

FINAL EVALUATION REPORT

“Stand Up, Speak Out: Breaking the silence around gender based violence
among ethnic minority communities in Northern Vietnam”

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Contents

LIST OF CHARTS.....	3
LIST OF TABLES.....	4
LIST OF ACRONYMS.....	5
1. CONTEXT	6
2. METHODOLOGY	6
3. RESULTS	7
RELEVANCE	7
EFFECTIVENESS	8
COHERENCE	40
EFFICIENCY	40
SUSTAINABILITY AND IMPACT	41
4. CONCLUSION.....	42
APPENDIX.....	45

LIST OF CHARTS

Chart 1: Percentage of EMW who reject GBV from their husbands/partners	8
Chart 2: Percentage of EMW who reject GBV by commune, ethnicity and husband's participation in the SUSO activities	9
Chart 3: Identifying all 11 types of domestic violence behaviour of EMW and EMM (%)..9	
Chart 4: Percentage of EMW and EMM identifying all 11 types of domestic violence behaviour by ethnicity	10
Chart 5: Percentage of EMW experienced emotional and physical violence in the last 12 months	11
Chart 6: Percentage of EMW experienced emotional violence before 2019 and in the last 12 months	12
Chart 7: Percentage of EMW experienced physical violence before 2019 and in the last 12 months	13
Chart 8: Percentage of GBV victims disaggregated by sex, ethnicity and age	14
Chart 9: Percentage of women being aware of the reconciliation team for reporting GBV	15
Chart 10: Percentage of being aware of the channels available for reporting GBV by ethnicity	16
Chart 11: Percentage of VSLA members and their husbands joins SUSO activities	17
Chart 12: Percentage of EMW who spoke out about violent behaviour of husband/partner in the last 12 months	17
Chart 13: EMW's participation in SUSO project activities	17
Chart 14: The participation of EMW and EMM in SUSO's activities from 2019 to present	18
Chart 15: Percentage of EMW and EMM understand and identify GBV behaviour.....	19
Chart 16: Self-assessment of CAs and female CAs about skills compared to the beginning of the project	21
Chart 17: The level of applying CA's trained knowledge and skills by sex and ethnicity	21
Chart 18: Percentage of CAs regularly use materials to serve their work	22
Chart 19: Number of GBV cases received by service providers	26

Chart 20: Percentage of EMW accessed service providers when experienced violence	27
Chart 21: The assessment of GBV survivors on the resolution of the reconciliation team	27
Chart 22: Number of reconciliation team members participate in sharing sessions	29
Chart 23: Number of community service providers' staff participate in SUSO Package activities	33
Chart 24: Number of GBV survivors is supported by the reconciliation teams	34

LIST OF TABLES

Table 1: Percentage of EMW and EMM disagreeing with the statement that GBV is an intra-household matter	10
Table 2: Correlation analysis between the effective assessment of intervention activities of SUSO and the level of participation in project activities of VSLA and husbands	25
Table 3: Percentage of CAs participating in SUSO Package activities	33

LIST OF ACRONYMS

CSO	Civil Society Organization
DoJ	Department of Justice
DoLISA	Department of Labour, Invalids and Social Affairs
DoH	Department of Health
DoCST	Department of Culture, Sports and Tourism
EM	Ethnic minority/minorities
EMW	Ethnic minority women
EMM	Ethnic minority men
FGD	Focus group discussion
GBV	Gender based violence
IPV	Intimate Partner Violence
IDI	In-depth interview
MOLISA	Ministry of Labour, Invalids and Social Affairs
SOP	Standard Operating Procedure
SUSO	Stand Up, Speak Out
VSLA	Village Savings and Loan Association
WU	Women's Union

1. CONTEXT

Violence against women is a global issue. Eliminating violence is one of the key priorities for countries worked to promote gender equality. The National study on violence against women in Vietnam in 2010 and 2019¹ showed that most violence against women is perpetrated by husbands/partners or acquaintances. Most cases are unreported to the authorities. Gender inequality is both an underlying cause and a consequence of violence against women – gender inequality is more common where women are undervalued compared to men and still experienced violence, which hampers women's empowerment.

The Vietnamese Government has implemented numerous programs and action plans on preventing and responding to gender based violence (GBV)/domestic violence, and has supported civil society organizations (CSOs) in implementing intervention projects on GBV. In such a general context, with the support of the European Union, the SUSO project implemented by CARE International in Vietnam and Light has been carried out in 4 communes: Muong Phang, Pa Khoang, Thanh Nua and Hua Thanh of Dien Bien province, which is a poor province in the socio-economic region with the highest density of poor population (MOLISA and other organizations, 2018), from March 2018 to January 2022, with the goal of breaking the silence around GBV among ethnic minority communities in Northern Vietnam.

This final evaluation report aims to assess the project's impacts/outcomes and key lessons learned using the OECD/DAC criteria as the guideline. The specific objectives of this report are to:

- (1) Assess the project relevance, coherence, effectiveness and the sustainability of which project results, components and impact given the actual capacity and motivations of project stakeholders at different levels.
- (2) Assess the achievement of indicators as defined in the logframe and impacts that the project has created and contributed to at this stage.
- (3) Draw out lessons and recommendations to inform similar and future programs of Care Vietnam, partners and local authorities.

2. METHODOLOGY

Three assessment methods were used for the endline evaluation:

- (1) Desk review including project reports, project MEL data, local reports, relevant policies and statistical data from previous research.
- (2) In-depth interview and focused group discussion with many different target groups (see Appendix 1 for more details).
- (3) Questionnaire interview method for 3 target groups: (a) Women who are members of the village savings and loan association (VSLA), (b) Men who are VSLA's husband/partner, (c) Change agents (see Appendix 2 for more details). Data were

¹ MOLISA, General Statistics Office and UNFPA (2020). Results of the National survey on violence against women in Vietnam 2019: A journey to change.

collected using Kobo Toolbox and Google Form and processed using IBM SPSS Statistics 20 software.

The quantitative data was analyzed using four main techniques/methods: Frequency analysis, Mean, Correlation analysis, and Logistic Regression Model analysis (see Appendix 3 for more details).

3. RESULTS

RELEVANCE

SUSO project is highly relevant to the Vietnamese Government direction on raising people's awareness and strengthen the responsiveness of service providers in preventing and responding to GBV. Several legal documents related to GBV (National program against trafficking in women and children 2004; the Law on gender equality 2006; the Law on prevention of domestic violence 2007; the National scheme on prevention and response to GBV for the period 2016-2020 and vision to 2030; the National action program on prevention of domestic violence to 2020; the National program on prevention and response to GBV for the period 2021-2025) significantly improved the legal framework and policies related to GBV and show the strong commitment of Vietnam to the elimination of all forms of GBV. The objectives of SUSO project are in line with the three objectives of the National scheme on prevention and response to GBV for the period 2016-2020 as stated in the Decision 1464/QD-Ttg dated July 22, 2016. The project's objectives also contribute to the overall goal of the National program on "Prevention and response to GBV for the period 2021-2025" as stated in Decision No. 2232/QD-TTg dated December 28, 2020. Moreover, the project's objectives reflect efforts to enhance the voice of ethnic minority women (EMW) in the project sites.

The project's activities to strengthening the GBV referral system are aligned with the responsibilities of government agencies and respond to the National action plan executed by MOLISA (the Decision 1696/QD-Ttg dated October 2, 2015). The project's intervention logic to break the silence among ethnic minority communities in Northern Vietnam around GBV requires both local people's rejection of all forms of GBV and GBV support services' availability, accessibility and good quality, thus, the project has applied CARE's gender transformative change approach. This approach challenges gender norms that silence GBV survivors while facilitating institutional ownership by provincial government agencies in-charge to fulfil their responsibilities in strengthening GBV support services.

The relevance was also confirmed by sharing perspectives from interviews with related i.e. representatives of Dien Bien provincial/commune authorities. SUSO helped address the need for effective GBV prevention and response models, with a focus on enhancing existing local GBV services, and building a database to help local governments grasp the reality of GBV in the community. **The project's interventions are closely aligned with the development policies and plans of the provincial and national governments on GBV**, which were confirmed with relevant stakeholders (DoJ, DoLISA, DoCST, provincial Women's Union, 4 commune authorities, village/commune support service providers, EMW/ and ethnic minority men (EMM) in local communities).

The involved stakeholders at the provincial/commune levels worked closely with CARE, Light and CCD to prepare the activities. All interviewees stressed that the project gave them the opportunity to share their stories and that activities addressing the needs of local people:

“It helps not only to increase local people’ awareness on GBV but also to improve the capacity and operational efficiency of local GBV support service providers, therefore, SUSO actively support local socio-economic development policies” ((IDI 22, representative of DoJ).

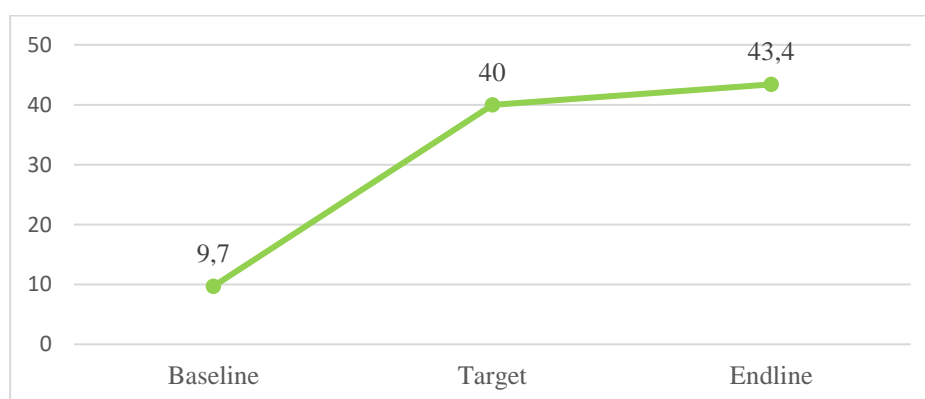
EFFECTIVENESS: ACHIEVEMENT OF THE EXPECTED OUTCOMES

Project Goal: To achieve the overall objective of the project “To break the silence around GBV among ethnic minority communities in Northern Vietnam”, the evaluation indicators “% of people who reject intimate partner violence (disaggregated by sex and ethnicity)” have been measured according to the project's definition of rejecting GBV and the results are positive.

In SUSO project, *rejecting GBV is understood as: 1) behaviour change, such as GBV survivors speak out or report the incident; 2) changes in awareness and attitudes (spouses, relatives, community, service providers), for instance, recognizing acts of violence or violence is not an intra-household matter. If one of the two changes is achieved, it is counted as rejecting GBV.*

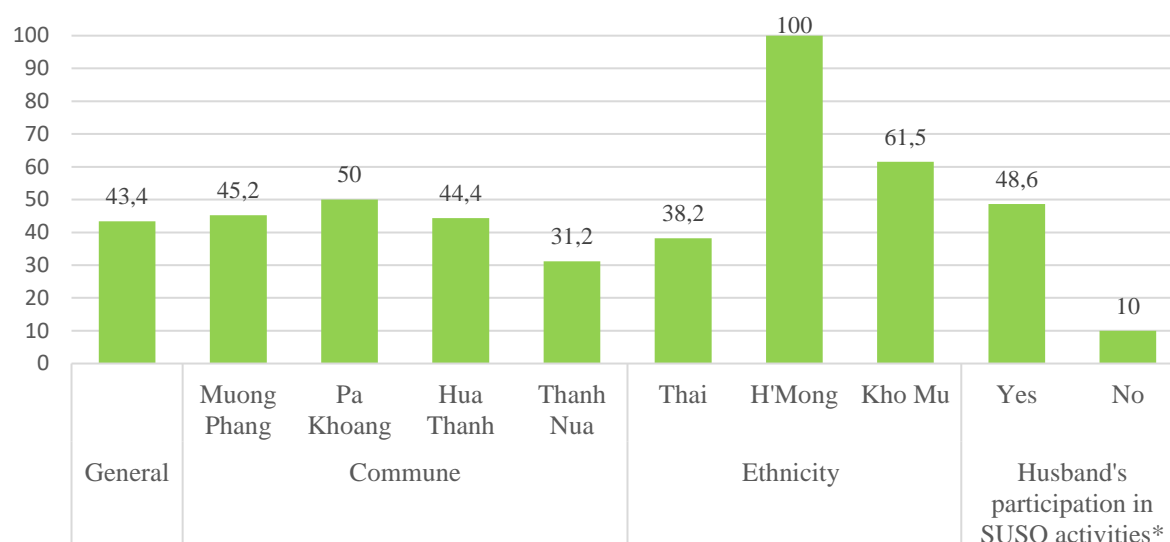
To begin with the change in behaviour, the endline evaluation records that the rate of women rejecting GBV from their husbands/partners is 43.3%, which overreached the target of 40% (Chart 1). It is worth noting that attitude to rejecting violence among EMW whose husbands participate in the SUSO project is significantly higher than in the group of women whose husbands do not participate (48.6% versus 10%, see Chart 2).

Chart 1: Percentage of EMW who reject GBV from their husbands/partners



Correlation analysis by ethnicity shows that H’mong women have the highest rate of GBV rejection (100%) and followed by Kho Mu (61.5%), while Thai women is only 38.2%. In addition, the rate of GBV rejection of EMW in Thanh Nua commune is significantly lower than that of Pa Khoang commune.

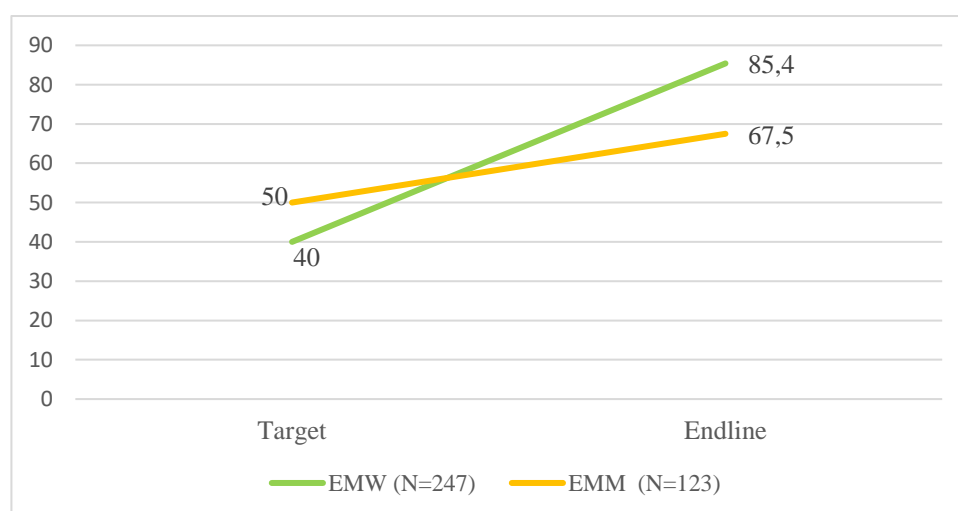
Chart 2: Percentage of EMW who reject GBV by commune, ethnicity and husband's participation in the SUSO activities



*Note: P-value is statistical significance in null hypothesis significance testing. A statistically significant test result means that the test hypothesis is false or should be rejected. The symbol * represents the degree of statistical significance. Specifically, * $p < 0.05$; ** $p < 0.01$; *** $p < 0.001$, it means the closer p is to 0, the more likely there is a high statistical significance and the stronger the correlation between the two variables.*

Next, looking at the GBV rejection from fully identifying 11 types of domestic violence behaviour by EMW and EMM, the endline results point out that 85% of EMW and 67.5% of EMM fully recognize 11 types of domestic violence behaviour (2 and 1.4 times higher than the target, respectively).

