

Costing GBV Core Services in Humanitarian Settings

Query: What has been done around costing of GBV core services (clinical management of rape, case management, safe spaces) if any? This can be around cost per beneficiary, cost-efficiency or cost-effectiveness.

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1. Overview

This report outlines what has been done around costing of GBV core services, for example, clinical management of rape, case management, and safe spaces, in humanitarian contexts and emergencies. Examples of projects containing information regarding costs are provided, as well as information about work conducted by key donors. The report also considers the gaps and limitations of costings of GBV services in emergencies.

The main conclusion of this report is that there is a lack of information on the costs of GBV interventions in emergencies, including information on overall project costs, costs per beneficiaries and analysis of cost effectiveness and efficiency. Cost efficiency refers to how well inputs are converted to outputs and cost effectiveness refers to the impact on GBV reduction, for example, that an intervention achieves relative to the inputs that are invested in it (DFID, 2011). Cost effectiveness analysis measures how much impact an intervention achieves relative to the resources invested in it. It measures the ratio of a programme's costs to the effects it has on specific outcomes, such as improvements in health outcomes (IRC, 2016a).

Examples of initiatives that are looking (or have looked) at GBViE costings

- Best Use of Resources team at International Rescue Committee (IRC) conducts analyses that compare the costs of a programme to the outputs produced (cost efficiency analyses) and the outcomes achieved (cost effectiveness analyses). The Best Use of Resources team published 10 cost-efficiency analyses of key IRC programme activities (including cost efficiency analysis of case management for at-risk children) as well as three cost-effectiveness analyses of programmes that produced impact evaluations. This report provides a summary of three examples – IRC’s positive parenting programmes in Liberia and Thailand and IRC’s child protection case management services. The Best Use of Resources team also developed the Systematic Cost Analysis (SCAN) tool to help programming teams quickly assess the cost efficiency of a given intervention or set of interventions.
- The Inter-agency Working Group on Reproductive Health in Crises conducted a ten-year global evaluation of reproductive health in humanitarian settings. They examined proposals for reproductive health activities under humanitarian health and protection funding mechanisms for 2002-2013, including GBV core services, and the level at which these proposals were funded. No information was provided on cost-efficiency, cost-effectiveness, or cost per beneficiary for GBV projects.
- Financial Tracking Service (FTS) - The FTS (fts.unocha.org) is an essential companion to resource mobilization. It is a global, real-time database that records all reported international humanitarian aid. All FTS data is provided by donors and recipient organisations. Tanabe et al (2015) and the IRC have conducted an analysis of data provided by this service (IRC, 2015). The IASC Gender Marker is visible for each project in the FTS, and is increasingly consulted by donors to inform their funding decisions.
- The Passages project aims to address a broad range of social norms, at scale, to achieve sustained improvements in family planning and reproductive health in Burundi, Democratic Republic of Congo, Mali, Nepal, Niger, Senegal. This includes social norms that underpin violence and coerced sex. It is being implemented across a range of settings and the Consortium (FHI 360, Johns Hopkins GEAS, PSI, Save the Children, Tearfund) is tracking costs for the main interventions, and conducting a costing study.

Bilateral and multilateral donors that have information on costings of GBViE

While donors have funded some work on GBV costings in developing contexts, there is little publicly available information in humanitarian settings. Where analysis exists in project reporting tools (e.g. DFID’s COMPASS programme to prevent GBV against adolescent girls in humanitarian settings), it has been a more qualitative analysis of value for money in terms of equity and efficiency. No data is available on cost per beneficiary.

- Donors that have supported GBV costing analysis include: USAID, the World Bank (global), UNFPA in Morocco, Uganda and Bangladesh, and UN Women (including in the Asia Pacific region).
- Donors that provide basic information about programmes costs include: The United Nations (see for example, information about projects funded through the UN Trust Fund to End Violence Against Women. The Multi-Partner Trust Fund (MDTF) website provides information on UN pooled funds and project breakdowns of costs, including for GBV projects in humanitarian settings) and the government of the United Kingdom through their DevTracker. DFID also funds the What Works to Prevent Violence research programme. Although different research components focus on

humanitarian contexts (Component 2) and economic and social costs (Component 3), the programme has not looked at the two combined – i.e. costs in humanitarian contexts.

Evaluations and Research Studies

Only four examples were found of evaluations and reports that assessed costs of GBV interventions in humanitarian settings. Two of these projects (positive parenting programmes in Liberia and Thailand – focusing on cost-effectiveness) were small-scale pilots. Three focused on violence against children and provided per beneficiary costs. The child protection case management example focuses on service and per beneficiary costs - looking at cost efficiency rather than effectiveness. COMPASS' Annual Review (2017) does not give costs but the value for money assessment appears to focus on efficiency (with a mention of equity) rather than effectiveness. GBV programme / project evaluations and project reports rarely focus on costs, nor do evaluations of responses to emergencies.

