferences that brought together local policymakers and the media. They repeated the process for three years, and as a result they eventually gained the commitment of institutions in the eastern and western regions of Ukraine through Memoranda of Understanding to work together on the issue of domestic violence.

This lesson highlights the point that presenting accurate data alone is a necessary, but not sufficient, means for inciting change. Consistency and tenacity in presenting the information have proven critical factors in garnering political support.

SECTION II: GOOD PRACTICES

CHAPTER 6. PARTNERING WITH MEN TO END GENDER-BASED VIOLENCE: WHAT WORKS

WHAT CONSTITUTES A GOOD PRACTICE?

UNFPA makes a clear distinction between lessons learned and good practices. Both should be evidence-based and contribute to knowledge. However, a lesson can be either positive or negative. It is descriptive rather than prescriptive. A good practice is an intervention or programme that contributes to desired results, is sustainable, leads to government and/or community ownership, and is cost-effective. Most importantly, it has the potential for replication. A good practice is therefore prescriptive and serves as a guide for action.

Key project results

The good practices drawn from the five case studies in this publication have a proven track record. They led to and went beyond results envisioned by those implementing the projects. Some of the most notable results include:

- An increase in the number of women who report domestic violence, and a decrease in the number, frequency and severity of domestic violence incidents per case in the Targu-Mures region of Romania
- An increase in the number of women who seek prenatal care in Armenia (which implies a change in the thinking and behaviour of their husbands)
- A measured and quantifiable increase in the knowledge of soldiers in Turkey on sexual and reproductive health and gender-based violence
- Strengthened capacity of NGOs in the Ukraine to educate communities on domestic violence
- A multisectoral database and information system in Romania that enables front-line institutions to access information about survivors of violence and provide them with comprehensive services
- A systematized response to domestic violence among police officers in Turkey, which includes a step-by-step approach to dealing with survivors and perpetrators.

These results came from practices and strategies that worked in more than one country – a sign that strengthens the potential for further replication in and across regions. The implementers did not borrow practices from one another intentionally, but coincidentally applied similar strategies that led to important results. These commonalities emerge as the most striking and convincing practices from the region, and fall under four goals: 1) making

the prevention of gender-based violence matter to men, 2) moving from awareness to action, 3) creating an impact on the police and military, and 4) changing institutional responses.

The first two categories directly target the way men think and behave. The latter two areas do not target males exclusively, but affect them in two critical ways. First, military and police institutions are typically staffed predominantly by males. Second, ministries and other policy-making institutions responsible for creating and/or enforcing legislation can strongly influence male behaviour as it relates to gender-based violence.

GOAL 1: MAKING THE PREVENTION OF GENDER-BASED VIOLENCE MATTER TO MEN

Men who want to attend a workshop on gender-based violence are generally not the ones who need it most. Resistance stems from fear, apathy, cultural norms that fuel misogyny and gender-based violence, and the widespread belief that it is a woman's problem. In all of the countries featured in this publication, project implementers made the prevention of gender-based violence matter to men.

Using entry points and the timing of sensitive subjects strategically. Implementers used subject matter that was of known interest to the male population to attract their attendance, and strategically timed the introduction of topics that were more sensitive or difficult to explore. Strategic entry points target a need or interest of an audience and serve as a springboard to candid discourse on gender-based violence. The disadvantage to this approach is that it is not clear up front that domestic violence will be a key point of discussion. However, with audiences that were hard to reach and resistant, this strategy proved highly effective in all of the case studies.

In the police and military trainings in Turkey, and in the community trainings in Armenia, presenters used strategic timing to place the modules on domestic and gender-based violence in the second half of the agenda. They learned the benefits of this approach after facing resistance in the pilot sessions. Across the board, trainers found that once trust and open dialogue were established, participants were more amenable and accepting of the information on domestic and gender-based violence.

The entry points used in the case studies included:

- **The prevention of sexually transmitted infections, including HIV, and condom use in Turkey.** As young, sexually active males, most soldiers in the training sessions wanted information about STIs. This module was presented first in the training and captured the soldiers' attention. The trainers intentionally placed the module on gender equality and gender-based violence last, once the soldiers were comfortable with the general subject matter. Studies from the project show an increase in knowledge about gender-based violence after the training, and many of the soldiers have come back asking the trainers for more information.

- **Healthy families in Armenia.** Men and women alike are concerned with the health and well-being of their children. The implementers of the community training sessions in Armenia therefore focused on healthy families to generate male interest and attendance. The strategy worked: Nearly 50 per cent of the trainees in the sessions in Yerevan were male. As in the project in Turkey, they began the training with modules that were not likely to cause controversy, and introduced the section on gender-based violence after the audience had achieved a certain comfort level.

- **Human rights in Romania.** The trainers in Romania used human rights as a strategic entry point with the police. Protecting human rights resonated with officers, and dispelled their resistance to learning about gender-based violence.

- **Dating and relationships in the Ukraine.** Male college students who received training on gender-based violence in the Ukraine piqued the interest of their peers by organizing presentations at their colleges on dating relationships. They facilitated group discussions about the roles men and women are expected to play, and used this as an entry point to discuss gender-based violence. Across the board, the students asked for more training.

Engaging the media. Two of the countries in this publication used the media creatively and cost-effectively to generate interest on the part of men on the issue of gender-based violence:

- **Launching a media blitz in Armenia.** Prior to conducting training in rural areas, project implementers ran a short but intensive TV, radio and print media campaign that promoted the workshops using 'healthy families' as a strategic entry point. This media infusion sent a buzz around communities and provoked their interest. It reached men in communities who might not normally hear about such workshops. While they did not necessarily attend, they allowed their wives to go. The information they or their wives learned ultimately had an impact on them.

- **Cultivating media 'champions' in Romania.** Media representatives were invited to participate in training sessions from the project's outset, and were informed constantly by the multi-institutional steering committee on the situation of domestic violence. Many of the male journalists say their participation in the training and awareness-raising activities changed the way they viewed gender-based violence – and committed them to action. The result has been an increase in media coverage of gender-based violence as a crime and violation of human rights. Through extensive media coverage, men who normally would ignore the issue have learned about the problem and its causes.