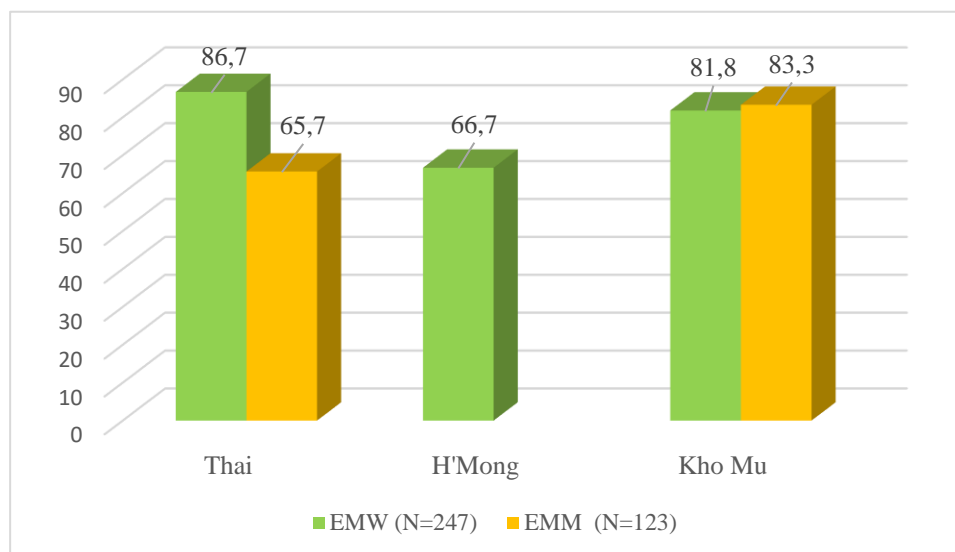
Chart 3: Identifying all 11 types of domestic violence behaviour of EMW and EMM (%)



The chart below gives information on the differences by ethnic groups. Namely, the rate of GBV rejection of Thai women is the highest at 86.7%, followed by Kho Mu women

(81.8%) and the lowest is H'Mong women (66.7%). In contrast, the rejection rate of Kho Mu men is significantly higher than that of the Thai ethnic group at 83.3% versus 65.7%.

Chart 4: Percentage of EMW and EMM identifying all 11 types of domestic violence behaviour by ethnicity



Note: Data on EMM without the H'mong ethnic group; the proportions of Kinh and other ethnic groups are very low (2 persons) so they are not included in the chart.

Turning to another aspect of rejecting GBV is the perception "GBV is not an intra-household matter". This variable is calculated from the totally disagree responses with 3 statements: 1/ Women should not tell others about their experiences of violence because it is a private family matter, 2/ Women should not tell others about their violence to save the face, 3/ Women should not tell others about their violence to preserve family happiness and it is presented in the table below. The data shows that 85.7% of EMW and 71.5% of EMM completely disagree to regard GBV is an internal family matter, and Kho Mu men and Thai women have the highest disapproval rates (94.4% and 87.4% in the order given), whereas about one-third of Thai men believed that violence is an intra-household matter.

Table 1: Percentage of EMW and EMM disagreeing with the statement that GBV is an intra-household matter

	Target	Endline	Exceeding target
EMW (N=231)	40	85.7	45.7
EMM (N=123)	50	71.5	21.5

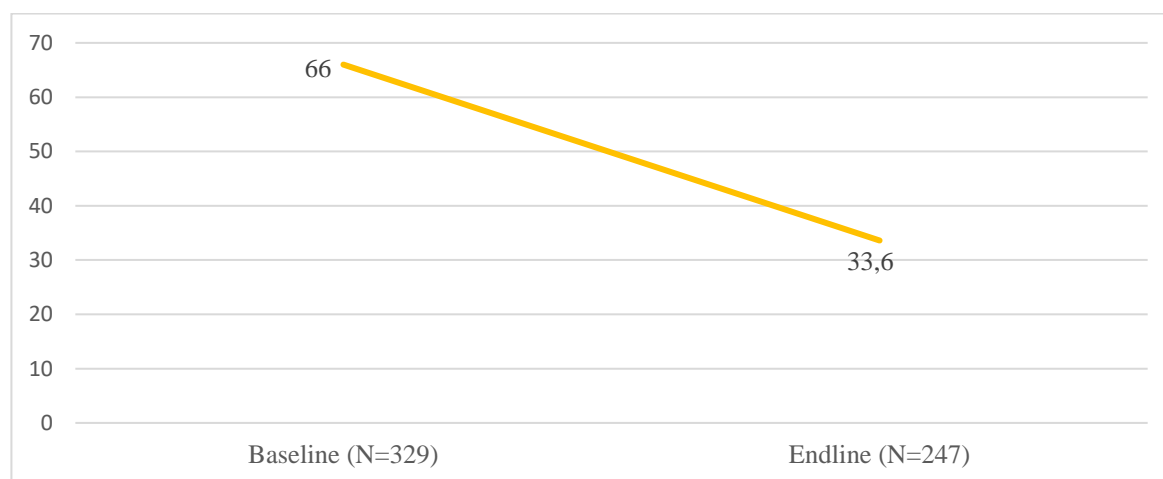
In other respects, the general assessment about domestic violence situation in the village is very positive with 98% of EMW and 99.2% of EMM believing that violent behaviour of husbands against wives are currently lower than before 2019.

In brief, the overall goal of the project was achieved with results exceeding expectations. In the following, we will present the specific objectives in more detail.

For almost 4 years, target communities and local authorities in four communes: Muong Phang, Pa Khoang, Hua Thanh and Thanh Nua have been sensitized about GBV and its forms, as well as its main cause being prevalent gender norms and stereotypes. The male engagement has been emphasized due to their important roles in the transformation of gender norms regarding violence against women. In other words, recognising and engaging EMM as allies in preventing violence against women is an appropriate approach and, as a result, the GBV rates in the project sites has been reduced as mentioned below.

The endline evaluation data shows that the percentage of EMW who experienced emotional and physical violence in the last 12 months compared with the beginning of the project has decreased by half, from 66% to 33.6% (Chart 5). All forms of emotional and physical violence have decreased remarkably. For example, nearly half of VSLA women suffered from emotional violence before 2019, figures have halved by 2021 (46.6% and 20.6% respectively), physical violence decreased by a factor of three (18.6% in 2019 as opposed to 6.5% in 2021).

Chart 5: Percentage of EMW experienced emotional and physical violence in the last 12 months



When comparing the four project communes, the rate of violence experienced by EMW in the last 12 months is highest in Muong Phang commune (40.8%), followed by Thanh Nua and Pa Khoang (34.8% and 32.7% in the given order), and lowest is Hua Thanh (25.7%).

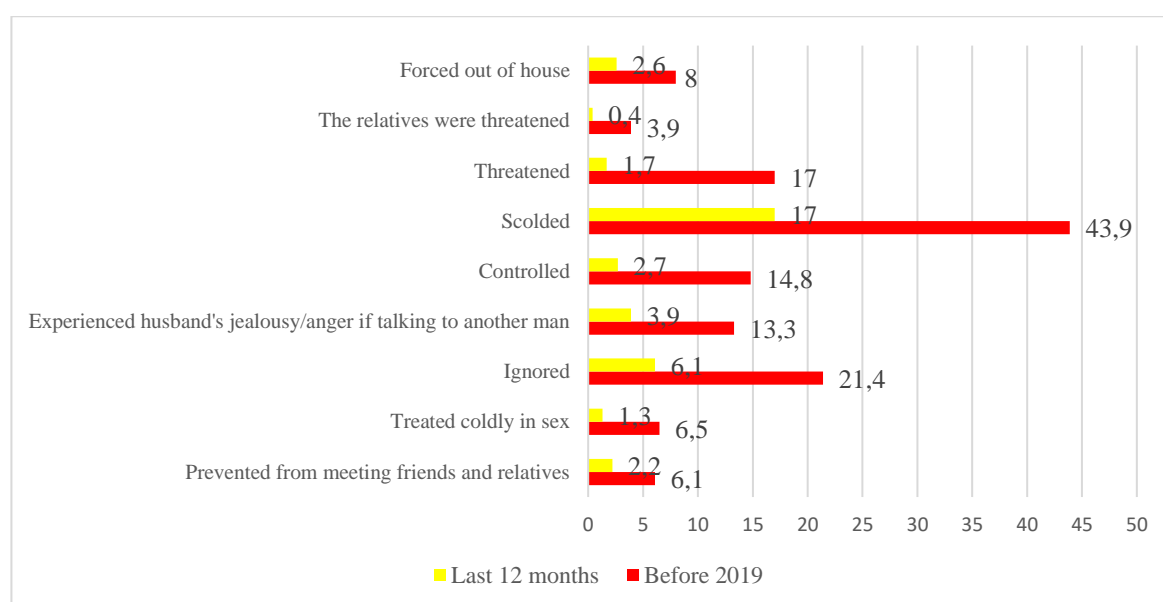
Women below the age of 50 are more likely (35%) to experience forms of gender-based violence (emotional, physical, economic, sexual) than women above 50 years old (15,4%). This rate is higher among Thai and H'mong ethnic women in comparison with Kho Mu women (34.7%, 33.3% and 29.5% respectively) (see Appendix 4 for more details).

Regarding the specific behaviors of violence, IDIs and FGDs data records that scolding was considered normal behavior in the past, but now EMW recognize it as a form of emotional violence. *“Before 2019, women’s violence situation was hidden because they were shy and considered quarrels as normal, not violent. Since participating in the project, women have*

been informed about gender equality and domestic violence, therefore they have identified different types of violence. The change in husband's perception leads to a decrease in the number of cases of violence, especially physical violence has decreased significantly” (IDI 17, representative of commune WU).

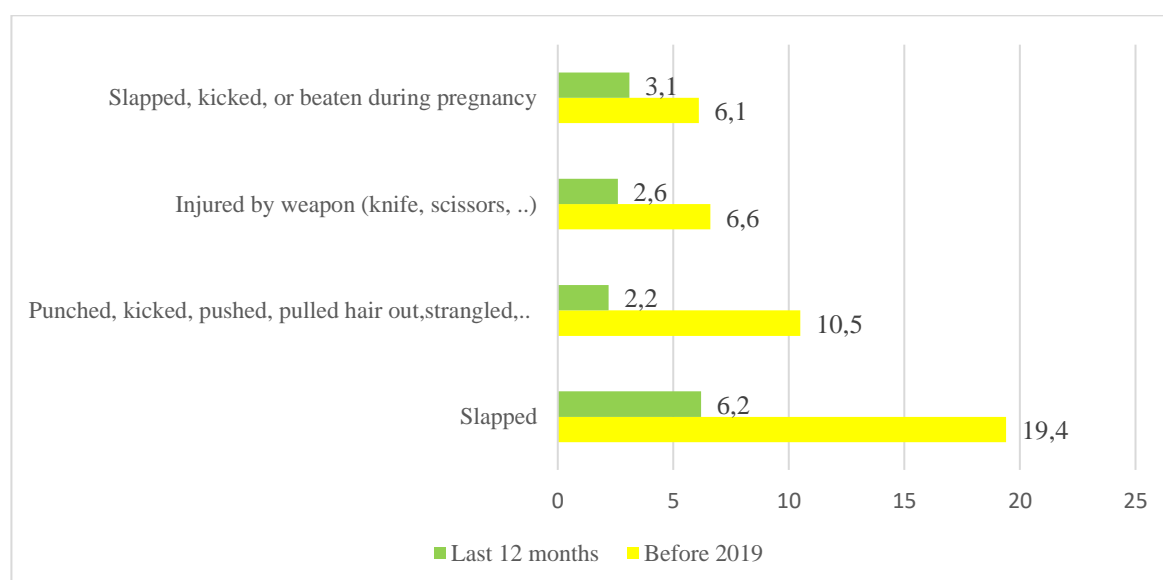
Additionally, quantitative data show a positive development regarding all forms of emotional violence in comparison with before 2019. 9 out of 9 forms of emotional violence have decreased deeply, e.g., scolding threatening behavior, reduced by 2.6 times and by 10 times respectively. Moreover, physical violence (slapping and punching) emanating from husbands decreased by factor 4 in the past 12 months in comparison to before 2019 to factor 2 again by the end of the project.

Chart 6: Percentage of EMW experienced emotional violence before 2019 and in the last 12 months



Similarly, the chart below shows a significant decrease in the husband's violent behaviour in 2021 compared with before 2019. Specifically, there has been a significant decline in the violent behaviour such as kicking, punching or strangling (nearly 5 times). Other violent behavioural patterns (listed in Chart 7) are reduced by 2 to 3 times.

Chart 7: Percentage of EMW experienced physical violence before 2019 and in the last 12 months



Despite a decline in the number of physical violence cases, there are still numerous EMW who are suffering from a variety of violent behaviour. For instance, the endline data records 16 EMW experiencing physical violence in 2021, out of these 10 EMW suffered at least from one physical violence behaviour, 1 EMW two different forms, and 5 EMW underwent all four violence behavior forms from their husbands. Additionally, the endline data shows 35 EMW having experienced at least one form of economic violence from their husbands in the last 12 months, such as being forced to quit their jobs, being forced to give money, or the husband refusing to provide money for household expenses. Specifically: 30 EMW endured one form, 4 EMW experienced two forms and 1 EMW all three forms of economic violence. Moreover, 17 EMW reported that they have to give part of or all of their earnings to their husbands.

Specific Outcome 1 (SO1) – Ethnic minority women, men and local authorities understand and reject GBV

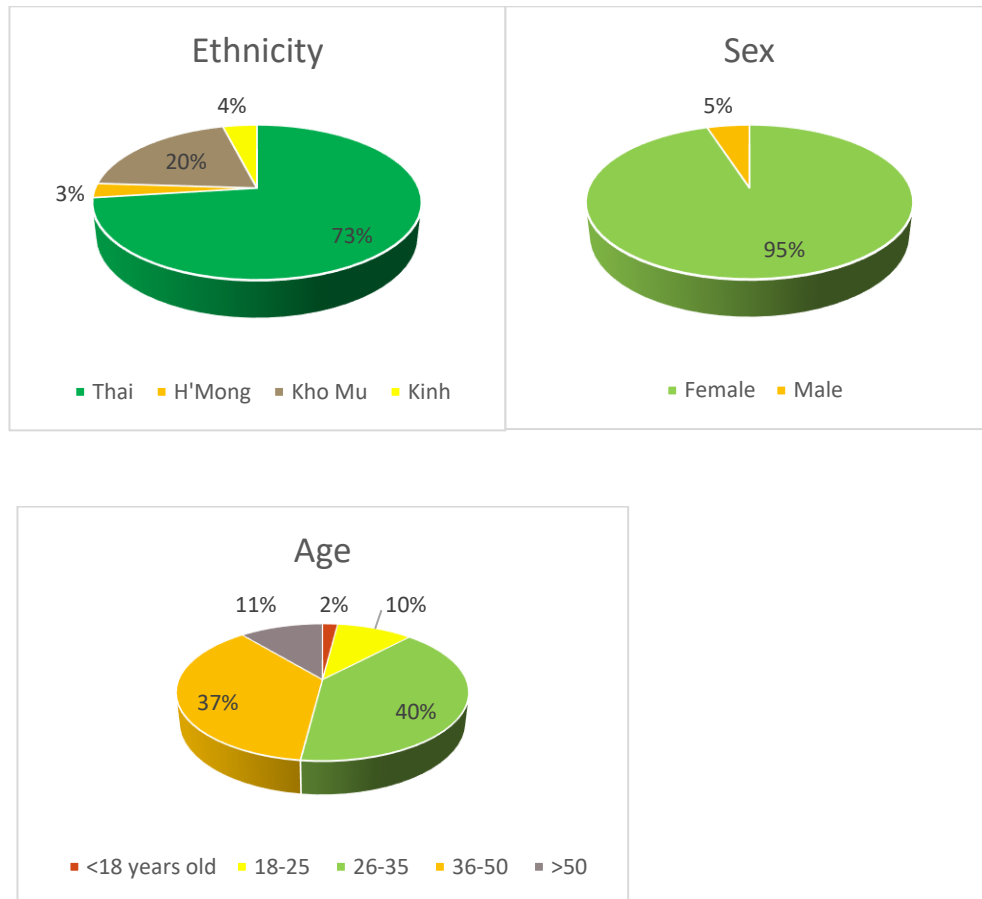
For measuring SO1, at the level of knowledge and attitude changes, targeted EM communities – including GBV survivors, and perpetrators – recognise other forms of GBV rather than solely physical violence, they are fully aware of harmful gender norms, stereotypes and unequal power causing intimate partner violence (IPV) and discouraging victims from seeking support from GBV services. The level of behavioural change is measured by the number of GBV survivors reporting their cases to their trusted networks and willingly taking the cases further to service providers.

Indicator SO 1.1: Number of GBV incidences reported by EMW and EMM (disaggregated by sex, ethnicity)

By the end of 2021, the project documented 222 GBV cases including four types of violence, the demographic characteristics of GBV survivors and perpetrators, as well as GBV support

services delivered in the 4 targeted communities (see Chart 8 below). Among the reported incidents, the number of women experiencing GBV account for 95%, mostly from the Thai ethnic group. Most cases involved psychological/emotional violence, almost half suffered physical abuse, about one-third reported economic violence, while a few of them are classified as sexual violence. With the target being 122 GBV cases reported by women and 10 cases by men, this target has been exceeded.