Limitations and gaps in information

- Lack of (rigorous) studies focus on costings of GBV core services in humanitarian and emergency contexts.
- Lack of information on costs of GBV interventions available to the public - Even organisations that provide online access to examples of their projects do not provide full documentation on costs.
- Cost analyses of programmes that provide sustained services are likely to underestimate the actual resource costs of case management programmes, if they consider only one grant's worth of funding.
- Guidance on addressing GBV in emergencies and humanitarian settings rarely gives details about costings - and analysis cost-effectiveness and efficiency
- Few organisations that research GBV analyse costs in emergency and humanitarian settings

Methodological challenges in establishing costs

- Lack of cost data to compare the efficiency or effectiveness
- Cost of services and programming depends on country context - The level of service provision across countries is likely to produce significant differences in cost estimates.
- Low service availability and a lack of systematic information on utilisation rates make establishing costs difficult. Inadequate information systems exist lead to fragmented data about costs and needs. For example, the IRC and Global Women's Institute (2015) found that a lack of data on GBV after Typhoon Haiyan led to an inadequate allocation of resources.
- Costing non service-based programme activities, such as community engagement and empowerment, can be even harder to cost and are often not prioritised in emergency settings.
- Complexity of calculating unit costs for GBVIE core activities when they are mainstreamed across different sectors of the humanitarian response or form part of multi-component GBV programming.
- Establishing unit costs per beneficiary when target beneficiaries will not all be either GBV survivors or women and girls, making establishing cost-effectiveness and efficiency harder.

2. Examples of initiatives that are looking (or have looked) at GBVIE costings

Best Use of Resources team at International Rescue Committee (IRC) - conducts analyses that compare the costs of a programme to the outputs produced (cost efficiency analyses) and the outcomes

achieved (cost effectiveness analyses). These analyses will support the IRC to compare and cost different approaches and programme impact to launch and advocate for humanitarian interventions with high return on investment.¹ Their approach includes:

- Using cost analyses systematically in the IRC's decision-making on new programmes;
- Updating finance and budget-tracking systems to allow easier cost analysis for future proposals and programs;
- Publishing cost analysis reports for public use, positioning the IRC as a leader in evidence-based programming; and
- Raising awareness and use of cost analysis with other actors in the humanitarian sector, including donors and implementers.

To help the IRC understand how to apply financial resources to achieve the most effective interventions, the Best Use of Resources team published 10 cost-efficiency analyses of key IRC programme activities (including, Cost efficiency analysis of case management for at risk children) as well as three cost-effectiveness analyses of programmes that produced impact evaluations. A summary of the cost-effectiveness analyses of two parenting programmes is provided in the box below. The programmes offered weekly session on building positive family relationships and discipline strategies rather than core GBV services (IRC, 2016a). A summary of the case management analysis is also provided. This analysis considers only the specific costs of providing case management to the IRC, not the cost of in-kind donations or services referred.

Case studies

Positive parenting programmes in Liberia and Thailand

IRC has conducted a cost-effectiveness analysis of two small-scale pilot parenting and family skills programmes aimed at reducing violence in the home: (1) "Parents Make the Difference" (PMD) in Liberia; and (2) Happy Families, an intervention piloted near the Thailand/Burma border. In the small-scale pilot in Liberia, a 10-week positive parenting programme cost approximately \$650 per household reached, and caused a 0.6 standard deviation reduction in harsh parenting. The other parenting programme piloted in Thailand cost approximately \$900 per household reached, and caused a 0.4 standard deviation reduction in harsh parenting (IRC, 2016a).

Roughly one-third of programme costs for these small pilots went to management and overhead; as these programmes are scaled up, per person costs of management and overhead would fall and make the programme more cost effective. If the Liberian pilot programme were scaled up to 150 communities, estimates suggest that the cost per beneficiary would fall below \$400 per household. One of the major cost components was the high salaries of international staff (relative to the cost of other inputs). IRC conclude that it would be 'worth investigating whether such a programme could be run through lower-cost local institutions while maintaining the same high level of impact observed in the pilot.' (IRC, 2016a)

¹ See for example, Research, Evaluation and Learning at the International Rescue Committee at: <https://www.rescue.org/sites/default/files/document/1071/ircreloverviewinfo0816.pdf>

The IRC's child protection case management services

IRC have calculated that child protection case management services cost an average of \$764 per child over the course of one year in urban settings in the Middle East, \$187 in refugee/IDP camps in eastern Africa, and \$874 in rural Sahel areas. Personnel are the largest expense - approximately 64% of total cost - for case management programmes for at-risk children. For the programmes included in this analysis, the dollar value spent on national staff was significantly higher than international staff, with approximately \$3 spent on national staff to every \$1 spent on international staff. For case management programmes, where costs are heavily allocated towards personnel, it is especially important to establish a robust staffing plan at the onset of a programme to ensure that staff resources are matched to needs.

The scale at which programmes operate has a major impact on the cost per child served. However, IRC found that the scale in terms of the number of children served is not the only way to improve efficiency. Sharing fixed costs with other programmes operated by the organization reduces the percent of a budget dedicated to support functions such as payroll or procurement. Programmes that are part of multi-sector camp operations are, on average, more cost efficient than urban programmes only conducting case management services, due to the volume of other activities that share fixed costs. Eastern Africa grants had two to four times the volume of other activities sharing the same fixed costs, as compared to programmes in the Middle East.

One case management programme in Lebanon also offered supplemental training for caseworkers at a cost of approximately \$8 per child ultimately served by the trained caseworkers. Although the costs of supplemental training per caseworker were substantial overall, when those cost were calculated per child served in the programme the cost of training caseworkers was quite low. (IRC, 2016b)

The Best Use of Resources team also developed the Systematic Cost Analysis (SCAN) tool² to help programming teams quickly assess the cost efficiency of a given intervention or set of interventions. The SCAN tool will pilot simultaneously within the IRC alongside uptake by other humanitarian organizations and donors.

