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# HOW TO MAKE THE LAW WORK?

## *Budgetary Implications of Domestic Violence Policies in Latin America*

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SYNTHESIS PAPER

• JULY 2003

*Published in collaboration with:*



## Acknowledgements

Dinys Luciano (Domestic Violence Specialist and ICRW consultant), Simel Esim (Senior Economist, Poverty Reduction and Economic Growth Team, ICRW), and Nata Duvvury (Director, Social Conflict and Transition Team, ICRW) conducted the study and prepared the research document and framework and indicators document.

We would like to thank the following individuals and organizations for their support in gathering documents, making contacts, and following up in the field:

- Amalia Ayala and Maritza Romero, PAHO (El Salvador)
- Ana Isabel García, Género y Sociedad (Costa Rica)
- Angélica Sánchez, CIDHAL (Mexico)
- Jennie Dador, Movimiento de Mujeres Manuela Ramos (Peru)
- Margot Tapia, Centro de Apoyo Aquelarre (Dominican Republic)

Anne-Marie Urban, Ana Luisa Saavedra and Loreto Biehl from IDB, Monica Muñoz, Nisreen Alami, Jennifer Myles, Raquel Coello and Rosa Celorio from UNIFEM, Maria Isabel Mencina from SERNAM, Jaime Nadal and Sonia Heckadon from UNFPA, Debbie Budlender from CASE and Caren Grown from ICRW have supported this work by contacting organizations in the field, compiling documents, and providing input on the survey, the draft report, and the framework and indicators document. Margo Young provided editorial oversight in producing this synthesis paper from the original draft report and framework and indicators document.

This report was supported technically and financially by:

- INTER – AMERICAN DEVELOPMENT BANK
- PAN AMERICAN HEALTH ORGANIZATION
- UNIFEM
- UNITED NATIONS POPULATION FUND

The views and opinions expressed in this report are those of the authors and do not necessarily reflect the official positions of the IDB, PAHO UNIFEM, and UNFPA.

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## **Preface**

In 2002, ICRW researchers produced the report, “How to Make the Law Work? Budgetary Implications of Domestic Violence in Latin America: Draft Report,” which analyzed the budgetary implications of domestic violence (DV) policies in Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Mexico and Peru.

The report was informed by a survey of literature and data on domestic violence legislation, national action plans, and public programs in Latin America; literature reviews on the social and economic costs of domestic violence with special emphasis on Latin America; and an analysis of laws and action plans on domestic violence in Latin America, including what the laws concretely guarantee. In addition, ICRW researchers compiled and analyzed existing information on the current levels of budgetary allocations for the implementation of laws and national action plans in a sample of countries.

As a result of conducting the research for this report, ICRW realized that the complexity of the subject matter and the dearth of information available would frustrate efforts to analyze budgets effectively. Therefore, in addition to the draft report, ICRW developed a preliminary framework, entitled “Framework and Indicators on Budgetary Implications of Domestic Violence Laws and Plans of Action: Working Draft,” to facilitate the process of systematically analyzing the budgetary implications of DV. The framework can be used as a tool to apply gender analysis to DV laws, identify gaps between the current level of appropriations and the level needed to implement these laws, evaluate the extent to which public services are adequately serving victims, and whether or not financing laws and plans of action are in accord with victims’ needs and priorities.

This paper is a synthesis of the draft report and the framework.

The InterAmerican Development Bank (IDB), Pan American Health Organization (PAHO), United Nations Population Fund (UNFPA) and United Nations Fund for Women (UNIFEM) supported the development of the draft report and framework. These agencies also play a key role in the Interagency Working Group on Gender Violence. In November 2002, the Working Group organized the Interagency Symposium on Gender Violence, Health and Rights in the Americas for over one hundred government, non-governmental organization (NGO), and donor representatives. Budgetary allocations were identified by the participants as a major impediment to the implementation of domestic violence laws in the Latin American and Caribbean (LAC) region. We hope the research conducted by ICRW can provide a workable framework addressing this problem.

## Background

Domestic violence is one of the most important human rights and development problems in Latin America and the Caribbean. Surveys by the World Bank and others have found that between 30-50 percent of Latin American women are victims of psychological abuse by their domestic partners, and that between 10-35 percent suffer physical violence (Buvinic, Morrison, and Shifter, 1999). Research suggests that physical violence in intimate relationships is often accompanied by psychological abuse, and sexual abuse in one-third to over one half of cases (WHO, 2002).

Table 1, below, shows the proportion of women who have been physically assaulted by a partner, either in the past year or sometime during their lifetime, between 1990-1999. Rates for the former varied from 10 percent among women in Uruguay (physical or sexual assault) to more than 20 percent in Leon and Managua in Nicaragua, to 31 percent in metro Lima, Peru.

**Table 1. Physical Assault on Women by an Intimate Male Partner, Selected Population-based Studies in LAC Region, 1990-1999**

Country	Study year	Coverage	Sample			% of women physically assaulted by partner	
			Size	Pop.	Age	Past year	Ever
Antigua	1990	National	97	I	29-45		30 <sup>b</sup>
Barbados	1990	National	264	I	20-45		30 <sup>a,c</sup>
Bolivia	1998	3 districts	289	I	>20	17 <sup>a</sup>	
Chile	1993	Santiago <sup>t</sup>	1000	II	22-55		
	1997	Santiago	310	II	15-49	23	
Colombia	1995	National	6097	II	15-49		
Mexico	1996	Guadalajara	650	III	>15		27
	1996	Monterrey	1064	III	>15		17
Nicaragua	1995	Leon	360	III	15-49	27/20 <sup>d</sup>	52/37 <sup>d</sup>
	1997	Managua	378	III	15-49	33/28	69
	1998	National	8507	III	15-49	12/8 <sup>d</sup>	28/21 <sup>d</sup>
Paraguay	1995-6	National <sup>f</sup>	5940	III	15-49		10
Peru	1997	Metro Lima	359	II	17-55	31	
Puerto Rico		National	4755	III	15-49		13 <sup>e</sup>
Uruguay		2 regions	545	II <sup>t</sup>	22-55	10 <sup>c</sup>	

Source: Reproduced from Heise, Ellsberg, Gottemoeller, 1999

Study population: I = all women II = currently married/partnered women III = ever-married/partnered women IV = married men reporting on own use of violence against spouse V = women with a pregnancy outcome VI = married women, half with pregnancy outcome.

a. Sample group included women who had never been in a relationship and therefore not at risk of partner violence b. Though sample includes all women, rate of abuse is shown for ever-married/partnered women (number not given) c. Physical or sexual assault d. Any physical abuse/severe physical abuse only e. Rate of partner abuse among ever-married/partnered women recalculated from author's data f. Santiago Province g. National, not including Chaco

Domestic violence is pervasive and its costs are enormous, including time and resources for medical treatment, psychological counseling, police services, prison and detention, shelter and transitional housing, domestic violence education and advocacy as well as personal and family pain and suffering. Domestic violence leads to loss of work time and reduced productivity on the job. Recent studies confirm the impact of domestic violence on women's earning power. A study in Santiago, Chile noted that women who do not suffer physical violence earn an average of \$385 U.S. dollars per month, while women who face physical violence at home earn only \$150 per month. A study in Managua, Nicaragua found that women who are not victims of domestic violence earn an average of \$51 monthly, while women who are abused earn only \$29 per month on average (Buvinic, Morrison, Shifter, 1999).

