

LEARNING FROM MOMENTUM

Community Engagement
and Systems Strengthening
Approaches to Addressing
Gender-Based Violence



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TABLE OF CONTENTS

INTRODUCTION1

COMMUNITY ENGAGEMENT3

SASA! Together—Nigeria..... 4

Engaging First-Time Parents to Prevent Gender-Based Violence—Niger..... 8

Human-Centered Design Sessions—Senegal 11

SYSTEMS STRENGTHENING14

One Stop Centers—India..... 15

Integrating Gender-Based Violence Screening within Fistula Care Programs—Nigeria 18

Special Cell and Community Approach—India 20



INTRODUCTION

Published in recognition of the 2023 [16 Days of Activism against Gender-Based Violence \(GBV\)](#) campaign, this brief highlights six innovative approaches for addressing GBV. These approaches are drawn from [MOMENTUM](#), a suite of six global projects working with governments and institutions in USAID partner countries to accelerate reductions in maternal, newborn, and child death and disability. The case studies in this document offer practical insights for gender experts, practitioners, and advocates, particularly those working in GBV prevention and response, to apply and adapt in their own work.



GBV BY THE NUMBERS

GBV is pervasive in the lives of women and girls around the world. In 2018, the World Health Organization found that, globally, 31% of women ages 15 to 49 have been subjected to physical and/or sexual violence from a current or former male partner, sexual violence from a non-partner, or both of these forms of violence combined at least once in their lifetimes.¹

On average, 736 million and up to 852 million women ages 15 years or older in 2018 (nearly one in three women) had experienced one or both of these forms of violence at least once in their lifetimes. Regionally, Southern Asia and sub-Saharan Africa have high rates of lifetime intimate partner violence (IPV) for women ages 15 to 49 years, at 35% and 33%, respectively.