The Inter-agency Working Group on Reproductive Health in Crises conducted a ten-year global evaluation of reproductive health in humanitarian settings. They examined proposals for reproductive health activities under humanitarian health and protection funding mechanisms for 2002-2013, and the level at which these reproductive health proposals were funded. The study used English and French health and protection proposal data for 2002-2013, extracted from the Financial Tracking Service (FTS) database managed by the United Nations Office for the Coordination of Humanitarian Affairs. Every project was reviewed for relevance against pre-determined reproductive health definitions for 2002-2008. An in-depth analysis was additionally conducted for 2009-2013 through systematically reviewing proposals via a key word search and subsequently classifying them under designated reproductive health categories. Among the relevant reproductive health proposals, counts and proportions were calculated in Excel based on their reproductive health components, primarily by year. Contributions, requests, and unfunded requests were calculated based on the data provided by FTS. There was no information on cost-efficiency, cost-effectiveness, or cost per beneficiary for GBV projects.

The total funding request over the 12 years amounted to \$4.720 billion USD, of which \$2.031 billion USD was received. Among reproductive health components for 2009-2013 proposals, the second largest proportion after maternal newborn health was reproductive health-related gender-based violence (45.9%) (Tanabe et al, 2015).

² For more information on the Systematic Cost Analysis tool: <https://www.rescue.org/resource/research-evaluation-and-learning-international-rescue-committee>

Financial Tracking Service (FTS) - The FTS (fts.unocha.org) is an essential companion to resource mobilization. It is a global, real-time database that records all reported international humanitarian aid.³ All FTS data is provided by donors and recipient organisations. Tanabe et al (2015) and the IRC (2015) have conducted an analysis of data provided by this service. The Child Protection Working Group and the Gender-Based Violence Area of Responsibility (AoR) (Tanabe, 2015: 17) makes the following recommendations for using the FTS:

- In order to track funding which is allocated to child protection and GBV, sub-cluster coordinators should regularly provide funding information to FTS and encourage their members to do likewise.
- Under the present criteria, child protection and GBV fall under general protection funding so including child protection and GBV in the title of the projects is important. This will facilitate easy tracking funds to the child protection and GBV sectors as well as to measure sector performance on Gender Markers.
- Child protection and GBV sub-cluster coordinators may need to provide guidance to members to upload projects to the Online Project System (OPS) during the project planning phase of the strategic planning process.⁴
- Using FTS to see which donors are funding protection in general or for the crisis country you are working in, is one way to inform strategic targeting of donors. Use the 'custom search facility' on FTS to do this.
- The IASC Gender Marker is visible for each project in the FTS, and is increasingly consulted by donors to inform their funding decisions.⁵

The Passages project aims to address a broad range of social norms, at scale, to achieve sustained improvements in family planning and reproductive health in Burundi, Democratic Republic of Congo, Mali, Nepal, Niger, Senegal. This includes social norms that underpin violence and coerced sex. This research project is building the evidence base and contributing to the capacity of the global community to strengthen normative environments that support reproductive health, especially among very young adolescents, newly married youth, and first-time parents. It is being implemented across a range of settings and the Consortium (FHI 360, Johns Hopkins GEAS, PSI, Save the Children, Tearfund) is tracking costs for the main interventions, and conducting a costing study because their focus is also on scalability.⁶

3. Bilateral and multilateral donors that have information on costings of GBViE

This section explores what work has been done by donors, both bilateral and multilateral, around costing of GBV core services in humanitarian and emergency settings. A key observation is that while donors have funded some work on GBV costings in developing contexts, there is little publicly available information in humanitarian settings (see Section 5 for possible reasons why). Where analysis exists in project reporting tools (e.g. DFID's COMPASS programme to prevent GBV against adolescent girls in

³ Including that for NGOs and the Red Cross/Red Crescent movement, bilateral aid, in-kind (including that for NGOs and the Red Cross/Red Crescent movement, bilateral aid, in-kind aid and private donations

⁴ Coordinators may also need to help members navigate the FTS website. FTS staff can provide assistance (fts@un.org).

⁵ For more information about the gender marker and FTS, see the FTS gender marker tip sheet located at: <http://www.unocha.org/cap/Resources/fts-tips>.

⁶ Url: <http://irh.org/projects/passages/> (Expert contribution: Prabu Deepan).

humanitarian settings), it has been a more qualitative analysis of value for money in terms of equity and efficiency. No data is available on cost per beneficiary.

- **United Kingdom:** Information on costings for UK funds is available on DevTracker.⁷ The UK funds GBViE through two key government agencies: Department for International Development (DFID) and Foreign and Commonwealth Office (FCO). Over the past five years, the UK has funded GBViE through a range of modalities including: through funding to UN agencies via core funding, programme-specific funding, and interagency appeals; humanitarian assistance through other channels (e.g. NGOs) which comes from DFID centrally; and Programme Partnership Arrangements (PPAs)⁸ with NGOs that work on VAWG programming. DFID Annual Reviews are a useful tool for assessing costings information and have sections on value for money and financial performances (Section 5) and commercial considerations (Section 6). However, there is no consistency in metrics for measuring GBV and only one programme (COMPASS – see box below) has costings information on GBViE. Although the FCO includes project information on several programmes⁹ providing GBViE core services, this is limited to overall budget costs, timeframe, and location. No information is publically available on costings of GBViE, as part of UK funding through non-project channels (PPAs, funding to UN agencies, and humanitarian appeals). DFID funds the What Works to Prevent Violence research programme, however, component two looking at humanitarian contexts did not include a focus on costs (Expert contribution: Tim Hess) and component three on economic and social costs does not focus on humanitarian settings (Ashe et al, 2016).