This synthesis paper examines the evolution of efforts to address domestic violence in the region, which occurred contemporaneously with efforts to monitor and analyze public sector budgets through a gender lens. After describing the methodology and some of the difficulties in collecting data on DV, Section 3 of this paper discusses some of the outcomes of domestic violence laws, including government actions undertaken, strategies used to implement laws when funding is lacking, and the extent of DV services resulting from DV laws. Section 4 provides a framework to help guide the process of monitoring DV laws and plans of action and their related budgets.

## **Section 1: The Context: Domestic Violence Policy and Budgets in LAC**

### *International and Regional Conventions*

Over the past decade, several countries in Latin America, Central America and the Caribbean (LAC) have taken legal action to address DV. From 1996-2003, governments focused on developing plans of action and new laws and regulations, and on modifying codes. Standards for prevention and care were also established in this period. However, none of the seven countries in this study passed laws with actual budgetary appropriations. Rather, public spending on DV activities has been allocated in a non-comprehensive way and on an ad-hoc basis.

The first generation of policies related to gender violence consisted mainly of those ratified through international agreements, such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women (Belem do Para, 1994) in the early 1990s. These international and regional conventions provided a framework for action by calling on governments to develop and monitor legislation and other related programs and services. This period also witnessed a surge in DV work among NGOs, researchers, and governments, with an increase in advocacy and research efforts and new services for DV survivors.

### *National Legislation*

The majority of the countries in the LAC region have ratified specific domestic/intra-family violence legislation, and some have approved national plans of action (see box, below). The laws establish procedures for reporting and prosecuting cases of domestic violence, precautionary measures and, in some cases, they stipulate activities to support work on assistance, prevention, rehabilitation of aggressors, and conciliation or mediation. The primary focus of implementation has been identification of cases, crisis intervention, conciliation, referrals, and justice administration services (e.g., a free lawyer in El Salvador; free medical tests in Peru; and psychological and medical tests in Chile and Costa Rica).

National plans are crucial instruments to ensure a comprehensive approach for implementing the legislation, to facilitate the coordination of the activities among different sectors and to help determine budgetary implications for all sectors at the national and local levels. They map out social actors and processes, address interagency coordination, facilitate monitoring and evaluation, and contain a timetable, resource plan, and benchmarks. A national action plan on DV is a multi-year, multi-sector, multi-institutional implementation plan approved by government, providing a road map for the prevention and elimination of DV. An analysis of two plans of action (one in Mexico, the other in Peru) in Table 2 examines the plans' objectives, areas of intervention/activities, and the social actors around the plan of action, the budgetary implications of the plan, and efforts around monitoring and evaluation.

<b>Table 2. An Analysis of Plans of Action: The Cases of Mexico and Peru</b>	
<b>Mexico</b>	<b>Peru</b>
The Mexican government approved a National Program Against Intra-family Violence (PRONAVI) for 1999-2000, to prevent and punish intra-family violence through comprehensive coordinated responses.	In 2001, the Peruvian government approved the National Plan Against Violence Toward Women, with the objective of guaranteeing all women a life free of violence, for the period 2002-2007. The Peruvian plan is meant to address different types of violence against women
<b>Plan's Objectives</b> Establish a system for detection of cases, prevention, and for monitoring and evaluation; establish a legal framework; establish a system for communication and inter-institutional linkages; establish a system of coordination for the promotion of measures in the context of federalism.	<b>Plan's Objectives</b> Promote changes in socio-cultural patterns that tolerate, motivate, and legitimize violence against women; establish mechanisms, instruments, and procedures of prevention, protection, attention, and rehabilitation; establish an information system; attend to particularly vulnerable groups of women.
<b>Interventions</b> PRONAVI specifies actions and goals, dates for their implementation, and the responsible agency/agencies. The program includes detection, treatment, information and research, training, a legal framework, and inter-institutional coordination.	<b>Interventions</b> Plan includes prevention, treatment, rehabilitation, information dissemination, human resources, operational research, and intends to modify legislation and regulations that sustain and tolerate DV. No timeline was specified to implement goals.
<b>Government Actors</b> PRONAVI establishes those responsible for the plan are the Government Secretary, National	<b>Social Actors</b> The Peruvian plan establishes responsibility according to the areas of intervention. Although

<p>Commission on Women, General Attorney Office, National System for Integral Development of the Family, External Relations Secretary, Health Secretary, Public Education Secretary, National Institute of Statistics, Geography and Informatics, National Council of Population, and National Institute of the Elderly.</p>	<p>the plan includes the participation of civil society in principle, none of the areas or goals specifically mention its involvement. The Statistical and Information Office and the Office of Planning and Finance are not included in the plan. The ministries included are Education, Health, Justice, Interior, and PROMUDEH.</p>
<p><b>Budgetary Allocations</b> There are no specific budgetary allocations for the implementation of the national plan of action, yet there is financing of associated governmental programs. It has been proposed that resources can come from confiscated goods from organized delinquency and also from the private sector.</p>	<p><b>Budgetary Allocations</b> The allocation is to be determined based on annual goals identified by the High-Level Commission. Decree No. 017 established that annual budgets of Education, Health, Justice, Police and Women’s Affairs Ministries, should include funds for implementation.</p>
<p><b>Monitoring and Evaluation</b> The monitoring and evaluation process of PRONAVI is based on consultations with civil society organizations and universities.</p>	<p><b>Monitoring and Evaluation</b> Indicators will be developed based on goals. The High-Level Commission of the National Plan, composed of ministers and working groups with government agency and civil society organization representatives, will conduct semi-annual evaluations.</p>

*Examining budgets through a gender lens*

A national, regional, or local budget reflects a government’s social and economic priorities. During the budget process, resources are allocated to policies and programs that have been approved by the legislative and executive branches of government. In the past 20 years, many women’s groups and researchers around the world have launched gender responsive budgeting initiatives as a tool to disaggregate the government budget and analyze the effect of expenditure and revenue policies on different populations, particularly poor women. Gender responsive budgeting initiatives can be used to implement and monitor gender-related commitments, recommendations, and action plans.

In the LAC region, gender budget initiatives have been initiated as collaborative efforts between donors (UNIFEM, UN ECLAC), government agencies (Women’s Ministries, Ministries of Health, Education, and Finance), and civil society organizations (FUNDAR in Mexico) in countries such as Brazil, Chile, Ecuador, Peru, Honduras, and Mexico.