Targeting family members and community leaders. One of the biggest challenges in partnering with men is apathy. In two case studies, implementers proved that they could reach targeted male audiences by training people who typically have an influence on them.

- **Reaching parents through young men in the Ukraine.** The role of males in the family changes as they become older and more mature. As boys become men they are seen as valued contributors to the family and their ideas and beliefs are taken seriously. Students shared brochures on gender-based violence and openly dialogued with their families after the training sessions in the Ukraine. Many of the students reported that they were able to broach the subject for the first time in their lives.

- **Reaching husbands through their mothers in Armenia.** In rural Armenia, as in many countries around the world, mother-in-laws are the matriarchs of the family. The training sessions in Armenia aimed to change the thinking of these powerful women so that they would influence their sons, particularly those who would not allow their wives to access antenatal care.

- **Reaching community members through imams in Kyrgyzstan.** Imams have a great deal of influence in their communities. In Kyrgyzstan, implementers organized a conference for imams based on a widely acclaimed book, *Family Planning in the Legacy of Islam*, and trained 35 imams to organize workshops in their communities on sexual and reproductive health, family planning and women's rights.

Using official police forms to record abuses and visiting the homes of perpetrators. As first responders, police often have immediate access to abusers. In two countries, project implementers used official police forms to record incidents of abuse, which had the effect of intimidating perpetrators and sent a clear message to the community that gender-based violence would not be tolerated.

- **Using new and extensive police forms in precincts throughout Turkey.** The forms, which require accurate and detailed data on domestic violence cases, help the police track survivors and provide them with appropriate services. They also send a message to perpetrators and community members that the police take domestic violence seriously. The police believe that this makes the community more aware of the problem, and serves as a deterrent to perpetrators.

- **Using detailed police forms and home visits in Romania.** The police in Targu-Mures, Romania partly attribute the decrease in domestic violence there to the comprehensive forms they fill out on perpetrators. They believe that when perpetrators and community members see the in-depth forms, they realize the seriousness of the crime in the eyes of the law. In Romania, the police took it one step further by conducting drop-in visits to the homes of perpetrators for up to one year after an incident of violence.

Making the prevention of gender-based violence matter to men is the first and most challenging step in getting them on board as partners. Implementers were able to reach large numbers of people and capture the interest of men by: 1) finding subjects that would attract male participants to the training sessions and encourage their attendance, 2) drawing journalists into the process as a way of generating coverage and promoting the media as an institution responsible for change, and 3) introducing tools for first responders to influence perpetrators and community members.

GOAL 2: MOVING FROM AWARENESS TO ACTION

Changing beliefs is only the first step to changing behaviours. The projects in this study moved men from awareness to action by linking their training sessions to services and by influencing law enforcement officers to take on new initiatives.

Linking information to services. In two countries, awareness-raising projects were tied directly to services. The implementers in both cases saw an increase in the number of people using such services immediately after the training sessions.

- **Providing counselling to perpetrators in Romania.** In Targu-Mures, media coverage and training for police officers resulted in perpetrators seeking voluntary counselling. Following the training, the police encouraged those who had committed abuses to seek assistance and provided them with contact information; the media advertised the services and the number of the crisis centre. Within months, the number of men seeking counselling went from zero to 26.

- **Accessing services from mobile health-care units in Armenia.** One of the goals of training in rural Armenia was to encourage women to seek antenatal care. The implementers established mobile health-care units in each community to make the services more accessible to women and to prevent them from having to travel to the capital – a trip many husbands would not allow. In one region, the numbers of women seeking services doubled after the training.

Action-oriented training. In two countries the goal of training was to inspire immediate action. The trainers challenged officers to take action on domestic violence and to make an impact in their precincts and communities.

- **Turkish police pass on knowledge they have acquired.** Many of the officers in the training of trainers sessions went above and beyond their duties by organizing forums on gender-based violence for religious leaders and visiting schools to speak with young people. One officer established a website for police to access information on domestic violence and to share new tools, resources and ideas. The implementers see this commitment as a consequence of three factors: 1) interactive, participatory training that led to meaningful discussion and encouraged new thinking about domestic violence, 2) the training of trainers model, which tailored the content for police trainers and made them truly understand the issues they were teaching, and 3) providing information the officers had never thought about before. Many of them admitted that the information they learned was new to them and changed the way they feel about domestic violence and women's rights.

- **Police visit shelters in Romania.** Like their colleagues in Turkey, the trainers in Romania designed action-oriented sessions by using methods that encouraged small group discussions, problem-solving and exploration. They challenged the police to take on the role of primary responders and educators in their communities. A group of officers championed the cause and influenced their peers to take action by visiting shelters on their own time and bringing holiday gifts to the women and children staying in them.

The three examples of action-oriented projects target different groups of men. The first was to encourage men to allow their wives to access services; the second was to encourage police officers to take on new challenges; and the third was to influence perpetrators to seek help. Though these audiences are very different, three success factors emerged: 1) immediate access to services, 2) challenging trainees to take on new initiatives, and 3) the combination of general education or awareness-raising (through the media) with one-on-one support from members of front-line institutions.

GOAL 3: MAKING AN IMPACT ON THE POLICE AND MILITARY

In three of the case studies, implementers worked directly with the police and/or the military. They used a variety of strategies to change the way members of these institutions think about and act on the prevention of gender-based violence.

Using a combination of empathy and assertiveness. In many countries, the police and military do not consider gender-based violence a priority. The trainers in Romania and Turkey overcame resistance by alternating between empathy and assertiveness. The combination earned them respect and enabled them to reach their audience on a personal level.

- **Training police officers in Turkey.** The facilitators established ground rules at the beginning of each training, and called individuals out if they did not take the training seriously. They turned objections around, by asking individuals what they would do if their sister or mother were the survivor. This approach was challenging and assertive, but it made their audience take the training seriously. At the same time, they were patient with sincere questions, valued genuine debate, listened to the officers concerns, and

followed up on their requests for more information. Many of the officers expressed their appreciation of the approach and acknowledged the impact it had had on them.

