

# MANUAL FOR COSTING A MULTIDISCIPLINARY PACKAGE OF RESPONSE SERVICES FOR WOMEN AND GIRLS SUBJECTED TO VIOLENCE



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# ACRONYMS

|              |  |
|--------------|--|
| <b>BPFA</b>  | Beijing Platform for Action  |
| <b>CEDAW</b> | Convention on the Elimination of All Forms of Discrimination Against Women |
| <b>DV</b>    | Domestic Violence  |
| <b>GBV</b>   | Gender-based violence  |
| <b>GRB</b>   | Gender-responsive budgeting  |
| <b>LDV</b>   | Law on domestic violence   |
| <b>MoF</b>   | Ministry of Finance  |
| <b>MTEF</b>  | Medium term expenditure framework  |
| <b>MoH</b>   | Ministry of Health   |
| <b>NGO</b>   | Non-governmental organization  |
| <b>VAW</b>   | Violence against women   |

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# INTRODUCTION

Violence against women (VAW) is one of the most systemic and widespread human rights violations in the world. In Asia and the Pacific, as around the world, it affects individuals regardless of context, culture, or socio-economic status, with serious repercussions for women, their families, and societies. Despite significant progress, including in the area of legal and policy reforms, research, and a number of awareness-raising campaigns, the prevalence of VAW across the Asia-Pacific region remains high. There is also widespread impunity for perpetrators and limited access to justice and support services for survivors.<sup>1</sup>

Governments have a human rights obligation to prevent and respond to VAW in their countries. Passing laws and policies that define and appropriately criminalize such violence as a human rights violation is important, as is ensuring access to services for survivors under these laws and policies. Yet for such services to be implemented effectively and seamlessly, they also need to be adequately funded. Too often, this is not the case.

Budgeting any government activity is both technical and highly political. A government's budget reflects priorities influenced by the political and socio-economic situation of any given country. Budgets are one of the most important statements a government can make regarding priorities, and efforts should be made to evaluate the impact they have on citizens' lives.

Like budgeting, costing VAW is also both technical and political. There is a need to clarify the overall cost of VAW to the state (and indeed to the whole of society), but also to understand the specifics required to ensure an adequate response to address the problem, and how to budget for and fund each strategy or service appropriately. While there has been a great deal of progress in developing laws and policies to address VAW, lack of effective and adequate costing of those policies are in many cases hindering their effective implementation. Given the harsh fiscal realities facing governments everywhere, these analytical exercises can help governments and other stakeholders working on VAW to discern and prioritize the services most critical for adequately and efficiently addressing VAW in a particular community.

Costing is an emerging area of research within efforts to address and prevent VAW, whereby researchers and advocates are working to measure the economic impact of such violence, from both a specific financial point of view (unit costing) and a broader societal perspective (impact costing).

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<sup>1</sup> Throughout this manual, the term survivor will be used to represent victim/survivor, in acknowledgement of women's agency and resilience. However, we recognize that the terms are not interchangeable and can be applied differently depending on the context. We also recognize that women themselves may also prefer not to be perceived as one or the other depending on their particular circumstances.

This methodology is an attempt to build upon this body of knowledge and widen the scope still. The methodology presented in this manual is focused on costing the implementation of services and responses to address VAW in a country or region for the purposes of public budgeting. While the building blocks for this manual come from existing studies, the final product is an entirely new approach that takes into account the legal and institutional structures in place in a given country, in order to link them to funding that governments, NGOs and international and bilateral donors are directing towards VAW-related services.

It is important to highlight here even though the manual is centred on the provision of services for survivors of violence and sexual assault, it points out the key factors to be considered if users desire to amplify the scope of the analysis and consider other types of VAW as well. Similarly, while the focus is here on service provision, it is understood that addressing VAW in a comprehensive manner also requires holistic and sustained strategies in the areas of prevention and prosecution.

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Various methodologies have been used for costing studies, and each model has its strengths and limitations. The multidisciplinary methodology contained in this manual combines several of these. A gender-responsive budgeting (GRB) approach to costing services for VAW survivors involves examining the legal, institutional and practical matters, both of the issue of VAW itself, as well as the public budget or other financial support for services.

GRB aims to measure the impact a budget has on gender equality by measuring it against the commitments made by governments to uphold women's rights and gender equality. These commitments are both national and international and can be included in concrete plans and/or strategies. In order to make legislation on VAW work, adequate levels of finance must be identified, included in the budget and executed. By facilitating the analysis of budget allocations for VAW-related services, identifying gaps and needs in the current budget cycle to this end, and by examining the itinerary of a survivor seeking services, the aim of this methodology is to develop a realistic proposal for effective and swift allocations of government resources to provide services for survivors of VAW.

The approach, which is participatory in nature, can be seen as a larger process that must be continuously built upon. At first glance, a study on costing is expected to reveal quantitative information that can inform the state budgeting process and offer simple answers about allocating funds. However, tackling the problem of violence against women is not straightforward. There are many actors and complex political, social and economic relationships that must be understood in order to calculate valid quantitative measurements about costs of service provision for state and non-state actors, donors and ultimately for survivors themselves.

Costing research efforts in Cambodia and Indonesia emphasized a participatory approach with a wide range of stakeholders. These stakeholders included national research partners who carried out the research in line with this manual, an international consultant, UN Women staff in Cambodia and Indonesia, key staff in the UN Women Regional Office for Asia and the Pacific in Bangkok, and, most importantly, the public and civil society partners that validated the exercise.

The rationale for this participatory approach was the multidisciplinary and multi-sectoral nature of the study itself, and the importance placed on addressing all aspects required to cover the needs of VAW survivors. In each country, key government counterparts and other stakeholders (i.e. service providers from various sectors who support VAW survivors in some capacity) were consulted throughout the process, and it is recommended that this process be replicated in other countries when implementing this manual.

# SECTION I: CONCEPTUAL AND THEORETICAL FRAMEWORK

This section sets out general concepts and insights that are helpful to understand before implementing the methodology, and in particular in defining the scope of your research.

## **As a result of this section you will:**

- ✓ Be able to reflect and make a decision about the scope of VAW to be considered for the study.
- ✓ Understand a holistic model of the needs and the corresponding services for survivors of VAW.
- ✓ Be able to clearly distinguish between the three different approaches to understanding the cost of VAW: unit costing, impact costing and a GRB approach.
- ✓ Be able to clearly state how GRB allows governments to adequately fund the implementation of national legislation or international commitments to address VAW.

The GRB approach described in this manual allows for the mapping of both legal and policy obligations of a national government against budgetary allocations, as well as resources from other actors to cover VAW-related services that survivors are entitled to. As mentioned in the introduction, examples provided in the manual are focused on the provision of services; nevertheless, prevention of violence and prosecution of perpetrators are also essential parts of a holistic approach to addressing VAW. As a result, when developing and implementing specific legislation and allocating budgets to address VAW, comprehensive strategies for prevention and justice sector response also need to be prioritized.

The GRB approach to costing services for VAW survivors involves examining the legal, institutional and practical matters both of VAW itself as well as the public budget or other financial support required to address the problem. For this reason, this approach is an especially potent costing tool; by deriving information on what is required to address the specific problem of VAW, it is able to reveal not only financial costs, but also the costs of coordination and institutional strengthening.

The legislative and policy mapping exercise will reveal which actors are explicitly included in laws and national action plans (NAPs), each with an important role to play in addressing VAW. Further, the effective coordination among all service providers (state and non-state actors) is essential and should be clearly spelled out under national action plans and strategies, including for the effective functioning of referral systems and with clear accountability mechanisms across sectors.

## 1.1. Addressing VAW Holistically: Prevention and Response

To better understand what services to address VAW should be assessed through this methodology, it is important to first understand more about the breadth and complexity of the issue of VAW itself. While the causes of VAW have been examined from various theoretical perspectives, all ‘have concluded that no single cause adequately accounts for violence against women. Such violence arises from the convergence of specific factors within the broad context of power inequalities at the individual, group, national and global levels.’<sup>2</sup>

The Secretary-General’s In-Depth Study on All Forms of Violence against Women emphasizes that ‘acts of violence against women cannot be attributed solely to individual psychological factors or socio-economic conditions such as unemployment. Attempts to understand violence must account for the complex root causes, and should be situated within this larger social context of power relations.’

Building on a human rights-based analysis, public health approaches have developed an ‘ecological model’ for understanding the complex and intersecting factors contributing to VAW, as embedded in the social practices and cultural values of broader society. Figure 1 depicts this model, demonstrating different levels at which VAW functions and can be understood. This more psycho-sociological approach allows for an understanding and dissection of the root causes and effects of VAW in all areas of the survivor’s life. Indeed, each one of these areas is in turn related to specific policies and services that may serve to prevent or address the effects of such violence.

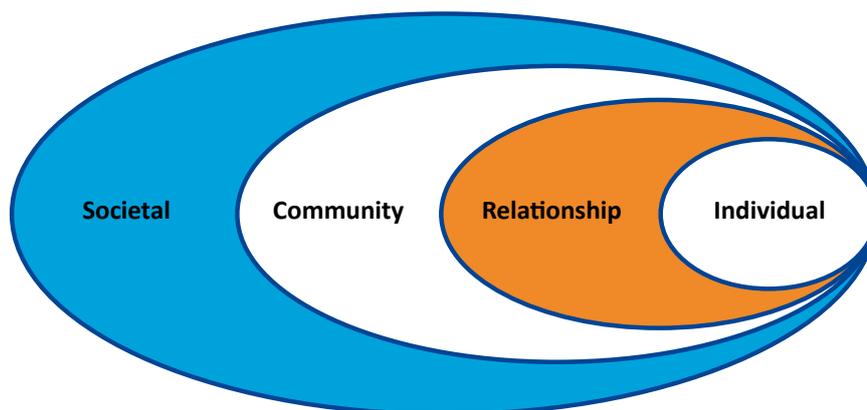
It is important to understand that although the focus of this methodology is on the provision of VAW-related services, in economic terms all three areas of intervention – prevention, prosecution, and service provision – influence each other. Both prevention of and response to VAW are critical components of a comprehensive approach. From a costing standpoint, adequate prevention of VAW may decrease prevalence and incidence in the long run, therefore decreasing the necessity to allocate state budget for provision of response services.<sup>3</sup> As such, prevention should be seen as investment rather than a cost. A study focusing on prevention and prosecution can also be conducted using this manual if resources allow.

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2 United Nations General Assembly (2006) In-Depth Study on All Forms of Violence against Women: Report of the Secretary General, A/61/122/Add. 1, para 67.

3 The relationship on prevention and provision of services for survivors of VAW, and its cost implication, is an emerging area that would require further research and evidence base. In this sense, this statement can be considered as a hypothesis.

**Figure 1: Ecological model for understanding Violence Against Women**



4

**Societal factors** refer to macro level factors that influence the likelihood of violence. These include government policies and laws, deeply entrenched and widespread cultural belief systems or society-wide norms that condone, justify or even encourage the use of VAW, as well as socio-economic and political structures that support gender inequality.<sup>5</sup>

**Community factors** are those related to the broader context of social relationships, including schools, workplaces and neighbourhoods. Such factors may include institutional policies and practices, and community norms and beliefs about the role of women and girls that condone or justify violence against them.

**Relationship factors** refer to close relationships (e.g. with peers, intimate partners and family members) that have been associated with an increased likelihood of victimization or perpetration. Negative male peer groups, marital conflict, and male control of wealth and decision making in the family are examples of relationship-level factors often linked to a higher risk of intimate partner violence.<sup>6</sup>

**Individual factors** relate to an individual's personal history or profile that have been associated with a greater likelihood of them experiencing or perpetrating violence. For example, attitudes and beliefs that support/condone violence against women and girls, or having a history of experiencing or witnessing abuse.<sup>7</sup>

A variety of factors at the individual, relationship, community and society (including the institutional/state) levels intersect to increase the risk of VAW. Each of these levels can influence a survivor's experience of VAW, as well as the types of services and specific preventive measures necessary to address such violence.

4 Fergus, Lara. Prevention of Violence against Women and Girls Background Paper. Prepared for the Expert Group Meeting on Prevention of Violence against Women and Girls. UN Women in cooperation with ESCAP, UNDP, UNFPA, UNICEF and WHO. Bangkok, Thailand: 17-20 September 2012. EGM/PVAWG/2012/BP.1.

5 Krug E.G. et al. Eds. World report on violence and health. Geneva, World Health Organization, 2002.

6 Heise L., et al. Ending violence against women. (Population Reports, Series L, No. 11). Baltimore (MD), Johns Hopkins University School of Public Health, Center for Communications Programs, 1999.

7 Fergus, Lara. Prevention of Violence against Women and Girls Background Paper. Prepared for the Expert Group Meeting on Prevention of Violence against Women and Girls. UN Women in cooperation with ESCAP, UNDP, UNFPA, UNICEF and WHO. Bangkok, Thailand: 17-20 September 2012. EGM/PVAWG/2012/BP.1.

Each layer depicted can be linked to relevant budgetary allocations in different sectors, necessary to implement legislation and plans/strategies. Both services and preventive measures depend on the legislation and/or governmental plans or strategies (central, regional or local) that are also implemented. It is these documents that provide the basis for a systematic analysis of what resources and gaps exist, and who is responsible for delivery of services.

## 1.2. Approaches to Measuring Costs<sup>8</sup>

There are three primary ways to understand costs of VAW:

- **Unit costing**, which calculates the unit cost of a particular service or item used to address needs;
- **Impact costing**, which calculates the full socio-economic impact in monetary terms;
- **Gender responsive budgeting**, which takes a broader, gender-based analysis of the economic impact, assessing main budget documents, legislation and plans to monitor adequate funding for addressing and preventing such violence.

**Unit costing** relies on national VAW prevalence data and, as such, requires an accurate picture of what services or activities are ongoing or planned, and calculates the individual cost of each unit used. Additionally, unit costing requires a clear understanding of the quality and coverage of the desired package of services. While unit costing of government services should ideally be already known and used by public institutions, many unit costing studies in developing countries have found<sup>9</sup> that governments often lack tools necessary to keep track of service costs specifically geared towards VAW survivors (as opposed to general health and legal services offered). Furthermore, in many cases, governments are not the primary service providers, lending to the difficulty of calculating unit costs without sufficient data from a single source. Finally, knowledge on what interventions work is constantly evolving, so laws and policies may lag behind and may not reflect all that should be in the model.

