



ENDING **GENDER-BASED VIOLENCE**
AND ACHIEVING THE
SUSTAINABLE DEVELOPMENT GOALS



2020 PROGRESS REPORT



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PROJECT OVERVIEW

Even before the COVID-19 pandemic, gender-based violence (GBV) was one of the most pervasive human rights abuses in the world. Since the crisis, however, rates of GBV have far surpassed the World Health Organization's previous estimate that 35% of women worldwide experience some form of physical or sexual violence in their lifetime.

Pre-existing toxic social norms and gender inequalities, economic and social stress caused by the pandemic, coupled with restricted movement and social isolation measures, have led to an exponential increase in GBV. Many women are in 'lockdown' at home with their abusers while being cut off from normal support services. GBV has become the **"pandemic within a pandemic"**.

Global events such as the pandemic have only amplified the urgency of the *Ending GBV and Achieving the SDGs (2018-2021)* project since its launch by the Republic of Korea and UNDP in 2018. Other such events include, but are not limited to, the #MeToo movement; increasing levels of populism and racial- and ethno-nationalism; and shrinking civil society space – particularly for feminist civil society and women's human rights defenders. **These dynamics have called for renewed resolve to find new, creative and sustainable ways to prevent violence, promote equality and justice, and ensure that governments hear and meet the needs of all of their populace.**

It is therefore with increased conviction and energy that the project continues towards its ambitious objectives to:

- **Contribute to the evidence base of what works to address and prevent GBV while exploring the interlinkages with other SDGs (Output 1);**
- **Inform evidence-based policymaking and shrink the gap between research and practice (Output 2);**
- **Empower local partners with the skills, knowledge and opportunities to carry forward the initiative after the project cycle ends (Output 3).**

GBV is a cross-cutting issue that inflicts significant costs to economic productivity, educational attainment, health and the fulfillment of social, economic and political rights. As such, it requires cross-sectoral and multi-faceted solutions.

While there is a growing body of evidence on what works to prevent and address GBV, it is often focused on the health and gender sectors, resulting in missed opportunities to address GBV risk factors and achieve more equitable, transformative outcomes across all development areas.

The GBV and SDGs approach is rooted in an increasing body of evidence-based GBV programming coupled with innovative practices and methodologies, such as design thinking and adaptive management, in order to mainstream GBV as an SDG accelerator.

Leveraging UNDP's SDG integrator function, broad development portfolio and convening power, this project has initiated seven pilots across UNDP's five regions: **Bhutan, Indonesia, Iraq, Lebanon, Republic of Moldova, Peru and Uganda.**

The pilots are testing different approaches to ending GBV and achieving other development goals.

Pilots in **Iraq, Lebanon and Uganda** are integrating GBV prevention into large projects in "non-gender" sectors, including climate change, livelihoods and social cohesion.

The "Planning and Paying" pilots in **Indonesia, Republic of Moldova and Peru** are bringing together diverse community stakeholders to define their own solutions and establish sustainable financing for local GBV action plans.

The pilot in **Bhutan** is a semi-hybrid of these two different approaches in that it is exploring the linkages between GBV and violence against children, and using social innovation camps to empower youth to define community-driven solutions.

Once completed, each pilot will be rigorously evaluated to ensure the project's results are according to global standards of evidence. Pilots in **Indonesia, Lebanon, Republic of Moldova and Peru** will also be costed to assess value for money and estimate the cost of possible scale up to reach a greater number of people. **The United Nations University International Institute of Global Health (UNU-IIGH) will conduct this costing research.**

RESULTS AT A GLANCE



7 PILOTS



13 INNOVATIVE
APPROACHES



13 POLICY
ADVOCACY TOOLS



3 LOCAL ACTION PLANS TO
PREVENT & ADDRESS GBV

100% OF PERSONNEL AGREE
THE PROJECT IS
PARTICIPATORY

PILOT PROGRESS

The COVID-19 crisis has touched nearly all aspects of life, compelling drastic changes in the way we work and interact. While the pandemic has affected the seven pilot initiatives differently, all have faced the common challenges of: disruption in working arrangements and communications with colleagues and partners; inability to participate in field visits; increased demand for GBV-related services; greater psychological stress; and shifting priorities of government and other partners towards crisis preparedness and response.

Despite these challenges, the pilot initiatives have persevered. True to the adage “necessity is the mother of invention,” the dramatically different COVID-related circumstances have inspired innovation.

PLANNING AND PAYING PILOTS

INDONESIA

Based in two villages in Papua province, this pilot is focused on the development and implementation of funded local action plans to address GBV. Its dual purpose is to increase support for survivor-centered response and revitalize a government-mandated village development planning process, which had lapsed for several years.

