



Appendix

Learning from practice: Survivor-centred, multisectoral service provision as part of Prevention of Violence against Women and Girls

**Lessons on prevention from civil society organizations funded by the
United Nations Trust Fund to End Violence against Women**

Dr. Elisabet Le Roux

Appendix A: Selection and description of projects

The 11 projects included in this synthesis review were selected because all had PBK in their final UN Trust Fund reports relating to survivor-centred, multisectoral responses for VAWG prevention. There were not only interesting similarities but also diversity in these selected projects and in the PBK that emerged from their documents. The projects were intentionally selected to ensure diversity in different ways.

- Projects were implemented in different geographical regions across the Middle East and North Africa (3), sub-Saharan Africa (3), Eastern Europe (2), the Pacific (1), Latin America (1) and South-East Asia (1), with a specific focus on low- and middle-income countries.
- Projects had different perceived levels of success, as assessed by the UN Trust Fund.
- While the majority of projects focused on only one country, two projects (from the same grantee, PHR) were implemented in two countries.
- The duration of funding differed, with some projects receiving funding for two years (e.g. the B92 Fund, MSP, ONIC and FYF); others receiving funding for three years (PHR, Al Shehab, the Panzi Foundation and WHI). Three grantees included in this synthesis review (PHR, Al Shehab and the B92 Fund) received two rounds of funding, with the second round in each case being for the continuation or upscaling of the first project.
- The size of grant differed, with one project receiving a small grant of up to \$150,000 (MSP) and the others large grants of between \$150,000 and \$1,000,000.
- The nature of the grantee organizations differed, including women's organizations (the Panzi Foundation, MSP and FYF), development organizations (Al Shehab and WHI), human rights organizations (PHR and the B92 Fund) and a civil society organization (ONIC).
- Diversity in terms of projects' approach to responding to VAWG was important. While all of the projects focused on responding to the plights of survivors, the projects were very diverse in their approaches. For example, some focused on improving a specific dimension of services (e.g. judicial services or the forensic evidence chain); some focused on providing a specific service, or set of services; and some focused on encouraging all those who play a role in VAWG prevention and response to work better together.
- Diversity in terms of projects' MSC was necessary. Some projects' MSC was part of collaboration structures designed and managed by others, while some grantees established, coordinated and managed new MSC structures.
- Although all grantees worked with government actors to some extent, the nature of this collaboration differed. Some also partnered with other civil society stakeholders and/or with private sector stakeholders. Grantees also engaged with different stakeholders from other disciplines or fields (e.g. health, law enforcement and education).

The broad scope of this diverse collection of 11 projects allows rich reflections on lessons learned from practice on why and how to provide survivor-centred, multisectoral responses for VAWG prevention.

Description of the 11 selected projects by the 8 grantees

Grantee, country, year, project title	Description of project	Overall project goal	Project results (reported in external evaluations)
<p>Al Shehab, Egypt, 3-year grant: 2015–2017. <i>Community-based intervention to alleviate the different forms of violence against women and women’s vulnerability to HIV</i></p> <p>Grant amount: \$367,712</p>	<p>The aim of this development organization’s project was to support marginalized women who experience violence and/or have HIV, by improving their access to and utilization of services for VAWG and HIV, to meet the needs of particular groups who experience and are at high risk of VAWG and HIV, and to increase understanding and support for gender equality and the HIV response in the community. The project utilized a number of strategies, ranging from promoting/providing services (psychological counselling, medical service and shelters), creating opportunities for women to exercise their social and economic rights, capacity development for community-based organizations and public health-care providers, public outreach and awareness-raising, and collecting and analysing data on the intersections between HIV and VAWG.</p>	<p>Marginalized women who experience (or are at risk of) violence and HIV transmission, with a focus on the Ezbet El Haggana and El Marg communities in Cairo, experience improved safety and health and reduced vulnerability through improved access to VAWG and HIV services and increased understanding in the community.</p>	<p>According to the external evaluation, health, legal, psychological and anti-violence programmes reached 1,662 vulnerable women in Cairo, who were eager to access these services. Services were effective and benefited primary beneficiaries. Al Shehab was evaluated as efficient in its use of existing infrastructure, particularly in the health-care system.</p> <p>For more on the results, see the project evaluation here.</p>
<p>Al Shehab, Egypt, 3-year grant: 2019–2022. <i>Community-based intervention to alleviate the different forms of</i></p>	<p>This project was designed as a scale-up of a previous project, based on the key outcomes and lesson learned from the project. In this regard, the project utilizes innovative, intersecting methodologies.</p>	<p>Marginalized women who are affected by (or are at risk of) violence and HIV transmission in Cairo experience improved safety, health and reduced vulnerability through</p>	<p>The final external evaluation is currently unavailable.</p>