**Box 1. UNIFEM Andean Region on Gender Responsive Budgeting**

In the Andean region, UNIFEM is working with local partners to engender budgets at the local level in Ecuador, Peru, and Bolivia. The analysis is on general expenditures, assessing the gender responsiveness of policies and programs. Drawing on this work, UNIFEM is refining and adapting its gender budget work for the LAC region. Emerging areas of analysis include: mechanisms for citizens’ participation in budgetary processes; institutional frameworks; budgetary restrictions (e.g., parts of budget committed towards paying debt, national to provincial/local transfers, etc.); and development of indicators to evaluate initiatives. Key challenges include the lack of sex-disaggregated data and limited capacity to compile it at municipal level; a lack of sustained political will for gender-sensitive budgets; a dearth of



women's groups who participate in the budgetary process; and a difficulty in locating people with expertise in gender and economics.

Most of these efforts concentrate on expenditures *within* a given sector (such as education or health), an approach with limited utility for domestic violence, which requires the development and implementation of integrated responses *across* sectors (e.g., health, education, judiciary, law enforcement, etc.). The proposed framework in Section 4 of this paper attempts to address this gap by covering issues such as cross-sectoral coordination.

A successful public policy on domestic violence requires sufficient budgetary allocations to fund interventions needed to make the laws effective; it is not enough to simply pass laws without considering the funding they will need. In LAC, most campaigns for a law on domestic violence focused on the content of laws and overlooked details of implementation, including an estimate of the resources required. This is likely due, in part, to NGOs' inadequate time, resources, and skills needed for budget advocacy. NGOs generally concur that any activity on this front would require internal capacity building and cooperation with already existing budget advocacy groups. Governmental women's bureaus and ministries are faced with similar constraints to NGOs with respect to budget advocacy.

## **Section 2: Methodology Used in the Larger Study**

The original draft report and framework are based on an analysis of national DV laws and plans of action; data collected from documents and reports relevant to domestic violence (e.g., domestic violence studies, project evaluations and reports, and international conventions and agreements on domestic violence); an original survey of government agencies and NGOs in seven Latin American countries; and a review of donor programs and budgets. Documents and reports were gathered from web sites, e-mail communications, libraries, NGO documentation centers, regional network resources (ISIS International, CLADEM, RSMLAC), databases, listserves, and international agencies' libraries.

To determine which countries to include in the survey, countries that had passed DV legislation were identified. Of these, further selection was based on regional representation; historical, demographic, and socio-economic diversity; variety of DV public policies; and degree of contact with reliable agencies in the country. The countries selected were Peru (law approved on intra-family violence in 1993), Chile (law approved in 1994), Ecuador (law approved in 1995), Costa Rica, El Salvador, and Mexico (laws approved in 1996), and the Dominican Republic (law approved in 1997). Costa Rica is the only country where the National Plan for Attention of Intra-family Violence (PLANOVI) was approved (1994) before the DV law (1996).

The survey was conducted with different agencies involved in the formulation and implementation of the law (see a copy of the questionnaire sent to NGOs in Annex 1). Four self-administered questionnaires were designed for Women's Affairs Offices, Ministries of Health and Education, Justice Administrations and the Police, Ministries of Finance and Planning, and NGOs. These organizations were selected based on their pre-

law advocacy on DV; provision of DV programs and services; and their role in monitoring the implementation of services (see list of organizations that were sent surveys and those that responded in Annex 2). Out of the 47 agencies contacted through e-mail and phone, 21 responded (44.6%), a high return rate for self-administered surveys.

There are a number of methodological issues which make it difficult to undertake a budgetary analysis of domestic violence legislation, among them data availability and access, variations of definitions, problems with calculating costs, and other problems described below.

*Data availability and access:* There is a dearth of information on budgetary allocations for DV policies in almost all countries in LAC. Only Costa Rica and Chile offer this data; in the other five countries studied, data is either non-existent or unavailable. For example, in El Salvador and the Dominican Republic, analysis of expenditures by local health services was based on estimates provided by the personnel in charge of the intra-family violence programs, since there is no documentation of those expenditures. In some cases, although the data does exist, it is dispersed and difficult, if not impossible, to compile in an aggregated form.

There is also no disaggregated data on spending by spending agents, level (national or local), and component of the programs. Every project, whether government- or donor-funded, is comprised of different programs, with each one, in turn, having multiple components. This creates serious difficulties when seeking aggregate data, as there is no breakdown of cost by component. Conversely, sometimes component costs are grouped together as an aggregated total, making it impossible to identify the cost of individual interventions.

Consequently, there is a need to develop criteria for further disaggregated figures in several categories of analysis. Some of the indicators are easier to access than others, especially in the case of official statistics. Data and information collected or analyzed by universities, NGOs and/or intersectoral commissions will also need to be gathered. In many cases, administrative records related to budget are not available to the public. Moreover, key data are missing due to a range of problems, including the lack of institutional capacity and resource constraints.

In addition, the gathering of some of this data can be very time and resource-intensive. For example, the literature review and the survey responses in this study did not provide information on user fees or out-of-pocket spending by women, or on other resources contributed by family members, friends, and extended family toward DV services. User fees are important in understanding the components of financing of DV services, along with government spending. They also provide insight into financial costs of DV on women and households affected by DV. In order to access this information, a more in-depth data collection process would be required.

*Operationalization and variations of definitions of DV:* In determining DV in the law, the target population was usually defined as members of the family sharing a residence. There was no specific focus on women, and no specification of what constitutes physical, psychological or sexual violence. The laws rarely had a clear statement on

'marital rape' or threats and did not include all forms of violence, especially economic violence, which includes damage to property, business and assets. For example, only Costa Rican and Dominican laws include property damage as a type of violence.

The concept of domestic/intra-family violence varies from country to country. For instance, in some countries the law and plan of action exclude some types of violence, such as violence against partners either during the engagement to marriage phase or between same-sex couples. In other countries, some types of violence, such as property damage, are not included in the definition of DV. This variation implies that dimensions or indicators required to analyze the expenditures and budgetary implications of programs on DV might be absent in the framework and should be adopted on a country-by-country basis.

*Variances in unit and timeframe for analysis:* Countries in LAC generally have intra-family violence laws and public policies that include any family member as a unit of analysis, especially children and young people. As a result, it is difficult to operationalize the expenditures by age group or gender. There are also important differences in terms of time frames of the implementation process. Different government agencies have different amounts and sources of funding that vary from year to year. This limitation reduces the possibility of making accurate or even approximate inferences regarding trends in public expenditures both within and across countries.

*Obstacles to measuring DV costs:* The analysis of costs is hampered by the inherent difficulty of establishing how many women are affected by DV, and how many of those utilize the available services and how often. In almost all countries in LAC, DV laws and plans of action consider all members of the family to be eligible for protection, which further complicates the estimation of specific costs of services for women victims of DV.

