



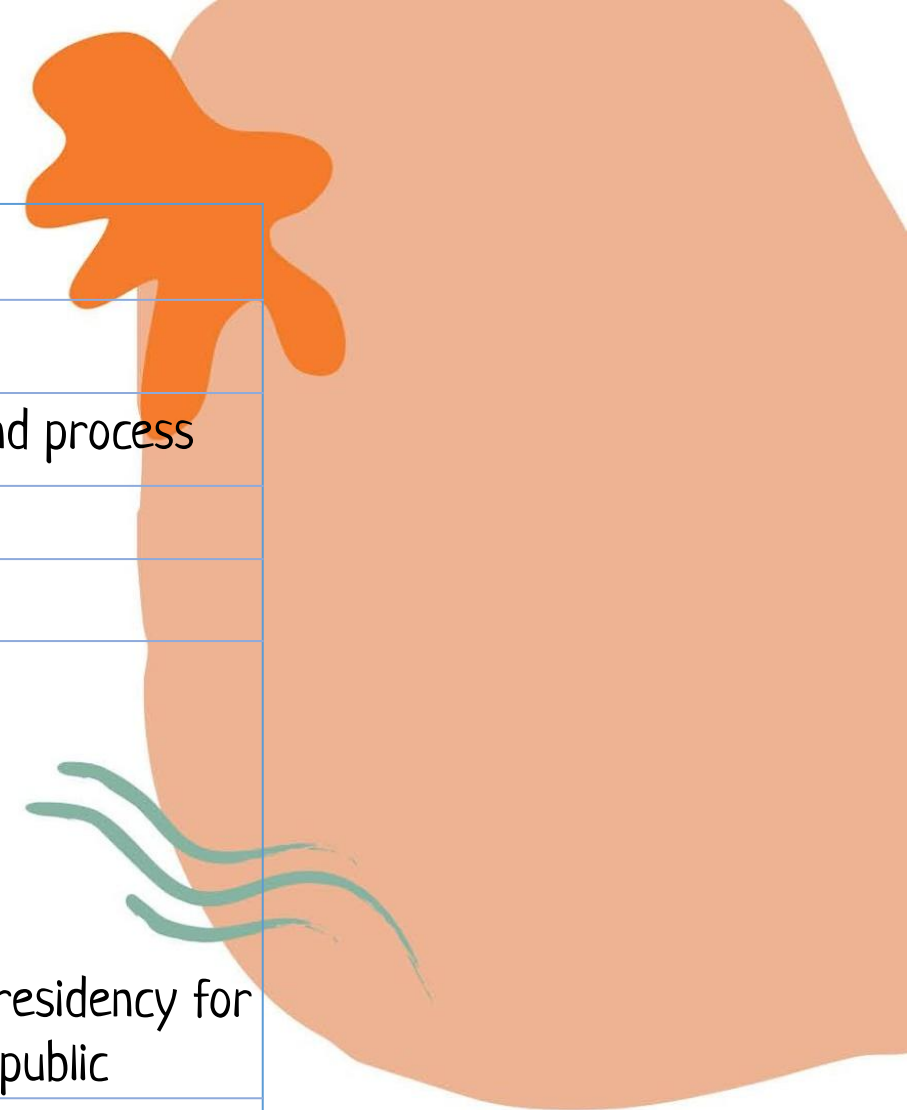
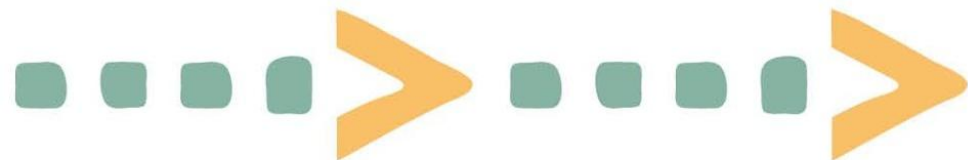
Africa Shared Research Agenda Report Launch

