HOW TO CLOSE GENDER GAPS WITH RESULTS-BASED FINANCING IN GENDER-BASED VIOLENCE

November 2020
WHY?

• GBV is a global pandemic and a major public health problem. Intimate partner violence (IPV) against women is the most prevalent form of GBV.

• Globally, it is estimated that about 1 in 3 women who have ever been in a relationship report that they have experienced some form of violence (e.g. a threat of physical or sexual violence, and/or psychological/emotional abuse) by their intimate partner.

• Witnessing and experiencing GBV can negatively affect physical, mental, sexual, and reproductive health, and may increase the risk of acquiring HIV in some settings. Situations of conflict, post-conflict and displacement may exacerbate existing GBV, including both IPV and non-partner violence, and may also lead to new forms of GBV.

• Ending GBV in the public and private spheres is a critical target of Sustainable Development Goals, per SDG 5: To achieve gender equality and empower all women and girls.

GBV can be prevented. In 2020, a review of evidence was released which shows effectiveness of intervention strategies to reduce violence against women and girls (VAWG).
### Table 1. Effectiveness of Intervention Strategies to Reduce VAWG, According to Current Evidence Base

<table>
<thead>
<tr>
<th>Intervention strategy</th>
<th>Example</th>
<th>Type of violence</th>
<th>Evidence level</th>
<th>Evidence level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td>HIGH-INCOME COUNTRIES</td>
<td>LOW- AND MIDDLE-INCOME COUNTRIES</td>
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<tr>
<td><strong>Response to Violence against Women</strong></td>
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<tr>
<td>Women-centered programs for survivors*</td>
<td>Psychosocial counseling, post-exposure prophylaxis and emergency contraception as needed, risk assessment, referrals, safety planning</td>
<td>IPV, NPSA</td>
<td>Conflicting</td>
<td>Insufficient evidence</td>
</tr>
<tr>
<td>Perpetrators programs*</td>
<td>Interventions for men who assault their female partners</td>
<td>IPV</td>
<td>Conflicting</td>
<td>Insufficient evidence</td>
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<tr>
<td>One-stop crisis centers</td>
<td>Multidisciplinary crisis centers (community or hospital based)</td>
<td>IPV, NPSA</td>
<td>N/A or no evidence</td>
<td>Insufficient evidence</td>
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<tr>
<td>Shelters</td>
<td>Safe accommodations that provide short-term refuge and other services</td>
<td>IPV</td>
<td>Insufficient evidence</td>
<td>Insufficient evidence</td>
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<tr>
<td>Women’s police stations</td>
<td>Specialized police services for survivors of VAWG, can include psychosocial counseling and referrals</td>
<td>IPV, NPSA</td>
<td>N/A or no evidence</td>
<td>Insufficient evidence</td>
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<tr>
<td>Victim Advocacy*</td>
<td>Case management, connection to legal services and information</td>
<td>IPV</td>
<td>Promising</td>
<td>Insufficient evidence</td>
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<tr>
<td>ICT services</td>
<td>National emergency hotlines or mobile applications</td>
<td>IPV, NPSA</td>
<td>Insufficient evidence</td>
<td>Insufficient evidence</td>
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<td><strong>Population-based Prevention</strong></td>
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<tr>
<td>Community mobilization*</td>
<td>Participatory projects, community-driven development engaging multiple stakeholders and addressing gender norms</td>
<td>IPV, NPSA, FGM/C, CM</td>
<td>N/A or no evidence</td>
<td>Promising</td>
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<tr>
<td>Awareness-raising campaigns*</td>
<td>One-off information or media efforts, billboards, radio programs, posters, television advertisements</td>
<td>IPV, NPSA, FGM/C, CM</td>
<td>Ineffective</td>
<td>Ineffective</td>
</tr>
<tr>
<td>Social marketing campaigns or edutainment plus group education*</td>
<td>Long-term programs engaging social media, mobile applications, thematic television series, posters, together with interpersonal communication activities</td>
<td>IPV, NPSA, FGM/C, CM</td>
<td>Insufficient evidence</td>
<td>Insufficient evidence</td>
</tr>
<tr>
<td><strong>Group-Based Training or Workshops for Prevention of Violence against Women and Girls</strong></td>
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<tr>
<td>Empowerment training for women and girls*</td>
<td>School or community programs to improve women’s agency. Can include other components such as safe spaces, mentoring, life skills or self-defense training</td>
<td>IPV, NPSA, FGM/C, CM</td>
<td>Insufficient evidence</td>