Chart 8: Percentage of GBV victims disaggregated by sex, ethnicity and age



Source: SUSO GBV data management system

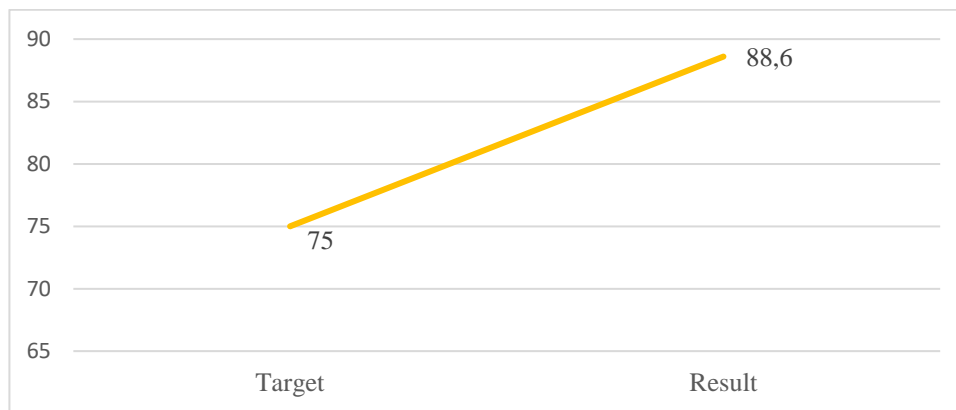
The increase in reported GBV cases over three years of project implementation could explain how effective intervention activities have been. The results in Output 1.1 and 1.2 will show that the majority of EMW and EMM have changed their understanding of traditional gender norms, and also have a better awareness of the forms and causes of GBV. This helps EMW to feel free of fear in speaking out, sharing their stories and seeking support from outside the family. In addition, the outcomes in Output 2.1, 2.2 and 2.3 will prove that the active and proactive approach of GBV service providers is an important factor in detecting GBV cases in community.

Output 1.1: Increased understanding of the forms, causes and prevalence of GBV among community members and authorities in targeted locations.

Indicator 1.1.1: 75% of women from 24 selected villages report being aware of the channels available for reporting GBV in their community

The result of quantitative data analysis shows that this indicator has reached the set target, with the vast majority of EMW have known members of the reconciliation team in the village, and 94.1% of EMW know about the on-site intervention and reconciliation activities in their communities.

Chart 9: Percentage of women being aware of the reconciliation team for reporting GBV



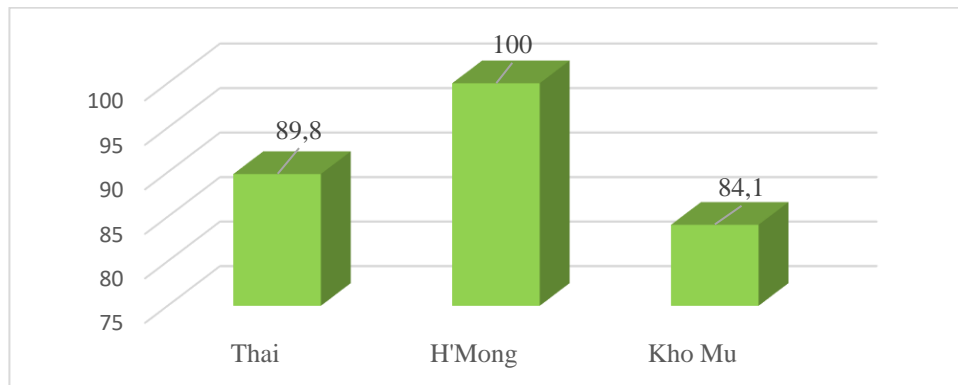
The qualitative data provides some explanations the awareness of the channels available for reporting GBV of local people.

“The reconciliation team is more active in working because we have a methodical procedure and instructions from the project. The structure of the reconciliation team now has the full participation of representatives of village and commune departments. Additionally, the people's awareness has changed, they will directly go to find the members of the reconciliation team when they experience violence. Therefore, we can promptly solve the cases, do not let it pass to the commune level”. (FGD 7, the reconciliation team).

“Women are bolder in speaking out to the reconciliation team because their perception of GBV has changed. In addition, we have encouraged and told them that when they experience violence, they can find the reconciliation team or the reliable address” (FGD 9, the reconciliation team).

The result shows that there is a significant difference in being aware of the channels available for reporting GBV by ethnicity in VSLA group(* $p<0.02^2$). This rate is lowest among Kho Mu women (84.1%) compared with the Thai and H'Mong with over 90%. In addition, comparing 4 project locations, Pa Khoang commune has the lowest rate (83.6%), while this is from 87% to 94.3% in the other communes.

Chart 10: Percentage of being aware of the channels available for reporting GBV by ethnicity



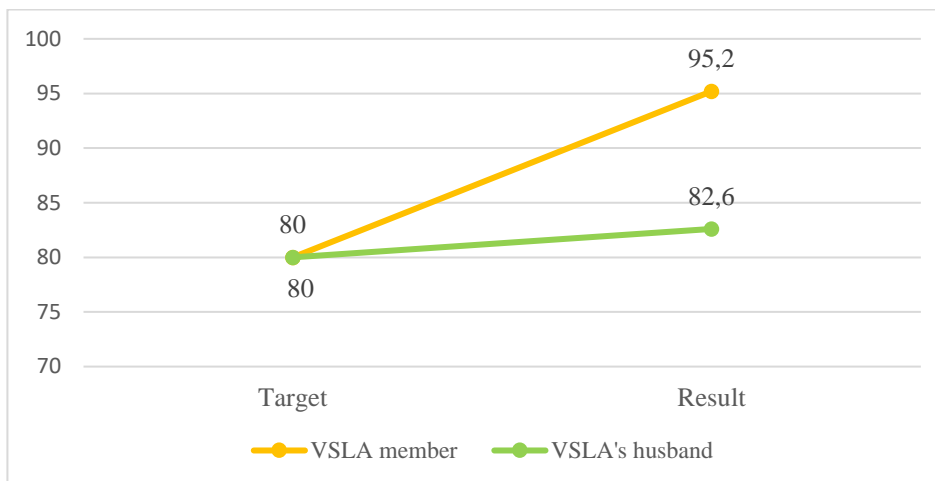
“After participating in the project, I understood many things such as I know how to respond gently to my husband. I feel stronger and more comfortable. I identified types of economic, physical, and emotional violence and know who can help me when I am in violent situation. There is a reconciliation team, a reliable address and 5 government agencies in my community” (IDI 2, GBV survivor).

Indicator 1.1.2: 80% of VSLA members and spouses participate in SUSO Package activities

After nearly 4 years of operation, SUSO project has attracted the vast majority of EMW and EMM in the target communes to participate in the project activities, such as community discussion sessions and community events about GBV. This indicator exceeded the target, especially the women's group has exceeded 15%.

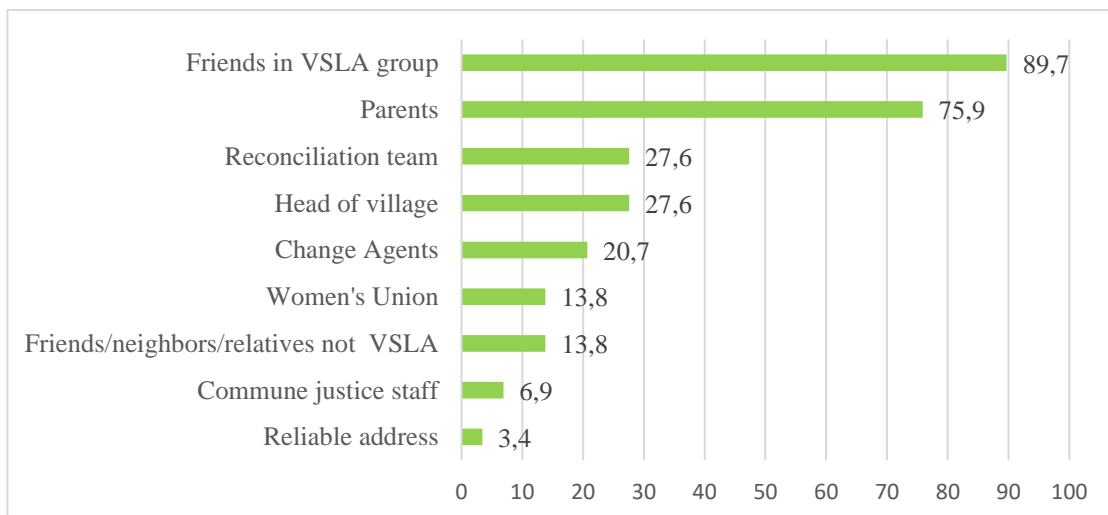
² *P-value is statistical significance in null hypothesis significance testing. A statistically significant test result means that the test hypothesis is false or should be rejected. The symbol * represents the degree of statistical significance. Specifically, * $p<0.05$; ** $p<0.01$; *** $p<0.001$, it means the closer p is to 0, the more likely there is a high statistical significance and the stronger the correlation between the two variables.*

Chart 11: Percentage of VSLA members and their husbands joins SUSO activities



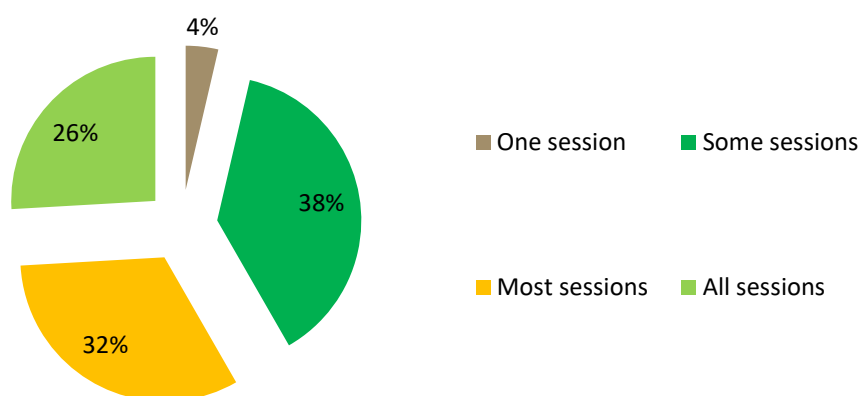
It can be said that VSLA meetings are still considered to be an excellent platform to facilitate conversations among women and GBV survivors. The interviewed GBV survivors who are also VSLA members shared that they felt relieved and gained much emotional support from the other members (Narrative Report from 1st March 2019 to 29th February 2020). This is further demonstrated when the majority of 29 EMW experienced violence in the last 12 months have asked for help from friends in the VSLA group.

Chart 12: Percentage of EMW who spoke out about violent behaviour of husband/partner in the last 12 months



EMW largely participate in project activities. 4% of EMW attended only one session, more than one-third engaged in some sessions, the rest of the women took part in most and all SUSO activities. Relating to specific activities, 48.1% of 247 EMW participated in a community discussion about GBV, 53% joined in community events. The vast majority of EMW reported they participated in both activities.

Chart 13: EMW's participation in SUSO project activities

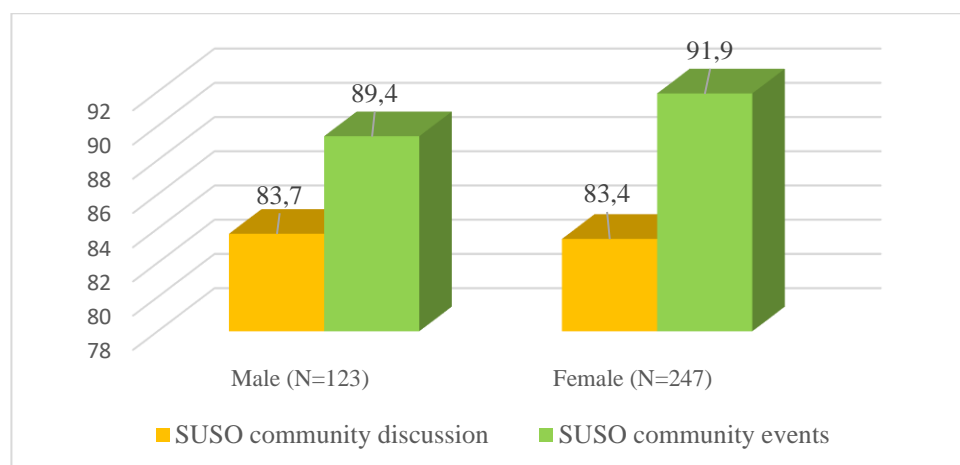


The correlation analysis records that EMW who fully participated in sessions experience less than half of the violence in comparison to those who did not fully attend (12.5% and 23.5% respectively).

The correlation analysis also shows a close relationship between the level of participation of EMW in project activities and knowing the GBV support channels. EMW who participated in all session knows about 6 members of the reconciliation team as opposed to EMW who only participated in most (93.8% versus 66.1%). This difference is statistically significant ($P=0,000$).

As stated at the beginning of the report, the SUSO project has recognized the important role of men in preventing and responding to GBV against women and involved men in activities. The chart below shows that 83.7% of 123 EMM took part in SUSO's discussion sessions on GBV, and 89.4% engaged in SUSO's community events.

Chart 14: The participation of EMW and EMM in SUSO's activities from 2019 to present

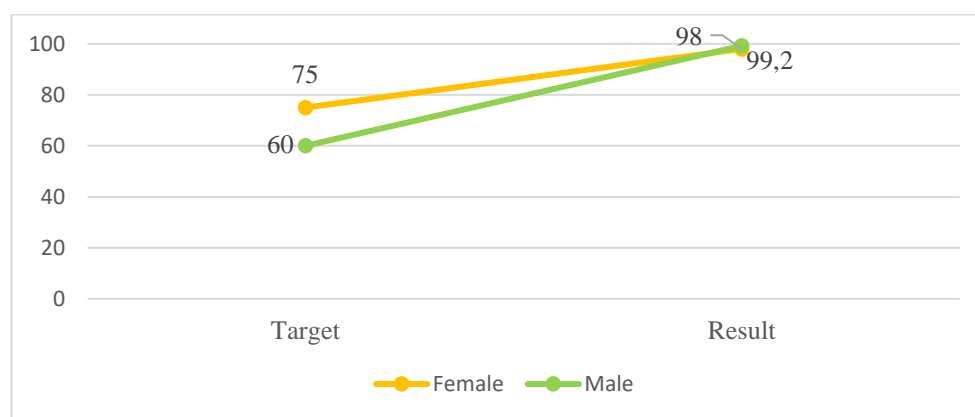


With regards to the assessment of the content/information on domestic violence and gender equality in SUSO community discussions and community events, the majority of both EMW and EMM rated it as very useful (84,9% and 87,4% respectively).

Indicator 1.1.3: 75% women and 60% men of targeted beneficiaries participated in SUSO Package activities increase understanding of the forms, causes and prevalence of GBV

The chart below shows that the majority of EMW and EMM understand and are able to identify emotional violence behaviour, such as behaving coldly, scolding, insulting, threatening, preventing to meet relatives/friends, physical violence behaviour (slapping, hitting, punching, throwing objects), sexual violence behaviour (forcing wife to have sex when she refused), and economic violence behaviour such as spending according to husband's decision (see Appendix 5 for each specific behaviour). This indicator exceeded 6% for women and 14.2% for men in comparison with the target.

Chart 15: Percentage of EMW and EMM understand and identify GBV behaviour



Furthermore, 90.6% of EMW who fully participated in all project activities are able to identify 11 types of violence behaviour compared to 83.6% of women, who attend most but not all activities. Remarkably, the data shows a statistically significant difference ($P=0,000$) between the group of EMM who participate in most and all sessions compared with those who attended partially (89.8% and 51.6% in the given order). These figures show the impact of media activities that SUSO project carried out to help EM identify violent behaviour.

These positive results can be foreseen because the project monitoring report in early 2021 showed that 92% of VSLA members and 85% of their spouses have correctly identified forms of GBV. Besides, most women and men were aware of that unequal power, and social norms are causes of GBV (89% and 95% in the given order).

