Localizing GBV Prevention: Lessons Learned from Pilots in Indonesia, Peru and Moldova

Pilot Projects

PERU
Villa El Salvador District, Lima
- One of forty-three districts of Lima, with one of the highest rates of poverty and GBV in Peru
- Minimal support services for survivors, minimal government resources
- Strong history of participatory planning
- Plans to use art, cultural and sporting activities to influence community norms

INDONESIA
Jayapura District, Papua
- Higher rates of GBV than other parts of Indonesia, but strong local commitment to address the problem
- Several potential funding streams for LAPs including provincial, district, village and autonomous funds
- Local participatory planning and funding coordination is planned

MOLDOVA
Chirovoa Village, Gagauzia
- Remote Russian speaking village in an autonomous region, disconnected from Moldovan mainstream
- Minimal services for GBV survivors, and few prevention activities
- A safe space for integrated prevention and response services is planned
## Formative research

<table>
<thead>
<tr>
<th>KEY FINDINGS</th>
<th>Implications for intervention design</th>
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<td><strong>(Peru)</strong> A costing of no prevention for the community was a first baseline. A participatory methodology to localize the SDGs has allowed to start with a co-assessment.</td>
<td>Common assessment and grassroots organizations ensuring a LNOB approach</td>
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<td><strong>(Indonesia)</strong> Formative research has shown that the village level (Namblong community) rarely invests in preventing GBV. Now the “village fund” in Papua receives 100k per year in infrastructure, economic development and social projects.</td>
<td>The pilot intervention becomes a demonstration fund for the Papua Desk on how a participatory process to end GBV leads to better results and new sources of funding</td>
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<td><strong>(Moldova)</strong> No services existed in the autonomous region of Gagauzia and lack of institutional coordination. Alcohol abuse was found to be an important driver.</td>
<td>A safe space is built with a co-financing model and incorporates new approaches for psychosocial support/ways to effect long-term norm change</td>
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Initial Results

- Institutional change

The local multistakeholder mechanism exists in the law but is rarely implemented because of i) lack of political will and ii) competing priorities

When the mechanism is created it can be empowering and transformative. It can become a space to discuss related issues. Services and referral pathways need to be up and running

- The quality of the community participation is key

Bring the grassroots organizations to the table and create support networks/community mobilization around the local mechanism

- Budget constraints shouldn’t limit the local action plans
Key to Costing and Financing

• Integrate costing & financing considerations into participatory planning
• Map the plan’s expected activities, outcomes & potential financing sources
• Advocate with range of payers to finance the plans on a regular basis
• Estimate the total budget available for LAP implementation
• Reflect on Value for Money for best allocation of existing resources
Final Reflections

- When do we know that we have reached an agreement with the community?
- What additional efforts are required to ensure that the planning process is reaching out to the furthest left behind from the outset?
- How to reconcile the need for quick evidence for policy making and the need to ensure quality and longer term evidence?
- What are some of the pathways for scaling up horizontally and vertically?
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