<td>Promising</td>
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<tr>
<td>Men and boys norms programming*</td>
<td>School programs and community workshops to promote changes in social norms and behavior that encourage VAWG and gender inequality</td>
<td>IPV, NPSA</td>
<td>Insufficient evidence</td>
<td>Conflicting</td>
</tr>
<tr>
<td>Women and men*</td>
<td>School or community workshops to promote changes in norms and behavior that encourage VAWG and gender inequality</td>
<td>IPV, NPSA</td>
<td>Insufficient evidence</td>
<td>Promising</td>
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<tr>
<td>Alternative rites of passage</td>
<td>Training for girls in life skills culminating in a ceremony without FGM/C</td>
<td>FGM/C</td>
<td>N/A or no evidence</td>
<td>Insufficient evidence</td>
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<tr>
<td>Economic and Livelihoods</td>
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<tr>
<td>Economic empowerment and income supplements*</td>
<td>Microfinance, vocational training or job placement, cash or asset transfers (for example, land reform)</td>
<td>IPV, NPSA, FGM/C, CM</td>
<td>N/A or no evidence</td>
<td>Conflicting</td>
</tr>
<tr>
<td>Economic empowerment and income supplements plus gender-equality training*</td>
<td>Microfinance, vocational training or job placement, cash or asset transfers (for example, land reform); plus gender equality/violence prevention training</td>
<td>IPV, NPSA, FGM/C, CM</td>
<td>N/A or no evidence</td>
<td>Promising</td>
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<tr>
<td>Retraining for traditional excisors</td>
<td>Microfinance or vocational training</td>
<td>FGM/C</td>
<td>N/A or no evidence</td>
<td>Ineffective</td>
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<tr>
<td><strong>System-wide Approaches</strong></td>
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<tr>
<td>Screening*</td>
<td>Universal IPV screening among nurses and doctors at all visits</td>
<td>IPV, NPSV</td>
<td>Ineffective</td>
<td>N/A or no evidence</td>
</tr>
<tr>
<td>Home visitation and health worker outreach*</td>
<td>Visits by community health workers or nurses to households</td>
<td>IPV</td>
<td>Promising</td>
<td>Insufficient evidence</td>
</tr>
<tr>
<td>Justice and law-enforcement interventions</td>
<td>Mobile courts, increased enforcement, second response</td>
<td>IPV, NPSV</td>
<td>Ineffective</td>
<td>N/A or no evidence</td>
</tr>
<tr>
<td><strong>Personnel training</strong></td>
<td>Sensitization, identification or response training with institutional personnel (for example teachers, police officers, first responders, health professionals)</td>
<td>IPV, NPSA, FGM/C, CM</td>
<td>Ineffective</td>
<td>Ineffective</td>
</tr>
<tr>
<td><strong>Infrastructure and transport</strong></td>
<td>Improving the safety of public transport, street lighting</td>
<td>NPSA</td>
<td>Insufficient evidence</td>
<td>Insufficient evidence</td>
</tr>
</tbody>
</table>

* Programs will often incorporate multiple components and overlaps reflecting more than one intervention type.

* Classification based on trials including randomized controlled trials (RCTs) or quasi-experimental trials with comparison groups.


Table taken from (Ellsberg et al., 2014)
RBF and GBV: Project Entry Points

GBV is an emerging area for RBF and evidence is still being collected, however:

- Any type of project disbursement can be linked to indicators related to GBV.
- Physical verification used in RBF can help to strengthen service provision for GBV survivors, including health care, psycho-social support, security and safety (e.g. shelter, livelihood, and economic autonomy), justice/legal support, and the coordination and governance mechanisms for addressing GBV.
- Targets related to voice and agency can appear as part of disbursement linked indicators (e.g. number of women who demonstrate knowledge of available GBV services and who access these services).
- RBF incentives can be used to improve the quality of and access to GBV services (e.g. improve quality of health, psycho-social support and legal services provided to GBV survivors).
- Disbursement can be contingent on specific actions (e.g. proportion of health units that have documented and adopted a protocol for the clinical management of GBV survivors).
- Alternatively, linking financing to outcomes can encourage stakeholders to operate efficiently and change their behavior (e.g. service providers respond to GBV survivors in safe, confidential, empathetic, non-judgmental/non-discriminatory, and survivor-centered way).
- Independent verification agents (IVA) can document the lessons learned, and therefore collect useful insights (e.g. information about the availability of GBV services within the project area).

