# Approaches to Assess Value for Money and Scale up of Violence against Women and Girls Prevention: A Summary of the Evidence

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A number of interventions to prevent and address violence against women and girls have been found to be effective, but little is known about their costs, value for money, and how to take them to scale. With a focus on evidence in low and middle-income countries, this review summarises evidence on the costs and value for money of interventions to prevent violence against women and girls, as well as on approaches for scaling up..

## What do we know about the costs and efficiency of VAWG interventions?

- 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. Five of these were for interventions to prevent violence against women and girls in South Africa (IMAGE and Soul City), Uganda (SASA!), Brazil (Programme H) and India (Avahan). Three were for post-rape care in Kenya and South Africa.
- Most economic evaluations presented data on the unit costs of delivering the intervention, such as cost per participant trained, community member exposed, woman supported.
- There was a wide range in unit costs for similar interventions – such as post-rape care and gender training sessions. This variation may be partially due to different costing methods or indicate some potential for efficiency gains. For example, the number of hours of group training sessions used in different intervention models vary widely, and it is not clear what length of training would be most efficient.
- 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.
- Most cost estimates are from single sites and small-scale pilots, making it difficult to generalise and use current

#### What was measured?

Financial costs – money spent to deliver the intervention

Economic costs – the value of other non-financial inputs, such as office space and volunteer time

Unit cost – cost per intervention output produced

What was not measured?

Costs to participants in interventions

The breadth of benefits of effective violence prevention

unit cost data to inform future budgeting at a national or global level.

#### Are VAWG interventions good value for money?

- It is difficult to answer this question as only two of the studies analysed cost-effectiveness for a violence outcome (1, 2), rather than presenting a unit cost. Only one allowed for a comparison with an international threshold of what is considered acceptable and cost-effective (WHO), namely the gender/HIV training component added on to a microfinance scheme (IMAGE) for poor women in rural South Africa, which proved cost-effective even when only factoring in its impact on partner violence.
- Approaches to preventing VAWG are likely to have multiple spillover effects on women's health, as well as the health of their children and their children's education. Development interventions that address the underlying structural causes of violence, such as poverty, could also indirectly impact on VAWG outcomes.

This paper summarises an evidence review by Remme, Michaels-Igbokwe and Watts *(forthcoming)* on approaches to scale up programming on violence against women and girls and assess intervention value for money.

For this reason, it is important that all the benefits of VAWG programmes are assessed and included in value for money assessments.

A considerable number of studies, particularly from high-income countries, have sought to quantify the economic cost of violence, or the cost to society of not intervening to address VAWG. Such evidence could be an important input into value for money assessments that incorporate a broad range of costs and benefits.

	Cost analysis	Cost-effectiveness analysis/ Economic evaluation with a VAWG outcome	Analysis or discussion of costs in relation to scale
	Collectivisation/empowerment for female sex workers (Avahan, India (7))^		Mass media edutainment programme with VAW theme (Soul City, South Africa (2))
1 paper	Gender-equitable norms training for young men (Programme H, Brazil (6))	Mass media edutainment programme with VAW theme (Soul City, South Africa (2))	Gender-equitable norms training for young men (Programme H, Brazil (6))
	Community mobilisation to prevent VAWG and HIV (SASA!, Uganda)*	Microfinance and gender/HIV training (IMAGE, South Africa (1))	Microfinance and gender/HIV training (IMAGE, South Africa (1))
>1 paper	Post-rape services (South Africa^(3, 4), Kenya (5))		Post-rape services (South Africa^(3, 4), Kenya (5))