Case study: Assessing Value for Money of DFID’s COMPASS programme in DRC, Ethiopia and Pakistan through the ‘Annual Review’ tool

The Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces (COMPASS) programme aimed to improve prevention of and response to GBV against adolescent girls in humanitarian settings, particularly in Ethiopia, Pakistan, and DRC. It was a £10 million (US\$14 million) programme from April 2014 to May 2017, implemented by IRC and with a research component led by Columbia University. Core GBViE services include safe spaces, as well as mentoring and parenting activities. Costings information is available from DFID’s Annual Reports, and involves a **largely qualitative analysis of value for money and cost-effectiveness, including considerations of equity**, although some information is provided on cost-efficiency. No data is provided on cost per beneficiary.

- **DFID note that the programme is cost-effective:** “The outcome of improved prevention of and response to violence against adolescent girls in humanitarian settings remains a good investment, and COMPASS has made good progress” (Annual Review, 2017). The ultimate VfM of the programme, according to DFID, will be “determined by its secondary benefit of finding out what works for effective programming for adolescent girls”
- **In the Value for Money section, COMPASS performs strongly on achieving equity** in the project as it is designed to target a particularly underrepresented group: adolescent girls. The 2017 Annual

⁷ Development Tracker uses open data on international development to show where the UK is investing in developing countries. It includes key documentation, such as Business Cases, logframes, Annual Reviews, and Project Completion Reviews.

⁸ Until DFID currently has 41 PPAs - long-term funding agreements with NGOs

⁹ Examples of UK FCO projects providing GBViE core services include: Comprehensive response to Sexual Violence against Women in Afghanistan (April 2014 – March 2015. Budget £177,649); Preventing sexual violence against women and girls in southern Iraq (April 2015 – March 2016, Budget £8,639); and Engaging with Faith Groups to Prevent Violence Against Women and Girls in Conflict-affected Communities, DRC (April 2015 - March 2018. Budget £500,000)

Review notes that IRC have continually adapted the project so that marginalised groups within the target are reached (e.g. adapting the approach in Ethiopia to ensure non-literate groups could benefit from the programme and adapting the programme in DRC to ensure that married girls can participate).

- **Cost-efficiency is assessed to be good**, with no significant changes to cost expectations, delivering within its original budget, and cost savings such as building on existing experience and resources, and leveraging existing operational and programme resources.
 - **Quality of financial management is also observed to be good**, with regular spot checks, team meetings, and comprehensive quarterly financial reports. IRC launched a new **Ethics and Compliance Unit** in 2016 to prevent, detect and deter fraud, potential violations of law, regulation, and grant/contract requirements.
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- United States: The State Department's Bureau of Population Refugees, and Migration (PRM) has set aside targeted funding for GBV prevention and response programming in humanitarian emergencies since 2010. The US provides specific funding to two targeted GBV initiatives: (1) The GBV-specific innovation fund to research institutions, implementing organisations, and NGOs for innovation and learning in the field; and (2) Safe from the Start which is focused on which is focused on improving the wider humanitarian system to better respond to GBV.¹⁰ Information about programme costings is not publicly available. USAID funded the Health Policy Project which conducted country costings of GBV services in Tanzania and Mozambique (Settergren et al, 2015; Segola and Yinger, 2015; Adesina and Rottach, 2015), which has not yet been applied in humanitarian settings.
 - World Bank has funded work to look at the economic costs of GBV - see for example, Morrison and Orland, 2004 and Duwury et al (2013). The focus has been on developing country contexts.
 - UNHCR has some proposals online that address sexual and GBV (see for example UNHCR, 2008). However, it is not clear whether they have supported any costing activities on GBV.
 - UNFPA supported ICRW's work looking at the costs of VAWG in Morocco, Uganda and Bangladesh (Duwury et al, 2009) and Kenya (HECTA Consulting Limited, 2016).
 - UN Women has supported a number of studies, including in the Asia and the Pacific region, to cost the impact of violence against women (VAW) as well as the resources required to address it. Supported by the Government of Australia, these include a socioeconomic impact study to estimate the costs of domestic violence in Viet Nam, and a costing study that used a gender-responsive budgeting approach to determine the costs of providing a multi-sectoral package of response services for survivors in Cambodia and Indonesia. As a result of these and other efforts, there is now a critical mass of information and specialized knowledge on VAW costing techniques within the region.¹¹
 - The UN Trust Fund to End Violence Against Women – has information about all projects funded as well as the total of funds budgeted for and spent as well as contribution made by other sources other than the Trust Fund. Projects in different areas can be searched for, such as in the 'Refugee Crisis Window' (currently no project information available in this window). A limited project cost breakdown is also available, for example a project aiming to improving access to reproductive healthcare for

¹⁰ Safe From The Start funding is largely allocated to implementing organisations to make systematic and institutional improvements in their approach. This funding is going toward deployment schemes, capacity building and training programs, and effective implementation of the IASC GBV Guidelines.

¹¹ See UN Women Asia Pacific website - <http://asiapacific.unwomen.org/en/digital-library/publications/2014/1/the-costs-of-violence>

survivors of sexual violence in Honduras gives three costs: 1. project activities to achieve outputs and outcomes, 2. monitoring and evaluation (M&E), 3. management (audit, personnel, UNTF workshop, indirect cost, equipment, administrative agent fee), but no analysis of cost-effectiveness or cost-efficiency, or costs per beneficiary.