Regarding the influencing factors, the correlation and regression analysis results show that there is a relationship between the frequency of interaction between the husband and wife, the husband's drinking status, EMW's participation in social groups and age with the EMW's ability to identify acts of domestic violence and the status of EMW's violence.

Particularly, EMW who have frequent interaction with their husbands and an alcoholic spouse tend to be fully aware of violent behaviour. To illustrate, the regression analysis

result point out EMW whose husbands are often enebriated are 3.3 times more likely to recognize domestic violence behaviour than those whose husbands are sometimes enebriated. Similarly, EMW who regularly talk to their husbands are 6.4 times more likely to identify acts of domestic violence than women who do not often talk (see Appendix 8a for more details). Additionally, the correlation analysis of the frequency of interaction with forms of domestic violence shows that 5.2% EMW who experienced physical violence interact with the husband often, whereas 10.7% EMW experience physical violence expressed that they rarely talk to their spouses.

Furthermore, the correlation analysis result provides that there is a link between EMW's experience of domestic violence with involvement in social groups and decision making in families. For instance, EMW who are more involved in decision-making of household chores and participating in 2 associations/unions/groups/clubs or more tend to suffer less violence: 1.5 times to nearly 2 times compared with the rest, and these differences are statistically significant. Moreover, the regression analysis result reveals that EMW who are participating in 1 association/union/group/club are nearly three times more likely to experience violent behaviour than those who are joining 2 or more social groups, and the younger EMW, the more likely they are to experience domestic violence (EMW in the two youngest age groups (<30 and 30-40) are 8 to 12 times more likely to experience violence than those in the 50 years old group, see Appendix 8b for more details).

Thus, the results of the analysis above suggest that promoting the spouses' joint decision, encouraging women to participate in social groups, and addressing direct causes such as alcohol may help women to experience less violence. However, changing drinking behaviour is a challenge.

Indicator 1.1.4. 48 change agents, of which at least 65% are women, use newly acquired skills within their community.

The change agents (CAs) were screened from prominent people in the community to be the core force of GBV community events during the project's operation and after it ends. The collected data of the CAs group shows that, 67.4% of CAs are female, and all of CAs use trained knowledge and skills in their work, especially community event management skills. In addition, all these skills have “significantly changed” and “greatly changed” over 70% while these rates of female CAs over 65% (as seen in Chart 16). However, three skills have lower reporting rates than others are: profiling GBV cases, screening victims, and collaboration with the reconciliation team/reliable address. In general, they apply trained skills from relatively proficient to very proficient in all sex and ethnic subgroups, except the Kho Mu (Chart 17).

Chart 16: Self-assessment of CAs and female CAs about skills compared to the beginning of the project

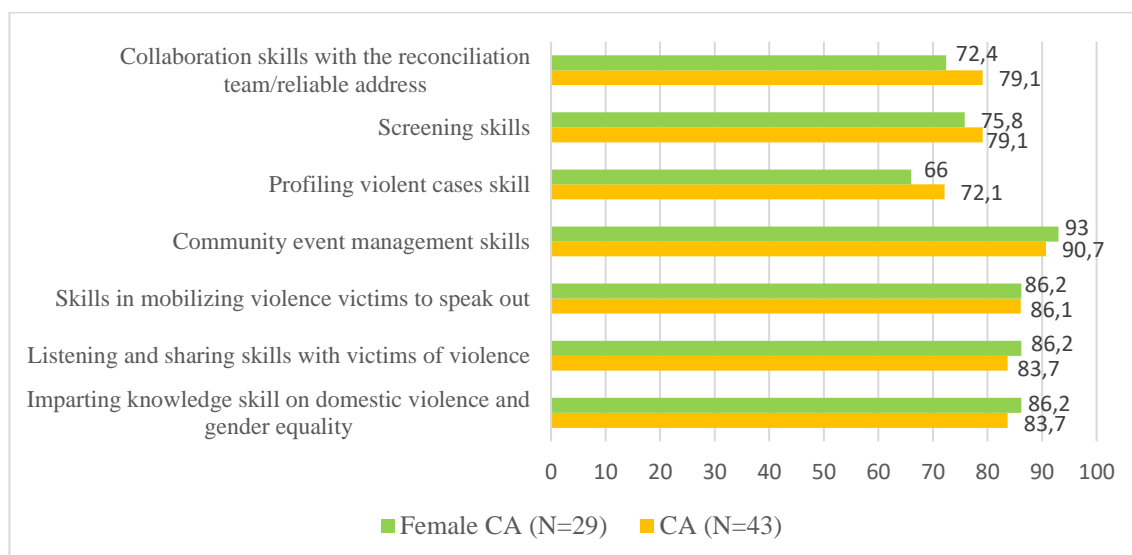
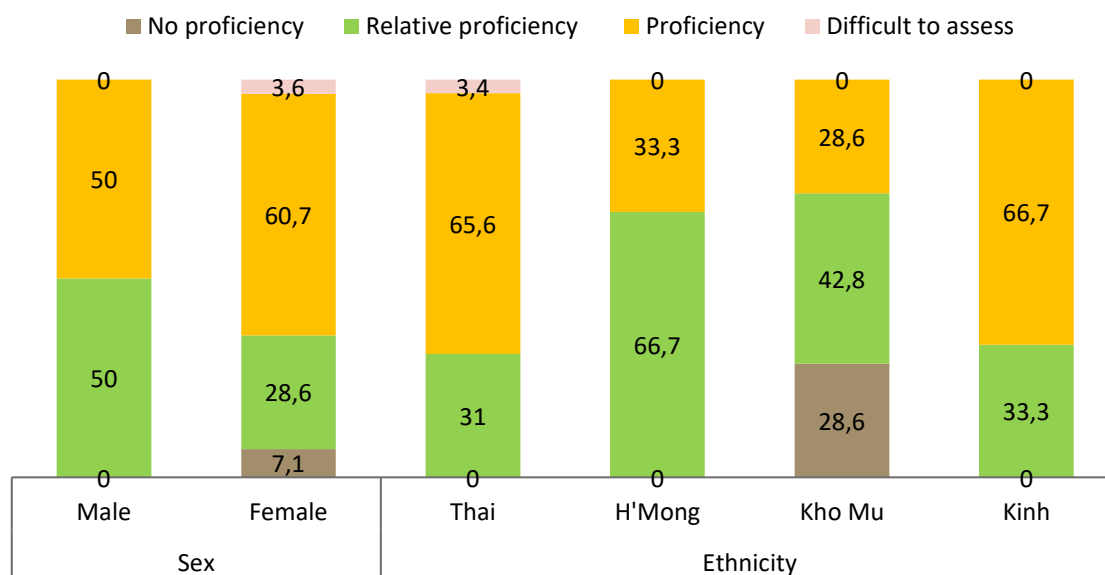
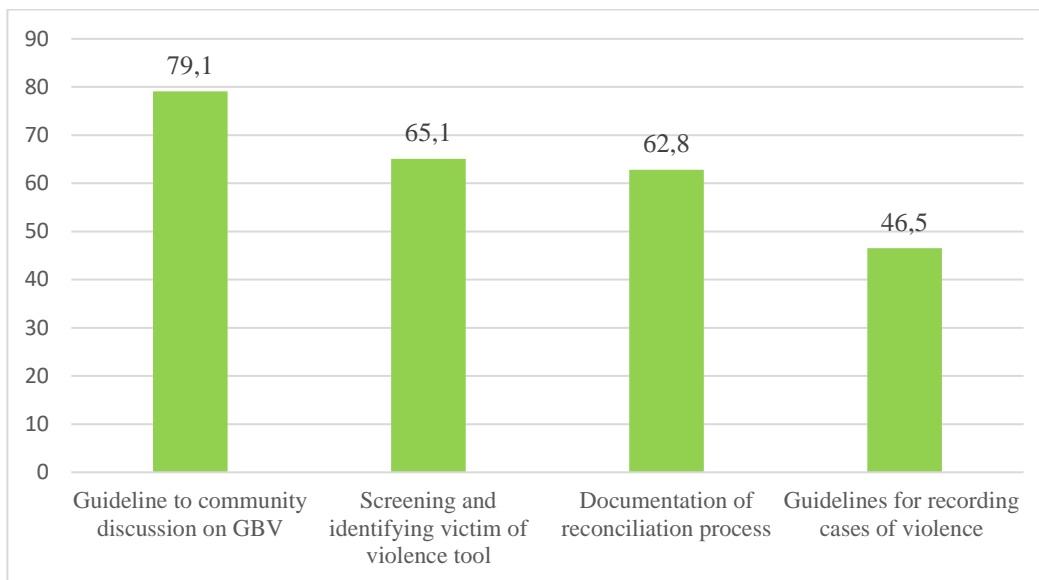


Chart 17: The level of applying CA's trained knowledge and skills by sex and ethnicity



Almost four-fifths of CAs also said that they regularly use provided materials for their work, especially the guidelines for community discussion practice (Chart 18). It can be seen that moderating community discussions is an outstanding strength of the CAs, because one of their important tasks is to impart knowledge on GBV and gender equality in order to raise awareness for these two issues to the community.

Chart 18: Percentage of CAs regularly use materials to serve their work



Output 1.2: Positive change in gender norms relating to violence against women among community members and authorities in targeted locations.

Indicator 1.2.1: 240 of SUSO package activities organized at the village level.

Using SUSO package activities such as community discussions or community events at villages help raising the awareness of emotional abuse and any GBV acts are wrongful, and ones who have experienced GBV could gain courage to speak out while men could realize how unacceptable their violent behaviour is. At the end of the project, 270 SUSO discussions were carried out (Project monitoring report). The discussions contributed to changing women's perception about GBV behaviour, way of responding and seeking support when GBV occurs.

“In the past, I was physically and emotional abused for 2 years, I was ashamed and did not tell my parents. Women now live more confidently, they are not pressured to speak out about their experiences of violence, and are not afraid of being talked about anymore” (FGD 5, VSLA group).

“The life has changed clearly after having the project, especially the change in the perception of the wife and husband roles in the family. For example, men now do housework, discuss family matters and make decisions together with their wives. Women are more exposed to society and actively participate in the social groups, therefore, they are more confident because they understand that men and women are equal, women have the same rights as men” (FGD 4, VSLA group).

Moreover, participating in SUSO activities helps EMW improve their understanding of the legal documents related to gender equality and domestic violence prevention. The results of the correlation analysis show a close relationship between EMW’s understanding of the law

with education, household living standard, the interaction between husband and wife and the participation in SUSO project activities. The differences are all statistically significant. Specifically, EMW who fully participated in SUSO activities have a higher understanding of these legal documents than EMW who did not participated fully. For instance, the vast majority (98.4%) of EMW who fully participated in project activities are aware of the Law on gender equality and the Law on prevention of domestic violence, while of EMW who did not fully attend 87.9% know about the Law on gender equality and 78.6% know about the Law on prevention of domestic violence (10 to 20 percentage points difference). In addition, EMW's level of education correlates with their rate of knowledge of legal documents such as the Law on gender equality and the Law on prevention of domestic violence: 77.6% of EMW with no school education and 89.9% of EMW who did not finish primary school know about the Law on gender equality, as opposed to 96.2%, 97%, and 100% of EMW who graduated primary, secondary, and high/higher school groups respectively (see Appendix 9 for more details).

Indicator 1.2.2: At least 60% of women and 45% of men who participated in SUSO community events, reported changing on gender norms relating to violence against women³.

Analyzing of the mean value with a 5-level scale (the lower the mean value, the more positive the attitude towards gender stereotypes), the data shows that the vast majority of EMW and EMM rated at "totally disagree" with 19 negative statements about the position and role of women in the family (from 71.5 % to 95.9%). While the rate of EMW who said that they totally disagree with all these negative statements is very high (from 86% to 95%), some gender norms received lower disagreement than other statements from EMM. For example, "women are not allowed to hit or scold at husband" or "women have to suffer when being scolded to maintain family happiness" with 71,5% and 74% respectively (see Appendix 7 for more details).

Although most EMW have a clear awareness of gender norms relating to violence against women, the awareness is dissimilar in ethnic groups. The percentage of H'Mong EMW is lower than that of Thai and Kho Mu women (83.3%, 93.4% and 95.5% respectively).

Moreover, there is a significant difference between groups of men: 45% of EMM who attended most SUSO community events totally disagree with these 19 negative statements, while 17.4% of those who only took part in some sessions said that they have the same opinion. However, some gender norms have lower rates of men reporting "totally disagree" than others, such as "women should not tell others that they experience GBV because it is

³ The question of measuring this change before and after the project was not used in the questionnaire according to CVN's opinion, therefore the report only measures indirectly to assess the attitudes of EMW/EMM about negative statements about gender roles of women.

an intrafamily matter”, “beating wives can be forgiven”, or “women are not allowed to hit back their husbands”.

Changing gender norms leads to the changes in women's lives. For instance, nearly half of EMW said that they have received more support in housework and childcare after 3 years of participating in the SUSO project (41.1%), they also have open discussions with their husbands about family expenses, division of labor and decision in the family (40.7%). For women who experienced violence, they know how to respond to a risk of violence, they are not silent and actively seek outside help.

“In the past, I did not dare to talk about experiencing violence because if I did, my husband would get angry. After participating in the training sessions, I was instructed on how to prevent and respond to domestic violence behaviour, how to speak and behave to my husband” (IDI 3, GBV survivor).

“I gained many useful things when participating the project, such as understanding that men and women have equal rights. We rarely argue because my husband's awareness changed now. I also have learned from experience, for example, I do not complain much when my husband is drunk, or I gently talk to him when we have a conflict. Now I have a more harmonious married life” (IDI 4, GBV survivor).

In addition, the majority of EMM (94.3%) also agree that husbands' emotional and physical violent behaviour towards their wives is unacceptable under any circumstances, and many EMM said that they have a better understanding of gender equality and the role of women in the family (75.8% in all 3 preferences). Moreover, numerous traditional conceptions of the wife's role in the family have also changed in the ethnic minority community.

“There is a perception change in the community. The husband now works hard to help the wife more, he can cook rice, and does not forbid his wife from participating in society. Parents-in-law also changed their opinion, for example, in the past, when a guest came to the house, the daughter-in-law had to join with her parents-in-law and husband, otherwise, the parents-in-law told the son to divorce his wife because she "didn't know how to welcome the guest" (FGD 6, VSLA group).

To sum up, there are several specific outputs in Outcome 1, and there are a few highlights as follows:

- All 6 indicators of Output 1 and 2 have exceeded the target.
- Indicators with most significant changes are Indicator SO 1.1. Number of GBV incidences reported by EMW and EMM, Indicator 1.1.2. 80% of VSLA members and spouses participate in SUSO Package activities, Indicator 1.1.3. 75% women and 60% men of targeted beneficiaries participated in SUSO Package activities increase understanding of the forms, causes and prevalence of GBV, Indicator 1.2.2. At least 60% of women and 45% of men who participated in SUSO community events, reported changing on gender norms relating to violence against women.
- The achievement of indicators helps increasing the depth and breadth of knowledge about forms, causes and prevalence of GBV and the confidence of EMW, and as a result, the life of EMW in four project communes has a positive change.

Specific Outcome 2 (SO2) – Ethnic minority survivors of violence have increased access to GBV services prioritised in the Vietnam Government’s National Action Plan on GBV.

Indicator SO 2.1& SO 2.2: Percentage and number of EMW and EMM have accessed GBV services and report satisfaction with services received (disaggregated by gender, ethnicity). It is expected that when GBV survivors speak out to seek support, they will either approach or be introduced to GBV service providers and a coordinated referral system could ensure that GBV survivors’ safety and needs are met. The overall approach to this outcome is strengthening the support system rather than case management. Applying the strategy to increase accessibility to GBV services, it is essential to make existing GBV services known and accessible in the local communities, and that GBV service providers are prepared to seek out GBV survivors actively. Furthermore, they need to work and inform other GBV services through a more strengthened referral system that runs through different levels.

One indicator that responds to the outcome is a growing number of cases accessed and supported by GBV service providers – by the end of 2019, the GBV data management system recorded 222 cases – and 42 GBV survivors have given feedback and appreciation to the support from the service providers, especially the reconciliation teams and CAs (Narrative Report from 1st March 2019 to 29th February 2020). Besides, the endline data shows that the vast majority of EMW assessed 5 intervention activities of the project are effective (80-89%). This assessment in the group of EMW who fully participate in the project's activities is higher than that in the group of EMW who do not fully attend as seen in the table below.