<p><i>violence against women and women's vulnerability to HIV "scale-up phase"</i></p> <p>Grant amount: \$367,312</p>		<p>improved access to sustainable VAWG and HIV services, and increased understanding and enhanced support in the community.</p>	
<p>B92 Fund, Serbia, 2-year grant: 2013–2015. <i>Safe House Economic Empowerment (SHE – Empowerment)</i></p> <p>Grant amount: \$183,500</p>	<p>Human rights organization the B92 Fund piloted a model for the economic empowerment of survivors and at-risk women. Implemented in an existing government safe house (the Sombor safe house), which offers physical and psychological services, women received training to increase their potential and opportunities for economic independence.</p>	<p>Women survivors of violence from the West Backa district are empowered to initiate economically independent lives.</p>	<p>According to the external evaluation, outputs set in the project proposal were achieved, including setting up a social enterprise in the Sombor safe house, integrating a new service in the Sombor Center for Social Welfare, conceptualizing and organizing 10 training sessions (consisting of 2 to 10 modules) for the project beneficiaries, offering them skills and knowledge to enable their pursuit of economic independence. A strong solidarity emerged among women in the project and produced new opportunities for economic independence and the sustainability of the social enterprise "Sombor Good Garden". The changes that the project made were generated primarily in the attitudes but also in the capacities of women who participated in the project – they felt more supported, equipped and motivated to start developing and pursue their own business ideas. The project was also fairly successful in advocating for further replication of this mechanism through relevant institutional support, public events and media campaigns.</p>

			For more on the results, see the project evaluation here.
<p>B92 Fund, Serbia, 2-year grant: 2017–2019. <i>SHE – Empowerment upscaling</i></p> <p>Grant amount: \$200,000</p>	<p>A scale-up of its pilot project implemented in the Sombor safe house, this upscaling of the SHE – Empowerment project engaged with two more safe houses in different municipalities (Pancevo and Sremska Mitrovica). The project aimed to help women survivors to regain self-confidence, gain knowledge and skills, initiate (self-)employment, and provide for themselves and their children.</p>	<p>Women survivors of violence and those at risk are empowered economically, as they are given an opportunity to gain knowledge and skills to pursue their economic independence.</p>	<p>According to the external evaluation, 119 women were reached, partly through 20 training sessions for women survivors of violence and/or through allowing these women to acquire the knowledge, skills and confidence to deal with the challenges of an independent and sustainable economic existence. The project also included the establishment of social enterprises; SPO “Hands” in Pancevo focused on textile production of modern designs and traditional motifs and “Mitrovica Good Garden” produced healthy juices and jams from local farmers’ fruits. In addition, SPO “Sombor Good Garden”, which was established in the pilot phase of the project, adapted its activity to produce cherry tomatoes, and is connected with SPO “Mitrovica Good Garden”.</p> <p>For more on the results, see the project evaluation here.</p>
<p>FYF, Iraq, 2-year grant: 2017–2019. <i>Psychosocial counselling and trauma therapy: FYF Women’s Center</i></p> <p>Grant amount:</p>	<p>The project by this women’s organization was designed to provide evidence-based trauma treatment to survivors of violence from the Yezidi community in an IDP camp in Iraq. Key activities were providing culturally sensitive psychological services, including psychoeducation and lessons in stress management, and individual and group therapy, and the creation of a cadre of women volunteers providing</p>	<p>By the end of the project, at least 800 traumatized Yezidi women and girls in the Khanke IDP camp in Dohuk, Iraqi Kurdistan, including survivors of sexual violence, will experience reduced suffering and have their psychological health and</p>	<p>According to the external evaluation, the project intervention had a high impact in terms of trauma therapy decreasing trauma-related symptoms, increasing subjective sense of psychological well-being (754 women) and increasing the sense of social connectedness after psychological support among most beneficiaries (706 women). It contributed to ending violence against women at an individual</p>

