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**ESTIMATING RESOURCE
REQUIREMENTS FOR
RESPONDING TO VIOLENCE
AGAINST WOMEN IN
SOUTHEAST ASIA:
SYNTHESIS OF FINDINGS
AND LESSONS**

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This report provides a synthesis of research undertaken in Indonesia, Lao People's Democratic Republic (Lao PDR), and Timor-Leste on estimating resource requirements for the provision of multi-sectoral support services for survivors of violence against women and girls. It forms part of a UN Women regional programme generously funded by the Australian Government, entitled "Leveraging Technical Tools, Evidence and Community Engagement to Advance the Implementation of Laws and Provision of Services to Women Experiencing Violence in South-East Asia."

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Foreword

Violence against women remains one of the most widespread human rights violations worldwide, affecting one in three women in their lifetimes. The vast majority of women who experience violence do not receive the full range of services needed for justice, protection and prevention, and many do not receive any services at all. Where services are available, they are typically underfunded, understaffed and mostly available only in capitals or larger cities. Women's lack of access to services for safety and protection is an indication of direct and indirect discrimination against women.

The violence that women and girls face around the world carries significant costs, which are borne by the women themselves, their families, communities and society at large. Understanding the dimensions of these costs including economic costs is vital to governments, which are responsible for formulating policies and laws that better respond to these realities. In particular, understanding the economic impacts of violence against women and the costs associated with an integrated response, is essential to effective implementation. The insights gained from such a costing assessment enables governments to place the issue within a larger context of national budgeting and public financing.

This study, the first multi-country study of its kind in Asia, examines the costs of service provision to women and girls affected by violence in Lao People's Democratic Republic (Lao PDR), Indonesia and Timor-Leste. As such, it provides policymakers with critical new evidence to close the implementation gap between policies and practices and to ensure that the comprehensive service packages outlined in national action plans and other key policy documents are duly budgeted for.

Importantly, this study finds that the cost of delivering a minimum package of essential services for women and girls who experience violence accounts for 0.31 per cent of GDP for Timor-Leste and 0.25 per cent of GDP for Lao PDR. These numbers pale in comparison with the impact of violence: an earlier UN Women study in Viet Nam found that total productivity losses and potential opportunity costs associated with such violence represent as much as three per cent of its GDP.¹

Costing violence against women is an integral part of ensuring adequate financing for Goal 5 of the Sustainable Development Goals

on achieving gender equality and empowering all women and girls. In the words of UN Women Executive Director and United Nations Under-Secretary-General Phumzile Mlambo-Ngcuka: "The ambitions of the post-2015 development agenda will only be met if we can achieve transformative financing, both in scale and scope, from all sources and at all levels."

We hope that this publication will contribute to our growing body of knowledge on how to assess costs associated with violence against women, and, ultimately, to our collective understanding of how to ensure gender-responsive financing for development and human rights. This is an issue we cannot afford to ignore.



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¹ UN Women. 2013. Estimating the cost of domestic violence against women in Viet Nam. Available at: <http://www.unwomen.org/en/digital-library/publications/2013/2/estimating-the-cost-of-domestic-violence-against-women-in-viet-nam>

Contents

| | |
|--|-----------|
| Acknowledgements | 2 |
| Foreword | 3 |
| Introduction | 6 |
| Methodology | 8 |
| Findings | 10 |
| Help-seeking Pathways: Limited Uptake of Formal Services | 10 |
| The Minimum Packages of Essential Services: Similarities and Differences across Three Countries | 10 |
| Clear Gaps in Relation to Types of Costs and Unevenness of Information in Different Sectors | 12 |
| Labour Time as the Key Cost for Services | 12 |
| Unit Costs in Timor-Leste and Lao PDR | 13 |
| Government Implementation and Support for a MPES is Feasible | 13 |
| Challenges | 14 |
| Lessons and Recommendations | 15 |
| Conclusion | 16 |

Introduction

Violence against women² is a complex phenomenon that takes multiple forms, including physical, sexual and psychological violence by intimate and non-intimate partners; sexual assault and harassment; forced marriage; trafficking of women and children; and son preference. Of these myriad forms, partner violence is a worldwide epidemic. According to a global estimate, one in three women have experienced physical or sexual violence by an intimate partner.³ A six-country study conducted in the Asia-Pacific region on men's use of violence found that between 25 per cent and 80 per cent of men admitted they had used physical or sexual violence against a female partner during their lifetime.⁴

In the Asia-Pacific region, a growing number of countries are committed to ending violence against women; at least 32 countries in the region have legislation in place to address the issue, including eight out of ten ASEAN Member States. At least seven countries in the region have national action plans on violence against women. In addition, the ASEAN Member States⁵ adopted an ASEAN Regional Action Plan on Ending Violence against Women in 2015.

