Gender Action, IFIs and GBV

Gender Action is the world’s only civil society organization dedicated to promoting women’s rights and gender justice in all IFI investments. As IFIs are the world’s largest development donors, Gender Action works to ensure that women and men, boys and girls equally participate in and benefit from IFI investments.

This primer presents Gender Action’s analysis of GBV within global and regional IFI investments and policies, including those of the African Development Bank (AfDB), Inter-American Development Bank (IDB), European Bank of Reconstruction and Development (EBRD), the Asian Development Bank (ADB) and the World Bank (WB). This primer is the first in a series of Gender Action publications that examine IFIs, including country case studies that provide an in-depth analysis of IFI investments that help fuel violence, particularly against women and girls.

Although IFIs promote gender equality and women’s empowerment as a matter of policy, this primer demonstrates that IFI policies and investments fail to address GBV as a human rights issue, ignore GBV among men and boys, and neglect to measure IFI impacts on GBV through investment monitoring and evaluation. IFIs spend a tiny fraction of their multi-billion dollar budgets to directly address GBV, and in some cases actually exacerbate GBV through extractive industry and post-conflict investments that undermine women’s and girls’ safe and increase their vulnerability to violence.

GBV: A Global Epidemic

GBV is often used synonymously with “violence against women” (Population Council, 2008). However, the term “GBV” encompasses sexual violence against both men and women, boys and girls, and includes a broad range of human rights violations, including rape, domestic violence, sexual harassment, sexual abuse of children, human trafficking and harmful traditional practices (UNFPA, 2011). Conflict and post-conflict situations and displacement exacerbate existing GBV and can present new forms of violence, particularly against women and girls (WHO, 2011). These include human rights violations during armed conflict, such as “murder, systematic rape, sexual slavery and forced pregnancy” (Beijing Platform for Action, 1995).

GBV is not only a human rights violation, but also a major public health issue, as it often results in “physical, mental, sexual, and reproductive health and other health problems, and may increase vulnerability to HIV” (WHO, 2011). GBV also has significant social and economic costs, and can have “ripple effects” throughout society. Women in particular may suffer “isolation, inability to work, loss of wages, lack of participation in regular activities and limited ability to care for themselves and their children” (WHO, 2011).
The African Development Bank (AfDB)

The AfDB’s Updated Gender Plan of Action (2009-2011) promises to “support specific activities aimed at the treatment and prevention of GBV focusing both on boys and girls.” The Plan of Action also lists three GBV-related indicators to measure the “integration of effective legal framework and judicial response for the protection of women, girls and boys in fragile states” (2009). However, AfDB investments fail to rigorously address GBV. According to the AfDB website, only one investment currently supports a GBV-focused intervention: in 2005, the African Development Fund (ADF) allocated approximately US$7.1 million—or just 0.5 percent of the ADF’s 2005 budget—to the “Support to Mano-River HIV/AIDS Control” project in Cote D’Ivoire. Project documents indicate that “a culture of violence has prevailed in the sub-region, including high levels of GBV,” and that female refugees in the region “are often raped, suffer sexual harassment and abuses.” The investment includes a partnership with the United Nations Population Fund to provide “educational messages with a special focus to reduce gender-based violence including sexual abuse, training of peer educators and counseling programs for female target groups, who engage in sexual relationships with the high risk transient male population” (ADF, 2004). At the same time, the investment does not acknowledge the risk of GBV faced by men and boys, particularly in camps for refugees and internally displaced people. The investment also fails to explicitly engage men and boys in GBV interventions. This incomprehensive approach is not surprising given that the AfDB “Gender Mainstreaming Checklist for the Health Sector” (2009), an optional guide for AfDB staff to “gender mainstream” investments, fails to address GBV and the impact that violence—or the threat of violence—has on reproductive autonomy.

“In Sub-Saharan Africa, as elsewhere, physical and sexual partner violence is widespread, and has strong implications for women’s reproductive health. Despite the broadened mandates at the international level, however, few initiatives are in place to integrate a response to violence into reproductive health services.”

—Watts & Mayhew, 2004

### Sexual and Reproductive Health Consequences of GBV

- Gynecological disorders
- STIs, including HIV
- Pelvic inflammatory disease
- Unwanted pregnancy
- Miscarriage
- Unsafe abortion
- Cervical cancer
- Permanent disability
- Pregnancy complications
- Chronic pelvic pain
- Sexual dysfunction
- Decreased likelihood to use condoms and contraception
- AIDS related mortality
- Maternal mortality

—Population Council, 2008

### GBV Against Women and Girls: Global Statistics

- At least one in three of the world’s female population has been physically or sexually abused at some time in her life. Many, including pregnant women and girls, are subject to severe, sustained or repeated attacks.
- Nearly 50 percent of all sexual assaults worldwide are against girls 15 years and younger.
- The World Health Organization estimates that 6,000 girls per day—more than 2 million per year—undergo female genital mutilation (FGM). FGM causes immediate and long-term physical complications, including an increased risk of adverse obstetric outcomes at childbirth.
- Sexual violation and torture of civilian women and girls during periods of armed conflict is a rampant phenomenon. Extensive GBV has been reported during recent conflict in the Democratic Republic of Congo, Sudan, Iraq, Afghanistan, Sierra Leone, Liberia and East Timor.

