EVALUATION REPORT

Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017)

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Annexes

Annex 1 – Terms of Reference

1. Introduction

Evaluation at UNFPA serves three main purposes: (i) demonstrate accountability to stakeholders on performance in achieving development results and on invested resources; (ii) support evidence-based decision-making; (iii) contribute key lessons learned to the existing knowledge base on how to accelerate implementation of the Programme of Action of the 1994 International Conference on Population and Development (ICPD). [1]

The Evaluation Office (EO) will conduct an independent evaluation of the UNFPA support to the prevention, response to and elimination of gender-based violence and harmful practices as part of the quadrennial budgeted evaluation plan (2016-2019),[2] approved by the UNFPA Executive Board in September 2015. The evaluation will commence in October 2016 and will be presented to the UNFPA Executive Board in June 2018. This evaluation will be undertaken by the EO with the support of an external team of evaluation and thematic experts to ensure an independent and credible exercise is conducted.

The present terms of reference were prepared by the Evaluation Office based on an extensive document review, preliminary scoping work and initial consultations with stakeholders. The ToR aims to provide key information for the evaluation, including background on UNFPA support, initial financial analysis of UNFPA expenditure, the preliminary scope of the evaluation, the methodological approach, including the sampling approach for the case studies, and the expected deliverables. The selected evaluation team is expected to conduct the evaluation in conformity with the terms of reference, under the overall leadership from the EO evaluation manager.

2. Users of the evaluation

As the first broad thematic evaluation of its kind at UNFPA, this exercise will generate important findings, lessons and recommendations that will be of use to a variety of stakeholders. The main users of the evaluation include UNFPA (at the global, regional and country level), partner countries, donors, civil society (including non-governmental organizations, feminists and women's rights activists, gender equality advocates) and other stakeholders. In addition, the evaluation will inform the following planned evaluations: (i) the UNFPA/UNICEF joint evaluation of the second phase of the joint programme on female genital mutilation and (ii) the UNICEF/UNFPA joint evaluation on child marriage. Both evaluations will be conducted under the current quadrennial budgeted evaluation plan cycle (2016-2019).

[1] DP/FPA/2013/5. See : http://www.unfpa.org/admin-resource/executive-board-united-nations-development-programme-united-nations-population-fund-1

[2] DP/FPA/2015/12. See: http://www.unfpa.org/admin-resource/transitional-biennial-budgeted-evaluation-plan-2014-2015-0

3. Global context and UNFPA support to the prevention, response to and elimination of GBV, including harmful practices

3.1 Global normative framework

Despite a strong international normative frame and tireless efforts by feminists, women's rights activists, gender equality advocates and others, gender-based violence continues unabated. UNFPA is one of the leading agencies within the United Nations (UN) system actively working to prevent, respond to and eliminate GBV and harmful practices at global, regional and country levels. The global normative framework in which UNFPA support is situated is shaped by numerous UN conventions, agreements, declarations, and resolutions. These documents underscore the pernicious and pervasive nature of GBV and harmful practices, highlight its disproportionate impact on women and girls, and call for its elimination.

The United Nations has addressed GBV in general and violence against women (VAW) in particular through multiple declarations, conventions, covenants, resolutions and reports of the Secretary General. [3]

The 1979 **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)** calls for the end of all forms of discrimination against women. Though the convention does not mention GBV in particular, general recommendations 12 and 19 on violence against women specify that the convention includes violence against women. [4]

The **Declaration on the Elimination of Violence against Women (1993)** – the first international instrument explicitly addressing violence against women – recognizes violence against women as a "manifestation of historically unequal power relations between men and women […], a violation of the rights and fundamental freedoms of women […] and an obstacle to the achievement of equality, development and peace." Adopted in December 1993, the Declaration focuses specifically on VAW (as a form of GBV), providing a definition for VAW and examples of forms it takes, and goes on to recommend actions states can (and should) take to eliminate violence against women "without delay."[5]

In 2006, the General Assembly adopted a **seminal resolution**, calling on states to **intensify efforts to eliminate all forms of violence against women**. This resolution, combined with others, continues to guide the work of UN entities today.[6] Resolutions and reports cover a wide range of topics, including: (i) intensification of efforts to eliminate all forms of violence against women; (ii) all forms of violence against women; (iii) trafficking in women and girls; (violence against women migrant workers); (iv) intensifying global efforts for the elimination of female genital mutilations; (v) rape and other forms of sexual violence; (vi) crimes committed in the name of honour; (vii) traditional or customary practices affecting the health of women and girls; (viii) domestic violence; (ix) the Secretary-General's in-depth study on all forms of violence against women.

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[3] See: http://www.un.org/womenwatch/daw/vaw/v-work-ga.htm
[4] See: http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/Recommendations.aspx and http://www.unwomen.org/en/what-we-do/ending-violence-against-women/global-norms-and-standards#sthash.MzBb0hqS.dpuf
[5] See: http://www.un.org/documents/ga/res/48/a48r104.htm
[6] See: http://www.un.org/womenwatch/daw/vaw/A_RES_61_143.pdf

Multiple **Security Council Resolutions** – including SCR 1325, 1888, 1960, 2106 – address the gendered dimensions of conflict and the disproportionate impact of conflict on women, including through sexual violence, and outline, inter alia, concrete steps and accountability mechanisms to ensure the equal participation of women in conflict prevention and resolution. Taken together, these resolutions (and others) also shape the work of UN and UNFPA on GBV, including within humanitarian settings.

In 1994, the **ICPD** further reinforces the need to tackle violence against women, stating that the "advancement of gender equality…and the elimination of all kinds of violence against women….are cornerstones of population and development related programmes." GBV is specifically addressed in the ICPD Programme of Action, where, in Chapter 7, the following is stated: "The UN system and donors should support Governments … ensuring that all refugees and all other persons in emergency humanitarian situations, particularly women and adolescents, … receive greater protection from sexual and gender-based violence." Additionally, within Chapter 4, calls on States to "act to empower women and should take steps to eliminate inequalities between men and women as soon as possible by, inter alia, eliminating violence against women." [7] During a September 2014 special session of the General Assembly, governments reaffirmed their commitment to the ICPD and endorsed a new Framework for Action to intensify efforts for its full implementation in the 21st century.[8] The new framework underscores that "gender-based discrimination and violence continue to plague most societies," and calls on States to "adopt and implement legislation, policies and measures that prevent, punish and eradicate gender-based violence within and outside the family, as well as in conflict and post-conflict situations."[9]

The **Beijing Platform for Action** echoes and expands upon the ICPD. With the inclusion of violence as one of Platform's 12 critical areas of concern, the Beijing Platform for Action recognizes the tremendous impact of GBV on women's lives and the urgency of its eradication.

In addition to the frameworks outlined above, the **Millennium Development Goals** (MDGs)[10] do not address violence against women or GBV, however, the Millennium Declaration (the declaration upon which the goals were based) understood violence against women to be incompatible with the promotion of human rights and fundamental freedom and called for it to be combated.

The eradication of violence against women has most recently been taken up by the **2030 Agenda for Sustainable Development**. [11] Though the Agenda does not mention GBV specifically, it recognizes that "all forms of discrimination and violence against women and girls [must] be eliminated, including through the engagement of men and boys". Violence against women (as opposed to GBV) is addressed explicitly in goal 5: targets 5.2 calls for the elimination of all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation; target 5.3 discusses harmful practices, calling for the elimination of such practices, including "child, early and forced marriage and female genital mutilation."[12]

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[7] See: http://www.un.org/popin/icpd/conference/offeng/poa.html
[8] http://icpdbeyond2014.org/about#sthash.10SR8Ol3.dpuf
[9] See: http://icpdbeyond2014.org/uploads/browser/files/93632_unfpa_eng_web.pdf
[10] A set of eight goals that aimed to operationalize international development from 2000-2015.
[11] The newly negotiated international development agenda (operationalized in 17 sustainable development goals).
[12] See Transforming our world: the 2030 Agenda for Sustainable Development, page 18: http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

UN Operational Frameworks

In addition to the above-mentioned normative frameworks, several UN operational frameworks aim to provide a platform for the systematic integration of gender equality across the UN. **2012 Quadrennial Comprehensive Policy Review (QCPR) of Operational Activities for Development of the UN System** details the organizational and operational arrangements needed to foster development effectiveness, including the advancement of gender equality. Neither GBV nor violence against women is specifically mentioned but the QCPR acknowledges that gender inequality continues unabated (a perennial feature of the development landscape) and stresses the need for a stronger focus on gender equality and women's empowerment, recognizing both as crucial to any approach to sustainable development. [13]

Similarly, in April 2012, the **UN System Wide Action Plan (SWAP) on Gender Equality and the Empowerment of Women**, was published. It establishes a comprehensive UN accountability framework for gender equality and women's empowerment and responds to the need to implement a gender perspective throughout the programmes, policies and organizational practices of the UN. [14] The SWAP guides the work of UNFPA, requiring gender to be mainstreamed in programming on human rights and the eradication of violence (within and outside of humanitarian contexts) and gender equality and women's human rights to be advanced.

The above provides a snapshot of the key frameworks at global level shaping the work of the UN, and by extension, UNFPA on GBV and harmful practices.

3.2 UNFPA strategic framework and response

3.2.1 UNFPA programmatic support

The work of UNFPA on the prevention and elimination of gender-based violence and harmful practices including within humanitarian settings has been shaped by multiple frameworks. The current UNFPA Strategic Plan 2014-17 provides the framework for UNFPA work on GBV. Operationalized in its development results framework, the UNFPA strategic plan establishes accountability for results, including on GBV and harmful practices at all organizational levels.

Efforts to eradicate gender-based violence have been ongoing with strong organizational commitment (reflected in numerous strategic plans and frameworks) since at least 2008. The 2008-2011 Strategy and Framework for Action on Gender-Based Violence, [15] offers a UNFPA comprehensive strategy for action solely focused on GBV. Though it no longer formally shapes the work of UNFPA on GBV, it continues, in part, to inform UNFPA thinking and programming on the eradication of GBV in both development and humanitarian settings (indeed, several of the eight priority areas for intervention outlined in the Framework are reflected in the 2014-2017 Strategic Plan). This Framework states that GBV "constitutes an affront to the human

[13] See: http://www.un.org/esa/coordination/pdf/sg_qcpr_report_adv_unedited_version.pdf
[14] Toward this end, six key elements are outlined in the policy, with accompanying performance indicators at the process level. All UN entities are expected to complete UN SWAP reporting and, as such, are held accountable for its implementation. For more information on the UN SWAP see: http://www.unwomen.org/~/media/Headquarters/Attachments/Sections/How%20We%20Work/UNSystemCoordination/UN-SWAP-Framework-Dec-2012.pdf
[15] 2008-2011 Strategy and Framework for Action on Gender-Based Violence. See: http://www.unfpa.org/sites/default/files/pub-pdf/2009_add_gen_vio.pdf

rights of women and girls and to the achievement of internationally agreed-upon goals and commitments but also directly affects sexual and reproductive health (SRH) outcomes, thereby diminishing the effectiveness of the UNFPA-supported core programme. The framework also details the work of UNFPA in the humanitarian area, underscoring that "UNFPA humanitarian efforts [have] focused mostly on ensuring that all women, men, girls and boys have access to safe SRH services at all phases of a crisis, preventing and treating HIV, and addressing sexual and other forms of GBV."

The 2012-2013 Mid-term Review of the Strategic Plan notes that "UNFPA will continue to build national capacity to implement laws and policies that advance gender equality and reproductive rights with specific emphasis on addressing GBV, and will continue work on GBV in humanitarian settings as well as its partnership to eliminate harmful practices, including FGM."

The current UNFPA 2014-2017 Strategic Plan recognizes the impact of humanitarian contexts on GBV, noting that GBV is "significantly exacerbated in conflict and disaster contexts, where the 'peace time' risks of violence are compounded not only by the realities of armed conflict but also by displacement, breakdowns in certain social norms and more limited access to services or formal systems of protection and justice."[16] Furthermore, the Plan recognizes that "discrimination and GBV, including harmful practices, severely affect women's and girls' SRH and rights." Sexual violence and working with men and boys will be prioritized within this Strategic Plan. Further, the Plan notes that "many countries still have legal frameworks that criminalize and legally restrict reproductive rights while human rights protection systems [remain] endemically weak. [….] achievement of gender equality is constrained by challenges linked to factors such as the persistence of sociocultural dynamics, norms and values that violate reproductive rights and negatively impact SRH outcomes." [17] The mid-term review of the 2014-2017 Strategic Plan acknowledges the UNFPA efforts to scale up/strengthen a focus on gender based violence, including within humanitarian contexts and underscores the need to continue this work, "strengthening resilience across the humanitarian and development continuum."[18]

UNFPA has produced guidelines on addressing GBV and ensuring GBV programming is properly integrated in both humanitarian and development contexts. The Minimum Standards for the Prevention and Response to Gender-Based Violence in Emergencies addresses GBV in humanitarian contexts while the Essential Services for Women and Girls Subject to Violence provides guidance on the integration of GBV in development settings, focusing specifically on the health, social services, justice and policing sectors as well as in processes and the governance of coordination. [19] The Minimum Standards offer guidance for UNFPA to "deliver on its strategic objective of [scaling up its humanitarian response and enhancing its efforts to prevent and respond to gender-based violence], by providing guidelines for UNFPA staff and partners on how to prevent GBV in emergencies, and facilitate access to multi-sector response services for survivors." The Standards "provide actions that can be contextualized across all emergency situations where UNFPA operates."

[16] UNFPA Strategic Plan 2014-2017, Annex 2, Outcome Theories of Change, page 11.: http://www.unfpa.org/admin-resource/strategic-plan-2014-2017
[17] Ibid.
[18] See: https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2016&sessionType=AS
[19] See: http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence

Though it does not appear that a **definition of GBV** is included in a UNFPA strategic plan or framework, the Minimum Standards provide the following definition: "*GBV is defined as any harmful act committed against a person's will. The root causes of GBV relate to attitudes, beliefs, norms and structures that promote and / or condone gender-based discrimination and unequal power*."[20] The 2008-2011 Strategy and Framework for Action provides a **definition of violence against women** as "*any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life.*" [21]

Harmful practices – a particular form of gender-based violence – include female genital mutilation, forced and early/child marriage, and son preference. Though UNFPA has been addressing harmful practices for years, the term, as such, has only recently been included in UNFPA strategic plans – namely within the 2012 -2013 midterm review of the 2008-2013 Strategic Plan and the 2014-2017 Strategic Plan.

In terms of operationalization of the strategic plans, UNFPA has engaged in **joint programmes** and manages **trust funds** to eradicate GBV and harmful practices:

- UNFPA together with UNICEF initiated, in 2007, a **Joint Programme on Female Genital Mutilation (FGM).** The programme, the largest of its kind, aims to accelerate the abandonment of FGM. In 2014, the second phase of the Joint Programme was launched, expanding the work from 15 (phase 1 of the Joint Programme) to 17 programme countries. [22] The Joint Programme also includes a regional component, which supports efforts to eliminate FGM at the regional level (specifically within Africa and the Arab States) and at the global level.[23]
- In 2013, UN Women and UNFPA launched the **Joint Global Programme on Essential Services for Women and Girls subject to Violence**, reflecting the "unanimous support for the provision of such services" voiced at the 2013 Commission on the Status of Women.[24] Expected to run until July 2017, the Joint Programme – now a partnership between UNFPA, UN Women, UNDP, WHO, and UNODC – aims to develop a global-level framework and an internationally-defined package of guidelines for the provision of essential services for responding to needs of women and girls surviving gender-based violence.[25] The Joint Programme "identifies the essential services to be provided by the health, social services, police and justice sectors as well as guidelines for the coordination of Essential Services and the governance

[20] Note that that the Declaration on the Elimination of Violence against Women (1993) defines violence against women as "...any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."
[21] 2008-2011 Strategy and Framework for Action on Gender-Based Violence.
[22] Burkina Faso, Djibouti, Uganda, Egypt, Ethiopia, Eritrea, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Senegal, Sudan, Somalia, Nigeria and Yemen joined in 2014.
[23] For more information on the Joint Programme on FGM/C see: http://www.unfpa.org/joint-programme-female-genital-mutilationcutting and http://www.unfpa.org/female-genital-mutilation
[24] For more information on the Joint Global Programme on Essential Services for Women and Girls subject to Violence see: http://www.unwomen.org/en/news/stories/2013/12/executive-director-launches-joint-programme-on-essential-services-for-survivors
[25] See: http://endvawnow.org/en/initiatives-articles/14-essential-services-package.html

of coordination processes and mechanisms."[26] UNFPA co-leads the Joint Programme and, in this role, is focused on overall coordination and, programmatically, on SRH. [27]

- UNFPA is also involved in the **Multi-Stakeholder Joint Programme on Violence Against Women**. Through the Interagency Task Force (of which UNFPA and UN Women are co-chairs), UNFPA contributes to the implementation of the Joint Programme in 10 pilot countries. [28]
- Since 2014, UNICEF and UNFPA have worked together in 12 countries to end child marriage, though not under a common development results framework. Grounded in historical commitments, and with the view to continuing their ongoing work, **a Joint Global Programme to Accelerate Ending Child Marriage between UNFPA and UNICEF** was launched in early 2016 with the first phase running to the end of 2019. The programme, focus is on addressing the complex socio-cultural and structural factors underpinning the practice of Child Marriage, is being implemented in countries with high prevalence of child marriage.[29]

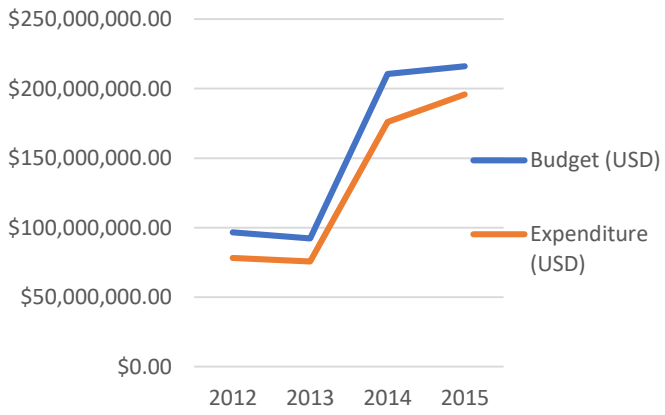
3.2.2 UNFPA financial support

For the period 2012-2015, UNFPA expenditure on the prevention, response to and elimination of GBV including harmful practices was $525,875,522.46 while the amount budgeted was $615,469,790.46.

The significant uptick seen in both the amount budgeted and spent from 2013 to 2014 reflects a sharp increase in both core (un-earmarked) and non-core (earmarked) expenditure. Un-earmarked expenditure more than doubled from 2013 to 2014. Earmarked expenditure increased in large part due to increased expenditure by OCHA, which more than tripled its contribution. The UNFPA-UNICEF Joint Programme on Female Genital Mutilation, a source of consistently high funding, increased expenditure slightly, as well.

Figure 1: Budget and Expenditure (2012-15)

Year	Budget (USD)	Expenditure (USD)	Fund Execution Rate
2012	$96,560,697.26	$78,235,351.85	81.0
2013	$92,343,078.22	$75,759,127.27	82.0
2014	$210,588,551.02	$176,031,310.89	83.6
2015	$215,977,463.96	$195,849,732.45	90.7
Total	**$615,469,790.46**	**$525,875,522.46**	**85.4**



[26] See: http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence
[27] Tunisia, Mozambique, Peru and Guatemala are expected to be the pilot countries.
[28] Burkina Faso, Chile, Fiji, Jamaica, Jordan, Kyrgyzstan, Paraguay, Philippines, Rwanda and Yemen. See: http://www.un.org/womenwatch/ianwge/taskforces/vaw/joint_programming_initiative.pdf
[29] Specifically, the programme will focus on: Ethiopia, Mozambique, Uganda and Zambia (in Eastern and Southern Africa); Burkina Faso, Ghana, Niger, Sierra Leone (in Western and Central Africa); in South Asia, the JP will focus on Bangladesh, India, and Nepal; and, in the Arab States, the programme will be implemented in Yemen.

Figure 2: Un-earmarked and earmarked funds (2012-15)

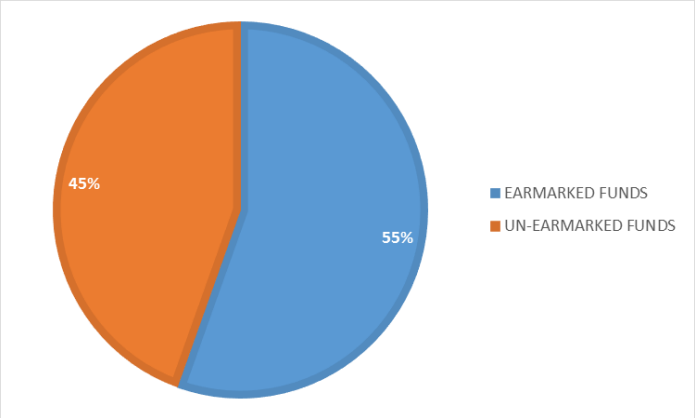


Figure 2 offers a breakdown of funding by **type of resource**: un-earmarked and earmarked. The majority (55%) of funding for GBV work has come from earmarked funds. Within the earmarked funding, the **top three funders** are pooled funds – funding sources comprised of multiple donors. The UNFPA/UNICEF Joint Programme on FGM contributed the most non-core funding followed by the UNDP administered Multi Partner Trust Fund Office, and by the UN Office for the Coordination of Humanitarian Affairs (OCHA). Bilateral contributions were also significant, including from the United States and the European Commission.

Figure 3: Earmarked funds: Top 10 donors by expenditure on work addressing GBV (2012-15)

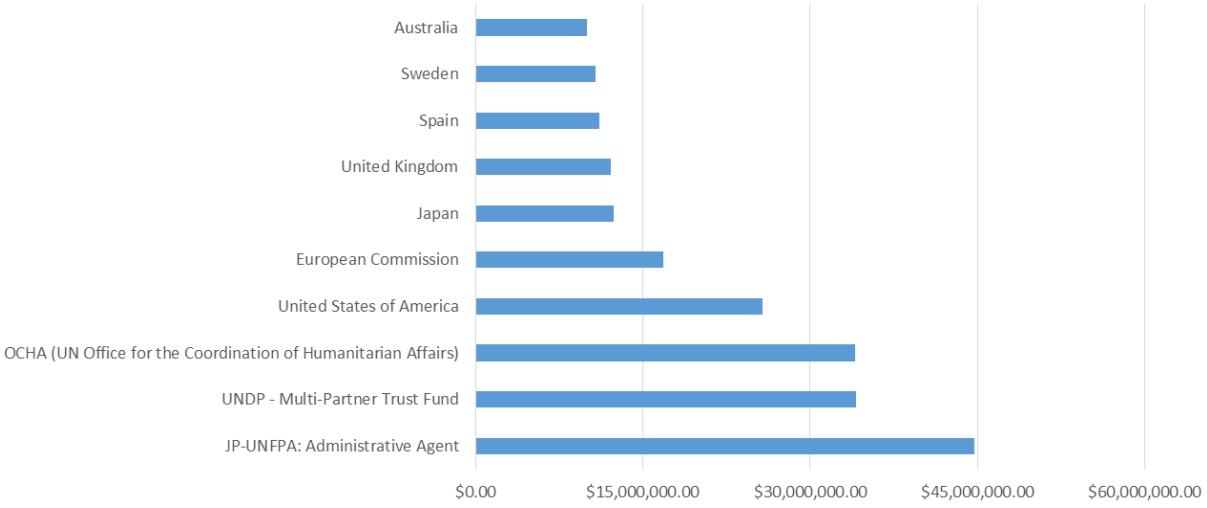


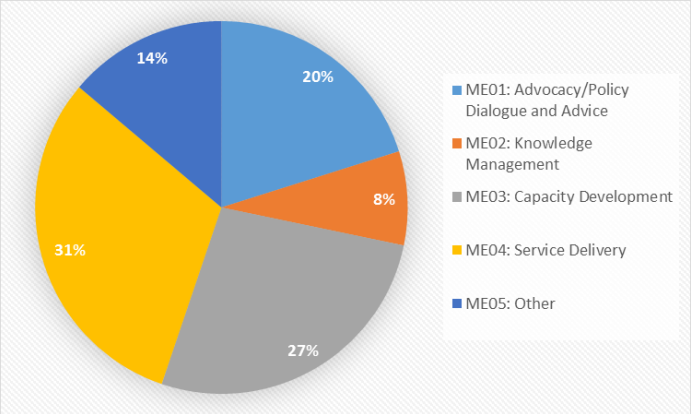
Figure 4 captures the **top 15 country offices** by expenditure. UNFPA Syria spent the most on GBV programming, with $21,993,206.50 in expenditure. Iraq and Uganda followed closely behind.

Figure 4: Top 15 Country Offices by expenditure on work addressing GBV (2012-15)

Country Office	Region	Quadrant	Earmarked	Un-earmarked	Total Expenditure
Syria	Arab States	Yellow	$19,450,053.25	$2,543,153.25	$21,993,206.50
Iraq	Arab States	Yellow	$18,703,232.21	$1,855,660.13	$20,558,892.34
Uganda	East & South Africa Region	Red	$14,196,760.08	$3,058,254.02	$17,255,014.10
South Sudan	East & South Africa Region	Red	$11,133,229.41	$5,277,404.02	$16,410,633.43
Ethiopia	East & South Africa Region	Red	$10,448,259.01	$3,360,740.63	$13,808,999.64
Sudan	Arab States	Red	$10,646,350.14	$2,014,605.93	$12,660,956.07
Malawi	East & South Africa Region	Red	$11,109,094.23	$1,529,025.30	$12,638,119.53
DRC	East & South Africa Region	Red	$7,498,553.47	$4,549,520.34	$12,048,073.81
Jordan	Arab States	Pink	$10,517,486.85	$1,211,701.50	$11,729,188.35
Afghanistan	Eastern Europe and Central Asia	Red	$7,243,149.46	$4,389,605.70	$11,632,755.16
Philippines	Asia Pacific	Orange	$6,602,385.49	$4,620,336.65	$11,222,722.14
Somalia	Arab States	Red	$7,533,689.98	$3,458,336.84	$10,992,026.82
Bangladesh	Asia Pacific	Red	$5,401,237.57	$5,321,149.70	$10,722,387.27
Nigeria	Western and Central Africa Region	Red	$5,535,421.06	$4,511,604.92	$10,047,025.98
Sierra Leone	Western and Central Africa Region	Red	$8,646,967.38	$757,883.44	$9,404,850.82

The 2014-2017 UNFPA Strategic Plan, formally introduced the modes of engagement and country quadrants (see table 2). A modality of support or mode of engagement is a particular combination of intervention strategies adopted by UNFPA in its programmatic support.

Figure 5: Percentage of expenditure by modes of engagement on work addressing GBV (2014 – 2015)



These include: advocacy and policy dialogue and advice, capacity development and technical assistance, service delivery and procurement, and knowledge management. The mode(s) of engagement are selected based on a country's need and ability to finance.[30] Figure 5 and Table 1 detail information on expenditure on GBV related activities by mode of engagement from 2014 to 2015. As shown in the graph, the majority of expenditure falls under service delivery and capacity development.

[30] According to the 2014-2017 Strategic Plan, ability to finance is determined by gross national income per capita (as reported by the World Bank), using an average figure over the preceding three years. The need score is based on the following criteria: Proportion of births attended by skilled health personnel; 2) Contraceptive prevalence rate (modern methods only); Adult HIV prevalence; Adolescent fertility rate; Under-five mortality rate; Maternal mortality ratio; Literacy rate among 15–24 year-old females; Proportion of population aged 10-24 years.

Table 1: Expenditure by mode of engagement on work addressing GBV (2014 –2015)

Mode of Engagement	Expenditure (USD)
ME01: Advocacy/Policy Dialogue and Advice	$74,851,887.92
ME02: Knowledge Management	$30,276,820.38
ME03: Capacity Development	$100,164,139.77
ME04: Service Delivery	$115,119,673.27
ME05: Other	$51,468,522.00
Grand Total	**$371,881,043.34**

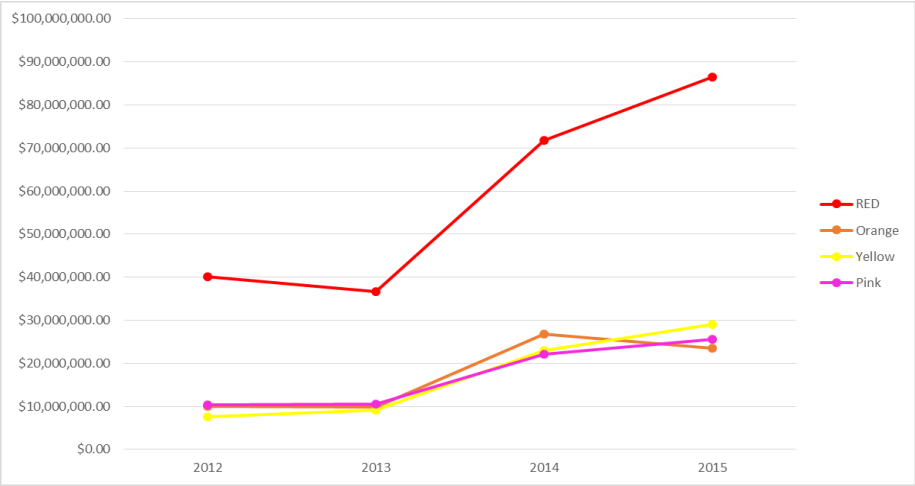
Table 2 shows UNFPA country classification system which categorizes countries based on need and ability to finance.

Table 2: UNFPA country quadrants — modes of engagement by setting

Ability to finance	*Need* Highest	High	Medium	Low
Low	Advocacy and policy dialogue/advice, knowledge management, capacity development, service delivery	Advocacy and policy dialogue/advice, knowledge management, capacity development, service delivery	Advocacy and policy dialogue/advice, knowledge management, capacity development	Advocacy and policy dialogue/advice, knowledge management
Lower-middle	Advocacy and policy dialogue/advice, knowledge management, capacity development, service delivery	Advocacy and policy dialogue/advice, knowledge management, capacity development	Advocacy and policy dialogue/advice, knowledge management	Advocacy and policy dialogue/advice
Upper-middle	Advocacy and policy dialogue/advice, knowledge management, capacity development	Advocacy and policy dialogue/advice, knowledge management	Advocacy and policy dialogue/advice	Advocacy and policy dialogue/advice *
High	Advocacy and policy dialogue/advice *	Advocacy and policy dialogue/advice *	Advocacy and policy dialogue/advice *	Advocacy and policy dialogue/advice *

Note:* Physical presence only in select countries

Figure 6: Expenditure by country quadrant on work addressing GBV (2012 –2015)



Over time and on the whole, GBV related expenditure was the highest in the red quadrant, with $235,040,379.63 spent from 2012 to 2015. This is in line with expectations, as the red quadrant is comprised of countries with high unmet need and low ability to finance, requiring larger UNFPA investment. The orange quadrant registered the second highest expenditure with countries in the yellow quadrant following

behind. The pink quadrant had the lowest level of expenditure, as countries in the pink quadrant have, on the whole, the highest ability to finance and the lowest need (see figure 6).

Figure 7: Total expenditure at country office level grouped by region on work addressing GBV (2012 –2015)

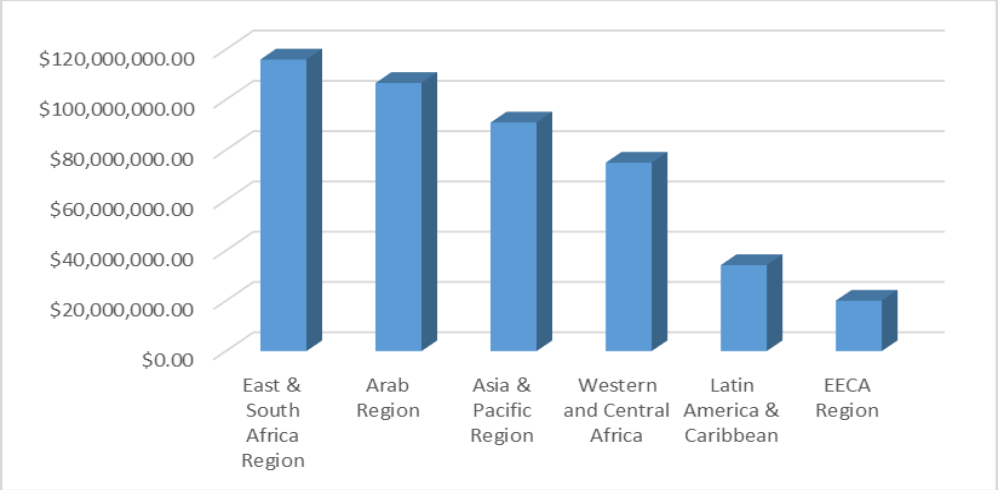


Figure 7 details total expenditure by country offices grouped by region. On the whole, country offices in the Eastern and Southern Africa region had the highest expenditure on GBV related activities, followed by country offices in the Arab region.

Table 3 details **expenditure at the regional level**, capturing expenditure by both regional offices and sub-regional offices (where they exist). Total expenditure across all regions equalled $42,058,177.59, with expenditure varying across regional programmes. On aggregate, regional expenditure was highest in Asia and the Pacific, with the regional and sub-regional offices spending a total of $12,157,915.25. Latin America and the Caribbean followed behind, with expenditure totalling $8,803,218.90. The Arab region spent the third highest amount, while the regional office in Eastern Europe and Central Asia spent the fourth largest sum. Finally, Western and Central Africa and Eastern and Southern Africa had the lowest, on the whole, expenditure respectively.

Table 3: Expenditure by Regional Programme on work addressing GBV (2012 – 2015)

	2012	2013	2014	2015	Grand Total
Arab Region	**$452,658.86**	**$524,711.47**	**$2,526,770.20**	**$2,646,249.68**	**$6,150,390.21**
Arab States Reg. Office/Cairo	$452,658.86	$524,711.47	$2,526,770.20	$2,646,249.68	$6,150,390.21
Asia & Pacific Region	**$2,316,982.60**	**$2,257,521.79**	**$3,525,218.75**	**$4,058,192.11**	**$12,157,915.25**
Regional Office/Bangkok	$1,158,451.99	$687,518.12	$1,222,284.74	$2,557,044.25	$5,625,299.10
Sub-Regional Office/Suva	$1,158,530.61	$1,570,006.96	$2,302,934.01	$1,501,147.86	$6,532,619.44
East & South Africa Region	**$1,121,872.18**	**$533,484.97**	**$1,387,918.92**	**$1,135,824.74**	**$4,179,100.81**
Regional Office/E&SA Region	$719,553.10	$529,890.28	$1,387,918.92	$1,135,824.74	$3,773,187.04
Sub-Regional Office/Jo'Burg	$402,319.08	$3,594.69			$405,913.77
EECA Region	**$578,834.38**	**$603,424.56**	**$2,218,296.69**	**$2,636,739.02**	**$6,037,294.65**
EECA Reg. Office/Istanbul	$578,834.38	$603,424.56	$2,218,296.69	$2,636,739.02	$6,037,294.65
Latin America & Caribbean	**$2,211,833.67**	**$1,387,715.88**	**$2,456,009.07**	**$2,747,660.28**	**$8,803,218.90**
Regional Office/Panama City	$1,752,849.17	$995,471.38	$2,232,754.48	$2,114,412.19	$7,095,487.22
Sub-Regional Office/Kingston	$458,984.50	$392,244.50	$223,254.59	$633,248.09	$1,254,532.75

Western and Central Africa	**$131,511.78**	**$367,664.83**	**$2,272,194.74**	**$1,958,886.42**	**$4,730,257.77**
Regional Office/W&CA Region	$131,511.78	$367,664.83	$2,272,194.74	$1,958,886.42	$4,730,257.77
Grand Total	**$6,813,693.47**	**$5,674,523.50**	**$14,386,408.37**	**$15,183,552.25**	**$42,058,177.59**

Figure 8: Expenditure on work addressing GBV as percentage of total UNFPA expenditure 2012 to 2015

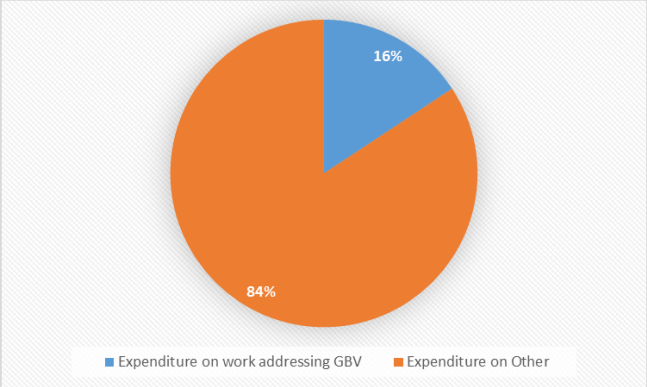


Figure 8 details expenditure on work addressing GBV as a percentage of total UNFPA expenditure. UNFPA expenditure on GBV work comprised 16% of total UNFPA expenditure from 2012 to 2015, with UNFPA expenditure on work addressing GBV totalling $525,875,522.84 and total UNFPA expenditure (across headquarters, regional and country offices) at $3,345,111,992.49.

4. Evaluation purpose, objectives and scope

4.1 Purpose and objectives

The purpose of the evaluation is to assess the UNFPA support to the prevention, response to and elimination of GBV, including harmful practices, within both development and humanitarian settings. The evaluation provides an opportunity to ensure accountability to partner countries, donors and other key stakeholders as well as to the UNFPA Executive Board on performance against the current and past strategic plans.

The evaluation will be forward-looking and strategic in nature and will aim to inform the next strategic planning cycle including the strategic direction, gaps and opportunities for UNFPA work in addressing gender-based violence and harmful practices. Finally, the evaluation will also provide input to inform the strategic positioning of UNFPA in this area of work, reflecting the changing development environment and alignment with the 2030 development agenda.

The primary objectives of the evaluation are:

1. To assess the relevance, effectiveness, efficiency, and sustainability of the UNFPA support to the prevention, response to and elimination of GBV and harmful practices including in humanitarian settings;
2. To assess the extent to which UNFPA has effectively positioned itself as a key player among national partners, within the UN system and the broader development community in this area of work;
3. To identify lessons learned, capture good practices and generate knowledge from past and current cooperation, to inform the implementation of the next Strategic Plan (2018-2021).

4.2 Scope

The evaluation will cover the implementation and the results of the UNFPA support during the period 2012-2017 June. With regards to the thematic scope, the evaluation will cover all activities planned and/or implemented during the period under evaluation in both development and humanitarian settings, as well as in contexts that move between both (i.e. reflect a development-humanitarian continuum).

The evaluation will assess:

- the relevance of UNFPA support for the period under evaluation;
- the coherence between GBV programming and implementation across settings (humanitarian and development) under each strategic planning cycle;
- the use of a development-humanitarian continuum approach, examining if and how UNFPA has effectively integrated GBV programming across settings.

The evaluation will focus primarily on the contribution to outputs and progress towards outcomes in the respective results frameworks presented below:[31]

Though outside of the temporal scope, the evaluation will also consider the UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011, as it is a key framework that shaped UNFPA work and continues to impact current thinking and programming.

The evaluation will cover interventions directly relevant to the scope of this exercise financed from core and non-core resources as well as "in kind" or arrangements of south-south cooperation that did not include any funding from UNFPA. Relevant activities undertaken by other partners (e.g. UN Women, UNICEF and UNDP) active in the field of GBV will be looked at under the angle of coordination and partnerships, but will not be formally assessed.

The geographical scope of the evaluation will include countries in UNFPA six regions of operation: (i) Western and Central Africa; (ii) Eastern and Southern Africa; (iii) Asia and the Pacific; (iv) Arab States; (v) Eastern Europe and Central Asia and (vi) Latin America and the Caribbean.

[31] For further information on the strategic plans and frameworks please consult Annex 6.

UNFPA STRATEGIC PLAN DEVELOPMENT RESULTS FRAMEWORK 2012-2013		
Outcome	**Output**	**Indicators**
Outcome 5: Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy	13. Strengthened national capacity for addressing **gender-based violence (GBV)** and provision of quality services, including in humanitarian settings	13.1 Number (and percentage) of countries supported by UNFPA to **develop GBV** (including female genital mutilation) policy and programmatic responses.
		13.2 Number of persons trained through UNFPA support in programming for **GBV in humanitarian settings**
		13.3 Number of communities supported by UNFPA that declare the abandonment of **female genital mutilation/cutting**

UNFPA STRATEGIC PLAN DEVELOPMENT RESULTS FRAMEWORK 2014-2017		
Outcome	**Output**	**Indicators**
Outcome 1: Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access	Output 5: Increased national capacity to provide sexual and reproductive health services in humanitarian settings	5.2: Number of countries that have humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women, adolescents and youth including services for survivors of **sexual violence in crises**
Outcome 2: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health	Output 8: Increased capacity of partners to design and implement comprehensive programmes to reach marginalized **adolescent girls including those at risk of child marriage**	8.1: Number of countries that have health, social and economic asset-building programmes **that reach out adolescent girls at risk of child marriage**
Outcome 3: Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth	Output 9: Strengthened international and national protection systems for advancing reproductive rights, promoting gender equality and non-discrimination and **addressing gender-based violence**	
	Output 10: **Increased capacity to prevent gender-based violence** and harmful practices and **enable** the delivery of multisectoral services, including in humanitarian settings	10.1: Number of countries with **gender-based violence prevention**, protection and response integrated into national SRH programmes

UNFPA STRATEGIC PLAN DEVELOPMENT RESULTS FRAMEWORK 2014-2017		
Outcome	**Output**	**Indicators**
		10.2: Percentage of countries affected by a humanitarian crisis that have a **functioning inter-agency gender-based violence coordination body** as a result of UNFPA guidance and leadership
		10.3: Number of communities supported by UNFPA that declare the abandonment of **female genital mutilation**
	Output 11: Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment, and address discrimination, including of marginalized and vulnerable groups, people living with HIV and key populations	11.2: Number of countries in which civil society organizations have supported the institutionalization of programmes to **engage men and boys on gender equality (including gender-based violence)**, sexual and reproductive health and reproductive rights
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	Output 13: Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication and sustainable development	13.3: Number of countries in which the national statistical authorities have institutional capacity to analyse and use disaggregated data on a) adolescents and youth and **b) gender-based violence**

5. Evaluation criteria and indicative areas for investigation

The evaluation will be informed by criteria endorsed by the OECD-DAC.

Relevance	to national needs, the needs of affected populations, government priorities and UNFPA policies and strategies, and how they address different and changing national contexts
Effectiveness	the extent to which intended results were achieved
Efficiency	in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results; how well inputs were combined
Sustainability	the extent to which the benefits from UNFPA support are likely to continue, after it has been completed

The evaluation criteria have been translated into indicative areas for investigation (see table 4). These will be used as a starting point for developing the specific set of evaluation questions, assumptions and respective indicators. The indicative areas for investigation are intended to give a more precise form to the evaluation criteria and to articulate the key areas of interest that have emerged from document review and data analysis as well as from consultations with stakeholders, thereby optimizing utility of the evaluation.

The indicative areas for investigation will be further consolidated and refined within the inception report (when the evaluation team will have a clearer understanding of data availability and methodological feasibility and evaluability). Following broader consultations and detailed documentary review, the final evaluation questions will be agreed upon by the evaluation reference group.

Table 4. Indicative areas for investigation

Areas for investigation	Evaluation criteria
1. The extent to which UNFPA support is aligned with and responds to partner government priorities, national needs and the needs of affected populations on preventing, responding to and eradicating GBV including harmful practices on the one hand, and UNFPA policies and strategies on the other.	Relevance
2. The extent to which UNFPA programming on GBV adopts a continuum approach – that is, that programming to prevent, respond to and eliminate GBV is systematically integrated across development, humanitarian and post-conflict settings.	Relevance and Effectiveness
3. The extent to which available resources (financial, human, time, management and administrative) were adequate, made available in a timely manner and used to achieve planned results; UNFPA has utilized synergies at country, regional and global	Efficiency

levels, including UNFPA coordination role within the UN system and partners, to support the prevention, response to and elimination of GBV including harmful practices across different settings.	
4. The extent to which UNFPA has contributed to strengthening national policies and legislative frameworks on the prevention, response to and eradication of GBV through integration of evidence-based analysis on GBV related issues.	Effectiveness
5. The extent to which UNFPA has contributed to enabling the provision of multisectoral services for addressing GBV including harmful practices in both development and humanitarian settings.	Effectiveness
6. The extent to which UNFPA has contributed (or is likely to contribute) to sustainably strengthening national capacities for preventing and eradicating GBV and harmful practices, including within humanitarian settings.	Effectiveness and Sustainability
7. The extent to which UNFPA has partnered with civil society organizations to prevent, respond to and eliminate GBV, including support to the institutionalization of programmes to engage men and boys in addressing GBV related issues.	Effectiveness

6. Evaluation methodology and approach

The evaluation will be **transparent, inclusive, and participatory, as well as gender and human rights responsive**. The evaluation will utilize mixed methods and draw on quantitative and qualitative data. These complementary approaches will be deployed to ensure that the evaluation:

a) responds to the needs of users and their intended use of the evaluation results;

b) integrates gender and human rights principles throughout the evaluation process including participation and consultation of key stakeholders to the extent possible;[32]

c) provides credible information about the extent to which UNFPA support targeted and benefited particular groups of stakeholders, especially vulnerable and marginalized groups.

The evaluation will follow the guidance on the integration of gender equality and human rights principles in the evaluation focus and process as established in the UNEG Handbook, Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. The evaluation will follow UNEG Norms and Standards for Evaluation in the UN system and abide by UNEG Ethical Guidelines and Code of Conduct and any other relevant ethical codes.

The evaluation will utilise a **theory of change approach** to the evaluation of UNFPA support to the prevention, response to and elimination of gender-based violence, including harmful practices. A theory of

[32] See UNEG Handbook on *Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance.*

change will make explicit the intended casual links between observed phenomena and UNFPA contribution toward that end—the inputs, the intended outputs and contribution toward outcomes, and the contextual factors that may have had an effect on UNFPA support and its potential to bring about desired outcomes will be outlined.

The evaluation team will design evaluation methods and tools that will allow the evaluation to answer the questions and to come up with an overall assessment backed by clear evidence. The methodological design will include: an analytical framework; a strategy for collecting and analysing data; a series of specifically designed tools; and a detailed work plan.

The evaluation team will propose a provisional methodological approach within the bid (technical offer). The main elements of the methodology will be further developed during inception phase in line with the evaluation questions and related analytical framework. The methodological approach will outline, inter alia, data collection methods.

These should include the following:

Documentary review and secondary data: A preliminary list of relevant documentation (together with electronic copies) including key documents related to UNFPA activities, reports from other stakeholders and existing literature in the theme has been prepared by the Evaluation Office (see selected bibliography in annex).

A full set of available documents will be shared with the evaluation team during the inception phase. This will include global/regional-level resources that available in headquarters such as strategic documents, annual reports, preliminary portfolio review containing financial information, thematic papers, related studies, evaluations, etc.