- **Training police officers in Romania.** The trainers in Romania used a strategy similar to the one used in Turkey. They took the officers by surprise in the first minutes of the training by asking them a controversial question: "If a woman wears a short skirt and is sexually assaulted, is it her fault?" The question had shock value and immediately engaged the officers in a deep and meaningful discussion about gender-based violence. At the same time, if an officer was out of line, the trainers were assertive, and clearly stated the expectations of the group regarding respectful behaviour. The trainers believe that the combination of these two approaches allowed them to penetrate barriers and dispel resistance.

Systematizing a response to domestic violence. Hierarchy, structure and protocol are valuable tenets of police and military institutions. In Romania and Turkey, the implementers developed accessible, user-friendly systems that laid out a clear and structured approach for handling cases of abuse. In both countries, police said these systems were among the most valuable tools they had ever received in their work.

- **The interactive DVD in Turkey.** The training for Turkish police was presented on an innovative, interactive DVD that set clear guidelines and steps for dealing with survivors and perpetrators. Each section included a role play and how-to guide. The DVD standardized the process throughout the country, eliminating disparity and confusion among precincts.

- **A computerized tracking system in Romania**. The Integrated Information System and corresponding forms for collecting information significantly improved the way police, forensic departments, hospitals and other institutions respond to domestic violence survivors. The system produced accurate data, fostered inter-institutional communication, and helped service providers establish a holistic, comprehensive response.

Men and women talking to men. 'Men talking to men' is a proven, reliable and necessary model for reaching and influencing males. At the same time, results from two of the case studies suggest that the greatest impact comes from a combination of male and female trainers. Through a 'men and women talking to men' approach, trainers demonstrate a mutually respectful relationship between genders. It also allows men in the audience to hear the perspectives of women, thereby deepening their understanding of gender-based violence. In fact, in some cases, men in the audience reported feeling more comfortable with female trainers.

- **Using this approach with the Turkish police.** In Turkey, the training of trainers team and the people they trained to conduct sessions in the field consisted of both men and women. The team considered this combination to be key to their ability to reach the officers and influence their thinking. The evaluations from the training confirmed that many of the officers appreciated this approach.

- **Using this approach with the Turkish military.** The upper echelons of training for the military were conducted by teams of men and women from the military medical academy. In their evaluations, many soldiers noted that they appreciated hearing the women's ideas and, at the same time, felt they could speak to their male trainers openly about sensitive topics.

- **Using this approach with communities in Armenia.** The team of trainers in Armenia was composed of both male and female physicians. This gender balance offered

participants a model of mutual respect between men and women, and gave people a chance to speak privately to either trainer. For some people, depending on the sensitivity of their questions, they were more comfortable speaking with a man or woman. The gender balance proved to be an effective means of facilitation at the community level.

Institutionalizing training. Making training mandatory, and implementing a training of trainers model through existing staff structures are two important ingredients of sustainable projects. Both of the projects in Turkey made use of these approaches and, as a result, succeeded in reaching every soldier and police officer in the country.

- **Tapping into the hierarchy of the Turkish military.** The goal of project implementers was to make the training part of the educational and professional responsibilities of doctors in the military medical institution, field officers and soldiers. By tapping into existing structures, the programme became part of the institutional training requirements.

- **Making training mandatory for the Turkish police.** The training of officers at the field level was mandatory, and the training of trainers model was based on existing staff structures within the Turkish police force. The combination of these two approaches made it possible to systematize the training and ensure its sustainability.

Results from the projects in Turkey and Romania show that to maximize impact on police and soldiers, training should be mandatory and make use of existing institutional hierarchies. In this regard, three practices proved effective: 1) a participatory approach, 2) men and women talking to men, and 3) a manner of facilitation that is based on empathy and assertiveness. These approaches could be effective in any training, but are particularly relevant in hierarchal, male- dominated institutions.

GOAL 4: CHANGING INSTITUTIONAL RESPONSES

All of the country case studies presented in this booklet used innovative methods to influence key individuals, promote ownership, and tap into national directives that call for a new institutional response to gender-based violence.

The 'woodpecker' approach. Coined by project personnel in Romania, the approach combines three strategies: data collection, consistency and tenacity. It includes gathering accurate statistics on a continuous basis, and knocking time and again on the doors of institutions until they respond. The woodpecker approach is as much an attitude as it is a strategy.

- **Consistently presenting evidence to the authorities in Romania.** Project implementers in Romania brought data on domestic violence to regional authorities on a monthly basis to point out the magnitude of the problem, and to encourage them to provide funding for a women's shelter. In the first year, they struggled with an apathetic response, but over time their consistency paid off. After two years, the institutions agreed to take over the financial aspects of the shelter.

- **Conducting round tables in the Ukraine and publicizing findings.** The implementers in Ukraine conducted three studies on various aspects of gender-based violence and publicized the findings through round tables with institutions that were covered by the media. They did this on an ongoing basis to keep the issue on the public agenda. The strategy resulted in Memoranda of Understanding between institutions, and a modest increase in budget allocations to programmes to prevent gender-based violence at the regional level.

Active steering groups. Three case studies exemplify the value of small and consistent multi-institutional steering groups, which propel the projects forward. Steering group members also serve as ambassadors for their institutions. Their efforts instil in them and their institutions a sense of responsibility to mitigate gender-based violence. The steering groups had three characteristics in common that made them successful: 1) multi-institutional representation, 2) a small membership that could be mobilized quickly, if necessary, and 3) influence over their respective institutions. They also held meetings frequently and regularly.

- **The Domestic Violence Working Group in Romania.** The working group members met on a monthly basis or more often, if needed. They developed plans and protocols for helping survivors and prosecuting perpetrators and introduced the new information system into their organizations. The implementers believe that the key to the steering committee's success was meeting often and consistently. Members of the committee developed strong professional relationships, and their sense of commitment trickled down to their institutions.

- **The steering committee for the Turkish military training.** The small committee oversaw the process and ensured that the Turkish Armed Forces included the training in their permanent curriculum. They did this through a formalized document – spelling out the commitment and training processes – which was supported and signed by the chief of the institution.

- **The Project Planning Working Group for the Turkish police training.** The working group was established at the outset of the project and included members of the Directorate of Security, the Crime Scene Investigation Unit, and the Homicide Unit. Technical support was provided by UNFPA. The group met twice a week for several months to ensure ownership and clarify the process. They continued meeting throughout the project's duration. Through their oversight, they were able to reach every precinct in the country.