The aim of this study is to provide information to the governments of Indonesia, Lao People's Democratic Republic (Lao PDR) and Timor-Leste on the resources required to ensure a comprehensive multi-sector response to meet the needs of survivors, in line with national action plans or legislation on violence against women.

Evidence suggests that violence against women is high in all three countries. The 2010 Timor-Leste demographic and health survey estimated that nationally, the level of partner and non-partner violence is higher than the global average; 40 per cent of women reported that they had experienced physical or sexual violence by an intimate or non-intimate partner since the age of 15.⁶ In Indonesia, men's reports of their use of physical or sexual violence against their partner ranged from one-quarter (in Purworejo, Central Java Province) to 60 per cent (in Jayapura, Papua).⁷ In Lao PDR, a 2015 national study of 3000 women reported that over one in three women have experienced physical, sexual or emotional abuse by a partner.⁸

All three countries are committed to advancing a systemic and multisectoral response to violence against women. Over the last ten years, all three have developed legal and policy frameworks to address violence against women, including legislation, policy decrees and national action plans. For example, both Indonesia and Lao PDR passed laws on domestic violence in 2004; Timor-Leste passed a national law on domestic violence in 2010 and a national action plan on gender-based violence in 2012. In 1998, Indonesia formed the National Commission to End Violence against Women, which has an explicit role in monitoring the implementation of the domestic violence law. The Commission was instrumental in formulating the '2000–2005 National Action Plan to Eliminate Violence Against Women', although no new national action plan has been developed since the old one lapsed more than a decade ago. Lao PDR approved its first-ever national action plan on ending violence against women and children in 2014.

2 Throughout this report we refer to 'violence against women', which includes violence against women and girls/children. We chose to use this convention because most national policies, legislations and national action plans refer to violence against women rather than violence against women and girls. In Timor-Leste, for example, legislation and policy refer to "children" rather than girls, thus the study focused on violence against women and children. We also recognize that 'support services' address the needs of women and children more broadly and thus the impact of a package of support services for women and girls experiencing violence has a wider impact that needs to be noted.

3 World Health Organization, London School of Hygiene and Tropical Medicine and South African Medical Research Council. 2013. Global and regional estimates of violence against women: prevalence and health of effects of intimate partner violence and non-partner sexual violence. World Health Organization reference Number 978 92 4 156462 5. Available at <http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/>

4 Partners for Prevention. 2013. Why do some men use violence against women and how can we prevent it? Quantitative Findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific. Available at: <http://www.partners4prevention.org/node/517>

5 ASEAN Member States comprise Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

6 National Statistics Directorate [Timor-Leste], Ministry of Finance [Timor-Leste], and ICF Macro. 2010. Timor-Leste Demographic and Health Survey 2009–2010. Available at: <http://dhsprogram.com/pubs/pdf/fr235/fr235.pdf>

7 Partners for Prevention. 2013.

8 WHO, UNFPA, UN Women. 2015. Lao National Survey on Women's Health and Life Experiences 2014: A Study on Violence against Women. National Commission for the Advancement of Women, Lao PDR. Available at: <http://asiapacific.unwomen.org/en/digital-library/publications/2016/03/lao-a-study-on-violence-against-women>

Despite establishing a national legal and policy architecture to address violence against women, there are ongoing challenges to implementing laws and policies and providing comprehensive support for women and girls experiencing violence. Across many countries, three major challenges limit the effective implementation of laws and policies. One of the biggest challenges noted widely in the literature is the **lack of coordination between stakeholders, which limits a comprehensive response.**⁹ In the three countries there have been attempts to establish an architecture to enable coordination among national-level stakeholders. Timore-Leste, for example, established the Rede Referral network. However, effective coordination is undermined by inadequate recording of information at the level of service provision and limited information sharing across sectors. Furthermore, the lack of coordination results in limited knowledge about existing services. Mapping existing services is essential to improve knowledge and coordination.

A second challenge is the **limited allocations for programmes to prevent violence against women, provide treatment and care, or to ensure the reintegration of survivors into families and community structures.** For example, research in Cambodia and Indonesia has identified low budgetary allocations to violence against women-related services, with much of the expenditure coming from local-level authorities.¹⁰ The research also found that the non-government sector played an especially key role in filling a huge gap in government service delivery. Other studies, such as in India, highlight the lack of specific budget allocations for the implementation of the national law on domestic violence.¹¹

A third challenge is the **lack of reliable and rigorous evidence of the resource requirements for a multi-sectoral response.** There are complex challenges in developing rigorous estimates of resource requirements. A project in both the Cook Islands and the

Marshall Islands to cost the implementation of a national law on violence against women highlighted key challenges that complicated the estimation methodology and limited the reliability of the estimates. These included low provision of services by the government, implying that implementing the law had minimal cost implications for the government's budget; lack of sectoral (police, justice or health) records to derive unit costs of different services; and the financial situation in both countries, leading to conservative budgeting.¹² Researchers in Timor-Leste also highlighted the difficulty of integrating the costing of the national action plan into the government's overall budgetary process.