Previous thematic, country, or programme evaluations, reviews, audits and assessments carried out by UNFPA and key partners should be used to inform the exercise. The evaluators will also take into account documentation produced by other donors, experts, and international institutions. In addition, evaluators will be responsible for identifying and researching further information (both qualitative and quantitative) at global, regional and country levels. The available documentation will be reviewed and analysed during the inception phase to determine the need for additional information and finalisation of the detailed evaluation methodology.

Interviews with key informants: Interviews will be conducted by the evaluation team. Key staff from programme countries and global/regional advisors/experts will be interviewed during the inception phase. During the data collection phase, interviews will be conducted with international and national experts and staff. Additional interviews will be conducted with policy makers and actors in the field of GBV related work in programme countries as well as with beneficiaries. Interviews will also be held with staff of other agencies that contribute to and partner in UNFPA GBV related interventions at global and/or national levels, such as UNICEF and UN Women, etc.

Group interviews and focus groups: with selected UNFPA staff, implementing partners, beneficiaries and decision/policy makers as well as other actors in the field of GBV related work. The specific plans for focus group discussions will be developed during the inception phase. When organising focus group discussions and interviews, attention will be given to ensure gender balance, geographic distribution, cultural sensitivity and representation of the stakeholders at all levels.

Survey: An internet-based survey to assess achievements, adequacy of guidance and technical support, challenges and needs, etc. will be designed and implemented to generate additional information from a sample of programme countries for the evaluation. The justification, scope and timing of such a survey will be provided in the inception report.

Country and regional case studies*:* in addition to the assessment of the global support case studies will be conducted. The prime aim of the case studies is to inform and provide inputs to the thematic evaluation report. Case studies have been selected through a ***purposive sampling*** strategy, using a series of criteria that aim to account for contextual factors influencing the contribution of UNFPA to the prevention, response to and eradication of gender-based violence and harmful practices (see annex 8 for the indicators matrix). The ***illustrative*** sample, will offer a comprehensive and nuanced picture of UNFPA contribution over time and in different contexts. Moreover, the sample will allow for testing of the theory of change, provide examples of externalities and risks (and, concomitantly, how they can be addressed), and complement information collected through other sources.

Sampling resulted in the selection of:

- four country case studies (including 4 missions – see table 5)
- eight country desk-based case studies and
- two regional case studies (including 2 missions – see table 5)

The field and desk studies will provide a more in-depth view of the type of programming implemented by UNFPA to advance the prevention and eradication of GBV, and highlight successes as well as challenges faced. Regional case studies will aim to shed light on the regionalization process, the range of work implemented by regional offices, as well as the manner in which regional (and where they exist sub-regional offices) support country offices' ability to implement their plans, through technical assistance, capacity building and coordination. The criteria to select the case studies were identified by the UNFPA EO in consultation with other business units. For further details on sampling criteria and rational please see annexes 7 and 8.

Table 5. Results of the sampling: in-country and regional case studies (with field visits):

Regions	In-country case study	Regional Case studies
Western and Central Africa	Central African Republic	
Eastern and Southern Africa	Uganda	
Asia and the Pacific	India	Regional Office Thailand (Bangkok)
Eastern Europe and Central Asia*	No field case study	Regional Office (Istanbul)
Arab States*	No field case study	
Latin America and the Caribbean	Guatemala	

*Eastern Europe and Central Asia and the Arab states will be covered as a desk-based case study

In addition to in-country cases studies the evaluation will also undertake eight country desk-based case

studies. For details on the selection of and rationale for the desk-based case studies see annex 7. The extended desk-based case studies will provide an additional opportunity to further delve into the contribution of UNFPA in particular support settings. The assessment in these eight countries will involve studying documentation and conducting remote semi-structured interviews. The desk reviews will result in the production of eight country evidence tables (internal working documents).

7. Evaluation process

The evaluation shall consist of 5 phases, subdivided in subsequent methodological stages and related deliverables:

The stages and deliverables for which the contribution of the team is requested are indicated in bold.

Evaluation Phases	Methodological Stages	Deliverables
1. Preparatory	• Drafting of terms of reference • Setting-up of reference group • Recruiting the team	- Final terms of reference (UNFPA Evaluation Office)
2. Inception	• Structuring of the evaluation	- **Inception report**
3. Data collection and field	• Data collection, verification of hypotheses	- **Presentation of the results of data collection**
4. Reporting	• Analysis • Judgments on findings • Recommendations	- **4 country case study notes** - **2 regional case study notes** - **Thematic evaluation report**
5. Dissemination	• Dissemination events	- **Evaluation briefs** (English, French and Spanish) - **Power Point presentation of the evaluation results**

1. Preparatory phase

The EO evaluation manager leads the preparatory work. This phase includes: the initial documentation review; the drafting of terms of reference for the evaluation; the selection and recruitment of the external evaluation team; the constitution of an evaluation reference group.

2. Inception phase

The evaluation team will conduct the design of the evaluation in consultation with the EO evaluation manager. This phase includes:

- a **documentary review** of all relevant documents available at UNFPA headquarters, regional office and country office levels
- **a stakeholder mapping** – The evaluation team will prepare a mapping of stakeholders relevant to the evaluation indicating the relationships between different sets of stakeholders;
- a reconstruction of the **intervention logic** of the UNFPA support, i.e. the theory of change meant to lead from planned activities to the intended results of the UNFPA support;
- the **development of the list of evaluation questions**, the identification of the assumptions to be assessed and the respective indicators, sources of information and methods and tools for the data collection (see annex 5- evaluation matrix);
- the development of a **data collection and analysis strategy** as well as a concrete workplan for the field and reporting phases.
- the **pilot mission** (max **15 working days)** case study to test and validate core features such as the evaluation matrix (in particular the evaluation questions, assumptions and indicators) and tools in addition to collecting and analysing the data required in order to answer the evaluation questions as agreed upon at the design phase.

The output of this phase is the **inception report**, which will display the results of the above-listed steps and tasks. The evaluation team will present it to the reference group. The inception report shall be considered final upon approval by the evaluation manager.

The inception report will follow the structure set out in Annex 1.I

3. Data collection and field phase

The data collection and field phase, will open with an **induction workshop (2.5 working days)** bringing together the evaluation team and the evaluation manager to prepare for the data collection and field phase.

During this phase, the evaluation team will conduct:

- an in-depth documentary review, including the 8 extended desk review country case studies,
- Interviews at global and regional levels,
- a survey,
- field work in 4 countries (including the pilot mission to India),
- missions to 2 regional offices.

With the exception of the pilot mission which will last 15 working days, each **in-country mission** will last a minimum of **10 working days; missions to each regional office will last 5 working days.** At the end of each mission, the evaluation team will provide the country/regional office with a **debriefing presentation** on the preliminary results of the case study, with a view to validating preliminary findings and testing tentative considerations to feed in the thematic evaluation report

The evaluation team will present the **results of the data collection** including the case study findings, the results of the survey, desk review results as well as interviews at regional and global levels to the evaluation reference group.

For each country/regional case study, the evaluation team will proceed to prepare a **case study note** (six in total). These notes will be annexed to the final report.

The country case study notes will follow the structure set out in Annex 1.II.

4. Reporting phase

The reporting phase will open with a **two-day analysis workshop** bringing together the evaluation team and the evaluation manager to discuss the results of the data collection. The purpose of this analysis workshop is to generate substantive and meaningful comparison between the different case studies. The objective is to help the various team members to deepen their analysis with a view to identifying the evaluation's findings, main conclusions and related recommendations. The evaluation team then proceeds with the drafting of the findings of the report. Prior to the submission the first draft final evaluation report, another team workshop will be organized to discuss and agree on the conclusions and recommendations.

This **first draft final report** will be submitted to the evaluation manager for comments. The evaluation manager will control the quality of the submitted draft report. If the quality of the draft report is satisfactory (form and substance), the manager will circulate it to the reference group members. In the event that the quality is unsatisfactory, the evaluators will be required to produce a new version of the draft report.

The report will be presented by the evaluation team during a meeting with the reference group. On the basis of the comments expressed, the evaluation team should make appropriate amendments and submit the final report. For all comments, the evaluation team will indicate how they have responded in writing ("trail of comments").

The **final report** will be drafted shortly after the evaluation reference group taking into account comments made by the participants.

The final report should clearly account for the strength of evidences on which findings are made so as to support the reliability and validity of the evaluation. The report should reflect a rigorous, methodical and thoughtful approach. Conclusions and recommendations should build upon findings.

The report is considered final once it is formally approved by the evaluation manager in consultation with the reference group.

The final report will follow the structure set out in Annex 1.III.

5. Dissemination

The **evaluation report** and the **evaluation brief** (in English, French and Spanish) along with the management response, will be published on the UNFPA evaluation webpage.

The evaluation team will assist the evaluation manager in dissemination activities. In coordination with the evaluation manager, they shall present the results and recommendations of the evaluation on a **stakeholder workshop** to be held at UNFPA headquarters in New York.

The thematic evaluation report will also be presented to the June 2018 **UNFPA Executive Board** session and will be widely distributed within and outside the organization.

8. Management and governance of the evaluation

The responsibility for the management and supervision of the evaluation will rest with the EO evaluation manager. The **EO evaluation manager and team member** will have overall responsibility for the management of the evaluation process, including hiring and managing the team of external consultants. The evaluation manager is responsible for ensuring the quality and independence of the evaluation (in line with UNEG Norms and Standards and Ethical Guidelines – see Annex 3). The main responsibilities of the evaluation manager are:

- prepare the terms of reference
- lead the hiring of the team of external consultants, reviewing proposals and approving the selection of the evaluation team
- chair the reference group and convene review meetings with the evaluation team
- supervise and guide the evaluation team all through the evaluation process
- participate in the data collection process (conduct interviews, facilitate group discussions and focus groups) both at inception and data collection phases including in field missions.
- review, provide substantive comments and approve the inception report, including the work plan, analytical framework, methodology, and selection of countries for in-depth case studies
- review and provide substantive feedback on the country notes, as well as draft and final evaluation reports, for quality assurance purposes
- approve the final evaluation report
- disseminate the evaluation results and contribute to learning and knowledge sharing at UNFPA

The evaluation manager will be supported by a **research assistant.** Under the guidance of the evaluation manager, the researcher will carry out selected analytical work on:

- an initial literature review
- the portfolio of UNFPA interventions including a financial analysis
- the preliminary review of the portfolios of the specific countries identified for desk or field case studies

The researcher will also set up, populate and maintain a dedicated google box site to share the collected data with the evaluation team.

The progress of the evaluation will also be followed closely by the **evaluation reference group** consisting of members of UNFPA services who are directly interested in the results of this thematic evaluation. The reference group will support the evaluation at key moments of the evaluation process. Staff from UNFPA relevant units will be represented in the reference group. They will provide substantive technical inputs, will facilitate access to documents and informants, and will ensure the high technical quality of the evaluation products. The main responsibilities of the reference group are to:

- contribute to the preparation and scoping of the evaluation including the finalization of the evaluation questions and the selection of countries for case studies
- provide feedback and comments on the inception report as well as country notes, and on the overall technical quality of the work of the consultants
- provide comments and substantive feedback from a technical expert perspective on the draft and final evaluation reports
- act as the interface between the evaluators and the UNFPA services (in headquarters, regional and country offices), notably to facilitate access to informants and documentation
- assist in identifying external stakeholders to be consulted during the evaluation process

- participate in review meetings with the evaluation team as required
- play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the results of the evaluation as well as to the completion and follow-up of the management response

9. Quality assurance

Since the evaluation team is expected to be hired through a company, the latter will conduct quality control of all outputs prior to submission to the EO evaluation manager. They will be expected to dedicate specific resources to quality assurance efforts, and must consider all time, resources, and costs related to this function in their technical and financial bid. The bidder must set out the quality assurance mechanisms which will be applied throughout the evaluation process as part of the technical offer.

UNFPA Evaluation Office quality assurance system, based on the UNEG norms and standards and good practices of the international evaluation community, defines the quality standards expected from this evaluation. The Evaluation Office recommends that the evaluation quality assessment checklist (see below) is used as an element of the proposed quality assurance system for the draft and final versions of the thematic evaluation report. The main purpose of this checklist is to ensure that the thematic evaluation report complies with evaluation professional standards.

Evaluation quality assessment checklist:

1. Structure and Clarity of the Report To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.
2. Executive Summary To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.
3. Design and Methodology To provide a clear explanation of the methods and tools used including the rationale for the methodological choice justified. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)
4. Reliability of Data To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.
5. Findings and Analysis To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.
6. Validity of conclusions To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritised and clustered and include: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion.
7. Usefulness and clarity of recommendations To ensure recommendations flow logically from conclusions; are targeted, realistic and operationally-feasible; and are presented in priority order. Recommendations include: Summary; Priority level (very high/high/medium);

Target (administrative unit(s) to which the recommendation is addressed); Origin (which conclusion(s) the recommendation is based on); Operational implications.
8. SWAP - Gender To ensure the evaluation approach is aligned with the SWAP.

Levels of quality assurance:

- The first level of quality assurance of all evaluation deliverables will be conducted by the **contractor** prior to submitting the deliverables to the review of the EO evaluation manager.
- The second level of quality assurance of the evaluation deliverables will be conducted by the EO evaluation manager.
- The third level of quality assurance will be conducted by an external evaluation advisory panel. This panel will provide methodological advice on the draft inception report and draft thematic evaluation report.
- The Director of the Evaluation Office maintains an oversight and quality assurance of the final thematic evaluation report.

Finally, the thematic evaluation report will be subject to assessment by an independent evaluation quality assessment provider using an evaluation quality assessment grid (see annex 5). The evaluation quality assessment grid will be published along with the evaluation report on the Evaluation Office website.

10. Indicative time schedule

The evaluation will be conducted from January 2017 until June 2018.

Phase	Task	Location	Date
Inception	First Draft Inception Report		Jan 2017
	First Evaluation Reference Group Meeting + followed by meetings/interviews in HQ	New York 3 working days (team leader)	January
	Pilot mission	India 3 weeks – 15 working days)	March 2017
	Submission of Final Inception Report + final India country case study note		April
	Evaluation Team Induction Workshop with Evaluation Manager (preparation for the field phase)	New York (or other location could be proposed by the bidder) 2.5 working days (core evaluation team members)	May
Field Mission s and	Data collection and extended desk review A. Documentary Review		June - November

Phase	Task	Location	Date
	B. Survey(s) C. Cyber search D. Remote interviews (country, regional and global stakeholders)		
	5 Field missions (2 Regional Offices; 3 Countries)	Istanbul - 5 working days Bangkok - 5 working days Guatemala – 10 working days Central Africa Republic - 10 working days Uganda - 10 working days	July - Nov
	Submission of 3 draft country case study notes Submission of 2 draft regional case study notes		March - December
	Submission of 3 final country case notes Submission of 2 final regional case notes		March - December
	Second Evaluation Reference Group Meeting Followed by an Evaluation Team Analysis Workshop with Evaluation Manager (in preparation for the analysis and reporting phase)	New York 4 working days (core evaluation team members)	December
Reporting	First Draft evaluation report (no conclusions or recommendations)		December
	Evaluation Team conclusions and recommendations Workshop with Evaluation Manager	New York (or other location could be proposed by the bidder) 2.5 working days (core evaluation team members)	January 2019
	Second Draft Final Evaluation Report		February
	Third Evaluation reference Group Meeting	New York 2 working days (team leader)	April
	Submission of Final Evaluation Report (word/pdf version)		May
Dissemination	Professional copy editing and design of report provided by the company		June –July
	Submission of Final Evaluation Report (copy edited and in-design version)		August
	Evaluation Brief (word/pdf version in en, fr, sp))		Sep
	Professional copy editing and design of brief provided by the company		Sep

Phase	Task	Location	Date
	Submission of Evaluation Brief (copy edited, and in-design version in en, fr, sp)		
	Executive Committee presentation	New York	October
	Executive Board presentation	New York	Jan 2019

Legend:

Field Missions	Final deliverables to be produced by the evaluation team	Meetings/ evaluation team workshops in New York

11. The evaluation team

The evaluation will be carried out by a highly qualified, multi-disciplinary team with extensive knowledge and experience in evaluation of international development programming on gender, human rights and development. The team will be hired through a company.

Specific experience in evaluating programming to prevent, respond to and eliminate gender based violence, both within and outside of humanitarian/emergency contexts, will be required. The team must also demonstrate a clear understanding of the UN system/ways of working and ensure that the evaluation is conducted in line with the UNEG Norms and Standards for Evaluation in the UN System and abides by UNEG Ethical Guidelines and Code of Conduct as well as any other relevant ethical codes UNEG Guidelines. UNEG guidance on Integrating Human Rights and Gender Equality in Evaluation should also be reflected throughout the evaluation.[33]

The core team is expected to be composed of four members, including the team leader. National consultants will complement the work of the team for the country case studies.

The evaluation team members will not have been involved in the design, implementation or monitoring of UNFPA GBV interventions during the period under review, nor will they have other conflict of interest or bias on the subject (see annex 3).

[33] See: http://www.unevaluation.org/document/guidance-documents

Knowledge and Expertise

The core evaluation team should possess the following competencies:

- Extensive experience in conducting complex global thematic evaluations for international development organizations with a specific focus on gender equality and addressing gender based violence.
- Demonstrable experience of ensuring a human rights based approach to evaluation
- In-depth knowledge of evaluation methodology and mix-method approaches
- In-depth knowledge of and expertise in the following areas:
    - Human rights, including specifically gender equality and the rights of women
    - Gender based violence, including within development and humanitarian/emergency settings
    - Community based development and movement building for social change
- Strong ability to interact with a wide range of stakeholders, particularly on issues that are quite sensitive (will vary from context to context)
- Understanding of ethical issues and approaches to informed consent with regards to collecting information on GBV.
- Knowledge of the UN system, including reform processes, and UN programming at the country level, will be considered an asset.
- Excellent analytical, communication and drafting writing skills in English.
- Fluency in French and Spanish will be required for the team members leading on the Central Africa Republic and Guatemala case studies, respectively.

The team leader or principal consultant (senior evaluator: 12 + years)

The team leader must be a senior evaluator and should possess the following:

- Extensive experience in leading complex thematic evaluations and specifically evaluations for international organizations or development agencies.
- Considerable experience in conducting evaluations of similar size and complexity.
- In-depth knowledge of and long-standing experience in developing and implementing evaluation methodologies and methods best able to comprehensively assess complex shifts in power and social, political and economic change.
- Excellent analytical, communication and writing/drafting skills in English. Working knowledge of French and Spanish will be an asset.

Senior thematic expert in gender equality with focus on GBV (10 + years)

- Extensive experience in women's human rights and gender equality, with a specific focus on GBV. Previous direct experience working with a range of groups and movements to advance gender

equality and tackle GBV, including specifically community based organizations, non-profit organizations, and social movements will be an asset.
- Experience contributing to and/or exposure to complex evaluations will be considered an asset.
- Excellent analytical, communication and writing/drafting skills in English.

Senior thematic expert in GBV in humanitarian contexts (10 + years)

- Extensive experience in and in-depth understanding of gender based violence within humanitarian contexts/settings.
- Experience contributing to and/or exposure to complex evaluations will be considered an asset.
- Excellent analytical, communication and writing/drafting skills in English.

Junior level expert in research, data collection and analysis (2 + years)

- Extensive previous experience in research, data collection and data analysis, including in excel
- Demonstrated experience in human rights and gender equality, including the prevention of, response to and elimination of GBV will be considered an asset.
- Previous experience conducting/contributing to evaluations for the UN is preferred
- Excellent analytical, written and communication/drafting skills in English

Table 6. Core evaluation team: expected level of effort by evaluation phase

	Inception	Field/Data Collection	Analyses and Reporting	Dissemination
Team Leader or principal consultant (senior evaluator)	70%	50%	55%	80%
Senior Thematic Expert: Gender Equality with a focus on GBV	10%	30%	25%	15%
Senior Thematic Expert: GBV in Humanitarian Contexts	10%	15%	10%	-
Junior level staff	10%	5%	10%	5%
Total team level of effort per phase	100%	100%	100%	100%

- Team Leader or principal consultant: The team leader is expected to contribute the large majority of time required to implement the evaluation. Specifically she/he is expected to contribute at least 70% of the effort it takes to complete the inception phase, 50% to the field/data collection phase (he /she should conduct the pilot mission to India), 60% to the analysis and reporting phase and 80% to the dissemination phase.
- Senior Thematic Expert - Gender Equality with a focus on GBV: The senior thematic expert is responsible for contributing a significant amount of time to each phase of the evaluation. This thematic expert is expected to contribute at least 10% of the effort required to complete the

inception phase, 30% for the field/data collection phase, 25% of the effort for the reporting phase and 10% for the dissemination phase.

- Senior Thematic Expert - GBV in Humanitarian Contexts: The expert is expected to contribute at least 10% of the effort required to complete the inception phase, 15% for the field/data collection phase, and 10% of the effort for the reporting phase.
- Junior level consultant: The junior consultant is expected to contribute at least 10% of the effort required to finalize the inception phase, 5% for the field and data collection phase, 10% for the analyses and reporting and 10% for the dissemination phase.

Country teams:

- National consultants should be selected for the 5 country visits to support the core team on the preparation and conduct of the filed missions.
- Senior members of the core team are expected to conduct the 7 field missions, i.e. at least one senior member of the team should be part of each mission.

12. Specification of tender, cost of the evaluation and payment modalities

The bidder should submit a proposal consisting of two separate components: technical and financial. The technical proposal will be assessed by the EO while the financial proposal will be assessed by UNFPA procurement services. In responding to the present terms of reference, the technical proposal should detail the services offered, and should contain at least the following (suggested number of pages is indicated):

- Technical profile of the company (2 pages). Information associated with financial stability should be presented in the annexes
- The bidder's understanding of the terms of reference (2 pages max)
- The approach and methodology (7 pages max)
  a. Present the approach and methods for the thematic evaluation
  b. Propose a theory of change
  c. Further elaborate on the evaluation questions/ rationale proposed in the ToR
  d. Present how the country case study approach will be combined with desk studies, questionnaires and other methods.
  e. Comment on any challenges or difficulties which might arise in structuring and conducting the evaluation, suggesting solutions when applicable.
  f. Quality assurance mechanisms which will be applied throughout the evaluation process.
- The proposed composition of the evaluation team (1 page max). Curriculum vitae (including references to language proficiency) of each team member should be annexed to the offer.
- A detailed time and work plan for fulfilment of the assignment including:
  a. the roles, functions and responsibilities of the different team members (see section 11 of the ToR)
  b. estimates of the time required for the different tasks of the assignment
  c. a staffing schedule that specifies the tasks performed by the team members and the time allocated to each of them (see table 6) (3 pages max)

The budget range for the overall cost of the evaluation is USD 500,000 - USD 520,000. The costs of the evaluation include:

- The evaluation as defined in the Terms of Reference (including other expenses as defined in the Terms of Reference associated with the editing, design and translation of the evaluation report and evaluation brief)
- The travel related costs for the participation in the reference group meetings – 3 meetings, evaluation team workshops – 3 workshops (induction, analysis and conclusion workshops), the stakeholder workshop and the presentation to the executive board as well as all field missions – 6 missions (see calendar).

The bidder shall not bear all costs including any related travel associated with the preparation and submission of the bid. These cannot be included as a direct cost of the assignment. UNFPA shall in no case be responsible or liable for those costs, regardless of the conduct or outcome of the solicitation process.

Travel Expenses

The Vendor will be responsible for the full cost of all travel, including in-country travel for case study country missions (site visits will be determined during the inception phase), accommodation to/from during the full mission period (s) of the consultants, including for national consultants, and security related costs.

All travel should be costed for economy class based on the most economical and direct route. Standard daily subsistence allowances should not exceed the UN DSA rates/diem. National consultant residing in the destination city will not be entitled to the payment of travel costs and daily subsistence allowance fees. Should travel be required outside of the destination city DSA as quoted in annex E price schedule form will apply.

The maximum cost for travel will be used in the financial evaluation and will be included in the contract. UNFPA reserves the right to request less than the maximum number of visits and/or visits shorter than the indicated number of days, should the project needs change as work progresses. Should this occur, UNFPA will pay only for the actual number of visits and actual duration of visits requested.

Deliverables

- Inception report
- 4 country case study notes (India and Uganda will be written in English, Central African Republic in French and Guatemala in Spanish)
- 2 regional case study notes (both written in English)
- Thematic evaluation report (written in English) and PowerPoint presentation of the evaluation results (written in English)
- Evaluation briefs (English, French and Spanish)

It is the responsibility of the company that all deliverables meet minimum UN editorial standards in English, French and Spanish. The UNFPA Evaluation Office will reject any deliverables that do not meet these standards.

The final thematic evaluation report and the evaluation brief both should be professionally copy edited; the layout should be professionally designed (using adobe InDesign software) for printing.

Payment Modalities

The payment modalities shall be as follow:

- 30% on acceptance of the draft inception report
- 9% on acceptance of final inception report
- 9% on acceptance of 4 Country case study notes
- 9% on acceptance of 2 Regional case study notes
- 34% on acceptance of the draft final thematic evaluation report
- 9% on acceptance of the final thematic evaluation report and evaluation briefs (English/French/Spanish)

Note that no payment will be processed until the corresponding deliverables are formally approved by the evaluation manager.

Bibliography

United Nations General Assembly. Transforming our world: the 2030 Agenda for Sustainable Development. 25 September 2015. Available at:

http://www.un.org/ga/search/view_doc.asp?symbol=A/RES/70/1&Lang=E

United Nations. Quadrennial Comprehensive Policy Review of Operational Activities for Development of the United Nations System. 2012. Available at:

http://www.un.org/esa/coordination/pdf/sg_qcpr_report_adv_unedited_version.pdf

Programme of Action of the 1994 International Conference on Population and Development (ICPD), 1994. Available at: https://www.unfpa.org/public/home/publications/pid/1973

ICPD Review Report, 2014. Available at:
http://issuu.com/shiralevine/docs/icpd_review_global_report_a_69_62_e

United Nations Population Fund (UNFPA). Midterm review of the UNFPA strategic plan, 2008-2013, 26 July 2011. Available at:
https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwj8_bGD9ZHKAhWIlR4KHZ3gCPoQFggdMAA&url=http%3A%2F%2Fprofiles.unfpa.org%2Fuploads%2Fdocuments%2F1334848925-mtr-unfpa-strategic-plan-eng.doc&usg=AFQjCNGuSBFyRFX5dddFGUPpmI2xOprjVQ&sig2=dteqi1CLU4wUsJ_WLTsNuQ

United Nations Population Fund strategic plan 2014-2017 (DP/FPA/2013/12). Available at:
http://www.unfpa.org/public/home/about/strategic-direction

United Nations Population Fund Annual reports 2012 through 2015. Available at:
https://www.unfpa.org/public/cache/offonce/home/publications/annual_reports

The Beijing Declaration and Platform for Action adopted at the Fourth World Conference on Women. 15 September 1995. Available at http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf

United Nations General Assembly. Declaration on the Elimination of Violence against Women. 20 December 1993. Available at http://www.un.org/documents/ga/res/48/a48r104.htm

United Nations Population Fund (UNFPA). Delivering on the Promise of Equality: UNFPA's Strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2011. 2007. Available at http://www.unfpa.org/publications/delivering-promise-equality.

United Nations Population Fund (UNFPA). Programming to Address Violence Against Women: 10 Case Studies. 2007. Available here: http://www.unfpa.org/sites/default/files/resource-pdf/vaw_10cases.pdf

United Nations Population Fund (UNFPA). Strategic Plan, 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action - Report of the Executive Director. 27 July 2007

United Nations Population Fund (UNFPA). UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011. 2008. Available at: http://www.unfpa.org/sites/default/files/pub-

pdf/2009_add_gen_vio.pdf

UN Women. UN System Wide Action Plan on Gender Equality and the Empowerment of Women UN System Wide Action Plan on Gender Equality and the Empowerment of Women. April 2012. Available at http://www.unwomen.org/~/media/Headquarters/Attachments/Sections/How%20We%20Work/UNSystemCoordination/UN-SWAP-Framework-Dec-2012.pdf

UNFPA Evaluation Reports

UNFPA Evaluation Office:

Thematic evaluations and Independent Country Programme Evaluations: Bangladesh (2016) Turkey (2015) Lebanon (2014); Madagascar (2012); Cameroon (2012); Bolivia (2011) http://www.unfpa.org/evaluation

UNFPA - Evaluations of UNFPA country programmes managed by UNFPA country offices are also available at: http://web2.unfpa.org/public/about/oversight/evaluations/

Note: over 50 country programme evaluations are currently available within UNFPA evaluation database. Each evaluation report is accompanied by a quality assessment (EQA) which evaluators should consult prior to using the information provided in the reports. The overall poor or unsatisfactory quality of a report does not preclude the possibility that some sections of a report could be of good quality and may provide reliable information. Detailed guidance is provided in each EQA.

Guidance

UNFPA Evaluation Office, **Handbook on How to design and conduct a country programme evaluation at UNFPA**, 2013

http://www.unfpa.org/public/home/about/Evaluation/Methodology

Note: this handbook was specifically designed as a guide to help evaluation managers and evaluators apply methodological rigor to evaluation practices in UNFPA country offices. The handbook presents a set of evaluation tools and templates for (i) structuring information; (ii) data collection; and (iii) data analysis. A number of those ***tools and templates*** *can be used for the present thematic evaluation, in particular: Evaluation matrix; Effects diagram; List of Atlas projects by CPAP outputs and Strategic Plan Outcome (notably for country case study notes); Stakeholder map, etc.*

UNEG Guidance, Integrating Human Rights and Gender Equality in Evaluation, 2011. http://www.unfpa.org/public/cache/offonce/home/about/Evaluation/Resources;jsessionid=E44261BF2CE9B82101A4928BE7464046.jahia02

Annexes

Annex 1. Structure for evaluation deliverables

I. Inception report

Table of Contents
List of Acronyms
List of Tables (*)
List of Figures

1 Introduction

Should include: objectives of the evaluation; scope of the evaluation; overview of the evaluation process; purpose of the inception report

2 The Global Context

Should include: the global response on GBV related work; the analysis of the UNFPA strategic support to the prevention, response to and elimination of gender based violence, including harmful practices based on official documentation.

3 UNFPA Strategy and Intervention Logic

Should include: overview of UNFPA programmatic support to the prevention, response to and elimination of gender based violence, including harmful practices. Reconstruction of intervention logic (theory of change) covering the different programming cycles.

4 Methodology

Should include: Description and rationale for methodological choice and approach including methodology for data collection, analysis and validation techniques. Recall selection of the country and regional case studies (see ToR). Rationale and final selection of the eight countries for the extended desk-based case studies (drawing on the ToR); harmonization of approaches across country case studies; instruments of data collection such as: interview protocols per type of informant; protocol for focus groups. Identification of programme countries to be surveyed and global survey outline. Description of how the data should be cross-checked and limitations of the exercise and strategies to mitigate them.

5 Proposed Evaluation Questions

Should include: a set of evaluation questions with the explanatory comments associated with each question; overall approach for answering the evaluation questions; detailed proposed evaluation questions (including: rationale; method/chain of reasoning; assumptions to be assessed and corresponding qualitative and/or quantitative indicators); coverage of issues stated in the ToR by each Evaluation Question. The questions should be presented in an evaluation matrix (see annex 4).

6 Next Steps

Should include: a detailed work plan for the next phases/stages of the evaluation, including detailed plans for the visits in programme countries, including the list of interventions for in-depth analysis in the field (explanation of the value added for the visits); team composition for the cases studies including national consultants and distribution of tasks; logistics for the field phase; the contractor's approach to ensure quality assurance of all evaluation deliverables.

8 Annexes

Should include: portfolio of UNFPA GBV related interventions; evaluation matrix; stakeholder map; template for survey; bibliography; list of persons met; terms of reference

(*) *Tables, graphs and diagrams should be numbered and have a title.*

II. Country and regional case study notes

Each country / regional case study should be of a maximum 25 pages length (excluding annexes). The case studies allow the evaluation team to gather and analyse information on the UNPFA support at country and regional level, which together with the inception, desk review, remote interviews and survey findings should feed the global assessment reported in the thematic evaluation report. These case studies should be prepared after the field visits, they should respect the agreed structure. **4 country case study notes** plus **2 regional case study notes** should be prepared and submitted to the Evaluation Office.

Table of Contents

List of Acronyms

List of tables and figures

1 Short description of country/ regional context (1 page)

Should include: Country/ regional background; UNFPA response in the country/ region

2 Findings of the country or regional case study (18-22 pages)

Should include: evidence based findings corresponding to the responses to the evaluation questions

3 Considerations for the overarching thematic evaluation (1-2 pages)

Observations to inform the synthesis report

Annexes

Should include: list of documents consulted; list of people interviewed

These country and regional case study notes (4 country and 2 regional) will be included in the annex of the final thematic evaluation report.

III. Final report

Number of pages: 70-80 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

Executive Summary: 7- 8 pages**:** objectives, short summary of the methodology and key conclusions and recommendations

1 Introduction

Should include: purpose of the evaluation; mandate and strategy of UNFPA support to the prevention, response to and elimination of gender based violence, including harmful practices

2 Methodology

Should include: overview of the evaluation process; methods and tools used in evaluation design; analysis of UNFPA strategic framework; evaluation questions and assumptions to be assessed; methods and tools used for data collection; desk review; survey; case studies; limitations to data collection; methods and tools used for data analysis; methods of judgment; the approach to triangulation and validation

3 Main findings and analysis

Should include for each response to evaluation question: evaluation criteria covered; summary of the response; detailed response

4 Conclusions

Should include for each conclusion: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion

5 Recommendations

Should include for each recommendation: summary; priority level (very high/high/medium); target (business unit(s) to which the recommendation is addressed); origin (which conclusion(s) the recommendation is based on); operational implications. Recommendations must be: linked to the conclusions; clustered, prioritized; accompanied by timing for implementation; useful and operational

Annexes shall be confined to a separate volume

Should include: country and regional case study notes; evaluation matrix; portfolio of interventions; methodological instruments used (survey, focus groups, interviews etc.); bibliography; list of people interviewed; terms of reference.

(*) *Tables, Graphs, diagrams, maps etc. presented in the final evaluation report must also be provided to the Evaluation Office in their original version (in Excel, PowerPoint or word files, etc.).*

The final version of the evaluation report shall be presented in a way that enables publication (professionally designed and copy edited) without need for any further editing (see section below). Please note that, for the final report, the company should share the files in Adobe Indesign CC software, with text presented in two columns with no hyphenation. Further details on design will be provided by UNFPA Evaluation Office in due course.

Cover for Inception Report and Final Evaluation Report

UNFPA logo (there should be no other logo/ name of company)

Title of the evaluation:

Title of the report (example: Inception Report)

Evaluation Office

Date

The following information should appear on page 2:

- Name of the evaluation manager
- Names of the evaluation team

Any enquiries about this report should be addressed to:

Evaluation Office, United Nations Population Fund, e-mail: evb@unfpa.org

For further information on the evaluation please consult the Evaluation Office webpage:

http://www.unfpa.org/evaluation

Editing: xxxx
Design: XXX
Cover photos provided by: XXXX

See examples of evaluation reports at: http://unfpa.org/public/home/about/Evaluation

Annex 2 - Editing guidelines

Evaluation reports and notes are formal documents. Therefore they shall be drafted in a language and style which is appropriate and consistent and which follows UN editing rules:

Acronyms: In each section of the report, words shall be spelt out followed by the corresponding acronym between parentheses. Acronyms or abbreviations should be used only when mentioned repeatedly throughout the text. The authors must refrain from using too many acronyms. In tables and figures, acronyms should be spelt out in a note below the table/figure.

Capitalization: Capitalize high ranking officials' titles even when not followed by a name of a specific individual. Capitalize national, political, social, civil etc. groups – e.g. Conference for Gender Equity, Committee on HIV/AIDS, Commission on Regional Development, Government of South Africa.

- Capitalize common nouns when they are used as a shortened title, for example, the 'Conference' (referring to the Conference on Gender Equity) or the 'Committee' (referring to the Committee on HIV/AIDS). However, do not capitalize when used as common nouns – e.g. 'there were several regional conferences.'
- Some titles/names corresponding to acronyms are *not capitalized* – e.g. human development index (HDI), country office (CO).
- Use lower case for: UNFPA headquarters; country office; country programme; country programme evaluation; regional office, country programme document; results framework; results-based monitoring framework; monitoring and evaluation system.

Numbers: Spell out single-digit whole numbers. Use numerals for numbers greater than *nine. Always spell out simple fractions and use hyphens with them (e.g. one-half of…, a two-thirds majority).* Hyphenate all compound numbers from *twenty-one* through *ninety-nine*. Write out a number if it begins a sentence. Use % symbol in tables and "per cent" in the text

Terminology: Use "UN organizations" not "sister agencies." Do *not* use possessive for innate objects (UNFPA's, the Government's, the country's, etc.). Instead, use: the UNFPA programme, the government programme, the UNFPA intervention, etc.

Bibliography

Author (last name first), *Title of the book*, City: Publisher, Date of publication.

Author (last name first), "Article title," Name of magazine (type of medium). Volume number, (Date): page numbers, date of issue.

URL (Uniform Resource Locator or WWW address), author (or item's name, if mentioned), date.

List of people consulted

- should include the full name and title of people interviewed as well as the organization to which they belong
- should be organized in alphabetical order (English version) with last name first
- should be structured by type of organization

See United Nations Editorial Manual Online at: http://dd.dgacm.org/editorialmanual/

Annex 3. Code of conduct and norms for evaluation in the UN system

Evaluations of UNFPA-supported activities need to be independent, impartial and rigorous and evaluators must demonstrate personal and professional integrity. In particular:

1. To avoid **conflict of interest** and undue pressure, evaluators need to be **independent.** The members of the evaluation team must not have been directly responsible for the policy/programming-setting, design, or overall management of the subject under evaluation, nor should they expect to be in the near future. Evaluators must have no vested interest and should have the full freedom to conduct impartially their evaluative work, without potential negative effects on their career development. They must be able to express their opinion in a free manner.
2. The evaluators should protect the anonymity and **confidentiality of individual informants**. They should provide maximum notice, minimize demands on time, and respect people's right not to engage. Evaluators must respect people's right to provide information in confidence, and must ensure that sensitive information cannot be traced to its source. Evaluators are **not expected to evaluate individuals**, and must balance an evaluation of management functions with this general principle.
3. At times, evaluations uncover **evidence of wrongdoing**. Such cases must be reported discreetly to the appropriate investigative body.
4. Evaluators should be **sensitive to beliefs, manners and customs** and act with integrity and honesty in their relations with all stakeholders. In line with the UN Universal Declaration of Human Rights, evaluators must be sensitive to, and **address issues of discrimination and gender equality**. They should avoid offending the dignity and self-respect of those persons with whom they come in contact in the course of the evaluation. Knowing that evaluation might negatively affect the interests of some stakeholders, evaluators should conduct the evaluation and communicate its purpose and results in a way that clearly respects the dignity and self-worth of all stakeholders.
5. Evaluators are responsible for the **clear, accurate and fair** written and/or oral presentation of study limitations, evidence based findings, conclusions and recommendations.

A **declaration of absence of conflict of interest must be signed by each member of the team and shall be annexed to the offer.** No team member should have participated in the preparation, programming or implementation of UNFPA interventions on GBV during the period under evaluation.

[Please date, sign and write "Read and approved"]

See Code of conduct for evaluation in the United Nations System at:

http://www.unevaluation.org/search/index.jsp?q=UNEG+Ethical+Guidelines

See Norms for evaluation in the United Nations System at:

http://www.unevaluation.org/papersandpubs/documentdetail.jsp?doc_id=21

Annex 4. Evaluation matrix: outline

EQ1 : To what extent …			
Assumptions to be assessed	Indicators	Sources of information	Methods and tools for the data collection
Assumption 1 …			
Assumption 2			

Annex 5. Evaluation quality assessment grid of the evaluation report

The final thematic evaluation report will be subject to assessment by an independent evaluation quality assessment provider, using the grid presented bellow:

Organizational unit: **Year of report:**

Title of evaluation report:

Overall quality of report: **Good** **Date of assessment:**

Overall comments: [insert text]

Assessment Levels

Very good:	strong, above average, best practice	**Good:**	satisfactory, respectable	**Fair:**	with some weaknesses, still acceptable	**Unsatis-factory:**	weak, does not meet minimal quality standards

Quality Assessment Criteria	*Insert assessment level followed by main comments.* (use 'shading' function to give cells corresponding colour)	
1. Structure and Clarity of Reporting	Assessment Level:	Fair

To ensure the report is comprehensive and user-friendly • Is the report easy to read and understand (i.e. written in an accessible non-technical language appropriate for the intended audience)? • Is the report focused and to the point (e.g. not too lengthy)? • Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)? • Do the annexes contain – at a minimum – the ToRs; a bibliography, a list of interviewees, the evaluation matrix and methodological tools used (e.g. interview guides; focus group notes, outline of surveys)? *Executive summary* • Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation? • Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)? • Is the executive summary reasonably concise (e.g. with a maximum length of 5-10 pages)?	Comment:
2. Design and Methodology *To ensure that the evaluation is put within its context* • Does the evaluation describe whether the evaluation is for accountability and/or learning purposes? • Does the evaluation describe the target audience for the evaluation? • Is the development and institutional context of the evaluation clearly described? • Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change? • Does the evaluation explain any constraints and/or general limitations? *To ensure a rigorous design and methodology*	Assessment Level: **Very good** Comment:

• Is the evaluation approach and framework clearly described? Does it establish the evaluation questions, assumptions, indicators, data sources and methods for data collection? • Were the methods chosen appropriate for addressing the evaluation questions? Are the tools for data collection described and justified? • Is the methods for analysis clearly described? • Are methodological limitations acknowledged and their impact on the evaluation described? (Does it discuss how any bias has been overcome?) • Is the sampling strategy described? Does the design include validation techniques? • Is there evidence of involvement of stakeholders in the evaluation design? (Is there a comprehensive/credible stakeholder map?) • Does the methodology enable the collection and analysis of disaggregated data? • Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)?	
3. Reliability of Data *To ensure quality of data and robust data collection processes* • Did the evaluation triangulate all data collected? • Did the evaluation clearly identify and make use of qualitative and quantitative data sources? • Did the evaluation make explicit any possible issues (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues? I.e. did the evaluation make explicit possible limitations of the data collected? • Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations? • Is there adequate gender disaggregation of data? And if this has not been possible, is it explained? • Does the evaluation make explicit the level of involvement of different stakeholders in the different phases of the evaluation process?	Assessment Level: Comment:
4. Analysis and Findings *To ensure sound analysis* • Is information analysed and interpreted systematically and logically? • Are the interpretations based on carefully described assumptions?	Assessment Level: Comment:

• Is the analysis presented against the evaluation questions? • Is the analysis transparent about the sources and quality of data? • Are possible cause and effect links between an intervention and its end results explained? • Where possible, is the analysis disaggregated to show different outcomes between different target groups? • Are unintended results identified? • Is the analysis presented against contextual factors? • Does the analysis include reflection of the views of different stakeholders (reflecting diverse interests)? E.g. how were possible divergent opinions treated in the analysis? • Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights? *To ensure credible findings* • Can evidence be traced through the analysis into findings? E.g. are the findings substantiated by evidence? • Do findings follow logically from the analysis? • Is the analysis of cross-cutting issues integrated in the findings?	
5. Conclusions *To assess the validity of conclusions* • Are conclusions credible and clearly related to the findings? • Are the conclusions demonstrating an appropriate level of analytical abstraction? • Are conclusions conveying the evaluators' unbiased judgement of the intervention?	Assessment Level: Comment:
6. Recommendations	Assessment Level:

To ensure the usefulness and clarity of recommendations • Do recommendations flow logically from conclusions? • Are the recommendations sufficiently clear, targeted at the intended users and operationally-feasible? • Do recommendations reflect stakeholders' consultations whilst remaining balanced and impartial? • Is the number of recommendations manageable? • Are the recommendations prioritised and clearly presented to facilitate appropriate management response and follow up on each specific recommendation?	Comment:
7. Gender *To assess the integration of Gender Equality and Empowerment of Women (GEEW)*[34] • Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? • Do evaluation criteria and evaluation questions specifically address how GEEW has been integrated into design, planning, implementation of the intervention and the results achieved? • Have gender-responsive evaluation methodology, methods and tools, and data analysis techniques been selected? • Do the evaluation findings, conclusions and recommendations reflect a gender analysis?	Assessment Level: Comment:

[34] This assessment criteria is fully based on the UN-SWAP Scoring Tool, see Annex 7. Each sub-criteria shall be equally weighted (in correlation with the calculation in the tool and totalling the scores 11-12 = very good, 8-10 = good, 4-7 = Fair, 0-3=unsatisfactory). One question is if this criteria should be included in the overall evaluation quality assessment grid, or form a separate column and be assessed on its own.

Overall Evaluation Quality Assessment

	Assessment Levels (*)			
Quality assessment criteria (scoring points*)	Very good	Good	Fair	Unsatisfactory
1. Structure and clarity of reporting, including executive summary (7)				7
2. Design and methodology (13)			13	
3. Reliability of data (11)			11	
4. Analysis and findings (40)			40	
5. Conclusions (11)		11		
6. Recommendations (11)		11		
7. Integration of gender (7)	7			
Total scoring points	7	22	63	7
Overall assessment level of evaluation report			Fair	
	Very good ➡ very confident to use	Good ➡ confident to use	Fair ➡ use with caution	Unsatisfactory ➡ not confident to use

(*) (a) Insert scoring points associated with criteria in corresponding column (e.g. - if 'finding and analysis' has been assessed as 'good', enter 40 into 'Good' column. (b) Assessment level with highest 'total scoring points' determines 'Overall assessment level of evaluation report'. Write corresponding assessment level in cell (e.g. 'Fair'). (c) Use 'shading' function to give cells corresponding colour.

If the overall assessment is 'Fair', please explain:[35]

- How it can be used?
- What aspects to be cautious about?

Where relevant, please explain the overall assessment Very good, Good or Unsatisfactory:[36]

[35] The purpose here is to clarify in what way the report can be used. This in order to assist the elaboration of a relevant Management Response and the wider use of the evaluation findings back into programming. When a report has been assessed as Fair, it is obligatory to fill this text box in.

[36] The purpose is, where relevant, to clarify for example severe unbalances in the report (for example, the report is good overall but recommendations very weak). Is optional to fill in.

Consideration of significant constraints[37]

The quality of this evaluation report has been hampered by exceptionally difficult circumstances: ☐ yes ☐ no

If yes, please explain:

[37] E.g. this should only be used in case of significant events that has severely hampering the evaluation process like natural disasters, evaluators falling sick, unexpected significant travel restrictions, etc. More 'normal' limitations should be mentioned under relevant section above.