\$235,850	basic support. To help women to overcome unfamiliarity, fear and stigma, the project conducted periodic awareness-raising sessions for the whole community.	social well-being restored, facilitating their full participation in their families and their future, and enabling their reintegration into the community.	level by preventing the interpersonal and transgenerational transmission of trauma.
<p>MSP, Fiji, 2-year grant: 2013–2015. <i>Women and Youth Empowered (WAYE) by access to information to protect their rights and improving service delivery to protect their health</i></p> <p>Grant amount: \$117,000</p>	The WAYE project by this women’s organization integrated mobile clinical outreach, a one-stop centre, and strategic communication and advocacy, bringing services and information to women in their communities and workplaces. It created a range of formal and informal partnerships with government and non-government actors, with the overall aim of reaching and supporting survivors and at-risk women and girls.	Women and girls in seven markets and seven rural communities are empowered, have greater access to good-quality sexual and reproductive health services, and feel safer in their communities.	<p>According to the external evaluation, the WAYE project reached 25,150 indigenous women and girls, survivors of violence, sex workers, and women and girls in general through its one-stop centres. The programme was widely perceived by stakeholders to have made a significant contribution to tackling VAWG in the country at the levels of prevention and protection, and is in high demand in rural areas.</p> <p>For more on the results, see the project evaluation here.</p>
<p>ONIC, Colombia, 2-year grant: 2015–2016. <i>Mujeres indígenas, violencias basadas en género y acceso a la justicia</i></p> <p>Grant amount: \$417,601</p>	The project of this CSO focused on indigenous women (specifically indigenous survivors) because of their increased vulnerability due to their ethnicity and armed conflict. The project provided survivors with better access to legal, psychosocial and cultural accompaniment processes that contributed to the restitution of their legal, psychological, social and spiritual rights. The project explicitly focused on	Indigenous women and girls who have been victims of violence have better access to legal, psychosocial and cultural accompaniment processes that contribute to the restitution of their legal, psychological, social and spiritual rights.	According to the external evaluation, an observatory of violence against indigenous women was put into operation on a virtual platform that allows collaboration between project partners (ONIC, Acin’s women’s programme, the Ombudsperson Institution of Kosovo and the Community Support Corporation) to register and follow up on violence cases. During the project, the participating organizations registered 1,383 cases in total. The organizations also supported