The initiative overcame initially strong resistance from the village government and extremely low levels of awareness among women’s groups regarding village development planning and their rights to be actively involved therein. Through the participatory “Planning and Paying” approach, **the village government approved the Local Action Plan (LAP) to address GBV, which was integrated in the Village Government Work Plan (VGWP).**

The LAP was a “whole of village” effort, engaging community health centres, police, sub-district government, civil society and the village fund local technical facilitator. The head of the sub-district expressed his interest to expand the project to cover all villages under his jurisdiction.

The pandemic impacted the Village Funds and associated village development planning processes. Beyond the shrinking of budgets, COVID-19-related health protocols, social restriction policies and emerging needs due to the crisis shifted priorities such that funds that had been allocated to the LAP within the VGWP were redirected to the COVID-19 response.

This setback is being overcome in several ways. Firstly, the team has doubled-down advocacy efforts to ensure women’s needs are met and seen as priorities by decision makers. This has included direct engagement with officials, integration of GBV information into COVID-19 materials, along with efforts to strengthen the capacities of civil society to advocate and engage at the village level. Specifically, members of the village think tank – a participatory civic space initiated by the project – are participating in online coaching to increase their ability to respond to GBV-related needs of community members.

Secondly, the team has conducted a needs assessment that will inform the next round of the LAP, to help ensure that it is

responsive to the community in the context of the pandemic. This information will be fed into the upcoming *Musrenbangdes* (village development planning consultation) process for the preparation of the Village Development Plan for 2021, which will take place by the end of 2020.

Despite the challenges posed by COVID-19, political unrest and severe flooding in 2019, **the intervention has been successful in increasing women's participation in public decision making.** Women members of the village think tank have been actively engaged in the village's COVID-19 Task Force, a forum that previously would have been elusive.

The project has also been successful in strengthening the capacities of local civil society partners, LP3AP and LBH Apik. Through experiential training and coaching with the national partner SCN Crest and the UNDP Indonesia team, the local partners are now able to lead activities with community members, with demonstrated capacities to ensure project sustainability in pilot villages. This is all the more important as the national partner is unable to travel to Papua because of COVID-19 travel restrictions.

PERU

This pilot has adopted a holistic approach to transformative community change in Villa El Salvador, a poor neighbourhood outside of Lima. This includes taking a participatory approach to developing and budgeting a Local Action Plan to prevent GBV, along with empowering a network of women leaders, providing psycho-social support and mutual aid related to trauma induced by a lethal gas explosion, ongoing

outreach to the general public and working with the private sector and arts organizations to design public spaces for non-violence.

When COVID-19 hit, the initiative mobilized its networks of government and civil society partners to develop a new component to promote prevention of GBV and femicide, **the *No Esta Sola* (You are not alone) campaign.**

The campaign is working with those on the frontlines of community engagement, such as waste collectors, community networks, the private sector (including 300 supermarkets), and national police officers, to promote messages of COVID-19 response, GBV prevention, healthy family relationships and positive masculinities.

A new podcast, "*Mujeres que no se dejan*" (Women are not left behind), was launched on 11 May 2020, the anniversary of the founding of the district of Villa El Salvador.

Another key component to the *No Esta Sola* campaign is **#MascarillaVioleta (Violet Mask)**, a collaboration with local governments, feminist organizations and activists, politicians, and the private sector to raise awareness on GBV. This hashtag has appeared in 20 national and international news outlets and social media posts have garnered more than 250,000 impressions.



In addition to the campaign, the initiative has supported civil society and women's network leaders in staying connected via WhatsApp and Zoom by providing digital capacity strengthening opportunities. As a result of the interconnectivity, the initiative was also able to provide support for areas such as self-care, anxiety and stress management.

Even with the COVID-19-related disruptions (in communications, mobility, etc) and political instability, the initiative has maintained momentum for "Planning and Paying" for GBV at the local level. For example, the **Joint Action Protocol** to respond GBV survivors at the local level was validated and approved remotely. This protocol is the first of its kind to implement Law 30364 on GBV at the local level.

REPUBLIC OF MOLDOVA

This "Planning and Paying" pilot is testing a new methodology for participatory development, implementation, monitoring and budgeting of a Local Action Plan (LAP) to prevent GBV in Chirsova, a village in a marginalized region of Gaguazia.

After participatory community discussions and action planning, with inputs from the multiple stakeholders, local people and survivors of violence, **the local Council of Chirsova approved and contributed funds to implementing the LAP.** This has effectively achieved the pilot's goal to localize the provisions in the National Strategy on Prevention and Combatting Violence against Women (2018-2023).