Annex 6. Short overview: UNFPA Strategic Plans and frameworks under the scope of the evaluation

Two UNFPA strategic plans fall under the scope of the evaluation – the 2012-2013 and the 2014-2017. The outcomes, outputs and/or indicators (of the respective development results frameworks) in which gender based violence or a particular form of GBV is explicitly mentioned provide the framework against which UNFPA support will be evaluated.

A. UNFPA Mid-term review of the Strategic Plan (2012-2013)

From 2008-2011, UNFPA advanced 13 outcomes, falling under three focus areas: population and development, reproductive health and rights, and gender equality. Though the focus areas were interlinked, work on GBV fell primarily under the area of "gender equality" – which emphasized the "advancement of equality and the empowerment of women and adolescent girls to exercise their human rights, particularly their reproductive rights, and live free of discrimination and violence."[38] Indeed, the SP 2008-2011 "had both a gender equality outcome explicitly devoted to addressing the issue [of GBV] in addition to outcomes related to its two other key programme areas: population and development, and reproductive health," reflecting a strong commitment by the organization to eradicate GBV.

In 2011/2012, the Mid-term Review of the Strategic Plan consolidated and further refined the number of outcomes advanced from 13 to 7. The eradication of GBV was primarily captured under outcome 5 (*Gender equality and reproductive rights advanced particularly through advocacy and implementation of laws and policy).* As detailed under outcome 5, UNFPA addressed GBV through the following modes of engagement/activities:

> "UNFPA will continue to build national capacity to implement laws and policies that advance gender equality and reproductive rights with specific emphasis **on addressing GBV, and will continue work on GBV in humanitarian settings as well as its partnership to eliminate harmful practices, including FGM/C.** In addition, UNFPA will promote gender equality in the spirit of 'One UN' commitments made by the entire United Nations system, coordinating with UN Women and other agencies as needed. UNFPA will also continue to advocate for the protection and fulfilment of reproductive rights and will partner actively with civil society groups (including faith-based and community-based organizations) that engage men and boys in promoting gender equality and reproductive rights."

Drilling down, Output 13 of Outcome 5 of the Strategic Plan 2012-2013, further details UNFPA work on GBV. Output 13 states that UNFPA will work to strengthen national capacity to address GBV and provide quality services (toward that end), including within humanitarian settings. In addition to Outcome 5, GBV is also explicitly mentioned under cross-cutting issues (issues that cut across the seven outcomes). Addressing GBV within humanitarian contexts (falling under the cross-cutting issues of humanitarian assistance) is underscored as a UNFPA comparative advantage:

> "UNFPA will continue to support the integration of the ICPD Programme of Action into emergency preparedness, humanitarian response and transition and recovery processes. The UNFPA comparative advantage in humanitarian settings is in reproductive health, addressing GBV, and in the area of data."

[38] UNFPA Strategic Plan 2008-2011: Accelerating progress and national ownership of the ICPD Programme of Action - Report of the Executive Director. 27 July 2007.

B. UNFPA Strategic Plan 2014-2017

The current UNFPA Strategic Plan (2014-2017) features 4 outcomes and fifteen outputs. Women and adolescents and youth are key beneficiaries of UNFPA support and the most vulnerable and marginalized, particularly adolescent girls, are prioritized. The first outcome focuses on SRHR (specifically access to SRH services), while "the second and third outcomes…focus on youth empowerment and non-discrimination respectively, with the fourth outcome [centering on] the linkages between sexual and reproductive health and reproductive rights, population dynamics, poverty and sustainable development….integrating the UNFPA mandate in the broader development and humanitarian agenda."[39]

Addressing GBV falls primarily under outcome 3 *(Advanced gender equality, women's and girls' empowerment, and reproductive rights, including for the most vulnerable and marginalized women, adolescents and youth*) and specifically output 10. It is also mainstreamed/included in the outputs and/or indicators) of outcome 1 *(Increased availability and use of integrated sexual and reproductive health services (including family planning, maternal health and HIV) that are gender-responsive and meet human rights standards for quality of care and equity in access)* and outcome 4 *(Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality).*[40]

Outcome 3

Work on GBV and harmful practices (such as FGM) are central to the achievement of outcome 3 and a "major area of emphasis." Significantly, UNFPA works to prevent and eliminate three particular forms of harmful practices, the only UN agency to do so. Child marriage, FGM and sex selective abortions/son preference are addressed within UNFPA programming.

The theory of change for outcome 3 states that "GBV and other harmful practices are…among the most pervasive violations to human rights, [and are] a global health concern of epidemic proportions with serious implications for SRH outcomes." Too, "GBV is significantly exacerbated in conflict and disaster contexts, where the 'peace time' risks of violence are compounded." Potential obstacles/risks to the advancement of outcome 3, such as "socio-cultural barriers to gender equality…and the persistence of vertical, non-coordinated programmes, which do not adequately address underlying structural drivers of GBV" are also detailed in the theory of change.

As a means to advance gender equality, women's human rights and empowerment, UNFPA efforts to eradicate GBV will focus on the integration of gender-based violence programming into broader SRH services, including in the context of humanitarian programming, while work on FGM will be conducted via a joint programme with UNICEF.[41] UNFPA will contribute to the achievement of outcome 3 through the advancement of three outputs: GBV is mentioned explicitly in two outputs (output 9 and output 10) and in an indicator for output 11. Within outcome 3, the prevention of GBV, the provision of services, and the development of protection systems are emphasized, achieved through a combination of advocacy, capacity development and knowledge management.

[39] The UNFPA Strategic Plan, 2014-2017, Annex 2 (Outcome Theories of Change): http://www.unfpa.org/admin-resource/strategic-plan-2014-2017
[40] The UNFPA Strategic Plan, 2014-2017, Annex 4 (Integrated Results Framework): http://www.unfpa.org/admin-resource/strategic-plan-2014-2017
[41] See The UNFPA Strategic Plan, 2014-2017, page 8, paragraph 25: http://www.unfpa.org/admin-resource/strategic-plan-2014-2017

Falling under outcome 3, **UNFPA will undertake the following activities to address** GBV (those pulled out here explicitly mention GBV or violence against women):[42]

- UNFPA will **develop a comprehensive framework** to address the most pervasive forms of violence against women and girls and other harmful practices affecting their SRH and reproductive rights, including in humanitarian settings and fragile contexts. Special attention will be given to addressing sexual violence against women and girls in the most vulnerable contexts.
- UNFPA will partner with UN-Women, WHO, governments and CSOs to develop and **disseminate essential multisectoral service standards on GBV**, with an emphasis on the health sector response and SRH/FP services, and on changing public perceptions around the acceptability of abuse.
- Integration of GBV into SRH will also be a priority through the promotion of good practices and effective intervention models and the roll-out of technical guidance.
    - With the African Union, governments, UNICEF and CSOs, UNFPA will support implementation of the GA 2012 resolution on the total elimination of FGM worldwide in 17 sub-Saharan and Arab countries, with emphasis on increasing government accountability, mainstreaming FGM response into SRH programmes and services, and reinforcing capacities of government and CSOs to promote positive norm change. [43]
- In humanitarian settings, UNFPA will continue to play a leading role within the humanitarian community in **GBV prevention and response**. Inter-agency coordination efforts and implementation of context-specific programmes will be scaled up and expanded to ensure that the minimum actions for GBV prevention and response are implemented, services are in place and strengthened, and systems are functioning to support GBV data management.
    - Implementation of UNSCR 1325, 1820 and other resolutions on conflict-related sexual violence, will be promoted in conflict and post-conflict countries through trainings, the development of national action plans, support to development of data management systems, in-country joint programmes, and South-South and triangular cooperation.
- UNFPA will help ensure that the needs and rights of women and girls and marginalized and key populations are met, including through the utilization of social accountability mechanisms and tools to address the link between inequality and reproductive and sexual health and rights. Special attention will be given to new methodologies that estimate the cost of not addressing discrimination, reproductive right violations, GBV and harmful practices.

In addition to outcome 3, GBV (or violence) is mentioned explicitly in the outputs and/or indicators of outcome 1, outcome 2 and outcome 4. Note, too, that in the process of authoring the current SP, the organization developed output theories of change.[44] These further flesh out the rationale for specific strategic interventions and provide operationalization suggestions to produce the desired output.

[42] The UNFPA Strategic Plan, 2014-2017, Annex 2 (Outcome Theories of Change): http://www.unfpa.org/admin-resource/strategic-plan-2014-2017
[43] The UNFPA Strategic Plan, 2014-2017, Annex 2 (Outcome Theories of Change): http://www.unfpa.org/admin-resource/strategic-plan-2014-2017
[44] The theories of change developed for each output of the UNFPA 2014-2017 Strategic Plan can be found here: ftp://www.unfpa.org.pe/Otros/Armonizacion-y-Plan-Estrategico-Global/Documentos-Armonizacion-Sede-UNFPA/documentos%20Plan%20Estrat%E9gico%20Global%202014-2017/2-Theory-of-Change-Output

C. The GBV Strategy (2008-2011) – a relevant framework

Though outside the scope of the evaluation and no longer formally in effect, the UNFPA Strategy and Framework for Action to Addressing Gender-based Violence (2008-2011) shaped the work of UNFPA GBV from 2008-2011. Significantly, the Strategy and Framework for Action is the only UNFPA corporate strategic framework *exclusively* focused on gender based violence and, to a degree, continues to impact thinking and programming today. Indeed, several of the eight priority areas for intervention outlined in the Framework are reflected in the 2014-2017 Strategic Plan.

Developed in tandem with the UNFPA SP 2008-2013, the Strategy and Framework for Action captures the centrality of GBV work in the strategy of UNFPA, underscoring that the "elimination of violence against women and girls is the ultimate goal of UNFPA-supported interventions." The Strategy and Framework for Action aims to provide a "common platform and technical guidance for UNFPA at country, regional and global levels and effectively guide capacity-development initiatives, resources and partnerships." The contribution of UNFPA to the elimination of violence against women and girls, as outlined in the Framework, focused specifically on areas "relevant to its mandate of programming on sexual and reproductive health issues, such as domestic and sexual violence and harmful practices, as well as on addressing sexual and other forms of GBV in humanitarian settings."[45]

Based on its "comparative advantages and experience, in the context of United Nations reform and 'One United Nations' processes and in line with the expected outcomes stated in the 2008-2013 Strategic Plan," the framework identifies eight priority areas in which UNFPA should strategically direct its GBV programming:

- Policymaking and legal protection
- Collecting and analysing data
- Addressing GBV through sexual and reproductive health programmes
- Building violence prevention into humanitarian responses in conflict and natural disasters
- Reaching out to adolescents and youth
- Sending messages to men and boys about gender equality and zero tolerance for abuse
- Joining hands with faith-based networks and traditional cultural leaders
- Sharpening the focus on the most vulnerable and marginalized people

The Strategy states that though GBV does not only affect women and girls, it does so disproportionately and overwhelmingly. As such, the focus of UNFPA "remains on tackling violence against women and girls."[46] The Strategy and Framework for Action does not have a corresponding results framework, but, "mechanisms for monitoring the Framework are reflected in the "Strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2011,"[47] which establishes GBV as a priority area for UNFPA programming on gender equality.

[45] See UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011, page 7: http://www.unfpa.org/sites/default/files/pub-pdf/2009_add_gen_vio.pdf
[46] See UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011, page 7, Box 3: http://www.unfpa.org/sites/default/files/pub-pdf/2009_add_gen_vio.pdf
[47] Delivering on the Promise of Equality: UNFPA's Strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2011: http://www.unfpa.org/publications/delivering-promise-equality

Annex 7. Sampling approach: country and regional case study selection

A. The **criteria for the country case studies** (including both field and extended desk) are:

- The **UNFPA country quadrant classification**: the UNFPA country classification system, which categorizes countries based on need and ability to finance. In order to capture various development contexts, the sample will include countries from each of the four quadrants (red, yellow, orange and pink – see table 2).
- **UNFPA expenditure** (inclusive of both core and non-core funds) in support of GBV work. The sample for the in-country visits, in particular, will include countries in which UNFPA expenditure has been relatively high, in order to ensure that a range of programming can be evaluated. Indeed, it would make little sense to allocate time and resources conducting an in-country case study in contexts where UNFPA has not undertaken robust work on GBV, as learning/good practices would be limited and the ability to assess progress on the advancement of various outcomes / outputs related to GBV would be marginal.
- **Regional distribution**: The sample will ensure that there are countries selected from all six UNFPA regions.[48]
- **Humanitarian/Development Context**: given the specific scope of the evaluation, the sample will include countries within both development and humanitarian settings, as well as countries in which a continuum approach has been utilized.
- **Income inequality:** the Gini coefficient is used to group countries into quartiles based on their level of inequality and the evaluation will aim to include countries with high levels of inequality as well as those with lower levels.
- **Prevalence of harmful practices**: case study country selection include a country or countries in which two or more **harmful practices** (FGM, child marriage, or son preference) are prevalent.

Consideration is also given to:

- **INFORM Score:** INFORM – the Index for Risk Management – is a global, open-source risk assessment for humanitarian crises and disasters. The INFORM score is comprised of three dimensions: vulnerability, hazards and exposure and lack of coping capacity. Each dimension is further disaggregated into components that aim to capture concepts related to the needs of humanitarian and resilience actors. The score combines around 50 different indicators that measure hazards (events that could occur), vulnerability (the susceptibility of communities to those hazards) and capacity (resources available that can alleviate the impact). INFORM covers 191 countries and includes both natural and human hazards. For more information on the INFORM Score, see http://www.inform-index.org/InDepth/Methodology
- **Recipient of Funds from Joint programmes on GBV**: The sampling includes countries that have received funds from a Joint Programme on GBV (FGM, Essential Services, Violence Against Women). This will reflect a context in which a unique form of dedicated support to the prevention and eradication of GBV was provided.
- **Security concerns/ability to travel**: If the evaluation team is not able to travel to the location due to security concerns/or if there are significant logistical obstacles, the country will not be considered for inclusion as an in-country case study, but may be considered for an extended desk.

[48] (i) Western and Central Africa; (ii) Eastern and Southern Africa; (iii) Asia and the Pacific; (iv) Arab States; (v) Eastern Europe and Central Asia and (vi) Latin America and the Caribbean.

- **Country Programme Evaluation** conducted (in 2015 or 2016): If a CPE was recently conducted (2015 onward), the country will not be considered for inclusion as an in-country case study, but may be considered for an extended desk review.
- Countries recently selected as case study countries in **other thematic evaluations** will not be considered for inclusion as an in-country case study, but could be considered as an extended desk review.

Sample frame for country case study selection (field and extended desk)

Region	Inequality Gini Coefficient (0 = perfect equality 100 = perfect inequality); 0-24: lowest level of inequality (1st quartile); 25-49: lower-middle (2nd quartile); 50 -74: upper – middle (3rdquartile); 75 – 100: high inequality (4th quartile)				
	No Data on the Gini Coefficient	1st quartile	2nd quartile	3rd quartile	4th quartile
Western and Central Africa	Liberia* (CPE 2016) CAR*+ (CPE 2016) Mali*+(CPE 2018) Burkina Faso*+(CPE 2011-2015)		Nigeria+ (CPE 2009-2012; CPE 2017) Sierra Leone*+ Niger+(CPE 2017) Cote d'ivoire* Guinea*+(CPE 2016) Chad*+		
Eastern and Southern Africa	South Sudan* Zimbabwe* (CPE 2012-2015) Kenya*(CPE 2017) Mozambique		Uganda* Ethiopia* Malawi Dem Rep Congo*(CPE 2016) Tanzania	South Africa (CPE 2007-2012)	
Asia and the Pacific	Nepal*(CPE 2016)		Afghanistan*(CPE 2018) Bangladesh*		
	Myanmar*(CPE 2016) Pakistan*+ (CPE 2016)		Philippines*(CPE 2016) India*+		
	Indonesia*(CPE 2019)		Vietnam		
	China				
Arab States	Somalia*+ ©		Sudan*		
	Syria*© Palestine* Egypt (CPE 2016)		Jordan ©		
	Yemen*		Iraq* ©		
	Lebanon*(CPE 2010-2014) Oman				
Latin America and the Caribbean			Bolivia*(CPE 2016) Nicaragua (CPE 2016)	Guatamala*(CPE 2018) Honduras	
			El Salvador*(CPE 2018)	Colombia*(CPE 2018)	
			Peru Uruguay (CPE 2011-2015)	Haiti*	
				Panama	

Eastern Europe and Central Asia	Bosnia & Herzegovina* (CPE 2010-2013; CPE 2018) Uzbekistan (CPE 2010-2014) Azerbaijan (CPE 2011-2015)		Turkey*© Ukraine Belarus Albania (CPE 2012-2016)		
	Tajikistan* (CPE 2010-2015)		Kyrgyzstan* (CPE 2016)		
			Georgia		

* denotes a country currently experiencing a humanitarian context
\+ denotes a country in which 2 or more harmful practices are prevalent
© denotes a country in which the continuum approach to GBV programming is being implemented/utilized
CPE (Country Programme Evaluation): date range indicates the time period covered by recent evaluation; single date indicates the year of the forthcoming CPE

B. Rationale for the selection: country case studies

India: a country within the **Asian Pacific Region**, falls within the top 5 country offices by expenditure on the prevention and eradication within the region. Categorized as an **orange** quadrant country, India, on the whole, has a higher need and lower ability to finance. Using the Gini coefficient to measure levels of inequality, India falls within the **second quartile**, with lower middle level of inequality. According to an internal UNFPA classification process, India is considered to be experiencing a **humanitarian** context. It is also a country in which two **harmful practices** are prevalent: son preference and child marriage. India has an INFORM score of 5.6 and is ranked 24th out of 190 countries in terms of hazard, vulnerability, and low coping capacity, placing it in the fourth quartile worldwide and the 85th percentile within Asia.[49]

Guatemala: a country within **Latin America and the Caribbean**, had the highest level of expenditure within the region. Like India, Guatemala occupies the **orange** quadrant and is categorized as a country experiencing a **humanitarian context**. Guatemala falls within the **third quartile** using the Gini coefficient, with upper middle levels of inequality in the country. Guatemala has also witnessed GBV against indigenous communities and women human rights defenders. Guatemala has an INFORM score of 5.3 and is ranked 30th out of 190 countries in terms of hazard, vulnerability, and low coping capacity, placing it in the fourth quartile worldwide and above the 90th percentile within the Americas.

Uganda: located in Eastern and Southern Africa region, falls within the red quadrant, a quadrant comprised of countries with the highest need and lowest ability to finance on aggregated. The UNFPA country office in Uganda has the highest expenditure on GBV in the region. Falling within the second quartile on the Gini coefficient, Uganda registers lower-middle levels of inequality. Despite being criminalized, FGM continues to occur in Uganda, though prevalence rates are relatively low. Uganda faces a protracted humanitarian context, with internal displacement and a large refugee population, offering the opportunity to assess the contribution of UNFPA to GBV programming within a humanitarian setting. Uganda has an INFORM score of 5.4 and is ranked 29th out of 190 countries in terms of hazard, vulnerability, and low coping capacity, placing it in the fourth quartile worldwide and above the 70th percentile within Africa.

Central African Republic: CAR, a country that falls within the **red quadrant** – presents a context of **protracted crisis**, offering the opportunity to assess the UNFPA response/contribution in contexts of long-standing/on-going crisis. UNFPA CAR has spent the seventh highest amount the region. No World Bank data is available on the level of income inequality (Gini coefficient). Though earmarked/non-core funding has accounted for the large majority of GBV spend in the country, donor interest in and

[49] Excluding Western Asia

resources for CAR have, on the whole, been limited (relative to other crisis contexts), impacting the delivery of programming. This provides the opportunity to assess the impact of limited (or sporadic/unpredictable) funding on the response of UNFPA, particularly on service provision. Two harmful practices take place in the country: FGM and child marriage. CAR has an INFORM score of 8.3 and is ranked 3rd out of 190 countries in terms of hazard, vulnerability, and low coping capacity, placing it in the 98th percentile worldwide and the 95th percentile within Africa.

If travel to CAR is not possible due to security concerns, Nigeria will replace CAR as the country case study.

The four country case studies selected above is final.[50] However, barring Iraq, which is obligatory, the proposal for the eight extended desk review country cases studies can be further discussed.

Extended Desk Review: eight country desk-based case studies

The extended desk review will provide an additional opportunity to further delve into the contribution of UNFPA in particular support settings. The assessment in these eight countries will involve studying documentation and conducting remote semi-structured interviews.

Rationale for the sampling selection:

Nigeria and Niger have the highest and third highest level of expenditure in the region respectively. Both countries experience the practice of two harmful practices – FGM and Child Marriage, offering the evaluation the opportunity to assess the contribution of UNFPA to their eradication. Both are categorized by UNFPA HFCB as experiencing a humanitarian context; Niger is the recipient of a funding from the JP on Child Marriage while Nigeria receives funds from the JP on FGM, allowing the evaluation to assess contexts in which dedicated funding for GBV is being provided. Sierra Leone, a red quadrant country, has the second highest level of expenditure. The country has lower-middle levels of income inequality (second quartile) and is classified as a humanitarian context. Two harmful practices are prevalent in the country: child marriage and FGM.

Ethiopia has the third highest level of GBV expenditure in the region respectively. Similar to Niger and Nigeria, Ethiopia offers a context within ESA where two harmful practices occur – FGM and Child Marriage – and is a recipient of funding from the JP on Child Marriage and the JP on FGM. Through consultations with Gender and Human Rights Branch, Ethiopia was singled out as a country with high levels of investment by UNFPA.

South Sudan a country within the Eastern and Southern Africa region falls within the red quadrant – countries within the red quadrant have the highest need and lowest ability to finance. South Sudan has the second highest expenditure on GBV in the region. Designated as an L3 country by OCHA, South Sudan is experiencing a protracted and severe humanitarian crisis. The implementation of a continuum approach to GBV programming can be assessed. Notably, however, the majority of the activities take place outside of Juba, with potential challenges in accessing sites.

The Eastern and Central Asia region will not feature field case studies; instead the region will be covered solely by an extended desk review. Three countries – Turkey, Ukraine and Belarus – are proposed. Turkey has the highest expenditure in the region by a large margin, and offers the opportunity to evaluate UNFPA programming to the Syrian response. The continuum approach has been utilized in Turkey. Additionally, Turkey is part of the roll-out of the guidelines on essential services for women and girls subject to violence, allowing an evaluation of this relatively recent initiative. Ukraine and Belarus

[50] The proposal for field case studies is final in order to 1) facilitate a bid that responds well to the needs of the evaluation (with the proposed budget included in the bid), 2) ensure adequate time to reach out to UNFPA country offices, 3) guarantee time for national consultants to prepare the country visits, and 4) accurately reflect potential security concerns.

have the second and third highest expenditure in the region respectively and ought to be considered, as well, though Bosnia and Herzegovina, with the fourth highest expenditure, provides only opportunity to assess humanitarian programming in the region.

Bangladesh or Nepal: Bangladesh has the third highest level of expenditure in the region, is a red quadrant country (highest need and lowest ability to finance) and is a humanitarian context. Child marriage is practiced in Bangladesh, and the country receives funding for the Joint Programme on Child Marriage. While Nepal has the lowest level of expenditure among the top five in the region, it offers a context in which to examine UNFPA programming during and post disaster (earthquake), where the government quickly took over, as well.

Bolivia has the second highest level of expenditure in the region and is an orange quadrant country with a humanitarian context.

The Arab States will not feature a field case study; instead the region will be covered by the extended desk review. Two countries are proposed: Jordan and Iraq. Iraq has the second highest expenditure in the region on GBV. Iraq falls within the yellow quadrant, with relatively high ability to finance and medium need. Falling within the second quartile on the Gini coefficient, Iraq registers lower-middle levels of inequality. Iraq is designated as an L3 country by OCHA, experiencing a severe humanitarian crisis. UNFPA utilizes a continuum approach in the country, allowing for GBV programming in both humanitarian (in Erbil, for example) and development (in Baghdad, for example) to be assessed. Iraq has an INFORM score of 6.9 and is ranked 10th out of 190 countries in terms of hazard, vulnerability, and low coping capacity, placing it in the 95th percentile worldwide and above the 90th percentile in the Western Asia region. Jordan falls within the pink quadrant, a quadrant comprised of countries that, on the whole, have low need and high ability to finance. The Jordan country office has the 4th highest level of expenditure on GBV and sits in the second quartile of inequality using the Gini coefficient, with lower middle levels seen. As the hub for the Whole of Syria response, Jordan offers a context in which to assess both the country office response and the UNFPA contribution to an acute humanitarian crisis within a broader coalition of organizations. Importantly, the response of UNFPA to cross border needs can be examined (as the Syria hub addresses this as well. Jordan also offers the opportunity to assess the continuum approach to GBV programming, with development, noting too that humanitarian settings/response occur both within and outside refugee camps (the majority of refugees are in urban areas).

Regional Programme

The evaluation will feature two regional case studies. Selection of the regional case studies is based on the following criteria:

- UNFPA expenditure, inclusive of both core and non-core funds, in support of GBV work. As with country case studies, the regional programmes with relatively high expenditure will be selected.
- UNFPA expenditure on GBV work as a percentage of total regional office expenditure: Regional programmes with relatively high expenditure will be selected.
- Humanitarian context: the number of countries covered by the regional programme experiencing a humanitarian crisis will be counted, and regional programmes covering the highest percentage of humanitarian contexts will be selected.

The range of GBV programming was also considered. Through a cursory review of annual work plans of regional offices, the diversity of programming on GBV was assessed and those programmes with a wide range of work on GBV were favoured.

Variable / Country or Regional Office	Total GBV Expenditure 2012 - 2015 ($)	Non-Core (earmarked) Funds 2012 - 2015 ($)	Core (un-earmarked) Funds 2012 - 2015 ($)	Countries with humanitarian crisis that fall within the region (# / %)	Total Regional Office Expenditure 2012-2015	GBV expenditure (as % of total RO expenditure)
Arab States (ASRO)	6,150,390.21	$882,620.10	$5,267,770.11	**8** out of 15 / **53.3%**	$25,923,876.93	24%
Asia & The Pacific (APRO)	12,157,915.25	$3,772,672.29	$8,385,246.25	**9** out of 24 / **37.5%**	$49,720,748.12	24%
Eastern Europe & Central Asia (EECARO)	$6,037,294.65	$381,862.37	$5,665,432.28	**4** out of 17 / **23.53%**	$32,588,800.37	19%
East & Southern Africa (ESARO)	$4,179,100.81	$464,160.63	$3,714,940.18	**8** out of 22 / **36.36%**	$50,791,622.64	8%
Latin America & The Caribbean (LACRO)	8,803,218.90	$2,993,984.02	$5,809,234.88	**4** out of 21 / **19.05 %**	$49,116,329.51	18%
West & Central Africa (WCARO)	4,730,257.77	$643,681.66	$4,086,576.11	**10** out of 23 / **43.48%**	$24,426,264.94	19%

Proposal for Regional Case Studies:

Asia and the Pacific (AP): Among regions, Asia Pacific features the highest level of expenditure in support of the prevention and eradication of GBV $12,157,915.25. Additionally, the regional programme offers the opportunity to assess the regional role of UNFPA in contexts of humanitarian crisis: The region covers includes a significant number of countries experiencing a humanitarian context, including the top 5 countries by expenditure: Afghanistan, the Philippines, Bangladesh, India, and Nepal. The evaluation will have the opportunity to assess UNFPA regional work on harmful practices – including child marriage and sex selection and, to a lesser extent, FGM. As a proxy for robust programming, expenditure on GBV constitutes 24% of total regional programme expenditure for 2012-2015. Though a proxy with limitations, the high percentage suggests/is indicative of strong commitment to and robust programming on GBV prevention and eradication.

Eastern Europe and Central Asia (EECA): The EECA regional programme provides the opportunity to assess UNFPA work on GBV in a region dominated by middle-income countries/contexts. Expenditure on GBV as a percentage of total expenditure is quite high at 19%, the second highest percentage across regional programmes. As the EECA region will not be covered in the country case studies, it is important to include the regional programme as a regional case study to ensure wide geographic coverage of UNFPA programming.

Annex 8: Indicators Matrix

GBV Spend – Top 5 CO by region

Region	Level of investment Expenditure (USD) Jan 2012 - September 2015	EARMARKED (Non-Core Funding)	UN-EARMARKED (Core Funding)	Country Quadrant	Multi-Stakeholder JP Violence against Women (Y/N)	JP Essential Services for W&G subject to Violence (Y/N)	JP FGM (Y/N)	JP Child Marriage (launching in 2016)	FGM prevalent? (Only included countries with relatively high rates) Source: http://www.unicef.org/cbsc/files/UNICEF_FGM_report_July_2013_Hi_res.pdf	Child Marriage Prevalent? (Only included countries with relatively high rates) Source: http://www.girlsnotbrides.org/where-does-it-happen/	Sex Selection/Son Preference Prevalent? (Only included countries with relatively high rates) Source: https://www.pop.org/content/sex-selective-abortion	WB GNI classification (July 2014)	CPIA gender equality rating (1=low to 6=high), 2013	Index (HDI) (ranking), 2014	Gov. Effectiveness 2012 Rank	INFORM Indicator (the higher/larger the value, the higher the risk); see: http://www.inform-index.org/Countries/Country-profiles/	Gini Coefficient (0=perfect equality; 100= perfect inequality) http://data.worldbank.org/indicator/SI.POV.GINI?order=wbapi_data_value_2012+wbapi_data_value&sort=asc	Gini (Year) (2008 onward)	Humanitarian Context (Y/NO) Determined based on list of 44 crisis affected COs	Possibility to evaluate the continuum approach?	CPEs conducted (rated good/very good) (Y/N)	CPEs (new cycle-add date)
Arab States																						
Syrian Arab Rep	$21,993,206.50	$19,450,053.25	$2,543,153.25		No	No	No	No	No	No	No	Lower middle	No data	118 (Medium HD)	10	6.7	No data	N/A	Yes	Yes	No (Conducted but rated poor)	None
Iraq	$20,558,892.34	$18,703,232.21	$1,855,660.13		No	No	No	No	yes	No	No	Upper middle	No data	120 (Medium HD)	13	6.9	29.5	2012	Yes	Yes	No	None
Sudan	$12,660,956.07	$10,646,350.14	$2,014,605.93		No	No	Yes	No	Yes	No	No	Lower middle	2.5	166 (Low HD)	6	7.1	35.3	2009	Yes		Yes (2015, good)	None
Jordan	$11,729,188.35	$10,517,486.85	$1,211,701.50		Yes	No	No	No	No	No	No	Upper middle	No data	77 (High HD)	54	3.8	27.3	2012	No	Yes	No	None
Somalia	$10,992,026.82	$7,533,689.98	$3,458,336.84		No	No	Yes	No	Yes	Yes	No	Low	No data	No data	0	8.9	No data	N/A	Yes	Yes	No	None
Yemen	$8,738,038.79	$4,433,235.02	$4,304,803.77		Yes	No	Yes	Yes	Yes	No	No	Lower middle	2	160 (Low HD)	9	7.6	No data	N/A	Yes		No	None
Lebanon	$6,736,673.10	$5,924,790.74	$811,882.36		No	No	No	No	No	No	No	Upper middle	No data	67 (High HD)	43	5.5	No data	N/A	Yes		Yes (2010-2014, very good)	None
Palestine	$3,807,260.74	$1,575,031.42	$2,232,229.32		No	No	No	No	No	No	No	Lower middle	No data	113 (Medium HD)	26	4.9	No data	N/A	Yes		No (Conducted but rated poor)	None
Egypt	$3,678,191.23	$1,834,233.93	$1,843,957.30		No	No	Yes	No	Yes	No	No	Lower middle	No data	108 (Medium HD)	25	4.6	No data	N/A	No		No	2016
Oman	$1,544,970.48	$1,513,219.20	$31,751.28		No	No	No	No	No	No	No	High	No data	52 (High HD)	61	3.5	No data	N/A	No		No	None
Asia & Pacific																						
Afghanistan	$11,632,755.16	$7,243,149.46	$4,389,605.70		No	No	No	No	No	No	No	Low	1.5	169 (Low HD)	7	7.9	27.8	2008	Yes		No (Conducted but rated poor)	2018
Philippines	$11,222,722.14	$6,602,385.49	$4,620,336.65		Yes	No	No	No	No	No	No	Lower middle	No data	117 (Medium HD)	58	5.5	43	2012	Yes		No	2016
Bangladesh	$10,722,387.27	$5,401,237.57	$5,321,149.70		No	No	No	Yes	No	Yes	No	Low	3.5	142 (Medium HD)	22	5.8	32	2010	Yes		Conducted in 2015 - No rating available yet	None
India	$8,205,927.19	$0.00	$8,205,927.19		No	No	No	Yes	No	Yes	Yes	Lower middle	3	135 (Medium HD)	47	5.6	33.9	2009	Yes		No (Conducted but rated poor)	None
Nepal	$7,323,924.26	$3,762,431.58	$3,561,492.68		No	No	No	Yes	No	Yes	No	Low	4	145 (Low HD)	16.75	5.1	No data	N/A	Yes		No	2016
Myanmar	$6,619,702.74	$2,768,467.52	$3,851,235.22		No	No	No	No	No	No	No	Low	2.5	148 (Low HD)	4	6.7	No data		Yes		No	2016
Indonesia	$6,282,390.98	$1,021,868.23	$5,260,522.75		No	No	No	No	No	Yes	No	Lower middle	No data	110 (Medium HD)	44	4.5	No data		Yes		No (Conducted but rated poor)	2019
Vietnam	$4,672,867.72	$1,059,263.46	$3,613,604.26		No	No	No	No	No	No	Yes	Lower middle	3.5	116 (Medium HD)	44	3.6	38.7		No		Conducted in 2015 - No rating available yet	None
Pakistan	$4,352,727.92	$2,259,797.69	$2,092,930.23		No	No	No	No	No	Yes	Yes	Lower middle	3.5	147 (Low HD)	23	6.6	No data		Yes		No	2016
China	$2,691,059.16	$148,056.65	$2,543,002.51		No	No	No	No	No	No	Yes	Upper middle	No data	90 (High HD)	56	4.6	No data		No		No (Conducted but rated poor)	2019
East & South Africa																						
Uganda	$17,255,014.10	$14,196,760.08	$3,058,254.02		No	No	Yes	Yes	Yes*	No	No	Low	3.5	164 (Low HD)	33	5.4	42.4	2012	Yes		No	2019
South Sudan	$16,410,633.43	$11,133,229.41	$5,277,404.02		No	No	No	No	No	Yes	No	Lower middle	2.5	169 (Low HD)	3	8.7	No data		Yes	Yes	No	None
Ethiopia	$13,808,999.64	$10,448,259.01	$3,360,740.63		No	No	Yes	Yes	Yes	Yes	No	Low	3	173 (Low HD)	40	6.5	No data	2010	Yes		No	None
Malawi	$12,638,119.53	$11,109,094.23	$1,529,025.30		No	No	No	No	No	Yes	No	Low	3.5	174 (Low HD)	38	4.3	No data	2010	No		No	2019
Dem Rep Congo	$12,048,073.81	$7,498,553.47	$4,549,520.34		No	No	No	No	No	Yes	No	Low	2.5	186 (Low HD)	1	7.2	42.1	2012	Yes		No (Conducted but rated poor)	2016

Region	Level of investment Expenditure (USD) Jan 2012 - September 2015	EARMARKED (Non-Core Funding)	UN-EARMARKED (Core Funding)	Country Quadrant	Multi-Stakeholder JP Violence against Women (Y/N)	JP Essential Services for W&G subject to Violence (Y/N)	JP FGM (Y/N)	JP Child Marriage (launching in 2016)	FGM prevalent? (Only included countries with relatively high rates) Source: http://www.unicef.org/cbsc/files/UNICEF_FGM_report_July_2013_Hi_res.pdf	Child Marriage Prevalent? (Only included countries with relatively high rates) Source: http://www.girlsnotbrides.org/where-does-it-happen/	Sex Selection/Son Preference Prevalent? (Only included countries with relatively high rates) Source: https://www.pop.org/content/sex-selective-abortion	WB GNI classification (July 2014)	CPIA gender equality rating (1=low to 6=high), 2013	Index (HDI) (ranking), 2014	Gov. Effectiveness 2012 Rank	INFORM Indicator (the higher/larger the value, the higher the risk); see: http://www.inform-index.org/Countries/Country-profiles/	Gini Coefficient (0=perfect equality; 100= perfect inequality) http://data.worldbank.org/indicator/SI.POV.GINI?order=wbapi_data_value_2012+wbapi_data_value&sort=asc	Gini (Year) (2008 onward)	Humanitarian Context (Y/NO) Determined based on list of 44 crisis affected COs	Possibility to evaluate the continuum approach?	CPEs conducted (rated good/very good) (Y/N)	CPEs (new cycle-add date)
Zimbabwe	$8,984,909.92	$8,137,625.03	$847,284.89		No	No	No	No	No	No	No	Low	3	155 (Low HD)	11	4.3	No data		Yes		Yes (2012 - 2015, good)	None
Tanzania	$5,643,051.03	$889,138.72	$4,753,912.31		No	No	No	No	No	No	No	Low	3	151 (Low HD)	28	4.7	37.8	2011	No		No	None
Kenya	$4,954,519.25	$2,673,342.29	$2,281,176.96		No	No	Yes	No	Yes	No	No	Low	3.5	145 (Low HD)	35	6.1	No data		Yes		No (Conducted but rated poor)	2017
Mozambique	$4,320,093.68	$1,698,227.39	$2,621,866.29		No	Yes	No	Yes	No	Yes	No	Low	3	180 (Low HD)	30	5.8	No data		No		No	None
South Africa	$3,171,530.32	$1,638,072.80	$1,533,457.52		No	No	No	No	No	No	No	Upper middle	No data	116 (Medium HD)	64	3.8	63.4	2011	No		Yes (2007 - 2012, good)	None
Western & Central Africa																						
Nigeria	$10,047,025.98	$5,535,421.06	$4,511,604.92		No	No	Yes	No	Yes	Yes	No	Lower middle	3	152 (Low HD)	16	6.3	43	2009	Yes		Yes (2012, Good) (Note: convering the period 2009-2012)	2017
Sierra Leone	$9,404,850.82	$8,646,967.38	$757,883.44		No	No	No	Yes	Yes	Yes	No	Low	3	183 (Low HD)	11	4.3	34	2011	Yes		No (Conducted but rated poor)	2019
Niger	$8,498,391.13	$5,037,290.30	$3,461,100.83		No	No	No	Yes	Yes*	Yes	No	Low	2.5	187 (Low HD)	28	7.4	31.5	2011	Yes		No (Conducted but rated poor)	2017
Cote D'Ivoire	$5,092,540.15	$2,171,362.93	$2,921,177.22		No	No	No	No	Yes	No	No	Lower middle	3	171 (Low HD)	14	4.5	43.2	2008	Yes		No (Conducted but rated poor)	None
Guinea	$5,074,168.06	$3,624,814.61	$1,449,353.45		No	No	Yes	No	Yes	Yes	No	Low	3	182 (Low HD)	9.09	5	33.7	2012	Yes		No	2016
Liberia	$4,967,742.71	$3,284,186.45	$1,683,556.26		No	No	No	No	Yes	No	No	Low	2.5	177 (Low HD)	12	3.8	No data	N/A	Yes		No	2016
Central African Republic	$4,661,363.68	$2,866,314.83	$1,795,048.85		No	No	No	No	Yes	Yes	No	Low	2	187 (Low HD)	6	8.3	No data	N/A	Yes		No	2016
Mali	$3,464,807.98	$1,043,240.77	$2,421,567.21		No	No	Yes	No	Yes	Yes	No	Low	2.5	179 (Low HD)	16	6.2	No data	N/A	Yes		No	2018
Burkina Faso	$3,388,019.74	$1,859,372.35	$1,528,647.39		Yes	No	Yes	Yes	Yes	Yes	No	Low	3.5	183 (Low HD)	30	4.8	No data	N/A	Yes		Yes (2011 - 2015, good)	None
Chad	$3,056,988.22	$1,556,416.14	$1,500,572.08		No	No	No	No	Yes	Yes	No	Low	2.5	185 (Low HD)	5	7.7	43.3	2011	Yes		Conducted in 2015 - No rating available yet	None
Latin America & Caribbean																						
Guatemala	$7,888,443.88	$5,602,202.78	$2,286,241.10		No	Yes - Pilot Country	No	No	No	No	No	Lower middle	No data	125 (Medium HD)	26	5.3	52.4	2011	Yes		No	2018
Bolivia	$3,598,557.11	$2,454,429.53	$1,144,127.58		No	No	No	No	No	No	No	Lower middle	4	112 (Medium HD)	43	3.2	46.3	2011	Yes		No	2016
Colombia	$2,877,265.68	$1,626,798.98	$1,250,466.70		No	No	No	No	No	No	No	Upper middle	No data	98 (High HD)	57	5.6	53.5	2013	Yes		Yes (2013, Good)	2018
El Salvador	$2,794,307.44	$1,745,531.52	$1,048,775.92		No	No	No	No	No	No	No	Lower middle	No data	115 (Medium HD)	49	4.7	43.5	2013	Yes		Yes (2014, Good)	2018
Nicaragua	$2,717,697.31	$1,587,552.91	$1,130,144.40		No	No	No	No	No	Yes	No	Lower middle	4	132 (Medium HD)	21	4.1	45.7	2009	No		No (Conducted but rated unsatisfactory)	2016
Haiti	$2,420,478.17	$1,507,910.80	$912,567.37		No	No	No	No	No	No	No	Low	2.5	163 (Low HD)	2	6.1	60.8	2012	Yes		No	None
Honduras	$2,392,740.16	$743,310.86	$1,649,429.30		No	No	No	No	No	No	No	Lower middle	2.5	131 (Medium HD)	27	4.7	53.7	2013	No		Conducted in 2015 - No rating available yet	None
Peru	$1,779,761.30	$244,946.04	$1,534,815.26		No	Yes	No	No	No	No	No	Upper middle	No data	84 (High HD)	49	4.4	44.7	2013	No		Conducted in 2015 - No rating available yet	None
Uruguay	$1,094,077.98	$325,391.26	$768,686.72		No	No	No	No	No	No	No	High	No data	52 (High HD)	70	1.7	41.9	2013	No		Yes (2011 - 2015, good)	None
Panama	$1,025,455.04	$561,081.56	$464,373.48		No	No	No	No	No	No	No	Upper middle	No data	60 (High HD)	63	3.7	51.7	2013	No		No (Conducted but rated poor)	None
Eastern Europe & Central Asia																						
Turkey	$7,265,390.91	$5,360,861.04	$1,904,529.87		No	No	No	No	No	No	No	Upper middle	No data	69 (High HD)	65	5.1	40.2	2012	Yes	Yes	Yes (2014, very good	None

Evaluation of UNFPA support to the prevention, response to and elimination of gender based violence, including harmful practices

Region	Level of investment Expenditure (USD) Jan 2012 - September 2015	EARMARKED (Non-Core Funding)	UN-EARMARKED (Core Funding)	Country Quadrant	Multi-Stakeholder JP Violence against Women (Y/N)	JP Essential Services for W&G subject to Violence (Y/N)	JP FGM (Y/N)	JP Child Marriage (launching in 2016)	FGM prevalent? (Only included countries with relatively high rates) Source: http://www.unicef.org/cbsc/files/UNICEF_FGM_report_July_2013_Hi_res.pdf	Child Marriage Prevalent? (Only included countries with relatively high rates) Source: http://www.girlsnotbrides.org/where-does-it-happen/	Sex Selection/Son Preference Prevalent? (Only included countries with relatively high rates) Source: https://www.pop.org/content/sex-selective-abortion	WB GNI classification (July 2014)	CPIA gender equality rating (1=low to 6=high), 2013	Index (HDI) (ranking), 2014	Gov. Effectiveness 2012 Rank	INFORM Indicator (the higher/larger the value, the higher the risk); see: http://www.inform-index.org/Countries/Country-profiles/	Gini Coefficient (0=perfect equality; 100= perfect inequality) http://data.worldbank.org/indicator/SI.POV.GINI?order=wbapi_data_value_2012+wbapi_data_value&sort=asc	Gini (Year) (2008 onward)	Humanitarian Context (Y/NO) Determined based on list of 44 crisis affected COs	Possibility to evaluate the continuum approach?	CPEs conducted (rated good/very good) (Y/N)	CPEs (new cycle-add date)
Ukraine	$2,056,130.05	$1,113,321.76	$942,808.29		No	No	No	No	No	No	No	Lower middle	No data	83 (High HD)	32	5.3	24.6	2013	No		No	None
Belarus	$1,689,647.36	$1,553,455.46	$136,191.90		No	No	No	No	No	No	No	Upper middle	No data	53 (High HD)	18	1.8	26	2012	No		No	None
Bosnia & Herzegovina	$1,591,852.21	$1,074,874.85	$516,977.36		No	No	No	No	No	No	Yes	Upper middle	4	86 (High HD)	39	4	No Data	N/A	Yes		Yes (2013, Good)	2018
Kyrgyzstan	$1,295,098.08	$1,034,644.80	$260,453.28		Yes	No	No	No	No	No	No	Lower middle	4.5	163 (Low HD)	29	3.3	27.4	2012	Yes		No	2016
Uzbekistan	$1,068,699.01	$312,460.37	$756,238.64		No	No	No	No	No	No	No	Lower middle	4	114 (Medium HD)	17	3.3	No Data	N/A	No		Yes (2014, Good)	None
Georgia	$910,479.32	$872,733.10	$37,746.22		No	No	No	No	No	No	Yes	Lower middle	4.5	76 (High HD)	70	3.9	40	2013	No		No	None
Azerbaijan	$762,229.02	$0.00	$762,229.02		No	No	No	No	No	No	Yes	Upper middle	No data	78 (High HD)	24	3.7	No data	N/A	No		Yes (2011 - 2015, good)	None
Albania	$659,742.73	$396,077.54	$263,665.19		No	No	No	No	No	No	Yes	Upper middle	No data	85 (High HD)	45	2.9	29	2012	No		Yes (2012 - 2016, good)	None
Tajikistan	$455,446.57	$42,306.93	$413,139.64		No	No	No	No	No	No	No	Low	4	129 (Medium HD)	18	3.9	No data	N/A	Yes		Yes (2010 - 2015, good)	None

Designed as L3 country (most severe, large-scale humanitarian crisis) by OCHA	2 or more harmful practices	*Included in list of countries engaging in harmful practice, but rate is quite low.