	the unique circumstances of indigenous women and girls, and drew on culturally appropriate accompaniments.		428 women and their families with cultural, social, legal, judicial and psychological support, allowing the documentation of 15 cases. The wider multisectoral advocacy processes of raising awareness and changing guidelines in favour of indigenous women's rights sensitized 262 national authorities. For more on the results, see the project evaluation here.
<p>Panzi Foundation, Democratic Republic of the Congo, 3-year grant: 2015–2017. <i>Scaling up the holistic Panzi model to ensure vulnerable women and girls' access to quality medical, psychosocial and legal services</i></p> <p>Grant amount: \$601,512</p>	<p>This women's organization's project focused on providing the support and services that sexual violence survivors require. Its approach (the Panzi model) was to provide support in a holistic manner, therefore making medical, legal, judicial, psychosocial and socioeconomic support available in one place – a one-stop centre. In this project, the organization worked to develop such holistic service provision in two hospital centres in remote areas. Local community actors (religious and traditional leaders, civil society actors, community paralegals and judicial authorities) were trained and mobilized to promote access to care and justice for survivors; health-care staff (doctors, nurses and social workers) were trained at the one-stop centres; and other duty bearers (the police, lawyers and judges) were trained.</p>	<p>Survivors of sexual violence in the health zones of Walungu and Minova who receive medical, psychosocial and legal services according to the Panzi model have improved health and psychosocial well-being.</p>	<p>According to the external evaluation, the beneficial effects on the physical and psychosocial health of 591 sexual violence survivors and other women and girls through the project were evident. Community actors, including religious leaders, neighbourhood/village chiefs and school officials, contributed effectively to the implementation of the project. Through training on the Panzi model, they increased their knowledge on identifying the needs of sexual violence survivors, and on the role they play in the fight against sexual violence in their communities.</p>
<p>PHR, Democratic Republic of the Congo and Kenya (Uganda, Central</p>	<p>The project by this human rights organization addressed impunity for sexual violence by developing a functioning multi-sector medico-legal</p>	<p>Women and girl survivors of sexual violence in communities in the Democratic Republic of</p>	<p>According to the external evaluation, the programme trained 851 health-care, legal and law enforcement representatives. The estimated number of sexual assault survivors</p>

<p>African Republic, Sudan), 3-year grant: 2011–2015.</p> <p><i>Formation of a medico-Legal network to address sexual violence in armed conflict in central and eastern Africa</i></p> <p>Grant amount: \$625,000</p>	<p>system for collecting and processing forensic evidence in rape cases. The project engaged actors along the forensic evidence chain (health-care providers, police officers, lawyers and judges) to help ensure that survivors received justice. Originally planned to include five countries, owing to various challenges implementation focused on the Democratic Republic of the Congo and Kenya.</p>	<p>the Congo and Kenya benefit from a women- and girl-centred approach when receiving services from the health, legal and law enforcement sectors.</p>	<p>reached by the PHR training was 17,448. In Kenya, trainees described adopting a more survivor-centred approach by providing increased confidentiality, enhanced referrals and attention to psychological needs. In the Democratic Republic of the Congo, trainees described adopting a more survivor-centred approach by improving communication techniques, improving confidentiality and minimizing distress. Overall, improvements in medical documentation and sample collection translated into improved investigative services that were provided to survivors of sexual assault through networks and improvements in collecting medical evidence. For more on the results, see the project evaluation here.</p>
<p>PHR, Democratic Republic of the Congo and Kenya, 3-year grant: 2016–2018.</p> <p><i>Deepening and expanding the cross-sector network response to sexual violence in the Democratic Republic of the Congo and Kenya: a project to increase justice for women and girl survivors of sexual violence</i></p>	<p>With this second round of funding, PHR worked on expanding and improving cross-sector collaboration on the sexual violence response, again upskilling everyone involved in the forensic evidence chain. Building collaboration and trust between the different actors was a priority, and the project prioritized instilling in all actors a survivor-centred focus. The project involved training, mentoring, and the development of protocols, policies and an app. The project was again implemented in the Democratic Republic of the Congo and Kenya.</p>	<p>The cross-sector response to sexual violence is deepened and expanded so that: more survivors receive good-quality medical and psychological care; evidence collection leads to thorough investigations and stronger prosecutions; judges make evidence-based rulings; the number of local and international prosecutions of sexual violence crimes increase; and many more women and girl survivors of sexual</p>	<p>According to the external evaluation, PHR programme exposure was associated with increases in medical and legal documentation quality through multisectoral coordination. It is estimated that local changes in professionals’ knowledge and occupational practices, along with structural efforts made with the programme’s support to better facilitate documentation for survivors reached 18,261 survivors receiving services from secondary beneficiaries interacting with the PHR programme.</p> <p>For more on the results, see the project evaluation here.</p>

