

# How to leverage safety nets to prevent GBV and empower women?



THE WORLD BANK

## The Challenge

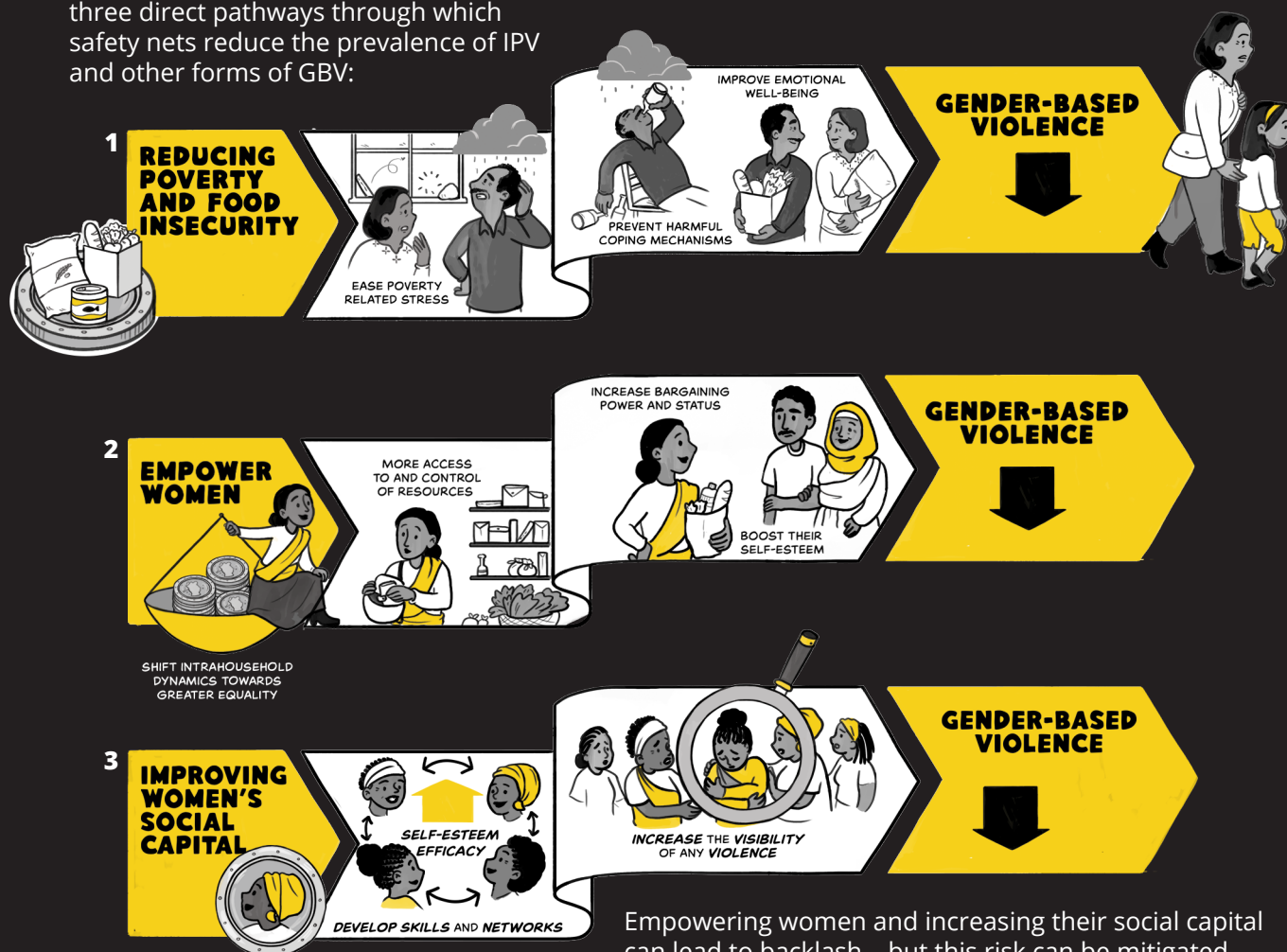
Gender-based violence (GBV) has substantial costs that disproportionately affect poorer women and girls. In addition, GBV is a drain on human capital development, poverty reduction, and growth; directly undermining the core objective of social protection.