Spend by regional programme

	2012	2013	2014	2015	Total
Arab Region	**$452,658.86**	**$524,711.47**	**$2,526,770.20**	**$2,646,249.68**	**$6,150,390.21**
Arab States Reg. Office/Cairo	$452,658.86	$524,711.47	$2,526,770.20	$2,646,249.68	$6,150,390.21
Asia & Pacific Region	**$2,316,982.60**	**$2,257,521.79**	**$3,525,218.75**	**$4,058,192.11**	**$12,157,915.25**
Regional Office/Bangkok	$1,158,451.99	$687,518.12	$1,222,284.74	$2,557,044.25	$5,625,299.10
Sub-Regional Office/Kathmandu		($3.29)			($3.29)
Sub-Regional Office/Suva	$1,158,530.61	$1,570,006.96	$2,302,934.01	$1,501,147.86	$6,532,619.44
East & South Africa Region	**$1,121,872.18**	**$533,484.97**	**$1,387,918.92**	**$1,135,824.74**	**$4,179,100.81**
Regional Office/E&SA Region	$719,553.10	$529,890.28	$1,387,918.92	$1,135,824.74	$3,773,187.04
Sub-Regional Office/Jo'Burg	$402,319.08	$3,594.69			$405,913.77
EECA Region	**$578,834.38**	**$603,424.56**	**$2,218,296.69**	**$2,636,739.02**	**$6,037,294.65**
EECA Reg. Office/Istanbul	$578,834.38	$603,424.56	$2,218,296.69	$2,636,739.02	$6,037,294.65
Latin America & Caribbean	**$2,211,833.67**	**$1,387,715.88**	**$2,456,009.07**	**$2,747,660.28**	**$8,803,218.90**
Eng Speak Caribb Countrys B	$453,222.54	($23.61)			$453,198.93
Regional Office/Panama City	$1,752,849.17	$995,471.38	$2,232,754.48	$2,114,412.19	$7,095,487.22
Sub-Regional Office/Kingston	$5,761.96	$392,268.11	$223,254.59	$633,248.09	$1,254,532.75
Western and Central Africa	**$131,511.78**	**$367,664.83**	**$2,272,194.74**	**$1,958,886.42**	**$4,730,257.77**
Regional Office/W&CA Region	$131,511.78	$367,664.83	$2,272,194.74	$1,958,886.42	$4,730,257.77
Grand Total	**$6,813,693.47**	**$5,674,523.50**	**$14,386,408.37**	**$15,183,552.25**	**$42,058,177.59**

Annex 2 – Minutes of Evaluation Reference Group meetings

Evaluation of UNFPA support to the prevention, response to and elimination of GBV and Harmful practices (2012-2017)

First Meeting of the Evaluation Reference Group (ERG)

January 25 2017

Present:	Alexandra Chambel, UNFPA, Evaluation Office, Evaluation Adviser, chair of the ERG Natalie Raaber, UNFPA, Evaluation Office, Evaluation Analyst Rosalie Fransen, UNFPA, Evaluation Office, Research Assistant (minutes taker) Aynabat Annamuhamedova, UNFPA, Programme Division, Programme Specialist Fabrizia Falcione, UNFPA, HFCB, Gender-Based Violence Capacity Development Specialist Upala Devi, UNFPA, Gender, Human Rights and Culture Branch, Gender-Based Violence Advisor Olugbema Adelakin, UNFPA, APRO, Regional Monitoring and Evaluation Advisor Sujata Tuladhar, UNFPA, APRO, Gender-Based Violence Specialist Seynabou Tall, UNFPA, ESARO, Advisor and Key Focal Point on Gender-Based Violence Satvika Chalasani, UNFPA, Technical Division, Sexual and Reproductive Health Branch, Technical Specialist Jovanna Yiouselli, UNFPA, Evaluation Office, Intern External team: Joseph Barnes, Impact Ready, Evaluation Team Leader Corinne Whitaker, ITAD, Senior Expert on Gender and Gender-Based Violence

I. Opening/Introduction

The meeting opened with a welcome from **Alexandra Chambel**. Alexandra shared information on the role of the Evaluation Reference Group: provide technical input and guidance throughout the evaluation process; commenting on the evaluation deliverables as well as advising the team identifying key stakeholders, documentation and data sources including information about the programmes and strategies of UNFPA in addressing gender-based violence and harmful practices.

Team has already produced a draft Inception Report which has been shared with the ERG for comments.

Today's meeting serves to present the inception report, evaluation questions, rationale behind case study selection, timeline and next steps.

The meeting continued with a brief round of introductions, with each Reference Group member sharing their expectation of the evaluation exercise:

- **Adelakin:** In the Arab region, we would like to see what the approach to GBV/HP in a humanitarian context has been and how we can use evidence from the evaluation to move forward.

- **Sujata:** What are the areas on which we should focus our energy and resources? How can we strengthen the multi-sectoral approach, and strengthen the prevention angle of GBV?
- **Fabrizia**: The coordination aspect of GBV – UNFPA has the sole leadership and responsibility of GBV at the global level. Hope the evaluation can surface 1) what our role has been thus far and 2) how we've contributed globally, including any areas for further improvement. What is the intersection with sexual and reproductive health, and are there good practices that can be replicated?
- **Upala:** As the fund is progressing towards a scenario where there are limited resources, and a political bind with new government in the US, what are our core competencies and how do we move between humanitarian, emergency, and development settings? Need to receive some inputs and guidance from you as to how you see us working and progressing in this core area of work.
- **Aynabat:** Echoing Upala and Fabrizia's comments. One addition: Importance of looking at the monitoring component of GBV/HP and how these issues can be monitored and linked to the Strategic Plan.
- **Satvika:** Child Marriage programme was evaluated through the evaluation on A&Y – and it will undergo a direct evaluation as well – likely because child marraige fits under so many different portfolios. Importance of the lens through which the evaluation views child marriage – hope it can be a broader lens: child marriage not just as a GBV programme, but as a multi-dimensional issue. Child marriage is a more nascent programme, need to be flexible in evaluation criteria and hold it to different standards. Programme only in effect in select countries and affected by donor interest and various conditions. Not really present in humanitarian settings.

  Alexandra: clarified child marriage is included in the thematic scope of this evaluation has one of the 3 harmful practices and that the joint programme on child marriage is one source of evidence but certainly not the only one; as the scope covers all work UNFPA work on child marriage as well as FGM and son preference.

II. Presentation of Slides

A PowerPoint presentation covering the purpose and objective of the evaluation, the scope, financial information and modes of engagement, the methodological approach used, (Theory of Change, intervening/external factors), data collection methods, sampling criteria, and the proposed calendar was shared.

Key points on methodological approach:

- Development of a reconstructed, comprehensive, global **theory of change** for further use and development by UNFPA, to test and better understand assumptions.
- Analysis will look at **outcome level**: not an impact evaluation, which requires a different design.
- **Broad scope**: looking at UNFPA's contribution in the broader context, and within partnerships and coordination mechanisms (one actor among many)
- **Systems approach**: which combinations of interventions and responses (in particular contexts, at particular times) are associated with moving a complex system in a more positive direction, and which are associated with regressing it? This approach differs from conducting a project evaluation, which uses a more linear approach.

- **Evaluation questions**: What has UNFPA contributed to? Under what conditions was the contribution the greatest? To what extent do those conditions exist? What does it take to replicate those conditions?
- **Evaluation criteria:** Relevance, Organizational Efficiency, Effectiveness, Sustainability, looking at coverage and coherence in humanitarian contexts.

III. Discussion

Comments were made throughout the presentation – see below for discussion points.

Framing/language concerns

- Distinction between natural disasters, humanitarian, and national disaster response: suggestion to use a different terminology for "natural disaster" vs. "conflict-related" – sometimes you do not have a national disaster response because you may not have a national government capable of responding to the crisis (i.e. in Palestine).

  Also: the broad goal of UNFPA in the theory of change should not be empowered women and girls – gives the perception that if you are a survivor of GBV you are not empowered.

  - **Response**: In agreement with language issue, need to change empowered women and girls to "gender equality", need to find a better wording than "disaster response" to increase relevance to UNFPA's work. Alexandra and Corinne also agree.

Approaching different country contexts

- You may receive micro-level data from countries like India, but may be more difficult to obtain it from/access it in other countries.
- Have to be mindful of UNFPA's business model in our approach. In Pink countries UNFPA is not actually supporting service delivery but does more policy and advocacy work – need to take this into account in the evaluation.
- On regional/cross-border work, would be interesting to look at how much UNFPA is actually taking into consideration the changing context that necessitates greater cross-border work (i.e. from Middle East/Africa to Europe). **Response**: cross-border work is an important point to understand social norms and social norms change – the evaluation will look at this issue too - Action: include it as an assumption in the evaluation matrix.

  How is UNFPA addressing the migration wave? What do we need to do, what do we need to reinforce, including in cases where it is not possible to work with the government?
- Urging not to make the evaluation a de facto competition between countries/COs and their performance, there are many ground realities that cause countries to deliver greater (or fewer) results.

  - **Response**: Need to not compare country-by-country since conditions are different, yet clear expectation of this exercise to provide guidance and lessons regarding which factors jointly facilitate and hinder programming.
- What if replicating is not the right answer, but instead UNFPA needs to adapt to completely new conditions/challenges? I.e. in Europe, where UNFPA is more familiar with working in vulnerable contexts, how can UNFPA adapt to countries with more stable conditions (working on issues of migration/refugees in for example Germany, Italy, Greece).

  Danger of replicating what we think we know is working, in a context that is completely different than what we are used to.

- **Response:** Can we look at where entities have moved into a new space, and can we learn from that transition?
- **Response:** the capacity of UNFPA to adapt and respond to a changing context. Action: consider including it as an assumption in the evaluation matrix

Evaluation criteria

- UNFPA at both global/field level has an important role in GBV information management. Suggestion to add (under Effectiveness criteria) "information management" in addition to knowledge management.

Global vs. country/regional level analysis

- Need to look at the missing link between the global level and the field: see this as two different parts that need a distinct approach. How can our work here, at HQ, be better informed by the field, and how can we better inform the field? Need to consider HQ (Geneva and NYC) as a specific group within data collection efforts. The evaluation needs to look at the work we are doing at the global level - information-sharing, guidance, support, policy development, etc.
- Agree with above comment, since what happens at the country/regional level is, in part, largely influenced by what happens at the global level. The Joint Programmes UNFPA has reflect work at HQ – not in the field or in the regions. Not all the budget goes to the field and much of the work is undertaken from HQ. This needs to be better reflected in the evaluation.
- **Response:** Point of clarification - the evaluation beyond conducting country and regional cases studies; covers all levels including the work conducted at global level (e.g joint programmes and initiatives managed at global level; coordination, policy work and advocacy, etc). Importance of mapping out key stakeholders, both at global, regional and country level. Keep in mind we also have two regional case studies. Natalie's presentation of the sample will touch also on this issue.
- **Response:** Can organize an expanded reference group meeting, or a focus group discussion inviting colleagues and other key partners at the global level. Need to identify key people who should be invited and will need your help on that.

Sampling and criteria for case study selection

- Does Turkey mean the country office, or the response to the Syria crisis (**Response:** both). Would be good to consider the cross-border work conducted in Jordan and Turkey.

  Need to find a plan B for CAR, travel access might be excessively difficult, security conditions may not allow. CAR CO is also facing challenges within CO itself which go beyond the programme, they are not in a good position to receive an evaluation that would be useful for them.

  - **Response:** Suggestion to keep CAR as an extended desk study and have a country in the Arab region (i.e. Jordan which is one of the countries already selected for extended desk study) as a field visit. As a result we would maintain the set of countries sampled.
- Is the expenditure ranking using nominal values or a percentage of country programme? **Response:** nominal. Perhaps important to include countries where there is a high prevalence of HP/GBV and low expenditure country, to see why they are not doing something about it.
  - **Response:** Yes, that is a good point. India country office falls within the middle of top 10 (not the highest in thee region), as do several of the extended desk studies.

IV. Next steps

- See **timeline** in inception report for detailed overview
- Reference Group members to send comments within the next week (by Friday, Feb 3) on the **Inception report**
- Reference Group members to share with EO **all relevant documentation** with evaluation team (to be uploaded the Google Drive) – important to ensure documentation from global/HQ level is fully included – such as: AWPs (2012-2017); minutes/ reports any other reporting in humanitarian and at coordination level, monitoring reports; other reports and studies, etc.
- Reference Group members to be interviewed by the evaluation team as part of data/information collection.
- **Selection of new case study**: agreed that, due to security concerns in CAR, CAR is replaced with a country in the Arab region (i.e. Jordan) – pending confirmation with the regional office (and CAR will be an extended desk review).

Meeting closed

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Evaluation of UNFPA support to the prevention, response to and elimination of GBV and Harmful practices (2012-2017)

Second Meeting of the Evaluation Reference Group (ERG)

December 7, 2017

Present:	Alexandra Chambel, chairperson of the ERG, Evaluation Office Natalie Raaber, Evaluation Office (minutes taker) Aynabat Annamuhamedova, Programme Division Branka Djurkovic, Programme Division Noemi Espinoza, Multilateral Affairs Branch Fabrizia Falcione, Humanitarian and Fragile Context Branch Erin Kenny, Humanitarian and Fragile Context Branch Isatu Sesay-Bayoh, Gender Human rights & Culture Branch Sana Asi, Palestine CO Francis Boogere, ESARO Satvika Chalasani, Sexual & Reproductive Health Branch Ingrid Fitzgerald, APRO Sujata Tuladhar, APRO Priya Marwah, APRO Doreen Komuhangi, Uganda CO Roselidah Ondeko, Uganda CO Upala Devi, Luis Moura, Ugochi Daniels, Nigina Abaszade External Evaluation Team Joseph Barnes, Team leader Katie Tong, Humanitarian expert Corinne Whitaker, GBV expert

I. Opening/Introduction and PowerPoint Presented

The meeting opened with a welcome from Alexandra Chambel, Evaluation Manager, and then continued with a brief round of introductions.

The agenda for the meeting was discussed and Alexandra shared that this Evaluation Reference Group (ERG) meeting – the second ERG meeting – would focus on preliminary findings and emerging issues. Toward this end, the evaluation team presented a Presi highlighting emerging findings - see link : http://prezi.com/sbj2s2vu_7zq/?utm_campaign=share&utm_medium=copy&rc=ex0share

See below for the discussion's key points (organized thematically).

II. Key Themes: Points/Discussion

Definition of GBV and Implications on who UNFPA works with / responds to

- Would be helpful to clarify (in the report) the definition of GBV and VAWG, how UNFPA frames it formally, in documents, as well as how it is understood in practice; both have implications for how UNFPA works programmatically and with partners.
- UNFPA's work on/engagement with men and boys is linked to this (definitional issue), as well as is the question around the groups with whom we *ought* to be working (NB: see below section humanitarian for additional information); how are we working with men/boys – as agents of change (primarily), but there is a different dynamic which requires a different skill set to work with them as survivors of GBV.
    - Additionally, should we be working on SGBV faced by men? Is this within our mandate? And if so, do we have technical capacity to do so, and if not, and there is a need (which there is), how to ensure that we have the human resources to sustainability respond (without doing harm).
- This discussion speaks to what we have seen in the field, as well; I think it is important to be very clear on the different meanings; in the field, for example, there is a different definition and connotation attached to GBV, SGVB, sexual violence, VAW, the minutiae matter.
- **Response**: Noted that a lack of a clear definition might actually open up potential opportunities (as well as pose challenges); perhaps the "ambiguity" allows UNFPA at country level, for example, to advance work, perhaps quietly, with a range of marginalized groups/rights holders (in other words, there might be a "bureaucratic opening" that might not be quite as palatable/possible at the political / intergovernmental to engage broadly).
- **Response**: Clarify definitions around GBV: is there a problem that there is ambiguity or this an opportunity, allowing colleagues situated in different contexts to respond flexibly, recognizing varied contextual realities? Further reflection is needed on whether a lack of a clear definition on GBV is necessarily a problem for UNFPA
- Regarding prevention of GBV, were there any strategies highlighted in the report? This is particularly important when reflecting on the root causes, are we using the right strategies?

GBV IMS vs. information management systems for GBV

- Point on terminology/: GBV IMS is both a *project* that UNFPA has funded (in, for example, Palestine) and a category/area of work generally; please ensure that, in the report, you are clear on the separation; we also see this "terminology confusion" with the Minimum Standards for GBViE (which refers to a specific guideline/guidance) vs. "lower case" international minimum standards.
    - Colleagues echoed his point and agreed.

Intergovernmental processes

- From a normative perspective, there are a lot of issues with language (and specifically around GBV); in the 3rd committee, even nomenclature around child/early marriage has become problematic; intersecting identities is another one – when we speak about this, some member states push back/ask what we mean (and what they are pointing to is gender and sexual orientation/LGBTI community – this is where the resistance is)
- Glad to see that the work on disability is moving forward; this is an important topic
- Reaffirm the importance of the emerging finding on work that UNFPA is doing at country/regional level, not being wholly reflected at global/intergovernmental level; we are, for example, working with OCHA in the inter-governmental space on humanitarian issues

and UNFPA's work is not recognized as much as we should be (perhaps because we are often working "quietly")

- As the evaluation report is going to the Board, then we certainly need to be conscious of language; this battle (around gender, GBV, etc.) needs to be fought at a different level.

Harmful Practices and differentiation from GBV

- Important to tease out the differences between the work being done on GBV and that on harmful practices; in the Asia Pacific region, for example, we'll see work on GBV in every country but the work on harmful practices is concentrated in specific countries. Additionally, the work on harmful practices constellates around joint (global) programmes and, as a result, is very visible and readily "package-able", but, in our region, much of what we do is outside of these; ensure that the evaluation reflects this.
- The work on harmful practices (e.g. joint programme on FGM) do have a focus on behavioural change / shifting social norms – which is work that supports *elimination of GBV and HP*; when reflecting on the balance of support to the three areas of work (prevention, response and elimination), it would be helpful to separate GBV from harmful practices (to ensure that the work on social norms/behavioural change in the latter is not obscured).

Humanitarian Dimension (GBV AoR, GBV Sub-Clusters)

- UNFPA has operational legitimacy (this is where we differ from UN Women); we are able to respond and have the expertise precisely because we are on the ground / we have presence in countries/over time and this is at the core of our legitimacy in doing this work.
- Concur on issues of operational legitimacy - this is an added value; we should use this as an argument for positioning UNFPA generally (not just within humanitarian contexts): our presence and technical expertise is what gives us legitimacy and is valued by partners; UNFPA is seen as a long term and committed player because of this way of working.
- **Response**: Importance of UNFPA not "doing everything everywhere"
    - The Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies responds to this – looks at where UNFPA should come in operationally vs where, on the other hand, UNFPA should provide coordination, referrals etc.
    - Would be important to reflect on *why* UNFPA is asked to do "everything everywhere" – does the evaluation explore the contributing factors/what underpins this? Does it have to do with our way of working/approach? For example, we are seen as particularly collaborative/participatory/flexible with partners, promoting national leadership / ownership and capacities? Is it our expertise/capacity?
- On dedicated GBV sub-cluster coordinators – this would be ideal, but in the field, struggling with time/human resources etc. and wondered if perhaps there could be flexibility here? Perhaps we can think more about the level of commitment/passion of the person there (perhaps this is more important than having a dedicated individual)? And we could also think about investing in local capacities and co-chairing. In Somalia, the sub-cluster is co-chaired with a local NGO and it is working well, and at the same time providing a space to strengthen local capacity, mentorship etc.

Humanitarian Development Continuum

- Would be helpful to have recommendations come out of the report on this nexus (i.e. the humanitarian development continuum); this work/working in this way is being done in the field – which is significantly ahead of HQ; at HQ we've had quite a difficult time articulating what this actually is and how it's implemented operationally, but it has been/is clearly happening (as we have seen in Palestine); it'd be helpful if the evaluation could draw out specific operational examples of this.

Coordination (with other UN agencies/UN Women specifically)

- Relationship with UN Women – we are sisters organizations and we need to work together on GBV and harmful practices – we need everyone in this game but we have to be sure we get it right:
    - When it comes to coordination, we have been heavily criticised; do we coordinate for the purpose of coordinating, or is it to advance joint outcomes? Response in the field is key, but we are also supporting services and partners rely on UNFPA; we are quite transparent – this is strength of UNFPA but how do we manage expectations of partners?
    - Previously, I believe there was joint programme on access to justice with UNIFEM – and then when UN Women came into being, we were asked to pass this on to UN Women fully, but UN women did not have the capacity/on the ground capacity to carry it out, difficult to get results and then UNFPA is blamed. **Response:** the same happened in Guatemala.
    - Seeing that engagement between the two executive directors (UN Women and UNFPA); perhaps the Spotlight Initiative will be a good opportunity to [reignite, strengthen the relationship/coordination between us and UN Women]

- On the humanitarian side, I don't see this kind of tension between UN Women and UNFPA at HQ –perhaps at global level our role(s) are better defined. But we do see it's different at country level [NB: tensions between UN Women and UNFPA at global level are there on the development side); this is a shame/there is room for everyone – there is so much to do in country and it may be important to review this MoU/division as perhaps the roles may have changed.
- At UNFPA, the discussion around gender mainstreaming often focuses on mainstreaming GBV; helpful if the evaluation further reflected on this - how do we understand gender mainstreaming at UNFPA and our role /internal capacity to do so. I think a lack of clarity on this leads/is linked to confusion in the division of labor between agencies at different levels; this is also linked to technical capacity (or a lack thereof) within UNFPA – many colleagues are gender specialists without being GBV specialists (barring those sent through SURGE); with the creation of UN Women, UNFPA gender specialists role in the field has been watered down, which raises questions on where the gender mainstreaming competencies and capacities are at field level?
- On the point of UNFPA able to generate political will for policy but not budget – perhaps UNPFA is not as strong at gender responsive budgeting, and this could be an area for cooperation with UN Women?

Capacity/Human Resources + Funding/Sustainability

- Internal capacity on GBV is an issue across the board (in both GBViE and development contexts); it's the first thing to be cut and is funded by non-core funds; we need to underscore the challenges with internal capacity in the report.
- Short project based funding may cause more harm than good – need long term funding for this type of work. For example, we received funding in the field to address a rape case; she was placed in a short term project with economic support but then funding ended and she became even more depressed / worse than she was previously; this is harmful – we need long term funding for this work. We see it with services as well: once donors pull out, providing services (even if channelled through local CSOs) becomes a significant sustainability challenge.
- We are often asked to respond to the needs of particular populations (example of men and boys in refugee camp in Jordan needing psychosocial support due to sexual violence/torture); if UNFPA was not there, this would not have been provided. Is this all GBV? Maybe not. But is there a need, yes. I had a similar feeling in Greece – where I was not in favour of working with men and boys for one reason: I worried we did not have the technical expertise. Principle of doing no harm, do we have the technical expertise to address this? Need to be flexible, but at the same time need flexibility requires the ability to build the capacity of our colleagues in the various areas of work we are asked to do.
    - Echoing this, we have to ensure that UNFPA's core mandate on women and girls is well-funded and sustainable (not simply one-off programming); then we can recognize potential responsibility to fill a gap in the field/reflect on what that means for UNFPA.
- Mentioned challenges around annual work plans and wanted to inform that PD is in final stages of developing output document template which will eventually become part of ToC guidance to help long-term planning and hopefully help securing funding

III. **Next steps: Integration of Comments in Report**

- **Response:** The evaluation team will ensure that the suggestions raised in the ERG are reflected in the draft report (as appropriate). The following will be addressed:
    - Internal capacity and operational legitimacy: Levels of staffing/HR working on GBV generally and GBViE in particular and operational legitimacy; issue of dedicated sub-cluster coordinator
    - Reference to SDGs/global development framework and their impact on UNFPA's work at country level
    - Differentiate between GBV and harmful practices vis a vis response, prevention and elimination balance, with work on social norms/behavior change (at the heart of elimination) happening in HP
    - Harmful practices work concentrated in certain regions to specific countries, where GBV programming found in all countries
    - Global and regional programmes more visible than other GBV work done (and perhaps reflected more in HQ intergovernmental processes)
    - GBV IMS (referring to specific project) vs. generally GBV IMS

Meeting closed

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Evaluation of UNFPA support to the prevention, response to and elimination of GBV and Harmful practices (2012-2017)

3rd Meeting of the Evaluation Reference Group (ERG)

April 11, 2018

In attendance:	Alexandra Chambel, Chair of the ERG, Evaluation Manager, Evaluation Office Marco Segone, Director, Evaluation Office Natalie Raaber, Evaluation research associate, Evaluation Office (minutes taker) Karen Cadondon, Evaluation research associate, Evaluation Office Luis Mora, Chief, Gender, Human Rights and Culture Branch Upala Devi, GBV Advisor, Gender, Human Rights and Culture Branch Akiko Sakaue, Programme Analyst, Gender, Human Rights and Culture Branch Satvika Chalasani, Technical Specialist, Sexual & Reproductive Health Branch Fabrizia Falcione, GBV Capacity Development Specialist, Humanitarian and Fragile Contexts Branch Sara Tognetti, Programme Analyst, Humanitarian and Fragile Contexts Branch Emily Krasnor, GBV Specialist, Humanitarian and Fragile Contexts Branch Karly Bennett, GBViE Consultant, Humanitarian and Fragile Contexts Branch Noemi Espinoza, Multilateral Affairs Advisor, Division for Governance and Multilateral Affairs Nigina Abaszade, GBV Advisor, UNFPA Eastern Europe and Central Asia Regional Office Enshrah Ahmed, Gender Advisor, UNFPA Arab States Regional Office Neus Bernabeu, GBV Advisor, UNFPA Latin America and the Caribbean Regional Office Branka Djurkovic, Research Associate, Strategic Information and Knowledge Management Branch Ingrid Fitzgerald, Gender and Human Rights Adviser, Asia and Pacific Regional Office Stefanie Kathaier Sulaf Mustafa, Gender Specialist, Afghanistan Country Office Adelakin Olugbemiga, M&E Regional Advisor, Arab States Regional Office Seynabou Tall, GBV Advisor, UNFPA East and Southern Africa Regional Office <u>External Evaluation Team</u> Joseph Barnes, Team leader Corinne Whitaker, gender based violence expert

I. Opening/Introduction and PowerPoint Presented

The meeting opened with a welcome from Marco Segone, Director of the Evaluation Office, followed by Alexandra Chambel, Evaluation Manager and chair of the evaluation reference group.

The agenda for the meeting was discussed and Alexandra shared that this Evaluation Reference Group (ERG) meeting – the third ERG meeting – would focus primarily on the conclusions and emerging recommendations. Alexandra briefly presented the methodological approach of the evaluations, Joseph Barnes, team leader, shared the findings, Corinne, GBV expert, presented the conclusions and Alexandra the preliminary recommendations.

The recording and presentation are available here: https://drive.google.com/drive/folders/1G0OtV3DPk5AbWESmncbHZvVthv6NpykP?usp=sharing

See below for the discussion's key points (organized thematically):

II. Key Themes: Points/Discussion

Definition of GBV

- There is definition of GBV at UNFPA (use the common UN definition); the definition is clear/there should be no flexibility around it; if there are differences in understanding and implementation, these need to be addressed
- GBV areas of responsibility (AoR) strategy is currently being finalized and even within the strategy/and among the membership of the AoR, there are different interpretations of GBV (even given the same definition we use within the AoR)
    - ***Evaluation Team****: Noted. Will address the issue. There are differences in understanding and an operational dimension; in Uganda, for example, while GBV is used at the government level, there are also political/cultural normative dynamics and concerns that GBV might touch on non-binary (i.e. LGBTWI), strong focus now on GBV including men's experiences (engaging men as agents of change and survivors)*
    - ***Evaluation Team****: When we speak of the definition of GBV it also has to do with an effort to speak to prevention and elimination and the broader mainstreamed portfolio of GBV work; looking at an expanded portfolio: A&Y programming, action on adolescent girls, CSE programming.*
- The problems we see at regional and country level vis a vis GBV comes from differing *understandings* of the definition (not about the definition as such). At UNFPA, we speak of GBV, but we end up working on VAW in most cases; we speak of child marriage, but in most cases we work on girl brides. Would also like to see the mainstreaming of GBV come out strongly in the recommendations; really important at regional and country level – think how GBV can be mainstreamed across the spectrum (when review CPDs, find that GBV is generally standalone)

Resourcing (financial and human) for work on GBV

- Evaluation report seems to conflate/confuse GBV and gender expertise at times; please be careful: one can have gender expertise, but not specifically be a GBV expert
- Even though there is political/programmatic commitment to GBV and HP in the new strategic plan, in the proposed GRI budget, there are no resources for the output on harmful practices, there is $0.00 (there is a nominal amount for human rights); this is impacting our negotiations with donors, who are interested in seeing an institutional (financial) investment from UNFPA's side (asking us "how much is UNFPA allocating/investing"); we're expected to contribute with our own resources, demonstrating commitment and ownership (seeing this play out in the Spotlight Initiative, where we are expected to contribute with some of our own resources). This dynamic also applies to human resources: at global level, we have one gender advisor at and the other post is frozen. There is a serious gap here and we need to address this systematic contradiction increasingly

important area of work (in the plan, political commitment) but the resources available to deliver / respond to this are not there

- Positive to see the report validates – in a systematic and independent manner – what many of us have been seeing. Many stand out findings, but the finding on the need to invest properly on the humanitarian work if we want to take on the leadership role is critical and playing out in the AP region (Cox's Bazaar context – a lot of great work, but really need investment in capacity). But also seeing that investment/capacity issues are not only related to humanitarian: cuts to core funding (and shift to non-core funding) is impacting investment in gender and gender expertise more broadly (gender first to be cut and / or put on non-core funding); funding gender with non-core funds is impacting sustainability of the gender expertise available in the organization – which is a key value add/how we're able to fulfill our mandate; "when we give away our capacity, we're giving away our mandate"; investment in humanitarian is important, but it's also investment in gender work per se that is needed
    - On recommendation 1.2 (corporate guarantee of funding): Think about the unintended consequences of that recommendation (linked to what was previously mentioned): we absolutely want more humanitarian capacity, but we also want it for development. Focusing on humanitarian could end up weakening development work and resulting skewing our relationship with development partners (UN Women even more) (colleague concurred)
        - ***Evaluation Team****: yes, we acknowledge the risk here and will ensure that the recommendation is balanced/further refined to reflect the work along the continuum/full portfolio of GBV work.*
- Would be helpful if the evaluation could explore/add some analysis on how resource mobilization and cuts to core funding/funding across the board is playing out differently across regions; in our region (LAC), we have less core resources and few(er) opportunities to generate non-core/donor funding, but at the same time a need to continue to work on GBV (in a context too with a growing backlash to SRHRR by fundamentalist groups in some countries in the LAC); perhaps the evaluation could consider a specific recommendation reflecting the varied resourcing environments across the organization and the impact of this heterogeneity on work on GBV. Would also like to underscore the continued need to resource civil society and focus more efforts on GBV prevention (requiring core resources)
- Two points on budget analysis: 2012-2017, expenditure are lower than the budget (but the analysis should state whether there are resources are already mobilized or a wish list (this would speak to whether we are over/under budgeting and spending at country level); would also like to see the amount for humanitarian vs. development budget disaggregated if possible; mobilizing for humanitarian and emergency response, but this should not overshadow the development work/the achievement on the development work obscured; we need to bridge this gap/between the two (i.e. implement the continuum in a better way) in order to better sustain projects.
    - ***Evaluation Team:*** *Atlas does not disaggregate at the level of granularity needed to clearly make this distinction (between funding for humanitarian and funding for development vis a vis GBV work); expenditure is captured at output and outcome level (in 2014 onward) and outcome alone prior to 2014, while GBV work is mainstreamed and captured across multiple outputs; expenditure is not tagged development or humanitarian. We can further draw on the case studies, though, and further explore/further nuance our analysis here, so where we can see an influx of funding for emergencies,*
- In terms of resources for GBV, we've recently finalized a study on GBV coordination in humanitarian contexts; revealed that less than 25% of funding for coordinators in Arab States

region for L3 emergencies is from the core budget; demonstrating that, as an organization, we are not really investing enough. We had raised a recommendation to Board and senior management to take this seriously and invest more from the core budget. Additionally, in terms of under-expenditure of country offices, as there is quite a lot of resistance on GBV by national partners/national governments in some places. Advocacy could play a role here, i.e, facilitating the actual implementation.

Theory of Change on GBV and HP

- We need an integrated approach to undermine the GBV and HP work; a common theory ofWchange underpinning both

Humanitarian Dimension and the Continuum Approach (to address the nexus)

- Emerging work on GBV at UNFPA is focused on the continuum approach; we have tools/guidelines to do so (i.e. Minimum Standards and Essential Services Package); this approach is being rolled out in 25-30 countries and we're continuing to deepen this work; this is an important value add/no other UN agency is doing this work and would like to see this come out more strongly in the report (apologies if it's already there though)
- Underscore that we think about the continuum in terms of the two opposing arrows – that this approach contributes to better development *and* humanitarian outcomes. Important that the continuum be considered in both directions – not just from development to humanitarian (building in systems of resiliency, contingency planning, preparedness), but also humanitarian to development (building back better/social norm change even in times of crisis); this should come out stronger in the report. Note that we use the continuum approach to address the nexus; nexus is the term that resonates more system wide
    - ***Evaluation Team****: Note this and will reflect it in the report; ensure that the continuum goes both ways, reflecting that the continuum results in strengthening humanitarian and development outcomes, though we've seen a more direct relationship strengthened humanitarian outcomes; also note one of the key learning from continuum is that psychosocial counseling can be applied for prevention and in post-conflict (peace work done in northern Uganda)*
- At the corporate level, we have a lot to do on the continuum approach/need to digest the approach further. For example, issues of resilience, at regional level (in ASRO) came up with a framework for resilience (with focus on GBV); has yet to be rolled out, we have seen that colleagues need more time/space to digest this. In terms of contingency planning and risk mitigation, we need to do more – particularly in our region (improve preparedness/integration of continuum needed to improve readiness for crisis). We need improved communication between those working on development and those on humanitarian, hope this comes out more strongly in the recommendation.
- Inter-agency coordination on GBV in humanitarian setting should be resourced more fully, UNFPA does have enough advisors on GBV (insufficient resourcing compared to the demands of the role); we cannot sustain our role, globally, regionally or at country level on GBV and fulfill our mandate if this is not addressed (noting too that our "value add" as UNFPA may be at risk/other organizations able to fill this role). Recommendations should call for resourcing of the GBV AoR global coordination team to fulfill inter-agency function. On human resources for GBV and humanitarian, I'm not sure if we necessarily need a P4/P5 as a GBV sub-cluster coordinator (note that we often have a P4 as a coordinator of the overall protection cluster); P3 may be sufficient.
- Important to ensure recommendations are balanced: GBV in humanitarian and development (focusing currently on humanitarian/implications for the work on the development side) to

reflect the range of work UNFPA is doing. For example invest more in Surge to inform the response and prevention, as well. Have to work on all the work on HP: measurement, social norm approach, also how to further integrate GBV in SRH

- ***Evaluation Team****: Point taken. The team will go back to the report and refine the recommendations. Will ensure that the report reflects both GBV in humanitarian and development work in a balanced manner.*
- ***Evaluation Team***: *helpful to also reflect on how different pots of money relate to continuum development – it's not just that there are resources for humanitarian and development, it's also that the methodologies to address GBV in each are different; while doing SASA! methodology in camps in Uganda, its difficult and points to areas for further are possibilities*

Partnerships (including with other UN agencies)/Coordination

- Noted strong partnerships with UNICEF and UNFPA – at the same time, there are challenges in coordination/working with other UN agencies (specifically UN Women) related to overlap on mandate? Or jostling for power, space, resources? A lack of clarity/commitment to working together? We've see some of these concerns at HQ level. Could you clarify? We are working with UN women on Essential Services rollout, Spotlight Initiative, on the humanitarian side – we need to address this. It's important to address this challenge to, as counterparts are also confused on who to go to for what: had a meeting in Latin America recently with ministries and they asked "where do we go / who do we work with on this"; we've asked senior management to develop an agreement/arrangement (as there had been previously), but it has not been done (it's critical now) – perhaps should have a recommendation on this.
- Echoing the point just above, very important to have more clarity on this area of GBV/work together on UN Women, as we've been hearing this consistently and at different levels. Additionally, wondering about the challenges with coordination with UNHCR – at least in some of the refugees contexts, we have strong partnership with them in refugee contexts – but perhaps the cases did not specifically look at refugee contexts or looked at where OCHA had overarching coordination (or did something else come out?)
  - ***Evaluation Team****: UN Women issue came across all case studies, including the 4 country and regional case studies; challenges linked to overlap of mandate (in LAC, all the work UNFPA is doing on access to justice, traditionally an area in which UN Women has worked) as well as a challenge with handing over work to UN women (as they expand their presence); and there is also a competition in resources.*
  - ***Evaluation Team****: the relationship with UNHCR is variable in different places, due to coordination function, which relies on negotiation at country level (and tensions on definitional issues GBV vs. SGBV issues); challenges with UN Women have been much broader, coordination relationship, part of the challenge is handover in the development space has to be negotiated locally and therefore quite dependent on personalities; secondly, relates to funding (not unique to UNFPA and UN Women, but exacerbated because looking at the same underfunded issues and the other dynamics); some tensions around programming areas, as well; and the definition issue – GBV or VAW (in some countries its fine (Uganda GBV is used, in Guatemala, ending VAW is fine) but in other contexts, people are using different terms to mean fundamentally different things*
- Discussion on partnerships is critical and welcome; UNFPA value add is convening and collectivizing and this comes from our ability to partner for movement building rather than implementation (seen as "part of the movement")

- In findings, should adjust the text – it seems the work with faith based organizations and men, but would suggest to ensure that the findings reflect UNFPA's longstanding work with human rights organizations and women's rights organizations (historically) as actors in advancing work in the GBV in the LAC region; it seems the emphasis is on faith-based organizing and men; important to underscore civil society partnerships with women's rights organizations, as well
- Have a long-standing relationship with WHO, for example; UNFPA has often implemented WHOs norms and standards; would suggest that the recommendations highlight the role of UNFPA vis a vis other agencies more broadly (not just challenges with UN Women)
- We see challenges with UN Women and WHO – but important to make a distinction in terms of the challenges vis a vis partnerships at country, regional, and global level. In Arab Region, for example, we have a 30 million joint programme with UN Women and WHO (as well as UNICEF and UNDP) - at regional level. So the distinction should where the challenges to partnerships are playing out and in what way.

UNFPA Value Add

General

Integrating GBV and SRH

- At the different levels we can still do more to integrate GBV in SRH, but I believe field colleagues are ahead of us on a number of issues including on this. Would be interested in learning of examples where this is working/models to replicate. At the same time, the evaluation notes that there needs to be better integration (of GBV) in thematic teams– this seems to contradict earlier statement: on the one hand, you are saying that there is strong integration, and here you are saying that integration needs to be strengthened. The report should clarify this.
- How to integrate GBV into SRH is essential and a value add of UNFPA; focus on research is good too (as a recommendation), but would suggest to unpack this further; we are also well-positioned to expand the work on social norms (which is something we've been doing in the harmful practices)
- We have a life cycle approach (UN Women, focus on adults, UNICEF on children); underscore that only agency that approaches the work from a life cycle perspective (linked to population dynamics).

Harmful Practices

- Would like the evaluation to highlight (more clearly) UNFPA's comparative advantage in working on harmful practices; we are the only agency that works on the 3 harmful practices affecting women and girls (FGM, Son preference, child marriage) worldwide.
    - ***Evaluation Team****: Noted and will reflect. UNFPA not only has a longevity and depth of these issues – brining issue of son preference to global level for example – but also UNFPA works on 3 harmful practices with a nuanced balance between normative and structural approach, a strength*
- Would like the evaluation to draw out/underscore more clearly UNFPA's comparative advantage relative to some of the other organizations working on GBV/HP; strong partnerships and integration with SRH are key, but UNICEF for example is doing child protection work (same partners, and similar models, to our GBV work, but named differently); what is UNFPA doing better?

Connector Role/ Recommendations

- Connector role is very important/value add of UNFPA and would like to see this operationalized in the recommendations further.
- Recommendations are a bit narrow – the scope of the evaluation report is quite broad; would like to see that reflected.

III. **Next steps: Integration of Comments in Report**

Alexandra acknowledged all the comments and ensured that the comments/suggestions raised in the ERG as well as the written comments (deadline April 16) are reflected in the revision and finalization of the evaluation report (as appropriate). A revised version of the report will be shared along with the audit trail containing the responses of the evaluation team to the ERG comments.

Meeting closed

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Annex 3 – List of people interviewed

Stakeholders consulted at global level

Name	Position	Organisation	Gender
UNFPA			
Andrea Cook	Former Director and UNEG Vice Chair, Evaluation Function	UNFPA	F
Aynabat Annamuhamedova	Programme Specialist, Strategic Information and Knowledge Management Branch	UNFPA	F
Astrid Haaland	REGA Manager	UNFPA	F
Benoit Kalasa	Director, Technical Division	UNFPA	M
Charles Katende	Chief, Strategic Information and Knowledge Management Branch	UNFPA	M
Elizabeth Benovar	Global HIV/AIDS Coordinator	UNFPA	M
Erin Kenny	Gender-based Violence Team Leader, Humanitarian & Fragile Contexts Branch	UNFPA	F
Fabriza Falcione	Gender-based Violence Capacity Development Specialist	UNFPA	M
Francesca Rivelli	Gender-based Violence Information Management Specialist	UNFPA	M
Kwabena Osei-Danquah	Director, Governance and Multilateral Affairs	UNFPA	M
Jennifer Chase	Coordinator, Gender-based Violence Area of Responsibility	UNFPA	F
Luis Mora	Head, Tech, Gender, Human Rights and Culture Division	UNFPA	M
Mira Cuturilo	Surge Manager	UNFPA	F
Nafissatou Jocelyn Diop	Coordinator, UNFPA-UNICEF Joint Programme on FGM/C	UNFPA	F
Natalia Kanem	Executive Director	UNFPA	F
Noemi Espinoza	Multilateral Affairs Advisor, Division for Governance and Multilateral Affairs	UNFPA	F
Ramiz Alakbarov	Director, Programme Division and Head of Humanitarian	UNFPA	M
Salma Hamid	Senior Adviser, Political and Multilateral Affairs	UNFPA	F
Satvika Chalasani	Technical Specialist, Sexual and Reproductive Health branch	UNFPA	F
Tim Sladden	Senior Advisor, HIV & Key Populations	UNFPA	M
Upala Devi	Gender-based Violence Specialist	UNFPA	F
Ugochi Daniels	Chief, Humanitarian and Fragile Contexts Branch	UNFPA	F
Other UN agencies			
Cornelius Williams	Associate Director, Child Protection	UNICEF	M
Helen Belachew	Gender and Development Specialist	UNICEF	F
Kerida McDonald	Communication for Development	UNICEF	F

Mar Jubero	Child Protection Specialist	UNICEF	F
Nankali Maksud	Coordinator, Global Programme to Accelerate Action to End Child Marriage	UNICEF	M
Stephanie Baric	Consultant, Child Protection	UNICEF	F
Mendy Marsh	Specialist, Gender-Based Violence in Emergencies	UNICEF	F
Pablo Castillo-Diaz	Protection Specialist	UN Women	M
Caroline Meenagh	Policy Specialist, Eliminating Violence Against Women	UN Women	F
Juncal Plazaola Castano	Data Specialist, Policy Division, Eliminating Violence Against Women	UN Women	M
Kalliopi Mingeirou	Acting Chief and Policy Specialist, Eliminating Violence Against Women	UN Women	F
Diego Antoni	Policy Specialist, Gender, Governance and Crisis Prevention	UNDP	M
Claudia Garcia Moreno	Co-chair FIGO Working Group What Works	WHO	F
Donors			
Kim Sundstrom	Regional Adviser, Embassy of Sweden	Sweden	F
Eun Ha Chang	Director	Korean Women's Development Institute	F
Helen McDermott	Gender Equality Policy Advisor	Australia	F
Amanada van Dort	Population Policy	Officer Bureau of Population, Refugees, and Migration	F
Eva Charlotte Roos	Health Specialist	Swedish International Development Cooperation Agency (SIDA)	F
Jane Van Vliet	Assistant Director, Humanitarian Policy and Partnerships	Department of Affairs and Trade, Australia	F
Juliet Whitley	Policy Advisor, Promoting Sexual and Reproductive Health and Rights Team	Department for International Development, UK	F
Lara Quarterman	Humanitarian Adviser, Women and Girls in Crises	Department for International Development, UK	F
Lene Aggernaes	Head of Section, Department of Humanitarian Action	Ministry of Foreign Affairs, Denmark	F
Leora S Ward	Gender Equality Program Officer	Bureau of Population, Refugees, and Migration, USA	F
Lisa Kim	Programme Manager, Unit for Syria and Iraq	Swedish International Development Cooperation Agency	F
Susan Olsen	Senior Population Policy Officer	Bureau of Population, Refugees, and Migration, USA	F

Civil Society (INGO, NGO, Foundation)			
Aslihan Kes	Senior Economist	ICRW	F
Lori Michau	Co-founder and Co-director	Raising Voices	F
Liuska Sanna	Secretary General	Missing Children Europe	F
Neetu John	Sexual and Reproductive Health Specialist	ICRW	F
Zainab Ibrahim	Researcher and Consultant, Gender-based Violence	CARE International	F
Jayanthi Kuru	Author, Gender-based Violence. Affiliate Member of CARE International	CARE International	F
Dale Buscher	Senior Director of Programs	Women's Refugee Commission	M
Jessica Lenz	Senior Programme Manager	Protection InterAction	F
Erin Patrick	Gender-based Violence Specialist	International Rescue Committee	F
Kristy Crabtree	Gender-based Violence Information Management Specialist	International Rescue Committee	F
Jeanne Ward	Gender-based Violence Consultant		F
Martine van de Velde	Gender-based Violence Consultant		F

Stakeholders consulted at regional level

Name	Position	Organisation	Gender
UNFPA Regional Offices			
Luay Shabaneh	Regional Director	UNFPA, Arab States	M
Enshrah Ahmed	Regional Advisor, Gender, Culture & Human Rights	UNFPA, Arab States	F
Bjorn Andersson	Regional Director	UNFPA, Asia & the Pacific	M
Bruce Campbell	Director	UNFPA, Pacific Sub-regional Office	M
Henriette Jansen	Technical Advisor, Violence Against Women Data and Research	UNFPA, Asia & the Pacific	F
Jennifer Butler	Deputy Director	UNFPA, Asia & the Pacific	F
Josephine Sauvarin	Technical Advisor, HIV/Adolescent Sexual and Reproductive Health	UNFPA, Asia & the Pacific	F
Vinit Sharma	APRO Technical Advisor, Reproductive Health and Reproductive Health Commodity Security	UNFPA, Asia & the Pacific	M
Galanne Deressa	Programme Specialist	UNFPA, Asia & the Pacific	F
Ingrid Tuladhar	APRO Gender and Human Rights Advisor	UNFPA, Asia & the Pacific	F
Priya Marwah	Humanitarian Response Coordinator	UNFPA, Asia & the Pacific	F
Roy Wadia	Regional Communications Advisor	UNFPA, Asia & the Pacific	M
Sae-Ryo Kim	Regional Partnerships Advisor (based in Beijing, China)	UNFPA, Asia & the Pacific	M
Salli Davidson	Programme Advisor	UNFPA, Asia & the Pacific	F
Sandra Paredez	Population Development Adviser	UNFPA, Pacific Sub-regional Office	F