- Multi-Partner Trust Fund (MDTF)¹² website (<http://mpmf.undp.org/>) features a number of relevant project proposals that break down costs. Annex 2 shows the most comprehensive breakdowns for GBViE projects.

4. Evaluations and Research Studies

Only four examples were found of evaluations and reports that assessed costs of interventions in humanitarian settings (mentioned above in the boxes). Two of these projects (Positive parenting programmes in Liberia and Thailand – focusing on cost-effectiveness) were small-scale pilots. Three focused on violence against children and provided per beneficiary costs. The child protection case management example focused on service and per beneficiary costs - looking at cost efficiency rather than effectiveness. COMPASS' Annual Review (2017) does not give costs but its value for money assessment appears to focus on efficiency (with a mention of equity) rather than effectiveness.

Evaluations and project reports rarely focus on costs. Tappis et al's review 'Effectiveness of Interventions, Programs and Strategies for Gender-based Violence Prevention in Refugee Populations: An Integrative Review' (2016) does not examine the cost of projects, nor do the relevant studies they feature. Spangaro et al's systemic review, 'What Evidence Exists for Initiatives to Reduce Risk and Incidence of Sexual Violence in Armed Conflict and Other Humanitarian Crises?' (2013) canvases the extent and impact of initiatives to reduce incidence, risk and harm from sexual violence in conflict, post-conflict and other humanitarian crises, in low and middle income countries. It did not look at service costs. Agary et al found in 2013 that no studies met the inclusion criteria for their 'Systematic review of prevention and management strategies for the consequences of gender-based violence in refugee settings.' They concluded that there is a dire need for research that evaluates the efficacy and effectiveness of various responses to GBV to ultimately allow a transition from largely theoretical and expertise driven to a more evidence-based field. Other reviews similarly have not focused on cost (Noble et, 2017; Murphy et al, not dated). A few examples are available from developing contexts; see for example, Remme et al (2014).

Evaluations of responses to emergencies also tend not to focus on costs. The UN's evaluation of implementation of 2005 IASC guidelines for gender-based violence interventions in humanitarian settings in the Syria crisis response (undated) does not examine how services have been costed – mainly because the focus is on the absence of consideration of GBV across sectors. Likewise, the International Rescue Committee and Global Women's Institute (2015) report 'Responding to Typhoon Haiyan: women and girls left behind: A study on the prevention and mitigation of violence against women and girls in the emergency response', provided no information about costs of interventions. However, it did provide a critique of why limited funds were provided for GBV. A study of the humanitarian community's response to GBV in four emergencies in Haiti, Pakistan, the Horn of Africa and the Democratic Republic of Congo (DRC) found that GBV programmes were scarcely funded at the outset of emergencies, accounting for less than 1-4% of the funding awarded in the four emergencies. Data from the FTS was used to determine this conclusion.

¹² MDTFs are a financing tool available to the UN for pooling funds to support a strategic vision, outlined in a clear results matrix that was defined based on an analysis of programmatic realities and is underpinned by an explicit theory of change.

5. Limitations and gaps in information

- A lack of (rigorous) studies focus on costings of GBV core services in humanitarian and emergency contexts (also described above) - A 2014 report on value for money of GBV interventions found relevant examples from developing contexts only and concluded as follows: 'We know very little about the costs and efficiency of VAWG interventions. Only eight studies with cost or economic evaluation data were identified from low and middle-income countries. A major weakness of the evidence base is that the costing analyses were of varying quality, and used a range of intervention outputs, making it difficult to compare the relative efficiency of different interventions' (Remme et al, 2014: p1). Hossain and McAlpine's (2017) review of GBV research methodologies in humanitarian settings state that: 'The specialty of violence prevention programming is at an early stage. Further investment is needed to expand the evidence base for what interventions are effective in different contexts, to assess a broader range of intervention models, and to explore issues of intervention cost, sustainability, and scalability' (p. 17). This query found very few studies from humanitarian settings that included information on costings.
- Lack of information on costs of GBV interventions available to the public - Even organisations that provide online access to examples of their projects do not provide full documentation on costs. For example, many of the projects listed on DFID's Devtracker have no accompanying documents. An overall project figure is sometimes given, but not the breakdown of actual costs or any analysis of cost-effectiveness, cost-efficiency or cost per beneficiary. It is also not clear if the work is subsidised by other sources of revenue. Large scale programmes focusing, for example, on support to Syria, do not include information about specific funding for GBV. USAID funds a number of flagship programmes – see for example those listed on their website.¹³ However, even though the total for the overall programmes are given, the individual programmes funded do not have available costings. The authors of a study which tracked funding for reproductive health projects using FTS data believed that information provided was incomplete for several reasons: (1) it relies on agencies voluntarily reporting their planned activities and accurate costs; (2) it may not include revised budgets; and (3) relevant activities under different sectors were not captured (Tanabe et al, 2015)
- Underestimating costs based on reviews of donor funding - Cost analyses of programmes that provide sustained services are likely to underestimate the actual resource costs of case management programmes, if they consider only one grant's worth of funding. Multiple donors contributing to different aspects of the same service often support case management in a particular setting. Programmes in the IRC's child protection case management analysis received funding from up to four separate donors. Generating cost estimates from an office's operating budgets and expenses, rather than individual donor reports, can better capture the true resource cost. (IRC, 2016b).
- Guidance on addressing GBV in emergencies and humanitarian settings rarely gives details about costings - See for example, UNDP's Gender-Based Violence in Crisis and Post-Crisis Settings (2009)¹⁴. The Inter-Agency Standing Committee Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recover (2015) do flag costs that need to be considered when developing a GBV intervention, for example, 'Are additional costs required to ensure the safety and effective working environments for female staff in the Camp Coordination and Camp Management (CCCM) sector?' The Child Protection Working