Timing. All of the countries covered in this publication are bound by international declarations and national policies to take action against gender-based violence. However, two countries seized opportunities to initiate projects based on new national legislation. Their timing created momentum and support from institutions.

- **A Prime Ministry circular in Turkey.** Following the lead of the Prime Minister's Office, the Ministry of Interior issued a 2006 circular requiring cooperation on the issue of gender-based violence among front-line institutions. UNFPA seized this opportunity to engage in dialogue with the organization responsible for police training (SASEM). The will may have existed without the circular, but the mandate brought the need to the forefront of the institution's agenda, and created a sense of urgency that propelled the project into action.

- **The National Agency for Family Protection and new legislation in Romania.** In 2003, the government created an institution responsible for preventing, monitoring and combating domestic violence. Along with the agency came three pieces of legislation on domestic violence that assigned roles and responsibilities to respective ministries. The implementers of the project used this opportunity to begin their work on women's crisis centres and to establish a system for multi-institutional collaboration on domestic violence.

The case studies show that tenacity and good timing are both helpful in making the issue of gender-based violence a priority among institutions. Institutions also tend to give the issue more importance when they are in control of processes related to it. Multi-institutional

steering committees that meet regularly encourage personal and organizational commitment to the problem and sustainable solutions. Furthermore, training programmes that are designed and implemented by existing staff in institutional structures have the greatest chance of being accepted as part of the institution's mandate.

USING THE PRACTICES FOR GUIDANCE AND PROGRAMMING

Guidance

The good practices from these five case studies are intended as guides, not blueprints, for partnering with men on the prevention of gender-based violence. The reader is encouraged to adjust them based on the needs and realities of specific countries and regions. To that end, they can be used:

As models for action. To replicate the processes that led to specific results, the reader can refer to the action steps section of the case studies. This section will clarify the main activities and their chronology in the project.

To maximize interventions. To capture innovations for interventions or activities in one target area (for example, training police officers or creating a multi-institutional database), the reader can refer to the good practices section of the case studies. This will highlight the most significant strategies and activities that led to the project's success.

As guides to avoiding pitfalls. To prevent mistakes and overcome challenges, the reader is encouraged to refer to the challenges and lessons learned sections of the case studies. These will help clarify some of the problems and provide strategies for dealing with them.

Five points for programming

The practices from the case studies can be used to address common challenges implementers face when working with men on the prevention of gender-based violence – both as partners and participants. The challenges and methods for addressing them that have proven most effective are described in Table 2.

TABLE 2. ADDRESSING COMMON PROGRAMMING CHALLENGES WHEN PARTNERING WITH MEN

Challenge	Interventions for programming
1. Dispelling male resistance to gender-based violence during training workshops	Using entry points and timing strategically (p. 74); assertiveness/empathy (p. 77)
2. Maximizing the impact of training in male-dominated institutions (such as the police and military)	Using a 'men and women talking to men' approach (p. 78); systematizing a response to domestic violence (p. 77); institutionalizing training (p. 79)
3. Securing commitments from government institutions	The 'woodpecker' approach (p. 74); steering groups (p. 80); timing (p. 80)

4. Attracting attendance for training among apathetic groups	Targeting family members and leaders (p. 75); engaging the media (p. 75); using entry points and timing strategically (p. 74)
5. Spurring males to take action on gender-based violence prevention	Action-oriented training (p. 77)

CONCLUSION

As a human rights issue that affects every level of society, there is no doubt that the global battle against gender-based violence must include men – young and old. The question is how to dispel resistance and engage them as partners of change in their personal and professional lives. The projects featured in this publication are ultimately no different from those in any region in the world: They depict struggles with deeply rooted social norms, ideologies and practices that condone and sometimes even encourage gender-based violence. The transition from communist and socialist forms of government to democratic ones creates new incentives and requirements for addressing the issue, many of which are related to becoming part of the European Union. But ultimately the change must take place in the minds and hearts of people and the institutions they create.

These case studies suggest that there is no single most effective entry point for engaging men as partners in the prevention of gender-based violence, but there are many keys to maximizing the effectiveness of any given intervention. The interventions described in this publication have produced tangible, quantifiable and sustainable results, and have the potential for replication in a variety of settings around the world. The lessons they have yielded can serve as inspiration and practical tools for helping men and women everywhere promote and protect human rights.

ANNEXES

ANNEX 1. THE CASE STUDIES AT A GLANCE

Case study:	Changing Perceptions of Domestic Violence among Police in Turkey
Summary of the project:	Using a 'training of trainers' model, every police officer in Turkey participated in a one-day training session on handling domestic violence cases. The project partners used an interactive DVD to systematize a protocol for dealing with survivors effectively.
Duration:	2006 to 2008
Budget:	$200,000
Implementing partners:	UNFPA, The Directorate General of the Status of Women, The Training Centre for Crime Investigation and Research under the National Police, Department of Public Order
Tools and resources: [33]	An interactive DVD for one-day field trainings A resource guide for police facilitators A training manual for police facilitators A pocket-sized resource guide on domestic violence for police officers
Contact person:	1. Meltem Agduk, Gender Programme Coordinator, UNFPA Turkey; Telephone: +03124304577; E-mail: eltem.agduk@un.org.tr

[33] All materials are available in Turkish only. In-depth information in English, describing the DVD and training sessions can be found in a project document, 'The Women's Shelter Project: Compendium of Training Programmes for Police, 2008', available through the UNFPA office.

