

REPUBLIC OF THE MARSHALL ISLANDS

Summary Report: Costing the Impact of Intimate Partner Violence and the Resources Required to Address It

Background

The Pacific region has some of the highest rates of violence against women and girls (VAWG) globally with 2 in 3 women experiencing physical and/or sexual violence in their lifetime. It is well established that VAWG takes a significant toll on the well-being, health and safety of survivors of violence, their families and communities at large. Across the Pacific, intimate partner violence (IPV), also referred to as domestic violence (DV), is the most prevalent form of VAWG. Global commitments to ending all forms of VAWG, notably through Sustainable Development Goal targets 5.2 and 5.3, have supported increased advocacy to sufficiently resource national VAWG response efforts and to better understand the detrimental cost of violence on national economies.

Costing the economic impact of IPV and the implementation of critical elements of national policies and laws on IPV holds important implications for policy implementation and its budgeting. Evidence suggests that investments in preventing and responding to IPV have a significant cost saving potential, can generate economic and social benefits, and improve gender equality. Such costing research is also necessary information for lobbying and advocacy campaigns to assist in securing the funding and to planning the roll-out of commitments made. Such efforts are likely to have flow-on effects for country-led gender-responsive budgeting initiatives.

To contribute to gender-responsive budgeting efforts in the Pacific, a multi-country costing of IPV study in Fiji, Solomon Islands and the Republic of the Marshall Islands (RMI)¹ was undertaken in partnership with national and regional stakeholders² to cost:

- 1) the impact of IPV on the economy; and
- 2) the resources required to fully implement national measures, such as laws, policy frameworks, services and programmes, to address IPV.

The studies focused attention on IPV as the most prevalent form of VAWG in the region. Furthermore, the multi-country costing study aligned with regional and national gender-responsive budgeting efforts to provide evidence that supports policy and advocacy efforts to target budget investments and add the economic argument to VAWG prevention and response efforts.

In RMI, the costing study assessed the impact of IPV on the national economy and costed the resources required to implement a package of prevention and response interventions for survivors of VAWG nationally. Approval for the study was sought from RMI's Human Rights Committee. The research team worked hand in hand with diverse national stakeholders including representatives from the Office of the Chief Secretary, High Court of the Marshall Islands, Women United Together in Marshall Islands (WUTMI), Micronesian Legal Service, National Police, Majuro Local Police, Ministry of Culture and Internal Affairs, Ministry of Health and Human Services, Ministry of Justice, Economic Policy Planning and Statistics Office, RMI Public School System, Youth to Youth in Health, Ministry of Finance, Marshall Islands Epidemiological Prevention Initiative, Waan Aelon Majol and Marshall Islands Red Cross Society. This country brief presents the findings and recommendations for RMI.

1. Country briefs are available for Solomon Islands and Republic of the Marshall Islands. Findings from Fiji are integrated into the Fiji National Action Plan to Prevent Violence Against Women and Girls. See acknowledgements.

2. See acknowledgements.

An initiative of the United Nations funded by the European Union

Context: Demography, economy, social development and intimate partner violence in the Republic of Marshall Islands

RMI encompasses five islands and 29 coral atolls, comprising 1,156 individual islands and islets with a combined land area of 181 square kilometres. The capital and largest city is Majuro. In 2020, RMI had a population of 53,000 people, and a total gross domestic product (GDP) of \$214 million USD, with an average annual GDP growth rate of 2.6%.³ RMI's social and cultural fabric is deeply affected by colonialism, a legacy of nuclear testing and existing foreign military presence. Stakeholders engaged in the costing study identified the utmost importance of preserving Marshallese knowledge systems including *Manit*⁴ in order to ensure the successful implementation of any intervention to address VAWG. Despite being a matrilineal society, the inequality between Women and girls and their male counterparts is stark.