**Impact costing** requires national data on the prevalence and incidence of VAW, severity of the effects, how different aspects of the survivor's life are affected, identification of main agents bearing direct and indirect costs, and some knowledge of public budgets. This approach is highly comprehensive and involves a much wider scope of assessment of the affects of VAW on society, in terms of multi-layered costs, and is based on the experiences of survivors. Results can be a powerful advocacy and awareness-raising tool, demonstrating that VAW is a social *and* economic issue, and investments in prevention and eradication are not only a moral and legal imperative but also economically sound. This type of costing can also be used in cost-benefit analyses to demonstrate that investments in prevention and services are less expensive than responding to initial and recurring incidents violence.<sup>10</sup>

8 See Glossary of Terms in Annex I for further definitions.

9 The UN Women evaluation of the costing for the equal opportunities plan of the country for Bolivia (Terslev Johansen, 2010).

10 For more on socio-economic costs, see: <http://information.www.endvawnow.org/en/articles/301-consequences-and-costs-.html>.

**Gender-responsive budgeting (GRB)** is a tool used in mainstreaming a gender focus into government budgets, the planning, execution and reporting (budget cycle), as well as other steps in between. It analyses the budgeting process from a gender perspective. It requires full knowledge of what VAW services are planned and available, as reflected in current legislation or national action plans; full knowledge of the national budgeting process, including processes of decentralization; and engages non-governmental organizations (NGOs) with expertise in VAW and which receive public funding.

A GRB approach to costing can identify gaps in VAW-related services or policies, weaknesses or absence of referral systems and/or protocols needed for better management of specialized and general public and private services that survivors might access. In sum, it requires knowledge at different levels of intervention, from the legislative and police levels to budgeting and services.

### Relationship between costing approaches

These costing methodologies can be complementary, and are not necessarily mutually exclusive. There are some linkages between the three, but the purpose of each is very different and they require different approaches and inputs. Unit costing can be understood as part of what governments do in order to budget adequately for whatever service or area is being considered. Impact costing takes into account unit costing information as well as public budget information in order to calculate socio-economic costs of VAW. Finally, GRB looks at the budgetary implications of providing the services. A GRB approach can include assessments of both unit and impact costing results,<sup>11</sup> but the approach looks at the entire budget, rather than at specific unit costs of services, prevention interventions and/or application of legal remedies.

### Applying the GRB approach to costing VAW-related services

What follows is a more thorough explanation of GRB, accompanied by concrete linkages to the effects of VAW on different aspects of survivors' and their families' lives (this can also include those of perpetrators if services for them are also available). These linkages in a survivor's life should be centred on the areas that are affected by a situation of violence and the specific services and/or supportive measures that are offered by legislation and/or specific plans or strategies to address it. A generic methodology for identifying the specific resources needed to address and prevent VAW in government budgets can then be offered.

In implementing a GRB approach, both expenditure and revenues of the government and other actors specifically related to VAW are included. A fiscal space analysis to assess governmental capacity to maintain and fund those services requires technical expertise in analysing taxes and other elements related to fiscal policy. Knowing how services for survivors are being funded, have been funded in the past and the possible effects that have been recorded (for example changes in the detection of cases, sentencing, etc.) is equally important.

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<sup>11</sup> Unit costs are assessed if available, but researchers do not need to independently calculate them if they are not. Lack of unit cost information can be reported as a finding, which may hinder hindering resource mobilization for adequate services to survivors.

When looking at revenues it is particularly important to look at sources of funding, as doing so can reveal weaknesses in the sustainability of services if these are not part of core government budgets or are project based (funded by donors and/or others). Findings and insights extracted from this analysis provide general context and challenges for maintaining an adequate response to VAW. The role of different agents (donors, government, NGO) is also considered in this analysis, providing valuable inputs for discerning aid effectiveness.

### Limitations/ Challenges

Some limitations of this approach lie in the type of budgeting that the country being analysed is practicing; the availability and detail of budget data down to the level of specific activities; the lack of information among governmental institutions in charge of services about the actual costs of services, resulting in inadequate inclusion of services in budgets; and the challenges in ascertaining accurate budgetary information from both private and public service providers.

Another potential challenge to this approach is that the cost of general services accessed by survivors of VAW may not be considered when analysing the impact on a budget, and rather only VAW-specific services are considered. The “costs” in this case are reflected in the budgetary items (not only of government but also of donors, NGO and other actors) and the main idea is to identify where and how the services are being delivered directly to survivors and if the resources are adequate.

Legislation, including through rules and regulations, must provide the normative framework that spells out the responsibilities of each department, while a plan or strategy outlines how such normative commitments are to be implemented. Ideally, the legislation should include the instruction for each department to make specific budgetary allocations for the responsibilities set by law, and the plan or strategy reflect the allocations in detail according to whatever budgetary system is used by the country.<sup>12</sup>

The role of international aid and private donors in funding VAW-related services should be analysed as well. It is ideal for the majority of funding to come from the core government budget in order to avoid sudden changes in the availability and quality of services (i.e. those tied to external donors). In addition, funding of services offered by NGOs should also be assessed in order to determine if such private services compete with public services. The issue of donor coordination in this area is very important, as duplication in some cases might be counter-productive from the point of view of survivors.

It is important to highlight that NGOs often provide women-centred and high quality, critical VAW-related services. Therefore, where the government lacks the capacity to provide such equitable services, an option could be to channel government funds to NGOs already providing services, allowing for different service delivery modalities (public, private and public-private partnership). The important point is to find out sustainable ways to provide non-interrupted services.

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<sup>12</sup> For more on types of budgetary systems and how they can be analysed from a GRB perspective please see the work of Rhonda Sharp “Budgeting for equity: Gender budget initiatives within a framework of performance oriented budgeting.”

### Implementing this methodology requires thorough knowledge of:

- The phenomenon of violence in the country;
- The context of violence in the country;
- The state budgeting cycle;
- The different aspects of expenditure and sources of revenue related to measures and services;
- The administrative legislation of the country pertaining to the different services that survivors may access.

Thus, the team carrying out the study should have these combined fields of expertise. The following modules ensure that each one of these components of knowledge is fully analysed and that the implementing research team gains insight into the efforts that government and other actors are making to implement laws, plans and/or strategies to address VAW, as well as where gaps remain.

## 1.3. Using Gender Budgeting for Costing Services for VAW Survivors

The term ‘budget’ includes both expenditures and revenues of government. The budgetary cycle, including both political and administrative elements,<sup>13</sup> is the entry point<sup>14</sup> for GRB. As such, there needs to be strong working knowledge of budgetary issues as well as the precise gender equality concerns and the associated policies in order to make recommendations to improve gender-related outcomes.

In the case of VAW, there also needs to be a deep knowledge of the issue as it affects women, their families, and society at large. This implies looking at intersections between violence and other factors such as age, race, religious belief, sexual orientation, disability, socio-economic status, geographical location, etc.

The knowledge of the legislation and administrative processes that influence all aspects of the effects on survivors should be well-documented and analysed from the perspective of the budget (a systematic way of doing this is identified in Section 2, Module IV of this manual). This means that the existing or planned services (either in a law or in a plan or strategy) should be identified in all relevant areas (health, justice, education, employment, etc.).

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13 This means the exact steps followed in each ministry and across all government entities in the budget cycle.

14 An entry point is a window of opportunity where the gender elements can be introduced efficiently into the budget cycle. Although a number of methodologies are now available (see [www.gender-budgets.org](http://www.gender-budgets.org)) the point at which in the cycle or in the administrative steps the gender concerns can be introduced varies.

In addition, the ideal services as per international or regional recommendations<sup>15</sup> by international bodies can also be included, but a careful assessment of the potential political sensitivities should be carried out as well in order not to set back the minimum critical services and their coordination.

The overall socio-economic situation in a given country, region or municipality should be taken into account as it affects VAW services or preventive measures. Documents such as the budget circular, the medium term expenditure framework (MTEF) and the budget statement or budget law itself must be taken as a departure point for these more general economic framework considerations, as they contain key elements of the country's main economic and social objectives.

It is important to note that the costs that are obtained using the GRB approach are those that are already being considered the government. In other words, how are services required by law being included or excluded from the budgets? The exercise also includes the services by NGOs that are funded by donors, governments or other actors.

The costs that are obtained through this approach are the ones that the government and other actors delivering services to survivors effectively make and which are reflected in their budgets. As such, the main focus is the executed budget for these services, although it must be acknowledged that in the case of some countries, only the published information on budgets or that shared with the research team through interviews with service providers will be the closest they get to determining these costs. In addition, the methodology suggested in this manual will uncover other relevant information, such as the assessment of these services providers with respect to the adequacy of funds to cover the needs of survivors.

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<sup>15</sup> For more information please consult: [www.un.org/womenwatch/daw/vaw/v-work-ga.htm](http://www.un.org/womenwatch/daw/vaw/v-work-ga.htm)

# SECTION II: HOW TO USE THIS MANUAL

This section gives the overall approach and should be read as a map for planning the different steps in the process, which is organized into four modules:

- **Module I: Environmental scan: legislative and policy analysis**
- **Module II: Evidence: research and indicators**
- **Module III: Referrals and protocols for survivors of VAW**
- **Module IV: Budget analysis**

In principle, these modules should be carried out in sequence, but it is also possible to carry out Modules I through III simultaneously. All findings should be duly shared with all of the members of the research team to enhance analytical inputs and contribute to broad-reaching agreement on the approach to Module IV, which requires stakeholder interviews and systematization of information received.

Some of the outputs will not be comprehensive products, as the final Module IV will most likely add information that was either not publicly available or unknown to the research team. The aim of the first three modules, therefore, is not completeness, but rather to acquire a deeper understanding of the institutional and practical issues with regards to services for survivors of VAW.

It is important to set expectations for how this methodology can be used and what findings it will produce, including clarity on the scope of VAW that will be addressed, and an assessment of current data on VAW prevalence and other available economic data. The tools in this manual reflect the ideal, but in reality far fewer data may be available. Nonetheless, the methodology offers a basis for obtaining solid findings about the framework in which VAW services should be delivered and for assessing the significance of whatever data is obtained. It may also shed light on the effectiveness of foreign aid for addressing VAW through the costing of services.

The first section of the manual provides a general orientation of the international definitions of VAW and costing methodologies. This is followed by a theoretical framework for understanding the reality for survivors, how they link to various services across sectors (governmental and non-governmental), and thus the financial and other resources needed to implement them.

The second section of the manual is a step-by-step guide to implementing the methodology. This section includes a number of tools for the systematic analysis of legal obligations around VAW in a country, the context of VAW in a country, the current available VAW data and indicators, and finally the budgetary analysis. The goal of the methodology presented in this manual is to also reveal specific governmental gaps

and obstacles in including the activities or actions they are responsible for into the government budget.

All previous steps before the budgetary analysis serve as inputs into the final calculation of specific activities, while also revealing what services are missing, how present efforts are being funded and how future efforts can be funded. This manual should be used as a unit. The modules presented are to be used in sequence in order to facilitate a single body of analysis leading to the final goal. The approach is inductive, whereby each step sheds light on what and how specific services are/are not being adequately budgeted for, and what the contributing barriers may be. These barriers may include lack of legal basis for VAW services, lack of funding, or lack of knowledge on how to include services or aspects of VAW services into the budget.

### Determining Scope of Research

The research institute may discuss and agree on sample criteria for the fieldwork, which will determine the research undertaken. Relevant factors to consider include:

- Prevalence rate and other available VAW indicators
- Density of service providers, considering governmental and NGOs (NGOs often play a key role delivering VAW-related services)
- Rural/urban areas
- Political and economic decentralization process in the country
- Other factors considered relevant by the research team

These criteria should define the conceptual and geographical scope for the research. In addition, there are other crucial factors related to availability of resources, accessibility of key stakeholders to be interviewed, and the capacity of the research team that should be taken into account.

The table below includes a summary of all modules, objectives, actions to be taken, tools and deliverables. It is necessary to highlight that the expected final output from the research is a comprehensive report, which will include the main findings from each one of the modules. This section will help you to:

- Understand the main outputs required by each of the modules
- Prepare for execution of outputs and identify tools needed to produce them
- Understand the deliverables that can be used as inputs for final report writing and internal use for analysis during the execution of the study

**Table 1. Modules for costing a multidisciplinary package of response services for women and girls subjected to violence**

| MODULE  | OBJECTIVE  | ACTIONS  | TIMELINE/STAFF   | TOOLS   | DELIVERABLES   |
|---|--|--|--|---|--|
| <b>I. ENVIRONMENTAL SCAN: LEGISLATIVE AND POLICY ANALYSIS</b> | Map the relevant legal, political and administrative documentation that refers to provision of services (institutions in charge, roles, responsibilities, provision of services) | <ul style="list-style-type: none"> <li>Identify and review relevant laws and plans;</li> <li>Fill out the template of the institutional matrix (Tool 1) using the checklist for mapping the institutional environment (Tool 2).</li> </ul>   | 1 week/ 2 people<br><br>2 weeks/ 2 people                      | <p><b>Tool 1:</b> Institutional Matrix Template</p> <p><b>Tool 2:</b> Checklist Questionnaire for Institutional Environmental Scan</p>  | <p>1. Matrix with all the information found in the documents reviewed</p> <p>2. Brief assessment of services mentioned in the legislative and policy documents. The report should identify gaps and possible contradictions that render services less effective for survivors and less efficient from an economic point of view.</p> |
| <b>II. EVIDENCE: RESEARCH AND INDICATORS</b>                  | Obtain relevant substantive information on all the issues around VAW in the country, including research and indicators   | <ul style="list-style-type: none"> <li>Identify relevant research on VAW carried out within a relatively recent time frame in the country. Some questions related to M&amp;E should be considered using Tool 4 as a reference;</li> <li>Identify indicators and;</li> <li>Classify indicators by resource and institution using Tool 5.</li> </ul> | 3 weeks/ 1 person<br><br>1 week/ Full team<br>1 week/ 1 person | <p><b>Tool 3:</b> Systematization Template – Research</p> <p><b>Tool 4:</b> Questions on Monitoring and Evaluation</p> <p><b>Tool 5:</b> Systematization Template – Indicators and Data</p> | <p>1. Annotated bibliography focusing on how survivors of VAW access services, statistics on use of services, etc.</p> <p>2. Brief report on indicators that exist in the country and using these as the basis for formulating some of the questions in the questionnaires in Module IV.</p>   |

| MODULE   | OBJECTIVE   | ACTIONS  | TIMELINE/STAFF   | TOOLS   | DELIVERABLES  |
|--|---|--|--|---|---|
| <b>III. REFERRALS AND PROTOCOLS FOR SURVIVORS OF VAW</b> | Identify the “service itinerary” that would be taken by a survivor seeking services. This means reviewing institutional protocols and referrals that relate to these services. Then, contrast this theoretical situation with the actual situation.   | <ul style="list-style-type: none"> <li>Review services, protocols and referrals for survivors as regulated by law/policy and create diagram (Tool 6);</li> <li>Prepare diagram showing actual survivor itinerary linked to actual services accessed (Tool 7);</li> <li>Contrast diagrams to identify overlaps or gaps that might impact budgeting (including cost of services) necessary to deliver services.</li> </ul> | 2 weeks/ Full team<br><br>1 week/ Full team<br><br>1 week/ Full team   | <b>Tool 6:</b> Diagram of theoretical itinerary of a survivor<br><br><b>Tool 7:</b> Diagram of actual itinerary of a survivor | 1. A rough outline of the itineraries that survivors are supposed to experience according to the law and policy and which one they actually take in reality. (If referrals and protocols exist, whether formal or informal, following the path will reveal where money is being spent by any service providers involved. This will in turn provide the map of what costs are being incurred.) |
| <b>IV. ANALYSING THE BUDGET</b>                          | Identify entry points to monitor inclusion of VAW services in the national and municipal budgets.<br><br>Identify sources for financing.<br><br>Understand links with annual, mid-term and long-term budget instruments.<br><br>Understand links between cost of services and their inclusion in government budget. | <ul style="list-style-type: none"> <li>Analyse main budget documents to fill out Tool 8 and discern main budget features that explain difficulties in costing services;</li> <li>Interview service providers and key government departments providing the services (Tool 8);</li> <li>Systematise interview findings;</li> <li>Identify types of costs associates with different services.</li> </ul>                    | 2 weeks/ Economist with support from full team<br><br>3-4 weeks/ Full team<br><br>2-3 weeks/ Full team<br><br>1-2 weeks/ Full team | <b>Tool 8:</b> Adaptable Questionnaire<br><br><b>Tools 9 to 14:</b> Systematization Templates                                 | <ol style="list-style-type: none"> <li>A report of findings about how services are being funded, budgeted for and if service providers have knowledge on costing these services (essential knowledge if these services are to be budgeted).</li> <li>Calculation of missing figures and recommendations.</li> </ol>   |