30 November 2023



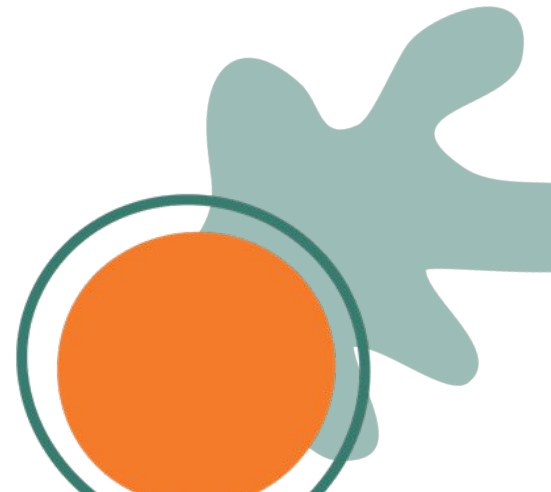
ASRA LAUNCH AGENDA


TIME (EAT)	AGENDA ITEM
14:00-14:15	Opening and Welcome
14:15-14:25	Developing the Africa Shared Research Agenda: Our approach and process
14:25-14:45	ASRA Findings
14:45-14:55	Questions and Answers
14:55-15:20	Reflections on the relevance and role of ASRA: Panel Discussion: <ul style="list-style-type: none">• Chi Chi Undie, Population Council• Manuela Balliet Ahogo, Together for Girls• Natsnet Ghebrebrhan, Raising Voices• Elizabeth Dartnall, SVRI• Madam Josiane Lina Bemaka Soui, Advisor Minister for the Presidency for Sexual Violence in Conflict and Protection, Central African Republic
15:20 -15:30	Appreciation and Closing




Developing Shared Research Priorities

- Global Shared Research Agenda
- East Asia Pacific
- Latin-American Shared Research Agenda
- VAC and VAW Intersections Shared Research Agenda
- Technology-Facilitated Gender-Based Violence
- Africa Shared Research Agenda
- Child Sexual Violence Shared Research Agenda
- GBV and Higher Education Institutions





For too long research agendas
have been set by too few,
often the loudest, most senior
in the room



Why Develop the African Shared Research Agenda?

1. Identify evidence gaps

2. Assist research planning and fundraising

3. Serve as an advocacy tool

4. Serve as a monitoring tool

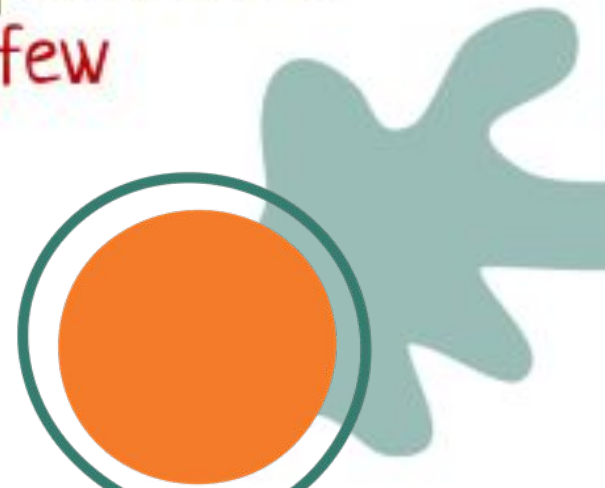
5. Guide grant-making in the region

Draws from the **Global Shared Research Agenda for VAWG**: www.svri.org/documents/global-shared-research-agenda-vawg

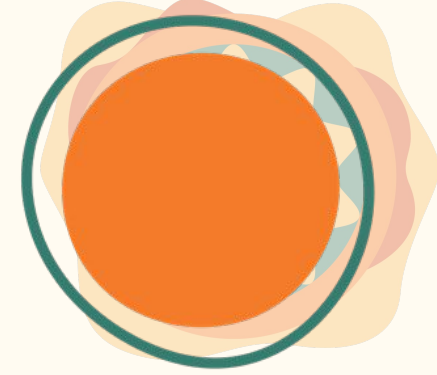


Advantages of CHNRI methodology

- Provides a **systematic method** for priority setting
- Measures **collective optimism** of technical experts
- **Advantages** and **disadvantages** of each research option become transparent, and the scores are intuitive
- **Transparently** presents opinions of many technical experts on all research options: **limits personal bias** and **prevents a few individuals** from **dominating** the process
- Presents a **simple quantitative outcome**



Adapting & Evolving CHNRI



STEWARDSHIP
GROUP

ADVISORY GROUP

REGIONAL EXPERT
GROUP

“This is the first process I’ve been involved in that seems to take decolonizing research very seriously” (GEG, GSRA)