# Summary map of evidence

#### How could cost-effective VAWG programmes be replicated and scaled up?

- Current evidence on effective interventions point to the importance of participatory group-based actions, larger scale social norm and community mobilisation approaches, as well as the value of structural level changes. There is very limited research on how different VAWG prevention models could be scaled up, and a greater focus in this area is needed.
- Group-based participatory interventions that engage over time with women, men, girls and boys could
  possibly best be scaled up as add-ons to large-scale programmes in various sectors, such as such as education,
  economic development, social welfare and health, with potentially low incremental cost. By addressing the
  multiple economic and health needs of their beneficiaries, such an approach could enable existing
  investments to be leveraged for greater impact on VAWG prevention. This approach to scale up would not be
  without challenges, and evidence on the feasibility, potential costs and benefits to specific sectors of
  collaborating in VAWG prevention is likely to be needed to inform future policy.
- Community-level mobilisation intervention models delivered by a local NGO may be more efficiently
  expanded through replication by other similar organisations. This 'franchise' model has been used to scale up
  community-focused HIV programmes to good effect, and similarly, is likely to be an important model to
  support for VAWG prevention. Although the focus of such programmes may primarily be on preventing
  violence, their benefits are likely to be far broader. Cases for support and value for money assessments
  should therefore include the multiple benefits of such gender-transformative community programmes.

#### **Research gaps**

There are large research gaps in the current evidence base on the costs, efficiency, value for money and scalability of interventions to prevent VAWG. The following is needed:

- More rigorous cost analyses and economic evaluations of effective interventions, particularly those that have already been replicated or have the potential to be delivered at scale through various platforms that exist in different sectors, such as education, economic development, social welfare and health.
- Further research to understand the processes and economics of scaling up pilot or small-scale interventions that have been found to be effective at preventing violence and/or changing related gender norms in various settings.
- Better understanding of what represents good value for money in VAWG programming and what society and decision makers may be willing to pay specific VAWG outcomes, such as a year free of violence, considering the range of direct and indirect benefits and costs savings across sectors.
- A standardised Disability-Adjusted Life Year (DALY) measure specific to VAWG in order to enable researchers and advocates to compare VAWG interventions to other health interventions.
- Operational research to help provide insights into ways to deliver violence prevention at lower cost, without
  compromising quality, for example by using new technologies, shorter or less intensive training programmes,
  including diffusion components along with core training activities. This should be used to identify models of
  intervention that have rationalised their components to only include the most effective elements, are likely to
  be more adaptable and replicable, and also more efficient to scale up.
- Research to identify whether there are incremental additions or design tweaks that could be made to existing large-scale interventions without an explicit violence prevention objective, such as social protection or livelihood programmes, to optimise their impact on VAWG.
- Larger costing studies, including several delivery sites, to help understand the underlying cost structures and determinants of the costs of different models of intervention.

2. Muirhead D, Kumaranayake L, C. W. Costs and impact on AIDS/HIV and violence against women: Soul Cityn.d.

3. Kim JC, Askew I, Muvhango L, Dwane N, Abramsky T, Jan S, et al. The Refentse Model for Post-Rape Care: Strengthening Sexual Assault Care and HIV Post-Exposure Prophylaxis in a District Hospital in Rural South Africa. 2009.

4. Christofides N, Muirhead D, Jewkes R, Penn-Kekana L, Conco N. Including Post-Exposure Prophylaxis To Prevent HIV/AIDS Into Post- Sexual Assault Health Services In South Africa: Costs And Cost Effectiveness Of User Preferred Approaches To Provision. Pretoria: Medical Research Council2006.

5. Kilonzo N, Theobald SJ, Nyamato E, Ajema C, Muchela H, Kibaru J, et al. Delivering post-rape care services: Kenya's experience in developing integrated services. Bulletin of the World Health Organization. 2009 Jul;87(7):555-9.

6. Pulerwitz J, Barker G, Segundo M, Nascimento M. Promoting gender equity among young Brazilian men as an HIV prevention strategy, Horizons Research Summary. Washington, D.C.2006.

7. Vassall A, Chandrashekar S, Pickles M, Beattie T, Shetty G, Vickerman P, et al. Cost-effectiveness of community mobilisation and empowerment as part of a targeted HIV prevention programme for female sex workers in India. *In submission*.

<sup>1.</sup> Jan S, Ferrari G, Watts CH, Hargreaves JR, Kim JC, Phetla G, et al. Economic evaluation of a combined microfinance and gender training intervention for the prevention of intimate partner violence in rural South Africa. Health Policy Plan. 2011 Sep;26(5):366-72.