## 2.1. MODULE I: Environmental Scan – Legislative and Policy Analysis

As a result of carrying out this module you will:

- ✓ Identify the legal, administrative and policy documentation needed to assess the present situation with regard to government efforts to address and/or prevent VAW.
- ✓ Become acquainted with different tools used to analyse and extract relevant information needed to assess the present situation with regard to government efforts to address and/or prevent VAW.
- ✓ Be able to carry out a mapping of the general environment for advancing a multidisciplinary or holistic approach to preventing and/or combating VAW.

### 2.1.1. Document Analysis

The main documents that should be analysed<sup>16</sup> in order to map the general environment for advancing a multidisciplinary or holistic approach to preventing and/or combating VAW are:

- Laws related to VAW, including legislation on domestic violence, trafficking, sexual harassment, etc.
- Civil law (with regard to rights and obligations of married couples, parents and extended family, if relevant)
- Criminal law (with regard to perpetrators of VAW)
- Administrative law or by-law (with regard to the rights to services that are specified in the LDV or other legislation addressing other aspects of GBV if they exist. This includes services provided by local level or regional authorities per the legislation in your country (for example: local police, housing, health education, social services, etc.
- National action plan or strategy for addressing VAW
- Other national strategies that might include specific mention of survivors of VAW as beneficiaries of specific actions/benefits
- International commitments to which a country is signatory (CEDAW, BPFA, other relevant regional agreements or conventions) and the latest reports and/or recommendations
- Other relevant legislation (for example: reproductive law; family law, gender equality law).

This is not an exhaustive list and the research team should identify any other relevant legislative documents to include. Furthermore, as the work progresses and the interviewing phase in Module IV begins, the team might find other documents or

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<sup>16</sup> The scope of the analysis will be determinant to identify the documents required for revision. Scope includes: i) kind of violence and ii) three critical pillars for addressing VAW: prevention, provision of services and prosecution, iii) geographical scope: national, regional and local.

legislation that were not publicly available during the first phase. These do not need to be then included in this scan, but should be reported on accordingly in the final report.

Additionally, there may be overlaps or contradictions indicated among legislative documents assessed. For instance, it may not be necessary to look at Civil or Criminal law separately if the law on domestic violence already includes articles abolishing or repealing contradictory aspects such as treatment of domestic violence as crime, custody rights, etc. or if those laws have been revised to reflect such changes. This is an important finding with implications on services to survivors, since there may be contradictory articles in various laws that render services less efficient from an economic point of view, but more importantly will diminish the support of the law for survivors. Alternately, there may be some overlap between different laws, with the subsequent result of lack of clarity in roles and responsibilities regarding law enforcement, and/or a possible legal vacuum. These contradictions in legislation can also affect the interdisciplinary or intersectoral delivery (i.e. referral networks, protocols, etc.), reducing efficiency and driving up costs unnecessarily.

The general national plans and/or strategies tend to include specific activities derived from the specific rights and services available to survivors and/or perpetrators defined by the LDV or any other legislation addressing other areas of VAW. The following section shows how these documents can be analysed jointly in order to identify the specific departments in government in charge of the activities as well as other relevant stakeholders/service providers. These tools will also serve to organize at a later point the budgetary allocations and costs for implementation. The scan should also entail the identification of which services are being provided by regions and/or municipalities (those funded in-full or co-funded with the central government). Table 2 below includes a list of potential services to be considered by the research team.

**Table 2: List of example services<sup>17</sup>**

### **1. Immediate Safety**

- Immediate safety and protection through police response and other services provided to facilitate delivery of emergency legal measures
- Emergency help lines and information about these help lines
- Training of persons responding to help line calls
- Training of nurses and doctors to identify signs of VAW
- Training of police on assisting and responding to VAW survivors
- Providing referrals and safe transport to survivors of VAW

### **2. Emergency Physical & Mental Care**

- Emergency treatment of physical injuries for women and accompanying children
- Post-rape care: rapid testing for pregnancy, including emergency contraception to avoid unwanted pregnancy, post-exposure prophylaxis to prevent HIV infection, treatment for other sexually transmitted infections, forensic exams, etc.
- Psychological treatment and support for survivors of VAW and accompanying children
- Referrals for available support services

Table 2: List of example services<sup>17</sup>**3. Safe Accommodation**

- Shelters or other alternatives, with access to basic necessities (e.g. food, sanitary supplies, clothing, room spaces etc.) and with provisions and protection services for women and their children
- Safe transportation to court (or other services i.e. health care)
- Training for shelter staff in responding to cases of VAW
- Education for accompanying children

**4. Counselling and Support Services**

- Counselling and referrals for continued psycho/social/health based support and family counselling for women and their children
- Training for social workers on responding to cases of VAW

**5. Ongoing Protection and Police Intervention**

- Police enforcement of protection orders
- Witness protection before, during and after trial
- Protection provided during transportation to court (or other services)

**6. Advocacy and Legal Services**

- Availability of free legal aid

**7. Legal Processes**

- Training of judicial staff on assisting VAW survivors
- Engaging the Community in the Response

**8. Longer-term Empowerment of Survivors**

- Vocational/ skills training (including assistance to find an employment)
- Support and care of accompanying children

**9. Shared Practice Standards, Guidelines and Codes**

- Protocols and referral procedures for intervening in cases of VAW<sup>18</sup>
- Training on protocols and referral procedures in cases of VAW

**10. Case Data Systems and Record Keeping**

- Training on case management for service providers

**11. Coordination**

- Expanding civil remedies
- Counselling services for perpetrators
- Service coordination
- Risk assessment and management
- Monitoring and evaluation of security and availability of services
- Monitoring and development of a referral network

Source: Prepared by UN Women East and Southeast Asia Office for this manual

<sup>17</sup> Services are considered as items and personnel that are provided directly to the survivor or anything that directly supports the existence of an effectiveness of that service. The services provided here are non-exhaustive and will vary by context.

<sup>18</sup> Well-coordinated referrals, provision and sharing of information including follow-ups occur by many service providers at different levels such as police, health care providers, judicial personnel, NGOs and women's organizations.

## 2.1.2 Tools for Analysis of Documentation

**Tool 1.** can be used as a simple mechanism of organizing the information found in the main legal, administrative and policy documents related to government and other actor's responsibilities in addressing and preventing VAW. The double entry of responsibilities by law and by plan/strategy will also reveal possible gaps and challenges in providing the holistic and multidisciplinary approaches.

### Tool 1. Institutional Matrix Template

| Institution   | Responsibility by Law   | Responsibility by Plan/Strategy   | Gaps in provision of services  |
|---|---|---|--|
| <i>In this column, all of the Ministries, specific departments or agencies should be listed as well as NGOs, donors and any other specific persons mentioned in the documents analysed.</i> | <i>This column will show the activities and/or other responsibilities that the legislation includes for each one of the actors.</i> | <i>This column will show the activities and/or other responsibilities that the policy papers include for each one of the actors.</i>  | <i>Gaps can be related to:</i> <ul style="list-style-type: none"> <li>• Measures in the legislation not included in the plans/strategies</li> <li>• Coordination among the service providers</li> <li>• Lack of specificity or overlaps, and/or contradictions about responsibilities</li> </ul> |
| <b>Example:</b><br>Ministry of Health (MoH), Cambodia   | <b>Example:</b><br>Domestic Violence Law  | <b>Example:</b><br>National Strategy for Reproductive and Sexual Health in Cambodia (2006-2010): The National Strategy proposes contents of the essential service package for Reproductive and Sexual Health (RSH) as follows: <ul style="list-style-type: none"> <li>• Identification, treatment, and referral for GBV survivors</li> <li>• Access to post-exposure prophylaxis for rape survivors</li> <li>• Counselling (e.g. gender equity, GBV, male involvement)</li> <li>• Advocacy</li> </ul> In addition to proposed services, Equity funding established by the National Strategic Framework for Equity Funds and National Equity Fund Implementation & Monitoring Framework (May 2005) will support pre-identification of at-risk women, delivery of safe motherhood services, treatment fees, and transport and food costs for referral hospital level. | <b>Example:</b><br>MoH should theoretically play a key role in DV case but these roles and responsibilities are not explicitly mentioned in the DV law.  |

**Tool 2.** is a checklist to further probe into potential gaps. Instructions on what should be included and an example for analysing gaps are also included in the table. Furthermore, if the country does not have a current strategy and/or plan, the table may be adapted to better suit the needs of the research team. It should be

considered as a tool, and not an end in itself, to organize the information on services for survivors of VAW and the possible gaps in the delivery or existence/non-existence of those services.

The information in this matrix will also serve as an input for the questionnaires (see Module IV) used when interviewing key informants on the budgetary and/or costing of specific activities and services. Questions about the gaps detected during the institutional matrix/environmental scan can then be verified. The following questionnaire/checklist can assist the research team in the gathering and analysing of main documents obtained during Module I and when looking at the findings obtained during interviews in Module IV.

### Tool 2. Checklist Questionnaire for Mapping Institutional Environment

1. What are the main legal, administrative and policy documents that relate to addressing and preventing VAW?
2. Do laws and policy documents clearly allocate resources for provision of VAW-related services? (e.g. a percentage of the budget; medium-term planning to cover activities that cannot be assumed in a single year, etc.)
3. Who are the main implementing government institutions mentioned in these documents?
4. Who are the main implementing international institutions mentioned in these documents?
5. Who are the main implementing non-governmental institutions mentioned in these documents? (Particular attention should be paid to any decentralization issues that may affect these services)
6. Taking into account all the areas of a survivor's life affected by violence, do these documents address all or some of the areas?
7. Are there any contradictions among present legislative documents that might hamper implementation of specific VAW-related legislation?
8. Are there any other key players in the delivery of VAW-related services that are not mentioned in the documents? (e.g. NGOs, donors, etc.)

## 2.2. MODULE II: Evidence – Research and Data

**After completing this module you will:**

- ✓ Have strong knowledge of the most relevant and recent research related to VAW and VAW-related services carried out in the country.
- ✓ Have information to complement the environmental scan in Module I and subsequent steps in this research as defined in the modules below (data and indicators on VAW that can help interpret the economic data to be gathered at a later stage).
- ✓ Have a strong understanding of available VAW-related indicators used within the country.

- ✓ Understand how the indicators relate to the efforts being made by government to address VAW.

This module entails two main activities: first, developing an annotated bibliography that will assist in the review of relevant national data on VAW; second, gathering and analysing available statistics and indicators on VAW in the country to assist in the interpretation of information on service costs and budgets.

### 2.2.1. Annotated Bibliography

This is a relatively simple activity, which takes into account the most relevant and recent reports written in or about a country on VAW, and which can be used as further input for the previous mapping exercise and which helps save time in the next steps concerning indicators and budgeting. This exercise should ideally begin with a review of the population-based national survey if one exists, the most credible data that methodologically accounts for the whole population. Manuals for training, brochures, etc. do not need to be included, but only research or other reports containing information about VAW. This should include evaluations or assessments about services, prevention or prosecution.<sup>19</sup> There should be also a systematized exercise where the description of each document can be summarized as follows (Tool 3):

#### Tool 3. Systematization Template – Research

- Area of concern (legal, health, psychological, sociological, economic empowerment [labour market], or educational)
- Type of document (national statistics/survey, research report, evaluation, assessment, government report, etc.)
- Whether or not concrete data is offered
- Main conclusions

A reasonable timeline for information to be evaluated is within the past two or three years, unless there is a particular older document (for example, a report based on the most recent prevalence and incidence survey) that should be included. This bibliography can be carried out at the same time that the analysis of the institutional environment is carried out.

### 2.2.2. Identification and Analysis of Indicators

This part of the process is crucial to understanding the scope and trends that are behind the phenomenon, as well as to begin to understand linkages of efforts made on services with the budgetary and costing the government and other actors involved in the delivery of services need to undertake. Monitoring helps to determine if objectives (i.e. reducing prevalence, reducing incidence, increasing safety and providing quality

<sup>19</sup> Services are considered as items and personnel that are provided directly to the survivor or anything that directly supports the existence of an effectiveness of that service. This manual focuses on services, even though some services may be linked to prevention or prosecution.

support to survivors, etc.) are being achieved and can help identify which investments are yielding a more cost-effective response over time.

The following Table 3 provides a general list of indicators that may be obtained, though these may vary per country. They are each important in terms of monitoring efforts of government and other service providers, the number of services accessed by survivors and the ease of that access, the effectiveness of current prevention programmes, and the implementation of current laws and policies. Indicators should be accompanied by the date information was obtained or date of most recent publication, in addition to the institution providing the data. It is also important to consider the limitations of indicators used, including reliability and validity of the data collected, as well as the issue of non-comparable data over time or across locales.