Part of the LAP's implementation is the creation of a **safe space** for individuals impacted by GBV, the first of its kind in Gaguazia. The safe space will provide

social, psychological, livelihoods and legal assistance to the beneficiaries.

Despite the complications of the COVID-19 crisis, the project team and government partners readied the safe space, including a renovation based on **accessibility and human-centred design** and recruitment of all staff.

Staff will be trained in **Common Elements Treatment Approach (CETA)**, a mental health intervention developed by Johns Hopkins University for delivery by non-professionals, making it particularly well suited to rural and low-income areas. Training has been delayed due to COVID-19, but is anticipated to take place in early 2021. In the autumn of 2020, **the government formally recognized the space as a public institution.**

The LAP has promoted the economic empowerment of community members. The initiative awarded grants and trainings to individuals to start their own businesses. The businesses will provide key services to the community, such as psychological counseling, and **will create 20 jobs, with greater employment-generation potential.**

In response to COVID-19, the initiative also procured PPE for key partners, which enabled them to continue their work with vulnerable groups and survivors.

This holistic initiative has galvanized broad-based support for GBV prevention. The next phase of the project will focus on taking the "Planning and Paying" methodology to scale and applying it to 10 of the 23 municipalities in the region.

INTEGRATION PILOTS

LEBANON

This pilot is focused on implementing an adapted version of the **Indashyikirwa model of GBV prevention**, an evidenced-based model that will engage couples from the Lebanese and Syrian refugee communities along with community leaders to transform harmful social norms, promote gender equality and help create communities free from GBV.

Gender Equality Cafes will provide spaces for women to raise issues with municipality leaders, and collaboratively find effective strategies to facilitate women's safety, and political and public leadership.

As an integration pilot, this initiative is being integrated into a broader three-year project that aims to enhance women's economic participation. By comparing the results at intervention and control sites, the pilot will test the impact of integrating GBV prevention on gender equality and GBV-related outcomes as well as: access to and control over economic resources, assets and benefits; resilience to economic shocks and risks; and perceptions of and satisfaction with local governance.

Despite the multiple crises in Lebanon – economic and political instability and unrest, massive explosion at the Beirut port that damaged one-third of the city, and the COVID-19 pandemic – the team nimbly navigated the ever challenging context.

Undeterred by the compounding complexities of their environment, the team iterated programming and worked hand-in-hand with partners – including Abaad, ACTED, a

psychologist and rights-holders, such as Syrian refugees – to truly co-create programming.

The pilot did so initially by adapting the Indashyikirwa programme for the local reality of Lebanese host communities and Syrian refugees. **The initiative is now pioneering remote GBV prevention**, by further modifying the approach for online delivery as COVID-19 has rendered in-person activities impossible.

Building on Abaad's previous success in using remote modalities to deliver psychosocial support sessions, the first six sessions have been modified, audio-visual tools developed and online safety measures introduced. Women have been provided with stipends to cover internet-related costs in order to facilitate their access to the internet and participate in the sessions.

Furthermore, the team in Lebanon is using the entry points created by the COVID-19 crisis to influence programming beyond the scope of this project. This includes ensuring all context analyses and needs assessments gather specific information on GBV to inform action plans, gauge risks and choose appropriate mitigation strategies.

It has also **mainstreamed GBV into broader COVID-19 response**, especially COVID-19 communications and campaigns and cash-for-work livelihoods interventions, including gender-sensitization sessions with nearly 600 women.

IRAQ

Similar to Lebanon, this integration pilot is focused on incorporating GBV prevention within a broader UNDP project on social cohesion in Diyala governorate, Iraq.

Due to delays in the broader UNDP project in Iraq, this pilot's timeline is staggered from the others. Because of this, it has benefited both from extensive formative research and the lessons already learned in Lebanon. It has just adapted the tools developed in Lebanon to promote gender equality among communities affected by the Syrian crisis (Iraqi IDPs, Syrian refugees and host communities) and will commence implementation in Diyala before 2021.

UGANDA

The integration pilot in Uganda partnered with the Ministry of Water and Environment (MWE), the Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) and the Uganda National Meteorological Agency to integrate GBV prevention into an ongoing Green Climate Fund (GCF) project on wetlands restoration and alternative livelihoods.

In doing so, the project has **expanded its reach exponentially and found some untraditional champions**. Ministry officials were initially skeptical about the linkages between GBV and their ministry's work, preferring to discuss "gender enhancement" rather than GBV.