Figure 1a: Demographic and economic characteristics of RMI



*World Bank Development indicators, 2021

**RMI census data, 2011

***Family Health and Safety Study (FHSS), 2014

The 2014 Family Health and Safety Study (FHSS) found that roughly two-thirds of all women have experienced lifetime violence, with nearly 10% of those women experiencing extreme violence. Rural women experience violence at a higher rate, and are further from services such as healthcare, justice, and educational opportunities. The FHSS also found that girls and young women aged 15 to 24 were experiencing higher rates of physical violence compared to other age groups.⁵

All ever-partnered women	RMI
% lifetime physical and/or sexual partner violence	50.09%
% current physical and/or sexual partner violence	18.2%
# women experiencing violence in lifetime	11,846
# women experiencing violence in past 12 months	4,236

3. The World Bank Development Indicators 2021, <https://data.worldbank.org/> [accessed 20 Nov 2021]

4. *Manit* is a word that relates to the customary structure to include traditional leadership, language, ceremony, and the like. The word quite literally translates to 'first knowledge.'

5. Jansen & Takala (2014) Debej Aenemonilo Moko Mwod: Republic of the Marshall Islands National Study on Family Health and Safety Australia Aid

Rates of violence are similar in RMI's urban areas and atolls, however available services for women outside of Majuro are limited to non-existent, and complicated by limited travel options for women to go to urban centers. Due to stigma, potential negative consequences for reporting and challenges accessing services, 54% of ever-abused women had not told anyone about their experiences of violence. Survivors who did disclose to someone mostly confided in friends (20%) and parents (15%). 51% of women who experienced IPV left home at least once due to the violence, although, 91% of women who experienced IPV did not seek help from formal services or authorities.⁶

RMI does not have a dedicated Ministry for Women or Women's Affairs Department within Government and a formal national coordinating body to respond to VAWG does not exist. The Community Development Division within the Ministry of Culture and Internal Affairs has a 'Gender Desk,' which ordinarily consists of two full-time civil servants, however both posts, as of December 2021, were vacant. Annual project budget for the Gender Desk is limited and was further decreased due to COVID-19 budget cuts. Ministries involved in gender equality and VAWG include the Ministry of Culture and Internal Affairs, the Ministry of Health and Human Services and the Ministry of Justice (includes National Police, Courts, and Office of the Attorney General). Non-governmental organizations, such as WUMI and Micronesian Legal Services, alongside faith-based organizations and other partners, such as the Pacific Community (SPC) and International Organization for Migration (IOM), play a key role in advancing EAWG and gender equality issues.

The Domestic Violence Prevention and Protection Act (DVPPA) (2018), and the Gender Equality Act (2019) are two key legislations that inform the legal framework for VAWG prevention and response. The DVPPA outlines the criminal act of domestic violence, prevention of domestic violence and mechanisms to protect survivors of domestic violence, including children. It is an instrument in the broader legislative context which includes the Child Abuse and Neglect Act and the Criminal Codes' Provisions on Trafficking in Human Beings (Article 251 of the Criminal Code). RMI's traditional government, Mweo Mon Iroj (the Great Council of Chiefs), also engages in VAWG prevention and response through community-based discussions and interventions to support a resolution of VAWG within families.

A gender-based violence (GBV) costing study was conducted in 2012 with support of UNDP, to cost government implementation of the DVPPA. The results of the study informed some initial budgeting for VAWG response options, however it has not been systematically integrated into budgeting measures, in part due to the lack of a government oversight mechanism. Unique to RMI is its system of traditional government, Mweo Mon Iroj (the Great Council of Chiefs), who is peripherally involved in VAWG prevention and response through community-based discussion and interventions where invited to do so by families. RMI does not have a national action plan to address VAWG.

Costing the impact of IPV on the economy

Methodology

To cost the impact of IPV on the national economy of RMI, the study assessed two cost categories and related measures:

1. **Individual Direct Costs**, representing the actual 'out of pocket' payments and actual expenditures borne by survivors of violence in their effort to address the violence and access services, including transportation, phone credit, health care services, judicial services and social services.
 - a. **Measure 1.1:** Out-of-pocket expenditures to women for accessing services. None of the countries in the study had out-of-pocket expenditure data in publicly available datasets; therefore, costing averages from Iran^{7,8} (an upper middle-income country as is Fiji and Republic of Marshall Islands) were utilized across all three countries. As data on the number of times women sought help was unavailable, prevalence rates were used to approximate incidents with the assumption of one visit per woman over the past 12 months.

