CASE STUDY

Gender-based Violence Prevention and Response Project

DEMOCRATIC REPUBLIC OF CONGO

1. PROJECT HIGHLIGHTS

Key Cross-Country Benefit	Key National Benefit
Prevention of a further spillover of the violent conflict in DRC to neighbouring countries (Rwanda, Burundi, Uganda, and Tanzania).	***Promotion of social and economic development through prevention and reduction of gender-based violence and gender inequality.***

2. QUICK FACTS

Categories	Project Details
Project Name	DRC—Gender-based violence prevention and response project
Project Description	The Gender-Based Violence Prevention and Response Project aims to decrease Gender-Based Violence (GBV). More precisely, the goals are to (i) increase the participation in Gender-Based Violence prevention programmes; (ii) utilise multi-sectoral response services for survivors of GBV; and (iii) provide immediate and effective response if needed. The projects consists of four components targeting the prevention of and response to GBV, the support to policy development, project management and monitoring and evaluation, and lastly a contingency emergency response component providing immediate response in the event of an eligible crisis or emergency.

Disclaimer: We based the case study on the information cited and publicly available as of May 2023. The findings – especially concerning the GPG perspective – have been concluded to our best knowledge. The views expressed are the authors' assessments and do not necessarily reflect the project stakeholders' views. Any errors that remain are our responsibility.

Global Public Good (GPG) Theme	Peace & security
Sub-Theme	Prevention and limitation of violent conflicts
Sector	Social protection; health facilities and construction; public administration—social protection; health
Country of Imple-mentation	Democratic Republic of Congo (DRC)
Region	Sub-Saharan Africa
Income Category	Low-income
Implementation Period	2018-2023
Project Volume	US$100 million
Financial Source	IDA Grant
Instruments	Investment Project Financing
MDB Involved	World Bank
Implementing Partner	Fonds Social DRC (Democratic Republic of Congo)
Link to Detailed Project Infor-mation[1]	https://documents1.worldbank.org/curated/en/431561535859045136/pdf/DRC-Gender-Based-PAD-06192018.pdf https://documents1.worldbank.org/curated/en/099605008052231596/pdf/P16676300d948b05809d0105a2968c309eb.pdf

3. WHY THIS IS A GOOD PRACTICE

This project is a good practice example for implementing the following features that promote GPG provision:

- **Ambition:** The ambition of the project is high as it aims to reduce GBV and gender inequality structurally contributing significantly to the prevention of further violent conflicts in the region.
- **Sustainability:** The social sustainability of the project is high since it aims to cause a sustained reduction of GBV, for example, by decreasing the accepting attitude towards GBV by 20%. The economic sustainability of the project remains to be seen as scaled-up services need continuous financing.
- **Transformability:** The project is transformative because of social norms and perceptions addressed. Thus, changes are likely to persist long-term. Moreover, a general reduction in gender inequality is

[1] If not stated otherwise, the two documents provide the main source for the case study.

likely as changing gender perceptions affect everyday life from household and general decision making to economic opportunities and education, for example.

4. PROJECT INFORMATION

4.1 CHALLENGES OF GPG PROVISION IN THE COUNTRY CONTEXT

The Democratic Republic of Congo (DRC) is a post-conflict and fragile country characterised by persistent poverty and a rapidly growing population. Thus, although the proportion of people living in poverty declined from 69.3% to less than 64% between 2005 and 2012, the absolute number of poor increased by 7 million in these time period. Additionally, a significant share of 14% of the population is trapped in extreme poverty.

Moreover, gender inequality in the DRC is enormous: It ranked 176th out of 188 countries in the 2016 Gender Inequality Index benchmarking national gender gaps using economic, political, education, and health criteria.[2] The country's inequality is largely driven by socio-cultural factors that restrict engagement and social and economic life and public decision-making for women. These include women's limited participation in the political process and their unequal treatment with respect to labour force participation, land tenure, and property ownership.