After continuous sensitization efforts and data collected via community-based formative research, government partners are now calling for *more* guidance on how to prevent GBV and integrate it throughout the GCF wetlands restoration project.

Also in response to the formative research, which identified GBV risk factors that would be exacerbated by the broader GCF-funded climate change and wetlands restoration project, the pilot prioritized the development of a **GBV risk mitigation strategy**.

Through a series of online consultations (on account of COVID-19), the GBV risk mitigation strategy has been approved by all three government partners. It is being integrated throughout the project through trainings, checklists and other tools.

This initiative was especially impacted by the COVID-19 crisis, as field level activities were prohibited and power and internet failures greatly disrupted communications between and among the UNDP team and partners. As a result, implementation of GBV-specific community mobilization activities have been delayed and adapted to reflect the new reality (for example, the use of mobile vans, community radios and murals, rather than primacy of street dramas).

BHUTAN

Inspired by "Partners for Prevention", a joint initiative of UNDP, UNFPA, UN Women and UNV, the focus of this intervention is to work with adolescents and caregivers on developing and maintaining healthy relationships and promoting equitable social norms and practices. This intervention was also complimented by **social innovation camps** for adolescents, which aimed to empower youth to identify and present solutions to end GBV to community leaders.

Prior to the outbreak of COVID-19, this intervention completed the "Stress Coping and

Management” and “Gender Equality and Community Activism” sessions with adolescents. Following the completion of a **design thinking workshop** for facilitators, the initiative was about to embark on its second social innovation camp when schools closed as a result of COVID-19 and the entire education system underwent a major overhaul, essentially eliminating the planned intervention modality.

After consulting with key partners and participants to explore modalities for continued engagement, it was jointly decided that it would not be possible to continue the social transformation sessions.

Instead, the team used virtual engagements, including **art and video**, to wind down the work with adolescents and caregivers and shift focus to the country’s broader effort to prevent and respond to GBV in the midst of the COVID-19 pandemic.

This included working with the Royal Government of Bhutan to develop and implement the “**GBV and Child Protection Emergency Preparedness and Response During COVID**”, including the training of 220 police, health, education and local government officials.

Even though the adolescent and caregivers intervention was cut short due to COVID-19, the lessons from the experience are being captured and will coalesce into an updated programme.

The remainder of the project period will focus on the development and uptake of this programme by potential partners such as the Ministry of Education and Department of Local Governance.



Photo Credit: @UNDP Bhutan

LESSONS IN RESILIENCE

One of the benefits of the project’s portfolio approach is the ability to cross-compare very different contexts in order to identify common themes and issues. While each of the pilots greatly differ, a few elements have emerged as key ingredients for an effective response:

- Innovation mindset;
- Community embeddedness;
- Feminist working practices; and
- Attention to mental health.

These categories have extensive linkages to one another and are therefore not mutually exclusive, though each warrant their own mention.

These lessons in resilience not only tell the story of the *GBV and SDGs* progress in 2020, but also may point to elements that should be at the core of future development programming as key ingredients to “build forward better”.



Photo Credit: @UNDP Lebanon

INNOVATION MINDSET

The ability to view every challenge as an opportunity, persist and find creative alternatives in the face of setbacks, and to foster intricate feedback loops from the ground, enabled teams to adapt quickly to very complex and difficult circumstances.

Underpinning this innovation or growth mindset is the project's overall focus on innovation, which acknowledges the complexity of social issues and social change, and seeks to understand the programming environment as a dynamic, multifaceted system. It has instilled an openness to thinking creatively and to responding to new information, along with a deepened understanding of the contexts in which we are operating.

EMBEDDEDNESS IN COMMUNITIES WE SERVE

Relational proximity, particularly to women's leaders and women's networks, provided a critical feedback loop to those closest to the ground.

Because these partners are deeply rooted in targeted communities, they are best suited to advise on updated needs, issues, possibilities and courses of action. Furthermore, as they are often active on the frontlines, they also provide a foundation we can build upon, rather than duplicating efforts or "reinventing the wheel".

FEMINIST WORKING PRACTICES

Deeply related to embeddedness, feminist working practices played a critical role in an initiative's ability to adapt to COVID-19. These practices are based on partnerships rooted in equality, mutual accountability and respect; recognition and reflection on power dynamics at the individual level and among and between stakeholders; and a focus on practice-based learning.

These practices have allowed for co-creation and the leveraging of all parties' individual knowledge and capacities, enabling more impactful, context-specific intervention design, implementation and M&E.