¹³ See: <https://www.state.gov/j/prm/releases/factsheets/2017/274859.htm> or <https://geneva.usmission.gov/2017/10/18/population-refugees-and-migration-2017-global-funding-and-projects/>

¹⁴ See: <http://www.undp.org/content/dam/undp/library/gender/Gender%20and%20CPR/Guidance%20Note-%20Gender-based%20Violence%20in%20Crisis%20and%20Post-Crisis%20Settings.pdf>

Group and the Gender-Based Violence Area of Responsibility (AoR) Fundraising Handbook For Child Protection And Gender Based Violence In Humanitarian Action (2015) contains some information about the Financial Tracking Service (FTS) (see above).

- Few organisations that research GBV analyse costs in emergency and humanitarian settings – Key research institutes focusing on GBV costings, such as the World Bank, the London School of Hygiene and Tropical Medicine, ODI and the DFID-funded What Works programme (Galway University, ICRW and Ipsos Mori) have explored the costs of GBV, including the costs of services, but in developing settings and not (yet) emergency and humanitarian settings.

6. Methodological challenges in establishing costs

- Lack of cost data to compare the efficiency or effectiveness - Humanitarian agencies have historically not used cost data to compare the efficiency or effectiveness of different programmes or delivery models across contexts. Therefore, humanitarian policymakers and practitioners have limited access to cost analyses that can help them make more informed decisions about how to spend scarce resources most effectively in a given context (IRC, 2016a). Further, without a reference base, such as cost estimates for other social issues, it is difficult to interpret direct cost estimates for GBV services (Morrison and Orlando, 2004).
- Cost of services and programming depends on country context - The level of service provision across countries is likely to produce significant differences in cost estimates (Ashe et al, 2016). For example, in South Sudan, high transport costs to field location compared to easier transportation in Lebanon but where there are higher salaries (Expert contribution: Sinead Murray).
- Low service availability and a lack of systematic information on utilisation rates make establishing costs difficult. Inadequate information systems exist lead to fragmented data about costs and needs. For example, the IRC and Global Women's Institute (2015) found that a lack of data on GBV after Typhoon Haiyan led to an inadequate allocation of resources. Further, there is lack of systematic information on service utilisation, or help-seeking by women experiencing violence, making estimating service costs difficult. The type of costs varies by the degree to which there is a developed response to GBV. As a result, costing studies in the Global North are more focused on the cost of the solution (where services are more developed) while developing countries are more focused on the cost of inaction, and typically at the national level (Ashe, 2016).
- Costing non-service based programme activities - GBV programming goes beyond direct response services and focuses on broader social support and empowerment as well as community engagement, coordination and risk mitigation actions by GBV service providers. (Expert contribution: Sinead Murray). Such activities can be even harder to cost, particularly their cost-efficiency and effectiveness and are often not prioritised in emergency settings.
- Complexity of calculating unit costs for GBViE cores services when they are mainstreamed across different sectors of the humanitarian response as well as for multi-component GBV programming - Most GBV programmes will have a number of components including setting up and managing safe spaces to provide case management, group based support, adolescent girl focused programming, and at times economic empowerment, clinical management of rape (CMR), community outreach, training and capacity building and local level coordination. It is challenging to separate costs for these as many are done by the same staff, targeting the same beneficiaries and operational costs are often shared. Women and girls accessing services in a GBV programme may or may not access direct GBV case management services as survivors and may only utilise group based sessions or info/awareness on reproductive health for example, and this will change over time. CMR costs will vary depending on providers and will at times be subsidised. (Expert contribution: Sinead Murray).

The authors of the analysis of FTS data on reproductive health spending also cite this as a barrier in establishing exact costs for RH and related components such as GBV. [...] 'it was not possible to untangle the amount of money that was distributed across different reproductive health components where proposals appealed to implement multiple components, the study assumed that agencies proportionally allocated requested and received funds across the number of mentioned reproductive health components for the 2009-2013 analysis. This may contribute some inaccuracies if proposals focused on certain components over others that they addressed' (Tanabe et al, 2015).

- Establishing unit costs per beneficiary - Child protection and GBV programming been reviewed as cost per beneficiary based on numbers reached divided by overall cost of the programme i.e \$2.5 million project with \$500,000 overhead costs having a \$2million programme budget to target 10,000 = \$200 per beneficiary. However, target beneficiaries will not all be either GBV survivors or women and girls. One of the experts contacted for this query suggested that GBV case management and beneficiaries of psychosocial services could be broken down as follows: 2,500 women and girls, training for community and partners: 1,000, Community outreach: 6,500 men/women/boys/girls. This type of costing allows a bit more flexibility but should be based on a range set by partners in the country and linked to realistic costs. (Expert contribution: Sinead Murray)