The purpose of this study is to estimate the resource requirements of a **multi-sectoral minimum package of essential support services (MPES)** for those affected by violence against women. To establish this resource estimate, the study has three key objectives:

1. Develop and outline key elements of a MPES. This involves mapping what is obligated by the national legal framework against a) what is currently available, in order to identify existing gaps in service provision, and b) with international good practice.
2. Understand the resource requirements for existing services. This involves conducting a survey of service providers from different sectors in order to establish current case loads across services, determine unit costs of existing service provision and assess the depth and extent of referrals across services.
3. Estimate the resource requirements for the MPES in each country. This involves identifying an appropriate methodology to estimate aggregate costs of the package utilizing the empirical information derived from the first two objectives.

9 See Duvvury, N and Scriver, S. 2014. From Domestic Violence to GBV: Connecting the Dots in Viet Nam. UN One.

10 UN Women. 2013. The costs of Violence: Understanding the Costs of Violence against Women and Girls and Its Response— Selected Findings and Lessons Learned from Asia and the Pacific. UN Women, Regional Office for Asia and Pacific.

11 UN Women/UNITE 2013. Regional Consultation on Violence against Women and Girls: Costing Methodologies and Experiences in the Asia-Pacific Region. Workshop Report. Unpublished.

12 Ibid.

Methodology

The estimation of resource requirements for a multi-sectoral package of support services drew on two methodologies: the gender-responsive budgeting methodology and the Resource Needs Model (see Box 1).

The articulation of the MPES was based on the environmental scan, a review of international good practices and a consultative workshop with key stakeholders in each country. The workshops involved a mapping of existing services, reaching agreement on key gaps in service provision and reaching a consensus on priorities. The consensus on priorities was reached within a framework of international good practices and the national frameworks of action, and was in alignment with existing capacities and infrastructure. The guiding national framework differed in each country, which influenced the contours of the final package and the timeline of activities.

There were significant challenges in getting to the level of detail required for costing in terms of the extent and depth of geographical coverage for the desired services, the specific yearly roll-out of services and the detailed breakdown of the required inputs for each activity and service proposed in the MPES. For example, a considerable amount of back-and-forth with service providers was necessary in order to get granular details on the person-hours required for counselling.

The data for unit costs was gathered through a survey of service providers across different sectors. The decision to collect data from service providers was taken because earlier studies that attempted to derive unit costs through gender analysis of budget allocations proved extremely difficult. One of the major challenges faced by the earlier studies was the lack of clarity regarding how much of the budget allocations actually reached the facilities providing services. Preliminary interviews with key informants within various service providers highlighted the perennial issue of inadequate resources or delays in receiving resources—with service providers meeting the gap out of their own pockets. For example, in Timor-Leste some service providers referenced the ‘quiet time’ between the end of the budget

cycle (at the end of December) and the presidential approval of the new budget. In some cases, the approval occurred several months after the end of the previous cycle. Although in principle a reserve fund (taken from that year’s budget) should be accessible, service providers that are dependent on state funding described how during the quiet time they often had to use credit with local vendors to meet basic needs, such as food for clients. Challenges in accessing the reserve fund may also be reflected in the persistent under-spending of the budget by Timor-Leste ministries.

In both Timor-Leste and Lao PDR, service providers across the key sectors of health, police, justice and women’s organizations were surveyed in order to collect information on: general facility information (e.g. services provided, number of staff, number of people served, budget and expenditure information); cases of violence against women (e.g. numbers handled and staff trained on handling violence against women); and more detailed information on specific services handling cases of violence against women and the unit cost of providing those services and referrals. In Lao PDR, 82 facilities were surveyed from six provinces (Bokeo, Champasack, Khammuane, Oudomxay, Saravane and Savannakhet) and the capital city Vientiane. In Timor-Leste, 50 facilities were surveyed from seven districts (Ainaro, Baucau, Bobonaro, Covalima, Oecusse and Viqueque) and the capital city Dili.

Indonesia, initially part of the research study, could not collect the required detailed information from service providers for a variety of reasons, as described in the case study (see Box 2). Given these constraints, the study adopted a budgetary analysis method to derive unit costs for Indonesia. Given the difference in final methodology, the Indonesia study is presented as a case study.

13 UN Women. 2011. Manual for Costing a Multi-disciplinary Package of Response Services for Women and Girls Subjected to Violence: A Gender Budgeting Approach. UN Women Regional Office for Asia and the Pacific. Available at: http://unwomen-eseasia.org/docs/sitecore/2013/Final_Costing_Manual_Electronic_Jan2013.pdf

BOX I: GENDER-RESPONSIVE BUDGETING

Gender-responsive budgeting is a method used to analyse government budgets and the budget cycle (planning, execution and reporting) to establish the gendered impacts of budgetary decisions. The methodology involves a) institutional, policy and legal scan (environmental scan); b) review of previous research on violence in the country; c) mapping of survivors' journeys for seeking and accessing services and d) budget analysis. For this study, we focused on the first two elements of gender-responsive budgeting—an environment scan of national laws, policies and national action plans and a review of violence against women research in the country.