ATTENTION TO MENTAL HEALTH

Like any crisis, COVID-19 has been associated with increased levels of anxiety. Social isolation and disruption of peer and social networks, as a result of quarantine and mobility restrictions, have compounded challenges further. These mental health impacts are true not only for partners and community-level constituents, but also for the project staff themselves.

The *GBV and SDGs* project incorporated mental health in its internal and external work practices and, in many cases, in its programming. For example, one of the first ways the global team responded to COVID-19 was to give primacy to self-care, as everyone adjusted to the new realities and demands of the COVID-19 era. Even small changes, such as replacing traditional icebreakers with simple gratitude practice in global meetings, can be powerful signals and cumulatively promote mental resiliency over time.

The incorporation of mental health supported greater resiliency, underscoring the interconnectedness of physical and psycho-social well-being with productivity in the short- and longer-terms.



Photo Credit: @UNDP Lebanon

PRELIMINARY FINDINGS

The stocktaking of key lessons, promising practices and tentative conclusions conducted in 2019 revealed the following six success factors for achieving the project's goals, which remain true today:

- Innovate
- Diversify partnerships
- Pursue vertical and horizontal integration
- Empower through participation
- Share costs
- Engage in action research

The drive to innovate infused the project with a creative, adaptive and learning-focused approach. This has allowed it to successfully manage the complexity and dynamism of development challenges, and inspire outside-the-box thinking. This drive has enabled it to adapt existing best practices – such as SASA!, Indashyikirwa and CETA methodologies – but with an infusion of complex systems thinking that has allowed greater focus on transforming institutions and structural factors themselves.

Additionally, even with a year left to go, the project has accumulated enough preliminary evidence to suggest that **pilot interventions have been successful at achieving the following: SDG acceleration; expanding coalitions and galvanizing political will; sustaining change; and ripple effects.**



Photo Credit: @UNDP Indonesia

SDG ACCELERATION

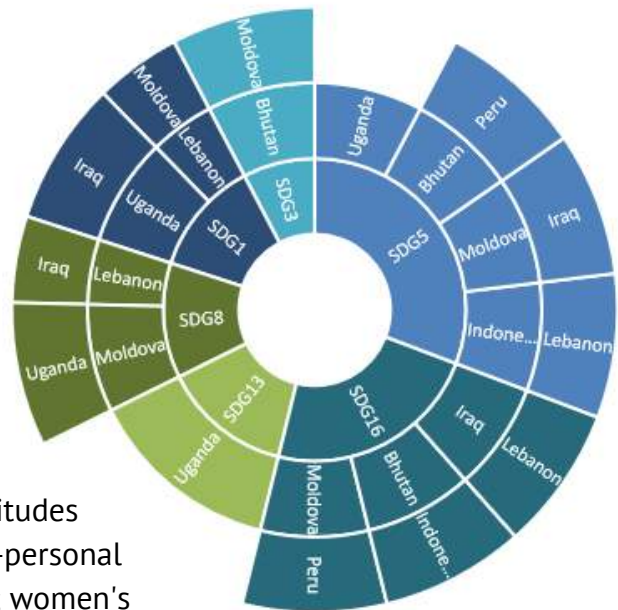
The central hypothesis tested by the *GBV and SDGs* project is: can innovative approaches to end GBV accelerate progress towards other development goals? What are the key elements of more impactful, sustainable and cost-effective programming?

Each pilot interventions is seeking to impact any combination of the following: gender equitable attitudes and behaviours; accessibility of GBV services; inter-personal relationships; financing for GBV; poverty reduction; women's economic empowerment; women's political empowerment and meaningful participation in public life and decision making; civic participation; local governance; social cohesion among difference groups; and youth leadership.

While the full results will not be available until the project is completed, indicative evidence is more than promising. It shows that the **approaches taken are increasing knowledge and capacities to address and prevent GBV, while also positively impacting other development areas, such as poverty reduction and political empowerment.**

For example, when the pilot in **Papua** began, community leaders were reluctant to discuss GBV, women were all but excluded from local decision making, and local partners were not experienced in GBV-related engagements. At the time of reporting, local partners are leading preparations for the next planning cycle and women are actively engaged in local level decision making, including the COVID-19 response.

The "Planning and Paying" approach has also proven to be effective in the **Republic of Moldova**. Not only has it resulted in increased services and funds for GBV survivors and their communities (for example, the regional government is interested in replicating the Safe Space model further in the region), it has created jobs and strengthened inclusive participation in local governance.



