LESSONS LEARNED

on Effective Prevention and Response Approaches
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INTRODUCTION

Over the life of the PACE Project, the Gender-Based Violence (GBV) Task Force has stimulated collective learning among the Interagency Gender Working Group (IGWG) community and beyond. It has highlighted the latest evidence and best practices to prevent and respond to multiple forms of GBV. The GBV Task Force has also elucidated the ways in which GBV inhibits family planning and sexual and reproductive health and rights (SRHR), as well as the demand for and access to quality sexual and reproductive health services.

The COVID-19 pandemic significantly increased rates of GBV globally and disrupted access to many health and social services. The impact of the pandemic prompted a rapid response by the global GBV community, including the GBV Task Force, to capture and disseminate emerging evidence and lessons learned about violence prevention and service delivery approaches and adaptation. The goal was to equip frontline practitioners with the information, tools, and resources to sustain essential GBV response services during crises while maintaining their own wellness. These lessons may strengthen the responsiveness and resilience of programs to future shocks and disruptions.

This synthesis showcases recent programmatic and advocacy successes and highlights remaining knowledge and implementation gaps in GBV prevention and response, and serves as a guide to those working in this community, as well as in SRHR. It summarizes the GBV Task Force’s learnings over the life of the PACE Project (2015-2022) and, based on these learnings, suggests actions to strengthen GBV prevention and response. The lessons and resources highlighted in this synthesis will support GBV program implementers and decisionmakers to improve support for GBV survivors and those who care for them; protect access to quality family planning and sexual and reproductive health services and increase demand for survivors; strengthen decisionmakers’ understanding of GBV and their responsibility to address it; and make health, social support, and legal services available to survivors through enabling policies. Practitioners can use the recommendations to design more effective GBV prevention interventions, and advocates can use them to make the case to decisionmakers to fund policies and approaches that will address GBV and ensure family planning and sexual and reproductive health service provision for everyone who wants it.
The GBV Task Force has elucidated the ways in which GBV inhibits family planning and sexual and reproductive health and rights, and its impact on the demand for and access to quality sexual and reproductive health services.
LESSONS LEARNED

in GBV Prevention and Response

GBV Task Force activities over the past seven years called attention to successes and promising practices in gender transformative programming and advocacy to address GBV across different levels of the social-ecological model.

Here are some of the lessons learned.
Economic empowerment interventions for individuals, such as cash transfers, can reduce physical and/or sexual intimate partner violence (IPV) experienced by women and adolescent girls. Evidence suggests cash transfers reduce stress and tension in the relationship, thereby diminishing the conditions that can lead to violence. When adolescent girls and young women have access to their own financial resources and feel empowered, they are less likely to take on risky partners.

Gender-transformative and cross-sectoral programs have a positive impact on violence prevention, SRHR, and economic opportunity, among other health and development outcomes. For example, the What Works program found promising results from gender-transformative economic empowerment, combining Stepping Stones, a gender-transformative intervention, with Creating Futures, a life skills intervention, and testing it in informal settlements in South Africa. Through this combined intervention, researchers noted reduced perpetration of violence by male participants; the program also showed promise in improving young women’s agency and reproductive decision-making.

**MORE INFORMATION**

- [Addressing Gender-Based Violence Through Cash Transfer Programming (Event)](#)
  *IGWG*

- [A Mixed-Method Review of Cash Transfers and Intimate Partner Violence in Low- and Middle-Income Countries](#)
  *Ana Maria Buller, Amber Peterman, Meghna Ranganathan, Alexandra Bleile, Melissa Hidrobo, and Lori Heise*

- [Impacts on HIV and IPV Among Young South African Women](#)
  *Audrey Pettifor*
Faith leaders are key stakeholders who can influence gender norms, including transforming masculinities, and are in a position to help dismantle patriarchal community norms to advance gender equality and improve the lives of all their community members. Programs should engage faith leaders to facilitate community support and involvement in addressing norms and violence, and in supporting GBV survivors to access essential health services—including family planning and sexual and reproductive health, social, and legal services.