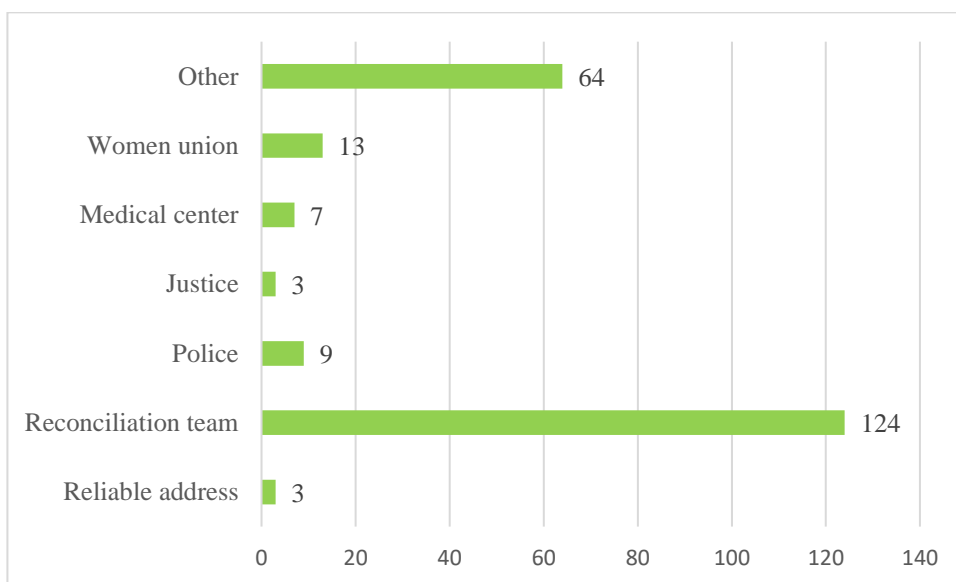
Table 2: Correlation analysis between the effective assessment of intervention activities of SUSO and the level of participation in project activities of VSLA and husbands

	The activities are evaluated effectively				
	On-site intervention and reconciliation (N=231)	Guiding for shelters for GBV survivors (N=221)	Notifying the person in charge of handling (N=208)	Taking care of the victim at the health facility (N=192)	Counseling the victim to go to support services/places (N=203)
General	89.6	87.3	86.1	80.7	81.8
VSLA’s participation in project activities					
All sessions	93.7	95.3	90.3	88.9	90.0
Most sessions	88.1	84.1	84.2	77.5	78.3
Participation of VSLA’s husband in project activities		*		***	
Most sessions	93.2	95.5	90.7	88.5	88.4
Some sessions	87.4	82.4	82.9	73.8	76.2

*Statistical significance level: *p < 0,05; **p < 0,01; *** p < 0,001*

However, comparing types of service provider, the endline data is shown in the chart below indicates that the number of cases handled first-hand by other GBV service providers such as reliable addresses is still low compared to the reconciliation teams. The small number of cases accessed can lessen chances for other GBV service providers to practice provided skills and tools.

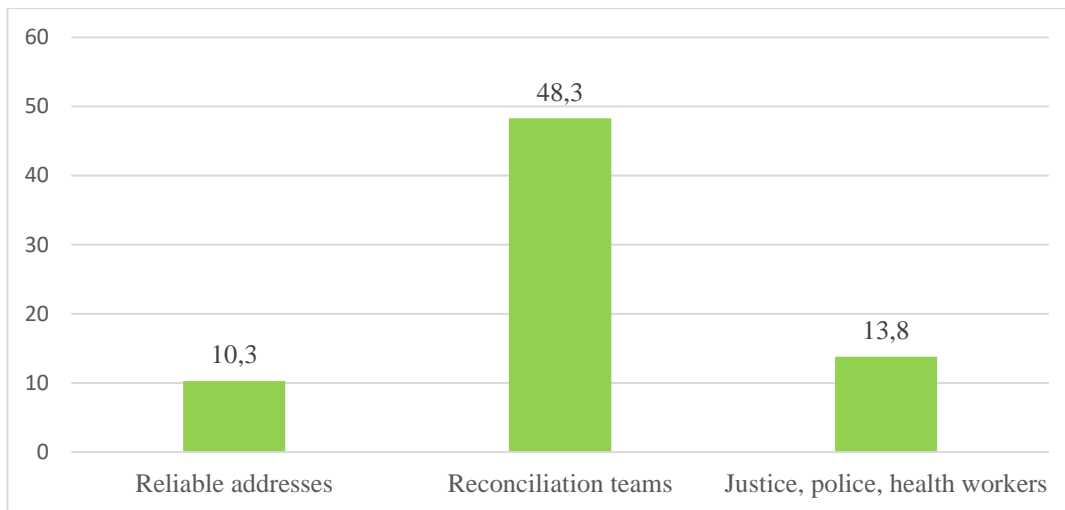
Chart 19: Number of GBV cases received by service providers



Source: GBV data management system

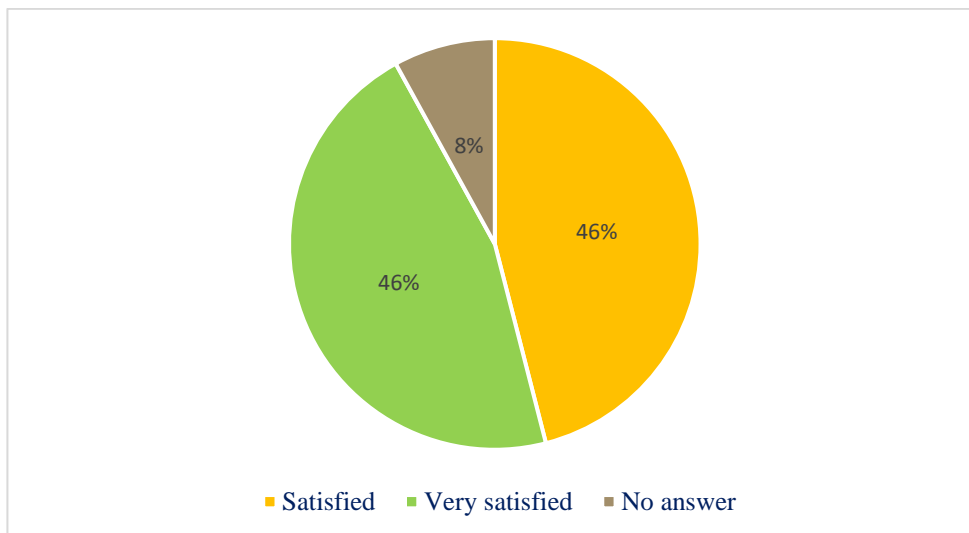
Looking at these indicators from the endline data shows similar results. While 48.6% of EMW have accessed the reconciliation team when experienced violence, only 10.3% EMW have sought help from the reliable addresses. This figure exceeds the target set for Indicator SO 2.1 is 40% women have accessed services related to GBV.

Chart 20: Percentage of EMW accessed service providers when experienced violence



The evidence from endline data also shows that the assessment of GBV survivors about the effectiveness of the reconciliation team is quite positive. Ten percent (43 EMW out of 194 respondents) said that the reconciliation team have actively helped them deal with violence, and most were satisfied and very satisfied with the solution of the reconciliation team (92%). This rate is 18.3% for support from the reliable addresses.

Chart 21: The assessment of GBV survivors on the resolution of the reconciliation team



“In the past, when I was beaten, I did not tell anyone, no one cared, no one dared to intervene, the villagers' opinion is take care for yourself, they do not want to get involved. After participating in the project, the village head invited my husband to talk and encourage him to attend the project activities. The reconciliation team, consisting of women's union member, Fatherland Front member, and the village secretary came to advise him. Now he

helps me in taking care of our children, cleaning the house, washing the dishes, and also allows me to participate in social activities” (IDI 3, GBV survivor).

Output 2.1: Reconciliation teams are more responsive to the needs of GBV survivors.

Indicator 2.1.1: 120 members of the reconciliation team improved their skills in dealing with GBV victims (disaggregated by gender and ethnicity)

Thus far, according to the GBV data management system, the reconciliation team has received cases of 124 GBV survivors. The SOP serves as a flexible guideline with proposed steps, it is essential that reconciliation teams strictly follow principles that are grounded well in all interventions when responding to GBV. This intent contributes considerably to the responsiveness of the reconciliation teams to the needs of GBV survivors. As a result of applying the SOP into practice, to some extent, they are more responsive. Instead of waiting for victims or others to file a report or waiting for the head of the reconciliation teams to assign tasks, any member of the team can interfere to reduce tensions immediately (based on their assessment of situation then), and report the situation for better intervention to the head of the team. Besides skill training, SUSO Norm Change Package is also applied for GBV service providers to modify their attitudes and the stereotypes towards GBV survivors, which contributed hugely to their responsiveness to GBV (Narrative Report from 1st March 2019 to 29th February 2020). Therefore, the reconciliation teams have had a clear and positive change in the way of working.

“The previous way of working was based on affection and encouragement. When participating in the project, the reconciliation teams are trained in working skills, reconciliation skills, and the reconciliation process is guided step by step, and we have more knowledge about policies and laws. Team members can distinguish GBV and domestic violence, and identify victims of violence. Violence is now less, reduced by 90%. Additionally, the recording in the past was difficult because it had to be handwritten, but now we have a good, quick and convenient form provided by the project” (FGD 9, Reconciliation team).

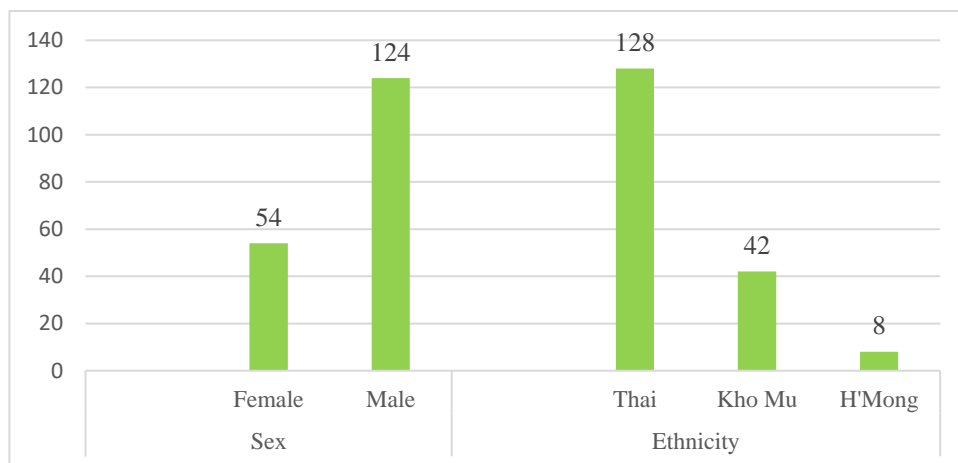
The evidence from quantitative data shows that reconciliation is the most well known activity in the SUSO project's intervention and protection of GBV survivors. Specifically, 94.1% EMW know the on-site intervention and reconciliation activity. One of the reasons people know about the reconciliation team as well as other intervention activities of the project is due to the communication impact of SUSO activities. For example, 100% of EMW participating in all project activities are aware of the presence of the reconciliation team in their village compared to 85% of EMW who do not attend fully; 78% of EMW participating in all sessions know about 5 intervention activities compared to 60% of EMW who do not attend fully (5 project intervention activities including on-site intervention and reconciliation, guiding for shelters for GBV survivors, notifying the person in charge of handling, taking care of the victim at the health facility, and counseling the victim to go to

support services/places). This trend is similar when comparing the level of participation of VSLA's husbands in project activities between the two groups of EMW (see Appendix 10 for more details).

Indicator 2.1.2: 120 reconciliation team members participate in sharing sessions (Disaggregate by sex and ethnicity).

There are implemented eight skill training events for 24 reconciliation teams with 178 reconciliation members participated (disaggregated by sex and ethnicity shown in the chart below), and some representatives from the 24 reconciliation teams have given self-assessment during a district sharing workshop that the SOP has provided them with clear steps when it comes to GBV cases roughly, therefore, it has helped them increase skills to meet the needs of GBV survivors (Narrative Report from 1st March 2019 to 29th February 2020).

Chart 22: Number of reconciliation team members participate in sharing sessions



Source: The project monitoring report, February 2021

Output 2.2: GBV survivors are able to seek help via a clear referral system

Indicator 2.2.1. # GBV survivors are using the referral system (disaggregate by sex, ethnicity) and Indicator 2.2.2. Number and types of GBV cases are being documented, and Indicator 2.2.3. Four Commune specific referral lists are designed and shared:

The GBV data management system has recorded 222 GBV cases and 4 types of GBV (as presented in Indicator SO 1.1). 18 out of 222 GBV survivors used the transparent referral system which are designed and shared in quarterly coordination meetings in each commune. The endline data also shows that 48.6% of GBV survivors approached the reconciliation team, 10.3% sought help from the reliable addresses and 13.8% sought support by justice/police/medical staff.

The referral system in the target locations has been designed to increase the coordination of the GBV services at multiple levels from the grassroots and local communities up to the provincial levels. The crucial identified/available service providers at the village level are the reconciliation teams, comprised of five to seven members who also hold other positions, for example, village heads, village health workers, women's union members, and village police.

When moving to its next level, a group of GBV service providers at commune level including justice officers, healthcare officers, Women's Union leaders, and police officers work as a reconciliation team of some kind. The one in charge of coordinating the system is the leader of the Commune People's Committee. The system is as well, joined by the CAs and community-based reliable addresses – two models started by the project – to improve the responsiveness of essential GBV services to EM communities. One of the achievements in strengthening the referral system is that GBV service providers are all aware of one another's roles and responsibilities within the system. The introduction of the referral lists and GBV service providers in EM communities – so that local people make sense of who, when and how to seek support when (or even before) GBV happens in the community through 8 billboards and 48 posters is an effective way to convey information to the community (Narrative Report from 1st March 2019 to 29th February 2020).



Indicator 2.2.4: Key service providers have improved capacity to respond to GBV.

With a transparent referral system designed as described in the Narrative Report from 1st March 2019 to 29th February 2020, the GBV service providers in the system have now met quarterly in coordination meetings to update on the number of GBV incidents and follow up on severe cases that cannot be solved at the village level. It is reported during coordination meetings that some cases were transferred to healthcare workers for immediate or further care. Most of the issues can be dealt with at the village level according to reconciliation teams' assessment, based on how severe and intense cases are. For example, the two instances reported in the mid-term quick assessment were assessed as serious ones.

The qualitative data in the endline evaluation shows that individuals of service providers are confident in their skills and actively take actions to support GBV survivors. In addition, the authorities at all levels have positive recognition of the capacity of service providers. A large percentage of service users rate a high level of satisfaction with the services received.

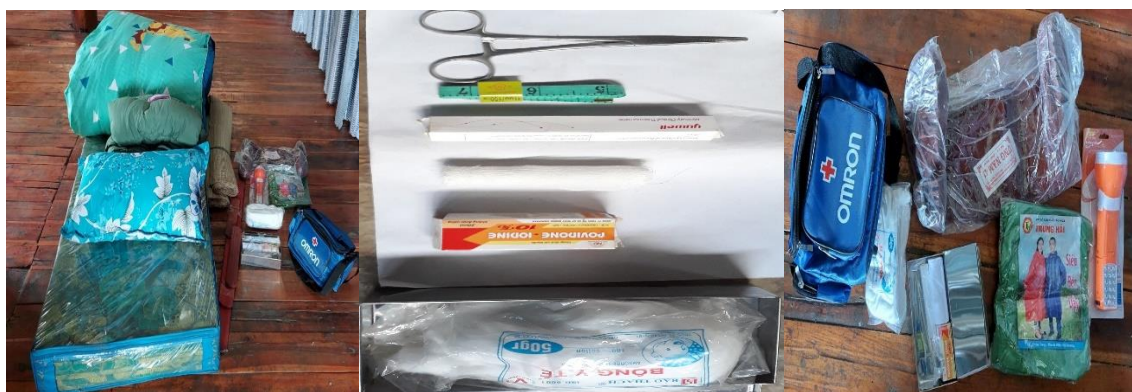
“I have received training on GBV and have become more confident in helping others. I have already supported 3 cases of violence. I have also changed my perception, for example, I thought that scolding is normal, now I know it is not. I know how to share housework with my wife. The most obvious change can be seen in my community is that the husband's violent behavior has decreased significantly” (IDI 10, reliable address).

