



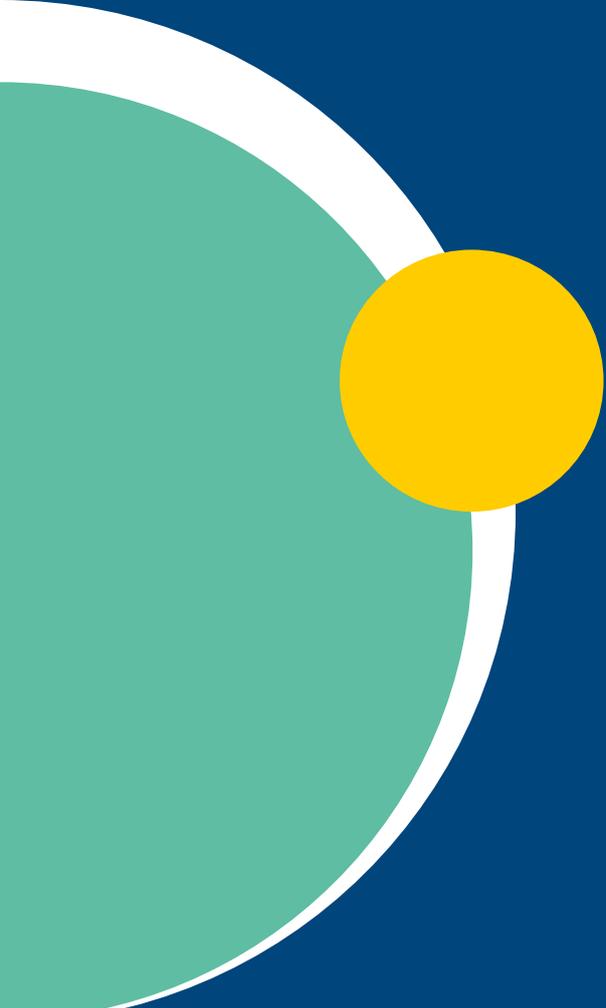
ENDING **GENDER-BASED VIOLENCE**
AND ACHIEVING THE
SUSTAINABLE DEVELOPMENT GOALS



PARTICIPATORY PLANNING AND PAYING FOR LOCAL ACTION PLANS TO ADDRESS GENDER-BASED VIOLENCE

Lessons from Indonesia, Peru and the Republic of Moldova





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Abbreviations/Acronyms

ATU	Autonomous Territorial Unit
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CETA	Common Elements Treatment Approach
GBV	Gender-based violence
IPV	Intimate partner violence
LAP	Local action plan
LBH APIK	Lembaga Bantuan Hukum Asosiasi Perempuan Indonesia untuk Keadilan
LP3AP	Lembaga Perlindungan Perempuan dan Anak Provinsi Papua (Papuan Women's and Children's Empowerment Research Institution)
NGO	Non-governmental organization
SCN CREST	Semarak Cerlang Nusat
SDGs	Sustainable Development Goals
UNU-IIGH	United Nations University International Institute for Global Health



1

Background

Gender-based violence (GBV) refers to harmful acts directed at an individual based on their gender, with these acts rooted in gender inequality, the abuse of power and harmful social norms. GBV includes sexual, physical, psychological and economic harm, and it can take many forms, including intimate partner violence (IPV), child marriage and female genital mutilation. GBV is a gross and widespread violation of human rights and a serious barrier to sustainable development. Across contexts, persistent patterns of GBV have downstream impacts on the security, health and well-being of individuals, communities and nations, with significant health, social and economic costs that hinder the achievement of the Sustainable Development Goals (SDGs). Nearly a decade ago, the United Nations Commission on the Status of Women emphasized in its 57th session that “violence against women impedes the social and economic development of communities and States, as well as the achievement of the internationally agreed development goals.”¹

Equally, the Commission recognized that “women’s poverty and lack of empowerment, as well as their marginalization resulting from their exclusion from social and economic policies and from the benefits of education and sustainable development, can place them at increased risk of violence.”² The way to prevent such violence is to address the gender-based subordination of women and girls in economic, political and social life. Indeed, the international community has long recognized that GBV prevention requires programming and policy change that address the many economic, political and social inequalities that fuel violence against women and girls. In 2006, a United Nations Secretary-

General’s report put it plainly: “The pervasiveness of violence against women across the boundaries of nation, culture, race, class and religion points to its roots in patriarchy — the systemic domination of women by men.”³

Not only does “violence against women serv[e] as a mechanism for maintaining male authority,”⁴ but also gender-based subordination is “intertwined with other systems of subordination and exclusion” and influenced by “economic status, race, ethnicity, class, age, sexual orientation, disability, nationality, religion and culture.”⁵ In 2006, the United Nations Secretary-General called for an intersectional approach to work on GBV, insisting that “analysis of the gender-based inequalities that give rise to violence must therefore take into account the specific factors that disempower women in a particular setting,” including “histories of colonialism and post-colonial domination, nation-building initiatives, armed conflict, displacement and migration.”⁶

It is clear, then, that the goals of ending GBV and achieving the SDGs are mutually reinforcing.⁷ GBV impedes progress towards sustainable and equitable human development; the SDGs cannot be fully achieved without concerted efforts to end GBV. Equally, the gender dimensions of persistent inequalities and injustices in political, economic and social life continue to fuel GBV; concerted efforts to prevent and respond to GBV must involve sectors and actors whose work on the gender dimensions of the SDGs addresses the gender-based subordination of women and girls. The SDGs provide both the normative and policy framework within which to address these two-way links between GBV and

1 United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), *The Elimination and Prevention of All Forms of Violence Against Women and Girls: Agreed Conclusions*, Commission on the Status of Women 57th Session (New York, 2013), p. 3, para. 21.

2 Ibid.

3 A/61/122/Add.1, p. 28, para. 69.

4 Ibid., p. 29, para. 73.

5 Ibid., p. 28, para. 71.

6 Ibid., p. 28, para. 71.

7 See: <https://sdgs.un.org/2030agenda>

development. In general, the 2030 Agenda for Sustainable Development makes clear that gender equality and sustainable development are inextricably linked goals. In SDG 5.2 and SDG 16, the 2030 Agenda sets specific targets for preventing and reducing violence, with a particular emphasis on GBV.

There remains, however, a lack of evidence and guidance on how to operationalize this normative and policy framework and how to develop GBV prevention programming that is grounded in and shaped by a broader agenda for sustainable and equitable human development. Public health thinking and practice continue to dominate action on GBV, from the use of socio-ecological models for programme design to the privileging of evaluation methodologies and standards drawn from medical research. But GBV is much more than a public health issue; at its roots, it is about human rights and social justice.

Progress has been made: Nearly three out of four countries have national multisectoral plans that address violence against women and girls.⁸ While this policy infrastructure is encouraging, the reality is that these plans are often underfunded and are rarely operationalized at a local level. Only 44 percent of countries report having a national-budget line item for providing health services

related to violence against women.⁹ To meet this need for more evidence and guidance to apply GBV prevention programming informed by the SDGs, UNDP developed a global initiative in 2018—Ending Gender Based Violence and Achieving the Sustainable Development Goals—in collaboration with the United Nations University International Institute for Global Health (UNU-IIGH), with the support of the Republic of Korea.

This global project, implemented in partnership with UNDP offices across a diversity of countries, has produced new tools and evidence on “participatory planning and paying models” that engage diverse community stakeholders in defining their own solutions and establishing sustainable financing for local GBV action plans (in Indonesia, Peru and the Republic of Moldova) and on innovative models that integrate GBV prevention interventions into larger livelihoods or social cohesion programmes for scale and sustainability (in Bhutan, Lebanon, Iraq and Uganda). The onset of the COVID-19 pandemic in the second year of the initiative highlighted the need for intensified action on GBV prevention and response, as well as the many challenges facing such action in resource-constrained contexts. This report presents lessons from the participatory Planning and Paying pilots in Indonesia, Peru and the Republic of Moldova (henceforth referred to as Moldova).

8 World Health Organization, “Tracking progress towards a world without violence against women,” 10 December 2021. Available at <https://www.who.int/news-room/feature-stories/detail/tracking-progress-towards-a-world-without-violence-against-women>

9 Ibid.



2

Project Rationale

Reducing GBV is a public good that benefits individuals, families and communities. The reduction of GBV drives progress across a host of specific SDG targets, while at the same time, programming to address SDG targets can contribute to ending GBV. These include targets under SDG 5 on gender equality, but also the gender dimensions of poverty reduction (SDG 1), health and well-being (SDG 3), quality education

(SDG 4), employment rights (SDG 8), safe cities (SDG 11), and justice mechanisms and good governance (SDG 16). Programming directed towards these SDGs can all address the underlying gender inequalities in social, economic and political life that fuel GBV and deny GBV survivors the justice and support that comprise their basic human rights. In this way, actions to end GBV and achieve the SDGs are mutually reinforcing.

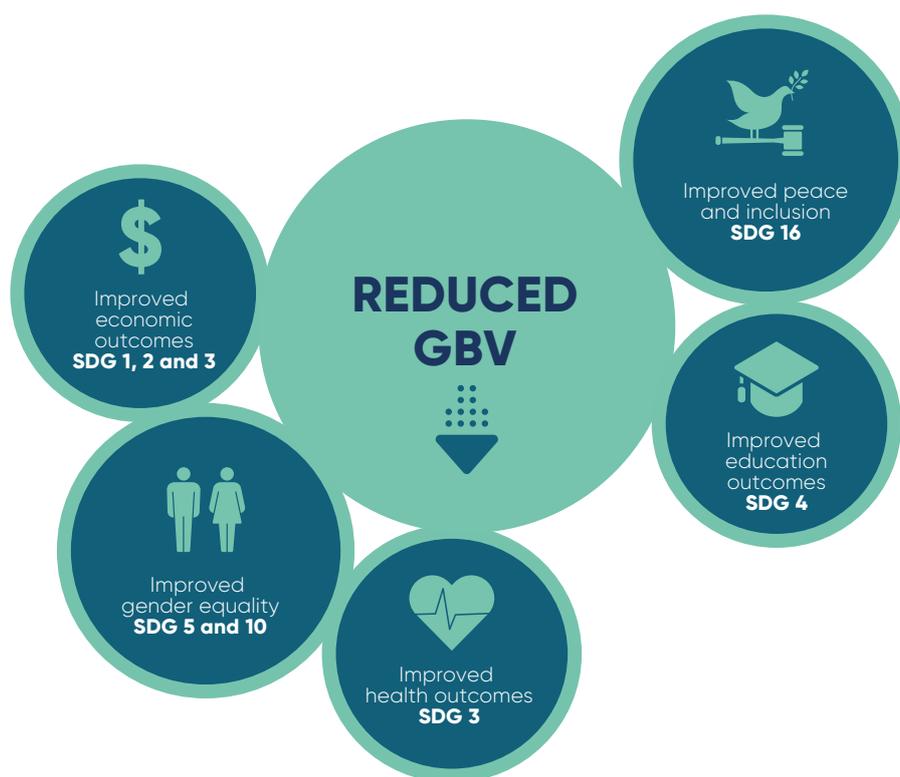


Figure 1: The relationship between reduced GBV and the SDGs

As everyone benefits from reduced violence, diverse sectors can play a part in coordinated efforts to reduce GBV in their communities. The Planning and Paying approach combines the latest thinking in cost-sharing along with established processes for local participatory planning.¹⁰ This approach involves using participatory methods to design local action plans (LAPs) to address GBV. LAPs coordinate multiple sectors and partners, and they include

complementary actions to prevent violence before it starts and also enhance services for survivors. The LAPs strive for multiple outcomes, including reduced violence, increased gender equality and related gains—and, thus, help identify new potential “payers” for the local plans. Importantly, the LAPs provide a mechanism for citizens to hold governments accountable for their GBV-related commitments.

¹⁰ J. Lang and others, *Briefing Note on Planning and Paying for Local Action Plans to Address Gender-Based Violence* (UNDP & United Nations University, International Institute for Global Health, 2019). Available at https://i.unu.edu/media/iigh.unu.edu/publication/6718/GBVtheSDGs_BriefingNote.pdf

Localization is at the heart of the Planning and Paying approach. Many countries have national action plans to address GBV. These establish coordination and financing mechanisms at the national level and translate international commitments into national policy. Yet national plans often remain aspirational and underfunded. The local level, on the other hand, is a critical space to address GBV. LAPs bring local knowledge of the problem, deeper participation of communities and the potential for greater coordination across relevant sectors. The plans complement national policies, but they can

be easier to fund, implement, monitor and evaluate (including monitoring value for money), especially in relation to mobilizing multisectoral action. Most financing approaches to address GBV, including in low- and middle-income countries, are “siloeed,” placing the burden to pay for solutions on a single government entity or sector. But GBV prevention and survivor support services require many sectors to collaborate. Research suggests that local-level institutions are relatively less siloeed than national ones and tend to focus on the population at large rather than a single sector.¹¹



Figure 2: Siloeed budgeting versus co-financing

Community participation is also central to the Planning and Paying approach. The approach adapts participatory techniques for creating customized LAPs, engaging a diverse group of local actors from local government and civil society in the plans’ design, implementation and evaluation, as well as supports transparency and efficiency as they are implemented. Local stakeholders ensure that LAPs are grounded in local realities (including government structures, social norms and trends) and that they respond to the localized characteristics of GBV. Local stakeholders

anticipate points of support and resistance within their communities and craft strategies to respond accordingly. Participatory planning also brings rights to the forefront, as those affected by GBV can exercise their right to create solutions to problems they experience.

UNDP and UNU-IIGH, with generous funding from the Republic of Korea, tested this approach in selected communities in three low- and middle-income countries: Indonesia, Moldova and Peru.

¹¹ Ibid.



Figure 3: An overview of the three selected communities

It was hypothesized that if diverse stakeholders in local communities defined their own priorities and felt ownership over localized solutions for addressing violence, deeper coordination and sustainable financing for these plans could be achieved. The project leveraged UNDP’s expertise in

local governance and localizing the SDGs and UNU-IIGH’s expertise in measuring costs, assessing value for money and promoting new financing strategies. This report documents the lessons learned from this three-country pilot.



3

Project Overview: Contexts, Timelines, Outputs

3.1. Indonesia project overview

National context

Indonesia is the world's fourth most populous nation, comprising more than 300 ethnic groups across its archipelago.¹² It is the eighth largest economy in the world in terms of purchasing power parity, a member of the G20 and now the largest economy in South-East Asia.¹³ It has made significant progress in poverty reduction, with the country's per capita gross domestic product rising from US\$807 in 2000 to US\$3,887 in 2018.¹⁴ The COVID-19 pandemic hit the country hard, with the World Bank reporting that Indonesia went from upper-middle income to lower-middle income status as of July 2021.¹⁵ Climate change is likely to impact water availability, health and nutrition, disaster risk management and urban development, particularly in coastal zones, threatening an increase in both poverty and inequality.¹⁶

Women in Indonesia continue to face barriers to their full participation in political, economic and social

life. Women held just 21 percent of parliamentary seats as of February 2021,¹⁷ and they earn only 59.27 percent of what their male counterparts do with the same level of education.¹⁸ In 2016, a nationally representative survey showed that 33.4 percent of women and girls aged 15 to 64 had experienced physical and/or sexual violence committed by sexual and/or non-sexual partners in their lifetime.¹⁹ Additionally, there were more than 400,000 reported cases of violence against women in 2019, of which 71 percent were cases of domestic violence, making the home the most unsafe space for women. A further 28 percent of cases were in public spaces, meaning that public facilities, public transport and streets are also places where many women do not feel safe and secure.²⁰ The COVID-19 pandemic and public response measures have exacerbated GBV. At least 42 percent of surveyed Indonesians reported experiencing some form of GBV during the ongoing COVID-19 pandemic that is linked to lockdown-related economic insecurity and mental health issues, according to a 2020 study conducted by UNDP and the Abdul Latif Jameel Poverty Action Lab Southeast Asia.²¹

12 Islamic Development Bank, "Republic of Indonesia." Available at <https://www.isdb.org/indonesia> (accessed on 12 September 2022).

13 Ibid.

14 World Bank, "The World Bank in Indonesia." Available at <https://www.worldbank.org/en/country/indonesia/overview> (accessed on 12 September 2022).

15 Ibid.

16 Ibid.

17 UN Women, "Indonesia." Available at <https://data.unwomen.org/country/indonesia> (accessed on 12 September 2022).

18 Antik Bintari, "Without data Indonesia's gender equality promise falters," *The Jakarta Post*, 8 March 2022. Available at <https://www.thejakartapost.com/opinion/2022/03/08/without-data-indonesias-gender-equality-promise-falters.html>

19 Pusat Kajian & Advokasi Perlindungan & Kualitas Hidup Anak [Center on Child Protection and Well-Being at Universitas Indonesia], "Ending violence against women and girls in Indonesia: What do we know, where are we, and what can we do next?" 18 July 2018. Available at <https://puskapa.org/en/learning-series/459/>

20 Ibid.

21 Ranjit Jose and Suryo Utomo Tomi, "UNDP, J-PAL SEA report reveals prevalent incidence of gender based violence during COVID-19 pandemic," UNDP, 10 March 2021. Available at <https://www.undp.org/indonesia/press-releases/undp-j-pal-sea-report-reveals-prevalent-incidence-gender-based-violence-during-covid-19-pandemic>



Figure 4: National milestones in addressing GBV (Indonesia)

Indonesia has a strong policy framework for increasing gender equality, with Presidential Instruction No. 9/2000 officially adopting the concept of gender mainstreaming as a development strategy in the field of women’s empowerment. The country is supporting gender mainstreaming implementation with a commitment to gender-responsive budgeting through regulations issued by the Ministry of Finance. Additionally, the National Development Planning System is regulated by Law No.25/2004 and Village Regulation No.6/2014, which clearly mandate the inclusive participation of all community members in the planning process, including women, young people and people living with disabilities.

In terms of GBV, Indonesia ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1984, and 20 years later, passed a Law on the Elimination of Domestic Violence (Law No.23/2004), as one output of its first National Action Plan for the Elimination of Violence Against Women (2001–2005). A second National Action Plan (2017–2021) ended with the passage of the wide-ranging Law on Sexual Violence Crimes (Law No.12/2022), the nation’s first dedicated law for addressing cases of sexual violence against men, women and children. The law acknowledged nine variations of sexual violence for the first time,

including physical and non-physical sexual abuse, forced contraception, forced sterilization, forced marriage, sexual torture, sexual exploitation, sexual slavery and online sexual violence. Significantly, the law expanded the definition of rape to include rape within a married couple and states that police, prosecutors and judges must place the victim at the centre of each case. In addition, those who handle the cases must now also complete specialized gender training, and survivors must have access to restitution and counselling.²²

Project context

The Planning and Paying pilot project was implemented in Nimbokrang subdistrict, Jayapura district, Papua province. Two villages in Nimbokrang subdistrict were selected for the pilot: Nembukrangsari and Bunyom. In the last 20 years, Jayapura has experienced rapid population growth, much of it driven by in-migration from other provinces. Such in-migration was officially organized by the newly independent Indonesian State from 1950 on, adopting a colonial policy of demographic control over Indigenous communities in Papua. Although officially discontinued in the late 1990s with the fall of the Suharto regime, migration continues to affect Papua’s demographic profile, with the Indigenous population of Nimbokrang

²² Madeleine Keck, “What Indonesia’s historic sexual violence law means for women and girls,” Global Citizen, 29 April 2022. Available at <https://www.globalcitizen.org/en/content/indonesia-historic-sexual-violence-law/>

subdistrict now comprising just over 30 percent of the population as a whole.

In Papua, Law No.21/2001 on special autonomy articulates the importance of equality between women and men, as well as of respecting the protection of the rights of the people of Papua. The Papuan People’s Assembly now mandates that 30 percent of its members be women. A task force established to oversee gender mainstreaming has prioritized establishing an integrated service centre model for women and child protection (Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak, or P2TP2A). This model integrates services for witnesses and survivors of violence, including complaint services, medical rehabilitation, social rehabilitation and legal aid services.

Local action plan

To formulate the LAP, the Jakarta-based research institution Semarak Cerlang Nusa (SCN CREST) worked with two local non-governmental organizations (NGOs) based in Jayapura district: Lembaga Bantuan Hukum Asosiasi Perempuan Indonesia untuk Keadilan (LBH APIK) and Lembaga Pengkajian dan Pemberdayaan Perempuan dan Anak Papua (LP3AP, Papuan Women’s and Children’s Empowerment Research Institution). This NGO

consortium led an intensive situation assessment that involved mapping the main stakeholders and institutions, including state actors, civil society organizations and media, as well as donors working on gender development and women and child protection in Jayapura district. The consortium conducted 24 interviews and nine focus group discussions with institutional and community stakeholders. The situation assessment highlighted the enduring influence of patriarchal norms subordinating women economically and socially, with women bearing the brunt of household and care-related responsibilities. The assessment also identified women’s exclusion from village decision-making fora as a serious obstacle to making progress on both GBV prevention and response; assessment participants acknowledged GBV cases were common, but mostly seen as a private family concern and not a matter for public action by village and district authorities. Interviews revealed that victim-blaming sentiments were common among both women and men, and women had little awareness of their rights under current legislation and little confidence in the services provided by the P2TP2A integrated service model, which remains underfunded and unable to meet community needs. Most cases of GBV, if they are reported, continue to be settled by tribal authorities, with an emphasis on preserving the family rather than meeting the needs of survivors.

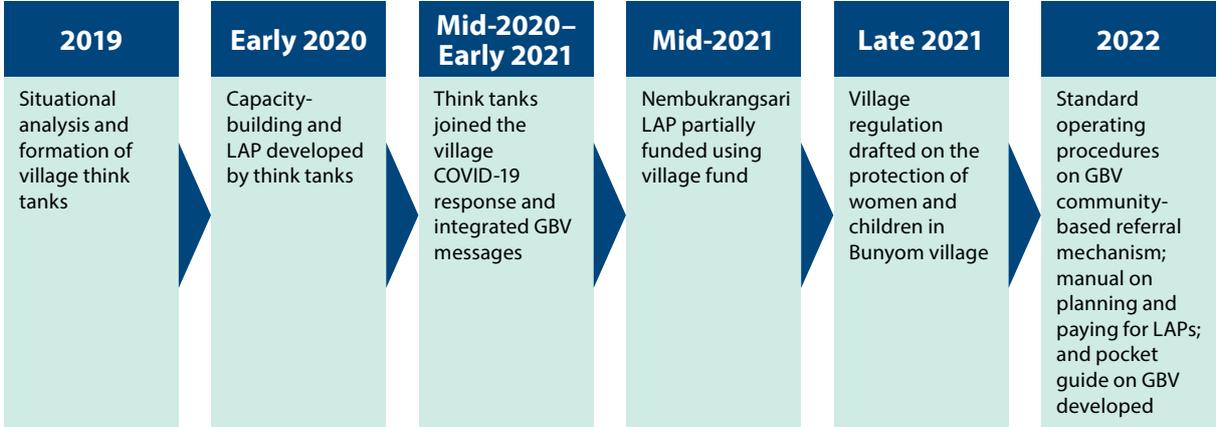


Figure 5: Project milestones in addressing GBV (Indonesia)

In response, the project established a village think tank in each of the two pilot villages, comprising community paralegals already working with the local NGOs, the village health cadre and representatives from the state-organized Family Welfare Association (Pembinaan Kesejahteraan Keluarga, or PKK, which is headed by the wife of the village chief), as well as other influential community members and representatives of village authorities (including the village treasurer and village chief). Operating as a participatory planning mechanism, each think tank worked with the local NGOs to review the findings from the situation assessment and relate them to the priorities set out in national policy. On this basis, each think tank formulated its own LAP on GBV, which was to be submitted for approval by village authorities at the Musrenbang (Musyawarah Perencanaan Pembangunan), a participatory planning and budgeting consultative mechanism established in 2004 by the Indonesian government to decentralize development planning to the village, subdistrict and district levels. Both the Nembukrangsari and Bunyom village think tanks proposed an LAP that prioritized food security and economic empowerment activities for women as the best way to both reduce the potential for conflict within families and to support women's greater economic independence, and thus, reduce their subordination to men.