Community engagement and accountability can help ensure interventions targeting GBV are tailored correctly to a specific setting. When programs engage local leaders, those leaders help influence the community to change gender and social norms that perpetuate GBV. For example, bystanders who witness GBV have an untapped role in their communities to interrupt cultural norms and behaviors that permit and even promote GBV (see next page).

MORE INFORMATION

→ Transforming Masculinities: A Faith-Based Approach to GBV Prevention  
  *Prabu Deepan*

→ Voices on the Ground Series: Responses to Gender-Based Violence During the COVID-19 Pandemic  
  *IGWG*

→ The Powerful Potential of Bystanders to Prevent Gender-Based Violence: Film Screening and Expert Panel Discussion (Event)  
  *IGWG*
Evidence to Demonstrate the Effectiveness of Bystander Interventions

The GBV Task Force event “The Powerful Potential of Bystanders to Prevent Gender-Based Violence” featured the Breakthrough organization’s campaign *Bell Bajao* (“Ring the bell”), which was implemented in 150 government schools and four districts in India. An evaluation revealed:

- The intervention converted about 15.5 percent of gender-regressive views of participants into support for gender equality.
- Personal attitudes changed (13 percent) toward more progressive social norms (for example, women should work outside the home).
- Nearly 61 percent of respondents of those who came across incidents of domestic violence reported that the community had taken action to stop it (compared to 53 percent at baseline).
- Gender-equitable attitudes and behaviors persisted for at least two years after program activities ended.
Health service providers are often the first to detect GBV cases, so programs must ensure these practitioners have the knowledge and skills to assist survivors. Frontline health workers are essential actors in GBV prevention and response and family planning and sexual and reproductive health providers must often contend with clients that are experiencing GBV and/or are survivors of GBV. Clinic-based programs such as ARCHES (Addressing Reproductive Coercion in Health Settings) train providers to counsel family planning clients regarding IPV and reproductive coercion. ARCHES has been shown to reduce reproductive coercion, improving reproductive health and autonomy of women and girls and provider referrals for GBV response services within the context of routine family planning counseling.

The COVID-19 pandemic underscored the importance of continuing health and social services for GBV survivors, and establishing and maintaining wellness and technical support services for frontline providers. Health care facilities should establish and maintain systems to ensure mental health wellness and resiliency for health care providers addressing GBV, so they can continue to provide quality services while protecting their own health.

MORE INFORMATION

→ Voices on the Ground Series: Responses to Gender-Based Violence During the COVID-19 Pandemic
   IGWG

→ Mental Health Wellness in GBV Prevention and Response: Promoting Self-Care and Resiliency for Health Providers (Event)
   IGWG
GBV prevention and response guidelines must be integrated into national and subnational policies to address barriers to preventing and responding to GBV and ensure service delivery (see Figure 1). A GBV policy assessment in Uganda revealed that policy implementation occurs most effectively when a comprehensive multisectoral framework is in place, along with coordination mechanisms addressing GBV prevention and response. Policies must define the health system’s role in GBV prevention and response, along with ensuring effective GBV training for health providers. Adequate systems must be in place to disseminate policy guidelines to practitioners.