Rania Alahmer	GBViE specialist	UNFPA, Pacific Sub-regional Office	F
Ziyad Qamar	Regional Resource Mobilization and Partnerships Advisor	UNFPA, Asia & the Pacific	M
Alanna Armitage	Regional Director	UNFPA, Eastern Europe & Central Asia	F
Eduard Jongstra	Population and Development Advisor	UNFPA, Eastern Europe & Central Asia	M
Emmanuel Roussier	Humanitarian Response Specialist	UNFPA, Eastern Europe & Central Asia	M
Ian McFarlane	Deputy Director	UNFPA, Eastern Europe & Central Asia	M
Jens-Hagen Eschenbaecher	Communications Advisor	UNFPA, Eastern Europe & Central Asia	M
Louise Dann	Resource Mobilisation and Partnerships Advisor	UNFPA, Eastern Europe & Central Asia	F
Mahbub Alam	Regional Monitoring & Evaluation Advisor	UNFPA, Eastern Europe & Central Asia	M
Nigina Abaszade	Technical Advisor on Gender	UNFPA, Eastern Europe & Central Asia	F
Nurgul Kinderbaeva	Gender Programme Specialist	UNFPA, Eastern Europe & Central Asia	F
Tamar Khomasuridze	Sexual and Reproductive Health Advisor	UNFPA, Eastern Europe & Central Asia	F
Seynabou Tall	Gender Technical Advisor	UNFPA, East & Southern Africa	F
Neus Bernabeu	Gender Technical Advisor	UNFPA, Latin America & the Caribbean	F
Idrissa Ouedraogo	Gender Technical Advisor	UNFPA, West & Central Africa	F
Jennifer Miquel	Regional Gender-based Violence Specialist	UNFPA, Arab States	F
Jonathan Budzi Ndzi	Humanitarian Programme Specialist	UNFPA, Eastern and Southern Africa	M
Catherine Andela	Regional Emergency Gender-based Violence Advisor	UNFPA, West and Central Africa	F
UNFPA country offices			
Catherine Breen-Kamkong	Deputy Representative	UNFPA, Cambodia	F
Hua Wen	Gender Programme Officer	UNFPA, China	F
Lela Bakradze	Assistant Representative	UNFPA, Georgia	F
Doina Bologa	Representative for Bosnia and Herzegovina, Country Director for Serbia, Director of Kosova, Senior Emergency Coordinator for Greece	UNFPA, Bosnia and Herzegovina and Serbia	F
Dr. Annette Sachs Robertson	Representative	UNFPA, Indonesia	F
Martha Santoso Ismail	Assistant Representative	UNFPA, Indonesia	F

Risya Ariyani Kori	National Professional Officer, Gender	UNFPA, Indonesia	F
Pamela Marie Godoy	National Programme Officer, Gender and Gender-Based Violence	UNFPA, Philippines	F
Lubna Baqi	Representative and Former Deputy Regional Director	UNFPA, Nepal	F
Jayan Abeywickrama	National Programme Analyst	UNFPA, Sri Lanka	M
Ritsu Nacken	Representative	UNFPA, Sri Lanka	F
Sharika Cooray	National Programme and Policy Analyst, Gender and Women's Rights	UNFPA, Sri Lanka	F
Wassana Im-em	Assistant Representative	UNFPA, Sri Lanka	F
Duygu Arığ	Programme Manager, Humanitarian Programme	UNFPA, Turkey	F
Fatma Hacıoğlu	Programme Manager, Humanitarian Programme	UNFPA, Turkey	F
Maria Margherita Maglietti	Programme Specialist, Gender-based Violence	UNFPA, Turkey	F
Meltem Agduk	Gender Programme Coordinator, Development Programme	UNFPA, Turkey	F
Zeynep Başarankut Kan	Assistant Representative	UNFPA, Turkey	F
Pavlo Zamostian	Assistant Representative	UNFPA, Ukraine	M
Astrid Bant	Representative	UNFPA, Viet Nam	F
Phan Hien	Gender Specialist	UNFPA, Viet Nam	M
Janet Jackson	Representative	UNFPA, Myanmar	F
Alexandra Robinson	Programme Specialist (GBV)	UNFPA, Myanmar	F
Mollie Fair	Humanitarian Response Specialist	UNFPA, Myanmar	F
Other UN Regional Offices			
Alia El-Yassir	Regional Director. Representative to Turkey	UN Women, Europe and Central Asia	F
Barbora Galvankova	Gender Equality and Women's Empowerment Programme Specialist for Europe and CIS	UNDP	F
Bharati Sadasivam	Gender Practice Team Leader	UNDP	F
Dr. Avni Amin	Technical Officer	WHO, Geneva	F
Gerda Binder	Regional Advisor	UNICEF, East Asia and Pacific	F
Heike Alefsen	Senior Regional Human Rights Advisor	UN Development Group, Asia-Pacific	F
Kathy Taylor	Programme Manager	Partners for Prevention	F
Kendra Gregson	Regional Advisor, Child Protection	UNICEF, South Asia	F
Koh Miyaoi	Gender Advisor	UN Development Group, Asia-Pacific	F
Maha Muna	Gender Adviser	UNICEF	F
Melissa Alvarado	Ending Violence against Women Specialist, UNiTE Programme Manager	UN-Women, Asia-Pacific	F
Sam Orr	Humanitarian Affairs Officer	UN OCHA	F

Regional Implementing Partners			
Ionela Horga	Senior Advisor	East European Institute for Reproductive Health	F
Jane Kato	Director of Programmes	Promundo	F
Maria Holtsberg	Gender and Inclusion Advisor	International Planned Parenthood Federation	F
Mika Marumoto	Executive Director	Asia Forum of Parliamentarians of Population and Development	F
Prof. Kristin Diemer	Senior Research Fellow and Monitoring Evaluation and Learning, University of Melbourne	kNOwVAWdata Project	F
Robert Thomson	Consultant	N/A	M

Stakeholders consulted for country case studies

Guatemala

Name	Position	Organisation	Gender
Reference Group			
Institutions			
Alejandra Estrada	Unidad de la mujer	Ministerio de Salud Pública (MSPAS)	F
Anabella de la Cruz	Encargada de VIF /VCM	Instituto Nacional de Estadistica (INE)	F
Azucena Socoy	Lawyer	Defensoría de la Mujer Indígena (DEMI)	F
Bertha Falla	Directora de Cooperación	Secretaría Presidencial de la Mujer	F
Claudia Flores	Sub directora de Gestión Integral de Riesgo	Coordinadora Nacional para la Reducción de Desastres (CONRED)	F
Dora Analia Taracena	Unidad de Monitoreo y seguimiento de los Organos especializada de femicidios y otras formas de VCM	Organismo Judicial	F
Evelyn Marcos	Directora Ejecutiva	Defensoría de la Mujer Indígena (DEMI)	F
Jaqueline Orellana	Unidad de Genero	Ministerio de Gobernación	F
Karla Zantizo	Coordinadora de Albergues	Secretaría Contra la Violencia Sexual,Explotación y Trata de Personas (SVET)	F
Kely Argueta	N/A	Coordinadora Nacional para la Reducción de Desastres (CONRED)	F
Maria Amalia Cuj	Tecnica de DIGECADE	Ministerio de Educación	F
Maria Guadalupe Orellana	Enlace Tecnica PBF I y II	Ministerio Público	F

Monica Romero	Enlace CONAPREVI	Secretaría Presidencial de la Mujer (SEPREM)	F
Telma Miranda	Programa COEPSIDA	Ministerio de Educación	F
Vilma Rojas	Jefa del Departamento de coordinación de atención a la victima	Ministerio Público	F
Wendy Zambrano	Programa Salud Reproductiva	Ministerio de Salud Pública (MSPAS)	F
Civil Society			
Alma Odette Chacon de Leon	Organización de Mujeres Tierra Viva y Grupo Impulsor CAIRO + 20	Latin America Bureau	F
Ana Victoria Garcia	Directora Ejecutiva	Asociación de Mujeres de Occidente IXQUIC	F
Andrea Barrios	N/A	Colectivo Artesana	F
Angelica Valenzuela Claverie	N/A	Centro de Investigación, Capacitación y Apoyo a la Mujer	F
Bertha Chete	Referente National, Capítulo Guatemala de la ICW Latina	Red Mujeres Positivas en Acción (Red MPA)	F
Carmen Cáceres	Lawyer	Convergencia Cívico Política de Mujeres	F
Claudia Hernandez	Co-founder	Fundación Red de Sobrevivientes de la Violencia Doméstica	F
Esmeralda Alfaro	N/A	Plataforma Tejedoras de güipil	F
Giovanna Lemus	Coordinador	Grupo Guatemalteco de Mujeres	F
Judith Erazo	Director	Equipo de Estudios Comunitarios y Acción Psicosocial (ECAP)	F
Julia Tzic	Grantee Contact	Asociación Femenina para el Desarrollo de Occidente de Guatemala	F
Ma. Eugenia Diaz	Directora de Proyecto	Convergencia Cívico Política de Mujeres	F
Maria Riquiac Morales	Director Ejecutivo	Asociación por Nosotras	F
Maya Alvarado	Director	Unión Nacional de Mujeres Guatemaltecas	F
Paula Barrios	Director	Mujeres Transformando el Mundo	F
Interviews			
Adriana Quiñones	Country Representative	UN-Women	F
Dosia Calderon	OACNUDH Representativa	Office of the United Nations High Commissioner for Human Rights (OHCHR)	F
Eduardo González Cauhapé	Head of AECID	Spanish Agency for International Development Cooperation (AECID)	M

Gloria Chang	Director General	"Guatevisión Medio de comunidacion "	F
Gretel Guerra	Former Head of Gender	Spanish Agency for International Development Cooperation (AECID)	F
Guadalupe Portillo	N/A	Consejo de Ministras de la Mujer de Centroamérica y República Dominicana (COMMCA)	F
Ileana Melendreras	N/A	Programa Fortalecer para Empoderar	F
Jose Cortez	Secretary	Secretaría Contra la Violencia Sexual,Explotación y Trata de Personas (SVET)	M
Lili Caravantes	Consultant	N/A	F
Magda Medina	Office of Child Protection	UNICEF	F
Mirna Montenegro	Head of Guatemala's Sexual and Reproductive Health Observatory	Observatorio de Salud Sexual y Reproductiva, Argentina (OSSyR)	F
Myrna Ponce	Former Congress official	Organismos Judicial y del Ministerio Publico	F
Norma Cruz	Director consultiva	Fundación sobrevivientes	F
Paola Broll	Senior Program Officer at Population Council	Population Council	F
Roberto Molina	N/A	Ministerio de Salud Pública (MSPAS)	M
Roberto Samayoa	Team Leader, Services, Procurement at Pan American Health Organization	Pan-American Social Marketing Organization (PASMO)	M
Stacy Velazquez	N/A	Organización Trans Reinas de la Noche, (OTRANS)	TS
Andrea González	N/A	Organización Trans Reinas de la Noche, (OTRANS)	TS
Adriana Astolfy	N/A	Organización Trans Reinas de la Noche, (OTRANS)	TS
Thelma Aldana	Judge. Attorney General.	Ministerio Público	F
Vinicio del Valle	Higher Education Project	United States Agency for International Development	M
Walda Barrios- Klee	Former Director	Facultad Latinoamericana de Ciencias Sociales (FLACSO)	F
Yolanda Jochola	Ex Coordinadora de PROFOREM.	Programa Fortalecer Para Empoderar	F
Visitas de campo			
Alta Verapaz			
Espacio de intercambio con funcionarios/as a cargo de la Justicia Especializada y Fiscalía de la Mujer (OJ).			
Conocer el modelo de organización para la atención de las emergencias (CONRED).			
Espacio de intercambio con el personal a cargo del MAI-Cobán (MP).			
Dialogo con mentoras de Abriendo Oportunidades en Cobán.			
Reunión personal de la DEMI de Salamá participantes del proceso de prevención de la VCM, proceso de implementación de la estrategia de prevención comunitaria (DEMI).			
Quiche			
Reunión con el personal a cargo de la Justicia Especializada (OJ).			
Reunión con el personal de la Fiscalía de la Mujer, de la Oficina de atención a Víctimas (MP).			

Entrevista con el personal de la DEMI, sobre sus roles, modelo de atención de casos de VC Mujeres indígenas (DEMI).			
Dialogo con mujeres indígenas, lideresas comunitarias, promotoras legales para el seguimiento a los casos de violencia contra las mujeres durante y después del conflicto armado (IXMUCANE).			
San Marcos			
Entrevista con Margarita Tomás, una de las promotoras a cargo de los procesos de acompañamiento a grupos afectados por el terremoto (2012).			
Dialogo y entrevista con la representante de SEPREM en San Marcos, directora de la DMM y una lideresa de una de las comunidades atendidas durante el 2012-2013 posterior al terremoto (DMM).			
Visita a la aldea nueva concepción de San Juan Ostuncalco.			
Quetzaltenango			
Grupo focal: Nuevos Horizontes CAIMOS intercambio con el personal especializado y dialogo con mujeres sobrevivientes de VCM.			
Reunión con jueces del Tribunal Especializado. Se brindó apoyo durante su apertura, campaña, capacitación especializada, monitoreo e informes de avance. (el personal inicial ha cambiado).			
Reunión con jóvenes (AFEDOJ) Asociación de Mujeres indígenas de la Sociedad civil, trabajan con jóvenes y fomentan su liderazgo haciendo uso de la metodología de oportunidades.			
Reunión con el personal de la Fiscalía de la Mujer, personal de la Oficina de atención a la víctima. El UNFPA ha apoyado con los procesos de capacitación del personal desde la sede, insumos para la OAV, análisis de conectividad de casos y fortaleciendo las redes de derivación.			
Reunión lideresas de AMOIXQUIC, organización de mujeres de la sociedad civil, fueron socias del UNFPA durante la implementación del programa Fortalecer para empoderar.			
Summit Workshop			
Alejandro Silva	Oficial de salud sexual y reproductiva	UNFPA	F
Ana Luisa Rivas	Representante auxilar	UNFPA	F
Claudia Lopez	Oficial de población de desarrollo	UNFPA	F
Dora Amalia Taracena	Unidad de Monitoreo y seguimiento de los Organos especializada de femicidios y otras formas de VCM	Organismo Judicial	F
Frank Rivera	N/A	Ministerio de Salud Pública (MSPAS)	M
Ines Camas	Redhum Information Assistant	OCHA	F
José Roberto Luna	Official de juventud	UNFPA	M
Karelia Ramos	HIV/AIDS Specialist	UNFPA	F
Marisol Trujillo	Program Assistant	UNFPA	F
Paola Broll	Population Council		F
Sabrina Morales	Communications Consultant	UNFPA	F
Sergio Martinez	N/A	Ministerio de Salud Pública (MSPAS)	M
Tanhia Leonardo	Program Assistant	UNFPA	F
Thelma Miranda	Programa COEPSIDA	Ministerio de Educación	F
Veronica Siman	Country Representative	UNFPA	F
Vilma Rejas	Coordinadora de la Dirección de atención a la victima	Ministerio Público	F
Walda Barrios-Klee	Former Director	Facultad Latinoamericana de	F

		Ciencias Sociales (FLACSO)	
Irma Yolanda Ávila Argueta	Oficial de Programa de género y derechos humanos	UNFPA	F

India

Name	Position	Organisation	Gender
Reference Groups			
ERG: Inception workshop			
Anju Pandey	Program Officer, Ending Violence Against Women	UN Women	F
Antara Ganguli	Gender Specialist	UNICEF	F
Dr. Abhijit Das	Core Team, Founder Alliance on Men and Gender Equality	Centre for Health and Social Justice	M
Dr. Ravi Verma	Regional Director, Asia	International Centre for Research on Women	M
N.B. Sarojini	Founder and Managing Trustee	Sama	F
Saroj Yadav	Dean (Academic) and Project Coordinator	National Council of Educational Research and Training	F
Suruchi Pant	Consultant, BBBP	Ministry of Women and Child Development	F
ERG: Summit workshop			
Dr. Kasonde Mwinga	Team Leader, Reproductive, Maternal, Newborn, Child and Adolescent Health	World Health Organization	M
Firoza Mehrota	Independent expert	N/A	F
Dr. Ravinder Kaur	Professor of Sociology and Social Anthropology	Indian Institute of Technology	F
Dr. Abhijit Das	Director	Centre for Health and Social Justice	M
N.B. Sarojini	Director	Sama	F
Suruchi Pant	Consultant, BBBP	Ministry of Women and Child Development	F
UNFPA (other staff were part of team and country office discussions)			
Dr. Deepa Prasad	State Programme Coordinator	UNFPA, Odisha	F
Mr. Diego Palacios	Representative	UNFPA	M
Mr. Kumar Manish	State Programme Officer	UNFPA, Odisha	M
Mr. Rajat Ray	Senior Advocacy & Communication Officer	UNFPA	M
Mr. Sanjay Kumar	National Programme Officer, Monitoring and Evaluation	UNFPA	M
Ms. Anuja Gulati Dhanashri Brahme	National Gender Specialist and State Programme Coordinator	UNFPA, Mumbai	F
Ms. Ena Singh	Assistant Representative	UNFPA	F
Ms. J Jaya	National Programme Officer, Adolescent Reproductive and Sexual Health	UNFPA	F

Ms. Trisha Pareek	Consultant, BBBP	Rajasthan	F
UN Country Team			
Anju Pandey	Programme Officer	UN Women, Deli	F
Dhuwarakha Sriram	Child Protection/Adolescent Specialist	UNICEF, Deli	F
Dr. Rakesh Kumar	Chief-Policy, Planning and Field Services	UNDP, Deli	M
Mr. Yuri Afanasiev	UN Resident Coordinator	UNCT, Deli	M
Government			
Ms. Bindu Sharma	Director, Ministry of Health and Family Welfare	Government of India	F
Ms Nisha Meena	Additional Director, Directorate of Women Empowerment	Government of Rajasthan	F
Ms Renu Khandelwal	Additional Director, Directorate of Women Empowerment	Government of Rajasthan	F
Dr. Archana Patil	Additional Director SFWB and Executive Director, SHSRC, Government of Maharashtra	Government of Maharashtra	F
Dr. Asaram Khade	Nodal Officer and Consultant, Government of Maharashtra, Pre-Conception Pre-Natal Diagnostic Techniques.	Government of Maharashtra	M
Dr. Madhukar Sangle	District Health Officer, Beed	Government of Maharashtra	M
Dr. N.S. Chavan	District Civil Surgeon, Beed	Government of Maharashtra	M
Dr. Rajesh Tandale Taluka	Health Officer, Shirur, Beed District	Government of Maharashtra	M
Group of Master Trainers	Supervisor, ANW, ANM, ASHA, ICDS, and Doctors	Government of Maharashtra	
Group of Sarpanch and Gram Sevaks	Shirur, Beed	Government of Maharashtra	
Mr. Jayant Banthia	Former Chief Secretary	Government of Maharashtra	M
Ms. Shobha Waghulkar	Shirur, Beed District	Government of Maharashtra	F
Ms. Vijaya Rahatkar	Chair, State Women's Commission	Government of Maharashtra	F
Dr. K. C. Das	Director of Public Health, Department of Health and Family Welfare Department	Government of Odisha	M
Ms. Arti Ahuja	Former Principal Secretary of Health, Department of Health and Family Welfare	Government of Odisha	F
Development Partners, Donors, Universities, NGOs and Others			
Firoza Mehrotra	Independent Expert, Author	Deli	F
Mamta Kohli	Senior Advisor, Violence Against Women	DFID, Deli	F
Masooma Ranalvi	Trainer, Gender Issues	WeSpeakOut, Deli	F
Mr. Amitabh Beher Rizwan Pervez	Secretariat, Girls Count	National Foundation of India, Deli	M
Murali Kunduru	Emergency Response Manager	International Planned Parenthood Federation, Deli	M

Nell Druce	Senior Health Advisor	DFID, Deli	M
Niranjan Saggurti	Country Director	Population Council, Deli	M
Prof. Saroj Yadav	Dean (Academic), Project Coordinator	National Council of Educational Research and Training, Deli	F
Ravinder Kaur	Professor, Department of Humanities and Social Sciences	Indian Institute of Technology, Deli	F
Satish Singh	Additional Director, Men and Gender Equality	Centre for Health and Social Justice, Deli	M
Dr. Savita Bakhry	Joint Director, Policy and Research	National Human Rights Council, Deli	F
Sharmila Neogi	Advisor, Adolescent Health and Gender	USAID, Deli	F
Vinoj Manning	Executive Director	Ipas Development Foundation, Deli	M
Mr Ankur Kachhwaha	Programme Manager	Jatan Sanshan, Rajasthan	M
Mr Sanjay Nirala	Child Protection Officer	UNICEF , Rajasthan	M
Rama Rao		American Jewish World Service, Rajasthan	M
Advocate Varsha Deshpande	Secretary	Dalit Mahila Vikas Mandal, Maharashtra	F
Amruta Bawdekar	Mentor of the GME Project, Mumbai	Centre for Enquiry Into Health and Allied Themes, Maharashtra	F
Dr. A. L. Sharada	Director, Mumbai	Population First, Maharashtra	F
Dr. Hrishikesh	Mentor of the GME Project	Mahatma Gandhi Mission Hospital, Maharashtra	M
Dr. Kamakshi Bhate	Mentor of the GME Project	King Edward Memorial Hospital, Maharashtra	F
Dr. Naireen Daruwalla – and Ms. Neeta Karandikar, Ms Anjali Pore, Ms Kanchan	Director, Prevention of Violence Against Women and Children, Mumbai	Society for Nutrition, Education & Health Action, Maharashtra	4F
Dr. Padmaja Samant	Mentor of the GME Project	King Edward Memorial Hospital, Maharashtra	
Dr. Shashikant Ahankari – and Dr. Baig, 2 facilitators, 3 animators and 2 group members	President	Halo Medical Foundation, Maharashtra	9
Dr. Shrinivas Gadappa – and faculty and post graduate students	Obstetic and Gynecology Department	Aurangabad Medical College, Maharashtra	1M+
Justice Shalini Phansalkar Joshi	Hon. Judge	High Court of Bombay, Maharashtra	F
Mr. Ambekar	Joint Director	Maharashtra Judicial Academy	M
Mr. S V Sista	Executive Trustee, Mumbai	Population First, Maharashtra	M
Mr. Yarlagadda	Additional Director	Maharashtra Judicial Academy	M

Ms Ujwala Kadrekar	Independent Consultant and Trainer, Health Sector Response to Violence	Maharashtra	F
Ms. Padma Deosthali	Mentor of the GME Project, Mumbai	Centre for Enquiry Into Health and Allied Themes, Maharashtra	F
Ms. Sangeeta Rege	Mentor of the GME Project, Mumbai	Centre for Enquiry Into Health and Allied Themes, Maharashtra	F
Ranjana Jyoti Ram Hurkude	Elected-head of Shivni Village	Maharashtra	F
Resource persons for adolescent girls program Women Sarpanches	Shirur Kasar Block, Beed District	Maharashtra	
Sanjukta Tripathy	Programme Officer, Gajapati District	People's Rural Education Movement, Odisha	F
Group Interviews			
Mr Sunil Thomas Jacob Mr Rajnish Ranjan Prasad Mr Sachin Kothari Ms Divya Santhanam	State Programme Coordinator State Programme Officer State RMNCH+A Coordinator Youth Consultant	UNFPA, Rajasthan UNFPA, Rajasthan UNFPA, Rajasthan UNFPA, Rajasthan	3M, 1F
Dr Shobita Rajgopal Dr Kanchan Mathur Dr Neetu Purohit Ms Kirti Garg Ms Radhika Sharma	Professor Professor Professor Director	Institute of Development Studies Institute of Development Studies Indian Institute of Health Management Research DNA Newspaper Jeevan Ashram (NGO)	5F
Dr. Binod Kumar Mishra Dr. Ajit Kumar Mohanty Ms. Shrabani Das Mr. Manoranjan Pradhan Ms Bonani Samal	Director Joint Director State Facilitator, Pre-Conception and Prenatal Diagnostic Techniques Cell Legal Advisor, Pre-Conception and Prenatal Diagnostic Techniques Cell Equity Advocacy Manager	Directorate of Family Welfare Directorate of Family Welfare	3M, 2F
Coordinators, Caseworkers, Counsellors, Consulting Ob/Gyns of One Stop Centre		One Stop Centre, Capital Hospital, Bhubaneswar	
Self Defense Skills Class of girls aged 15-19		Action for Adolescent Girls, Gajapati District, Odisha	4F

Panchayat leaders, parents, religious leaders		5
Girl participants and Peer Educators aged 15-19	Action for Adolescent Girls, Gumma Block, Gajapati District, Odisha	6F
ED and staff of Centre for Community Economics and Development Consultants Society (CECOEDECON)	Beti Bachao, Beti Padhao Programme, Sawai Modhupur and Tonk	
Panchayatt leaders, Accredited Social Health Activists, Anganwadi center worker, Satchis, Gram Satchi	Beti Bachao, Beti Padhao Programme, Sawai Modhupur and Tonk	4
Girl Participants (Group aged 10-19) in Beti Bachao, Beti Padhao (BBBP)	Beti Bachao, Beti Padhao Programme, Sawai Modhupur and Tonk	4G

Palestine

Name	Position	Organisation	Gender
Reference Groups			
ERG: Summit workshop the Gaza Strip			
Dr Sawsan Hamad	Director of Women's Health Department, the Gaza Strip	Ministry of Health	F
Mona Sami	Project Manager	Union of Health Work Committees	F
Zainab al Gonami	Director	Centre for Women's Legal Research & Counselling and Protection	F
ERG: Summit workshop Ramallah			
Connie Pedersen	Protection Cluster Coordinator	Office of United Nations the High Commissioner for Human Rights	F
Davide Tundo	Gaza Protection Cluster Coordinator	Office of United Nations the High Commissioner for Human Rights	M
Dr Khadijeh Jarrar	Women's Health Programme Director	Palestinian Medical Relief Society	F
Hanan Kaoud	Programme Manager for Women Political Participation	UN Women	F
Ilham Hamad	Head of Complaints Unit	Ministry of Women's Affairs	M
Inas Margieh	Programme Coordinator	UN Women	F
Luna Saddeh	Consultant for Gender-based Violence SC Strategy, and Sub-Cluster Consultant	UNFPA	F
Najwa Sandouka Yaghi	Project Manager	MIFTAH, Palestinian Initiative for Promotion of Global Dialogue and Democracy	F
Shatha Odeh	General Director	Health Works Committee	F
UNFPA			
Amira Mohana	Gender Programme Associate, Gaza	UNFPA	F
Laura Bawalsa	Personal Assistant to the Representative	UNFPA	F

Nishan Prasana Krishnapalan	Programme Analyst (JPO)	UNFPA	M
Osama Abuelta	National Programme Officer, Gaza	UNFPA	M
Sana Asi	Gender Programme Officer	UNFPA	F
Sawsan Kanaan	Gender Programme Associate, West Bank	UNFPA	F
Ziad Yaish	Assistant Representative	UNFPA	M
UN Agencies			
Connie Pedersen	Protection Cluster Coordinator	OHCHR	F
Davide Tundo	Gaza Protection Cluster	OHCHR	M
Hanan Kaoud	Programme Manager for Women Political Participation	UN Women	F
Heba Zayyan	Programme Officer, Gaza	UN Women	F
Inas Margieh	Programme Coordinator	UN Women	F
Jamileh Sahlieh	Project Manager, Women Human Rights Programme	UN Women	F
Said Almadhoun	Human Rights Officer/Protection Cluster Focal Point, Gaza	OHCHR	M
Suhair Sawalha	Women Programme Officer	UNRWA	F
Government			
Dr Haifaa F ElAgha	Minister of Women's Affairs	Ministry of Women's Affairs	M
Fatima Radaydah	Director of Advocacy and Media	Ministry of Women's Affairs	F
Ilham Hamad	Head of Complaints Unit	Ministry of Women's Affairs	M
Iteadal Qenita	Media Officer	Ministry of Women's Affairs	M
Mona Jamal Shaik	Acting Manager, Director of Influence Communication and Information, Gaza	Ministry of Women's Affairs	F
Omar el Halaseh	Translator	Ministry of Women's Affairs	M
Sumood Yasien	Director of Projects Department	Ministry of Women's Affairs	F
Dr Sawsan Hammad	Director of Women's Health Department	Women's Health and Development Directorate	F
Huda Safadi	Programme Manager	Women's Health and Development Directorate	F
Maha Awad	Director	Women's Health and Development Directorate	F
Development Partners, NGOs and Others			
Amal Syam	Director	Women's Affairs Centre, Gaza	F
Amina Stavridis	Executive Director	Palestinian Family Planning and Protection Association	F
Daoud Al-Deek	Assistant Deputy Minister	Ministry of Social Development	M
Dr Adnan A Al-Wahaidi	Executive Director	Ard el Insan Health Organisation	M
Dr Basem Hashem	Director	Qalqilia Medical Centre	M
Dr Khadijeh Jarrar	Director	Women's Health Programme, Palestinian Medical Relief Society	F
Fadi Tuma	Programme Officer, Gender Justice	Oxfam	M

Firyal Thabet	Director	Al-Bureij Women's Health Center, Culture and Free Thought Association	F
Hana Zant	Coordinator for UNFPA Project	Women's Affairs Centre, Gaza	F
Issam Younis	Director General	Al Mezan Centre for Human Rights	M
Jenn Bloom	First Secretary	Humanitarian Assistance and UNRWA. Representative Office of Canada	F
Jordi Galbe López	Senior Programme Manager, Jerusalem Area, Israel	Spanish Agency for International Development Cooperation	M
Khaled Mansour	Programme Manager	Royal Danish Representative Office	M
Layali Sawalmeh	Project Coordinator	Health Work Committees, Medical Centre ISHRAQA, Qalqilya	F
Mariam Shaqura	Director	Jabilya Clinic, Red Crescent Society Centre, Jabilya, Gaza	F
Naela Shawar	Development Officer	Representative Office of Canada	F
Najwa Sandouka Yaghi	Project Manager	MIFTAH, Palestinian Initiative for Promotion of Global Dialogue and Democracy	F
Nihaya Afana	Consultative Committee & Head of Gender Unit	Health Work Committees, Medical Centre ISHRAQA, Qalqilya	F
Reem Franah	Executive Director	AISHA Association for Women and Child	F
Riham Faqih	Director of Development and Outreach	Health Work Committees, Medical Centre ISHRAQA, Qalqilya	F
Sara Dominoni	Gender Programme Officer	Italian Agency for Development Cooperation	F
Shatha Odeh	General Director	Health Work Committees	F
Soraida A. Hussein	General Director	Women's Affairs Technical Committee	F

Uganda

Name	Position	Organisation	Gender
Reference Group			
Alice Komuhangi	Head of Gender	Children and Sexual Offences, Directorate of Public Prosecutions	F
Betty Kasiko Ikanza	Social Development Advisor	DFID/UKAid	F
Darlson Kusasira	Community Services Officer	Office of the Prime Minister	M
Delphine Pinault	Country Director	Care International	F
Demeta Namuyobo	Medical Coordinator	Reproductive Health Uganda	F

Emmanuel Ochieng	Project Officer	Gender-based Violence Special Courts, Action Aid Uganda	M
Esla Bokhre	Community Services Officer	UNHCR	F
Jackson Chekweko	Executive Director	Reproductive Health Uganda	M
John Ampeire Kaijuko	National Programme Officer	National Population Council	M
Mercy Munduru	Programme Manager	FIDA-Uganda (Association of Women Lawyers)	F
Miriam Namagere	Programme National Officer	Ministry of Health	F
Mirian Akumu	Transitional Justice & Gender	Association for Cooperative Operations Research and Development	F
Mubaraka Mubuya	Team Leader	Support to Uganda's Response to GE	F
Nabwire Joyce Baker	Project Coordinator	Women Protection Shelters, Action Aid, Uganda	F
Priscilla Nyarugoye	Head of Vulnerable Persons Unit	Uganda Human Rights Commission	F
Richard Mukhe	Child Protection Specialist	Child Fund International	M
Rita Aciro	Executive Director	Uganda Women's Network	F
Sacha Manov	Deputy Director of Programmes	International Rescue Committee	F
Susan Oregede	Programme Specialist	UN Women	F
Tina Musuya	Executive Director	Centre for Domestic Violence Prevention	F
UNFPA			
Alain Sibenaler	Representative	UNFPA	M
Engwau Francis	Head of Moroto Sub-Office	UNFPA	M
Esther Cherop	Programme Officer, FGM	UNFPA	F
Florence Auma-Apuri	Gender and Human Rights	UNFPA	F
Florence Mpabulungi Tagoola	Population and Development Programme Officer	UNFPA	F
Jimmy Dombo	Programme Assistant	UNFPA	M
Komuhangi Doreen	Programme Analyst, Gender-based Violence	UNFPA	F
Norah Nyeko	Gender-based Violence and Humanitarian Field Coordinator	UNFPA	F
Peace Acema	Gender and Human Rights	UNFPA	F
Penninah Kyoyagala	National Programme Officer, Adolescents and Youth	UNFPA	F
Roselidah Ondeko	Senior Gender-based Violence and Humanitarian Coordinator	UNFPA	F
Other UNFPA staff who were part of joint meetings			
Edson Muhwezi	Assistant Representative, Policy and Programme Coordination & QA	UNFPA	M
John Odaga	National Programme Officer, Monitoring and Evaluation	UNFPA	M
Judith Amongin	Focal Person MOH	UNFPA	F

Margaret Birakwate	Finance and Admins Associate	Ministry of Gender, Labour and Social Development	F
Ogwang Denise	Programme Assistant	UNFPA	M
Rebecca Nalumansi	National Programme Analyst	Ministry of Gender, Labour and Social Development, UNFPA	F
Rosemary Kindyomunda	Condom Programming Officer, HIV/AIDS	UNFPA	F
UN Agencies			
Akullu Harriet	Chief of Protection	UNICEF	F
Anna Mutavati	Deputy Country Representative	UN Women	F
Dr. Olive Sentumbwe-Mugisa	Family Health & Population Advisor	World Health Organization	F
Elsa Bohkre	Senior Community Services Officer	UNHCR	F
Kemlin Furley	Deputy Representative	UNHCR	M
M Pachoe	Senior Field Coordinator	UNHCR-Adjumani	
Rose Malango	Resident Representative and Head	UNDP, Uganda	F
Yoon Kyung Shin	Programme Analyst, Gender Equality and Women's Empowerment	UNDP, Uganda	F
Government			
Ida Kigonya	Principal Women in Development Officer	Ministry of Gender, Labour & Social Development	F
Jane Mpagi	Director, Gender and Women Affairs	Ministry of Gender, Labour & Social Development	F
Kenneth Ayebazibwe	E-Resource Centre Manager, Head of IT	Ministry of Gender, Labour & Social Development	M
Other Government Entities			
Alice Komuhangi	Head of Gender, Children and Sexual Offences	Directorate of Public Prosecutions	F
Darlson Kusasira	Office of the Prime Minister	Disaster Preparedness	M
Maureen Atuhaire	SSP Child and Family Protection Department	Police Headquarters	F
Dr. Miriam Namugere	Principal Nursing Officer	Ministry of Health	F
Dr. Betty Nakazzi Naguru	Director Family Health	National Population Council	F
Patricia Nduru	Director, Monitoring & Inspections	Uganda Human Rights Commission	F
Wilberforce Mugwanya	Reproductive Health Divison	Ministry of Health	M
Development Partners			
Betty Kasiko Ikanza	Social Development Advisor	DFID	F
Grace Namata	Programme Manager	DFID	F
Mubaraka Mabuya	Team Leader	Support for Uganda's Response to Gender Equality	F
Nadia Elouargui	Senior Advisor	Embassy of Norway	F
Implementing Partners			
INGOs			

Angela Rugambwa	Executive Director	International Rescue Committee	F
Delphine Penault	Country Director	Care International	F
Ellen Bajenja	Country Director	Association for Cooperative Operations Research and Development	F
Harriet Gombo	Director of Programmes	Action Aid	F
Jackson Chekweko	Executive Director	Reproductive Health	M
Laureen Karayi Nabimanya	Programme Coordinator	Uganda Women's Network	F
Richard Mukhe	Child Protection Specialist	Child Fund International	M
National NGOs			
Irene Ovonji-Odida	Executive Director	FIDA, Uganda (Association of Women Lawyers)	F
Joshua Kitakule	Executive Director	Inter-Religious Council	M
Lori Michau	Executive	Director Raising Voices	F
Tina Musuya	Executive Director	Centre for Domestic Violence Prevention	F
Field Visits			
Adjumani			
DHO, Ministry of Health			
District Local Government			10
Gender-based Violence Survivors, ACORD staff			8
IRC Staff			
Lewa Secondary School/Anti- Gender-based Violence Group (IRC)			21
Gender-based Violence Working Group			15
SRH, Ministry of Health			
Gulu			
Alice Kipwola	Psychosocial Support Officer	ActionAid Shelter	F
Angwech Pamela Judith	Executive Director	Women Economic Development Globalisation	F
Christopher Ayella	Team Leader	Straight Talk, Gulu Office	M
Emmanuel Rachkara	Project Coordinator	Straight Talk, Gulu Office	M
Jennifer Ayot	Project Officer, Legal	ActionAid	F
Rose Jane Okilangole	Assistant District Health Officer & Gender Focal Person	District Government	F
Gender-based Violence Working Group			14
Women's Household Group			10
Peer Educators			16
Role Model Men			10
Cultural Leaders			9
Moroto			
Andrew Rewes	District Medical Officer		M
David Korang		MOZIDEP	M
Grace Amaigiro,	Programme Officer	Building Resilience Across Communities	F
Joseph Oumo	Assistant Inspector of Police, Child & Family Protection Unit	Uganda Police	M
Loru Moses King	Community Development Officer	Topac Sub-county	F
Martin Jacan Gwokto	Chief Administrative Office	Uganda Local Governments' Association	M

Building Resilience Across Communities – Out-of-school Adolescent Girls Group		20F
Male Action Group		15M

Stakeholders consulted for extended desk reviews

Name	Position	Organisation	Gender
Bolivia			
Anna Crivellato	UN Volunteer	UN	F
Cecilia Enríquez	Programme Official	UN Women	F
Consuelo Torrico Alaiza	Leader	Older TLGBTI Adults	F
María Dolores Castro	Coordinator	Maternal and Neonatal Mortality Observatory	F
Martín Viduarre	Director	Capacitación y Derechos Ciudadanos (NGO)	M
Mónica Bayá	Technical Secretary	Human Rights Community	F
Mónica Yaksic	National Gender, Interculturality and Rights Official	UNFPA	F
Neus Bernabeu	Regional Technical Advisor on Gender and Youth	UNFPA	F
Shirley Castro	Social Projects' Coordinator	Administrative and Financial Office of the Municipal Government of Viacha	F
Central African Republic			
UNFPA			
Dr. Marc Derveeuw	Representative	UNFPA	M
Madame Marie Justine Mamba	Consultant/Gender Advisor	UNFPA	F
Maria Scicchitano	Consultant	UNFPA	F
UNOCHA			
Daniel Ladouceur	Programme Coordinator, UN Coordination Unit	UNOCHA	M
UNICEF			
Christine Mugigana	Representative	UNICEF	F
Jules Hans Beauvoir	Child Protection Specialist and Gender Based Violence	UNICEF	F
NGOs & Other			
Mr Janusz Czerniejwski	Director	Cooperazione Internazionale (NGO)	M
Mr Mohamadou Dahirou	Consultant	Groupement pour le Développement Agro-Pastoral (NGO)	M
Bosnia and Herzegovina			
Anamaria Golemac Powell	Independent Gender Expert	N/A	F
Gabrijela Jurela	Assistant Representative	UNFPA	F
Samid Sarenkapic	Project Officer	UNFPA	M
Sejdefa Basic Catic	Manager	Partnership for Public Health Association	F
Iraq			

Ali Zedan	Program Analyst, Gender-based Violence	UNFPA	F
Alisher Ashurov	Information Management Officer, Gender-based Violence	UNFPA	M
Dr Mohanad Ali-Ani	Programme Manager Assistant	United Iraqi Medical Society	M
Florence Mahia	Consultant, Gender-based Violence	Harikar (NGO)	F
Francoise Ghorayeb	Senior Programme Coordinator	UNFPA	F
Gemma Sanmartin	Head of Coordination Unit	OCHA	F
Harriet Omino Oyombe	Gender-based Violence Sub-Cluster Co-Coordinator	IMC	F
Svetlana Karapandzic	Protection Working Group Coordinator	UNHCR, Central-South	F
From previous Protection Cluster Evaluation, March 2017:			
Annie Keel	Field Coordinator, Duhok	International Medical Corps	1M, 2F
Nicia Dannawi	Sub-Cluster Coordinator, Gender-based Violence	UNFPA	
John Drollinger	Sub-Cluster Co-Coordinator, Gender-based Violence	International Medical Corps	
Turkey			
Turkey Programme			
Bora Özbek	National Gender-based Violence Expert	UNFPA	M
Emine Kaya	Project Coordinator	TOG Community Volunteers Foundation	F
Kadir Beyaztas	Deputy General Coordinator	Association for Solidarity with Asylum Seekers and Migrants	M
Mustafa Çadir	Department Head	Ministry of Family and Social Policies, General Directorate on the Status of Women	M
Reza Kasrai	Technical Assistant	ECHO	M
Cross-Border Programme			
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Sierra Leone – (it was not possible to secure remote interviews)			

Annex 4 – List of documents consulted

Global/HQ level documents

UNFPA Strategic documents

UNFPA, Strategic Plan2012 - 2013 Strategic Plan (Following Mid-term review of 2008 - 2013 SP)

UNFPA Strategic Plan 2014-2017

Strategic Plan (SP) 2014-2017 - Annex 1 (integrated results framework)

Strategic Plan (SP) 2014-2017 - Annex 2 (outcome theories of change)

Strategic Plan (SP) 2014-2017 - Annex 4 (funding arrangements)

Strategic Plan (SP) 2014-2017 - Annex 5 (implementation of the Quadrennial Comprehensive Policy Review (QCPR) in the Strategic Plan)

2030 Agenda for Sustainable Development - Final Resolution

Ensuring Universal Access to Sexual and Reproductive Health and Rights (SRHR) (Incl. A_Y and Family Planning (FP))

External Environment and implications for UNFPA Strategic Plan 2014-2017

Framework of Actions for the follow-up to the Programme of Action of the International Conference on Population and Development (ICPD) Beyond 2014

HIV - The Changing Landscape and Implications for UNFPA Programmes

Human Rights and Gender in UNFPA's 2014-2017 Strategic Plan - Gender, Human Rights and Culture Branch, Technical Division

ICPD Beyond 2014 - Linkages with the Strategic Framework

Implementing the International Conference on Population and Development (ICPD) - Istanbul Statement of Commitment - May 2012

Mission reports from 2016, 2015, 2014

New Technologies - Opportunities for increasing UNFPA effectiveness in support of SRH Programmes (Strategic Plan discussion paper)

New Ways of Engagement in Resource Mobilization (Analytical Input for the development of Strategic Plan (SP) 2014-2017)

Oppositions and Supporters – UNFPA (Analytical Input for the development of Strategic Plan (SP) 2014-2017)

Population Dynamics as a Key Component of the new Strategic Plan - Population and Development Branch, Technical Division, 2012 (Analytical Input for the development of Strategic Plan (SP) 2014-2017)

Population Issues in the Post-2015 Development Agenda (Analytical Input for the development of Strategic Plan (SP) 2014-2017)

Practical Orientation of new Information and Technologies (ICTs) Opportunities for Advocacy (Analytical Input for the development of Strategic Plan (SP) 2014-2017)

Programming in Middle Income Countries (MICs) - Implications for UNFPA Strategic Plan (SP) 2014-2017

Quadrennial Comprehensive Policy Review (QCPR), UNFPA Position and Implications for the new Strategic Plan

Regional Analysis: UNFPA in the Asia-Pacific Region Beyond 2014

Report of the International Conference on Population and Development, Cairo, 5-13 September 1994

UNFPA Engagement in Rio+20 and Follow-Up (Analytical Input for the development of Strategic Plan (SP) 2014-2017)

UNFPA Engagement with Least Developed Countries (LDCs) - LDC IV and Follow-up (Analytical Input for the development of Strategic Plan (SP) 2014-2017)

UNFPA Report of the Executive Director on Strategic Plan (SP) 2014-2017

UNFPA Strategic Plan 2012-2013 Updated Development and Management Results Framework

UNFPA, Cote d'Ivoire - Suggested Strategic Orientations for 2014-2017 Strategic Plan

UNITED NATIONS POPULATION FUND REVIEW OF THE ORGANIZATIONAL STRUCTURE OF UNFPA Report of the Executive Director United Nations DP/FPA/2007/16 Second regular session 2007 10 to 14 September 2007, New York Item 9 of the provisional agenda

UNFPA Annual Reports

Integrated midterm review and progress report on implementation of UNFPA strategic plan, 2014-2017

UNFPA Annual Report 2012: Promises to Keep

UNFPA Annual Report 2013: Realizing the Potential

UNFPA Annual Report 2014: A Year of Renewal

UNFPA Annual Report 2015: For People, Planet & Prosperity

Annual Work Plan 2012, 2013 and 2016; Gender Branch

Annual Work Plan 2014-2015, Humanitarian Branch

UNFPA General Financial documents

Funding the UNFPA Strategic Plan 2014 – 2017

Integrated budget estimates, 2014-2017 United Nations DP/FPA/2014/5/ (Part I)/Add.1Annual session 2014

Integrated budget estimates for Strategic Plan (SP) 2014-2017

Report on Contributions by Member States and others to UNFPA and Revenue Projections for 2014 and future years, 2014

Statistical and Financial Review for 2012

Statistical and Financial Review for 2013

Statistical and Financial Review for 2014

Statistical and Financial Review for 2015

Gender-Based Violence (GBV) specific documents

UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011, 2007 Gender, Culture and Human Rights Branch

UNFPA, Gender, Culture, Human Rights Branch, The Role of Data in Addressing Violence Against Women and Girls, 2013, NY

Core Competencies for GBV Programme Managers and Coordinators in Humanitarian Settings – Gender-based Violence Area of Responsibility, 2014

Dignity Kit Programming Guidelines, Humanitarian and Fragile Contexts Branch, 2013

ESA35 – Joint Global Programme on Essential Services for Women and Girls Subject to Violence, Annual Work Plan (AWP) 2016

Essential Services Package for Women and Girls Subject to Violence - Module 1: Overview and Introduction

Essential Services Package for Women and Girls Subject to Violence – Module 2: Health

Essential Services Package for Women and Girls Subject to Violence – Module 3: Justice and Policing

Essential Services Package for Women and Girls Subject to Violence – Module 4: Social Services

Essential Services Package for Women and Girls Subject to Violence – Module 5: Coordination and Governance of Coordination

Evolution of Gender-based Violence (GBV) Programmes in Emergencies (undated)

Gender-Based Violence (GBV) Area of Responsibility Capacity Building Strategy 2015-2020

Gender, Human Rights, and Culture Branch, Annual Work Plan (AWP) June-Dec 2012

Gender, Human Rights, and Culture Branch, Annual Work Plan (AWP) Jan-Dec 2013

Gender, Human Rights, and Culture Branch, Annual Work Plan (AWP) 2015

Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings, Gender-based Violence Area of Responsibility, July 2010

Humanitarian and Fragile Contexts Branch Annual Work Plan 2013

Humanitarian and Fragile Contexts Branch Annual Work Plan 2014

Humanitarian Response Strategy "Second Generation", 2012

IASC, Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies, 2005

Inter-Agency Standing Committee (IASC) Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, 2015

International Center for Research on Women: Work Plan 2015

Managing Gender-based Violence Programmes in Emergencies: E-Learning Companion Guide

Min Standards for Prevention and Response to Gender-Based Violence in Emergencies

The Interagency Task Force on Violence Against Women (VAW), Initiating the Multi-Stakeholder Joint Programme on Violence Against Women: A Review of the Process and Some Key Interim Lessons Learned, 2011

UN SG's Campaign to End Violence against Women Working Group

UN Women, UN System-Wide Action Plan for Implementation of the CEB United Nations System-Wide Policy on Gender Equality and the Empowerment of Women, April 2012

UNFPA & UNICEF, Abandonment of Female Genital Mutilation/Cutting: Accelerating change (Funding Proposal UNFPA-UNICEF Joint Programme, for a Phase II), Jan 2014, Updated in Apr 2016

UNFPA & UNICEF, Dynamics of a Social Norm: Female Genital Mutilation/Cutting (Manual on Social Norms and Change handout)

UNFPA, Marrying too young: End Child Marriage, 2012, NY

UNFPA & UNICEF, Ending Child Marriage (infosheet), 2016

UNFPA Strategy and Framework for Action to Addressing Gender-based Violence, 2008-2011

UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C), Updated Proposal August 2012, Annex 2: Key Documents, 2012

UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting (FGM/C) – Accelerating Change, Synthesis Workplan 2016-2017, January 2016

UNFPA, Marrying Too Young: End Child Marriage, 2012

UNFPA, Programming to Address Violence Against Women: 8 Case Studies, Volume 2

UNFPA, The Role of Data in Addressing Violence against Women and Girls, 2013

UNFPA's contribution/work in humanitarian contexts

UNFPA's Work to Address GBV in Humanitarian Contexts: Innovations in Integration

UNICEF & UNFPA, Report of the Inception Phase of the UNICEF-UNFPA Global Programme to Accelerate Action to End Child Marriage, October 2015

UNICEF Joint programme on Female Genital Mutilation (FGM), Information on Costed/Non-costed Implication for extension until December 31 2018

World Health Organization, WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies, 2007

South-South Cooperation

Assessment of South-South and Triangular Cooperation in the UN System

Assessment of South-South and Triangular Cooperation Initiatives

Framework of operational guidelines on United Nations support to South-South and triangular cooperation

Reporting on the first 5 months (presentation), UNFPA Initiatives on South-South Cooperation, 2015

South South and Triangular Cooperation Corporate Plan: A Horizontal approach towards implementing the ICPD agenda and achieving the SDGs (Draft)

South South Cooperation Project (presentation): Enabling Partners, Roles and Functions

South-South and Triangular Cooperation as a boost for implementing the ICPD agenda and the Sustainable Development Goals (Brochure draft)

South-South and Triangular Cooperation in the United Nations System (Joint Inspection Unit)

South-South and Triangular Cooperation, Corporate Plan – Proposal

State of South-South cooperation, Report of the Secretary General, 2015

Terms of Reference (TORs) for UNDG South-South and Triangular Cooperation Task Team

UNFPA Resource Mobilization

UNFPA resource mobilization strategy, 2015

Regional level documents

UNFPA, Independent Evaluation Office, ND. Regional programme level overview: on gender-based violence and harmful practices work, Retrieved from Google Drive, April 5, 2017.