## The Opportunity

While reducing GBV is not necessarily an objective of most social protection programs, a growing body of research demonstrates that safety nets overwhelmingly reduce violence. Given their growing reach around the world, safety nets have the potential to contribute even more systematically to the reduction of GBV at scale.

## The Impact Pathways

Researchers hypothesize that there are three direct pathways through which safety nets reduce the prevalence of IPV and other forms of GBV:

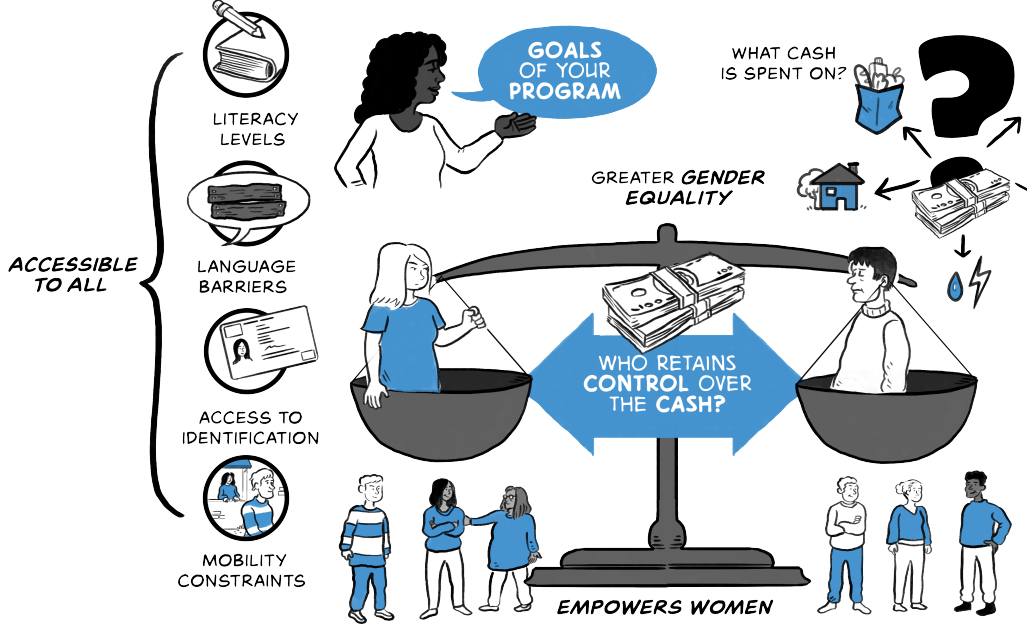


Empowering women and increasing their social capital can lead to backlash – but this risk can be mitigated through careful program design.

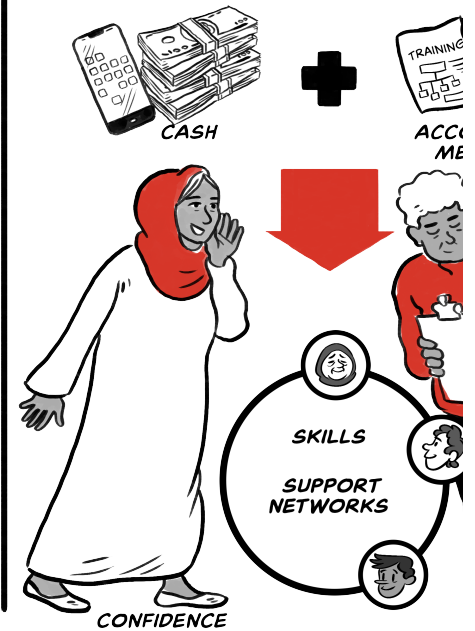
# ASSESS

# ENROLL

## PROGRAM PARTICIPATION AND REGISTRATION



## BENEFITS AND SERVICES



1

OUTREACH

2

INTAKE AND  
REGISTRATION

3

ASSESSMENT OF  
NEEDS AND  
CONDITIONS

4

ELIGIBILITY AND  
ENROLLMENT  
DECISIONS

5

DETERMINATION  
OF BENEFITS  
AND SERVICES  
PACKAGE

# Entry Points to curb GBV along the Social Protection Cycle

## Assessment

Outreach, intake and registration are key steps in building support and securing the participation of the program's target population.