The resource needs model is a method used to measure and predict resource requirements for an intervention or interventions in both the present and future time periods. The model estimates the resources needed for interventions that aim to achieve coverage of a target population and the resource implications of expanding interventions and coverage. It often builds on an activity-based costing ingredients approach.

The resource requirement for different services is dependent on the unit costs of providing that service and on the demand for the service. Unit cost refers to the cost of providing a single service and could range from the cost of providing a single test to the cost of providing a service. Projections of future resource requirements are based on assumptions of *inter alia* macroeconomic indicators (e.g. inflation rate) and rates of expansion of services based on target coverage.

See Duvvury, N. 2016. Overview of Methodologies for Estimating Resource Needs of Violence against Women and Children Laws/National Action Plans. Working Paper, National University of Ireland, Galway/Galway.

Findings

Help-Seeking Pathways: limited uptake of formal services

In most cases, women who have experienced violence come into contact with services through their own help-seeking behaviours. Thus, service uptake depends to a large extent on patterns of help-seeking, knowledge of services and access to services. In reviewing current help-seeking behaviours of women who have experienced violence, we see both clear similarities and differences between Lao PDR, Indonesia and Timor-Leste. In both countries, violence against women remains largely hidden. Victims/survivors in both countries are most likely to seek help only from family, with friends and neighbours following. Access to formal support services is thus limited. Among women who do seek help from other channels, differences between the two countries are evident: in Lao PDR, help-seeking processes are formalized in the Law on Domestic Violence; women are directed to bring complaints to village mediation units for mediation. Women can bring their complaint to the police only in cases of serious injury or only after three complaints have been made with no satisfactory resolution.¹⁴ In Indonesia, as per the law, women are directed to police services at the point of first call, although there is a plethora of services, including the Integrated Centre for Women's Empowerment and Children and non-governmental organization shelters.¹⁵ However, in most cases Indonesian women do not report violence to anyone outside of family and neighbours.¹⁶ In comparison, in Timor-Leste, processes of help-seeking are individualized and informal. While the majority of women and children seek help only from family, friends and neighbours, a small minority will go directly to the police, to social workers or, uncommonly, to the informal justice mechanism. These differences in help-seeking behaviour reflect cultural differences, different formal mechanisms of help-seeking and the relative importance placed on informal or local justice mechanisms. Nevertheless, the common experience of women and children in all three countries is to neither seek help with formal services nor to receive it.

The Minimum Packages of Essential Services: Similarities and differences across three countries

As with help-seeking, the study found that there were both similarities and differences in the minimum packages proposed by Lao PDR and Timor-Leste and in the draft package in Indonesia.¹⁷ Similar elements included:

- A national hotline to facilitate information sharing on support services (only in Lao PDR and Timor-Leste);
- One-stop crisis centres;
- Increased numbers and geographical spread of shelters;
- Special desks in police stations to allow women and children to report

incidences of violence against women in privacy and to dedicated and trained officers;

- Capacity development of stakeholders;
- Increased infrastructural and knowledge capacity of the justice sector through special courts, mobile courts and training;
- Provision of counselling services; and
- Expansion of existing services nationally to ensure access for women and children in rural areas and those at a great distance from the capital cities.

These elements highlight the need across the three countries for accessible services and staff that are knowledgeable and trained in working with women and children who have experienced violence.

In addition to these shared elements, both Timor-Leste and Lao PDR proposed elements that were context-specific. In Lao PDR, for example, strengthening capacities of the village mediation units and introducing mobile mediation units were important elements of the MPES. These elements reflect the Lao PDR context wherein village mediation units play a very significant role as the first formal institution for women and children seeking help. In contrast, in Timor-Leste, where informal justice mechanisms are not integrated into the justice system, emphasis within the justice sector was placed on facilitating access to the formal courts. In Indonesia, under the provision of social services (safe house, trauma centre and counselling), there was an additional element of spiritual guidance and training of spiritual directors.

The MPES are also differentiated by the number and level of detail of specific elements included. The Timor-Leste, the MPES has significantly more elements than does the Lao PDR MPES. This is primarily due to the relative stages of development of each country's national action plan on gender-based violence/violence against women and children. In Timor-Leste, where a national action plan on gender-based violence was passed in 2012, service providers and stakeholders were heavily guided in identifying elements for inclusion in the national action plan. The prior existence of government commitments to the national action plan played a role in defining which services should be introduced or further developed within the MPES. In contrast, in Lao PDR, where the national action plan on ending violence against women and children had not yet been approved at the time of the consultation, stakeholders and service providers offered a smaller set of broad elements understood as essential services. In Indonesia, the process differed significantly as the minimum standards of services, outlined in the 2011 national plan of action, provided the direction in developing the MPES. However, consensus was not reached regarding what elements would be included and costed within the MPES. (See Box 2 for the Indonesia case study).