Additionally, the levels of gender-based violence (GBV) and its acceptance by society are both very high. While the average prevalence rates for violence against women globally is 36% (according to the WHO), most of the violence is inflicted by their husband or partner (57%), followed by teachers (8.6%), and police or soldiers (0.8%). More than half (52%) of all women aged 15-49 reported experiencing physical violence.[3] Furthermore, 27% have experienced sexual violence. Furthermore, levels of acceptance of intimate partner violence (IPV) in DRC are highest among the whole continent: 75% of women and 60% of men believe that wife beating is justified for at least one specified reason.[4] Notably, acceptability is higher among younger age groups. However, there are signs of change: the prevalence of violence has fallen from 2007 to 2014. Similarly, reports of sexual violence have decreased except for women aged 15-19.

Summing up, GBV is highly prevalent in DRC and linked to social and cultural norms and values exacerbating gender inequality. Additionally, GBV often increases in the context of conflict and increased food insecurity. **As gender inequality has been identified as a central driver of fragility, conflict, and violence, its prevention is central from a GPG perspective as well to prevent and limit violent conflicts.** The project aims to address these issues in targeted health zones (see Figure 1) in DRC by promoting participation in relevant prevention programmes and supporting response services. Additionally, immediate and effective response is given in the case of an emergency.

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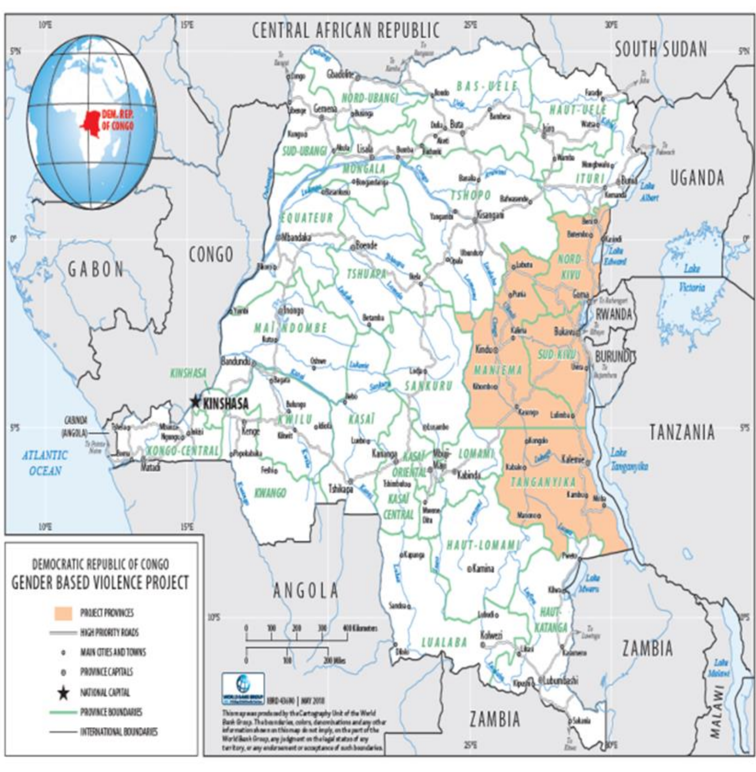
[2] World Bank (2018, 8): https://documents1.worldbank.org/curated/en/431561535859045136/pdf/DRC-Gender-Based-PAD-06192018.pdf

[3] World Bank (2018, 9): https://documents1.worldbank.org/curated/en/431561535859045136/pdf/DRC-Gender-Based-PAD-06192018.pdf

[4] World Bank (2018, 9): https://documents1.worldbank.org/curated/en/431561535859045136/pdf/DRC-Gender-Based-PAD-06192018.pdf

FIGURE 1: PROJECT LOCATION



Source: World Bank (2018, 95)

4.2 INTERVENTION

4.2.1 Project Design and Agents of Change

The project aims to **contribute to the long-term goal of reducing GBV prevalence** by increasing participation in prevention programmes, the utilisation of multi-sectoral response services for survivors, and to provide immediate and effective response in case an emergency arises. The detailed project components are displayed in Figure 2.