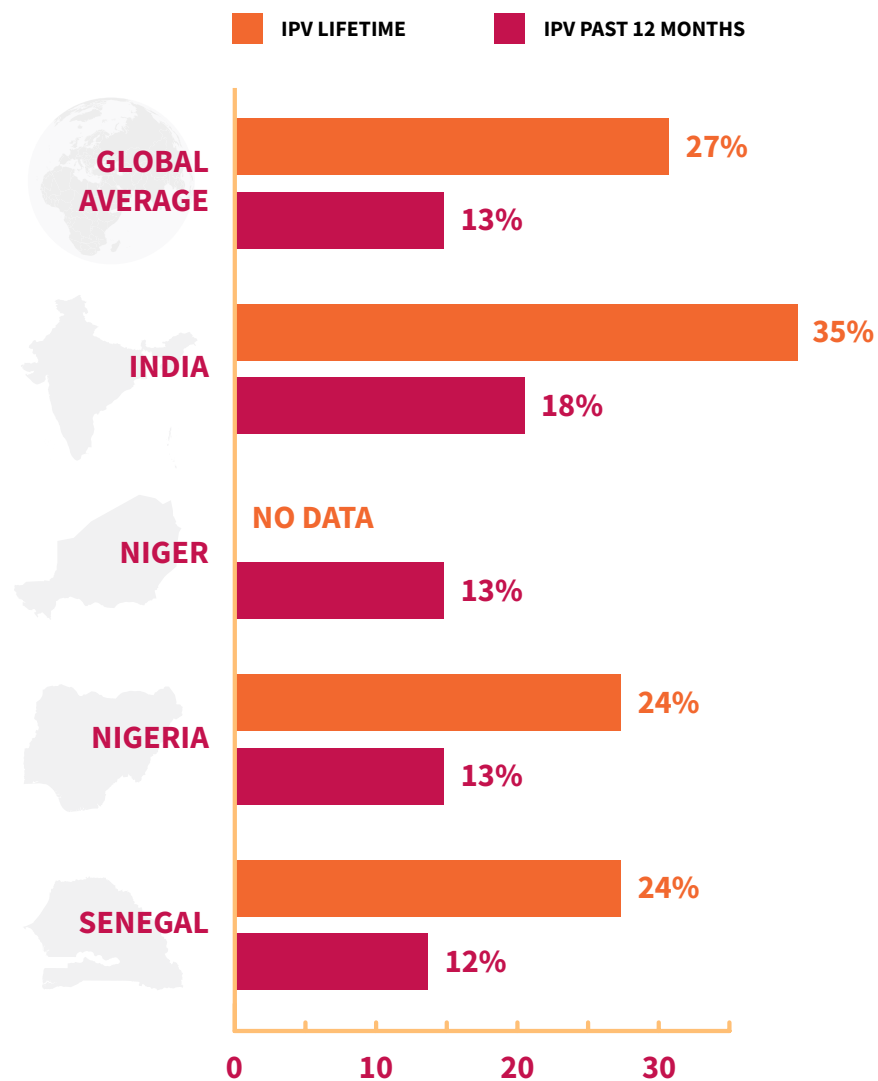


This brief features dynamic GBV prevention and response interventions or approaches related to community engagement and systems strengthening from three MOMENTUM projects: [Country and Global Leadership](#), [Integrated Health Resilience](#), and [Safe Surgery in Family Planning and Obstetrics](#). Spanning India, Niger, Nigeria, and Senegal, these varied GBV responses illustrate what can be done within a range of settings and scopes, such as:

- Partnering with police and social workers to provide services to GBV survivors;
- Leveraging community mobilization to promote reflection about the use of power to prevent GBV;
- Engaging with first-time parents to prevent GBV;
- Addressing GBV and strengthening referral mechanisms within the context of COVID-19;
- Integrating GBV screening within fistula care programming; and
- Using human-centered design to reimagine sexual and reproductive health (SRH) for women.



PREVALENCE OF IPV AMONG EVER-MARRIED/PARTNERED WOMEN AGED 15–49



Source: WHO, 2018



The image features a teal-tinted photograph of a community meeting. Several people are gathered around a table, looking at documents. A woman in the foreground is seated in a yellow chair, wearing a patterned headscarf and a matching dress. The background shows an outdoor setting with laundry hanging on a line and a child standing. The text 'COMMUNITY ENGAGEMENT' is overlaid in large, white, bold, sans-serif font across the center of the image. The background also has a repeating geometric pattern of interlocking lines and semi-circles.

COMMUNITY ENGAGEMENT

SASA! TOGETHER

Project: MOMENTUM Country and Global Leadership

Settings: Ebonyi and Sokoto states, Nigeria

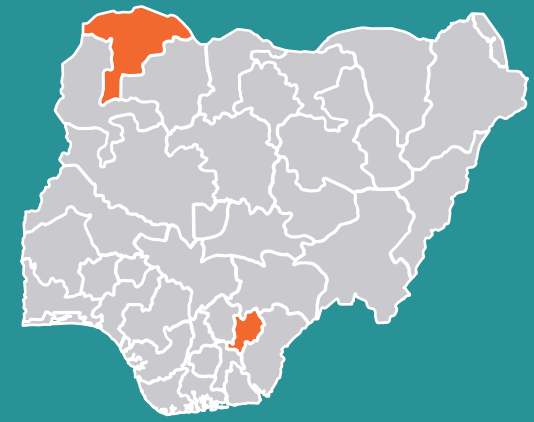


FIGURE 1:

SASA! Together Theory of Change

Phased-in, benefits-based activism using a gender-power analysis across all circles of influence



PROGRAM DESCRIPTION

SASA! Together is a community mobilization approach that aims to foster personal and community reflection about the collective use of power to formalize and sustain change to prevent violence against women. As shown in figure 1 to the left, there are four phases in the SASA! Together theory of change, each focusing on a different type of power through three concurrent strategies of local activism, community leadership, and institutional strengthening. The intervention works to mobilize the community across the ecological model, with the goal of, over time, creating social norms that will make violence against women unacceptable and allow women to live safe, fulfilling, and dignified lives.



ACCOMPLISHMENTS

Each phase of the SASA! Together approach is structured to achieve specific qualitative outcomes, as described in figure 2 below. Key results from the project’s Start phase in Ebonyi and Sokoto states include creating deep, critical reflections on the power within individuals to improve and challenge community understanding, beliefs, and actions related to nonviolent relationships.

FIGURE 2:

SASA! Together Outcomes



		START	AWARENESS	SUPPORT	ACTION
		Women & men in communities and institution(s)...			
EXPECTED OUTCOMES	KNOW	The basics about power	That men’s power over women is the root cause of violence against women and that our silence allows it to continue	How to build healthy relationships and support others to create positive change	How to use our power to formalize and sustain changes beyond <i>SASA! Together</i>
	FEEL	That we have power within ourselves	That violence against women—and our silence about it—is a problem and that preventing violence will benefit all of us, our communities, and our institutions	That it is everyone’s responsibility to prevent violence against women and that we have confidence in our own ability to create change	That we are committed to creating and sustaining violence-free relationships, communities and institutions
	DO	Reflect on power in our own lives, communities and institutions	Critically analyze how we and the people around us use power, and begin talking with others about the benefits of change	Create positive changes in our own relationships, support women experiencing violence and hold men to account when they use violence	Maintain positive changes and develop ways to formalize change in our family, community, workplace and institutions