A social protection project that focuses on GBV results chain:
Harnessing the Demographic Dividend in Mozambique

- The project objective is to support the Government of Mozambique in increasing empowerment, access to education, and employment opportunities for targeted youth.
- The gender gap analysis demonstrates that girls are at high risk of GBV. About one-third of 15-year-old adolescents girls report experiencing physical violence, and 18% of adolescent girls report forced sexual initiation.
- To address GBV, the project activities seek to foster a change in girls’ environment by engaging with the broader community, including schools, and utilizing girls’ families as agents of change. Additional direct support is provided to the most vulnerable, out-of-school girls through the provision of life skills training, mentoring, and referral services and provision of information on SRH, GBV, and education services available to them.
- The results framework tracks indicators related to GBV activities. This includes the number of schools reached through GBV activities.

Project Link in Gender Tag Portal – P186100

Standards for the provision of high-quality post-violence care in health facilities

- Post-GBV care is accessible and available
- Essential infrastructure, equipment, and services are in place
- Providers deliver respectful, high-quality, appropriate, and timely care
- Relevant policies and procedures are followed
- Staff have appropriate training and skills to deliver care

Building evidence by capturing lessons learned

In order to build evidence, project teams are encouraged to collect more information on their exploratory work to fill information gaps. Project teams are encouraged to utilize lessons learned on RBF approaches from other sectors (see Lessons Learned in RBF from other Sectors section).
HOW?

Following the Project Cycle

1. Project Preparation
2. Implementation
3. Monitoring and Evaluation
4. Project Completion

1. Project Preparation

- Analyze the context of GBV by using the evidence and GBV data available in your country.

To understand the GBV context, consider the following resources:
- The Demographic and Health Survey (DHS) has information on the prevalence of emotional, physical and sexual violence for over 25 countries and counting.
- Women, Business and the Law (WBL) measures gender inequality in the law.
- The World Health Organization offers systematic review of scientific data on the prevalence of IPV and non-partner sexual violence.
- The Global Survey on Violence against Children (VAC) and the United Nations Secretary-General’s Study on Violence against Children presents data on the nature, extent and causes of violence against children.

- Set concrete objectives related to GBV. At this point, it may be helpful to consult a gender or GBV expert (a gender/GBV expert can be involved in all phases of the project cycle).

Examples of objectives:
- Enhance GBV prevention efforts by increasing livelihood, socio-economic and education opportunities for women and girls.
- Increase the availability of empathetic, non-judgmental, and survivor-centered psycho-social, legal, and medical services for GBV survivors, and increase survivors’ access to and satisfaction with these services.
- Improve community participation and mobilization around GBV (e.g. work with the entire community to analyze and challenge harmful social, cultural, and gender norms).
- Reduce GBV in communities by engaging men and boys alongside women and girls in the promotion of gender equality.
- Strengthen the design, implementation, and M&E of policies and programs aimed at reducing GBV/promoting gender equality.

When preparing projects that address GBV, it is important to speak with those who may be at risk of GBV, following ethical guidelines for conducting GBV research.

How to conduct community consultations?
- Provide a safe enabling environment for open conversation by women, recognizing that power dynamics in communities often limit women’s full participation.
- Use female facilitators and conduct separate women’s consultations when appropriate and needed.
- Adopt a ‘do no harm’ policy, and do not ask pointed questions without having proper mechanisms to deal with responses.
- Address obstacles to women’s participation by providing safe transportation, childcare, support for other home and work responsibilities, etc.
• Think about your Theory of Change. A good Theory of Change should explain what we want to change and how we want to change it (see Ethical guidelines for conducting GBV research section).