The change agents are very actively engaged in activity. There were no change agents in community before 2019, as well as no convenient record templates. There were many failed reconciliation cases. After the change agents force was organized, they obtained information about violence in families, approached quickly and propagated people to prevent violent acts in the village. The way service providers operate has also changed, the quarterly coordination meetings in each commune taken place regularly in order to synthesize cases of violence and share experiences in dealing with violence. Then they plan activities for the next 3 months (IDI 14 , Justice staff).

Output 2.3: Strengthened capacity of service providers and authorities to identify GBV survivors and support EMW's right to a life free from violence.

Reliable addresses are one of the essential GBV services which have limited access to EM communities for several critical reasons – distance and cultural sensitivity – identified by the local communities themselves during an assessment conducted by the project team and DoLISA in Dien Bien. The evaluation also endorsed the assumption that reliable addresses should be within local communities and improvised the replaced model of reliable addresses to minimise the risks of GBV survivors being identified and threatened (Narrative Report from 1st March 2019 to 29th February 2020).

Strengthened skills of service providers, such as screening skills to identify GBV survivors or repeat training sessions, by the way “learning by doing” are the effective methods of the project to improve the ability to detect, access and support GBV cases in the community. Additionally, SUSO has provided convenient report templates for information storage and management or some basic equipment for reliable addresses such as mattresses, blankets, pillows, flashlights, boots, first aid kits, cotton gauze and splints in case the victim has broken bones. As a result, service providers improve operational efficiency and supported more GBV survivors. *“The way of working changes due to the “learning by doing” method of project, so service providers have a more flexible approach to accessing and exploiting information” (IDI 19, representative of commune leaders).*



In addition to the substantial support from the project, some service providers meet a number of difficulties in their operation: the reconciliation teams or the reliable addresses do not have regular support funding, the non-cooperation of some perpetrators, GBV survivors do not report, or the referral counseling is difficult due to the victim's limited financial capacity.

There are several possible explanations for these from the interviewees' opinions. Some perpetrators are aggressive and do not accept their wife's seeking help from others, thus trying to stop the service providers to support their wives by threatening or even using violence. Additionally, the cultural barriers preventing wives from leaving home or escaping violence life. Moreover, women may have the fear of being discovered when staying at someone's house in the village or being recorded, even though they may know the report template of the project provided to the service providers completely anonymously.

“In the past, when the domestic violence occurred, the husband often did not allow the wife to talk to anyone outside the family. Moreover, the wife was afraid that speaking out would increase marital conflict, shame and fear of being beaten, therefore they hid their violence” (FGD 9, the reconciliation team).

“Hanging a notice board at the gate to let everyone know my house is a reliable address. I just received 1 case, however, she was afraid that her husband would consider her action as “warning him”, therefore, she asked not to record her case” (IDI 9, reliable address).

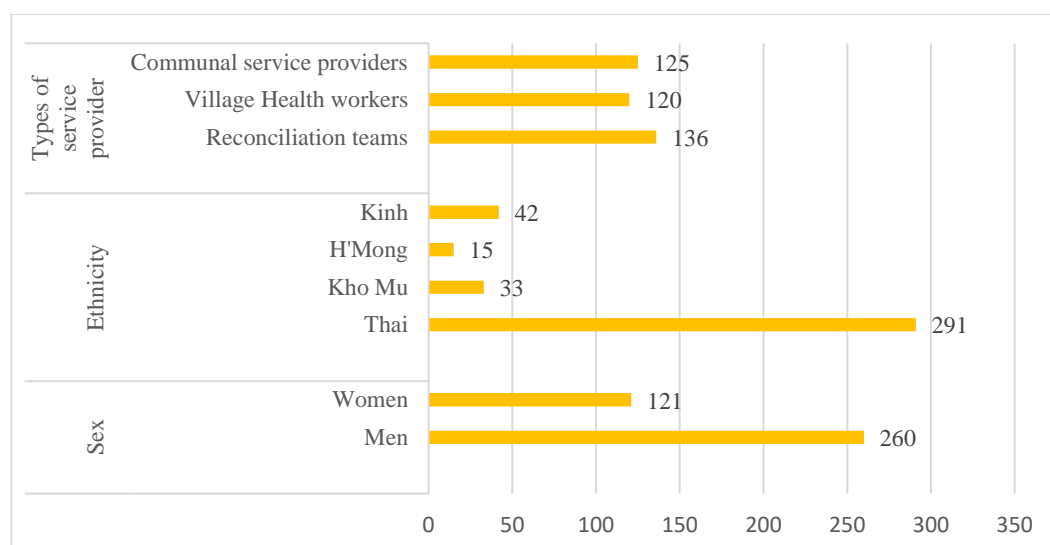
“Some perpetrators did not cooperate, they threatened to slash at people who want to help their wives” (IDI 10, reliable address).

“There was the husband seriously injured the wife, we advised them to go to a higher-level medical facility for screening but they did not want to go because they did not have money. Many people in here also do not have money to buy health insurance cards, therefore, the referral counseling is difficult” (IDI 12, commune medical staff).

Indicator 2.3.1: 48 community service providers' staff participate in SUSO Package activities (disaggregated by sex and ethnicity, type of service provider).

The project monitoring report in early 2021 showed the results far exceed the set target, with 381 community service providers' staff participating in SUSO Package activities. This is an extremely impressive result, specific information is presented in the chart below.

Chart 23: Number of community service providers' staff participate in SUSO Package activities



In addition, with regards to the participation of CAs, the endline evaluation data also shows that the vast majority of CAs participate in SUSO Package activities. 95.3% of CAs are involved in disseminating of knowledge about gender equality and GBV, followed by operating SUSO discussions with women and men, and organizing community events. Other activities such as providing information about support service for violent victims are 88.4% and 81.4% respectively. The activity in collaboration with the reconciliation team has the lowest participation rate is 67.4% (see Table 2).

Table 3: Percentage of CAs participating in SUSO Package activities

	Disseminating of knowledge about gender equality and GBV	Operating SUSO discussions	Organizing community events	Collaborating with the reconciliation team to deal with violent cases	Providing information about support service for violent victims
Total	95.3	88.4	88.4	81.4	67.4
Sex					
Male	92.9	78.6	85.7	71.4	57.1
Female	96.6	93.1	89.7	86.2	72.4
Ethnicity					
Thai	93.3	83.3	93.3	83.3	70.0
H'Mong	100.0	100.0	100.0	100.	100.0
Kho Mu	100.0	100.0	57.1	57.1	28.6
Kinh	100.0	100.0	100.0	100.0	100.0

The data in the table above also shows differences in participation by gender and ethnicity in some activities. For example, the percentage of CA men participating in operating SUSO discussions, collaborating with the reconciliation team to deal with violent cases or providing information about support service significantly lower than the female CAs group. Kho Mu CAs have the lowest participation rate in some activities, especially in providing information for GBV survivors.

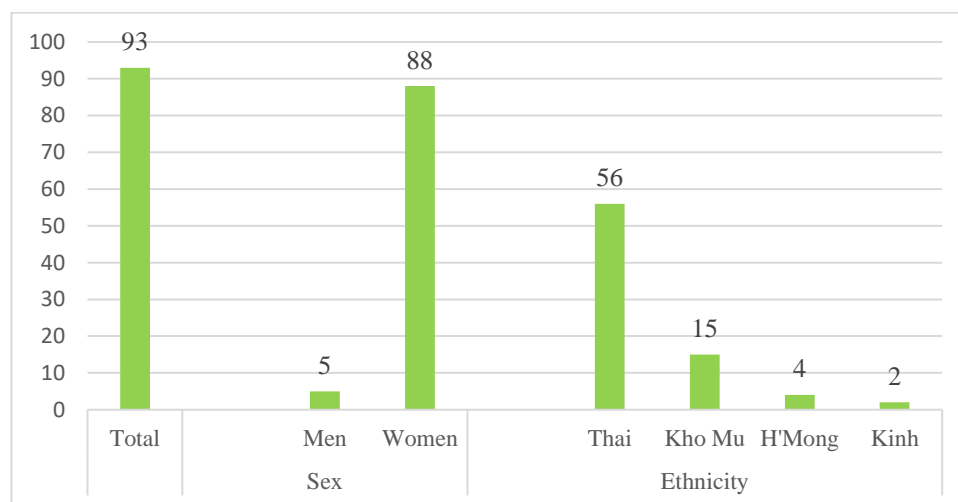
Indicator 2.3.2: 70% of Community service providers utilize forms and tools provided.

This indicator is exceeded its target. The interviews with GBV service providers confirmed that “100% of service providers (reconciliation team, justice staff, police, and commune health workers use the forms and tools provided by the project” (IDI 16, representative of the commune's WU).

Indicator 2.3.3: At least 60 of GBV survivors accessing reconciliation team support (Disaggregate by sex and ethnicity).

The project monitoring report reveals that the reconciliation teams supported 93 GBV survivors as of early 2021. This number is disaggregated by sex and ethnicity as shown in the chart below.

Chart 24: Number of GBV survivors is supported by the reconciliation teams



It can be said that the operational capacity of the reconciliation team is a prominent highlight in the SUSO project. The results related to the reconciliation team presented in the previous sections proved this. The GBV data management system also shows that the reconciliation team supported 124 GBV survivors. This result exceeded the target by far.

Indicator 2.3.4: At least 55% of commune level police staff and 70% of local authority staff selected will commit to GBV work at commune level. (Disaggregate by sex and ethnicity)

According to the project monitoring report, 75% commune-level police and 100% of local authority selected working on GBV prevention and response. The project communes showed their positivity with specific activity. For example, *“the commune has not signed a paper commitment, but there is a coordination committee consisting of representatives of 5 unions and departments: Women's union, Veterans association, Youth union, Farmers' union, commune cultural officer, commune justice officer, representative of commune leaders met and committed to carry out work related to GBV at the commune level”* (IDI 16, representative of the commune's WU).

Indicator 2.3.5: National standards for reliable addresses piloted in 24 villages.

16 village-level reliable addresses based on standards suggested by the project are piloted. These reliable addresses still work after the project ends *because “they have gained the trust of the people and they themselves have a desire to help the people in their community”* (IDI 10, reliable address). It can be seen that the community-based interventions to promote the rights of ethnic minority women to live without violence are highly appreciated and suitable to the reality of mountainous areas and ethnic minorities. *“The SUSO project has built local capacity, supporting victims of violence through the implementation of a system of trusted addresses in villages. When service providers of violence victims are well trained, even if the project is finished, they can still identify and support local victims in a good way as possible”* (IDI 23, representative of CSAGA).

In brief, the presented figures show that all indicators set for Outcome 2 have exceeded expectations, especially Indicator 2.1.1. 120 members of reconciliation teams have improved skills to respond to GBV survivors, Indicator 2.1.2. 120 reconciliation team members participate in sharing sessions, Indicator 2.2.1. # GBV survivors are using the referral system, and Indicator 2.3.1. 48 Community service providers' staff participate in SUSO Package activities.

These results show a clear practical effect of focusing on improving the quality of service providers such as the reconciliation team or reliable addresses. The service providers have involved in the process of changing GBV knowledge and skills in working with GBV survivors. Among the intervention activities, the reconciliation activity is evaluated most positively, and this can be considered as one of the outstanding successes of the project.

Furthermore, the active and methodical activity of CAs and service providers make them widely known by local people in general and GBV survivors in particular. Besides, the high operational efficiency of service providers makes more and more GBV survivors believe that they will be helped, and the increased number of GBV survivors is the good illustration of the fact that GBV survivors have changed their perceptions, they do not want to hide their violence stories, and seek help from outside the family.

Specific Outcome 3 (SO3) – Ethnic minority women and men’s experience of GBV is included in advocacy activities led by Vietnamese civil society networks.

According to Narrative Report from 1st March 2019 to 29th February 2020, there are two cases documented to serve as evidence for advocacy. Additionally, stories collected by CAs and a few GBV service providers have been shared in a national-level symposium led by GBVNet (a civil society network of organisations working on GBV), a provincial-level SOP sharing workshop, and community events. Through coordination meetings among GBV service providers, there have been some cases that could be further explored in detail and used as case studies.

Output 3.1: Ethnic minority women and men have the skills, confidence and opportunities to contribute to public campaigns on GBV.

Through facilitating SUSO Norm Change Package, Change Agents have storytelling skills, and they used this skill in 46 community events to bring about changes in perception on GBV forms to their local communities. A Change Agent from Pa Khoang joined confidently a round table with a diverse group of keynote speakers and government agency representatives during the 4th National-Level Symposium in 2019 (Narrative Report from 1st March 2019 to 29th February 2020). Besides, EMM in Dien Bien actively participate in the forums on GBV at the national level such as the Men network for gender equality and sustainable development (VNMenNet). This is a first national network of men participating in the promotion of gender equality established by CVN, Light and GBVNet in coordination with UNWomen, Rosa Luxemburg Stiftung and Vinaseco. Specifically, VNMenNet is launched on 19 November 2021 with the specific objective is to connect organizations, groups and individuals working with men and boys in the areas of gender equality promotion and GBV elimination into the first national men network where they can regularly meet, discuss and exchange experience on engaging men and boys to promote gender equality and eliminate GBV. It followed the results of the first national men forum titled ‘Engaging men and boys in the promotion of gender equality and the elimination of GBV’ organised by UN Women and GBVnet in March 2021. It is expected that the network is an open space for organizations, groups and individuals to exchange experience, learn and inspire others on the engagement of men and boys in efforts to promote gender equality and eliminating GBV in Viet Nam.



Mr. Cam Van Truong - ethnic minorities in Dien Bien gave inspirational speech via Zoom in the Launching Ceremony of VNMenNet

Indicator 3.1.1: Stories and experience on GBV through different mediums (art, drama or presentations) are made and shared by community members

Compared to the set goal of having 40 stories, the project monitoring report result showed that there were 46 stories and experience on GBV through different mediums (art, drama or presentations) shared by community members. Additionally, the data of endline evaluation also indicates that there is a majority of EMW who have experienced violence willing to share their stories in advocacy activities/events (74.8%). Similarly, there is a vast majority of EMM said that they are willing to continue participating in GBV prevention activities in the near future (92.5%).

Output 3.2: CSOs and ethnic minority women and men contribute to the drafting of the 2019 shadow report on the Convention on the Elimination of Discrimination Against Women (CEDAW).

Indicator 3.2.1: Evidence/Case studies/ data collected shared with CEDAW Shadow Report Drafting Committee.

CARE and Light were both involved in the discussion of NGOs to write the CEDAW report. There is no specific case shared with the committee, however, SUSO data were used for both the CEDAW report and 25 year-implementation of the Beijing Declaration and Platform for Action in Viet Nam.

Output 3.3: Non-GBV focused civil society organisations and community based networks in the northern mountainous areas take action to promote women's right to a life free from violence.

Indicator 3.3.1: Minimum of 5 Non-GBV focused CSOs participating in GBV related advocacy events and 48 change agents participating in advocacy campaigns. (Disaggregate by sex and ethnicity) .

There were 12 CAs participated in advocacy campaigns such as the Workshop "Supporting services for people experiencing GBV in the community: Policies, practices and solutions" organized by GBVNet, CARE and Light in 2020, or the national-level workshop on GBV



with the theme “Connect to fill the gaps in prevention and control of sexual violence”. The endline data further illustrates CAs’ willingness to participate in advocacy campaigns with 97.7% members are willing (100% male and 96.6% female).

The target of Indicator 3.3.1 has not been achieved because the number of CAs participating in advocacy campaigns is lower than the set target due to the impact of the coronavirus pandemic in Vietnam. By the end of January 2020, some of the advocacy work with the provincial authorities was pushed back, as well as CAs involved activities were delayed since the coronavirus pandemic prevention regulations have been taken in most provinces in Vietnam. Besides, the aim of attracting participation of non-GBV focused CSOs, beyond the main target, in the Northern mountainous region failed. NorthNet participated in the first few events but it did not promote its capacity and did not have the motivation to apply the approach and operation of SUSO in other locations.

Indicator 3.3.2 Annual activities and campaigns are being conducted by GBVNet related to GBV among ethnic minorities

Indicator 3.3.2 has reached its target. The project monitoring report has recorded 2 GBVNet-led activities to address GBV among EM were conducted.

Indicator 3.3.3: 1 National level policy dialogue with National Assembly led by GBV net conducted.

