



Gender-Based Violence Prevention and Response in World Bank Operations:

Taking Stock After a Decade of Engagement

2012-2022

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Abbreviations and Acronyms

CMU	country management unit	IFC	International Finance Corporation (World Bank)
DRC	Democratic Republic of Congo	IPF	investment project financing
DPF	development policy financing	IPV	intimate partner violence
DPO	development policy operation	NGO	nongovernmental organization
ESF	environmental and social framework	MFI	multilateral financial institutions
FCS	fragile and conflict-affected states	PforR	program-for-results
FCV	fragility, conflict, and violence	PDO	project development objective
FY	fiscal year	SEA/SH	sexual exploitation and abuse and sexual harassment
GBV	gender-based violence	SSI	Social Sustainability and Inclusion
GIL	Gender Innovation Lab	TTL	task team leader
GM	grievance mechanism	UN	United Nations
HNP	Health, Nutrition, and Population	UNFPA	United Nations Population Fund
IBRD	International Bank for Reconstruction and Development	WHO	World Health Organization
IDA	International Development Association (World Bank)		

Executive Summary

Gender-based violence (GBV) represents a critical barrier to development globally. As the most extreme manifestation of gender inequality and the most prevalent form of violence worldwide, its impacts extend far beyond individual survivors, with implications for the productivity and well-being of families and communities, often across generations.

This report reviews progress on GBV prevention and response in World Bank lending operations over the past decade to inform the way forward in this area of work for World Bank staff and our government counterparts and development partners. It builds on the 2013 report [Sexual and Gender-Based Violence: What is the World Bank Doing and What Have We Learned?](#) (Willman and Corman 2013), which identifies opportunities for the World Bank to become more active on GBV. It draws on a comprehensive review of the active portfolio, a detailed review of dozens of project documents, interviews with staff in 24 project teams, and case studies on 10 operations.

The expansion of World Bank engagement on GBV has taken place in a context of a global reckoning on gender equality and GBV that has resonated with World Bank staff and client countries. The survivor-centered #MeToo movement placed GBV at the center of client dialogue in many countries. High-profile cases of sexual exploitation and abuse (SEA) in World Bank operations, including two World Bank Inspection Panel cases in the Africa region, one in 2016 and one in 2017, as well as among other humanitarian organizations, prompted an overhaul of World Bank systems and practices and increased investment in specialized staff and training. A

steady focus on GBV as part of IDA commitments since IDA17 each cycle has included policy commitments with increasing levels of ambition. A rise in GBV during the COVID-19 shock of 2020–22 provided additional impetus.

Expansion and diversification of the engagement on GBV

Lending operations incorporating activities to prevent and/or respond to GBV have increased more than 10-fold, from 38 in 2012 to 390 in 2022. In fiscal year (FY) 2021/22 alone, the number of operations including GBV prevention and response activities rose by 80 percent (figure ES.1). One-third of World Bank operations now incorporate such activities, up from 9 percent in 2017 (figure ES.2).

World Bank-financed initiatives to prevent and/or respond to GBV are present in over 97 countries (map ES.1). This is a substantial change from 2012, when World Bank-financed operations with GBV-related activities were concentrated in 21 countries, of which 8 were in Africa. Investment has also expanded beyond fragility, conflict, and violence (FCV) contexts. Today, over half (63 percent) of World Bank operations with GBV-related activities are active in non-FCV contexts.

GBV prevention and response is most often integrated into sectoral projects. The vast majority of GBV interventions consist of project subcomponents or activities focusing on GBV as a means of achieving a larger development objective—for example, training health workers

Figure ES.1. Operations Including GBV Prevention and/or Response, 2017–22, Number

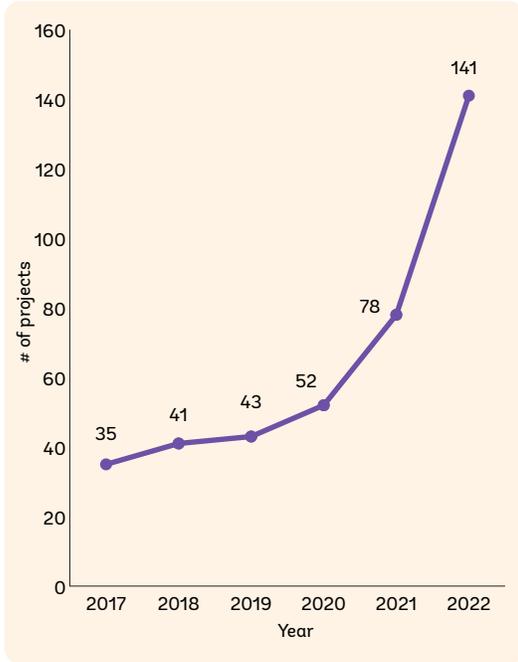
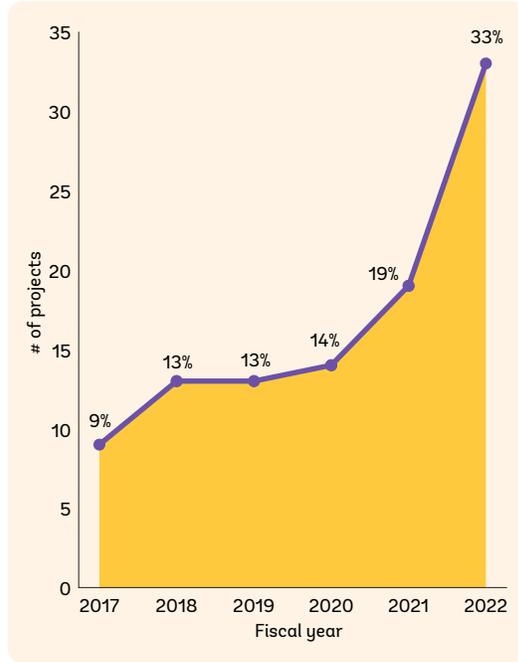
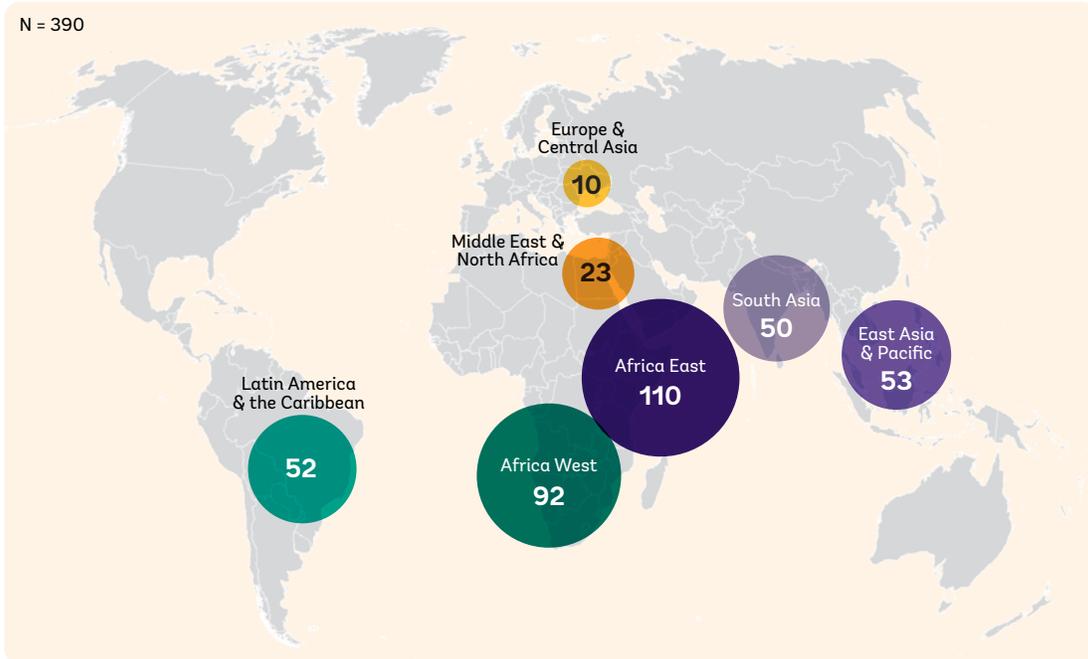


Figure ES.2. Operations Including GBV Prevention and Response, 2017–22, Percentage



Map ES.1. Projects in Every Region Include GBV Prevention and Response



in gender-sensitive, quality GBV responses as part of health sector operations or detection of sexual abuse experienced by children within education projects.

Most investment focuses on strengthening systems to address GBV prevention and response.

These investments include *strengthening systems to support women and girls* to live lives free of violence and receive the care they need if they do experience violence, especially in health and education, and *upgrading physical infrastructure* to enhance safety through environmental design and codes of conduct and training for front-line staff, such as transport workers. This focus aligns with global guidelines for evidence-based violence-prevention strategies as laid out in the [RESPECT](#) framework (WHO 2019). A smaller number (12 percent) of operations with activities in GBV prevention and response include *awareness-raising* interventions. However, the nature of these GBV activities and the fact that they are integrated in projects at the sub-activity level made it impossible to examine whether these interventions constituted stand-alone activities or were incorporated into a broader package of activities as encouraged by global evidence. In interviews, task team leaders (TTLs) and managers saw an important comparative advantage in preventing GBV through *livelihoods support*—of 390 operations, 32 took this approach.

While the bulk of operations (79 percent) that have focused on GBV prevention and response since 2017 have been investment project financing (IPF) operations, the World Bank is increasingly supporting legislative reform to address GBV. This includes, for example, supporting legislation addressing child marriage or legal protections against sexual harassment in the workplace through development policy financing (DPF). The 2013 review identified only six development policy operations (DPOs), all of which were in the Latin America and Caribbean region, and five of which were in Brazil (Willman and Corman 2013). Today, there are 44 active

DPOs with prior actions related to GBV spread across all regions.

Increasingly, the World Bank Group is developing coherent approaches to tackling GBV that include supporting policy reforms through DPOs and using IPFs to support implementation. Program-for-results (PforR) financing has also been utilized to incentivize institutional changes that create a more enabling environment for prevention.

The increase in lending for GBV-related activities reflects a clear preference of client governments to invest in prevention and response. This is a significant change from 10 years ago, when most of the World Bank work related to GBV was financed by trust funds. These trust funds continue to play a catalytic role, but they are no longer the primary source of funding for prevention and response efforts in most client countries.

As more operations have taken on GBV-related activities, the monitoring and evaluation of interventions has improved. Projects that address GBV at the component and project levels systematically include results indicators to track progress.¹ Relatively few projects make use of implementation monitoring tools such as process evaluations; increasing the uptake of these could help generate lessons for adjusting project implementation and informing future projects.

It is still too early to assess the full impact of the substantial increase in investment on GBV. Many operations are in the early implementation phase, with activities related to GBV either not yet started or barely postlaunch, and available monitoring and evaluation data are still limited. While the number of impact evaluations associated with World Bank-financed operations is increasing, important knowledge gaps remain in understanding the impact of some of the largest and most common investments, such as those in strengthening health, education, and social

1 See the Gender Data Portal (dashboard), World Bank, Washington, DC, <https://genderdata.worldbank.org/>.

protection systems; fostering women's economic empowerment; improving infrastructure; and supporting macro-level reforms through legislation and policy. There is a particularly large knowledge gap around the effectiveness of behavior or attitudinal change activities in addressing GBV. Given the growing number of World Bank operations reportedly incorporating these kinds of activities across all Global Practices and regions, there are significant opportunities to learn lessons during implementation and adapt programs and expand approaches based on emerging evidence on what works.

Lessons from the past 10 years

This report reflects on the lessons learned in project design and implementation during a time when the focus on GBV prevention and response across sectors has increased significantly. As GBV prevention and response is integrated across the World Bank portfolio, task teams are building a solid body of knowledge of what works to prevent and respond to GBV within World Bank systems.² Key lessons are as follows:

Lesson 1: GBV prevention and response is essential to reach development goals.

Lending operations that include activities related to GBV are increasingly likely to emerge in dialogue on broader challenges, such as working conditions for women and women's employment and productivity, or sectoral issues, such as school dropout. Framing GBV as an essential part of the gender equality agenda creates space for solutions-oriented dialogue to inform project design.

Lesson 2: There are entry points across all sectors to expand work on GBV.

With operations featuring GBV response and prevention activities now present in all 15 Global Practices, teams can draw on a solid knowledge base, entry points, and workable models. These cover, for instance, work on culture shifts in schools within education projects; systemic changes in health policies and procedures, along with training for front-line health workers, to remove barriers to response services; and combining livelihood support with training and dialogue interventions to mitigate the risk of household violence. In this regard, most lending operations work through core development ministries, such as education, health, or infrastructure, with decades of experience as World Bank partners. Relatively fewer operations rely on gender ministries as their primary counterpart. In addition to relying on established sectoral entry points, many teams recommended investing in counterparts responsible for the overall coordination of the gender agenda to enable them to play a stronger coordinating role in GBV programming.

Lesson 3: Prevention and response need to be addressed simultaneously.

Part of preventing future GBV means building an environment that acts against drivers of violence and supports help-seeking by survivors. Teams have learned to focus on strengthening both reporting and case management systems to deal with cases of GBV, improving protocols and training government counterparts in their implementation, while at the same time introducing measures to prevent further violence.

2 Much of this knowledge is summarized in VAWG (Violence against Women and Girls) Resource Guide (dashboard), World Bank, Washington, DC. <https://www.worldbank.org/en/programs/violence-against-women-and-girls/resources>; Violence (dashboard), Gender Data Portal, World Bank, Washington, DC. <https://genderdata.worldbank.org/topics/violence/>; World Bank (2022a).

Lesson 4: Specialized staff and investments in technical capacity are essential.

Investment in specialized staff at World Bank headquarters and in country offices has been a central factor in the expansion of the work on GBV over the past 10 years. However, demand for addressing GBV in lending operations continues to stretch existing capacity. Investing in a growing cadre of specialists will be critical to supporting project design, evaluations, and effective implementation.

Lesson 5: Analytical work is critical to inform design and implementation.

Teams rely on gender assessments and diagnostics, as well as deep-dive work on operational challenges or policy questions, to guide project design. Mappings of service providers and referral networks have also been instructive in informing project design. Teams have invested in the development of quality assurance tools to monitor implementation, many of which have been taken up by clients at scale. Some projects have built in just-in-time assessments and process evaluations in addition to regular project management information systems to allow for course corrections during implementation.

Lesson 6. Additional analysis is needed to inform effective approaches to shift social norms.

A number of World Bank-supported operations have included indirect approaches to shifting behavior through economic empowerment, livelihoods, and education investments. These are promising interventions with potential for scale and replication. In addition, about a third (37 percent) of operations that include GBV-related activities are implementing interventions directly aimed at shifting social norms through intensive community engagement. These types of social norms programs require

a fidelity to design that is not always feasible in World Bank-supported projects given capacity constraints. It will therefore be important to monitor and evaluate the results and implementation experience of these intensive community awareness-raising efforts to assess what conditions are needed for World Bank operations to effectively implement such approaches and if, looking forward, these types of engagement programs should be expanded (and under what circumstances).

Lesson 7: Corporate requirements introduced to address SEA/SH are key entry points for GBV programming.

The corporate requirements on sexual exploitation and abuse and sexual harassment (SEA/SH) risk mitigation introduced in 2018 have been instrumental in internal capacity building, providing structure and impetus to client dialogue, and applying risk analysis to project design. Teams saw clear progress in identifying sectoral entry points for risk mitigation that are now a core part of many operations. Teams stressed that conversations with clients on SEA/SH risk mitigation can be an important starting point to addressing GBV more systematically as a development issue.

Lesson 8: There are opportunities to invest in systems to generate economies of scale.

Now that risk-mitigation systems have been embedded into individual World Bank operations in many client countries, there is a need to consolidate and move toward country-level approaches. Some requirements—for example, risk analysis of project geographic areas or verification of service providers—will need to be met for every project. However, other activities, such as service mappings, referral pathways, and sectorwide codes of conduct, could be streamlined across the portfolio and made available as a public good for all projects at the country and Country Management Unit (CMU) levels.

Lesson 9: Partnerships are central to advocating for change.

Partnerships at the global, national, and local levels have been indispensable to the expansion and diversification of World Bank work on GBV. In developing these relationships, teams emphasized the need to take the time to understand the efforts of other partners to determine where the World Bank can add value. At the international level, the World Bank has contributed to a shared research agenda and helped lead global dialogue. At the national level, partnerships with United Nations agencies and national institutions have resulted in action plans and strategies to guide policy reforms and the financing of priority investments. Locally, nongovernmental organizations (NGOs) have helped the World Bank deliver last-mile interventions and supported implementation.

Lesson 10: Investing in service delivery is critical in FCV contexts.

World Bank work on GBV originated in FCV settings, where there is often acknowledgment by clients and other partners that tackling GBV is an urgent priority. In these contexts, World Bank investment has focused on strengthening national systems for survivor-centered care while also ensuring quality of care, often through parallel delivery systems relying on nongovernmental partners. Mobile service provision is a common feature of these operations, and mental health is taking on prominence. Because FCV contexts can be especially dynamic, several operations are employing process evaluations to monitor and inform needed adjustments to interventions during implementation.

Priorities for the next 10 years

Drawing on the experiences of the past 10 years, the report lays out a guiding vision for deepening the work on GBV prevention and response in the decade ahead. This vision

builds on the World Bank's established comparative advantage, relative to other development partners, in investing in well-targeted, evidence-driven prevention work by undertaking the following:

- **Consolidate and scale promising models, drawing on established sectoral entry points.** The World Bank is supporting government efforts in core areas essential for comprehensive GBV prevention and response, including strengthening state systems for response services, creating safe spaces, boosting livelihoods, and changing attitudes and behaviors toward GBV and gender inequality. Investment in scaling up these models, supported by specialized staff and training, will contribute to evidence-driven future interventions.
- **Deepen prevention efforts linked to SEA/SH risk mitigation.** The SEA/SH risk mitigation recommendations through the World Bank's environmental and social framework (ESF) have inserted GBV squarely into client dialogue. Mobilizing the full potential of this opportunity will require the consolidation of referral and case management systems and a focus on support for policy and protocol reforms at the country level, thereby creating greater space for prevention work.
- **Mobilize dedicated trust fund resources for targeting investments in impact evaluation and piloting.** Early work on GBV prevention and response relied heavily on trust fund financing, and these instruments continue to play an important role. There is a need for steady, dedicated support for further assessments and pilot interventions, as well as the implementation of impact monitoring and evaluation, which could be provided through the strategic use of trust fund resources.
- **Strengthen global and local partnerships on GBV.** The World Bank can deepen relationships with global partners on a shared research agenda, support national prevention plans and strategies, build the capacity of governments to implement and coordinate service provision, and form partnerships with specialized agencies and civil society to ensure high-quality survivor-centered care.

In conclusion, and based on the lessons learned over the last decade, the World Bank will invest further in implementation, systematizing prevention and response across all lending operations and ensuring that GBV activities are supported by global evidence. This includes

continuing to strengthen systems and supporting the enabling conditions that prevent and protect against GBV. Going forward, this review suggests a few milestones that are key to measuring continued progress toward ending GBV. These include

- *Continued World Bank leadership in the global movement to end GBV, with the World Bank playing a stronger role in a shared global research agenda, supporting national plans*

and strategies, and strengthening national systems for prevention and response;

- *Deeper and more accessible technical expertise through continued investment in specialized staff at the World Bank and in client countries; and*
- *Consistent tracking of World Bank investments in GBV across the portfolio to understand which activities projects are implementing, how they are surmounting different challenges, and the cost implications.*

By consolidating the gains made over the past 10 years, the World Bank can continue to work toward the ultimate goal of ending GBV—and in the process, advance gender equality and contribute to resilient, sustainable, and inclusive development.



1. Introduction

Preventing and responding to gender-based violence (GBV) is a development imperative.³ As the most extreme manifestation of gender inequality and the most prevalent form of violence worldwide, its impacts extend far beyond individual survivors, with implications for the productivity and well-being of families and communities, often across generations. A gender equality agenda within the larger global goals of advancing economic development, eliminating extreme poverty, and boosting shared prosperity must address the root causes of inequalities as well as their consequences for women and people of all gender and sexual identities who do not conform to entrenched gender societal norms, including LGBTIQ+ populations.

³ Gender-based violence (GBV) is an umbrella term for actions that cause harm to a person based on their socially ascribed gender and is rooted in unequal power relations.

The World Bank has estimated that violence against women costs countries up to 3.7 percent of gross domestic product, more than double the expenditures on education of most countries (Klugman et al. 2014). A recent International Monetary Fund study focusing on Sub-Saharan Africa found that an increase of 1 percentage point in the share of female survivors of violence may reduce economic activity by an average of up to 8.7 percent, resulting from a significant drop in women's employment (Ouedraogo and Stenzel 2021).

Addressing violence against women generates multiplier effects for development. Reducing violence helps expand women's access to essential services, labor markets, opportunities for community engagement, and political participation and education. Women and girls who live lives free of violence increase their agency to make decisions and to take advantage of opportunities for development.

Over the past decade, the World Bank has undergone a remarkable shift in its approach to GBV within lending operations. The 2013 report "[Sexual and Gender-Based Violence: What is the World Bank Doing and What Have We Learned?](#)" (Willman and Corman 2013) documents limited but growing awareness among staff and clients that GBV is a development constraint. World Bank-commissioned analytical work conducted since the early 2000s has built some consensus on the relevance of GBV to development goals. *World Development Report 2012* included an action point on GBV in an operationalization plan (World Bank 2011). GBV prevention was included as a priority within the International Development Association (IDA) 17 replenishment in 2013. That same year, the World Bank developed an indicator on legal protections from violence against women for the *Women, Business, and the Law 2014* annual report (World Bank 2013b).

Ten years ago, there was no systematic mechanism to identify opportunities for preventing or responding to GBV through lending operations, to analyze and mitigate against risk introduced and exacerbated by operations, or to respond to cases of GBV either within projects or in the project context. Investment in activities related to prevention and response was mostly limited to project subcomponents, the majority of which were financed by donor trust funds rather than core World Bank budgets. The 2013 review identified 38 World Bank operations active in 2008 or later that had incorporated GBV prevention or response in some way, representing an estimated US\$22.5 million in investment. One stand-alone operation, the Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project, covering Burundi, the Democratic Republic of Congo, and Rwanda, accounted for 75 percent of the investment.⁴ More than half the 38 interventions were located in contexts characterized by FCV. Most were financed by trust funds, with an average investment of US\$450,000 per trust fund and a range from US\$10,000 to US\$2 million.

By 2013, many of the World Bank's development partners had been active in GBV prevention and response for years. While there was occasional representation from the World Bank in international forums, these spaces were frequently primarily occupied by United Nations agencies, international NGOs, and some bilateral donors. Internally, there was still a general sense that the World Bank did not have a comparative advantage in addressing GBV and that the issue should be left to more highly specialized human rights organizations, nonprofits, or United Nations agencies.

Ten years later, GBV prevention is now part of how the World Bank does business. Today's engagement in GBV has moved far beyond the five key recommendations of the 2013 report (box 1.1). Operations including GBV prevention and response exist in every Global Practice, every

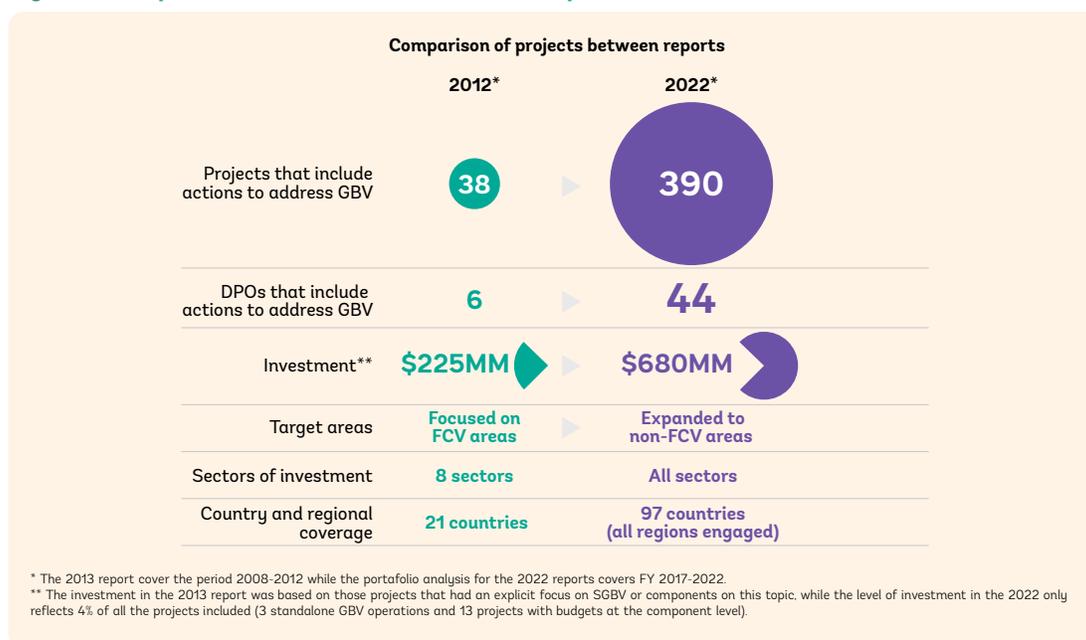
4 The 2013 review (Willman and Corman 2013) reported the budget allocation for the component at US\$17 million. The amount was later increased to US\$50 million.

Box 1.1. Recommendations of the 2013 Stocktaking

- Mobilize World Bank sectors for an integrated response.
- Put more focus on prevention.
- Capitalize on different entry points for client dialogue.
- Build TTL capacity in GBV prevention and response.
- Strengthen research, knowledge, and learning.

Source: Willman and Corman 2013.

Figure 1.1. Expansion of GBV Prevention and Response, 2013 Versus 2022



region, and at every level of country income (figure 1.1). This expansion has involved establishing corporate systems for risk analysis and mitigation focusing especially on SEA/SH, reporting and responding to cases of GBV, and tackling GBV as a development challenge in a variety of country contexts. Together with internal capacity building and the hiring of specialized staff, this has generated success in the expansion and diversification of the World Bank portfolio.

It is too early to measure the full impact of the marked uptake in GBV prevention and response across the World Bank portfolio. Many of the relevant operations are at an

early stage, and, while the number and breadth of impact evaluations have increased, critical knowledge gaps persist.

This report looks back at how the World Bank's engagement in GBV prevention and response has changed over the past decade and offers guidance for deepening the work in the future. The analysis is drawn from a review of the lending portfolio and project documents, interviews with 53 World Bank staff representing 24 projects, and 10 case studies of operations. The report is aimed at capturing strategic and operational lessons that can inform, strengthen, and expand World Bank operational engagement

in GBV prevention and response and inform the World Bank Group Gender Strategy 2024–2030. The report also analyzes the range of World Bank investments against established global best practice. For the latter, the report uses the RESPECT framework—widely recognized as the most comprehensive evidence-based set of guidelines on GBV prevention and response—as the theoretical underpinning for multisectoral work on GBV (WHO 2019).

Following the introduction and a description of the methodology, the report sets out a guiding vision for the next 10 years of World Bank work on GBV prevention. This vision is meant to orient the subsequent sections, which describe contextual accelerating factors, both those external to the World Bank as well as internal dynamics, that have moved the agenda forward, and key lessons learned over the past 10 years. The report then summarizes the increase in operations addressing GBV prevention and response, with an analysis by sector, region, and type of instrument. The final section concludes.

Methodology

This report builds on the methodology employed for the 2013 stocktaking of work on GBV by the World Bank (Willman and Corman 2013). The 2013 report brought together data from the World Bank Operations Portal, a desk review of project documents, and interviews with task teams. The researchers employed snowball sampling to identify projects for analysis. Because of the relatively small number of lending operations with GBV prevention and response activities identified at that time (38), the team

was able to interview all TTLs and review all project documents in detail.