Outputs and outcomes

The onset of the COVID-19 pandemic in early 2020, shortly after the think tanks had presented their LAPs at the village Musrenbang, created serious obstacles to implementation. With the scarce village development funds redirected towards pandemic response, village authorities were largely unable or unwilling to follow through on their declared support for the LAPs with actual financing. To date, the Nembukrangsari think tank has received less than one-third of the budget it submitted for its LAP

(IDR5 million out of IDR18 million requested—about US\$330 out of US\$1,200), and the Bunyom think tank has yet to receive any financial support, as the village authorities have said such financing would require a new village regulation, which they are currently taking steps to put in place.

This lack of financing notwithstanding, the village think tanks have begun their own activities to improve women's food security, and in Nembukrangsari, the think tank has established a women farmers collective. The leadership and advocacy skills that think tank members developed as a result of the project's capacity-building workshops (see page 39) enabled women from the think tanks to present at and participate in the village Musrenbang for the first time. In endline interviews closing the first phase of the project, think tank members said this political empowerment for women is one of the project's major achievements. NGO and UNDP staff's continued advocacy with subdistrict and district authorities has also helped scale up the project, with the Planning and Paying approach now being extended to two further villages (Hamonggrang and Wahab) in Nimbokrang subdistrict, where situation assessments were completed earlier this year.

Over the course of the project, the prevention-related focus on economically empowering women has broadened to better address the needs and rights of GBV survivors. The project has conducted extensive advocacy and training with local health, social welfare and police institutions to improve and coordinate their multisectoral response to survivors. This work has been brought together by UNDP in a manual, *Standard Operating Procedures for Community Based Referral Mechanism (GBV Case Management at the Village Level)*. Think tank members themselves have initiated creative approaches to survivor support, forming prayer groups as a source of emotional support and leading a campaign on marriage registration; it is only when marriages are formally

registered that proper birth certificates can be issued, which are needed for children's school registration and as a form of personal identification when reporting cases of violence to the police. The project has produced a number of knowledge products and technical guidance, including a *Psychological First Aid Pocket Guide* for communities to ensure a survivor-centred approach and a *Manual of Planning and Paying for LAPs to Address GBV* to support replication of the approach in other communities in Indonesia.

3.2. Moldova project overview

National context

Moldova is an Eastern European country and former Soviet republic, with Romanian as the official national language. Although a middle-income country, it is one of the poorest nations in Europe, and socio-economic conditions have worsened amidst the COVID-19 pandemic, the energy crisis and the refugee crisis caused by the war in Ukraine.²³ At the time of writing this report, over 450,000 refugees from Ukraine arrived in Moldova, the vast majority of whom were women and children. Approximately 25 percent of those arriving from Ukraine remain in Moldova, mainly residing in private accommodation of the host communities, with around 10 percent residing in refugee accommodation centres.

Moldova ratified CEDAW in 1994 and adopted the Law on Ensuring Equal Opportunities for Women and Men in 2006 with the intention of ensuring

women's equal rights and eliminating all forms of gender-based discrimination. Its National Strategy on Gender Equality (2017–2021) calls for investments in social, psychological, legal, educational and economic services for women and girls. But women continue to face inequalities in social, economic and political life, and their representation in Moldovan politics and decision-making remains below international benchmarks. Persistent patriarchal attitudes limit women's educational and employment options.²⁴ On average, unpaid work occupies 66 percent of women's total working time, and they perform nearly twice as much unpaid care work as men do.²⁵ Women are underrepresented in highly paid sectors and mostly employed in lower-paid jobs.²⁶

GBV, including IPV, is widespread in Moldova. Estimates suggest that more than 63 percent of women and girls aged 15 to 65 have experienced at least one form of violence from their partners during their lifetime, with elderly, separated or divorced women being more likely to have experienced such violence.²⁷ Rural women's greater vulnerability to IPV has been linked to a stronger adherence to inequitable gender roles in these areas, as well as women's greater economic dependence on their husbands or partners, a situation that has only worsened with a recent economic downturn in Moldova that has heavily affected rural communities.

Violence against women is most likely to occur in the home, as the most frequent perpetrators are male partners and relatives.²⁸ The evidence from social survey research, including the International

23 World Bank, "The World Bank in Moldova." Available at <https://www.worldbank.org/en/country/moldova/overview> (accessed on 12 September 2022).

24 UN Women Moldova, "Economic empowerment." Available at <http://moldova.unwomen.org/en/munca-noastra/economic-empowerment>

25 National Statistics Bureau (Moldova), *Utilizarea Timpului in Republica Moldova* [Time Use in the Republic of Moldova] (Chişinău: 2013). Available at <http://moldova.unwomen.org/en/munca-noastra/economic-empowerment>

26 UN Women Moldova, "Economic empowerment."

27 NGO Women's Law Center, *Report on Costing of Domestic Violence and Violence Against Women in Moldova*. (Chişinău: UN Women, 2016). Available at <https://moldova.unwomen.org/sites/default/files/Field%20Office%20Moldova/Attachments/Publications/2016/Report%20Costing%20of%20Violence%20-%20EN.pdf>

28 National Scientific and Applied Center for Preventive Medicine (Moldova) and ORC Macro, *Moldova Demographic and Health Survey 2005*. (Calverton, Maryland: National Scientific and Applied Center for Preventive Medicine of the Ministry of Health and Social Protection and ORC Macro, 2006). Available at <https://www.dhsprogram.com/pubs/pdf/FR178/FR178.pdf>

Men and Gender Equality Survey (IMAGES), suggests a relatively high societal tolerance for certain types of family violence, which is linked to women’s economic dependence on men, social stigma around divorce and gender norms that impose submissiveness on women.²⁹ Economic insecurity

is also a strong driver of GBV; a study on IPV found that women were more likely to have suffered violent acts in the last 12 months if their husband or partner was stressed due to family problems or unemployment.³⁰



Figure 6: National milestones in addressing GBV (Moldova)

In 2007, Moldova established a law (no. 45) criminalizing physical, sexual, economic, psychological and spiritual domestic violence.³¹ But assessments of the law indicate low enforcement due to an absence of planning, lack of budget allocation, inadequate infrastructure to support IPV survivors, ineffectiveness of police enforcing protection orders and ensuring accountability for offenders, and low uptake due to a lack of community awareness of its provisions.³² Having signed the Istanbul Convention in February 2017, the government adopted the National Strategy on Prevention and Combating Violence Against Women and Domestic Violence for 2018–2023 in February 2018.³³ The main provisions of the strategy are to cultivate zero tolerance for violence; ensure unified pre-service and in-service

training of professionals engaged in preventing domestic violence at the state level; strengthen the education system to ensure gender equality values and a nonviolent culture; promote women’s economic empowerment; and provide integrated policies in cases of violence against women and IPV based on multisectoral cooperation and data collection.

Project context

UNDP’s pilot project was implemented in the Autonomous Territorial Unit (ATU) of Gagauzia, which is a poor, predominantly agricultural region of southern Moldova with approximately 140,000 residents. Gagauz, Russian and Romanian are

29 Diana Cheianu-Andrei and others, *Men and Gender Equality in the Republic of Moldova: Based on IMAGES Methodology* (Women’s Law Center, 2015). Available at <https://www.equimundo.org/resources/men-gender-equality-republic-moldova-images-moldova/>
 30 National Bureau of Statistics of the Republic of Moldova, in collaboration with UNDP, UN Women and the United Nations Population Fund, *Violence Against Women in the Family in the Republic of Moldova (2011)*. Available at www.undp.md
 31 National Bureau of Statistics of the Republic of Moldova, UNDP Moldova and UN Women Moldova. (2016). “Women profiles”. Available at <http://moldova.unwomen.org/en/munca-noastra/economic-empowerment>
 32 CEDAW/C/MDA/CO/4-5.
 33 United Nations in Moldova, “Moldovan Government adopted the National Strategy on prevention and combating violence against women and domestic violence for 2018-2023,” 21 February 2018. Available at <https://moldova.un.org/en/14008-moldovan-government-adopted-national-strategy-prevention-and-combating-violence-against-women>

official languages in the ATU, yet most residents speak Russian. Most project activities took place in Chirsova village (with approximately 7,000 residents), Comrat district, and the project worked with 10 other settlements in ATU Gagauzia. A 2018 situational analysis in Chirsova village, which informed the development of the project and LAP, included seven focus group discussions with 59 community members, 23 interviews with front-line workers and eight interviews with female survivors of domestic violence.



Figure 7: Map of project site (Moldova)

The situational analysis revealed a widespread lack of awareness among community members of the types, causes and consequences of GBV; a lack of service provider capacity to address cases of GBV and ensure multi-agency cooperation; and

a lack of specialized services for survivors of GBV at the local level. The analysis identified alcohol abuse and poor mental health as key triggers of domestic violence and suggested the lack of economic opportunities in the region makes women dependent on their perpetrators and vulnerable to ongoing violence. Survivors of GBV faced many barriers to accessing support: inactive local state agencies, the absence of local referral mechanisms and specialized services responding to survivors’ needs, community stigma towards survivors, lack of personal medical insurance and geographical distance (the specialized service for survivors is located 100 kilometres away). The situation analysis identified that community members, service providers and local authorities had limited awareness of national-level policies and laws to promote gender equality and address GBV. Most national documents and materials to prevent GBV (e.g., national school-based curriculum) are only available in Romanian, and there were no attempts identified to localize the 2018–2023 national strategy or to identify a multi-agency cooperation mechanism in Chirsova, as was done in other parts of Moldova.

Local action plan

The situational analysis identified priorities for the LAP in Chirsova, including the need to address alcohol abuse and poor mental health, to have a local safe space to ensure dedicated, empowering responses for survivors of GBV, to raise community awareness of national-level policies and laws to prevent GBV and to implement activities to shift harmful social norms condoning GBV.

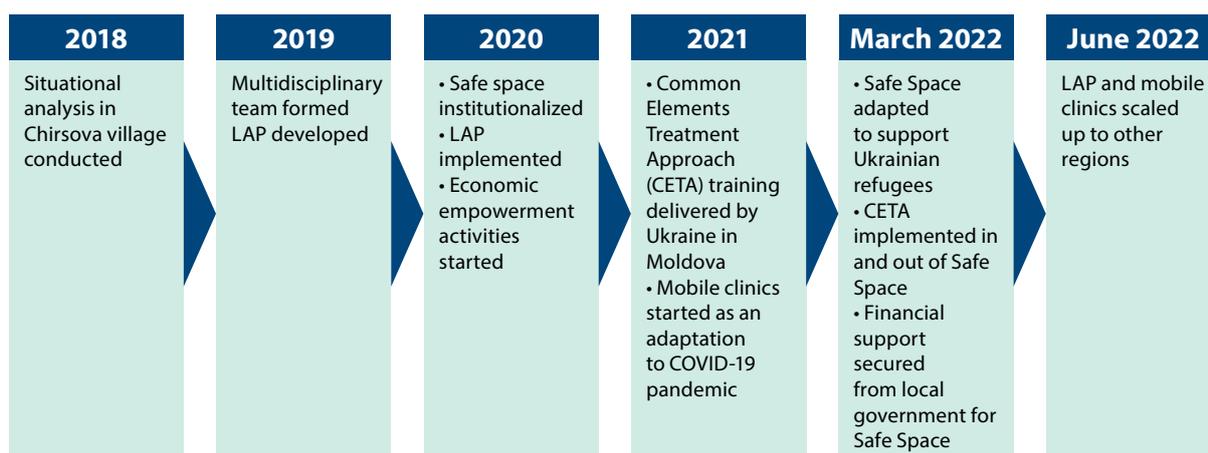


Figure 8: Project milestones in addressing GBV (Moldova)

The LAP was developed through consensus reached by a multidisciplinary team, with input obtained from community members and additional government actors. This team was established in Chirsova as a participatory structure to design the LAP, and it adhered to national standards of ensuring representation from multiple disciplines (psychologists, teachers, service providers, mayors and police). The LAP identified the need to train duty bearers on national standards to address GBV; develop referral mechanisms, including standard operating procedures; and train staff members from local institutions providing services to survivors of GBV. The LAP aimed to connect GBV prevention and response with other community priorities, including localized efforts to achieve SDG 3 (good health and well-being), SDG 4 (quality education), SDG 8 (decent work and economic growth) and SDG 16 (promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels).

Outputs and outcomes

The project created and continues to support the first multidisciplinary team in Chirsova, which now implements the LAP. Team members received a

series of trainings based on identified capacity needs related to both their planning and operational management responsibilities. A regional referral mechanism and action plan disseminated the multidisciplinary team model to 10 mayoralties from ATU Gagauzia, helping them establish multidisciplinary teams to design and implement their own LAPs in 2021. Another 10 localities will create multidisciplinary teams and LAPs by the end of 2022, with support from and based on practices established by this pilot.

With UNDP's support, the Chirsova multidisciplinary team established the first Safe Space in the village, providing both GBV prevention and response services for the ATU Gagauzia region. The Safe Space is now a public institution and receives funding from the state budget. The Safe Space has the capacity to provide temporary shelter and assistance to 50 GBV survivors and their children, and to offer psychological, legal and social assistance services to another 50 men and women daily. Since its opening, 42 women and children have received accommodation and legal, material, psychological and/or medical assistance; another 20 women have received same-day care. The Safe Space also includes a mobile team that functions as an extension of the Safe Space, with the team providing legal, psychological, and social services

over a 150-kilometre radius. This activity has been implemented since mid-2021 as an adaptation to the COVID-19 pandemic but has continued due to its capacity to reach vulnerable and disadvantaged beneficiaries in remote areas, reducing their out-of-pocket expenses (including transportation costs) and increasing service accessibility for survivors of GBV across ATU Gagauzia.

Additionally, for the first time in Moldova, providers received training in the Common Elements Treatment Approach (CETA) as part of the project. The project team in Moldova developed this trans-diagnostic mental health intervention for delivery by non-professionals and chose it as an evidence-based model to adapt given its ability to address key identified risk factors, including alcohol abuse and poor mental health. Ten individuals (including Safe Space staff) went through a rigorous initial training and supervision process to become CETA providers, led by Johns Hopkins University (based in the United States and Ukraine). CETA has been offered to men and women in the ATU Gagauzia region, including through the Safe Space. The project has also aimed to prevent GBV through implementing an extensive communications campaign to raise awareness of the causes and consequences of violence in Chirsova and other localities around ATU Gagauzia, including as part of the annual 16 Days of Activism Against GBV. This has been complemented by economic empowerment activities, supporting nine women and one man in starting small businesses in Chirsova through business trainings and/or obtaining job placements with local businesses.

3.3. Peru project overview

National context

Peru is a middle-income country and one of the region's fastest-growing economies, with an average growth rate of 5.9 percent in a context of low inflation. Economic inequalities, however, are among the worst in Latin America, with income and wealth concentrated in the hands of a small elite.³⁴ Rural poverty is significantly higher than urban poverty, but irrespective of location, economic disparities are shaped by racial and gender discrimination, especially against Indigenous communities, which comprise some 26 percent of the total population.³⁵ The COVID-19 pandemic triggered a deep recession in 2020, with a slow recovery thereafter and poverty expected to stay well above its 2019 level.³⁶ Peru remains marked by an unstable political environment and a lack of sustainable investment in social policies to eradicate extreme poverty and inequalities.

Gender inequalities in Peru are stark. As of February 2021, women held only 26.2 percent of parliamentary seats.³⁷ Close to six in 10 women are employed in Peru, which is higher than in many other Latin American countries, but women are overrepresented in the large informal sector and face barriers to accessing better-paid and -protected employment in the formal sector. Pronounced inequalities in the division of domestic labour mean that Peruvian women spend an average of 24 more hours per week on unpaid tasks than men do.³⁸ GBV was endemic in Peru prior to COVID-19,

34 Sofia Casamassa, "The poor majority: inequality in Mexico and Peru," *Global Majority E-Journal*, vol. 12, No. 4 (June 2021). Available at https://www.american.edu/cas/economics/ejournal/upload/global_majority_e_journal_12_1_casamassa.pdf

35 World Bank, *Indigenous Latin America in the Twenty-First Century* (Washington, DC: World Bank, 2015). Available at <https://documents1.worldbank.org/curated/en/145891467991974540/pdf/Indigenous-Latin-America-in-the-twenty-first-century-the-first-decade.pdf>

36 World Bank, "The World Bank in Peru." Available at <https://www.worldbank.org/en/country/peru/overview> (accessed on 12 September 2022).

37 UN Women, "Peru." Available at <https://data.unwomen.org/country/peru> (accessed on 12 September 2022).

38 Organisation for Economic Co-operation and Development (OECD), "Executive summary," in *Gender Equality in Peru: Towards a Better Sharing of Paid and Unpaid Work* (Paris: OECD Publishing). Available at <https://www.oecd-ilibrary.org/sites/afed7a04-en/index.html?itemId=/content/component/afed7a04-en>

with an average of three femicides every 10 days.³⁹ In 2019, 58 percent of women and girls aged 15 to 49 reported having ever experienced IPV, with 9 percent suffering physical violence in the past year; most (71 percent) did not seek formal support.⁴⁰

Addressing gender inequalities, and GBV specifically, is a political priority for the Peruvian government. Peru has ratified both CEDAW and the Beijing Declaration and Platform for Action and has recently established a National

High-Level Commission for Gender Equality to strengthen public policies regarding gender equality in the context of Peru’s commitment to the SDGs.⁴¹ But the country is also experiencing a conservative backlash against gender equality, with both the Catholic Church and the current Peruvian government (under President Pedro Castillo) holding regressive views on gender. As a result, Peru’s national plan and legal framework to address GBV have not been adequately translated into funds allocated for their local implementation.

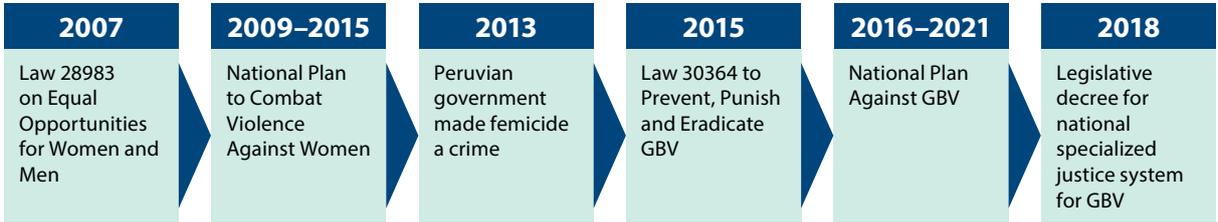


Figure 9: National milestones in addressing GBV (Peru)

In 2015, Law 30364 mandated the establishment of *instancias* (multisectoral coordination mechanisms) at every level of government to develop, implement and evaluate interventions to address GBV within their jurisdictions. Each District Instancia is tasked with producing two local policy outputs (a GBV LAP and a district protocol for GBV service providers) in line with the current National Plan Against GBV.⁴² But with no specific budget allocation for establishing the district Instancia, only 28 of the 42 districts in Lima had implemented an Instancia by early 2020.

Support services for survivors are also lacking. The Ministry of Women and Vulnerable Populations

established women’s emergency centres to provide integrated and specialized services for GBV survivors and their children (legal support and social and psychological counselling, as well as preventative communication campaigns). However, these centres vary markedly in their operations. A 2019 ombudsman’s review found that only 20 percent of women’s emergency centres provide 24-hour services, a third lack protocols for supporting survivors, and 57 percent cannot meet the demand, with 68 percent having only one professional per specialty (psychology, legal counselling or social assistance).⁴³

39 Observatorio Nacional de la Violencia Contra las Mujeres y los Integrantes del Grupo Familiar, "Datos y evidencias sobre violencia hacia las mujeres e integrantes del grupo familiar, según fuente de información", Available at <https://observatoriovioencia.pe/datos/> (accessed on 12 September 2022).
 40 Observatorio Nacional de la Violencia Contra las Mujeres y los Integrantes del Grupo Familiar, "Indicadores de la Encuesta Demográfica y de Salud Familiar (ENDES)", Available at <https://observatoriovioencia.pe/datos-inei-2017-2/>
 41 Presidencia del Consejo de Ministros [Presidency of the Council of Ministers], "Ejecutivo instaló la Comisión Nacional de Alto Nivel para la Igualdad de Género" ["Executive installed the High-Level Commission for Gender Equality"], 7 September 2021. Available at <https://www.gob.pe/institucion/pcm/noticias/520840-ejecutivo-instalo-la-comision-nacional-de-alto-nivel-para-la-igualdad-de-genero>
 42 Observatorio Nacional de la Violencia Contra las Mujeres y los Integrantes del Grupo Familiar, "Mecanismo de seguimiento del Plan Nacional Contra la Violencia de Género 2016-2021" ["Monitoring mechanism for the National Plan Against Gender Violence 2016-2021"]. Available at <https://observatoriovioencia.pe/plan-nacional/plan-nacional-contra-la-violencia-de-genero-2016-2021/>
 43 Maricarmen Chinchay, "El Perú invierte solo S/ 90 mllns en prevenir la violencia de género" ["Peru invests just 90 million in preventing gender violence"], *La República*, 21 June 2019. Available at <https://larepublica.pe/sociedad/2019/06/21/el-peru-invierte-solo-s-90-mllns-en-prevenir-la-violencia-de-genero/>

Project context

The Planning and Paying project in Peru, entitled the JUSTA project, is located in Villa El Salvador district, a satellite neighbourhood founded in 1971 by rural migrants seeking work in metropolitan Lima. Expanding over 35.5 square kilometres with 400,000 residents living within 82,000 households, the Villa El Salvador district is characterized by high levels of poverty (half of the economically active population earn less than US\$270 per month), inequality and violence, particularly GBV. For example, about half of women in Villa El Salvador were affected by GBV in 2018, generating short- and long-term trauma for survivors, their families and their communities and representing both an estimated cost of US\$72.9 million and a clear barrier to progress in SDG-related goals for gender-equitable development in Villa El Salvador.⁴⁴



Figure 10: Map of project site (Peru)

The decision to base the JUSTA project in Villa El Salvador was not only in response to the GBV situation but also because of the district's long history of community activism and grass-roots women's leadership. Villa El Salvador hosted Peru's first women's federation in 1984, led by María Elena Moyano. Moyano, who championed socio-economic progress and gender equality, was elected deputy mayor of Villa El Salvador in 1990; her 1992 assassination, related to her political activism, represented a significant setback for local women's activism and fragmented feminist leadership. Subsequent mayors—all men—have faced allegations of corruption from several women leaders and have shown little interest in working with women's groups, meaning the 2014–2021 district plan to address violence against women in Villa El Salvador was never costed or funded for its implementation.

Local action plan

UNDP's 2018 situational analysis included a contextual analysis and a mapping of key government and civil society stakeholders via 30 individual interviews and 10 focus group discussions. It identified several multilevel GBV drivers in Villa El Salvador, including harmful gender stereotypes, norms, beliefs and behaviours ingrained in the historically patriarchal education and culture; an absence of public policies aimed at preventing GBV and limited community engagement in decision-making regarding GBV; limited job opportunities for women, preventing them from generating income and leading to inequality, poverty and lack of access to quality services; and limited mechanisms and spaces for effectively ensuring public entities are accountable in addressing GBV locally.