Another obstacle pertains to invalid assumptions about the effectiveness of an intervention dictated by the DV laws. It is nearly impossible to accurately measure the cost of DV if an intervention is successful but fails to address the core problem (and associated costs to the victim). One case in point is if one were to estimate DV costs by looking at the number of cases resolved through conciliation/mediation, an extra-judicial mechanism established in the laws in Chile, Ecuador, El Salvador and Mexico. Conciliation/mediation is based on the assumption that intra-family violence is a conflict that can be resolved by an agreement between the two parties. In these four countries, conciliation/mediation is one of the most commonly used interventions for DV cases. Even in countries where conciliation/mediation is not officially a part of the DV law, such as the Dominican Republic, it is still applied as the most common means to expedite a solution for DV. The predominance of conciliation/mediation, combined with the failure of precautionary measures, results in major distortions of the objectives of the laws. Conciliation, while seeking a quick solution for DV cases, actually limits the possibility of preventing violence, punishing the aggressor or protecting the victims. In other words, simply calculating the number of cases "resolved" through mediation will neglect to account for costs associated with continued violence that are not reflected on the public record.

Indirect costs of DV are also difficult to measure and typically are not factored into DV budgets. These could include, for example, lost productivity, mortality, and individual and social problems such as depression, drug abuse, alcoholism, teen pregnancy, and juvenile crime. Given the complex social factors that often surround DV, it is difficult to establish a direct causal relationship between such indirect costs and DV, and thus, to determine the costs of violence against women.

*Measuring the gap between need for DV services and actual allocations in the budget:*

In order to measure the gap between the real costs of DV prevention, treatment and persecution and what is allocated in the budget, one must know the actual amounts for each. While the latter is relatively easy to obtain, the former is much more difficult to assess. Rarely, if ever, have governments attempted to systematically estimate how much is required to address overall violence, or DV in particular. In order to estimate costs, one must first determine which sectors are most relevant to addressing DV, and then gather data on the critical parameters to come up with cost estimates. For example, if primary health care is deemed to be a critical sector in addressing the needs of women experiencing violence, then the following kind of data are needed: unit cost for primary health care per visit or per patient; the proportion of women accessing primary health care facilities who experience violence, or the proportion of women among the population who experience violence and require medical care; number of visits for women experiencing DV; etc.

**Box 2. Measuring the Gap: The Dominican Republic (DR)**

Based on the findings from the larger study, it was possible to calculate a rough estimate of DV costs to the health sector in the DR and, from that, determine the gap between the budget needed to address DV and the actual allocation. The following details the process by which the gap was measured:

1. *Arriving at a unit cost of DV.* In a primary health care center in the DR, (Alcarrizos II Hospital of Santo Domingo), the annual cost of providing services for 125 DV patients is estimated at US\$17,657.45. This figure takes into account only three categories of expenses: salary of the personnel specialized in DV services, medical supplies for emergency cases, and office supplies. This translates into a total cost of US\$141.26 per patient.
2. *Estimating the total number of DV victims in the country.* According to the Experimental Survey on Demographics and Health (1999), based on a nationally representative sample, one of three women in the DR between 15-19 years old reported having been abused by her husband or other person since turning 15 (CESDEM, USAID and Macro International, 2001:48). The DR's total population in 1996 was 8.1 million, of which women represented 50.3%, and women in the 15-49 age group represented 50% of women as a whole. This comes to a total population in the 15-49 age group of nearly 2.04 million. If one out of three of these are DV victims, the total number of DV victims is 673,000.
3. *Total number of DV victims using health care services:* According to Experimental National Survey on Demographic and Health (1999), 11% of women who suffered physical abuse had to look for medical services or visit a health facility, bringing the total number of DV victims using medical services to 74,030. It is important to note that not all the DV victims who require medical attention seek such services; therefore, this number is likely to be an underestimation.
4. *Calculating total cost of DV.* Based on a unit cost of US\$141.26 per patient, it is feasible to estimate that the annual cost for primary care of DV cases in the health sector is nearly US\$10.5 million, based on the assumption that only 11% of those experiencing DV use primary health care. Yet in the national budget of the Health Ministry for 2002, the total amount established for

primary care services to DV was only US\$15,000. In other words, the amount established by the Health Ministry for primary care services to DV patients in the entire country could not even cover the total annual cost for treating DV patients in one hospital, Alcarizos II Hospital of the city of Santo Domingo.

### Section 3: Findings of the Study

This section discusses the results of the survey of government agencies, international donors, and NGOs who are involved in securing resources and implementing domestic violence legislation in seven LAC countries. It identifies the obstacles to implementation and suggests strategies for financing the implementation of national legislation.

As a multi-faceted problem, DV requires multisectoral approaches and interventions, and the respective budgetary allocations are necessarily spread over different sectors. In all countries examined, funding for DV programs came from one of two sources: government-funded programs, supported either through new resources allocated for DV work, or through the reallocation of existing program funds and human resources; and international donor funds. In cases where funding was not available from either of these sources, other strategies, such as user fees, were used to generate needed revenue.

#### *Role of government after the passage of DV laws*

In the period since the laws and/or plans of action have been passed in the selected countries, governments have taken direct and indirect actions for prevention, treatment, punishment and elimination of domestic violence (For a cumulative list see Table 3). However, implementation of DV laws is easily frustrated by varying interpretations of the legislation.

**Table 3. Government Actions on DV in Seven Selected LAC Countries**

<b>Type of action</b>	<b>Expenditures</b>
<b>Prevention</b>	Prevention activities in schools, communities and hospitals Creating special funds for community initiatives Permanent training programs for government agencies Designing and implementing protocols for attention to and prevention of DV Publishing educational materials on DV Designing manuals of procedures for police and justice administration
<b>Treatment</b>	Providing services in the following areas: health, police, justice administration, social services, shelters, employment, housing, and others
<b>Intersectoral Cooperation/ Collaboration</b>	Creating intersectoral networks and commissions to design national policies Monitoring and evaluation activities Performance research: epidemiology surveillance, national statistics on DV, database creation Creating national registration systems
<b>Awareness Raising Institutional Capacity</b>	Training and sensitization of institutions and personnel (security, judiciary, health) Community awareness (media campaigns, memorials, VAW year, etc.) Public announcements on laws and plans of action Press conferences

<b>Building</b>	Establishing November 25 to denounce violence against women Inter-institutional agreements on services, training and occasional activities Interchanges between government agencies and NGOs Declarations on special dates or year to prevent violence against women Promoting research in universities and research institutions
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**Sources:** Responses to questionnaires to the seven countries and national reports from Dominican Republic, Chile, Mexico, and Peru prepared for the Symposium 2001: Gender, Violence, Health and Rights in the Americas.

In some countries, the laws and plans of action fail to indicate clearly where budgetary allocations should come from. This has created difficulties related to the timing of distribution of the allocations, and also has created ambiguity as to how much money will actually be available. For instance, in some countries, DV interventions in the health sector are carried out through programs that are not permanent, meaning that they have to compete with other programs every year for the allocations. In other countries, the allocation depends on the general budget approved for the agency, or the priorities of the administration in office at that time.

According to the agencies that responded to the questionnaires, in no case was there an appropriation in the national budget for DV programs and interventions when the law and/or plan of action were formulated or enacted. This is crucial, as it highlights the disconnect between budget allocations and DV policies. It is also likely a reflection of the failure of the social actors who mobilized around the passage of the DV law to focus on budgetary issues.