Case study:	Integrating Reproductive Health and Gender Issues into the Turkish Military Curriculum
Summary of the project:	Using a cascade model, every soldier in the Turkish military participated in a one-day training session on sexual and reproductive health. The training includes five modules, one of which is dedicated to the prevention of gender-based violence.
Duration:	2002, ongoing
Budget:	$450,000
Implementing partners:	UNFPA, the Ministry of Health, the Gulhane Medical Military Academy within the Turkish Armed Forces
Tools and resources:[34]	Training manuals for master trainers and field trainers Illustrative charts on sexual and reproductive health PowerPoint presentations A pocket-sized resource guide for soldiers A pre- and post-training questionnaire to measure knowledge Interactive classroom design for training sessions Impact evaluation
Contact persons:	Gokhan Yildirimkaya, National Professional Project Personnel for Reproductive Health, UNFPA Turkey; Telephone: +903124334292; E-mail: gokhan.yildirmkaya@un.org.tr Tunga Tuzer, Assistant Representative, UNFPA Turkey; Telephone: +903124961479; E-mail: tuzer@unfpa.org

[34] All materials are available in Turkish only. In-depth information in English can be found in four articles published in medical and military journals: 1) 'Establishing Reproductive Health Education and Counselling in Military Services: The Turkish model for male involvement', *TSK Koruyucu Hekimlik Bülteni*, vol. 7, no. 2, 2008; 2) 'Reproductive Health Education of Conscripts in Turkish Armed Forces: First evaluation of training courses', *Military Medicine*, vol. 172, no. 12, 2007, p. 1254; 3) 'Reproductive Health Program of Turkish Armed Forces: Evaluation of training of field trainers and soldiers' experience', *Balkan Military Medical Review,* vol. 11, 2008, pp. 15-21; 4) 'Reproductive Health Training of Turkish Soldiers from Certain Risk Groups', *Turkish Journal of Medical Sciences,* vol. 38, no. 5, 2008.

Case study:	A Coordinated Institutional Response to Curb Domestic Violence and Serve Survivors in Romania
Summary of the project:	Under the leadership of a women's crisis centre, 16 institutions joined together at the regional level to create a protocol and action plan for collaboration on domestic violence. The project includes a computerized tracking system that enables institutions to provide comprehensive services to survivors.
Duration:	2006, ongoing
Budget:	$606,411
Implementing partners:	UNFPA, The National Agency for Family Planning, The East European Institute for Reproductive Health
Tools and resources:[35]	The protocol for collaboration The action plan for collaboration Training materials for police, psychologists and medical professionals Software for the Integrated Information System
Contact persons:	1. Ionela Cozos, President, East European Institute for Reproductive Health; Telephone: +40265255532; E-mail: icozos@eeirh.org 2. Stela Serghiuta, Programme Officer for Youth, Gender and Communication, UNFPA Romania; Telephone: +40212017835; E-mail: serghiuta@unfpa.org

Case study:	Challenging Patriarchal Norms and Tackling Taboos in Armenia
Summary of the project:	Community members in rural and urban areas of Armenia participated in two-day workshops on sexual and reproductive health that included a module on gender-based violence. The training was linked to rural mobile health-care units, where women were encouraged to seek services.
Duration:	2002–2004
Budget:	$32,000
Implementing partners:	UNFPA, The Ministry of Health, The Institute of Perinatology, Obstetrics and Gynaecology
Tools and resources:[36]	
Contact person:	Vahe Gyulkhasyan, Project Coordinator, UNFPA Armenia; Telephone: +37491400834; E-mail: vahe@unfpa.am

[35] All materials are available in Romanian only. For more information on any of the tools and resources, contact the East European Institute for Reproductive Health.
[36] Records on the resources for this project are no longer available.

Case study:	Empowering NGOs to Address Domestic Violence in the Ukraine
Summary of the project:	Using a five-part strategy, a network of women's NGOs was established to work with men on the issues of sexual and reproductive health and the prevention of gender-based violence.
Duration:	2006, ongoing
Budget:	$315,591
Implementing partners:	UNFPA, The Ministry of Family, Youth and Sports, Lyubystok (NGO), and Women of Donbass (NGO)
Tools and resources:[37]	
Contact person:	Andrey Poshtaruk, National Programme Associate, UNFPA Ukraine; Telephone: +380443328116; E-mail: poshtaruk@unfpa.org

[37] All materials are available in Ukrainian only. For more information on any of the tools and resources, contact UNFPA.

ANNEX 2. LIST OF INTERVIEWEES

TURKEY (POLICE TRAINING)

Name	Title and affiliation
Agduk, Meltem	Programme Coordinator on Gender, UNFPA Turkey
Arslan, Metin Murat	Chief Superintendent
Arig, Duygu	Programme Assistant on Gender, UNFPA Turkey
Ceckceki, Ozlem	Statistics Expert
Civelek, Esengul	Director, Women's Affairs Directorate, Ministry of Family and Women's Affairs
Erbaba, Ibrahim	Chief Superintendent, Division Director, Criminal Research and Investigation Training Centre
Isik, Nazik	Project Advisor
Onalyi, Alpaslan	3rd Degree Chief Superintendent
Ozturk, Ugur	Chief Superintendent
Isildar, Ergun	Chief Officer
Tosun, Zehra	Director, Foundation for Women's Solidarity
Ustun, Ilknur	Director, Association for Supporting and Training Women Candidates (KADER)
Vural, Erdal	Superintendent, Turkish National Police, Public Order and Crime Investigation Department, Domestic Violence Division

TURKEY (MILITARY TRAINING)

Name	Title and affiliation
Acikalin, Ibrahim	Deputy General Director, Ministry of Health, Maternal Child Health and Family Planning
Askeer, Erding Tali	Soldier in the Turkish Armed Forces
Bakir, Bilal	Associate Professor, Gulhane Medical Military Academy, Public Health Department
Gurginer, Mine	Trainer in Mother and Child Health and Family Planning, Ministry of Health
Guvenc, Gulten	Gulhane Medical Military Academy
Mehmet, Erden	Soldier in the Turkish Armed Forces
Ozdemir, Serpil	Ph.D. candidate, Public Health Nursing Department, Gulhane Medical Military Academy
Seven, Memnum	Ph.D. candidate, Obstetrics and Gynaecology Nursing Department, Gulhane Medical Military Academy
Tupay, Adviye	Trainer in Mother and Child Health and Family Planning, Ministry of Health
Tuzer, Tunga	Assistant Representative, UNFPA Turkey
Yavan, Tulay	Registered nurse, Ph.D. in the Obstetrics and Gynaecology Nursing Department, Gulhane Medical Military Academy
Yeginer, Cenk	Medical doctor, Gulhane Medical Military Academy, Public Health Department
Yildirimkaya, Gokhan	National Professional Project Personnel on Reproductive Health, UNFPA Turkey