⁴⁴ UNDP, *El Costo de la No Prevención: Análisis y Recomendaciones Para Enfrentar la Violencia Contra Niñas y Mujeres Desde la Experiencia de Villa El Salvador (Lima)* [The Cost of Non-Prevention: Analysis and Recommendations to Face Violence Against Women From the Perspective and Experiences in Villa El Salvador (Lima)], 28 February 2019. Available at <https://www.undp.org/es/peru/publications/el-costo-de-la-no-prevenci%C3%B3n>

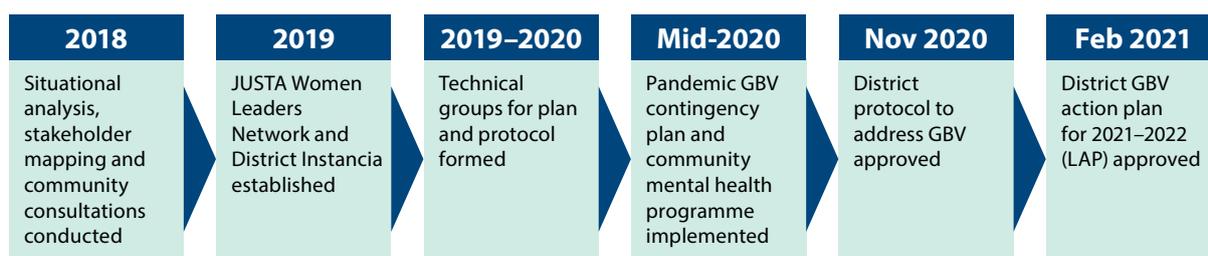


Figure 11: Project milestones in addressing GBV (Peru)

To develop the LAP, the JUSTA project established two key participatory structures: the JUSTA Women Leaders Network, comprising some 30 leaders of local women’s organizations, and the District Instancia, which had a 30-strong membership drawn from the health, social protection, education, justice and law enforcement sectors and which included eight representatives from the JUSTA Women Leaders Network. The District Instancia used a participatory tool for problem analysis and strategic planning (see page 61 for details) to localize the national GBV plan, accounting for the local situational analysis in order to develop a 2021–2022 action plan.⁴⁵ The plan was approved in February 2021 and had four strategic objectives: prevention; care and protection; promotion of women’s employment; and monitoring and evaluation incorporating a framework to assess progress. A district protocol to address violence against women and family members⁴⁶ was also developed and launched during the 16 Days of Activism Against GBV in 2020, informed by the JUSTA Women Leaders Network and survivors to address GBV service integration and rectify access barriers. The District Instancia established a set of technical working groups to oversee the implementation of different components of both the LAP and the protocol according to respective sectoral mandates, and funding from existing sectoral budgets was allocated to finance these components.

Outputs and outcomes

The onset of COVID-19 severely hindered both the initial development and the implementation of the LAP and district protocol; budgets were redirected towards COVID-19 response, and government-mandated lockdowns not only meant that project activities had to shift online but also led to a documented surge in GBV cases. Villa El Salvador communities faced specific challenges as well, including the trauma caused by a gas truck explosion that killed several people, injured many more and caused widespread physical damage. These challenges notwithstanding, implementation of the LAP and district protocol has adapted to the contextual challenges, and the District Instancia technical working groups continue to operate according to their agreed schedule. At the same time, the JUSTA Women Leaders Network continues to meet regularly as a group, participate in the District Instancia and advocate on behalf of the women of Villa El Salvador. Additionally, the network members serve as a community resource for survivors of GBV and those experiencing mental health crises due to their training in both areas.

An endline study is still being completed, but a midline study undertaken in May 2021 reported progress in raising community awareness of GBV as a problem and of service referral pathways. The study

⁴⁵ Villa El Salvador District Instancia, *Plan de Acción de la Instancia Distrital de Concertación de Villa El Salvador (2021-2022)*. (2021). Available at <https://www.scribd.com/document/509578386/Plan-de-Accion-de-la-Instancia-Distrital-de-Villa-El-Salvador-2021-2022>

⁴⁶ Villa El Salvador District Instancia, *Protocolo Distrital Para Abordar la Violencia Contra Mujeres y los Integrantes del Grupo Familiar en Villa El Salvador* (2020). Available at <https://observatoriovioencia.pe/wp-content/uploads/2021/04/Villa-el-Salvador-aprueba-Protocolo-para-abordar-la-violencia-contra-las-mujeres-e-integrantes-del-grupo-familiar.pdf>

also found the participatory process empowered grass-roots women leaders to take leadership in and ownership of the LAP's development. It also noted improvements in the work of the Specialized Family Police Station and the Ombudsman's Office, as well as strengthened collaboration among different sectors through the District Instancia technical working groups. This collaboration has reduced the duplication of efforts and enabled more efficient use of existing resources. However, work remains constrained by existing sectoral budgets, wherein each sector funds its own activities as part of the overall LAP (see page 61 for a detailed discussion of lessons relating to the project's "paying" component).

The project has produced significant outputs in addition to the LAP and district protocol. This includes the landmark "Cost of No Prevention" study, funded by this project as the first GBV study in Peru to highlight the economic and

social costs of not preventing violence.⁴⁷ The study became an important advocacy document that raised community awareness and motivated local stakeholders to help address GBV (see page 34 for more details). Additional outputs include a range of videos and knowledge products on the formation of the JUSTA Women Leaders Network, the operation of the District Instancia as a local GBV planning mechanism and the provision of emotional support to those involved in taking action on GBV, all of which have been collated online, as a "virtual toolbox."⁴⁸ The JUSTA project's work also inspired the "*No Estás Sola*" ("You Are Not Alone") awareness-raising campaign on ending GBV, which the Peruvian Ministry of Women and Vulnerable Populations developed with UNDP support in response to the surge in GBV cases when COVID-19 first hit the country. With an estimated audience of 11 million people, this is the most successful campaign on GBV in the country's history.

47 UNDP, *El Costo de la No Prevención*.

48 See: <https://justa.pe.undp.org/>

4

Protocol



A research team of staff and consultants from UNU-IIGH designed and implemented a study to identify and analyse lessons learned from the Planning and Paying projects in the three pilot countries. The starting point for the study design were two main research questions:

1. Did the extent of participation in planning influence the quality, effectiveness and responsiveness of the LAP in the context of COVID-19?
2. Did the participatory planning process and resulting plan influenced the ability to mobilize resources and finance the plan and response in the context of COVID-19?

The primary data source for the lessons learned around these main research questions were qualitative interviews with key informants and focus group discussions. These findings were corroborated and complemented by a desk review of project documentation and evaluations (secondary data), and a semi-structured interview guide was developed for both the key informant interviews and the focus group discussions (see annex 1). A team of three researchers conducted this study over nine months (August 2021 to May 2022). When the Planning and Paying project was first conceived, it was envisioned that this lessons learned research study would be conducted in person through site visits by respective research team members to Indonesia, Moldova and Peru. Travel restrictions related to COVID-19 made site visits impossible, and researchers conducted data collection remotely, with both key informant interviews and focus group discussions carried out via Zoom.

The study received ethical approval from the UNU Ethical Review Board (Ref No. 202010/01). The researchers observed data confidentiality and anonymity, as well as cultural sensitivity, principles as much as possible (gender was taken

into consideration in the set-up of some focus groups). The researchers never initiated discussions of violence; however, when participants brought up this topic, further related issues were discussed. Study information was shared with volunteer participants both in writing and verbally (both in English and in the respective national languages), and verbal consent was recorded at the start of the Zoom sessions. Confidential data was securely stored, transcribed and translated into English, and subsequently coded and analysed by respective research team members.

Interview and focus group discussion participants were purposefully selected in collaboration with the UNDP team based on their participation with the respective projects, their level of influence in decision-making and the institutional affiliation of agencies involved in key pilot activities (local GBV planning, budgeting and implementation) from UNDP Country Office project staff and local key stakeholders, including participatory planning group members; local leaders; and service providers, NGOs and women's groups. Every attempt was made to ensure a balanced demographic representation (e.g., age, gender, positions, professions, agencies, level of influence) to reflect wide representation and meaningful participation by those with less power within existing institutional hierarchies.

In **Peru**, six semi-structured interviews and two focus group discussions (one women-only and one mixed-gender, with four participants each) were conducted between August and November 2021. The interviews and focus group discussions aimed to capture the voices of project staff and participants and probed how the extent of participatory planning influenced the LAP's quality, effectiveness and responsiveness in the context of COVID-19, as well as the ability to mobilize resources and finance the plan. Fatima Ghani conducted all interviews and focus group discussions from Peru in Spanish.

In **Indonesia**, 10 semi-structured interviews and two focus group discussions (one women-only and one mixed-gender, with six participants each) were conducted in both English and Bahasa between January and March 2022. Interviews were conducted with four UNDP staff directly involved in work on the Planning and Paying project, with three staff from NGO partners supporting the work in Jayapura district and with three representatives of local government in Jayapura. The focus group discussions were conducted with think tank members from the two pilot villages: a women-only focus group discussion (six participants) and a mixed-gender focus group discussion (six participants). With the support of Bahasa translation, Alan Greig conducted all interviews and one focus group discussion from Indonesia. Erin Stern conducted the women-only focus group discussion to match a female researcher with female participants.

In **Moldova**, eight semi-structured interviews were conducted in English and Russian between March and May 2022. Interviews were conducted with three UNDP Moldova staff members and one UNDP HQ staff member; one CETA trainer (based in Ukraine); two CETA providers (one at the Safe Space and one in Comrat); and one CETA client in Comrat. The interviews with CETA providers and trainers specifically probed for their experiences of CETA, including challenges and successes and how well CETA was meeting the needs of clients, which the UNDP Moldova endline evaluation identified as a gap. Interviews with UNDP staff assessed factors that helped participants understand the context and supported LAP decision-making, whether the planning process ensured the meaningful participation of key and diverse stakeholders, examples of GBV best practices incorporated into

the planning process, perceived impacts of the pilot and whether their involvement led to any personal changes or growth. Erin Stern conducted all interviews from Moldova in English, with the support of Russian translation as needed.

Of note: These interviews were designed to complement the endline evaluation conducted by UNDP Moldova and help identify gaps in data collection. The endline evaluation drew on data collected with a range of respondents.⁴⁹ The UNDP staff recruited for this research were not interviewed as part of UNDP Moldova's endline evaluation; incorporating their perspectives addressed this gap and helped generate practice-based knowledge.

Data analysis of primary and secondary data for each country was conducted by the respective research study team members (Fatima Ghani analysed the data from Peru, Erin Stern analysed the data from Moldova, and Alan Greig analysed the data from Indonesia). Fatima Ghani authored a standalone report on the Peru pilot project. The findings from this report were then synthesized with findings from Indonesia by Alan Greig and Moldova by Erin Stern. Alan Greig led the drafting of this synthesis report for the three countries, with inputs and review from Erin Stern. This synthesis of findings presents a set of lessons in relation to the potential for, as well as the principles and processes of, participatory approaches to planning and paying for LAPs to address GBV. These lessons are presented in subsequent sections of this report.

Although all three authors of this study are external to the pilot projects, including in terms of their identities and positionality, they all were engaged with project implementation and ongoing

⁴⁹ Interviews were conducted with four regional authorities; four staff of the Safe Space; four beneficiaries of the Safe Space; 11 heads/representatives of multidisciplinary teams from Chirsova and the other 10 targeted communities (Comrat, Congaz, Dejghinja, Ciok-Maidan, Ciadir-Lunga, Baurci, Cazaklia, Copciac, Vulcanesti and Cismichioi); and three project staff and consultants. In addition, three focus group discussions were conducted with representatives of multidisciplinary working groups from the targeted communities (social workers, educators/teachers and school psychologists, and law enforcement).

monitoring and evaluation in multiple ways. Fatima Ghani oversaw the implementation of the costing studies in all three pilots, conducted a mission to each of the three Planning and Paying pilots and attended a monitoring and evaluation workshop with key UNDP staff from all seven pilots in Lebanon and a pre-Sexual Violence Research Initiative Forum workshop with key representatives from all seven pilots in Cape Town. Erin Stern provided technical support to the pilots in Moldova and Peru throughout implementation and conducted two missions to Moldova, one mission to Peru and

one scoping visit with two UNDP Moldova staff to Ukraine to learn more about CETA implementation. She also co-facilitated the monitoring and evaluation workshop with all seven pilots in Lebanon and attended the pre-Sexual Violence Research Initiative Forum workshop in Cape Town. Alan Greig facilitated the pre-forum workshop with representatives from all seven pilots in Cape Town and wrote a midline reflection report based on this workshop. This ongoing engagement fostered rapport and a grounded approach to this study and authorship of this lessons learned report.



5

Potential

Analysis of the lessons learned from the three pilot Planning and Paying projects directs attention towards three categories of lessons:

- The potential for collaboration between civil society and government institutions in participatory planning for GBV prevention and response, which must be understood if the planning process is to be effective;
- The principles that should guide participatory approaches to Planning and Paying for LAPs addressing GBV to ensure that such approaches align with the core commitments of the 2030 Agenda for Sustainable Development, as well as the evidence base on best practice in GBV prevention and response; and
- The processes on which participatory Planning and Paying approaches depend to produce responsive, collaborative and effective LAPs to address GBV.

This section presents lessons relating to the potential for collaboration, and subsequent sections of this report examine lessons on principles (section 6) and on processes (section 7).

Lesson 1: Leverage the potential to mobilize civil society

The three sites for the Planning and Paying pilot projects reveal, in different ways, the importance of understanding the potential for civil society mobilization as part of a participatory approach to developing LAPs on GBV prevention and response. This potential was greatest in Villa El Salvador district, the site for the Planning and Paying JUSTA project in **Peru** and a location with a long history of women's leadership and activism. Villa El Salvador was among the first districts to request and implement participatory budgeting on gender equality issues, and it hosted the first women's federation in Peru

in 1984; however, the 1992 assassination of feminist organizer María Elena Moyano fragmented the local feminist leadership

The JUSTA project both drew on and addressed this history by helping convene and support the JUSTA Women Leaders Network, comprising some 30 leaders of local women's organizations. The network embodied the expertise of decades-long feminist activism in Villa El Salvador, but also explicitly addressed the prior fragmentation among women's rights organizations by strengthening the network's collective voice and identity through an intensive process of capacity-building and leadership development (see page 22).

“When we made our demands, they were not only demands collected from our reality, but also always accompanied with proposals on how to solve them . . . because we know this reality.”

– JUSTA Women Leaders Network member, Peru

In **Indonesia**, the Planning and Paying project built on the community credibility and organizing capacity of village paralegal volunteers, who had been active in the pilot villages for several years and were supported by the project's NGO partners. This cadre of paralegals formed the core of the village think tanks, which the project created as the participatory structure through which to conduct participatory planning for the LAP. A UNDP staff member said it was important to work with and through NGO partners that had experience and

capacity in community organizing through this cadre of paralegals. In reflecting on the value of this community organizing expertise, he noted, “You may know gender so well, but if the way you engage communities is not that strong, you will not be able to communicate your ideas.”

At the same time, a key lesson learned from the project in Indonesia relates to the importance of “being the change you want to see.” The project was implemented by a consortium that included the Jakarta-based research institution SCN CREST and two local NGOs based in Jayapura district (LBH APIK and LP3AP). As an SCN CREST staff member said during an interview for this study, “This project was like looking in the mirror.” Noting that this was the first time SCN CREST had worked with civil society organizations in Papua, the staff member highlighted the need for trust-building between the organizations themselves, acknowledging the existing cultural differences and the history of conflict between communities in Papua and the Indonesian state. In this sense, the practices of building trust between the NGO partners—through commitments to being accountable and transparent in decision-making and to being open in communication and focused on making practical change—mirrored the practices and processes used to build trust with the communities in which the project was located.

By contrast, the legacy of the Soviet Union era was still evident in **Moldova**; several respondents commented on the limited history and presence of civil society in the country, which they identified as being even lower in the Gagauzia region compared to other parts of the country. They related this to the post-Soviet context in which, as a UNDP staff member said, “Your opinion does not count, and you do what the party says you should do.” Particular challenges related to the low level of civil society organization identified in the project site,

Chirsova village. Respondents noted that many residents of Chirsova village work in neighbouring Comrat city and, thus, are typically less invested in local development issues. As a result, the Planning and Paying project in Moldova faced challenges in trying to foster a sense of community input into and ownership of the LAP.

Lesson 2: Strengthen the links between civil society and government

The purpose of participatory planning is to bring together statutory authorities and community stakeholders to collectively analyse and prioritize the most effective approaches to GBV prevention and responses given GBV survivors’ needs and rights. The planning process’ effectiveness thus depends on the quality of the collaboration between authorities and community stakeholders. In all three pilot countries, national legislation had mandated institutional mechanisms to support participatory planning and multisectoral collaboration. For different reasons, these mechanisms were inactive or ineffective in the pilot settings, but the global project could build upon them.

In **Peru**, the national government has mandated since 2015 that multisectoral coordination mechanisms (District Instancias) be set up at every level of government to develop, implement and evaluate interventions to address GBV within their jurisdictions. But without a specific budget allocation, many districts have been unable to do so, including the project site, Villa El Salvador. The UNDP Planning and Paying project thus prioritized financial and technical support to establish the District Instancia in Villa El Salvador, which became operational in May 2019 and continues operating to this day. Prior to the project, historical conflicts between the local government institutions and

women's grass-roots social organizations left stakeholders fragmented and with limited channels of communication. Trust-building became an important focus of the project's support to the District Instancia mechanism to fulfil its potential as the main vehicle for participatory planning.

The project also prioritized strengthening the collective voice and leadership of women's rights organizations in the District Instancia to ensure that those most impacted by GBV (namely, women) were able to participate as equals with the institutional stakeholders in the participatory planning process. As already noted, a key strategy to achieve meaningful participation for grass-roots women leaders in the planning process was forming the JUSTA Women Leaders Network. The project convened a previously fragmented set of women's organizations and facilitated their coming together as a collective. Equally important, the project prioritized efforts to develop their collective leadership, as well as skills and structures for emotional support (see page 22).

There has been a long-standing conflict between the Indonesian government and insurgent groups in Papua fighting for independence. The Free Papua Movement has been leading an insurgency movement since the 1960s, calling for the independence of Papua and West Papua provinces. The conflict continues to harm communities in Papua: Reports indicate that up to 100,000 people had been displaced because of violence in West Papua between 2018 and 2021.⁵⁰ A March 2022 United Nations report highlighted serious concerns about the deteriorating human rights situation in Papua and West Papua, citing a range of human rights abuses against Indigenous Papuans, including child killings, disappearances, torture and the mass displacement of people.⁵¹ While Jayapura district,

the setting for the Planning and Paying project, has been relatively unaffected by much of this violence, the conflict and the associated worsening human rights situation have created a challenging context in which to develop collaborative planning processes involving both government stakeholders and community members.

However, consultative mechanisms and policy prescriptions create the potential to strengthen collaboration between community members and government stakeholders. Since 2004, the national government has instituted a participatory model of development planning and budgeting known as the Musrenbang (Musyawarah Perencanaan Pembangunan), which requires that consultative mechanisms be established at all levels of government (village, subdistrict and district) for community participation in local development planning and budgeting. The Village Law, the set of regulations and government policy on local administration at the village level, requires the village decision-making body (Bamuskam) to guarantee women's representation in its membership and stipulates that the implementation of village development activities be determined by considering gender justice and the national government's commitment to gender mainstreaming (through Presidential Instruction No. 9/2000 on gender mainstreaming).

The Planning and Paying project in **Indonesia** identified these regulations and mechanisms as entry points to institute a participatory approach to planning LAPs on GBV in the two pilot villages. However, the formative research at the beginning of the project made clear the scale of the challenge. The report of the situation assessment noted, "The lack of transparency in the village development

50 ACAPS, "Indonesia Papua conflict." Available at <https://www.acaps.org/country/indonesia/crisis/papua-conflict> (accessed on 13 September 2022).

51 United Nations Office of the High Commissioner for Human Rights, "Indonesia: UN experts sound alarm on serious Papua abuses, call for urgent aid," 1 March 2022. Available at <https://www.ohchr.org/en/press-releases/2022/03/indonesia-un-experts-sound-alarm-serious-papua-abuses-call-urgent-aid>

planning system, and the persistence of camouflage democracy, which seemed to promote gender justice and equality, but in fact, the programmes planned from year to year were still biased by the village elite and of course male bias.” In response, the project focused on organizing women and strengthening their capacity to assert their right to participate fully in the village development planning system. The formation of village think tanks, comprising mainly women, was intended to organize and strengthen the collective voice of women in the community in their dealings with local authorities at the village and subdistrict levels to ensure that GBV-related issues were addressed as a priority concern for village development.



“There is a crisis of trust between the women in the community and the village government.”

– NGO staff member, Indonesia

In **Moldova**, participants identified the historical legacy of top-down governance, whereby government has often failed to make space for citizens to share their experiences and inputs, as a significant challenge for the Planning and Paying approach. Respondents in this study noted that

individuals with formally recognized expertise and/or official credentials (e.g., an academic degree) are typically valued as being able to represent development issues or engage with government in contrast to “ordinary” citizens, especially women. Indeed, the composition of the multidisciplinary team established by the project in Chirsova reflected this perspective, with criteria for membership including certain credentials or work in certain disciplines (e.g., psychologists, social workers, teachers, service providers, mayors or police). While the multidisciplinary team structure helped leverage connections between civil society and local government in planning and decision-making processes, these membership requirements inevitably excluded those without officially recognized expertise and credentials. The project made ongoing efforts to broaden government stakeholders’ understanding of “expertise” to include community expertise, including the contextually grounded perspectives of community members, and especially women from the local community.

Reflecting on these experiences across the three pilots, a UNDP global staff member stressed the importance of a strong civil society and trust in government to achieving success with local planning projects, as well as how this should be considered when choosing locations to implement such projects: “Having a strong civil society to work with and a civic culture is one of those elements [that] makes it easier to move this work forward, as does some level of trust in the government, at least some of which seems to be absent in Papua. Something to consider in terms of whether or not we choose a place to work in.”



6

Principles

Lesson 3: Prioritize activities to do no harm

That GBV prevention and response work must do no harm is a foundational and non-negotiable principle for designing and implementing such work. In this respect, it is important to note that participatory approaches to planning GBV prevention and response strategies, and efforts to mobilize multisectoral action in support of these strategies, can bring a range of new actors into GBV work who may not have previous experience working on GBV issues. This raises issues of both safeguarding and emotional support. Bringing new actors into GBV work runs the risk of unethical or harmful practices arising from this lack of prior experience. At the same time, people who are new to GBV work may be unprepared for the emotional challenges they may face in working on GBV issues for the first time. In all three project sites, steps were taken to assess the potential for such harms and to prioritize efforts to do no harm.

Safeguarding issues emerged over the course of the project in **Indonesia**. Having raised awareness of GBV issues in the two pilot villages, third parties were reporting cases of alleged or suspected GBV to the police without consulting the survivor first. In a further instance of problems with safeguarding, a 15-year-old girl who had reported experiencing sexual violence was subsequently moved to a designated “shelter” in the village, where she was then raped. The project’s NGO partners in Jayapura have followed up on this case intensively, and in close consultation with UNDP’s GBV specialist, are seeking to ensure the safety of the girl survivor, address her emotional support needs and put arrangements in place to make sure she can complete her education.

More generally, a victim-blaming culture remains strong at the community level. In response to the incident with the 15-year-old survivor, for example,

some community members felt she had contributed to her rape, pointing to the way she often dressed in “light” clothes. In response, as it has evolved, the project has developed a stronger focus on ensuring that village think tank members are trained in the principles of the survivor-centred approach and created a *Psychological First Aid Pocket Guide* for communities in support of this approach. More recently, in consultation with local stakeholders, UNDP created a manual on *Standard Operating Procedures for Community Based Referral Mechanism (GBV Case Management at the Village Level)* to improve the coordination of services and referral pathways for survivors.

In **Peru**, the JUSTA project prioritized tools and processes to provide emotional support for all those involved in the project. It developed the Emotional Accompaniment Programme for members of the JUSTA Women Leaders Network, which led to the subsequent formation of a mutual aid and support structure run by and for the women leaders. This programme strengthened their skills related to self-care and providing emotional support to other women; comprising 12 sessions of peer learning and self-reflection activities, the programme was divided into training and creative writing modules with a therapeutic approach. The women who went through the training process in emotional accompaniment and creative writing produced both poetry and narratives, which were presented at the most important book fair in Peru.

In **Moldova**, the Safe Space established in Chirsova combined a shelter model with prevention activities, including economic empowerment activities and providing CETA (see box on page 48 for more details). The Safe Space aimed to ensure women’s safety and confidentiality by having the shelter on a separate floor with its own entrance and dedicated security cameras. However, combining the traditional shelter and prevention activities in

the same physical location challenges the ability to ensure the confidentiality, privacy and safety of the shelter's clients – key components of any do no harm approach.⁵² Some staff shared concerns that journalists do not always respect the secrecy of the Safe Space location, which could cause harm to attendees and staff and which demonstrates the need to build journalists' gender-sensitivity. Maintaining the privacy of the Safe Space location was especially challenging given the relatively small size and population of Chirsova village.

All multidisciplinary team members in Chirsova were offered trainings to apply the principles of doing no harm, including guidelines on a survivor-centred approach and psychosocial support for survivors. Additionally, the CETA training for Safe Space staff and counsellors based in Comrat incorporated attention to vicarious trauma and one's own mental health and well-being. Johns Hopkins University staff encouraged Safe Space staff to add a question on IPV to the initial client intake form to start CETA in order to assess who had recently experienced IPV. Safe Space staff were also trained on how to offer safety planning to someone who had recently experienced IPV, even if the client did not want to participate in any other CETA activities. Yet the endline evaluation said Safe Space staff would benefit from more coaching and supervision support to prevent vicarious trauma and burnout.