The Process



Five domains



Domain 1

Understanding
GBV

Domain 2

GBV response
interventions

Domain 3


GBV prevention
interventions

Domain 4

GBV prevention
and response at
scale

Domain 5

Measures and
methodologies



Criteria used for Question Ranking

Answerability: the likelihood that the research question can be answered and/or reach its objective within the proposed timeline

Applicability: the likelihood that the knowledge produced through the proposed research will be applied in policy and practice

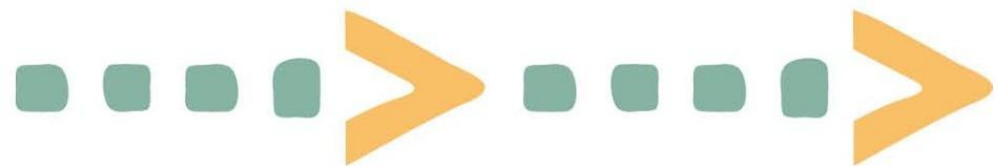
Maximum potential impact: some research ideas will have a theoretical potential to reduce VAWG more than others

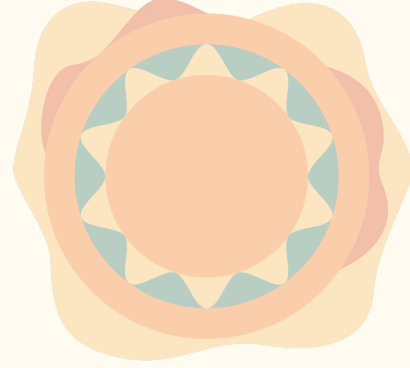
Ranking instead of scoring questions

- Traditional CHNRI method produces scores based on applying the selected criteria to each research question.
- In past research priority setting exercises supported by SVRI, this approach was found to be complex and time intensive.
- So instead, we used a ranking approach – we asked experts to rank questions in each domain according to three criteria.

Addition of qualitative methods

- In addition to the question gathering survey, we conducted focus group discussions and key informant interviews with experts working on GBV:
 - Against LGBTIQ+ people
 - Against women and girls living with HIV/AIDS
 - Against women and girls with disabilities
 - In Francophone countries in the region