The first component focused on preventing GBV. Central barriers identified to promote prevention are harmful social norms and values that condone GBV and prevent reporting and access to services as well as a lack of social and economic autonomy and awareness of legal rights exacerbating vulnerability to violence and decreases resilience.

Thus, component 1 entails engagement with opinion leaders/ traditional community leadership to change behaviour at the community level. Additionally, interventions also focus on household and engagement with men, boys, and women. Furthermore, women's and girls' social and economic autonomy is strengthened using savings and livelihoods programmes as well as gender transformative training. Lastly, component 1 aims to create a pool of activities at the community level determined to provide immediate advice and referral and ensure case management.

Component 2 concentrates on the lack of social and economic autonomy as well as inadequate existing services that discourage survivors from seeking help. Therefore, comprehensive services for survivors of GBV are scaled-up at the community level via specialised Centres of Excellence and the health sector. Moreover, the availability of services close to the communities is ensured using health centres and de-localised One-Stop Centres. Mental health support at the community level is also provided. Further, component 2 strengthens referrals from service providers to activists at the community level.

The third component addresses the limited resources available for GBV programming. The geographical scope of the intervention is narrowed to ensure prevention and response resources are concentrated close to the communities (Figure 1).

Moreover, the component puts in place a process evaluation to review approaches and quality of services regularly and implement corrective action accordingly. Lastly, a final round of impact evaluations on mental health is financed.

The fourth component is a "zero-dollar" Contingency and Emergency Response Component. In case of a major disaster the government of DRC may request a reallocation of the grant money from the other components to provide support as needed.

FIGURE 2: PROJECT COMPONENTS

Component	Description
Component 1 – GBV Prevention	• Focus on addressing harmful social norms • Strengthen women's and girls' social and economic autonomy • Create a pool of activities at community level and ensure case management
Component 2 – Response	• Scale up comprehensive services for survivors of GBV • Ensure availability of services close to communities • Strengthen referrals
Component 3 – Programming resources	• Narrow the geographical scope of the interventions • Put in place a process evaluation • Invest in a final round of impact evaluation
Component 4 – Contingency Emergency Response	• In case a major disaster arises, the Government of DRC may request the World Bank for the rapid reallocation of grant proceeds from other components in order to provide preparedness and rapid response support as needed.

Source: Oxford Economics based on World Bank (2018)

4.2.2 Expected results

The Project Development Outcome (PDO) Indicators and Intermediate results indicators as well as their baseline, current status, and end target are displayed in Table 1.

For eight of the 20 indicators the end target has already been achieved. While one of the formulated end targets was to benefit 785,000 people directly, for example, this has been exceeded since as of July 2022 with more than 7 million direct project beneficiaries documented. Furthermore, for six indicators the end target has partly or almost been achieved so far. This includes, for instance, the share of implementing partners providing services to GBV survivors in line with quality standards. So far, 76% of partners fulfil these criteria starting from

a baseline of 0%. The end target is to achieve 80%. For the remaining six indicators the data are not available yet.

Overall, the progress of achievement towards the PDO and the overall implementation progress are evaluated as moderately satisfactory as of May 2022. It is emphasised that sustained effort is needed to ensure the realisation of the PDO and intended outcomes. Contracts with implementing partners need to be extended and the overall project expanded to Kinshasa and potentially to other provinces like Ituri.