**Figure 1**

**Key Findings:**
**Policy Provisions by Health System Building Block**

<table>
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<tr>
<th>Building Block</th>
<th>Examples of Integrated GBV and Family Planning Policy Provisions In Uganda</th>
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<tbody>
<tr>
<td>Service Delivery</td>
<td>• Identify survivors of violence when conducting family planning counseling</td>
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<tr>
<td></td>
<td>• Provide post-GBV medical care and family planning services, e.g., pregnancy tests, emergency contraceptive pills, copper-bearing intrauterine device</td>
</tr>
<tr>
<td></td>
<td>• Make timely referrals to medical services</td>
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<tr>
<td></td>
<td>• Raise community members’ awareness of GBV services</td>
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<tr>
<td>Workforce</td>
<td>• Build capacity of health sector staff on clinical management of GBV survivors</td>
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<tr>
<td></td>
<td>• Sensitize actors on the referral pathway and their roles and responsibilities in responding to GBV cases</td>
</tr>
<tr>
<td>Supplies and Infrastructure</td>
<td>• Supply pregnancy tests, emergency contraceptive pills, copper-bearing IUDs</td>
</tr>
<tr>
<td>Policy, Governance, and Leadership</td>
<td>• Integrate GBV prevention activities into national and local planning and budgeting</td>
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<tr>
<td></td>
<td>• Issue guidelines for timely GBV clinical management</td>
</tr>
<tr>
<td></td>
<td>• Integrate GBV into existing nursing and paramedic curricula</td>
</tr>
<tr>
<td></td>
<td>• Advocate for provision of essential GBV services in all medical facilities</td>
</tr>
<tr>
<td>Information</td>
<td>• Monitor GBV and family planning service provision and availability of supplies</td>
</tr>
<tr>
<td></td>
<td>• Use the integrated family planning register and national GBV database</td>
</tr>
<tr>
<td>Financing</td>
<td>• Advocate for budget allocations for GBV in sectors (i.e., education, health) and local governments</td>
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RESEARCH AND IMPLEMENTATION GAPS

Events and resources shared through the GBV Task Force also identified research needed to explore the most effective approaches to prevent GBV among all populations and to attend to the health, social, and legal needs of GBV survivors.

Here are highlights of these areas.
The GBV community needs additional research on context-specific interventions that work with women and men, girls and boys, and have longer-term project funding cycles to deepen understanding of what works over time to shift the gender and power dynamics and conditions that lead to GBV, to prevent and respond to GBV, and to ensure delivery of high-quality sexual and reproductive health (SRH) services to survivors. This research needs to include the most marginalized populations, such as indigenous adolescent girls in very rural settings, sexual/gender minorities, and/or youth living with disabilities, to consider their specific context and service needs.

**MORE INFORMATION**

- What Works to Prevent Violence Against Women and Girls: New Evidence, New Opportunities (Event)
  - IGWG
- “Prevention of Violence Is Possible”: A Conversation With Rachel Jewkes About What We Have Learned From a Five-Year Research Program Addressing Prevention of Violence Against Women and Girls
  - IGWG

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The GBV community needs more evidence on economic empowerment interventions, such as cash transfers, to better understand outcomes when women are the recipient of funds, as well as how and under what conditions cash transfers affect IPV. Examining intra-household gender dynamics in the context of cash transfers would help program implementers to know how to monitor for the risk that shifting gender norms could unintentionally prompt violence. This research can help policymakers maximize the benefits of cash transfer programming while minimizing any unintended negative consequences.

**MORE INFORMATION**

- A Mixed Methods Review of Cash Transfers & Intimate Partner Violence in LMICs
  - AM Buller, A Peterman, M Ranganathan, A Bleile, M Hidrobo, and L Heise

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The relationship between IPV and family planning use is complicated and not fully understood. More longitudinal studies are needed, especially in low-income countries, to explain the connection between IPV and family planning and to establish whether experiencing IPV makes it more or less likely that an individual will use contraception.

**MORE INFORMATION**

- Intimate Partner Violence and Family Planning: Opportunities for Action
  - Kate Gilles
IMPLEMENTATION GAPS

Service providers need stronger case management and referral systems to provide comprehensive support to GBV survivors so they can access the services they need. Mobile-based technologies show promise in strengthening GBV referral mechanisms and tracking GBV cases, while helping protect GBV survivors’ identity.

As revealed by the “pandemic within a pandemic,” GBV and SRH service providers (and all health care providers) deserve strengthened technical and mental health wellness support, both for their own well-being and so they provide quality care when serving GBV survivors.