7. References

- Adesina, B., E. Rottach (2015) *Estimating the Costs of Delivering Services for Post-Gender-Based Violence Care at a Health Facility: Guidance Manual*. Washington, DC: Futures Group, Health Policy Project. https://www.healthpolicyproject.com/pubs/686_FINALGBVinterventioncostinggguide.pdf
- Asgary R1, Emery E, Wong M. (2013) 'Systematic review of prevention and management strategies for the consequences of gender-based violence in refugee settings.' *Int Health*. 2013 Jun;5(2):85-91.
- Ashe et al (2016) *Costs of Violence Against Women: An Examination of the Evidence. Working Paper no. 2. What Works to Prevent Violence*. www.whatworks.co.za/resources/evidence-reviews/item/218-working-paper-no-2-costs-of-violence-against-women-an-examination-of-the-evidence
- The Child Protection Working Group and the Gender-Based Violence Area of Responsibility (AoR) (2015) *Fundraising Handbook For Child Protection And Gender Based Violence In Humanitarian Action*. http://cpaor.net/sites/default/files/cp/FUNDRAISING_HANDBOOK1.pdf
- DFID (2011) *DFID's Approach to Value for Money (VfM)*, London: DFID https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49551/DFID-approach-value-money.pdf
- Duvury et al (2009) *Intimate Partner Violence High Costs to Households and Communities*. Washington DC: ICRW and UNFPA <https://www.icrw.org/wp-content/uploads/2016/10/Intimate-Partner-Violence-High-Cost-to-Households-and-Communities.pdf>
- Duvury, N; Callan, A; Carney, P; and Raghavendra, S (2013) 'Intimate Partner Violence: Economic Costs and Implications for Growth and Development.' *Women's voice, agency, and participation research series*; no. 3. World Bank, Washington, DC.
- HECTA Consulting Limited (2016) *Gender-Based Violence in Kenya: The Cost Of Providing Services: A Projection Based on Selected Service Delivery Point*. for the National Gender and Equality Commission. www.ngeckeny.org/Downloads/GBV%20Costing%20Study-THE%20COST%20of%20PROVIDING%20SERVICES.pdf
- Hossain, M. and McAlpine, A (2017) *Gender Based Violence Research Methodologies in Humanitarian Settings: An Evidence Review and Recommendations*. Elhra: Cardiff http://www.elrha.org/wp-content/uploads/2017/09/Final-for-Web-ElrhaR2HC-GBV-Report_0817-v6-web.pdf
- IRC (2016a) *Cost Effectiveness Analysis: Improving Parenting Practices in Liberia and Thailand*, London and New York City: IRC <https://www.rescue.org/sites/default/files/document/960/parentingdesignedbrieffinal.pdf>
- IRC (2016b) *Cost Efficiency Analysis Child Protection Case Management*, London and New York City: IRC <https://www.rescue.org/sites/default/files/document/955/cpcmdesignedbrieffinal.pdf>
- International Rescue Committee (2015) *Are We There Yet? Progress and challenges in ensuring life-saving services and reducing risks to violence for women and girls in emergencies*. London and New York City: IRC <https://www.rescue.org/sites/default/files/document/664/ircarewethereyetwebfinalukspell.pdf>
- International Rescue Committee and Global Women's Institute (2015) *Responding to Typhoon Haiyan: Women and Girls Left Behind. A study on violence against women and girls prevention and mitigation in the response to Typhoon Haiyan*. London and New York City: IRC and Washington DC: George Washington University

Inter-Agency Standing Committee (2015) *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*. https://gbvguidelines.org/wp/wp-content/uploads/2015/09/2015-IASC-Gender-based-Violence-Guidelines_lo-res.pdf

Murphy et al (not dated) *Evidence brief: What works to prevent and respond to violence against women and girls in conflict and humanitarian settings?* What Works to Prevent Violence

Morrison and Orland (2004) *The costs and impacts of gender-based violence in developing countries: Methodological considerations and new evidence*. World Bank, Washington, DC. <http://siteresources.worldbank.org/INTGENDER/Resources/costsandimpactsofgbv.pdf>

Noble et al (2017) 'State of the Evidence: A Systematic Review of Approaches to Reduce Gender-Based Violence and Support the Empowerment of Adolescent Girls in Humanitarian Settings'. *Trauma Violence & Abuse*

Orach CG, Dubourg D, De Brouwere V (2007) 'Costs and coverage of reproductive health interventions in three rural refugee-affected districts, Uganda.' *Trop Med Int Health* 2007; 12:459–69.

Remme et al (2014) *Approaches to Assess Value for Money and Scale up of Violence against Women and Girls Prevention: A Summary of the Evidence*. What Works to Prevent Violence

Spangaro J, Adogu C, Ranmuthugala G, Powell Davies G, Steinacker L, Zwi A (2013) 'What Evidence Exists for Initiatives to Reduce Risk and Incidence of Sexual Violence in Armed Conflict and Other Humanitarian Crises? A Systematic Review'. *PLoS ONE* 8(5): e62600. <https://doi.org/10.1371/journal.pone.0062600>

Segola, G. and N. Yinger. 2015. *Readiness Assessment for Costing Post-Gender-Based Violence Care Services in Mozambique*. Washington, DC: Futures Group, Health Policy Project. <https://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=866>.