### Key questions:

1. Can women's empowerment be communicated as an explicit program objective without significant risk of backlash?
2. How can program objectives, benefits, and processes be communicated in a way that promotes women's participation?
3. What communication channels are most effective in reaching women with key information about the program?
4. What constraints and accessibility issues do women face in participating in outreach activities and how can these be reduced? Are there opportunities for closing gender gaps such as the gap in ID?

## Enrollment

Enrollment involves determining who will participate in the program and what benefits and services they will receive.

### Key questions:

1. Can your program ensure transfers are paid to women, and increase the likelihood that they are able to retain control over the payments?
2. What are the risks of backlash in the immediate and longer term and how can these be mitigated?
3. What barriers and constraints do women face in enrollment?

## Provision of payments and services

### Payments

Payment systems fit along a continuum from manual to automated payment administration to digital provision.

### Key questions:

1. For each transfer method under consideration, what is the likelihood that women retain control over the resources (and of the means of accessing the transfer, such as a debit card or a SIM card)?
2. Are there any legal barriers to women's independent control of financial resources?
3. If women are required to travel to payment points, how can any risks of opportunistic harassment or assault be reduced?
4. Could interaction at payment points or payment system technology be leveraged to disseminate information to women and connect them to services?

## PROVIDE

## MANAGE

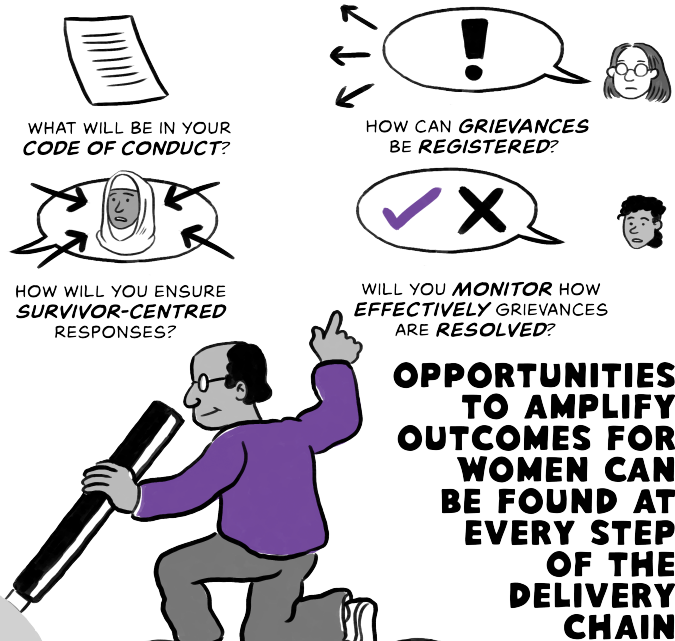
### ICES



### LOGISTICS



### YOUR PROGRAM IS UNDERWAY



6

7

8

9

NOTIFICATION AND ONBOARDING

PROVISION OF BENEFITS AND/OR SERVICES

BENEFICIARIES COMPLIANCE, UPDATING AND GRIEVANCES

EXIT DECISIONS NOTIFICATIONS AND CASE OUTCOMES

# Protection Delivery Chain

5. Can digital transfers be leveraged to close other gender gaps (in ID cards, mobile phone ownership, bank account ownership, or digital and financial literacy)?

### Transfer size and frequency

The size, frequency, and duration of transfers are critical design choices as they can have different effects on household dynamics. Digital payments are more likely to increase women's control over resources, but only if women have access to the necessary technology. Regularity and predictability of transfers are key to reducing GBV risks.

### Key questions:

1. What are the trade-offs between the size and frequency of transfers relative to women's ability to retain control over program resources?
2. What is the size and frequency of transfers that are most likely to lead to men's backlash? How can the risks be reduced?

### Accompanying measures

Many cash or in-kind transfer programs include accompanying measures or complementary activities, such as group training or coaching sessions. Evidence suggests that when cash transfers are combined with group-based accompanying measures, they are more likely to reduce IPV, even if GBV prevention is not an explicit objective of the activity.