#### Types of Indicators

- Prevalence rate of VAW (incidence and severity if possible)
- Number of incidents reported via police, social services, courts, hotline, etc.
- Number of survivors accessing available services (police protection, shelters, health, legal aid, etc.)
- Demographics of survivors and perpetrators (very important to account for diversity in the female and male population of the country)
- Number of civil servants and others trained on VAW

The indicators should be analysed and presented in a brief descriptive report that will be helpful when assessing past and present budgetary allocations for the different services. The report can include notes on trends observed from the reports already analysed (annotated bibliography) or any other helpful information on the interpretation of the numbers obtained, and any limitations. For example, if a prevalence and incidence survey has been carried out, it would be very important to obtain as much information about the survivors and perpetrators (if they were included), about the services they have used, where they live, socio-economic status, etc. Additional examples of indicators that may be used for the analysis can be found in Annex I.

Regarding monitoring and evaluation of the research, the following set of questions (Tool 4) can be discussed by the research team and also with the government, civil society groups and other potential actors taking part in the costing exercise.<sup>20</sup> It is important to point out that although most countries are moving towards monitoring and evaluation, in general significant gaps remain in this area.

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<sup>20</sup> These questions can be included in the interview questionnaires to specific service providers and key government departments in charge of preventing and addressing VAW. The following section contains an example of such questionnaires together with the other aspects that should be researched.

#### Tool 4. Questions on Monitoring and Evaluation

1. Is monitoring and evaluation a common practice among government departments?
2. What indicators have been identified already for monitoring and evaluation of the legislation?
3. What indicators have been identified already for monitoring and evaluation of the strategy/plan?
4. Are there other indicators linked to policy areas relevant to VAW that can be used? (E.g.: benefits or programmes where survivors are target beneficiaries)
5. What other indicators on women's status might be useful, specifically as outcome indicators?

Finally, the following tool (Tool 5) can be used for systematizing the indicators found. It is important to note that not all of these indicators and the data from which to calculate the indicators will be available for the country being analysed. The user should consider as well other limitations related to some indicators. For example, service-level data on violence, as reported by institutions (worksheet 3), cannot be used to determine prevalence, as many women do not report violence to institutions, so the figures are grossly under-estimated. There will also be vast differences between rural and urban and depending on the geographical spread of such services. Tool 5 is a sample index for how information can be organized.

#### Tool 5. Systematization Template – Indicators and Data

**Worksheet 1:** United Nations suggested indicators (see UNECE web page).<sup>21</sup> Note: please take into account that the data from which to calculate these indicators might not be available as these indicators are survey-based.

**Worksheet 2:** Estimates of prevalence and incidence of VAW in the country.

**Worksheet 3:** Violence reported by institutions (police, courts, health education, etc.) (NOTE: these might be only very recent and details such as demographics on survivors or perpetrators might not be collected and/or available).

**Worksheet 4:** Shelters (number of users per year, number of cases services rendered, etc. NOTE: users and cases are different).

**Other worksheets:** Any other relevant information coming from administrative or survey sources (See Annex I for examples).

<sup>21</sup> list of indicators is available at <http://www.unece.org/stats/documents/2010.04.vaw.html>. See item 7.

## 2.3. MODULE III: Referrals and Protocols for Survivors of VAW

**After reading and undertaking the analysis suggested in this module you will:**

- ✓ Have a strong understanding of how existing referrals and protocols take survivors through various services
- ✓ Understand how “theoretical” and “actual” itineraries are connected
- ✓ Understand more about use or non-use of services, based on how these itineraries are linked
- ✓ Understand the cost implication of referrals and protocols

### 2.3.1. Itinerary for survivors of VAW: Theoretical vs. Actual

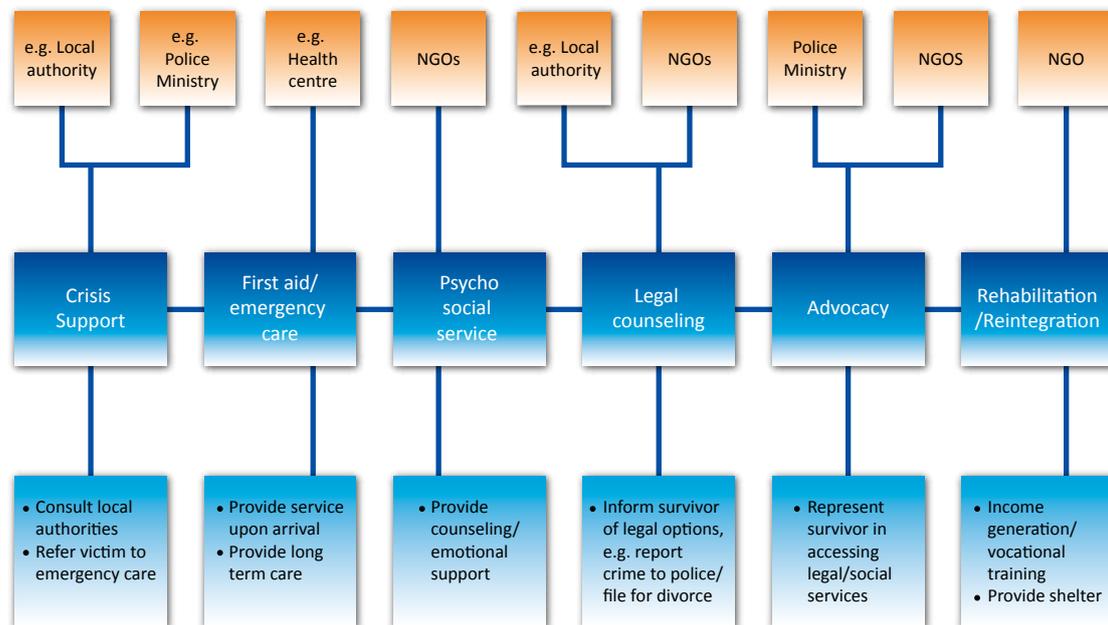
The itinerary of a survivor refers to the process of experiencing violence, from the perspective of the survivor, and the critical pathways an individual follows in seeking and accessing services in response. Where and how a survivor experiences violence will have bearing on what services she may seek to access, and the pathway of the itinerary from that point forward. Tools 6 and 7 below represent examples of what the theoretical and actual itinerary of a survivor might look like. These are only examples and the research team should develop them according to the realities of their particular country contexts.

By **theoretical itinerary** we mean the services by the different public and private institutions offered to survivors and how the survivor accesses these services according to law or plans. This is in fact the basis for referrals and protocols that may be explicitly included in the legislation or plans/strategies of countries. These referrals and protocols, if not explicit in legislation or policy documents, might be occurring in an informal manner and the research team should then be able to document how they occur.

The **actual itinerary** is what survivors can actually access depending on where they live, the awareness about the existence of the services, the trust in the services, etc.

Tool 6 shows in different colours where NGOs and public official services are available. In the blue boxes the actual services provided at each step of the itinerary are identified.

## Tool 6. Example of a Theoretical Itinerary for a Survivor

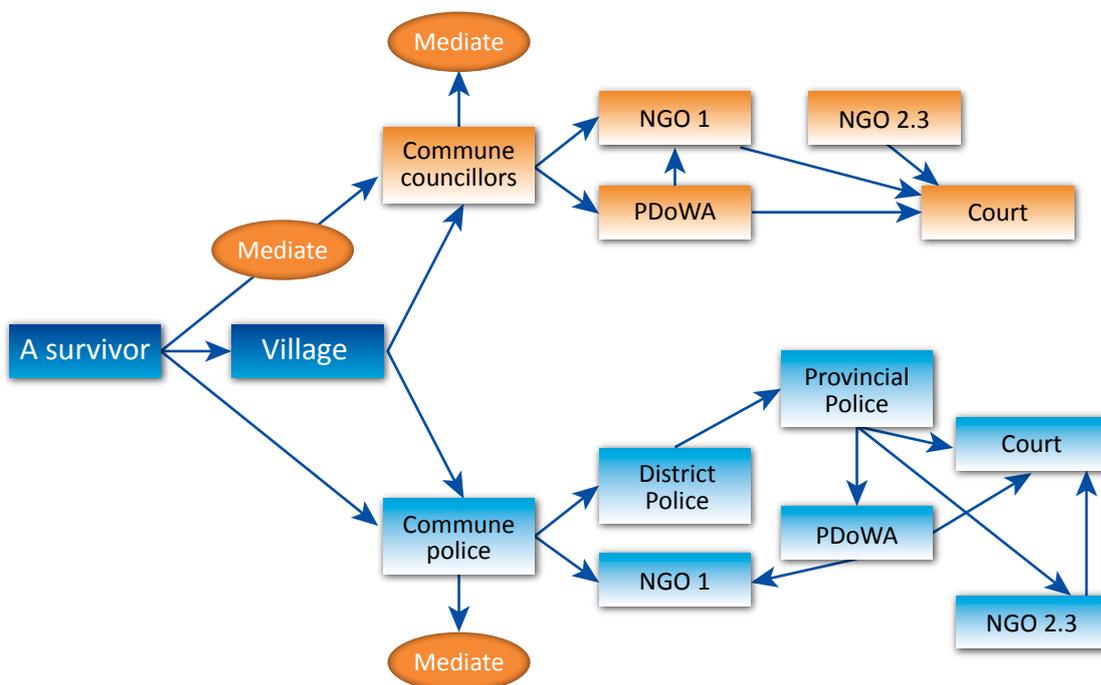


Source: Adapted from preliminary findings during the Cambodia research conducted by GADC, 2012

It should be obvious to the research team that has carried out the steps in the previous modules that the survivor may enter the “system” described by this itinerary through any of the services. This is yet another area that the team should consider analysing in as much depth as possible. In other words, the survivor will have a much different actual experience depending on where they first seek help. This is what Tool 7 attempts to capture. It is only an example and should serve to contrast with the theoretical itinerary above so that findings are extracted with respect to actual access and effectiveness and efficiency of the services. Findings may also include the discovery that mediation services are being used in cases of violence, which should never be supported, as VAW is a human rights abuse.<sup>22</sup>

<sup>22</sup> See recommendations based on global evidence: <http://information.www.endvawnow.org/en/articles/905-understand-and-address-concerns-about-mediation-and-restorative-justice-.html>

### Tool 7. Example of an Actual Itinerary for a Survivor



The example used here demonstrates that while there may be a strong and efficient referral system in theory, the reality is different for survivors in practice. In this case, the Cambodia research team found that survivors often ceased seeking to access services after consulting local authorities or participating in other informal adjudication mechanisms. In other countries, the point where the survivors stop accessing services may be at the law enforcement level. This information will emerge following the environmental scan, the analysis of the data and research, as well as the combined experience of the multidisciplinary research team carrying out the study. It is important to note the following when adapting these itineraries to the specificities of a given country:

- At each step of the itinerary, service providers may or may not have adequate training to address or detect signs of violence or make systematic screenings;
- This will depend on the stage the individual countries find themselves with regard to investment in prevention of VAW which includes detecting it at early stages;
- In most instances, survivors come into contact with public services and report violence at later stages of the itinerary and rarely when first aggressions happen (as services are used but violence not reported);
- The description of the itinerary by an expert or through literature on the subject or interviews will be able to fully reflect the itinerary itself and will also identify the effects and agents affected in all the areas and levels expressed in the figures;
- The exercise must be multi disciplinary and have a multi-dimensional approach in the understanding of the problem and the solutions provided;

- The survivor itinerary of use of services is directly linked with costs implications. If referral systems and protocols are not properly institutionalized, costs may be under-budgeted (e.g. survivors may not be able to access services because they have not been referred or do not know they exist) or in some cases over-budgeted (e.g. a service has been accessed twice due to inefficiency of protocols and/or referral systems).

It is also important to take stock of the institutional capacity and awareness of the different government institutions involved in responding to and/or preventing VAW and, including any resources already being appropriated for capacity-building and sensitization.

### 2.3.2. Referrals and Protocols

Once the itineraries have been identified, the information from the environmental scan on the referrals and protocols can then be analysed. As previously mentioned, the itineraries are a reflection of how referrals and protocols may be or may not be functioning to support survivors.

The referral systems, if addressed within legislation and/or policy documents, should be clearly described, including with regards to their coordination. If this is not the case, the research team should establish what coordination does look like (e.g. one-stop crisis centres; well-linked, but independent services; other configuration, etc.) so that budgetary implications can be identified and pertinent questions can be asked at a later stage of the research.

An effective referral system means that, independently of where a survivor access services first, she will be seamlessly referred to all of the other services available and a case management system will be set up so that all institutions involved can coordinate efficiently in rendering services. This will help avoid 'double victimization', which occurs when a survivor of VAW is deprived of access to comprehensive response services, or when a survivor's human rights are violated in the process of seeking/ accessing services, and thus another mode of 'victimization' occurs. The research team should be able to identify whether there are problems with the referral system due to budgetary or other constraints.

In the case of protocols, these refer to specific steps taken during the provision of services to a survivor of VAW.<sup>23</sup> They are intrinsically part of referral systems and from a budgetary standpoint, these require relevant trained personnel trained and the establishment of a database.

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<sup>23</sup> The research team can refer to a number of examples and further explanation of protocols at the Virtual Knowledge Centre to End Violence Against Women of UN Women. Insert the word protocol in the search engine of the website: <http://www.endvawnow.org> or search the tools database by clicking on "category" "protocols/guidelines"

## 2.4. MODULE IV: Analysing the Budget

**After reading and undertaking the analysis suggested in this module you will:**

- ✓ Identify entry points for monitoring the inclusion of VAW-related services in the national, regional and/or municipal budgets, if relevant to service delivery.
- ✓ Identify sources of funding/financing. *Note: all funding sources should be identified, but under the continued assumption that it is the government's obligation to fund services to survivors of VAW.*
- ✓ Understand linkages between laws and policy on VAW with regards to budgetary allocations and expenditures.
- ✓ Understand linkages between the cost of the services and their inclusion in the budget

The previous steps have now prepared you to make the links with the government budget (and non-government budget, in the event that resources come from another funding source such as international aid) and costing related to the measures/activities of the law and/or national plans/strategies on VAW.

It is important to remember the following basic points that will allow you to make the most of this module. In this module it is necessary to:

- Have a strong understanding of the budget cycle, including components related to any decentralization efforts in the country;
- Have a strong understanding of budget instruments used by government in preparation of the budget;
- Have a strong understanding of the type of budgeting used at present in the country, across various levels;
- Have a sound understanding of the planning and costing methods/tools already being used in the country, so that this exercise is aligned with that which government counterparts are used to seeing and thus can identify with in their planning/budgeting processes;
- Be acquainted with the administrative procedures in the preparation and execution of the budget (financial departments);
- Have knowledge of different funding sources currently supporting VAW-related services for survivors;

This knowledge will enable the research team to pinpoint specific gaps in adequate resource allocation for VAW-related services. If one or more of your team members do not have knowledge of the issues listed above, this part of the study may be difficult to carry out. Step by step indications of budget analysis should be applied to the delivery of services to survivors of VAW.