7. Fourozan, A., Dejman, M., Baradaran-Eftekhari, M., & Bagheri-Yazdi, A. (2007). Study on direct costs of domestic violence against women in legal medicine centers of Tehran (2002). *Archives of Iranian Medicine*, 10(3), 295–300 Updated in Vyas et al. (2021) *The Economic Cost of Violence Against Women and Girls in Low- and Middle-Income Countries: A Systematic Review of the Evidence*. *Trauma Violence & Abuse*. DOI: 10.1177/15248380211016018

8. Estimates suggested women paid \$62.42 USD per visit to access medical care, \$22.36 USD per visit to access police services and \$45.48 USD per case to access legal/justice services and counselling/NGO services.

2. Individual Indirect Costs, representing the value of lost productivity from paid work, time loss due to injury and illness, as well as the foregone value of lifetime earnings for women who have died as a result of IPV.

- a. **Measure 2.1:** Percent and number of women affected by violence and whose work was affected. None of the countries in the study published data on number of days absent from work due to violence; therefore, the study used an estimate from a study in India⁹ which documented an average of seven (7) days off work per incident.
- b. **Measure 2.2:** Number of workdays lost and cost of productivity loss
- c. **Measure 2.3:** Total productivity loss as a percent of GDP

The study relied solely on existing published data and secondary data analysis; no primary data was collected. The study derived its calculations from the 2014 Family Health and Safety Study and the World Bank demographic and economic datasets (for labour force, national GDP). Due to a limitation of reliable national wage data, wages were approximated using GDP per capita data.

Limitations

The study faces numerous limitations. First, comprehensive and existing national data sets were uneven and incomplete. The limitation in access to available data and lack of collected data on all the variables of interest limits the accuracy of the findings. Data from India and Iran in addition to available national data was used to craft a data set and form calculations. Second, estimating out-of-pocket expenditures involves identifying women utilizing services and estimating their expenditures including transport costs, commodities e.g., medicines, and service costs e.g., counselling. These expenditures are usually estimated directly by gathering primary data at facilities which include administrative data on the number of women accessing services and then sampling women and asking them directly about their expenditures.¹⁰ The scope of the study during COVID-19 did not allow for primary data collection. Third, there is great variability across the three countries in terms of the availability of administrative data which presents difficulties in comparisons between countries. Lastly, the study only looks at data for adult women and does not have data to cost the economic impact of IPV on girls and boys under the age of 18 years. Furthermore, disaggregated data based on disability and sexual orientation, gender identity and/or sex characteristics was not possible due to lack of data.

9. ICRW (2000) Domestic violence in India: A summary report of a multi-site household survey Washington DC.

10. Vyas et al. 2021. The economic cost of violence against women and girls in low- and middle-income countries: A systematic review of the evidence. *Trauma, Violence & Abuse*

Findings

Measure 1.1: Out-of-pocket expenditures to women for accessing services

Key finding: the study estimates that \$17,630 USD is spent per year by adult women in RMI who access services because of IPV.

Figure 2: Percentage and number of women who experienced physical and/or sexual partner violence who ever sought help from formal services per year (self-reported)

Source of formal help	Percent of women who experienced violence and who sought services	Number of women
 Doctor / Medical personnel	3.5%	148
 Police	5.6%	237
 NGO / Women's organization	0.8%	34
 Legal advice / Courts	0.8%	34

Data source: Family Health and Safety Study (VAWG prevalence study), 2014

Figure 3: Out-of-pocket expenditures to women for accessing services per year

Source of formal help	USD
 Doctor / medical personnel	\$9,238
 Police	\$5,299
 NGO / Women's organization	\$1,546
 Legal advice / courts	\$1,546
Total direct cost to individuals USD	\$17,630

Calculation notes: Costings were calculated by taking the number of women who experienced violence in the past 12 months (prevalence study) and multiplying it by the proportion of women who sought help (Figure 2). Average costings from Iran were utilized to estimate out-of-pocket expenditure per service with the assumption that women sought services on average once over the past 12 months.¹¹

11. Fourozan, A., Dejman, M., Baradaran-Eftekhari, M., & Bagheri-Yazdi, A. (2007). Study on direct costs of domestic violence against women in legal medicine centers of Tehran (2002). *Archives of Iranian Medicine*, 10(3), 295–300 Updated in Vyas et al. (2021) *The Economic Cost of Violence Against Women and Girls in Low- and Middle-Income Countries: A Systematic Review of the Evidence*. *Trauma Violence & Abuse*. DOI: 10.1177/15248380211016018.

Measure 2.1: Percent and number of women affected by violence and whose work was affected.