—Reproductive Health Response in Crisis Consortium, 2006
The Inter-American Development Bank (IDB)

The IDB’s Operational Policy on Gender Equality in Development (2010) states that it “will give priority to direct investment in areas with a significant impact on gender equality and the empowerment of women,” including the “promotion of reproductive health, at-risk youth” and GBV prevention (2010). During project design, the IDB promises to “introduce measures to prevent, avoid, or mitigate any adverse impacts and/or risks of gender-based exclusion identified in the project risk analysis,” including “increasing the risk of [GBV], human trafficking, and sexually transmitted diseases, including HIV/AIDS.” While this policy rhetoric is highly commendable, the IDB’s investments to promote SRH and prevent GBV are extremely limited. Only one IDB investment currently addresses SRH and GBV: in 2007, US $164,000 was allocated from the IDB’s Gender Mainstreaming Trust Fund for a SRH and GBV project in the Dominican Republic. This constitutes only 2.6 percent of the IDB’s US$6.2 million Gender Mainstreaming budget, and 0.001 percent of the IDB’s total 2007 budget of $8.8 billion. Only two IDB investments currently focus on HIV: in 2005, the IDB invested US$940,000 of its US$6.7 billion annual budget to “Support the National Strategic Plan for HIV/AIDS” in Suriname, which does not address GBV as a factor in Suriname’s HIV epidemic. The IDB invested only US$300,000 of its US$7.1 billion annual budget in 2007 to provide microloans to people infected and affected by HIV in Honduras. The IDB notes that Honduras has the highest HIV prevalence in Central America (1-3.2 percent; WHO, 2005), but fails to address the increased risk of GBV faced by HIV positive people and those who are vulnerable to HIV infection.

“[Studies] show an increased risk of HIV/AIDS among women victims of gender based violence and that being HIV positive is a risk factor for [GBV]. This relationship has grave consequences...especially [for] adult women, adolescents, and girls, who are most affected by sexual violence and are consequently more susceptible to HIV/AIDS.”

—Pan-American Health Organization, 2004

The European Bank for Reconstruction and Development (EBRD)

Like the WB, the EBRD’s Gender Action Plan (2008) mainly addresses gender inequality insofar as it undermines women’s economic opportunities. The policy does not mention gender issues in relation to human rights, SRH, HIV or GBV. This is a glaring omission, considering that UNFPA has reported GBV of “epidemic proportions” (2010) in the Europe and Central Asia: a recent series of UNFPA reports found that 99 percent of women in Azerbaijan experienced physical abuse; 45 percent of young Turkish women believe that wife beating may be justified for reasons such as going out alone, arguing or refusing sex”; almost 25 percent of all females ages 15-24 in Armenia and Moldova believed that wife beating can be justified. The EBRD’s “Gender Toolkit” states that measures should be taken to “prevent any threat of harassment or violence against any member of the community, paying particular attention to the vulnerability of women.” However, this guide for investment planning and implementation is not mandatory. The EBRD’s most recent annual report, which details its investments in fiscal year 2009, states that the EBRD provided “dedicated financing to female entrepreneurs to set up pilot projects that promote gender equality in agribusiness” in Europe and Central Asia, despite failing to address GBV in any of its current investments.
The Asian Development Bank (ADB)

