

1. Write about the mission, vision, goal, aim and objectives of the project you planned to implement.

### **1. Mission, Vision, Goal, Aim, and Objectives of the Project**

#### ***Mission***

To prevent gender-based violence in low-income urban communities of Bangladesh by using participatory, ethical, and culturally appropriate Communication for Development (C4D) strategies that challenge harmful gender norms and promote non-violent relationships.

#### ***Vision***

Urban communities in Bangladesh where gender equality, safety, and non-violence are socially accepted norms, and women live free from fear and abuse.

#### ***Goal***

To reduce the social acceptability of gender-based violence and promote gender-fair and non-violent norms within low-income urban communities.

#### ***Aim***

To use sustained, participatory communication to increase awareness, change attitudes, and shift community norms related to intimate partner violence and women's rights.

#### ***Objectives***

1. Increase knowledge among women and men about GBV types, women's legal rights, and available support services.
2. Reduce tolerance of wife-beating and violence against women by addressing harmful gender norms.
3. Promote positive masculinity and non-violent conflict resolution among men.
4. Encourage community support and help-seeking behavior for GBV survivors.
5. Prepare a plans of your project using the following tools:

### **2. Project Planning Tools**

#### ***Root Cause Analysis***

- Patriarchal social norms
- Gender inequality and unequal power relations
- Poverty and economic dependency
- Low awareness of legal rights
- Weak community-level enforcement of laws
- Social stigma and fear of reporting GBV

### ***Fishbone Analysis***

Problem: Gender-Based Violence in Urban Low-Income Communities

Causes:

- Social: Patriarchal beliefs, normalization of violence
- Economic: Poverty, unemployment, financial dependency
- Cultural: Acceptance of male dominance
- Institutional: Poor access to legal and support services
- Communication: Lack of awareness and dialogue

### **Problem Tree Analysis**

Core Problem:

High prevalence of intimate partner violence

Root Causes:

Patriarchal norms, poverty, lack of legal awareness, weak community communication

Effects:

Women's physical and mental health issues, social exclusion, intergenerational violence, weakened community cohesion

3. Develop a Program Logic of the project you planned to implement. You can use the template given below to develop your program logic.

### **3. Program Logic Model**

#### ***Inputs***

- IEC and SBCC materials
- Trained C4D facilitators
- Partnerships with NGOs and CBOs
- Community radio and digital platforms
- Monitoring tools

#### ***Activities***

- IPC sessions with women
- Male engagement sessions
- Community dialogues
- Media campaigns (radio, social media)

#### ***Outputs***

- IPC sessions conducted
- IEC materials distributed
- Radio programs broadcast

- Community leaders engaged

### ***Short-Term Outcomes***

- Increased knowledge of GBV and legal rights
- Improved attitudes toward gender equality

### ***Medium-Term Outcomes***

- Reduced acceptance of wife-beating
- Increased community dialogue on GBV

### ***Impacts***

- Reduced tolerance of GBV
- Increased help-seeking behavior
- Stronger gender-equitable norms

### ***Assumptions***

- Community members are willing to participate
- Leaders support discussions on GBV

### ***Contributing Policies and Strategies***

- Domestic Violence (Prevention and Protection) Act 2010

- National gender equality policies

### ***External Factors and Constraints***

- Social resistance
- Economic instability
- Limited service availability

## **4. Monitoring Plan**

### ***Monitoring Matrix (Example)***

| <b>Specific Aim</b>      | <b>Activity</b>     | <b>Outcome</b>       | <b>Outcome Indicator</b> | <b>Data Source &amp; Method</b> | <b>When / By Whom</b>            | <b>Reporting &amp; Use</b> |
|--------------------------|---------------------|----------------------|--------------------------|---------------------------------|----------------------------------|----------------------------|
| Reduce acceptance of GBV | Community dialogues | Improved attitudes   | % rejecting wife-beating | Surveys, FGDs                   | Quarterly / Facilitators         | Improve messaging          |
| Increase awareness       | IPC sessions        | Increased knowledge  | % knowing GBV types      | Pre/Post surveys                | Baseline & Endline / Enumerators | Evaluation                 |
| Engage men               | Male sessions       | Positive masculinity | Participation level      | Observation checklists          | Monthly / Supervisors            | Program adjustment         |

