



GUIDANCE NOTE:

Planning and Paying for Local Action Plans to Address Gender-Based Violence

Reducing gender-based violence (GBV) is a public good that benefits individuals, families and communities in many ways. Reducing GBV is a driver for progress across a host of specific Sustainable Development Goal (SDG) targets. As everyone benefits from less violence, different sectors can help pay their part for coordinated efforts to reduce GBV in their communities.

The “planning and paying” approach combines the latest thinking in cost sharing along with long standing local participatory planning methods. Under this approach, local action plans (LAPs) to address GBV are designed through participatory methods. Local action plans coordinate multiple sectors and partners and include complimentary actions to prevent violence before it starts and enhanced services for survivors. The LAPs strive for multiple outcomes, including reduced violence, increased gender equality and other related gains, and thus help identify new potential “payers” for the local plans.

In short, this approach supports communities to define their own solutions and establish sustainable financing for local GBV action plans. The approach helps communities respond to GBV with bespoke solutions and applies new financing strategies to consolidate contributions from multiple payers who benefit from the results. The ‘planning and paying’ approach thus can increase the efficiency and impact of traditionally separate financing streams.



Local action plans and participation

Many countries have national action plans to address GBV. These establish coordination and financing mechanisms at the national level and translate international commitments into national policy. Yet, national plans often remain aspirational and underfunded. The local level, on the other hand, is a critical space to address GBV. Local action plans bring local knowledge of the problem, deeper participation of communities, and the potential for greater coordination across relevant sectors. Local plans serve to complement national policies, but they can be easier to fund, implement and evaluate. LAPs can deepen understanding and public discourse related to the causes and solutions to GBV and help strengthen the capacities of citizens and local authorities to better respond to and prevent GBV.

The planning and paying approach adapts participatory techniques for creating customized local action plans. The approach engages a diverse group of local actors from the local government and civil society in the design, implementation and evaluation of LAPs, and supports transparency and efficiency as they are implemented. Local stakeholders ensure LAPs are grounded in existing local realities including government structures, social norms and trends, and that they respond to the localized characteristics of GBV. Local stakeholders anticipate points of support and resistance within their communities, and craft strategies respond accordingly. Participatory planning also brings rights to the forefront, as those affected by GBV can exercise their right to create solutions to problems they experience.

New ways to pay for local action plans

Most financing approaches to address GBV, including in low- and middle- income countries, are “siloed”. Siloed financing places the burden to pay for solutions on a single government entity or sector. GBV does not occur in a vacuum; it has multiple drivers and solutions and is inextricably linked to many other social development issues and government priorities. As such, LAPs to address violence include actions that will influence multiple sectors – health, education, justice and family welfare among others – as well as improving services and reducing risks to poverty. Siloed financing does not efficiently allocate resources and misses opportunities for leveraging other sources of funding to pay for public goods with multi-sectoral impact.

Research suggests that local-level institutions are relatively less siloed than national ones and tend to focus on the population at large rather than a single sector. Since multiple funding streams are available from national, sub-national and local funds to contribute to local development plans, tapping and coordinating these for addressing GBV creates the potential to generate important efficiencies and multiple impacts.

The planning and paying approach helps incentivize different actors to coordinate efforts to jointly finance LAPs. The potential “payers” include different ministries and levels of government, civil society, aid organizations and even the private sector.

SILOED BUDGETS VERSUS CO-FINANCING

Total cost of GBV local action plan

- Siloed budgets: LAP remains unfunded

Sector A

Sector B

Sector C

- Co-financing: LAP funded combining sectors' willingness to pay

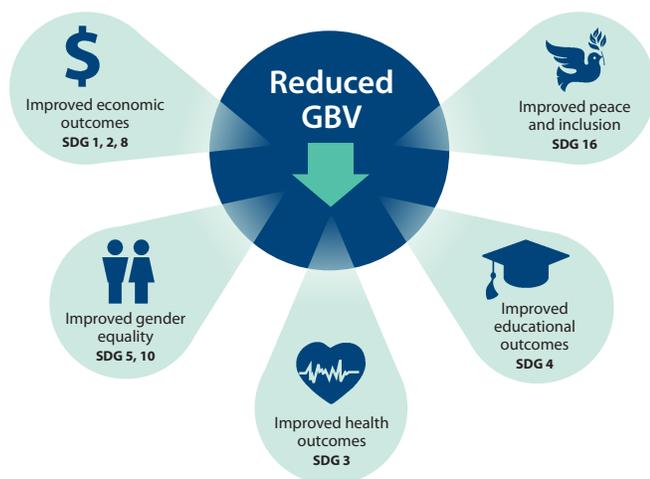
Sector A

Sector B

Sector C

WHY IS THIS APPROACH IMPORTANT?

