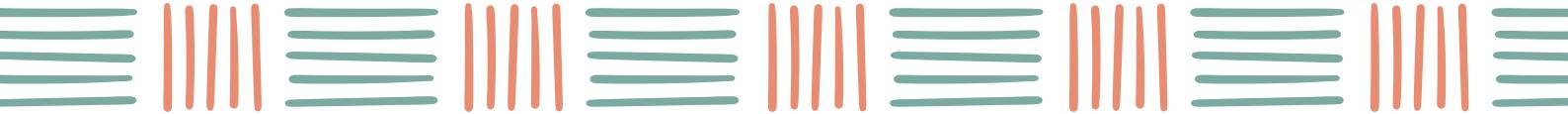




# **THE AFRICA SHARED RESEARCH AGENDA FOR ENDING GENDER-BASED VIOLENCE**

## **EXECUTIVE SUMMARY**

NOVEMBER 2023



## Executive Summary

The Africa Shared Research Agenda (ASRA) for ending gender-based violence (GBV) is a set of research priority recommendations for the field, which have been identified through a rigorous, comprehensive and inclusive process that centres the opinions and voices of those for whom the research will serve. It is a unique and diligent approach that carries the spirit of collaboration and collective power essential for bringing about an end to GBV.

The ASRA follows the creation, back in 2021, of the Global Shared Research Agenda (GSRA), a collaboration between the Sexual Violence Research Initiative (SVRI) and the Equality Institute (EQI), with support from funding partners and the field. The GSRA presented the results of two years of evidence informed dialogues and discussion, which drew on the wisdom of the crowd to set research priorities for the next five years for fair, effective and relevant research on violence against women (VAW) in low and middle-income countries (LMICs). For the first time, the voices of practitioners, activists, and survivors were centred alongside academics and other specialists.

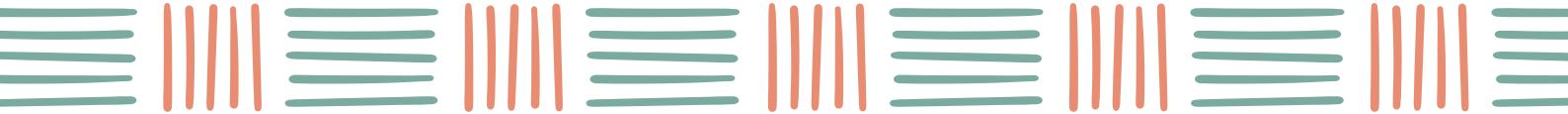
To identify research priorities, and ensure the process was fair and transparent, a method called the Child Health and Nutrition Research Initiative (CHNRI) was used, which considers the views of multiple stakeholders, not just technical experts, so all views are treated equally without some voices being more dominant than others. It does this by 'crowdsourcing' multiple opinions on an issue, surpassing the 'expert' judgement of one person.

The GSRA highlighted the need for research on interventions to prevent GBV and what works to inform programming and policy investments. Recognising the diverse contexts in which violence driven by gender inequality manifests across the continent of Africa, it became clear that it is important to localise the GSRA to identify priority research areas for the region. Women and adolescent girls in Central, Eastern, West and Southern Africa face significant rates of past-year physical and sexual violence, far higher than global estimates. Because of this, evidence building and knowledge creation for these sub-regions of Africa is essential for accelerating progress and accountability to women and girls in all their diversity through the provision of better, more effective programmes.

Taking the learning from the GSRA process, UN Women (via the Regional Offices in East and Southern Africa and West and Central Africa) and the Sexual Violence Research Initiative (SVRI) have worked with multiple stakeholders since May 2022 to co-create a set of shared regional research priorities for Africa to guide, systematise and attract funding for evidence building on GBV there.