## **5. Write your evaluation plan.**

Develop your evaluation plan from the matrix you have constructed. Show how the elements in Columns 2-8 will help you determine the extent to which progress (or lack of progress) has been attained toward each of the target results

## **5. Evaluation Plan**

### ***Evaluation Matrix***

| <b>Hierarchy of Results</b> | <b>Performance Indicators</b> | <b>Operational Definition</b> | <b>Baseline Data</b> | <b>Target</b>   | <b>Data Source</b> | <b>Method</b> | <b>Responsible</b> |
|-----------------------------|-------------------------------|-------------------------------|----------------------|-----------------|--------------------|---------------|--------------------|
| Impact                      | Reduced GBV acceptance        | % rejecting IPV               | Baseline survey      | 30% reduction   | Surveys            | Quantitative  | Evaluator          |
| Outcome                     | Improved gender norms         | Positive attitude score       | Baseline             | Increased score | FGDs               | Qualitative   | Researcher         |
| Output                      | Sessions held                 | Number conducted              | 0                    | Planned number  | Records            | Monitoring    | Coordinator        |
| Inputs                      | Trained staff                 | Number trained                | Existing             | Full coverage   | Reports            | Review        | Manager            |

### ***Title: A Communication for Development (C4D) Initiative to Prevent Gender-Based Violence in Urban Low-Income Communities of Bangladesh***

#### **Section 01: Project Overview**

##### **Development Problem**

Gender-based violence (GBV) is a severe social and communal health issue in Bangladesh and the company is based on long-standing gender inequality, patriarchal principles and unequal power dynamics between men and women. The most prevalent form of GBV that women undergo is intimate partner violence (IPV) which comprises of physical, emotional and sexual abuse, especially among women in marital relations. According to national surveys, a significant percentage of women who have been married at least once in Bangladesh have at some point in their lives encountered violence by their husbands (Sexual and Reproductive Health and Research (SRH), 2021).

The poverty, overcrowded living conditions, unemployment, substance abuse, inappropriate access to legal and social protection services all contribute to increasing the risk of GBV in the low-income urban areas of informal settlements and slums. Unhealthy social norms like the fact that men are in charge of women or that it is acceptable to be beaten up by a wife, under specific conditions, still make violence a normalized state of affairs and do not encourage victims to find help. The fear of being regarded as a social outcast, financial dependence on the male partners and ignorance on the legal rights also play a role in

underreporting the cases of GBV.

Although laws and policies are in place to combat violence against women such as the Domestic Violence (Prevention and Protection) Act 2010 in Bangladesh, there is poor implementation, especially in the community level. The communication barriers continue to exist between bringing legal frameworks to community consciousness and behavioral transformation. Since GBV is inherently connected to social norms, attitudes, and communication behaviors, this problem should be confronted with the help of Communication for Development (C4D) approach that would target the underlying factors that cause violence, encourage gender-fair attitudes, and create favorable settings in the community that would stop violence and help the survivors (UN Women Asia and the Pacific, n.d.).

### **Target Population**

The C4D intervention targets the risk populations as well as the able populations in terms of their role in shaping social norms in their communities.

#### **Primary Target Population**

- Women aged 18-49 years in a marriage or a love relationship.
- Living in a low-income area of the city (i.e. slums in Dhaka City).
- Vulnerable due to:
  - Economic dependency
  - Low educational attainment
  - Poor access to legal, health and psychosocial services.
  - Loneliness and decreased mobility.

#### **Secondary Target Population.**

- Men aged between 20-55 years, wives and male partners.
- Gatekeepers in the community including:
  - Religious leaders
  - Local elders
  - Youth leaders and opinion leaders informal.

It is also important to engage men and community influencers since they are at the center of influencing gender norms, decision-making processes, and attitudes of communities towards violence and women rights.