Notable accomplishments during SASA! Together's Start phase (November 2022 to May 2023) include:

- Program implementers held **949** and **1,968** sessions in Ebonyi and Sokoto states, respectively, reaching **27,624** community members (14,654 men and 12,970 women).
- Community activists and leaders conducted reflection sessions with men, women, and youth at existing community meetings that typically draw large crowds. Some of the formal and informal meetings that were leveraged include: village savings and loans meetings, weekly prayers at mosques and churches, youth clubs, and other communal and social gatherings.
- Community activists and leaders used various materials (Power Posters, Leadership Leaflets, and Community Talking Points) and activities (Community Conversations, Bingo Games, and Drama Sketches) from the [SASA! Activist Toolkit](#), to initiate dialogue with community members around topics that may have been considered sensitive and prompt them to reflect on how they use their power.
- During the activities, several individuals shared stories of personal change. One community member said that SASA! Together discussions had enabled him to reflect on his negative use of power, and as a result, he decided to return his children to school (he had previously refused to pay their school fees, causing them to drop out).



Before now, I [didn't] know that I was using my powers negatively on my family members, especially the women. But after I came in contact with SASA activists in my community, I participated in five sessions facilitated by the activists. Thereafter, I had deep reflections on how I used my power and decided to change. I began to use [my] powers positively, without hurting any of the women in my family.

—Chief Leader in the Okposhi Umuogbara community





INSIGHTS

- The Power Poster materials seemed to be more appealing to community members than other text-heavy materials, because they connected with imagery that related to their day-to-day lives. This insight was applied by the program team in the next phase; they adapted various session materials to include more imagery and be presented in fun formats such as games and skits. The new user-friendly materials drew in large attendance and inspired several community members to share stories of personal change.
- During supportive supervision visits, community activists and leaders demonstrated strong community engagement skills, however, the program team also observed some gaps among activists' skills to effectively probe and create a supportive learning environment, clarify misconceptions, offer clear actionable suggestions, and provide referral information. To address these limitations, a monthly review meeting was instituted with the aim of strengthening activists' and leaders' capacity. The monthly meetings were facilitated by local partners with the support of project staff.

Learn more about **MOMENTUM Country and Global Leadership's** activities in Nigeria on page 24 of the [West Africa Regional Reference Brief](#).



ENGAGING FIRST-TIME PARENTS TO PREVENT GENDER-BASED VIOLENCE

Project: MOMENTUM Integrated Health Resilience

Setting: Dosso and Tahoua regions, Niger



PROGRAM DESCRIPTION

In Niger, nearly 40% of women are affected by GBV, often in the form of physical violence from intimate partners.² MOMENTUM Integrated Health Resilience implemented a program targeting first-time parents (FTPs), mainly married and adolescent girls and young women (ages 15 to 24) with at least one child under the age of 2, in Niger's Dosso and Tahoua regions. Through small group discussions and home visits conducted by project-trained community health workers (CHWs), the intervention engaged husbands and mothers-in-law to address the needs and rights of adolescent girls and young married women to access and use maternal and child health, reproductive health, and family planning (MCH/RH/FP) services. CHWs also facilitated discussions among FTPs, husbands, and mothers-in-law on topics related to GBV, and broader gender and social norms. Complementing these approaches, MOMENTUM Integrated Health Resilience also conducted social and behavior change activities with local religious and traditional leaders on issues related to gender and GBV.



ACCOMPLISHMENTS

Notable accomplishments achieved between October 2022 and September 2023 include:

- Trained CHWs engaged about **1,100** husbands of young mothers by leading small group discussions or conducting more than **8,600** home visits.
 - Husbands who participated in home visits, small group discussions, or both were much less likely to believe women should tolerate domestic violence than prior to intervention activities (**12% v. 30%**).
 - More than **60%** of participating husbands agreed to space births by two years, help their wives with domestic work and caring for children, and accompany their wives to the health center for antenatal care in the future (this is particularly notable given this behavior is highly uncommon in the Nigerian context).