All the previous tools provided bring us now to the final module, in which the following five steps are to be carried out:

- **Step 1:** Analysis of public and private budget documents
- **Step 2:** Interviews with relevant service providers and other stakeholders
- **Step 3:** Systematization of information gathered in the interviews
- **Step 4:** Identification of the types of costs associated with the different services
- **Step 5:** Calculation of budgetary resources and budgetary planning needed to cover the costs to delivering a multidisciplinary package of response services for women and girls subjected to violence

### Step One: Analysis of public and private budget documents

The following main public budget documents should be analysed in order to uncover the macroeconomic picture under which the MoF is working and how it negotiates with each ministry or sector. Note that this is a general review focused on understanding the main political economy of the government and not to carry out a gender audit of the documents.<sup>24</sup>

- Budget circular
- Medium term expenditure framework (MTEF)
- Budget statement or budget law
- Handbooks on preparation of the budget
- Any technical and/or political documents accompanying the budget
- Annual work/action plans of the ministries submitted to the MoF
- Any working methods to track/monitor/evaluate budget outcomes or impacts

This analysis will help direct questions towards the various sectors providing services and also highlight relevant questions for the MoF. One of the most interesting and often overlooked interments that the government might already have is working methods to track, monitor and evaluate budget outcomes or impacts.

Often, governments use special tracking tools in addition to the MTEF to achieve strategic goals, which can be a good starting point to track the budgetary allocation, specifically as related to VAW. These tools are often *ad hoc* but can be adapted to the goals we seek here.<sup>25</sup> In general these tools are used in connection with large strategic infrastructure projects and environmental issues. These can be identified by analysing the budget and looking at current large expenditures, in addition to careful reading of the MTEF and budget circular.

<sup>24</sup> The usual tools for GRB can be used as guidance, but in this case we are looking at the budget with a very particular goal in mind: what is the cost of the different services that make up a multidisciplinary/sectoral delivery possible as reflected in the budget for these services? In addition the general political economy of the budget itself (focus on economic growth or on fiscal discipline, etc.) will also guide the conclusions as if affects services for survivors of VAW. For GRB tools please consult [www.gender-budgets.org](http://www.gender-budgets.org) and click tools.

<sup>25</sup> For example, in revising these general budget documents one should be especially aware of any large project, which involved different sectors in the country and how it was reflected in the budget as far as monitoring the execution of the same. This can serve as an example of how the same principle can be applied to services for VAW survivors.

The environmental matrix of Module I should also reveal which services are being provided by regions and/or municipalities (either in full or co-funded with central government). If possible, the above list of documents should also be scanned under this perspective. In addition, the regional and/or budget documents can be scanned for a selection of municipalities that can qualitatively represent the situation with respect to provision of services.<sup>26</sup> Two very important aspects, that may tremendously influence the actual implementation of any budgeting of VAW-related services, are the degree of discretionary expenditure in the budget as well as the degree of petty corruption in provision of services and justice. These have an impact on the effectiveness of service delivery for survivors and prosecution of perpetrators. Discretionary spending can actually result in a positive effect if it is used, for example, to pay for out-of-pocket expenses by service providers or survivors (e.g. transport to/from services, food and water in emergency situations, etc.) On the other hand, petty corruption may deter survivors from what are meant to be free services (e.g. paying for a medical certificate for a forensic exam following a rape).

Another very important aspect of public budgets that should be considered by the research team is the type of budgeting being carried out in the country,<sup>27</sup> as well as the state of decentralization. These two aspects will be key in understanding how the services are actually delivered and whether their costs are covered by the state or other actors. The limited scope of this manual makes it impossible to include all of the details of these complex issues. However the research team should take into consideration the following:

- Depending on the type of budgeting (line budgeting, performance based, etc.) the type of information that the team will be able to obtain will be very different. The interviews will thus become an important source for additional information.
- The budgetary classification<sup>28</sup> will help in understanding how different aspects of the services are covered. In general, the economic classification (salaries, goods and services, capital expenses, etc.) can help in determining what part of the services are covered by the work of public servants (e.g. salaries) and which are goods and other services (e.g. gasoline for police cars) as well as capital expenses (e.g. building shelters, administrative costs for establishing a centralized service provider database, etc.) that comprise the other costs of the services.
- The flow and sources of funding for services offered by lower levels of government (according to decentralization processes) will also be very important to understand as this relates to delivery of VAW-related services. In many cases, the obligation of provincial and local level administrations to provide services is

<sup>26</sup> A suggested option is to choose the municipality which is known to be mobilizing most resources, one with none or very little resources and one that can be representing the situation of the average. This information can be obtained through NGOs and/or the interviews with the Ministries at central level (see next step). Another possibility is to use the scan of bibliography to look for best practice examples or previous analysis of the situation of survivors. If information on prevalence exists, another qualifying variable to choose the municipalities can be the high, low and average prevalence rate.

<sup>27</sup> For a review of how the different types of budgeting affect GRB please refer to Rhonda Sharp, *Budgeting for Equity*, available at [www.gender-budgets.org](http://www.gender-budgets.org).

<sup>28</sup> The research team should have among its members a person with strong budget knowledge. In any case, this IMF manual on budgetary classification can help in guiding the team <http://www.imf.org/external/pubs/ft/tnm/2009/tnm0906.pdf>.

greater than the resources they have available or resources may not be prioritized towards VAW/G.

With regard to budgets or other financial documents from NGOs, political organizations and/or donors, it would be important to have access to the following types of documents (these may or may not be publicly available and may only be accessible during interviews; see next step):

- Annual reports
- Reports from OECD-DAC<sup>29</sup>
- Project documents (especially log-frames of projects that support VAW-related services)

It is particularly important to take into account the significance of foreign aid in the country, as the strategies of donors as well as their relationships with the government can influence the way in which VAW-related services are funded. Governments with weaknesses in basic budgeting, those involved in large infrastructure projects and/or those with weak overall institutions are likely to encounter grave problems in setting up and developing the strong social sector institutions needed to cover all aspects of the VAW survivors' needs. In light of this, NGOs supported by government or donor funding become key actors in providing those services.

In countries where there are efforts to improve budgeting and strengthen public institutions, and where donors are reducing their presence, the transition to publicly available services for survivors can sometimes conflict with those that have been provided previously by NGOs or other providers (e.g. faith-based groups).

Therefore, a basic cost analysis derived from this step is to assess the source of funding for established VAW-related services in the country (limited to the sample selected), along with other findings derived from the budget document's analysis.

## Step Two: Interviews with relevant service providers and other stakeholders

The second step involves interviews with relevant service providers, NGOs and government departments as representative a group as possible that can be completed using the following example questionnaire identified in Tool 8 (please find this tool in Annex III).

Note that for each individual interviewed, the questionnaire has to be custom fitted to the analysis in the previous steps, in particular the environmental/institutional scan matrix constructed in Module I, but also indicators and M&E questions (Module II) and protocols and referrals (Module III).

Each step in the questionnaire (Annex III) has a brief explanation of the purpose of the section in order to assist with this adaptation. It is particularly important to take

<sup>29</sup> Especially those about donor aid supporting gender equality <http://www.oecd.org/dac/genderequalityanddevelopment/>. Click under funding gender equality.

into account any weaknesses or gaps, as well as overlaps in roles and responsibilities, found in the environmental scan so that these issues are included in interviews to various departments and can be further elucidated.

The questionnaire to be used when interviewing individuals from the MoF should be more focused on the technical analysis of the documents mentioned in the previous step. In this case, depending on whether or not the country is already carrying out a GRB initiative and whether the MoF is involved, the main aim will be to understand what providers must do in order to obtain adequate resources for their services. Prioritization of the specific actions/activities as well as their sequencing for the purpose of including them in the budget is the main aim of the interview with the MoF. Therefore, the questionnaire should be tailored to the MoF.

It is important to note that most of VAW-related services fall under the social sector in any country and these should be the main focus of the questionnaires (e.g. Health, Social Welfare, Social Services, Education). However, the justice and interior sectors will also play a key role in ensuring services related to legal aid (in addition to their role in providing civil and criminal remedies (e.g. prosecution), which is not being analysed here).

In addition, a specific interview with the finance ministry should be sought where relevant macroeconomic and other technical issues that may affect funding can be discussed. Finally, the questionnaire should be adapted and special emphasis placed on obtaining financial documents or information pertaining to the delivery of services by actors other than government if these were not available during the scan in Step 1.

### **Step Three: Systematization of information from the interviews**

One of the main added values of conducting interviews (using the questionnaire from Tool 8/Annex III) is that it will also serve to assess the capacity of those responsible for implementation in various key areas. For example, the research team will obtain information on interviewees' knowledge of their responsibilities; assessment of challenges and how to tackle them; identification of resources needed and their financing; knowledge of how to adequately cost services and prepare a budget for the resources needed. The interview will also clarify the different sources of funding that are allocated to different service providers.

One of the main added values of conducting interviews (using the questionnaire from Tool 8/ Annex II) is that it will also serve to assess the capacity of those responsible for implementation in various key areas. For example, the research team will obtain information of the interviewee's knowledge of their responsibilities; assessment of the challenges and how to tackle them; identification of resources needed and their financing; knowledge of how to adequately cost services and prepare a budget for the resources needed. The interview will also clarify the different sources of funding that are allocated to different service providers.

The aim of the exercise is not to go too in-depth on the public finance system. Rather, given the multi-sectoral approach of services to survivors of VAW, it is sufficient to state whether the services are funded from the general budget or are linked to specific benefits arising from social protection systems. On the other hand, it would be important to highlight if most services are being covered by donor contributions. In general, this means that services are being either entirely funded through NGOs by donors or that NGOs with donor money are covering some out-of-pocket expenses for VAW-related services (e.g. transport to/from services, shelter, etc.). In this case, see Annex IV.

#### **Step Four: Identification of types of costs associated with different services**

The monetary figures obtained through previous modules and steps can now be used to begin putting together the costs and budgets associated with services to prevent and address VAW. Tools number 12 and 13 (in Annex IV) provide an example of how these monetary figures can be summarized. These will also help identify gaps, either because the figures could not be found or obtained, or the budgetary system did not allow for them to be properly identified.

Other activities or mechanisms that need to be in place to ensure that protocols and referral systems work should also be included in the budget of each department interviewed. In this case, a breakdown of the activities by how many and which actors are involved, etc. will provide clues as to what resources are needed and for how long.

In the case of training professionals involved in services, it is particularly important that existing curricula include information on protocols and services so that this cost is streamlined into those efforts and does not have to be an additional expense every year.

The same goes for mechanisms that coordinate the protocols and referral systems. Once they are agreed upon, a monitoring and evaluation system will provide feedback to all the entities involved in arising and persisting challenges, and where efforts are most effective in reducing violence prevalence and thus costs.

The totals in these tables (Tool 14) reflect the costs to government and to other actors of the delivery of services to survivors. Additional information obtained through the interviews will help in the next step to determine how much should be spent.

#### **Step Five: Calculation of budgetary resources and planning**

Once all of the information has been systematized, a calculation using additional information from interviews and any other sources can be used to approximate the cost of present efforts. This can serve as a basis for debate among all stakeholders and to improve delivery, quality of services, adequate resource allocation and aid coordination and effectiveness. The tools used during prior steps now enable a clear picture of what information is available for each of the services, what is missing and whether available information on services is adequate.

The approach here can use the same tables containing budgetary information as in Step 4, and attempt to calculate similar measures that are covered in other departments as a basis for budget allocations in departments where allocations have not been made. For example, if training of doctors for implementation of a protocol has been budgeted and is being implemented, the information can be used to calculate the missing information in another field (such as educational or social services). Another approach is to take the budgets of donors or NGOs providing a specific service (e.g. shelters) that the government should be covering but is not. One of the areas usually left out of budgets is coordination or referral systems, which include salaries for officials, data systems to record incidents and monitor service provision across sectors and communication tools (telephones, faxes, transportation, etc.). In these cases, the research team might have to refer to average costs for these salaries and complementary costs.

Information gathered during interviews on the adequacy of present resources will be also useful in indicating additional expenses due to lack of funds for logistical and administrative costs, which may arise from referrals and/or petty corruption. For example, if during the interview the respondent expresses that resources are inadequate and specifies in which area, the team can then include this in the recalculation of what the budget should be.

If this area is, for example, transport of survivors to/from various services, then costs of such transportation should be included and recommendations on who should be responsible for these costs should be made.

***Examples of insufficient funds in the operations of services to VAW survivors:***

1. **Services provided with out-of-pocket expenses:** Survivors, public servants, NGOs or other agents directly involved in services incurred direct personal costs to ensure service delivery, where such services should have been budgeted by the state otherwise (e.g. paying for a medical certificate for a forensic exam following a rape).
  - **Cambodia:** One key role of commune police is to help intervene and protect VAW survivors. In order for them to do so, it is important that community members know the number they can contact in case of violence. Yet there is currently no state budget to support distribution of police contacts. Instead, villagers provide financial support to commune police for printing and distribution of their numbers to villagers, as well the display of contact information along the road for high visibility. (*GADC interview with commune and district police in Battambang on 26 June 2012*)
  - **Indonesia:** At a Puskesmas in Gunungkidul District, DIY, health workers handling VAW cases often must spend their own money to secure transportation and in logistical assistance of health insurance for patients seeking services at the District Health Office (located about 20 miles away). It is burdensome for the staff, especially when administrative errors (e.g. erroneous health insurance card numbers) mean significant back and forth. As a result, Puskesmas tended to charge for health services to survivors. (CPPS interview with Puskesmas staff)

2. **Services partially provided:** Budget was allocated for the service, but quality of care was compromised due to insufficient resources.
  - **Cambodia:** Commune police are provided with gasoline to travel to crime scenes and for other purposes, but the amount is not sufficient. This means that police officers must either subsidize gasoline costs themselves, or may be prevented from traveling to investigate incidents, including those related to VAW. (*GADC interview with commune police in Kampung Cham and Battambang on 12 and 25 June 2012*)
  - **Indonesia:** Counsellors at P2TP2A, an organization providing support for VAW survivors, are supposed to receive monthly grants to subsidize costs they may incur for transporting survivors to access health services. However, they face chronic issues with the unavailability of an operational car. Instead, they must either use their private vehicle to transport survivors (if they have one) or access public transport. More often, survivors must go by themselves to the hospital or the police without the counsellor due to the limitation of transportation budget. (*CPSS interview with P2TP2A staff*)
  
3. **Services not provided:** There was not budget allocated for the service, and therefore it was not provided.
  - **Cambodia:** There are a number of support services that VAW survivors need ready and affordable access to, including temporary accommodation, food and help covering transportation and court costs. The Provincial Department of Women's Affairs (PDoWA) acknowledges these needs, but there is no state budget allocated for them and therefore they are not covered. As one official put it, "Most of the victims are poor and we want to help them but we do not have the money so how we can support them." (*GADC interview with PDoWA official in Kampung Cham on 13 June 2012*)
  - **Indonesia:** A lack of sufficient budget has meant inconsistent shelter systems throughout the country. The Social Affairs Agency (SAA) currently only provides shelter services for VAW survivors at the provincial level. Because the SAA lacks sufficient budget to establish a shelter system at the district level, the start-up of the system in the past year has been supported by the Ministry of Social Affairs. However, only six districts to-date have functional shelters and more over, due to geographic constraints, these and even many provincial shelters are not readily accessible to survivors seeking services. (*CPSS interview with SAA and MoSA*)

From a political economy point of view, this final exercise should uncover the restrictions that some departments may face due to general budget framework. This is where knowledge of the budget cycle, the general macroeconomic environment and information gathered from different departments on their challenges in implementing services can be leveraged. Another important issue that should be pointed out is if departments directly in charge of the delivery of the services have any influence in the preparation of the budget or if they lack the skills to calculate costs that are then included in the budgetary allocations. At the end, the summary tables with economic data prepared (exactly the same as in the previous step, but in this case including the calculations made by the research team), will provide an idea of what resources would need to be mobilized or made more effective in addressing the needs of survivors.

