<table>
<thead>
<tr>
<th><strong>Indicator name</strong></th>
<th>Extent to which partner country institutions’ capacities to fight gender-based violence are increased</th>
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</thead>
<tbody>
<tr>
<td><strong>Thematic area of engagement</strong></td>
<td>Ensuring freedom from all forms of gender-based violence</td>
</tr>
<tr>
<td><strong>Aggregable indicator</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Indicator type (quantitative/qualitative)</strong></td>
<td>Qualitative</td>
</tr>
</tbody>
</table>

**Related objective in the Gender Action Plan III**

**Overall thematic objective:** Women, men, girls and boys are free from all forms of gender-based violence in the public and private spheres, in the work place and online.

**Specific thematic objective 3:** Women, men, girls and boys in all their diversity, who experience sexual and gender-based violence have increased access to essential services and protection.

**Technical Definition**

This indicator is intended to measure whether, how and to what extent the capacities of partner country institutions have increased in preventing and responding to gender-based violence (GBV) and avoiding re-victimisation of victims and survivors.

The following definitions apply:

- **Gender-Based Violence**¹ (GBV) is a violation of human rights and refers to violence directed against a person because of that person’s gender, gender identity or gender expression, or violence that affects persons of a particular gender disproportionately. GBV includes violence against women (VAW) and domestic violence against women, men or children living in the same domestic unit. VAW refers to all acts that result in, or are likely to result in physical harm, sexual harm, psychological, political or economic harm or suffering to women.

- The **UN Development Group** (UNDG) defines capacity as the ability of people, organisations and society as a whole to manage their affairs successfully². An institution’s capacities to fight gender-based violence refer to the availability, within the institution, of skilled human resources and knowledge, economic resources and means to implement GBV prevention and response support measures such as³:
  - Training and capacity building for: health professionals on medical care for survivors; social workers on psychosocial support for survivors; the formal justice system⁴, including the police, prosecution services, courts, prisons, etc. that have the responsibility to enforce and apply the law; advocacy, information and communication professionals on how to raise awareness, lobby and communicate on GBV.
  - Standard operation procedures for case management and referral.
  - Facilities to support GBV survivors, e.g., care and health centres, housing, shelters.

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² UNDG: [UNDAF companion guidance. Capacity development](https://undg.org/)

³ UN (2020): [Review and appraisal of the implementation of the Beijing Declaration and Platform for Action and the outcomes of 23rd special session of the General Assembly. Report of the Secretary-General](https://undocs.org/A/75/272)

etc.

- Procedures for survivors’ reintegration.
- Telephone hotlines.
- Specialised women’s police stations or women’s units at police stations.
- Specialised courts linked with other support services.
- Specialised counselling and legal services.
- Coordination, oversight and monitoring bodies to improve the coverage, consistency and responsiveness of services.
- Use of technology to support referral services.

**Rationale**

Preventing GBV and supporting survivors involve strong institutional capacity in partner country. This encompasses the availability of skilled professionals, appropriate structures and services, consistent procedures and laws, and education and awareness raising mechanisms aiming to change the culture at the basis of GBV.

Support services should be comprehensive, well-coordinated, interdisciplinary, accessible, of good quality, sustained and multisectoral, responding at all levels and informed by the perspectives of survivors. Furthermore, they should be victim-centred, focused on human rights, survivors’ safety and empowerment, and designed to avoid secondary victimisation.

Support and referral services, including health, psychosocial, legal and safety and security services, should be run by skilled personnel who demonstrate the competence acquired through specific appraisal and who can benefit, where possible, from technical supervision.

**Data source and calculation**

Reporting covers cooperation and development initiatives, humanitarian (if applicable) and investment frameworks funded by the EC (INTPA, NEAR, FPI, ECHO) and EEAS.

EUMS may provide information related to their interventions through their contributions to GAP III reports or through the EUDs, e.g., in cases of joint dialogue (i.e., as part of joint programming or TEI).

**Data sources:**

The intervention’s monitoring and reporting systems, e.g., inception, interim and final reports from implementing organisations (including governments, international organisations, national and international civil society organisations, etc.), ROM reviews and evaluations.

Surveys/interviews conducted and budgeted by the intervention can also be relevant data sources.

Baseline and endline studies conducted and budgeted within the EU intervention. These studies can be conducted as part of the gender country profile and / or gender sector analysis, or be based on existing official reports and published data. Baseline and endline studies should be conducted using the same methodology.

**Calculation:**

- Change in knowledge, skills, attitudes, job performance.
- Services and facilities availability (functioning and in sufficient quantities), accessibility

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5 Mobile phone applications, for example, are being developed to facilitate access by victims and survivors to the police or support services. Global Positioning System (GPS) support is being used to locate the person requiring assistance.

6 UN Women and others (2015): [Module 1: Overview and Introduction – Essential Services Package for Women and Girls Subject to Violence; Core Elements and Quality Guidelines](https://www.unwomen.org/en/what-we-do/ending-violence-against-women/services-package)

7 [Report of the Special Rapporteur on violence against women, its causes and consequences](https://undocs.org/A/HRC/35/30)
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(non-discrimination, physically and economically accessible, information accessibility), acceptability (culturally acceptable, sensitivity to marginalised/vulnerable groups) and quality (safe, technically approved and sustainable).
- Application and effectiveness of laws, policies and procedures.

Any of the above-mentioned support measures, among others, provided by the EU intervention that increased or strengthened the internal capacity of an institution to consistently address GBV prevention and response is counted once.

**Worked examples**

In country A, the EU intervention supported ministries and agencies under the executive, legislative and judicial branches in implementing the national GBV Law. Capacity building of relevant governmental officials was carried out. The end of project evaluation showed increased awareness of GBV among targeted governmental institutions which led to increased application and effectiveness of laws and procedures to fight GBV. In this case, capacity-building resulted in a change towards a better application of the GBV national law.

In country B, the EU intervention supported public health actors in implementing the GBV law by increasing their capacity to manage cases of gender-based violence and care for survivors of GBV. A national survey carried out to assess the outcomes of the intervention showed an increase of 30% in health care facilities handling cases of GBV.

**Baseline**

Data from official counterparts (including data from statistical offices, line ministries, gender equality observatories or women’s national machineries, among others). Data from international and national organisations or other independent non state actors.

If baseline data are lacking, a mapping can be done at the start of the intervention using surveys/ interviews.

The baseline can be 0 when the indicator is achieved with the EU funded intervention.

**Disaggregation**

N/A

**Availability and Timeliness**

Information should become available annually, depending on the duration of the intervention.

**Related DAC CRS code**


**Associated SDGs**

SDG 5. Achieve gender equality and empower all women and girls.
Target 5.2: Indicators 5.2.1 (see Metadata) and 5.2.2 (see Metadata)
Target 5.3: Indicators 5.3.1 (see Metadata) and 5.3.2 (see Metadata)

**Other issues**

The gender country profile and / or gender sector analysis can be relevant sources of information for establishing baselines. A thorough analysis of the institutional capacities should include an in-depth analysis of the available economic and human resources, knowledge, technological capacity, etc. to prevent and respond to GBV.

If there is no gender analysis available at the EUD, it is recommended to look at the analysis undertaken by EU Member States or other trusted partners (UN, World Bank, human rights national and regional mechanisms, etc.) as well as the national-level reviews carried out in 2019 by UN Women and the partner countries to assess progress made and challenges encountered in the implementation of the Beijing Declaration and Platform for Action.

Special attention should be paid to following up on partner country institutions reached with EU support.