The 2022 stocktaking employs a more selective, mixed methods approach because of the volume of operations to be covered in this review (Willman and Corman 2013). The methodology drew on the following data sources (for details, see annexes A–D):

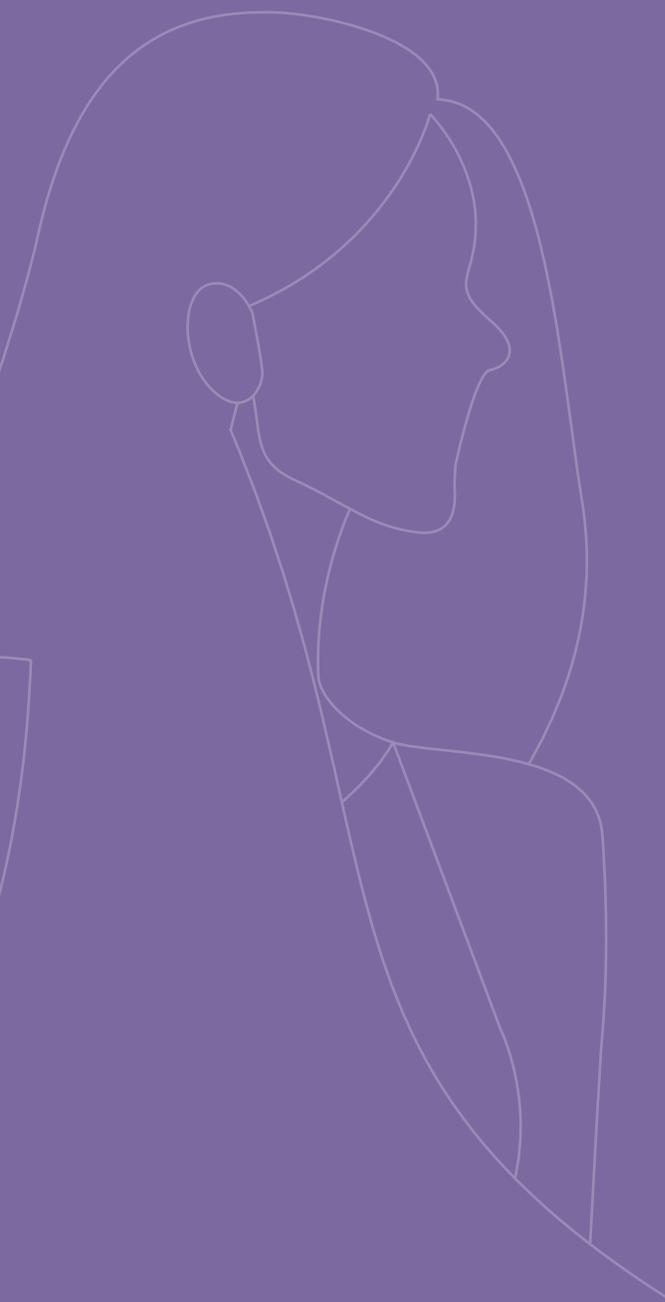
- A *portfolio review* based on the identification of 390 lending operations (covering both the IDA and the International Bank for Reconstruction and Development (IBRD)) approved between FYs 2017 and 2022 that included activities in GBV prevention and response. Operations involving only SEA/SH risk mitigation mechanisms were excluded.
- *Structured interviews* with teams representing 24 projects to glean operational lessons. The 24 projects were selected with a view to representing the scope of World Bank work on GBV; illustrating scalable and replicable models; and ensuring balance by region, sector, lending instrument, FCV status, and country-income level.
- *Case studies* of 10 operations, including in-depth analysis of project documents and interviews with task teams to deepen the knowledge on operational constraints and learning.
- *Consultations* with external partners to understand the World Bank comparative advantage in the prevention space and opportunities for better aligning prevention activities with global efforts.

The report includes quotations taken from interviews to illustrate salient points and messages. All quotes appearing in this report have been approved by the interviewees, who are identified by name or not, according to their preference.

2. A Vision for the Next 10 Years

Once we start investing, the investments need to continue. The Bank teams cannot step out of this conversation for months while looking for trust fund resources... We have to be here. We have to stay in the dialogue, and we have to continue investing.

—Sandor I. Karacsony, senior economist



The World Bank stands at a critical point for reflecting on and reevaluating its role in GBV prevention and response.

If, 10 years ago, staff saw risks associated with taking on the GBV prevention agenda, today many perceive that the benefits of staying engaged and maintaining support clearly outweigh the risks. After several years of investing in specialized staff and internal training, learning the language and skills needed to engage with clients and partners, and putting the institution on the map of prevention and response work, most staff acknowledge the clear consequences of disengaging now.

The vision presented here draws on the analysis undertaken for this report detailed in the following sections.

The knowledge and experience gained over the last 10 years allows for more targeted, evidence-driven engagement on GBV following the World Bank's comparative advantage. The World Bank has a clear role to play in financing prevention and response models at scale, including the more specialized initiatives of other donor partners, and in helping increase country ownership and investment through the following:

- Support for strengthening the health, education, social protection, transport, and other systems critical for GBV prevention and response, which helps improve services and increase trust in state institutions
- Investments in women's economic empowerment and increasing safety (for example on public transport) at scale, which can drive stronger labor markets and productivity
- DPF to enable governments to make legislative changes that create more enabling environments for GBV prevention and response
- Strong convening power, which creates space for governments, civil society, and development partners to align efforts and share knowledge
- In FCV contexts, financing stand-alone operations on GBV can strengthen national response systems for the provision of survivor-centered services

With greater awareness of these comparative advantages, the World Bank is now well placed to continue mobilizing transformational investments in GBV prevention and response as an essential component of the gender equality agenda. Meeting the World Bank's full potential will entail strengthening the enabling conditions, incentives, and resources to bring on board specialized staff to aim beyond risk mitigation and approach GBV more holistically within operations.

Over the next 10 years, it will be important for the World Bank to solidify its GBV prevention and response initiatives in four key areas.

Area 1: Consolidate and scale up

Consolidate and scale up proven prevention and response models, drawing on established sectoral entry points and continue investing in specialized staff and training.

The expansion and diversification of activities addressing GBV across all sectors, regions, and country-income levels have revealed clear opportunities for consolidating and scaling up prevention work. Most activities focus on strengthening critical systems, such as health, education, transport, and social protection, thereby contributing to a more comprehensive, survivor-centered prevention and response approach. Drawing on established sectoral entry points, teams have been able to apply GBV prevention and response activities to achieve broader project objectives. For example, in education projects, retention has been increased by addressing sexual harassment and abuse in schools, and transport projects have contributed to greater female labor force participation by enhancing safety on public transport.

The growing evidence base for prevention and response interventions allows for the identification of additional opportunities within each Global Practice to enhance the impact of operations. The accompanying [matrix](#) summarizes

the typical activities and indicators undertaken or applied in operations by each Global Practice. The [matrix](#) also identifies opportunities in projects in each Global Practice to expand and enhance work on GBV.

At least half of the projects across all regions and Global Practices include activities aimed at promoting attitude or behavior change, but it is not clear whether these are in line with global evidence. Interventions aiming at realizing changes in social norms, attitudes, or behaviors require significant investment in staffing, contextual adaptation, and quality control, and they are most effective if they are implemented as part of a larger support package. Because many of the 390 operations identified in this review were in the beginning stages of implementation, it was not possible to assess how closely they are aligning with global evidence or what their impacts will be. Going forward, it will be key for these interventions to assess the outcomes and results of their social norms programming and to put in place corrective action as needed to align them with global evidence.

More operations could be encouraged to focus on underlying GBV drivers and risk factors. In many cases, the enabling environment for successful work on social norms, attitudes, or behavior change may not be present or may not fit well within the scope of a project. Teams can design projects to reduce risk factors and increase protective factors related to GBV as appropriate within the particular sector and context without necessarily taking on social norms directly.

Investment is needed in project design and intervention adaptation and scale-up. Although there is a growing body of evidence on what works in addressing GBV in different settings and different sectors, many studies have been undertaken in only one site or with small sample sizes. Investment in adaptation to different contexts, regions, and populations is needed. In addition, generating understanding of how to scale these small-scale effective interventions into national or large regional

programs run by our government clients is also paramount. This requires investment in and time allocation for intervention model adaptation processes, starting with formative research and including piloting processes as part of operational activities or components. Scale-up requires a gradual approach that can be closely monitored for fidelity to the original intervention as well as for success in implementation. To contribute to ending GBV and growing the evidence base on how to do so sustainably, such newly adapted, contextualized, and scaled intervention implementation processes should be documented and evaluated.

Specialized GBV staff play an immensely valuable role in synthesizing and transmitting global evidence, engaging with clients and leading stakeholder dialogues. Their knowledge of World Bank systems is a critical tool to operationalize global best practices through World Bank operations. Their tasks include bringing technical expertise into client dialogue, assessing opportunities to integrate prevention into operations, guiding analytical research to help identify entry points for programming, leading intervention adaptation processes, identifying and working with government champions at the political and technical levels, liaising with civil society and development partners, designing project components, conducting quality control during implementation, and ensuring proper monitoring of progress.

Cultivating a pool of in-house experts requires up-front investments in training and mentoring to generate large payoffs in more effective client dialogue and project impact. Because this role requires a unique skill set that can take years to develop, intentional investment is important to support their professional development.

Investment is needed in specialized staff in the regions and Global Practices. Particularly in Global Practices and regions with higher demand for GBV work, specialists are important as a steady presence in operational dialogue and as a source of technical support for task teams. Some

of the CMU interviewees in countries where there was significant uptake of the GBV agenda also recommended investing in the decentralization of the GBV specialist positions to the country level to have “boots on the ground.”

Support for GBV specialists to grow professionally and work on broader gender issues is also important, as is the need for gender and social development specialists to expand their skill set to work on GBV. Investing in career development, such as training and mentoring, could help with retention of specialists, ensure stronger expertise on GBV, and break artificial silos between GBV and the gender equality and ESF agendas. Establishing technical competencies for GBV specialists within the World Bank human resources framework would also help standardize such support throughout the World Bank.

The World Bank could also invest in building its roster of specialist consultants who can be deployed in project support. The Gender Group currently maintains a list of nearly 100 specialists, about half of whom are national experts on GBV prevention and response. These specialists could benefit from training in World Bank operations and ESF recommendations to lessen the burden of capacity building on the task teams that hire the specialists to support their projects.

In countries with higher demand and lower capacity, the World Bank can support clients in building local pools of GBV specialists. This could include support for universities or NGOs for training or degree programs as well as mentoring services.

As the World Bank portfolio continues to expand, there is also a need to strengthen internal learning and capacity building. Mentoring, shadowing opportunities, workshops, and trainings to share knowledge on specific instruments, especially in expanding areas such as DPF and PforR financing, as well as in Global Practices where investment has increased, can be valuable in ensuring that staff are learning from project experiences.

Area 2: Build off of SEA/SH risk mitigation and the flexibility of corporate requirements

The corporate recommendations on the mitigation of the risks of sexual exploitation and abuse and of sexual harassment have been instrumental in structuring client dialogue on the SEA/SH risks and providing entry points for the World Bank to address GBV more broadly through operational components or activities. Today’s client dialogue on GBV is more solutions-oriented, evidence-driven, strongly supported by CMU leadership, and informed by a solid understanding of the World Bank’s comparative advantages in addressing GBV. The challenge now is to realize the full potential to anchor dialogue on prevention and response beyond SEA/SH risk mitigation through the following actions:

- **Consolidating country-level SEA/SH risk mitigation work to build economies of scale.** This would mean differentiating portfolio-level investments from those needed at the project level. Where possible and appropriate, CMUs can explore opportunities for national service mapping, sectorwide codes of conduct, and other tools implemented efficiently at the national level or across several operations. This has the potential to lighten the burdens carried by individual teams and promote collaboration. It can also leave room for further investments of time and expertise to deepen the GBV prevention and response dialogue within projects.
- **Monitoring and evaluating the effectiveness of activities to mitigate SEA/SH risk.** While many of the tools, such as codes of conduct and service mappings, are practices that are being followed, the analysis for this report did not identify task teams that were systematically monitoring the impact of these mechanisms on sexual exploitation and abuse and sexual harassment or documenting experiences and lessons to inform future SEA/SH risk mitigation practices.
- **Optimizing the flexibility of ESF instruments for the more intentional design of SEA/SH mitigation activities.** Instruments such as stakeholder engagement plans and codes of conduct do

not need to be fully fleshed out at project approval; teams could adopt a phased approach and allow more time for adapting these instruments to the local context and building local ownership.

Area 3: Mobilize dedicated financing for catalytic investment along the project cycle, from assessments to pilot interventions, and process and impact evaluations

The World Bank's clients have invested millions of dollars in GBV prevention and response, but there is a gap in monitoring progress and evaluating the impact of these activities. In order to maximize learning from operational experience over the next decade, it will be important for the World Bank to do the following:

- **Initiate tracking of investments in GBV prevention and response.** At present, there is no mechanism to monitor the amount spent on GBV prevention and response activities within operations, as most are confined to sub-components for which budget is not listed in project documents. Without tracking, it is not possible to identify how many GBV prevention activities included as subcomponents in the identification phase are "lost" during implementation. Developing a system or indicator for reporting on this (potentially through the Operations Portal) could help in understanding what resources are flowing to what specific activities and in identifying bottlenecks during implementation. Tracking GBV components, activities, and funding allocation will also allow for studies on costing of implementation at scale, which, coupled with impact evaluation, could give a more informed view of the resources required to address GBV sustainably.
- **Improve the monitoring of GBV-related activities.** Rapid assessments, process evaluations, and other qualitative tools can inform project implementation, allowing for needed adjustments in real time. Staff working on projects focused on system strengthening could be

asked to report on GBV outputs and outcomes at midterm and in the implementation completion and results report.

To advance institutional learning and contribute to the global evidence base, the World Bank could step up safe and ethically implemented evaluations in several specific areas:

- **The impact of GBV prevention and response activities within economic empowerment operations.** The World Bank has been investing in improving livelihoods and boosting labor force participation and entrepreneurship around the world. In many cases, these programs are targeted at women. A better understanding of how projects can address GBV as a means of supporting women's increased agency and economic independence is critical.
- **The impact of systems strengthening efforts on GBV.** The bulk of operations incorporating GBV prevention and response activities are focused on systems strengthening, in line with the RESPECT framework. While many systems-strengthening operations monitor the impact of these efforts through measuring the uptake of services, few are collecting information on the enabling factors or barriers that impact the project implementation and achievement of outcomes.
- **The impact of GBV prevention on economic development outcomes.** Assessments are needed of the relationship between the prevalence of GBV and the broader labor market and economywide dynamics, including employment, productivity, and competitiveness, as well as sector-specific challenges, including maternal health and school retention. For example, many transport projects and a growing number of DPF operations focus on reducing harassment on public transport to enable women's labor force participation, yet there is little monitoring of these relationships.
- **The impact of SEA/SH risk-mitigation measures and GBV prevention and response activities on project development objectives (PDOs).** While all projects in high-risk areas are required to have mechanisms in place to mitigate SEA/SH risk, there is no systematic monitoring of the

impact these are having on PDOs. For example, the World Bank could consider evaluating the impact of codes of conduct and other measures considered good practice within our operations to see if having them in place is a contributing factor to girls staying in school or to reduced adolescent pregnancy. In efforts to address GBV beyond SEA/SH mitigation, understanding the impact of these activities on achieving sector-specific outcomes is currently a missed opportunity.

- **The cost implications and benefits of prevention programs.** The World Bank has a comparative advantage in supporting governments to take successful interventions to scale. There is a strong need to build in monitoring and costing of the scaling process in order to generate lessons that can be applied to other countries. In consultations conducted for this report, external partners specified such costing studies as instrumental to building the global evidence base.

Area 4: Cultivate partnerships for implementation and policy dialogue

Over the past 10 years, the World Bank has established a presence as a partner in global and national efforts to prevent and respond to GBV. Over the next decade, the World Bank will need to continue to explore how its work fits within global and national efforts through deeper engagements with partners at various levels via the following actions:

- **Coordinating with global partners on a shared research agenda and alignment with established global strategies for prevention.** Relationships with leading institutions in GBV prevention and response, such as the Sexual Violence Research Initiative and the Global Women's Institute at George Washington University, various United Nations agencies, and others, have contributed greatly to the growing evidence base. Continuing these efforts and working on translating global evidence into tools for World Bank operations will be critical to solidifying the work in client countries.
- **Financing priority interventions as defined in national action plans.** Participating in existing GBV coordination mechanisms at the national level is key to finding appropriate areas for World Bank contributions at the country level across various sectors. Many countries have developed national action plans, offering a useful starting point for understanding priorities and funding needs. Through participation in existing coordination mechanisms, the World Bank can avoid the duplication of efforts by having clarity on what projects or activities are already being funded by other donors or multilateral financial institutions (MFIs).
- **Strengthening national systems by partnering with core ministries while building the capacity of gender ministries to play a coordinating and facilitating role.** By taking advantage of established partnerships with sector ministries, the World Bank has directed its financing in ways that have helped strengthen crucial health, education, and infrastructure systems. These have provided a strong foundation for deepening work on GBV prevention and response. At the same time, there is a need for regional and country-level investments to strengthen the capacity of less-established ministries to coordinate the GBV response across all sectors and levels of government.
- **Connecting with NGOs to ensure context-relevant and inclusive interventions.** Civil society partners often possess a long-standing presence and knowledge of violence-related dynamics and drivers as well as relationships critical for prevention work. They are often indispensable for work on GBV, yet they have in many cases been overlooked or had their contributions instrumentalized by other actors. Relationships with NGOs will need to be given greater priority if prevention activities are going to be well rooted in local contexts.
- **In FCV contexts, facilitating critical service delivery and investing in alternative delivery mechanisms (such as through NGOs and UN agencies) while building government capacity to deliver.** This will mean not only continuing to rely on parallel service delivery mechanisms

Figure 2.1. Entry point pathways for increased investment in GBV prevention and response

Pathway	Actions	Stakeholder Approaches	Resources
Policy commitment at national level	<ul style="list-style-type: none"> First, draw attention to GBV issues in Systematic Country Diagnostics (SCDs) and Country Partnership Frameworks (CPFs). Second, using national strategies and national action plans as entry points, establish policy dialogue around development policy financing (DPF). 	<ul style="list-style-type: none"> Bring in gender specialists, GBV specialists, and social development specialists prior to and during the Concept Note (CN) development stage. Identify and engage national champions and focus on coalition building with development partners, NGOs, and academics, among others. 	<ul style="list-style-type: none"> SCDs. CPFs. National strategies and action plans against GBV. Upstream analytical pieces. GBV/Social Development specialists.
IPF and PforR with explicit GBV components	<ul style="list-style-type: none"> Draw on upstream analytical work, including targeted pieces prepared as part of SCDs to identify key sectoral entry points. Start dialogue on relevant GBV prevention and response activities during the identification stage. Draw on country-level coalitions to convey the key message and discuss sector-specific operational solutions with government counterparts. Use the gender tag on GBV as an entry point for dialogue. 	<ul style="list-style-type: none"> Engage clients and local partners in discussing key entry points. Draw on NGOs, local women's movements, the UN, local GBV coordination mechanisms, and local research institutions to find operational solutions that work at the country level. 	<ul style="list-style-type: none"> Impact Evaluations on what works to prevent and respond to GBV. Gender Tag GBV Dashboard. VAWG Resource Guide. GBV CoP evidence page. Upstream analytical pieces. Regional/global GBV/SD specialists. GBV experts at local level (expert consultants).
Gender equality outcomes	<ul style="list-style-type: none"> Dialogue on GBV prevention and response does not always come from discussing GBV directly. Issues such as increasing female labor force participation, creating safe environments, and improving service uptake can lead to discussing GBV prevention—for DPOs, IPF, and PforR financing. 	<ul style="list-style-type: none"> Engage clients and local partners in discussing key entry points. Draw on NGOs, local women's movements, the UN, local GBV coordination mechanisms, and local research institutions to find operational solutions that work at the country level. 	<ul style="list-style-type: none"> Impact Evaluations on what works to prevent and respond to GBV. Gender Tag GBV Dashboard. VAWG Resource Guide. GBV CoP evidence page. Upstream analytical pieces. Regional/global GBV/SD specialists. GBV experts at local level (expert consultants).
SEA/SH mitigation and the environmental and social framework (ESF) requirements	<ul style="list-style-type: none"> Discuss risk mitigation requirements under the ESF and present how SEA/SH mitigation measures can be expanded to address GBV more broadly. For example, discuss how Codes of Conduct for transport operators that have been developed as part of a particular investment can be rolled out to the sector as a whole. 	<ul style="list-style-type: none"> Discuss the potential for expanding the scope of GBV prevention and response activities as early as possible in the preparation process (ideally at identification). Bring GBV specialists into the initial discussions with counterparts (identification) to assess feasibility. 	<ul style="list-style-type: none"> ESF, Good Practice Note (GPN) on IPF with major civil works and Human Development operations. Country-level GBV service provider mapping (and costing data, where available). VAWG Resource Guide. GBV CoP evidence page.

*Relevant stakeholder actions across all the pathways include

- through partnerships with civil society and UN agencies in the immediate term, but also increasing government ownership and capacity to deliver survivor services.
- Bringing in gender specialists, GBV specialists, social development specialists, and Global Practice gender focal points prior to and

during the CN development stage to identify activities or components aligned with the operation's PDOs;

- Identifying and engaging national champions and focusing on coalition building with NGOs and academics, among others; and
- Bringing in safeguard specialists.

3. How Did We Get Here? Accelerators of Institutional Change

The growth of GBV prevention and response within the World Bank's portfolio over a relatively short period of time has no single or direct explanation. The increasing focus and action have been influenced by external and internal accelerators that supported and sustained a movement within the World Bank to take GBV more seriously as a core development issue. This section describes several external and internal accelerating factors and their influence on the expansion of the World Bank's work on GBV.



Social movements, global commitments, and evidence boosted GBV programing

The World Bank's shift from viewing GBV as a phenomenon largely outside its institutional mandate and realm of influence to actively working to prevent and/or respond to violence in 390 operations occurred in the context of a global reckoning on women's rights. The right to live free from violence was fundamental to this conversation.

Beginning in 2017, what had been a fragmented and often marginalized movement to prevent violence against women found a powerful voice in the global #MeToo wave.⁵ Public debate began to shift in many countries around the world, as different social movements were raising the issue at the same time.

As a survivor-centered movement, #MeToo quickly connected with movements in other countries and regions. These included the #NiUnaMenos anti-femicide movement in Latin America, the #MosqueMeToo in the Middle East, and similar movements across Africa and South Asia (Teitel 2022). This global confluence of movements to address GBV is arguably the most expansive, diverse, and inclusive in history. In many landmark cases, verdicts have favored survivors, and fresh legislation protecting against harassment and abuse has been adopted in dozens of countries. According to Women, Business, and the Law, 159 countries had adopted anti-harassment policies as of 2019, the latest year for which data are available (World Bank 2021). Parliaments have adopted codes of conduct for policy makers, and the UN and other development partners stepped up their institutional responses (Stone and Vogelstein 2019).

At the World Bank, this social movement contributed to an environment where staff were more aware of the pervasiveness of GBV, and

clients were more receptive to lending operations that could address it. World Bank staff learned about GBV from their families, friends, and colleagues and read about it in the countries where they worked. The conversation reached into people's professional lives in ways it had not previously done. Several task teams mentioned the role these movements played in keeping the issue of GBV in the national conversation. For example, in Egypt, vocal civil society groups were influential in creating momentum for this dialogue in the country. This momentum was a great contributor for pushing the first DPO in Egypt with a pillar on GBV.

Around the same time, several high-profile cases of SEA/SH in other development organizations resonated internally with the World Bank and added impetus to the risk-mitigation efforts. These included cases of sexual exploitation of survivors of Haiti's 2010 earthquake by Oxfam International staff and similar cases involving UN agency staff and contractors (BBC 2021; United Nations General Assembly 2017). The number of cases indicated that harassment and misconduct were not isolated incidents, but reflected a broader pattern of abuse of power and a certain level of institutional complicity. For several organizations, including several UN agencies, public outcry prompted an examination of policies and procedures that facilitated SEA/SH.

New international commitments to GBV reduction helped anchor the World Bank work and deepen partnerships. Whereas the Millennium Development Goals did not include any violence-related targets, the Sustainable Development Goals, part of the 2030 Agenda for Sustainable Development, contain two goals related to GBV. During the World Health Assembly led by the World Health Organization (WHO) in May 2016, member states endorsed for the first time a global plan of action on strengthening the role of health systems in addressing interpersonal violence, particularly

⁵ The #MeToo slogan originated with activist Tarana Burke in the United States in 2006. The aim was to build empathy and visibility for GBV survivors by amplifying the voices and experiences of women of color in underresourced communities. The #MeToo message went viral after actresses Ashley Judd and Alyssa Milano tweeted the hashtag in 2017.

against women and girls and against children (WHO 2016b). By 2019, the International Labour Organization had adopted the world's first convention supporting the right to a violence-free workplace, now ratified by 15 countries.⁶

An increase in research on the drivers of violence and programs to address it helped connect GBV prevention with core development interventions (box 3.1). With this work, the evidence base expanded further beyond rich countries to more FCV contexts and low-income settings and to key subgroups such as displaced populations. A growing number of tools were now available for adaptation to different contexts, and there was a growing cadre of specialists in violence prevention around the world to support projects.

The COVID-19 pandemic and accompanying economic and social instability gave new impetus to prevention work. GBV intensified around the world during 2020–22 as women were confined with abusers, isolated from support services, and subject to increased stress (Abel et al. 2020; Halim, Can, and Perova 2020; Peterman and O'Donnell 2020; UN Women 2020). For many task teams, this prompted greater attention to risk factors that predated the pandemic but were exacerbated by lockdown measures and service interruptions.

Internal accelerators prompted a focus on risk mitigation and then prevention

The World Bank's policy and operational framework for addressing GBV has evolved substantially over the past two and a half decades. In the mid-1990s, seminal analytical work, including a discussion paper (Heise, Pitanguy, and Germain 1994) and subsequent papers exploring GBV from a development angle (Bott, Morrison, and Ellsberg 2005; Morrison and

Orlando 2004), laid a solid foundation. Client dialogue in a handful of conflict-affected countries highlighted some of the World Bank's comparative advantages on the ground. The *World Development Report 2012* (World Bank 2011) highlighted the importance of addressing IPV. By the time of the 2013 stocktaking report (Willman and Corman 2013), the World Bank had the language to put GBV in development terms, a small but growing number of staff trained in violence prevention, and clients actively soliciting support on the issue.

By 2014, the World Bank was investing more intentionally in GBV prevention and response.

The first GBV specialist was hired that year to join the Gender Group, and the IDA17 cycle included a specific focus on GBV in FCV settings. The first systematic review of reviews on GBV (Arango et al. 2014), as well as the *Voice and Agency* report (Klugman et al. 2014), with an accompanying [resource guide](#), filled key knowledge gaps. The World Bank Group's first corporate Gender Strategy (FY2016–FY2023, in 2015) gave more institutional weight to addressing GBV, including child marriage and early marriage.

The 2016 World Bank Inspection Panel findings on the Uganda Transport Sector Development Project in 2016 sounded a wake-up call across the institution, prompting a host of institutional changes. After an investigation found evidence of rampant sexual misconduct and abuse by contractors involved in the project, the independent Global GBV Taskforce was established in October 2016 to issue guidance on how to strengthen World Bank systems, tools, and processes to prevent and mitigate against risk of SEA/SH, as well as other forms of GBV, in World Bank-supported investment projects (World Bank 2017a, 2017c).

The Task Force recommendations led to the recognition of SEA/SH as a core operational issue and were grounded in and integrated into the World Bank's ESF as well as the World

⁶ Violence and Harassment Convention, Convention C190 (adopted at the 108th [Centenary] Session, June 10, 2019), NORMLEX, International Labour Organization, Geneva. https://www.ilo.org/dyn/normlex/en/F?p=NORMLEXPUB:12100:0:NO::P12100_ILO_CODE:C190.

Box 3.1. The Expanding Evidence Base on GBV Prevention

The growth in World Bank investment in GBV prevention and response draws on targeted investments in research and evaluation. Two systematic reviews took stock of the available evidence and identified gaps in understanding for GBV and specific forms of GBV, including intimate partner violence (IPV), thereby expanding the evidence base in lower-resource contexts, fragile and conflict-affected situations, and areas of intervention (Arango et al. 2014; Ellsberg et al. 2015; World Bank 2016).

As part of the Sustainable Development Goals process, UN agencies and development partners began to put resources into building the evidence base for preventing GBV, including the following:

- The *Sexual Violence Research Initiative*, initially formed as a government agency in South Africa in 2003, reframed its focus on women and girls in 2013 and became an independent organization in 2019.^a It now leads the world's largest networks on GBV prevention and response.
- In 2015, the UK Department for International Development launched *What Works to Prevent Violence against Women and Girls?*, which supported the implementation and evaluation of 15 evidence-based programs in Africa and Asia.^b Since the launch, the World Bank has served as a member of the International Advisory Board.
- In 2017, the European Union and the UN created the *Spotlight Initiative*, the world's largest partnership focused on eliminating violence against women and girls as part of the Sustainable Development Goals.^c The Spotlight Initiative, together with the UN Foundation, subsequently launched the *#WithHer Fund* in December 2021 to distribute grants to small organizations, often beyond the reach of official development assistance.
- At the same time, donor partners and international organizations established the first global database on violence against women and girls.^d A WHO multicountry study, the first stand-alone survey of violence against women and girls in five low- and middle-income countries, had been published in 2005 (García-Moreno et al. 2005). The database now includes information on 161 countries.
- A number of toolkits and policy guidelines have been developed post-2015 to support the realization of the Sustainable Development Goals, such as the following:
 - WHO clinical and policy guidelines for IPV and sexual violence (WHO 2013)
 - INSPIRE, a set of seven strategies to prevent violence against children, developed by leading global institutions, including the World Bank, that overlap with the strategies on GBV prevention (WHO 2016c)
 - The RESPECT framework, prepared by a coalition of donor, multilateral, and bilateral agencies (WHO 2019)

a. SVRI (Sexual Violence Research Initiative) (website), SVRI, Pretoria, South Africa, <https://www.svri.org/>.

b. *What Works to Prevent Violence against Women and Girls?* (website), South African Medical Research Council, Cape Town, South Africa, <https://www.whatworks.co.za/>.

c. Spotlight Initiative (website), Multi-partner Trust Fund Office, Bureau for Management Services, United Nations Development Programme, New York, <https://www.spotlightinitiative.org/>.

d. Global Database on the Prevalence of Violence against Women (dashboard), World Health Organization, Geneva, <https://srhr.org/vaw-data>.