The team can further compare the totals by area (health, education, justice, etc.) to see where the gaps are greatest, compare where there is more missing information and, based on all of the previous methodological steps, then make concrete recommendations to ensure access to VAW-related services by survivors (contrasting theoretical and actual itineraries). Recommendations provided by the team should be focused on the various gaps identified through the complete budget process, and practical recommendations to address these gaps should be developed.

Gaps that may be identified through this methodology include:

### Legislative and Policy Level Gaps

- **Inconsistencies and overlaps among laws** within a country create conflicting directives around VAW and contribute to conflicted and unclear roles and responsibilities among actors seeking to address the issue of VAW. It can also contribute to financial inefficiencies due to redundant spending for services.
- **Gaps in laws** within a country contribute to a failure to address key aspects of VAW and as a result, key services being sought by survivors are either not provided or not provided for adequately.
- **Laws are not being implemented at the policy level**, and are not being clearly translated or reflected in either national action plans or NGOs' strategic plans to address VAW.
- **Gender mainstreaming and gender budgeting in the region are at the beginning stages** and VAW is not yet integrated into efforts to ensure appropriate resources for services.

### Budget Level Gaps

- **Challenges in identifying funds specifically allocated for VAW** due to budget information aggregation and lack of VAW-related line items.
- **Lack of tracking system in place to properly allocated budgets** for the implementation of various VAW policies, including an overall lack of budget indicators, and monitoring and evaluation system.
- **Lack of/insufficient institutional capacity to budget** for implementation of VAW-related laws, policies and programs
- **Decentralized budgeting processes** contribute to segregated services for survivors of VAW, who must access services at various service delivery points at the local, district, or national levels.
- **Reliance on out-of-pocket funds** on the part of survivors, NGOs, law enforcement officials, etc. to supplement access to services for VAW.
- **Dependence of government and or NGOs on foreign aid** to carry out VAW-related work raises questions of sustainability of services.
- **Budget documents** may facilitate planning, programming and budgeting that contributes to the advancement of gender equality and the fulfilment of women's rights. Formats and documents should be gender sensitive.

### Implementation Level Gaps

- **Lack of official and standardized referral systems** for survivors of VAW, which result in cost inefficiencies and gaps in services (and circuitous route of access) for survivors or unnecessary duplication (e.g. recording of the same case multiple times).
- **NGOs play a lead role in addressing VAW at the community level**, oftentimes having allocated more funds to the issue than national governments.
- **Inconsistent delivery of key VAW-related services**, including
  - Lack of some services all together,
  - Inadequate delivery of services, and
  - Delivery of services thanks to out-of-pocket expenses on the part of survivors, NGOs, and other stakeholders.
- **Corruption**, including employment of fines by law enforcement officials to deter VAW at the household level and a reliance on survivors' own funds to access VAW services.
- **Lack of data collection processes and records** of VAW at the service-delivery level.

# CONCLUSION

Despite important progress in recent years, violence against women and girls remains pervasive. Governments have a particular obligation to protect the rights of women and girls to live free from violence, ensure that survivors have access to a full range of services, and hold perpetrators accountable and ensure access to justice. To ensure the effective implementation of laws that address VAW, developing detailed budgets that allocate specific funds for services and indicate duties across sectors is critical. While laws and policies may be put in place, ensuring adequate budgeting necessary to underpin their effectiveness remains a considerable challenge for many governments. A better understanding of the true financial, political and social costs of VAW to governments and societies, as well as of how support services for survivors can be costed for the purposes of resource allocation, is an important area of emerging research.

The approach described in this manual is an attempt to address this issue holistically. It allows for the mapping of stated legal and policy obligations of a national government against budgetary allocations and financial resources to support VAW-related services. In many countries, donors and NGOs often play a critical role in financing the delivery of services that governments might be unable to support in spite of their obligations to do so. The methodology laid out in this manual enables the identification of current expenditures against policy commitments (and the sources of revenue from which they are financed) as well as the determination of whether these resources are sufficient and what gaps need to be filled. The ultimate goal is to reduce dependency of non-state actors and donors, as providing services to VAW survivors is fundamentally an obligation of the state.

Although the economic argument adds weight to advocacy for adequate funding for survivor services and increased investments for the prevention of VAW, the approach taken in this manual also points to gaps and weaknesses in the system. In some cases, this goes beyond the specific services that survivors are entitled to by law or policy. In particular, implementation of this methodology helps uncover shortcomings in the broader health and social protection or social services systems, petty corruption affecting access to and quality of services, infrastructure breakdowns (roads, etc.), and other factors that inhibit the ability of survivors of VAW to access care, or the quality of the care they receive.

Rather than produce specific cost amounts, findings will represent a more holistic picture of expenditures – an approximation of the total actually being spent on VAW-related services against what should be ideally spent, as well as an analysis of the nature and source of those expenditures. Furthermore, this approach reveals the human and social capital that is being spent on addressing the problem of VAW, in addition to the gaps that must be filled. The ultimate goal of this approach is to increase national ownership to implement policy commitments to address VAW and to strengthen the institutions across sectors that are accountable for doing so. Results

will provide a baseline from which to strengthen efforts to improve the use of existing resources for VAW-related services, as well as a basis on which to advocate for additional resources. The resulting report from the manual's implementation can be shared widely with various stakeholders, including government actors, donors, NGOs and other key actors working on VAW issues in a particular country. It is important to view this methodology in the context of a larger goal, which is to increase resource allocation to provide survivors of VAW with the full range of services that they need and are entitled to and to ensure that as much as possible, such services are covered in national budgets. In this sense, costing the implementation of laws and plans that prevent and respond to VAW can help to increase the accountability of states to fulfil their human rights obligations, and ultimately, by codifying and financing laws and policies that protect women's rights to live life free of violence, to reduce the burden of fear and suffering on women and girls who are subjected to violence.

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# ANNEX I: Glossary of Terms<sup>30</sup>

**Decentralization:** Process of dispersing decision-making or government administration closer to the point of service or action.

**Direct costs:** The costs resulting directly from acts of violence or attempts to prevent them. They include: costs of legal services, medical care, perpetrator control, incarceration, foster care, private security contracts and economic benefits to perpetrators. Direct cost can be classified in two categories: Direct tangible costs and direct intangible costs.

**Direct intangible costs:** These result directly from the violent act but have no monetary value. Examples are pain and suffering, and the emotional loss of a loved one through a violent death. These costs may be approximated by quality or value of life measures, although there is some debate as to whether or not it is appropriate to include these costs when measuring the economic costs of violence against women.<sup>31</sup>

**Direct tangible costs:** These are actual expenses paid, representing real money spent. Examples are taxi fare to a hospital and salaries for staff in a shelter. These costs can be estimated through measuring the goods and services consumed and multiplying by their unit cost.<sup>32</sup>

**Domestic Violence (DV):** Violence perpetrated by intimate partners and other family members, and manifested through: *physical abuse* (e.g. slapping, beating, arm twisting, stabbing, strangling, burning, choking, kicking, threats with an object or weapon, and murder); *sexual abuse* (e.g. coerced sex through threats, intimidation or physical force, forcing unwanted sexual acts or forcing sex with others); *psychological abuse* (e.g. threats of abandonment or abuse, confinement to the home, surveillance, threats to take away custody of the children, destruction of objects, isolation, verbal aggression and constant humiliation); and *economic abuse* (e.g. denial of funds, refusal to contribute financially, denial of food and basic needs, and controlling access to health care, employment, etc.).

**Ecological Model:** A model to help understand the root causes and risk factors of violence that need to be identified and addressed by prevention strategies. The model identifies risk factors at four levels: individual, relationship, community

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<sup>30</sup> Definitions presented are extracted from the Glossary of Terms from Programming Essentials and Monitoring and Evaluation Sections unless otherwise cited. See: <http://www.endvawnow.org/en/articles/347-glossary-of-terms-from-programming-essentials-and-monitoring-and-evaluation-sections.html>. Additional information on GRB can be found at [www.gender-budgets.org](http://www.gender-budgets.org) and information related on VAW at [www.endvawnow.org](http://www.endvawnow.org)

<sup>31</sup> *The Economic Costs of Violence Against Women: An Evaluation of the Literature*. (Expert brief compiled in preparation for the Secretary-General's in-depth study on all forms of violence against women, 2005).

<sup>32</sup> *The Economic Costs of Violence Against Women: An Evaluation of the Literature*. (Expert brief compiled in preparation for the Secretary-General's in-depth study on all forms of violence against women, 2005).

and societal. The ecological model helps to clarify the causes of violence and their complex interactions. The model is multilevel, allowing for the interaction of factors both between the different levels as well as at the same level and suggests that to prevent violence it is necessary to develop interventions at the different levels.

**Gender:** The economic, social and cultural attributes and opportunities associated with being male or female in a particular point in time. Also refers to the socially constructed relationship between women and men and the attributes, behaviour and activities to which each is expected to adhere. Gender differences are determined and reinforced by cultural, historical, ethnic, religious and economic factors. Gender roles differ over time and between cultures, but may be changed. Gender is often wrongly conflated with “sex”, which refers to the biological differences between women and men.

**Gender-Based Violence (GBV):** Acts of physical, mental or social abuse (including sexual violence) that is attempted or threatened, with some type of force (such as violence, threats, coercion, manipulation, deception, cultural expectations, weapons or economic circumstances) and is directed against a person because of his or her gender roles and expectations in a society or culture. A person facing gender-based violence has no choice to refuse or pursue other options without severe social, physical, or psychological consequences. Forms of GBV include sexual violence, sexual abuse, sexual harassment, sexual exploitation, early marriage or forced marriage, gender discrimination, denial (such as education, food, freedom) and female genital mutilation.

**Gender-Responsive Budgeting (GRB):** The analysis of the impact of actual government expenditure and revenue on women and girls as compared to men and boys. It neither requires separate budgets for women, nor does it aim to solely increase spending on women-specific programmes. Instead, it helps governments decide how policies need to be adjusted, and where resources need to be reallocated to address poverty and gender inequalities. GRB is government planning, programming and budgeting that contributes to the advancement of gender equality and the fulfilment of women’s rights. It entails identifying and reflecting needed interventions to address gender gaps in sector and local government policies, plans and budgets. GRB also aims to analyse the gender-differentiated impact of revenue-raising policies and the allocation of domestic resources and Official Development Assistance.<sup>33</sup>

**Fiscal space:** Room in a government’s budget that allows it to provide resources for a desired purpose without jeopardizing the sustainability of its financial position or the stability of the economy.<sup>34</sup>

**Incidence:** The number of new cases of a problem divided by the study population over a specific period. The incidence rate refers to the number of violent events a woman experiences during a specific period, such as one year.

**Indirect costs:** Indirect costs stem from effects of violence against women that have an imputed monetary value even though they do not involve an actual monetary exchange, such as lost income or reduced profits. The long-term effects of acts of

<sup>33</sup> See: <http://www.gender-budgets.org/>

<sup>34</sup> Heller, Peter S. “Understanding Fiscal Space.” *IMF Policy Discussion Paper*, PDP/05/4, 2005. See: <http://www.imf.org/external/pubs/ft/pdp/2005/pdp04.pdf>.

violence on perpetrators and victims, including lost wages and time; lost investments in human capital; costs related to indirect protection, life insurance, productivity, psychological and other non-monetary costs. Indirect cost can be classified in two categories: Indirect tangible costs and indirect intangible costs.<sup>35</sup>

**Indirect intangible costs:** result indirectly from the violence, and have no monetary value. An example is the negative psychological effects on children who witness violence, which cannot be estimated numerically.<sup>36</sup>

**Indirect tangible costs:** have monetary value in the economy, but are measured as a loss of potential. Examples are lower earnings and profits resulting from reduced productivity. These indirect costs are also measurable, although they involve estimating opportunity costs rather than actual expenditures. Lost personal income, for example, can be estimated by measuring lost time at work and multiplying by an appropriate wage rate.<sup>37</sup>

**Intimate Partner Violence (IPV):** A pattern of assaultive and coercive behaviours, including physical, sexual, and psychological attacks, as well as economic coercion, that adults or adolescents use against their intimate partners. It includes a range of sexually, psychologically and physically coercive acts used against adult or adolescent women by a current or former intimate partner, without her consent. Though women can be violent toward men in relationships, and violence exists in same-sex partnerships, the largest burden of intimate partner violence is inflicted by men against their female partners.

**Impact Costing:** Calculates the full socioeconomic impact in monetary terms, which entails calculating the direct and indirect, tangible and intangible costs of violence to women, their families, the community and society at large. This type of costing is often used for advocacy purposes and to mobilize support for legal and policy change by demonstrating the quantitative losses if action is not taken or by providing a cost-benefit analysis of action v. inaction. Impact costing requires national data on the frequency of violence, severity of effects, how different aspects of the survivor's life are affected, identification of main agents bearing direct and indirect costs, and some knowledge of public budgets. This approach is highly comprehensive and involves a much wider scope of assessment of the affects of violence on society, in terms of multi-layered costs, and is based on the experiences of survivors. Results can be a powerful advocacy and awareness-raising tool, demonstrating that violence is a social *and* economic issue, and investments in prevention and eradication are economically sound.<sup>38</sup>

**Perpetrator/Batterer:** Person carrying out an act of violence against women or girls.

<sup>35</sup> *The Economic Costs of Violence Against Women: An Evaluation of the Literature*. (Expert brief compiled in preparation for the Secretary-General's in-depth study on all forms of violence against women, 2005).