EXPANDING COALITIONS & GALVANIZING POLITICAL WILL

There is also preliminary evidence that the project's approach is **effective at fostering cross-sectoral collaboration and building support to end GBV outside of gender teams and machineries.**

By expanding both the type and number of partners engaged in GBV prevention and response, as well as offering spaces for their ongoing and meaningful engagement, the *GBV and SDGs* project has fostered high levels of political commitment and political will – two often missing but necessary elements of sustainable social transformation. The project's new and untraditional partnerships have also enabled the project to significantly broaden its reach, overcome silos, institutionalize multisectoral action and close the gap between normative commitments and the lived experiences of women and girls.

As evidenced in the project's 2019 progress report, the practice of cost-sharing has been an effective strategy to build local ownership, cultivate buy-in and plant the seeds of organizational culture shifts. In many cases, cost-sharing has also been used to overcome sectoral siloes.

In **Peru**, the *No Esta Sola* campaign garnered significant traction from outside the “usual suspects”. For example, the initiative was able to expand the reach of GBV referral systems and services by partnering with key actors and institutions survivors of GBV had access to during the pandemic, including 300 supermarkets and waste collectors. This complimented more traditional partnerships with police and community health networks.

Furthermore, the *#MascarillaVioleta* (Violet Mask) component of the campaign engaged high-level officials, including the Finance Minister, providing a counter-narrative to GBV as solely a women's issue.

Similarly, the experience in **Uganda** has brought on board multiple new partners committed to preventing GBV. Three government ministries – Ministry of Water and Environment (MWE), Ministry of Agriculture, Animal Industry and Fisheries (MAAIF) and the Uganda National Meteorological Agency – who were initially reluctant to include GBV in the pilot's title are now integrating GBV risk mitigation and GBV prevention within their workstreams.

SUSTAINING CHANGE

Sustainability has been a key focus of the *GBV and SDGs* approaches from its outset. Indicative results suggest that it is **achieving its goal of ensuring that positive impacts far outlast the project's formal timeline.**

In **Gagauzia**, the safe space for GBV survivors has been declared a public institution, funded by the regional government. Similarly, in **Peru**, the Joint Action Protocol to respond to GBV survivors at the local level is being written into municipal ordinance. In both instances, citizens have been empowered to monitor implementation and hold duty-bearers to account should the institutions fall short of their potential.

There is also much evidence that the project has effectively imparted and empowered pilot teams with the skills, tools, network, inspiration, commitment and more enabling environment to sustain and drive forward efforts to end GBV. In nearly all seven countries project approaches and lessons are being integrated in COVID-19 response and recovery initiatives.

RIPPLE EFFECTS

In addition to the pilot-level impacts mentioned above, the project's approaches have inspired interest and action well beyond the pilot countries. Lessons from the pilot interventions were featured in the **UNDP Brief on GBV and COVID**. This tool for UNDP, UN agencies and other development partners, provides concrete actions, strategies and recommendations for adapting dedicated GBV services and support to the crisis context. It draws specifically from the *GBV and SDGs* experience for mainstreaming GBV prevention and response in 'non-GBV specific' interventions. The brief has been viewed over 17,000 times.

UNDP Chile, South Africa and Ukraine have each been inspired by project approaches, though the COVID-19 crisis has hindered the speed of uptake. Accelerating uptake of pilot approaches will be a key priority in 2021, including through **the Spotlight Initiative**, a €500 million partnership between the EU and the UN to end violence against women and girls. As a core agency in this ambitious initiative, UNDP has a unique opportunity to explore synergies between the *GBV and SDGs* project and Spotlight interventions in 26 countries.

MOVING FORWARD

From its outset, the *GBV and SDGs* project has looked to the future, building sustainability and the frameworks for scale-up into the core of each pilot intervention. In addition to wrapping up pilot implementation, the project's last year will be marked by financial and economic costing research conducted by UNU-IIGH, a final impact evaluation, and the uptake and scale-up of the project's most impactful approaches.

BUILD ON PROMISING PRACTICES

Preliminary evidence from both the integration and Planning and Paying approaches suggest that **GBV prevention is an accelerator for achieving the SDGs**, with great promise and plenty of scope for impactful scale. In the upcoming period, UNDP and its partners should build on the promising practices.

The project is already testing the scale-up potential of the **Lebanon** pilot's Indashyikirwa-inspired integration approach in **Iraq**. The approach's ability to overcome siloes could be further applied to **bridge the peace-development-humanitarian nexus**, and could be applied more broadly across UNDP's livelihoods portfolio in crisis-affected settings, from Myanmar to Colombia. This echoes the recommendations from the project's formative research on GBV and livelihoods programming in countries impacted by the Syrian crisis, which was recognized in the Review of UNDP's Programming on Poverty with a focus on Women's Economic Empowerment (2020).