Lack of leadership commitment is another key issue that manifests itself in terms of limited or no budget allocations for some of the precautionary measures outlined in the DV policies. The major sources of funding in almost all countries have been the discretionary funds from the ministries' budgets and international cooperation funds through donations and loans.

According to the responses to the questionnaires provided by the government agencies, successful allocations in the sectoral or national budget are linked to the political commitment to the problem; the existence of Women's Affairs Offices; the implementation of local initiatives; inclusion of intra-family violence into the national policy on health; training; and technical and financial support received from international agencies. Limitations can be linked to the slow pace of the inclusion of intra-family violence programs into the sectoral government agencies; lack of standard procedures to determine needed budgets for intra-family violence programs; lack of sensitization of the high level authorities; lack of registration system; and administrative and planning limitations, among others.

In terms of service provision, the approval of laws and plans of action has implied the creation or extension of the coverage of some services for victims, as well as prevention, punishment and precautionary measures. However, in some countries, such as Mexico, the health sector is fragmented. In almost all countries in Latin America, the provision of services for VAW victims is concentrated in urban areas and quite limited in rural areas. Furthermore, existing services are limited – especially shelters and programs to

economically empower women survivors. Also, there is relatively little immediate help in terms of crisis hot-lines, and police services targeted for women DV victims is scarce.

On a more positive note, the new laws and plans of action sometimes have led to the creation of new programs or institutions in different sectors that offer services on intra-family/domestic violence. The sectors where more programs and/or institutions have been created are police, women's affairs offices, and health, and to a smaller extent justice administration, education, and intersectoral initiatives. In some cases, DV services have been incorporated into existing programs on reproductive health, mental health, violence, family planning, and adolescents.

#### *Strategies used to implement the laws when there is no specific public funding*

As the allocations for DV programs are scarce across the countries, government agencies have developed different strategies to implement the activities and programs. Some have made agreements with NGOs, universities, community groups and other organizations to carry out activities where the counterparts make contributions in cash, voluntary work, and/or goods and supplies. In some countries, government agencies are charging user fees. In the Dominican Republic, the health and justice administrations charge for lab tests, legal forms and stamps for legal documents. In Mexico, the Ministry of Health charges for lab tests, medical attention for physical problems, and psychological therapy. Other agencies use equipment, supplies and goods from other programs and services, and in some situations cover costs out of pocket.

In all the countries, the law stipulates some measures against aggressors such as a fee for food, replacing damaged property, and fines. Only the laws in El Salvador and Costa Rica establish a fixed period of time that the victim has exclusive use of the household goods such as furniture and appliances. If neither the government nor aggressor pays for the costs of violence to the victim, then the victim does. This is especially the case for physical treatment, replacement of damaged furniture and broken appliances, foregone income and other costs.

#### *Donor funding for DV activities*

International agencies (including UNFPA, PAHO, UNIFEM, IADB, World Bank) have played an important role, in collaboration with government agencies and NGOs, in the design of the legal framework for DV policies at the international and national level, in the design of national plans of action, and in the implementation of public policies. International agencies have provided governments and NGOs with technical assistance, donations and loans. Some agencies have incorporated DV strategies into their general policies, such as PAHO in its Strategic and Program Orientations for the period 1999-2002. UNFPA intervention in LAC has focused on building strategic alliances, first to bring the DV issue to the top of the political agenda, and second to develop mechanisms to prevent violence and provide services to the victims. UNFPA has also provided technical and financial support to countries and civil society organizations to review, improve and implement policies and legislation, pilot new approaches, set up and/or expand services for victims, and implement prevention and awareness-raising campaigns.

The responses to the surveys indicate that donors are shifting funds from NGOs to government agencies, as well as reducing their DV-specific funding. Further in-country studies are needed to explore this in order to more fully evaluate the degree to which this is occurring and the impact it is having on DV interventions.

*NGOs' implementation of programs on domestic violence after the legislation*

According to the questionnaire responses, all of the NGOs were conducting activities on DV before the law was approved. The most common activities include prevention and public campaigns, services for DV victims, training, advocacy and research.

Yet, even after the passage of DV laws and plans of action, only three of the 12 NGOs surveyed have received funds from the government. The main source of NGO funding is from international cooperation agencies, even though some international agencies have started reducing their funding for DV programs. This is worrisome, as the target population of the NGOs' programs and services—poor women and families—generally lacks the resources needed to compensate for the shortfall. Given their limited contributions from the government and shrinking contributions from international donors, it is not surprising that some NGO representatives pointed out the huge difficulties they are confronting in order to maintain programs, services and activities.

Nonetheless, all of the NGOs are continuing to carry out programs and activities, helped in part by funds from user fees, book sales, public activities such as seminars and trainings, short-term consultancies, and through in-kind help from volunteers from community groups, universities and schools. In some cases, their services are more extensive than those of the government agencies, or they are located in areas where government interventions are scarce or non-existent. Some offer alternative services that emphasize quality, confidentiality, security for victims and personnel, and defense of victims' rights, autonomy and integrity.

All of the NGOs are currently coordinating activities and programs with government agencies, other NGOs, and community groups. The implications of such inter-sectoral coordination are diverse; in some cases, it enables the NGOs to conduct activities without spending a great amount of resources, and in some cases reduces the costs of the activities. Conversely, it can result in the personnel being overburdened with more work and responsibilities.

#### **Section 4: Framework for Monitoring Budgetary Allocations of DV Laws**

This section summarizes the recommendations in the draft framework, which is intended to help those involved in DV work analyze government budgets. The framework describes the four stages of the budgetary process and discusses the roles of each stakeholder involved in the process of implementing domestic violence legislation. This framework has not yet been tested in the field. At this stage, it is broad and flexible so that it can be adapted to the specific political and economic context in any country that uses it.



This framework can be used to monitor and evaluate government expenditures for DV policies and programs, promote more effective use of resources to improve gender equity, reprioritize and increase government expenditures for DV programs and policies, increase the effectiveness, efficiency and quality of DV interventions, and provide an analytic basis for future research and action to strengthen domestic violence laws and their financing in Latin America and the Caribbean.

### Structure of the Framework

The framework is divided into four categories, reflecting the stages of the budgetary process. It is recommended that at each stage, an analysis of the processes, activities, and stakeholders be carried out in order to clarify and pinpoint where and why budget shortcomings for DV activities occur.

Table 4 describes some of the initial steps needed to be taken by governmental agencies involved in DV policies and programs, budgetary committees of legislative bodies (such as national parliaments and planning and finance ministries), NGOs, women’s groups working in the field of gender-based violence, and international cooperation agencies in order to understand and analyze DV budgets.