Bank's updated Procurement Framework (World Bank 2017c, 2020) to ensure government and contractor accountability. From FY2019, all investment projects with major civil works were required to conduct a SEA/SH risk-screening process and put in place relevant risk-mitigation measures, as articulated in the World Bank's *Good Practice Note on Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing Involving Major Civil Works*. In addition, the World Bank established a mechanism for the disqualification of contractors for noncompliance with SEA/SH contractual provisions.⁷

The World Bank started a process of retrofitting SEA/SH risk-mitigation measures into high-risk projects already being implemented. A second World Bank Inspection Panel case in the ProRoutes transport operation in the eastern Democratic Republic of Congo (DRC) in 2018 gave new urgency to addressing the risk of SEA/SH in the transport sector. CMUs—particularly in the Africa region—invested in reviewing their portfolios to pre-empt risk conversations with clients. Discussions initiated with counterparts in the DRC were directly connected to other stand-alone investments in GBV in the country (US\$100 million IDA Grant for DRC Prevention and Response in 2018) and increased resources for GBV response through health operations in the region more broadly.

The momentum generated by the SEA/SH risk mitigation agenda was also the catalyst for hiring GBV experts across the World Bank Group. In FY2017 and FY2018, five GBV specialists were brought on board and integrated into the Social Sustainability and Inclusion (SSI) teams to support the implementation of the SEA/SH risk mitigation agenda and an operational focus on GBV as a development issue. Close collaboration among SSI teams, the Gender Group, Procurement, Legal, and the ESF unit in World Bank Operations Policy and

Country Services was essential in the rolling out of SEA/SH risk-mitigation measures and resulted in the creation of an additional GBV position based in Operations Policy and Country Services to coordinate SEA/SH risk-mitigation efforts across regions. Overall, the number of specialized staff has grown from 1 in 2014 to 10 today across the World Bank Group.

Staff training was a central part of the Task Force recommendations and has helped shift the mindset of staff to consider GBV within operational design and client dialogue (World Bank 2017c). This included a GBV Master Class in FY2017 developed by the Gender Group and SSI teams and an effort to target primarily social development specialists working on the ESF.

A steady focus on GBV as part of IDA commitments has spurred more action on GBV. Since IDA17's focus on addressing GBV in FCV settings, each cycle has included policy commitments with increasing ambition, from implementing the GBV Task Force recommendations to promoting systemwide approaches (table 3.1).

The global reckoning on GBV prompted changes in World Bank institutional culture

Several initiatives have given voice to World Bank staff in raising awareness on the impacts of GBV on them and their families. The 2015 murder of University of Virginia student Hannah Graham, daughter of World Bank Group staff member John Graham, prompted a US\$1.2 million investment in research grants by the World Bank, in partnership with the Sexual Violence Research Initiative, to prevent and respond to GBV around the world (Shapiro 2015). This became a reoccurring investment over five years, the Development Marketplace: Innovations

7 The Human Development Practice Group has issued a Good Practice Note on how to address sexual exploitation and abuse and sexual harassment in its operations. See World Bank (2022c).

Table 3.1. IDA Policy Commitments in Addressing GBV

IDA cycle	Special theme	Policy commitment
IDA17	Fragile and conflict-affected states	Support efforts for addressing gender-based violence issues and report on progress at the IDA17 Mid-Term Review.
IDA18	Fragility, conflict, and violence	Increase the number of operations in fragile contexts which prevent or respond to gender-based violence, including through access to essential services and livelihood support activities for women.
	Gender	Implement the recommendations of the WBG Global Task Force on Gender-Based Violence, as applicable, within operations in IDA-eligible countries.
IDA19	Gender	Support at least five IDA countries to invest in GBV prevention and response, delivering safe, quality, inclusive health care and other services through health systems, and give countries to implement GBV prevention and response protocols as part of safe and inclusive schools.
IDA20	Gender	Support at least 10 IDA countries to strengthen national policy frameworks for prevention of and response to GBV, and in at least 15 IDA countries, of which five are FCS, support GBV related services in health systems, and implement GBV prevention and response protocols as part of safe and inclusive educational institutions.

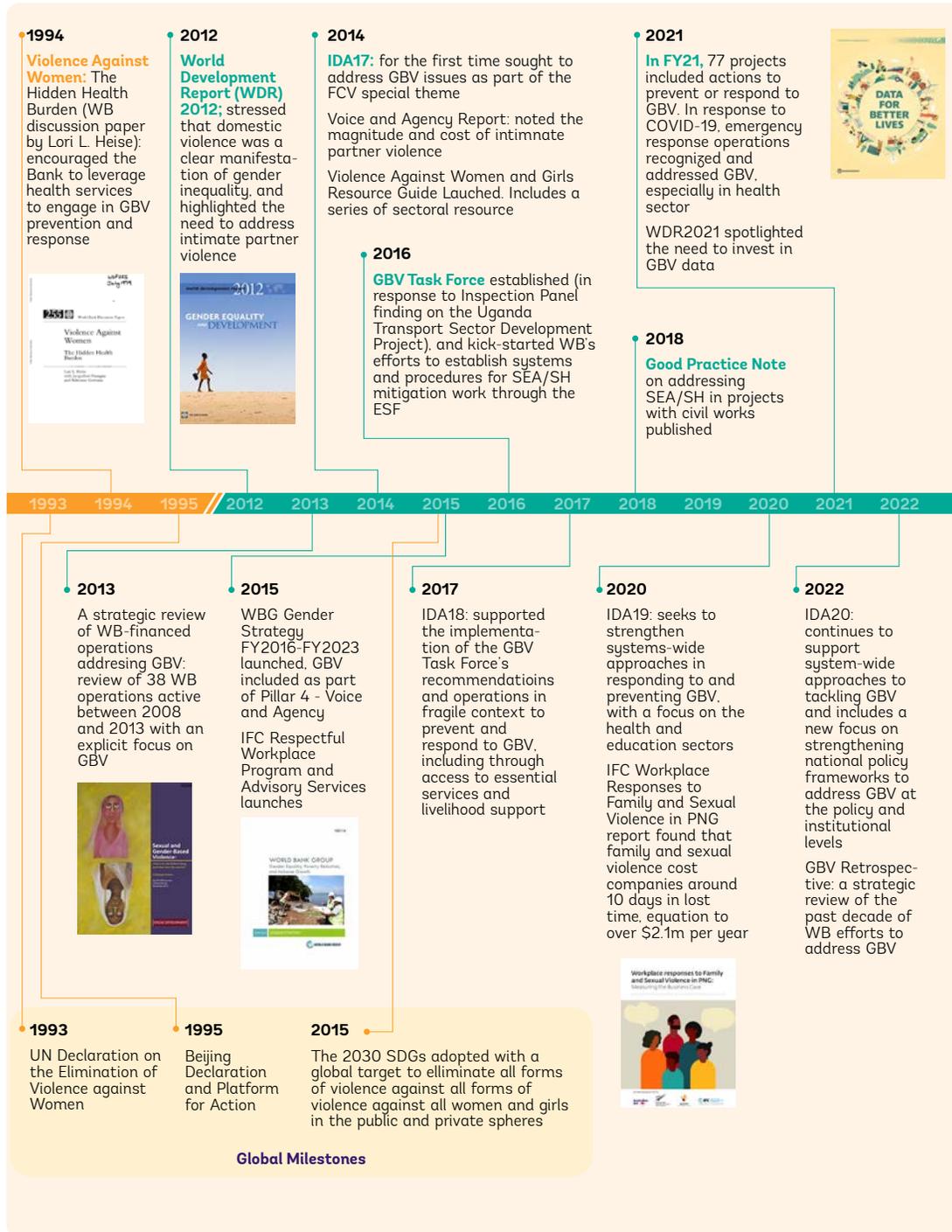
Box 3.2. The World Bank Institutional Effort to Address Sexual Harassment

The World Bank strives to create a respectful workplace free from sexual harassment. Since the launch of the World Bank's Action to Address Sexual Harassment in 2019, the Ethics and Business Conduct Department has led the institution in improving transparency, enhancing accountability, and scaling up prevention efforts.

The World Bank has created the antiharassment coordinator function, which is fully dedicated to addressing reports of harassment, sexual harassment, and inappropriate behavior. The institution has also introduced a definition of sexual harassment in staff rules that is in line with international standards and has scaled up training efforts, including mandatory staff training on preventing and addressing sexual harassment at the World Bank. To ensure that policies remain relevant, the Ethics and Business Conduct Department regularly checks in with external experts to review and benchmark World Bank policies. Seeking to advance a survivor-centered approach to sexual harassment, the World Bank co-leads a workstream on this effort with the Chief Executive Board Task Force on Addressing Sexual Harassment within the organizations of the UN system.

Source: World Bank 2022b.

Figure 3.1. Evolution of the World Bank Group's GBV Agenda



Source: Original.

to Address Gender-Based Violence, which funded 50 winning initiatives valued at US\$5 million.⁸

In 2016, the World Bank sponsored a powerful arts exhibition dedicated to its staff and their families who had experienced domestic violence within their own homes. The World Bank housed the Domestic Abuse Prevention Program internally as opposed to using an external service.⁹ The program employs multicultural, multilingual licensed clinicians and counselors on a 24/7 hotline and offers free and confidential assessments, counseling, safety planning, case management, and referral services to individuals who are dealing with domestic abuse.

These initiatives encouraged more World Bank staff to come forward with their own stories of sexual harassment, leading to a new corporate policy. This #MeToo movement within the World Bank was voiced through internal blogs, a staff-led working group on sexual harassment, staff association survey results, and other internal stakeholders. In response, the World Bank Ethics and Business Conduct Department commissioned an external review to assess World Bank policies, procedures, and practices on sexual harassment, culminating in a sexual harassment policy in 2017 and the hiring of the first antiharassment coordinator in the department in 2019 (box 3.2). IFC has had a similar policy since 2016 (annex E).

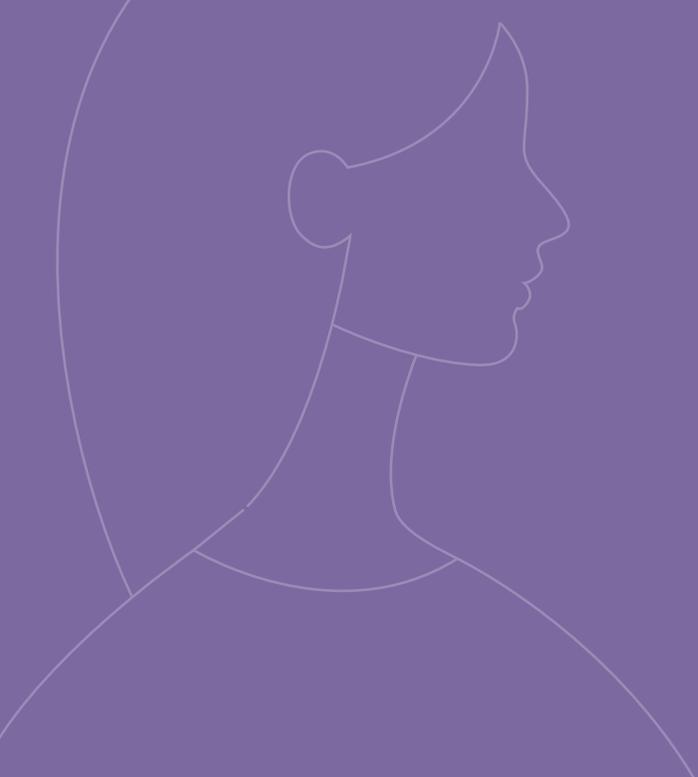
8 See Development Marketplace: Innovations to Address Gender-Based Violence (dashboard), World Bank, Washington, DC. <https://www.worldbank.org/en/programs/development-marketplace-innovations-to-address-gender-based-violence>.

9 See Domestic Abuse Prevention Program, Health and Safety Directorate, World Bank, Washington, DC. https://www.worldbank.org/en/work-with-us/hsd/home/domestic_abuse_prevention_program.

4. What Have We Learned? Key Lessons from 2013–22

We didn't actually discuss [GBV] explicitly... We got to it completely in a different way. Not hiding it, but not particularly highlighting it because there was no need to highlight it. It was going right along with the project.

—Aline Coudouel, lead economist



Lesson 1: GBV prevention and response is essential to reaching development goals

We got pushback when we presented GBV in a way that stigmatized male behavior or when the requirements seemed too cumbersome to be worth the effort. But, if we presented it in a solutions-oriented way, we made progress.

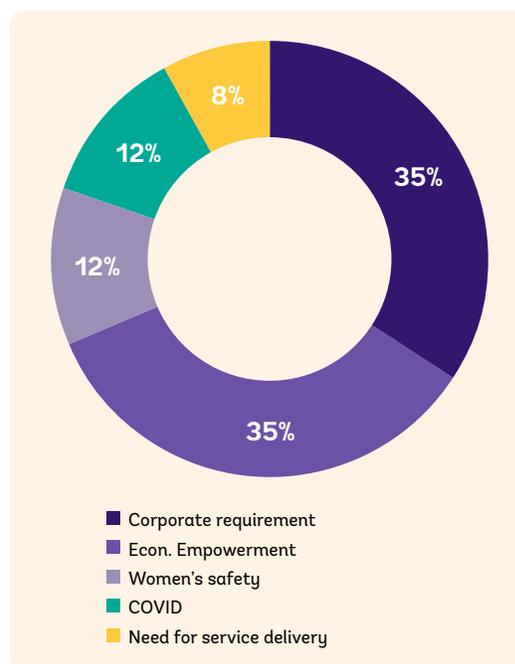
—Janette Uhlmann, senior operations officer

Client dialogue increasingly reflects an understanding of GBV as essential to broader gender equality objectives. In most cases, teams said they arrived at a discussion on GBV as part of broader conversations on employment, productivity, and competitiveness or on sectoral challenges, such as school dropout. Figure 4.1 summarizes the chief entry points identified by task teams in the interviews, highlighting that most relied on either economic empowerment or risk mitigation. For example, in Uzbekistan, a development policy loan is addressing GBV as part of reforms to create more inclusive labor markets and incentivize female labor force participation (box 4.1). Likewise, teams in Bangladesh broached the topic as part of conversations on labor markets and working conditions because sexual harassment in factories was affecting women's absenteeism and productivity.

Several said that broaching the subject of GBV through the lens of women's economic empowerment and broader development goals helped avoid perceptions of moralizing or criticizing core societal values, which can provoke resistance.

Many felt that the focus on SEA/SH risk mitigation following the Uganda World Bank Inspection Panel case had been a key element

Figure 4.1. Entry Points for Client Dialogue



in shifting this engagement. A decade ago, relatively few task teams were initiating conversations on GBV directly, and usually only in more extreme situations where GBV prevalence was interfering significantly with project implementation. Following the World Bank Inspection Panel cases, client dialogue centered on risk mitigation of SEA/SH within the context of project implementation and initiated discussions around how best to address gaps in service provision for survivors of GBV (beyond the risk-mitigation agenda).

Framing GBV as an economic development challenge allowed space for governments to broach the topic from a solutions-oriented standpoint. One TTL described field visits that facilitated conversations about tangible, everyday challenges around which there was a certain amount of consensus. This formed the basis of project design.

Box 4.1. Finding Economic Entry Points for Enabling Reform

Project: Uzbekistan: Supporting a Transparent and Inclusive Market Transition (P171151)

Active: FY2021

Global Practice: Macroeconomics, Trade, and Investment

Total lending: US\$500 million

PDO: (a) Improving the efficiency, sustainability, and transparency of resource allocation in the economy and (b) enhancing economic inclusion and social resilience.

In Uzbekistan, where the World Bank is active in supporting ambitious reforms implemented by the government, the World Bank has used its DPO and policy reform dialogue to advance the economic and social empowerment of women. The DPO in 2020 supported the implementation of the legal environment for action against GBV. It was the third DPO in a series started in 2018 supporting the country's inclusive economic and social transformation.

During the process of considering reforms for the third DPO, the World Bank was approached by the UN Resident Coordinator's Office and the United Nations Population Fund (UNFPA) to consider the inclusion of GBV-related reforms. UNFPA, which had been supporting the drafting and advocacy for legislation on gender equality in employment and protections from GBV, invited the World Bank to help champion the enactment of the legislation through its DPO policy dialogue.

In September 2019, with advocacy support from the World Bank, two landmark laws were enacted. The first guaranteed equal opportunity in employment and nondiscrimination in access to public services, employment, and electoral candidacy. The second stipulated GBV as a distinct type of criminal offense, with requirements for the registration, processing, and enforcement of GBV cases.

The World Bank team convened a discussion on the idea of using the third DPO to support subsidiary regulations to enforce the new GBV legislation between the Chairwoman of the Women's Committee and the Deputy Prime Minister responsible for the DPO. The two agreed to work together on the prior action. The Deputy Prime Minister's championship of the GBV issue and accompanying financial and budgetary commitments from the Ministry of Finance helped build sufficient consensus for the government to enact regulations establishing a systematic framework to protect GBV survivors.

The empowerment of women has been central to the World Bank's DPO engagements in Uzbekistan. In addition to the GBV reforms supported in 2020, other reforms include tax reforms in 2019 that created incentives for employers to formalize jobs, opening opportunities for women to enter formal employment; legislation in 2021 establishing equal pay for equal work for women; and reforms to maternity pay in 2022 that extended state-funded entitlements to women employed in the private sector.

We went to visit the inspector general of the Ministry of Education. And we said, “tell us about your professional life and the problems you’re dealing with on a day-to-day basis.” And she says, “Well, I’ve got parents banging on my door, because I’ve got 34 cases of girls that have been harassed or abused in schools.” So the entry point is . . . the daily problems that, in this case, the inspector general is facing. Obviously, everybody wants to make school safer for girls, and that’s the starting point. We hear about how bad the situation is from somebody that is dealing with it on a day-to-day basis, and we diagnose the problem that way.

—Peter A. Holland, lead education specialist

Lesson 2: Work through established sectoral entry points

The expansion of GBV prevention and response activities within operations across all Global Practices has revealed new sectoral entry points and theories of change (table 4.1). The 2013 review identified GBV-related activities in only eight of the World Bank’s sectors (Willman and Corman 2013). As part of the recommendation to deepen and expand the work, the 2013 report included a matrix detailing possible theories of change to guide work in each sector, along with lessons and opportunities from operations. At the time, these were nascent ideas, with a much smaller evidence base to inform them.

Based on experience with projects in every Global Practice, it is now possible to clarify the most common theories of change and give more specific examples of the types of interventions financed in each. While there is no cookie-cutter standard for operations, there are common entry points and interventions in each sector.

The accompanying [matrix](#) provides a more detailed overview of the ways in which projects in every Global Practice are addressing GBV. Summarized below are examples selected from Global Practices that involve the largest number of projects that include such activities.

- Many **Education** projects focus on creating safe spaces for young people through physical upgrading (such as building separate latrines for girls) and strengthening policies

and protocols for reporting and sanctioning violence. These interventions can enhance protections against violence while promoting positive, inclusive institutional cultures. There are opportunities to enhance the prevention work within education projects that could draw on a growing evidence base in that sector, including establishing comprehensive sexual education and dating violence prevention programs (WHO 2019). Whole-school interventions that aim to shift the operational culture of the school, through improving relationships between parents, teachers, students, and the surrounding community, as well as improving policies to protect children from abuse, have shown promising results globally (WHO 2019). For example, an impact evaluation of the Good Schools Toolkit program in Uganda showed significant decreases in several forms of violence against girls, boys, and children with disabilities perpetrated by both teachers and peers over the two-year implementation (Devries et al. 2015).

- Within *Health, Nutrition, and Population*, operations have included components that focus on strengthening health systems to respond to the needs of survivors by training doctors, nurses, midwives, and community health officers to identify and refer GBV survivors; improving the provision of services, including psychosocial support; and removing barriers to access. There is strong evidence from both high- and low-income countries showing that the training of health staff without system-wide changes to promote survivor-centered care is ineffective in reducing violence (WHO 2019). For example, in Kenya, an emergency

Table 4.1. Regional and Sectoral Distribution of Operations with GBV-Related Activities

N = 390

World Bank Global Practice	AFE	AFW	EAP	ECA	LCR	MNA	SAR	Total
Agriculture and Food	4				3		2	9
Digital Development		1	4		2	1	1	9
Education	17	17	2		8	3	7	54
Energy and Extractives	3	3	3	1	3	1		14
Environment, Natural Resources, and the Blue Economy	2		1		1	1		5
Finance, Competitiveness, and Innovation	3	2			1	1	1	8
Governance	3	3	1	3	1		4	15
Health, Nutrition, and Population	33	29	10	2	6	7	7	94
Macroeconomics, Trade, and Investment	3	3	7	3	3	2	5	26
Poverty and Equity					1			1
Social Protection and Jobs	13	14	6		3	3	7	46
Social Sustainability and Inclusion	11	8	1		1			21
Transport	7	7	12		9	2	6	43
Urban, Resilience, and Land	8	3	5	1	8	2	8	35
Water	3	2	1		2		2	10
Total	110	92	53	10	52	23	50	390

Note: AFE = Eastern and Southern Africa; AFW = Western and Central Africa; EAP = East Asia and Pacific; ECA = Eastern Europe and Central Asia; LCR = Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia.

health operation designed GBV response into the government measures against the COVID-19 pandemic, coupling the training of health staff with more systemic changes to policies and procedures (box 4.2). The World Bank has ample scope to promote such institutional changes within health, nutrition, and population (HNP) operations. Health sector operations are an entry point for activities to respond to GBV, including to promote healthy social norms and counteract harmful practices, such as female genital mutilation.

- *Social Protection and Jobs* finances a number of operations that promote women's economic empowerment and include components addressing GBV as both a project risk and a

barrier to participation. The majority of the operations focus on cash transfers or vouchers as a vehicle for strengthening women's livelihoods or on public works projects, often-times accompanied by training in business or life skills. These initiatives have been influenced by various studies indicating that cash transfer and livelihoods programs can contribute to reductions in GBV by relieving economic stress and that coupling transfers with interventions promoting shared decision-making and cooperation within households can enhance these impacts if the programs are appropriately implemented and monitored (Doyle et al. 2018). One of the most promising areas of intervention aimed at preventing IPV and violence

Box 4.2. Integrating GBV Response within Health Systems Strengthening

Project name: Second Additional Financing for Kenya COVID-19 Health Emergency Response Project (CHERP)

Investment project financing (IPF) lending: US\$130 million, of which US\$3 million was allocated for GBV activities

Global Practice: Health, Nutrition, and Population and Social Sustainability and Inclusion

Active: FY2021

Implementing partner: Ministry of Health

PDO: To prevent, detect, and respond to the threat posed by COVID-19 and strengthen national systems for public health preparedness.

With reports of spikes in incidence of GBV extending from the COVID-19 lockdown, the President of Kenya pledged nearly US\$75 million to be invested by 2026 in GBV prevention (Bhalla 2021). This announcement coincided with a government request for Additional Financing from the World Bank to strengthen the health system's response to the COVID-19 pandemic in 2021. The Kenya CMU therefore recommended inclusion of a US\$3 million component to strengthen GBV response systems within the Additional Financing of the COVID-19 Emergency Health Response Project (CHERP).

To respond to the complex task of integrating GBV response into an unprecedented health emergency response project, the World Bank and government mobilized expertise to inform a robust component on GBV response. Two World Bank staff GBV specialists worked with technical guidance from the Gender Group and led consultations with other development partners. Solid analytical work on GBV previously conducted and financed under the Kenya Accountable Devolution Program (KADP), including a service gap analysis in four counties, had identified in advance sectoral entry points, while a pilot assessment of the survivor response systems in Bomet County informed the design of quality assurance tools and an action planning process, taken up by the Ministry of Health.

Project activities under the GBV response component aim to improve the quality and capacity for GBV response in 10 counties through strengthening the capacity of health-care providers to offer first-line support and medical treatment; increasing the quality of service delivery through improved data collection and analysis; supporting the adaptation and application of a standardized quality assurance tool to identify and address priority gaps in service delivery; and enhancing the safety of female front-line health workers.

Deciding how to allocate resources to implement the activities involved intensive technical discussions with the Ministry of Health counterparts, as well as discussions on procurement. The Task Team worked with the government to decide which activities would be contracted out and which would be implemented by the government bodies. A strong relationship with and trust in the government facilitated this.

"Our immediate counterpart within the government team was very helpful," says Anna Lisa Schmidt, senior social development specialist, "knowing the gaps on the ground and the speed at which things might happen or not happen."

Box 4.3. The Role of the Social Sustainability and Inclusion Global Practice in GBV Prevention

The World Bank's earliest operations related to GBV were led by the SSI Global Practice in FCV contexts, particularly in the Africa region. The availability of Trust Fund resources (including from the State and Peace Building Fund and from multidonor trust funds supporting operations in disarmament, demobilization, and reintegration of ex-combatants) allowed SSI teams to draw on external expertise on GBV and to invest significant resources in analytical work (upstream analytics and impact evaluation). Six of the eight GBV experts in the World Bank are mapped to SSI; the remaining two are mapped to Operations Policy and Country Services and the Gender Group.

against children is parenting support. Such interventions could be integrated into social protection programs as part of larger packages of household support (Kerr-Wilson et al. 2020). Because of the bidirectional relationship between GBV and poverty, operations that aim at reducing poverty and increasing economic security may represent promising, scalable, and cost-effective solutions (WHO 2019).

- In *Transport*, operations are investing in activities to prevent harassment on public transport and to prevent exploitation in project implementation areas. There is some global evidence that enhancing institutional culture, policies, and practices with the aim of addressing harmful norms and sanctioning violence in public spaces can improve perceptions of safety, though the impact on the incidence of violence is unclear (WHO 2019). Some operations have invested in mobile phone applications for reporting violence on public transport, though none have been evaluated for impact. The global evidence suggests that such initiatives may be useful in prevention as part of a broader package of policy and protocol reforms (Kerr-Wilson et al. 2020).
- *Social Sustainability and Inclusion* has the longest-standing engagement in addressing GBV (box 4.3) and allocates significant resources to GBV programming. Operations initially focused on strengthening service provision for survivors in FCV settings but increasingly now incorporate strong emphasis on GBV prevention. This has been accomplished partly by strengthening health systems in collaboration

with HNP. Acknowledging the significant capacity challenges in government service provision, these operations have primarily funded service provision by specialized organizations (UN Agencies, international NGOs, and local organizations) in protection, legal aid, psychosocial support, and mental health care. More recently, in line with the RESPECT framework, this type of intervention has started to include investment in livelihoods and economic empowerment activities through community platforms (boxes 4.4 and 4.5).

When working through multiple sectoral entry points World Bank operations rely on a range of governmental implementing agencies, most of which correspond to sectors like health, education, or infrastructure. Management and teams said there was a need to invest in gender ministries that have been traditionally underresourced, to enable them to play a role in coordinating the GBV response across multiple sectors. In many cases, teams work with the women's ministry or gender ministry in some capacity. Only about four percent of the 390 operations counted on the ministry of women or gender as the chief implementing agency; however, in interviews, teams said they interacted with these ministries for general coordination and other roles. In many countries, these ministries tend to be underresourced, with broad mandates, vaguely defined roles, and minimal authority to direct the activities of other ministries. Nonetheless, ministries of gender or women are important entry points into national GBV coordination mechanisms.

Box 4.4. Integrating GBV Prevention within Health Systems Strengthening

Project name: Democratic Republic of Congo Gender Based Violence Prevention and Response Project (P166763)

IPF grant: US\$100 million on integrated multisectoral response services for survivors of GBV and GBV prevention activities

Active: 2018–23

Implementing partner: Social Action Fund (Lead), Ministry of Health, and Ministry of Gender

PDO: The objectives of the project are to increase in targeted Health Zones (a) the participation in GBV prevention programs; (b) the utilization of multisectoral response services for survivors of GBV; and (c) in the event of an eligible crisis or emergency, to provide immediate and effective response to said eligible crisis or emergency. This project focuses on addressing GBV in the eastern DRC (North and South Kivu) and on expanding the coverage of services for survivors in the neighboring provinces of Tanganyika and Maniema.

The project aimed initially to consolidate gains made in North and South Kivu, building on the lessons learned under the Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project (P147489), henceforth the GL GBV Project (active from 2014 to 2019), and subsequently expanded activities (from Year 2 of project implementation) to Tanganyika and Maniema.

These provinces were selected given the underlying high level of GBV (and acceptability of such violence), aggravated by the conflict and instability. The DRC GBV Prevention and Response Project is expected to reach 785,000 beneficiaries. The project is being implemented by the Fonds Social of the DRC, a specialized parastatal agency under the Office of the President with a strong field presence (subnational offices) and solid procurement and contract management track record.

As the first large-scale World Bank-funded intervention addressing GBV in Africa, the GL GBV Project informed the design of this project substantially. The initial project had been informed by in-depth analytical work on the drivers of conflict-related violence, including primary data collection. As that project was about to close, the World Bank Inspection Panel case in the eastern DRC drew further attention to the large unmet needs for quality services for survivors of violence and acted as an essential driver in opening up a high-level discussion with the Ministry of Finance Democratic Republic of Congo on the follow-on operation. The discussion on SEA/SH at the CMU level in the DRC was instrumental in creating an entry point to addressing GBV comprehensively and at scale in the portfolio.