### **Communication Goal and Objectives**

#### **Overall Communication Goal**

To lessen the social acceptability of gender-based violence and endorse non-violent and gender-fair norms utilizing participatory, ethical and culturally acceptable communication strategies.

#### **Particular Communication Objectives**

1. To make the women and men in the target community more knowledgeable about

various types of gender-based violence, legal rights of women, and the support options available within 12 months.

2. To decrease the tolerance of wife-beating and other violence against women by defeating the bad gender rules and beliefs through collective discourse and media messages.

3. To encourage good masculinity and conflict resolution methods that are not violence by men through interpersonal communication and group discussions.

4. To positively influence the community support of GBV survivors by promoting help-seeking behavior and community support through raising awareness of formal and informal referral services and reducing stigma against reporting violence.

These targets are in line with the evidence that a prolonged participatory intervention based on communication might be able to change attitude, alter social norms and help reduce gender-based violence in the long term (Sexual and Reproductive Health and Research (SRH), 2021).

## **Section 02: Theory Change / Results Chain**

The Theory of Change (ToC) is what directs this Communication for Development (C4D) intervention as gender-based violence (GBV) is identified as a behavior and social norm-related concern. The ToC presupposes that sustained, participatory and culturally suitable communication can confront the detrimental gender norms, change attitudes and lead to a permanent decrease in the levels of societal tolerance to intimate partner violence (IPV).

It has been indicated that communication interventions are best when they involve both male and female and when they encourage dialogue and when they are available on various communication channels.

The following results chain shows how communication resources and activities are anticipated to result to outputs, outcomes and eventually result into social and behavioral change.

### **Communication-Specific Results Chain**

#### **Inputs (Communication Resources)**

The following communication inputs will be mobilized by the project:

- Culturally relevant information, education and communication (IEC) and social and behavior change communication (SBCC) materials;
- Partnerships with local NGOs, women's organizations and community-based organizations;
- Access to community radio, social media platforms and mobile communication tools;
- Monitoring tools like session checklists, attendance registers, and feedback forms;
- GBV and gender-sensitivity training for C4D facilitators and community mobilizers;

According to UN Women Asia and the Pacific (n.d.), these inputs guarantee that communication activities are ethically delivered, contextually grounded and able to reach a variety of audience segments.

#### **Activities (Actions in Communication)**

The project will carry out the following communication initiatives using the aforementioned



inputs:

- Women's interpersonal communication (IPC) sessions that emphasize GBV awareness, rights and resources;
- Participatory storytelling and testimonial-sharing sessions to promote introspection and group learning;
- Male engagement sessions that promote positive masculinity and shared decision-making;
- Community radio programs and digital media (videos, posters, social media posts) that disseminate GBV-prevention messages;
- Community dialogue meetings involving men, women and local leaders to discuss harmful gender norms and nonviolent conflict resolution In order to change deeply ingrained social norms, these activities are meant to encourage conversation rather than one-way communication.

### **Outputs (Communication Products and Reach)**

The communication activities' immediate outputs comprise the following:

- Count of IPC (Interpersonal Communication) sessions, community dialogues, and workshops that were held
- Count of women and men that were reached, broken down by age and gender
- Total number of Information, Education, and Communication (IEC) materials created and distributed
- Metrics of audience reach and engagement from the radio and online platforms (for example, listenership, views, shares)
- Count of community leaders and influencers who are involved in communication activities on a regular basis

Outputs indicate the deliverables of the communication intervention, but they do not yet reflect the changes it produces.

### **Outcomes (Changes in Knowledge, Attitudes and Norms)**

The project predicts, as a result of the continuous communication strategies, the occurrence of the following outcomes:

- Women's and men's understanding of various types of GBV, women's rights, and legal protections will be significantly increased.
- The social acceptance of wife-beating and other forms of intimate partner violence will be considerably reduced.
- More people will have a positive view of gender equality, respectful relationships, and the use of non-violent ways to resolve conflict.
- Community members will be more open to talking about GBV in a non-judgmental way and will be more likely to provide help to survivors.