There is also plenty of scope to build on the **Planning and Paying methodology**, as an effective means to localize national policies and international commitments on the one hand, while also bringing local solutions to national scale on the other. This is particularly true for UNDP's governance work as well as within the **Spotlight Initiative**, whereby UNDP is a lead agency on institutional change.

Similarly, the project has demonstrated the importance of thoroughly **identifying and mitigating GBV risk factors in "non-gender" projects**, including those funded by vertical funds such as GCF. The project has already linked with UNDP's Social and Environmental Standards unit to strengthen GBV risk assessment and management, with scope to expand and mainstream GBV prevention more broadly.

ADDRESS GAPS MAGNIFIED BY COVID-19

The COVID-19 crisis is often referred to as a great revealer, shining a light on existing inequities and issues that were hidden in plain sight. One such issue is the digital divide, whereby women and girls disproportionately make up the 86% of the world's population who do not have reliable broadband internet. This limits not only their ability to work remotely and engage in distance education, but in many places, it constrains access to GBV response and prevention.

Issues of digitization are most stark in terms of GBV prevention, as all of the existing evidence-based models rely on face-to-face engagement. The *GBV and SDGs* pilot in Lebanon could be a game-changer in this regard, filling a unique unfilled niche of effective remote prevention work. This model could be adapted to other contexts, harnessing the power of digital technologies to transform social norms while also improving access and capacities to use said technologies.