Lesson 4: Ensure the diversity of women and girls is represented

As already noted, one's vulnerability to and experiences of different forms of GBV are determined by gender inequalities, which themselves are shaped by other inequalities, linked to class position, racial/ethnic discrimination, sexual orientation and gender

expression, citizenship status, (dis)ability and age. Women and girls are not a homogenous group with a singular experience of, or vulnerability to, the many forms of GBV. It was important for the pilot projects to bring an intersectional understanding of this diversity among women and girls to their design of the participatory planning process and for the projects to ensure this diversity was reflected in the composition of planning groups. Such an intersectional approach is essential to realize the SDG commitment to leave no one behind. To be meaningful, participatory approaches to planning and implementing GBV programming must have specific processes to ensure that discussions and decision-making are inclusive and democratic.

"If there have been different positions, in the end, I think that many times [District Instancia members] have agreed and approved many of their actions by consensus, and I think it has not been imposed . . . Definitely, like any organization, there are differences in order to improve, but for the most part, I think they have been agreed upon."

– Mixed-gender focus group discussion participant, Peru

In **Peru**, the project worked with the municipality of Villa El Salvador to establish in May 2019 the District Instancia, a multisectoral coordination mechanism mandated by Law 30364 to locally develop, implement and evaluate interventions to address GBV as part of a wider national effort. To ensure the participatory planning process was inclusive of diverse women's experiences and community perspectives, the project focused on issues of both

⁵² Inter-Agency Standing Committee, *Thematic Area Guide for: Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Actions*. Available at <https://gbvguidelines.org/wp/wp-content/uploads/2015/09/TAG-shelter-08-26-2015.pdf>

representation and democratic decision-making. In terms of representation, the law mandates the District Instancia include representation from the health, social protection, education, justice and law enforcement sectors, as well as representation from women leaders, civil society groups and NGOs.

The project also helped establish the JUSTA Women Leaders Network, involving some 30 leaders of grassroots women's organizations, who had previously not worked together. Based on initial community consultations with Villa El Salvador's large and diverse set of community groups, the UNDP team mapped the leaders and working relationships of local women's organizations working on a range of issues (including GBV and also climate justice, economic rights and community development) and convened 30 women leaders to form the JUSTA network, representing most women's organizations in the Villa El Salvador municipality. The project negotiated with the municipal administration to increase the representation of these working-class women leaders in the District Instancia, from the stipulated four positions for community representatives to a total of eight positions on the 30-strong District Instancia (representing over 25 percent of the votes). Reflecting on the diversity and inclusiveness of the participatory planning process, respondents in this study noted that more needs to be done to include younger women leaders and activists from the community and to ensure greater representation of people living with disabilities.

With respect to democratic decision-making, the JUSTA project supported the District Instancia in ensuring horizontal, democratic decision-making through an iterative dialogue process with stakeholders, reaching a collective agreement via a voting system with one vote per organization. The District Instancia members discussed disagreements during meetings and resolved them via voting after every concerned party had a chance to speak. These

processes ensured that all voices were heard and opinions considered. Despite some stakeholders being more committed than others, the decisions made ultimately responded to the collective needs identified by the District Instancia. District Instancia members interviewed for this study, particularly women leaders, noted a balanced contribution to discussion topics, in which they were encouraged to express agreement or disagreement, enabling them to further the discussion and reach a unanimous consensus collectively.



"We emphasized the need for lots of smiles. If women felt shy, we held separate meetings with them to encourage them to speak in the meetings. If there was a conflict, we asked everyone to share their opinion, and then we reflected on our experiences and agreed on what would work best."

– Female member of village think tank, Indonesia

In **Indonesia**, the project established a new structure, the village think tank, in each of the two pilot villages. Each think tank comprised community paralegals already working with the local NGOs, village health cadre members, representatives from the state-organized Family Welfare Association (which is headed by the wife of the village chief) and other influential community members and representatives of village authorities (including the village treasurer and village chief). The project made a particular effort to recruit think tank members from different age groups and to include at least one young person in each think tank, who could share their experiences and perspective. Through both formal training and informal coaching, project staff

supported the think tanks in developing processes of democratic, consensus-based decision-making.

In **Moldova**, the project mobilized the local community to take part in the situational analysis exercise, which served as the basis to plan the local GBV response. The multidisciplinary team designed the LAP, but further input was obtained from community members and additional government actors through participatory community discussions and public hearings; this resulted in developing and approving the final action plan. This LAP reflected the needs identified in the situational analysis, including the need to reduce alcohol abuse, address poor mental health, have a safe space for survivors of GBV and raise community awareness of GBV to shift harmful social norms.

The resulting LAP prioritized adapting CETA to offer survivor support and provide mental health services (see page 48 for more details). Here, too, there were opportunities to develop a more inclusive approach to providing mental health support services; one of the benefits of CETA is that lay counsellors can be trained to provide mental health support. However, there was reluctance to have non-psychologists trained in CETA and providing mental health services, as this could violate government regulations on the appropriate qualifications for mental health providers.

Steps were taken, however, to support a more inclusive approach to developing the LAP, which was presented to, and had feedback obtained from, survivors of violence and other marginalized groups, including people living with disabilities. Yet these groups were excluded from becoming multidisciplinary team members unless they met certain pre-established criteria (as previously noted). Additionally, study respondents identified another challenge in terms of ensuring inclusion in project activities and “leaving no one behind”: The

Safe Space staff lacked the capacity to work with child survivors of violence, and it did not have a dedicated staff member to work professionally with any children accessing the Safe Space. Although the Safe Space importantly applied universal design techniques to help ensure accessibility, the endline evaluation suggests the Safe Space staff would benefit from a dedicated training to equip the Safe Space to be more inclusive of people living with disabilities.

Lesson 5: Build trust within the planning process

Many respondents identified the importance of trust-building, both among those participating in the planning process as well as between the planning mechanisms and external stakeholders, as a key lesson learned from the project. In **Indonesia**, the village think tanks were new structures created by the Planning and Paying project, so partner NGOs placed special emphasis on supporting think tank members to build trust with each other in order to work together. Trust was built through the process of meetings themselves, which were facilitated to ensure everyone’s participation, as well as through providing support via one-on-one meetings and phone calls with specific think tank members who were having emotional and/or logistical difficulties participating fully in the think tank process. A staff member from NGO partner LBH APIK said they helped build trust within the think tank by encouraging everyone to speak their minds and by “praying together, which made it easier for people to forgive each other.”

The greater problem, as previously discussed, is the high level of distrust that persists between the women in the community and the male-dominated village authorities and local government institutions in the pilot villages. The project’s capacity-building

with women think tank members helped build their confidence and skills to participate in and contribute to the deliberations of the Musrenbang, the local development planning consultative mechanism (see page 14 for more details on the capacity-building). But findings from the endline study make clear how much more work is needed with village authorities to ensure their decision-making on village development plans includes women's voices and experiences and responds to GBV as both an abuse of women's human rights and a threat to the development of the entire community. In **Moldova**, the project prioritized efforts to ensure that all members of the multidisciplinary team, irrespective of professional status and/or training, could participate equally in the planning process and its decision-making, paying particular attention to local insights and expertise.

“As a representative of the Ministry of Women and Vulnerable Populations in [Villa El Salvador], we [aim to] strengthen the inter-institutional coordination with the allied institutions. And JUSTA also seeks the same thing, to strengthen work with institutions, with social organizations, in order to reduce GBV in the district.”

– Women's emergency centre service provider, Peru

In **Peru**, the project recognized that a legacy of distrust between local government and women's grass-roots social organizations would need to be addressed for the participatory approach to be effective. The project initially addressed this issue by identifying key stakeholders and building their

trust and empathy with each other and with GBV survivors through regular discussions held during meetings and workshops covering a range of GBV issues. In turn, this trust helped deepen mutual understanding and channel collective energies towards achieving common goals.

The project also fostered trust among the stakeholders in the planning process by strengthening the collective voice and influence of grass-roots women leaders through the project's support to the JUSTA Women Leaders Network. Through their collective voice and strength, women activists from the community could engage as equals with government and other stakeholders. Using technical working groups within the District Instancia to oversee the implementation of the Instancia action plan and district protocol to address violence against women and family members also created a structure for collaborative decision-making, which deepened trust among Instancia stakeholders.

Respondents interviewed for this study emphasized that the multisectoral collaboration fostered by the District Instancia helped ensure that stakeholders' priorities and objectives were more aligned over time (both between the JUSTA Women Leaders Network and other District Instancia stakeholders, as well as across sectors). This narrowed the gap that historically has existed between women leaders and local authorities on gender equality and GBV issues. The emphasis on fostering empathy for survivors of GBV within the District Instancia also helped build trust in the participatory process. As one activist from the JUSTA Women Leaders Network said: “It generated a lot of empathy to be able to gradually go and talk. And from that empathy, we generate commitment. That's why I'm here, for the engagement.”

Lesson 6: Develop leadership skills to address power dynamics

Unsurprisingly, participatory planning processes—bringing together community members with representatives of statutory authorities—are shaped by many internal power dynamics. All three pilots were confronted with the challenge of dealing with patriarchal power dynamics in the planning process itself, especially in terms of women from the community being involved in planning processes with formal authorities that were, in many cases, represented by men. A key feature of all three pilot projects was the emphasis given to strengthening women’s leadership skills and confidence to support their full, equal and meaningful participation in and leadership of the participatory planning processes.

In **Moldova**, many members of the multidisciplinary team, as well as citizens the team consulted, were unfamiliar with participating in planning processes. It took time and encouragement from project staff, including through emphasizing the value of their contributions given their local insights, to ensure that all multidisciplinary team members participated equally. As one UNDP staff member noted: “It was something new for a lot of people from Chirsova. The people started to understand they are part of decision-making processes at the local level. That was new and interesting for them and guaranteed the success of our project.” To support this inclusive participation in decision-making, the project provided multidisciplinary team members with a series of trainings on problem analysis, strategic planning and the specific aspects of GBV prevention and response. As team members started to understand their contributions’ value to the planning and implementation efforts, and began to feel more equipped with the necessary skills, they became more excited and invested in the process.

Leadership and advocacy skills were also an important focus of NGO partners’ capacity-building work with village think tank members in **Indonesia**. An important focus for the project was to build the capacity and confidence of think tank members not only to develop an LAP to address GBV but also to present this plan to the village Musrenbang and advocate for its inclusion in the village development plan. The project provided think tank members with a set of capacity-building workshops on gender-based development planning proposals; participatory rural appraisal for development planning; “I Am the Change Maker” activist training; intergenerational GBV prevention (“Breaking the Chain of Violence and Protecting Generations”); village paralegal skill-building; and refreshing 10 Family Welfare Association programmes and organizational strengthening. Focus group discussions with think tank members for this study confirmed that this series of capacity-building workshops played an important role in equipping the think tank members with the skills and confidence to advocate for their GBV LAPs with village authorities.

An important aspect of this advocacy was finding the most strategic way to frame the project, such that village think tanks would be able to communicate effectively with village authorities. The formative research conducted by the project made clear the extent to which women’s subordination was normalized and GBV tolerated, being seen as a family matter and not a concern for public policy. In dialogue with the village think tanks, the project’s NGO partners agreed that, given this patriarchal context, it was strategic to frame the project as being focused on strengthening cooperation between women and men and on promoting family harmony for the sake of the next generation. Within this overall frame, the issues of GBV and women’s rights were implicit—but were not made explicit to minimize the risks of patriarchal resistance and backlash. As a UNDP staff member emphasized:

I think the project was very smart to promote the project as a bridge for cooperation between men and women for the benefit of the family and society. This framing was not offensive to anyone, and it opened up opportunities for the work of the project. Men as heads of the family were comfortable for their wives to take part in the project; some men even came and joined the meetings. This was because of the way it was presented.

“All the training that we [women leaders] have had . . . has strengthened us not only in our leadership roles, but . . . to have greater capacity for proposal, debate and demand as a citizen’s right to have not only standards complied with, but also advocate for political will from the local authorities to work . . . in collaboration with . . . [the] women of the organizations, because our work is totally voluntary and committed.”

– JUSTA Women Leaders Network member, Peru

In **Peru**, the project used an extensive series of capacity-building workshops to strengthen the leadership and advocacy skills of women activists in the JUSTA Women Leaders Network. In the District Instancia, many sectors were represented by men. Thus, an important focus of the project was to address any patriarchal dynamics that might emerge in the planning process itself by strengthening women leaders’ capacity in leadership, conflict resolution, knowledge of care pathways and advocacy in decision-making spaces in order to promote their active and effective participation. These trainings conveyed information, tools and methodologies that clearly empowered the women activists in their leadership and advocacy

roles, strengthened their voluntary commitment, facilitated their integration into decision-making processes and sustained their collaboration with local authorities. Interviews with respondents from the JUSTA Women Leaders Network make clear that this capacity-building helped them feel more able to enforce public accountability and request direct action from the District Instancia, knowing that they would be listened to respectfully because of their collective voice.

Lesson 7: Address the politics of the Planning and Paying approach

The Planning and Paying model is an innovative approach to participatory planning for, and co-financing of, LAPs to address GBV. The model’s original design emphasized the importance of breaking down the siloes that limit not only multisectoral action on the complex determinants of GBV but also shared financing across otherwise discrete sectoral budgets in support of a collectively agreed-upon LAP. In its original conception, the Planning and Paying model emphasized the importance of participatory consultation, stakeholder collaboration and sectoral coordination. But in resource-constrained contexts like the settings for all three pilots, where local authorities face competing demands with limited budgets, the Planning and Paying process is inherently and intensely political, given that choices have to be made among competing priorities, and thus, among different interest groups. Ensuring that the interests and rights of women, and especially the most marginalized women, are front and centre in these negotiations over the priorities of the LAPs and their associated budgets is a political challenge. As each of the pilot projects learned in different ways, addressing this challenge means recognizing that the Planning and Paying approach is not merely a process of

consultation, collaboration and coordination; it is also one of contestation.

There can be many reasons for contestation. The localization of national-level policy to improve its contextual relevance and effective implementation is at the heart of the Planning and Paying approach. However, localization must negotiate potential tensions between the central government and local authorities. Such tensions may arise from local resistance to progressive central government policy, which appears to have been the case in **Indonesia**. On the other hand, progressive actors in both the JUSTA Women Leaders Network and the District Instancia in Villa El Salvador municipality in **Peru** were confronted with an increasingly vocal conservative backlash against gender equality policy by political and religious forces at the national level. Tensions can also arise in the effort to bring different sectors together, especially since one of the aims of the Planning and Paying approach is to challenge the siloing of sectoral budgets.

There are also inherent tensions within the participatory Planning and Paying model itself, which seeks to infuse bureaucratic mechanisms for local government planning with democratic procedures for decision-making by affected communities. These tensions are shaped not only by gender, with female activists interacting with male officials, but also often by class, inflected with hierarchies of race and ethnicity in different contexts. The Planning and Paying approach necessarily involves processes of contestation because its emphasis on democratizing local planning to address GBV confronts the operations of power within bureaucratic structures and local authorities.

A key lesson emerging from the pilot projects relates to the different ways in which they sought

to navigate these operations of power. Gaventa's conceptualization of and distinctions among visible, hidden and invisible power are useful here as a framework to articulate the political challenges facing intersectional approaches to women's participation in GBV prevention and response.⁵³ Gaventa defines visible power as the formal rules, structures, authorities, institutions and procedures of decision-making and hidden power as the mechanisms through which powerful people and institutions maintain their influence by controlling who gets to the decision-making table and what gets put on the agenda.

But the deeper challenge is confronting invisible power, by which Gaventa means the processes of socialization, culture and ideology that shape the psychological and ideological boundaries of participation:

Significant problems and issues are not only kept from the decision-making table, but also from the minds and consciousness of the different players involved, even those directly affected by the problem. By influencing how individuals think about their place in the world, this level of power shapes people's beliefs, sense of self and acceptance of the status quo – even their own superiority or inferiority.⁵⁴

Needless to say, invisible power is deeply gendered. One of the most significant challenges facing the pilot projects has been recognizing and challenging the internalized and normalized nature of gender-based subordination, which constrains women's involvement in participatory planning processes and especially the involvement of women from communities facing multiple forms of subordination. As Gaventa suggests, "[c]hange strategies in this area

53 John Gaventa, "Finding the spaces for change: a power analysis," *IDS Bulletin*, vol. 37, No. 6 (November 2006), p. 23–33.

54 *Ibid.*, p. 29.

target social and political culture as well as individual consciousness to transform the way people perceive themselves and those around them, and how they envisage future possibilities and alternatives.”⁵⁵

As already noted, lessons relating to the strength of local civil society (lesson 1) and the potential to strengthen links between civil society and government (lesson 2) reveal the importance of these enabling or hindering factors for any project seeking to confront the gendered operations of hidden and invisible power. This is most clear for the JUSTA project in **Peru**, where the decision to base the project in a municipality with a long history of women’s rights organizing was crucial. Not only did the project focus on the District Instancia participatory planning mechanism, but it also convened the JUSTA Women Leaders Network as an organized force within and outside the District Instancia to push for progressive action against gender-based subordination, in part through an emphasis on inclusive representation (lesson 4) and leadership development (lesson 6).

The project in **Indonesia** demonstrates the difficulty of implementing the Planning and Paying approach without both a history of feminist activism and the organized capacity for women’s rights advocacy. The village think tank model convened women from the pilot villages to help determine LAPs on GBV and demand their rights, as citizens of the village, to contribute to consultations on village development, highlighting how GBV damages not only women’s lives but also the well-being and prosperity of the whole community. Respondents to this study, including think tank members and staff from the partner NGOs, confirmed that the think tank approach was effective in building women’s self-confidence and awareness of their rights to participate as equals with men in consultations

on village development. The mutual support that think tank members were able to show each other was crucial in fostering this greater self-confidence. As one NGO staff member emphasized, “Through informal meetings with think tank members, we encouraged them that if they were feeling any negativity within the group, they should speak openly about this with the group and not go behind people’s back.”

However, these villages had little history of women’s rights activism on which the think tanks could draw. Furthermore, the women paralegals and health cadre members on the village think tanks operated as extension staff, working in relative isolation from colleagues elsewhere. Thus, they lacked an organizational infrastructure that could support them in contesting the patriarchal operations of power at the village level. The think tank members from the government-sponsored Family Welfare Association had more available support infrastructure, but the association’s leadership is directly linked to the village power structure—the wife of the village chief is mandated to be the association’s head.

Given this, it is unsurprising that the village think tanks struggled in their efforts to get their LAPs adopted and funded by village authorities. Clearly, the onset of COVID-19 had a significant impact, with already limited resources being redirected to pandemic-related support measures. But respondents interviewed for this study noted that the project also encountered problems with visible, hidden and invisible patriarchal power at the village level, and the recently completed endline study affirms that these problems persist. In addition to its work with the think tanks, the project also worked closely with government agencies at the district and subdistrict levels, notably the Village

⁵⁵ Ibid., p. 29.

and Community Empowerment Office and the Women's Empowerment and Child Protection Office, to leverage their influence over village development planning and the implementation of Papua's provincial policy on the Protection of Victims of Domestic Violence (Regulation No. 8, 2013) and Violence-Free Areas (Regulation No. 35, 2019), as well as national policy promoting "women-friendly" villages. This work made some progress: The head of Bunyom village instituted a village regulation on protecting women and children from violence, which can serve as an example for other villages in the subdistrict.

However longstanding tensions between Indigenous tribal authorities and government institutions, as already noted, create a challenging political context in which to continue this work. In closing out the first phase of the project and reflecting on the results from the endline study, which revealed village authorities' continuing patriarchal resistance to the LAP's intentions and provisions, UNDP staff are clear: In its next phase, the project needs more specific work with traditional and religious leaders to secure their support for the participatory Planning and Paying approach. Only with such work can the hidden and invisible, not to mention highly visible, operations of patriarchal power be contested.

Even in **Peru**, where the capacity for contestation was greatest, the JUSTA project identified the local Catholic Church as a strategic partner in supporting the District Instancia's activities as well as GBV survivors. As one participant in the mixed-gender focus group discussion noted:

A peculiarity of [Villa El Salvador's] Instancia is that it managed to attract the interest of institutions that do not necessarily have the obligation to participate in the Instancia according to

the law. I am referring specifically to the last meeting, where the representative of the Diocese of Turin asked that parish defenders be able to participate directly in the protocol. And this was very significant because the Catholic Church in southern Lima has about 66 parishes in 10 districts, right? And it seems to me something like 16 or 18 parish defenders [for each parish]. Volunteer teams are organized within parishes to defend the rights of children and adolescents initially, and I believe that the Instancia has drawn attention so that they can also carry out some referral guidance work for GBV cases.

In **Moldova**, the project took a different approach to the politics of Planning and Paying by prioritizing efforts to institutionalize the multidisciplinary team and LAP and to accredit the Safe Space (the primary outcome of the LAP) as a public institution by adhering to national standards. It took significant work to meet all requirements and caused delays to project implementation; several months passed before the Safe Space was accredited and could open. But such formalization processes were critical for sustainability, including to be eligible to access the limited state budget, which was essential in a national context of high poverty and low growth.

The project also followed all government regulations for the multidisciplinary team, including to meet on a quarterly basis and appoint a social worker as coordinator of the team. Yet one staff member commented on the limited ability of a social worker (albeit as the coordinator) to influence other members with more power, such as mayoralty representatives or police. The multidisciplinary team members made planning and implementation decisions in partnership with other key stakeholders, including regional government. One UNDP staff member proudly related such coordination and

institutionalization efforts: “I am proud of [the] institutionalization of this mechanism of inter-agency coordination. UNDP managed to do it by facilitating and organizing local efforts, community efforts, and to connect the communities with regional authorities, to push this mechanism of interaction through the multidisciplinary team, regional teams, different departments who coordinate activities in the village and specialists.”

There was also active coordination between the multidisciplinary team and the Safe Space staff and activities, aided by the fact that some multidisciplinary team members also worked at the Safe Space. One of the topics covered at the multidisciplinary team meetings was supporting survivors of GBV and cases, which was addressed with the support of Safe Space personnel giving updates. A global UNDP staff member commented on the importance of working with both formal and informal authorities as “knowing the context and having a deep understanding of the situation and challenges at hand. The project in Moldova used the rules of multidisciplinary teams and focused on this. Leveraging what already exists seems to be key. And figuring out a way that amplifies or elevates the whole bigger than [the] sum of its parts. If you have all these women leaders in Peru, why not bring them together and develop a forum for a common agenda, which is what they did.”

Lesson 8: Analyse and address the socio-economic drivers of GBV

Each pilot project used formative research to gather and analyse data on the socio-economic determinants and structural drivers of GBV. Such research is critical to developing LAPs that can harness the work of a range of sectors towards the

goal of improved GBV prevention and response—and, in this way, link their existing work on achieving the SDGs with progress on ending GBV.

In **Peru**, prior to the JUSTA project, local GBV-related data was lacking and limited what local stakeholders could achieve in terms of results. The “Cost of No Prevention” study⁵⁶ (funded by UNDP and the first multilevel GBV study nationally) provided the Villa El Salvador district’s baseline GBV data, which was used in the participatory process of designing the LAP. Importantly, the study made a strong case for investing in GBV prevention, demonstrating that prevention is much less expensive than dealing with the personal, social and economic costs of violence after it has happened. Another important data source was key informants from women’s organizations (the JUSTA Women Leaders Network), who shared with the District Instancia their real-life experience in working with GBV survivors. Collecting survivors’ experiences with service providers (including bottlenecks in service provision) and sharing them with the District Instancia was a significant achievement of the JUSTA Women Leaders Network, one that brought its members together and informed the plan and protocol development.

Based on this formative research, the District Instancia used a participatory process of problem analysis and strategic planning (see page 57 for details) to identify a range of socio-economic drivers of GBV that the LAP needed to address. These drivers included historically entrenched patriarchal social norms, made worse by the conservative backlash against policy progress on gender equality; limited job opportunities for women, making them economically dependent on their male partners and perpetuating an unequal distribution of power; a lack of policy emphasis and budget allocation

⁵⁶ UNDP, *El Costo de la No Prevención*.

for GBV prevention, resulting in fragmented and underfunded services; and limited community engagement in decision-making, impeding effective public accountability in addressing GBV locally. To address these identified socio-economic determinants and policy gaps, the JUSTA project developed a conceptual framework that recognized the need for action across a range of SDG-related targets: on gender equality (SDG 5), poverty reduction (SDG 1), employment opportunities and rights (SDG 8) and accountable governance (SDG 16).