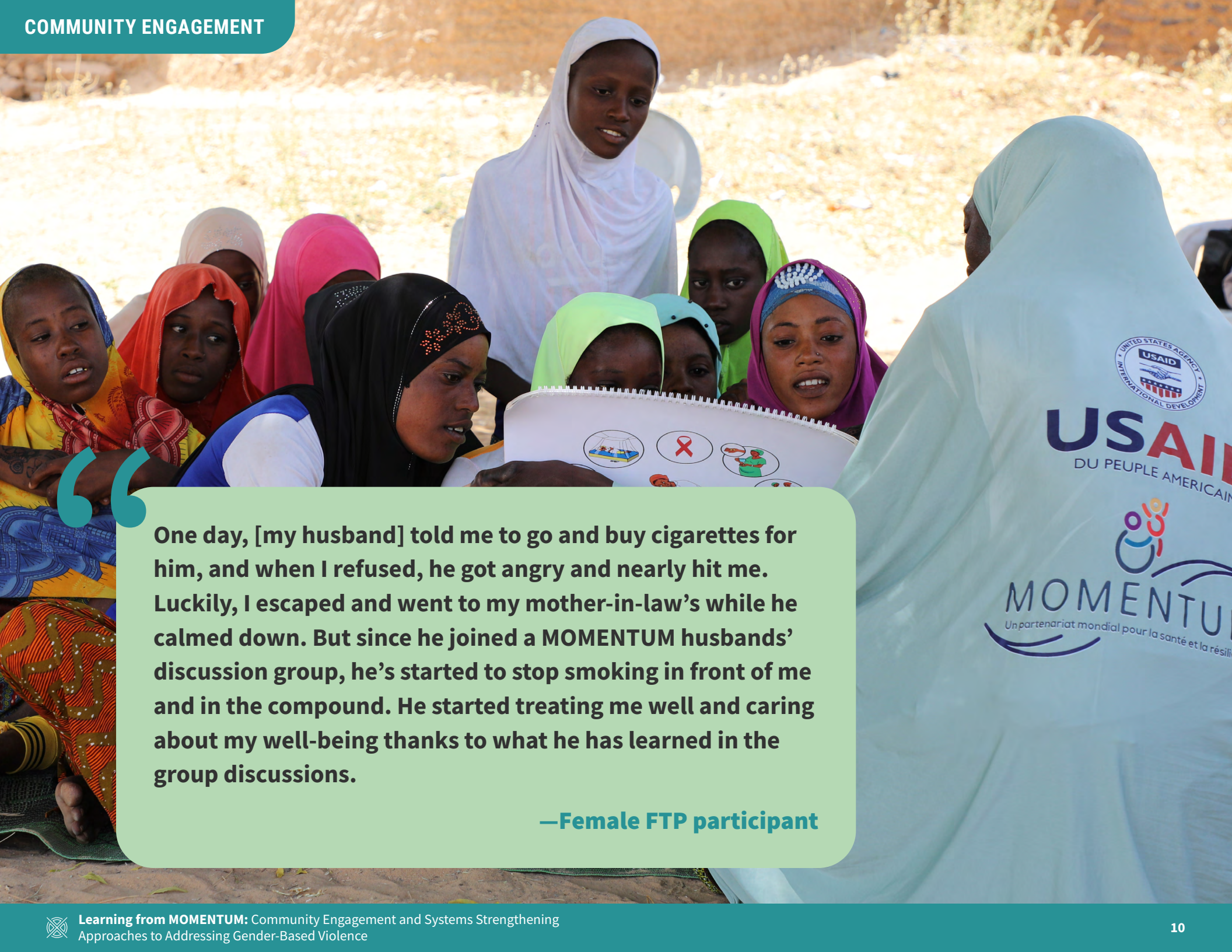


INSIGHTS

- Using religious arguments in favor of women's rights and involving religious and traditional leaders and local elected officials in the local management of domestic violence cases can have a positive effect on GBV prevention.
- Raising community awareness on gender norms and creating safe spaces for adolescents and young married and unmarried couples on FP/RH and gender, through the FTP approach, can help challenge negative beliefs that men can have about women and reduce harmful behaviors in relationships.
- Supporting close collaboration with health workers and community health workers on societal norms related to gender and domestic violence can help build the foundation for addressing gender violence at the community level.

Learn more about **MOMENTUM Integrated Health Resilience's** activities in Niger on page 20 of the [West Africa Regional Reference Brief](#).





“ One day, [my husband] told me to go and buy cigarettes for him, and when I refused, he got angry and nearly hit me. Luckily, I escaped and went to my mother-in-law’s while he calmed down. But since he joined a MOMENTUM husbands’ discussion group, he’s started to stop smoking in front of me and in the compound. He started treating me well and caring about my well-being thanks to what he has learned in the group discussions.