<sup>36</sup> *The Economic Costs of Violence Against Women: An Evaluation of the Literature*. (Expert brief compiled in preparation for the Secretary-General's in-depth study on all forms of violence against women, 2005).

<sup>37</sup> *The Economic Costs of Violence Against Women: An Evaluation of the Literature*. (Expert brief compiled in preparation for the Secretary-General's in-depth study on all forms of violence against women, 2005).

<sup>38</sup> Source: this manual, and *Costing the Implementation of Laws and Policies on Violence against Women & Girls, A knowledge sharing and exchange Webinar*, UN Women, 20 October 2011.

**Prevalence:** The number of persons having a specific characteristic or problem, divided by the number of persons in the study population who are considered to be at risk of having the problem, usually expressed as a percentage. The prevalence of violence against women refers to the number of women who have experienced violence divided by the number of at-risk women in the study population.

**Primary Prevention:** Any programmes, interventions or strategies aimed at stopping violence against women before it occurs, by addressing the root causes of violence and transforming the norms and behaviours that perpetuate it.

**Secondary Prevention:** Any strategy aimed at minimizing the harm that occurs once a violent event is taking place and immediate post-violence intervention aimed at preventing re-victimization. Examples include interventions to reduce the duration of interpersonal violence events or damage inflicted, or the early identification by health professionals of child abuse and subsequent interventions to prevent further abuse.

**Sexual Abuse:** Acts or threats of physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. This includes, but not limited to: attempted or committed rape, any forced and non-consensual sexual act, as well as sexual behaviour that the victim finds humiliating and degrading.

**Sexual Exploitation:** Any actual or attempted abuse of a position of vulnerability, differential power or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another.<sup>39</sup>

**Sexual Harassment:** Harassment of a person because of her or his sex, as by making unwelcome sexual advances or otherwise engaging in sexist practices that cause the victim loss of income, mental anguish and the like.

**Sexual Violence:** Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or efforts to traffic an individual, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

**Tertiary Prevention:** All efforts aimed at treating and rehabilitating survivors and perpetrators and facilitating their re-adaptation to society. Contrary to secondary prevention activities, which are usually in the short-term after the event, tertiary prevention activities are usually long-term.

**Trafficking:** The recruitment, transportation, transfer, harbouring or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation (including, at a minimum, the exploitation of prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude, or the removal of organs).

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<sup>39</sup> UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13).

**Unit Costing:** Calculates the unit cost of a particular service or item. Unit costing requires national VAW prevalence data and an accurate picture of what services or activities are ongoing or planned to address VAW, and calculates the individual cost of each unit used. Additionally, unit costing requires a clear understanding of the quality and coverage of the desired package of services for survivors of violence.<sup>40</sup>

**Violence against Women (VAW):** Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.<sup>41</sup> The General Assembly resolution on the Elimination of Domestic Violence against Women also recognizes that “domestic violence can include economic deprivation and isolation and that such conduct may cause imminent harm to the safety, health or well-being of women.”<sup>42</sup>

While these definitions are derived from international legal frameworks, which most countries have recognized or signed on to, they are still not consistently employed or defined within national-level laws and policies. This should be a key consideration of researchers undertaking this methodology, and the particular definition used in the country of research may influence the scope of analysis proposed in this manual.

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40 Source: this manual.

41 Declaration on the Elimination of Violence Against Women, Article 1, General Assembly resolution 48/104

42 Declaration on the Elimination of Violence Against Women, Article 1 General Assembly resolution 58/147

## ANNEX II: Examples of Indicators

This annex provides two examples of the kinds of indicators that may be useful for analysis, though these indicators may not be available in every country. Table 3 below shows what type indicators were found in Cambodia and Indonesia.

**Table 3: Indicators used in Indonesia and Cambodia national studies, 2012**

|                  | Estimates of VAW (incidence and severity) | Reports (police, social services, courts, hotline, etc.) | Services (number of survivors in shelters, health, education, employment, legal aid) | Demographics of survivors / perpetrators (very important to account for diversity in the population) | Number of civil servants and others trained |
|------------------|---|--|--|--|---|
| <b>Cambodia</b>  | Yes (new one to be carried out)           | Yes  | Yes  | No   | Yes   |
| <b>Indonesia</b> | No  | Yes  | Yes  | No   | Yes   |

Source: Findings during the Cambodia and Indonesian research conducted by GADC and CPPS, 2012

### Example 1: Spain

This list of indicators on violence against women provided the basis upon which the database of the National Observatory on Violence against Women in Spain was developed. The database was created by the Ministry of Labour and Social Affairs and enables the implementation of national VAW legislation.

#### Indicators from Spanish Gender Violence Legislation

| Analysis and Scale of Gender Violence  | Analysis of Adopted Measures  | Resources  |
|--|---|--|
| <ul style="list-style-type: none"> <li>• Rates of violence and reported violence</li> <li>• Description of person who suffers violence</li> <li>• Socio-demographic data of person who suffers violence</li> <li>• Family situation of person who experience violence</li> </ul> | <ul style="list-style-type: none"> <li>• Data from the National Law Enforcement Agencies</li> <li>• Information requests to Law Enforcement Agencies</li> <li>• Filed complaints for gender violence as per the terms of Legislation (OAGV)</li> <li>• Police action</li> <li>• Judicial data</li> <li>• Criminal Justice</li> <li>• Civil Justice</li> <li>• Assistance services for persons suffering violence</li> </ul> | <ul style="list-style-type: none"> <li>• Police resources</li> <li>• Judicial resources</li> <li>• Holistic Gender Violence Assessment Units</li> <li>• Assistance offices for persons suffering violence</li> <li>• Safe Meeting Points</li> <li>• Prosecutor's Office</li> <li>• Lawyers on legal aid duty specialized in gender violence</li> </ul> |

| Analysis and Scale of Gender Violence   | Analysis of Adopted Measures   | Resources  |
|---|--|--|
| <ul style="list-style-type: none"> <li>• Labour situation of person who experiences violence</li> <li>• Economic data of person who suffers violence</li> <li>• Other data of person who suffers violence</li> <li>• Violence experienced</li> <li>• Description of the alleged aggressor</li> <li>• Socio-demographic data of the alleged aggressor</li> <li>• Family situation of the alleged aggressor</li> <li>• Labour market situation of the alleged aggressor</li> <li>• Economic data of the alleged aggressor</li> <li>• Other data of the alleged aggressor</li> <li>• Police and judicial record of the alleged aggressor</li> <li>• Personal background of the alleged aggressor</li> <li>• Rehabilitation of the aggressor</li> </ul> | <ul style="list-style-type: none"> <li>• Family Meeting Point</li> <li>• Training for professionals</li> <li>• Education measures aimed at practicing professionals</li> <li>• Measures aimed at professionals still studying and who will assist persons who suffer violence or aggressors in the future</li> <li>• Education</li> <li>• The media and public opinion</li> <li>• Healthcare</li> <li>• In relation to inclusion of Gender Violence in Healthcare policies</li> <li>• In relation to epidemiological surveillance of gender violence from the healthcare system</li> <li>• Persons suffering gender violence aggressions which have been treated</li> <li>• Number of reports issued by the Specialized Units, Healthcare Centers and Hospitals</li> <li>• Social services</li> <li>• Women who suffer gender violence and use the advice centres and information services</li> <li>• Women who suffer gender violence and use the emergency assistance services (emergency, on-line advice and general emergency assistance service units)</li> <li>• Users of temporary shelter centres (emergency shelter centres, shelter homes and protected flats)</li> </ul> <p><b>Employment/economic support</b></p> <ul style="list-style-type: none"> <li>• Number of gender violence survivors that receive the various benefits either specifically for them or other benefits related to employment or economic support</li> </ul> | <ul style="list-style-type: none"> <li>• Co-ordination points</li> <li>• Education for professionals</li> <li>• Professionals who have received specific education on gender violence</li> <li>• Professionals who have received education with modules on gender violence</li> <li>• Education resources</li> <li>• Media resources</li> <li>• Healthcare resources</li> <li>• Social services resources</li> <li>• Advice centres and information services</li> <li>• Emergency assistance services</li> <li>• Temporary shelter centres</li> <li>• Labour and Social Security resources</li> <li>• Budget allocated to development of all measures</li> </ul> |

Source: The database of the National Observatory on Violence Against Women, Ministry of Labour and Social Affairs, Spain

### Example 2: Kosovo

Another approach for identifying indicators is to use the itinerary approach described in Module III, which involves listing the actual services that are being offered in each area and by whom. The detailed list of the services, benefits and other support can then be linked to the different level of indicators (output and outcome mostly). The list of services and available indicators can then vary depending on each country's legislation and specific plans and/or strategies.

## Indicators following the Itinerary approach to evaluating and monitoring services related to VAW

|  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Help lines (exist at some shelters and police, but only for reporting)</li> <li>• Training of persons responding to help line calls</li> <li>• Health</li> <li>• Emergency care</li> <li>• Physical and psychological for survivors</li> <li>• Physical and psychological treatment for perpetrators</li> <li>• Transportation to hospital in emergencies</li> <li>• Proper data collection and recording of cases (insufficient at present)</li> <li>• Referral services by nurses (insufficient at present)</li> <li>• Training of nurses and doctors to identify signs of DV (insufficient, but in NAP)</li> <li>• Hospitals and health centres (private rooms, electricity, water, heat, and operating costs)</li> <li>• Family counselling services</li> <li>• Training of psychologists/ psychiatrists/ counsellors for approach with survivors</li> <li>• Individual sessions</li> <li>• Family sessions</li> <li>• Social workers/ CSWs</li> <li>• Case management</li> <li>• Maintenance of records/ data</li> <li>• Investigation of best interests of child</li> <li>• Protection of children</li> <li>• Transport for investigation of cases and case management</li> <li>• Family counselling</li> <li>• Reporting cases to police</li> <li>• Training for social workers in response to DV cases</li> </ul> | <ul style="list-style-type: none"> <li>• Response to calls of DV</li> <li>• Investigations</li> <li>• Documentation of cases</li> <li>• Enforcement of protection orders</li> <li>• Protection provided to survivor during transport to shelter, court, etc.</li> <li>• Witness protection before, during and after trial</li> <li>• Police stations (private rooms, electricity, water, heat, and operating costs)</li> <li>• Shelter for survivors and children, including: <ul style="list-style-type: none"> <li>• Housing: spaces (rooms, electricity, water, heat, and operating costs)</li> </ul> </li> <li>• Food</li> <li>• Incidentals</li> <li>• Psychological counselling</li> <li>• Family counselling</li> <li>• Healthcare (via medical centres)</li> <li>• Education</li> <li>• Vocational/ skills training</li> <li>• Assistance with finding employment</li> <li>• Legal aid (in cooperation with institutions)</li> <li>• Safe transport to court and outside the shelter</li> <li>• Case management by shelter counsellors</li> <li>• Training for shelter staff in approach</li> <li>• Maintenance of records of cases assisted</li> <li>• Temporary living facilities for reintegration</li> <li>• Constructing these or preparing safe houses in existing blocks/ houses</li> </ul> | <ul style="list-style-type: none"> <li>• Training on assisting DV victims</li> <li>• Criminal court judges and prosecutors; justice system</li> <li>• Training of judges on DV legislation and approach</li> <li>• Civil court judges (for protection orders)</li> <li>• Maintenance of records (shortcomings)</li> <li>• Criminal court cases</li> <li>• Civil court cases (protection orders, divorce, custody, division of property)</li> <li>• Court rooms (electricity, water, heat, and operating costs)</li> <li>• Education</li> <li>• Education for children in shelters</li> <li>• Literacy courses for adults</li> <li>• Continued education for adults</li> <li>• Make-up exams</li> <li>• Employment centres</li> <li>• Vocational training for DV victims</li> <li>• Job placement assistance</li> <li>• Centers (electricity, water, heat, and operating costs)</li> <li>• Referral mechanisms (do not exist formally)</li> <li>• Establishment of mechanisms</li> </ul> |
|--|--|---|

## Indicators following the Itinerary approach to evaluating and monitoring services related to VAW

|  |  |   |
|--|--|---|
| <ul style="list-style-type: none"> <li>• Training in referral procedures</li> <li>• Referrals</li> <li>• Social assistance provided to those in need</li> <li>• CSW spaces (private rooms, electricity, water, heat, and operating costs)</li> <li>• Kosovo police</li> <li>• Training for police in recognizing signs of DV</li> <li>• Training in police for response to DV cases</li> <li>• Functioning of Domestic Violence Units</li> </ul> | <ul style="list-style-type: none"> <li>• Upkeep of rooms, electricity, water, heat, and operating costs</li> <li>• Establishment and monitoring of rules and procedures for their use</li> <li>• Justice</li> <li>• Victims' Advocacy and Assistance Units providing free legal advice</li> <li>• Training in assisting DV survivors</li> <li>• Maintenance of records of cases assisted</li> <li>• Spaces (private rooms, electricity, water, heat, and operating costs)</li> <li>• Legal Aid Officers</li> <li>• Providing free legal aid</li> <li>• Training on assisting DV survivors</li> <li>• Legal Aid Offices spaces (rooms, electricity, water, heat, and operating costs)</li> <li>• Lawyers</li> </ul> | <ul style="list-style-type: none"> <li>• Monitoring and evaluation of implementation of legislation (Agency for Gender Equality) Additional costs to the state exist related to prevention</li> <li>• Monitoring and evaluation of implementation of legislation (Agency for Gender Equality) Additional costs to the state exist related to prevention</li> <li>• Education of the public related to prevention</li> <li>• Kosovo police community policing and prevention efforts</li> <li>• Raise awareness of citizens regarding services available for DV survivors</li> </ul> |
|--|--|---|

Source: Adapted from the Kosovo Women's Network project on costing the plan of action

# ANNEX III: Adaptable Questionnaire for Interviews

## MODULE IV: Tool 8

Date of interview: \_\_\_\_\_ Time of interview: \_\_\_\_\_

### SAMPLE QUESTIONNAIRE FOR INTERVIEWS:

#### DELIVERING SERVICES TO SURVIVORS OF VAW

#### BASIC IDENTIFICATION INFORMATION

Name/Type of Institution:

Province/Town:

District:

Commune:

Location: Rural/Urban

Name of respondent: \_\_\_\_\_ Title: \_\_\_\_\_

Number of years in the present position:

Contact details

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

## I. BACKGROUND INFORMATION FOR RESEARCHERS

*This section intends to get basic information about the organization and their work, and to establish an understanding about what 'services' to survivors are perceived to entail.*

1.1 Can you please tell us in detail about your project/programme related to VAW?

(i.e. Name of project/program, when it starts, how it works, and its target)

1.2 Can you please tell me about the role(s) and responsibilities of your institution in terms of delivering services for survivors of VAW?