The mentioned results are in line with the findings which state that at any point in time, and depending on the degree of community engagement, persistent communication can usher in changes in dialogue and normative beliefs (Sexual and Reproductive Health and Research (SRH), 2021b).

### **Impact (Behavioral and Social Change)**

The intervention has a long-term goal of bringing about the following major changes in impact levels:

- The community will show less acceptance and will be less tolerant of intimate partner violence
- More women undergoing GBV will approach help services
- The community will become more responsible and will intervene more frequently against GBV
- Community norms that support gender equality and non-violence will get stronger

Even though communication is not the only factor affecting behavior change, this C4D intervention plays its part by tackling the normative and attitudinal drivers of GBV.

### **Section 03: Monitoring Framework**

Monitoring plays a central role in ensuring the effectiveness, quality, and accountability of this Communication for Development (C4D) initiative aimed at preventing gender-based violence (GBV) in low-income urban communities of Bangladesh. Because GBV is not merely an individual issue but a deeply rooted social and cultural phenomenon shaped by patriarchal norms, power relations, and long-standing beliefs, the success of communication interventions depends largely on how well activities are implemented and how communities engage with them (Tanyag & True, 2019). Monitoring therefore functions not only as a technical exercise of data collection but also as a reflective and learning-oriented process that supports continuous improvement and ethical implementation.

#### **Purpose and Importance of Monitoring**

The primary purpose of monitoring in this project is to systematically track whether communication activities are being implemented as planned and whether they are aligned with the communication objectives outlined in Section 01 and the Theory of Change presented in Section 02. Monitoring is especially important in a GBV-focused intervention because communication around violence, power, and gender roles can generate resistance, discomfort, or even backlash if not handled carefully (UN Women, 2015). Regular monitoring allows the project team to identify such risks early and respond appropriately by adjusting facilitation techniques, refining messages, or strengthening referral mechanisms for survivors. In this sense, monitoring contributes directly to safeguarding participants and maintaining the ethical integrity of the intervention (Health Communication Capacity Collaborative [HC3], 2016).

#### **Monitoring Approach and Overall Framework**

The monitoring framework for this project is designed using a mixed-methods approach that integrates both quantitative and qualitative data. Quantitative monitoring focuses on measurable aspects of implementation, such as the number of sessions conducted, the number of participants reached, and the volume of communication materials produced and distributed. Qualitative monitoring, on the other hand, focuses on understanding the quality of

communication processes, the nature of participation, and the depth of dialogue generated during activities. This combined approach is particularly suitable for Communication for Development interventions because social and behavioral change cannot be adequately captured through numerical indicators alone (UNICEF, 2020). Changes in attitudes, norms, and dialogue patterns often emerge gradually and require close observation and contextual interpretation. By combining quantitative and qualitative monitoring methods, the project can capture both the scale and the substance of communication efforts.

### **Process-Level Monitoring**

Process-level monitoring focuses on how communication activities are conducted, examining whether facilitators use gender-sensitive language and encourage balanced participation (UN Women, 2015). In this project, particular attention is paid to the quality of facilitation during interpersonal communication sessions and community dialogue meetings. Facilitators are expected to create safe, inclusive, and respectful spaces where women feel comfortable sharing their experiences and opinions, and where men can reflect critically on masculinity, power, and non-violent conflict resolution. Monitoring at this level examines whether facilitators use gender-sensitive language, encourage balanced participation, and respond appropriately to sensitive disclosures related to GBV.

Process monitoring also assesses the extent to which community leaders and gatekeepers actively participate in and support communication activities. Their involvement is critical for legitimizing discussions on GBV and influencing broader community norms. Monitoring tools such as session observation checklists, supervision reports, and facilitator reflection notes are used to document these aspects. Regular feedback from participants is also collected to assess whether sessions are perceived as relevant, respectful, and useful.

