

Factors need to be considered in the Arab region

1. Gaps in domestic violence laws and policies;
2. The amount of resources allocated to different DV-related services;
3. Sources of funding;
4. Whether the resources are adequate or not;
5. Whether the money is getting to survivors or not.

Gender-responsive budgeting also engages NGOs with expertise in domestic violence that may or may not receive funding either from the national government or other donors. It is important to establish whether NGOs are receiving money from the government or from international donors. NGO overdependence on foreign aid must be considered and is important to demonstrate to governments. In addition, GRB should be conducted hand-in-hand with the household and service provider surveys.

This methodology requires **full knowledge** of many aspects as well as the **availability of data and information**.

As this methodology focuses on examining national, ministerial or other facilities' budgets, two approaches can be used: top-down or bottom-up. The top-down approach focuses on reviewing national and ministerial budgets to establish the allocations to the key services identified in the National Action Plans or national strategies to address domestic violence. The bottom-up approach, by contrast, focuses on the administrative records and service-level budgets to estimate the resources allocated. The bottom-up approach requires a representative selection of services to ensure that reliable aggregate estimates can be made.

Examples of the knowledge required

1. The types, extent and context of domestic violence in the country;
2. Existing domestic violence laws and policies;
3. The legislation and administrative structure of the country pertaining to the different services that may be accessed by survivors; decentralization and how it affects the funding of, and access to, services is a key element of the analysis;
4. Which domestic violence related services are planned and available, as reflected in current legislation or national action plans;
5. The national budgeting process, including processes of decentralization;
6. Relevant budgetary allocations;
7. The State budgeting cycle;
8. The different aspects of expenditure and sources of revenue related to measures and services.

If national budgets are difficult to access, an alternative is to collect information directly from civil servants and any other available sources. Possible interviews could include: (1) in-depth interview with the MoF to establish the origins of the funds of the national action plan (recurrent and/or development budget), including asking questions about decentralization of these funds to local authorities; (2) in-depth interview with the national women's machinery (Ministry of Women, etc., to collect information about the national action plan and its budget); and (3) interviews with the gender focal points and the budget officers in each ministry with a responsibility under the national action plan.

The sole critical drawback in employing a gender-responsive budgeting approach in a costing exercise is that it may not always come up with a final figure. This is because the exercise will depend on publicly available information on public budgets and the level of detail in which these are elaborated and monitored. However, there are many advantages to carrying out a gender-responsive budgeting approach costing exercise. First and foremost is the direct engagement with the main public finance decision makers in the different government departments (at any level) who have a role in addressing or preventing domestic violence. This raises the political level at which domestic violence is discussed.

The key results across the countries where this methodology has been implemented can be summarised as follows: (a) Identification of gaps in legislation and policy, in particular regarding basic and other services; (b) Identification of the money allocated to, and spent on, existing services; (c) Sources of funding for existing services (in some cases high dependency on foreign support); (d) Situation of referrals and protocols in the system (itineraries for survivors of the available services); (e) Situation of adequacy of existing resources; (f) The services sought by the victim versus the services provided (in other words, disconnect between what is planned and what actually happens).