Key finding: In RMI, 4,236 women experienced violence in the past year with 1,398 of those women participating in the formal sector work force.

The economy is strongly affected by lost labor output caused by deaths,¹² injuries and illness because of violence. Violence impacts women in the workforce in multiple ways. Physical, sexual and emotional violence can directly impact a woman’s ability to come to work or perform work-related duties. For example, she may be injured, sick, seeking medical care or admitted in the hospital. Violence has a detrimental impact on well-being and mental health leading to an inability to concentrate on work-related duties; survivors may be concerned about the anticipation of violence when they get home, concerned for the safety of their children and experience emotional and psychological strain and stress due to their experiences. Furthermore, violence inherently erodes a survivor’s sense of self, power, confidence and self-esteem, which can manifest as a reduction in confidence by a survivor in other spheres of her life such as the workplace. Lastly, partners who are perpetrators of violence can intimidate, threaten, disrupt and cause stress to survivors by showing up to their workplace or waiting for them to finish their work hours. It is important to note that further research and exploration is needed to understand the impact of violence on women in the informal sector.

Figure 4: Number of women affected by violence and whose work was affected



Calculation notes: To estimate the costs associated with lost productivity because of IPV requires an estimate of the total number of women affected. This was calculated by estimating the number of abused women whose work could potentially be affected by violence i.e., multiplying the total number of ever-partnered women who experienced violence in the past 12 months by the percentage of women who worked. And then by multiplying this by the female labor force participation rate. In RMI, the number of ever-partnered women who experienced physical and/or sexual violence in the past 12 months was 4,236 and the female labor force participation rate 33%. This number was then multiplied by the proportion of women reporting that the violence affected their work in various ways. For RMI, the percentage of women reporting that their work was affected by IPV was approximated using the same percentage of women reporting that their work was affected from Fiji because such data were not gathered in the prevalence survey.

12. Data on the number of women killed by their male partner was not available in RMI.

Measure 2.2: Number of workdays lost and cost of productivity loss

Key finding: Annual productivity loss of women in the formal sector due to intimate partner violence is estimated to be \$614,182 USD and the equivalent of 33,174 lost work days.

In RMI, the estimated number of women unable to work or who took sick leave because of violence was 257, which when multiplied by 7 days yielded 1,800 absent days from work. Multiplying this figure by the GDP per capita per day led to an estimate \$33,332 USD productivity loss because of work absence / sick leave.

It is important to note that these figures do not take into consideration the informal sector, whose composition is disproportionately female. It can be assumed that the annual productivity loss is actually higher than the findings present.

Figure 5: Number of workdays lost and productivity loss

	Lost Days	Lost Productivity (USD)
 Unable to work/sick leave	1,800	\$33,332
 Unable to concentrate	22,064	\$408,497
 Partner interrupted work	895	\$16,562
 Lost confidence in ability	8,226	\$152,297
 Other	189	\$3,494
Total	33,174	\$614,182

Calculation notes: As the prevalence survey did not collect time taken off work because of violence, the total number of days lost because of sick leave was estimated by multiplying the number of women affected by 7 days; the number of days lost because of not being able to concentrate and because of losing confidence in ability was estimated by multiplying the number of women affected by 0.75 (i.e., assuming a 25% productivity loss); and the number of days lost because partner interrupted work and for other reasons was estimated by multiplying the number of women affected by 5 days. For each category of productivity loss, the number of days lost was multiplied by the “daily wage” where annual wage was proxied by the GDP per capita. The GDP per capita was divided by 220 annual workdays to approximate the daily wage.

Measure 2.3: Total productivity loss as a percent of GDP

Key finding: In the Solomon Islands, intimate partner violence against women amounted to almost 1% of the country’s GDP.

Figure 6: Total productivity loss per year

	Total productivity loss
Total productivity loss in USD	\$614,182
Percent of GDP	0.26%

Calculation notes: Annual productivity loss (measure 2.2.) sum was divided by the country’s GDP to estimate productivity loss as a percentage of GDP.

Costing the resources required to advance key VAWG prevention and response interventions

Through the various consultations, national stakeholders sought to identify key VAWG prevention and response interventions that would fill existing gaps. A minimum packages of essential services, per se, however stakeholders desired to cost interventions that could have positive impact for women and girls and their risk of violence.