ROMANIA

Name	Title and affiliation
Abca, Claudiu	Proximity Police Agent, Ludus City Police
Bodi, Tibi	Deputy Chief of Police, Orga Police Station
Cabulea, Ioan Nicolae	Chief of the Inspectorate, Ministry of Interior and Reform in Administration, Mures County Inspectorate
Carausu, Rodica Andreea	Public Manager, Department of Programmes and Coordination, National Agency for Family Protection
Chirvasuta, Angela	Police Inspector, the Institute of Crime Research and Prevention
Cozos, Ionela	President, East European Institute for Reproductive Health
Deac, Andrei	Proximity Police Agent, Tarnaveni City Police
Francois Lays, Marlene	UNFPA Representative in Romania and Country Director for Belarus, Bulgaria, Moldova, Montenegro, Serbia, The former Yugoslav Republic of Macedonia, and the Ukraine
Horga, Mihai	Assistant Representative, UNFPA Romania
Jora, Olga	Senior Advisor, National Agency for Family Protection, Ministry of Labour, Family and Social Protection
Micheu, Elena	Programme Coordinator, East European Institute for Reproductive Health
Milasan, Iacob	Proximity Police Agent, Mures Police Inspectorate
Nicusan, Adrian	District Proximity Police Coordinator, Mures Police Inspectorate
Nistor, Sorin	Chief of Police, Saulia Police Station
Pinca, Gabriela	Analysis and Crime Prevention Department Coordinator, Mures District Police Inspectorate
Pradan, Grigore	Chief of Police, Ideciu de Jos Police Station
Serghiuta, Stela	Programme Officer for Youth, Gender and Communication, UNFPA Romania
Suceava, Ioan	Proximity Police Agent, Mures Police Inspectorate
	Survivors of domestic violence who received support from the East European Institute for Reproductive Health[38]
Varoid, Petru	Chief of Police, Acatari Police Station

[38] Names were not used to protect the safety of survivors.

ARMENIA

Name	Title and affiliation
Avagyan, Gayane	Chief Specialist in Reproductive Health, Ministry of Health
Abrahamyan, Razmik	Director, Institute of Perinatology, Obstetrics and Gynaecology
Ghazaryan, Lala	Head, Department of Family, Women and Children's Issues, Ministry of Labour and Social Affairs
Gyulkhasyan, Vahe	Reproductive Health Project Officer, UNFPA Armenia
Harutyunyan, Nana	Lecturer, Chair of Obstetrics and Gynaecology, Yerevan State Medical University
Hayrapetyan, Garik	Assistant Representative, UNFPA Armenia
Hovakimyan, Lilit	Lecturer, Yerevan State Medical University
Nazarian, Karen	Executive Director, Inter-church Benevolent Round Table Foundation, World Council of Churches
Sargizova, Jina	National Project Coordinator, Combating Gender-based Violence in the South Caucuses Project, UNFPA Armenia
Vardanyan, Susanna	President, Women's Rights Centre

UKRAINE

Name	Title and Organization
Arkhipov, Valery	Assistant to the Minister, Ministry of Interior Affairs, Lugansk
Huzig, Oksana	Head, Gender Policy Sector, Ministry of Youth, Family and Sports
Klymenko, Olena	Deputy Director for Pedagogical Work, Lugansk Medical College
Koveshnikova, Liliya	Director, Women of Donbass Regional Social and Educational Centre of Human Rights
Oleksandrovych, Oleksiy Tanskyy	Lutsk Municipal Department of Education
Poshtaruk, Andrey	National Programme Associate, UNFPA Ukraine
Perekhodko, Lyudmyla	Board Director, Lyubystok
Stashenko, Mykhaylo	Rector, Volyn Institute Postgraduate Pedagogical Education, Ministry of Education and Science of Ukraine
Vornyk, Borys	Head of Office, UNFPA Ukraine
Voronenko, Oleg	Programme Officer, UNFPA Ukraine
Yarosh, Oksana	Director of the Gender Centre, Lutsk
Yaroslavovitch, Dmistrishin Igor	Deputy Department Head, Volyn Regional State Administration, Department of Family, Youth Services and Sports

ANNEX 3. TERMS OF REFERENCE

Documenting Experience, Lessons Learned and Good Practices of Gender-based Violence Prevention Programmes involving Male Groups in the Eastern Europe and Central Asia Region: REC6G41A Activity 06

I. BACKGROUND AND JUSTIFICATION

Preventing gender-based violence[39] is an integral component of sexual and reproductive health programmes. The extent of sexual violence is unknown, though data suggest that nearly one in four women may experience sexual violence by an intimate partner in her lifetime.[40] Between 10 per cent and 69 per cent of women report being hit or otherwise physically harmed by an intimate partner.[41] Women are particularly vulnerable in humanitarian emergencies, where rape is used as a weapon of war, as in the case of the conflict in Bosnia and Herzegovina.[42] Additionally, every year, hundreds of thousands of women and girls are bought and sold into prostitution and millions subjected to harmful practices. For other young women, sexual violence begins in childhood and adolescence, through forced sexual initiation. It is important to underscore that gender-based violence also includes violence against men and boys by virtue of their gender, i.e., the massacre of approximately 8,000 Muslim men and boys in Srebrenica in 1995.[43]

Gender-based violence is a risk factor for several conditions, including depression and low self- esteem, unintended pregnancies, involuntary sexual relations, gynaecological complications, the transmission of sexually transmitted infections, including HIV, high-risk pregnancies and maternal death. Forced unprotected sex renders women extremely vulnerable to HIV transmission. In the Eastern Europe and Central Asia region, approximately 1.5 million people are living with HIV, and in the year 2007, about 40 per cent of newly registered HIV cases in the region were among women.[44] It is estimated that 50 per cent of HIV-positive women in the region acquired the virus through unprotected sex with drug-injecting partners.