### **Output-Level Monitoring**

Output-level monitoring focuses on tracking the immediate and tangible products of the communication intervention. This includes documenting the number of IPC sessions, community dialogues, and male engagement meetings conducted within a given period, as well as the number and type of IEC and SBCC materials produced and distributed. Media outputs, such as radio programs broadcast and digital content shared through social media platforms, are also monitored to ensure consistency with planned activities. These output indicators provide essential information about implementation progress and resource utilization. While they do not measure change in attitudes or behavior, they help determine whether the project is delivering communication activities at the scale and intensity required to influence social norms, as outlined in the Theory of Change. Reach monitoring ensures the project is inclusive of vulnerable women and key influencers, while engagement monitoring assesses the quality of interaction, which is a critical precursor to norm change (UNICEF, 2020).

### **Reach and Engagement Monitoring**

Reach monitoring examines whether communication activities are effectively reaching the intended target populations. This includes tracking participation among women aged 18–49 living in low-income urban areas, men aged 20–55, and key community influencers. Attendance registers and participation records are disaggregated by age and gender to assess inclusiveness and equity.

Engagement monitoring goes beyond reach by assessing the level and quality of interaction during communication activities. This includes observing whether participants actively engage in discussions, ask questions, share personal stories, and challenge existing norms. In media-based communication, engagement is assessed through indicators such as listenership feedback, social media interactions, and follow-up inquiries. High levels of engagement are considered particularly important in this project because they signal that communication messages are resonating with audiences and prompting reflection and dialogue, which are critical precursors to norm change.

### **Roles, Responsibilities, and Use of Monitoring Data**

Monitoring responsibilities are distributed across the project team to ensure ownership and accountability. Community facilitators and mobilizers are responsible for collecting routine monitoring data during activities, while the project coordinator oversees data quality and consolidation. A GBV specialist provides guidance on ethical issues and ensures that monitoring practices adhere to survivor-centered principles. Monitoring data are reviewed regularly in team meetings and used to inform adaptive management. For example, if monitoring reveals low participation of men or resistance to certain messages, the project team can adjust facilitation approaches or communication channels accordingly. Monitoring findings also provide an important evidence base for the midline and endline evaluations, ensuring continuity between monitoring and evaluation processes.

## **Section 04: Evaluation Design**

Evaluation is a critical component of this C4D initiative, as it seeks to assess the extent to which the communication strategy contributed to changes in knowledge, attitudes, social norms, and behaviors related to gender-based violence. Unlike monitoring, which focuses on ongoing implementation, evaluation is concerned with understanding outcomes and impact and generating lessons for future programming.

### **Evaluation Approach and Rationale**

The evaluation adopts a theory-based and mixed-methods approach grounded in the Theory of Change outlined in Section 02. This approach recognizes that communication interventions operate within complex social systems and that change occurs through multiple pathways (Heise, 2011). Rather than attempting to attribute change solely to the project, the evaluation focuses on assessing the project's contribution to observed changes and examining whether the assumptions underlying the Theory of Change hold true.

By combining quantitative and qualitative methods, the evaluation can measure changes over

time while also exploring the processes through which these changes occurred. This is particularly important for GBV prevention, where shifts in attitudes and norms may be subtle, contested, and context-specific. Rather than attempting to attribute change solely to the project, the evaluation focuses on assessing the project's contribution to observed changes and examining whether the assumptions underlying the Theory of Change hold true (UNICEF, 2020).

## **Types of Evaluation**

A baseline evaluation is conducted at the beginning of the project to establish the pre-intervention situation. This includes assessing existing levels of knowledge about GBV, attitudes toward wife-beating, prevailing gender norms, and awareness of legal and support services. Baseline data serve as a reference point against which changes can be measured.

A midline evaluation takes place at the midpoint of the project and focuses on assessing progress toward communication objectives. It examines early changes in knowledge and attitudes, levels of message recall, participation patterns, and the effectiveness of different communication channels. Findings from the midline evaluation are used to refine communication strategies and improve implementation.

An endline evaluation is conducted at the conclusion of the project to assess overall outcomes and impact. By comparing endline data with baseline findings, the evaluation can assess the extent to which the project contributed to changes in attitudes, norms, and behaviors related to GBV.