Asia-Pacific Region

A Mapping of Faith Based Responses to Violence against Women and Girls in the Asia-Pacific Region (2012)

Asia and the Pacific Regional Office Annual Report, 2012

Asia and the Pacific Regional Office Annual Report, 2013

Asia and the Pacific Regional Office Annual Report, 2014

Asia and the Pacific Regional Office Annual Report, 2015

Asia and the Pacific Regional Office Annual Report, 2016

Asia and the Pacific Regional Office Gender Snapshot for 2015

Asia and the Pacific Regional Office, Gender Team, Annual Work Plan, May 2016

Asia and the Pacific Regional Office, Implementation of the Danish Project (Aug 2011-30 June 2012)

Asia and the Pacific Regional Office, Technical Area: Gender/Gender-Based Violence, 2015

Child Marriage in Southern Asia: Policy Options for Action, N.D.

DFAT Annual Report on project to strengthen capacity to measure violence against women and girls (in development)

Facilitators Manual for APRO document on Addressing Gender Based Violence in Humanitarian Settings in Asia Pacific, 2015

Fletcher, E.K., *Working Paper for Expert Group Meeting on the Evidence Base for Accelerated Action to End Child Marriage*, 2016

Inter-Agency Standing Committee (IASC), Placing Women and Girls at the Centre of Humanitarian Action in South and Central Asia, 2015

International Centre for Research on Women (ICRW), Study on Gender, Masculinity and Son Preference in Nepal and Vietnam, 2012

kNOwVAWdata, Indicators on violence against women, 2016

kNOwVAWdata, Measuring Prevalence of Violence Against Women: Key Terminology, 2016

kNOwVAWdata, Measuring Prevalence of Violence Against Women: Survey Methodologies, 2016

kNOwVAWdata, Project Launch and Technical Advisory Committee Documents, 2016

kNOwVAWdata, Project Overview, 2016

kNOwVAWdata, Sources of Data, 2016

kNOwVAWdata, UNFPA Asia and the Pacific Region, Regional Snapshot, 2016

Regional programme document for Asia and the Pacific, 2014-2017

Responding to Emergencies across Asia and the Pacific, 2016

Responding to Gender Biased Sex selection: An Inter-Regional Capacity Building Pilot Course, 2013

Sex Work, Violence and HIV in Asia – From Evidence to Safety (Policy Brief), 2015

UN Regional Joint Programme on Partners for Prevention; Working to Prevent Violence against Women, Annual Report 2014

UN Regional Joint Programme on Partners for Prevention; Working to Prevent Violence against Women, Annual Report 2015

UN Regional Joint Programme on Partners for Prevention: Working with Boys and Men to Prevent Gender Based Violence (UNDP, UNFPA, UN Women and UNV)

UN Women, UNFPA, DFAT, KWDI, Preventing Violence against Women and Girls through Social Norm Change, Learning paper from the Asia-Pacific Forum on Preventing Violence against Women and Girls; Evidence and Tools for Social Norm Change, 2015

UNDP, UNFPA, UN Women, UNV, Why Do Some Men Use Violence against Women and How Can We Prevent it?: Quantitative findings from the UN Multi-Country Study on Men and Violence in Asia and the Pacific, 2013

UNFPA & UNICEF, Mapping of Child Marriage Initiatives in South Asia, 2016

UNFPA Asia and the Pacific Regional Programme Action Plan 2012-2013

UNFPA Asia and the Pacific Regional Programme Action Plan 2014-2017

UNFPA, Asia and the Pacific Regional Programme Strategy Brief: Gender Equality and Reproductive Rights (2012-2013)

UNFPA, Health Sector Response to Gender-Based Violence: An Assessment of the Asia Pacific Region, 2010

UNFPA, Many faiths, different contexts: Experiences with Faith-Based Organisations in the Asia and the Pacific Region, 2015

UNFPA, Prepositioning to address lifesaving sexual and reproductive health and the protection needs of women and girls in the Asia Pacific region, Regional Prepositioning Initiative: Analytical study mission report, 2016

UNFPA, The Rights Evidence: Sex Work, Violence and HIV in Asia – A Multi-Country Qualitative Study (presentation), 2015

UNICEF & UNICEF, Report on the Expert Group Meeting to End Child Marriage, September 26-28, 2016

UNITE, The Change-Makers: A Young Activist's Toolkit for Ending Violence against Women and Girls, 2015

World Humanitarian Summit, Live Online Consultation on Gender Based Violence in Humanitarian Crises (Event Report), 2015

Eastern Europe and Central Asia

Capacity Assessment of Promundo

Capacity Assessment of the Austrian Women's Shelter Network, Women against Violence Europe (WAVE)

Capacity Assessment of the East European Institute for Reproductive Health (EEIRH)

CEDAW-UPR Tracking Matrix_3 March 2014

Child Marriage in Albania (Overview)

Child Marriage in Armenia (Overview)

Child Marriage in Azerbaijan (Overview)

Child Marriage in Bosnia and Herzegovina (Overview)

Child marriage in Eastern Europe and Central Asia: regional overview

Child Marriage in Georgia (Overview)

Child Marriage in Kazakhstan (Overview)

Child Marriage in Kosovo (Overview)

Child Marriage in Kyrgyzstan (Overview)

Child Marriage in Macedonia (Overview)

Child Marriage in Serbia (Overview)

Child Marriage in Tajikstan (Overview)

Child Marriage in Turkey (Overview)

Child Marriage in Ukraine (Overview)

Child Marriage in Uzbekistan (Overview)

Combatting violence against women and girls in Eastern Europe and Central Asia (Issue Brief)

Eastern Europe and Central Asia countries Regional Strategy for the rolling out of the Inter-Agency Global Package of Essential Services for Women and Girls Subject to Violence and EECARO Standard Operating Procedures on Gender-Based Violence.

Eastern Europe and Central Asia Regional Office (EECARO) Dissemination plan of the "Roadmap for Referral Pathways on Early/Forced Marriage for frontline professionals throughout EU"

Eastern Europe and Central Asia Regional Office Annual Report, 2012

Eastern Europe and Central Asia Regional Office Annual Report, 2013

Eastern Europe and Central Asia Regional Office Annual Report, 2014

Eastern Europe and Central Asia Regional Office Annual Report, 2015

Eastern Europe and Central Asia Regional Office Standard Progress Report 2012-2013

Europe and Central Asia Regional Working Group on Gender, 2016 First Quarter Meeting Minutes

Europe and Central Asia Regional Working Group on Gender, 2016 Joint Annual Work Plan

Europe and Central Asia Regional Working Group on Gender, 2016 Second Quarter Meeting Minutes

Europe and Central Asia Regional Working Group on Gender, 2016 Third Quarter Meeting Minutes

Europe and Central Asia Regional Working Group on Gender, List of Member Agencies

Europe and Central Asia Regional Working Group on Gender, Terms of Reference

European Union (EU), EU Roadmap on Forced/Early Marriage (FEM) Referral Pathway for Frontline Professionals, 2016

Evaluation of the UNFPA's Eastern Europe and Central Asia Regional Programme 2008-2012

Gender-biased Sex Selection Georgia: Context, Evidence and Implications, 2015

Health care services provision, part of multi-sectoral response to GBV, Standard Operating Procedures (SOPs), 2015

Implement (Health System Response to Gender Based Violence), Training Manual on Gender-Based Violence for Health Professionals, 2015

Independent Evaluation of UNFPA's Regional Intervention Action Plan 2014-2017

Initial Assessment Report: Protection Risks for Women and Girls in the European Refugee and Migrant Crisis; Greece and the former Yugoslav Republic of Macedonia

Mechanisms behind the Skewed Sex Ratio at Birth in Azerbaijan: Qualitative and Quantitative Analyses, 2014

Men and Gender Relations in Bosnia and Herzegovina - Results of "Images" Research; *IMAGES Bosnia ENG*

Mid-Term Review- Regional Programme 2008-2013, UNFPA Eastern Europe & Central Asia Regional Office (EECARO)

Mission reports by EECARO on Multi sectoral response to GBV intervention:

- UNFPA Travel Report: Bishkek, Kyrgyzstan (December 2015)
- UNFPA Travel Report: Minsk, Belarus (November 2015)
- UNFPA Travel Report: Macedonia (June 2016)
- UNFPA Travel Report: Ukraine (June 2016)
- UNFPA Travel Report: Kazakhstan (September 2016)
- UNFPA Travel Report: Tajikistan (2016)
- UNFPA Travel Report: Greece Humanitarian Mission report (May 2016)
- UNFPA Travel Report: Basque Country (2016)

Police services provision, part of multi-sectoral response to GBV, Standard Operating Procedures (SOPs), 2015

Prevalence of and Reasons for Sex-selective Abortions in Armenia, 2012

Preventing gender-biased sex selection in Eastern Europe and Central Asia (undated)

Psycho-social services provision, part of multi-sectoral response to GBV, Standard Operating Procedures (SOPs), 2015

Regional Intervention Action Plan (RIAP) 2014-16 Consolidated 8 Feb (spreadsheet)

Regional Intervention Action Plan (RIAP) 2014-17 Amendment 1 (spreadsheet)

Regional Strategic Partnership Framework on Gender in Europe and Central Asia, UN Women, UNFPA and UNDP Regional Offices, July 2015

Risks for Women and Girls in the European Refugee and Migrant Crisis (undated)

Sex Imbalance at Birth in Armenia: Demographic Evidence and Analysis, 2013

Sex Imbalances at Birth in Albania, 2012

Towards a Multisectoral Response to Gender-Based Violence: Mapping the Current Situation in the Eastern Europe and Central Asia Region, 2015

UNFPA & East European Institute for Reproductive Health (EEIRH), Multi-sectorial response to GBV: An effective and coordinated way to protect and empower GBV victims/survivors, 2015

UNFPA & WAVE, Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia: A Resource Package, 2014

UNFPA Eastern Europe & Central Asia Regional Office (EECARO) Mapping Questionnaire Report of Findings

UNFPA Regional Programme Action Plan for Eastern Europe and Central Asia 2014-2017

UNFPA, Mobile Team Report Ukraine, 2016

UNFPA, Mobile Team Report, Dec 2015

UNFPA, National Toll Free Hotline Report Ukraine, 2016

UNFPA, Regional Programme Action Plan (2014-2017), Eastern Europe and Central Asia

UNFPA, Regional Situation Report for HSC Meeting, October 2016

UNFPA, Situation Report for Refugee Crisis in Europe/Serbia, November 2016

UNFPA, Situation Report for Refugee/Migrant Humanitarian Crisis in Europe/ FYROM (Former Yugoslav Republic of Macedonia), Oct-Nov 2016

UNFPA, Strengthening the Safety, Health and Well-Being of Refugee and Migrant Women and Youth in Greece, 2016

UNFPA, Work Plan between FAROS and UNFPA, 2016

UNFPA, Work Plan between IMC-UK and UNFPA, 2016

Arab Region

UNFPA Regional Strategy on Prevention and Response to Gender-Based Violence in the Arab States Region 2014-2017, Arab States Regional Office

UNFPA, Arab States Regional Office, Regional Programme Action Plan (2014-2017), 2013, Cairo, Egypt

Latin America & Caribbean region

UNFPA, Regional Programme Action Plan for Latin America and the Caribbean 2014-2017, Latin America and Caribbean Regional Office, 2013

East & Southern Africa region

UNFPA, Regional Interventions Action Plan (2014-2017), East and Southern Africa Regional Office

West & Central Africa region

UNFPA, Regional Programme and Action Plan (2014-2017), West and Central Africa Regional Office

UNFPA Evaluation methodology and documents

End of Programme Evaluation of the Africa Regional Programme 2008-2012

Evaluación Final del Programa Regional del UNFPA para América Latina y el Caribe 2008-2013

Evaluation of Partners for Prevention Regional Joint Programme for Gender-based Violence Prevention in Asia and the Pacific 2008 till 2012, Final Evaluation Report, 2013

Evaluation of the Gender Based Violence Information Management System (GBVIMS), Final Report, September 2014

Evaluation of the UNFPA's Eastern Europe and Central Asia Regional Programme 2008-2012

Evaluation of UNFPA's Asia-Pacific Regional Programme 2008-2012

Evaluation of UNFPA's Provision of Dignity Kits in Humanitarian and Post-Crisis Settings, 2011

International Cooperation and Development, Evaluation of EU Support to Gender Equality and Women's Empowerment in Partner Countries, Final Report, Volume 1: Main Report, April 2015

Summative Evaluation - Arab States Regional Programme 2008-2012

UNFPA & UNICEF, Joint Evaluation UNFPA-UNICEF Joint Programme on Female Genital Mutilation/Cutting: Accelerating Change 2008-2012, Volume I

UNFPA, How to Design and Conduct a Country Programme Evaluation at UNFPA (handbook), 2013

UNFPA's Work Towards Elimination of Gender-Based Violence: Key Achievements and Strategic Opportunities, 2013

United Nations Evaluation Group (UNEG), Integrating Human Rights and Gender Equality in Evaluations – Towards UNEG Guidance, 2011

United Nations Evaluation Group (UNEG), Integrating Human Rights and Gender Equality in Evaluations, 2014

Country level documents

Bolivia

Formulario Unico para Homologacion de Certificados Medicos

Aguayo, F., Kimelman, E., Saavedra, P., Kato-Wallace, J, Hacia la incorporación de los hombres en las políticas públicas de prevención de la violencia contra las mujeres y las niñas. Santiago: EME/CulturaSalud; Washington, D.C.: Promundo-US; Ciudad de Panamá: ONU Mujeres y UNFPA, 2016

Annual workplans: 2012-2017

CDC (s/f). Violencia entre Parejas del Mismo Sexo en Bolivia. La Paz. CERF, UNFPA, OCHA, Project funding confirmation letter, 2014

El UNFPA y su Trabajo en Masculinidades en América Latina y el Caribe.

Estado Plurinacional de Bolivia y ONU Bolivia. Marco de Complementariedad de Naciones Unidas para el Vivir Bien en Bolivia 2018-2022. La Paz. Estrategia Coordinada de Género One UN

Estrategia Regional del UNFPA para América Latina y el Caribe para la Prevención y el Abordaje de la Violencia Sexual contra las Mujeres y Niñas 2015-2017.

Evaluación del Proyecto "Derechos Sexuales y Reproductivos de Adolescentes y Jóvenes Entre 14 y 24 Años; y Prevención, Tratamiento Y Sanción de la Violencia Sexual en Bolivia", 2015.

Fact Sheet - Life without Violence (Switzerland)

Ministero Publico, Fiscalía General del Estado, (flowchart) GBV in Emergencies

Ministero Publico, Fiscalía General del Estado, Formulario Consentimiento Informado

OCHA – UNFPA – CERF, Final Proposal, 2014

ONU Bolivia (2017). Estrategia Coordinada de Género One UN

PRODOC UNFPA Switzerland, Proyecto "Vida Sin Violencia", 2017

Report on Sexual Violence, Informe Final: Estudio sobre violencia sexuel en los Municipios de Gonzal Moreno, Coroico, Uncía y Punata, 2015

Revised Standard Joint Programme Document, Programme Title: "Life without violence" (LWV), 2016

UN Technical Board on Justice, Report, 2014

UNDAF 2018-2022

UNFPA - UN Women, Standard Memorandum of Understanding for Life Without Violence Programme (LWV) Using Pass-Through Fund Management, 2016

UNFPA – UN Women, Vida Sin Violencia Progress Report, 2016

UNFPA Bolivia – Embassy of Sweden in Bolivia, Project Evaluation "Sexual And Reproductive Rights Of Adolescents And Youths Between the Ages of 14 and 24; and Prevention, Treatment and Sanction of Sexual Violence In Bolivia" Final Report, 2016

UNFPA, 2015 Annual Planning – Bolivia

UNFPA, 2016 Annual Planning – Bolivia

UNFPA, Baselines 2013, 12 municipalities:

- UNFPA Informe Camargo
- UNFPA Informe Camiri
- UNFPA Informe Coroico
- UNFPA Informe Llallagua
- UNFPA Informe Punata
- UNFPA Informe Sopachuy
- UNFPA Informe Sucre
- UNFPA Informe Tiquipaya
- UNFPA Informe Tomina
- UNFPA Informe Tupiza
- UNFPA Informe Uncia
- UNFPA Informe Viacha

UNFPA Bolivia. Monitoring reports: travel reports 2013-2017.

UNFPA Bolivia: Monitoring reports – progress reports 2013-2016 in: a) Knowledge management and sharing; b) promoting new masculinities; c) strengthening the state ability to address gender based violence; d) supporting the provision of services at local level.

UNFPA, Bolivia Country Office Annual Report 2012

UNFPA, Bolivia Country Office Annual Report 2013

UNFPA, Bolivia Country Programme Action Plan (CPAP) 2008-2012

UNFPA, Bolivia Country Programme Action Plan (CPAP) 2013-2017

UNFPA, Bolivia Country Programme Document (CPD) 2008-2012

UNFPA, Bolivia Country Programme Document (CPD) 2013-2017

UNFPA, Bolivia Country Programme Evaluation 2008-2011

UNFPA, Bolivia Progress Reports 2008-2012:

- Instituciones nacionales y locales responden sobre los derechos de mujeres, y jóvenes, principalmente sus DSR, y les facilitan su ejercicio.
- Prevención, atención y manejo de la violencia de género, incluida la violencia política contra las mujeres, priorizada en la Agenda del Pacto Nacional y de las redes locales contra la violencia.

UNFPA, CERF Final Proposal, 2014

UNFPA, Guidelines on Early Pregnancy Prevention and Sexual Violence at Local Level, 2016

UNFPA, Guidelines on Gender-Based Violence in Emergencies:

1. Lo que debes saber para brindar protección contra la violencia sexual en contextos humanitarios: Guía para servidoras y servidores públicos
2. Lo que debes saber para protección contra la violencia sexual en contextos humanitarios: Guía comunitaria y personal
3. Protección en contextos humanitarios: Prevención y atención de violencia sexual: Guía comunitaria y personal
4. Protección en contextos humanitarios Prevención y atención de violencia sexual Guía para servidoras y servidores públicos

UNFPA, Report on programme and financial progress/management 2013

UNFPA, Report on programme and financial progress/management 2014

UNFPA, Report on programme and financial progress/management 2015

UNFPA, Report on programme and financial progress/management 2016

UNFPA, Technical Board on Gender, Annual Report 2016

UNFPA, Technical Board on Justice, Annual Report 2016

Workplan, Technical Group on Gender, 2016

Workplan, Technical Group on Interculturality, 2016

Workplan, Technical Group on Justice, 2014

Workplan, UNFPA-UN Women Switzerland, 2016

Bosnia and Herzegovina

UNDAF, One United Nations Programme and Common Budgetary Framework Bosnia and Herzegovina 2010-2014

UNDAF, One United Nations Programme and Common Budgetary Framework Bosnia and Herzegovina 2015-2019

UNFPA – UNDP Bosnia and Herzegovina, Preventing and Combating Sexual and GBV in Bosnia and Herzegovina, Final Project Evaluation, 2013

UNFPA Annual Work Plan Bosnia and Herzegovina 2012 GBV

UNFPA Annual Work Plan Bosnia and Herzegovina 2013 GBV

UNFPA Annual Work Plan Bosnia and Herzegovina 2013 GBV IPs

UNFPA Annual Work Plan Bosnia and Herzegovina 2014 GBV Revised

UNFPA Annual Work Plan Bosnia and Herzegovina 2015

UNFPA Annual Work Plan Bosnia and Herzegovina 2016 Revision 4

UNFPA Annual Work Plan Bosnia and Herzegovina 2017 Revision 1

UNFPA Bosnia and Herzegovina Country Programme 2010-2014 Performance Summary

UNFPA Country Office Annual Report, Bosnia and Herzegovina 2012

UNFPA Country Office Annual Report, Bosnia and Herzegovina 2013

UNFPA Country Office Annual Report, Bosnia and Herzegovina 2014

UNFPA Country Office Annual Report, Bosnia and Herzegovina 2015

UNFPA Country Office Annual Report, Bosnia and Herzegovina 2016

UNFPA Country Programme Action Plan Alignment, Bosnia and Herzegovina 2012

UNFPA Country Programme Action Plan, Bosnia and Herzegovina 2010-2014

UNFPA Country Programme Document for Bosnia and Herzegovina, 2010-2014

UNFPA Country Programme Document for Bosnia and Herzegovina, 2015-2019

UNFPA Country Programme Evaluation: Bosnia and Herzegovina, 2013

Guatemala

Documents of the Country Program (CPD)Documento del Programa País Guatemala 2010-2014

Documento del Programa País Guatemala 2015-2019

Country Program Action Plans (CPAP), including the mid-term review of CPAPPlan de acción del Programa País Guatemala 2010-2014

Plan de acción del Programa País Guatemala 2010-2014 - Revisión de mitad de período 2012-2014

Plan de acción del Programa País Guatemala 2010-2014 - Revisión final

Plan de Acción del Programa País Guatemala 2015-2019

Annual work plans (AWP) related to gender violence and harmful practices, both in development and in the humanitarian field (GOB) Fiscalía - Ministerio Público 2013 y 2014

(GOB) Fiscalía - Ministerio Público 2015-2019

(GOB) Instituto Nacional de Estadísticas 2012, 2013 y 2014

(GOB) Instituto Nacional de Estadísticas 2015-2019

(GOB) Ministerio de Gobernación 2012, 2013, 2014, 2015 y 2016

(GOB) Oficina de Defensa de las Mujeres Indígenas 2015-2019

(GOB) Oficina de Defensa de Mujeres Indígenas 2014

(GOB) Oficina de la Secretaría de Violencia, Explotación y Tráfico 2013 y 2014

(GOB) Oficina de la Secretaría de Violencia, Explotación y Tráfico 2015-2019

(GOB) Oficina de la Secretaría Presidencial de la Mujer 2012, 2013 y 2014

(GOB) Oficina de la Secretaría Presidencial de la Mujer 2015-2019

(GOB) Organismo Judicial 2013 y 2014

(GOB) Organismo Judicial 2015-2019

(ONG) Asociación de Mujeres de Petén IXQIK 2012 y 2013

(ONG) Asociación por Nosotras IXMUKANÉ 2012, 2013, 2015 y 2016

(ONG) Asociación por Nosotras IXMUKANÉ 2016-2019

(ONG) Centro de Investigación, Capacitación y Apoyo a la Mujer CICAM 2012 y 2013

(ONG) Colectivo Artesana 2012

(ONG) Convergencia Ciudadana de Mujeres 2012 y 2013

(ONG) Fundación Red de Sobrevivientes de la Violencia Doméstica 2012 y 2013

(ONG) Mujeres Transformando el Mundo 2012 y 2013

(ONG) Red de Mujeres Positivas en Acción 2012 y 2013

(ONG) Red de Mujeres Positivas en Acción 2015-2019

(ONG) Unión Nacional de Mujeres Guatemaltecas 2012

Plan Bianual "Fondo Central de Respuesta a Emergencias - CERF" 2012-2013

Planes de trabajo anuales

Planes de trabajo multianuales

Annual reports of the Country Office

Informe anual de la Oficina País - Guatemala 2012

Informe anual de la Oficina País - Guatemala 2013

Informe anual de la Oficina País - Guatemala 2014

Informe anual de la Oficina País - Guatemala 2015

Reports of field monitoring visits related to gender violence and harmful practices

Informes de la visita de monitoreo de campo Asociación de Mujeres de Petén IXQIK 2012 y 2013

Informes de la visita de monitoreo de campo Asociación por Nosotras IXMUKANÉ 2012, 2013, 2015 y 2016

Informes de la visita de monitoreo de campo Centro de Investigación, Capacitación y Apoyo a la Mujer CICAM 2012 y 2013

Informes de la visita de monitoreo de campo Fiscalía - Ministerio Público (2012 a 2016)

Informes de la visita de monitoreo de campo Fundación Red de Sobrevivientes de la Violencia Doméstica 2012 y 2013

Informes de la visita de monitoreo de campo Instituto Nacional de Estadística (2012 a 2016)

Informes de la visita de monitoreo de campo Ministerio de Gobernación del Gobierno (2012 a 2016)

Informes de la visita de monitoreo de campo Mujeres Transformando el Mundo 2012 y 2013

Informes de la visita de monitoreo de campo Oficina de Defensa de Mujeres Indígenas (2012 a 2015)

Informes de la visita de monitoreo de campo Oficina de la Secretaría Presidencial de la Mujer (2012 a 2016)

Informes de la visita de monitoreo de campo Oficina de la Secretaría de Violencia, Explotación y Tráfico (2012 a 2016)

Informes de la visita de monitoreo de campo Órgano Judicial (2012 a 2016)

Informes de la visita de monitoreo de campo Red de Mujeres Positivas en Acción 2012 y 2013

Informes de la visita de monitoreo de campo Unión Nacional de Mujeres Guatemaltecas 2012

Evaluation reports related to gender violence and harmful practices

Evaluación final Fondo para la construcción de la paz 2015: Fortalecimiento de las capacidades del Ministerio del Interior gubernamental para consolidar la paz

Evaluación final Programa conjunto ODM-Fondo: Fortalecimiento de las capacidades nacionales para la asistencia a las víctimas

Programa conjunto ODM-Fondo de Revisión a mediano plazo: Fortalecimiento de las capacidades nacionales para la asistencia a las víctimas

Relevant studies or publications on GBV and harmful practices (in humanitarian and / or development contexts) of UNFPA

Estudio sobre los matrimonios-uniones tempranas: ¡cambió mi vida! (matrimonios, embarazos y violación de derechos en adolescentes) UNFPA y FLACSO 2015

Los desafíos de la esperanza Especialización en justicia de género (Tribunal Judicial y UNFPA, 2013)

Primer informe: Tribunales judiciales especializados en homicidios de mujeres y otras formas de violencia contra la mujer (Tribunal Judicial y UNFPA, 2012)

Propuesta de un Sistema Nacional de Información sobre VRG

Segundo informe: Tribunales judiciales especializados en homicidios de mujeres y otras formas de violencia contra la mujer (Tribunal Judicial y UNFPA, 2013)

Tercer informe: Tribunales judiciales especializados en homicidios de mujeres y otras formas de violencia contra la mujer (Tribunal Judicial y UNFPA, 2014)

Relevant studies or publications on GBV and harmful practices (in humanitarian and / or development contexts) of other organizations

Política Nacional de Prevención de la violencia y el crimen. Seguridad ciudadana y convivencia pacífica. 2014-2034

Propuesta para fortalecer la coordinación de los mecanismos interinstitucionales para abordar la prevención de la violencia contra la mujer 2013-2016

Violencia contra las mujeres 2008-2013 (Instituto Nacional de Estadística)

UN Country Team and other partners

Documentación sobre grupos de trabajo conjuntos, programas conjuntos o proyectos conjuntos relacionados con la VBG y prácticas nocivas (en contextos humanitarios o de desarrollo)

Documento conjunto del Programa MDG-F: Fortalecimiento del entorno institucional para el empoderamiento de la mujer en Guatemala

Documento de programa MDG-F: Fortalecimiento de las capacidades nacionales para la atención a las víctimas

Documento Fondo para la Construcción de Paz (Género)

Grupo de los Puntos Focales interinstitucionales de género de la ONU 2015-2016

Informe anual 2014 de la respuesta coordinada de las Naciones Unidas sobre la violencia contra la mujer

Informe del Grupo Interagencial de Género de la ONU - GIGAM 2012 y 2013

Informe sobre el análisis de la incorporación de la perspectiva de género UNDAF 2012

Informe sobre las actividades implementadas por la ONU bajo la Campaña de Secretario General (UNETE)

Memorando de Entendimiento entre las Naciones Unidas para coordinar la respuesta sobre la violencia contra la mujer

Plan bianual 2014-2015 de la respuesta coordinada de las Naciones Unidas sobre la violencia contra la mujer

Plan semestral del Grupo interinstitucional de género de la ONU: GIGAM 2012-2013

Programa conjunto de las Naciones Unidas Saquilaj Be' (Empoderamiento de niñas adolescentes)

Términos de referencia del Grupo interinstitucional de género de la ONU (GIGAM)

Donors' reports on UNFPA support for the prevention, response and elimination of gender-based violence and harmful practices (in humanitarian or development contexts)

Fondo para la Construcción de Paz - Informes PBF

Fondo para la Construcción de Paz 1325 - Informes

Informe de los resultados de la respuesta humanitaria 2012-2013

Informe final a Suecia del programa Fortalecimiento para empoderar

Informe final al F-ODM del Programa Conjunto de las Naciones Unidas: Fortalecimiento del entorno institucional para el empoderamiento de la mujer en Guatemala

Informe final al F-ODM del Programa conjunto de las Naciones Unidas para la prevención de la violencia contra las mujeres en América Central 2016

Informe final al F-ODM del Programa Conjunto de las Naciones Unidas Fortalecimiento de las capacidades nacionales para la atención a las víctimas

Informes anuales del Programa Conjunto de las Naciones Unidas Saquilaj Be' (Empoderamiento de las niñas adolescentes)

Reports assessing the technical capacity of implementing partners in interventions related to gender violence and harmful practices

Herramienta de evaluación de la capacidad de implementación del socio: Asociación por Nosotras IXMUKANÉ

Herramienta de evaluación de la capacidad de los socios colaboradores: Asociación de Mujeres de Petén IXQIK

Herramienta de evaluación de la capacidad de los socios ejecutores: Centro de Investigación, Capacitación y Apoyo a la Mujer CICAM

Herramienta de evaluación de la capacidad de los socios implementadores: Órgano Judicial

Herramienta de evaluación de la capacidad de los socios implementadores: Ministerio de Gobernación

Herramienta de evaluación de la capacidad de los socios: Fundación Red de Sobrevivientes de la Violencia Doméstica

Herramienta de evaluación de la capacidad de los socios: Red de Mujeres Positivas en Acción

Implementación de la herramienta de evaluación de la capacidad de los socios: Oficina de defensa de las mujeres indígenas

Implementación de la herramienta de evaluación de la capacidad de los socios: Oficina de la Secretaría Presidencial de las mujeres

Implementación de la herramienta de evaluación de la capacidad del socio: Oficina de la Secretaría de Violencia, Explotación y Tráfico

Implementación de la herramienta de evaluación de la capacidad del socio: Unión Nacional de Mujeres Guatemaltecas

Implementación de la herramienta de evaluación de la capacidad del socio: Colectivo Artesana

Implementación de la herramienta de evaluación de la capacidad del socio: Mujeres Transformando el Mundo

Implementación del mapeo de socios: Programa de Fortalecimiento para Empoderar

Instrumento de evaluación de capacidades de los socios Implementación: Instituto Nacional de Estadísticas

Instrumento de evaluación de la capacidad de los socios implementadores: Oficina del Fiscal - Ministerio Público

India

UNFPA Programmatic documents

UNFPA, Country Office Annual Report (COAR) / SIS Reports submitted to UNFPA HQ: Annual Report 2013, 2014,2015 (COAR)

UNFPA, Country Office Annual Report (COAR) / SIS Reports submitted to UNFPA HQ: Annual Report 2013, 2014, 2015 (SIS)

UNFPA, Country Programme Action Plan – CPAP (2013 – 2017)

UNFPA, Country Programme Document for India - CPD (2013 – 2017)

UNFPA, Country Programme Document for India-CPD (2008-2012)

UNFPA, Destination 2018-Internal UNFPA Country Strategy for India

Firoza Mehrotra, Gender Biased Sex Selection and Gender Mainstreaming, Thematic Assessment of UNFPA India's Country Programme-8, Unpublished Report, 2016

UNFPA, Situation Analysis for State Offices

The Government of India And UNFPA Country Programme 8 (2013-17) Annual Progress Report 2013/14; Annual Progress Report 2014; Annual Progress Report 2015 (June 2016)

UNFPA, Country Programme Evaluation India: Eighth Programme Cycle (2013-2017), December 2016 (Report and Annexes)

UNFPA, Country Programme Evaluation India: Seventh Programme Cycle (2008-2012)

Adolescents and Youth

Action for Adolescent Girls Curriculum: Phase 1, Phase 2, Phase 3 (English)

Annual Progress Report for Action for Adolescent Girls Initiative: Jatan, PREM 2015

Call for Joint Action, Child Marriage and Adolescent Pregnancy, 12-13 October, 2015, New Delhi, India, Produced During the Conference on Child Marriage and Adolescent Pregnancy (CMAP), 2015

Centre of Excellence on Adolescents and Youth, Child Marriage & Early Motherhood: Understandings from Lived Experiences of Young People, 2015

Delivering Adolescent Sexual and Reproductive Health Services, UNFPA Technical Brief, June 2016

Government of Rajasthan, Department of Women and Child Development, Rajasthan State Policy for the Girl Child, 2013

Kalinga Institute of Social sciences (KISS), "Empowering young people with Life Skills based Sexual and Reproductive Health (SRH) Education through the formal education system in Odisha", Submitted to: United Nations Population Fund (UNFPA) report for 2014

Odisha State Policy for Girls and Women, 2014

Odisha State Youth Policy, 2013

PREM, Empowering Tribal Adolescent Girls Through Self-help Groups in Gajapati District of Odisha and Strengthening Implementation of Biju Kanya Ratna Programme in Three Districts of Odisha, Report to UNFPA, 2015-2016 (photocopy).

Srinivasan Padmavthi, Prevalence and Trends in Adolescent Marriage, Pregnancy and Childbirth in India: Findings from the Last Three Censuses (1991-2011), 2016

UNFPA, Action for Adolescent Girls and Support to Biju Kanya Ratna Programme, AWP, IP People's Rural Education Movement, 2015

UNFPA, Global Programme on Child Marriage-Annual Report, India, Draft, unpublished document, 2015

UNFPA, Strategy Handbook- Rashtriya Kishor Swasthya Karyakram (RKSK), 2014

UNFPA, Strengthening the Beti Bachao and Beti Padhao Programme in the District of Sawai Madhopur, AWP, IP CECOEDECON, 8/9/2015

Gender

Enhancing Male Participation for Improving Gender Equality in MAHARASHTRA (The Samajhdar Jodidar project) MidTerm Assessment, CHSJ, 2013

Government of Kerala, Joint Mission Report: Study Visit to One-stop Crisis Centres to address VAW, 25-28 June 2014

Government of Odisha, Director Family Welfare, Reporting Format of Medico Legal Cases for Health Institutions (photocopy)

Government of Odisha, Health and Family Welfare Department, Notification No. 25175 28.11.2016 Re Standard Operating Procedures (SOP) for coordinated response to address Gender Based Violence in Odisha (photocopy)

Government of Odisha, Women and Child Development Department, Director, Social Welfare, Proceedings of the meeting of the State Task Force for Care, Protection and Development of Girls and Women (meetings of 2015 and 2016)

Government of Rajasthan, Rajasthan State Planning Board, *Working Group Report on Gender Budgeting,* Unpublished Document, August 2013

ICRW and UNFPA, *Masculinity, Intimate Partner Violence and Son Preference in India* (Study Report Executive Summary and Six State Specific Policy Briefs), 2015

Jejeebhoy, Shireen, K.G. Santhya, Shagun Sabarwal, *Gender-based violence: A qualitative exploration of norms, experiences and positive deviance,* New Delhi: Population Council, 2013

Minimum Initial Service Package (MISP) Manual

Odisha state Legal Services Authority (with DHFW, UNFPA/Odisha), Annual Report 2012 "Strengthening Monitoring of PCPNDT Act Implementation in Odisha", 2012

UNFPA, Addressing Gender Biased Sex Selection, A report on Technical Assistance, 2014

UNFPA, Addressing Gender Biased Sex Selection, A report on Technical Assistance, 2015

UNFPA, Capacity Building and Advocacy to Strengthen Health Sector Response to Violence, AWP, IP Sama-Resource Group for Women and Health, 24/12/2015

UNFPA, Financial Incentives for Girls – What works?, Policy brief, http://india.unfpa.org/sites/asiapacific/files/pub-pdf/UNFPA_PolicyBrief_07-04-20166pm.pdf, 2015

UNFPA, Gender in Medical Education: Perceptions of Medical Educators—Study conducted among medical educators of seven medical colleges in Maharashtra

UNFPA, India: Violence Against Women-Societal Concern, Public Health Crisis, in Programming to Address Violence Against Women: 8 Case Studies, Vol 2, UNFPA, NY, 2009

UNFPA, Laws and Son Preference in India-A Reality Check, 2012-2013

UNFPA, National Health Mission, RHFWTC, Indore, 2014, Module for Orientation of Gynecologists and Casualty Medical Officers on Government of India's Guidelines and Protocols on Medico Legal Care for Survivors/Victims of Sexual Violence PPT Session 5: Decoding the MOHFW guidelines and protocols- Guidelines for responding to special groups

UNFPA, National Health Mission, RHFWTC, Indore, 2015, Orientation of Gynecologists/LMO and Casualty Medical Officers on GOI Guidelines and Protocols on Medico-Legal Care for Survivors/Victims of Sexual Violence, Joint Collaboration of NHM Cell, Directorate of Health Services, MP and UNFPA July-December, 2015

UNFPA, Rajasthan State Office, Concept Note: Community Action Groups to Address Discrimination and Violence Against Girls and Women, unpublished

Sex Ratio

Breakthrough, Communication Guide: A Key to Building A People's Response to GBSS, 2014

Demography of Gender Bias: A training workshop organized by the Centre for the Study of Regional Development with support from CEPED (Paris) and UNFPA (Delhi), March 20-24, 2017, JNU, New Delhi

Directorate of Family Welfare, Odisha, 2015 Annual Report (Reporting period: January to December 2015) Under the programme Addressing Gender Based Violence and Strengthening Monitoring of PCPNDT Act Implementation in Odisha - IND8U504, 2015

Evidence and Action, Good Practices on Integration of Gender, Human Rights, and Culture in UNFPA Programming, 2013

Girls Count, Civil Society Report Card on PCPNDT Act, 2015

Girls Count, Newsletter Quarter 1: Issue 8, January-March 2016

Lest More Girls Go Missing – Initiative of UNFPA India to address gender-biased sex selection. May 2013

Maharashtra Judicial Academy and UNFPA, 2014, Training Module and Handbook for Judicial Officers on SEX SELECTION AND PCPNDT ACT

UNFPA and IPAS, "Gender Biased Sex Selection and Access to Safe Abortions - FAQs on interlinkages", http://india.unfpa.org/sites/asiapacific/files/pub-pdf/GBVandAccesstoSafeAbortion-FAQ.pdf

UNFPA and UNWOMEN (2014), 'Economic Factors and Political Economy underlying GBSS; 'Sex Ratios and Gender Biased Sex Selection: History Debates and Future', http://asiapacific.unfpa.org/sites/asiapacific/files/pub-pdf/Sex-Ratios-and-Gender-Biased-Sex-Selection.pdf

UNFPA, 20 Sex Ratios and Gender Biased Sex Selection-Insights and Learnings

UNFPA, Addressing Gender Based Violence and Strengthening Monitoring of PCPNDT Act Implementation in Odisha and Improving access and utilization of quality family planning services to address reproductive rights by

system strengthening, promoting informed choices and addressing needs of young couples in Odisha, AWP, Directorate of Family Welfare, Government of Odisha, 26/12/14

UNFPA, Comprehensive Actions to Address Gender-biased Sex Selection and Declining Child Sex Ratio, Submitted to MWCD, 24 October 2014 (unpublished note)

UNFPA, How many girls are missing at birth? Trends in sex ratios at birth (2001-12) UNFPA sourced from Sample Registration System 2001-12

Population Data

Study on 'Assessment of Tribal Sub Plan and Scheduled Caste Sub Plan Programme Implementation in Odisha'

UNFPA, Status of Women and Girls in Odisha, Odisha, 2013

Other Sources

CECOEDECON, 2015-2016 Annual Report, Jaipur, India.