Gender roles develop from a combination of influences including family, peers, school, the media, religious institutions and other sources. One's understanding of gender is based on socially constructed differences in expectations about men and women, which may change

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[39] The term 'gender-based violence' comprises domestic violence, sexual and psychological forms of abuse as well as harmful practices, such as female genital mutilation/cutting. It also includes prenatal sex selection and female infanticide. From UN Population Fund, *State of World Population 2005,* UNFPA, New York, 2005. Available at: <http://www.unfpa.org/swp/2005/english/ch7/index.htm>

[40] World Health Organization, *Sexual Violence Bulletin*, WHO, Geneva, 2002.

[41] World Health Organization, *World Report on Violence and Health*, WHO, Geneva, 2002.

[42] Estimates of the number of women raped in Bosnia and Herzegovina range from 10,000 to 60,000. From: WHO, *Sexual Violence Bulletin*.

[43] UN Population Fund, *Programming to Address Violence against Women: 10 Case Studies*, UNFPA, New York, 2006, p. iv.

[44] There has also been an increase in the number of newly reported HIV diagnoses in various countries, including Azerbaijan, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Uzbekistan – the latter of which has the largest epidemic in Central Asia. From: Joint UN Programme on HIV/AIDS, *Report on the Global AIDS Epidemic*, UNAIDS, Geneva, 2007, p.52.

over time. By the time young boys are adolescents they have already learned the main lessons that shape masculine identity, thus highlighting the importance of reaching boys early on. Boys are also directly affected by gender-based violence and are often the witnesses of violence against their mothers or they bear the brunt of physical violence by the same abuser who is violent towards their mother. The behaviours and attitudes that cause violence against women may also be a cause of men being violent towards other men. These same behaviours and attitudes may also keep men from having close and meaningful relationships with each other. Men may remain silent or do nothing about the violence that they see other men commit against women.

Most men are not violent towards their partners, but men are overwhelmingly the perpetrators of violence against women. In many countries, socio-political norms have been largely constructed by men, thus rendering health care, the judicial establishment and law enforcement, the military, and social and community services less sensitive to the rights and needs of those affected by gender-based violence. In many cases, family planning and reproductive health services may be the only health or social services to which women have access and thus may provide the only opportunity women have to disclose the abuse they may be experiencing and the only opportunity to provide women assistance. Yet, health-care personnel may share the same cultural values and attitudes towards abuse that dominate the society. Often gender-based violence is viewed as a private matter and ignored – except in the most extreme cases. Therefore, in order to change the social and cultural norms of society, men must be actively engaged and involved. In this vein, involving male groups must be a central component of a multifaceted response that addresses gender-based violence to ensure that prevention activities are not only owned by women, but also by society at large. In accordance with the Eastern Europe and Central Asia (EECA) Regional Programme Work Plan and indicator, “good practices in addressing gender-based violence with male involvement documented and disseminated,” the EECA Regional Office seeks to document experience, lessons learned and good practices related to gender-based violence programmes involving male groups in the region.[45]

II. AIMS AND OBJECTIVES OF THE REVIEW

The overall objectives of the review are to:

1. Identify and document gender-based violence prevention programmes involving male groups in countries where UNFPA supports programmes or projects in the EECA Region
2. Identify and document lessons learned about gender-based violence prevention programmes involving male groups in countries in the EECA Region.
3. Identify and document good practices in addressing gender-based violence with male involvement in countries in the EECA Region.

It is expected that the results of the review will serve as an input to:

- Evidence-based policy advocacy on gender-based violence prevention initiatives involving men in the EECA Region and elsewhere
- Organizational memory and learning regarding gender-based violence prevention initiatives involving men
- Future programming and policy guidance on gender-based violence prevention involving men for UNFPA and its partners.

[45] Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Bulgaria, Georgia, Kazakhstan, Kosovo, Kyrgyzstan, Moldova, Romania, Russian Federation, Serbia, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, Uzbekistan.

Stakeholders of the review

The stakeholders of the study include UNFPA staff and development partners at national, regional and headquarters levels.

III. REVIEW SCOPE AND KEY QUESTIONS

This review to compile examples, lessons learned and good practices will focus on UNFPA-supported gender-based violence prevention programmes working with male groups in the 20 countries of the EECA Region between the years 2005-2008.

Candidate gender-based violence prevention interventions involving male groups may be related to service delivery, community mobilization, policy and legal reform, youth programmes, behaviour change communication, activities related to HIV prevention, the military, or populations affected by humanitarian emergencies, among other areas.

UNFPA Guidance on Lessons Learned and Good Practices can be found in Annex I.

Key questions

The following key questions, to be finalized by a principal consultant and adapted to the local country and programme context, and stakeholder-participants in the review, serve as guidance to the implementation of the study.

Effectiveness and efficiency

- Has the programme realized its intended results?
- Can impact be attributed to the programme as per its results areas (coverage, target group)?
- How has the programme affected (strengthened, weakened, no change) existing national and local services, institutions, laws or partnerships?
- Has the programme contributed to addressing underlying problems and challenges related to gender-based violence? If yes, how?
- Did the programme have unintended consequences (on the environment, beneficiaries, participation, agency or government relationship)?
- Has the programme contributed to changing individual, community, relational or societal attitudes about gender roles and underlying conditions that encourage or inhibit violence? If yes, describe.
- How is the programme culturally relevant, appropriate and acceptable?
- How long did it take to conceptualize and implement this programme? What made the process especially challenging, or more efficient?
- Have the intended goods and services been delivered during the intended time and amount and quality expected to beneficiaries?
- What do women/men/boys/youth think of the programme?
- Could this programme be scaled up? Replicated elsewhere?
- Is this programme sustainable (in terms of funding, partners, etc.)? If yes, how?
- Is this programme cost-effective?
- How much did the programme cost to implement? Who funded the programme?

- What are the key lessons that can be learned from this intervention (programmatic, operational)?
- What good practices, if any, related to programme design and implementation can be identified, in light of the above questions?

Relevance/coherence with national priorities

- How is the programme aligned with the poverty reduction strategy paper or national action plans?
- What are the main factors that contributed to the development of the programme?
- What information and data were used as a basis for designing the programme?
- What groups were targeted by the programme?
- How is the programme aligned with UNFPA's Global Programme strategy?
- Was the programme designed as a results-oriented, coherent and focused programme?
- Have local capacities been taken into account in the implementation of the programme?
- What good practices, if any, related to programme design and implementation can be identified, in light of the above questions?