14 Sananikone, S and Ayuwat, D. 2013. The Management of Domestic Violence at the Village-Level: A Case of Sangthong District, Lao PDR. Proceedings of ISS and MLB Conference. 24-26 September.

15 Centre for Population and Policy Studies, Gadjah Mada University. 2012. Costing a Multi-Disciplinary Package of Response Services for Women and Girls Subjected to Violence: Case of Indonesia. Available at: <http://www2.unwomen.org/-/media/field%20office%20easia/docs/publications/2013/costing%20a%20multidisciplinary%20packages%20case%20study%20of%20indonesia.pdf?v=2&d=20141202T120221>

16 Elli Nur Hayati, Malin Eriksson, Mohammad Hakimi, Ulf Hogberg and Maria Emmelin. 2013. Elastic Band Strategy: Women's Lived Experiences of Coping with Domestic Violence in Rural Indonesia. Global Health Action 6.

17 The draft package for Indonesia was not finalized by national stakeholders (see Box 2 for the Indonesia case study).

BOX II: INDONESIA CASE STUDY

Introduction

Laws and policies on violence against women and children

Since the turn of the century, Indonesia has made rapid development in laws and policies to address violence against women and children. The most notable law is the Law on Elimination of Domestic Violence No. 23/2004. The law clarifies the role of the government in responding to and preventing the occurrence of domestic violence. In the law, responses focus on access to services across health services, social services and law enforcement sectors. The law encourages multi-sector collaboration and cooperation. For example, the Ministry of Women's Empowerment efforts led to the signing of an agreement on integrated services for victims of violence against women and children by it and the Ministry of Women's Empowerment, the Ministry of Social Affairs, the Ministry of Health and the Head of the National Police of Indonesia. The development of these laws and policies progressed as a result of the growing awareness in the country of the seriousness of violence against women and children.

Seriousness of violence against women and children

While no national estimates exist, several regional studies shed light on the different forms and extent of violence against women prevalent in the settings, and that setting-specific context explains some of these differences. Conflict areas such as Aceh and Papua have higher documented levels of violence against women and are more likely to report different forms. After the 2004 Tsunami, women in displacement camps in Aceh faced increased vulnerability to violence, including trafficking, rape, sexual torture, harassment, exploitation and other forms of sexual violence. In Papua, where the security situation has worsened over recent years, men's reports on their use of violence against their female partners or their use of non-partner sexual violence was much higher than that recorded in either Java or Sulawesi. Evidence also exists that reporting of violence against women, and in particular partner violence, is increasing, possibly because of women's growing awareness of their legal status. Higher reporting of violence has also been documented in areas with greater support services.

National plan of action and minimum standard of services

In 2010, the Government of Indonesia developed a national plan of action that outlined the minimum standard of services for helping victims of violence. The minimum standard of services was designed as a comprehensive referral system that has integrated service centres for women and children victims of violence in hospitals, police stations, legal aid centres, shelters, counselling centres and in religious, community and self-help and social support groups.

Methodology

The University of Gadjja Madha led the study in Indonesia. The research team highlighted several key challenges that hampered the research. First, funding for the study meant that data collection could only be conducted in two provinces from Java Island, as opposed to the initial aim of sampling in six provinces across three main Islands (Java, Kalimantan and Papua). As a result, the ability to draw conclusions at the national level is limited, given the cultural and social diversity between the provinces. Second, the research team found many service providers were either not ready to provide detailed cost information (e.g. police) or because of poor financial literacy could not provide accurate and reliable cost data (e.g. three out of six health facilities provided partial expenditure information). A third key challenge in the research was the failure among key stakeholders to reach consensus on the MPES within the time frame for implementation.

Faced with these challenges, and in consultation with UN Women Indonesia, the University of Gadjja Madha chose to adopt a case study approach to compare current service availability with services proposed and detailed in the national action plan. It was decided that data collection would take place in Jakarta and Yogyakarta provinces because both settings have established services and because of logistics—the University is located in Yogyakarta. Data were collected across three main sectors: health, where two types of facilities were sampled: hospitals (two in each site) and community health centres (one in each site); law enforcement, where in each site one police station with a help desk, one district attorney's office and one district court were sampled; and social services, where, in addition to a social service bureau in Yogyakarta, one integrated service centre, one legal aid foundation and one non-governmental organization shelter were sampled in each site.

Findings

Despite the challenges faced, several important findings emerged from the costing exercise in Indonesia.