—Female FTP participant

HUMAN-CENTERED DESIGN SESSIONS

Project: MOMENTUM Safe Surgery in Family Planning and Obstetrics

Setting: Dakar and Thiès, Senegal



PROGRAM DESCRIPTION

Human-centered design (HCD) is a framework often used by practitioners in public health for solving problems that emphasizes the human perspective to achieve novel solutions to complex problems, utilizing a collaborative process involving those who the solutions are intended to benefit. The design thinking process includes five distinct, yet interconnected, steps: empathize, define, ideate (brainstorm), prototype, and test.³ MOMENTUM Safe Surgery in Family Planning and Obstetrics used this approach in partnership with the Centre départemental d'éducation populaire et sportif du DS Pikine (Pikine Departmental Center for Popular Education and Sports) and Centre Conseil Ado du DS Mbour (Mbour Teen Counseling Center) in Dakar and Thiès, respectively. Together, they organized HCD sessions for stakeholders, including

providers, decision-makers, women of reproductive age, and community members, focused on reimagining health care and developing prototypes of solutions for women of reproductive age to prevent fistula and GBV. Sessions were organized in the Mbour and Pikine health districts incorporating various VADI (Visite à domicile intégrée/integrated home visits) strategies, peer educators, and social mobilizations. VADI is a community health and outreach strategy employed by the Senegalese Ministry of Health involving home visits from community actors to raise awareness about health issues.⁴

In Mbour, given the sizeable Mandingo population, there is a special celebration called *Septembre Mandingue*, during which the young people in this notably conservative community participate in a ceremony to prepare them for adult life and marriage. The program leveraged this event to mobilize the community through advocacy sessions and thematic discussions.

Solutions aimed at outreach, communication, and community engagement were designed to underpin and support sustainable behavior change in the community. These solutions were implemented with the support of several stakeholders:

- The *Bajenu Gox* (“neighborhood godmother”) conducted VADIs with women of reproductive age to discuss the risks associated with early, closely spaced pregnancies. The *Bajenu Gox* also spoke with mothers-in-law and husbands about supporting women/wives in making decisions about their health.



- Teenage girls and boys from the *Mbour Teen Counseling Center* were asked to give talks to their peers and have discussions during school vacations to promote the prevention of teenage pregnancy:
 - For girls, in addition to pregnancy prevention, talks covered strengthening leadership and negotiating power. Multiple studies in Senegal have shown that girls/women lack negotiating power in sexual relationships, which contributes to early pregnancies in these communities.⁵
 - For boys, the focus was on positive masculinity, empowerment, and support for young girls in fistula prevention. The slogan of the youth sub-campaign was: “Generation without fistula: Young people get involved.”
- During *Septembre Mandingue*, the project organized two opening and closing mobilization events and 12 thematic discussions/advocacy sessions in the seven neighborhoods hosting youth initiation sites. These discussions primarily focused on fistula prevention, with an emphasis on pregnancy and early marriage, reflecting the common practice in the community of marrying girls at the end of initiation rites (before age 15). Session participants included a wide range of Mbour’s community and religious leaders. Among them were the District Chief, the local imam, the Executive President and President for Development and Entrepreneurship of the Mandingo community), *Bajenu Gox*, community health workers, the Mbour health district management team, neighborhood health providers, community members, community nationals living in other regions of Senegal and the diaspora, and the press.



ACCOMPLISHMENTS

There were many notable accomplishments during *Septembre Mandingue*. The program:

- Supported young people from the teen centers to create a song about fistula prevention that was played during social mobilizations. The song, which combined the rhythm of a traditional song with awareness-raising lyrics, helped audiences quickly retain useful information about fistula.
- Engaged more than **3,000** participants in activities including advocacy sessions, thematic discussions, and social mobilization.
- Reached **343** community leaders, including **83** men, through advocacy sessions.
- Achieved coverage of all activities by the local press and websites. The grand closing mobilization event was broadcast on 2sTV, a national TV station, and watched by two million viewers.



I never knew that early pregnancies could constitute a risk of fistula. I was married at 14 and gave all my daughters in marriage at 16 ... for my youngest, who is 12 ... I think I'll wait until she's at least 18! Because fistula really scares me.

—Mandingo community women's coordinator



INSIGHTS

- The *Bajenu Gox* and other community actors are critical players in these efforts and require continued capacity building on gender and GBV to better address gender inequalities at the community level, which are typically at the root of violence against women and girls.
- It is important to have the support of the health district management teams. Having them share their technical knowledge helped promote a better understanding of fistula; for example, participating midwives answered many questions from community members.

Learn more about MOMENTUM Safe Surgery in Family Planning and Obstetrics' activities in Senegal on page 29 of the [West Africa Regional Reference Brief](#).