In addition, a process evaluation is conducted throughout the project to assess implementation quality, fidelity to design, and ethical standards. This helps explain why certain outcomes were achieved or not achieved.

## **Key Evaluation Questions**

The evaluation is guided by a set of key questions related to reach, effectiveness, and impact. These include whether the communication strategy reached the intended audiences in low-income urban communities, whether it led to increased knowledge and more gender-equitable attitudes, and whether it contributed to reduced acceptance of intimate partner violence. The evaluation also explores how different audience groups responded to different communication channels and which approaches were most effective in fostering dialogue and reflection.

## **Outcome and Impact Indicators**

Outcome indicators focus on changes in knowledge, attitudes, and social norms. These include increased awareness of different forms of GBV and women's legal rights, reduced acceptance of wife-beating, and greater perception that the community disapproves of violence against women. Impact indicators focus on longer-term behavioral and social changes, such as increased use of non-violent conflict resolution methods, increased help-

seeking behavior among women experiencing violence, and stronger community support mechanisms for survivors. These indicators are directly linked to the results chain presented in the Theory of Change, ensuring coherence across all components of the project design.

### **Ethical Considerations in Evaluation**

Given the sensitive nature of GBV, the evaluation adheres to strict ethical standards. Informed consent, confidentiality, and participant safety are prioritized at all stages of data collection. Evaluators are trained in gender sensitivity and survivor-centered approaches, and referral mechanisms are in place to provide support if disclosures of violence occur during evaluation activities (World Health Organization [WHO], 2016).

## **Section 05: Data Collection Methods**

The effectiveness of the data collection is necessary for determining where the Planned Communication Process intervention is achieving its intended results relative to the knowledge, attitudes, social norms and behavior surrounding gender-based violence (GBV). Given the sensitive and norm-driven nature of GBV, this project adopts a mixed-methods data collection approach, combining quantitative and qualitative methods. This allows for navigations of the findings and a deeper understanding of both measurable change and lived experiences within low-income urban communities.

### **1. Surveys (Pre- and Post-Communication Exposure)**

#### **Why this method is appropriate:**

Surveys are suitable for measuring changes in knowledge, attitudes, and perceptions related to GBV before and after exposure to communication activities. Pre- and post-intervention surveys allow the project to assess shifts in awareness of GBV types, legal rights, acceptance of wife-beating, and perceptions of community norms. This method aligns well with the outcome and impact indicators identified in the Theory of Change.

#### **Who will collect the data:**

Trained field enumerators, including female enumerators for interviewing women, will administer surveys under the supervision of the project coordinator. Enumerators will receive intensive training on gender sensitivity, ethical data collection, and referral procedures in case disclosures of violence occur.

#### **Sampling approach:**

A basic purposive sampling approach will be used, targeting women aged 18–49 and men aged 20–55 living in selected low-income urban settlements. The same or comparable respondents will be surveyed at baseline and endline where attainable to track changes over time.

### **2. Key Informant Interviews (KIIs)**

**Why this method is appropriate:**

KIIs are suitable for gaining in-depth perspectives from individuals who have influence over community norms or are closely involved in GBV response mechanisms. Interviews with religious leaders, community elders, NGO staff, and local service providers help assess changes in leadership attitudes, institutional support for survivors, and perceived shifts in community behavior.

**Who will collect the data:**

The project coordinator or a trained qualitative researcher will conduct KIIs to ensure consistency and ethical handling of sensitive information.

**Sampling approach:**

A purposive sampling approach will be used to select key informants based on their role, influence, and involvement in community decision-making or GBV-related services.

**3. Observation Checklists****Why this method is appropriate:**

Observation checklists allow for systematic assessment of the quality of communication processes, including facilitator performance, participant engagement, gender balance in discussions, and the use of respectful and non-judgmental language. This method is particularly useful for process evaluation and ensuring fidelity to the C4D approach.

**Who will collect the data:**

Supervisors and project staff will complete observation checklists during selected IPC sessions, community dialogues, and male engagement meetings.