• Set GBV indicators. Results are more likely achieved through indicators that convey a concrete improvement.

• Allocate funds to GBV analysis during project preparation, and additional funds during midterm review, if needed. Planning and allocating the budget for impact evaluations can help set and achieve concrete targets and grow the body of evidence around GBV programs (see Additional Resources on GBV section and Ethical Guidelines for Conducting GBV Research).

When setting up GBV Indicators, focus on:

• Services, outputs and outcomes that are particularly beneficial to women and girls. For example, consider strengthening safety nets for female GBV survivors and those at risk by providing financial assistance or health insurance.

• Improving the situation for underprivileged groups relative to the majority population and consider the needs of girls and women across various age groups; for example, increased access to quality GBV services among adolescent girls with disabilities or elder poor rural women.

• Consult the Global Practice Gender Expert at PCN stage and the GPRBA gender strategy, and consult the following resources below to focus on GBV during project preparation:

Review resources for GBV interventions:

• The Lancet Special Series on Violence against Women and Girls
• Interventions to Prevent or Reduce Violence Against Women and Girls: A Systematic Review of Reviews
• Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum
• What Works to Prevent Violence against Women and Girls
• Resource Guide on Violence against Women and Girls

Draw from the following:

• The World Bank Group Gender Strategy 2016-2023
• Urban, Disaster Risk Management, Resilience and Land Global Practice Follow-Up Note to the Gender Strategy
• Regional Gender Action Plans (RGAPs)
• Systematic Country Diagnostics (SCD) and Country Partnership Frameworks (CPF)
• Country Gender Action Plan

Utilize lessons learned in RBF from other sectors:

• Using Results-Based Financing to Achieve Maternal & Child Health
• Evaluation Research on Results-Based Financing: An Annotated Bibliography of Health Science Literature on RBF Indicators for Reproductive, Maternal, Newborn, Child, and Adolescent Health

As with any RBF project implementation, teams working to address GBV should:

• Provide opportunities for women’s participation and leadership in all aspects of project implementation. For example, set targets for inclusion of women with disabilities, women of different ages, poor women, ethnic minorities, undocumented women, etc.

• Examine if new gender disparities have emerged and reflect them in midterm review. If the release of performance-based funds is conditional on performance, the risk is that providers and systems that were already doing quite well will receive even more money. If not mitigated, financing can have regressive effects on the reduction of GBV. Restructuring is the opportunity to make sure that no group is being left behind, and to consider whether the project is effectively working towards addressing GBV.

• Monitor the GBV risk and mitigation strategies. Think of the purpose of monitoring and information systems, invest upfront in verification, and be adaptive and flexible in order to address realities on the ground and course correct when needed.

• Train designated officers to collect/analyze data at regular intervals, enabling task teams to review predicted impacts and examine the project’s effectiveness.

• Always ensure that the project is following safety and ethical standards around GBV (see Ethical guidelines for conducting GBV research section).
M&E: Selecting targets and indicators that measure the impact on GBV

- Think beyond sex-disaggregation and beneficiary counts. Select targets and indicators that help measure the areas of influence that seek to address GBV. For example, include indicators that will show whether the GBV project is having the intended effect(s) on addressing gender inequality, which is the root-cause of GBV.

- Analyze the collected data. All data collected need to be sex-disaggregated and disaggregated by age group, if possible.

- Finalize impact evaluation and use to formulate lessons learned.

Examples of targets and indicators:
- Percentage of GBV cases identified and reported in accordance with GBV and sexual harassment guidelines and referred for case management (percent change)
- Percentage of municipalities in rural areas served by mobile units providing GBV services (percent change)
- GBV service providers completing quality improvement trainings (percent change)
- Number of persons benefitting from increased access to information and to social and legal services related to GBV (percent change, gender disaggregated)
- GBV action plans mainstreamed in the municipal violence prevention plan (yes/no)
- Number of women and girls utilizing community safe spaces (percent change)
- Number of women, girls, men and boys successfully completing gender and social norms trainings (percent change)

A project component about collecting data on the GBV can be added as a disbursement-linked indicator. The analysis in the project document should explain the importance of filling this gap and the need to collect such data. Firstly, consult the DHS, WBL, and other surveys to better understand the context of GBV in the country. Collect data only if the relevant GBV statistics are unavailable; adhere to the UN Guidelines on Producing Statistics on VAW.