The policy recommendation on the Law on prevention of domestic violence was conducted by CARE and Light in 2021. This document has already been sent to the drafting committee and has been noted.

Output 3.4: Provincial authorities are motivated to act on their responsibilities outlined in the National Action Plan on GBV

The representative of the DoJ commented that “SUSO's approach has contributed to successful project outcomes, by involving local departments in community development projects”. Thus, it can be said that the project involved different levels of provincial government, especially the participation of 4 provincial departments responsible for advising on policies and state management of Dien Bien province is an outstanding success of SUSO.

The project supported DoLISA and DoJ Dien Bien in fulfilling their commitment to the National Action Plan. Provincial authorities highly appreciate SUSO's effectiveness in training, improving capacity and knowledge about GBV for officials at all levels and local people. The project's goals and outcomes support the objectives of the province's gender equality and GBV prevention plan.



“SUSO shares project activities through workshops with local agencies. Hence, the authorities at all levels have better understanding about the services that the project provides. Additionally, provincial agencies also connect and work together on prevention and response to GBV more often than before. The project not only supports us to meet the province's goals of gender quality, but the staffs involved also develop skills and capacities in order to help to consult with the cases passed local level to provincial level. The province has gender equality models but have not been implemented as methodically as the project's due to limited resources and techniques, and have no specialized staff (IDI 20, representative of DoLISA).

Moreover, the provincial authorities' positive involvement in the SUSO activities and the national-level symposium conducted by CSOs is the good way to introduce GBV models developed by the project and encourage them to recognise the models as a solution to prevent and respond to GBV effectively. *“The Department of Justice implemented a reconciliation model in a provincial project, this model has been documented and currently piloting in 3 districts with 8 communes in Dien Bien, and is expected to be replicated in other areas of the province” (IDI 22, representative of DoJ).*

Indicator 3.4.1 & 3.4.2: A budget is allocated at provincial level for GBV response and Provincial level task force for GBV response is created.

Indicator 3.4.1 has not been achieved due to a lack of funding and attention on the impact of GBV on women's lives from provincial authorities. However, as stated above, budget to pilot the village reconciliation model in Dien Bien, Muong Cha and Tuan Giao districts has been allocated. Thus, it can be seen that the provincial authorities have begun to take actions to acknowledge the effectiveness of the project's village reconciliation model in domestic violence prevention activities.

There is no budget specifically for GBV at the provincial level. The activities on GBV have so far been taken from the provincial budget for gender equality. The National Committee for the Advancement of Women is the provincial task force for gender equality and GBV work (IDI 20, representative of DoLISA).

In short, Indicator 3.3.1. Minimum of 5 Non-GBV focused CSOs participating in GBV related advocacy events and 48 change agents participating in advocacy campaigns and Indicator 3.4.1. A budget is allocated at provincial level for GBV response did not meet the set goals due to two facts: the impact of the coronavirus pandemic in Vietnam and the GBV interventions are not a priority in provincial policy. The two highlights of the results in Outcome 3 are the commitment to participate in and maintain the sustainability of the project of the provincial departments, and the activities of sharing project results and policy advocacy have been documented.



COHERENCE

The SUSO's intervention is consistent and harmonized with other interventions at the national level and provincial levels. Regarding local policies, *“there is some overlap in activities, such as training on the reconciliation process. However, while the Department of Justice's annual reconciliation training activities are implemented with a large number (100-200 people) but no practical part, SUSO conducts small-scale training sessions and the reconciliation teams have the chance to practice the knowledge and skills learned. Thus, the overlap is actually necessary complementary”* (IDI 24, representative of Light).

“The project activities complement state management of the DoJ. Specifically, the project's activities on reconciliation work are similar to the one of the Department. The project has implemented and strengthened the reconciliation model in practice. In Vietnam, there is no such reconciliation model as SUSO, therefore, the DoJ attaches great importance to replication of this model in the province and considers it as regular professional activity” (IDI 22, representative of DoJ). At the commune level, SUSO strengthens the collaborations and connects between the local service providers through quarterly briefings. *“The project's intervention is consistent with other interventions in the commune, well supporting other policies such as economic development. The rate of violence cases decreased and economic development is better than before participating in the project. All project sites have good achievements in terms of economic development, security and defense. That achievement is partly due to doing well in domestic violence prevention, because domestic violence prevention interacts with other sector, it affects other sectors”* (IDI 19, representative of commune leader).

EFFICIENCY

The main strengths of community-based intervention model are the presence of the spirit of empathy and high motivation in working for community, absorbing the community assistance, community empowerment, presence of female volunteers, using local volunteers, and evidence based decision making for community. This model is very useful for cognitive enhancement projects because cognitive change is a long-term and self-directed process.

The community-based gender violence intervention model like SUSO may reduce or prevent violence perpetration directly or indirectly through improvements in awareness. Changing women's and men's perceptions of social norms about the gender role of women and GBV may reduce men's behavioral intentions of violence. The project has played a supporting role to help local people identify issues that need to be changed. They will know how to organize and carry out activities effectively as well as to evaluate, draw lessons learned to do better. Furthermore, SUSO is a project that aims to change perceptions of



GBV, challenging gender norms that are deeply rooted in people's perceptions. This is a difficult process because it is the change of cultural values and norms, especially for the community with low level of education and economy such as ethnic minority areas. However, the increased number of GBV cases is a positive indicator of the success of this model, it represents the efficient operation of CAs team and the service providers such as reconciliation teams, reliable addresses. All positive results have shown the appropriateness and efficiency of this model with the GBV intervention type.

Considering the other side, assessing efficiency of a project that is mainly technical assistance is a challenge as cost benefit analysis is near impossible. Instead, the evaluators assessed the usages of the resources related to project activities. It was noted that the project adopted for the cost norms that might reflect good practices in the field and therefore it was potentially high value for money. Notably, the important and influential outcomes on policy advocacy at national level of the Project such as meeting for sharing and influence activity were attained with a relatively economical budget (for Outcome 3). Resources used for creating the document of GBV prevalence and impacts and implementing SUSO Package with service providers and local authorities were also found to be efficient. However, resources used for development of SOP and national standards for Reliable Addresses exceeded 4.58 times and 1.31 times respectively compared with prescribed rates. However, the outstanding successes in the effectiveness of the reconciliation team in preventing and resolving GBV cases are perhaps more remarkable, especially when this model has been accepted by Dien Bien province authorities and piloted in some other areas of the province. Moreover, other costs were balanced to cover these two important activities.

SUSTAINABILITY AND IMPACT

At the national level, the sustainability of the project is reflected in the fact that the reliable address model in Dien Bien has been evaluated and formalized in a guide "Establishment and operation of the reliable address". This document is used to guide implementing the reliable address model in 15 provinces/cities under the Project No.8 in the National target program on socio-economic development in EM and mountainous areas (2020-2030). Furthermore, CARE and Light cooperate with the National Assembly Committee on Social Affairs in consulting activities on the draft amendment of the Law on domestic violence prevention.

At the provincial level, implementing the plan to transfer and replicate the reconciliation process on GBV with the DoJ, the WU, the DoLISA. In the past time, the project cooperated with the DoJ Dien Bien in documenting the reconciliation process, and reconciliation team model may be replicated in other areas of the province after 6 months of pilot.



At the communal level, the project does not establish new local service providers, hence, they will continue to operate after the project ends.

“There are many positive changes in local reconciliation activities. The reconciliation teams have high success rate of reconciliation. From the results of SUSO model, the DoJ has developed a project on expanding reconciliation model in 3 districts are Dien Bien, Tuan Giao, and Muong Cha with 8 communes. The pilot period is 6 months, then apply widely. The reconciliation procedures to each commun will become a regular activity. If so, SUSO will bring value to the facility with more than 1,600 reconciliation teams” (IDI 22, representative of DoJ).

4. CONCLUSION

In general, the project has achieved the expected outputs, and the achievement is a remarkable success of SUSO after nearly 4 years of implementation with many challenges, especially the emergence and prolongation of the Covid-19 pandemic. The main results can be summarized in the following points.

Outcome 1:

- The project recruited and trained 48 CAs in 4 target communes who are prominent local individuals supporting gender equality. Their capacity has been enhanced and becoming an active factor in promoting gender dialogues and organise community events to raise awareness of GBV issues and shift GBV norms in their communities.
- Organizing the GBV discussions within the villages with topics organized and planned in accordance with the locality has gradually improve the awareness for villagers in general and those experiencing violence/at risk of being violent. EMW and EMM have understood the magnitude of the problem and identified violent acts. They have also gained knowledge how to support those who suffer from violence and believed that they will be supported when they experience violence. Additionally, it is worth mentioning that GBV survivors shared their stories with others, and community conception of the victim blaming has changed positively.

Outcome 2:

- The project has focused on improving the quality of reconciliation of GBV cases; assisting health center in how to identify and support GBV survivors and improving the quality of reliable addresses.
- The improvement of the quality of these services has been closely supported and accompanied by provincial authorities: The DoJ has closely accompanied in building the



reconciliation process; the development of national standards for reliable addresses have also referred to the models of the DoLISA and the WU; the identification and support GBV survivors at health facilities has not been accompanied by the department of health, but has also received the enthusiastic participation of grassroots level health workers.

- The service providers have also involved in the process of changing GBV knowledge and skills in working with GBV survivors. This process has changed their attitudes and ways of supporting GBV survivors, help to building trust for GBV survivors, and as a result, they find service providers more.

Outcome 3:

- Light and CARE are both members of GBVNET, thus, there is the opportunity to connect people in the SUSO project sites with GBVNET activities as well as other related activities at the national level.

- CAs and GBV survivors have participated in many GBVNET advocacy events. For instance, the National Conference on Sexual Violence Prevention (2019), GBV Workshop and gaps in the law and policy (2020), Workshop on reducing victim blaming (2019). They have the opportunity to share their experiences and send messages about the necessity of changing policies to better support EMW in these conferences.

- SUSO data has been used for the CEDAW report and 25 year-implementation of the Beijing Declaration and Platform for Action in Viet Nam.

Additionally, there are a number of lessons learned in designing and implementing project that have contributed to the success of SUSO as follows.

- (1) There are activities to attract the participation of EMM because the project sees men as allies in preventing and responding to GBV against women. The project organized 33 discussions involving 355 EMM and this has contributed to changing the perception of GBV and gender norms among local EMM.
- (2) Engaging and coordinating closely with local authorities at all levels.
- (3) Training local people to be change agents force in the community.
- (4) Implementing activities right at the village so that people can participate without going far.
- (5) Flexibility in the form of content communication: discussion, role play, drawing is the helpful way to help people who are not fluent in Kinh language or do not go to school can still understand the media's messages.

Ultimately, from the results of the project evaluation, we suggest some recommendations as follows:



- (1) Further improve attitudes and behaviors of people and authorities about GBV:
 - Pay attention to the cultural characteristics of each ethnic group/community when designing activities and implementing GBV models.
 - Developing materials in local ethnic languages in order to improve effective propaganda more.
 - There are more propaganda activities on village loudspeakers or bulletins for each village.
- (2) Further improve the quality of support services for victims of violence:
 - The Ministry of Justice, the Ministry of Labor - Invalids and Social Affairs, the Ministry of Culture, Sports and Tourism, the Ministry of Information and Communications and relevant agencies should have more positive support for CSOs in implementing activities on GBV and gender equality in the community.
 - Training first aid skills for reliable addresses and reconciliation teams
- (3) Improve effectiveness in sharing experiences of violence of EMW and EMM:
 - Annually, the project should synthesize good models of domestic violence prevention and lessons learned from implementation of other project in different areas, then shares it widely with local authorities and organizations in the GBV network.
 - Strengthening the participation of EMW and EMM in GBV networks such as GBVNet, the Action partnership network for GBV prevention (MOLISA), VNMENNet.
- (4) Improve the sustainability and efficiency of the project:
 - The results and intervention models can be more sustainable and effective if they are institutionalized and associated with relevant policies. Hence, the Ministry of Justice, the Ministry of Labor, Invalids and Social Affairs, the Ministry of Culture, Sports and Tourism, the Ministry of Information and Communications and relevant agencies should participate more actively in project activities and receive the project models. Furthermore, it should be based on results and models that are operating well in the community in advising policies.
 - Local authorities should have a clear commitment to maintain the transferred SUSO models after the end of the project.
 - The project should develop a feedback mechanism with local records after ending project in order to support the local authorities in maintaining the project models.



APPENDIX

Appendix 1: Sample types and sizes of qualitative survey

		IDs	FGDs	Total
Dien Bien	Muong Phang Commune	5	3	8
	Pa Khoang Commune	4	2	6
	Thanh Nua Commune	6	3	9
	Hua Thanh Commune	4	2	6
	Department of Justice	1		1
	Department of Labor, War Invalids and Social Affairs	1		1
	Women's Union	1		1
Ha Noi	Csaga	1		1
	Light	1		1
	Care Vietnam		1	1
Total		24	11	35



Appendix 2: Sample of quantitative survey

	Men		Women (VSLA)		Change Agents	
	%	N (123)	%	N (247)	%	N (43)
Sex						
Male					32.6	14
Female					67.4	29
Commune						
Muong Phang	13.1	16	30.8	76	8	18.6
Pa Khoang	20.5	25	22.3	55	12	27.9
Hua Thanh	5.7	7	28.3	70	13	30.2
Thanh Nua	60.7	74	18.6	46	10	23.3
Education						
Never attended school	5.7	7	5.7	58		
Dropping out/failing at primary school	13.8	17	13.8	69		
Graduated primary school	28.5	35	28.5	26	7.0	7.0
Graduated secondary school	39.0	48	39.0	68	30.2	30.2
Graduated high school	13.0	16	13.0	26	37.2	37.2
College					25.6	25.6
Ethnicity						
Thai	82.9	102	79.4	196	69.8	30
H'Mong			2.4	6	7.0	3
Kho Mu	14.6	18	17.8	44	16.3	7
Kinh	1.6	2			7.0	3
Other	0.8	1	0.4	1		
Age						
<30	5.7	7	20.7	51		
30-<40	31.7	39	39.8	98		
40-<50	30.9	38	28.9	71		
>=50	31.7	39	10.6	26		
Head of household						
Yes	74.8	92	10.1	25		
No	25.2	31	89.9	222		
Marital Status						
Married and living together	91.1	112	86.6	214		
Living together	7.3	9	6.9	17		
Divorce/separated/widow from 2020-2021	0.8	1	6.5	16		
Single	0.8	1				
The right to make decision in household						
Husband	17.1	21	9.4	22		
Wife	0.8	1	2.6	6		



Both husband and wife	79.7	98	86.8	203		
Other	2.4	3	1.3	3		
Occupation						
Agriculture	97.6	120	99.6	246		
Simple labor	1.6	2				
Retirement	0.8	1	0.4	1		
Living standard						
Rich	35.0	43	30.5	75		
Medium	53.7	66	58.1	143		
Near poverty	8.1	10	5.3	13		
Poor	3.3	4	6.1	15		
Health status						
Yes			4.9	12		
No			95.1	235		
Frequency of drunkenness						
Always	11.4	14	1.7	4		
Several time per week	45.5	56	23.4	54		
Several time per month	35.8	44	40.3	93		
Several time per year	6.5	8	26.4	61		
Never	0.8	1	8.2	19		
Drug use						
Still use	0.8	1				
Used to	4.1	5				
Never	94.3	115				
No answer	0.8	1				



Appendix 3: Variables used in quantitative data analysis

Dependent Variable

- (1) Emotional violence: This variable was built from questions about 9 behaviors that EMW have experienced such as: Being prevented by her husband from letting her meet friends and relatives; Apathetic/cool in sex, Ignoring and acting coldly, Getting angry/jealous if he sees his wife talking to other men; Or control, where you need to be allowed; Being scolded; Or threaten his wife (by scowling, yelling, breaking things, threatening to kill...); Ever threatened people that the wife loves (children or family members); He kicked his wife out of the house.
- (2) Physical violence: It was built from questions about 4 behaviors that ethnic minority women have experienced such as: Ever been slapped; being violently used by her husband (kicking, punching, pulling hair, dragging, strangling, suffocating, burning...); injured by her husband using a gun, knife, scissors or other weapon; kicked, or beaten by a husband/partner during pregnancy.
- (3) Economic Violence was constructed from 3 questions: 1) Women have to quit (or refuse) a job that earns money just because their husbands/partners don't want to do it; 2) The husband takes away the money they earn or save that they don't want; and 3) The husband refuses to give money to spend on the family, even though the husband still has money to spend on other things.
- (4) EMW experiencing domestic violence: Built from 4 variables: 1) suffered emotional violence; 2) suffered physical violence; 3) suffered from economic violence; 4) had been forced to have sex.
- (5) Reject violence: Measured from the women's response to violence: 1) gentle feedback; 2) discuss; 3) seeking help from friends/relatives (NOT JOIN VSLA GROUP) for help; 4) seeking help from VSLA group; 5) seeking help from the village head/village reconciliation team; 6) seeking help from the communal/ district authorities; 7) seeking help from the reliable address.
- (6) Identifying domestic violence behaviors: Built from the question EMW know what behaviors occur in family that are considered domestic violence. EMW who agree with all 11 behaviors mentioned in the questionnaire as domestic violence is considered to know what is domestic violence. Variables are grouped into: 0) Disagree all; 1) Agree with 11 behaviors of domestic violence.