“Collecting this information that . . . had not been collected before, not by the municipality, nor by the women’s police station, or even by the Ministry of Women, that [is what] the JUSTA project was able to do.”

*– JUSTA Women Leaders
Network member, Peru*

The District Instancia’s action plan for 2021–2022⁵⁷ presents a set of strategies, activities and indicators to improve GBV prevention and response. Each of its four objectives (prevention, care and protection, promotion of women’s employment and public accountability via monitoring and evaluation) is supported by several technical working groups to achieve multilevel impact: for women, families and the wider community. Across these four objectives, the LAP identifies 40 multisectoral and collaborative activities, with assigned responsibilities for implementation according to sectoral mandates and expertise (table 1 on the following page). As a respondent from a women’s emergency centre service noted: “Most of the activities undertaken by the Instancia [within the plan] are [jointly implemented. . .] by several institutions.” According to a member of the Villa El Salvador Women’s Office and District Instancia Secretariat, the LAP is considered “a management tool that . . . helps us organize and align all these objectives, which is what all the accredited representatives of each institution have [to do]. It . . . does symbolise a very clear advance for the Instancia as an institutional platform.”

57 Villa El Salvador District Instancia, *Plan de Acción de la Instancia Distrital de Concertación de Villa El Salvador (2021-2022)*.

Table 1: District Instancia action plan for 2021–2022

Objective	Activities	District Instancia technical working groups
Prevention	<ul style="list-style-type: none"> • Undertake prevention activities to engage with adolescents, men and the whole community • Conduct prevention through mental health • Commemorate events that hold significance and recognize the local identity 	17 primary prevention activities <ul style="list-style-type: none"> • Supported by five working groups with members representing 12 organizations/groups
Care and protection	<ul style="list-style-type: none"> • Strengthen response, support and care services for survivors and their families 	Four GBV response activities <ul style="list-style-type: none"> • Supported by two working groups, with members representing eight organizations/groups
Promotion of employment for women	<ul style="list-style-type: none"> • Develop training and job placement programmes for women • Increase access to temporary employment 	Two economic activities <ul style="list-style-type: none"> • Supported by one working group, with members representing one organization/group
Monitoring and evaluation	<ul style="list-style-type: none"> • Monitor the progress and impact of the protocol and District Instancia action plan • Create a community platform to communicate outcomes and achievements 	17 evaluation activities <ul style="list-style-type: none"> • Supported by four working groups, with members representing 10 organizations/groups

In **Moldova**, the situational analysis identified women’s poor socio-economic status as one of the key drivers of violence in the region and why many women stay in abusive relationships. The LAP identified the need for economic empowerment activities for women, especially survivors of violence. The Safe Space in Moldova offered vocational classes in computer literacy, targeting survivors of domestic violence to support their further employment. The director of the Safe Space emphasized how such trainings helped fill a critical gap: “Women willing to get vocational training need to travel to Cahul, Chişinău or other places, but there is a language barrier since most of [the] classes there are taught in Romanian language and not in Russian or Gagauz. Our vocational classes were close to women’s home, in the language they speak.” Safe Space staff, both at the Safe Space itself and through the mobile teams, informed women about existing economic

opportunities, helped them prepare their CVs and submit them to potential employers, and helped them access available vocational trainings. The project also offered small grants through a competition, training and supporting nine women and one man to develop and elaborate local business plans and initiate small businesses.

Economic empowerment for women was the centrepiece of the LAPs developed by the village think tanks in the two pilot villages in **Indonesia**. The formative research conducted in Nimbokrang subdistrict identified women’s social and economic subordination to men as a fundamental driver of men’s use of violence against them, which was sanctioned by entrenched patriarchal social norms. Women’s economic dependence on men, and the pressure they often face to preserve the family and bear the brunt of household and care-

related responsibilities, make reporting violence or leaving abusive relationships extremely difficult. In both Nembukrangsari and Bunyom villages, the respective think tanks proposed an LAP prioritizing food security initiatives and economic empowerment activities for women as the best way to both reduce the potential for conflict within families and support women's greater economic independence, and thus, reduce their subordination to men.

Both of these LAPs have yet to be properly funded by the village authorities, but the project's NGO partners continue to work with women in both village think tanks to develop their own initiatives for collectively improving food security. The value of this bottom-up approach is borne out by experience elsewhere. Where economic empowerment is understood in terms of an organizing strategy, by and for women, to demand their rights over access to and control of economic assets and resources, then such empowerment approaches can lead to reductions in women's experiences of violence and improvements in their access to justice.⁵⁸ At the same time, it is important to note that the research findings highlight the risk of male backlash to economic empowerment interventions targeting women only, which can result in increased violence against women.⁵⁹

This highlights the need for GBV prevention efforts to link economic empowerment work with women

to explicit work with men to address their patriarchal perceptions of women's economic and social empowerment. Participants in the mixed-gender focus group discussion conducted for this study in Indonesia emphasized the importance of involving men in discussions about the benefits of greater gender equality, not only for women and girls but also for men and boys. One male participant, the husband of a female think tank member, described the project's impact on his own attitudes: "Now, I understand that women are equal to men, even though in Papua culture, women are seen as inferior to men."

A 2019 report from the global What Works to Prevent Violence Against Women and Girls programme suggests that in "highly patriarchal settings where the power of young women is particularly constrained within multi-generational family households, interventions with whole families may be more appropriate."⁶⁰ Indeed, the What Works review of combined economic empowerment and gender-transformative interventions to prevent violence against women and girls suggests, "Where economic marginalization contributes to poor men's use of violence and control over women to achieve masculine identity and respect, strengthening their economic position may enable them to change other aspects of their behaviour."⁶¹ In effect, then, there is a need for programming to address issues of both gender and class as they intersect to fuel men's violence against women and girls.

58 Joyce Brown and Gloria Gallant, *Engendering Access to Justice: Grassroots Women's Approaches to Securing Land Rights* (New York: Huairou Commission and UNDP, 2014). Available at <https://www.undp.org/publications/engendering-access-justice-grassroots-womens-approaches-securing-land-rights>; Alan Greig, Thea Shahrokh and Sushmita Preetha, *We Do It Ourselves: Nijera Kori and the Struggle for Economic and Gender Justice in Bangladesh* (Brighton, UK: Institute of Development Studies, 2015). Available at https://opendocs.ids.ac.uk/opendocs/bitstream/handle/20.500.12413/7056/EMERGE_CaseStudy2.pdf

59 Jerker Edström and others, *Engendering Men: A Collaborative Review of Evidence on Men and Boys in Social Change and Gender Equality*, EMERGE Evidence Review (Promundo-US, Sonke Gender Justice and the Institute of Development Studies, 2015). Available at <https://opendocs.ids.ac.uk/opendocs/handle/20.500.12413/7059>

60 Andrew Gibbs and Kate Bishop, *Preventing Violence Against Women and Girls: Combined Economic Empowerment and Gender-Transformative Interventions: Evidence Review* (Pretoria, South Africa: What Works to Prevent Violence Against Women and Girls, 2019), p. 14. Available at <https://www.whatworks.co.za/documents/publications/354-eco-and-genderweb/file>

61 Ibid.

Lesson 9: Integrate and innovate with prevention and response

The evidence base on effective GBV programming indicates the importance of integrating GBV prevention programming with support services for survivors. A 2019 summary of lessons from community activism approaches to GBV concludes that there is “evidence that interventions are more effective when there is support provided for survivors of violence.”⁶² Improving the accessibility and quality of health care and justice services for survivors not only supports the individuals involved but also reinforces the normative prohibition against such violence. In this sense, the commitment to securing individual justice for survivors can be seen as reinforcing the social justice commitments underpinning GBV prevention work in its concern

with challenging the gender-based subordination that drives the violence.

All three pilots sought to better integrate GBV prevention and response, albeit in different ways and with different emphases. In **Moldova**, the Safe Space provided a range of services, including psychological, legal, social and vocational counselling and support, as well as psycho-social counselling for GBV survivors and those at risk of violence and their partners (including those suffering from alcohol abuse, trauma, post-traumatic stress disorder or depression) through the CETA methodology (see box). The project adapted CETA to Moldova for the first time as an innovative approach that could be offered at both the Safe Space and in partnership with psychologists based in Comrat.

Box 1: The use of the Common Elements Treatment Approach (CETA) in Moldova

Originally developed by the Johns Hopkins Bloomberg School of Public Health, CETA combines treatments for a range of mental health issues into a single, flexible model. The project team chose to adapt CETA for the first time in Moldova because CETA has been proven to treat some of the primary drivers of violence identified in Chirsova, including depression, trauma, anxiety and alcohol abuse. CETA also has been proven to reduce IPV. The team identified the Safe Space as a prime opportunity to offer CETA services.

The multidisciplinary team and UNDP Moldova appreciated that CETA had been implemented and evaluated in Ukraine, offering the opportunity to learn from implementation in a similar context and to have trainers from Ukraine deliver the training and six months of supervision in Russian. Ten individuals, including Safe Space staff and additional psychologists based in Comrat, completed an eight-day initial training in person, followed by ongoing coaching to apply the CETA methodology. The majority of trainees have become certified CETA providers, which requires completing a certain number of CETA cases and supervision meetings. All individuals were offered additional training in CETA acute stress response to be able to offer this to Ukrainian refugees being accommodated at the Safe Space or supported through the mobile clinic in response to the Ukraine war and crisis.

More than 20 individuals (men and women) have received CETA at the Safe Space, and more than 18 women have received CETA in Comrat. More than 15 Ukrainian refugees have received CETA acute stress multi- or single sessions. The primary problem area reported by individuals who have received CETA is trauma, followed by depression.

⁶² Rachel Jewkes, Erin Stern and Leane Ramsoomar, *Preventing Violence Against Women and Girls: Community Activism Approaches to Shift Harmful Gender Attitudes, Roles and Social Norms: Evidence Review* (Pretoria, South Africa: What Works to Prevent Violence Against Women and Girls), p. 14. Available at <https://www.whatworks.co.za/documents/publications/357-social-norms-briefweb-28092019/file>

“CETA brought added value to the local action plan and our intervention in Chirsova. And [it] raised the interest of participation of regional and local authorities. Because what they argue is that, ‘We can work to ensure that GBV victims are identified, but then what can we do? How can we help?’ This is something I saw, that they felt powerless because they could not help more than just giving some restriction orders. The Safe Space solution is an additional incentive for them to be part of the project in terms of prevention and not only response, and incorporating CETA was an additional strategy for the prevention side.”

*– UNDP staff member,
Moldova*

Compared to traditional shelter models in Moldova, the Safe Space is innovative because it combines GBV prevention and response, including through offering economic empowerment activities and providing CETA. The mobile outreach service was an additional innovation and adaptation to the COVID-19 pandemic (see more in lesson 14 on COVID-19 and adaptive GBV programming). One

staff member identified how the adaptation of CETA helped to generate interest from local leaders by uniquely providing an evidence-based solution to prevent and respond to GBV.

Yet there were significant challenges in engaging clients at the Safe Space, including for CETA counselling. Respondents interviewed for this study attributed this to the stigma still attached to seeking psychological support or reporting experiences of domestic violence. Another identified barrier to the uptake of Safe Space services was the challenge of getting to Chirsova for those who do not live in the village; there is limited public transport to the village, and many people in the area do not have their own transportation. CETA counselling was offered online to mitigate this challenge, but the majority of clients preferred in-person counselling, including to ensure confidentiality or because they were uncomfortable engaging online. Developing strategies to overcome these barriers to the uptake of Safe Space services and CETA counselling will be a significant focus for the next phase of the project.

Figure 12: CETA's core components



Credit: [Johns Hopkins University](#)

The “Cost of No Prevention” study, supported by UNDP in **Peru**, found that only one in every four women in the Villa El Salvador district of metropolitan Lima seek help from a formal GBV service provider, and most survivors turn to another woman before accessing essential services.⁶³ Thus, strengthening both informal as well as formal survivor support services and referral pathways became an important component of the LAP as part of its broader goal of ending GBV. Based on initial community consultations, the UNDP team helped convene the JUSTA Women Leaders Network not only as a collective voice for women in the participatory planning process but also to support them in building their capacity to be a community resource to support GBV survivors.

The District Instancia’s LAP (Action Plan 2021–2022) presents a set of strategies, activities and indicators to improve both GBV prevention and response. Accompanying this LAP was the development of a district protocol to address violence against women and family members,⁶⁴ which was launched during the 16 Days of Activism Against GBV in 2020. The first such protocol endorsed by a municipality in Peru, the district protocol contains multisectoral guidelines to improve awareness, access, quality and integration of previously fragmented services for GBV survivors in Villa El Salvador.⁶⁵ It attempts to address the unmet needs (such as safe accommodation or free legal advice) and barriers to access for women and their families identified by the “Cost of No Prevention” study and the JUSTA network on behalf of GBV survivors. The data collected and reported by women leaders about survivors’ experiences of GBV services, including barriers to accessibility, informed the district protocol’s recommendations to improve local GBV services. In the mixed-gender focus group

discussion convened for this study, one participant said the protocol’s development was “the greatest achievement of this Instancia . . . being able to create one protocol that integrates all institutions and organizations to fight against violence.” Significantly, the district protocol localizes the national protocol, which respondents noted was too generic for local implementation.

“We have also worked on the district protocol, which is based on the national protocol. But we have done it according to our reality, and it is a rather thick and quite important document, which has been practically an example for the national level, not [only] for other districts.”

– JUSTA Women Leaders Network member, Peru

As already noted, the focus of the LAPs developed by the two village think tanks in **Indonesia** was on food security and women’s economic empowerment for GBV prevention. As advocacy efforts to secure LAP funding from village authorities continued, it became clear that more work was needed to address the unmet needs of GBV survivors. The formative research at the beginning of the project made clear that the government’s integrated service centre model for women and child protection (Pusat Pelayanan Terpadu Pemberdayaan Perempuan dan Anak, or P2TP2A) remains underfunded and unable to meet community needs. Most cases of GBV, if they are reported, continue to be settled by tribal

63 UNDP, *El Costo de la No Prevención*.

64 Villa El Salvador District Instancia, *Protocolo Distrital Para Abordar la Violencia Contra Mujeres y los Integrantes del Grupo Familiar en Villa El Salvador*.

65 GBV services are coordinated through the women’s emergency centres (centros de emergencia para mujeres, or CEMs). An interviewed centre employee noted that the staff required better training and awareness regarding survivors’ experiences and bottlenecks. Services should be comprehensive (health, welfare, legal support and law enforcement) and integrated.

authorities, with an emphasis on preserving the family rather than meeting the needs of survivors. Respondents said GBV cases were common, but mostly seen as a private family concern.

In response, the project's NGO partners provided training on the survivor-centred approach to the women in the village think tanks who volunteered to be a first point of contact for GBV survivors, as well as created a *Psychological First Aid Pocket Guide* for communities in support of this approach. More recently, in consultation with local stakeholders, UNDP created a manual on *Standard Operating Procedures for Community Based Referral Mechanism (GBV Case Management at the Village Level)* to improve the coordination of services for survivors. The project has also supported think tank members in creating a prayer group at the village level, intended as a space of healing and support available to GBV survivors.

Participatory approaches to planning can also lead to important innovations in the design and delivery of GBV programming. For example, in Indonesia, a female village think tank member and her husband decided to officially register their marriage as a result of the think tank's deliberations on how to address GBV. Research by the project found that 90 percent of families in Bunyom village do not have a marriage certificate; in Nembukrangsari village, this figure is over 50 percent. Yet it is only when marriages are formally registered that cases of domestic violence can be reported to the police. Marriage registration also enables proper birth certificates to be issued, which are needed for children's school registration. Having registered their own marriage, the village think tank member and her husband then led a campaign in their own and neighbouring villages to encourage other couples to register their marriages officially for the sake of their children as well as to address GBV.

The conceptual framework for the project in **Peru** drew on the "safe cities" approach, which seeks to identify the causes of gendered insecurity in urban public spaces and support institutional policies and practices, from transport to urban design, that promote personal safety, institutional accountability and the leadership of those most affected by GBV in planning for "safe cities."⁶⁶ Building on this framework, the project designed and implemented participatory community activities to raise awareness, prevent GBV and reclaim public spaces by involving women and youth to promote equality, tolerance and mutual respect through art, sport and cultural activities. These included painted murals, art groups and festivals, a radio programme, and identifying and addressing public sports spaces as violence "hot spots" for women and girls, as well as training public officials through masculinity workshops and undertaking an advocacy role in engaging key stakeholders. A life-course approach was applied to prevention efforts to transform harmful social norms around gender and lower community tolerance towards GBV by working with boys and men as well as girls and women on healthy gender relationships, targeting students, teachers and parents via school-based awareness-raising activities.

Lesson 10: Build infrastructure for accountability

Governance and accountability issues are a neglected aspect of efforts to improve GBV programming. In many parts of the world, the COVID-19 pandemic has highlighted poor governance and a lack of institutional accountability as major impediments to an effective response to a public health emergency. These problems are no less central when it comes to responding to the emergency of GBV.

⁶⁶ UN Women, *Safe Cities and Safe Public Spaces: Global Results Report* (New York: UN Women, 2017). Available at <https://www.unwomen.org/en/digital-library/publications/2017/10/safe-cities-and-safe-public-spaces-global-results-report>

In **Peru**, participatory budget surveillance committees have overseen the disbursement of local government budgets and monitored some sector-specific interventions. More recently, women's organizations have stepped up their monitoring of sectors (notably, public health and social welfare) delivering GBV services. But the JUSTA project's establishment of the District Instancia together with the JUSTA Women Leaders Network has formalized an infrastructure of public accountability to monitor and report on the collective progress on GBV prevention and response. This public accountability occurs during the District Instancia's monthly meetings, during which each organization reports on the progress of planned activities, implementation challenges and solutions are collectively discussed and civil society groups can question the overall progress towards eradicating GBV. The JUSTA Women Leaders Network has proven to be a key component of strengthening this local infrastructure for improved accountability. Interviews conducted with network members for this study made clear that they felt empowered to enforce public accountability and request direct action from the District Instancia and felt confident they would be listened to because of their collective voice. As one woman leader said: "I can now request the municipality that all this [Instancia's] documentation [plan and protocol] be on the local government webpage, right? And that must be done. . . . [because] while they do remain silent, they also accept that [the request. . .] has to be fulfilled."

In **Moldova**, the LAP was developed to increase the regional government's public accountability for existing commitments in relation to the National Action Plan on GBV. The project's creation and coordinating the multidisciplinary team in accordance with national standards were, in part, a way to hold the regional government accountable to commitments made by the national government. As

one UNDP staff member identified, "Having national legislation in place is essential. Because what we did is localization around what should be done at the local level, but it is not being done because of local resources, lack of capacity, lack of knowledge, lack of initiative, which the project has now brought in." The LAP is also a tool for accountability, enabling progress to be evaluated in line with indicators that were developed and approved through the participatory planning process. By coordinating GBV prevention and response efforts, the multidisciplinary team has been a mechanism to hold service providers, government and police accountable on their responses to GBV survivors. A UNDP staff member emphasized the importance of this accountability function: "We change the attitude of the local public authorities to such problems. Because they know there is someone who can follow up on the case. And the police officers start treating domestic violence cases with more seriousness because they know they can be made accountable."



"We felt brave to decide ourselves to participate in the Musrenbang [local development planning consultative mechanism] and Bamuskam [village government]."

– Female member of village think tank, Indonesia

In **Indonesia**, the formative research at the beginning of the project identified a lack of accountability at the village government level as a significant problem hindering a more concerted effort to address GBV. The report of the situation

assessment noted a “lack of transparency in the village development planning system,” whose decisions were still “biased by the village elite and of course male bias,” amounting to a “camouflage democracy.” The village think tanks were envisaged not simply as a participatory structure to develop the LAP but also as a mechanism for organizing and strengthening the collective voice of women in the village to participate more fully in village decision-making and consultative processes, such as the Musrenbang—in other words, as a mechanism for greater accountability.

Interviews conducted for this study, as well as the findings from the project endline study, suggest that this accountability function of the village think tanks was only partially realized. It is clear that as a result of the project, women members of both village think tanks felt empowered to both know and speak up about their rights as citizens and to demand greater transparency about the decisions over the disbursement of village funds. It is less clear, however, if there has been any significant change in village elites’ attitudes towards this call for greater accountability. The endline report emphasizes that while individual tribal leaders and village chiefs often expressed their support for the project and its goal of involving women more in consultations over village development, there has been little actual change in how consultations are conducted and decisions made. For the most part, these continue to exclude and marginalize women’s voices.

Lesson 11: Plan for sustainability

GBV is an enduring challenge, which means the sustainability of programming must be a key concern. The multisectoral mobilization and cost-sharing at the heart of the participatory Planning and Paying approach is intended not only to address the multiple determinants of GBV but also to improve

sustainability through broadening the “ownership” of GBV as a problem for multiple sectors, to which they can collectively respond by pooling resources. There is evidence, discussed in this lesson, that the participatory approach of the Planning and Paying model did enhance the sustainability of the ensuing LAPs. At the same time, there was ongoing concern throughout implementation that as pilots, the projects’ longer-term sustainability was in question, given their reliance on relatively short-term UNDP financial support. All three pilot projects developed a range of knowledge products, including guidance on how to replicate different aspects of their operation, as a technical answer to the question of sustainability (see annex 2 for a list of knowledge products produced by each pilot).

However, questions remain about the financial sustainability of the Planning and Paying pilots. This was certainly the case in **Peru**, where several respondents to this study raised concerns about the longer-term sustainability of the important work being done by the District Instancia. The continuing engagement of a range of key stakeholders and sectors in the District Instancia is widely acknowledged as a significant achievement, as is the JUSTA project’s work on the district action plan and the district protocol for survivor support. Yet respondents were also clear that these achievements have been facilitated by UNDP’s technical and financial support, and some expressed concerns about how to sustain both the mechanisms and the activities involved in implementing both the plan and protocol when the formal period of UNDP’s support comes to an end in 2022.

Another sustainability issue was the age profile of most of the women leaders involved. The District Instancia is seeking to involve a youth representative within its membership to facilitate its sustainability over time since most of the representatives from women’s organizations in Villa El Salvador are from

an older cohort. Steps have also been taken to expand the JUSTA model to other municipalities, including developing a range of technical guidance on different aspects of the JUSTA project (collated in an online portal⁶⁷) and a guide to replicating the JUSTA Women Leaders Network (see annex 3). Additionally, UNDP and the local governments of Cajabamba, Cachachi and Cajamarca have signed memorandums of understanding to replicate the JUSTA model over the next three years.

In **Indonesia**, the project has evolved from its focus on setting up new structures (the village think tanks) to working through and improving existing structures, specifically the Family Welfare Association that exists in every village. Shifting focus to strengthening these associations will improve sustainability because they are an official structure that is able to receive funding through the village development fund; as an independent entity, the village think tank is not. The project has also pursued sustainability through efforts to scale up: Based on the experience of and learning from the Planning and Paying pilot, the government of Nimbokrang subdistrict took the initiative to support capacity-building for the Family Welfare Association in another five villages, which included training on gender-based development planning proposals; participatory rural appraisal for development planning; “I Am the Change Maker” activist training;

intergenerational GBV prevention (“Breaking the Chain of Violence and Protecting Generations”); village paralegal skill-building; and refreshing 10 Family Welfare Association programmes and organizational strengthening. In 2022, the project has also been extended to two new villages in the subdistrict (Wahab and Hamonggrang), where formative research and situation assessments have already been conducted. As with Peru, the project in Indonesia has produced a technical guide on replicating the Planning and Paying approach elsewhere in the country.

After piloting the participatory planning and multi-agency community response to GBV in Chirsova, the project in **Moldova** has focused on scaling up the experience of establishing the multidisciplinary team and developing an LAP in 10 other settlements around Gagauzia by providing the capacity-building and guidance to do so. The project is currently working with local officials in these areas to establish their own multidisciplinary teams and LAPs. Such replication was identified as critical for sustainability and is supported through strong cooperation between the pilot in Chirsova and local and regional authorities. Sustainability of the Safe Space in Chirsova is also supported through the institutionalization of the Safe Space and the ATU Gagauzia government’s related funding and commitment to its services.