The Importance of Capturing Lessons Learned

There is growing evidence from other sectors that combining different RBF interventions within the same program can generate better results than using any one intervention alone. It would be helpful for GPRBA to accumulate lessons learned on whether this is also the case when reducing GBV, a task to which project teams can greatly contribute.
ADDITIONAL RESOURCES:

Ethical guidelines for conducting GBV research:
• Researching Violence Against Women: A Practical Guide for Researchers and Activists
• WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies
• Putting women first: Ethical and Safety Recommendations for Research on Domestic Violence against Women
• WHO Ethical and Safety Recommendations for Intervention Research on Violence against Women
• Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery

Additional Resources on GBV:
• Resource Guide on Violence against Women and Girls
• Interventions to Prevent or Reduce Violence Against Women and Girls: A Systematic Review of Reviews
• Community-based approaches to intimate partner violence: a review of evidence and essential steps to adaptation
• Violence against Women and Girls: Lessons from South Asia
• Scaling Up Interventions to Prevent and Respond to Gender-Based Violence: An Analytical Report
• Working with Men and Boys to End Violence Against Women and Girls. Approaches, Challenges, and Lessons
• What Works to Prevent Violence against Women and Girls
• Preventing and Responding to Gender-based Violence: Expressions and Strategies
• Sexual Violence Research Initiative

Resources for M&E:
• Gender-Based Violence Information Management System (GBVIMS)
• Violence Against Women and Girls: A Compendium of Monitoring and Evaluation Indicators
• Toolkit for Monitoring and Evaluating Gender-Based Violence Interventions along the Relief to Development Continuum

Guidance and tools on GBV in emergencies:
• Global Platform on Addressing GBV in Fragile and Conflict-Affected Settings
• GBV Responders’ Network
• Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery
• The Reproductive Health Access, Information and Services in Emergencies (RAISE) Initiative
• Managing GBV Programming in Emergencies
• The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming

Guidance and tools on GBV and specific sectors:
Land:
• Violence against Women and Girls Resource Guide. Land Sector Brief
Economic and social protection sector:
• Violence against Women and Girls Resource Guide. Social Protection Brief
• Violence against Women and Girls Resource Guide. Finance and Enterprise Development Brief
• Toolkit for Integrating Gender-based Violence Prevention and Response into Economic Growth Projects
• Preventing Gender-based Violence, Building Livelihoods Guidance and Tools for Improved Programming
Education:
• Violence against Women and Girls Resource Guide. Education Sector Brief
• Beyond Access: Integrating Gender-based Violence Prevention and Response into Education Programmes DFID Guidance Note on Addressing Violence Against Women and Girls (VAWG) in Education Programmes. Part A and Part B
• Beyond Title IX: Guidelines for Preventing and Responding to Gender-based Violence in Higher Education
• Overcoming Obstacles Anti-Bullying Handbook: Creating a Positive Environment in the Classroom and Beyond
• Shifting the Paradigm: Primary Prevention of Sexual Violence: An ACHA Toolkit
Health:
• Violence against Women and Girls Resource Guide. Health Sector Brief
• DFID Guidance Note on Addressing Violence Against Women and Girls (VAWG) in Health Programmes. Part A and Part B
• Improving the Health Sector Response to Gender-Based Violence: A Resource Manual for Health Care Professionals in Developing Countries
• Responding to intimate partner violence and sexual violence against women. Clinical and policy guidelines for DV and sexual violence
Energy/infrastructure:
• Violence against Women and Girls Resource Guide. Transport Brief
• Building a Safer World: Integrating Gender-based Violence Prevention & Response into Energy & Infrastructure Projects
Citizen security, law, and justice:
• Violence against Women and Girls Resource Guide. Transport Brief
• Do Our Laws Promote Gender Equality? - A Handbook for CEDAW-based Legal Reviews
• Equal Rights, Equal Access: Toolkit for Addressing Gender-based Violence through Rule of Law Projects
• Handbook for Legislation on Violence against Women
• Handbook on Effective Police Responses to Violence against Women. Criminal Justice Handbook Series