Three groups were established to govern and guide the ASRA:

- 1. STEWARDSHIP GROUP:** Key personnel working with SVRI and UN Women Regional Offices in East and Southern Africa and West and Central Africa.
- 2. ADVISORY GROUP:** A group of 26 experts in the VAW/GBV prevention and response field, with a focus on Eastern, Central, West and Southern Africa, was identified by the Stewardship Group. The Advisory Group included people from across the sub-regions in Africa with diverse backgrounds, including advocacy, research and academic institutions, civil society organisations, philanthropic foundations and the UN system.
- 3. REGIONAL EXPERT GROUP:** A group of approximately 400 regional experts from Eastern, Central, West and Southern Africa working on GBV prevention and response, including researchers, practitioners, women's rights and feminist organisations, activists and networks, funders, policymakers and others.



Guided by these structures, rich with diversity and passion for the field, the ASRA developed a seven-step participatory and iterative process, with many opportunities for feedback, check and challenge from the different governance and advisory group members. The first step involved a scoping review of the literature, to identify key gaps in the field that framed the priority-setting process and led to the identification of five key research domains:

#### **DOMAIN 1: UNDERSTANDING GBV**

#### **DOMAIN 2: GBV RESPONSE INTERVENTIONS**

#### **DOMAIN 3: GBV PREVENTION INTERVENTIONS**

#### **DOMAIN 4: GBV RESPONSE AND PREVENTION AT SCALE**

#### **DOMAIN 5: MEASURES AND METHODOLOGIES**

After the domains were established, the research questions were gathered using a two-phased approach an online question-gathering survey shared with the Stewardship Group, Advisory Group and Regional Expert Group, and online key informant interviews (KIs) and focus group discussions (FGDs) with experts. A total of 508 questions were consolidated and prioritised by the Stewardship Group through this two-phased process, and reduced in number down to 49, with approximately ten questions per domain. The questions were then shared with the different governance groups through an online survey, where respondents were asked to rank the research questions in each domain, and overall. A total of 186 experts sent in their survey responses.

The top two ranked questions in each domain are:

#### **DOMAIN 1: UNDERSTANDING GBV**

1. What are the types and prevalence of GBV specifically affecting women and girls with disabilities, and women and girls living with HIV/AIDS, including sexual violence, early marriage, structural violence (e.g., denied access to health, education and legal services) and obstetric violence (e.g., forced contraception or sterilisation)?
2. Which social and gender norms, including notions of masculinity, influence (negatively or positively) the perpetration of GBV?

#### **DOMAIN 2: GBV RESPONSE INTERVENTIONS**

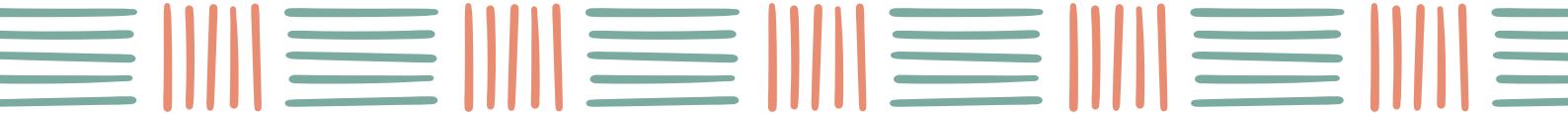
1. Is multisectoral GBV support and accompaniment (e.g., to healthcare, legal, educational and empowerment services) adaptable to different contexts and the needs and characteristics of victims/survivors, including those from marginalised populations?
2. What can different interpretations of 'justice' tell us about how to shape justice programmes for survivors of violence?

#### **DOMAIN 3: GBV PREVENTION INTERVENTIONS**

1. Which interventions working with religious and/or traditional leaders, or other social structures strongly imbued with patriarchy, have been most successful in preventing GBV and why?
2. Which local, Indigenous community interventions have been developed and used to prevent GBV, and how successful have they been?

#### **DOMAIN 4: GBV RESPONSE AND PREVENTION AT SCALE**

1. Which GBV prevention interventions, including social norms change and couples' interventions, can/should be scaled in low-resource and rural environments?