Coffman, J., Beer. T., Evaluation to support strategic learning; principles and practices, Center for Evaluation Innovation, 2011

Government of Odisha, DHFW, Minimum Initial Service Package During Disaster: Progress Review Meeting, Bhubaneswar, November, 2014, Powerpoint (photocopy)

UNFPA, Planning and Implementing people centric programmes for making Bhubaneswar a socially smart city, AWP, Bhubaneswar Smart City, 29/12/2016 (photocopy)

Iraq

[CONFIDENTIAL] ISG, Iraq RTAP Baseline Report, 2016

[CONFIDENTIAL] SDC GBV Assessment Final Report, July 2017

Adolescent Girls Assessment Report KRI, May 2016

Evaluation of implementation of 2005 IASC Guidelines in the Syria Crisis Response, 2015

Evaluation of the Gender Based Violence Information Management System (GBVIMS) Report, ISG, 2014

Framework for Rapid Protection Assessment Tools and Mechanism for Iraq

GBV Sub-Cluster Humanitarian Response Plan Analysis, July 2017

GBV Sub-Cluster, Emergency Mobile Teams: Gender-Based Violence (GBV), draft

Iraq GBV Sub-Cluster Strategy, 2016

UN 2016 Humanitarian Needs Overview, 2015

UN, 2017 Humanitarian Response Plan

UN, Iraq Humanitarian Country Team Strategic Protection Framework, 2015

UNFPA Iraq Country Programme Action Plan, 2011-2014

UNFPA Iraq Country Programme Document, 2011-2014

UNFPA Iraq Country Programme Document, 2016-2019

UNFPA Various Implementing Partner Agreements (18)

UNFPA, A Report on the GBV Assessment in Conflict Affected Governates in Iraq, 2016

UNFPA, Document Advocating Against Teenage Marriage, December 2014

UNFPA, Fact Sheet on UNFPA's work in Sexual Violence in Conflict, April 2015

UNFPA, GBV AoR Monthly Call Minutes, July 2017

UNFPA, Iraq Annual Report, 2015

UNFPA, Rega Mission to Iraq Report, May 2017

UNHCR Protection Cluster Protection Monitoring Tool, 2016

UNHCR, Iraq Response: Protection Cluster Factsheet, June 2015

UNHCR, Prioritizing SGBV in Emergencies: An evaluative review of the 2014-2016 Senior Protection Office (SGBV) deployments, 2017

UNHCR, Protection Advocacy Strategy, 2015

Palestine

UNFPA Programmatic documents

UNFPA, Environmental Scanning in Gaza Strip, Final Report, 2013

UNFPA, Final Evaluation of the Working Together to Stop Gender Based Violence Final Report, December 2016

UNFPA, Palestine Country Programme Document 2006-2009

UNFPA, Palestine Country Programme Document 2011-2013

UNFPA, Palestine Country Programme Document 2015-2017

Other UN and UNFPA documents

Inter-Agency Standing Committee (IASC), Cluster Coordination Reference Module, 2015

Inter-Agency Standing Committee (IASC), Guidelines for Integrating Gender Based Violence in Humanitarian Action, 2015

UNFPA Regional Strategy on Prevention and Response to Gender-Based Violence in the Arab States Region, 2014-2017

UNFPA, From Commitment to Action on Sexual and Reproductive Health and Rights – Lessons from the First Cycle of the Universal Periodic Review, August 2014

UNFPA, Women and Girls Safe Spaces, A guidance note based on lessons learned from the Syrian crisis, 2015

UNICEF, State of the World's Children Report, 2016

Country Specific Documents

Alianza por la Solidaridad and ActionAid, Violence Against Women in the Gaza Strip after the Israeli Military Operation Protective Edge 2014, October 2015

Bisan Center for Research and Development, Gender-Based Violence in the Occupied Palestinian Territory, October 2011

CFTA and the GBV Sub-Working Group, Protection in the Windward, Conditions and Rights of Internally Displaced Girls and Women during the Latest Israeli Military Operation on the Gaza Strip, October 2014

Italian Cooperation and Institute of Women's Studies, Birzeit University, Re-integration of Women Survivors of Gender-Based Violence: Combating Violence against Women in Palestinian Society, November 2016

MIFTAH, Country Assessment of the Sexual and Reproductive Health and Rights (SRHR) situation in Palestine (first draft), September 2015

MoWA and Chemonics, Comprehensive Analysis for Gender Based Violence and the Status of the National Referral System in the West Bank, August 2016

OCHA, Palestine Humanitarian Needs Overview (HNO), 2014

OCHA, Palestine Humanitarian Needs Overview (HNO), 2017

OCHA, Palestine Humanitarian Response Plan (HRP), 2017

OHCHR and Protection Cluster Palestine, Needs Analysis Framework 2014-2016

OHCHR, Women's Human Rights and Justice, Murder of Women in Palestine under the Pretext of Honour Report, April 2014

Palestinian National Authority, Palestine National Policy Agenda, 2017-2022

Palestinian National Authority, PCBS, Press Release Main Findings of Violence survey in the Palestinian Society, 2011

UNCT Occupied Palestinian Territory Gaza in 2020 – A liveable place?, August 2012

UNFPA and Protection Cluster Palestine, GBV Mapping Report, 2016

UNFPA, Country Assessment towards Monitoring and Reporting Sexual and Reproductive Health and Rights (SRHR) in Palestine, December 2015

UNFPA, Palestine 2030, Demographic Change: Opportunities for Development, December 2016

United Nations Conference on Trade and Development (UNCTAD), Palestine Report to the SEG, September 2015

United Nations, Development Assistance Framework for Palestine (UNDAF), 2014-2016

United Nations, Development Assistance Framework for Palestine (UNDAF), 2018-2022

UNRWA, UNRWA experience in GBV programming: lessons from the first five years

Women's Affair Centre (WAC), Early Marriage in Gaza – Causes and Impact, 2015

World Bank, and Institute of Women Studies, Birzeit University, West Bank, The impacts of Israeli Mobility Restrictions and Violence on Gender Relations in Palestinian Society 2002-2007, September 2008

Sierra Leone

Gender Technical Capacity Development for the UN Gender Technical Team (GTT) and the Sierra Leone National Gender Machinery, Phase II Gender Training Report, June 2015

Republic of Sierra Leone, Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA), National Strategy for the Reduction of FGM/C 2016 – 2020

Statement by United Nations Sierra Leone on the International Day of Zero Tolerance for Female Genital Mutilation

UNFPA, Annual Work Plan 2012: Human Rights Commission

UNFPA, Annual Work Plan 2012: Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA)

UNFPA, Annual Work Plan 2012: Sierra Leone Policy/Family Support Unit

UNFPA, Annual Work Plan 2012: Women In Crisis Movement (WICM)

UNFPA, Annual Work Plan 2015: Ministry of Social Welfare, Gender and Children's Affairs (MSWGCA)

UNFPA, Annual Work Plan 2016: FINE-SL

UNFPA, Country Office Annual Report: 2013

UNFPA, Country Programme Action Plan 2015-2019

UNFPA, Country Programme Document 2013-2014

UNFPA, Country Programme Document 2015-2019

UNFPA, Women in Crisis Movement (WICM): Work Plan 2012

Turkey

2012 Law on Family Protection and Preventing Violence Against Women

CARE International, Women, Work & War: Syria women and the struggle to survive five years of conflict, 2016

Gender-Based Violence (GBV) Sub-Cluster Turkey (Syria), Interagency Strategy for the Prevention of and Response to GBV, 2015

Gender-Based Violence (GBV) Sub-Cluster Turkey (Syria), Operational Strategy for the Prevention of and Response to Gender-Based Violence, 2016

Gender-Based Violence (GBV) Sub-Cluster Turkey (Syria), Operational Strategy for the Prevention of and Response to Gender-Based Violence, 2017

Gender-Based Violence (GBV) Sub-Cluster Turkey (Syria), Terms of Reference: Southern Turkey Gender-Based Violence Sub-Cluster (Syria), 2017

Global Protection Cluster, Gender-Based Violence (GBV) Capacity Assessment Report, May-July 2016

IASC, Evaluation of the Implementation of 2005 IASC Guidelines for Gender-Based Violence interventions in humanitarian settings in the Syria crisis response, 2015

International Solutions Group, Real Time Accountability Partnership (RTAP) Baseline Assessment, Turkey Country Report, 2016

Regional Refugee & Resilience Plan, Turkey, 2015-2016

Regional Refugee & Resilience Plan, Turkey, 2017-2018

SIDA, Evaluation of the "UN Joint Programme on Promoting Gender Equality at Local Level (Women Friendly Cities)" and "Women Friendly Cities Small Grants Programme", Final Report, 2015

The Republic of Turkey Ministry of Family and Social Policies, and Hacettepe University, Domestic Violence Against Women in Turkey, Summary Report, 2014

UDA Consulting, Evaluation of the UNDCS for Turkey, 2012

UNFPA Turkey Country Programme Action Plan, 5th Cycle 2011-2015

UNFPA Turkey Country Programme Document, 5th Cycle, 2011-2015

UNFPA Turkey Country Programme Document, 6th Cycle, 2016-2020

UNFPA Various Annual Work Plans, 2011-2017 [approximately 65]

UNFPA, Fighting Back Tears…Clinging to Dreams, Syria women in their own words, 2015

UNFPA, Impact Assessment of DFID funded UNFPA Strategy to Strengthen Gender-Based Violence (GBV) Prevention and Response Services in Syria, Final Report, 2016

UNFPA, Independent Country Programme Evaluation Turkey, 2011-2015, Evaluation Office, October 2014

UNFPA, More than Numbers, Regional Overview: Responding to gender-based violence in the Syria Crisis, 2016

United Nations Development Cooperation Strategy (UNDCS), 2011-2015

United Nations Development Cooperation Strategy (UNDCS), 2016-2020

United Nations, Humanitarian Needs Overview, Syria, 2016

United Nations, Humanitarian Needs Overview, Syria, 2017

United Nations, Humanitarian Response Plan, Syria, 2016

United Nations, Humanitarian Response Plan, Syria, 2017

United Nations, Strategic Response Plan, Syria, 2015

Whole of Syria Gender-Based Violence Area of Responsibility, VOICES, Assessment Findings 2015

Whole of Syria Gender-Based Violence Area of Responsibility, VOICES, Assessment of Findings of the Humanitarian Needs Overview, 2017

Uganda

Strategic Documents-UNFPA

Joint Programme 'Consolidating Gains in the Gender Based Violence Multisectoral Prevention and Response: North and North Eastern Uganda', June 2014-June 2016

Joint Programme 'Strengthening the Multisectoral Approach to Gender-Based Violence Prevention and Response', Proposal, 1 Jan 2011-31 December 2013

UNFPA with the World Bank, REHOPE: Refugee and Host Population Empowerment Strategic Framework, Uganda, June 2017

UNFPA, Uganda 7th Country Programme Action Plan 2010 – 2014

UNFPA, Uganda 7th Country Programme Aligned Country Programme Action Plan Results Matrix with Targets

UNFPA, Uganda 7th Country Programme Document 2010—2014

UNFPA, Uganda 8th Country Programme Action Plan

UNFPA, Uganda 8th Country Programme Document 2014—2020

Reports and Evaluations-UNFPA

Betty Akullu Ezati, A Baseline Survey of Gender-Based Violence (GBV): Related Knowledge, Attitudes and Practices (KAP) in North and North Eastern Uganda, College of Education and External Studies, Makerere University, June 2014

Country Programme Evaluation 2010—2014 Uganda, 20 March 2014

Field Monitoring Visits Reports

Final Evaluation of the United Nations Joint Programme for Gender Equality in Uganda, 22 June 2015

Final Regional Programme Evaluation Report, 2017

Joint Program on Gender Based Violence Joing Field Monitoring Visit - Acholi Sub-Region, 2nd – 7th May 2016

Partner Assessments 2012—2016 (various)

Provision of Life Saving Reproductive Health and GBV Prevention and Care Services for Congolese Refugees in South Western, Western, and North Western Uganda, December 2014

Resident/Humanitarian Coordinator Report on the Use of Cerf Funds, Uganda Rapid Response Conflict-Related Displacement, 2013-2014

UN Joint Programme on Gender-based Violence Implementation Areas

UN Joint Programme on Gender-Based Violence Uganda: Phase One, Lessons Learned 2008—2010

UN Joint Programme on Gender-Based Violence, End of Project Report, April 2011—June 2014

UN Joint Programme on Gender-Based Violence, Joint Field Monitoring Visit Teso and Karamoja Regions, 8-13 November 2015

UN Joint Programme on Gender-Based Violence: Annual Programme Narrative Progress Report Reporting Periods, 2010-2015 (various reports)

UN Joint Programme on Gender-Based Violence: Uganda Final Programme Narrative Report Reporting Period, December 2008—March 2011

UNFPA with Sonke Gender Justice, Study on Involving Men and Boys in Preventing Gender-based Violence in Conflict, Post-Conflict, and Humanitarian Settings, 2011—2012

UNFPA with the Norwegian Embassy, Good Practices and Lessons Learnt: The United Nations Joint Programme on Gender-Based Violence in Uganda, 2017

UNFPA with the Norwegian Embassy, The United Nations Joint Programme on Gender-Based Violence: Evaluation of the Bridging Phase Final Report, September 2017

UNFPA with UKAid, Final Evaluation of the United Nations Joint Programme for Gender Equality in Uganda, June 2015

UNFPA-ESARO, Evidence for Action: Implementation of sexual reproductive health and rights (SRHR) related recommendations in ESARO, 2016 - Review of Progress and Challenges faced by East and South Africa Country Offices in implementation of the Universal Periodic Review (UPR) recommendations: good practices and lessons learned (working draft, working title)

UNFPA-ESARO, Powerpoint: Documenting UPR Experiences in ESARO, unpublished

UNFPA-Uganda, Better Life for Girls: Preventing adolescent pregnancy and reaping the girl effect dividend in Karamoja and Eastern regions of Uganda, Project Biannual Report July-December 2016

UNFPA-Uganda, Better Life for Girls: Preventing adolescent pregnancy and reaping the girl effect dividend in Karamoja and Eastern regions of Uganda, Project Biannual Report January-June 2017

UNFPA-Uganda, Human Rights News Letter from UNFPA to OHCHR, unpublished

UNFPA-Uganda, Welcome: National Multi-stakeholder meeting on status of implementation of Uganda's UPR health-related recommendations, unpublished

UNFPA, Annual Work Plan Uganda 2012

UNFPA, Annual Work Plan Uganda 2013

UNFPA, Annual Work Plan Uganda 2014-2015

UNFPA, Annual Work Plan Uganda 2016

UNFPA, Better Life for Girls: Preventing adolescent pregnancy and reaping the girl effect dividend in Karamoja and Eastern regions of Uganda, Proposal

UNFPA, Country Office Annual Report Uganda, 2012

UNFPA, Country Office Annual Report Uganda, 2013

UNFPA, Country Office Annual Report Uganda, 2014

UNFPA, Ending Female Genital Mutilation in Uganda, Fact Sheet

UNFPA, Evaluation of the UN Joint Programme on GBV Report (Final), March 2017

UNFPA, Final Evaluation of the UN Joint Programme on Gender-Based Violence Strengthening the Multi-Sectoral Approach to Gender-Based Violence Prevention and Response in Uganda, Phase II, 2011—2013

United Nations Joint Programme on Gender Equality – Uganda Annual Narrative Report, Reporting Period from January to December 2014

Government of Uganda

Government of Uganda, Ending FGM Act

Office of the Prime Minister, Emergency Update on the South Sudan Refugee Situation, 8-14 May 2017

Press Release: Uganda Aims to Raise USD 2 Billion from Solidarity Summit on Refugees

Statutory Instruments 2011 No 59, Domestic Violence Act Regulations

The Republic of Uganda, Domestic Violence Act, 2010

Uganda Human Rights Commission, 19th Annual Report to the Parliament of the Government of Uganda, 2016

With UNFPA, UNHCHR, PMNCH and WHO, Assessing the Cycle of Accountability for Sexual, Reproductive, Maternal, Neonatal, Child Health and Human Rights in Uganda, Uganda Report, December 2014, prepared by Dr. Dragudi Buwa, 2014

UBOS Uganda Bureau of Statistics

UBOS - OECD, Uganda SIGI Country Report, 2016

UBOS, PowerPoint: Highlights from FGM survey, Pamela Kakande, 23 February 2016

UBOS, PowerPoint: Uganda National Household Survey 2016/2017, 2016

Uganda Demographic and Health Survey, Key Indicators 2011

Uganda Demographic and Health Survey, Key Indicators 2016

Ministry of Gender, Labour and Social Development

Administrative Data Quality in the NSS: Case Study of Gender-Based Violence (GBV), August 2016

Gender-Based Violence Incidence Report Form

Guidelines for Establishment and Management of Gender Based Violence Shelters in Uganda

Multimedia Strategy Against Gender Based Violence, 2016

National Action Plan on Elimination of Gender-Based Violence in Uganda (2016-2021), August 2016

National GBV Referral Book

National Gender-Based Violence Database User Manual for Districts and Civil Society Organisations, May 2017

Powerpoint by Ayebazibwe Kenneth, E Resource Centre Manager/IT - Ministry of Gender, Labour and Social Development, Uganda, CSW 2016, Tracking GBV Incidences for Policy and Programming: Experience from the National Gender-Based Violence Database and the Child Helpline in Uganda, Thursday 17 March 2016

Report on the Drivers of Gender Based Violence in Uganda, July 2017

The National Male Involvement Strategy for the Prevention and Response to Gender-based Violence in Uganda, July 2017

Uganda Child Helpline Report, January 2015

With Irish Aid, Final Evaluation of the GOU-Irish Aid Joint Programme to Address Gender-Based Violence in Busoga Region, 2016

Ministry of Health

National Implementation Guidelines for Male Involvement in SRH, Child Health, including HIV/AIDS in the Heath Sector, Draft, 3 November 2012

Ref 428/01 Directive to Directors of Regional and District Hospitals, Management of GBV Survivors, December 2012

Reproductive Health Division, Training of Health Workers on Management of Sexual Gender-Based-Violence Survivors/Victims Trainee Manual DRAFT, 2010

International Conference on the Great Lakes Region (ICGLR)

Declaration of the Heads of State and Government of the Member States of the ICGLR 4th Annual Summit and Special Session on SGBV December, Uganda (Uganda SGBV Training Facility), 2011

ICGLR, Work Plan on the Implementation of the Kampala Declaration on Fight Against Sexual and Gender-Based Violence in the Great Lakes Region, Work in Progress, 2012

UN Agencies

Human Rights Council, Annex 1: Recommendations. Application of the technical guidance on the application of a human rights-based approach to the implementation of policies and programmes to reduce preventable maternal mortality and morbidity. A/HRC/27/20

UNICEF and UNFPA, Results Statement of Progress to the Global Programme to Accelerate Action to End Child Marriage, 2016 (unpublished).

Karin Weber, National Law Against Female Genital Mutilation/Cutting, Best Practice, June 2012 (ReHope-Refugee and Host Population Empowerment Strategic Framework-Uganda, June 2017, UN Uganda, World Bank).

UN Uganda, Peacebuilding and Justice for All through Human Rights, Peacebuilding Fund End of project Narrative report 2013

United Nations Gender Scorecard Narrative Report UNCT Uganda Performance Indicators for Gender Equality and Women's Empowerment, September 2014

UNDP, Consolidating Peace and Development through Indigenous and Cultural Approaches in Uganda

UNDP, Uganda: Emergency Response and Resilience Strategy for Refugees and Host Communities, 2017

World Health Organization (WHO), Readiness Assessment Report for Addressing Gender Based Violence in Uganda, 2011

World Health Organization (WHO), Responding to Intimate Partner Violence and Sexual Violence Against Women: Clinical and Policy Guidelines, 2013

UNOHR, Human Rights, Gender Based Violence and Child Protection: A Trainer's Guide for Uganda Police Force, 2012

UNHCR - OPM, Emergency Update on the South Sudan Refugee Situation, 8-14 May 2017

United Nations Development Assistance Framework for Uganda 2016—2020, 2016

UNCT–Uganda, 2nd UPR Report, March 2016 (unpublished).

Human Rights Council, Thirty-fourth session: 27 February-24 March 2017; Agenda item 6; Universal periodic review: Report of the Working Group on the Universal: Periodic Review Uganda A/HRC/34/10

CSOs

Advisory Consortium on Conflict Sensitivity (ACCS), 2013

CARE International, Challenging Gender-Based Violence Worldwide Programme, Evidence Strategies, Results and Impacts of Evaluations, 2011—2013

CARE Uganda, Engaging Men in Gender Equality Lessons, 2016

CARE Uganda, Northern Uganda Women Empowerment Programme (NUWEP): Engaging Men and Boys Model - Description of the Engaging Men & Boys (EMB) Model, 2016

CEDOVIP and UKAid, Economic Costs of Domestic Violence in Uganda, 2006

CEDOVIP, A call for the health sector to meet the needs of Gender Based Violence Survivors/ Victims in Uganda, August 2015

CEDOVIP, A Call for the Ministry of Gender, Labour and Social Development to re-energize the implementation of the Domestic Violence Act, 2016

CEDOVIP, Domestic Violence Act Training Manual, Responding to Gender Based Violence: A Training Manual for Duty Bearers

CUSP, On the cusp of change: Effective scaling of social norms programming for gender equality, Community for Understanding Scale-Up, 2017

Diana Wu, with Robyn Baron, Sonia Martins and Robert Shannon, Man in the Mirror: Reflections on men and boys engaging gender work in development, March 2016

Final Research Report: The Role of Men in Reproductive, Child and Maternal Health in Northern Uganda, Participatory study with role model men CARE and GWED-G, 10 May 2016

ICRW, CEDOVIP, Beyond Borders, Whose Justice, Whose Alternative? Locating Women's Voice and Agency in Alternative Dispute Resolution Responses to Intimate Partner Violence, A Methodological Resource Guide, Beyond Borders, 2016

ICRW, Estimating the Costs and Impacts of Intimate Partner Violence in Developing Countries, 2006

J. Diop, Modou Mbacke Faye, Amadou Moreau Jacqueline Cabral, Hélène Benga, Fatou Cissé Babacar Mané, Inge Baumgarten, and Molly Melching, The TOSTAN Programme, Evaluation of a Community Based Education Programme in Senegal, Population Council GTZ TOSTAN, August 2004

Making UNSCR 1325, 1820 and The Goma Declaration a Reality for Women and Girls in Uganda, Policy Brief, 2010

Mazeda Hossain, Cathy Zimmerman, Ligia Kiss, Tanya Abramsky, Drissa Kone, Monika Bakayoko-Topolska,Jeannie Annan, Heidi Lehmann and Charlotte Watts, Working with men to prevent intimate partner violence in a conflict-affected setting: a pilot cluster randomized controlled trial in rural Côte d'Ivoire, BMC Public Health 2014, 14:339 http://www.biomedcentral.com/1471-2458/14/339

Nambusi Kyegombe, Elizabeth Starmann, Karen M. Devries, Lori Michau, Janet Nakuti, Tina Musuya, Charlotte Watts & Lori Heise, SASA! is the medicine that treats violence, 2014. Qualitative findings on how a community mobilization intervention to prevent violence against women created change in Kampala, Uganda, Global Health Action, 7:1, 25082, DOI: 10.3402/gha.v7.25082

Refugee Law Project, Safer World and International Alert, Northern Uganda: Conflict Analysis

Sonke Gender Justice and Men Engage, Detailed Policy Report for Uganda: Engaging Men in GBV and HIV prevention, SRHR promotion, parenting and LGBTI Rights

Tanya Abramsky, Karen Devries, Ligia Kiss, Janet Nakuti, Nambusi Kyegombe, Elizabeth Starmann, Bonnie Cundill Leilani Francisco, Dan Kaye, Tina Musuya, Lori Michau and Charlotte Watts, Findings from the SASA! Study: a cluster randomized controlled trial to assess the impact of a community mobilization intervention to prevent violence against women and reduce HIV risk in Kampala, Uganda, BMC Medicine 2014, 12:122 http://www.biomedcentral.com/1741- 7015/12/122

UWONET, ACFODE, POWODE, CEWIGO, WDN, Beyond Affirmative Action: A check on women's participation in politics, October 2013

Women's Refugee Commission, A Girl No More: The Changing Norms of Child Marriage in Conflict, March 2016

Technical and District Level Documents

Amuria District Local Government, Standard Operating Procedures for Prevention and Response of Gender-Based Violence Incidents in Amuria District, October 2012

Gulu District Local Government, Gender-Based Violence Bill, 2014

Gulu Local Government, Submission of Gulu District Local Government Bill (Ordinance) for Control of Manufacture, Distribution, Sale, Consumption of Alcoholic Drinks, 22 March 2016

Standard Operating Procedures for Prevention and Response of Gender-Based Violence Incidents in Pader District

Uganda Police Annual Crime and Traffic/Road Safety Report 2013

Uganda Police Annual Crime and Traffic/Road Safety Report 2014

Uganda Police PF24

Uganda Police PF3

Uganda Police, Circular CIID 493, Medico-Legal Examination 2012

Websites

http://eecamenengage.net/en/resources-materials/137-research-tools-and-findings Link to IMAGES survey in 3 Countries (Kyrgyzstan, Moldova, Georgia).

http://eepurl.com/bkNEDL Newsletter on Gender Transformative Programming, Edition 1, June 2015 (English).

http://eepurl.com/byRAYT Newsletter on Gender Transformative Programming, Edition 2, September 2015 (English).

http://eepurl.com/bITi81 Newsletter on Gender Transformative Programming, Edition 3, December 2015 (English).

http://eepurl.com/cmRYw1 Newsletter on Gender Transformative Programming, Edition 5.

http://www.in.one.un.org/img/uploads/India_UNDAF%202013-17_9Jul2012.pdf India UNDAF "United Nations Development Framework 2013-2017"

http://eecamenengage.net/en/ Website/EECA MenEngage Platform Strategy

http://www.endvawnow.org/en/articles/1496-the-gender-based-violence-area-of-responsibility.html The GBV Area of Responsibility website.

http://gbvaor.net/ UNHCR, Gender-Based Violence Area of Responsibility website, (Accessed 6 November 2017).

Annex 5 – Evaluation matrix

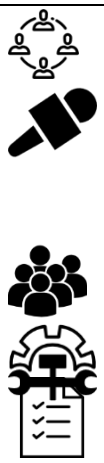
RELEVANCE			
Evaluation question 1: To what extent is UNFPA's work on preventing, responding to and eradicating GBV/HPs – including UNFPA's internal policies and operational methodologies – aligned with international human rights norms and standards, implemented with a human-rights-based approach, and addressing the priorities of stakeholders?			
Assumption	**Indicators**	**Source of information**	**Data collection methods and tools**
Alignment of UNFPA interventions at global, regional and country level with international, regional and national policy frameworks including strategic plan outcomes	• Alignment of UNFPA's work (in both process and substance) with the guidance of international human rights conventions, instruments and reports;[83] and National Plans of Action, and national gender-equality strategies • Alignment of humanitarian programmes with relevant IASC, GPC and GBV AoR guidance and best practice and with UNFPA Minimum Standards	• Country case studies • Regional case studies • Extended desk review • Key informant interviews • Realist synthesis	
UNFPA interventions based on comprehensive situation analyses of affected populations in development and humanitarian contexts	• Inclusion of GBV/HPs in common country assessments, and consolidated humanitarian appeals drawing on diverse data sources including from affected populations and their representatives • Proportion of countries in which partners, beneficiaries and/or community representatives are part of the processes of identifying, prioritizing and planning to address GBV/HPs issues • UNFPA complements established data gathering mechanisms with actively supporting ongoing consultative processes in programme planning and monitoring to anticipate shifts particularly in humanitarian contexts not monitored by other agencies	• Country case studies • Regional case studies • Extended desk review	

83 SDG5, CEDAW CRC concluding observations, ICPD and Istanbul articles, UNGA resolutions and joint and multi-stakeholder programmes guidance on violence against women, FGM and child marriage, Essential Services for Women and Girls Subject to Violence (with UN Women), The UN System Wide Action Plan on Gender Equality and the Empowerment of Women, the region-specific declarations (e.g. the Maputo Declaration).

UNFPA interventions are based on gender analysis and address underlying causes of GBV and HPs through non-discrimination, participation, and accountability.	• Proportion of sampled interventions with specific design features intended to reduce discriminatory barriers, increase participation of rights holders, and to ensure downward accountability to affected populations • Proportion of sampled interventions that include a comprehensive gender analysis in the design phase, and specifically target the underlying causes of gender inequality (including through synergies with the UN system and other partners)	• Country case studies • Regional case studies • Extended desk review • Internet survey	
Evaluation question 2: To what extent is UNFPA programming on GBV/HPs systematically using the best available evidence to design the most effective combination of interventions to address the greatest need and leverage the greatest change?			
Assumption	**Indicators**	**Source of information**	**Data collection methods and tools**
UNFPA interventions are aligned with its comparative strengths across settings informed by a robust mapping of other in- country stakeholders and support including at subnational level or in areas/populations at risk	• Proportion of countries in which UNFPA interventions achieve strong synergies, address gaps and avoid duplication with other actors, especially UN entities and civil society • Proportion of countries in which UNFPA is regularly involved in country-wide/multisectoral assessments and reviews of need for country program planning • Proportion of countries in which technical capacity on GBViE (GBV in emergencies) within UNFPA and among partners is being expanded	• Country case studies • Regional case studies • Extended desk review	
UNFPA interventions based on coherent and robust theories of change which can adapt to rapidly shifting situations and contexts	• Proportion of UNFPA GBV/HPs interventions clearly based on an explicit and relevant theory of change, and the proportion of these linked to either the 2008 Framework for Action or global theories of change embedded in GVB-related joint programmes • Alignment of UNFPA's global theory of change for GBV/HPs with ToCs of relevant global leadership (UN Women, UNiTE, Girls Not Brides), global good practice and critical theory • Proportion of countries in which UNFPA GBV/HPs interventions achieve practical linkages, are mutually supportive, and connect with wider SRH and GE work	• Country case studies • Regional case studies • Extended desk review	

ORGANIZATIONAL EFFICIENCY			
Evaluation question 3: To what extent did UNFPA's international leadership, coordination, and systems enable sufficient resources to be made available in a timely manner to achieve planned results?			
Assumption	**Indicators**	**Source of information**	**Data collection methods and tools**
UNFPA support is sustained to GBV and specific HPs across strategic plan periods at the global, regional and country level	• Evidence of inclusion of GBV in UNFPA strategic priorities • Number (and percentage) of countries supported by UNFPA to develop GBV/HPs policy and programmatic responses (disaggregated by context – humanitarian and post-conflict settings • Level of resources allocated to GBV/HPs in UNFPA strategic plans by core support, program support, special and joint projects • Number, responsibilities, and follow-up of persons trained through UNFPA support in programming for GBV and gender equality in both development and humanitarian settings	• Key informant interviews • Realist synthesis	
UNFPA provides leadership on sexual and reproductive rights, health and gender equality within international, regional and national fora (including UN coordination)	• Inclusion of GBV in international, regional, and national development and humanitarian frameworks, especially Agenda 2030/FFD, GBV AoR • Use of UNFPA-supported or produced materials and engagement of UNFPA or country partners as technical experts to inform work of other development and humanitarian agencies • Proportion of stakeholders attributing increased awareness, understanding, and engagement regarding GBV/HPs to UNFPA or UNFPA-supported activities or outputs • GBV/HPs integrated into CCAs, UNDAFs and humanitarian appeals • RCs, HCs, and SRSGs advocate for coordinated and sufficient support to present and respond to GBV/HPs • Number of countries with UNFPA playing an active leadership or co-leadership role within the UNCT GTG and/or GBV sub-cluster	• Country case studies • Regional case studies • Key informant interviews • Realist synthesis	
UNFPA systems and structures support economy, efficiency, timeliness and cost effectiveness	• Extent/frequency with which UNFPA's systems support teams to procure the right services/goods at the right price at the right time • Intervention implementation rates • Achievement of outputs vis-à-vis funds raised and spent • Availability of surge support for GBViE	• Country case studies • Regional case studies • Internet survey	

Evaluation question 4: To what extent has UNFPA leveraged strategic partnerships to prevent, respond to and eliminate GBV, including support to the institutionalization of programmes to engage men and boys in addressing GBV-related issues?			
Assumption	**Indicators**	**Source of information**	**Data collection methods and tools**
Diverse and inclusive partnerships engaged through well well-governed and accountable partnerships that offer mutual benefits, including with civil society and men and boys	• Proportion of UNFPA's strategic partnerships demonstrating inclusiveness, transparency, trust, mutual accountability, shared long-term commitment and responsiveness • Proportion of countries in which civil society organizations have supported the institutionalization of programmes with non-traditional audiences, including to engage men and boys on gender equality (including GBV), sexual and reproductive health and reproductive rights	• Country case studies • Regional case studies • Internet survey	
Strategic partnerships catalyse and accelerate positive changes	• Proportion of UNFPA's strategic partnerships for GBV/HPs with evidence of positive expected and unexpected results that UNFPA could not have achieved directly or within the same time	• Country case studies • Regional case studies • Internet survey • Key informant interviews	
EFFECTIVENESS			
Evaluation question 5: To what extent has UNFPA contributed to strengthened national policies, national capacity development, information and knowledge management systems, service delivery, and coordination to prevent, respond to, and eradicate address GBV and harmful practices across different settings?			
Assumption	**Indicators**	**Source of information**	**Data collection methods and tools**
Strengthened national and civil society capacity to protect and promote gender equality through development and implementation of policies and programmes across the development-humanitarian continuum	• Number (and percentage) of countries supported by UNFPA to develop GBV/HPs policy and programmatic responses (disaggregated by context – diverse humanitarian settings) • Number of countries that have national humanitarian preparedness plans in place that include prevention of and response to GBV • Number of UNFPA government partners that have received training on SRH / GBViE (such as MISP training)	• Country case studies • Extended desk review • Realist synthesis	

	• Number of UNFPA civil society partners that have received training on SRH / GBViE (such as MISP training) • Proportion of countries in which civil society is effectively holding government to account and engaged in partnership with state and non-state actors to enforce SRR • Proportion of countries that support government and partners to undertake resource planning, budgeting, financing and implementation, monitoring and evaluation, of programming addressing GBV/HPs within integrated SRH programming.		
Enhanced information and knowledge management to address GBV and HPs, including increased availability of quality research and data for evidence-based decision-making	• Percentage of settings in which UNFPA-supported evidence is being used to inform decision-making • Level of access of online GBV/HPs data and research published by UNFPA • Proportion of countries in which sex and age disaggregated data (SADD) is routinely, ethically and robustly collected, analysed and disseminated to support evidence-based interventions for GBV/HPs risk reduction, mitigation, prevention and response and broader gender equality goals	• Country case studies • Regional case studies • Extended desk review • Internet survey • Realist synthesis	
Quality services promoting gender equality, freedom from violence and well-being	• Proportion of countries with availability of specialist services for relevant groups including survivors of GBV/HPs, adolescents and youth, boys and men, highly discriminated-against groups, physically and developmentally disabled, or mentally ill • In humanitarian settings, number of project proposals scoring a 2a or 2b on the Gender Marker • Number of countries with GBV prevention, protection and response integrated into national SRH programmes • Proportion of countries with robust referral systems for survivors of GBV/HPs including clinical, psychosocial, legal / justice, shelter, and economic empowerment components	• Country case studies • Extended desk review • Realist synthesis	
Advocacy, dialogue convening and coordination advances national operationalization of international commitments, including through (co-leadership of the GBV area of responsibility)	• Number of communities supported by UNFPA that declare the abandonment of FGM • Proportion of governments that commit and allocate more domestic resources to SRH, GBV and HPs interventions	• Country case studies • Regional case studies	

	• Number of countries with UNFPA playing an active leadership or co- leadership role within the UNCT GTG and/or GBV sub-cluster at the national level • Percentage of countries affected by a humanitarian crisis that have a functioning inter-agency gender-based violence coordination body as a result of UNFPA guidance and leadership	• Extended desk review • Internet survey • Realist synthesis	
Evaluation question 6: To what extent has UNFPA support to strengthened policies, capacities, evidence, services and coordination contributed to the prevention, response to and elimination of GBV and harmful practices across different settings?			
Assumption	**Indicators**	**Source of information**	**Data collection methods and tools**
Gender equality and sexual and reproductive rights policies enforced	• Proportion of supported countries in which implementation of SRR policies are integrated into national and local budgets, sector plans, and national monitoring systems • Proportion of countries which effectively enforce criminal law relating to GBV and HPs	• Country case studies • Regional case studies • Extended desk review • Internet survey • Key informant interviews • Realist synthesis	
Informed, effective and inclusive participation in decision-making to change social norms	• Proportion of supported countries in which policy and budget processes include participation by recognized rights-holders representatives and community groups • Proportion of countries in which structured processes exist for elected representatives to engage in public forums on GBV and HPs, including with organized civil society, social movements, coalitions of adolescents and youth, solidarity groups of men and boys, and local governance among displaced populations.	• Country case studies • Regional case studies • Extended desk review • Internet survey • Key informant interviews • Realist synthesis	

High quality, accessible and effective services for sexual and reproductive health and well-being	• Proportion of countries with sufficiently resourced, accessible, acceptable, high quality services which promote and support gender equality and freedom from violence, sexual and reproductive health, and women's and girls' well- being. • Proportion of the population with access to services, including through public and private partnerships.	• Country case studies • Regional case studies • Extended desk review • Internet survey • Key informant interviews • Realist synthesis	
GBV and HPs integrated into life-saving structures and agencies	• Evidence of GBV AoR / Sub-cluster promoting GBV mainstreaming activities throughout HC / HCT / other clusters under UNFPA leadership / co-leadership	• Country case studies • Regional case studies • Extended desk review • Internet survey • Key informant interviews • Realist synthesis	
SUSTAINABILITY			
Evaluation question 7: To what extent have UNFPA's interventions and approaches contributed (or are likely to contribute) to strengthening the sustainability of international, regional, national and local efforts to prevent and eradicate GBV and harmful practices, including through coverage, coherence and connectedness within humanitarian settings?			
Assumption	**Indicators**	**Source of information**	**Data collection methods and tools**
Political will and national ownership of GBV and HPs interventions (including integration of GBV and HPs into national financing arrangements)	• Number (and percentage) of countries supported by UNFPA to develop GBV/HPs policy and programmatic responses • Proportion of countries with primary legislation that supports and action against GBV and HPs • Proportion of countries with specific programmes or budget lines for	• Country case studies • Regional case studies • Extended desk review	

	addressing GBV/HPs at the national level	• Internet survey • Key informant interviews	
Capacity of local and national stakeholders to prevent and respond to GBV and HPs	• Number of countries that have health, social and economic asset-building programmes that reach out adolescent girls at risk of child marriage • Number of countries that have humanitarian contingency plans that include elements for addressing sexual and reproductive health needs of women, adolescents and youth including services for survivors of sexual violence in crises	• Country case studies • Extended desk review • Internet survey • Realist synthesis	
Coverage, coherence and connectedness of humanitarian response to GBV and HPs	• Percentage of countries affected by a humanitarian crisis that have a functioning GBV AoR / Sub-cluster as a result of UNFPA guidance and leadership • Evidence of UNFPA leadership / co-leadership of the GBV AoR / Sub-cluster at national / subnational levels	• Country case studies • Regional case studies • Extended desk review • Internet survey • Key informant interviews • Realist synthesis	

Annex 6 – Evaluation methodological approach

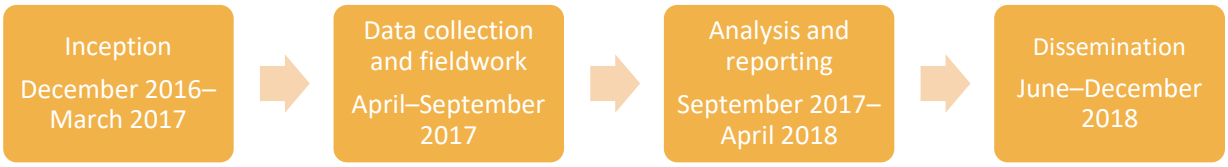
Contents

1. Evaluation methodological approach

1.1 Overview of the evaluation process

The overall evaluation consists of four phases, subdivided into subsequent methodological stages and related deliverables (see Figure 1).

Figure 1: Evaluation process overview



1.2 Overview of the evaluation design and approach

The design principles of the evaluation are guided by United Nations Evaluation Group (UNEG) norms and standards (2016) and guidance on integrating human rights and gender equality in evaluation. The evaluation adhered to UNEG ethics standards was informed by the UNFPA evaluation policy and quality assessment system.

The evaluation used a **mixed-methods** design to generate evidence on the causal chain connecting the UNFPA interventions and consider how they collectively contribute to the observed outcomes. The evaluation applied qualitative (realist synthesis, contribution analysis) and quantitative (qualitative comparative analysis, frequencies) analytical methods in parallel and sequentially to triangulate both qualitative and quantitative data. This was combined with a reconstruction and interrogation of the theory of change (ToC) (see Box 1).

The reconstructed ToC was used as a basis for contribution analysis: (i) qualitative assessment of the contribution programming is making to observed results; (ii) based on verifying the ToC; (iii) taking into consideration other influencing factors, and logically inferring causality.

The evaluation applied the following design principles:

- Methods of data collection and analysis that apply human rights principles (participation, non-discrimination, accountability) (see Table 1 below).
- Methods of sampling and data analysis that support organisational learning (positive deviance[51], appreciative enquiry).
- Methods that are consistent with theory and system-based approaches, utilisation-focussed evaluation, and feminist evaluation (Collaborative Outcomes Reporting Technique – CORT -, contribution analysis).

Box 1: Evaluation process overview

The evaluation found no existing corporate overarching theories of change for GBV and harmful practices.

To guide the evaluative enquiry, an *ex-ante* ToC was reconstructed from the desk review of UNFPA documents. This was used to organise evidence and test the assumptions that are the basis for UNFPA programming.

The reconstructed ToC was updated during the country and regional case studies to reflect the emerging findings. This was finalised into the *ex-post* ToC presented in this report.

Table 1: Integration of human rights and gender equality

UN-SWAP Criteria	Implementation in the evaluation	Main limitations of the approach
1. Integration into scope and indicators	Assumptions and indicators make explicit reference to: (1) human rights norms, standards and principles, (2) gender equality and analysis, and (3) empowerment. Scope explicitly addresses gender-based violence (GBV) against women and girls, and harmful practices.	No collection of primary activity and results data, which would allow for disaggregation of effects. Disaggregation limited to binary sexes, and main institutional identities.

[51] Positive Deviance (PD) refers to a behavioural and social change approach which is premised on the observation that in any context, certain individuals confronting similar challenges, constraints, and resource deprivations to their peers, will nonetheless employ uncommon but successful behaviours or strategies which enable them to find better solutions. Through the study of these individuals – subjects referred to as 'positive deviants' – the PD approach suggests that innovative solutions to such challenges may be identified and refined from their outlying behaviour.

2. Integration into criteria and questions	Criteria defined in terms of applicability to GBV and harmful practices. Questions explicitly address gender and human rights norms.	More explicit reference to gender equality, women's empowerment, and human rights under 'relevance' and 'effectiveness' than under 'efficiency' or 'sustainability'.
3. Integration into methods	CORT is grounded in empowerment and human rights principles of inclusive participation. Country cases included the voice of rights holders. Mixed quantitative and qualitative data analysis methods are suitable for exploring gender.	Limited involvement of rights holders as agents in data collection; and only consulted in country cases. Participation in 'meaning making' limited to the level of participation (e.g. site visit, country case, regional case, or global reference group).
4. Integration into analysis (findings, conclusions and recommendations)	Analysis responds directly to gender and human rights assumptions in the evaluation matrix. Contribution analysis examines interventions against human rights principles and based on gender-responsive ToC. Quantitative analysis includes gender attributes as indicators. Extensive discussion of the definition of GBV.	Intersectional analysis restricted to gender, ethnic and regional identities; with limited consideration of other systems of power – including political affiliations, livelihoods, religion, or race.

Analysis of contributions

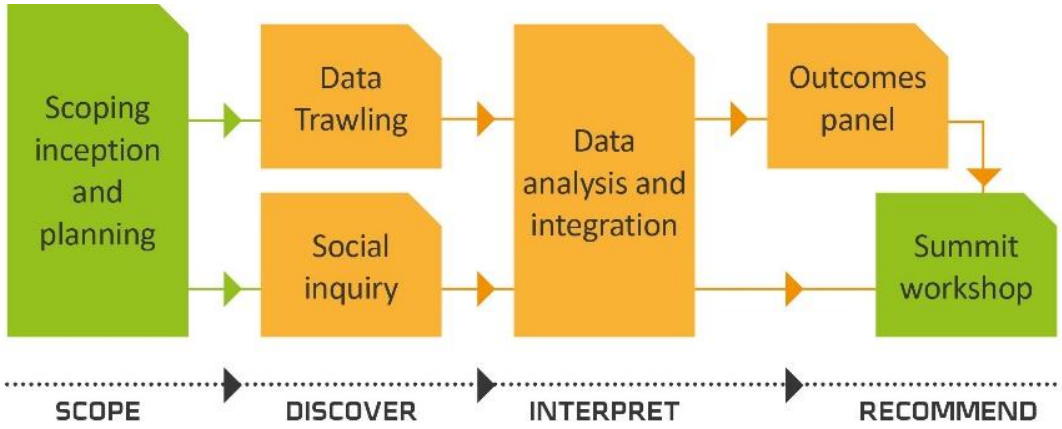
The approach to contribution analysis for this evaluation encompassed four key elements:

1) Developing, reconstructing and validating **programmatic theories of change.**
2) Documenting the evidence available to inform a **performance story.**
3) Building both a macro and micro-level **contribution story** by systematically assessing the intended and unintended effects of UNFPA interventions.
4) Systematically reviewing the primary and secondary evidence for outcomes using a realist-synthesis method.

The overarching contribution analysis is influenced by CORT[52] and complemented by the portfolio analysis. CORT is a participatory branch of contribution analysis developed by Dr Jess Dart and is appropriate for gender-responsive and human rights-based thematic evaluations.

[52] Available at http://betterevaluation.org/plan/approach/cort.

Figure 2. Four stages of CORT



Triangulation techniques include cross-comparing the information obtained across various data collection methods (e.g. comparing data from interviews with data from desk review or survey) and within a method from different sources (e.g. comparing results obtained through interviews with government staff with those of rights holders).

1.3 Analytical framework – evaluation questions and criteria

The evaluation adheres to the UN Evaluation Group and OECD-DAC criteria (**relevance, efficiency, effectiveness, and sustainability)** in conducting the evaluation. Impact is intentionally excluded since the scale and purpose of the evaluation does not prioritise this criterion, which would require a different design and sampling approach to be applied.

The definition of these criteria was modified from the terms of reference to encompass **coverage, connectedness, and coherence**[53] for evaluating UNFPA's support to GBV in humanitarian response. The evaluation questions were tested and refined iteratively during the inception phase. Evaluation hypotheses (assumptions) were developed, tested and refined during the Pilot Case Study and inception phase consultations with the Evaluation Reference Group.

Table 2: Evaluation criteria and questions

Evaluation criteria, dimensions and definition	Evaluation questions
Relevance to international norms, national needs, the needs of affected populations, government priorities and UNFPA policies and strategies, and how they address different and changing national contexts**.**	EQ 1: To what extent is UNFPA's work on preventing, responding to and eradicating GBV/harmful practices– including UNFPA's internal policies and operational methodologies – aligned with international human rights norms and standards, implemented with a human rights-based approach, and addressing the priorities of stakeholders?[54] EQ 2: To what extent is UNFPA programming on GBV/harmful practices systematically using the best available evidence to

[53] Used by the OECD DAC to evaluate in complex emergencies and conflict-affected areas.

[54] Including international, regional, national, and subnational partners, global alliances, and affected populations.

	design the most effective combination of interventions to address the greatest need and leverage the greatest change?
Organisational efficiency in terms of how funding, personnel, administrative arrangements, time and other inputs contributed to, or hindered the achievement of results; how well inputs were combined.	EQ 3: To what extent did UNFPA's international leadership, coordination, and systems enable sufficient resources[55] to be made available in a timely manner to achieve planned results? EQ 4: To what extent has UNFPA leveraged strategic partnerships to prevent, respond to and eliminate GBV, including support to the institutionalisation of programmes to engage men and boys in addressing GBV-related issues?
Effectiveness regarding the extent to which intended results were achieved.	EQ 5: To what extent has UNFPA contributed to advocacy and policy dialogue for strengthened national policies, national capacity development, information and knowledge management, service delivery, and leadership and coordination to prevent, respond to, and eradicate GBV and harmful practices across different settings? EQ 6: To what extent has UNFPA support contributed to the prevention, response to and elimination of GBV and harmful practices across different settings?
Sustainability of the benefits from UNFPA support in terms of whether they are likely to continue after support has been completed.	EQ 7: To what extent have UNFPA's interventions and approaches contributed (or are likely to contribute) to strengthening the sustainability of international, regional, national and local efforts to prevent and eradicate GBV and harmful practices, including through coverage, coherence and connectedness within humanitarian settings?
Coverage of population groups facing GBV and harmful practices wherever they are.	
Connectedness between short-term emergency response and longer-term prevention of GBV and harmful practices.	
Coherence of UNFPA policies with humanitarian and human-rights standards.	

A full Evaluation Matrix is included in Annex 5 (Global context and the UNFPA response). Each evaluation question is elaborated with assumptions that are based on the reconstructed ToC. The benchmark for each assumption is the level of performance implied by the UNFPA Strategic Plan and Country Programme Development Results Frameworks.