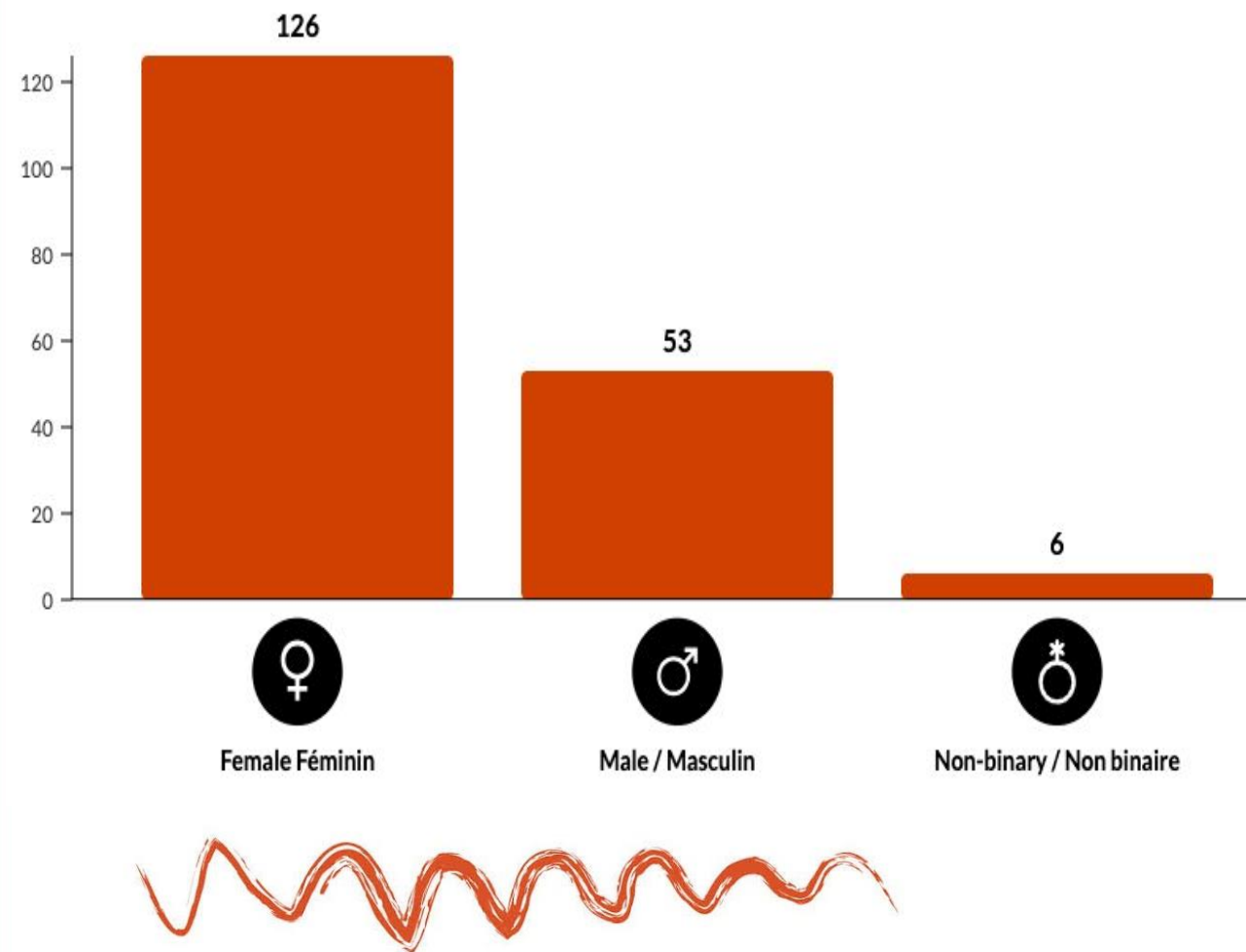




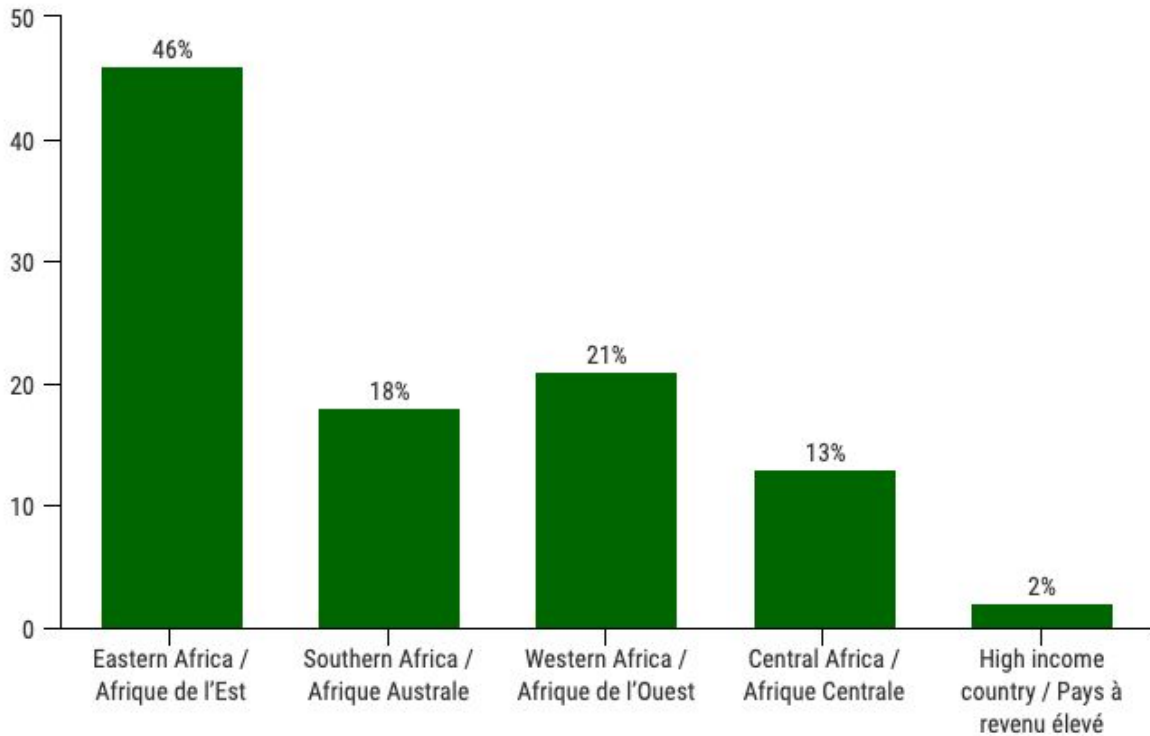
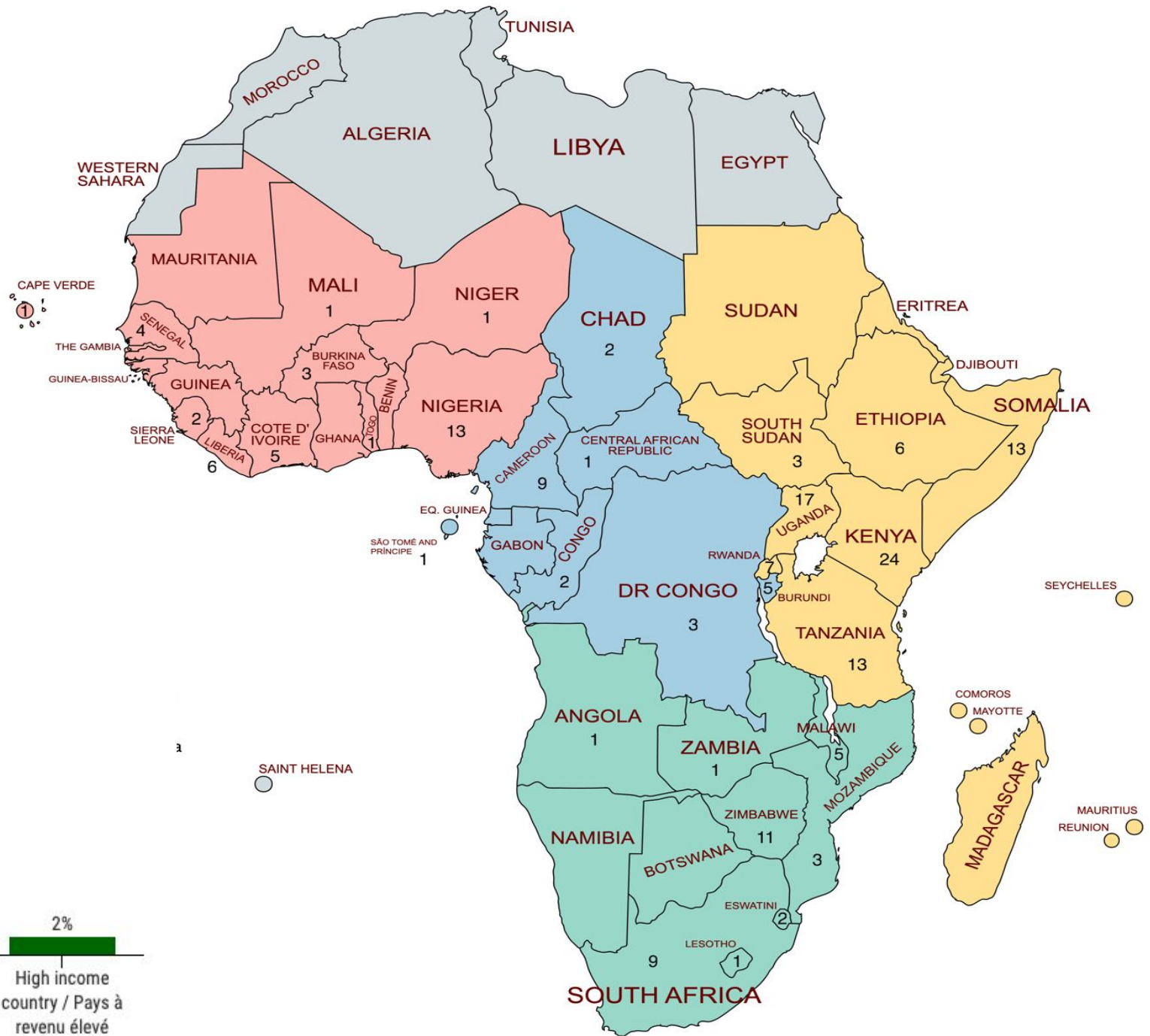
Findings of the question ranking survey



186 people completed the question
ranking survey



Regional representation



Domain 1 - 1st

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)?

