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With assistance, a dramatic turnaround in life

Prarthana is from a remote village in Chittagong. At 16 years of age she was forced by her impoverished parents to marry Biplob, a returnee overseas migrant. What she did not know was that he had acquired the human immunodeficiency virus (HIV) during his stay abroad, although his parents and friends were aware. Wrongly, they had suggested that Biplob marry an underage girl to “get rid of” the HIV. Within a year, Prarthana* and Biplob had a child. A few months later, Biplob died of AIDS and subsequently both Prarthana and the baby were found to be HIV-positive.

Both Prarthana’s own parents and in-laws began to stigmatize and discriminate against her. From sheer lack of food, medicine or extended family support, the baby soon died as well. Prarthana herself was near death before the Ashar Alo Society (AAS), a key partner of the UN system, provided her with food and shelter at its Dhaka-based centre supported by the Joint Programme on VAW. Prarthana took part in income generation training co-sponsored by AAS and the UN. She also received a one-time grant of 10 000 Taka (about US\$125) to start her own business in home-based poultry and goat rearing. A total of 145 other HIV-positive women have received similar grants.

Today, at age 20, Prarthana enjoys an inspirational life story: She has recently found a life partner of her choice, and she and her husband are happily married and living in the Sylhet region. To help support the couple, she is making a living through poultry farming.

*(all names changed to protect privacy)

Ending the Silence

Stopping violence against women in Bangladesh

In Bangladesh, violence against women is endemic. It is a serious social, cultural and economic problem that has far-reaching consequences for society and national development. The 2013 Gender Inequality Index ranked Bangladesh 146 among 186 countries. It is estimated that nearly two out of three women have experienced gender-based violence (GBV) during their lifetime, with domestic violence being widespread. GBV happens in the home and workplace, and for the most part is never reported. Practices such as child marriage, dowry, lack of education, unemployment, wage discrimination and structural adjustment policies are all thought to exacerbate women’s vulnerability and dependency.

Two main factors hampering progress towards a reduction of violence against women are the unfavourable policy and legal frameworks, as well as deep-rooted social and individual attitudes and behaviours. The protection that women survivors of violence receive is inadequate, particularly physical and psychological protection. It was against this background that the Joint Programme to address Violence Against Women (JP-VAW) in Bangladesh was developed.

The JP-VAW was approved in 2008 with a budget of US\$ 7.9 million. It brought together nine United Nations (UN) agencies/programmes and eleven national counterparts.¹

The partnership addressed three key areas: adoption and implementation of a related policy and legal framework; changing behaviours related to violence against women and girls; and protecting and supporting GBV victims.^{2,3}

The programme was overseen and guided by a National Steering Committee (NSC). Operational coordination was achieved through a Programme Management Committee (PMC). Lead agencies were the Economic Relations Division (ERD) of the Bangladesh Government and United Nations Population Fund (UNFPA).

Project partners:

Eleven ministries of the Bangladesh Government and nine United Nations agencies.



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H.E. Mr Abdul Hamid, President of Bangladesh (then Speaker of the Parliament), releasing balloons at the inauguration of the 16 Days of Activism Campaign, with other delegates including H.E. Mr Luis Tejada Chacon, Ambassador of Spain, MPs and representatives of government ministries, UN agencies and civil society organizations.

Besides involving UN agencies and government ministries, the JP-VAW also worked extensively with nongovernmental organizations and civil society groups. Two particular programme initiatives illustrate the degree of unity and partnership that was accomplished:

The psychosocial training programme involved training 283 caregivers from the Ministry of Women and Children Affairs and the Ministry of Social Work, in order to enhance their support to survivors of domestic violence. Psychosocial training was considered essential in order for caregivers to fully understand survivors' experiences and to provide a conducive healing environment. In addition to those providing psychosocial counselling, training was also aimed at other staff members, including programme managers, support staff, including cooks, guards, lawyers providing legal support to the survivors, doctors and nurses from the women-friendly hospitals, and peer educators from

nongovernmental organizations dealing with returnee migrants who were abused in the country of destination. This inclusive method of training ensured sensitivity among the trainees, who directly interact with survivors.

A psychosocial training manual was developed in consultation with all stakeholders to complete a needs assessment. The Department of Social Services incorporated the training course into their regular staff training, helping to ensure long-term sustainability.

The 16-day Joint Campaign provides a further example of effective partnership. The JP-VAW was able to promote a coordinated, UN-wide 16-day activism campaign as part of the global UNiTE campaign⁴ to end violence against women. In previous years, various UN agencies had observed the 16 days of activism campaign, but not in a coordinated way. The JP provided the opportunity to strengthen coordination,



“Prevention of violence and providing services to affected women and girls and their families requires the commitment and investment of governments. Countries need to ensure that there are national policies, structure and mechanisms, legal provisions and laws, as well as services and actions from multiple sectors. WHO will work with other UN agencies and partners in supporting the Member States in strengthening health systems to effectively respond to violence against women and girls.”

Dr Poonam Khetrupal Singh, WHO Regional Director for South-East Asia

and work with government ministries and civil society organizations. In this way, joint and coordinated actions had a far greater impact than the sum of single agency efforts.