The review of national laws and policies and the comparison with international best practice, undertaken by the International Centre for Research on Women, identified very few gaps in the minimum standard of services. Instead, the review highlighted the importance of expanding service delivery so that laws and policies are accessible to all women. In addition, the review highlighted the importance of assessing the quality of service delivery through the review of existing operating procedures and strengthening data collection in order to monitor key indicators of violence against women and children.

The number of cases of violence against women and children varied not only between sectors but also within sector facilities. For example, almost 650 cases of violence against women and children were recorded in health facilities in 2014. The vast majority (slightly over 80 per cent) of cases, however, were recorded in one hospital in Jakarta. This facility provided the most comprehensive range of services to victims of violence against women and children, including counselling and the provision of emergency contraception for victims of sexual violence. There were fewer cases of violence against women and children reported among facilities within the law enforcement sector. For example, the number of cases averaged between two per month in police stations and district attorney offices to six per month in district courts. The number of cases handled within the social services sector also varied by type of service. For example, a shelter in Jakarta dealt with, on average, two cases per week compared with almost seven cases per week in a shelter in Yogyakarta.

In addition, forms of violence varied across sectors. Within the health sector, although an almost equal number of women and girls' cases had been reported, the majority of women had experienced sexual violence by either a partner or non-partner whereas most girls' cases were of physical violence outside of the home. Most of the cases reported at police stations were from women who had experienced domestic violence (non sexual). Within the social service sector, the majority of reported cases were from women who had experienced domestic violence (non sexual). However, the number of girl victims of violence was not negligibly small, with cases of sexual violence (outside of the home) being the most common among this group.

While virtually all staff at both sites and within the social service sector had received training in handling cases of violence against women and children, there was a notable difference in the number of staff who had been trained within the health and law enforcement sectors between the regions. In Jakarta, virtually no staff had received training. Levels of staff training in Yogyakarta were much higher. For example, almost all staff members in the two Yogyakarta hospitals had received training, as had the majority of staff members in the district court.

Finally, referrals differed by type of service provider. For example, none of the health facilities reported referring cases to the police. However, the main hospital in Jakarta reported that in the past year they had received 190 referrals from the police for women, ten cases of violence against boys and 283 cases of violence against girls. Within the health sector, victims of violence against women and children tend to be referred for other medical services. This could reflect the fact that few victims wish to involve the law or that the coordinating roles among the various institutions still need to be improved.

Clear Gaps in Relation to Types of Costs and Unevenness of Information in Different Sectors

The processes of consultation and data collection suggested that in all three countries there were gaps in the information about certain types of costs and an unevenness of information in different sectors. In general, services supported by donors and non-governmental organizations had more advanced recording mechanisms and a clearer knowledge about actual costs. Nevertheless, respondents among all sectors had considerable difficulty accounting for person-time and identifying the actual costs of all elements of their service provision. In some cases, it appeared that the ways in which service providers managed insufficient budgets (e.g. pulling funds for expenditures from across different and unrelated categories or having staff pay out-of-pocket) resulted in accuracy challenges in expenditure accounting. In Timor-Leste, for example, service providers relayed stories of staff members personally paying for women or children service users' food, water and necessary hygiene items. There was also evidence of services borrowing from staff in order to meet budget shortfalls. While these activities emanated from an insufficient budget, the inability to accurately account for costs may also lead to insufficient budget allocations because many costs are unseen.

Labour Time as the Key Cost for Services

While there are variations in unit costs between sectors and between countries, one of the key findings of the study is that the most important cost is labour time, whether in the establishment of a service or in its operation. For example, the total cost of establishing and operating the national violence hotline in Timor-Leste was \$103,928 US. Of this total cost, 52 per cent (or \$52,892) related to staff salary costs. In Lao PDR, human resource costs accounted for 36 per cent of the total cost for establishing and operating shelters. Service provision in this sector is very dependent on skilled professional human resources.

Unit Costs in Timor-Leste and Lao PDR

The resource requirements for different services are dependent on the unit costs of providing that service and on the demand for that service. Unit cost refers to the cost of providing a single service and range from the cost of providing a single test to the cost of providing a service. The study found considerable differences in average annual expenditures in Timor-Leste. For example, the average annual expenditure for police was \$17,288,868, compared to just \$45,540 for courts. A key factor contributing to this may be the lack of reporting on expenditures by particular sectors.

An important input in the delivery of services is the physical location of the services (e.g. the buildings). To include this as an input in cost estimates requires either the cost of the building or the annual rent. We found that in Lao PDR, only one facility (a court) was able to provide this information. As a result, this main input was omitted from most estimates. Similarly, in Timor-Leste, facilities could not accurately provide salary data for different grades of staff, but provided aggregate figure for all salaries. In addition, person-hour data for the provision of specific activities was largely absent in the survey data due to service providers not providing this information. To address these gaps, secondary data was utilized to establish average salaries across different grades of staff. In addition, a workshop with service providers was held to estimate person-hours needed for specific activities.