<p>Grant amount: \$975,000</p>		<p>violence obtain justice and reparations.</p>	
<p>WHI, Cambodia, 3-year grant: 2016–2018. <i>Enhancing responses to violence against women and girls in Cambodia</i></p> <p>Grant amount: \$400,718</p>	<p>The aim of the project was to improve service provision to survivors at all stages of recovery, especially by social workers, by enhancing coordination between agencies. This included government departments and actors, as well as community-based committees and actors. WHI did this through upskilling the actors involved in providing the services. Service providers received training, women and girls received services and general awareness-raising was done, to increase awareness of the impact of violence and how to prevent and respond to it.</p>	<p>Women and girls in the Samrong Tong, Borseth, Thpong and Oudong districts of the Kampong Speu province in Cambodia feel safer from VAWG as a result of living in communities with a greater understanding and respect for the rights of women and girls and access to social and legal services for survivors.</p>	<p>According to the external evaluation, the project was largely successful in reaching out and providing sexual and gender-based violence services to 412 female survivors through trained government service providers and outreach events. Victims of violence received direct counselling, information on legal aid and social services, and referrals to services, and at least 55 women participated in group therapy sessions as a support mechanism.</p> <p>For more on the results, see the project evaluation here.</p>

Appendix B: Methodology

In August 2020, the UN Trust Fund commissioned a synthesis review of PBK on VAWG prevention arising from 89 UN Trust Fund-funded projects. During the first phase of the synthesis review, 10 key “Pathways towards Prevention” surfaced from the PBK data mined from these 89 projects as particularly relevant to VAWG prevention evidence-building, with PBK envisaged as a compass that helps projects to navigate these different, interrelated pathways in practice. In the second phase of the review, each pathway was explored in more detail, by focusing on several projects that showed particularly relevant PBK for the pathways. This is the 9th synthesis review in this series of 10 synthesis reviews.

This synthesis review focused on the pathway that explores survivor-centred, multisectoral services for survivors. A total of 11 projects implemented by 8 grantee organizations (with 3 projects being scaled-up projects of previous projects also funded by the UN Trust Fund) are engaged with in this synthesis review (and listed in appendix A). The broad scope of this diverse collection of 11 projects allows rich reflection on lessons learned from practice on survivor-centred, multisectoral services as part of VAWG prevention.

The research followed an inductive process to allow the concerns and reflections identified by project partners to drive both the research process and the final content. This in itself challenges approaches that require project data to fit into pre-existing theoretical frameworks and ensures that the PBK from the reports strongly shape the themes and issues explored in the synthesis review. Three overarching guiding questions helped focus the engagement with literature and a PBK mining strategy.

- What lessons can be learned about the provision of services as a component of prevention?
- What lessons can be learned about the implementation of survivor-centred approaches in VAWG prevention programming?
- What lessons can be learned about engaging in MSC around service provision?

However, the synthesis review does not aim to “answer” pre-decided research questions in a deductive way; rather, it leaves space for practitioners’ priorities and reflections.

Although these guiding questions informed the mining process, the themes explored in the synthesis review were in the end dictated by the PBK that surfaced in the projects’ reports, centring them as knowledge co-producers and not merely as data providers. This approach is in line with PBK methodology.

The first step in the research process was a two-step rapid literature review. The first step focused on recent existing academic and grey literature to give a brief overview of what is known about response as a component of VAWG prevention, survivor-centred approaches, and MSC in VAWG prevention programming, and what is emerging on how the COVID-19 pandemic is affecting the VAWG response (particularly services). A focus on low- and middle-income countries was prioritized. The second step reviewed this same evidence in the light of the five themes emerging from practitioners, to identify appropriate and complementary contributions for the literature boxes for each of the five themes.

In identifying PBK relevant to each specific synthesis review, the focus was on textured PBK, which is more than a description of what projects did, including the detail, context, narrative, cumulative learning and/or complexity around why and how they did it. PBK around the impact of listed activities was only included if there was a specific reflection on lessons learned, and not if activities were only listed as achieved. An inductive approach allowed this field data to drive both the analysis and the final report content.