Independent variable⁴

(1) Individual factors

- Ethnicity: 1) Thai, 2) H'Mong, 3) Kho Mu.
- Age group: <30 years old; 30 - <40; 40 - <50; >=50.
- Women's education: Never attended school; dropping out/failing at primary school; graduated primary school; graduated secondary school; graduated high school and higher.
- Join the social group: 1) 1 group; 2) Join 2 or more.
- Have a financial backup for the living in case of necessity: 1) Yes; 2) No

(2) Household factors

- Household living standard: 1) Rich; 2) Medium; 3) Near poverty; 4) Poor.
- The right to make decision about important matters: 1) The husband and wife decide together; 2) No
- Length of cohabitation: 1) < 10 years; 2) 10 - <20; 3) 20 - <30; 4) >=30 years
- Interaction between husband and wife: 1) Often talking; 2) Not often
- Risky behaviors from the husband: 1) Drunken several time per month; 2) No
- Participating in SUSO project: 1) The couple participates together; 2) Only spouse. The variable husband participating in the project is not suitable for the regression model of women experiencing domestic violence. The percentage of EMW experiencing violence in the group with a husband participating in the project is higher than that in the group without violence.

Analytical methods

To analyze women experiencing violence/denying violence/identifying GBV behaviors and differences by demographic factors, the main quantitative analysis techniques/methods used: Percentage analysis, Mean⁵, Correlation analysis, and Logistic Regression Model analysis.

Logistic regression model is used to evaluate the factors that affect: 1) EMW experience domestic violence; 2) EMW identify behaviors of domestic violence.

The sample of regression analysis including 231 women who are currently married and living with their husbands or living together but have not marriage registration.

⁴ The variables of occupation, health status were not included in the correlation analysis because the majority of EMW in the sample are currently engaged in agriculture and have normal health.

⁵ The Mean and the T-test are intended to analyze the attitudes of EMW/EMM about gender norms towards women, however, the percentage of response "completely disagree" in all options is around 90%, therefore the consultant team did not use these analytical techniques.



Appendix 4: Percentage of EMW experienced violence in the last 12 months (%)

	Emotional Violence (N=247)		Physical Violence (N=247)		Economic Violence (have happened until 2021) (N=247)	Percentage EMW have experienced at least 1 out of 4 forms of violence (N=247)
	<2019	2021	<2019	2021		
General	46.6	20.6	18.6	6.5	14.2	33.6
Commune						
Muong Phang	40.8	28.9	27.6	9.2	14.5	40.8
Pa Khoang	52.7	20.0	25.5	12.7	9.1	32.7
Hua Thanh	40.0	14.3	5.7	0.0	12.9	25.7
Thanh Nua	58.7	17.4	15.2	4.3	21.7	34.8
Age						
<30	43.1	21.6	15.7	11.8	17.6	37.3
30-<40	50.0	22.4	20.4	7.1	15.3	35.7
40-<50	43.7	21.1	18.3	4.2	14.1	35.2
>=50	50.0	11.5	19.2	0.0	3.8	15.4
Ethnicity						
Thai	47.4	19.9	17.3	5.6	16.3	34.7
H'Mong	16.7	33.3	33.3	16.7	0.0	33.3
Kho Mu	47.7	22.7	22.7	9.1	6.8	29.5
Other	0.0	0.0	0.0	0.0	0.0	0.0

* The endline evaluation records only 3 cases of EMW experienced sexual violence, so they were not included in the correlation analysis.



Appendix 5: Percentage of EMW and EMM agree with behaviors that are considered domestic violence

	Female		Male	
	%	N	%	N
1. Scolding or insulting spouse	97.2	247	96.7	123
2. Threatening spouse	95.5	247	97.6	123
3. Slapping, hitting, punching, kicking, shoving, choking, pulling hair, throwing objects at spouse	95.5	247	95.1	123
4. Forcing spouse to have sex when she/he has refused	95.1	247	91.1	123
5. Using or taking part of spouse's income/savings without the spouse's consent	93.9	247	81.3	122
6. Preventing spouse from meeting friends and relatives	94.3	247	82.9	123
7. Inquiring, interrogating spouse goes every time she/he goes out	93.9	247	78.0	123
8. Behaving coldly/alienated	96.4	247	85.4	123
9 Causing a quarrel/criticism if spouse talks to other men/women	95.5	247	86.2	123
10 Forcing spouse to spend according to their own decision	95.1	246	95.1	123
11 Refusing to use or prevent spouse from using contraception	94.3	247	87.8	123



Appendix 6: The participation of CAs in SUSO package

	Some sessions	Most sessions	All sessions	N
General	0	39.5	60.5	43
Sex				
Male	0	50.0	50.0	14
Female	0	34.5	65.5	29
Ethnicity				
Thai	0	30.0	70.0	30
H'Mong	0	66.7	33.3	3
Kho Mu	0	85.7	14.3	7
Kinh	0	0.0	100.0	3



Appendix 7: Percentage of “totally disagree” of EMW and EMM with 19 negative statements about the position and role of women in the family

	Female				Male			
	Totally disagree	N	Means	Standard deviation	Totally disagree	N	Means	Standard deviation
Husband has right to not allow his wife to contact family/friends	94.4	231	1.10	0.49	91.1	123	1.13	0.50
Husband may ignore/behave coldly towards his wife	86.1	230	1.20	0.57	79.7	123	1.30	0.70
Husband can get angry if their wives talk to another men	91.8	231	1.14	0.54	87.8	123	1.19	0.58
Husband has rights to control wife	90.9	231	1.16	0.59	87.8	123	1.23	0.72
Scolding and insulting are not violence	93.5	231	1.12	0.52	91.9	123	1.13	0.47
Women deserve to be beaten in some cases	93.1	231	1.12	.52	85.4	123	1.32	0.88
Women have to suffer when beaten for family happiness	90.0	231	1.19	0.65	85.4	123	1.29	0.78
Women have to suffer when scolded for family happiness	86.1	231	1.27	0.78	74.0	123	1.60	1.20
Violence is an intra-household matter	90.5	231	1.19	0.67	79.7	123	1.52	1.16
Women should not tell others about their violence to save face	90.9	231	1.18	0.65	77.2	123	1.49	1.04
Women should not tell others about violence for family happiness	91.8	231	1.15	0.59	82.1	123	1.44	1.09
Beating wife can be forgiven	88.3	231	1.18	0.58	78.9	123	1.44	0.96
Women are not allowed to hit or scold at husband	86.6	231	1.25	0.74	71.5	123	1.51	1.00
Women need to obey the orders of husband	93.1	231	1.11	0.48	86.2	123	1.23	0.66
Wife must ask the husband's permission when spending	93.5	231	1.12	0.52	89.4	123	1.17	0.57
Wife must obey her husband's will in having sex even she doesn't want to	95.7	231	1.07	0.40	90.2	123	1.21	0.72



Housework and taking care of children are women's responsibility	93.9	231	1.10	0.47	84.6	123	1.31	0.87
Women should not join associations/unions/clubs	92.6	231	1.09	0.38	93.5	123	1.09	0.41
Women should not be leaders	93.5	231	1.09	0.42	95.9	123	1.04	0.19

* The mean value (\bar{x}) is in the range: $1 \leq \bar{x} \leq 5$. Evaluation criteria:

- If the mean value is from 1.0-1.80, the tendency is totally disagree
- If the mean value is from 1.81 to 2.60, the tendency is partly disagree
- If the mean value is from 2.61-3.40, the tendency is neither agree nor disagree
- If the mean value is from 3.41-4.20 is the tendency is partly agree
- If the mean value is from 4.21-5.0, the tendency is totally agree



Appendix 8a: Correlation analysis between the percentage of EMW identified acts of violence and demographic characteristics and multivariate models

Multivariate analysis model with logistic regression equation was used to evaluate the factors affecting women's experience of violence and the identification of GBV behaviour. To determine the factors affecting women experiencing domestic violence, the selected analysis sample includes those who are living with their spouses. Table 8a and 8b below present the results of the regression model (with all the analytical variables included in the model) of factors that may affect the likelihood of women experience domestic violence and identify what behaviour is domestic violence⁶.

	Identifying acts of domestic violence		Regression model	
	%	N (247)	Odds ratio Exp(B)	N (228)
General	85.4	247		
Ethnicity				
Thai	86.7	196	1.12	181
H'Mong	66.7	6	2.17	5
Kho Mu	81.8	44	1	42
Age				
<30	76.5	51	0.24	50
30-<40	88.8	98	0.87	95
40-<50	87.3	71	0.89	61
50+	88.5	26	1	22
Education				
Dropping out primary school	88.4	69	2.16	62
Graduated primary school	88.5	26	0.84	24
Graduated secondary school	86.8	68	2.18	66
Graduated high school/higher	76.9	26	0.71	25
Never attended school	82.8	58	1	51
Household living standard				
Rich	85.3	75	1.30	74
Medium	86.0	143	1.45	129

⁶ The ratio for the category to be compared always takes the value 1. If the odds ratio for a certain type of characteristic is greater than 1, it means that the group of women with that characteristic is more likely to experience violence than the group of people with the characteristic type used for comparison. In contrast, if the odds ratio for a certain characteristic is less than 1, then the group of women with that characteristic is less likely to experience violence than the group of women with the characteristic to be compared. The greater the odds ratio of a particular characteristic, the greater the effect of that characteristic on being subjected to violence compared with the effect of the characteristic type used for comparison. The asterisks (*, **, ***) next to the odds ratio indicate how the effect of this feature type is statistically significant. The more asterisks, the more significant the effect. A ratio without an asterisk means that there is no evidence to confirm that the effect of the feature type in question is statistically significant.

Near poverty	84.6	13	1.05	12
Poor	80.0	15	1	13
Join associations/unions/groups				
1 group	82.4	91	0.61	84
2 groups or more	87.2	156	1	144
Having a financial backup	***			
Yes	92.4	132	2.07	119
No	77.4	115	1	109
The decision maker				
Both husband and wife	86.7	203	3.59	200
No	77.4	31	1	28
Interaction	***		***	
Often talk	90.1	191	6.45	189
Infrequently	69.6	56	1	39
Duration of cohabitation				
<10 years	80.0	50	0.66	48
10-<20	85.4	103	0.44	101
20-<30	89.8	59	0.63	59
30+	85.7	21	1	20
Participating in project				
Yes	85.6	188	1.50	185
No	88.4	43	1	43
Drunk husband	*		*	
Frequently	90.1	151	3.37	150
Infrequently	78.8	80	1	78
2LL (-2 Log likelihood) ⁷			147.798 ^a	
Nagelkerke R Square			.271	
Percentage of correct predictions			86.4	

Statistical significance level: * $p < 0,05$; ** $p < 0,01$; *** $p < 0,001$

⁷ Overall goodness of fit can also be assessed based on the -2LL criterion (short for -2 Log Likelihood), the smaller the -2LL value, the higher the goodness of fit. The minimum value of -2LL is 0 (i.e. no error) then the model has a perfect fit.



Appendix 8b. Correlation analysis between the percentage of EMW experienced domestic violence and demographic characteristics and multivariate models

	Experienced domestic violence		Regression model	
	%	N (247)	Odds ratio (Exp(B))	N (228)
General	33.6	247		
Ethnicity				
Thai	34.7	196	1.52	181
H'Mong	33.3	6	1.90	5
Kho Mu	29.5	44	1	42
Age			*	
<30	37.3	51	12.08	50
30-<40	35.7	98	8.29	95
40-<50	35.2	71	2.81	61
50+	15.4	26	1	22
Education				
Dropping out primary school	40.6	69	1.92	62
Graduated primary school	42.3	26	3.85	24
Graduated secondary school	30.9	68	1.50	66
Graduated high school/higher	38.5	26	2.25	25
Never attended school	22.4	58	1	51
Household living standard				
Rich	32.0	75	1.58	74
Medium	35.0	143	1.19	129
Near poverty	46.2	13	3.33	12
Poor	20.0	15	1	13
Join associations/unions/groups	***		***	
1 group	48.4	91	2.99	84
2 groups or more	25.0	156	1	144
Having a financial backup				
Yes	30.3	132	0.67	119
No	37.4	115	1	109
The decision maker	*			
Both husband and wife	32.5	203	0.43	200
No	51.6	31	1	28
Interaction				
Often talk	35.6	191	0.99	189
Infrequently	26.8	56	1	39
Duration of cohabitation				
<10 years	32.0	50	0.27	48
10-<20	34.0	103	0.24	101



20-<30	44.1	59	1.23	59
30+	23.8	21	1	20
Drunk husband	*			
Frequently	40.4	151	1.39	150
Infrequently	26.2	80	1	78
2LL (-2 Log likelihood) ⁸			259.534 ^a	
Nagelkerke R Square			.212	
Percentage of correct predictions			72.7	

*Statistical significance level: * $p < 0,05$; ** $p < 0,01$; *** $p < 0,001$*

⁸ Overall goodness of fit can also be assessed based on the -2LL criterion (short for -2 Log Likelihood), the smaller the -2LL value, the higher the goodness of fit. The minimum value of -2LL is 0 (i.e. no error) then the model has a perfect fit.



Appendix 9. Correlation analysis between the percentage of EMW know about the Law on gender equality, the Law on prevention of domestic violence and demographic characteristics

	Knowing about the Law on gender equality		Knowing about the Law on prevention of domestic violence	
	%	N	%	N
General	90.7	246	83.7	246
Education	***		**	
Dropping out primary school	89.9	69	91.3	69
Never attended school	77.6	58	69.0	58
Graduated primary school	96.2	26	92.3	26
Graduated secondary school	97.0	67	80.6	67
Graduated high school/higher	100.0	26	96.2	26
Household living standard	****		***	
Rich	96.0	75	74.7	75
Medium	91.5	142	91.5	142
Near poverty	92.3	13	76.9	13
Poor	53.3	15	60.0	15
VSLA's participation in project activities	*		***	
All sessions	98.4	64	98.4	64
Most sessions	87.9	182	78.6	182
Participation of VSLA's husband in project activities	**		*	
Most sessions	98.9	90	91.1	90
Some sessions	87.1	140	79.3	140
Interaction	*			
Often talk	92.6	190	84.2	190
Infrequently	83.9	56	82.1	56

Statistical significance level: * $p < 0,05$; ** $p < 0,01$; *** $p < 0,001$



Appendix 10. Correlation analysis between the percentage of EMW know about the reconciliation team, 5 intervention activities of the project and demographic characteristics

	Knowing about the reconciliation team		Knowing about 5 intervention activities of the project	
	%	N	%	N
General	89.0	246	65.0	246
Education	*			
Dropping out primary school	94.2	69	69.6	69
Never attended school	77.6	58	55.2	58
Graduated primary school	96.0	25	65.4	26
Graduated secondary school	88.2	68	70.6	68
Graduated high school/higher	96.2	26	57.7	26
Household living standard	***			
Rich	82.7	75	69.3	75
Medium	95.1	142	66.4	143
Near poverty	92.3	13	61.5	13
Poor	60.0	15	33.3	15
VSLA's participation in project activities	***		**	
All sessions	100.0	63	78.1	64
Most sessions	85.2	183	60.1	183
Participation of VSLA's husband in project activities	*		***	
Most sessions	94.4	90	78.9	90
Some sessions	84.3	140	57.4	141
Interaction				
Often talk	88.4	190	66.5	191
Infrequently	91.1	56	58.9	56

*Statistical significance level: * $p < 0,05$; ** $p < 0,01$; *** $p < 0,001$*