⁶⁷ See: <https://justa.pe.undp.org/>



7

Processes

Lesson 12: Ensure tools exist for participatory assessment, analysis and design

Participatory approaches to planning and implementing GBV programming also depend on the quality of tools used in problem assessment, strategic analysis and programme design. The JUSTA project in **Peru** adapted a multisectoral participatory management tool (the COMBOS methodology) to facilitate the District Instancia's development of its LAP using an ecological framework (see box 2 on the following page). Using COMBOS facilitated the development of a comprehensive and intersectional approach to addressing GBV in the Villa El Salvador municipality, including identifying contextually relevant solutions and evidence-based activities, as well as strengthening multisectoral partnerships with assigned responsibilities for implementation. The project used an ecological approach (to address the multidimensional risk factors for GBV) and a human security approach (to develop survivor-centred interventions) to promote top-down (protection) and bottom-up (empowerment) actions through community work and joint action. An analysis of current, unequal gender power relations in Villa El Salvador, including the exclusion of and discrimination against women and girls, was central to the use of the COMBOS methodology in terms of defining the problems to be addressed by the local action and developing a theory of change that would underpin the objectives and strategies articulated in the LAP.

In **Indonesia**, the project's NGO partners adapted a participatory approach (Monitoring System for Organizational Development Towards Gender Awareness, also known as SimPPOK-Gender)

to conduct a situation assessment and gender analysis of the challenges facing GBV prevention and response in the pilot villages. This tool uses the participatory rural appraisal techniques of problem visualization, as well as more conventional interviews and focus group discussions, to assess with a range of community stakeholders their levels of awareness of and concern about problems of gender inequalities and to identify entry points for mobilizing action (and financial resources) to address these problems. The SimPPOK tool was used at the beginning of the project to establish a baseline for developing the LAPs and has been used as part of an endline assessment of project progress.

Several respondents to this study in **Moldova** emphasized the situational analysis exercise's role not only in providing baseline data but also in obtaining support from regional authorities, encouraging them to take ownership of the planning process. As a UNDP staff member noted:

Local authorities in Chirsova, like mayoral office staff, social assistance and police, key specialists, were both information providers, but also co-organizers. They facilitated access to community people, they arranged focus group discussions, so we collected data together. This provided more credibility. It's not like some independent researcher comes. They see it by themselves. They took part in these discussions. It was interactive. Local stakeholders became more confident based on these findings to develop this local action plan because they believed in the problem that was identified during this situational assessment.

Box 2: Participatory analysis using the COMBOS methodology in Peru

UNDP proposed the COMBOS methodology as a multisectoral participatory management tool in order to facilitate the District Instancia's development of the LAP using an ecological framework. This involved a five-step process:

1. Problem definition based on multidimensional evidence and social dialogue
2. Theory of change development based on social dialogue and other evidence sources
3. Construction of the action plan to identify initiatives and accelerators, considering the socio-ecological model to violence prevention and response
4. Delineation of stakeholders' roles, intervention scope and quality standards development
5. Development of monitoring and evaluation indicators

The project adapted the COMBOS methodology to the local context using a gender approach to address GBV in collaboration with the regional UNDP office in Panama, noting the methodology's application in other countries, such as El Salvador. Over the course of 12 monthly sessions (starting in August 2019), external facilitators from the Group for the Analysis of Development supported District Instancia members in following this five-step process to adapt the national GBV strategy for contextual relevance and sustainability in Villa El Salvador.

Socio-ecological and human security approaches were used to promote top-down (protection) and bottom-up (empowerment) actions through community work and joint action. Current unequal gender power relations in Villa El Salvador, including the exclusion of and discrimination against women and girls, were considered in defining the problem, in developing a theory of change and in the participatory processes for the plan's development.

The participatory nature of the COMBOS methodology ensured a comprehensive and intersectional approach to addressing GBV based on a shared set of principles and priorities. The process generated partnerships, evidence-based activities, contextually relevant solutions and responsibilities to achieve the set objectives and promoted women's participation in the District Instancia. The LAP's development was based on a shared understanding of the underlying drivers of GBV, priorities for survivor support and opportunities for action based on stakeholders' current mandates and programming. This made it possible to build a sense of collective purpose, while at the same time assigning responsibilities for implementing different components of the LAP to different actors and stakeholders, to be managed by different technical working groups.

"The COMBOS methodology helped with the planning, collecting the initiatives and plans, the public policies. We worked many times intersectionally. But the goals were based mainly on evidence [...] about providing solutions. But according to our reality, and I think that has been important because when you work on the plan, it's like a way of working holistically with everyone who participates within the Instancia."

– JUSTA network and District Instancia member

Lesson 13: Ensure tools exist for advocacy with key stakeholders

All three pilots developed a range of advocacy tools to use with key stakeholders in order to secure and sustain their support for the Planning and Paying approach to the design and delivery of GBV programming. In **Peru**, UNDP funded the first multilevel study of GBV and its costs in the country.

The "Cost of No Prevention" study provided essential baseline data for the JUSTA project, and it also proved to be an important advocacy tool in making the case for investing in GBV prevention because it is much less costly than GBV response. Similar costing studies were undertaken in both Indonesia and Moldova and were used as the basis for developing advocacy briefs in each country making the case for investing in GBV prevention.

The project team also shared findings from the Planning and Paying pilot in **Indonesia** at the Regional Development Summit for Eastern Indonesia. The Ministry of Planning organizes this summit as a forum of coordination for all development partners in Eastern Indonesia, including Nusa Tenggara Timur, Maluku and Papua provinces. The aim of the summit is to share best practices and lessons learned from various programmes supported by development partners and implemented in the region. By participating in this event, UNDP could share good practices in participatory planning for GBV prevention and response in Papua and also identify potential development partners that might help financially support LAPs to address GBV in Papua.

In **Moldova**, a UNDP staff member identified the value of sharing with the mayoralty office examples of how multidisciplinary teams worked in other parts of Moldova, as this was a new process for Gagauzia:

The mayor asked me as an expert to provide experiences to debrief him about similar experiences of multidisciplinary teams in other parts of Moldova. In Gagauzia, there were no multidisciplinary teams. It was a new initiative. So he asked me to bring some good examples and debrief our mayoralty team and specialists. I collected practices from other regions, like how the mayor should institutionalize this multidisciplinary team.

Activities conducted as part of the regional 16 Days of Activism Against GBV in Gagauzia helped raise awareness among community members and authorities of GBV and the need to strengthen the regional response to address it. To leverage support from local authorities, it was critical that

the project not only worked with local authorities but also engaged regional authorities. One UNDP staff member emphasized the influence of regional authorities, especially in Gagauzia: “The support from regional authorities was an important factor. Especially in Gagauzia, this does not matter much if the prime minister says this village should combat GBV. But they are very much linked to what regional authorities say. Local authorities align themselves to what they hear from regional authorities.” This study’s respondents also identified the costing exercise conducted to monetize the costs of the pilot as a valuable tool for local and regional authorities to better understand the costs of interventions to address GBV, which likely decrease over time with additional beneficiaries reached, and how these are modest compared to the cost of no prevention. Thus, the costing exercise helped position the Safe Space as a worthwhile investment for local authorities.

Lesson 14: Adopt an adaptive approach to GBV programming

The growing evidence base on effective approaches to GBV prevention and response increasingly highlights the importance of being adaptive to GBV’s complexity and dynamics and to the conditions that fuel it.⁶⁸ In their emphasis on being genuinely locally led, the Planning and Paying pilot projects exemplify this adaptive approach to GBV programming, not least in their adaptation to the extraordinary challenges that COVID-19 and the Ukraine emergency posed for the project in Moldova. (see box 3 on the following page)

⁶⁸ Erin Stern, *Adaptive Programming to Prevent Violence Against Women and Girls: Lessons From Civil Society Organizations Funded by the United Nations Trust Fund to End Violence Against Women*, Learning From Practice Brief Series, Issue No. 8 (New York: United Nations Trust Fund to End Violence Against Women, 2021). Available at https://untf.unwomen.org/sites/default/files/Field%20Office%20UNTF/Publications/2021/Prevention%20briefs/Adaptive%20programming/Summary%20brief%208%20-%20adaptative%20programming_v3_compressed.pdf

Box 3: Adapting to the crisis in Ukraine

Since the start of the war and humanitarian crisis in Ukraine in February 2022, the Safe Space in Chirsova has accommodated more than 100 women and child refugees fleeing from Ukraine. Because the Safe Space was institutionalized, it could be used as part of the government's commitment and programmes to support refugees; some of the refugees were offered acute crisis CETA. An additional 185 refugees from Ukraine benefited from outreach services offered through the Safe Space mobile outreach activities.

Restrictions related to COVID-19 delayed planned meetings and trainings in **Moldova** and required adaptations to online engagement. It was challenging to move multidisciplinary trainings online, especially in Gagauzia, where there is limited access to computers and reliable internet, as well as limited experience and ease with online engagement compared to other parts of the country. The project combined the online trainings with individual phone calls with team members due to the challenges of engaging online. The CETA in-person training had to be significantly delayed given COVID-19–related restrictions, yet the project team was committed to having this in-person, given the perceived limitations of having this training online. COVID-19 restrictions also delayed possible advocacy and awareness-raising meetings, including with local leaders and community members, as a UNDP staff member emphasized:

You cannot organize the meetings with people. You cannot organize the public hearings. It is difficult to organize such exercises online. You need to convince them, to show them the existing law regarding domestic violence and the action plan. You need to show them the situation in the region and show them other figures of domestic violence. You need not only one meeting for this process, for different groups. Maybe two or three. And it was [a] time-consuming process. Because of the pandemic, all meetings were prohibited.

Importantly, the project budget was adaptable, including to repurpose funds to provide personal protective equipment to Safe Space staff, regional partners and service providers—an important trust-building exercise. The Safe Space was an essential service and remained open throughout most of the pandemic. Yet certain COVID-19 restrictions created barriers to community members accessing and travelling to the Safe Space. In response, the project adapted by establishing a mobile outreach service, whereby Safe Space staff worked to support vulnerable beneficiaries in rural areas within a 150-kilometre radius of the Safe Space.

The government-mandated COVID-19 lockdowns in **Indonesia** prompted changes in how the project supported the village think tanks. When face-to-face meetings were no longer possible, the project provided support mainly via mobile phone and related messaging apps. Respondents to this study confirmed that the personal relationships that had been established pre–COVID-19 between partner NGO staff and think tank members made this transition to telephone support easier. The preparatory work done with the village think tanks, and the increased attention that this work had given to GBV in the two pilot villages, resulted in the community identifying think tank members as an important resource in responding to COVID-19. When the government required that each village establish a COVID-19 task force to coordinate local-level action, the village think tanks were included as members to ensure local-level action prioritized responses to the rise in GBV cases being reported during the pandemic.

The project's work on improving the community-based referral mechanism for GBV survivors, and its development of the manual *Standard Operating Procedures for Community Based Referral Mechanism (GBV Case Management at the Village Level)*, were central to this effort.

"In August [2020], we received the call from Instancia's Technical Secretary to all Instancia members to contribute immediately to a contingency plan. So, without a prior participatory process, without the existence of the Instancia, it would not have been possible. The response was immediate, and we were able to have a contingency plan."

– UNDP staff member, Peru

In **Peru**, the impacts of COVID-19 and government-mandated lockdowns were profound, disproportionately impacting women in Villa El Salvador. They exacerbated socio-economic and gender inequalities, increased stress in homes and the incidence of domestic violence, and limited prevention and protection efforts, with available financial resources being redirected to respond to the pandemic. A member of the Villa El Salvador Women's Office and District Instancia Secretariat made clear the scale of this loss of resources that had been slated for the LAP: "There has been an estimated 30 percent overall budget reduction; we entered a level of municipal austerity because although prior to the pandemic the tax collection was minimal due to the district precariousness, during the pandemic, this austerity has grown."

The lockdown measures limited women leaders' availability and capacity to support GBV survivors

in person compared to pre-pandemic. Additional challenges related to the District Instancia's ability to plan, develop and implement interventions to address GBV locally, as the lockdowns disrupted face-to-face communication channels and, thus, affected the trust-building required for joint planning and implementation.

The transition to online communication methods particularly affected women leaders' participation in District Instancia meetings compared to representatives of public institutions and NGOs who had easier access to digital technologies. As an older and—on the whole—poorer cohort, women leaders faced several online communication challenges: for example, not being able to afford internet coverage, not having communication devices or lacking technological literacy. In response, during the first national lockdown, UNDP conducted a survey to identify those who had difficulties shifting to online communication, provided an institutional Zoom account for District Instancia meetings, supplied smartphones and tablets to key women leaders and offered training workshops on Zoom or Google Meet (the tools used for meetings). In the words of a women's emergency centre service staff member, this "enabled us to organize ourselves as [the] Instancia to execute the actions contemplated in the work plan." As lockdowns continued, UNDP and local NGOs continued to strengthen the JUSTA network members' capacity to reach survivors via phone to continue offering support during the lockdowns, when at-risk women needed it the most.

Despite the pandemic challenges, the pre-pandemic groundwork undertaken with and by the District Instancia in collaboration with the JUSTA Women Leaders Network (including community engagement and partnerships, capacity-building and negotiations) facilitated a prompt and contextually relevant GBV response. The project developed and implemented both a pandemic

GBV contingency plan and a community mental health programme during Peru's first lockdown (by August 2020) prior to the finalization and approval of the plan and protocol. In this contingency plan, the District Instancia responded to pandemic disruption by promptly adapting its protocol to address the local GBV surge, as well as revising the Instancia's activities to account for the pandemic context. UNDP and a local NGO also collaborated to deliver psychological and mental health support via creative writing workshops⁶⁹ as part of the community mental health programme, helping increase the resilience of the JUSTA Women Leaders Network members during the pandemic. Programme activities included writing workshops that gave women the opportunity to describe and share their emotions and experiences within the network's safe space. As a participant in the women-only focus group discussion highlighted: "This process has been . . . very rich in terms of knowledge, in terms of emotional support for us, too, [during the pandemic. . .] because of those spaces of sharing with colleagues and also because it has allowed us to be articulated in a context in which we were totally disjointed."

Lesson 15: Promote shared budgeting and resource mobilization

The original concept for the Planning and Paying approach was to mobilize multisectoral budgeting and cost-sharing to more efficiently use financial and human resources in a more holistic and coordinated response to the challenges of GBV prevention and survivor support.⁷⁰ In practice, the pilot projects faced a range of challenges in facilitating this

multisectoral budgeting and cost-sharing. One important lesson across the three projects relates to the need to work earlier and more intensively with senior decision-makers who have budget responsibilities in key sectors and government departments, enlisting their support for and leadership in the pooling of budgets.

In **Peru**, the JUSTA project demonstrated the value-for-money of a participatory approach to developing an LAP to address GBV (see box 4 on the following page).⁷¹ Costs of this participatory planning process were estimated at US\$256,000 over 2.8 years and then compared with the findings from the "Cost of No Prevention" study, which estimated GBV's annual cost to the Villa El Salvador community as nearly US\$72.9 million (2018 figures). Even these estimated costs of the participatory planning process will be lower moving forward, given that they included the development of key knowledge products and participatory tools (such as the COMBOS methodology) that can be used in replicating the approach in other districts.

The bigger challenge for the District Instancia and the plan's implementation has been the limited availability of financial resources to respond to violence. Every institution has a certain budget allocated by the national government through the *Presupuesto por Resultados* (or Budget by Results) to implement their respective activities. In addition, the Gender Equity Collective (encompassing 14 local women's networks) has access to part of the participatory budget for several activities included in the plan.⁷² But the COVID-19 pandemic posed many challenges for and delays to the planning, development and implementation of interventions,

69 Lauren Sheppard and others, *Informe de Incidencia: Abordando la Violencia de Género en Villa El Salvador a Través de una Instancia de Concertación Plus* [Briefing Note: Addressing Gender-Based Violence in Villa El Salvador via the District Instancia Plus] (UNDP and United Nations University International Institute for Global Health, 2021). Available at <https://www.undp.org/es/peru/publications/abordando-la-violencia-basada-en-g%C3%A9nero-en-villa-el-salvador-trav%C3%A9s-de-una-instancia-de-concertaci%C3%B3n-plus>

70 J. Lang and others, *Briefing Note on Planning and Paying for Local Action Plans to Address Gender-Based Violence*.

71 Lauren Sheppard and others, *Informe de Incidencia: Abordando la Violencia de Género en Villa El Salvador a Través de una Instancia de Concertación Plus*.

72 Source: Interviews with UNDP Peru team, Villa El Salvador Women's Office and the District Instancia Secretariat.

as well as reduced the availability of already limited resources. Even so, the District Instancia worked together with the JUSTA Women Leaders Network to respond to the rapidly changing pandemic context. By coordinating GBV-related activities through the LAP (linked to the protocol on survivor response), they reduced the duplication of efforts and made more efficient use of available resources. Regarding

the sustainability of funding for action to address GBV in Villa El Salvador, a UNDP staff member interviewed for this study said, “As the plan reflects the activities and commitments of the institutions, we can be certain that activities will be maintained beyond the plan . . . because the Peruvian State has a budget directed to its own institutions that are reflected in these activities.”

Box 4: Investment in Villa El Salvador’s participatory development of the LAP

The District Instancia held 41 participatory planning meetings and capacity-building workshops from 2018 to early 2021, with an overall estimate of nearly 1,600 hours dedicated by District Instancia members.^a This highlights the importance of budgeting and planning for sufficient time and intensity for participatory work. UNDP provided ongoing technical support to establish the District Instancia, and supported building its members’ capacity to develop the mandated documents to address GBV locally.^b The economic cost of the participatory planning and training workshops was estimated at S/867,000 (or US\$256,000) over 2.8 years.^c In 2018 alone, GBV cost the community of Villa El Salvador nearly US\$72.9 million (S/278 million), which highlights the relative value for money of planning GBV action locally to achieve greater impacts.

- a The District Instancia also convened for regular monthly meetings. These meetings are excluded from reporting and costing since the focus is on capturing the extraordinary meetings of the pilot dedicated to producing the plan and protocol. The time dedicated to meetings includes an estimate for travel time to attend face-to-face meetings.
- b The District Instancia Plus meets frequently to fulfil its duties and responsibilities. The cost estimate reflects the time the District Instancia Plus invested in participatory planning meetings/workshops related to the JUSTA pilot activities.
- c UNDP, *El Costo de la No Prevención*; average exchange rate of US\$1 to S/3.4 over the pilot’s implementation period, per: Central Reserve Bank of Peru, Interbancario – Promedio [Interbank – Average]. Available at <https://estadisticas.bcrp.gob.pe/estadisticas/series/mensuales/resultados/PN01207PM/html>

This maintenance of sector-specific funding for the LAP’s discrete components related to specific sectoral mandates and existing budgets will be crucial to the sustainability of District Instancia-initiated activities. However, the LAP as a whole was never assigned its own budget to be managed collectively by the District Instancia; instead, it relies on the Instancia’s constituent members to assign portions of their existing budgets to specific activities in the LAP. As a staff member of the Villa El Salvador Women’s Office and District Instancia Secretariat pointed out when interviewed for this study, “There is no specific budget for the implementation of the Instancia’s activities unless they have been considered by the committees.” This lack of a specific and separate budget for the LAP appears to be linked to the lack of costing data related to each component of the

plan. Without such costing data, it was difficult to develop a separate budget and also to guide the model’s replication in other districts. A respondent from the Villa El Salvador Women’s Office and Instancia Secretariat urged, “[The activities] should indeed have a cost attached to them, as somehow to serve as an example . . . for replication in other districts, that could be noticeable at the budgetary level. However, this is the contextual reality of our plan’s execution.”

Several respondents to this study also raised concerns regarding the sustainability of the current financing mechanisms, particularly for funds originating from sectors with shifting priorities and/or a lack of long-term commitment. As one respondent said: “If there is a sudden shift in the

NGOs' priorities . . . we are then left with uncertainty. [We must] ensure that their participation is not only for a project, and is at risk of ending abruptly. . . . That's what worries me in particular." This is a major concern, given the original intention of the global project's participatory Planning and Paying approach.⁷³

While the District Instancia's participatory planning process did help reduce the duplication of efforts and align stakeholders' goals by coordinating sectors' pre-existing budgets and activities, participatory paying did not occur beyond existing administrative funding structures, siloed by sector. Thus, pooling pre-existing budgets to implement an LAP with its own budget remains a challenge, not only for Villa El Salvador but for all of Peru.

A key challenge for shared budgeting and resource mobilization in **Moldova** was the limited local budget. Some mayors in ATU Gagauzia often prioritize infrastructure-related issues rather than meeting the social needs of community members. Moreover, there was significant redirecting of the local budget towards health care during the COVID-19 crisis. The project attempted to mitigate these challenges by trying to limit the cost of implementing the LAP, whereby most of the ongoing costs are to pay specialist service providers. The Safe Space's operational costs have been co-financed by regional authorities, with allocations of more than US\$80,000 from local government; this was attributed to convincing local authorities that domestic violence is a significant problem worth financially addressing. This institutionalization of financial support for the Safe Space's operating costs is a significant achievement for the project, contributing substantially to the initiative's likely sustainability. As a UNDP staff member emphasized:

Previously, if you looked at [the] country map, you have some centres or shelter that support women, but the south of the country is like a blind spot. Now, this is not the case. Now, there is the Safe Space, which is a regional service, not just an NGO that will disappear after a year. It is a service that is now also being financed by the national budget, which is part of a network, which will now receive accreditation. This means it will be recognized as providing services according to country[']s national standards and will continue to receive financing. This is a great achievement.

The project also launched a crowdfunding campaign to raise awareness and resources to help fund the Safe Space. At a charity fair attended by journalists, bloggers and singers/musicians, the project auctioned clothes and outfits from personal belongings and donated the collected funds. After the event, journalists promoted filmed messages from multiple public persons (TV stars, human rights defenders and artists) encouraging donations for the Safe Space. Some donations were received from the Moldovan diaspora, and a group of pensioners from one village donated contributions from their pensions. In one particularly moving example, a young married couple encouraged their wedding guests to donate to the Safe Space in lieu of wedding bouquets.

As already noted, the Planning and Paying project in **Indonesia** was largely unsuccessful in securing funding for the LAPs developed by the village think tanks. To date, the Nembukrangsari think tank has received less than one-third of the budget it submitted for its LAP (IDR5 million out of IDR18 million requested—about US\$330 out of US\$1,200), and the Bunyom think tank has yet to receive any

73 J. Lang and others, *Briefing Note on Planning and Paying for Local Action Plans to Address Gender-Based Violence*.

financial support, as the village authorities have said such financing would require a new village regulation. This lack of “paying” is, of course, partly a consequence of COVID-19, which diverted already scarce resources to pandemic response. But it is also a consequence of the think tank model itself; being a new structure with no official standing, it had no statutory leverage to make a formal claim for financing from the village development funds, instead having to rely on the goodwill (or otherwise) of individual village leaders.

The think tank’s composition also may have played a role. Respondents to this study noted

that while village authorities were officially represented in the think tanks, in practice, they rarely attended whole meetings. Budget holders at the subdistrict level were not involved as think tank members, though they were the target of project advocacy throughout. The project’s decision moving forward to base the participatory planning of LAPs in the pre-existing structure of the village Family Welfare Association, which is formally entitled to receive village development funds, is an explicit acknowledgement that any participatory mechanism for developing LAPs must be linked explicitly to available sources of funding.



8

Progress

Lesson 16: Use participatory planning to improve LAP quality

Participatory approaches to developing the LAPs ensured that such plans were informed by and responsive to women's lived experiences of GBV and the conditions of economic inequality and social subordination that fuel such violence. In **Peru**, this study reviewed the plan and protocol's quality using the RESPECT framework, developed by the World Health Organization as an international benchmark of best practices (see annex 4).⁷⁴ However, it is important to note that the RESPECT framework was not used explicitly in designing the project outputs.

There was a strong consensus among this study's respondents that the participatory planning process did enable women leaders and community activists to shape the plan in meaningful ways to respond to realities "on the ground." As a member of the JUSTA Women Leaders Network said:

I feel that there is a recognition of all of us who participated in the JUSTA network and that we have the opportunity to be in the Instancia space. This space, I repeat, is important to us, because it is the only space I feel [that] has been collecting everything that happens in the district on the subject of violence against women.