The campaign was launched on 26 November 2012 with the theme *Safe Home, Safe Society: Stop Violence Against Women Now*. The Speaker of the Parliament, Mr Abdul Hamid – now the President of the country – termed violence against women a “social disease” and said necessary steps must be taken to make every woman aware of her rights and to provide them with sufficient legal and economic security to end violence against women.⁵ The Speaker also was present at an oath-taking ceremony where lawmakers, UN officials and development partners vowed to work towards ending violence against women. Several activities were organized including a rally, student debates, art competitions, roundtable discussions, TV and radio spots, talk shows, documentaries, cultural shows and a national conference.

The final evaluation of the JP concluded “...many participants highlighted the 16-day campaign of 2012, bringing together the activities of all agencies and increasing visibility. But more important than the actual campaign was the process that was put forward which, if replicated and built upon, could yield significant results.”⁶

The joint programme engaged with agencies and ministries that do not traditionally work in the area of GBV, leading to increased understanding of the challenges and multifaceted nature of GBV, greater visibility and a more comprehensive response. As a result, all 20 participating organizations are more

aware of their role in the fight against VAW. Individual agencies used their respective strengths to contribute to the programme, allowing for a diversity of approaches, a key characteristic of the programme. With the global backing of participating UN agencies, the programme generated a very strong platform for action and a wide pool of expertise to draw upon.



JPMO/UNFPA advertisement – Do you know? Child marriage can lead to serious health risks for adolescent girls.

Innovative partnerships naturally raise new challenges and in this regard the joint programme learned important lessons. The design process was key, providing the foundations for efficient, results-oriented programming, including a guiding vision, the overarching theory of change, a management structure and commitments for sustainability. One stakeholder criticized the joint programme as not being one activity, but rather a “collection of bilateral activities”. A delay in the recruitment of joint programme staff (until one year into the programme) reinforced this model of implementation. Joint management suffered as a result, particularly regarding monitoring and evaluation (M&E). In addition, a lack of key expertise in human rights programming, for example, was a hindrance. In the final year of the programme, when the joint programme team was fully established, there was significantly more progress towards joint programme objectives.

The practicalities of coordinating 20 partners, and a lack of coherence and flexibility in the UN and Government procedures, also presented barriers to efficiency.

M&E was carried out separately by each UN agency and only brought together at the level of reporting. This led to methodological inconsistency and a lack of coherence. As a result, the overall M&E framework was unable to capture achievements adequately.

Nevertheless, it was concluded that the joint programme produced a more coherent and robust response, which in turn should translate into a more efficient use of resources and greater impact. The results achieved by the joint programme may be best viewed as pilots that serve as useful models for future collaboration and partnership.

The initiative concluded in June, 2013.

- ¹ United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), UN Women, International Labour Organization (ILO), Joint United Nations Programme on HIV/AIDS (UNAIDS), International Organization for Migration (IOM), World Health Organization (WHO), United Nations Children’s Fund (UNICEF), United Nations Educational, Scientific and Cultural Organization (UNESCO), Ministry of Information (MoI), Ministry of Social Welfare (MoSW), Ministry of Women and Children Affairs (MoWCA), Ministry of Religious Affairs (MoRA), Ministry of Youth and Sports (MoYS), Ministry of Health and Family Welfare (MoHFW), Ministry of Labour and Employment (MoLE), Ministry of Education (MoE), Ministry of Expatriates’ Welfare and Overseas Employment (MoEWOE), Ministry of Local Government, Rural Development and Cooperatives (MoLGRDC), Ministry of Law, Justice and Parliamentary Affairs (MoLJPA).
- ² United Nations Joint Programme on Violence Against Women: summary of programme and 20 minute film (http://www.unwomen.org/mdgf/downloads/MDG-F_Bangladesh_A.pdf, accessed 28 January 2015).
- ³ Bangladesh: Empowering Vulnerable Women (<http://www.youtube.com/watch?v=O9sy5HjkJWY&list=PL8D7E9A16D2211B57>, accessed 28 January 2015).
- ⁴ UN Secretary-General Ban Ki-moon launched the global multi-year UNiTE campaign in 2008 to provide a collective platform to link a wide range of stakeholder initiatives at the global, regional, national and local levels, working collectively to end violence against women.
- ⁵ Equal participation of women must be in all sectors. The Daily Star, Tuesday November 27th, 2012.
- ⁶ Joint programme to address violence against women (Umbrella INT/10/01/UND) – Final Joint Evaluation. (http://www.ilo.org/wcmsp5/groups/public/---ed_mas/---eval/documents/publication/wcms_218191.pdf, accessed 28 January 2015).

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Partnerships, Interagency Coordination & Resource Mobilization

World Health Organization
Regional Office for South-East Asia
World Health House, Indraprastha Estate,
Mahatma Gandhi Marg, New Delhi 110 002, India
Tel: +91-11-23309434 (direct), 23370804 (Ext. 26434)
www.searo.who.int/entity/partnerships/en/
Email: sepir@who.int