Key lessons from the GL GBV Project that informed the design of this project included the following:

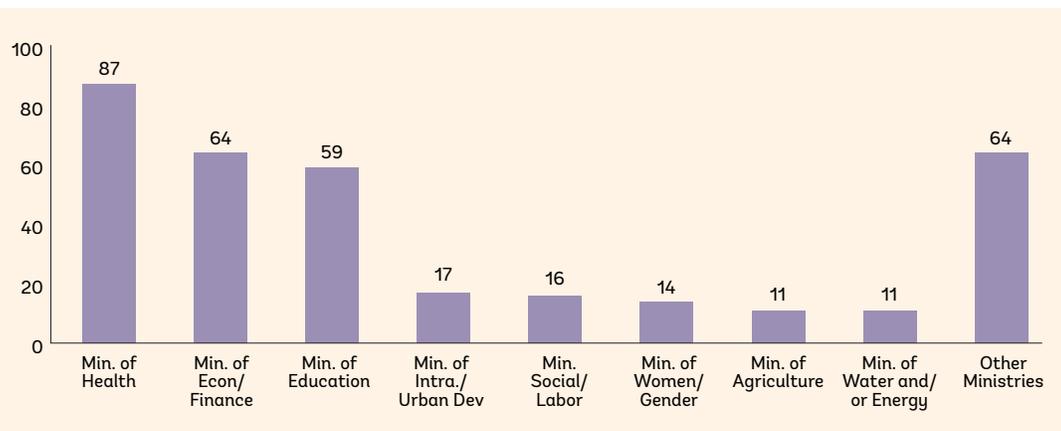
- **The importance of shifting the focus toward prevention and behavior change activities at the community level, including livelihood-strengthening interventions.** Consultations with implementing partners and communities indicated that a greater weight on livelihood activities and less emphasis on legal aid/access to justice would be important. The focus on prevention and broader dissemination of information is also considered key to creating an environment of trust where survivors of violence are better able to request services. Access to income-generating opportunities was considered critical for survivors, and consultations highlighted the barriers in accessing Village Savings and Loans Association activities on the part of survivors.

Box 4.4. Integrating GBV Prevention within Health Systems Strengthening (continued)

- **Further co-location of psychosocial support**, case management, and legal aid interventions at the community level and to strengthen the community-level referral mechanisms.
- **Focus on assessing the quality of services.** Experience under the GL GBV Project highlighted the importance of periodically assessing the quality of services provided. An initial quality review and social audit were undertaken under the GL GBV Project, and the initial results were discussed during project preparation and taken into account in terms of project design. In addition, the successor project included a comprehensive process evaluation to ensure continued assessment of and feedback on critical aspects of service quality.

Building on the lessons learned from the GL GBV Project, the new operation was fully coordinated by the Fonds Social of the DRC, given its track record of successful oversight of the implementation of multisectoral support for survivors. An essential lesson learned while building the capacity of the Ministry of Gender and the Ministry of Health was that this institutional strengthening aspect needed to be balanced with the primary goal of making services accessible to survivors—which is only possible with the support of dedicated and specialized NGOs. The new operation works primarily through partnerships with nongovernmental and civil society organizations for service delivery—contracted by the Fonds Social of the DRC—while also including an element of training and capacity building of the health sector for GBV response. This approach acknowledges the challenges of providing quality services at the community level given the capacity constraints and growing instability in some of the areas targeted. These challenges include inadequate staffing levels at the health facility level, increased difficulties in accessing services given the worsening security situation, and significant case backlog and “systems failures” in the criminal justice system and in terms of the services provided by security forces. As of November 2022, the DRC Prevention and Response Project had reached 7 million people overall (including through its prevention and livelihood interventions). Beneficiaries included 42,000 survivors of GBV reached with at least two essential services primarily delivered at the community level (in 80 percent of cases).

Figure 4.2. Number of Operations, by Implementing Agency



Box 4.5. Investing in the Ministry of Women Affairs in Nigeria for GBV Prevention

Project name: Nigeria for Women (P161363)

Total lending: US\$100 million, of which US\$6.5 million was allocated for GBV activities

Active: 2018–23

Implementing partner: Ministry of Women Affairs

PDO: To support improved livelihoods among women in targeted areas of Nigeria.

The Nigeria for Women Project is the first stand-alone project focused on women's economic empowerment in Nigeria and the first World Bank operation to work with the Ministry of Women Affairs as a counterpart. Historically underfunded and understaffed, the ministry previously had no experience implementing a project at this scale. During preparation, the World Bank team made conscious investments in understanding the ministry's capacity gaps through an institutional assessment, and it provided intensive technical assistance to the ministry during project preparation.

This technical assistance project included the use of local and international consultants to provide day-to-day support to the project implementation unit on World Bank policies, project management, and research. The team also organized several workshops at the state and federal levels to improve their understanding of what works in women's economic empowerment and GBV prevention programming. The project has leveraged US\$12 million in additional funding from the Bill and Melinda Gates Foundation to strengthen local technical expertise in changing social norms and layering other Human Development Practice Group interventions through women's groups.

Staff turnover in the ministry has been a significant constraint on the project. The project has had five project coordinators, and several project coordination unit members have had to be retrained. Training the team in innovative research tools, such as the Social Norms Exploration Tool, has been challenging as well because of the high level of technical rigor required.^a The project has engaged a behavior change communication firm to support the project coordination units in conducting work on social norms change.

Despite the challenges, the results of the investment in the ministry have been worthwhile. The project mobilized a first group in January 2021, and now these individuals are supporting nearly 20,000 women's groups in six states. The project is also scaling up and expanding to 23 states with an estimated envelope of US\$500 million. Through this sustained engagement, GBV components have become a feature of the government's National Development Action Plan 2021–25. The ministry has become a partner in supporting the World Bank CMU in GBV safeguarding efforts and is envisioned to take on an active role in supporting other ministries on GBV inclusion as well.

"The aim of the project is to get to a point where we build the capacity of the 'crop,'" says Michael Gboyega Ilesanmi, a senior social development specialist and the project TTL. "The middle-level staff of the ministry who can lead some of this GBV work and the government can own this [agenda]." He also points out that they have seen major improvements, and the capacity of the project coordination unit is now comparable with that of other ministries in Nigeria that have benefited from 50–60 years of World Bank engagement.

a. SNET (Social Norms Exploration Tool) (dashboard), Institute for Reproductive Health, Georgetown University, Washington, DC. <https://www.irh.org/social-norms-exploration/>.

We have to be very realistic about how we can move forward working with ministries of gender and the timelines. We have to invest in these coordinating ministries because, if we do not, then who will? This needs to become a part of the Bank strategy to embed sustainability in this agenda. If we invest in them, then we can get there.

—**Senait N. Assefa**, practice manager

We've had to invest so much of our time and resources to help get the client to where they are today. But, again, it's what we signed up for. I always tell colleagues, for example, our colleagues in environment, their engagement with the Ministry of Environment that has led to the capacity they have today has lasted over 30 years. With the Ministry of Agriculture, about 50 years of engagement, and it is the same with health. . . . With this in mind, we should spend a lot more time investing in capacity building at the Ministry of Gender.

—**Michael Gboyega Ilesanmi**, senior social development specialist

Several TTLs emphasized the importance of understanding the political economy, particularly which actors hold influence and which have technical capacity in the design of reforms. Some operations had the benefit of high-level political champions who created an enabling environment for project dialogue. For example, in Jordan, the prime minister signed the DPF himself. In the DRC, the president and the first lady have been strong champions as well as Nobel Laureate Denis Mukwege. Other important champions are mid-level staff in the ministries who stay through turnover at higher levels and understand the inner workings of the bureaucracies.

Lesson 3: Address prevention and response needs simultaneously

Preventing GBV means contributing to a supportive physical and social environment that may act as an obstacle to the perpetration of GBV and promotes help-seeking by survivors. Key pieces of this approach are addressing the drivers, risk factors, manifestations, and impacts of GBV and reducing the stigma against survivors. If operations focus only on encouraging survivors to seek help, without sufficient attention to ensuring that good-quality help is available, they may do more harm than good.

Several teams learned this lesson the hard way, as they moved to keep up with corporate requirements to mitigate risk. They observed that once SEA/SH risk-mitigation systems are put in place and people come to trust them, teams can expect to see increased reporting of all types of GBV. This is more a reflection of the efficiency and credibility of the system than an actual increase in prevalence of GBV.

Investments should focus not only on establishing grievance mechanisms (GMs), but also on training implementing partners to respond appropriately if survivors come forward. The need for capacity building in the implementation of reporting and case management systems is a crucial lesson. Several teams recounted that they had focused their energy so intensively on setting up GMs to receive complaints that they neglected to train project implementation units adequately in handling complaints.

The Mozambique Integrated Feeder Road Transport Project is an instructive example. An initial complaint of GBV revealed the need for improving the accountability and response framework that was triggered when an SEA/SH case was reported through a GM. Subsequent improvement to create a fully functional system were followed by an increase in reporting, which put the government's response to the test. This case served as an important learning experience

Box 4.6. Building on Established Sector Work for GBV Prevention

Project name: Tanzania Additional Financing to the Citizen-Centric Judicial Modernization and Justice Service Delivery Project (P172922)

Active: FY2017, Additional Financing FY2022

Global Practice: Governance

Total lending: US\$90 million additional financing, of which US\$3 million for GBV prevention and response

Implementing agency: Judiciary of Tanzania

PDO: Improve the efficiency and transparency of and access to selected citizen-centric justice services.

Barriers to accessing justice services can pose serious obstacles to GBV survivors seeking accountability or looking to leave abusive relationships. The prompt and effective investigation and prosecution of cases can send a signal that perpetrators will face consequences and that remedies are available for survivors. Bringing justice sector institutions closer to the people who need them most, and making them easier to navigate, is crucial to strengthening responses for survivors.

The Tanzania Citizen-Centric Judicial Modernization and Justice Service Delivery Project was launched shortly after the country released a National Action Plan to End Violence Against Women in 2016. The project financed enhancement of data systems in the judicial sector for sex-disaggregation of data to allow better tracking of the response to survivors. In addition, the project put in place Integrated Justice Centers and Subordinate Courts, with Gender Desks staffed by specialized personnel trained to support survivors in cases of domestic and IPV and other forms of GBV, as well as legal aid services in family and probate law. The project also financed the establishment of an integrated justice center in Temeke Dar Es Salaam dedicated as a one-stop center for probate and matrimonial services.

In its current phase, a US\$3 million component on gender justice will support the implementation of Tanzania's Gender Justice Policy Framework and Strategy. The component addresses specific constraints to women's full access to justice services by increasing training for judicial officers on gender and GBV; amending legal procedures to remove gender-discriminatory elements; simplifying and reducing costs of processes; and promoting greater legal awareness. The additional financing also funds the expansion of mobile justice courts to more remote areas of the country.

for the client as well as the World Bank, and it was the first system put in place within a transport project following the Uganda Inspection Panel findings and recommendations of the Task Force (World Bank 2017c).

Some projects have integrated activities to educate and train counterparts in understanding GBV and responding to it. For example, the Tonga Second Resilience DPO with a Catastrophe-Deferred Drawdown Option

included in the results framework an annual survey for civil servants to assess awareness of sexual harassment in the workplace and related policies to address it. The team has formed a partnership with the Asian Development Bank to finance technical assistance for the government on ways to respond to survivors. This will include setting up a formal advisory committee for case management as well as supporting the administration of the annual survey and management of GBV case data.

Lesson 4: Invest in recruiting specialized staff and provide regular training

The increase in specialized staff at World Bank headquarters and in country offices has been one of the most important driving factors in designing operations that go beyond risk mitigation to working more actively on GBV prevention. The first full-time GBV specialist was hired in 2014 in the Gender Group. Since then, the number of specialized staff at the World Bank has increased to eight. Approaches to sourcing GBV expertise have varied across regions and sectors. GBV focal points have been brought on board on SSI teams in five regions; other sectors and SSI regions have opted to work primarily with external GBV consultants and local GBV experts.

GBV specialists require a unique skill set to enable them to provide technical support in client dialogue and translate global evidence for World Bank operations. They are required to stay abreast of emerging best practices and to provide evidence-based examples of effective interventions to inform the policy dialogue. Specialists help identify opportunities to integrate prevention and response into operations, and they work with government champions at the political and technical levels. In many cases, these staff design project components and oversee implementation, and they often coordinate dialogue with clients, civil society groups, and donor partners. GBV specialists also play an important role in raising awareness among their colleagues by translating what is often viewed narrowly as a human rights issue into a development challenge within the World Bank mandate.

Overall, the hiring of specialists has not kept pace with the increased uptake of GBV in lending operations, and more recent postings reflect a narrower focus on risk mitigation. Investment in in-house expertise remains closely linked with the risk mitigation agenda, and the most recent hires reflect this. Sectoral expertise that could provide technical guidance on program design in important areas of growth (including *Education and Energy and Extractives*) is currently not available.

In recent years, the World Bank has decommissioned some GBV specialist staff positions and broadened the focus of new GBV positions to include social risk management. Senior specialist terms of reference have been expanded beyond GBV. This loss of dedicated expertise can affect quality at entry and implementation support, particularly considering the massive expansion in the number of operations addressing GBV.

Staff spoke to the challenge of GBV specialists being stretched thin over many operations and to the emotional, mental, and sometimes professional costs of doing this work. Some felt that there were disincentives to specializing in GBV that hindered internal capacity building. These include the emotionally draining nature of working on GBV, often in very difficult conditions with risks of secondary trauma and burnout. Some noted perceived professional risks with specializing in GBV, including being pigeonholed out of broader gender work. Beyond the burnout potential, staff shared that the increasing volume of GBV work, although welcome, is unmanageable without increased resources.

ESF specialists also deal with heavy workloads that often make it impossible to look at social risks beyond the SEA/SH risk-mitigation recommendations. It is important that the role of ESF specialists on SEA/SH and GBV be well understood by teams. While ESF specialists can open up discussions on GBV more broadly through SEA/SH risk screening, their workload and expertise will, in most cases, not allow them to engage in broader project design. In cases where clients are interested in working on GBV beyond SEA/SH mitigation, it is often better to outsource to GBV specialists and consultants.

In the field, investing in quality staffing is essential to avoid doing harm. Because working to prevent and respond to GBV often touches on social norms, power, stigma, trauma, and other sensitive matters, it requires a substantial investment in staffing. Projects often need to recruit staff with specialized skills and to invest in training as well as ensure proper mentoring and oversight. This concern is also echoed in the World

Bank Group Gender Strategy Mid-Term Review, which revealed challenges related to the gaps in knowledge and available expertise (IEG 2021).

Tension between the government and civil society can affect whether and how staffing is carried out. If a lack of trust characterizes the relationship between the state and civil society, governments may be wary of working with NGO implementers. In addition, if NGOs enjoy high levels of funding from other donors, reporting to the government on activities that they have been hired to implement through the project may become contentious and difficult to incentivize.

Lesson 5: Ensure appropriate technical rigor, or reconsider design, especially when working on social norms

There is strong potential to do more harm than good in working on GBV if certain technical and resource conditions are not met. Ensuring the ethical treatment of survivors, recruiting specialized staff, implementing practices to avoid re-traumatization, adapting interventions to local contexts, and other needed measures are all associated with costs in time and money.

The risk of harm is particularly high for activities that aim to change social norms, behaviors, or attitudes. Just over a third (37 percent, 144 projects) of the 390 lending operations with activities on GBV prevention or response included interventions targeted at norms, attitudes, and behaviors that condone or enable GBV. These include community mobilization activities (91) and group training (53).

More research is needed to understand whether the World Bank has a comparative advantage in the inclusion of stand-alone social norms interventions at scale within operations, or whether social norms change is better achieved through supporting components in economic empowerment, livelihood, and education-focused

operations that are scalable and require less client capacity building. Social norms, attitudes, and beliefs that are tolerant of the use of violence against women and girls and gender inequality have been shown to have strong associations with prevalence of GBV across a wide range of contexts (Arango et al. 2014; Ellsberg et al. 2015). Activities commonly employed in this area include public multicomponent community-based education campaigns, community mobilization, and high-dosage multicomponent group education efforts that promote attitude and behavior change (WHO 2019). These focus on changing harmful norms that justify GBV and limit women's autonomy while reinforcing protective factors such as gender-equitable attitudes and awareness of and skills to prevent GBV.

Effective social norms change requires substantial human and financial resources. While a number of globally recognized programs and curricula exist, they require up-front investment in assessments, analysis, and adaptation with subsequent piloting in order to be contextually relevant. Because social norms are highly context specific, programs need to invest time and attention in understanding beliefs about gender and power and in implementing intensive long-term work with women and men to shift toward more inclusive, positive behaviors. The most promising evidence for low- and middle-income countries comes from multiyear, multicomponent community mobilization programs such as SASA!, SHARE, and COMBAT or from group-based workshops with women and men, such as Stepping Stones (Abramsky et al. 2014; Jewkes et al. 2008; Ogum Alangea et al. 2020; Wagman et al. 2015).

World Bank projects that include activities intended to shift social norms as a way of preventing GBV exist in every region and nearly every Global Practice. Many of these operations have only recently launched; it is not possible to determine how many of the planned activities described in project documents are being implemented, identify which activities have taken the appropriate steps to enable potential effectiveness, or infer results achieved thus far.

Several operations have adapted or are planning to adapt internationally recognized programs. In some cases, projects were able to plug into the ongoing implementation of these programs in partnership with donors to enhance impact. For example, the Health and Gender Support Project in Cox’s Bazar, Bangladesh, teamed up with the UNFPA, which had been running SASA! in the camps, but had depleted the relevant funding.

Pulling men and boys into [SASA!] was also a bit tricky, because it’s a very conservative society. But if you come and see it now, it is such a vibrant operation. You have men of all ages and young boys who are engaged in this activity, and they speak so knowledgeably and eloquently about it—better than you and I can, honestly, because they’re more aware of the context. They are taking these messages back to their homes and talking about it in shops, tea stalls, and their places of work.

—Sabah Moyeen, senior social development specialist

In other cases where teams attempted to use existing tools to support social norms change, they also needed to build capacity from the ground up. Nigeria for Women elected to use the Social Norms Exploratory Tool, a diagnostic tool, to identify relevant social norms, develop strategies to shift harmful norms, and monitor impact.¹⁰ Because this was essentially a qualitative data collection tool, the team invested far more time and energy than initially expected in training the project implementation unit on basic qualitative data collection methods and data analysis skills, and, in the end, the project had to hire additional consultants to support data collection and analysis.

It’s not reasonable to expect World Bank projects to be able to invest that kind of time and money to provide additional training in research methods to be able to use a tool. Our clients don’t always have the built-in capacity to do this on their own, so they may end up hiring it out anyway. We have to think about the line between using a particular tool or best practice and the client’s capacity to actually implement it.

—Victoria Esquivel-Korsiak, senior social development specialist

At this point, it is difficult to determine whether these social norms change interventions are being implemented with fidelity, whether they are cost effective, and what impacts they may be having on GBV. Because many are in the early stages of implementation, there is an opportunity to build in process-monitoring mechanisms and impact evaluations to better understand the kind of social norms change interventions that are feasible as part of World Bank operations.

At a minimum, teams should insist on the following conditions when conducting work to change social norms:

- Ensure that a dedicated GBV specialist on the project team is trained in global best practices in project design, survivor-centered approaches, ethical research, and monitoring. Depending on the project needs and context, this may be a local or international specialist.
- Commit sufficient resources to customizing project design in a way that is sensitive to the local context and that builds on sources of strength and resilience.
- Invest in replicable models that can be taken to scale; do not skip the adaptation process and formative research needed to inform the adaptation.¹¹

¹⁰ See SNET (Social Norms Exploration Tool) (dashboard), Institute for Reproductive Health, Georgetown University, Washington, DC. <https://www.irh.org/social-norms-exploration/>.

¹¹ For a deeper look at the fundamental elements of effective GBV programming in development contexts, see “Collective Action to Reduce Gender-Based Violence (CARE-GBV),” Making Cents International, Washington, DC. <https://makingcents.com/project/collective-action-to-reduce-gbv/#FE>.

We have to ensure that there's as much focus on quality and rigor as there would be in building an airport. If you were doing that, you'd insist on the quality of the materials to build the tarmac and everything you need to have that in place. We're not at a stage where people respect the kind of technical quality that has to go into this kind of work, but I think we can get there.

—**Michael C. Mahrt**, senior social development specialist

When these conditions cannot be met, teams may need to rethink the project design. Teams can consider refocusing efforts on addressing GBV indirectly, by shifting drivers of GBV or promoting resilience factors. This may require limiting the ambition of the intervention and working on drivers of GBV to address violence with a do-no-harm approach. Alternately, teams may also take a phased approach to addressing GBV, building a dialogue with counterparts over time, particularly to generate a more in-depth understanding by counterparts of what works, technical standards, and protocols and generating awareness of what can go wrong if key design principles aren't followed—including in terms of backlash.

Increasing quality assurance mechanisms within operations for systems strengthening enhances impact. Insisting on stronger technical reviews of GBV components and increasing uptake of tools for quality assurance throughout the project lifecycle has been helpful to many teams.

Lesson 6: Ground design and implementation in targeted analytical work

Across the board, teams and managers alike felt that there had been a significant change in the volume and empirical relevance of data on GBV to inform project design. Portfolio reviews and GBV assessments carried out in the aftermath

of the World Bank Uganda Inspection Panel case allowed teams in other sectors and regions to understand gaps in the operating environment and identify sectoral entry points where World Bank operations can play a supporting role. Across the board, SSI GBV focal points and teams that led the engagement on SEA/SH risk mitigation and the retrofitting process for high-risk projects invested in mapping of service providers at the country and, in some cases, regional levels. For example, the South Asia SSI team conducted a service provider mapping across its gender platforms, creating a database that could inform the portfolio across all countries. Gender and GBV assessments have now become standard practice in most regions, drawing on improved data availability.

While these assessments offer a comprehensive view of the state of gender equality, the prevalence and drivers of GBV, and the state response, all interviewees emphasized the need to complement these with deep-dive work. These pieces often focus on the relationship between GBV and broader development issues such as female labor force participation or school dropout, and assessments of service delivery provide a solid foundation for operational conversations about how to allocate resources. For example, in the Pacific region, there have been studies on the loss of productivity associated with experiences of GBV, such as work absenteeism and turnover; assessments of the quality of GBV responses; and studies on the benefits of primary prevention strategies. This research is contributing to dialogue on women's economic empowerment and to opportunities to scale up GBV prevention and response by taking advantage of community platforms developed within prior or current World Bank operations.

Targeted analytical pieces focusing on specific operational questions have informed the design of tools for project implementation. For example, a GBV response component within the Kenya Additional Financing COVID-19 Emergency Response Project started with basic analysis and the mining of Demographic and Health Surveys data to understand the dynamics around

Box 4.7. Data-Driven Institutional Transformation

Project name: Chennai City Partnership: Sustainable Urban Services Program (P175221)

Active: FY2021

Global Practice: Urban, Resilience, and Land

Total lending: US\$150 million

Launched in 2021, Chennai City Partnership supports the government of Tamil Nadu, one of India's most urbanized states, in implementing the Chennai 2030 Vision for turning Chennai into a more green, resilient, and inclusive city. Enhancing the safety of women in public places was embedded into a subcomponent on urban mobility within the Chennai City Partnership, as part of a strategy to ensure that the benefits of urban development, including access to jobs, education, needed services, and leisure activities, accrue equally to men and women.

The government was interested in a multisectoral approach to the redesign of city services and infrastructure to ensure accessibility for all city residents and to embed actions into policies and across institutions so that they would continue to be implemented following changes in leadership. The World Bank mobilized staff across the Urban, Resilience, and Land, Water, HNP, and Transport Global Practices.

With support from a mobility and logistics trust fund, the Transport Global Practice team engaged a group of experts in urban mobility, gender mainstreaming, communication, law, and other areas to conduct a gender gap analysis of public mobility infrastructure and transit services, laws, policies, standard manuals, sustainable mobility projects, institutional capacity, grievance redress systems, stakeholder mindsets, and female commuters' expectations. The gap analysis revealed differential preferences. For example, because of safety concerns, women were avoiding travel after dark and tailoring their commute timing to favor a return home from work earlier than men. In addition, the analysis found gaps in the preparedness of front-line staff to prevent harassment and assault on public transport.

Through the project, a safety audit was commissioned that relied on [Safetipin applications](#), which employ mobile phones to map locations and assess the relative safety of locations for women.^a The audit concluded that, while overall perceptions of safety were above average, there were important gender disparities in feelings of safety and the use of public spaces after sunset.

As a recommendation resulting from the gap analysis, the project team supported the formation of a Gender Lab to foster institutional change and guide the city and transport authorities in efforts to improve safety and gender responsiveness in public spaces and public transport. The Gender Lab currently consists of a gender and monitoring and evaluation lead, a policy specialist, and a communication specialist. The Gender Lab conducts regular surveys to review project plans, monitors project implementation, informs policy, conducts regular surveys to review project plans, and promotes citizen engagement by inviting public participation in safety audits, social media competitions, public consultations, and awareness-building programs. It works with government stakeholders to determine the demand for analysis and training and to mobilize funds among government agencies to enhance gender inclusion in urban mobility systems. Tools and analyses produced by the Gender Lab are available to all projects in Chennai, regardless of financing entity or government agency.

Box 4.7. Data-Driven Institutional Transformation (continued)

Building on these assessments and the experience gained through the implementation of gender-responsive urban mobility programs, the World Bank team produced a [Toolkit for Enabling Gender Responsive Urban Mobility and Public Spaces](#) (World Bank 2022d). The toolkit has been prepared for use primarily in Indian cities and other cities in developing economies to help them design and build gender-responsive and safe mobility systems and public spaces. The World Bank team is widely disseminating the recommendations and frameworks in the toolkit and using them in the design of upcoming urban mobility projects in India.

A. See Safetipin (website), Gurgaon, India, <https://safetipin.com/>.

incidence and the perceptions of acceptability of violence. Other preliminary analytical work at the county level aimed to identify gaps in services and assess quality of service delivery. These exercises produced a more comprehensive picture of the landscape of GBV prevalence and response, an action plan to guide emergency response, and contributed to tools taken up by the Ministry of Health at scale.

Some projects have designed mechanisms for continued data collection and analysis to inform implementation. In Chennai, a World Bank–financed initiative aimed at citywide transformation included the establishment of a Gender Lab with dedicated staff in research, analysis, and stakeholder mobilization (box 4.6).

Lesson 7: Take advantage of the structure and flexibility of corporate requirements

Most of the interviewees felt the SEA/SH corporate requirements had contributed to internal capacity building, provided impetus and structure for client dialogue, and introduced SEA/SH risk analysis into project design. The ability to discuss GBV from sectoral entry points is a marked change from 10 years ago, when dialogue on GBV was limited almost exclusively to public health and seen primarily in

terms of response only, rather than prevention. Today teams are discussing GBV with ministries of finance, transport, trade, and internal affairs and other entities that had largely been outside this conversation previously.

Interviewees emphasized that the corporate requirements have encouraged identification of sectoral entry points beyond risk mitigation and theories of change linked to addressing GBV. Using these entry points has allowed teams to see the low-hanging fruit in areas of intervention that are becoming staples in many operations. For example, improving the response to survivors is now part and parcel of many health sector operations that focus on systems strengthening. Designing safe and inclusive schools is also supported across several education projects. Transport projects that consider environmental design and structured approaches to keep women safe while using public transport are also recurrent.

However, the full potential of corporate requirements as entry points for prevention has yet to be realized. Several task teams expressed concern that corporate requirements were often seen as an end in themselves, rather than as requirements that hold importance for the achievement of PDOs. This can have the effect of narrowing client dialogue to risk mitigation and generating less ownership among clients.

The gender tag¹² requirement has increased the focus on gender but is rarely used as an entry point for incorporating activities related to GBV. None of the interviewees said the gender tag was a driving factor behind the decision to incorporate GBV activities into their operations. Instead, they pursued GBV prevention and response for other reasons. Overall, relatively few operations pursue the gender tag in activities on GBV, leading to concerns about whether GBV prevention and response are fully understood as part of the gender equality agenda and a significant part of the World Bank Group Gender Strategy.

In contrast to the ESF corporate requirements, staff said the gender tag was more useful internally than in facilitating dialogue with clients. The tagging process encourages conversations about gender gaps and pushes teams to apply project activities to close gaps. This has helped build internal capacity in addressing specific gender inequalities through operations.

The tag was very much internal to our systems to actually recognize that there has been effort on gender in this operation, but it wasn't a critical factor for the client. What the client needed was to make sure that the policy reform was complete, whether the actual guidebook was good enough, and [to see] how the reform can be implemented. They were more interested in the basics and the fundamentals of the reform. And tagging was very useful, but predominantly for internal purposes.

—Project team member

There was also some sense that it is more difficult to meet gender tag requirements in GBV activities than in other gender gap initiatives. In particular, the requirements on indicators to measure the closing of gaps related to GBV was cited as a deterring factor. The Gender Group team has identified 76 operations since 2017 that qualify for

the gender tag based on their GBV results chain. The full list of operations is available on the [Gender Tag GBV Dashboard](#),¹³ including the recognized indicators associated with taggable activities.

Some interviewees highlighted that it will be important to continue to maintain the momentum on the GBV agenda as SEA/SH risk mitigation systems are sustainably set in place. The reporting period to the World Bank Board of Directors on the implementation of the GBV Task Force recommendations has ended, which may also reduce the visibility of and attention to the issue of GBV more broadly. Continuing to invest in high-level policy dialogue through IDA commitments, regional GBV action plans, the World Bank Group Gender Strategy, and DPOs is crucial to maintaining the focus on the issue.