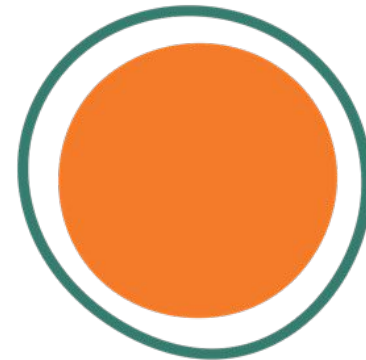
Domain 1 - 2nd

Which social and gender norms, including notions of masculinity, influence (negatively or positively) the perpetration of GBV?

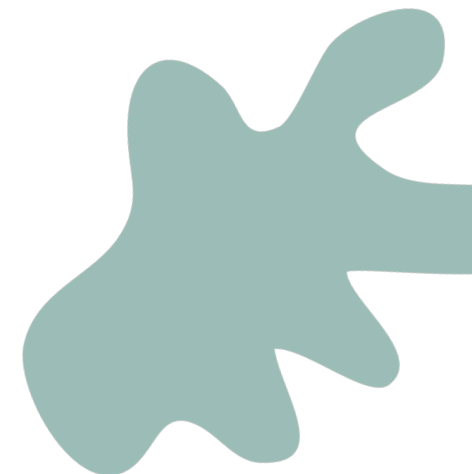
Domain 1 - 3rd

What are the prevalence, risk and protective factors for online GBV in Africa (e.g., blackmail, cyberbullying, revenge porn, harassment, doxing, catfishing, etc), including among marginalised groups and those facing intersecting forms of discrimination, and what are the linkages and differences between online and offline GBV?

Domain 1: Top 3 questions



- ❑ Top 3 questions are broadly consistent across expert groups, although some variation in 4th and 5th ranked questions among experts identifying as non-binary or LGBTQI+ or those having a disability.
- ❑ Consistent ranking of questions across African sub-regions, but large differences for experts from HICs (e.g., climate change; and traditional, religious influence over norms).



Domain 2 - 1st

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?

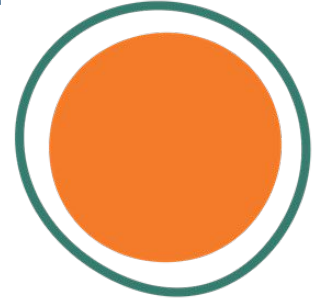
Domain 2 - 2nd

What can different interpretations of 'justice' tell us about how to shape justice programmes for survivors of violence?

Domain 2 - 3rd

Which approaches are most effective in convincing those who practice the circumcision of girls to abandon the practice, including sanctions (e.g., judicial measures) and incentives (e.g., alternative income generating activities)?

Domain 2: Top 3 questions



- ❑ Top three questions broadly consistent across expert groups. Much more variation among experts identifying as non-binary, LGBTQI+ or those with a disability.
- ❑ Some regional variations – Question about circumcision not highly ranked in Southern Africa, and ranked first for HIC experts. **BUT note that evidence suggests that sanctions and incentives are not effective, although first part of the question is still relevant.**



Domain 3: Top 3 questions

- ❑ Strong consistency in top two ranked questions across almost all expert groups – some variation among experts working in universities/research or government.
- ❑ Experts in HICs ranked in second place a question related to GBV prevention among women and girls with disabilities.
- ❑ University/research experts ranked in second place a question about the characteristics and motivations of perpetrators and the most successful prevention interventions to target them.

Domain 3 - 1st

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?

Domain 3 - 2nd

Which local, indigenous community interventions have been developed and used to prevent GBV, and how successful have they been?

Domain 3 - 3rd

What is the impact of technology and mass communication, including media, social media and online modalities, on GBV prevention and behaviour change, including in rural and other hard to reach settings?

Domain 4 - 1st

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

Domain 4 - 2nd

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 4 - 3rd

What are the most cost-effective and sustainable GBV prevention and response interventions in the African region?

Domain 4: Top 3 questions

- ❑ Top 2 ranked questions consistent across most expert groups, except among non-binary and HIC experts.
- ❑ Few ranking differences across African sub-regions, but HIC rankings vary
- ❑ A question about the impact of anti-gender movements on GBV prevention and response, and the best strategies to counter these movements, had a low ranking overall, but was higher for non-binary and HIC experts, and those working for local/national NGOs, CBOs and governments.