The joint planning enabled the District Instancia to learn about its members' activities, strengthen coordination and develop ongoing collaborations, overseen by the technical working groups, on different aspects of GBV prevention and survivor support. Respondents generally agreed that the planning process ensured the meaningful participation of key and diverse stakeholders via efforts to build trust, strategic partnerships, and training and empowerment

of community women leaders to contribute to the planning process. Indeed, the significance of convening women leaders through the JUSTA Women Leaders Network as key participants in the District Instancia's work extends beyond the problem of GBV specifically; it highlights the importance of grass-roots leadership and community organizing in responding to development challenges more broadly. This approach to participatory planning will be key to achieving the SDGs as a whole. A global UNDP staff member reflected:

I think the Planning and Paying approach is better when it is about UNDP supporting partners, and creating an environment where partners are responsible for implementation and working in a way that is participatory and inclusive. It was not about UNDP [as the agent of change], but UNDP supporting these amazing women leaders and amplifying their voices. [It is about] letting government, civil society and national stakeholder partners be the ones leading the work. I don't think it can work if UNDP inserts itself.

Participatory planning was a new approach in **Moldova**, particularly in the region where project activities occurred, yet this led to a more inclusive and targeted LAP. Effective participatory planning required strong technical partnerships with national and international experts to develop actionable and feasible recommendations out of the participatory planning, as well as to be aware of evidence-based models from other settings that could be applied to the LAP. Planning through the multidisciplinary team helped ensure representation from diverse sectors, including health, education, government and police. As one focus group discussion participant noted:

⁷⁴ World Health Organization, *RESPECT Women: Preventing Violence Against Women* (Geneva: World Health Organization, 2019). Available at <https://www.unwomen.org/en/digital-library/publications/2019/05/respect-women-preventing-violence-against-women>

Cooperation is quite effective between the mayoralty, social worker, educators from kindergarten, school specialists and police. All act effectively, and the response to GBV cases is now a coordinated one. This team has united our efforts; each specialist is not alone anymore in solving some difficult issues.

The LAP was locally owned and institutionalized, which was both contextually relevant and contributed to the plan’s sustainability and adaptability. The fact that the Safe Space was an accredited institution allowed it to be eligible to host Ukrainian refugees (a significant adaptation of LAP implementation). It also meant that the LAP priorities met a significant need in the region.

The focus on food security and economic empowerment in the LAPs in **Indonesia** is a

direct expression of the participatory nature of the planning process, reflecting the lived realities of the women on the village think tanks. Their assessment of the economic factors fuelling women’s vulnerability to men’s violence, also borne out by the findings from the project’s formative research, directly informed their design of the LAPs. The think tanks’ continuing work highlighted survivors’ unmet needs and neglected rights, which also directly contributed to the project’s efforts to improve community-based referral mechanisms and the coordination of survivor support services. Although WHO’s RESPECT framework was not explicitly used in the planning process, many of its elements are evident in the LAPs produced by the think tanks, notably the emphasis on reducing poverty and empowering women, as well as ensuring services and challenging patriarchal norms.

Box 5: RESPECT Women: Preventing violence against women framework

R	Relationship skills strengthened: strategies to improve skills in interpersonal communication, conflict management and shared decision-making
E	Empowerment of women: economic and social empowerment strategies, including those that build skills in self-efficacy, assertiveness, negotiation and self-confidence
S	Services ensured: ensuring a range of services, including health, police, legal and social services for survivors of violence
P	Poverty reduced: strategies targeted to women or the household whose primary aim is to alleviate poverty
E	Environments made safe: efforts to create safe schools, public spaces and work environments, among others
C	Child and adolescent abuse prevented: strategies that establish gender-equitable and nurturing relationships by parents, educators and others working with children. This strategy demonstrates the overlap between violence against children and violence against women
T	Transformed attitudes, beliefs and norms: strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes

Credit: [World Health Organization](#)

Lesson 17: Use participatory planning to promote women's empowerment

Linked to lesson 16, centring the voices and experiences of women themselves in the LAPs' design meant the planning process itself was empowering for many of the women involved. For example, integrating the JUSTA Women Leaders Network into the District Instancia in **Peru** gave women a voice and a vote on more active contribution and public accountability in addressing GBV; this integration was also key in consolidating the network and empowering participants. Furthermore, the network members' presence in the District Instancia improved understanding of the challenges faced by public entities in addressing GBV and generated a better local plan and protocol.⁷⁵

The project's final evaluation, which was scheduled for completion in September 2022, aims to assess its success in achieving key indicators so that cost-effective solutions can be identified and scaled up to achieve efficiency and greater benefits for women, their families and communities. The project's midterm evaluation report⁷⁶ noted the project's innovative interventions had led to changes in attitudes observed at both the community and individual levels as a result of improved pre- and post-pandemic GBV knowledge. In particular, this midline study highlighted the positive impacts on the women leaders and activists themselves. A December 2019 survey conducted by the Group for the Analysis of Development research consortium for UNDP revealed that the women leaders of the JUSTA network displayed fewer gender stereotypes towards violence and lower tolerance of GBV

compared to the women who responded to the National Survey on Social Relations (ENARES).⁷⁷ The psychosocial support that the JUSTA network members received through writing workshops to share experiences and emotions with the group (which projects often neglect to incorporate into their violence prevention interventions) was key to sustaining their important work during the COVID-19 pandemic and has been powerful enough to stimulate internal changes towards the immediate environment (e.g., women felt connected and supported in their work with survivors).

"I like the way the psychologist discussed with me. It somehow turned my bad mood and my negative thoughts to the positive ones. . . . She helped me to think positively and stay results-oriented in solving my problems, to stay motivated. Since I started to communicate with the staff of the Safe Space, I became more self-confident, I learned how to manage my emotions, including how to communicate more positively with my former husband."

– CETA beneficiary, Safe Space, Moldova

The participatory planning and resulting LAP in **Moldova** impacted women's empowerment. Respondents to this study highlighted that the Safe Space should be understood not simply in relation to its provision of survivor support and mental health services, but more broadly as a space for empowering women. Some respondents also highlighted the empowering impact of the CETA methodology itself. As one staff member of the Safe Space noted:

75 UNDP, *Local Governance to Address Gender-Based Violence Through Community Action. Case: JUSTA Women Leaders' Network of JUSTA Project, Villa El Salvador for Justice and Equality*, Methodological Booklet Series on Gender-Based Violence Against Women and Children (2021).

76 UNDP, *Intermediate Evaluation Report of the JUSTA (Villa El Salvador for Justice and Equality Project): Planning Local Action to Address Gender-Based Violence* (2021).

77 Wilson Hernández and Lorena Alcázar, *Informe Final, Producto Adicional en el Marco del Proyecto Acceso a la Justicia para las Mujeres del PNUD [Final Report, Additional Product in the Framework of UNDP's Access to Justice for Women Project]* (Group for the Analysis of Development and UNDP, 2019).

You can imagine how important the role is of the Safe Space, certainly in domestic violence cases when [there is a] need to take out [the woman from the] home environment and help her deal with this difficult situation. At our centre, the victim is accommodated. She is in a safe space. She gets legal and social counselling, social services and support, integration, gets access to health care and social services through our centre. We provide meals, we have a kitchen and we can buy foodstuffs to cook, we have hygiene products, and so everything is provided for living. And that is part of rehabilitation.

As already noted, one of the most significant aspects of the village think tank model used in **Indonesia** was its impact on the self-confidence and leadership and advocacy skills of the think tanks' women members. Respondents to this study, including think tank members themselves, emphasized these impacts in relation to women's capacity for problem-solving, mutual support and collective planning for income generation. The recently completed endline study highlights how much work remains in changing the patriarchal mindsets of village leaders, but also noted the visible progress made in terms of more widespread community acceptance of the importance of women and men equally sharing tasks. As an NGO staff member shared, participating in the village think tanks has also changed some women's relationships with their husbands and other male family members: "Women are now more able to discuss with their husbands and can ask men to share responsibilities."

Lesson 18: Use participatory approaches to address GBV

As designed, the Planning and Paying pilot projects were not intended to assess how specific interventions impacted the incidence of GBV.

Rather, these pilot projects were designed to test how participatory approaches to developing LAPs impacted GBV prevention and response, as well as if these approaches could be more responsive to local contexts and challenges and help mobilize and coordinate financing for these plans to ensure their effective implementation. Lessons learned from these pilots will be invaluable in helping to inform the uptake of participatory approaches to Planning and Paying elsewhere.

Nevertheless, evaluations of the pilot projects are indicating some ways in which the LAPs are making a real difference in terms of action on GBV. A final evaluation of the JUSTA project in **Peru** is still being completed, but the 2021 midline study noted a number of positive changes with respect to service integration. These included improvements in the operation of the Specialized Family Police Station and the Ombudsman's Office, which were the services that grass-roots social organizations' representatives were satisfied with regarding the quality of care in Villa El Salvador. However, the study found no favourable changes in the district-level provision of state services, highlighting the importance of continuing the District Instancia's work to advocate for improved quality of state services. The District Instancia members and the JUSTA project continue to work towards improving the accessibility and quality of local essential GBV services.

Given that the LAPs in **Indonesia** have not been properly funded and thus, in effect, have not been implemented, it is impossible to fully assess the project's impact on the incidence or drivers of GBV. But the recently completed endline study does note the significant changes in women's self-perception of their rights in relation to participating in village decision-making processes, as well as an increase in community awareness of GBV as a problem and the benefits of greater equality between women and

men for the community as a whole. On the other hand, the endline study also found the persistence of patriarchal attitudes and behaviours on the part of village elites and women's continued exclusion from village development planning consultations. There are early signs of better coordination among GBV-related service providers due to the project's work on community-based referral mechanisms, but the vast majority of GBV cases continue to be handled by tribal authorities, whose patriarchal biases remain evident.

In **Moldova**, the project's focus on establishing the Safe Space was intended to help survivors break the cycle of violence, including not returning to abusive partners. As one Safe Space staff member said:

I used to work in the issue of domestic violence before the centre. It is a big issue. The victims go back from our safe spaces to the aggressors. That makes our work more difficult. But now, we realize that we break the circle of violence and take the victim out of it and give her a chance. There are quite a few success stories. When people come to us, they are not capable of solving their problems on their own. When they leave, they do have those skills. They can now take care of themselves, their children, they can manage their time and plan, get a job and have their own income.

Importantly, the Safe Space not only provides a shelter service, which necessarily can only meet the needs of a relatively small number of women, but also is a hub for providing a range of other services, including legal support, GBV prevention education and health referrals. The multidisciplinary team

plays an important role in improving the referral system, including through working closely with the Safe Space. A significant project achievement has been raising the awareness of community members and local authorities on the importance of addressing GBV. As a UNDP staff member noted: "There is much more discussion about GBV in the region. This is a big impact. Acknowledging there is a problem and finding ways to deal with it, I think this is an important pathway to succeed. If we were not there to start the project or selected [a] different locality, I think none of this would have happened."

There are also important lessons learned from the project's missed opportunities related to GBV. A challenge in rolling out CETA was that Safe Space staff have limited time to see more clients and take on required supervision given their other responsibilities. Engaging lay counsellors in the CETA training would have been one way to alleviate the Safe Space staff's workload, but this was ruled out because such lay counsellors would not be in compliance with government requirements on the qualifications for mental health service providers.

Another challenge is that men were not purposefully engaged in the Safe Space because of concerns about women's safety (especially given the Safe Space's shelter component). Some project stakeholders have expressed interest in eventually developing a safe space for men as perpetrators of GBV. However, the evidence base on perpetrator-focused services and interventions remains mixed,⁷⁸ certainly when compared to emerging evidence on the effectiveness of integrated violence prevention programming that works with

78 Gender-Based Violence Area of Responsibility, *Perpetrator Intervention Programmes in Emergencies* (2020). Available at https://gbvguidelines.org/wp/wp-content/uploads/2020/05/perpetrator-programming-evidence-digest_final-1.pdf

both men and women.⁷⁹ Indeed, the evaluation of CETA in Zambia conducted as part of the What Works to Prevent Violence Against Women and Girls programme found that part of how CETA

worked there was increasing couples' trust and understanding, and helping both women and men within families learn nonviolent ways to manage conflict through de-escalation strategies.⁸⁰

79 Alice Kerr-Wilson and others, *Executive Summary: A Rigorous Global Evidence Review of Interventions to Prevent Violence Against Women and Girls* (What Works to Prevent Violence Against Women and Girls, 2020). Available at <https://www.whatworks.co.za/resources/evidence-reviews/item/692-a-rigorous-global-evidence-review-of-interventions-to-prevent-executive-summary>

80 Laura K. Murray and others, "Effectiveness of the Common Elements Treatment Approach (CETA) in reducing intimate partner violence and hazardous alcohol use in Zambia (VATU): a randomized controlled trial" *PLoS Med*, vol. 17, No. 4, e1003056. Available at <https://pubmed.ncbi.nlm.nih.gov/32302308/>



Recommendations

Based on these lessons learned, the following recommendations can help apply, improve and scale up the Planning and Paying approach in other settings:

1. Assess and address the inherent politics of the Planning and Paying approach

The participatory nature of the Planning and Paying approach is inherently political; it seeks to integrate bureaucratic mechanisms of multisectoral planning and collaboration with democratic processes of civil society consultation and participation in decision-making. Not only are bureaucracies often resistant to democratic involvement and oversight from civil society, but also sectoral siloes and related budgets are often vigorously defended, not least at a time of restricted social spending and competing demands like the COVID-19 pandemic. The Planning and Paying pilots have learned important lessons about the need to understand the potential for collaboration between government and civil society in a given location, as well as the importance of principles of diverse representation, trust-building and leadership development to ensure that multisectoral planning mechanisms can be genuinely democratic. At the same time, the projects have confronted, and in some cases struggled to deal with, the realities of not only visible but also hidden and invisible patriarchal power. More concerted efforts are needed to better understand the operations of patriarchal power in project sites and to make more explicit use of lessons from the emerging body of work on gender-transformative work to change patriarchal organizational cultures.⁸¹

⁸¹ See: <https://genderatwork.org/>

⁸² See: <https://counteringbacklash.org/>

2. Prioritize women's leadership and feminist principles

As decades of women's activism and organizing have made clear, the linked goals of ending GBV and achieving the social and economic justice enshrined in the SDGs can only be realized by prioritizing diverse women's feminist leadership. Once again, the pilot projects have learned key lessons about how to do this in markedly different political conditions. The formation of the JUSTA Women Leaders Network in Peru built on a long history of women's activism in Villa El Salvador and helped ensure the District Instancia developed an LAP that was responsive to the realities of women's lives in Villa El Salvador and accountable to those it served. In more challenging patriarchal conditions, the village think tanks in Indonesia helped strengthen women's collective voice in highlighting GBV as a matter of community concern. In Moldova, the multidisciplinary team was the institutional mechanism through which women's leadership, as technical expertise from different sectors, could be foregrounded.

Moving forward, the Ending GBV and Achieving the SDGs initiative must continue to highlight the importance of, and support capacity-building for, diverse women's leadership and its collective organization, not least because of current trends in patriarchal backlash.⁸² Finding contextually sensitive ways to articulate feminist principles in support of this work is a continuing challenge facing UNDP.

3. Ensure safeguarding procedures and emotional support

The Planning and Paying approach, in its focus on breaking down sectoral siloes and fostering multisectoral collaboration, seeks to bring a range

of new actors and partnerships into work on GBV prevention and survivor support. Broadening and strengthening these collaborations is necessary if the complex determinants of vulnerability to GBV and its impacts are to be properly addressed. But there are risks to this approach. Most of the organizations and sectors that are the targets of “unusual” partnership-building have no experience with GBV issues. Additionally, their typically male-dominated leadership, staffing and operational cultures may make them resistant to the feminist analysis and action required for effective development programming on GBV.

As UNDP’s own work has demonstrated, even those sectors with formal mandates requiring them to be closely involved in action on GBV have, in many countries, proven unresponsive to survivors’ needs and rights and to the challenges of GBV prevention.⁸³ A key component, then, of the Planning and Paying approach must be the principle of “do no harm,” and these pilot projects have learned important lessons regarding both safeguarding issues and emotional support for those doing the work (see lesson 3). In its next phase, the Ending GBV and Achieving the SDGs initiative must prioritize attention to the principle of do no harm, ensuring that technical tools, support structures and reporting mechanisms are in place from the outset.

4. Frame “ending GBV” as a project of social and economic justice

Given that GBV work continues to be dominated by public health concepts and frameworks, the Ending GBV and Achieving the SDGs initiative makes an important contribution to the field of GBV prevention and survivor response by

highlighting GBV as a concern for sustainable and equitable development. The core message that the SDGs cannot be fully achieved without concerted efforts to end GBV has been central to this contribution. But less clearly communicated by the pilot projects is the more consequential insight of linking GBV with the SDGs: namely, that ending GBV depends on gender-transformative work on poverty reduction (SDG 1), health and well-being (SDG 3), quality education (SDG 4), employment rights (SDG 8), safe cities (SDG 11) and justice mechanisms and good governance (SDG 16).

The commitment to intersectional research, analysis, programming and policy advocacy expressed in the SDG principle of “leave no one behind” must also be central to GBV prevention and response. In the multisectoral collaborations they fostered, whether through the District Instancia in Peru or the multidisciplinary team in Moldova, the pilot projects have demonstrated the viability of highlighting and addressing the socio-economic drivers of GBV. However, more could be done to articulate this work in terms of achieving the SDGs in order to end GBV.

Clearer communication on this framing would also address the continuing confusion within the United Nations “family,” and the GBV field more generally, about UNDP’s involvement in GBV work. Several respondents interviewed for the initiative’s midline report at the end of 2019 said they encountered resistance towards, and negative views about, UNDP doing GBV work while at the Sexual Violence Research Initiative Forum in 2019. Articulating UNDP’s understanding of GBV as the violence of gender subordination, inextricably bound up with social and economic

⁸³ UN Women and UNDP, *Improving Women’s Access to Justice During and After Conflict: Mapping UN Rule of Law Engagement* (New York: UN Women and UNDP, 2014); UN Women, *In Pursuit of Justice: Progress of the World’s Women 2011-2012* (New York: UN Women, 2011). Available at <https://www.unwomen.org/en/digital-library/publications/2011/7/progress-of-the-world-s-women-in-pursuit-of-justice>

inequalities and injustices, will contribute to a broader understanding within the GBV field of the importance of UNDP's SDG-related expertise in equitable and sustainable development being brought to bear in GBV prevention and response. At the close of this first phase of the Ending GBV and Achieving the SDGs initiative, there is a clear need for more consistent and compelling messaging that UNDP has an important role to play in designing and disseminating models of development programming that address the injustices fuelling GBV.

5. Draw more explicitly on the existing evidence base

The design of the Planning and Paying approach was based on the insight that progressive policy commitments at the national level would remain ineffective until they could be localized, both as a process of strengthening local ownership of efforts to address GBV by a range of stakeholders and as a way to ensure that such efforts were responsive to local conditions and opportunities. The LAPs developed by all three pilot projects demonstrate this ownership and responsiveness. But it is less clear that they reflect the further insight, implicit within the design of the Planning and Paying approach, that LAPs should also be informed by the available evidence base on both GBV prevention and survivor response.

The adaptation of the CETA methodology for use in the Safe Space in Moldova is the best example of drawing upon the available evidence base to address issues identified through the situational analysis at the start of the project. The influence of the global evidence base is less clear in the design of the LAPs in Peru

and Indonesia, especially when it comes to working with men as potential allies in gender-transformative approaches to GBV prevention. In both cases, there was an important emphasis in targeting men, whether through masculinity workshops in Peru or community awareness-raising in Indonesia. But the available evidence base makes clear the need to adopt and adapt a broader range of strategies beyond training and awareness-raising that mobilize men to take both individual and collective action as allies and agents of change in their communities.⁸⁴

Moving forward, the Ending GBV and Achieving the SDGs initiative should put in place mechanisms to ensure that project staff and stakeholders can draw on and contribute to the existing evidence base, as well as more processes for peer exchange to support them in learning from each other as they apply and adapt this evidence base.

6. Adapt to contextual complexity

The 2019 midline report for the Ending GBV and Achieving the SDGs initiative as a whole emphasized the need for projects to be maximally responsive to the dynamic challenges of preventing GBV and responding to the needs of survivors. As a recent review of community activism approaches to GBV prevention emphasized: "Interventions that were effective were contextually appropriate, and relevant to the ways in which gender norms change, and activism and diffusion play out differently in different settings."⁸⁵

This quality of adaptiveness was immediately tested from early 2020 onward, with the

84 Michael Flood and Alan Greig, *Working With Men and Boys for Gender Equality: State of Play and Future Directions*, Policy Brief No. 23 (New York: UN Women, 2021). Available at <https://www.unwomen.org/en/digital-library/publications/2021/11/policy-brief-working-with-men-and-boys-for-gender-equality>

85 Rachel Jewkes, Erin Stern and Leane Ramsoomar, *Preventing Violence Against Women and Girls: Community Activism Approaches to Shift Harmful Gender Attitudes, Roles and Social Norms: Evidence Review*, p. 12.

devastating impacts of COVID-19 felt, in different ways, in all three project sites. Each of the Planning and Paying pilots adapted its working methods to the lockdown conditions imposed at different times during project implementation, moving to online and mobile phone communication methods and supporting community stakeholders experiencing difficulties with remote access. It is clear that the strength of relationships fostered among stakeholders prior to the pandemic helped maintain communications during the pandemic. In addition to the importance of the quality of relationships among the stakeholders involved in participatory planning, the adaptiveness of LAP development and implementation is aided by improving the continual collection and analysis of relevant local data to inform decision-making and course-correct interventions.

7. Work with senior leadership to facilitate resource mobilization and cost-sharing

Data collection is also central to accurately costing LAPs, which underpins the multisectoral collaboration in jointly funding agreed-upon LAPs for GBV prevention and survivor response envisaged in the original design of the Planning

and Paying approach. As already noted, while all three pilot projects were successful (albeit in different ways) in mobilizing multisectoral responses to address GBV, they were less effective in securing collaborative financing for their LAPs. Costing studies showing the general cost-effectiveness of GBV prevention were carried out in all three countries, and to some extent, these proved useful as advocacy tools for highlighting the importance of GBV prevention itself. But these studies in themselves did not translate into commitments by sectoral budget-holders to pool their resources towards the commonly agreed-upon activities and targets of the LAPs.

Moving forward, there is a need for more granular costing of specific interventions, more detailed models of cost-sharing among stakeholders and more intensive advocacy with senior-level decision-makers earlier in the participatory planning process to make obtaining their support more likely. With its global reach and commitment to innovation, UNDP has a key role to play in connecting senior-level decision-makers in peer networks to share and adapt innovative approaches to resource mobilization and cost-sharing for more effective and sustainable action to end GBV.



Annex 1

Interview Guides for Lessons Learned Study

Semi-structured questionnaire guide for key informant interviews

Research Question I. Did the extent of participation influence the quality, effectiveness and responsiveness of the local action plan in the context of COVID-19?

<p>Participation pre and post COVID-19 pandemic</p>	<ol style="list-style-type: none"> 1. What factors helped participants understand the contextual situation and supported the decision-making processes leading to the development of the plan? Probe: What information was collected and shared, how was it discussed and how participants arrived at a collective solution? 2. In your opinion, did the planning process ensure meaningful participation of key and diverse stakeholders? What facilitated meaningful participation by stakeholder group? Probes: <ol style="list-style-type: none"> a. What steps/approaches did you take to ensure meaningful participation across stakeholders? (e.g. efforts to build trust, engagement and relationships with key stakeholders; training and empowerment of community women leaders and women grassroots social organisations to contribute to the planning process) b. Can you share any examples of challenges you experienced in ensuring equal participation during the design and implementation of the local action plan prior and post COVID-19 pandemic? How did you overcome them? c. Did the initial participatory engagement help prepare you/the coordination mechanism respond to the new pandemic context and overcome the related challenges? If so, how? d. In your opinion, did the level of participation change after the COVID pandemic? If so, how did it change? Probe: for instance, what changes in communication, coordination and support did you establish during lockdown mandates, and how well did they work? (e.g. did the shifting to virtual communication disadvantage any particular stakeholder group due to lack of resources for online meetings? How was this overcome?)
<p><i>Stakeholder perceptions of changes and quality of the plan (end of pilot)</i></p>	
<p>Quality of the plan</p>	<ol style="list-style-type: none"> 3. Could you share any examples of how GBV response and prevention best practices were considered in the design and implementation of the plan, both pre- and post-COVID-19? Probes: <ol style="list-style-type: none"> a. For instance, how does the plan seek to change social norms that drive gender inequality and GBV and consider the principles of survivor centered service delivery, human rights and the SDGs (including leaving no one behind)?
<p>Impact of the plan and other relevant outputs</p>	<ol style="list-style-type: none"> 4. In your opinion, how did the participatory process impact the actual plan and its effectiveness)? Probes: <ol style="list-style-type: none"> a. Can you share any examples of the most significant changes influenced by the plan/intervention? Which expected changes were met, and why? b. What was different from the expected changes/outputs? What changes will be sustained beyond the pilot's cycle? Which actions have/will have the greatest effect on reducing GBV? c. What advice would you give to others undertaking a similar participatory planning process?