<b>Table 4. Key Stakeholders in DV Policy Implementation</b>		
<b>Organization</b>	<b>Needs</b>	<b>Immediate Steps</b>
Women’s NGOs working on DV, health sector reform, budgetary allocations, etc.	<ul style="list-style-type: none"> <li>* Build skills to understand and analyze budgets associated with DV policies</li> <li>* Learn strategies to lobby target audiences</li> <li>* Advocate for transparent disclosure of budgetary information</li> <li>* Organize social coalitions to support improved DV public policy</li> <li>* Actively engage in the budget formulation process around DV</li> </ul>	<ul style="list-style-type: none"> <li>* Identify key players in DV policy, specifically in budgetary decisionmaking (e.g., line Ministries, Ministries of Finance, Planning, Parliamentary bodies)</li> <li>* Identify and collaborate with expert individuals, groups, and institutions who could help to engage with the DV policy and budgetary process<sup>2</sup></li> <li>* Review and assess current DV policy and programs from a budgetary perspective in order to identify gaps and needs</li> </ul>
Gender and DV Government Agencies (Ministries of Women, Public Health, Justice, Education)	<ul style="list-style-type: none"> <li>* Establish systems and priorities toward effective implementation of DV policy, programs and budgetary allocations</li> <li>* Work with key civil society stakeholders involved in delivery of services</li> </ul>	<ul style="list-style-type: none"> <li>* Identify key players involved in DV and budget work, such as key funders</li> <li>* Establish and support DV research bodies and NGOs</li> </ul>
Policy and Budgetary Organizations	<ul style="list-style-type: none"> <li>* Develop an understanding of DV and other gender issues through training</li> </ul>	<ul style="list-style-type: none"> <li>* Establish detailed cost assessments around DV to identify appropriate</li> </ul>

<sup>2</sup> See Annex 4 for list of research organizations engaged in budgetary analysis in LAC countries.

	<ul style="list-style-type: none"> <li>* Generate and analyze data to expose misdirected government spending</li> <li>* Build public support through dissemination of information</li> </ul>	<p>policies and programs, and allocate necessary resources</p> <ul style="list-style-type: none"> <li>* Develop proposals for policy and administrative reforms to improve programs</li> <li>* Report on implementation against targets and indicators (outputs and outcomes), which should be specified in the budget</li> </ul>
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**Pre-Policy Design Stage:** The pre-policy design stage describes and analyzes the interventions and activities that were implemented before the laws and plans of action or their amendments were passed, whether studies of the economic costs of DV were undertaken, their scope and coverage, and the roles of different social actors advocating for public policies on DV; and builds estimates of costs of DV. While the pre-policy design stage really might not seem as relevant in LAC region at this point since almost all countries have policies or laws, this stage is still relevant for the revisions in laws.

Costing and registering incidence rates and other quantifiable DV indicators in the pre-design process, although ideal, is rarely feasible. It is important for governments to include actions that support continued efforts to cost DV and to finance studies to get better estimates of incidence as a part implementing and fine-tuning policy. This information on costing would need to be integrated into the amendments of policies and laws.

A summary of the information needed at the pre-policy design stage to inform policy design and implementation is listed in Box 3.

<b>Box 3. Types of Information Needed at the Pre-design Stage</b>
<b>1. PROCESSES</b>
<b>Roles of relevant social actors:</b> Includes service providers, policy advocacy groups, and government agencies working on DV prior to design of policy
<b>2. DV CONTEXT</b>
<b>Magnitude of DV:</b> Records from police stations, courts, and health services, NGOs studies and costs
<b>Existing policies, services and activities:</b>
<ul style="list-style-type: none"> <li>• DV-relevant policies that may have existed piecemeal prior to the design of a comprehensive DV policy</li> <li>• The cost, coverage<sup>3</sup>, quality and type of services and activities provided by NGOs, community groups and government agencies prior to the design of a comprehensive DV policy</li> </ul>

<sup>3</sup> Indicators of coverage usually include the % of the population affected by DV that is covered by services such as national and local programs on DV in the health sector or justice administration, or physical and psychological check-ups performed by trained personnel on DV. To analyze utilization some of the following indicators could be included: consultations on DV per 1,000 population, expenditures on DV per 1,000 population, and so forth.

<b>3. MECHANISMS, SERVICES AND ACTIVITIES</b>
<b>Funding mechanisms:</b> Existing public expenditure on DV, sectors where funds were allocated, amount, other sources of funding
<b>Models of intervention:</b> Existing types of intervention models, intersectoral coordination and other potential models that could inform design of DV policy
<b>Monitoring and evaluation:</b> Existing monitoring and evaluation on DV services and activities

**Policy Design Stage<sup>4</sup>:** To evaluate the soundness and comprehensiveness of the policy design stage in addressing DV, it is necessary to analyze the process by which the budget is determined and enacted.

Specifically, the analysis of policy design needs to specify the financial instruments designated to fund the policy, the implementation network (implementation practitioners—such as ministry of health, justice administration, education officials—with experience implementing DV policy), the target group of the policy, the policy objectives, and the rules and influencing mechanisms. Regarding the last, *rules* tell the target group(s) and implementing organizations what they must (or may) do, what they must not do, when to do it, and how it should be done. While rules impose obligations, there still can be considerable scope for discretion. *Influencing mechanisms* are the means by which the policy ensures that actions are taken in accordance with the rules and in support of the desired objectives. Influencing mechanisms provide incentives for individuals or organizations to do things that they might not otherwise do. The financial instruments, implementation network, target group, policy objectives, and rules and influencing mechanisms, in turn, will define the features of the policy.

**Policy Implementation Stage<sup>5</sup>:** The implementation stage, or the execution of the budget, includes a description and analysis of the budgetary allocations and financial models for DV public policies and evaluates the degree to which they have helped to improve the levels of access to and utilization of services.

Governments differ widely in how they regulate and monitor spending to ensure adherence to budgets. In many cases, budgets are not implemented in the exact form in which they were approved. Deviations can result from a number of reasons, such as conscious policy decisions in response to changing economic conditions. Dramatic differences between the allocated and actual budgets, which can compromise sound policy, are important indicators. While discrepancies between budget allocation and implementation can result from abuse or corruption by the executive, they might also be the result of a poor budget system.

Implementation of the DV policy budget is clearly the job of several government agencies. Without government reports on the status of expenditure during the year, NGOs have limited ability to monitor spending. Nonetheless, they still can have an impact by

<sup>4</sup> The presentation of policy design issues is based on the International Budget Project report on and international budget guide for NGOs that is available electronically on the IBP web site: <http://www.internationalbudget.org/resources/guide/part2.html#4.%20BUDGET%20BASICS>.

<sup>5</sup> The presentation of policy implementation issues in this section is based on the International Budget Project report on and international budget guide for NGOs that is available electronically on the IBP website (<http://www.internationalbudget.org/resources/guide/part2.html#4.%20BUDGET%20BASICS>).

advocating for budget reforms, or by engaging in some monitoring activities. For instance, NGOs can investigate whether amounts for specific projects, on shelters, or police training, have been used for the intended purpose.

**Monitoring and Evaluation Stage:** The monitoring and evaluation stage in essence is the auditing and assessment of actual spending. This final stage in the budget process for DV laws includes a number of activities that measure the effectiveness of the laws, including whether the budgets for DV initiatives are being implemented in accordance with their designated allocations. This evaluation can reveal weaknesses in the policies and can also be used as a basis for developing new policies. For example, in Costa Rica a new law to penalize violence against women is being debated in the Congress, as the current DV law has proven to be insufficient in protecting women against DV.