National partner ownership

- To what extent has programme implementation been constrained or facilitated by political, climatic, infrastructural or other factors?
- How did the programme evolve? Who were its main proponents?
- Have other UN partners been involved with the programme?
- Have men been involved in the design of the programme?
- Were faith-based organizations involved?
- How have communities reacted to the programme?
- What was the role of national partners in the development of the programme?
- What support have national partners given to the programme (technical support, funding, staff)?
- What good practices, if any, related to programme design and implementation can be identified, in light of the above questions?

Capacity-building

- Is there sufficient guidance provided on gender-based violence programmes involving male groups to UNFPA country offices and partners? What issues require further clarification?
- What is the capacity of implementing partners to implement gender-based violence prevention programmes involving male groups?

IV. METHODOLOGY

1. Ascertain the number of programmes that address gender-based violence prevention through working with male groups in the region through the following:

- Key questions related to this issue were included in the EECA Regional Programme 2008-2011 Baseline Survey Data for 2007. This survey was distributed to all UNFPA country offices in the region with responses expected by mid-November 2008.
- All UNFPA country office annual reports from years 2005-2008 in the region will be reviewed.
- If little information is provided via the above mechanisms, a short (1-2 page) electronic survey will be developed and administered by the consultant to develop a snapshot of related activities in the region.

2. Document experience, lessons learned and good practices

- UNFPA country offices were requested to indicate whether they felt that the gender-based violence prevention programmes that work with male groups in their respective countries potentially offered lessons learned or good practices that may be useful and replicated in other countries during the above-mentioned EECA Regional Baseline Survey.
- Following the review of UNFPA country office annual reports, contact will be made with country offices to gain further insight into programmes and whether they could potentially serve as lessons learned or good practices.
- Since not all countries that have some experience with gender-based violence prevention programmes involving male groups can be visited, selected country offices will be requested to document their experience/lessons learned in a format provided by the consultant
- A number of countries (5-7) will be visited by the principal consultant to carry out the research.

In-country review design and methods for information collection

A principal consultant based in the region will conduct in-field research, analyse and synthesize the information and lessons learned in the respective countries and write a report. The consultant will be responsible for adapting the generic key questions to the local country and programme context.

The principal consultant will be assisted by national consultants who will facilitate work planning, translation for the principal consultant, assist with conducting focus groups in the local language, and transcribe and translate focus group discussions.

While undertaking the research in-country the principal consultant will conduct desk reviews, key informant interviews and focus groups in order to 'triangulate' findings through consultation with a broad range of stakeholders.

Desk review

The following are example documents that may be reviewed during the field research phase:

- National strategies and action plans
- Common Country Assessments/UN Development Assistance Framework Situation Analyses
- Project proposals and funding proposals
- Monitoring instruments and benchmarks

- Evaluation, research and progress reports
- Other relevant documents.

Key informant interviews

Interviews will be undertaken face-to-face with the respondents in order for the principal consultant to gain further insights and elaborate on specific themes as necessary. A semi-structured interview format, including open and closed questions based on the objectives of this study and key questions, will allow interviewees to respond to standardized questions, while concurrently providing ample room for background information, contextual and personal perspectives. Key informants may include: government partners, NGO partners, faith-based organizations, the military, media partners, academic experts, target beneficiaries, non-target beneficiaries of interventions, social service personnel, and law enforcement personnel, among others.

Focus group discussions

The focus groups will be designed for consultations with a broad range of stakeholders. The focus groups will allow the principal consultant to identify what key areas of concern are generalizable to the group as a whole, rather than the preferences of specific individuals. A limited number of members of a focus group may be requested to give a key informant interview. Focus groups will be conducted in the first language of the participants and facilitated by national consultants. Focus group discussions will be transcribed and translated by national consultants. Focus groups should not have more than 10 individuals. The composition and number of focus groups will be determined for each local context.

Local advocacy and awareness-raising initiatives

Following publication of the report, UNFPA country offices will be requested to organize an event, to include the media, government and NGO partners, to disseminate the report.

ANNEX I

A lesson learned should be:

- *Informative*: Does the lesson learned provide innovative, useful and relevant information for UNFPA and other agencies and individuals engaged or interested in reproductive health?
- *Evidence-based*: Does the lesson learned draw on proven strategies/methodologies? Does the lesson learned provide pre- and post-intervention indicators that suggest an association (or lack thereof) between strategy used and results obtained?
- *Able to be validated*: Does the lesson learned draw on sound monitoring and evaluation and measuring tools and strategies?
- *Related to a particular, documented programme/intervention*: Can the lesson learned reference any related reports by a UNFPA country office or another donor, an implementing agency or NGO, and/or a ministry of health?
- *Relevant to UNFPA mandate/priorities*: Does the lesson learned provide knowledge that may contribute to developing and improving programmes, strategies or policies aiming to reduce maternal mortality and morbidity and improving reproductive health?

In addition:

- *Lessons may be positive or negative, as both contribute to knowledge.*
- *A lesson may not necessarily represent an entire intervention or programme – perhaps lessons can be drawn from one part of the intervention.*

A good practice should:

- *Be replicable*: Can the practice be replicated effectively in another setting (another community, district, region, or country)?
- *Be verifiable/comparable*: Is the practice evidence-based? Are the results comparable to those obtained in similar interventions?
- *Be sustainable:* Can the practice be integrated into local/national policies/strategies/protocols to ensure institutionalization? Can the practice be maintained without or with minimal external technical and financial support?
- *Be cost-effective*: Can the practice be maintained effectively and generate the desired results within a reasonable and appropriate budget?
- *Include government and community ownership*: Are governments and communities invested in the practice/intervention? Is the practice culturally relevant, appropriate and acceptable?
- *Contribute to desired results*: Does the practice contribute to reduced maternal mortality and morbidity and improved reproductive health?

Source: *UNFPA Guidelines for Conducting Peer Review of Lessons Learned*
Note: 'In addition' portion of lessons learned is not included in the Guidelines.

United Nations Population Fund
220 East 42nd Street
New York, New York 10017
www.unfpa.org

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