Keeping this in mind, PBK mining strategies for this synthesis review prioritized:

- critical reflection by implementors (and beneficiaries) on survivor-centred, multisectoral activities in their wider sociopolitical and economic contexts;
- textured insights to surface the **why** and **how** of survivor-centred, multisectoral approaches to VAWG prevention in contexts that are multifaceted, fluid and changing;
- unexpected adaptations made owing to the emergence of new challenges or developments in being survivor-centred and/or promoting a multisectoral approach to service provision;
- challenges projects faced in practice around responding to survivors' needs;
- challenges projects faced in practice around developing and implementing a multisectoral approach to services;
- textured insights around how VAWG prevention and response are understood and connected in practice;
- critical reflections on what it means to be survivor-centred, and the role of this approach in VAWG prevention;
- similarities/differences around survivor-centred, multisectoral approaches that resonate between contexts;
- any ways in which organizations embodied survivor-centredness through project design and implementation;
- any insights on survivor-centredness, MSC, and services and support in general that may have resonance with COVID-19.

For each of the 11 projects, PBK on survivor-centred, multisectoral services as part of VAWG prevention was mined from the full external evaluation report, the “Narrative report” section of all the annual project reports and the results chain (as captured in the annual project reports). One project – Al Shehab’s scale-up in Egypt – was not yet completed at the time of this study; therefore, no external evaluation could form part of the mining process. Instead, all of the (biannual) progress reports were reviewed.

Each project was first approached as a stand-alone unit and all relevant PBK captured in one document. These documents were then hand-coded, to ensure that the researcher could understand the context (and the “whole-picture”) of the project – a key tenet of PBK. Once this was done for each project, a thematic outline was developed based on recurring themes emerging across different projects.

These emerging themes guided the development of the interview guides for two FGD sessions to which all eight grantees, and their implementing partners, were invited. These two FGDs were empirical data collection exercises, where “new” PBK was sourced from the project grantees. Seven representatives from four of the eight grantee organizations participated in this exercise, either by attending one or both of the FGDs, or (where they were unable to attend the sessions) by providing written answers to the FGD questions. All FGD participants completed a written consent form and, to ensure confidentiality, the recordings and transcripts of the FGDs were not shared with anyone apart from the FGD participants.

The notes, transcripts and written answers from the FGDs were hand-coded and the outline of the synthesis review structure was adapted accordingly. An outline of the synthesis review was shared with the UN Trust Fund and, after feedback, the outline was finalized and the synthesis review drafted.

A core principle of PBK is decentring existing, often implicit, knowledge hierarchies and creating feminist, decolonized ways of creating new knowledge and being accountable. This has shaped not only the methodology and the report-writing process but also the review process, in which various stakeholders were involved. All eight project grantees received the draft report to review and were invited to an online validation meeting with the researcher. The UN Trust Fund’s internal and external advisory groups were also invited to review the draft synthesis review.

Appendix C: Focus group discussion guides

FGD No. 1

1. How did your project see the link between prevention and response? Or what terms do you use? And if you hear “VAWG prevention”, do you believe that includes activities with women who experienced violence?

- *Can you give me a concrete example of how your project’s work in focusing on survivors contributed to VAWG prevention?*
- *If you reflect on what you did in your project, how do you see working with survivors to promote primary prevention?*
- *Currently globally there is a big focus on primary prevention – what do you think about this?*

2. Your project worked with women who are at high risk of violence. Does this impact how you see prevention and response? In such settings of higher risk of violence, should we see prevention and response differently? Did you?

- *Why did you decide to focus on survivors in your VAWG prevention project? How do you see this as relevant or important to VAWG prevention?*

3. Would you say your project was survivor-centred, and why would you say so?

- *What does being survivor-centred mean to you?*
- *How did you incorporate your understanding of survivor-centredness into your programme’s design and practice?*

4. Let us bring together your thoughts around the prevention and response continuum, with your thoughts on being survivor-centred. Can a project only be survivor-centred if it works with survivors? Or do you think that primary prevention activities can be survivor-centred? Why do you say so?