There was also concern that task teams have to deal with multiple corporate commitments (including climate co-benefits) making it potentially more challenging to use the SEA/SH risk assessment process to deepen discussions on GBV during project dialogues.

One difficulty that we've been facing is that, right now, we've been able to push the infrastructure agenda with TTLs because it brings a lot of climate co-benefits, but it seems that there was an instruction from senior management that every single CMU had to reach a certain level of climate co-benefits. All the CMUs are trying to find a way to do that and, at some point, the problem is that there was some competition for policy triggers and there was a risk at some point that the GBV triggers—because they won't bring climate benefits—would be left aside. So, I had to start pushing harder because people were saying that GBV and inclusive transport were super interesting, but that they didn't bring climate co-benefits.

—Nicolas Peltier-Thiberge, global director

¹² The gender tag is a corporate mechanism of the World Bank, introduced in fiscal year 2017, to support the implementation of the WBG Gender Strategy. The tag aims to intentionally close gender gaps in operations by identifying project-relevant gender gaps along with corresponding interventions to close the identified gaps and monitoring the progress.

¹³ The dashboard is an internal resource for World Bank Group staff and is not accessible externally.

Lesson 8: Consolidate SEA/SH risk-mitigation, response, and accountability systems to generate economies of scale

As corporate SEA/SH risk-mitigation mechanisms have become embedded in individual World Bank operations across sectors, project teams and CMUs are beginning to look at building economies of scale. Some expressed frustration with the time-consuming and cumbersome nature of complying with a standardized set of risk-mitigation recommendations for each individual project. Instead, teams and managers alike felt that country offices needed to invest in a certain amount of infrastructure to create economies of scale at the CMU or Global Practice level on gender and GBV that can serve operations across the portfolio, including compliance with ESF standards.

We can't expect each project to conduct a mapping of services. It is a lot of the work and shouldn't be the responsibility of [individual] projects. A water adduction project should not be concerned about mapping GBV services. GBV services mapping is a public good, as has been put forward by the South Asia team. In some countries in Africa, they have it as well, but, in other countries, that initial investment has not necessarily been made in a way that was thought of as a public good. Maybe it was done in a specific region or a specific department, as needed by a specific project. But I think that that early investment is really quite critical.

—Aline Coudouel, lead economist

Consolidation of ESF-related mitigation and response measures need to be informed by decisions about which activities are best scaled up to the national level and which are better kept project-specific. For example, service mappings and referral pathways, as well

as sectorwide codes of conduct, may be better done at the national level and drawn on by operations across the country portfolio. In contrast, individual projects will still need to conduct risk analyses and verifications of quality and availability of local and regional service providers.

One response to this challenge, currently in the design phase, aims to establish one GM and response system across the portfolio for Mozambique. At present, each operation is required to assess the risk of SEA/SH posed by the project activities, set up a GM, and conduct a mapping exercise to establish a referral pathway for survivors. Because of backlogs in the response systems, survivors were experiencing delays in accessing needed services, and several had withdrawn their complaints. Harmonizing these efforts across the five largest operations in the portfolio into one centralized GM would focus resources more accurately and strengthen the overall response. This innovative approach is in its initial stages and will have to be monitored for effectiveness and savings on costs and capacity building.

The design of a unified system in Mozambique is based on consultations with actors as well as various departments and Global Practices within the World Bank. The team began by working closely with local actors to understand context specifics. This was followed by a market assessment of the availability and quality of service providers. Collaboration with legal and procurement departments revealed several potential challenges that would need to be considered. For example, few service providers have the required expertise in Mozambique, adding to cost implications and leading to the decision to contract a consortium of UN agencies as an implementing partner in collaboration with local organizations. In addition, coordinating the system across five project implementation units created a separate set of challenges by requiring clear lines of accountability across the units.

Lesson 9: Partnerships at various levels are central to a comprehensive approach

As an institution, the World Bank entered the international development conversation on GBV prevention relatively late and has learned much from partners in the last 10 years. At least since the mid-1990s, there had been an active invitation from the World Bank's development partners to engage more directly in GBV prevention and response. Without exception, task teams said they had been invited into ongoing dialogues on GBV led by other development partners. These tended to be specialized agencies, especially UN Women, UNFPA, and others with long-standing work on GBV, as well as national and local civil society groups engaged in policy advocacy or service provision among survivors. In the 24 interviews with project teams, 20 teams reported that they had worked with civil society organizations or foundations, and 16 had worked with a UN agency, most frequently UNFPA.

Today, the World Bank's work on prevention is strengthened through partnerships at various levels. At the international level, partnerships with leading global organizations like the Sexual Violence Research Initiative and the Global Women's Institute out of George Washington University have contributed to a shared research agenda to inform interventions. The World Bank has worked with key partners leading the dialogue and research agenda in the GBV space and on violence against children prevention and response. The Violence against Women and Girls Resource Guide was produced in partnership with the Inter-American Development Bank and the Global Women's Institute.¹⁴ In 2015, the International Center for Research on Women was added to the resource guide series. In the same year, the World Bank and the Sexual Violence Research Initiative created

the Development Marketplace: Innovations to Address Gender-Based Violence.¹⁵ Subsequently, the World Bank participated in implementing the INSPIRE strategies led by WHO to end violence against children as well as the RESPECT framework (WHO 2016c, 2019). These fruitful strategic partnerships have allowed the World Bank to participate fully in the dialogue on ways to achieve progress efficiently in preventing GBV and violence against children, create space for investment in evidence generation, and translate the evidence into tools for World Bank staff.

At the national level, partnerships with UN agencies and national institutions working on the development of policies and strategies for GBV prevention have identified opportunities for financing investments in priority areas. National action plans, now available in 136 countries, anchor discussions about needed reforms. In Jordan, the World Bank is supporting GBV prevention through a series of DPFs to assist in the implementation of the government's reform agenda, which prioritizes a series of multisectoral interventions to address different manifestations of GBV (box 5.2).

Partnerships with nongovernmental entities have been critical in understanding the drivers of violence and mobilizing services to respond to survivors. In Ecuador, a partnership with several Indigenous organizations has been central to identifying how GBV interacts with other forms of exclusion and to taking an intersectional approach as part of a livelihoods project (box 4.8).

Several teams spoke about the difficulties of establishing the World Bank as a credible actor in the GBV prevention and response space as the World Bank has historically been absent from the conversation. Teams and CMUs needed to spend time and resources understanding the landscape of GBV prevention and response in many countries to determine where

¹⁴ See VAWG (Violence against Women and Girls) Resource Guide (dashboard), World Bank, Washington, DC. <https://www.worldbank.org/en/programs/violence-against-women-and-girls/resources>.

¹⁵ See Development Marketplace: Innovations to Address Gender-Based Violence (dashboard), World Bank, Washington, DC. <https://www.worldbank.org/en/programs/development-marketplace-innovations-to-address-gender-based-violence>.

Box 4.8. Ecuador: Partnering with Civil Society to Design and Implement Projects

Project name: Territorial Economic Empowerment for the Indigenous, Afro-Ecuadorians, and Montubian Peoples and Nationalities Project

IPF lending: US\$40 million, including US\$400,000 for GBV prevention

Active: FY2020–26

Global Practice: Social Sustainability and Inclusion

Contributing practice areas: Agriculture and Food; Education;

Finance, Competitiveness, and Innovation

Implementing partners: Secretary of Management and Development of Peoples and Nationalities (Secretaría de Gestión y Desarrollo de Pueblos y Nacionalidades) the National Institute of Popular and Solidarity Economy (Instituto de Economía Popular y Solidaria) and the Secretary of Higher Education, Science, Technology and Innovation (Secretaría Nacional de Educación Superior, Ciencia, Tecnología e Innovación)

In Ecuador, through the project, which seeks to improve livelihoods and support COVID-19 relief among targeted Indigenous Peoples and Nationalities, Afro-Ecuadorians, and Montubians according to their vision for development, the World Bank supports government efforts to address long-standing challenges because of economic and social exclusion that Indigenous Peoples and Nationalities, Afro-Ecuadorians, and Montubians are facing, while also incorporating measures to prevent GBV against Indigenous women and girls.

The design of the GBV prevention program was possible thanks to the local organizations and key community leaders that have partnered with the government and the World Bank since the initial stages of the project. Two Indigenous female representatives of powerful Indigenous organizations and the Women's Central Committee (Comité Central de Mujeres) have stood out as key partners by advocating for the inclusion of GBV prevention within the project.

"GBV was first raised as a priority by one of the Indigenous representative women arguing that we could not discuss improving livelihoods without addressing this issue," says Mariana Felicio, senior social development specialist.

Moreover, the project team was able to adopt an iterative and intercultural approach that consisted of two phases: research and validation. Advocacy by local communities on the need to address GBV, coupled with the support from the CMU, enabled the project team to secure the funds to conduct extensive qualitative and participatory research to understand GBV in the Indigenous communities of Cotacachi, Ecuador, through an Advisory Services and Analytics project, What Works to Prevent GBV in Vulnerable Communities in Ecuador (P175323). This process was strongly supported logistically by the Women's Central Committee and technically by a consultant from the Indigenous community. Once again, the project team highlighted the centrality of partnering with key local actors and organizations for success.

the World Bank had a comparative advantage. In Fiji, teams relied on detailed consultations with donors and counterparts to identify where

they could add the most value in addressing the alarming rise in GBV related to the COVID-19 pandemic and to a tropical cyclone (box 4.9).

Box 4.8. Ecuador: Partnering with Civil Society to Design and Implement Projects (continued)

It was a very good combination to work with; it was very important to have the Indigenous woman consultant, and the local community committee... from simple things like just logistics... to be able to organize certain meetings with the right stakeholders to... know what terminology to use.

—**Mariana Felicio**, senior social development specialist

As a result of this formative research, the team identified a set of solutions that were then prioritized and validated through participatory workshops with the Indigenous communities and the Indigenous authorities. The result of this process is the Territorial Economic Empowerment for the Indigenous, Afro-Ecuadorians, and Montubian Peoples and Nationalities Project–GBV Prevention Program, which comprises four levels of GBV components, as follows: (a) institutional, (b) community, (c) the household, and (d) Indigenous authorities and leaders. Implementation is set to begin in 2023. Monitoring and evaluation are also key parts of the project. An outcome evaluation will be conducted to measure project results.

Lesson 10: Apply different modalities in FCV contexts

World Bank engagement in the GBV space began with trust-funded operations in FCV with a strong focus on service delivery among survivors of nonpartner sexual violence in the context of armed conflict. Over the last 10 years, the World Bank GBV interventions in FCV settings have expanded to cover GBV prevention and the mental health consequences of experiencing or witnessing GBV to incorporate a focus on livelihoods and economic empowerment activities and tackle IPV more explicitly.

Discussions, particularly with CMUs, have highlighted that there is often an acknowledgment by client governments that GBV is a national emergency in the context of armed conflict or massive displacement and a consequent willingness to invest significant resources in response services. This recognition has opened up opportunities for high-level dialogue on GBV prevention and service provision in a systematic manner, especially in Africa and South Asia. The World Bank FCV strategy (2016–23) includes an explicit focus on policy commitments to tackle GBV and an acknowledgment that there is a

greater risk of violence against women and girls in these settings.

An important lesson has centered on the need to focus on strengthening the GBV response across all duty-bearing sectors, an objective that can be achieved through relevant components in sectoral projects as well as stand-alone GBV projects. Service delivery systems in FCV contexts are often strained by conflict or have little capacity to deliver overall. This constitutes an important challenge in World Bank projects that aim at system strengthening. There are often trade-offs involved in building the capacity of service providers, particularly at the subnational level, versus ensuring the delivery of quality services. A number of World Bank–supported GBV interventions in FCV settings balance these two aspects of implementation and ensure a sizable allocation of resources for implementation by international NGOs, UN agencies, and local civil society organizations.

Oftentimes, it is necessary to create parallel service delivery systems to ensure quality of care while building state capacity. Especially where systems either have not been built yet or have been strained by conflict and fragility,

Box 4.9. Adding Value in a Crowded Donor Space in Fiji

Project name: Fiji Social Protection COVID-19 Response and System Development Project–Additional Financing (P177674)

Active: FY2021–July 31, 2025

Global Practice: Social Protection

Implementing partner: Ministry of Economy and Ministry of Women, Children, and Poverty Alleviation (for GBV activities)

Total lending: US\$48.9 million

PDO: To mitigate the impact of the COVID-19 crisis on the incomes of the unemployed and underemployed and to increase the efficiency and adaptability of the social protection system.

The project team strove to understand how a World Bank–funded social protection project could integrate the GBV interventions that would be the most useful for the client. The impacts of a tropical cyclone, together with the COVID-19 pandemic, had revealed the extent to which helplines and crisis centers for survivors could be overwhelmed.

In this context, the team sought to understand the GBV programming landscape in the country and how the World Bank could add value.

At the beginning of the dialogue, the Ministry of Women, Children, and Poverty Alleviation pointed out the need for close coordination with development partners and for the value added of the Bank. That's been our organizing principle. In a space with many active organizations, we try to enter with something that's missing. We started outreach to partners, including UN Women and UNFPA, to start collecting information about where our contributions could be most useful.

—Sandor Karacsony, senior economist

The government had a long-standing relationship with UNFPA and UN Women on GBV prevention and response. These agencies were also supporting the government in developing standard operating procedures to respond to cases of GBV. However, there was a gap in the information management system organized around the business processes laid out in these procedures.

The project therefore involves investment in the development of a comprehensive information management system coordinated by the Ministry of Economy and the Ministry of Women, Children, and Poverty Alleviation to track reporting on GBV, including referral pathways to other service providers. This nationwide information management system would provide different modules for various service providers, including the police and phone helplines, to document reported incidents of GBV in a standardized way. It is envisioned that this type of system will be adaptable to the changing landscape of GBV services in the country as they evolve.

We are grateful to the ministry for guiding us in identifying the gap in support for the government's program. Additionally, I think what it took from us is... operational humility, the fact that we will strive to be helpful in this incredibly important agenda.

—Sandor Karacsony, senior economist

Box 4.10. Cox’s Bazaar: Survivor-Centered, Cross-Global Practice Collaboration in a Situation of Forced Displacement

Project name: Health and Gender Support Project for Cox’s Bazaar District, Bangladesh

IPF lending: US\$208 million on integrated HNP and GBV response services

Active: 2020–23

Implementing partner: Ministry of Health and Family Welfare, Government of Bangladesh

PDO: To improve the access to and utilization of HNP and GBV response services among the host and the displaced Rohingya population in Cox’s Bazaar District.

This project responds to the high levels of GBV in Bangladesh’s Cox District through a joint intervention led by the HNP and the SSI Global Practices of the World Bank. This project also builds on the Disaster Risk Management and Social Protection and Jobs-led Emergency Multisector Rohingya Crisis Management Response Project that included an US\$8 million component on GBV response for refugees. Given the high prevalence of GBV among refugees and in the host community, the project involves a territorial approach to address needs in Cox’s Bazaar as a whole.

The project is housed with the Ministry of Health, which has the mandate to provide GBV response services within the national health strategy. The government was overwhelmed with providing services to the large refugee population and relied on the World Bank to provide dedicated investments and technical assistance to include the GBV focus in health service strengthening.

[GBV] was so severe that we immediately recognized that you couldn’t tackle this by gender tagging the project or by just doing a few activities here and there.

—Sabah Moyeen, senior social development specialist

The project builds on the government’s existing health structures, working directly with health clinics, many of which operate in partnership between communities and local governments. Clinic workers have a strong presence in the community already and provide the main entry point for GBV services. More complex cases are referred to higher-level tiers of response within the health delivery system. The project also adapted SASA! to promote community-centered GBV prevention and engage men and boys.

The project firmly believes in centering the response based on survivor needs. The TTL explained as follows:

The project’s woman-friendly space gives them a safe space, where they go in, talk to each other, and share issues in their own languages. They also get first aid for GBV response, psychosocial and mental health support. Midwives present there provide them with pregnancy care and offer contraception. They also get some skills in sewing, drawing, or other life skills. Because it’s only women and girls there, they feel at ease.

—Bushra Binte Alam, senior health specialist

The big lesson from this project is that “you have to recognize what works for the survivor first and foremost, beyond what may or may not fit within given the guidelines and sector or unit mandates,” says Sabah Moyeen, senior social development specialist.

project teams need to identify partners who can work to build capacity at the same time they are delivering innovations in service delivery. Many times, this means working with nongovernmental implementing partners.

The Bank and MFIs are at times viewed as challenging partners because large investments (in particular infrastructure) generate additional burdens on already stretched local service providers.

—Country director, Pacific

Due to security concerns, poor infrastructure, and connectivity, mobile service provision has been taken up as an important feature of operations in FCV. Providing specialized services sufficiently close to end users in FCV contexts often entails drawing on and building the capacity of networks of community-based organizations to deliver “last mile” interventions. This may include the establishment of safe spaces linked to local community-based organizations and the training of community volunteers to provide specialized mental health support (boxes 4.3 and 4.10).

Projects in FCV settings are paying increasing attention to incorporating specialized support in mental health care. There is a growing acknowledgment in project design of the high levels of trauma linked to GBV (and other forms of violence) and of the importance of both psychosocial first aid and more specialized long-term interventions, such as narrative exposure therapy or cognitive behavioral therapy. Investments in assessing the feasibility of delivery and the impacts of these interventions are expected to generate relevant information for the next generation of projects in FCV and non-FCV settings.

A frequent challenge in FCV settings is the reluctance of client countries to allocate grant or loan resources to civil society partners. A degree of mutual distrust between

nongovernmental actors and the state plays into this, particularly if the state is seen as an active participant or complicit in the GBV in conflict settings.

Where such frameworks for collaboration have been successful, they have often included significant capacity building among government front-line workers by specialized service providers. High staff turnover and staff shortages that hinder staff from attending training sessions (frequently the case in health facilities) may require that training and capacity building be adapted and carried out through coaching by NGOs working with core government staff over longer periods.

FCV contexts can be quite dynamic, with violence shifting between geographic areas and/or morphing into different forms. This means the risks of GBV may change, sometimes over very short time periods and to a dramatic degree, and will not be adequately captured in one-time surveys or analyses. In these contexts, ongoing analysis is needed in real time, informed by regular conversations with partners. Some World Bank projects in FCV settings have started to incorporate process evaluations (in DRC and Ethiopia, for example) to generate just-in-time information and guide adjustments. Stand-alone interventions or projects with large GBV components in FCV settings tend to adopt a flexible approach to design and implementation, acknowledging that both the content of interventions and target areas may require a number of changes and adaptations to the changing context during the project’s lifetime.

Security concerns and following a do-no-harm approach is of paramount importance in FCV settings. This requires projects to develop and roll out security protocols to guide implementation by government counterparts and specialized organizations. Issues of confidentiality (in terms of service provider data) and safety of survivors take on additional importance and often require innovative approaches and careful review of data-sharing protocols—including with national government databases.

5. Overview of the Expansion of World Bank Work on GBV, 2012–22

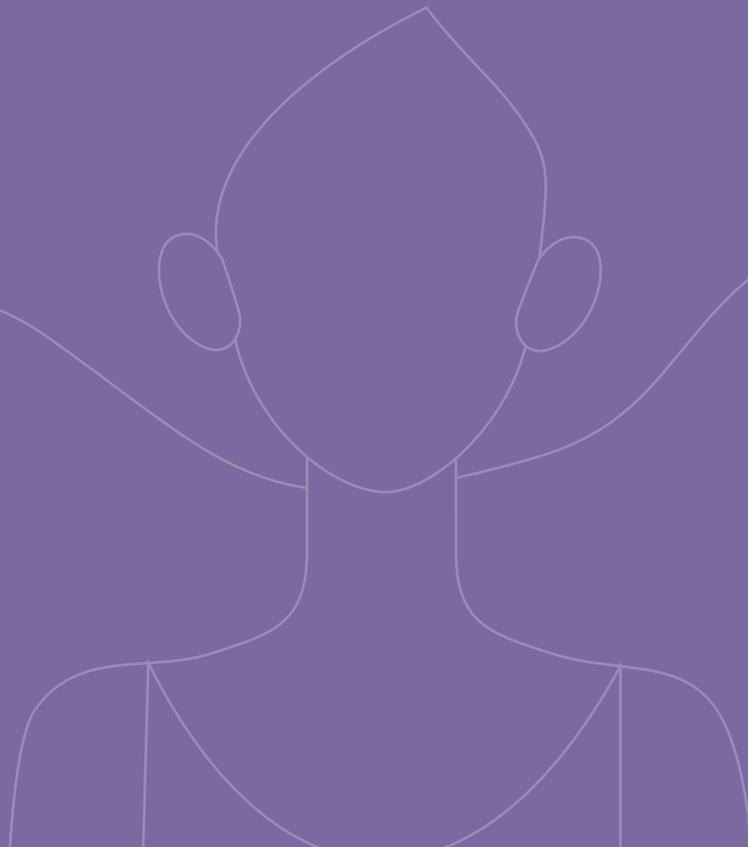
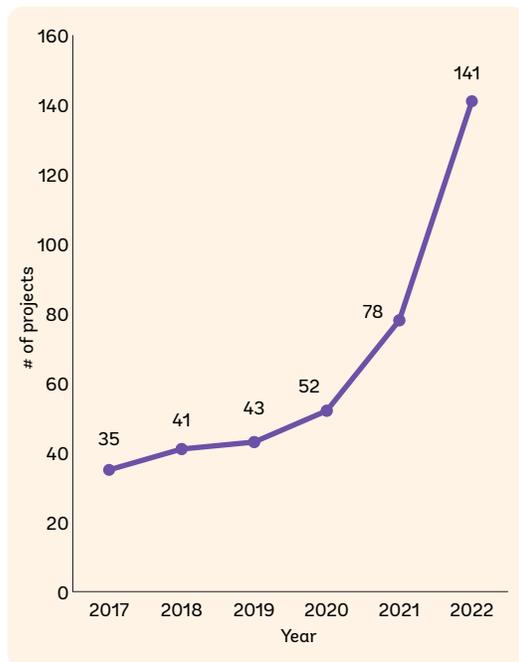
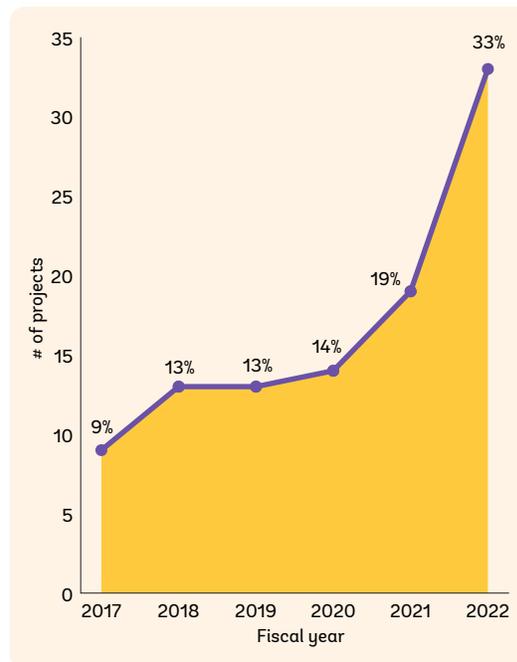


Figure 5.1. Number of Projects with GBV Prevention or Response, 2017–22**Figure 5.2. Percent of Project Operations with GBV Prevention or Response, 2017–22**

One-third of World Bank operations now integrate GBV prevention and response

In 10 years, the number of operations including activities in GBV prevention and/or response has increased more than 10-fold, from only 38 operations identified in 2012 to 390 in FY2022. Between FY2021 and FY2022 alone, the number of operations including GBV prevention and response activities rose by 80 percent (figure 5.1). One-third of all World Bank operations now incorporate such activities, up from only 9 percent in 2017 (figure 5.2).

Operations now reach countries at all income levels and in all regions

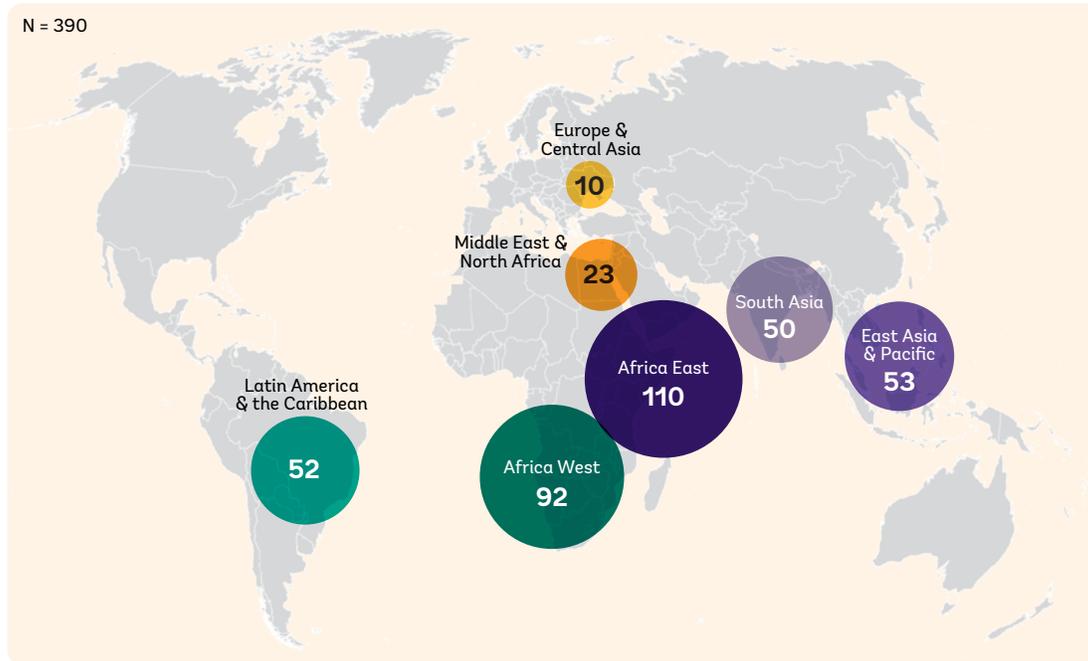
The World Bank's operational work on GBV originated in FCV settings, with heavy support from trust funds. These operations were able to benefit from ongoing client dialogue on GBV and

specific trust funds targeted on FCV settings, such as the State and Peacebuilding Fund, which had been increasing the allocation of financing to GBV-related work since the early 2000s and pioneering investments in stand-alone multisectoral operations and in the health sector.

The World Bank's first operations involving GBV prevention and response as a PDO were designed to address non-partner sexual violence occurring in humanitarian settings. The first stand-alone operation with a PDO focused on GBV, the Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project (US\$170 million, of which US\$50 million was allocated to GBV service provision), became active in 2014. Since then, two more stand-alone GBV operations have been implemented in humanitarian contexts, one in Cox's Bazar, Bangladesh, and one in the DRC.

Operations in FCV settings that include GBV prevention and response activities continue to be driven by urgent humanitarian interventions. Many operations today focus on strengthening

Map 5.1. Projects in Every Region Including GBV Prevention and Response



service delivery, especially in locations where the reach of government services is limited, and on working with partners, including NGOs and UN agencies. There is also a greater focus on the provision of mental health care and psychosocial support. In the Health and Gender Support Project in Cox's Bazaar, Bangladesh, a US\$8 million component on GBV was added in response to a dramatic increase in GBV associated with the influx of hundreds of thousands of Rohingya refugees in 2017. Similarly, in Ethiopia, the escalation of violence in the north prompted the World Bank Board of Directors to issue a directive indicating no new projects would be approved unless they addressed the conflict, thereby creating space for the Response-Recovery-Resilience for Conflict-Affected Communities in 2022, a comprehensive operation that included GBV response as part of its PDO.

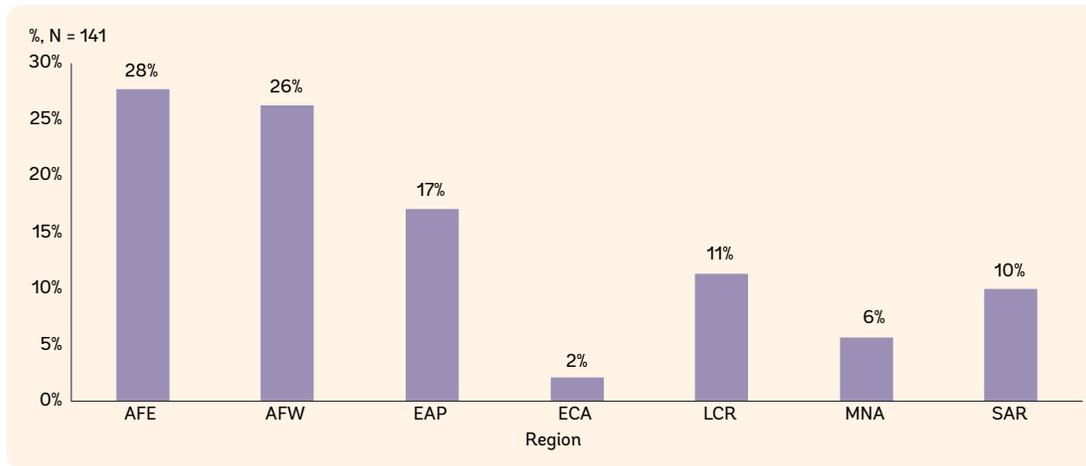
Since 2017, the GBV agenda has greatly expanded across non-FCV settings and to a much wider range of operations. Over half (63 percent) of the World Bank operations with GBV-related activities in FY2017 or later are in non-FCV contexts (figure 5.3). The number of

non-FCV operations doubled between 2021 and 2022. Since 2017, the World Bank has demonstrated that GBV can and should be part of operations in both FCV and non-FCV settings. Violence against women and girls is endemic in every country in which the World Bank operates and can be addressed through unique entry points in every sector.