Some facilities provided aggregated expenditures, which were difficult to use in a meaningful way. For example, in Timor-Leste goods and services within police facilities were estimated to be, on average, \$2,401,273 (13.9 per cent of average expenditure). This includes many elements of expenditure such as local and international travel, utilities, professional training, fuel for vehicles and generators, vehicle maintenance and renting accommodations and vehicles. Lack of disaggregation made it difficult to identify the actual expenditure costs for specific items.

Government Implementation and Support for a MPES is Feasible

The gaps in knowledge about costs resulted in incomplete costing data. In order to conduct the costing, it was necessary to make certain assumptions and to estimate the overall costs. It is therefore possible that the final estimations may underestimate the true overall costs for establishing and operating the MPES elements in each country. Nevertheless, the costings have been validated wherever possible and represent reasonably robust estimations. *These estimations show that in each country, ensuring the essential services detailed in the minimum packages is not a substantial burden for governments. The total cost of the MPES for Lao PDR to establish and operate services over a three-year time frame is estimated to be approximately \$13.5 million, equating to 0.25 per cent of GDP. In Timor-Leste, the MPES would cost approximately \$6 million over the three-year period, equating to 0.31 per cent of GDP or less than 0.5 per cent of the national budget based on current service utilization* and just 1.9 per cent of the combined budgets of the ministries tasked with providing these services in the national action plan on gender-based violence.

The MPES in both Lao and Timor-Leste are feasible and reasonable to achieve as part of the countries' commitments to addressing violence against women. Furthermore, while these costs are likely to increase with projected service usage over the short term, it is likely that costs will decrease in the long term as the provision of services will help women to mitigate the consequences of earlier violence, thus reducing the long-term impacts. Enhanced investment in primary prevention strategies would also help to reduce future violence, which would further support cost reductions in the longer term.

Challenges

This project encountered considerable challenges in providing accurate and reliable costs for services in all three countries. These challenges are likely to be encountered in any low-resource setting. Challenges include:

- **Considerable invisible costs:** Service providers informed researchers that there were many costs that were unaccounted for, including service providers' out-of-pocket costs. While we have incorporated such costs into estimations to the extent possible, some costs may remain invisible.
- **Estimations could not provide full economic costs:** Full economic costing would include information on direct costs, allocated costs of resources not specific to the service, estate (building) costs and indirect costs. However, in all three countries the information to achieve this costing was often absent or unreliable. In particular, there was little reliable information on infrastructure costs, such as rent for buildings and capital equipment. Part of the challenge for services to account for these costs is the distinction between private property and publicly provided property. In Timor-Leste for example, one of the government's contributions towards primarily donor-funded services, such as the Psychosocial Recover and Development in East Timor health facility safe space for women and children victims of violence, was to provide the land or building out of which the service is operated. The service providers thus had little sense of the value of the property or what rent or purchasing costs would be for similar properties. In fact, private ownership and property laws in both Timor-Leste and Lao PDR are in their early stages. In Timor-Leste, the first land certificates were issued only in December of 2011 and land ownership remains often contested and unclear with little clear sense of the value of land. Such costs thus remain un-accounted for within planning and budgeting for services, and are similarly not included in our estimations.
- **Lack of culture of counting and accounting:** In general, records are often patchy and incomplete, reflecting a low level of data and financial literacy. This results in discrepancies in the understanding of costs and data estimates by service providers. For example, courts in Timor-Leste do not keep gender-disaggregated data. There was no sense from within the courts of the numbers of women seen or how many attended courts in relation to violence. It was only through the Judicial System Monitoring Programme that some information about violence against women within the courts was attained. Furthermore, details of expenditures and costs provided by some services did not match their operating budgets, suggesting failures within their accounting systems. Detailed information was more likely to be available from services that were funded by international donors. This may reflect the higher reporting demands of donors that require more careful data collection, but it may also reflect a lack of capacity within organizations with government or other national funding.
- **Sectors with large budgets were unable or unwilling to provide detailed information:** In some cases, this issue may have been related to the lack of adequate counting and accounting procedures. In Indonesia, the police did not provide detailed cost information, while out of the six health facilities surveyed, only

three provided expenditure information and even then only partial information. In Timor-Leste, the police sector collapsed their costs into a single broad category for goods and services, which did not allow for the differentiation of expenditures on, for example, local and international travel, utilities, professional training, fuel for vehicles and generators, vehicle maintenance, and renting accommodations and vehicles.