The package is structured around five thematic intervention areas, which were chosen through stakeholders’ consultations:

1. Rural Women’s Development Network: As reported by the RHHS, rural women experience higher rates of violence and are also farther from essential services including justice and healthcare. The concept of affording rural women enhanced opportunities is a key objective for RMI. The aim of this intervention would be to empower women with renewed skills to support their family, give them new skills from Graduate Equivalent Diploma (GED) to obtain literacy and numeracy skills for accessing services.
2. Enabling Leroij (Female Traditional Leaders): Traditional leaders, Iroij (male) and Leroij (female), are the foundation of Marshallese society. They are referred to as the padpad (reef) of a community and the holders of Manit. When visualized through the lens of ocean people living on low-lying coral atolls that are formed upon – and protected by – complex reef systems that sustain the islands and atolls, the imagery evokes a leader of incredible influence – one who stabilizes communities. The costing reflects investment toward sustainable programming to assist traditional leaders in maintaining communities free from violence.
3. Law and Justice strengthening for VAWG response: Strengthened access to justice and justice sector response for women and girls is required to ensure their safety and to action provisions in the DVPPA. Activities include capacity strengthening of the police and justice workforce and increased outreach and response measures for atolls and outer islands.
4. Increased VAWG awareness and information on services: Stakeholders propose to bolster the impact of Wa Kuk WaJimor (WKWJ), a long-standing inter-agency program housed within Ministry of Internal Affairs, that brings information and services to neighboring and outer atolls and islands; trains local government including the Marshall Islands Mayor’s Association and has dedicated campaigns.
5. Faith-based prevention interventions: Strengthen the abilities of faith-based partners, namely RMI’s Council of Churches, to advocate for the prevention and response to VAWG in their communities.

Figure 8: Package of prevention and response interventions costed for RMI

Traditional Leadership	Support Traditional Leaders in capacity-building workshops within their leadership structures
	Improve access to funding opportunities for project development and implementation
Faith-based prevention and response interventions	Improve coordination within RMI’s Council of Churches to prevent and respond to VAWG, including awareness raising and campaigns
Law and justice	Strengthen capacity of police
Increased VAWG awareness and information on services	Resource Wa Kuk WaJimor to conduct outer island and atoll information and awareness raising on VAWG Develop and implement coordinated campaign on VAWG awareness and available services
Rural Development	Improve educational and economic opportunities for rural women

Methodology

To estimate the resources required to implement actions to address intimate partner violence, a three-stage process was conducted.

Stage 1 engaged stakeholders to define and agree upon the package of national measure to cost. A series of consultations was conducted to help identify the intervention areas and related activities to cost. In addition to the consultations, a workshop on gender-responsive budgeting was also conducted to increase understanding on gender-responsive budgeting and how this costing exercise can contribute to national objectives.

Stage 2 focused on data collection on the prices for each input necessary to deliver the agreed package of services. Data was collected through interviews with existing service providers, existing budget shared with the research team and procurement lists. For each thematic area, a list of inputs were identified and priced to identify an intervention activity cost estimate.

Stage 3 involved estimating the resources required to deliver the national package for a three-year projected period. To estimate the total cost of the package in year 1, the quantities of each input used in the implementation for each intervention component (defined in stage 2) was multiplied by its associated unit costs. To estimate the costs in years 2 and 3, an inflation rate, based on the average of the previous 10 years in RMI, was applied to all activities implemented in those years.

Figure 9: Methodology stages

STAGES	Summary description of broad steps
Stage 1: Define the key elements of the package	Identify and agree upon the key elements of the package (including types and quantities of inputs)
Stage 2: Collect data	Data to be collected from a variety of sources: » Service provider data regarding target population, quantities, and costs of key inputs » Macroeconomic indicators (i.e. GDP)
Stage 3: Estimate the cost of the package	Estimate the costs of implementing the agreed service package in alignment with the legislation

Limitations

The costed interventions are not comprehensive or exhaustive of the prevention and response actions required to address the issue of violence against women and girls in RMI. Nevertheless, it provides an insight into the investment needed to amplify existing efforts to respond to IPV in RMI.

Findings

The overall cost of the package and over the three years was estimated to be \$1,917,504 USD: \$465,482 USD in year 1; \$609,401USD in year 2; and \$842,621USD in year 3. The financial resources required for each thematic area over the three years is also shown in Figure 10. The highest costs were for the development of a rural women's network (\$1,299,481 USD, years 1-3).