1.3 Has there been any previous research about your institutions involvement in service delivery for survivors of VAW? Has your institution conducted any of its own research about service delivery for survivors of VAW? Explain.

## II. EXISTING LEGISLATION IMPLEMENTATION

*This section seeks to understand the level of knowledge of existing legislation and the kinds of challenges faced when implementing legislation. This section, together with the Environmental Scan, will help to understand the gaps in policy, legal and institutional frameworks that ultimately inform budget allocations.*

2.1 Can you please tell me what the policies/strategies/laws related to VAW are (national/provincial/district)? Are you aware of the key actors who are responsible for work in these areas?

2.2 Does your project/program refer to or seek to address any specific piece of legislation, policy, law related to VAW?

2.3 Through your work, have you noticed any problems in the implementation of the laws related to VAW? (i.e. contradictions or clashes with any pieces of legislation)

2.4 What improvements would you like to see made to the existing legislation, if any? (especially in terms of defining services and roles of actors involved)

## III. REFERRAL PRACTICES IN GENERAL

*Understanding the referral practices working (or not) in the country is a key contribution of this study as it is closely linked to the discussion about corresponding services and budget. In this section, the intention is to ask various actors about what is known about referral practices, so that a contrast can be drawn between what is supposed to happen (according to law/policies or mandates) and what tends to happen in practice.*

3.1 Does your institution have formal referral system/practices? Yes, No

3.2 (If yes) What protocols, administrative instructions, and/or guideline does your institution have in place for assisting survivors of VAW?

| Name/Type of Protocol | Description |
|-----------------------|-------------|
|                       |             |

3.3 (If no) Can you describe any referral practices that you know of in your community or that you have observed?

a. Where/who is the first entry point to seek assistance for the survivor, how does the referral continue, and where and how does it end?

b. Please explain why the referral process starts and ends in this way? (i.e. is it perceived to be a mild case or not enough budget? etc.)

c. Based on the case(s) you mentioned, what are the challenges faced by survivors, service providers, mediators, or those providing referrals?

d. In your opinion, what are the key gaps in the current referral practice that should be addressed as matters of priority?

## IV. REFERRAL PRACTICES AND SERVICES PROVIDED BY THE INSTITUTION

*This section seeks to locate the role(s) of the institution within the referral practices identified in the previous section. This section also serves as the context for the next section, which focuses on the services and budget.*

4.1 Based on the referral practices you described above, can you give me an example of any VAW cases handled by your institution?

a. Where/who is the first entry point for the survivor, how does the referral continue, and where and how does it end?

b. Please explain why the referral process starts and ends in this way? (i.e. is it perceived to be a mild case or not enough budget? etc.)

c. Based on the case you mentioned, what challenges did you encounter? What were the challenges faced by the survivor(s), service provider, mediator, or those providing the referral? (This will depend on what role the institution played in the example case)

4.2 Please let me know more about the services currently provided by your institution?

*This section is to draw comparisons and connections on services provided and budget.*

| List of Services<br>(List all services that are provided by the institution. This list can then be used to understand where gaps are in relation to services provided and budget allocated to them) |                                | Type of Case<br>(DV/<br>Rape) | What is the Budget allocated?<br>(Lump sum and disaggregation) |              |              |              | 2. Is the budget allocated enough to deliver the service properly?<br>(Y/N) | 3. If no, what is your estimation of the additional budget needed to cover these services? |
|---|--------------------------------|-------------------------------|--|--------------|--------------|--------------|---|--|
| No  | Service Provided <sup>44</sup> |                               | Lump Sum   | Break down 1 | Break down 2 | Break down 3 |   |  |
| 1   |                                |                               |  |              |              |              |   |  |
| 2   |                                |                               |  |              |              |              |   |  |
| 3   |                                |                               |  |              |              |              |   |  |
| 4   |                                |                               |  |              |              |              |   |  |
| 5   |                                |                               |  |              |              |              |   |  |
| 6   |                                |                               |  |              |              |              |   |  |
| 7   |                                |                               |  |              |              |              |   |  |
| 8   |                                |                               |  |              |              |              |   |  |
| 9   |                                |                               |  |              |              |              |   |  |
| 10  |                                |                               |  |              |              |              |   |  |
| 11  |                                |                               |  |              |              |              |   |  |

<sup>44</sup> The purpose of the list in the interview is to get the respondent to tell you what services they provide, how and why these are needed and of course to understand the budget allocations for these. However, to understand if this is sufficient for a multi-disciplinary package, please refer to the list of services that are provided in the manual box for reflection on the limitations, gaps or opportunities from the services provided.

4.3 Do you work in collaboration with any other NGO partners to support VAW survivors?

**[Probe:]**

If yes, who are they?

Which services?

How much budget has been allocated for those services?

Timeframe

4.4 Do you work in collaboration with any local authorities to support VAW?

**[Probe:]**

If yes, who are they?

Which services?

How much budget has been allocated for those services?

Timeframe

4.5 Do you work in collaboration with any national authorities to support VAW? Which service?

**[Probe:]**

If yes, who are they?

Which services?

How much budget has been allocated for those services?

Timeframe

4.6 Do you think the services provided by your institution respond to the survivor's needs?

4.7 What do you think would make your institution's work that relates to provision of services for VAW more effective?

4.8 Which specific services do you feel have been missing or insufficient for VAW survivors from your institution? Can you estimate what the budget might be for those additional services?

4.9 Which services do you feel have been missing or insufficient for VAW survivors from other institutions? Can you estimate what the budget might be for those additional services?

**(Additional probing questions on budgetary issues)**

1. Compare the budgets with money actually spent (as opposed to money allocated) for each component to find out which components are consistently showing under spending and which are consistently showing over spending.

2. How does your institution receive and use its budget? (Try to get an idea of how the money flows)

**[Probe:]**

a. Are there delays in release of funds already sanctioned (i.e. from the donor to the NGO and from the NGO to the survivor)? Why?

b. At what time of the year does your institution typically receive its budget allocations? (i.e. Does the money come only in the last quarter resulting in crowding in of spending in a few months?)

3. What happens to the money not spent in the budget cycle? Does it lapse or can one carry it forward to the next year?

4. Is the budget cycle annual?

5. What are the operational guidelines (if any) that constrain or assist with the spending of funds?

## V. FUTURE OR PLANNED SERVICES

5.1 Do you have any plans to begin offering new services in the future?

**[Probe:]**

If yes, which?

At what stage are you in preparations?

When are they foreseen to begin?

How much budget do you plan to allocate for those new services?

Who will be your partners in the delivery of these new services?

5.2 What challenges do you expect to face in carrying out those new services/responsibilities?

**[Probe for example:]**

Staff

Equipment or materials

Financial resources

Others

## VI. MONITORING AND EVALUATIONS (M&E) SYSTEM & DATA COLLECTION

*The aim of this section is to understand whether or not the different public and private services offered to survivors are regularly monitored and evaluated or if those funding the services usually engage in this type of activity. This will serve to check for additional data that might help to assess the effectiveness and efficiency of services.*

### A. M&E

1. Does your institution have a monitoring and evaluation system for the provision of services to VAW survivors?

2. Does your institution have any system to follow/keep track of survivors after they are integrated into the community?

3. What human/financial resources are required by your institution for monitoring and evaluation?

## B. DATA

1. Does your institution have a data collection system? Or, what data collection system does your institution rely on for information about VAW?
2. Please list all indicators that are available or used in the institution.

### EXAMPLES

- ✓ How many VAW survivors has the institution assisted **in the past two years?**

*[NOTE: confirm if the institution is speaking about persons or cases as this distinction could cause double counting of individual persons]*

- ✓ Do you have any data about the survivors that have benefited from your services in the past year? May we see this information?

*[NOTE: try to get data that is disaggregated by the following demographics if possible]*

- Sex
- Geographic location of survivor
- Ethnicity of survivor
- Age of survivor
- Religion of survivor
- Sexual orientation of survivor
- Ability (disability) of survivor
- Employment status
- Education level (before/after assistance if available)

- ✓ How many cases of VAW has your institution and its staff referred to other institutions per year?

*[NOTE: If possible, write down the number for each of the other institutions mentioned. Check to make sure you have above what procedures guide these referral processes and who pays which resources to make them function. Again, the referral might be formal or informal]*

- ✓ How many protection orders have professionals from institutions (e.g. teachers, police, doctors, nurses, etc.) requested for VAW survivors each year?

*[NOTE: This needs to be adapted according to your environmental scan of legal and policy analysis, the question might not be relevant in your country. This is only to be asked of institutions that can request or execute protection orders].*

- ✓ [Based on all answers above:] Which of the aforementioned data is being collected by your institution and which is not?

- ✓ How does your institutions go about collecting data/information on VAW cases?

#### **[Probe:]**

Who collects it?

How often?

Who enters it?

How is it made publicly available, if at all?

- ✓ What are the issues with your data collection systems or those that you use?
- ✓ What could be done to improve these data collection systems?

***For researchers after interviewing:***

*What skills/ability do civil servants (or other) within responsible institutions have to implement the legislation?*

*Based on your impression from the interview, what has been the quality and effectiveness of the services provided by these institutions to date (rapid assessment)?*

Source: Expressly prepared for this manual

# ANNEX IV: Systematization Templates

This annex contains several systematization tools from the Module IV, steps two and step three.

## TOOLS FROM STEP THREE

### Tool 9. Systematization Template: Services Provided

| SERVICES PROVIDED  | Ministry of Justice | Ministry of Health | Etc. |
|--|---------------------|--------------------|------|
| Services   |                     |                    |      |
|  |                     |                    |      |
|  |                     |                    |      |
| Missing services (according to legislation or plan/strategy) |                     |                    |      |
|  |                     |                    |      |
|  |                     |                    |      |
| Planned new services   |                     |                    |      |
|  |                     |                    |      |
|  |                     |                    |      |
| Challenges   |                     |                    |      |
|  |                     |                    |      |
|  |                     |                    |      |
| Monitoring and evaluation                                    |                     |                    |      |
|  |                     |                    |      |
|  |                     |                    |      |
| Specific measures finished                                   |                     |                    |      |
|  |                     |                    |      |
|  |                     |                    |      |

**Tool 10. Systematization Template: Training Provided**

| TRAINING                 |           | Ministry of Justice | Ministry of Health | Etc. |
|--------------------------|-----------|---------------------|--------------------|------|
| Is training carried out? | Yes       |                     |                    |      |
|                          | No        |                     |                    |      |
|                          | Not aware |                     |                    |      |
| Topics covered           |           |                     |                    |      |
|                          |           |                     |                    |      |
|                          |           |                     |                    |      |
| Duration                 |           |                     |                    |      |
|                          |           |                     |                    |      |
|                          |           |                     |                    |      |
| Training provider        |           |                     |                    |      |
|                          |           |                     |                    |      |
|                          |           |                     |                    |      |
| Obligations              |           |                     |                    |      |
|                          |           |                     |                    |      |
|                          |           |                     |                    |      |
| Frequency                |           |                     |                    |      |
|                          |           |                     |                    |      |
|                          |           |                     |                    |      |
| Resources                |           |                     |                    |      |
|                          |           |                     |                    |      |

**Tool 11. Systematization Template: Available Data on VAW**

| AVAILABLE DATA ON VAW                       |                    | Ministry of Justice | Ministry of Health | Etc. |
|---|--------------------|---------------------|--------------------|------|
| Men and women in the institution            | Men                |                     |                    |      |
|   | Women              |                     |                    |      |
|   | Total              |                     |                    |      |
| Data on survivors                           | Persons            |                     |                    |      |
|   | Cases              |                     |                    |      |
|   |                    |                     |                    |      |
| Cases referred by professionals if relevant | Referral system    |                     |                    |      |
|   | Police             |                     |                    |      |
|   | Other institutions |                     |                    |      |
| Request for protection orders if relevant   |                    |                     |                    |      |
|   |                    |                     |                    |      |
|   |                    |                     |                    |      |

| AVAILABLE DATA ON VAW  |                     | Ministry of Justice | Ministry of Health | Etc. |
|------------------------|---------------------|---------------------|--------------------|------|
| How is data collected? | Who                 |                     |                    |      |
|                        | How often           |                     |                    |      |
|                        | Who enters it       |                     |                    |      |
|                        | Public availability |                     |                    |      |
|                        | Issues              |                     |                    |      |
|                        | Improvement         |                     |                    |      |

### Tool 12. Systematization Template: Assessment Table for Interviewers

| Assessment by interviewer | Level of knowledge on VAW obligations | Level of knowledge on how to cost/ fund/ budget activities | Difficulties to fund specific activities | Formal or informal referral mechanisms | Practice of monitoring and evaluation | Comments |
|---------------------------|---------------------------------------|--|--|--|---------------------------------------|----------|
| Ministry of Justice       |                                       |  |  |  |                                       |          |
| Ministry of Health        |                                       |  |  |  |                                       |          |
| Shelters                  |                                       |  |  |  |                                       |          |
| NGOs                      |                                       |  |  |  |                                       |          |
| etc.                      |                                       |  |  |  |                                       |          |

## TOOLS FROM STEP FOUR

### Tool 13. Systematization Template: Institutional Provision of Services

| CENTRAL LEVEL OR LOCAL LEVEL                 |          |                 |          |                       |                      |
|--|----------|-----------------|----------|-----------------------|----------------------|
| Institutions linked to Itinerary of survivor | Protocol | Referral system | Shelters | Psycho social support | Economic empowerment |
| Health                                       |          |                 |          |                       |                      |
| Education                                    |          |                 |          |                       |                      |
| Justice                                      |          |                 |          |                       |                      |
| Interior                                     |          |                 |          |                       |                      |
| Employment and social                        |          |                 |          |                       |                      |

### Tool 14. Systematization Template: Total Budgetary Allocations

| Institutions linked to Itinerary of survivor | Central level or Local level and their sum as well |
|--|--|
|  | Provision of services                              |
| Health                                       |  |
| Education                                    |  |
| Justice                                      |  |
| Interior                                     |  |
| Employment and social                        |  |



UN Women is the UN organization dedicated to gender equality and the empowerment of women. A global champion for women and girls, UN Women was established to accelerate progress on meeting their needs worldwide. UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.

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