In some cases it may represent a lack of interest in the project or a perception that violence against women is not important to their service delivery. Field researchers often had difficulty booking appointments with those within the service who had access to the information required. In some cases, after booking an appointment it was found that on arrival the task of completing the survey had been delegated to a staff member with little knowledge of budgets. Ensuring that all service providers have knowledge about the impact of violence against women and their role in addressing it is thus an important element in conducting such research, particularly because it improves buy-in and facilitates data collection.

- **Low levels of referral:** The data collected from Lao PDR and Timor-Leste suggests that few services are actively engaged in providing referrals to other support systems. Victims and survivors of violence are thus largely left to seek additional help on their own. Their lack of knowledge and other barriers to help-seeking result in their receiving less assistance than is available to them. In Indonesia, for example, none of the health facilities reported referring cases to the police. However, the main hospital in Jakarta reported that in the past year, they had received 190 referrals from the police for women, ten cases of violence against boys and 283 cases of violence against girls. Within the health sector, victims of violence against women tend to be referred for other medical services. In Timor-Leste, most referrals are recorded by social services where there were, on average, eight referrals made in the month prior to data collection. Police facilities reported making five referrals in the prior month, while health facilities only made one referral. Court facilities provided no information on their referrals. In Lao PDR, with the exception of social services and village mediation unit facilities, health, police and court facilities provided no information on their referrals. Within social services facilities, three referrals were made to village mediation units and three to counselling services in the last month. In village mediation unit facilities, only one referral (for counselling services) was recorded in the last month.
- **Lack of experienced national researchers:** While experienced national researchers are in operation in all three countries, they are in considerable demand and accessing their services was a challenge. In Timor-Leste, for example it was necessary for UN Women staff to carry out much of the in-country research as it was not possible to hire a national consultant or experienced national researcher for the duration of the project. Even with support from the international consultants, lack of experience in data collection created delays due to the need to validate data and to follow up on inconsistencies.

Lessons and Recommendations

The highlighted challenges provide clear indication of where capacity needs strengthening and where improvements can be made in order to ensure the adequate long-term planning, budgeting and delivery of responsive, multi-sectoral services for women and children experiencing violence. To achieve this goal, the recommendations derived from the learning in this project include:

- **Need for proper accounting systems and training:** The quality of the estimations and future budgeting and planning rely on access to accurate, reliable data. Given the paucity of this among many service providers in all three countries, there is a clear indication of the need to improve or institute accounting systems and to ensure staff competency in utilizing them. Future budget planning for all services should include all associated costs associated.
- **Need for common templates and records:** In addition to the need for accounting systems, there is also a need for counting systems. Developing and using common templates within sectors, which would also allow for monitoring across sectors, is an important step for understanding, and thus responding to, service usage.
- **Training in data and finance literacy:** Among all services, staff need to have adequate data and financial literacy in order to properly monitor and plan budgets, develop services and respond to changing service needs. Investment in capacity building in this regard among service providers is necessary to enable the use of proper accounting systems and common templates and records.
- **Ensuring adequately trained and professionalized human resources:** Human resource costs are among the most significant service provision costs. Investment in up-skilling and training to ensure that service providers are knowledgeable and professionalized is a sound investment that is likely to have returns in the quality of services provided and, ultimately, on alleviating the burdens of violence against women.

Conclusion

The need for comprehensive, coordinated, multi-sector services to support women and girls who have experienced violence is clear. However, knowledge about the costs of such services and related activities has been less clear in South-East Asia. This project sought to fill this gap by estimating the resource requirements for delivering MPES to those affected by violence against women in Lao PDR, Timor-Leste and Indonesia. We found that the identified minimum services needed are similar across all three countries and that service providers have a clear sense of what is required to support victims and survivors. We also found that across all three countries, knowledge about the costs of implementing existing services was weak. The surveys carried out with service providers were designed to help redress this issue by identifying unit costs, which could be applied to estimate the costs of establishing, expanding and operating services identified within the MPES.

Despite challenges in securing reliable data from services, the study produced estimations that have been validated by existing services and representatives from government ministries. Importantly, the cost of the MPES is not prohibitive, accounting for 0.31 per cent of the GDP for Timor-Leste (2014) and 0.25 per cent of the GDP for Lao PDR (2014). These packages are thus achievable. However, it should also be noted that these packages are minimum packages. A recommendation to governments includes forward planning on how to not only implement the full MPES in their country, but also how to expand and deepen services provision in order to ensure a comprehensive set of services for women and children affected by violence.

Expanding our collective knowledge about the resource requirements of services is essential for evidence-based planning and budgeting. Armed with the estimations provided by this study, services providers can advocate and ministries can budget in order to ensure that women and children receive the necessary support services to mitigate the impact of violence and to achieve justice. While budgeting is a political decision, it is important to understand that the provision of the required resources to respond to violence against women is, in fact, a sound economic investment. Addressing violence against women through a comprehensive, well-integrated, properly funded response would contribute to long-term savings through its impact on women's health and well-being, and to that of their families, communities and society at large.

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