Figure 10: Total resource requirements over three years for key prevention and response interventions

Intervention/intervention activity	US\$ Year 1	US\$ Year 2	US\$ Year 3	Total US\$
1. Rural women's development network				
1.1 GED Course implementation	185,500	389,550	613,541	1,188,591
1.2 Farming and animal husbandry training	37,600	33,600	39,690	110,890
Total Rural women's development network package (1.1 + 1.2)	223,100	423,150	653,231	1,299,481
2. Female traditional leaders				
2.1 Capacity strengthening	20,000	29,663	31,146	80,808
Total female traditional leaders	20,000	29,663	31,146	80,808
3. Law and justice				
3.1 Capacity strengthening	129,484	72,958	76,606	279,048
3.2 Campaign	7,250	0	0	7,250
Total law and justice	136,734	72,958	76,606	286,298
4. Internal affairs				
4.1 Capacity strengthening on gender and EVAWG	32,700	31,185	29,657	93,542
Total internal affairs	32,700	31,185	29,657	93,542
5. Council of churches				
5.1 Awareness raising	20,248	21,260	22,323	63,832
5.2 Coordinated campaign on FPA	32,700	31,185	29,657	93,542
Total council of churches (5.1 + 5.2)	52,948	52,445	51,981	157,374
TOTAL	465,482	609,401	842,621	1,917,504

Conclusions and reflections

This costing study sought to raise awareness and shed light on the detrimental economic impact of IPV on society and support advocacy efforts to invest in prevention and response efforts to meaningfully address gender-based violence in RMI. The costing study articulates what is already known – that the issue of VAWG in RMI is pervasive and that action is needed urgently to ensure women and girls, in all their diversity, live a safe, dignified life free from harm.

Although the findings and cost estimates should be interpreted with caution (see Limitations) as they are likely to be underestimates of the true burden of violence and are a fraction of the total cost required to address VAWG, the findings pave the way forward for key reflections:

1. VAWG, especially IPV, is pervasive with detrimental social, health and economic consequences for individuals, families and societies. The social and health-related impacts of VAWG are well known and documented. This study concretizes the economic impact that occurs when women and girls are unable to engage and live their full potential.
2. VAWG harms a society's economy, labor force and productivity. Addressing VAWG holistically directly contributes to economic indicators.
3. Investing in VAWG prevention and response actions is key. VAWG is often underfunded and underinvested in for a multitude of reasons, which leads to increased spending by survivors and service providers on costs to access care, treatment and services alongside a loss in labor force participation by survivors. A strong investment in evidence-based and survivor-centred approaches to end VAWG is imperative.
4. Concrete VAWG costings can substantively contribute to gender-responsive budgeting efforts.
5. Increased investment, resources and prioritization are needed to support countries in the Pacific region in strengthening VAWG-related data collection and reporting to allow for consistent, coordinated data that can be used by civil society, governments and other stakeholders to inform policy development and implementation, budget planning and advocacy.

Acknowledgements

The multi-country costing study on VAWG in the Pacific was commissioned by UN Women through the Spotlight Initiative Pacific Regional Programme. The Spotlight Initiative is a global, multi-year programme between the European Union and the United Nations aimed at eliminating all forms of violence against women and girls.

Abt Associates conducted the research with a robust regional and national team during the challenges and difficulties of the COVID-19 pandemic. Appreciation and thanks goes to Leisa Gibson, Dr Seema Vyas, Dr. Monica Costa and Brooke Takala.

We acknowledge, with appreciation, the national stakeholders who stewarded this study including Office of the Chief Secretary, High Court of the Marshall Islands, Women United Together in Marshall Islands, Micronesian Legal Service, National Police, Majuro Local Police, Ministry of Culture and Internal Affairs, Ministry of Health and Human Services, Ministry of Justice, Economic Policy Planning and Statistics Office, RMI Public School System, Youth to Youth in Health, Ministry of Finance, Marshall Islands Epidemiological Prevention Initiative, Waan Aelon Majol and Marshall Islands Red Cross Society.

Lastly, appreciation is extended to the Pacific Island Forum Secretariat for their collaboration and engagement in steering the scope of the multi-country study and aligning its outcomes with key regional gender-responsive budgeting efforts in the region.