TABLE 1: INTERMEDIATE RESULTS[5]

Indicator	Base-line	Actual current[6]	End target
PDO Indicators by Objectives/ Outcomes			
Increased participating in gender-based violence prevention programmes			
Reported decrease in accepting attitudes towards GBV in target health zones*	0%	0%	20%
Direct project beneficiaries	0	7,016,733	785,000
Female beneficiaries	0%	51%	50%
Direct project beneficiaries in Twa communities	0	18,626	30,000
Increase utilisation of multi-sectoral response services for survivors of GBV			
Increase in reported cases who receive access to multidisciplinary services, defined as at least two of the following: medical, psychosocial, security, legal support, and livelihoods support	50%	52%	80%
Eligible reported cases of eligible GBV who receive post exposure prophylaxis (PEP) treatment within 72 hours	13%	99%	80%
Implementing partners providing services to GBV survivors in line with quality standards	0%	76%	80%
Intermediate Results Indicators by Components			
Gender-based violence prevention and integrated support for survivors at community level			
Beneficiaries participating in community level economic support services	0	62,800	3,800
Beneficiaries receiving specialised mental health care	0	4,367	3,200
Service providers trained in narrative exposure therapy (NET)	0	198	60
Reported change in women´s participation in household decision-making*	0%	0%	20%
Change in help seeking behaviour for women and men aware of IPV cases at community level*	0%	0%	20%
Response to gender-based violence			
Health personnel receiving training on GBV service provision	0	303	400
Reported cases of GBV that access at least one service supported by the project (disaggregated by entry point)	0	37,790	60,000
Rape cases that access services within 72 hours of the incident	0%	46%	50%

[5] For projects in the GPG theme Peace & Security, it is not possible to ex ante differentiate between those indicators that directly contribute to the GPG provision and those that do not. Depending on the context, it varies greatly which indicators actually prevent conflict. Hence, unlike for other projects, we do not highlight specific indicators that are particularly relevant for GPG provision in comparison to others.

[6] As of July 2022

Beneficiaries who meet regularly with their case manager, as defined in the project manual	0%	93%	80%
Essential medication (post-exposure prophylaxis, sexual transmitted infection treatment, and emergency contraception) for which there was no stock out during the implementation period*	0%	0%	20%
Availability of basic equipment at health facility level in line with the project´s quality checklist*	0%	0%	80%
Small-scale works at health facility level complying with environmental and social management framework requirements*	0%	0%	100%
Support to Policy Development, Project Management, and Monitoring and Evaluation			
Grievances received by the project that are addressed in line with quality standards defined in the grievance redress mechanism manual	0%	100%	100%

* Data not available yet
Source: Oxford Economics based on World Bank (2022)

5. PROJECT IMPACT

5.1 NATIONAL BENEFITS

The project benefits the client country by **promoting social and economic development** through several channels that are interrelated and co-dependent on each other. First, it supports a reduction in GBV and therefore gender inequality, thus constituting a national benefit itself. Moreover, due to its negative impact on social and economic development, the government of DRC has committed to reducing gender inequality and GBV. This is reflected by a recent strengthening of the legal and policy framework, including a comprehensive strategy on combating sexual violence, for example. Additionally, a National Strategy on Combating Gender-Based Violence and a National Action Plan were put in place in 2009. The project will contribute to achieving various of the goals outlined in the National Strategy, especially:

- Objective 3: improving social service delivery to raise human development indicators, and
- Objective 4: addressing the development deficits contributing to fragility and conflicts in DRC's Eastern provinces.

Because gender inequality is now understood as one of the drivers of fragility, conflict, and violence (FCV) it is important to close gender gaps and create better programmes for women and girls to make societies more resilient against FCV

— Diana J. Arango, World Bank Global Lead on Gender Based Violence, Gender)

Thus, the project contributes to development in general, for example, by improving social service delivery and health care. Moreover, through the economic and social strengthening of women and girls (component 1) the economic development of the country is supported further. Lastly, as gender inequality and GBV have been found to be key drivers of fragility and violent conflict, the project also promotes peace and stability in DRC.