<p>Responsiveness to the COVID-19 pandemic</p>	<p>5. How did you/the coordination mechanism rethink the priorities of the local action plan and what were the main changes made since the start of COVID-19 pandemic? Probes:</p> <ol style="list-style-type: none"> a. What were the new priorities and how were these decisions made? What key adaptations did you make to your plan or implementation models as a result of COVID-19? b. Can you share any examples of additional efforts by the coordinating mechanism to integrate prevention and support for GBV survivors into the health systems response (e.g., improved reporting and referral mechanisms; consideration of the intended and unintended impacts of public health responses such as the lockdowns)?
<p><i>Localization: Alignment of local action plan with national action plans and policies (applies to Moldova and Peru, questions primarily addressed to UNDP CO)</i></p>	
<p><i>Scope and quality of the Local Action Plan (applies to all pilots, questions primarily addressed to UNDP CO)</i></p>	
<p><i>Innovations and timeline for implementation</i></p>	
<p>Research question II: Did the participatory planning process and resulting plan influence the ability to mobilise resources and finance the plan and response in the context of COVID-19?</p>	
<p>Financing of the plan</p>	<ol style="list-style-type: none"> 6. Which financing sources or stakeholders are funding the local action plan and GBV-related activities in the locality? Probe: roughly how much is each financing source contributing to GBV-related activities? Over what period? 7. How have financing sources/payers changed since the participatory process started, and from pre- to post- COVID-19 to implement the GBV-related activities in plan? Probe: Did it increase or reduce? By how much – order of magnitude? Please consider both financial and in-kind resources, such as volunteered hours, or venues. Did additional payers/funders come on board? 8. Which sectors (public, private) were more willing to resource the local action plan as result of the participatory planning process post-COVID 19? Probe: Why did each decided to invest in the plan? What perceived benefits do they see for their sector / constituency? 9. What proportion of the costed plan has been financed and what remains to be financed? Probe: Which payers / financing sources will continue beyond the duration of the pilot (why or why not)?

Semi-structured questionnaire guide for focus group discussions

Maximum of 10 questions to understand how participatory and meaningful the 'participatory process' and group engagement was and what that meant for how they were able to mobilise for interventions and funding in response to the surge in GBV during the pandemic.

Ice-breaker question	<ol style="list-style-type: none"> 1. What was the pilot's proudest achievement(s)? For instance, overcoming a specific challenge, bringing a new partner on board, developing new skills, capitalising on a new opportunity, etc.
Discussion topic guide	<ol style="list-style-type: none"> 2. What factors helped participants understand the contextual situation and supported the decision-making processes leading to the development of the plan? Probe: What information was collected and shared, how was it discussed and how participants arrived at a collective solution? 3. What was the level of multi-stakeholder participation (on a high medium and low scale) at every step of the local action plan? Follow up: Can you share the main reasons for the different levels of stakeholder participation? 4. How meaningful was the multi-stakeholder engagement and to what extent were all participants equally involved and included? 5. What deliberate efforts were made by you/the coordination mechanism during the planning process to ensure and enable meaningful engagement across stakeholder groups? (e.g. efforts to build trust, engagement and relationships with key stakeholders; training and empowerment of community women leaders and women grassroots social organisations to contribute to the planning process). Probe: What were the main facilitators in managing the relationship with state local authorities? 6. What processes did you/the coordination mechanism implement to ensure democratic decision making across stakeholder groups? Probe: Can you share any examples of how disagreements about priorities were resolved? Were there issues or activities that were priorities to some stakeholders, but were not prioritised in the final plan (and vice versa, things that were not considered priorities to some but were included)? Why? 7. Can you share any examples of how the participatory process considered the principles and related best practices of survivor centered service delivery, human rights or changed social norms that drive gender inequality and GBV? 8. Can you share any examples of how the participatory planning process leveraged partnerships, attracted donors and/or resources, and (if applicable) replicate pilot initiatives? Please specify if these efforts expand beyond the project period (i.e. after 2021). 9. Can you share any examples of challenges you/the coordination mechanism experienced in ensuring meaningful participation and an equal say across stakeholder groups during the design and implementation of the local action plan prior and post COVID-19 pandemic, and how did you overcome them? (For instance, disruption in working arrangements and communications with colleagues and partners; inability to participate in field visits; increased demand for GBV-related services; greater psychological stress; and shifting priorities of government and other partners towards crisis preparedness and response). Probe: Did certain power dynamics influence the engagement and participation of certain stakeholders? If so, how and why? 10. Exit question: What advice would you give to others wanting to undertake a similar participatory planning process? Probe: What improvements do you think the participatory planning process could be undertaking?

Indonesia

UNDP Indonesia has produced several knowledge products and toolkits to enable local governments and NGOs elsewhere replicate these interventions and adapt these tools to their context:

- Manual of Planning and Paying for LAPs to Address GBV
- Lessons learned and best practices from the Advocacy Public Workshop on Reducing GBV and Achieving SDGs
- Psychological First Aid Pocket Guide
- Standard Operating Procedures for Community Based Referral Mechanism (GBV Case Management at the Village Level)
- Lessons learned and best practices from Private Sector for Gender Equality Workshop
- Video on the women/ activist/women organization features their critical leadership in fighting against VAW

Moldova

UNDP Moldova, with support from UNDP HQ and UNU, has produced several knowledge products and toolkits to enable local governments and NGOs elsewhere to replicate these interventions and adapt these tools to their context:

- 5 Steps to Address Domestic Violence: Participatory planning at the local level
- Documentary on the way to break the cycle of violence
- Video promoting the hotline and services of the Safe Space
- Posters and leaflets promoting the hotline and services of the Safe Space
- Local Action to End Gender-Based Violence in Moldova: Summary Brief
- Report on the Trainings: Held in ATU Gagauzia from November 2018-February 2022 and organized within the project “Addressing violence against women in the Republic of Moldova: exploring and learning from local solutions” in the Republic of Moldova
- “Addressing violence against women in the Republic of Moldova: exploring and learning from local solutions” Project Evaluation Report (Endline Evaluation)
- “Addressing violence against women in the Republic of Moldova: exploring and learning from local solutions” Mid-term Project Evaluation Report
- Addressing gender based violence in Chirsovo village: Situational analysis
- Technical Cost Report informing the adaptation of Moldovan local best practices to address GBV in times of crisis

Peru

UNDP Peru has produced several knowledge products and toolkits to enable local governments and NGOs elsewhere replicate these interventions and adapt these tools to their context (in Spanish unless otherwise specified):

- The Cost of Non-Prevention: Analysis and Recommendations to face violence against women from the perspective and experiences in Villa El Salvador (Lima) ⁸⁶
- The *District Instancia Action Plan 2021-22* ⁸⁷
- The *District Protocol to address violence against women and family members* ⁸⁸
- JUSTA project's Mid-term Evaluation Report (English version)⁸⁹
- Methodological Booklet (*Cuadernillo Metodológico*) for strengthening women's organisation networks interested in addressing GBV at the local level⁹⁰
- The roadmap for producing a Local GBV Action Plan based on the COMBOS methodology for community diagnosis and planning
- Briefing Note: Addressing Gender-Based Violence in Villa El Salvador via the District Instancia Plus (English version).⁹¹
- Work guide on gender and masculinities for care service operators
- Guide on how to work with Community arts and cultural organisations to apply a gender lense through art festivals
- A guide for mental health in times of crisis: ***Training Guide in Community Emotional Accompaniment and creative writing***. 2021.
- Advocacy report: ***Transformation and resilience through art*** (English version)
- A JUSTA model toolbox and video (English version)
- Systematisation of the JUSTA Model based on a strategy of actors 2022⁹²

86 PNUD (2019) *El Costo de la No Prevención: Análisis y Recomendaciones para Enfrentar la Violencia contra Niñas y Mujeres desde la Experiencia de Villa El Salvador (Lima)* / The Cost of Non-Prevention: Analysis and Recommendations to face violence against women from the perspective and experiences in Villa El Salvador (Lima).

87 VES District Instancia (2021) *Plan de Acción de la Instancia Distrital de Concertación de Villa El Salvador (2021-2022)*.

88 VES District Instancia (2020) *Protocolo Distrital para abordar la violencia contra mujeres y los integrantes del grupo familiar en Villa El Salvador*.

89 UNDP (2021) Intermediate Evaluation Report of the JUSTA (Villa El Salvador for Justice and Equality Project): Planning local action to address gender-based violence

90 UNDP (2021) *Local Governance to Address Gender-based Violence through Community Action. Case: JUSTA Women Leaders' Network of JUSTA Project, Villa El Salvador for Justice and Equality*. Methodological Booklet Series on Gender-based Violence against Women and Children.

Programa de las Naciones Unidas para el Desarrollo – PNUD (2021) Cuadernillo Metodológico. Gobernanza local para prevenir la violencia basada en género a través de la acción comunitaria. El caso de la Red Justa del Proyecto Justa, Villa El Salvador por la Justicia e Igualdad.

91 Remme, M. Ghani, F. Sheppard, L. Paredes, M. & Patiño, M. (2021) *Briefing Note: Addressing Gender-Based Violence in Villa El Salvador via the District Instancia Plus*, UNDP and United Nations University, International Institute for Global Health (UNU-IIGH)

92 UNDP (2022) The learning routes of the JUSTA model in Villa El Salvador: systematization of the fair model for local governance in addressing gender violence through community action. Peru case JUSTA project



**Annex
3**

Replicating the JUSTA Women Leaders Network

Steps	Rationale	JUSTA Network processes and findings
<p>Mapping of Women Networks and their leaders</p>	<p>Identify number and forms of existing women networks and their leaders (working on GBV and other issues such as the environment) to expand and strengthen existing networks, and amplify their impact of project proposals and interventions from and for groups traditionally excluded.</p> <p>Mapping of women organisations in Villa El Salvador</p> 	<p>The situational analysis and network mapping conducted by UNDP under the JUSTA project took 3 months, and facilitated the analysis of women network dynamics in Villa El Salvador (VES), identification of WLN's potential leaders and development of the Strategic Chain of Actions for addressing GBV in VES.</p> <ul style="list-style-type: none"> • Leader: <i>"The opportunity to engage with other organizations has broadened our horizons a bit more."</i> • Local Government Representative: <i>"The network has allowed them to understand each other, and they feel freer to participate. The network allows them to talk about aspects that they did not dare before. The network empowers them, they are not afraid to judge themselves".</i>
<p>Public engagement of women organisations and leaders</p>	<p>Invite and train organisations to work towards the same objective of locally addressing GBV to empower a larger mass of women activists. Present the project and its objectives, and generate common dialogue and trust and call for contributing organisations and leaders</p>	<p>Identified leaders of networks were invited by UNDP who showcased the UNDP work and particularly the JUSTA project and its objectives, including facilitating the formation of the WLN</p> <p>A subsequent call for contributing organisations and leaders to form the WLN to generate common dialogue and trust towards addressing GBV in VES.</p>
<p>Strengthen horizontal leaderships</p>	<p>Leaders vary in style, expertise and kindness. The following steps supported the WLN formation and management:</p> <ol style="list-style-type: none"> 1. Identify leaders and acknowledge their skills, regardless of their age or organisation size. 2. Characterise individual leaders' strengths and weaknesses (e.g. empathic, active listening, creative, flexible, inspirational, persuasive). 3. Strengthen individual leadership 4. Promote democratic participation 	<p>Several organisations and leaderships were identified and previously supported by NGOs. Despite common agendas (GBV), the support was disjointed, resulting in multiple women leaders who might not have collaborated with each other.</p> <p>The WLN aimed to increase the collaboration across leaders towards preventing and responding to GBV. Thus, the WLN has no single leadership, so that all networks feel represented by it.</p>

<p>Search for a common identity</p>	<p>Promote an environment that facilitates the sharing of ideals, objectives and even problems to generate internal cohesion for a common group identity.</p> <ol style="list-style-type: none"> 1. The initial project stages provides the opportunity to generate a common agenda and objectives to motivate participation and facilitate coordination. 2. Explore possible sources of common identity (e.g. in the collective formulation of the GBV problem and its solution) and allocate different task based on leader's strengths. 3. Sustain the identity overtime particularly if it becomes a public brand or recognition of women by third parties. Any damage to the brand weakens the collective. Set basic rules regarding leadership, participation and proposals. 	<p>Identity formation can be challenging. The WLN identify formation was facilitated by 4 components:</p> <ol style="list-style-type: none"> 1. Working against GBV encourages the formation of a common collective goal. Leaders noted: <ul style="list-style-type: none"> • <i>"The common objective we have, which is to work with women and the issues that affect them and propose public policies that really make changes so that inequalities do not continue to exist."</i> • <i>"Since we identified ourselves as a network, they have understood that we are returning with greater force."</i> • <i>"Our articulation of women's organizations occurs through an issue that challenges and outrages us all"</i> 2. The WLN name was collectively chosen by the leaders because they felt that it encompassed and identified them. 3. An attempt was made to promote the organisation of groups and subgroups within the new Network so that various leaders of different networks could dialogue with each other. 4. Identity was forged and maintained on a day-to-day basis via regular meetings to define its objectives and actions, which were convened by UNDP and utilised agile methodologies (WhatsApp) for network communication regarding agendas.
<p>Formalisation as an organization</p>	<p>Volunteered time invested in the network is unpaid women donated by women in addition to their domestic duties. Women's network often lack registration with a government body and related formal financial support. Formalising the network enables access to resources such as an organised communal space to articulate ideas and interests.</p> <ol style="list-style-type: none"> 1. Network's democratic discussion on benefits and disadvantages of formalising the organization. 2. Proceed with formalising the network (contextual requirements might paper work, communal agreements, signatures, etc) 	

<p>Sustain meetings and activities</p>	<p>Community organisations share spaces and ideas. An understanding of what motivate its members helps in avoiding conflicts, resolving disputes generate empathy and achieve better outcomes.</p> <ol style="list-style-type: none"> 1. Establish regular meeting spaces for sharing coordination and empathy 2. Achieving consensus in establishing operational rules 3. Anticipate and manage conflicts by considering viewpoints, negotiating win-win resolutions, and discussing advantages and disadvantages and reaching consensus. 	<p>The WLN established its own basic operational rules (rules of coexistence) to promote mutual respect and collective decision making, which were widely respected in the discussion spaces, including the virtual ones held by UNDP-Peru through non-face channels (WhatsApp).</p>
<p>Acknowledge women's different strengths and use them strategically</p>	<ol style="list-style-type: none"> 1. Identify individual capabilities by asking each leader their areas of expertise 2. Use them strategically and create learning spaces for skills transfer 	
<p>Encourage women's participation, in discussion and proposals formulation</p>	<p>While women in grassroots organisations are knowledgeable about their community problems, they might lack technical skills such as project management, policy formulation or legal skills. While some members might be more experienced in certain areas, the objective is to formalise the learning process by:</p> <ol style="list-style-type: none"> 1. Creating spaces and opportunities for peer-to-peer learning covering topics such as coordination of work across civil society and the state, and how to reach authorities not opened to discussion 2. Inviting relevant experts to meetings to deep-dive on specific topics 3. Establish community workspaces with specific objectives for the network to democratically discuss and formulate formal proposals from civil society or for public hearings 	

<p>Work with the members' emotions</p>	<p>GBV work carries a strong emotional component, particularly when members have experienced directly, as in the case of the WLN.</p> <p>Paying attention to the member's mental health via self-care and formation of mutual aid groups to support them with personal problems by:</p> <ol style="list-style-type: none"> 1. Identifying individual emotional remnants and strengthening the network's response, incorporating an organisational culture of concern for others in everyday interactions and forging stronger relationships. 2. Establishing mutual aid groups where women share their concerns in an open and confidential way. 	<p>The WLN seeks greater empathy with violence survivors seeking help and tolerance towards dissenting opinions.</p>
<p>Support the formalisation of official spaces for civil society and state interactions</p>	<p>Community participation largely depends on sustaining interaction spaces with local authorities by:</p> <ol style="list-style-type: none"> 1. Formalising these spaces interaction between community organisations and state authorities to enable community voices to be heard and place GBV on the local agenda over time and ensure that those who must be in those spaces do not delegate their participation to junior officials with less decision power. 2. Ensure the participation of civil society, even if it is as monitoring the decisions made in those spaces. 	<p>This level of dependency is variable and depends on the relationship that one has or seeks with such authorities. In some cases, what is sought is to carry out activities jointly between the community organization and the State. In others, it is sought that the authorities are accountable to civil society, while in other cases it is the community organization itself that participates in mixed discussion spaces where the State and civil society participate. In any of these cases.</p>

<p>Prepare women to participate in official spaces with state authorities</p>	<p>Official participation mechanisms often have particular dynamics for debates and can be very technical, limiting the participation of outsiders that do not propose and present organised ideas, limiting community participation. This can be overcome by prepare leaders to participate in these official spaces with relevant competencies.</p> <ol style="list-style-type: none"> 1. Identify key meetings dealing with issues crucial to solving a problem, identifying solutions or making key decisions with major implications for leaders to prepare proposals and address criticism. 2. State the objective of participation in each meeting. via coordinating meetings that facilitate exchange and consensus in the organisation. 3. Prepare women for their participation. Some women will be more comfortable discussing issues with local authorities as result of regular exposure to these spaces, and structuring their ideas in a logical way while reflecting network consensus is key for women's contributions to be acknowledged and progress their agenda. 4. Share the official meeting discussions and outcomes with the network for continuity to empower other women across networks and not just the leaders, which will increase internal accountability and encouraging other leaders. 	
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<p>Formalise strategic alliances</p>	<p>Partnerships with other organisations enables collaborative work and complement activities and approaches, and might extend the project’s scope. It broadens networks and exposes women to other actors, discourses and strategies from which they can learn and to which they can showcase achievements.</p> <ol style="list-style-type: none"> 1. Define the need and objectives for strategic alliances to attract resources for the network for greater impact, aligned with the network’s objectives 2. Identify potential strategic allies at the local and other levels. Typically, community organisations might neglect or lack the tools or networks to expand their contact channels and networks. This limitation can be reversed by creating new network opportunities with, for example, NGOs, or state entities for greater impact. 	<p>The formation of strategic partnerships has been key for the WLN over time. They include NGOs that supported the consolidation of networks and leadership, including capacity building and political participation, prevention and GBV care services among others. It is now easier for local authorities to convene JUSTA’s WLN than to be identifying individual VES women leaders from different networks.</p>
<p>Work towards sustainability</p>	<p>Like any form of civil society organization, sustainability is a constant concern and challenge. Apart from considering the generational change, two other aspects should be considered:</p> <ol style="list-style-type: none"> 1. Preparing to seek funds or apply for project grants, which sometimes requires network formalisation to qualify for grant applications. It requires the skills to formulate and execute a project or the support of strategic alliances with other civil society organisations to leverage capacities. 2. Making the network’s work visible (via social networks and informally by word of mouth) to demonstrate the organisation’s capacity for action. Thus, the organisation will not only be active but also necessary, which will also motivate more people to join. 	



Annex 4

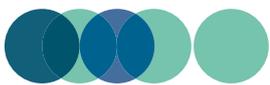
Relating the Peru LAP to the RESPECT framework

Stakeholder perceptions of changes and quality of Instancia's outputs in Peru

	Plan	Protocol	Lessons learned
<p>R – Relationship skills strengthened</p> <p>Refers to strategies to improve skills in interpersonal communication, conflict management and shared decision-making.</p>	<ul style="list-style-type: none"> • Strategic planning of activities • Better integration and cooperation among organisations • Duplicated efforts prevented • Stakeholder priorities and objectives aligned with each other 	<ul style="list-style-type: none"> • Workshops held with all stakeholders to identify the district's specific needs • Lead to a reduce need for external assistance, largely implemented through strong partnerships with local NGOs and women leaders 	<ul style="list-style-type: none"> • Mapping local stakeholders and capacitate them in common workshops strengthen the relationships and can be replicated • The JUSTA Network linked to the multisectoral Instancia helped to develop a more comprehensive and sustainable local response to GBV
<p>E – Empowerment of women</p> <p>Refers to economic and social empowerment strategies including those that build skills in self-efficacy, assertiveness, negotiation, and self-confidence</p>	<ul style="list-style-type: none"> • Increased participation in the planning and implementation of activities (from 4 to 8 representatives in the Instancia), compare to other districts • Able to reach a higher number of people despite the pandemic 	<ul style="list-style-type: none"> • Less inspired by the global initiative, and mainly promoted by the women leaders at a local level • Increased participation from women's organisations working with survivors for the identification of service delivery's bottlenecks 	<ul style="list-style-type: none"> • The capacitation of women and other Instancia members increased local resilience to respond to GBV • The Protocol was value added from the participatory process
<p>S – Services ensured</p> <p>Refers to a range of services including health, police, legal, and social services for survivors of violence.</p> <p>Principles of survivor centered service delivery</p>	<ul style="list-style-type: none"> • Mental health services included for the first time within its thematic axes • Increased awareness on GBV, the range and quality of services available and care pathway 	<ul style="list-style-type: none"> • Increased GBV services integration and accessibility, addressing bottlenecks • Survivor-centered service provision reflecting the local GBV survivor needs • CEM adopting a key role in service integration • Increased survivors' awareness concerning care pathway service delivery via staff training and engagement 	<ul style="list-style-type: none"> • Training of service providers translated into more integrated care • The protocol development increases CEM's effectiveness to respond to survivors' needs as it addresses accessibility barriers.

Stakeholder perceptions of changes and quality of Instancia's outputs in Peru

	Plan	Protocol	Lessons learned
<p>P – Poverty reduced</p> <p>Refers to strategies targeted to women or the household, whose primary aim is to alleviate poverty.</p>	<ul style="list-style-type: none"> • Increase information awareness regarding accessibility of food baskets and free legal services • Personalised service provision based on individual circumstances 		<ul style="list-style-type: none"> • The Cost of No Prevention study notes the opportunity cost in health, work and educational areas when preventing GBV, as the hidden costs of GBV hinder women's capacity to invest in other necessities and generate income.
<p>E – Environments made safe</p> <p>Refers to efforts to create safe schools, public spaces and work environments, among others.</p>	<ul style="list-style-type: none"> • Activities inclusive of all age groups • Substantial work developed with adolescents, particularly secondary school students and other pupils 		<ul style="list-style-type: none"> • The Plan includes preventive and awareness raising activities in domestic and public spaces.
<p>C – Child and adolescent abuse prevented</p> <p>Includes strategies that establish nurturing family relationships.</p>	<ul style="list-style-type: none"> • Focus on the youth, particularly during the COVID-19 pandemic, when schools were temporarily closed 		<ul style="list-style-type: none"> • The Plan involves men and women, and girls and boys in awareness raising activities to address GBV
<p>T – Transformed attitudes, beliefs and norms</p> <p>Refers to strategies that challenge harmful gender attitudes, beliefs, norms and stereotypes.</p> <p>To change social norms that drive gender inequality and GBV</p>	<ul style="list-style-type: none"> • Non-discriminatory approach regarding gender or identity • Inclusive of all age groups • Activities and services framed to promote a change in harmful social norms 		<ul style="list-style-type: none"> • Both the Plan and Protocol aim at transforming attitudes, beliefs and behaviours in the community.



ENDING **GENDER-BASED VIOLENCE**
AND ACHIEVING THE
SUSTAINABLE DEVELOPMENT GOALS