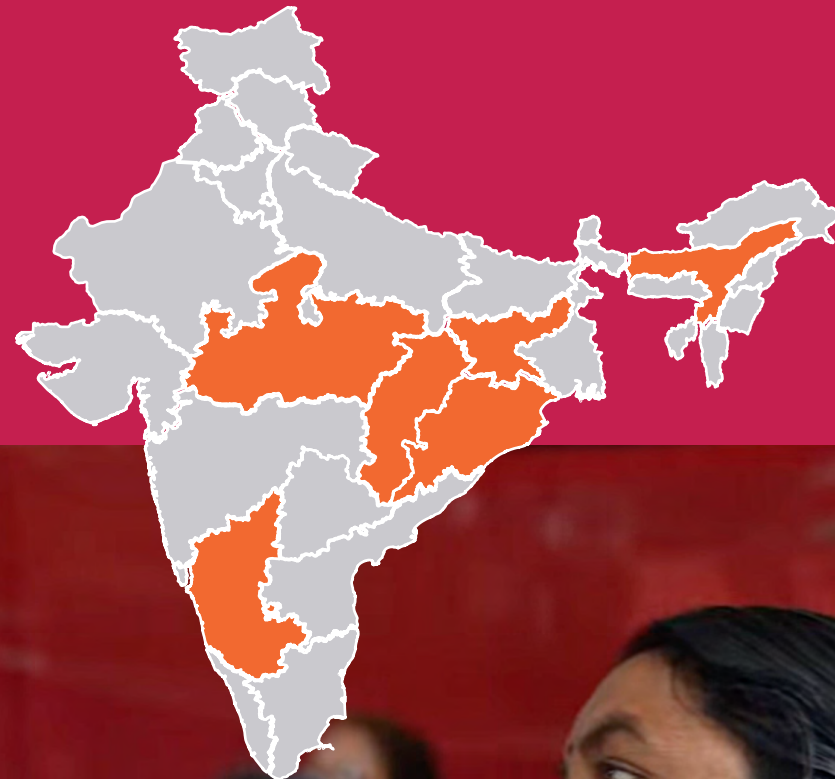
A man in a plaid shirt is standing at a podium, presenting to an audience in a conference room. The background is a red-tinted image of a man in a plaid shirt presenting to an audience. The text "SYSTEMS STRENGTHENING" is overlaid in white, bold, sans-serif font.

SYSTEMS STRENGTHENING

ONE STOP CENTERS

Project: MOMENTUM Safe Surgery in Family Planning and Obstetrics

Settings: Assam, Chhattisgarh, Jharkhand, Karnataka, Madhya Pradesh, and Odisha states, India



PROGRAM DESCRIPTION

To address GBV, which saw a sharp increase during the COVID-19 pandemic, and to strengthen the GBV referral and response mechanism, MOMENTUM Safe Surgery in Family Planning and Obstetrics used a framework of overall systems assessment and strengthening.

Key interventions included:

- Conducting a rapid assessment of 25 One Stop Centers (OSCs) to understand their functioning and provide needs-based support.
- Using assessment findings to adapt and develop training materials for capacity building on GBV prevention and identification, as well as outlining roles and responsibilities for various cadres of staff.
- Training OSC staff, who are key to district-level GBV response mechanisms, in four districts in each of six states on core concepts of GBV, staff roles and responsibilities, standards of procedure and reporting requirements, and intra- and intersectoral coordination and linkages pertaining to care and support for GBV survivors.
- Mapping various stakeholders involved in the GBV referral and response pathway, preparing updated district-specific referral directories for 25



districts across six states and sharing the directories with stakeholders to improve coordination and collaboration.

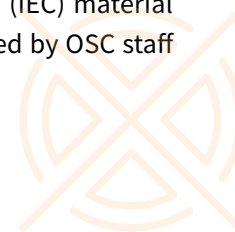
- Hosting 19 multi-stakeholder district consultations with various district level officials and nongovernmental and civil society organizations involved in GBV referral and response, to sensitize them on and strengthen GBV referral and response and improve coordination and linkage with OSCs.
- Enhancing community engagement and creating a network of champions to mitigate GBV and act as peer educators.

ACCOMPLISHMENTS

There were many accomplishments achieved between September 2021 and August 2023:

- Documented a more than **100%** increase in referrals to OSCs from baseline (3,304) to the last supportive supervision visit (6,775), with a two-fold increase in referrals from the community (including CHWs) and a three-fold increase from helplines. Compared to baseline, fewer OSCs reported facing challenges while using the online referral and response mechanism during the second supportive supervision visit. There was also a slight increase in the number of OSCs using a follow-up mechanism to track cases until closure.