2. How can community-level infrastructure and community-based organisations supporting GBV prevention and response be strengthened, professionalised and taken to scale through government systems, particularly in low-resource settings?

## DOMAIN 5: MEASURES AND METHODOLOGIES

1. How can we improve research methods to increase the accuracy of data and reporting of GBV?
2. How can we incorporate Indigenous knowledge production and practices in the conduct of high-quality ethical research on GBV?

The ASRA priority-setting process has revealed important learning about the research priorities to advance the GBV prevention and response field in Africa, and the approach through which these priorities were identified.

While there were some variations in research priorities according to experts' characteristics, overall, there was substantial agreement with the top five questions per domain. The process also noted the importance of being flexible, of paying attention to decolonising research and promoting a more inclusive research priority-setting process. The ASRA methodology had to be adaptive to this feedback.

Mixed-methods approaches are also valuable to priority-setting. Previous research agenda-setting processes have been quantitative exercises in line with the idea of 'crowdsourcing' the most prioritised research questions. By adding qualitative methods, a more inclusive process was created that enabled specific population sub-groups, especially those facing intersecting forms of discrimination, to engage more fully in the priority-setting.

Despite being inclusive and democratic, prioritisation exercises can also be biased. The ASRA process and approach intentionally elevated the voices of diverse GBV experts, including those working with marginalised groups. The CHNRI method attempts to minimise such bias through its crowd-sourcing approach; however, it is important to recognise that bias can still occur.

There is a fine balance between limiting bias and increasing participation. The move towards more participatory and inclusive research priority-setting exercises requires a balance of adjusting the methods to consider the political and power structures that are inherent to traditional research priority exercises, while also considering how to keep the essence of collecting 'the wisdom of the crowd'. For example, the standard CHNRI approach uses surveys to gather research questions and to score these questions, which assumes that all respondents will have equal access and understanding of engaging in such surveys. In reality, crafting a research question is not a simple exercise, and for GBV experts that do not have a research background, this can be challenging and dissuade participants from the process.

Research priorities should be interpreted against the existing evidence. Given that there have been several research priority-setting exercises related to GBV conducted since 2015, it is important to ensure that processes consider and learn from the findings of previous exercises.

As the ASRA experience demonstrates, completing a priority-setting exercise can be complex and time-consuming. But the process for priority-setting is as important as the methodology, especially the need to actively ensure diverse voices are included. Ultimately, the ASRA will only be effective if the findings are used. Funders should increase investment in high-quality and ethical research aligned with the ASRA; researchers should use the ASRA to inform their own research agendas; practitioners should use the agenda as a guide for partnerships with researchers on the evaluation of their interventions; and as a field together, the ASRA should be used as a reference to advocate for more and better research funding that addresses critical research and knowledge gaps in the field.



UN Women in Africa and the Sexual Violence Research Initiative (SVRI) are committed to contributing to a world where women in all their diversity and children can enjoy their right to live free from violence. Recognizing the power of knowledge generation and the need for more equitable and inclusive research processes in efforts to end GBV, UN Women and the SVRI have collaborated to facilitate the Africa Shared Research Agenda for ending GBV (ASRA).

The Africa Shared Research Agenda (ASRA) for ending gender-based violence (GBV) is a set of research priority recommendations for the field, which have been identified through a rigorous, comprehensive and inclusive process that centres the opinions and voices of those for whom the research will serve. It is a unique and diligent approach that carries the spirit of collaboration and collective power essential for bringing about an end to GBV. The ASRA draws from the lessons of the Global Shared Research Agenda on Violence against Women and has been shaped through a collective process of learning and consultation. It is a contribution to the Generation Equality Action Coalition on Gender-based Violence and provides insight into the key research questions identified as priorities for ending GBV by diverse experts based in and working in Central, East, Southern and West Africa.