Operations integrating GBV prevention and response are now present in 97 countries, across all regions

In 2012, the World Bank financed operations with GBV-related activities in only 21 countries, of which 8 were in Africa. Today, the portfolio is much more diverse and is spread across all regions (map 5.1).

Figure 5.4 illustrates the share of projects that include GBV prevention or response activities beyond risk mitigation in the total number of operations approved in FY2022 by region.

Figure 5.4. GBV Prevention and Response in World Bank Projects, by Region, FY2022

Note: AFE = Eastern and Southern Africa; AFW = Western and Central Africa; EAP = East Asia and Pacific; ECA = Eastern Europe and Central Asia; LCR = Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia.

In most regions, at least one-third of operations include some activities in GBV prevention and response. In Africa, where much of the World Bank's work on GBV originated, about 27 percent of the projects include a focus on GBV prevention and response. The share of the projects involving GBV prevention and response has increased in every region. The shares are higher in Africa because of long-standing World Bank engagement there.

GBV prevention and response is integrated into sectoral operations, with few stand-alone projects

The vast majority (96 percent) of the 390 operations identified by this review include activities on GBV prevention and response within broader, sectoral projects. These typically consist of project subcomponents focusing on GBV as a means of achieving a larger development objective, for example, training health workers in high-quality gender-sensitive GBV responses as part of a health sector operation or subcomponents to improve the prevention and detection of sexual abuse experienced by children as part of a larger education project.

The World Bank has financed only three stand-alone projects on GBV prevention and 11 projects with GBV prevention as part of PDOs (annex F). All three stand-alone operations are in FCV contexts; one project was closed before effectiveness. The 11 projects with PDO-level support for GBV activities are also concentrated in FCV settings. Together, these operations with GBV activities at the project or component level represent only 4 percent of the total number of operations (390) incorporating GBV prevention or response.

Key areas of investment in GBV prevention and response

The areas of World Bank operational investment align with global strategies to prevent and respond to GBV. To assess the correspondence of projects with global evidence, the portfolio reviewers aligned their analysis of project documents and project appraisal documents with the [RESPECT](#) framework for action to prevent violence against women and girls (box 5.1).¹⁶

All operations selected for the review aligned with at least one of the seven RESPECT

¹⁶ The portfolio reviewers conducted the analysis using the [RESPECT implementation guide and strategy summaries](#) as reference points.

Box 5.1. The RESPECT Framework for Preventing Violence against Women

Developed in 2019 through a collaboration led by WHO and UN Women and including the World Bank and other UN, bilateral, and multilateral agencies, RESPECT is widely accepted as the most comprehensive, evidence-based guideline for policy and programming on GBV prevention and response. The framework was developed through a review of the existing evidence base, practitioner consensus, and expert guidance. The accompanying implementation package distilled global evidence into a series of programming options and tools for policy makers and implementers (WHO 2019). The framework consists of seven strategies, with the first letter of each together spelling the word respect (table B5.1.1).

Table B5.1.1. The Seven Strategies of the RESPECT Framework

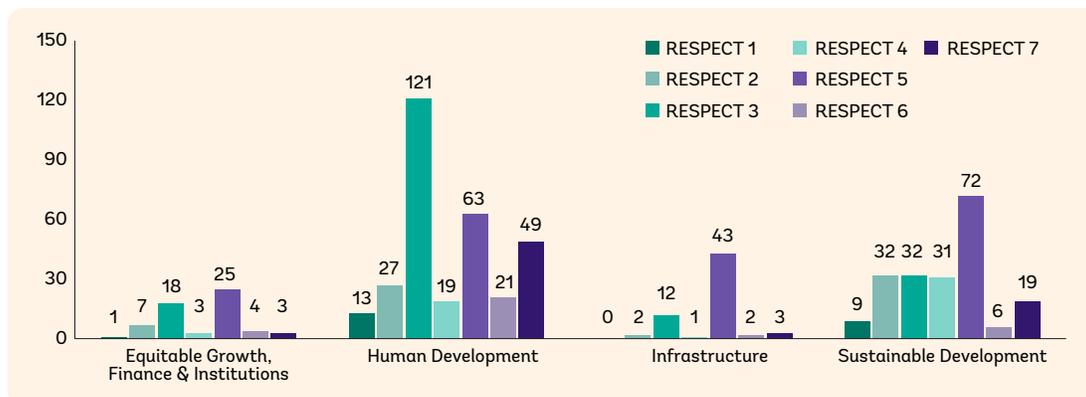
Relationship skills strengthened	Refers to strategies aimed at individuals or groups of women, men, or couples to improve skills in interpersonal communication, conflict management, and shared decision-making.
Empowerment of women	Refers to both economic and social empowerment, including inheritance and asset ownership, microfinance, plus gender and empowerment training interventions, collective action, creating safe spaces, and mentoring to build skills in self-efficacy, assertiveness, negotiation, and self-confidence.
Services ensured	Refers to a range of services, including police, legal, health, and social services provided to survivors.
Poverty reduced	Refers to strategies targeted on women or the household with the primary aim of alleviating poverty, ranging from cash transfers to savings, microfinance loans, and labor force interventions.
Environments made safe	Refers to efforts to create safe schools, public spaces, and work environments, among others.
Child and adolescent abuse prevented	Refers to establishing nurturing family relationships, prohibiting corporal punishment, and implementing parenting programs.
Transformed attitudes, beliefs, and norms	Refers to strategies that challenge harmful gender attitudes, beliefs, norms, and stereotypes that uphold male privilege and female subordination, that justify violence against women, and that stigmatize survivors. These may range from public campaigns and group education to community mobilization efforts.

Source: WHO 2019.

strategies. Most operations include activities that cover one or two RESPECT strategies (mean 1.65), with 232 operations (60 percent) covering one and 90 (23 percent) covering two. Two operations meet all seven strategies of the framework, and one fulfills six.

More than half of the 390 operations (182) include activities to strengthen systems to help women and girls to live lives free of

violence and receive the care they need if they do experience violence. These activities align with the RESPECT “services ensured” strategy (figure 5.6). Country directors and managers interviewed for this report felt the increased scrutiny of operations following the Inspection Panel cases in the DRC and Uganda, and new corporate risk mitigation requirements had offered an opportunity to the World Bank to engage more comprehensively in this area.

Figure 5.5. Distribution of RESPECT Framework Strategies among Practice Groups

Projects focusing on infrastructure improvements increasingly incorporate GBV prevention and response activities beyond the minimum requirements of SEA/SH risk mitigation. These projects fall under the RESPECT “environments made safe” strategy (figure 5.6). They are typically centered on creating physical infrastructure that is safe for women to use. Along with environmental design adjustments, infrastructure projects involve investment in design; training on codes of conduct and on the protocols of response if cases of GBV are reported; data collection; and training among staff at key institutions (transport workers or school directors, for instance) on how to recognize and respond to GBV and refer survivors to appropriate services, sometimes coupled with communication campaigns in support of prevention.

About 12 percent of operations with GBV prevention or response activities include awareness-raising interventions. This review was not able to examine whether these interventions constituted stand-alone activities or were incorporated into a broader package of activities. Systematic reviews of GBV prevention have shown that stand-alone awareness-raising activities, typically consisting of one-off social media or edutainment campaigns, are ineffective at reducing GBV in both high- and low-income countries, despite their popularity for the scale and reach they offer. However, there is evidence they can complement broader group-based or

Figure 5.6. RESPECT Framework Categories

Source: WHO (2019)

community mobilization programs for reductions in GBV (Ellsberg et al. 2015; Jewkes et al. 2020). Some of the more successful awareness-raising programs have focused on disseminating consistent messages through various media outlets (newspapers, television, radio, billboards) to amplify their exposure (Paluck and Ball 2010).

In the interviews, while TTLs and managers saw an important comparative advantage in preventing GBV through livelihoods support, only 32 operations took this approach. This represents an important potential area of growth given that the links between economic stress and GBV are well established. Thus, women in poor households face disproportionately high risks of violence.

Women and girls living in poverty are more likely to live in locations with more conflict, fewer support services, and weaker legal systems. Poverty also increases well-documented risk factors for IPV, including ill health, reduced educational opportunities, and household stress. At the same time, violence increases women's risk of poverty because of both the direct costs of violence, such as out-of-pocket health expenditures, and the indirect costs, such as reduced earnings productivity. Therefore, the relationship between IPV and poverty can be seen as mutual and reinforcing, creating either a virtuous or detrimental cycle.

Teams are deploying various lending instruments to foster GBV prevention

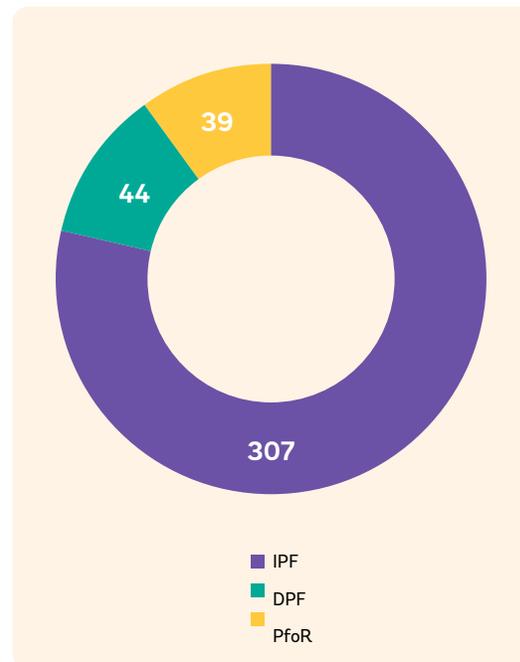
The bulk of operations (307, or 79 percent) focusing on GBV prevention and response since 2017 have been IPFs (figure 5.8.). These take the form of more traditional sectoral operations that strengthen critical systems and infrastructure.

PforR financing has been applied to incentivize institutional changes that create an enabling environment for prevention. The review found 39 operations designed as a PforR. While this represents only 10 percent of the 390 operations, there appears to be greater take-up of GBV activities because the use of PforR has been increasing generally.

The World Bank is stepping more firmly into the policy space via DPF. The 2013 review identified only six DPOs, all of which were in the Latin American and Caribbean (LCR) region, and five of which were in Brazil (Willman and Corman 2013). Today, there are 44 active DPOs with prior actions related to GBV spread across all regions.

Upstream analytical work has been a critical entry point for increases in DPOs addressing GBV to bolster women's labor force participation. In the Middle East and North Africa region, the Regional Gender Action Plan (World Bank

Figure 5.7. Projects by Lending Instrument (N=390)



2013a, 2017a) identified barriers to women's agency and economic empowerment, noting the high prevalence of GBV as a barrier. Sexual harassment on public transport and in the workplace was a key concern, exacerbated by the general lack of legislation and protocols to sanction these behaviors. This work, together with a study on women's economic empowerment (World Bank 2018b) and a study on the economic costs of GBV (CAPMAs, UNFPA, and NCW 2016), influenced the design of the Egypt Inclusive Growth for Sustainable Recovery DPO (active October 2021), which incorporates policy reforms to remove restrictions on women's employment in specific sectors and on their working hours and supports the national adoption of a code of conduct to address harassment on public transport. Likewise, core analytical work in Jordan provided the foundation for a DPO (box 5.2.) focused on improving labor markets and fiscal sustainability.

In the Pacific, DPOs are planned in the Marshall Islands, Papua New Guinea, and the Solomon Islands to address gaps in the legislation on

Box 5.2. GBV as Part of Macrolevel Reforms Promoting Gender Equality

Project: Jordan Second Equitable Growth and Job Creation Programmatic DPF (P168130)

DPF committed: US\$1,450 million

Active implementing partner: Ministry of Planning and International Cooperation

PDO: To support Jordan in establishing the foundations for (a) reducing business costs and improving market accessibility, (b) creating more flexible and integrated labor markets and providing better and more efficient social assistance, and (c) improving fiscal sustainability and taking more informed decisions regarding risk.

This DPF set out to improve female labor force participation in Jordan, which, at 14 percent, is among the lowest in the world and in the Middle East and North Africa region. A 2018 study estimated that 47 percent of nonworking women in Jordan turned down job opportunities or did not seek work because of concerns about harassment in the transport sector (World Bank 2018a). Analytical work had already examined constraints to women's labor force participation, finding that laws restricting women from working in certain occupations or at particular times of the day were important barriers.

One of the biggest factors was safe transportation, a safe workplace environment, and this is where we realized that there was a lot to do. There was segmentation in terms of . . . the times and sectors that women are not allowed to work. And some people would say this is to protect them. But there are other measures to protect females rather than just preventing them from working in certain sectors or certain times.

—Project team member

The DPF worked on this issue through two phases. The first DPF phase worked on enacting laws that allowed flexible work arrangements for women. The second DPF phase focuses on improving women's safety in the workplace and in transportation as well as amending labor regulations to reduce gendered labor segmentation. Through this DPF, the Ministry of Transport adopted a Code of Ethics and Professional Conduct to be introduced in the service agreements with transport operators with the aim of regulating the behavior of passengers and drivers and the conduct of operators on public transport. This code of conduct was also publicly disclosed by the government to ensure that service users understood the laws and the pathways to report harassment. They also adopted a mobile application that would allow women to report any violence they experienced in public transportation.

Amending regulations that prevent women from working at certain times and sectors as well as issuing publicly disclosed codes of conduct to promote a safer environment for women in public transportation and the workplace helps increase awareness. For people to start to accept that if you do this, or that this is considered harassment and a female in the public transportation or workplace can go and file a complaint, at least this is progress.... The issue was that the women were not complaining... Giving women the right and the tools to complain is an important first step to tackle the problem.

—Project team member

sexual harassment in the workplace, domestic violence, and child marriage by building on prior DPF work in Tonga and on analytical work.

In some cases, DPOs have been designed to complement the activities of partners and build momentum on key reforms. TTLs emphasized the importance of understanding the political economy to identify both high-level champions and the technical capacity within client governments and to mobilize these resources to make progress in reform. For example, a DPF loan in Uzbekistan was prepared in collaboration with UNFPA to support the approval of legislation protecting GBV survivors (box 4.1). The World Bank leveraged the political influence of the Ministry of Finance with the policy expertise of the Women's Committee and UNFPA to accomplish this and later expanded the use of the approach to other critical reforms.

DPFs used in combination with IPFs support the passage of key reforms and enable their implementation

Teams are making use of the strengths of various financing instruments to promote reform and implementation. In several countries, DPOs and IPFs have been sequenced to work on policy and regulatory change, followed by support for implementation.

For example, in São Tomé and Príncipe, the sequencing of two DPFs followed by an IPF helped set up a regulatory environment and implementation mechanisms to prevent SEA/

SH in schools. The first DPF, São Tomé and Príncipe COVID-19 Recovery and Resilience Development Policy Operation, involved the revision of school regulations to allow girls to remain in school if they became pregnant. However, there was no comprehensive policy to detect and protect against sexual exploitation and harassment in schools, and existing curricula did not equip girls with skills to manage their sexual and reproductive health. A second DPL enacted protective regulations to establish a system for reporting and referral of cases with a survivor-centered, case-management approach. This DPL also allows the acceleration of cases requiring criminal prosecution to the Ministry of Justice, institutes a code of conduct for all public-school staff, and revises the curriculum on sexual and reproductive health. These activities are expected to contribute to a reduction in dropout rates and improved learning outcomes for both boys and girls.

The two DPFs were followed by an IPF (Girls' Empowerment and Quality Education for All) aimed at implementing the new regulations. Activities include revision and rollout of curricula on sexual and reproductive health and GBV prevention, a revised code of conduct, specialized training for school leadership and teachers in recognizing and reporting on GBV, and strengthening reporting systems by hiring and training female and male guidance counselors to serve as entry points for complaints and help in community awareness raising. The activities also included coaching among teachers, school directors, and inspectors on the implementation of sexual exploitation and abuse and sexual harassment prevention modules.

6. Impacts and Multiplier Effects



Investments in GBV prevention and response generate multiplier effects

Because most activities related to GBV prevention or response are rolled into project subcomponents, this report could not arrive at a full estimate of financing. Most (79 percent) of the 390 operations focusing on GBV are IPFs; of these, over half (76 percent) include GBV-related activities within subcomponents without specified budgets in project documents. Only about 4 percent of the IPFs have full components on GBV; together, these budgets total US\$390 million. Another 1 percent (3 IPFs) are stand-alone GBV operations with project-level budgets amounting to US\$290 million. Together, these estimates add up to US\$680 million, representing only 4 percent of the 390 operations since FY2017. The remaining 11 percent of the 390 operations represent DPF loans; as fungible instruments, these do not allow for analysis of how much of the loan is channeled toward GBV-related actions.

The fact that the bulk of investments in GBV prevention and response are now financed by client countries represents a significant departure from the investments made 10 years ago, when investment in GBV prevention and response was financed primarily by trust funds. The 2013 stocktaking estimated that the typical trust fund investment ranged from US\$10,000 to US\$2 million, with an average amount of US\$450,000 per trust fund, and supported activities from analytical work to pilot interventions (Willman and Corman 2013).

Trust funds continue to play a catalytic role in fostering innovation and in leveraging larger investments by client countries. Many teams said they seek trust funds to finance targeted analytical work on specific operational challenges to inform project design and to pilot intervention models. Teams working in FCV contexts relied on trust funds to test service delivery models (such as mobile services and partnerships with local NGOs) and prevention interventions when adapting standard approaches to FCV contexts. This has been a significant contribution to the knowledge base on implementation.

The experience of the State and Peacebuilding Fund illustrates the potential for trust funds to catalyze larger investments in GBV prevention and response. As part of the IDA18 replenishment, US\$1 million was allocated from the State and Peacebuilding Fund to supply small grants to country teams. Totalling US\$50,000 each, 20 grants were awarded to support GBV activities within the design of the components of investment projects in transport, mining, energy, health, urban development, trade facilitation, and social protection. These activities directly informed the design of 15 lending operations, leveraging US\$70 million in investments.

The World Bank's internal capacity to monitor results and evaluate impact lags behind the uptick in operations on GBV

With the increase in the number of operations incorporating GBV prevention and response, there has been marked improvement in the monitoring of project results relative to 10 years ago. Many projects with GBV-related activities include results indicators for monitoring. Projects that receive the gender tag for GBV activities are required to include such indicators. These may be found on the [GBV Gender Tag Dashboard](#).

Few operations make use of implementation monitoring tools to promote ongoing learning. Rapid assessments, process evaluations, and other ways of measuring progress and generating feedback to improve project implementation are underutilized. Monitoring is mostly limited to surveys undertaken at midterm and at project completion. In cases where activities on GBV face serious constraints to implementation, there is little documentation that would help teams glean lessons to inform future projects with similar obstacles.

Some teams have built regular monitoring into stakeholder engagement plans to extract lessons during the implementation process. The Nagaland: Enhancing Classroom Teaching and Resources Project team took advantage of the

substantial community participation to develop a regular dialogue to integrate community feedback. Plans were developed to realize a process evaluation drawing on these data.

There was a range of stakeholders starting from the SEP [stakeholder engagement plan], and the participation rate was also very high. Some of these discussions were done virtually, and, despite that, we had participants from areas where perhaps internet connectivity was not so great, but there were people, you know, congregating at a point and attending and speaking to us.... The project reports to us on a monthly basis on each of the activities that they do so we get a two- or three-page document every month; there's a table with three columns: who they met, what was discussed, and the way forward.... At some point, when the medium is fully functional, I think we would like to probably do a process evaluation.

—Meghna Sharma, education specialist

The World Bank is not systematically gathering data on the impact of operations that might have direct and indirect effects on GBV. This is particularly the case for operations supporting economic empowerment, contributing to a large knowledge gap in understanding how these bread-and-butter World Bank interventions affect GBV. Other knowledge gaps center on the links between GBV and core economic outcomes, for example, labor force participation or income, that could help elucidate appropriate policy options.

There is a particularly large knowledge gap around the effectiveness of behavior or attitudinal change activities on GBV. Given the increasing number of World Bank operations that are incorporating these kinds of activities across all Global Practices and regions, and the fact that few are monitoring impact, there is ample room for improvement.

The regional Gender Innovation Labs (GILs) increasingly work to fill these gaps through

impact evaluations of programs across various Global Practices. These studies, designed and conducted in close partnership with task teams, give insight into the impact of cash transfers, public works programs, skills training, livelihood support, and other economic programs on GBV, as well as on programs to accompany economic interventions, such as gender dialogue groups and change in social norms. A summary is available in annex I.

Collecting data on GBV prevalence has budget implications

Collecting data on GBV requires special methodological considerations in order to do no harm; these add a layer of complexity and cost to monitoring and evaluation. Global best practice established by the WHO (2016a) sets out a range of considerations to ensure safety and ethics in research on GBV. These include special considerations in recruitment, training, and support so enumerators demonstrate appropriate sensitivity and can ensure the safety and privacy of respondents, as well as ethical considerations for randomization and minimum standards of care for those in study comparison arms. In many cases, this implies an additional week of training for enumerators. Including appropriate sensitivity to GBV also adds length to the survey. The Demographic and Health Surveys module on domestic violence thus requires an additional 17 questions (Measure DHS 2014).

International best practices stipulate that teams implementing surveys with questions regarding GBV must provide a referral or, if services are not available locally, a trained counselor in the event a respondent experiences distress or identifies as a GBV survivor. In more remote areas or emergency settings, it may not be possible to refer participants who disclose experiences of violence to service providers, and teams may need to make arrangements to hire psychosocial support specialists to accompany enumerators or request that the client government do so.



7. Conclusion

The expansion and diversification of World Bank investments in GBV prevention and response over the last decade indicate that governments are willing to put resources toward addressing this essential component of reducing gender inequality. In 10 years, GBV transitioned from a peripheral issue to a source of risk to be mitigated and then to a key development constraint considered squarely within the World Bank's institutional mandate. Today, with operations across 97 countries that cover all regions and Global Practices and utilize the full range of lending instruments, the World Bank has a growing knowledge base of what works in GBV prevention and response within World Bank systems.

It is too early to assess the full impact of this uptick in investment. Many operations are in the early implementation phase. The GBV-related activities involved either have not yet been undertaken or only recently launched, and monitoring and evaluation data are still limited. While the number of impact evaluations associated with World Bank-financed operations is increasing, important knowledge gaps remain in understanding the impact, as well as the cost implications, of some of the largest and most common investments, such as in strengthening health care, education, and social protection systems; increasing women's economic empowerment; improving infrastructure; and supporting macro-level reform through legislation and policy.

In the next decade, it will be important for the World Bank to turn its focus toward systematizing prevention and response across the portfolio and ensuring that investments follow the evidence. As detailed in the guiding vision at the beginning of this report, meeting the World Bank's full potential will entail strengthening the enabling conditions, incentives, and funding to bring on board specialized staff to go beyond risk mitigation and to approach GBV more holistically within operations.

How can progress toward the guiding vision be measured over the next 10 years? The journey to date suggests areas where forward movement could be maintained in the effort to end GBV. Over the next 10 years, one would hope to see the following:

- *Stronger World Bank leadership in the global movement to end GBV.* As the World Bank steps

more intentionally into the international dialogue on GBV, the next 10 years could see it take on a greater role in areas within its comparative advantage, including a shared, global research agenda; support for national plans and strategies; and the strengthening of critical systems in health, education, employment, and infrastructure.

- *Deeper and more accessible technical expertise.* Efforts to train World Bank staff across the institution and to build a stronger pool of local experts in client countries can be expected to pay off in the coming years through continued investment. This will make it easier to meet the enabling conditions for ensuring technical rigor in GBV-related activities in World Bank operations.
- *Consistent tracking of World Bank investments in GBV across the portfolio.* It is difficult to assess the magnitude of the uptake of GBV-related activities in World Bank operations, given that most are integrated into subcomponents without dedicated budget allocations. More systematic tracking of what operations are doing, including how much they are investing in staff and financial resources, and monitoring implementation challenges and lessons will strengthen the knowledge base for the future.

The World Bank stands to make more significant gains toward reducing GBV by encouraging all teams to work through sectoral entry points and consistently think beyond risk mitigation and more toward preventing violence before it occurs. Ultimately, creating conditions that protect against violence and encourage survivors to seek help will translate into more positive development outcomes overall.

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Annex A. Methodology

The report methodology replicates and builds on that used for the 2013 report (Willman and Corman 2013). It triangulates data from the Operations Portal, project documents, and interviews but has added interviews with country directors and managers, practice managers, GIL colleagues, specialists in GBV, and regional GBV focal points, the last two of which are new additions to World Bank staffing. It was not feasible to interview TTLs for all 390 operations identified for this review; therefore, the team requested recommendations from focal points to derive a purposive sample of projects for deeper analysis through interviews and in-depth review of project documents, as described in more detail below and in annexes B–C.

The review methodology excludes material outside the report objectives to review progress on GBV prevention and response within World Bank lending operations and to inform future operations. Lending operations with activities limited to sexual exploitation and abuse and sexual harassment risk mitigation are excluded. Analytical pieces on GBV produced by the World Bank are also excluded, except where they have directly informed lending operations. Investment in GBV prevention and response made by the World Bank not directly linked to an operation are excluded; for example, the Development Marketplace: Innovations to Address Gender-Based Violence, which invested US\$5 million with a partner, the Sexual Violence Research Initiative, to contribute to the evidence base on effective programming in GBV was excluded.¹⁷

This report does not include a comprehensive review of the literature on GBV prevalence, drivers, and protective factors or of the evidence base for prevention programs. These aspects have been reviewed extensively elsewhere, and a summary is offered in annex E.

Portfolio Review

The portfolio review is based on the identification of 390 lending projects approved between FY2017 and FY2022 that included GBV prevention and response activities. Operations including only SEA/SH risk mitigation mechanisms were excluded. The review covers only lending operations; analytical work is considered within the lending operations it informs, not as a separate product.

The 390 operations were identified through a systematic review of operations against the corporate scorecard Tier 3 indicator: number of IDA-supported operations that address and respond to GBV. This indicator was initiated with the IDA18 cycle (July 1, 2017–June 30, 2020) with the Gender Group responsible for the review of operations for reporting. The review looks at all board-approved operations, including World Bank-funded projects, both those gender tagged and not gender tagged. Because projects were not screened for GBV activities prior to FY2017, it was not feasible to include operations active between 2012 and 2017 for deeper

¹⁷ See Development Marketplace: Innovations to Address Gender-Based Violence (dashboard), World Bank, Washington, DC. <https://www.worldbank.org/en/programs/development-marketplace-innovations-to-address-gender-based-violence>.

Box A.1. Rapid Review of Operations FY2013–FY2016

The bulk of this report has focused on the years since FY2017, when all operations were screened for GBV prevention and response through the corporate scorecard. The team also took a look at earlier years, that is, between FY2013 and FY2016.

Methodology: Leveraging the text and data analytics service from the Data and Information Management unit, the team was able to identify a universe of 51 operations approved between FY13 and FY16 that each included at least one of the following keywords: domestic violence, early marriage, female genital cutting, female genital mutilation, FGC, FGM, forced marriage, forced prostitution, GBV, gender-based violence, harmful traditional practice, honor killing, intimate partner violence, IPV, marriage, sexual abuse, sexual exploitation, sexual harassment, sexual violence, trafficking, VAW, VAWG, violence against women, and violence against women and girls.

Reviewers screened project appraisal documents and/or project documents (a) to understand whether each operation includes activities to prevent and respond to GBV that go beyond sexual exploitation and abuse and sexual harassment mitigation and (b) to determine alignment with RESPECT strategies to prevent and respond to GBV.

Results: Half the operations identified GBV as social risks that project countries were facing (26 projects). A small number of projects incorporated only sexual exploitation and abuse and sexual harassment measures (3 projects), though this is still notable because these projects were prepared before the World Bank formalized the SEA/SH mitigation guidance. Meanwhile, 22 projects sought to prevent and respond to GBV beyond SEA/SH risk mitigation.

These operations represent most regions and eight sectors (Education; Finance, Competitiveness, and Innovation; HNP; Social Protection and Jobs; SSI; Transport; Urban, Resilience, and Land; and Water). The largest number of operations is led by Social Protection and Jobs and HNP. Similar to the FY2017–FY2022 portfolio, operations are mostly focused on ensuring service delivery (41 percent), creating safe spaces (18 percent), and the empowerment of women (18 percent).

analysis, though a brief analysis of pre-FY2017 operations is included in box A.1.

The Gender Group's gender tag reviewers review all board-approved projects in a fiscal year. During their review, they mark those projects that include a reference to GBV in any form in the project appraisal document or project document, and compile project details in a bespoke database. The Gender Group's GBV team then reviews this information compiled separately by gender tag reviewers on projects with any reference to GBV to assess whether project activities are limited to risk mitigation of sexual exploitation and abuse

and sexual harassment or go further to focus on GBV prevention and/or response.