As part of the evaluation process, different social actors, including NGOs, parliamentarians and parliamentary bodies, and government agencies such as Women's Ministries, can track and assess budgetary information to determine the effectiveness of a particular budget initiative, such as recent DV policy implementation. They can also assess whether the legislature and executive branches respond appropriately to the findings of audit reports, which should document any inappropriate expenditures and procurement irregularities. Social actors working on DV can disseminate this information widely and use it to ask for policy reform toward improving DV policy, or for better targeted budget formulation around DV policy implementation. NGOs that work in provision of services and advocacy work in DV do not necessarily always have the tools and skills to monitor budgets. Therefore it is advisable for them to collaborate with research and advocacy groups that specialize in monitoring of budgets.

## **Section 5: Conclusions**

The research shows that there is clearly a difference between what is ratified in laws and/or outlined in sectoral policies, and the implementation of activities that follows those decisions. Funding for DV programs is typically insufficient for them to reach the entire target population and address the magnitude of the problem. Even after laws were passed and plans of action launched, major sources of funding for DV services have continued to be discretionary funds from the ministries' budgets and international donor funds. This means budgetary resource allocation is *not* being mainstreamed into ministerial budget line items as would be expected following the passage of law. Furthermore, there is no systematic and comprehensive information available on allocations made for implementing laws and plans of action, the distribution of those allocations, or their impact on gender equity. Also, there is no information about how public services on DV are meeting the victims' needs, especially women's, and if the financing laws and plans of action are in accord with women's needs and priorities.

Budget allocations are a marker of political commitment and priority. A successful public policy on DV requires budgetary allocations that enable the laws to translate into action. How these budgetary allocations are made, from which sectors, and how they are

sustained are key questions. Budgetary allocations are fundamental in ensuring adequate resources for implementation; therefore, the relationship between law and budget is crucial. While laws are an important part of the budgetary process, it is not enough to simply pass laws without considering the funding they will need for implementation.

Some key recommendations for donor agencies, governments, researchers and NGO networks, service providers and advocacy groups include the following:

1. Governments and donor agencies should help build capacity among NGOs working on DV to monitor budgetary allocations of DV laws, and encourage NGOs working on DV to collaborate with organizations experienced in budget monitoring in the country.
2. Governments and donor agencies should mainstream DV spending into key sectoral projects funded or overseen by the justice administration, the health system (primary, mental and reproductive), and the education system. This could be achieved by integrating spending for DV programs into sectoral and intersectoral initiatives, rather than isolating DV budgets.
3. Donor agencies should encourage governments to mainstream spending on DV activities into key sectoral programs.
4. Donor agencies and NGOs working on DV should establish partnerships for DV activities with key government agencies, such as Ministries of Finance and Planning, where budget formulation and decisionmaking is concentrated.
5. DV stakeholders, including governments, donors and NGOs, should map out the steps and key players involved in the budgetary process in the country to identify strategic entry points to advocate for allocations for DV activities.
6. Researchers should conduct further in-depth, country-specific research to establish and further refine a toolkit for monitoring and evaluating budgetary allocations for DV.

We hope that this report will help catalyze local capacity-building efforts to analyze legislative and budgetary processes and hold governments accountable for legislative and financial commitments toward prevention and elimination of domestic violence.

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**Annex 1. Survey on Budgetary Implications of Domestic Violence Policies in Seven Selected Countries in Latin America (Questionnaire for NGOs Working on DV)**

GENERAL INFORMATION

Country:
Organization:
Address:
Telephone number:
Email:
Name and position of the person completing this questionnaire:

I. FINANCING MODELS

1. Was this organization working on domestic violence before the law/plan of action was passed? Yes \_\_\_\_ No \_\_\_\_ (If “no” skip to question # 3.)
2. What kinds of activities did this organization carry out?
3. Was there an appropriation in the national budget for NGOs that was passed with the law or plan of action?
  - a. With the law? Yes \_\_\_\_ No \_\_\_\_
  - b. With the plan of action? Yes \_\_\_\_ No \_\_\_\_  
(If “no” in both cases, skip to question # 13.)
4. How much was the total amount of the appropriation for NGOs?
  - a. For the budget passed with the law? \_\_\_\_\_
  - b. For the budget passed with the plan of action? \_\_\_\_\_
5. What were the main components for the budget passed with the Law?
  - Services (health\_\_\_\_ legal\_\_\_\_ jobs for victims\_\_\_\_ self-help groups\_\_\_\_)
  - Security (protection measures for victims and their families\_\_\_\_ shelters\_\_\_\_)
  - Training
  - Research
  - Prevention policy (please specify)
  - Public education
  - Information Systems/databases
  - Local/community networks
  - Rehabilitation programs for offenders
  - Intersectoral coordination
  - Other (please specify)\_\_\_\_\_
6. What were the main components for the budget passed with the Plan of Action?
  - Services (health\_\_\_\_ legal\_\_\_\_ jobs for victims\_\_\_\_ self-help groups\_\_\_\_)

- Security (protection measures for victims and their families\_\_\_\_ shelters\_\_\_\_)
- Training
- Research
- Prevention policy (*please specify*)
- Public education
- Information Systems/databases
- Local/community networks
- Rehabilitation programs for offenders
- Intersectoral coordination
- Other (*please specify*)\_\_\_\_\_

7. Which NGOs did receive governmental funding?
8. Did this organization receive governmental funding too? Yes \_\_\_\_ No \_\_\_\_ (*specify the amount in US\$*)
9. Was the budgetary allocation only a one-time allocation?  
Yes \_\_\_\_ No \_\_\_\_ (*If "no" skip to question #11.*)
10. If it was a one-time allocation, how were the funds raised to implement the law/plan of action in subsequent years?
11. Was it a renewable allocation within the annual budget each year? Yes \_\_\_\_ No \_\_\_\_
12. If it was an annual renewable allocation, did the amount increase, decrease or stay the same across the years? How much did it change? By what percentage?
13. If no governmental resources were allocated with the law/plan of action for NGOs, how was the implementation financed?
14. Where did the provisions come from? (donor funds \_\_\_\_ private sector \_\_\_\_ user fees \_\_\_\_ other (*please specify*:\_\_\_\_\_))
15. If no budget provision was made when the law was passed, were any allocations made in subsequent years for NGOs to implement the law. Yes \_\_\_\_ No \_\_\_\_
16. Is this organization providing DV services even if there are no specific government budgetary resources allocated for NGOs? Yes \_\_\_\_ No \_\_\_\_
17. How are these services being financed?
  - Through small program funds in hospitals, police stations
  - Private funds
  - Donor funds
  - User fees
  - Other (*please specify*)\_\_\_\_\_
18. What type of services is this organization providing at the present time?
19. Is this organization charging user fees for provision of domestic violence services?  
Yes \_\_\_\_ No \_\_\_\_ (*If "no" skip to question # 20.*) Which services charge user fees?
  - a. Legal services \_\_\_\_
  - b. Health services \_\_\_\_

- Lab tests
- Self help groups
- Individual psychological services
- Physical treatment/rehabilitation
- c. Shelters\_\_\_\_
- d. Other (*specify*)\_\_\_\_\_

## II. CREATION OF NEW PROGRAMS/SERVICES

20. Did the law/plan of action require the establishment of new programs/services in this organization? Yes\_\_\_\_ No\_\_\_\_  
If yes, please specify the names of these new programs.