Domain 5 has most consistency and agreement in ranking of questions across expert groups. Two main variations:

- Experts in bilateral/multilateral/UN agencies ranked in third place a question about methodologies for assessing the impact of social norms and behaviour change interventions.
- HIC and university/research experts ranked in third place a question about how international methodologies and measures of GBV can be adapted and standardised in Africa.

Domain 5 - 1st

How can we improve research methods to increase the accuracy of data and reporting of GBV?

Domain 5 - 2nd

How can we incorporate indigenous knowledge production and practices in the conduct of high-quality ethical research on GBV?

Domain 5 - 3rd

What are the most effective and safest strategies, methods and tools for reaching and measuring GBV against LGBTQI+ people, including in population-based and general population surveys, especially in settings where LGBTQI+ relationships and identities are criminalised and persecuted?

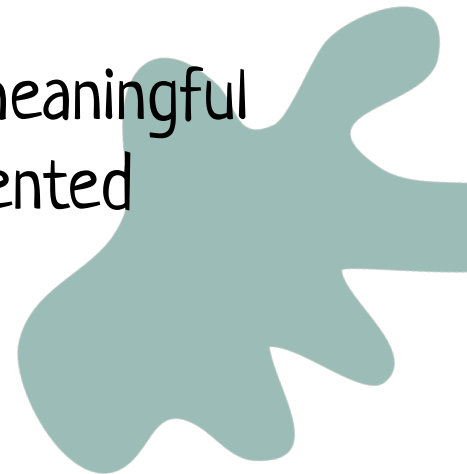
**Domain 5:
Top 3
questions**



Key learnings



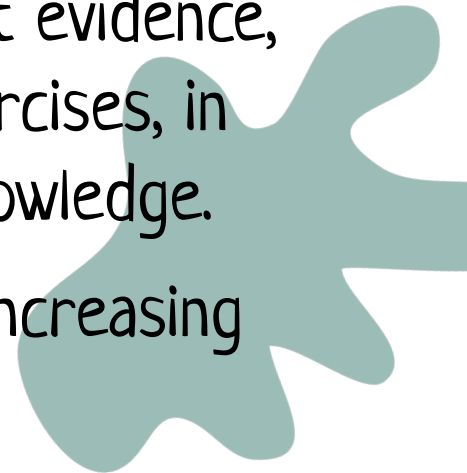
- There was widespread agreement among experts across all five domains.
- Emerging themes include emphasis on research and interventions that focus on marginalised populations, address social norms, and engage local indigenous structures and forms of knowledge in prevention and response.
- It is important to be flexible in adapting the process as it develops.
- Using mixed methods in priority setting ensures meaningful participation from marginalised and under-represented groups.