- *Can you give an example of this from your project?*
- *How do you think being survivor-centred should impact VAWG prevention programming?*

5. Community volunteers emerged in all of the projects as an important element of multisectoral, survivor-centred response activities. In quite a number of the projects, such a community volunteer component was never part of the original planning; and in quite a few it was only supposed to be a small part, yet it grew to be one of the most significant parts. Why do you think this is the case? In 11 projects where the entry point into VAWG prevention was survivors, why did community volunteers emerge as an important element?

FGD No. 2

1. This synthesis review also focuses on the issue of multisectoral collaboration. By “multisectoral” we mean both that partners can come from different fields relevant to VAWG prevention, for example from the health sector or from the judicial sector, and that partners can come from different systems or structures in society, for example government, civil society or the private sector. Do you think it is possible to do VAWG prevention without collaboration? Why do you say so?

- *Can you give me an example or illustration from your project?*

2. How did you decide on the partners that you collaborated with? In other words, how did you pick the sectors, and how did you pick the specific organizations or people in those sectors? Why in that way?

3. Would you say you just took part, or did you coordinate the collaboration?

- *What was your leadership role?*

4. Looking at your experiences in your project, what are the keys to good multisectoral collaboration, and what are the biggest challenges?

5. Do you think your understanding of “survivor-centred” influenced who you chose to collaborate with? Why do you say so?

6. Is any of your programming from this grant continuing now? If so, can you tell us how your multisectoral VAWG prevention work with survivors has had to be adapted due to COVID-19?

- *How did you adapt it?*
- *Why did you adapt it in that way?*
- *What have you learned in the process?*
- *Would you recommend this way to others?*

7. If your UN Trust Fund-funded programmes have not been continuing, do you have any tips from your own programming experiences you can give those who **are** working multisectorally and in survivor-centred ways to support survivors in COVID-19 times that could help them adapt better to COVID-19 realities?

- *Why this specific tip?*
- *How do you think this can help?*

Appendix D: Informed consent form

CONSENT TO PARTICIPATE IN RESEARCH

We would like to invite you to participate in research collecting practice-based knowledge (PBK) on engaging with religious and traditional actors to prevent violence against women and girls (VAWG). You are invited specifically because an organization that you work or worked for implemented a project that was funded by the UN Trust Fund.

Please take some time to read the information presented here, which will explain the details of this project, and contact me if you require further explanation or clarification of any aspect of the study. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you or your organization negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part. The information that has been collected from you up to that point will then be deleted.

We are asking you (as a representative of your organization) to take part in two online focus group discussions (FGDs), where we will discuss the preliminary findings of the process of collecting and synthesizing PBK from specific UN Trust Fund projects (including your organization's), and your specific experiences and learnings from collaboration on providing services, and share your thoughts and opinions. The online focus group will not last longer than 90 minutes.

You will remain anonymous and your name will not be included in any reporting. You will not receive any payment for taking part in this study. Confidentiality will be maintained by means of using codes instead of names and storing data on password-protected computers. Only the researchers will have access to any notes that are taken.

The session will be recorded. You will have the right to review/edit the recording after the session. These recordings may also be transcribed. The transcriber will sign a confidentiality agreement and this transcription will not be shared with the UN Trust Fund.

In any reports, journal articles or presentations prepared based on the data collected during this study, you will remain anonymous.

If you are willing to participate in this study please sign the attached Declaration of Consent and email it to the researcher.

DECLARATION BY PARTICIPANT

By signing below, I agree to take part in this research study on engaging religious and traditional actors to prevent VAWG, conducted by Elisabet le Roux.

I declare that:

- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurized to take part.
- I may choose to leave the study at any time and will not be penalized or prejudiced in any way.
- All issues related to privacy and the confidentiality and use of the information I provide have been explained to my satisfaction.

Signed on (date)

Signature of participant