Reducing GBV helps drive progress across the Sustainable Development Goals (SDGs). It improves the health of women and children and wellbeing of families. It reduces risks to HIV and sexually transmitted diseases, improves economic productivity and educational attainment, and reduces risks of mental illness and substance abuse, among other benefits. LAPs to address GBV can serve as a driver for reduced poverty, increased peace, inclusion and cooperation among civil society, government and the private sector. This approach highlights the many specific benefits of reducing GBV relevant across sectors and promotes adaptable cost sharing models.



These multiple benefits, and the relationships among them, can be understood and coordinated more closely at the local level. The goal is to work from the local level up – building customized plans and sustained financing from those who benefit.

The local level is immensely important for efforts to reduce GBV and achieve related outcomes, although it is often overlooked in policy and resource allocations to address violence. Most hands-on actions to prevent and respond to GBV take place at the local level. Common types of GBV and their specific drivers can best be understood at the local level – as can the corresponding solutions to prevent violence. Coordination among multiple sectors, and consolidation of funding from different sources is often easier to achieve at the local level. The planning and paying approach builds on these advantages of local planning, and aims to inspire future replication and scale up of GBV actions with secured funding.

Testing the approach: UNDP and UNU collaboration

UNDP and the United Nations University's International Institute of Global Health (UNU-IIGH), with generous funding from the Republic of Korea, are testing this approach in selected communities in low- and middle-income countries. It is hypothesized that if diverse stakeholders in local communities define their own priorities and feel ownership over localized solutions for addressing violence, better outcomes, deeper coordination and sustainable financing for these plans can be achieved. This project leverages UNDP's expertise in local governance and localizing the SDGs and UNU-IIGH's expertise measuring costs, assessing value for money and promoting new financing strategies.

The map highlights three pilot sites for testing the approach to reducing GBV:

- PERU**
Villa El Salvador District, Lima
 - One of forty-three districts of Lima, with one of the highest rates of poverty and GBV in Peru
 - Minimal support services for survivors, minimal government resources
 - Strong history of participatory planning
 - Plans to use art, cultural and sporting activities to influence community norms
- MOLDOVA**
Chirsovoa Village, Gagauzia
 - Remote Russian speaking village in an autonomous region, disconnected from Moldovan mainstream
 - Minimal services for GBV survivors, and few prevention activities
 - A safe space for integrated prevention and response services is planned
- INDONESIA**
Jayapura District, Papua
 - Higher rates of GBV than other parts of Indonesia, but strong local commitment to address the problem
 - Several potential funding streams for LAPs including provincial, district, village and autonomous funds
 - Local participatory planning and funding coordination is planned

IMPLEMENTING PLANNING AND PAYING FOR GBV ACTION PLANS

Getting started with participatory local action plans

Participatory planning starts with a local situational analysis, ideally produced by local researchers and endorsed by both local government and civil society groups. A situational analysis maps relevant GBV policies and programmes, and the availability and quality of GBV services and prevention initiatives. It analyses the local nature of GBV including prevalent types of violence and associated risk and protective factors. It highlights survivors' needs and preferences and helps identify factors that determine who and to what degree people are marginalized or left behind. It examines the roles, responsibilities and practices of key institutions and community actors. The process of undertaking the situational analysis may also help bring together the different stakeholders who will be involved in subsequent stages. It can begin the public discussion on GBV and possible solutions.

Following the situational analysis, participatory planning take place as a series of community and coordination meetings which bring different stakeholders together and follow an iterative process to reach consensus on priorities and actions. Women's groups, those representing the most at risk, and survivors of violence are central at every stage but vital for the prioritization and design of the local action plans as they are closest to the issue. Indeed, all community members should understand their right to participate in the prioritization and LAP design processes.

The design of the action plan should include rationales, strategies and activities for components related to both enhanced services and prevention. It serves as a coordination mechanism, and requires clear management arrangements with a division of labor among implementors, detailing roles and responsibilities, reporting and dispute mechanisms, etc. LAPs also include a capacity building plan. The capacity needs of stakeholders to deliver and monitor the plans should be assessed and supported, including policy influence skills, and knowledge to manage effective GBV interventions. Once the capacity and technical support needs for the LAP are identified, capacity building or learning plans should be outlined and implemented as a central component of the plan.