## III. INTERSECTORAL COORDINATION AND BUDGET IMPLICATIONS

21. With which governmental institutions and NGOs does this organization coordinate activities and services related to the law/plan of action?
22. What kind of budgetary implications do these coordination initiatives have?
- Reduce costs of the organization's programs and activities.
  - Increase costs of the organization's programs and activities.
  - Overburden the organization's personnel with new responsibilities.
  - Other (*specify*)\_\_\_\_\_

## IV. ADVOCACY, MONITORING AND EVALUATION

23. Is there a designated coordinating agency for overseeing the implementation of the policies and the allocation of the financial resources? Yes\_\_\_\_ No\_\_\_\_
24. Do the NGOs participate in this agency? Yes\_\_\_\_ No\_\_\_\_  
Which ones and how?
25. Is there a civil society initiative to ensure that the funds are allocated for the implementation of the law/Plan of Action? Yes\_\_\_\_ No\_\_\_\_  
If yes, please describe.

## IV. COVERAGE OF SERVICES

27. Is there data available on the utilization and coverage of services offered by this organization? If yes, please include it in this section.

## V. OPPORTUNITIES AND LIMITATIONS RELATED WITH THE BUDGET ALLOCATION

28. Describe the opportunities and limitations faced by this organization to fund activities related to the law.

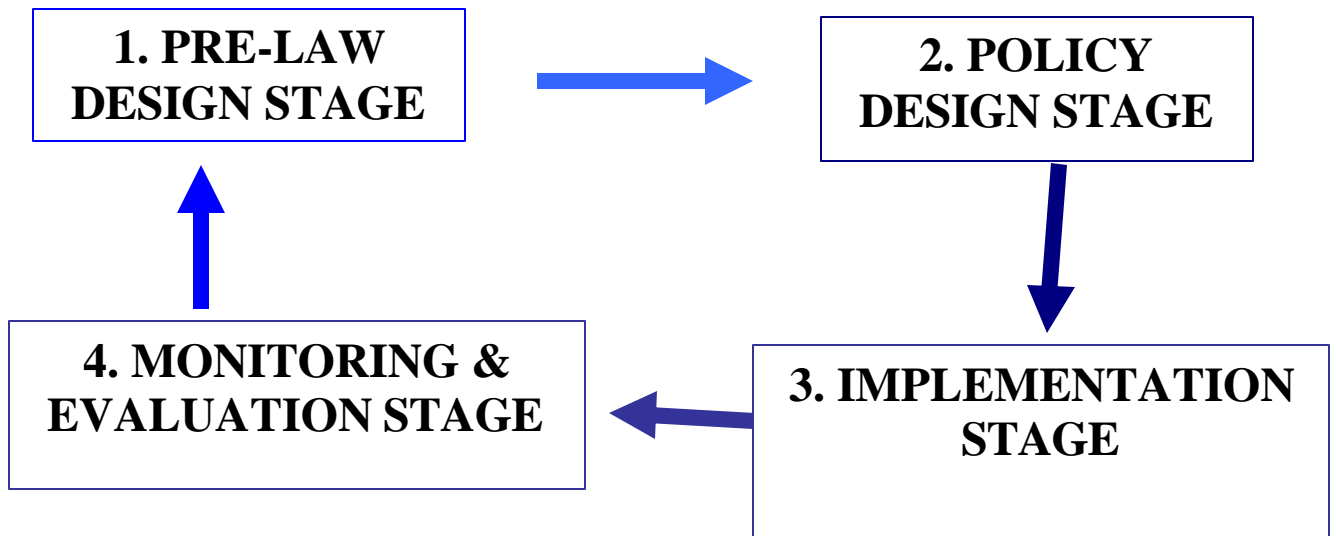
## **Annex 2. List of Organizations that were Sent Surveys**

- 1. Chile:** Centro de Atención y Prevención en Violencia Intrafamiliar de la Municipalidad de Santiago, Corporación de Desarrollo de la Mujer (La Morada), Corporación Domos, SERNAM\*, Ministerio de Salud de Chile, COSAM.
- 2. Costa Rica:** Centro Feminista de Información y Acción (CEFEMINA)\*, Colectivo de Mujeres Pancha Carrasco, INAMU\*, Género y Sociedad\*.
- 3. Ecuador:** Centro de Planificación y Estudios Sociales (CEPLAES), Centro Ecuatoriano para la Promoción y Acción de la Mujer (CEPAM-Quito y Guayaquil)\*, Servicios para un Desarrollo Alternativo del Sur (SENDAS), Consejo Nacional de las Mujeres, Ministerio de Salud Pública.
- 4. Dominican Republic:** Núcleo de Apoyo a la Mujer\*, Asociación Dominicana pro Bienestar de la Familia (PROFAMILIA), Hospital Alcarrizos II de la SESPAS (Ministry of Health)\*, Secretaría de Estado de la Mujer\*, Centro de Apoyo Aquelarre\*, Procuraduría General de la República.
- 5. El Salvador:** Comité 25 de Noviembre, Instituto de Investigación, Capacitación y Desarrollo de la Mujer, Ministry of Health –Gerencia de la Mujer, Unidad de Salud Barrio Lourdes (Ministry of Health)\*, IDESMU\*, CEMUJER\*, Las Dignas\*.
- 6. Mexico:** Centro de Apoyo a la Mujer Margarita Magón, A.C., Centro de Investigación y Atención a la Mujer, A.C. (CIAM), Comunicación e Intercambio para el Desarrollo Humano en América Latina, A.C. (CIDHAL)\*, Instituto Nacional de Mujeres, Secretaría de Salud\*, Consejo Nacional de Población, El Colegio de México, Asociación Mexicana contra la Violencia a las Mujeres A.C. (COVAC)\* and FUNDAR.
- 7. Peru:** Casa de la Mujer Maltratada Física y Psicológicamente, Centro de la Mujer Peruana Flora Tristán\*, Centro de la Promoción de la Mujer-Tacna (CEPROM), Estudio para la Defensa de los Derechos de la Mujer (DEMUS), Movimiento Manuela Ramos\*, Red Nacional de Casas de Refugio para Mujeres y Niñas Víctimas de Violencia Familiar\*, Ministerio de Promoción de la Mujer y el Desarrollo Humano\*, Ministerio de Salud.

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\* Organizations that responded to the questionnaires

**Annex 3. Framework for Analyzing Budgetary Implications of DV Policies**



#### Annex 4. List of Budget and Gender Budget Researchers in LAC region

(Also see [www.internationalbudget.org](http://www.internationalbudget.org))

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