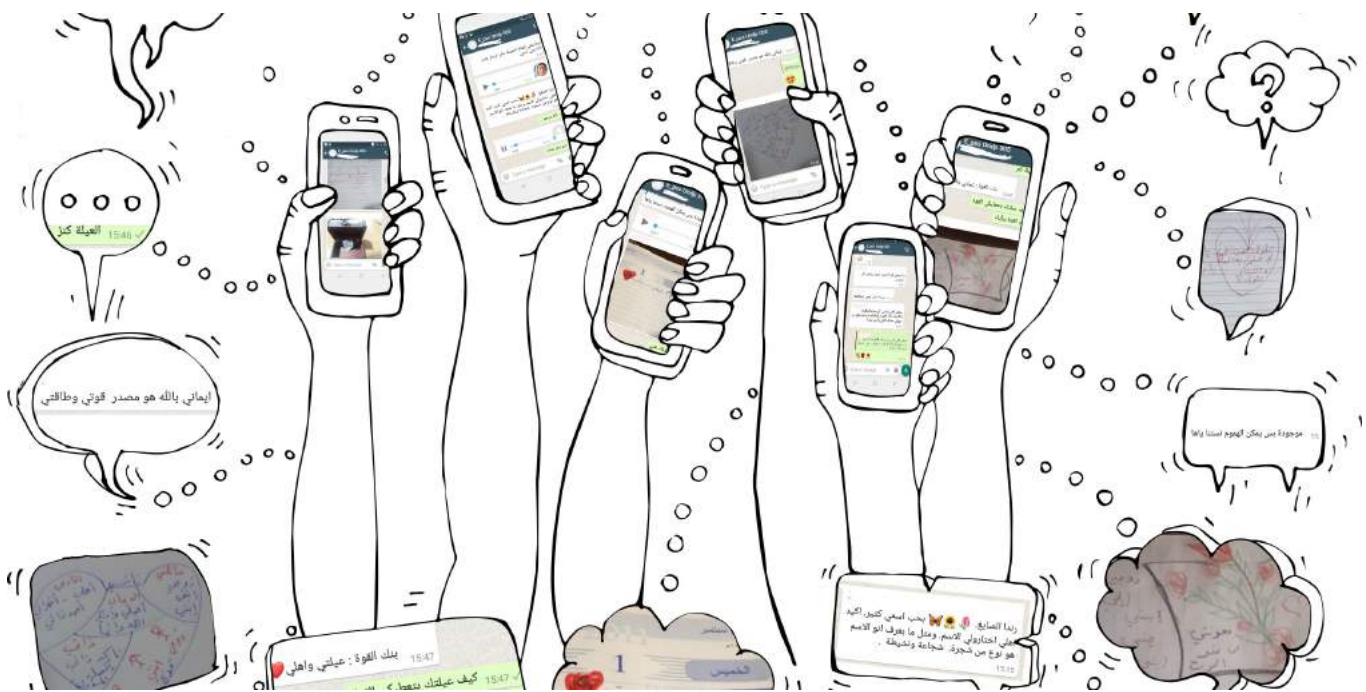
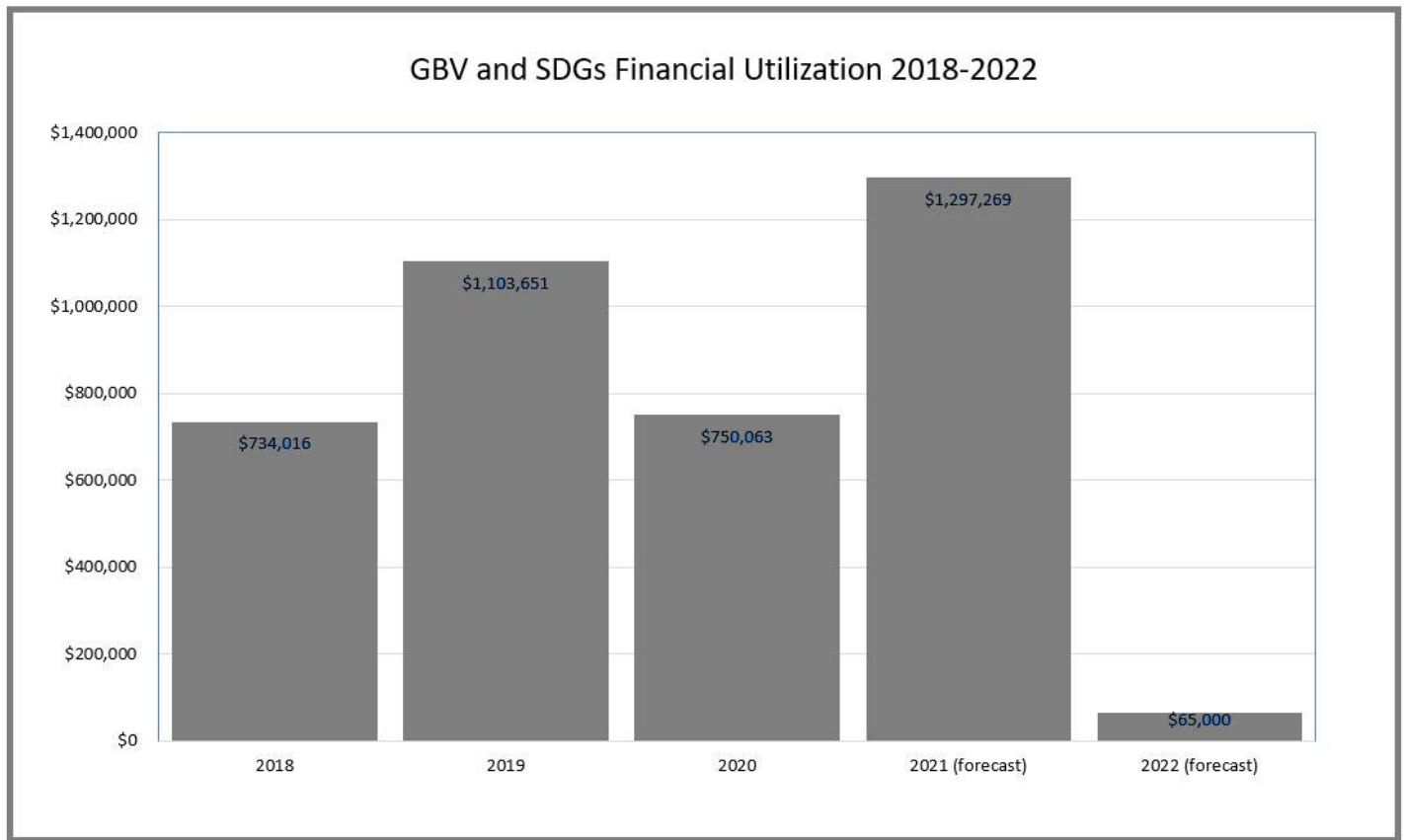


Photo Credit: @UNDP Lebanon

FINANCIAL OVERVIEW

The chart below shows the *GBV and SDGs* financial utilization for the project period. COVID-19 related delays in expenditure in 2020 will be made up for in 2021, as per the approved COVID-19 adaptation plans. Expenditure in 2022 relates to project closure which will be finalized by April 2022.



Total resources: \$3,950,000 USD

COST-SHARING PARTNERSHIPS

The *GBV and SDGs* project is possible due to the generosity of the Republic of Korea. Beyond this primary partnership, the project has also developed cost-sharing collaborations within UNDP and beyond, as evidenced by the chart below. This has contributed to great cost-efficiencies, deepened partnerships and decentralized, sustained ownership.