Once a plan is drafted, it is reviewed, refined, validated and endorsed by all community stakeholders. The monitoring and evaluation plan for the LAP is finalized and launched at this stage. Ensuring ongoing and active participation of a broader set of stakeholders in the subsequent implementation and monitoring stages can be achieved through mechanisms such as external monitoring committees, and semi-annual meetings to report progress and receive feedback on the implementation of the plan.

Participatory planning and leaving no one behind

In all contexts some groups are more at risk to experience GBV and/or are less likely to seek services and justice. The resource "What does it mean to leave no one behind? A UNDP discussion paper and framework for implementation" suggests five intersecting factors contributing to leaving out groups: discrimination, shock and fragility, governance, socio-economic status and geography. Discrimination is most often based on race, ethnicity, geography, class/caste, sexual orientation, physical ability or other identifiers.

For LAPs, leaving no one behind means marginalized women can safely and meaningfully contribute to the planning and implementation. The situational analysis identifies who and to what degree different groups are left behind. The planning process then should facilitate dialogue and identify solutions. Specific measures may be needed to enable marginalized groups to participate in and benefit from LAPs, but these are not the sole solution. Such targeted programmes alone can exacerbate tensions over resource allocation and/or reinforce harmful stereotypes. Strategies to leave no one behind should aim to create a sense of solidarity through, for instance, universal services that are flexible and welcoming to accommodate different groups and prevention actions that account for differences in the community.

Costing and financing the local action plans

Ongoing awareness raising and advocacy with potential payers is central to the planning and paying approach. And costing data is needed at different stages to drive this advocacy.

Key steps to costing and financing:

- Integrate costing & financing considerations into participatory planning
 - Map the plan's expected activities, outcomes & potential financing sources
 - Advocate with range of payers to finance the plans
 - Estimate the total budget available for LAP implementation
 - Reflect on Value for Money for best allocation of existing resources.
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LAPs can be funded by range of traditional and non-traditional sectoral budgets, government funding streams, private sector and non-governmental funding sources. Potential "payers" should see the value in contributing to LAPs, and see the connection to their own bottom line. Potential payers can participate in design and refinement of LAPs to ensure their concerns and desired results are clearly articulated in the plans.

As the plans are drafted, the estimated direct and indirect costs of the LAPs are determined using existing project costing methods, including those adapted from the public health field. Project costing tools can be customized to any local context. These tools support data collection of disaggregated cost data in local currency by phase, by input type (e.g. staff, supplies, transport) and by funding source.

The different actions for planning and paying are sequenced together over the different stages of implementation, and different costs estimates are needed at different times. During the inception stage, the estimated costs of recommended activities or proposed LAPs components are needed to determine how to finance them and to help the community with the prioritization processes.

Once a draft LAP is agreed upon, it is costed once again before it is finalized by the community and set of payers. The plan's expected outcomes are mapped to corresponding financing sources or payers that would benefit from the plan's outcomes. The costed action plan and the mapping of payers and potential financing streams provides the basis for advocacy among a range of cross-sectoral stakeholders to contribute resources to fund the LAP and fill any funding gaps. The final cost analysis is then used alongside the evaluation findings to assess the value for money of the local action plan, and for the advocacy work needed to adapt and scale up local GBV action plans.

The costing analysis determines the cost of different components of the plans to support the optimal allocation of available resources. The costing analysis highlights activities that drive costs during different phases of the plan, and how these costs are expected to change over time. This analysis helps ensure sustained funding and estimate financial support needed over time and for future replication or scale-up.

Based on existing budgets and newly committed contributions, local communities will have an estimate of the total budget available for the implementation of their LAP. This estimate will help the community prioritize the final set of activities for a specific budgeting cycle, based on transparent discussions and explicit consideration of the expected outcomes of each activity. By adding this step in the participatory process, stakeholders will reflect on value for money, and incorporate the identified trade-offs in their planning.

Potential payers and funding streams

- Government budgets at the national, sub-national and local/community levels
- Special development funds for marginalized underdeveloped communities
- Sector budgets: health, social welfare, police/justice, education, economic development/livelihoods
- Private-for-profit: companies operating locally
- Social welfare or health insurance funds can invest in social programmes
- Crowdsourcing through online sites