The Gender Group GBV team considers that a project meets the corporate scorecard indicator if it includes a clear description of actions that seek to prevent or respond to GBV. Projects that undertake only risk mitigation measures for SEA/SH (for example, ensuring codes of conduct are signed by contractors, establishing grievance mechanisms for reporting on sexual exploitation and abuse and sexual harassment, mapping service providers for case referral, and so on) are not considered to satisfy the corporate scorecard criteria.

Projects that may potentially have an impact on GBV, but do not articulate project activities to be geared toward addressing GBV are not included as meeting the corporate scorecard criteria.

To ensure consistency of methodology with corporate reporting, the portfolio review team did not exclude projects that were closed or cancelled before becoming effective or disbursing funds. Less than 3 percent of projects had this issue.

The portfolio review is solely based on the review of project documents as noted above.

Activities designed or modified (including through project restructuring) after project approval have not been covered by the review. The team was able to collect information on project implementation and adjustments to the original design only for those 24 projects selected for structured interviews (see below and annex A).

The team manually screened project appraisal documents and project documents as well as other relevant project documents to answer the following questions:

RQ1 PDO: Is addressing GBV spelled out as part of the PDO?

RQ2 Intervention Focus: With which RESPECT strategy (strategies) do activities to prevent and respond to GBV align? (see box 5.1)

RQ3 Type of Intervention: What form(s) do activities to prevent and respond to GBV take?

To explore this research question, a typology was developed based on the intervention categories put forth by Ellsberg et al. (2015) and adapted as appropriate by the portfolio review team, as follows:

- Group training for women and girls
- Group training for women and men
- Group training for men
- Group training and community mobilization programs
- Community mobilization for all

- Edutainment plus group education
- Awareness-raising campaigns
- Livelihood programs
- Systemwide approaches (strengthening delivery of service, such as health worker outreach, justice and law enforcement, provision of services etc.)
- Women-centered programs (counselling, PEP, EC, safety planning)
- Perpetrators programs
- One-stop crisis centers
- Shelters
- Women's police stations
- Victim advocacy
- Information and communication technology services (hotlines, mobile apps)
- Stronger data generation and evaluation capacity
- Investment in and improvement of infrastructure
- Legal and policy reform
- Gap analysis and research/studies for actions
- Positive organizational cultures and structures for organizations and institutions

RQ4 Budget: Is there resource commitment for activities to prevent and respond to GBV? Are these activities at the project, component, or activity level? How much is allocated?

RQ5 Counterpart: Who is (are) implementing agency (agencies)?

RQ6 Cross-sector collaboration: Is there cross-sector collaboration for implementing the project?

Structured Interviews and Consultations

The team selected a purposive sample of 24 projects from the total population of 390 operations to determine a sample of TTLs for structured interviews and case studies. Purposive sampling has gained ground in implementation research because it allows researchers to select cases that enable an understanding of

the factors affecting the outcomes and impacts of interventions. A purposive sample is appropriate in this case given the amount of information available about World Bank operations to inform case selection. While the sample is not statistically representative of the universe of 390 operations, the data are qualitatively generalizable in drawing lessons for the implementation of GBV prevention and response activities.

The following criteria informed selection of projects for interviews and case studies:

- representative of the scope of the World Bank’s work on GBV;
- includes models that are replicable and scalable;
- offers balance by sector, region, lending instrument, FCV status, and country income level.

The team began by asking GBV focal points in the Social Sustainability and Inclusion Global Practice to recommend the five GBV-focused operations most aligned with good practice in their region, regardless of whether the projects had been gender tagged. To identify the most

data-rich cases, the team focused on sectors where the World Bank has more operations integrating GBV prevention and response. The selection considered regional investments in GBV with a larger number of projects selected in Africa and South Asia given the level of financing and significant number of operations addressing GBV in these two regions. These were reviewed according to the selection criteria, and 24 projects were chosen for interviews.

Prior to the interviews of task teams, the team conducted an in-depth review of project documents to analyze GBV actions in project design including components as well as gender and GBV inclusion strategies outlined by the projects to guide the discussion with task teams. The questionnaire used for these interviews is included in annex B. The focus of the discussion was less on project design—as this information was to a large extent available from project documents— but rather on the key factors that influenced client demand, the expertise available to ensure quality at entry and in project design, and the role of partnerships and strategies to monitor implementation and evaluate impact.

Table A.1. Regional and Sectoral Distribution of Projects Selected for Task Team Interviews

Global Practice	AFE	AFW	EAP	ECA	LCR	MNA	SAR	Total
Digital Development					1			1
Education	1	1					1	3
Health, Nutrition, and Population	1	2					1	4
Macroeconomics, Trade, and Investment			1	1		2		4
Social Protection and Jobs		1	1		1		1	4
Social Sustainability and Inclusion	1				1			2
Social, Urban, Rural, and Resilience	1		1				1	3
Transport	1	1					1	4
Total	5	5	3	1	3	2	4	24

Note: AFE = Eastern and Southern Africa; AFW = Western and Central Africa; EAP = East Asia and Pacific; ECA = Eastern Europe and Central Asia; LCR = Latin America and the Caribbean; MNA = Middle East and North Africa; SAR = South Asia.

Altogether, 54 World Bank staff were interviewed. These included 35 task team staff covering the 24 projects. Managers from five CMUs were selected for interviews to generate insights on client dialogue in both middle- and low-income countries as well as FCV and non-FCV contexts and to take into account regional variations in the update of GBV response. Finally, the team held focus groups with GBV SSI focal points from four regions and with colleagues from the Gender Innovation Lab Federation. All interviewees are listed in table A.3.

Each interview lasted 60–90 minutes and followed a structured guide provided in advance to interviewees (see annex B). With the consent of the interviewees, each interview was recorded and transcribed using Otter.ai software.

The team also conducted two consultations with development partners in December 2022. The objectives for these consultations were to gather feedback on the proposed lessons and recommendations gained from the analysis and invite guidance on how the World Bank's work on GBV prevention and response might be better aligned with the efforts of development partners going forward. A list of organizations that participated in the consultations is included as annex D.

Qualitative data analysis

The 24 interview transcripts were manually cleaned and coded separately by two researchers, who then compared emerging themes.¹⁸

Because the intent of the interviews was to examine the experience of various project teams and garner lessons, the researchers adopted an iterative approach to content analysis of the data, allowing themes to be added and modified as the analysis proceeded. This also provided flexibility in the ways particular concepts might emerge in the interviews. This allowed the team, for example, to note the different ways interviewees discussed the topic of corporate requirements, whether by explicitly using acronyms (ESF, SEA/SH, gender tag) or in broader terms of risk mitigation.

The team then employed automated analysis using Atlas software to validate the findings based on keywords developed in the raw coding. A list of the codes is contained in annex C.

Case study analysis of projects

The team selected 10 projects from the purposive sample (24) of projects to draw out richer analysis on specific operational lessons highlighted in the interviews. Case studies were chosen with a view to obtaining regional and sectoral balance, as well as reflecting the application of different financing instruments. The team reviewed interview data and project documents in depth and reached back out to interviewees for additional information as needed. The case studies are integrated throughout the report to complement the discussion of strategic and operational lessons.

¹⁸ A total of 54 staff members participated in 24 interviews for the qualitative analysis portion of the report.

Table A.2. Summary of Case Studies and Operational Lessons

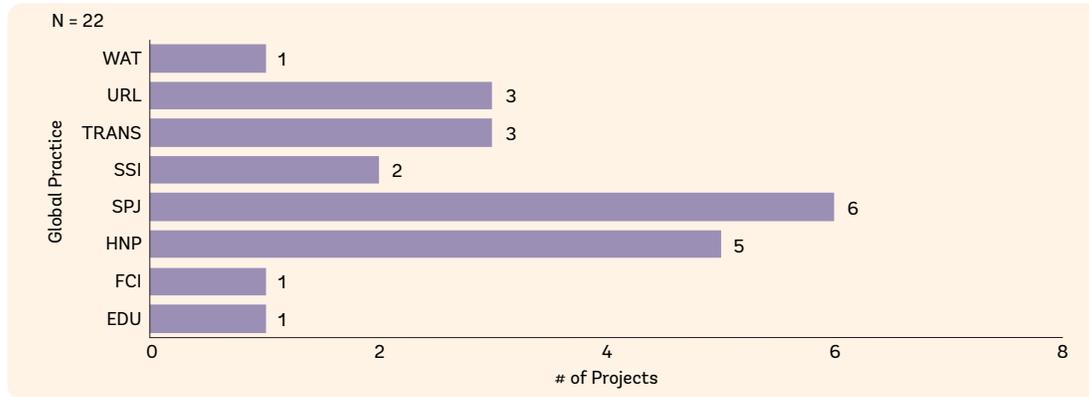
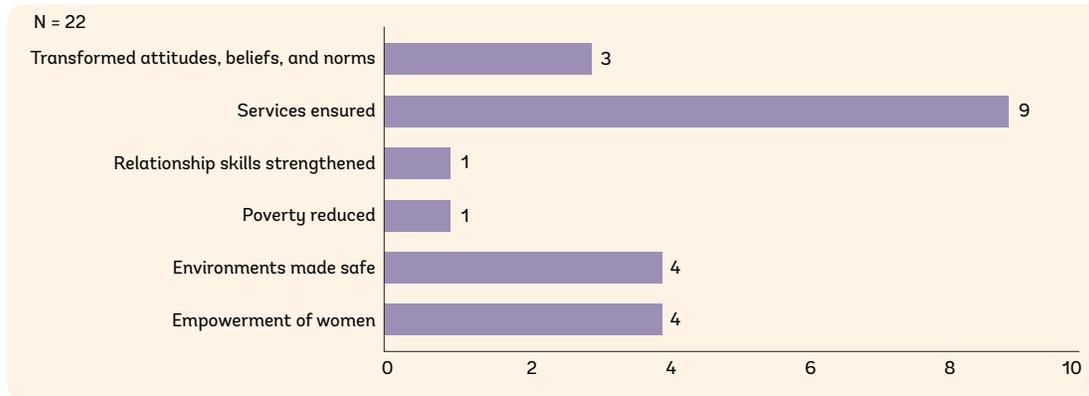
Country	Name	Global Practice	Instrument	Operational lesson
Nigeria	Nigeria for Women	Social Sustainability and Inclusion	IPF	Building national capacity for coordination and implementation
Uzbekistan	Supporting Transparent and Inclusive Market Transition	Macroeconomics, Trade, and Investment (cross-Global Practice collaboration with Agriculture and Food; Energy and Extractives; Finance, Competitiveness, and Innovation; Poverty and Equity)	DPF	Importance of political economy in finding ways to bring together policy leadership, high-level championship, and budgetary financial commitments
Kenya	Second Africa COVID-19 Emergency Response	Health, Nutrition and Population (component led by Social Sustainability and Inclusion)	IPF	Cross-Global Practice collaboration for GBV prevention within health systems strengthening
Democratic Republic of Congo	Gender-Based Violence Prevention and Response	Social Sustainability and Inclusion	IPF	Complementing government-led services with the support of dedicated and specialized nongovernmental organizations to ensure accessible services for survivors
Bangladesh	Health and Gender Support Project for Cox's Bazar District	Health, Nutrition, and Population (cross-Global Practice collaboration with Gender)	IPF	Building on national systems for multisectoral, survivor-centered response
Jordan	Second Equitable Growth and Job Creation	Macroeconomics, Trade, and Investment	DPF	Promoting macro-level reforms to prevent GBV as part of gender equality
Tanzania	Citizen-Centric Judicial Modernization and Justice Services Delivery	Governance	IPF	Mobilizing sectoral entry points for GBV prevention
Fiji	Fiji Social Protection COVID-19 Response and System Development Project, Additional Financing	Social Protection and Jobs	IPF	Adding value in a crowded donor space
Ecuador	Territorial Economic Empowerment for the Indigenous, Afro-Ecuadorians, and Montubian Peoples and Nationalities Project	Social Sustainability and Inclusion	IPF	Added value for partnering with civil organizations and community leaders to design and implement projects
India	Chennai City Partnership: Sustainable Urban Services Program	Urban, Resilience, and Land	Program-for-results	Supports mechanisms for continued data collection and analysis to inform implementation

Full list of interviewees

Table A.3. The Interviewees

No	P-number	Project	Interviewees	Date
1	P171648	Health and Gender Support Project	Sabah Moyeen and Bushra Binte Alam	2022-06-29
2	P166763	Democratic Republic of Congo–GBV Prevention and Response Project	Verena Phipps	2022-06-29
3	P173283	Territorial Economic Empowerment for the Indigenous, Afro-Ecuadorians and Montubian Peoples and Nationalities	Mariana Felicio	2022-07-11
4	P170658	Centralized emergency response system project	Axel Rifon Perez, Mariana Felicio and Maria Jose Vidal Roman	2022-09-08
5	P172213	Nagaland: Enhancing Classroom Teaching and Resources	Meghna Sharma	2022-08-10
6	P171125	Mauritania Social Safety Net	Julia Vaillant	2022-09-02
7	P172742	Tonga Second Resilience DPO with a Catastrophe-Deferred Drawdown Option	Andrew Blackman and Kim Alan Edwards	2022-07-22
8	P161320	Solomon—Community Access and Urban Services Enhancement	Sonya Woo	2022-08-09
9	P161364	Nigeria For Women Project	Victoria Esquivel-Korsiak, Michael Gboyega Ilesanmi and Yetunde Fatogun	2022-07-20
10	P158231	Integrated Feeder Road Development Project (IFRDP)	Nargis Ryskulova and Monica Augustina Cristin Moldovan	2022-09-15
11	P171311	Egypt Inclusive Growth for Sustainable Recovery	Amal Faltas and Niyati Shah	2022-08-02
12	P168130	Jordan Second Equitable Growth and Job Creation Programmatic DPF	Khalid Ahmed Ali Moheyddeen	2022-09-12
13	P172605	Salvador Social Multi-Sector Service Delivery Project II	Rovane Battaglin Schwengber	2022-08-08
14	P166732	Karachi Mobility Project in Pakistan	Lincoln Flor and Hasan Afzal Zaidi	2022-08-11
15	P168725	Bangladesh Third Programmatic Jobs DPC	Aline Coudouel	2022-08-17
16	P171751	Uzbekistan: Supporting a Transparent and Inclusive Market Transition	Vinayakraj Nagaraj	2022-09-09
17	P164953	Health System Support and Strengthening Project (SENI)	Mahoko Kamatsuchi	2022-09-06
18	P168699	Girls Empowerment and Learning for All Project	Peter Holland	2022-07-20

No	P-number	Project	Interviewees	Date
19	P164932	Improving Results in Secondary Education (IRISE)	Alonso Sanchez and Oni Lusk-Stover	2022-08-22
20	P176407	Second Additional Financing for Kenya COVID-19 Health Emergency Response Project	Lisa Schmidt and Verena Phipps	2022-08-25
21	P173711	Connecting Madagascar for Inclusive Growth	Ziad Salim EL Nakat, Karla Dominguez Gonzalez and Andrianjaka Rado Razafimandimby	2022-09-15
22	P177674	Fiji Social Protection COVID-19 Response and System Development Project—Additional Financing	Sandor Karacsony and Kenia Hatsue Silva Parsons	2022-09-20
23	P166813	Sahel Women's Empowerment and Demographic Dividend Project	Margareta Norris Harrit	2022-10-18
24	P175221	Chennai City Partnership: Sustainable Urban Services Program	Gerald Paul Ollivier, Henrike Brecht, Sarah Natasha and Mitali Nikore	2022-11-15
25	N/A	Nepal CD	Lada Strelkova	2022-08-17
26	N/A	Middle East and North Africa CD	Janette Uhlmann (for Marina Wes)	2022-09-28
27	N/A	Democratic Republic of Congo CD	Jean-Christophe Carret	2022-09-14
28	N/A	Bolivia CD	Indu John-Abraham	2022-08-30
29	N/A	Bangladesh PL	Dandan Chen	2022-08-24
30	N/A	Practice Manager, Social Sustainability and Inclusion, South Asia	Robin Mearns	2022-04-19
31	N/A	Practice Manager, Social Sustainability and Inclusion, Africa	Senait Assefa	2022-06-13
32	N/A	Practice Manager, Transport, Africa	Maria Marcela Silva	2022-04-28
33	N/A	Practice Manager, Poverty and Equity, Latin America and the Caribbean	Ximena Del Carpio	2022-05-12
34	N/A	Global Director, Transport	Nicolas Peltier	2022-04-26
35	N/A	GBV Retrospective Focus Group discussion with GIL Federation	Jacobus Joost De Hoop, Elizaveta Perova, Rachael Susan Pierotti, Michael B. O'Sullivan and Julia Vaillant	2022-09-14
36	N/A	GBV focal points in Africa, Latin America and the Caribbean, and EAP	Elizabeth Graybill Michael Mahrt Manuel Contreras-Urbina Niyati Shah Giorgia DeMarchi Sama Khan	2022-06-21
37	N/A	Discussion on ESF, sexual exploitation and abuse and sexual harassment	Alexandra Bezeredi	2022-07-27

Figure A.1. Projects Contributing to GBV Prevention and Response, 2013–16**Figure A.2. Distribution of RESPECT Framework Categories, 2013–16**

Annex B. Structured Interview Guides for Task Teams

Questionnaire for TTLs

1. Tell us about the client dialogue on gender-based violence (GBV) and your project.

- a. How would you describe client demand initially, and how has it changed?
- b. What operational angle did the team take in client dialogue? Ex: Economic empowerment, risk mitigation?
- c. Were there champions within the government, and if so, how did the team work with them?
- d. Did the COVID-19 crisis provide more impetus or opportunities?

2. What role did the CMU/senior management play in the dialogue on GBV?

- a. If this was a priority already, why?
- b. If it was not a priority, did the project influence this, and if so, how?

3. What role did sexual exploitation and abuse and sexual harassment requirements introduced with the new ESF play in project dialogue with the client and CMU, and how did they affect project design? What about the gender tag requirements?

4. How did the team choose this project design?

- a. Choice of instrument (DPO, IPF, MPA, and so on)?
- b. Component or stand-alone project?
- c. New project or scale-up of existing project?
- d. Target geographic areas and beneficiaries?
- e. Choice of government counterpart and whether/how to work through government systems or a third party?
- f. What kinds of consultations/collaborations informed the design (that is, safety walks/audits, meetings with civil society organizations, the United Nations, working groups)?
- g. What kind of analytics informed the design? For instance, did you commission specific reports, work with particular experts (internal or external), rely on certain datasets/guidelines (for example, the VAWG Resource Guide)?¹⁹

¹⁹ See VAWG (Violence against Women and Girls) Resource Guide, World Bank, Washington, DC. <https://www.worldbank.org/en/programs/violence-against-women-and-girls/resources>.

- i. Did you use the project budget to finance this, or was there another source of funds (TF)? If the latter, which one?
- h. Tell us about monitoring and evaluation.
 - i. How is the project monitoring results (indicators, framework)?
 - ii. Who is conducting the evaluation (GIL, research institution)?
 - iii. What is the cost of evaluation and source of financing?

5. Where did the team go for support in design and implementation?

- a. Technical advice/knowledge?
 - i. GIL or other World Bank Global Practices, such as SSI, Gender Group, including the GBV Community of Practice (CoP)?
 - ii. External partners: United Nations agencies, local NGOs, international NGOs
- b. Implementation support
 - i. Who were the partners and for which activities? Local NGOs? United Nations agencies?

6. What would be most helpful to you that we need to include in this report?

Interview guide for country directors and managers and practice managers

1. How have you seen the GBV agenda evolve over the last few years in your particular CMU/set of countries?
 2. What are some of the key factors that are driving those changes? How do you see the role of the CMU/Country Leadership team in that process?
 3. What are some of the pathways to dialogue with clients that have proven most successful? Why? What have the key entry points for the discussion been?
 - Government champions
 - Role of local constituencies/women's movements
 - COVID-19 and pressure for services
 - Conflict and acknowledgement of the need for services
 - Women's Economic Empowerment
 - Demonstration effect of other operational engagements in the region (by World Bank/by other partners)?
 - Risk mitigation and sexual exploitation and abuse and sexual harassment (Democratic Republic of Congo/Uganda inspection panel effect)?
-

4. Where does/can the dialogue get stuck/where do you see pushback? Why?

- The dialogue is easy but no willingness to engage on operations/borrowing (GBV usually grant funded by the United Nations, for example)
- Country environments where discussions of the topic are particularly challenging (social norms)

5. What technical expertise/know-how is available at the sector/country level? What expertise is missing to take the agenda/dialogue to the next level/or to address big-picture bottlenecks?

- Key sectors and teams that have been able to move forward with the agenda—any sectors that have been better placed
- Role of GBV experts in the region, expert consultants/outsourcing
- Role of partners in country (UNFPA, others)
- Dialogue with local civil society/consultations

6. What role do upstream analytics and impact evaluation play in helping to move the dialogue forward? Relevant/not relevant? Most useful in any specific “format?”

- Probe for role of the sectors and GIL in building the evidence base
- Probe for the role of Systematic Country Diagnostic (SCD)/gender assessments and inputs into Country Partnership Framework (CPF) and Gender Action Plan
- Probe for portfolio risk reviews/Women’s Economic Empowerment pieces

Focus group discussion questions for GILs**1. Where do you see the World Bank’s work on GBV in 10 years? What is GIL’s role in that?****2. How do you develop the GIL research agenda around GBV?**

- a. Follow-up: How much comes from discussion with operational teams, gaps in the global evidence base, etc.?
- b. How is the GIL research agenda informed by global evidence, that is, the RESPECT framework?

3. What are the mechanisms/process by which your work on GBV feeds into operations?

- a. Follow-up: Do operational staff peer review reports? Do they ever co-author papers, etc.? Do you present research to teams? Organize learning events for teams, etc.?
- b. Do you work more with some sectors/teams than others? Why/why not?
- c. What does your work with teams usually look like? (Does a GIL staff join the task team? Do you come in at the Project Concept Note (PCN) stage or later?)
- d. Who funds the study? Do you work with an operational team in developing funding proposals?

4. To what extent have you observed that World Bank operations are applying the lessons learned from GIL in our country portfolios?

- a. Where are the gaps? Are there areas where the evidence base is solid (that is, cash transfers) but where operations haven’t picked up the lessons?

Focus group discussion questions for GBV specialists

1. Where do you envision the World Bank to be on GBV prevention and response work in 10 years?

2. How has the work over the last few years enabled this vision to be possible?

Building on your past years of engagement with clients, could you please share factors that have led to successful engagement on GBV—with clients/task teams? Factors include the following:

- a. Client demand/interest
- b. Push from the management
- c. Analytics and trainings that recommend GBV prevention/response as a way to achieve other development outcomes
- d. Gender tag requirements—how useful have they been/not been in your region?
- e. ESF requirements—how useful have they been/not been in your region?

What is the engagement model in your regions/subregions? Are there any sectors/CMUs that are easier to work with over others, and if so, why is it the case? (i.e. CMU preference, awareness among TTLs, and so on)?

3. What is missing for the 10-year vision to be realized (institutionally, technically, etc.)?

Annex C. Coding Keywords for Atlas

Table C.1.: Summary of Codes Used to Conduct Interview Qualitative Analysis

Group code	Code	Definitions	Keywords
Client dialogue			
Initiating conversation	Client	Intervention developed because of clients' demand	Agenda Client Dialogue
	World Bank management	Intervention developed because of management's request	
	Analytical underpinnings	Intervention recommended by analytics/ data	
Champions	Champions	Role of champions in government	Champions
Entry points	Econ. Empowerment	GBV as an impediment to women's economic empowerment	Economic empowerment Safety Safeguard COVID Corporate requirement
	Women's safety	GBV as a major issue for ensuring women's safety in public spaces	
	Need for service delivery	Lack of systems/capacity to deliver GBV services	
	COVID	Impact of COVID-19 as a channel to draw clients' attention to GBV	
	Corporate requirement	Corporate requirements to introduce the topic of GBV	
Corporate requirements			
Sexual exploitation and abuse and sexual harassment (SEA/SH) requirement	SEA/SH requirement: helpful	SEA/SH requirement provided an opportunity to discuss intervention beyond mitigation	Mitigation ESF Corporate requirement Gender tag
	SEA/SH requirement: not helpful	SEA/SH requirement did not help prompt clients' interest in addressing GBV	
Gender tag requirement	Gender tag requirement: helpful	Gender tag requirement provided an opportunity to discuss interventions to address GBV	
	Gender tag requirement: not helpful	Gender tag requirement did not help bring the GBV discussion to the table	

Group code	Code	Definitions	Keywords
Project implementation			
Partnership, collaboration	United Nations agencies	Partners with United Nations agencies to design and implement GBV activities	Counterparts Partners United Nations
	CSO, foundations	Partners with civil society and foundations to design and implement activities	
	Private sector	Partners with the private sector to design and implement GBV activities	
Social norms	Social norms		Social norms

Annex D. Partner Organizations and Donor Communities Consulted

- Agence Française de Développement
 - Collective Action to Reduce Gender-Based Violence
 - European Commission
 - Ford Foundation
 - Foreign, Commonwealth, and Development Office
 - Global Affairs Canada
 - Global Women's Institute, The George Washington University
 - Irish Aid
 - Makerere University
 - Making Cents International
 - Office of Research–Innocenti, United Nations Children's Fund
 - Sexual Violence Research Initiative
 - United Nations Population Fund
 - United States Agency for International Development
 - United States Department of State
 - Wellspring Philanthropic Fund
 - World Health Organization
-

Annex E. IFC GBV and Harassment Interventions 2014–22

Since 2014, IFC has been building the business case to address the impacts of gender-based violence (GBV) and harassment on work. Whether it happens at work, in work-related settings, or in the home or community, GBV and harassment can negatively affect employees and directly influence the financial performance of companies. Creating respectful workplaces free from all forms of violence and harassment, including customer and client aggression, workplace bullying, sexual harassment, domestic and sexual violence, and sexual exploitation and abuse connected to the workplace, has the potential to increase employees' sense of safety and agency; improve the financial performance of businesses; strengthen social cohesion; and generate positive spillover effects in the community.

To help mitigate the negative impacts of GBV and harassment, IFC has conducted research across multiple markets to demonstrate the cost to business associated with GBV and harassment and encourage private sector businesses to take a proactive approach to address these issues. For example, research on [Fiji](#) shows that companies lose almost 10 days of work per employee each year because of lost staff time and reduced productivity (IFC 2019); similar costs have been found in [Papua New Guinea](#) (IFC 2021), [Myanmar](#) (IFC 2019), [Solomon Islands](#) (IFC 2019), and [Sri Lanka](#) (IFC 2022).

IFC has also developed workplace tools and resources to help companies implement proactive measures, such as model human resources policies, training, communications materials,

and monitoring and evaluation tools. IFC has supported over 50 companies to implement these approaches through direct client advisory and peer-learning platforms, predominantly in Asia-Pacific.

IFC established the Papua New Guinea Business Coalition for Women (BCFW) to raise awareness and help businesses to address the impacts of domestic and sexual violence on work. This included implementing practical solutions for building respectful and supportive workplaces and led to the establishment of Bel Isi, an employer-supported safe house and case management service in Port Moresby. Elsewhere in the Pacific, IFC has worked with companies from Fiji, Solomon Islands, and Vanuatu to implement policies and practices to address the impacts of GBV and harassment on work. This work is demonstrating results. For example, at a security services company in Fiji, staff attrition fell by 50 percent, leading to savings on the costs of recruitment and training.

IFC is now scaling up its work to support companies to address GBV and harassment, including by building the capacity of IFC staff and consultants, as well as external training partners, to deliver advisory services on this topic. In the framework of the Respectful Workplaces Program, IFC is conducting a competency-based training program on workplace responses to GBV and harassment, targeting at least 50 trainers and 100 entities by 2026. Through December 2022, the training was delivered to 39 trainers from 21 institutions and on-delivered to 1,597 individuals. This training is

expected to equip participants to on-deliver training and consulting services aimed at addressing GBV and harassment and at building more gender-equal and safer workplaces. In Sri Lanka, IFC has partnered with leading training organizations and industry bodies to deliver company-level training at scale across the private sector. An initial 10 companies have completed the training, with 40 more expected before the end of FY2023. In Vietnam, IFC is supporting an international clothing retailer to pilot the respectful workplaces program across 15 factories, before rolling it out across their 600,000 people supply chain. In FY23 and FY24, IFC plans to deliver targeted interventions to address GBV and harassment in several countries, including Kenya, Mexico, Nepal, Nigeria, South Africa, and Vietnam, and across the Caribbean.

Annex F. PDO: Stand-Alone GBV Prevention Projects and Operations

Table F.1. Stand-Alone GBV Prevention Projects

P-code	Project name	Global Practice	Country	Region
P171648	Health and Gender Support Project for Cox's Bazar district	Health, Nutrition, and Population (co-lead Social, Urban, Rural, and Resilience)	Bangladesh	SAR
P16044*	Uganda (UG)—Strengthening Social Risk Management and Gender-Based Violence	Social, Urban, Rural, and Resilience	Uganda	AFE
P166763	Democratic Republic of Congo—Gender Based Violence Prevention and Response Project	Social, Urban, Rural, and Resilience	Democratic Republic of Congo	AFE

Note: AFE = Eastern and Southern Africa; SAR = South Asia.

* This project was closed before effectiveness.