### Key questions:

1. Can accompanying measures nudge social norms toward greater gender equality such as more equal sharing of care work? Can broader support in the community be built for more equal gender roles?
2. Are accompanying measures delivered in ways that strengthen women's networks, social capital, knowledge, and agency?

### Provision of services

Social protection programs often encourage or require beneficiaries to access health care or education services. Linking safety net programs to public services also presents an opportunity to facilitate access to GBV support services.

### Key questions:

1. Are there risks of opportunistic harassment or assault if beneficiaries travel to and from service delivery points?
2. Are there risks of sexual exploitation and abuse if beneficiaries access services or if providers verify compliance with conditionalities?
3. Can the services to which safety net beneficiaries are referred to be adapted to offer safe spaces for beneficiaries to report experiences of GBV?



# MANAGE

## Management

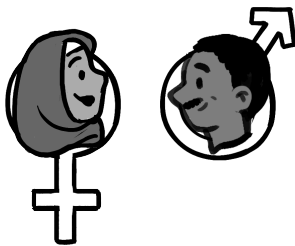
Program management processes present entry points for assessing, mitigating and monitoring sexual harassment, exploitation and abuse risks, as well as for tracking improvements toward GBV outcomes.

### Codes of conduct

A code of conduct outlines the core values and principles of an organization and establishes standards of professional conduct and ethical behavior for all staff. It also defines both desired behavior and prohibited conduct and thus can contribute to GBV awareness and accountability.

### Key questions:

1. Does the implementing agency have codes of conduct in place that prohibit sexual harassment, exploitation and abuse, including clear definitions, responsibilities, reporting protocols, accountability mechanisms and sanctions?
2. Do all contracts with service providers and contractors who will come into contact with beneficiaries include codes of conduct?
3. Is training on codes of conduct provided to all implementing agency staff, contractors and volunteers?



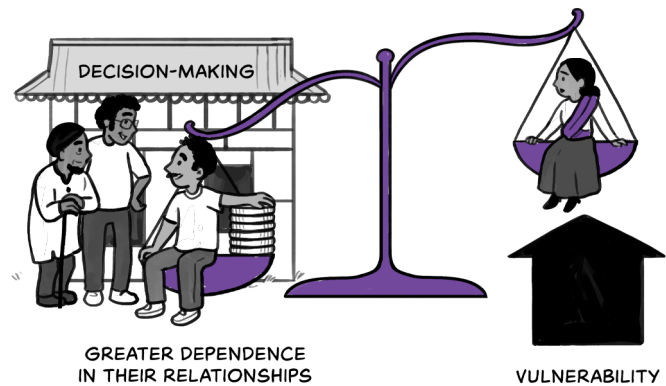
### Grievance mechanisms

Grievance mechanisms are a critical component for accountability and monitoring of implementation. They help identify and respond to specific incidents of program related GBV, monitor program-related GBV risks, and can enable GBV survivors to access support services.

It is critical that grievance mechanisms adopt a survivor-centred approach: empowering the survivor of GBV by prioritizing her rights, needs and wishes.

### Key questions:

1. Does the grievance mechanism include multiple channels to report complaints, including anonymous channels and mechanisms that don't require literacy?
2. Are standard operating procedures in place for receiving GBV-related complaints, for referring complainants to GBV services and for processing the complaint that is survivor-centric?
3. Have GBV support services been identified in program implementation areas? Has their quality and accessibility been assessed?



### Monitoring and evaluation

Monitoring and evaluation plays a central role in tracking the performance of social protection programs and providing feedback for continuous improvements. However, data on GBV prevalence should NOT be collected directly from beneficiaries as part of routine program monitoring, to avoid putting respondents at risk. GBV data should only be collected by experienced researchers with specialized training on ethical protocols for GBV data collection. A lot of useful data can be gathered to understand whether your project is mitigating GBV risk effectively and empowering women.

### Key questions:

1. If reducing GBV more broadly is a program objective, how will progress toward this objective be measured given the sensitivity around GBV-related data collection?
2. What output and outcome indicators can be included to monitor implementation of activities aimed at preventing GBV?
3. Can an impact evaluation contribute to growing the evidence base on GBV and violence against children?



## To find out more



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