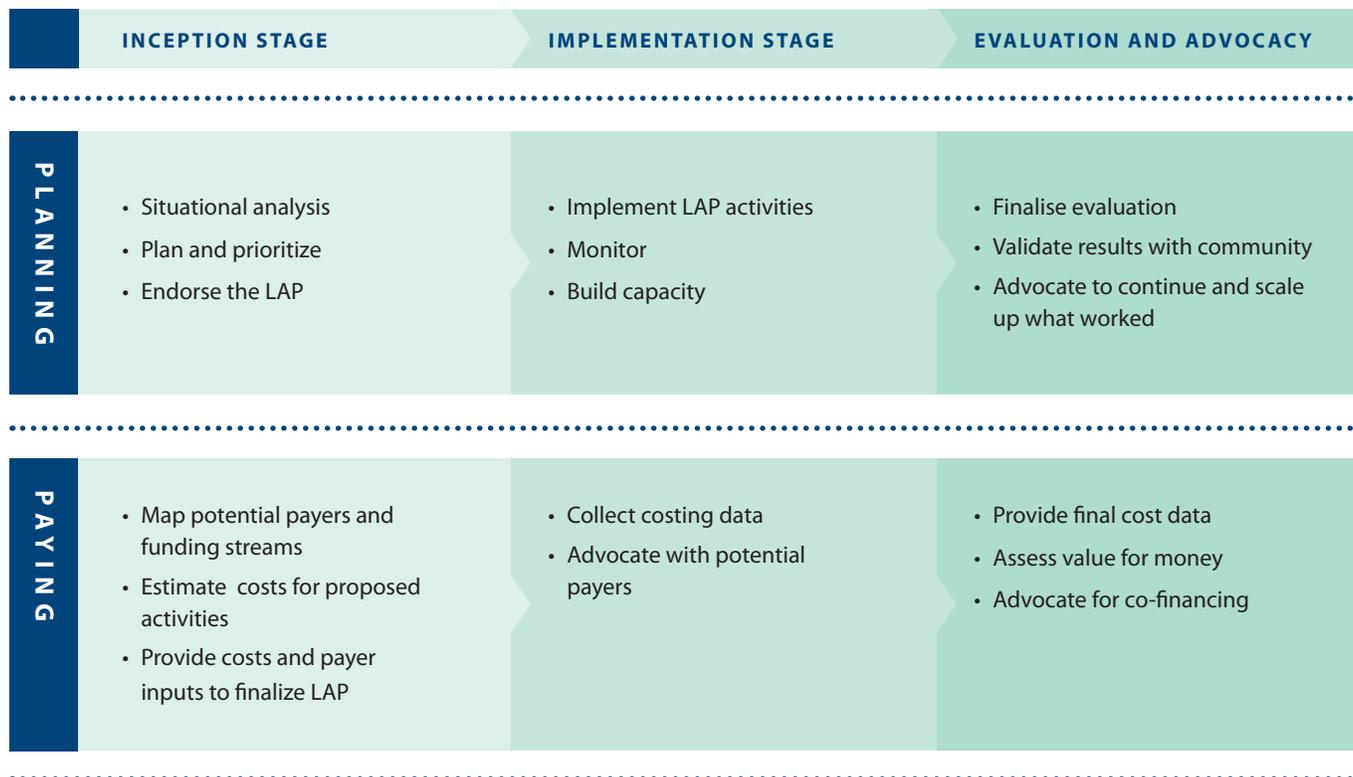
Estimating value for money

Knowing that a plan works to address GBV is extremely important. The decision to adapt or replicate a LAP, however, can be nuanced with a judgement of whether it works better than the next best plan that can be implemented with the same money. Incorporating a Value for Money (VfM) assessment for LAPs helps ensure scarce resources are producing the highest impact for the most people. VfM may convince decision-makers to invest in the LAPs and to get the buy in of additional payers. Under a co-financing strategy to paying for the LAPs, VfM assessments will clearly articulate the relative results and VfM for each payer that contributes resources.

The LAPs are evaluated with quantitative and qualitative measures of the results, alongside the economic costs of the plan, to assess the value for money. The evaluation should include assessments across a range of outcomes, including specific GBV-related outcomes, as well as broader health, social and economic outcomes. Evaluations showing interconnected results across sectors can strengthen the case for multi-payer cost-sharing of the plans.

Various co-financing mechanisms can be established to pool resources for LAPs and should be explored starting at the inception stage. Options include budget alignment where one coordinating authority manages the funds for the LAP implementation; dedicated joint funds for joint activities across government departments; or in-kind contributions from different departments and stakeholders. At the evaluation stage, informed recommendations can be made for the adapting financing modalities.

Combined stages of planning and paying



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For more information on UNDP and UNU's planning and paying approach, please contact:

Diego Antoni

diego.antoni@undp.org

Michelle Remme

michelle.remme@unu.edu

SUGGESTED RESOURCES

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