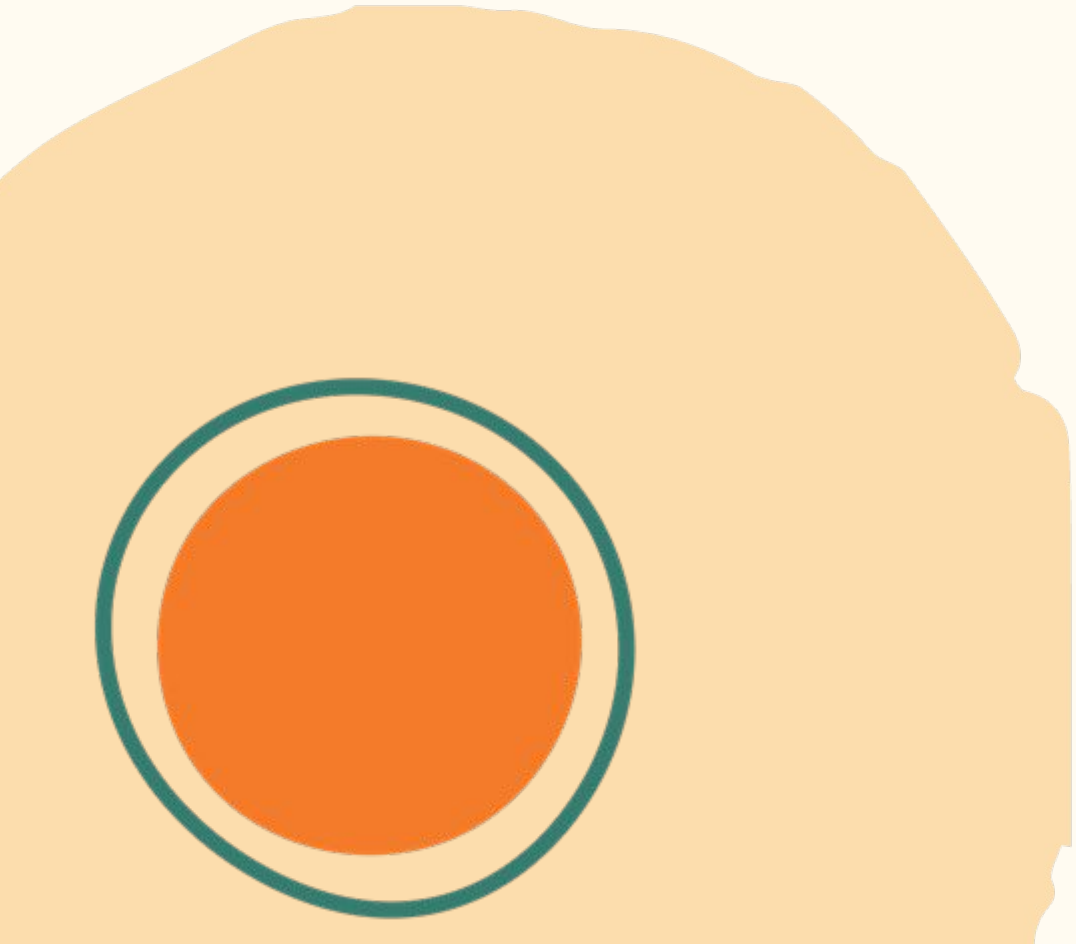
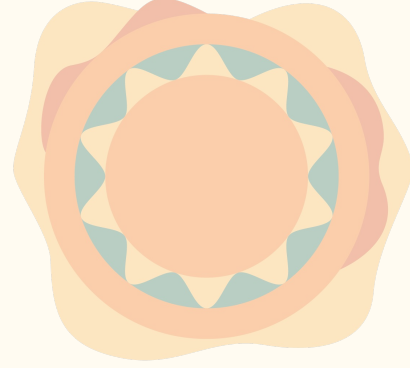


Key learnings



- Despite being inclusive and democratic, prioritisation exercises can also be biased and may be established with political intentions rather than scientific ones..
- Priority setting exercises that draw on the ‘wisdom of the crowd’ also need to be read alongside existing evidence/ literature (e.g., existing evidence on .efficacy of standalone communications campaigns; the essential components of effective GBV prevention programmes; FGM prevention).
- There is a need to curate and disseminate current evidence, and the findings from various priority setting exercises, in accessible ways to ensure we build on existing knowledge.
- There is a fine balance between limiting bias and increasing participation.





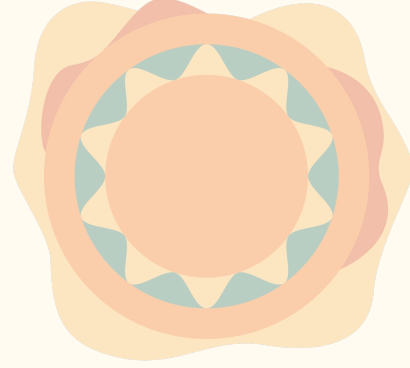
QUESTIONS & ANSWERS

Panel Discussion: Reflections on the relevance and role of ASRA:

- **Chi Chi Undie**, Population Council
- **Manuela Balliet Ahogo**, Together for Girls
- **Natsnet Ghebrebrhan**, Raising Voices
- **Elizabeth Dartnall**, Sexual Violence Research Initiative
- **Madam Josiane Lina Bemaka Soui**, Advisor Minister for the Presidency for Sexual Violence in Conflict and Protection, Central African Republic



Next Steps and Appreciation



Thank you for your
contributions to
developing the ASRA!





Access the Africa Shared Research Agenda at:

[Africa Regional Agenda | Sexual Violence Research Initiative \(svri.org\)](#)

[What we do: Ending violence against women | UN Women – Africa](#)