**Sampling approach:**

A sample of sessions will be observed across different locations and time periods to capture variation in implementation quality.

**4. Media Monitoring and Social Media Analytics****Why this method is appropriate:**

Media monitoring helps assess the reach and engagement of radio programs and digital communication materials. Indicators such as listenership feedback, content reach, shares, comments, and message recall provide insight into how media-based communication contributes to awareness and dialogue around GBV.

**Who will collect the data:**

The communication officer and project coordinator will collect and analyze media metrics using platform analytics and listener feedback mechanisms.

### **Sampling approach:**

All project-supported media outputs will be included in monitoring, with engagement data analyzed over defined reporting periods.

## **Section 06: Ethical and Cultural Considerations**

Ethical and cultural considerations are central to the design and implementation of this C4D initiative, given the sensitive nature of gender-based violence and the vulnerability of participants in low-income urban communities. All communication, monitoring, and evaluation activities adhere to internationally recognized ethical standards and survivor-centered principles.

### **1. Informed Consent**

Informed consent will be obtained from all participants prior to data collection and participation in communication activities. Participants will be clearly informed about the purpose of the project, the voluntary nature of participation, their right to withdraw at any time, and how their information will be used. Consent procedures will be adapted to local literacy levels, using verbal consent where necessary.

### **2. Gender Sensitivity**

All project staff, facilitators, and data collectors will be trained in gender sensitivity and GBV ethics. Activities will be designed to avoid victim-blaming, reinforce respect, and promote gender-equitable dialogue. Separate spaces for women and men will be provided when appropriate to ensure comfort and safety.

### **3. Language and Literacy Issues**

Communication materials and data collection tools will be developed in simple Bangla, using culturally appropriate terms and visual aids to accommodate participants with low literacy levels. Facilitators will avoid technical jargon and ensure that messages are easily understood and relatable.

### **4. Power Dynamics in Community Communication**

The project recognizes that power dynamics related to gender, age, and social status can influence participation and expression. Facilitators will actively encourage inclusive participation, prevent domination by powerful individuals, and create safe spaces for marginalized voices, particularly women and younger participants.

### **5. Protection of Vulnerable Groups**



Protecting participants from harm is a priority. Confidentiality will be strictly maintained, and no identifying information will be disclosed. Referral mechanisms to legal, health, and psychosocial support services will be in place in case participants disclose experiences of violence. All activities will follow WHO ethical and safety recommendations to minimize the risk of traumatization or backlash.

## References

Sexual and Reproductive Health and Research (SRH). (2021, March 9). Violence Against Women Prevalence Estimates, 2018. <https://www.who.int/publications/i/item/9789240022256>

Government of the People's Republic of Bangladesh. (2010). Domestic Violence (Prevention and Protection) Act, 2010. Ministry of Women and Children Affairs. [https://mowca.portal.gov.bd/sites/default/files/files/mowca.portal.gov.bd/law/a56e138b\\_0992\\_490b\\_8a23\\_aaed0c1fbeeaa/act2010.pdf](https://mowca.portal.gov.bd/sites/default/files/files/mowca.portal.gov.bd/law/a56e138b_0992_490b_8a23_aaed0c1fbeeaa/act2010.pdf)

UN Women Asia and the Pacific. (n.d.). UN Women. <https://asiapacific.unwomen.org/>

Health Communication Capacity Collaborative. (2016). Code of ethics for social and behavior change professionals. Johns Hopkins Center for Communication Programs.

Heise, L. L. (2011). What works to prevent partner violence? An evidence overview. STRIVE Research Consortium, London School of Hygiene and Tropical Medicine.

Tanyag, M., & True, J. (2019). Gender equality and violence against women in Bangladesh: Rapid evidence review. Monash University & UN Women.

UNICEF. (2020). The UNICEF Communication for Development (C4D) monitoring and evaluation framework. United Nations Children's Fund.

UN Women. (2015). A framework to underpin action to prevent violence against women. UN Women.

World Health Organization. (2016). Ethical and safety recommendations for intervention research on violence against women. WHO Press.