Settergren et al (2015) *Costs of Delivering Services for Gender-based Violence at Health Facilities in Tanzania*. Study Report. Washington, DC: Futures Group, Health Policy Project. <https://www.healthpolicyproject.com/index.cfm?id=publications&get=pubID&pubID=564>

Tanabe, m. Schaus, K. Rastogi, S. et al (2015) 'Tracking humanitarian funding for reproductive health: a systematic analysis of health and protection proposals from 2002-2013' *Conflict and Health* 2015, 9(Suppl 1): S2

Tappis et al (2016) 'Effectiveness of Interventions, Programs and Strategies for Gender-based Violence Prevention in Refugee Populations: An Integrative Review'. *PLOS Research Article*. April 19, 2016

UNHCR (2008) *Project Proposals: Strengthening Refugee Protection, Assistance and Support to Host Communities in Kenya*. Geneva: UNHCR www.unhcr.org/afr/48d8e4ed2.pdf

UN (undated) *Evaluation of implementation of 2005 IASC guidelines for gender-based violence interventions in humanitarian settings in the Syria crisis response*. <https://reliefweb.int/sites/reliefweb.int/files/resources/Evaluation%20of%20implementation%20of%202005%20IASC%20Guidelines%20Gender-based%20violence.pdf>

Vu A et al (2014) 'The Prevalence of Sexual Violence among Female Refugees in Complex Humanitarian Emergencies: a Systematic Review and Meta-analysis', *PLoS Currents* doi:10.1371/currents.dis.835f10778fd80ae031aac12d3b533ca7

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Annex 1 – examples of initiatives that have explored costs of SRHR services and GBV services in non-emergency settings

This section offers two examples only as it was not a focus of the query and beyond the scope to explore this area in-depth.

Reproductive health services for refugees and host populations in Uganda. Orach *et al* (2007) compared the cost and coverage of reproductive health services for refugees and host populations in three rural districts in Uganda using a cross-sectional study with an economic evaluation component. They found that per capita health expenditure was 2.7 times higher for refugees (US\$13.12 compared to US\$4.85) compared to the host population. Interventions for major obstetric emergencies were also more common among refugees than host populations. Cost differences were partly explained by the higher qualifications of staff serving refugee populations. Additionally, medicines, health supplies and laboratory testing and equipment were all more readily available and used more in healthcare settings serving refugees than the general population.

Gender-based violence in Kenya: the cost of providing services. This report aims to analyse and estimate the costs of providing GBV services from a health systems perspective in Kenya. The study presents the annual economic costs of providing a minimum package of GBV services using the one-stop centre model and the costs of providing these services over a period of five years at the county level. The study also estimates the financial gaps in GBV services. This was a cross-sectional study, which adopted a health systems perspective on costs. As such, the study considered only those economic costs that are borne by the providers of GBV services. Data was collected through key informant interviews, document reviews, and a facility costing survey. (HECTA Consulting Limited, 2016)

Annex 2 - UK Government funded projects

- Project title: Creating a Space, Raising a Voice: Protecting and Empowering Adolescent Girls in Humanitarian Contexts (Pakistan, DRC, Ethiopia). Organisation: IRC. This is the IRC programme: COMPASS: Creating Opportunities through Mentoring, Parental Involvement and Safe Spaces. Expected costs are featured below (the full amount for the programme was subsequently increased to £10,000,000 of which IRC spent £9,657,367 - It is not clear if the full amount was spent by the end of the programme) – further information is provided in the annex:

Description	Y1	Y2	Y3	Total
	April 1 2014 - March 31 2015	April 1 2015 - March 31 2016	April 1 2016 - March 31 2017	April 1 2014 - March 31 2017
Personnel	878,415	890,669	948,811	2,717,896
HR costs	391,382	402,340	426,666	1,220,388
Travel	200,724	153,473	162,603	516,800
Equipment	156,744	206	216	157,166
Supplies	659,928	666,723	735,171	2,061,821
Contractual	193,428	192,926	193,179	579,532

Other - In country support capital and field office operation	357,147	353,813	343,881	1,054,841
IRC HQ Management Support	203,373	182,557	196,411	582,341
Total	3,041,141	2,842,708	3,006,937	8,890,786

(reference: Business Case and Summary 204060 (December, 2014) - http://iati.dfid.gov.uk/iati_documents/4241217.odt)

- Project title: Strengthening protection, GBV and child protection response and prevention services in humanitarian settings in South Sudan. Organisation: International Rescue Committee (IRC) - mptf.undp.org/document/download/14135.
- Project title: Strengthening GBV prevention and response services in South Sudan. Organisation: United Nations Children's Fund (UNICEF) - mptf.undp.org/document/download/14423
- Project title: Strengthening protection of at-risk populations by improving gender based violence (GBV) prevention and response in Baidoa (Bay region) and promoting GBV mainstreaming in humanitarian response in priority areas of Somalia. Organisation: INTERSOS - mptf.undp.org/document/download/12095.
- Project title: Improving timely access, availability and utilization of multi-sectoral services to vulnerable and conflict affected women, girls, men and boys to strengthen coping mechanisms and live a dignified life in Adok-Leer, Kaldak, Atar and Korwai – Pigi, Phom in Fangak, Ulang in Ulang County of Upper Nile, Unity and Jonglei states. Organisation: Nile Hope - mptf.undp.org/document/download/14143.
- Project title: Improving Timely Access to Emergency Gender Based Violence survivors and FTR response services among most vulnerable persons unaccompanied and separated children in Fangak and Pigi Counties in Jonglei State. Nile Hope - mptf.undp.org/document/download/15734.
- Project title: Enhanced GBV multisectoral prevention and response, monitoring and coordination in South Sudan. Organisation: UNFPA - mptf.undp.org/document/download/11475.