As Diana J. Arango, World Bank Global Lead on Gender Based Violence, Gender, said: "Because gender inequality is now understood as one of the drivers of fragility, conflict, and violence (FCV) it is important to close gender gaps and create better programmes for women and girls to make societies more resilient against FCV."[7]

5.2 CROSS-COUNTRY BENEFITS

The prevention of violent conflict and the promotion of resilience against FCV in DRC constitute the most direct cross-country benefits**. FCV would likely exhibit negative externalities to other countries, for example via refugee flows, a contagion of the conflict, or reduced trade.** In today's interconnected world, these externalities could not only impact countries in the immediate neighbourhood but impose global consequences. Accordingly, preventing these externalities yields benefits both locally and globally, as instabilities on one region can very quickly spread to other areas of the world. Moreover, national benefits incurred by the project may also exhibit positive externalities to other countries such as increased trade and cooperation through social and economic development. Thus, international trade may be promoted by the project as well.

Furthermore, since social service delivery is improved, in particular with regards to healthcare, pandemic preparedness is enhanced. In case of a new pandemic emerging, countries globally and especially in the region are likely to benefit from these improvements in social service and healthcare systems as they increase the capacity of DRC to handle the pandemic and its spread.

6. LESSONS FOR FUTURE GPG PROVISION

6.1 SUCCESS FACTORS

Since the project is still ongoing its final success factors and lessons learned remain to be seen. Yet, several aspects of the project may be identified as contributing crucially to its success. First, **the project addresses prevention as well as response to GBV, thus constituting a holistic approach**. Global evidence has shown this to be a central success factor of GBV prevention projects. This is, for example, due to the observation that prevention activities encourage survivors to come forward—leading to an increase in demand for response services. Since gaps in service delivery risk undermining the credibility of the prevention aspects, ensuring improvement in access to services is key.

Second, survivors need **multi-faceted assistance** as physical and sexual violence is usually accompanied by psychological trauma and violation of laws. Thus, medical treatment is required as well as health counselling and psycho-social and paralegal support. Additionally, elements of economic empowerment are needed as well. The project accounts for this, for instance, by increases in the reported cases receiving at least two different services including medical, psychosocial, security, legal support, and livelihoods support from 50% to 80%.

Third, GBV prevention is most effective and sustainable when **addressing social and gender norms**. Global evidence shows that including men and boys is especially important. Additionally, prevention projects should

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[7] World Bank (2023): https://www.worldbank.org/en/news/feature/2023/03/07/tackling-gender-based-violence-in-fragile-contexts

address the individual level, families and households, community, and society as a whole to be effective. This is considered in the project, for example, by men and boys representing almost 50% of the project beneficiaries.

6.2 HOW TO REPLICATE THE GOOD PRACTICE

Although the project is adjusted to the context in DRC its approach and implementation may be replicated in other countries and regions that face severe challenges concerning GBV and gender inequality. This includes, for example, the holistic approach addressing prevention and response at the same time, the involvement of men and boys, and the focus on the individual, family or household, community, and societal level.

The lessons learned so far are:

- The high number of project beneficiaries exceeding the end target largely demonstrates the **acceptance of, and interest in the project in the concerned population**. Analysing the underlying reasons is crucial for successful future projects on GBV and gender inequality.
- The intermediate results indicators show that the project had already exceeded the end target by July 2022 for some indicators. Especially the number of **beneficiaries participating in community level economic support services** was already at 62,800 of which the end target was 3,800. Similar dynamics—although less dramatic—were observed for beneficiaries receiving specialised mental health care and the number of service providers trained in narrative exposure therapy (NET). Thus, these components were particularly successful constituting good practices for future projects.
- Data on the PDO and Intermediate Results Indicators were not available as of July 2022. Since some of the indicators refer to key aspects of the project, such as a decrease in accepting attitudes towards GBV, having intermediate results would be crucial to intervene and adjust the project in case no progress can be detected.