- Trained **180** OSC staff on core concepts of GBV, reporting responsibilities and requirements, and opportunities for intra- and inter- sectoral coordination. Additionally, more than **330** protection officers, **3,800** health care providers, and **78,000** CHWs were trained on GBV prevention, referral, and response.
- Strengthened the capacity of **8,300** youth and male volunteers on GBV prevention, referral, and response, sensitizing **19,000** community influencers, and reaching more than **300,000** community members through community radio narrowcasting (transmission of information to a narrowly defined audience or area) on GBV.
- Improved linkages among the health department, police, shelter homes, and protection officers over the consecutive supportive supervision visits.
- Improved OSC staff members' understanding of gender and GBV concepts, facilitating their work in the OSCs, according to reports from staff members.
- Developed information, education, and communication (IEC) material about GBV, OSCs, and OSC services, which were displayed by OSC staff in the centers.



INSIGHTS

- Effective and quality GBV support requires a multi-stakeholder, multi-level, inter- and intra-sectoral response necessitating the creation of a positive ecosystem where all stakeholders are sensitized and know their roles and responsibilities, including those in health and other sectors as well as the community. Any lapse could mean a lost opportunity to provide justice to a GBV survivor.
- All stakeholders involved in GBV response should regularly consult with each other through common platforms to resolve outstanding issues and provide seamless access to all available GBV support services.

Learn more about **MOMENTUM Safe Surgery in Family Planning and Obstetrics's activities in India** on page 14 of the [South Asia Regional Reference Brief](#).

“

Every day I come across a husband beating his wife in my village. Many women consider that it is okay for them to face such abnormal behavior at home. After attending this training on the prevention of gender-based violence, now I know where to refer her for mitigation. I can refer her to the One Stop Center located in the district.

**—Community health worker,
Cuttack, Odisha**



INTEGRATING GENDER-BASED VIOLENCE SCREENING WITHIN FISTULA CARE PROGRAMS

Project: MOMENTUM Safe Surgery in Family Planning and Obstetrics

Setting: Ebonyi state, Nigeria



PROGRAM DESCRIPTION

Women living with fistula frequently suffer discrimination, shame, and isolation; are abused; and are targets of violence and brutality in their communities. After observing that many fistula patients at the National Obstetric Fistula Centre (NOFIC) were experiencing GBV, MOMENTUM Safe Surgery in Family Planning and Obstetrics identified a need to integrate GBV services within fistula programming and piloted an integrated program.

In Ebonyi state, GBV cases are identified at NOFIC and referred to the hospital based One Stop Center (OSC), where women and girls can receive counseling, psychological support, clinical management and treatment, and legal services. For the pilot, project staff conducted an onsite meeting with OSC staff and the state's social works department to mentor staff on the use of GBV screening, documentation tools, and identification for fistula patients who might have experienced GBV during the time of the fistula.



With this integration in our facility, fistula patients who experienced GBV are open to us during counseling, and the integration makes it easier to identify their problems and provide them with medical and referral services. Some of our patients were even linked to the legal department for legal intervention to stop future occurrences. It also helped us to document and follow up with them after discharge from the hospital through their contact information.

— Social worker, NOFIC



ACCOMPLISHMENTS

The pilot resulted in many accomplishments:

- The program identified and addressed a significant shortage in the number of OSC staff available to conduct GBV screenings and provide counselling services for patients in the fistula unit.
 - Project staff led an advocacy visit that resulted in increasing the number of staff from one to six.
 - Project staff facilitated mentoring and supportive supervision to strengthen the capacity of the five new health providers on the use of the GBV screening tool and referral of positive cases to the OSC.



- All fistula clients at NOFIC are now screened using the GBV screening tool. Between January and September 2023, **297** GBV screenings were conducted, including 58 with fistula patients (41% of whom screened positive for experiencing GBV). Additionally, between April and September 2023, there was an increase in the number of women seeking GBV services at the OSC.
- All supported facilities now have the MOMENTUM-developed GBV referral directory available onsite and use it to implement the referral process.
- Social workers counseling women experiencing GBV at fistula units have noted that the integration of GBV services into the fistula program has reduced stigma associated with seeking help for GBV-related issues and has also led to timelier support, improving access to care for women affected by both obstetric fistula and GBV.

INSIGHTS

- GBV cases identified through one-on-one social counseling were sometimes missed by the NOFIC GBV screening tool, highlighting the importance of multi-layer processes and not relying on screening tools as the sole identification process.
- Holistic approaches, such as integrating GBV services into existing health care programs, can address the multifaceted needs of GBV survivors and may contribute to a more significant impact on their well-being.
- Continuous capacity building, training, and support for health care providers are essential to ensure they are equipped to provide comprehensive care and support to survivors.
- Advocacy with the high-level decision makers led to a better understanding of the existing problems and buy-in for planned actions, as demonstrated by the resulting increase in staffing for GBV screening.