To ensure GBV prevention efforts progress, researchers and practitioners should promote the evidence showing that reducing GBV is possible and in practice, apply the evidence on effective approaches to prevent GBV, such as through gender-transformative interventions.

Strengthening GBV and SRH data management systems would help researchers and implementers to gain a better understanding of whether prevention approaches have worked and if survivors have been referred for and received necessary services—and if not, where to redirect efforts and resources.

MORE INFORMATION

→ Voices on the Ground Series: Responses to Gender-Based Violence During the COVID-19 Pandemic
  IGWG

→ Using Technology to Combat GBV – New Innovations, New Opportunities (Event)
  IGWG

→ How Sustainable is Too Sustainable: Lessons From a Year Implementing a Pilot Mobile-Based GBV Referral System
  Jen Curran

→ Mental Health Wellness in GBV Prevention and Response: From the Individual to the Systems Level
  IGWG

→ A Fireside Chat on Gender-Based Violence With Mary Ellsberg and Lori Heise (Event)
  IGWG

→ Voices on the Ground Series: Responses to Gender-Based Violence During the COVID-19 Pandemic
  IGWG
The following non-exhaustive recommendations arise from the GBV Task Force’s documentation and synthesis of effective approaches to prevent and respond to GBV and the areas needing further attention.
Work with faith leaders and faith-based organizations in communities to influence gender norm change and connect survivors of GBV to services.

Target services for GBV survivors to a variety of age groups and genders and identify unmet needs among highly stigmatized or hidden at-risk groups.

Develop GBV policy dissemination tools, such as brief guidelines explaining the policies and how to apply them in each program area, so that all sectors understand their role in prevention and response and ensure addressing GBV is integrated broadly across programs, such as reproductive, maternal, newborn, child, and adolescent health, family planning and SRH, and HIV counseling and testing.

Expand community-based GBV prevention and response programs, particularly related to engaging men and boys.

Enact structures to support mental health wellness and resiliency for frontline GBV service providers.
Encourage funders to support longer project cycles for GBV programs, such as a minimum of three to five years. Social change takes time.

Advocate with government decisionmakers, funders, and the private sector to collaborate on public-private partnerships and increase their financial commitments to prevent and respond to all forms of GBV. To implement policies that will help prevent and respond to GBV, the following investments should be prioritized:

- Ensure that national policy frameworks exist that end discrimination against women, promote gender equality, and support a comprehensive approach to prevent and respond to GBV.
- Collect additional data on the scope of GBV to provide a more accurate assessment of the problem and to direct investments to address it.
- Strengthen capacity of health, legal, and social systems to support survivors.
- Collaborate with and support the efforts of women-led organizations and organizations trying to advance gender equality and address GBV.

Call on governments to ensure that policy guidelines for health providers address provision of emergency contraceptives for female GBV survivors of all ages and backgrounds.

Invest in community-based prevention programs that work to shift gender and power dynamics that can lead to GBV.

LOOKING AHEAD

In the past seven years, the GBV Task Force under PACE has elevated a wealth of research about addressing the conditions—such as pervasive gender inequality—that can lead to multiple forms of GBV. Task Force activities have also focused attention on preventing GBV from continuing and responding to the needs of GBV survivors, specifically, their access to family planning/SRH, psychosocial, and legal services and to economic opportunity. Additionally, the GBV Task Force has showcased promising practices and effective, evidence-based program and policy advocacy approaches that apply this knowledge to protect GBV survivors and those at risk of violence and lacking family planning and sexual and reproductive health services. Although the need for more context-specific and sex- and age-disaggregated research and evidence-based program and policy approaches—especially gender-transformative programming—persists, GBV Task Force activities under PACE significantly advanced our understanding of what works for survivors and communities in GBV prevention and response.
ACKNOWLEDGMENTS

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