Although the ADB’s Gender and Development Policy notes that “female-focused violence” is “an issue of fundamental justice, equality, and human rights,” the policy mainly focuses on the economic impact of GBV (2003). The policy claims the ADB will use specific strategies in its health, education and agriculture investments to “address female-focused violence.” However, a review of ADB investments approved since 2001 reveals that only one investment, the “Gender Equality and Empowerment of Women Project” in Nepal (2007), explicitly incorporates interventions to combat GBV. The $10 million investment was made by the Asian Development Fund (ADF), which is funded by ADB member states and provides loans and grants to reduce poverty in the region. The investment, which represents just 0.8 percent of the ADF’s 2004 budget, aims to improve women’s knowledge of and access to legal institutions that address GBV. The ADB, however, claims that this outcome is “unquantifiable” and does not include any indicators to determine whether the project impacts GBV. Of the 22 ADB investments that have addressed HIV in the last decade, only three explicitly acknowledge forms of GBV that enhance women and girls’ risk of HIV infection, such as human trafficking, sexual abuse, and the inability to make reproductive health decisions. The remaining HIV-related investments largely ignore GBV, despite its prevalence in the region: Papua New Guinea, for example, has one of the highest rates of sexual violence in the world (UNICEF, 2008), but the ADB’s “Lae Port Development Project” fails to even mention GBV. GBV is also absent in the ADB’s $8 million “Community Action for Preventing HIV/AIDS” investment in Cambodia, Vietnam and Laos. Project documents note that “unequal gender relations [in the region] mean women’s relative inability to negotiate safe sex with their partners,” but do not include indicators to determine whether “community action for preventing HIV/AIDS” actually enhances women’s sexual autonomy and thereby reduces women’s vulnerability to HIV.

GBV Against Men and Boys: A Hidden Epidemic

Relatively little is known about the prevalence of GBV and its impact among men and boys. Partly due to men and boys’ reluctance to report GBV, male-directed sexual violence remains largely undocumented. GBV against men and boys, including rape, sexual torture, genital mutilation, sexual humiliation, sexual enslavement, forced incest and forced rape, has been reported in 25 armed conflicts around the world (Russell, 2007). Men and boys are not only vulnerable to violence during armed conflict, but also during detention, military operations in civilian areas, and in refugee camps and settlements for internally displaced persons. The underlying purpose of GBV against men and boys appears to be “torture, initiation and integration into military/paramilitary forces, punishment of individuals and a strategy of war designed to terrify, demoralize and destroy family and community cohesion.” More fundamentally, “most sexual violence is a mechanism by which men are placed or kept in a position subordinate to other men” (Russell, 2007). No current IFI investments in GBV, SRH or HIV acknowledge or address GBV against men and boys.
The World Bank (WB)

The WB promotes a “narrow and instrumentalist approach to women’s empowerment” (Women Won’t Wait, 2010) through its Gender and Development policy, which essentially ignores gender rights. The WB addresses GBV mainly in relation to its economic impact by arguing that GBV negatively affects productivity and income, and “severely limits women’s contributions to social and economic development” (2009). The WB currently funds only three investments that focus on GBV. In response to Gender Action criticism that it had ignored GBV in post-earthquake Haiti, the WB approved US$500,000 grant to “address and prevent” rampant GBV in the devastated region in 2011. This represents just 0.2 percent of all WB investments in Haiti since the earthquake. Likewise, in 2010, the WB allocated US$1.98 million—or 0.01 percent of its budget for Sub-Saharan Africa—to address GBV in the South Kivu region of East Africa, where protracted conflict has led to sexual assaults against tens of thousands of women and girls (Oxfam, 2010). The WB website lists another WB investment to combat GBV in Cote D’Ivoire as not having funding at all. As the WB does not provide any documentation on the aforementioned projects, it is impossible to determine their quality, including the extent to which women and girls participate in and benefit from project outcomes. A fourth investment that merely mentions GBV focuses on “village and neighborhood development” in the West Bank. The WB invested US$10 million in the project in 2008 (0.7 percent of its regional budget), but almost half of the funds were allocated for administration, roads, water and sanitation activities. “Domestic violence” is mentioned twice in the project’s 116 page appraisal report, which simply states that such violence is “an increasing concern for Palestinian society.”

Recommendations

Civil Society Organizations can:

- Join Gender Action’s campaign to pressure IFIs to increase and improve their spending on GBV, SRH and HIV/AIDS, as well as remove harmful investment conditionalities that impede progress toward achieving the Millennium Development Goals (MDGs).
- Continue to pressure all IFIs to adequately address GBV, SRH and HIV within their policies and investments.
- Help civil society organizations in the Global South gather information on IFI policies and investments, and build civil society capacity to bring gender discrimination cases, especially those related to GBV, to IFI accountability mechanisms.

IFIs must:

- Approach GBV, SRH and HIV in their investments from a gender and human rights perspective.
- Increase and improve investments in GBV, SRH and HIV/AIDS.
- Adopt a comprehensive approach to GBV that addresses sexual violence against men, women, boys and girls, with particular attention to people living with HIV/AIDS, refugees and sexual minorities.
Gender Action Resources


Additional Resources

- Inter-American Alliance for the Prevention of Gender-Based Violence: (English/Spanish) www.alianzaintercambios.org/
- Raising Voices (Uganda): www.raisingvoices.org
- Reproductive Health in Crisis Consortium: www.rhrc.org
- Sexual Violence Resource Initiative (South Africa) www.svri.org
- Women Won’t Wait Campaign (International): womenwontwait.org

References