Table F.2. Operations: GBV Integrated in PDOs

P-code	Project name	Global Practice	Country	Region
P170664	Adolescent Girls Initiative for Learning and Empowerment	Education	Nigeria	AFE
P176867	Primary Education Equity in Learning Program	Education	Kenya	AFE
P164953	Health System Support and Strengthening Project	Health, Nutrition, and Population	Central African Republic	AFW
P171648	Health and Gender Support Project for Cox's Bazar district	Health, Nutrition, and Population (co-lead Social Sustainability and Inclusion)	Bangladesh	SAR

P-code	Project name	Global Practice	Country	Region
P177003	CAR Health Service Delivery and System Strengthening Project (SENI-Plus)	Health, Nutrition, and Population	Central African Republic	AFW
P173677	Liberia Women Empowerment Project	Social Sustainability and Inclusion	Liberia	AFW
P176900	South Sudan Women's Social and Economic Empowerment Project	Social Sustainability and Inclusion	South Sudan	AFE
P177233	Response-Recovery-Resilience for Conflict-Affected Communities in Ethiopia Project	Social Sustainability and Inclusion	Ethiopia	AFE
P143495	Guatemala (GT): Urban Infrastructure and Violence Prevention	Social, Urban, Rural, and Resilience	Guatemala	LCR
P160447*	Uganda (UG)—Strengthening Social Risk Management and Gender-Based Violence	Social, Urban, Rural, and Resilience	Uganda	AFE
P166763	Democratic Republic of Congo—Gender Based Violence Prevention and Response Project	Social, Urban, Rural, and Resilience	Congo, Dem. Rep.	AFE

Note: AFE = Eastern and Southern Africa; AFW = Western and Central Africa; LCR = Latin America and the Caribbean; SAR = South Asia.

* This project was closed before effectiveness.

Annex G. RESPECT Framework: Common Interventions and Examples

Table G.1. Summary of Recommended Interventions, by RESPECT Framework Category

RESPECT category	Interventions recommended	LMIC	HI	Example
Relationship skills strengthened	Group-based workshops with women and men to promote egalitarian attitudes and relationships	Promising	More evidence needed	In the two-year period following the implementation of Stepping Stones in South Africa with female and male participants aged 15–26 years, men were less likely to perpetrate IPV, rape, and transactional sex in the intervention group compared to the baseline.
	Couples counselling and therapy	More evidence needed	Promising	
Empowerment of women	Empowerment training for women and girls including life skills, safe spaces, and mentoring	Promising	More evidence needed	The IMAGE project (Intervention with Microfinance for Aids and Gender Equity) in South Africa empowers women through microfinance together with training on gender and power and community mobilization activities. Studies show it reduced domestic violence by 50 percent in the intervention group over a period of two years. At US\$244 per incident case of partner violence averted during a two-year scale-up phase, the intervention is highly cost-effective.
	Inheritance and asset ownership policies and interventions	Promising	No evidence	
	Microfinance or savings and loans plus gender and empowerment training components	Conflicting	No evidence	
Services ensured	Empowerment counselling interventions or psychological support to support access to services (i.e. advocacy)	More evidence needed	Promising	The Community Advocacy Project in Michigan and Illinois, United States, is an evidence-based program designed to help female survivors of intimate partner abuse regain control of their lives. Trained advocates provide advocacy and individually tailored assistance to survivors so that they can access community resources and social support. The intervention was found to lower recurrence of violence and depression and improve quality of life and social support. Two years after the intervention ended, the positive change continued.

RESPECT category	Interventions recommended	LMIC	HI	Example
	Alcohol misuse prevention interventions	More evidence needed	More evidence needed	
	Shelters	More evidence needed	More evidence needed	
	Hotlines	More evidence needed	More evidence needed	
	One-stop crisis centers	More evidence needed	No evidence	
	Perpetrator interventions	More evidence needed	Conflicting	
	Women's police stations/units	More evidence needed	No evidence	
	Screening in health services	No evidence	Ineffective	
	Sensitization and training of institutional personnel without changing the institutional environment	Ineffective	Ineffective	
Poverty reduced	Economic transfers, including conditional/unconditional cash transfers plus vouchers, and in-kind transfers	Promising	More evidence needed	In Northern Ecuador, a cash, vouchers, and food transfer program implemented by the World Food Programme (WFP) was targeted at women in poor urban areas, intending to reduce poverty. Participating households received monthly transfers equivalent to US\$40 per month for a period of six months. The transfer was conditional on attendance of monthly nutrition trainings. The evaluation showed reductions in women's experience of controlling behaviors and physical and/or sexual violence by intimate partners by 19 to 30 percent. A plausible mechanism for this was reduced conflict within couples related to poverty-related stresses.

RESPECT category	Interventions recommended	LMIC	HI	Example
	Labor force interventions including employment policies, livelihood, and employment training	More evidence needed	Promising	received monthly transfers equivalent to US\$40 per month for a period of six months. The transfer was conditional on attendance of monthly nutrition trainings. The evaluation showed reductions in women's experience of controlling behaviors and physical and/or sexual violence by intimate partners by 19 to 30 percent. A plausible mechanism for this was reduced conflict within couples related to poverty-related stresses.
	Microfinance or savings interventions without any additional components	Ineffective	No evidence	
Environments made safe	Infrastructure and transport	More evidence needed	More evidence needed	In Hyderabad (Sindh Province), Pakistan, a right-to-play intervention reached children in 40 public schools. Boys and girls were engaged in play-based learning providing them with an opportunity to develop life skills such as confidence, communication, empathy, coping with negative emotions, resilience, cooperation, leadership, critical thinking, and conflict resolution, all of which help combat conflict, intolerance, gender discrimination, and peer violence. An evaluation showed decreases in peer victimization by 33 percent among boys and 59 percent among girls at 24 months postintervention; in corporal punishment by 45 percent in boys and 66 percent in girls; and in witnessing of domestic violence by 65 percent among boys and by 70 percent among girls.
	Bystander interventions	No evidence	Conflicting	
	Whole-school interventions	More evidence needed	No evidence	
Child and adolescent abuse prevented	Home visitation and health worker outreach	Promising	More evidence needed	peer victimization by 33 percent among boys and 59 percent among girls at 24 months postintervention; in corporal punishment by 45 percent in boys and 66 percent in girls; and in witnessing of domestic violence by 65 percent among boys and by 70 percent among girls.
	Parenting interventions	Promising	More evidence needed	
	Psychological support interventions for children who experience violence or witness IPV	Promising	More evidence needed	
	Life skills / school-based curriculum, rape and dating violence prevention training	Promising	Conflicting	
Transformed attitudes, beliefs, and norms	Community mobilization	No evidence	Promising	SASA! is a community intervention in Uganda that prevents violence against women by shifting the power balance between men and women in relationships. Studies show that in SASA! communities, 76 percent of women and men believe physical violence against a partner is not acceptable while only 26 percent of women and men in control communities believe the same. At the cost of US\$460 per incident case of partner violence averted in the trial phase, intervention is cost-effective, and further economies of scale can be achieved during scale-up.

RESPECT category	Interventions recommended	LMIC	HI	Example
	Group-based workshops with women and men to promote changes in attitudes and norms	Promising	More evidence needed	
	Social marketing or edutainment and group education	More evidence needed	More evidence needed	
	Group education with men and boys to change attitudes and norms	Ineffective	More evidence needed	
	Stand-alone awareness campaigns/ single-component communications campaigns	Ineffective	Ineffective	

Source: WHO 2019.

Note: HI = high-income countries; LMIC = lower-middle-income countries.

Annex H. Resources: GBV Operations and Client Dialogue

Table H.1 lists selected helpful resources for gender-based violence (GBV) prevention and response compiled by the World Bank gender team. In addition to internal resources available to World Bank teams, refer to the [GBV page](#) for all resources available for use by task teams.

Table H.1. GBV Prevention and Response Resources: Operations and Client Dialogue

	Resource	Purpose	Target
Designing and implementing GBV interventions			
1	Interventions to Prevent or Reduce Violence Against Women and Girls: A Systematic Review of Reviews	Systematic review of reviews synthesizing evidence on the effects of prevention interventions on violence against women and girls. It examines the diversity of geographical context, the types of violence addressed, and the numerous approaches that have been used to combat GBV.	TTLs, CMUs, GBV specialists
2	Community-Based Approaches to Intimate Partner Violence: A Review of Evidence and Essential Steps to Adaptation	Paper highlighting examples of effective community mobilization interventions to prevent IPV including basic components that must be considered to adapt successful interventions to different contexts.	TTLs, CMUs, GBV specialists, client
3	Violence against Women and Girls (VAWG) Resource Guide	Information and sectoral guidance for integrating GBV prevention and response in development programs as well as policies and legislation.	TTLs, GBV specialists
4	Compendia of International and National Legal Frameworks	Set of practical tools that not only inform about existing laws, but also provide a baseline to help countries identify opportunities to intensify their fight across these areas of focus.	TTLs, CMUs, GBV specialists, sector specialists
5	What Works to Prevent Violence Against Women and Girls Global Programme – online resource	Online resource hub that provides findings and lessons from rigorous evaluations across 15 countries on what works and does not work to prevent violence.	TTLs, CMUs, GBV specialists, sector specialists
6	RESPECT Women: Preventing Violence against Women – Implementation Package	A series of practical resources and tools that support the implementation of the RESPECT Women: Preventing Violence against Women Framework that was developed by WHO with UN Women and other partners.	TTLs, CMUs, GBV specialists, sector specialists

	Resource	Purpose	Target
7	INSPIRE – Seven Strategies for Ending Violence Against Children	A package of evidence-based strategies to prevent and respond to violence against children.	TTLs, CMUs, GBV specialists, sector specialists
8	Collective Action to Reduce Gender-Based Violence (CARE-GBV) Resources	A set of resources on collective prevention and response approach against GBV, including sector-specific notes and how to notes (such as how to identify and advance equitable social norms and how to implement a survivor-centered approach to GBV programming).	TTLs, CMUs, GBV specialists, sector specialists
Ethical guidance for GBV research			
9	WHO (2016a) Ethical and Safety Recommendations for Intervention Research on Violence against Women	Guidance building on lessons from the WHO publication Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women.	Researcher, social and GBV specialists leading consultation on GBV for World Bank
10	WHO (2007) Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies	Guidance for all staff involved in addressing sexual violence in humanitarian settings.	Researchers, social and GBV specialists leading consultation on GBV for World Bank
11	Ellsberg and Heise (2005) Researching Violence Against Women: A Practical Guide for Researchers and Activists	Manual designed to help researchers and activists, community workers, and service providers understand the intersection of violence and health in developing countries, how to adapt traditional research techniques to investigate physical and sexual abuse, and the specific issues that accompany research on violence.	Researchers, social and GBV specialists leading consultation on GBV for World Bank
Guidance note related to sexual exploitation and abuse and sexual harassment (SEA/SH) mitigation¹²			
12	World Bank Good Practice Note on Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Investment Project Financing Involving Major Civil Works	A technical note that helps World Bank task teams in identifying and addressing risks of SEA/SH that can emerge or be exacerbated in projects involving major civil works contracts. The Good Practice Note seeks to support the implementation of the environmental and social framework in World Bank-financed operations (World Bank 2022c).	TTLs, CMUs, GBV specialists, client
13	World Bank Good Practice Note on Addressing Sexual Exploitation and Abuse and Sexual Harassment (SEA/SH) in Human Development Operations	A technical note that helps World Bank task teams in identifying and addressing risks of SEA/SH that can emerge or be exacerbated in health, education, and social protection operations. The Good Practice Note seeks to support the implementation of the environmental and social framework in World Bank-financed operations (World Bank 2022c).	TTLs, CMUs, GBV specialists, client
14	Gender-Based Violence Quality Assurance Tool: Facilitation Guide	A technical guide that lists evidence-based standards for providing high-quality post-GBV care in health facilities.	TTLs, CMUs, GBV specialists, client

Annex I. GBV-Related GIL, DEC, and DIME Impact Evaluations

Table I.1. Summary of GIL Impact Evaluations Related to GBV

IE/research project	Region	Economy	Study type	Description
Impact evaluations of World Bank-financed operations				
Rwanda: Preventing and Addressing Sexual and Gender-Based Violence (P153911)	AFE	Rwanda	Impact evaluation	Evaluation of a couples discussion program designed to engage new fathers in promoting reproductive and maternal health (subcomponent of the Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project (P147489)).
Democratic Republic of Congo: Great Lakes Sexual and Gender-Based Violence Project: Narrative Exposure Therapy (P153911)	AFE	Congo, Dem. Rep.	Impact evaluation	Evaluation of the Narrative Exposure Therapy for female survivors of violence in the context of the Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project (Subcomponent of the Great Lakes Emergency Sexual and Gender-Based Violence and Women's Health Project (P147489)).
Cameroon Social Safety Net Project	AFW	Cameroon	Impact evaluation	Evaluation of the addition of two different interventions to the safety net project's package of accompanying measures. The new interventions are meant to reduce IPV by encouraging collaborative household resource management and healthy communication within households participating in the Cameroon Safety Net Program (P128534). Ongoing.
Mauritania Tekavoul Project	AFW	Mauritania	Impact evaluation	Evaluation of the addition of couples-level and community-level interventions to encourage healthy intrahousehold relationships, a reduction in IPV, and a shift in gender norms in households and communities participating in the Mauritania Adaptive Social Protection program (P171125). Ongoing.

IE/research project	Region	Economy	Study type	Description
Sahel Women's Empowerment and Demographic Dividend IE	AFW	Africa	Impact evaluation	Multicountry study of the impact of the Project (P150080). Some of the IEs will measure girls' experience of violence as one of the outcomes of interest. This project and the IEs also specifically focus on age of marriage, with a goal of reducing early marriage. Ongoing.
Mozambique: Empowering Youth IE	AFE	Mozambique	Impact evaluation (design phase)	Under design: an evaluation of components of the Mozambique Harnessing the Demographic Dividend (P166100) project, which will provide support to adolescent girls and their parents with the goals of empowering youth to make informed reproductive and economic decisions.
Nigeria: Adolescent Girls Initiative for Learning and Empowerment IE	AFW	Nigeria	Impact evaluation (design phase)	Under design: an evaluation associated with the Adolescent Girls Initiative for Learning and Empowerment Project in Nigeria (P170664), which aims to improve education, SRH, and labor market outcomes for girls in secondary school. The intervention will include 1) safe spaces with life skills and socioemotional skills training and 2) digital literacy training.
Zambia: Keeping Girls in School IE	AFE	Zambia	Impact evaluation (design phase)	Under design: an evaluation of a component of the Zambia Keeping Girls in School (P151451) Project that will test an intervention aimed at reducing school-related GBV.
Lao PDR IE of Public Workfare Programs (P168884)	EAP	Lao PDR	Impact evaluation	Evaluation of the impacts of a public workfare program as supported by the Poverty Reduction Fund III Additional Financing (P168620) on women's experience of GBV.
The Philippines IE of a CCT (P168885)	EAP	The Philippines	Impact evaluation	IE that focuses on GBV and empowerment and explores some of the channels through which Conditional Cash Transfers (CCTs) may affect GBV (Philippines Social Welfare Development and Reform Project II (P153744); SWDRP II Project Additional Financing (P169637)).
Impact evaluations of non-World Bank-financed operations and other research				
GBV Phone Surveys	EAP	Indonesia, Lao PDR, Philippines	Inferential	Phone surveys measuring economic and social changes felt by respondents since the onset of the COVID-19 pandemic, including their experiences of GBV and their mental health.
Democratic Republic of Congo: Prevention and Mitigation of Sexual and Gender-Based Violence in North and South Kivu Project (P150651)	AFE	Congo, Dem. Rep.	Impact evaluation	Evaluation of a GBV prevention program implemented by the International Rescue Committee (IRC) in North and South Kivu, Democratic Republic of Congo with an accompanying qualitative study.

IE/research project	Region	Economy	Study type	Description
Uganda IE on Empowering Adolescent Girls	AFE	Uganda	Impact evaluation	Evaluation of a BRAC program that included a safe spaces component for empowering adolescent girls.
Tanzania Safe Space Clubs for Adolescent Girls and Soccer Clubs for Boys Impact Evaluation	AFE	Tanzania	Impact evaluation	Impact evaluation of two interventions built on top of safe space clubs for adolescent girls: (a) a goal-setting activity for girls; (b) soccer clubs plus education on SRH for boys to measure the impact on girls' experience of violence (implemented by BRAC, Marie Stopes, and Grassroot Soccer).
Malawi Graduation Program Impact Evaluation	AFE	Malawi	Impact evaluation	Impact evaluation that measures the impact on gender dynamics within the household and rates of IPV, comparing (a) households where women are the recipients of the Concern International graduation program support, (b) men are the recipients of the graduation program support, and (c) female recipients plus the couples participate in structured empowerment training known as 'family first.'
Improving Measurement of IPV (P169049)	LCR	Peru	Randomized controlled trial	Paper examining how to measure IPV effectively using experimental evidence.
Exploring if Gender Wage Ratio Influences IPV Using Evidence from Administrative Health Data	LCR	Brazil	Inferential	Study examining if improving women's economic status relative to men's as measured by the gender wage ratio reduces IPV in Brazil (Reynolds 2021; see also Perova, Reynolds, and Schmutte 2021)
A Conditional Cash Transfer and Women's Empowerment: Does Bolsa Familia Influence Intimate Partner Violence?	LCR	Brazil	Inferential	Study exploring how conditional cash transfer may influence IPV.
Women's Police Stations and Intimate Partner Violence: Evidence from Brazil	LCR	Brazil	Inferential	Study estimating the effects of women's police stations in Brazil on female homicides as a measure of the most severe form of IPV.
List Randomization to Measure the Prevalence of GBV in Kerala	SAR	India	Inferential	Study analyzing the incidence and extent to which domestic violence and physical harassment on public/private buses is underreported in Kerala.
For the Sake of Family and Tradition: Honor Killings in India and Pakistan	SAR	India, Pakistan	Inferential	Study unraveling this understudied and underreported form of violence against women and girls with a content analysis of media literature.

IE/research project	Region	Economy	Study type	Description
Women's Empowerment and Safety Perceptions: Evidence from Low-Income Neighborhoods of Dhaka, Bangladesh	SAR	Bangladesh	Inferential	Study investigating the relationship between safety perception and women's labor market outcome in Bangladesh.
Bangladesh: Randomized Controlled Trial on Digital Labor Platforms and Training and Conditions of Work for Domestic Workers	SAR	Bangladesh	Randomized controlled trial	Impact evaluation that tests whether providing new job opportunities through a digital platform and training can advance the economic lives of domestic workers and lead to gains in income and improvements in the conditions of work, including reductions in the experiences of abuse and violence, conducted in partnership with Oxfam Bangladesh and an app, Hellotask.
How Well do Economic Empowerment Efforts Prevent Intimate Partner Violence in South Asia?	SAR		Evidence review	An evidence review of findings from women's economic empowerment interventions with direct IPV measures.

Note: AFE = Eastern and Southern Africa; AFW = Western and Central Africa; EAP = East Asia and Pacific; ECA = Eastern Europe and Central Asia; IE = impact evaluation; LCR = Latin America and the Caribbean; SAR = South Asia.

Table I.2. Selection of Development Impact Evaluation (DIME)/Development Economics Group (DEC) Studies Examining and Analyzing GBV-Related Issues

IE/research project	Region	Country	Description
Safety First: Perceived Risk of Street Harassment and Educational Choices of Women	SAR	India	A study examining the consequences of unsafe public spaces of women found that women choose lower-quality colleges relative to men because of the fear of harassment.
Using Social Media to Change Gender Norms: An Experimental Evaluation Within Facebook Messenger in Urban India	SAR	India	A paper studying the effectiveness of two short edutainment campaigns delivered through Facebook Messenger aiming to reshape gender norms and reduce social acceptability of violence against women found that edutainment delivered through social media can be an effective tool for reshaping gender norms and attitudes toward violence against women and girls.
Demand for 'Safe Spaces': Avoiding Harassment and Stigma	LCR	Brazil	A study investigating the economic cost of harassment in public transport found that harassment is widely common in the public space. Riding in the reserved space reduces the incidents of physical harassment by 50 percent, but the paper argues that such measures might implicitly place the responsibility on women to ensure safety.
Gender Violence, Enforcement, and Human Capital: Evidence from Women's Justice Centers in Peru	LCR	Peru	A paper examining specialized institutions that provide policy, medical, and legal services in Peru called women's justice centers (WJCs) concluded that opening a center reduced the incidences of GBV.
Public Works and Welfare: A Randomized Control Trial of the Comoros Social Safety Net Project—Endline Report	AFR	Comoros	An impact evaluation measuring the effectiveness of the Comoros Social Safety Net Project (SSNP) found that the project had increased the probability of women having an income-generating activity but yielded no evidence on the program's impact on women's bargaining power and the perception and exposure to GBV.
Understanding and Addressing Gender-Based Violence in Public Transport for Highly Vulnerable Groups in Dar es Salaam	AFR	Tanzania	A new mobile application was developed to measure the incidents of violence and harassment during daily commute in the city. A forthcoming study will use the data collected through the app and female ridership data to assess the impact on GBV in public spaces on women's physical mobility. A survey of Dar es Salaam female commuters shows that 59 percent of women interviewed experienced some form of GBV while traveling at least once in the past six months.
Girl Empower—A Gender Transformative Mentoring and Cash Transfer Intervention to Promote Adolescent Wellbeing: Impact Findings from a Cluster-Randomized Controlled Trial in Liberia	AFR	Liberia	A study examining the impact of the Girl Empower program found that the program did not decline the incidence of sexual violence experienced by program beneficiaries but did have some effects on gender attitudes, life skills, and sexual and reproductive health outcomes.

IE/research project	Region	Country	Description
Tanzanian Couples' Perspectives on Gender Equity, Relationship Power, and Intimate Partner Violence: Findings from the RESPECT Study	AFR	Tanzania	An evaluation of the data from the RESPECT study (a randomized controlled trial that evaluated an intervention to prevent sexually transmitted infections amongst young Tanzanian men and women) to understand couples' attitudes about IPV, relationship power, etc. suggested that inequitable attitudes and couple discordance were associated with higher risk of IPV.
Terror as a Bargaining Instrument: A Case Study of Dowry Violence in Rural India	SAR	India	A study examining how domestic violence may be used as a bargaining instrument to extract larger dowries from a spouse's family found that women whose families pay smaller dowries suffer from increased risk of marital violence.
Nutrition, Religion, and Widowhood in Nigeria: Economic Development and Cultural Change	AFR	Nigeria	A study reviewing Muslim and Christian women in Nigeria found that Muslim women have lower nutritional status than Christian women and more Christian widows were subjected to a higher incidence of cruelty and violence at the hands of in-laws and inferior inheritance outcomes than Muslim widows.
Entertainment, Education, and Attitudes Toward Domestic Violence	AFR	Nigeria	A study that found that the TV series MTV Shuga induced an improvement in men's attitudes toward women eight months later. It also found that attitudes toward GBV significantly improve for men and women who report occasionally thinking about the characters and who remember specific facts about them.
Hard Skills or Soft Talk: Unintended Consequences of a Vocational Training and an Inspiration Talk on Childbearing and Sexual Behavior in Vulnerable Youth	AFR	Malawi	This paper analyses to what extent a hard skill (vocational training) and a soft skill (inspirational talk) intervention affected childbearing decisions, HIV testing, and transactional sex in young people. It finds that receiving an offer to attend a vocational training program decreased the chances of becoming a mother and increased the chances of being HIV-tested in both women and men. The chances of facing demands for transactional sex decreased for those women receiving the offer to attend the vocational training.
Learning How to Choose or Learning How to Lead? Experiments on Selecting and Training Female Managers in Bangladesh's Garment Industry	SAR	Bangladesh	A study implementing field experiments designed to understand the importance of the selection of and training for new female supervisors in Bangladesh's garment factories found that formal diagnostic tests lead factories to select better candidates. Diagnostics measuring attitudes and soft skills are particularly relevant for factories and predictive of later outcomes. Supervisory training for the selected candidates leads to higher rates of promotions, but has only marginal effects on performance.

Note: AFR = Africa; IE = impact evaluation; LCR = Latin America and the Caribbean; SAR = South Asia.

Annex J. Regional Action Plans on GBV Prevention and Response

In recent years, several regions have worked on a vision for addressing gender-based violence (GBV) through World Bank operations. In general, the regional plans coalesce around strengthening GBV prevention and response in operations, providing strong analytical work to help frame priorities and interventions at a national and regional level, supporting policy development, and contributing to global evidence through our engagement. This annex summarizes the action plans for the three regions that currently have developed action plans, the Middle East and North Africa, Latin America and the Caribbean, and South Asia.

The Middle East and North Africa

The Regional Action Plan in the Middle East and North Africa was launched in 2021 and identifies legal and policy gaps, weak institutional capacity, inadequate protection, services and access to justice, combined with discriminatory social norms and practices, as major obstacles to effectively address GBV. The action plan report also notes that FCV contexts, climate change, and the COVID-19 pandemic amplify GBV risks and vulnerabilities. Despite political and legal improvements, progress in practice has been slow. Ongoing reform processes and increased attention to GBV present a window of opportunity to strengthen World Bank engagement in the region.

The GBV Action Plan identifies key entry points for the World Bank in the Middle East and North Africa among three pillars: (a) data

and knowledge: support better data, enhance knowledge, and build evidence through impact evaluations and advisory services and analytics, and so on; (b) policy dialogue: identify legal and policy gaps, support implementation, and strengthen institutional capacity through DPF and ESF in technical assistance and advisory services and analytics, and so on; and (c) operational engagement: increase the focus on prevention; improve service delivery; strengthen access to justice through program-for-results financing, IPF, and ESF; and reinforce support through technical assistance and advisory services and analytics. Based on the plan, a series of actions were undertaken, including internal and external dissemination across stakeholders. The findings of the report have been incorporated into the regional strategy in the Middle East and North Africa, and analytical and operational activities have commenced. Continuous follow-up is planned to identify and support country and regional efforts in focus areas in data and analytics, operations, and policy dialogue and to deepen the knowledge and engagement in key areas, such as good-quality service provision and referral systems.

Latin America and the Caribbean

In FY20, the SSI Latin America and the Caribbean GBV team launched a four-year GBV Action Plan validated by the Regional Management Team. The Action Plan outlines the approach and strategy for GBV prevention and response in the region. The Plan includes four

pillars that respond strategically to the needs to address GBV in the region. Pillar 1, *mitigating the risk of sexual exploitation and abuse and sexual harassment in World Bank projects*, focuses on offering assistance for all World Bank projects in the region to implement prevention and mitigation measures, such as codes of conduct, training, GRMs, GBV plans, and so on, to reduce the incidence of sexual exploitation and abuse and sexual harassment, while projects are being carried out. Pillar 2, *working to prevent GBV through World Bank operations*, aims to contribute to regional efforts against GBV by introducing and promoting interventions to address GBV in World Bank projects. It involves fostering innovative approaches to prevent GBV, changing pervasive social norms, and improving access to services for GBV survivors. Pillar 3, *producing analytical evidence to inform interventions*, is a cross-cutting pillar that provides useful information regarding GBV in countries in Latin America and the Caribbean for the design and implementation of policies and operations (supporting pillars 1 and 2) by addressing some of the existing data gaps in the region. The activities include developing country GBV profiles, providing support on GBV research and evaluations about “what works” in a given context, and providing technical assistance to the projects that require information on GBV by complementing their analysis with existing data or helping the teams to design and/or carry out data collection processes in Latin America and the Caribbean. Finally, pillar 4, *promoting strategic engagement with stakeholders to address GBV*, focuses on strengthening the policy dialogue on GBV by providing short-, medium-, and long-term strategic direction, structure, and comprehensive guidance for communication and engagement on the issue of GBV. This cross-cutting pillar includes activities such as webinars, developing alliances with international and local organizations, NGOs, academia, and so on. The GBV Action Plan for Latin America and the Caribbean includes specific activities, outcomes and indicators to be delivered per year for every Pillar.

South Asia

The South Asia region has recently approved a new Regional Gender Action Plan (FY2023–FY2027). The new framework for South Asia, RGAP II, consists of three focus areas, namely, human capital, women’s economic empowerment, and GBV. GBV was added as a third pillar in the new framework, acknowledging the high rates of GBV in the region and the fact that GBV is a major barrier to women’s ability to participate in social and economic life.

The South Asia RGAP II identifies entry points for regional engagement in GBV prevention and response through (a) analytics, (b) operations, and (c) policy dialogue (using DPCs as critical entry points) and will focus on exploring partnerships with other organizations to help in the delivery of quality services and GBV prevention programs as well as enable joint engagement on policy dialogue on key issues at the country level. The South Asia RGAP II will promote GBV prevention and response in health systems and scale up community prevention interventions. Another objective in the South Asia RGAP is to support critical reforms on GBV to expand women’s empowerment. For instance, one of the prior actions in the Bhutan COVID-19 Crisis Response DPC was the approval of the Gender and Child Protection Emergency Preparedness and Response Plan. The plan focuses on strengthening case management services as well as improving referrals and standard operating procedures for the provision of remote psychosocial services. In addition, in recent years, many South Asian countries have reformed GBV laws, particularly laws regarding sexual harassment and sexual violence. The South Asia RGAP outlines entry points for further engagement in legislative reform through DPCs. Finally, the South Asia RGAP II includes a specific focus on preventing and responding to child marriage, given its high social and economic costs—including through World Bank-financed operations.