Learn more about MOMENTUM Safe Surgery in Family Planning and Obstetrics's activities in Nigeria on page 27 of the [West Africa Regional Reference Brief](#).

SPECIAL CELL AND COMMUNITY APPROACH

Project: MOMENTUM Country and Global Leadership

Setting: Assam state, India



PROGRAM DESCRIPTION

MOMENTUM Country and Global Leadership: India-Yash's Special Cell and Community Approach aims to combat GBV in the state of Assam, India, by focusing on prevention at the individual, interpersonal, and community levels; strengthening the state's response; and enhancing young people's knowledge of SRH/GBV issues at the village level. As part of the Special Cell implementation model, two trained social workers have been placed at police station headquarters (called cells) across 11 intervention districts to dispense a comprehensive response service package to GBV survivors. Special Cells are designed to provide emotional, pre-litigation, and couples counseling; and help those experiencing GBV advocate for financial entitlement, obtain help from the police, engage with perpetrators, and negotiate nonviolence at the family level. This line of effort has been layered with community operations at the village level.

The project is being implemented in partnership with the [Tata Institute of Social Sciences](#) and [Child in Need Institute](#), and in coordination with the Government of Assam's Department of Police, Department of Women and Child Development, and Department of Youth Affairs.



Key strategies include:

- Implementing a comprehensive response service package—carried out by social workers—to provide direct services to survivors of GBV.
- Strengthening community engagement through outreach activities and mobilization.
- Fostering a gender community of practice with support from local organizations.
- Identifying and training gender champions at the community level (including mothers, youth, adolescents, self-help groups, etc.) to create a cadre of gender champions to sensitize community stakeholders on GBV and SRH issues.
- Enhancing the GBV responses of select line government departments by capacity-building of officials through training and joint implementation.
- Working with youth champions, mothers' groups, district level government officials, faith-based leaders to strengthen their capacity on GBV prevention and risk mitigation.

“ I was hesitant to report against my abusive and violent husband as I feared being shamed in my village and was worried that my maternal household will not support me. The social worker at Special Cell encouraged me to voice up, informed me about my options, and helped me by speaking to my family [and] police and getting me free legal aid.

—GBV survivor, 22 years old





ACCOMPLISHMENTS

There were many accomplishments between October 2022 and September 2023. The India-Yash Special Cell and Community Approach:

- Linked **1,225** GBV survivors with direct GBV services. This effort was complemented by community operations at the village level to enhance community members' knowledge on SRH/GBV issues and reduce barriers to accessing SRH services.
- Organized more than **1,881** community awareness sessions reaching **25,000** community members.
- Sensitized more than **264** groups (youth, mothers, self-help groups, and adolescents) on SRH/GBV issues.
- Piloted the Responsible, Engaged, and Loving (REAL) Fathers community mentorship program in two districts. This program—supported by USAID in collaboration with the Child in Need Institute—aims to prevent young fathers' perpetration of intimate partner violence, improve couples' communication, prevent violence against children, and strengthen positive parenting.
- Sensitized **113** faith leaders, **415** community volunteers, and **3,034** youth club volunteers on SRH/GBV issues.
- Sensitized district level government officials—in partnership with the Department of Women and Child Development—on menstrual health. A module developed by the department on menstrual health and management was rolled out across 66 Anganwadi centers (childcare centers), reaching **2,037** out-of-school girls.
- Organized monthly virtual knowledge sessions with **27** local organizations that are part of the Gender Community of Practice.



INSIGHTS

- Utilizing cross-sectoral strategies can have a positive impact on violence prevention and increasing awareness around SRHR issues.
- Fostering community engagement and accountability can help ensure interventions targeting GBV are tailored correctly to a specific setting.
- Providing spaces for and to engage men and boys in social and behavior change activities is important to promote gender equitable relationships and shared caregiving roles.
- Capitalizing on the voices of youth to prevent GBV is important.

Learn more about **MOMENTUM Country and Global Leadership's Special Cell implementation model** on page 8 of the [South Asia Regional Reference Brief](#).



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PHOTO CREDITS

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MOMENTUM works alongside governments, local and international private and civil society organizations, and other stakeholders to accelerate improvements in maternal, newborn, and child health services. Building on existing evidence and experience implementing global health programs and interventions, we help foster new ideas, partnerships, and approaches and strengthen the resiliency of health systems.

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