1.4 Evaluation components

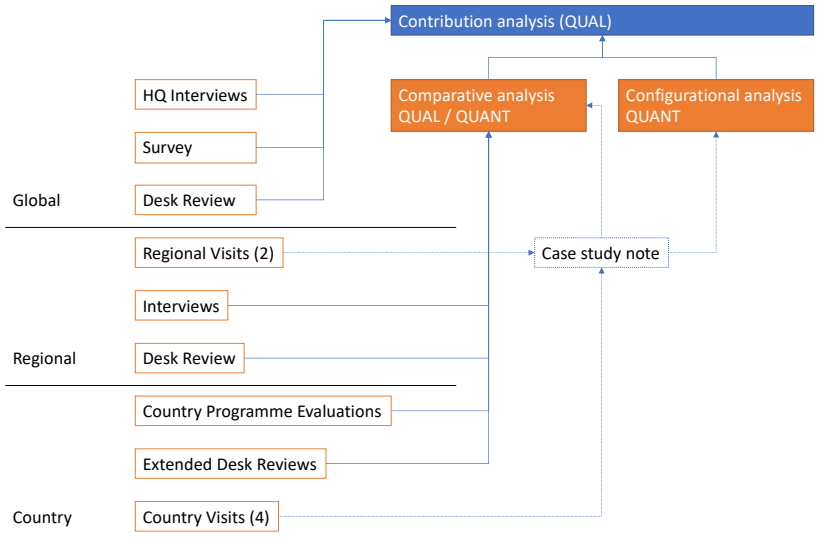
The evaluation used multiple lines and levels of evidence. The main levels of analysis as described below and depicted in Figure 2 were:

- Global – through key informant interviews, desk review, survey, the Global Evaluation Reference Group and country reference groups for the case studies.
- Regional – through two regional case studies, key informant interviews, desk review, survey and the Evaluation Reference Group.

[55] Financial, human, time, management and administrative.

- Country – through four country case studies, eight extended desk reviews, the global survey, and synthesis of country programme evaluations that were independently assessed to meet or exceed UNFPA evaluation report standards.[56]

Figure 2: Evaluation lines and levels of evidence and analysis



Sampling

The guiding principles for the sampling criteria are linked to the mixed summative (backward-looking) and formative (forward-looking) purpose of the evaluation, and the consideration to include support settings in which UNFPA works along a development-humanitarian continuum. To generate an illustrative sample, **purposive sampling was used with selection criteria** established by the evaluation terms of reference for both country and regional case studies. The sample frame was comprised of all countries with presence of UNFPA GBV and/or harmful practices programming.[57] This was further narrowed to an operational sample frame of 60 countries, based on the top 10 countries for expenditure on GBV and harmful practices in each of the six UNFPA regions.

Following a joint review of the rationale and in consultation with the Evaluation Reference Group the final selection of country cases was: **India, Guatemala, Uganda, and Palestine**.

The sampling process for the desk review prioritised coverage across the six regions in which UNFPA operates. Given the learning purpose of the evaluation, it intentionally oversampled criteria, including a development-humanitarian continuum response, and the occurrence of multiple types of harmful practices to avoid very small samples that would prevent triangulation.

Based on the sample frame, the sample criteria, and the learning purpose of the evaluation, the following extended desk reviews were completed: **Iraq, Central African Republic, Sierra Leone, Sudan, Nepal, Bolivia, Turkey, Bosnia and Herzegovina**. Detailed justifications for the final set of countries for both field missions and extended desk reviews are included in the Inception Report[58].

[56] Conducted between 2011 and 2015 with an Evaluation Quality Assessment of 'Good' or 'Very Good': Albania, Botswana, Sudan, Armenia, Morocco, Swaziland, Turkmenistan; Azerbaijan, Lebanon, Tajikistan, Turkey, Uzbekistan, Zimbabwe; Bosnia & Herzegovina; Cameroon, Nigeria, Madagascar, South Africa, Togo; Bolivia.

[57] Available here: https://www.unfpa.org/sites/default/files/admin-resource/1._Final_TOR_GBV_Evaluation_June_24_AC.pdf.

[58] Available here: https://www.unfpa.org/sites/default/files/admin-resource/Inception_Report_-_FINAL.pdf.

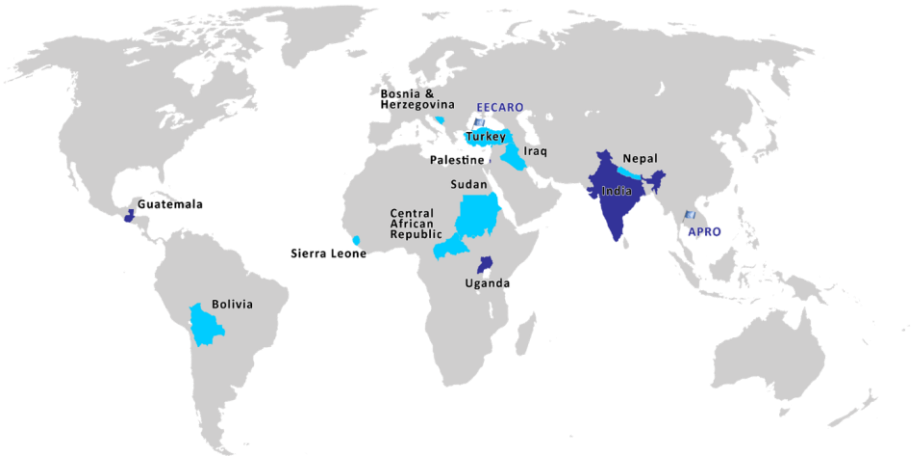
In combination, the country case studies and the extended desk reviews lead to the following levels of proportionality with the sample framework (see Table 3).

Table 3: Proportionality of the proposed country cases compared to UNFPA's sample frame

		Sample frame	Proportional sample (n=12)	Actual sample	Proportionality
Investment	High	23%	3	3	*Proportional*
	Medium	23%	3	5	*Over*
	Low	53%	6	4	*Under*
Quadrant	Red	43%	5	5	*Proportional*
	Orange	18%	2	3	*Slightly over*
	Yellow	13%	2	2	*Proportional*
	Pink	25%	3	2	*Slightly under*
Joint programmes	Single	27%	3	6	*Over*
	Multi	8%	1	1	*Proportional*
Types of harmful practices	Multi	18%	2	2	*Proportional*
Income	High	4%	0	0	*Proportional*
	Upper-middle	22%	3	3	*Proportional*
	Lower-middle	41%	5	5	*Proportional*
	Low	33%	4	4	*Proportional*
Humanitarian	Yes	67%	8	11	*Over*
Continuum	Yes	10%	1	3	*Over*

In addition to the country case studies, the evaluation featured two regional case studies: **Asia Pacific and Eastern Europe and Central Asia.** Selection of the regional case studies was specified by the terms of reference based on: (1) expenditure, (2) humanitarian context, and the (3) range of programming. Detailed justifications are included in the Inception Report.

Figure 3: Countries and regions selected for the case studies and extended desk reviews



Involvement of stakeholders in the evaluation

In line with a human rights-based approach to evaluation, a systems-based approach (critical system heuristics) was used to map the key categories of stakeholders in UNFPA's interventions, disaggregated by human rights roles and an intersectional gender analysis where relevant. The stakeholder analysis forms the basis of both the sampling approach and participation in the methodological design of the evaluation. Not all stakeholders are included in the evaluation (such as perpetrators of violence), but they are nevertheless included in the stakeholder analysis so as to make the boundary judgements of the evaluation explicit. Detailed descriptions of the analysis are included below.

Table 4: Identification of stakeholders using Critical Systems Heuristics (CSH)

CSH role	Target populations	Decisionmakers	Professional knowledge	Witnesses
Rights holders	Women-across the life cycle Men-across the life cycle Girl child	Households	Programme and evaluation informants from participatory processes	Frequently invisible groups Perpetrators
Principal duty bearers		Legislature Central government		National Human Rights Commissions
Primary duty bearers	Women-across the life cycle Men-across the life cycle	Local government Judiciary, lawyers, police	National institutions	Women-across the life cycle Men-across the life cycle Security forces
Secondary and tertiary duty bearers		UNFPA, UN System Donors Implementing partners	UN system Civil society HR supervisory bodies Knowledge communities Individual specialists/experts	Civil society UNFPA Populist and reactionary politics/media/institutions Non-protection humanitarian clusters

In total, the evaluation consulted with 932 people.

Table 5: Distribution of interviewed people by stakeholder type and by level of analysis

	Female	Male	Not given	Total
Community level	197	88		285
UNFPA	120	48	39	207
Civil Society (NGO/CSO)	133	48	6	187
Government	72	27		99

UN	41	11	8	60
Local leader	29	17		46
Development Partners	11	6		17
Expert/academic	14	2		16
Donor	13	2		15
Total	630	249	53	932

1.5 Methods for data collection

The majority of primary data collection methods were qualitative and illustrative; secondary data collection drew on a mix of quantitative financial and qualitative report data. Data collection was undertaken at all levels at which UNFPA works: country, regional and global (HQ). The data collection efforts focussed on progress being made by UNFPA, and how initiatives and activities are contributing to the observed outputs and outcomes. The case studies provided invaluable responses to the key 'how' and 'why' questions that could not be satisfactorily answered through surveys or desk review. The evaluation applied eight main methods to collect primary and secondary data as evidence (see Table 6 below).

Table 6: Data collection tools used by the evaluation

	Tool	Description	Integration of human rights and gender equality
	Group interview	One-to-many facilitated discussion (country and regional case studies).	Confidentiality Informed verbal consent Same-sex facilitators Comparable power and status Use of translators to local languages
	Semi-structured interview	One-to-one confidential interview (headquarters, regions and countries).	
	Observation	Site visits to projects (countries).	
	Secondary data review	Desk review (including text coding of documented sources).	Mapping of evidence to human rights norms and standards Use of human rights language Application of feminist critical analysis
	Internet survey	Electronic survey using SurveyMonkey of UNFPA staff, UN and implementation partners.	Respondent disaggregation Confidentiality Multilingual versions of the survey Software compatible with accessibility
	Workshop	Facilitated events	Informed verbal consent Comparable power and status
	Validation	Debriefs and mini-presentations (national reference groups in country case studies, global reference group).	
	Reference group	Structured process of commenting on draft versions of documents with transparent feedback from the evaluators.	Used of human rights language Audit matrix of evaluator responses

Country and regional case studies

Each case study was based on a participatory process that included a debrief/workshop with a local reference group to support participatory analysis and interpretation of the performance story for UNFPA in a given context. This was captured in the country and regional case study notes.[59] A detailed outline of the case study process is included in Annex 6 (Evaluation methodological approach; Global context and the UNFPA response and; additional analyses).

Global survey

A global online survey was undertaken to generate quantifiable and narrative data from all UNFPA programme presence countries[60] and regions. The data was used to extend and triangulate the findings of the country and regional case studies, in particular the prevalence of different intervention mechanisms and types of outcomes. The survey targeted three segments: UNFPA staff, other UN agency staff and implementing partner staff. Table 7 and Table 8 summarise the responses.

The survey faced challenges in ensuring a sufficient response rate and coverage of valid responses. As a consequence, the data provides an additional source of illustrative evidence, but cannot be considered to be a representative sample. Given this limitation, quantitative data from the survey has been used to compare and contrast (triangulate) with multiple other lines of evidence to assess wider patterns, and qualitative data has been included with examples and insights from the case studies.

Table 7: Responses to global survey

	Number	Coverage
Survey responses	103	–
Valid responses	63	61% responses
Countries represented	34	21% UNFPA portfolio
Regional offices represented[61]	4	66%
UN entities represented	5	UNFPA, UNICEF, UNDP, UN-Women, WHO
Implementing partners represented	12	2 universities, 4 international NGOs, 5 local NGOs, 1 national ministry

Source: Online Survey by the Evaluation Team

Table 8: Regional coverage of global survey

Region	Total # of UNFPA COs in the region	# of COs that responded	Response rate
East & Southern Africa	22	7	32%
West & Central Africa	23	6	26%
Arab States	20	5	25%
Asia & the Pacific	36	7	19%
Eastern Europe & Central Asia	17	3	18%

[59] Country and regional case study notes are available here: https://www.unfpa.org/admin-resource/evaluation-unfpa-support-prevention-response-and-elimination-gender-based-violence.

[60] Countries were identified using the IP address of respondents.

[61] Asia and the Pacific Regional Office, Eastern Europe and Central Asia, Latin America and the Caribbean (the three regional case studies) and the Arab States regional offices.

Latin America & the Caribbean	41	6	15%

Source: Online Survey by the Evaluation Team

1.6 Methods for data analysis

Analytical methods combined qualitative and quantitative approaches. A global survey provided the opportunity to generate primary quantitative data (frequencies), and the configurational analysis of case studies allowed for quantification of patterns in qualitative data. In addition, the realist synthesis drew on multiple sources of quantitative data, including financial records and the results monitoring systems. Different methods were used in parallel and sequentially to achieve triangulation of evidence through deepening findings from one source with other sources, cross-comparison between different methods and sources, and verifying the emerging findings from the case studies with the global survey.

Table 9: Data analysis methods used by the evaluation

Tool	Description	Integration of human rights and gender equality
Frequency analysis (survey; country and regional cases, global)	Quantitative analysis in Excel identifying the frequency of correlation between two attributes; or number, average or total values of attributes.	Survey responses disaggregated by sex; outputs and outcomes defined in terms of women's human rights.
Financial analyses (ATLAS data)	Quantitative analysis in Excel of number, average, and total values; and trends and spreads over time.	Examination of expenditure on GBV and harmful practice outputs and outcomes.
Configurational analysis based on Qualitative Comparative Analysis (country cases)	Quantitative analysis in EvalC3 of qualitative attributes that have been grouped into binary sets. Identifies statistically necessary and sufficient conditions for an outcome to be present or absent.	Outputs and outcomes defined in terms of women's human rights, context attributes include Gender Inequality Index (Source: UNDP).
Realist synthesis (all sources)	Qualitative synthesis in Nvivo and Word of all available evidence that seeks to identify underlying causal mechanisms and explore how they work, for who, under what conditions.	Examination of alignment with human rights standards and principles; reference to human rights normative instruments; inclusion of voice of rights holders.
Comparative and critical analysis (case studies)	Qualitative participatory and expert-led analyses based on comparing and contrasting case studies with each other, secondary examples, and theory.	Examination of alignment with human rights standards and principles; inclusion of voice of rights holders; participatory meaning-making with UNFPA stakeholders.
Contribution analysis	Qualitative assessment the contribution programming is making to observed results, based on verifying the ToC, taking into consideration other influencing factors, and inferring causality.	Examination of alignment with human rights standards and principles; gender analysis of power and reach; validation by evaluation reference groups.

Final data analysis and reporting phase

The evaluation included two workshops: (i) data analysis on emerging findings from data collection; (ii) on conclusions and recommendations involving the Evaluation Team and the UNFPA Evaluation Manager. The analysis included interrogation of the ToC, and evaluation matrix assumptions. This examined combinations of factors across the country cases that contributed to prevention, response, and progress in elimination of GBV and harmful practices.

The evaluation combines a total of 14 case studies (four country-level, two regional-level and eight desk base studies) to make an in-depth inquiry into 'a specific and complex phenomenon (the 'case'), set within its real-world context of UNFPA's support to the prevention of, response to, and elimination of GBV'.[62] Across-case generalisation at the country level was used to identify common issues or themes to be studied and re-examined. This supported general propositions to be developed.

The evaluation triangulates analysis and findings along multiple axes. Multiple evaluators were involved in each stage of the evaluation to triangulate perceptions and perspectives. Multiple data collection methods, types of data and levels of evidence are used to develop each finding by examining convergence, corroboration or correspondence in the evidence. Evidence from multiple groups of stakeholders is used to develop each finding. Multiple findings are used to develop each conclusion and each recommendation. The analysis of the Evaluation Team is triangulated with the case study reference groups and the Global Reference Group through seeking out paradoxes, contradictions, or fresh insights.

1.7 Ethical considerations

The evaluation was guided at all times by the UNEG Ethical Guidelines and the UNEG Code of Conduct for Evaluation in the UN System. Specific commitments included: (1) independence and impartiality, (2) credibility and accountability, (3) rights to self-determination, fair representation, protection and redress, (4) confidentiality, (5) avoidance of harm, (6) accuracy, completeness and reliability, and (7) transparency.

The evaluation abided by the ethical standards for violence against women and girls (VAW) research and evaluation. In accordance with ethical and ethnographic norms, the evaluators did not work directly with any stakeholder below 15 years of age. The perspective of children was gained through interviews with researchers.

1.8 Limitations and mitigating actions

There can be significant challenges when evaluating progress toward outcomes of interventions designed to deliver gender-related changes, including changes in social norms. This is because such process-type results and outcomes are not simple to measure. The evaluation approach drew upon learning from other evaluations about what works in GBV programming to inform the approach and mitigate well-known challenges.

Since social norms and behaviours cannot be systematically untangled to directly attribute change to a specific programme component, it is necessary to frame outcomes conceptually as contributions that are one (significant) factor among many influencing prevalence as well as policy. Comparing the UNFPA theories of change against the evidence enables exploration of the contribution each intervention has made to observed outcomes. Theory-based evaluation is a particularly suitable methodological approach because it permits the evaluation of complex theory-based programmes where counterfactuals are not feasible.[63] The analysis of the Evaluation Team was continuously triangulated and validated through participatory processes.

GBV and harmful practices can be inherently difficult to evaluate because of longer timeframes, interventions that work at multiple levels, measuring social change, and difficultly in capturing baseline data and isolating the impacts of interventions. The analytical approach using contribution analysis helped mitigate this challenge.

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[62] Yin, R.K., 2013. *Validity and generalization in future case study evaluations*. Evaluation, 19(3), pp.321–332. Available at: http://evi.sagepub.com/cgi/doi/10.1177/1356389013497081

[63] Mayne, John. 'Contribution Analysis: An Approach to Exploring Cause and Effect.' *International Learning and Change (ILAC) Brief*, ILAC Brief, 16 (2008).

The utilisation-focussed design used for this evaluation has many comparative advantages within the purpose, objectives and scope of the evaluation. It also faces inherent limitations, some of which cannot, or can only partially, be overcome. The main limitations of the evaluation design included: (1) no assessment of attribution to impacts using statistical techniques (see above); (2) the reductionist nature of all theory-based approaches that cannot be fully overcome, but can be mitigated through full transparency about evaluative reasoning and judgements; (3) constrained involvement of large numbers of rights holders and marginalised people in the commissioning and design of the evaluation, or as data collectors and interpreters; (4) and the potential for bias in the data collection, which was mitigated through triangulating data, critical analysis by the Evaluation Team, and validation by the Evaluation Reference Group, national reference groups and participants of summit workshops.

Annex 7 – Global context and the UNFPA response

Global development and humanitarian context

From the Millennium Development Goals (MDGs) to the Sustainable Development Goals (SDGs)

Although the Millennium Development Goals do not address VAW or GBV, the Millennium Declaration (the declaration upon which the goals were based) understood VAW to be incompatible with the promotion of human rights and fundamental freedom and called for it to be combated.

By comparison, the 2030 Agenda recognises that 'all forms of discrimination and VAW and girls [must] be eliminated, including through the engagement of men and boys'. Goal 5 includes targets calling for 'the elimination of all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation'. Most notably, it includes a discussion of harmful practices, and a call for the elimination of such practices, including 'child, early and forced marriage and female genital mutilation'.[64]

Thus, the Sustainable Development Goals represent a globally significant mention of forms of GBV and harmful practices that highlights the economic, structural, as well as normative drivers of violence, rather than a simplistic characterisation of interpersonal violence of men against women.

Human rights frameworks

Defined largely by UN processes, the global normative framework is informed by multiple conventions and declarations beginning with the 1979 **Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)**, which makes clear that VAW is discriminatory and addressed by the Convention, and thus laid the foundation for a human rights-based approach to the issue.

The **1993 Declaration on the Elimination of VAW** – the first international instrument explicitly addressing VAW – recognises this as a 'manifestation of historically unequal power relations between men and women …, a violation of the rights and fundamental freedoms of women … and an obstacle to the achievement of equality, development and peace',[65] and makes clear that gender and broader concepts of equality, as well as development and peace objectives, could not be achieved without resolving GBV.

The 1994 **International Conference on Population and Development** serves as a point of reference and touchstone for UNFPA work, provides a framework for action reflecting these definitions and declarations, and re-emphasizes the importance of addressing GBV as a means to development in all sectors. It also highlights the intentional use of GBV to perpetuate gender inequality (across all sectors) and concludes that the 'advancement of gender equality … and the elimination of all kinds of VAW … are cornerstones of population and development-related programmes'.

The 1995 **Beijing Platform for Action (POA)** followed this lead and raised the issue of VAW to one of its 12 critical areas of concern, placing it at the centre of both the women's rights agenda and the global development agenda. Of significance, the Beijing PoA specifically addresses the additional measures needed to address GBV facing, in particular, women and children in humanitarian and displacement settings. Furthermore, the language used in the Beijing platform for action intentionally expanded the focus on a comprehensive, cross-sectoral approach to GBV embedded in national policy and programmes.

The UN System

United Nations normative frameworks relevant to GBV and harmful practices include: 2006 General Assembly Resolution 61/143, and multiple Security Council Resolutions – including 1325, 1820, 1888, 1960, 2106. The 2012 **Quadrennial Comprehensive Policy Review (QCPR) of Operational Activities for Development of the UN System** details the organisational and operational arrangements needed to foster development effectiveness,

[64] UNFPA, 2016. *TOR for an Evaluation of UNFPA Support to the Prevention, Response to and Elimination of Gender-Based Violence, including Harmful Practices*.

[65] Center for Reproductive Rights, UNFPA, 2013. *ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform*.

including the advancement of gender equality. Neither GBV nor harmful practices are specifically mentioned, but the QCPR acknowledges that gender inequality continues unabated, and stresses the need for a stronger focus on gender equality and women's empowerment, recognising both as crucial to any approach to sustainable development.[66]

The 2010 launch of UN Women (the designated 'champion' for the issue of VAW and by design 'cross-sectoral' with a mandate to monitor the gender work of other family agencies) brought about a reconsideration of how to configure efforts on the issue. Nonetheless, UNFPA remains an ally in the 2008 United Nations Secretary-General's UNiTE to End VAW campaign, now coordinated by UN Women, which calls on all governments, civil society, women's organisations, men, young people, the private sector, the media, and the entire UN system to join forces in addressing VAW.

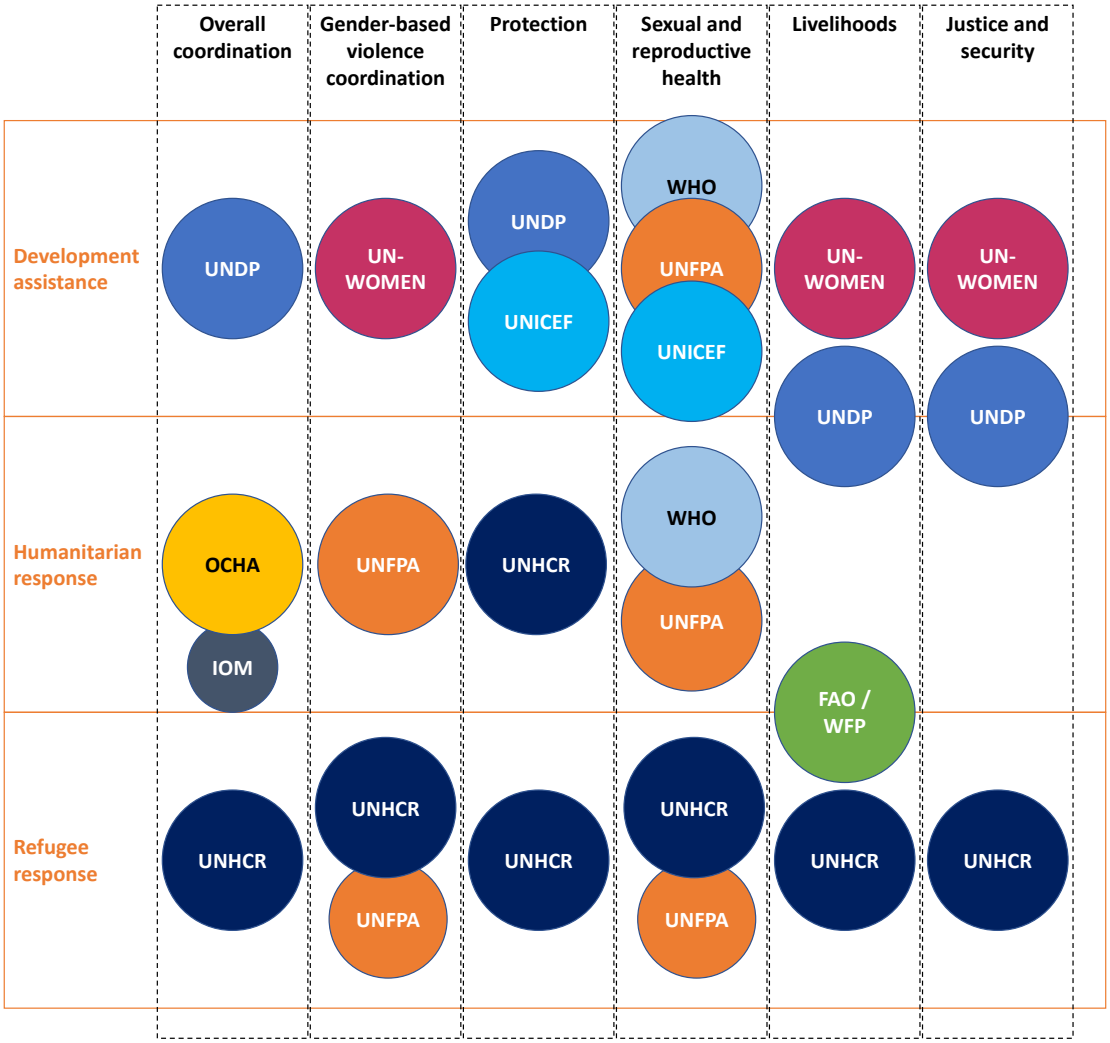
In 2012, the UN System-Wide Action Plan (SWAP) on Gender Equality and the Empowerment of Women 'established a comprehensive UN accountability framework for gender equality and women's empowerment' based on principles long embraced by UNFPA: that there is a need 'to implement a gender perspective throughout the programmes, policies and organisational practices of the UN"; that 'gender (must) be mainstreamed in programming on human rights'; and that priority should be placed on 'the eradication of violence (within and outside of humanitarian contexts) and gender equality and women's human rights'.

The launch of the partnership on maternal, child and adolescent health engaged a broad set of UN family members, including the World Bank. The technical advisory and accountability processes of these initiatives are now closely tied to the 2030 Agenda, giving UNFPA an entry into that process through its comparative strength in sexual and reproductive health[67]. Within this context, UNFPA is the main UN entity working on GBV from the perspective of gender transformation of roles, values, and positive change across the entire continuum between development and humanitarian settings.

[66] See: http://www.un.org/esa/coordination/pdf/sg_qcpr_report_adv_unedited_version.pdf.

[67] The partnership on maternal, child, and adolescent health has been recently reconfigured to feed directly into the 2030 discussions as The Global Strategy for Women's, Children's, and Adolescents' Health, which again provides key access for UNFPA as it manoeuvres multi-stakeholder efforts that extend far beyond the early efforts of 'As One'. Both initiatives are characterised by an even broader approach to multi-stakeholder efforts engaging the private sector, including the profit sector, in a new business model.

Figure 4: Selected UN entities with key responsibilities and mandates across different contexts and thematic issues relevant to the evaluation



GBV in emergencies (GBViE)

> 'GBV is a pervasive and life-threatening health, human rights, and protection issue. Deeply rooted in gender inequality and norms that disempower and discriminate, GBV is exacerbated in humanitarian emergencies where vulnerability and risks are high, yet family and community protections have broken down.'[68]

The international community is increasingly united in its commitment to tackling GBV in humanitarian settings. There is growing understanding among humanitarian actors of the critical importance of addressing GBV as a life-saving priority in emergency responses, and an acknowledgement that not doing so means that the humanitarian community is failing to meet its protection responsibilities.

[68] Call to Action on Protection from Gender-based Violence in Emergencies, Road Map 2016–2020, September 2015, p.3.

GBV is prevalent in all societies. However, conflict situations and disasters[69] can intensify many forms of violence, and harmful practices, with which children and women live even in times of peace and stability. Tensions at household level can increase intimate partner violence and other forms of domestic violence.[70] The pervasive impunity that characterises conflict settings can exacerbate sexual violence, including its use as a weapon of war.

Poverty, displacement, and increased dependency resulting from crises may increase the risk for women and girls of being forced or coerced to engage in sex in return for safe passage, food, shelter, or other resources.[71] The breakdown of community protection systems, insufficient security in camps and informal settlements, and the obligation to live in temporary shelters, which are typically overcrowded with limited privacy and reduced personal security, also all increase the risk of sexual and physical assault, as well as trafficking.[72] Child marriage often (although important to note, not always) increases in humanitarian settings.[73] A rise in female genital mutilation (FGM) can occasionally be linked to a humanitarian crisis, although this is rare. However, a humanitarian crisis in a setting with prevalent FGM means response to a survivor of GBV, including maternal and newborn health services, are even more critical as life-saving activities within an emergency[74].

The extent and impact of GBV affects not only survivors, but it also limits the ability of entire societies to heal from conflict and disaster. Violence may affect child survival and development by raising infant mortality rates, lowering birth weights, and affecting school participation. Violence can limit women's access to reproductive health services, including family planning, leading to unwanted pregnancies and increasing women's risk of HIV infection:[75] this increases costs to public health and social welfare systems and decreases women and children's participation in social and economic recovery.

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[69] Humanitarian contexts cover a range of diverse situations and settings, including, but not limited to, natural disasters, conflict, rapid onset, slow onset, cyclical, protracted, fluctuating, and complex displaced/refugee situations in camps or within urban host communities, and often mixed situations. Each of these settings has specific challenges.

[70] 'Domestic violence' is a term used to describe violence that takes place between intimate partners (spouses, boyfriend/girlfriend) as well as between other family members. Intimate partner violence applies specifically to violence occurring between intimate partners and is defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (IASC GBV Guidelines, p.321).

[71] R. Murray, 'Sex for Food in a Refugee Economy: Human Rights Implications and Accountability', in *Georgetown Immigration Law Journal* 14 985–1025.

[72] UN, 2007, *Report of the Special Representative of the Secretary-General for Children and Armed Conflict*, New York, UN General Assembly.

[73] The impact of emergencies on child marriage as a cultural norm/harmful practice is extremely complex and nuanced, based on factors such as the median spousal age difference, whether dowry or bride price (in some cases used simultaneously) is more important, and the nature of the crisis, particularly whether it leads to displacement or not. An increase in child marriage can be both more girls being married and/or girls being married at an earlier age. Motivating factors include disruption of education systems (education and child marriage are inextricably linked), protecting 'honour' (particularly in camp settings where the fear of rape is high and fathers believe being married will offer a level of protection for both their daughter and the family honour), and economic reasons. Additionally, child marriage can become a new harmful practice in certain circumstances based not on a social norm but as a negative coping strategy: e.g. Syria had a relatively low level of child marriage before the conflict, but Syrian refugee communities across Jordan and Lebanon currently have extremely high child marriage rates, a practice adopted as a negative coping strategy.

[74] The consequences of exposure to violence are as extensive as the scope of violence itself, in terms of the myriad acute and chronic health problems that accompany different types of GBV and because victimisation can increase risk of future ill-health for survivors. In humanitarian settings, where community support systems and formal health and psychosocial services (PSS) are often severely compromised, the consequences of violence can be even more profound than in peacetime.

[75] GBV fuels the HIV epidemic, as women who have experienced violence are up to three times more likely to contract HIV. (http://www.unicef.org/about/partnerships/index_60239.html).

The primary responsibility to ensure people are protected from violence rests with the state. However, in times of crisis, humanitarian actors play an important role in supporting measures to prevent and respond to GBV. As highlighted in a report published by the International Rescue Committee (IRC): 'Preventing and responding to GBViE is recognised as a life-saving measure and an essential component of humanitarian action.' The report concludes that, 'in spite of this, response to GBViE remains grossly inadequate in humanitarian settings.'[76]

Addressing GBViE is the responsibility of all humanitarian actors: 'All humanitarian actors must be aware of the risk of GBV and – acting collectively to ensure a comprehensive response[77] – prevent and mitigate these risks as quickly as possible within their areas of operation.'[78] This responsibility is supported by a framework that draws on international and national law, UN Security Council resolutions, humanitarian principles and humanitarian standards and guidelines.

A process of humanitarian reform was initiated in 2005, after the clearly inadequate response to the Asian Tsunami. One of the most critical issues (though not by any means the only issue) addressed was coordination.[79] In order to address this, the cluster system was established. The cluster system has continued to evolve from its introduction in 2005 and the current cluster configuration has 11 clusters in total.

UNHCR is the cluster lead agency (CLA) for the Global Protection Cluster (GPC), which – uniquely – has a complex structure of four sub-clusters, or Areas of Responsibility (AoRs): Child Protection, ***GBV***, Housing Land and Property, and Mine Action. Unlike any other thematic or sectoral area, protection is simultaneously a goal of humanitarian action, an approach (or lens), and a specific set of activities which themselves may be direct, integrated, or mainstreamed.[80]

The GBV AoR[81] includes a number of tools and resources and maintains a team of regional emergency GBV advisers who are rapidly deployable senior technical experts used to strengthen country-level humanitarian responses. A core toolbox for the AoR includes the 2010 Handbook for Coordinating GBV in Humanitarian Settings, a Standard Operating Procedure, information on the GBV Information Management System, and 2015 Mainstreaming Guidelines.

2.2 Support of UNFPA to addressing GBV and harmful practices

The UNFPA global response

A 2006 General Assembly resolution on addressing VAW launched a remarkable level of effort on the part of the global and UN communities, with important leadership from UNFPA. This put GBV and its connections to gender equality firmly at the centre of the global development agenda in both normative and programmatic terms.

[76] International Rescue Committee (2012). *Lifesaving, Not Optional: Protecting women and girls from violence in emergencies.* https://www.rescue-uk.org/sites/default/files/Lifesaving%20not%20optional.%20Protecting%20women%20and%20girls%20from%20violence%20in%20emergencies%20FINAL.pdf

[77] In this context, 'response' relates to the overarching GBV activities that form a GBV programmatic intervention – including risk reduction, mitigation, prevention, and response to a survivor. In other contexts, the term 'response' relates to the specific 'response for a survivor' component of a comprehensive humanitarian GBV intervention - including clinical, psychosocial, legal/justice, and shelter/socio-economic empowerment services.

[78] *IASC GBV Guidelines*, p.14.

[79] While the evolution of humanitarian architecture has included many strands and complexities, this context analysis paper will focus on coordination as it relates to the purpose of the evaluation addressing the role of UNHCR as GPC lead.

[80] GPC (2013). *Placing Protection at the Centre of Humanitarian Action*, and ALNAP (2015). *Evaluating Protection in Humanitarian Action*.

[81] www.gbvaor.net

Beginning in 2006, UNFPA launched or served in an advisory role for an average of one major initiative each year – despite defunding under the US 'global gag' rule.[82] These initiatives included development of normative frameworks, collaborative efforts to learn from and share practical programme experiences, campaigns to support political accountability, and efforts to engage stakeholders beyond traditional UN actors.

A distinguishing feature of UNFPA work is a multi-agency/multi-stakeholder collaborative approach. The agency has played a leadership role in the (long-established) Inter-Agency Network on Women and Gender Equality (IANWGE)'s Inter-Agency Taskforce on VAW, established following the UN Secretary General's report 'with the overall goal of enhancing support to national level efforts to eliminate all forms of VAW by the entities of the United Nations System within their respective mandates', which launched pilot multi-stakeholder and joint programming in 10 countries to test promising practices.

In 2010, UNFPA hosted an early stocktaking meeting and produced a compendium on best practices from a global sampling of pilot "Delivering As One" programmes. This stock-taking involved stakeholders across UN and major civil society representatives from country and global communities. The learning from the 'Delivering As One' experiences informed both the value of a comprehensive approach to programming, and the challenges and costs of fostering multi-stakeholder (as well as multi-agency) agendas, programmes, and coordination mechanisms.[83]It was reflected in and later framed by the UNFPA 2008–2011 Strategy and Framework for Action on GBV, which leveraged a human rights-based, gender responsive, and culturally vested approach.

The UNFPA operational modality shapes its role as an agency that has privileged consultative processes globally and locally, developed accountability mechanisms within country partners, and has embraced the relatively recent UN implementing agencies' new modality of cross-agency collaboration and working as one.

Scale of UNFPA programming

UNFPA efforts to eradicate GBV have been ongoing with organisational commitments (reflected in numerous strategic plans and frameworks) since before 2008. The evaluation found evidence of funding for GBV-related outputs and indicators for all countries in which UNFPA has programming.

The **2008–2011 Strategy and Framework for Action on GBV**[84] offered UNFPA a comprehensive strategy for action solely focussed on GBV. Though it was not formally renewed, the policy continues to influence the work of UNFPA in both development and humanitarian settings: indeed, several of the eight priority areas for intervention outlined in the Framework are reflected in the 2014–2017 Strategic Plan.

The **2012–2013 Mid-term Review of the Strategic Plan** notes that 'UNFPA will continue to build national capacity to implement laws and policies that advance gender equality and reproductive rights with specific emphasis on addressing GBV and will continue work on GBV in humanitarian settings as well as its partnership to eliminate harmful practices, including FGM.'

The **UNFPA Strategic Plan 2014–17** provided the institutional framework for advancing gender equality, women's and girls' empowerment, and reproductive rights during most of the scope for this evaluation. Operationalised in its development results framework, the UNFPA Strategic Plan established accountability for results, including for GBV, FGM, and child-marriage at all organisational levels.

[82] Following Beijing, two terms of US administrations withheld funding for global sexual and reproductive health and reproductive rights (on the basis of what was known as the Mexico City Policy), which was reinstated in 2009. Despite the previous US funding cuts, UNFPA remained a central actor in an unprecedented level of global activity addressing GBV and harmful practices during that time. In 2017, the US administration once again reintroduced the Mexico City Policy and stated its intention to withdraw all financing to UNFPA.

[83] UNFPA, Gender, Human Rights and Culture Branch, UNFPA Technical Division, 2011. *The Inter-Agency Task Force on Violence Against Women*, *Initiating the Multi-Stakeholder Joint Programme on Violence Against Women: A Review of the Processes and Some Key Interim Lessons Learned*.

[84] 2008–2011 Strategy and Framework for Action on Gender-Based Violence. See: http://www.unfpa.org/sites/default/files/pub-pdf/2009_add_gen_vio.pdf.

The way in which UNFPA engages in a particular context is currently based on four categorisations of interventions, shaped by a country's need and ability to finance[85]

Table 10: Country quadrants for UNFPA response 2014–2017 Strategic Plan (revised with the new Strategic Plan 2018–2021)

Ability to finance	Need			
	Highest	High	Medium	Low
Low	Advocacy and policy dialogue/advice, knowledge management, capacity development, service delivery.	Advocacy and policy dialogue/advice, knowledge management, capacity development, service delivery.	Advocacy and policy dialogue/advice, knowledge management, capacity development.	Advocacy and policy dialogue/advice, knowledge management.
Lower-middle	Advocacy and policy dialogue/advice, knowledge management, capacity development, service delivery.	Advocacy and policy dialogue/advice, knowledge management, capacity development.	Advocacy and policy dialogue/advice, knowledge management.	Advocacy and policy dialogue/advice
Upper-middle	Advocacy and policy dialogue/advice, knowledge management, capacity development.	Advocacy and policy dialogue/advice, knowledge management.	Advocacy and policy dialogue/advice	Advocacy and policy dialogue/advice *
High	Advocacy and policy dialogue/advice *	Advocacy and policy dialogue/advice *	Advocacy and policy dialogue/advice *	Advocacy and policy dialogue/advice *

*Note: * Physical presence only in select countries*

The UNFPA 2014–2017 Strategic Plan also recognised the impact of humanitarian contexts on GBV and prioritises working with men and boys. [86] UNFPA has produced guidelines on addressing GBV and ensuring GBV programming is properly integrated in both humanitarian and development contexts:

- The Minimum Standards for the Prevention and Response to GBViE addresses GBV in humanitarian contexts.
- The Essential Services for Women and Girls Subject to Violence provides guidance on the integration of GBV in development settings, focussing specifically on the health, social services, justice and policing sectors, as well as on processes and the governance of coordination.[87]
- In terms of operationalisation of the strategic plans, UNFPA has engaged in **joint programmes** and manages **trust funds** to eradicate GBV and harmful practices:

[85] A country's need and ability to finance are calculated in a particular way using GNI per capita. See SP 2014-2017 Annex 4 (on funding arrangements).

[86] The mid-term review of the 2014–2017 Strategic Plan acknowledges the UNFPA efforts to scale up/strengthen a focus on GBV, including within humanitarian contexts, and underscores the need to continue this work, 'strengthening resilience across the humanitarian and development continuum'. See: https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2016&sessionType=AS.

[87] See: http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence.

- UNFPA/UNICEF 2007-2017 **Joint Programme on Female Genital Mutilation** in 17 programme countries,[88] at the regional level (specifically within Africa and the Arab States) and at the global level.[89]
- UN Women/UNFPA/UNDP/WHO/UNODC 2013-2017 **Joint Global Programme on Essential Services for Women and Girls subject to Violence**, reflecting the 'unanimous support for the provision of such services' voiced at the 2013 Commission on the Status of Women.[90]
- UNFPA is involved in the **Multi-Stakeholder Joint Programme on VAW**. Through the Inter-Agency Task Force (of which UNFPA and UN Women are co-chairs), UNFPA contributes to the implementation of the Joint Programme in 10 pilot countries.[91]
- UNICEF/UNFPA 2016-2019 **Joint Global Programme to Accelerate Ending Child Marriage** in countries with high prevalence of child marriage.[92]
- UNFPA is a member of the Global Steering Committee and plays a leadership role in the **Real-Time Accountability Partnership** (RTAP)[93].

UNFPA has a Second-Generation Humanitarian Strategy from 2012, which builds on the success of the 2007–2009 Humanitarian Strategy that sought to integrate gender and sexual and reproductive health issues into humanitarian programming. The Second-Generation Strategy seeks to ensure 'fund-wide accountability for effective humanitarian preparedness, response and recovery.'

Under this Strategy, UNFPA priorities are based on its 'mandate and comparative advantage in humanitarian settings that is well defined: the provision of emergency SRH services is a key component of essential life-saving activities. Gender issues, particularly sexual violence and other forms of GBV often become more acute in humanitarian settings. UNFPA humanitarian support will continue to target the most vulnerable, mainly women, adolescents and young people.'[94]

2.2.1 UNFPA programming on GBV and harmful practices

The UNFPA 2008–2011 Strategy and Framework for Action on GBV, reflecting many of the core substantive and operational principles outlined above, has informed strategic planning within UNFPA since 2011, with the Strategy and Framework's 'priority areas' reflected in the UNFPA 2014–2017 Strategic Plan. Concurrently, key divisions within UNFPA are considering how best to position work on GBV more holistically within the organisation.

While UNFPA strategic plans have addressed GBV and harmful practices across multiple outcomes and outputs (available at https://www.unfpa.org/sites/default/files/admin-

[88] Burkina Faso, Djibouti, Uganda, Egypt, Ethiopia, Eritrea, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Senegal, Sudan, Somalia, Nigeria and Yemen joined in 2014.

[89] For more information on the Joint Programme on FGM/C see: http://www.unfpa.org/joint-programme-female-genital-mutilationcutting and http://www.unfpa.org/female-genital-mutilation.

[90] For more information on the Joint Global Programme on Essential Services for Women and Girls subject to Violence see: http://www.unwomen.org/en/news/stories/2013/12/executive-director-launches-joint-programme-on-essential-services-for-survivors.

[91] Burkina Faso, Chile, Fiji, Jamaica, Jordan, Kyrgyzstan, Paraguay, Philippines, Rwanda and Yemen. See: http://www.un.org/womenwatch/ianwge/taskforces/vaw/joint_programming_initiative.pdf.

[92] Specifically, the programme will focus on Ethiopia, Mozambique, Uganda and Zambia (in Eastern and Southern Africa); Burkina Faso, Ghana, Niger, Sierra Leone (in Western and Central Africa); in South Asia, the JP will focus on Bangladesh, India, and Nepal; and, in the Arab States, the programme will be implemented in Yemen.

[93] This six-entity partnership, which also includes the United Nations High Commissioner for Refugees (UNHCR), the Office for the Coordination of Humanitarian Affairs (OCHA), UNICEF, the International Rescue Committee, and the United States State Department (Office of Foreign Disaster Assistance), theorises that, if major players step up and take action to their fullest ability and work in partnership with each other, there will be a change in how GBV is prioritised and addressed and, therefore, a positive impact on the lives of women and girls. RTAP will launch a pilot intervention in two countries in 2017 informed by a baseline assessment (five countries) conducted in 2016.

[94] UNFPA, Second Generation Humanitarian Strategy 2012.

resource/PD_Annex%202.%20Outcome%20theories%20of%20change.pdf), specialists in UNFPA emphasize the centrality of outcome 3 and output 10 from the previous Strategic Plan and outcome 5 and output 13 from the 2012–13 Strategic Plan. These give specific focus to GBV or harmful practices, whereas other outcomes include references in the context of mainstreaming.

Annex 8 – Reconstructed Theory of Change (ToC)

Drawing from UNFPA documentation and the evaluation case studies (see separate country notes[95]), the evaluation reconstructed a comprehensive global ToC illustrative of the dominant approaches to addressing GBV and harmful practices in UNFPA. The purpose of this reconstructed global intervention logic was *not* to test the validity of a 'universal' ToC, but to map the extent to which mechanisms of change are targeted by UNFPA across different contexts.

The reconstructed theory is grounded in the outcome logics addressing gender for each of the two strategic plans encompassed within the scope of the evaluation, with the strongest emphasis on the most recent strategic plan[96] (2014–2017). The process of developing the ToC highlighted and focussed attention on critical tensions and unresolved discourse around the response to, prevention and elimination of GBV and harmful practices[97].

Each of the reference group meetings, case and desk studies contributed context-specific concerns and adaptations, supporting ongoing comparative analysis over the course of the evaluation:

- The case of **India** illustrated the limitations of a goal focussed only on agency and empowerment, because when addressing son preference (including pre-natal sex selection) the victims cannot assert their agency, and thus the intrinsic valuing of a daughter/girl is essential.
- The case of **Palestine** focussed attention on the importance of broader structural and 'sustained' violence on a large scale, including violence committed by the state; the addition of family and/or marital status (not simply age and sex) as a risk factor for GBV (including violence from in-laws); and the need to define more concretely the ways in which (protracted) humanitarian situations manifest in barriers and responses (and underscore the importance of a development-humanitarian continuum approach).
- The case of **Uganda** challenged the definitions of the development-humanitarian continuum, shifting from an emphasis on the onset of an emergency to protracted conflict and post-conflict situations which require a mix of interventions to address response, the impact of long-term displacement and exposure to violent conflict, and addressing the needs of both refugee and host populations.
- The case of **Guatemala** highlighted the challenge of legal solutions in a national context in which there is impunity at every level of government as well as a sustained state of insecurity and post-traumatic stress even without a humanitarian emergency.
- The **Asia Pacific region** demonstrated the need to understand the unique dynamics of different types of crises (natural disasters, displacement with substantial sexual violence). Input from the country offices also highlighted the importance of separating out work on harmful practices from work on GBV:

[95] Country notes available here: https://www.unfpa.org/admin-resource/evaluation-unfpa-support-prevention-response-and-elimination-gender-based-violence.

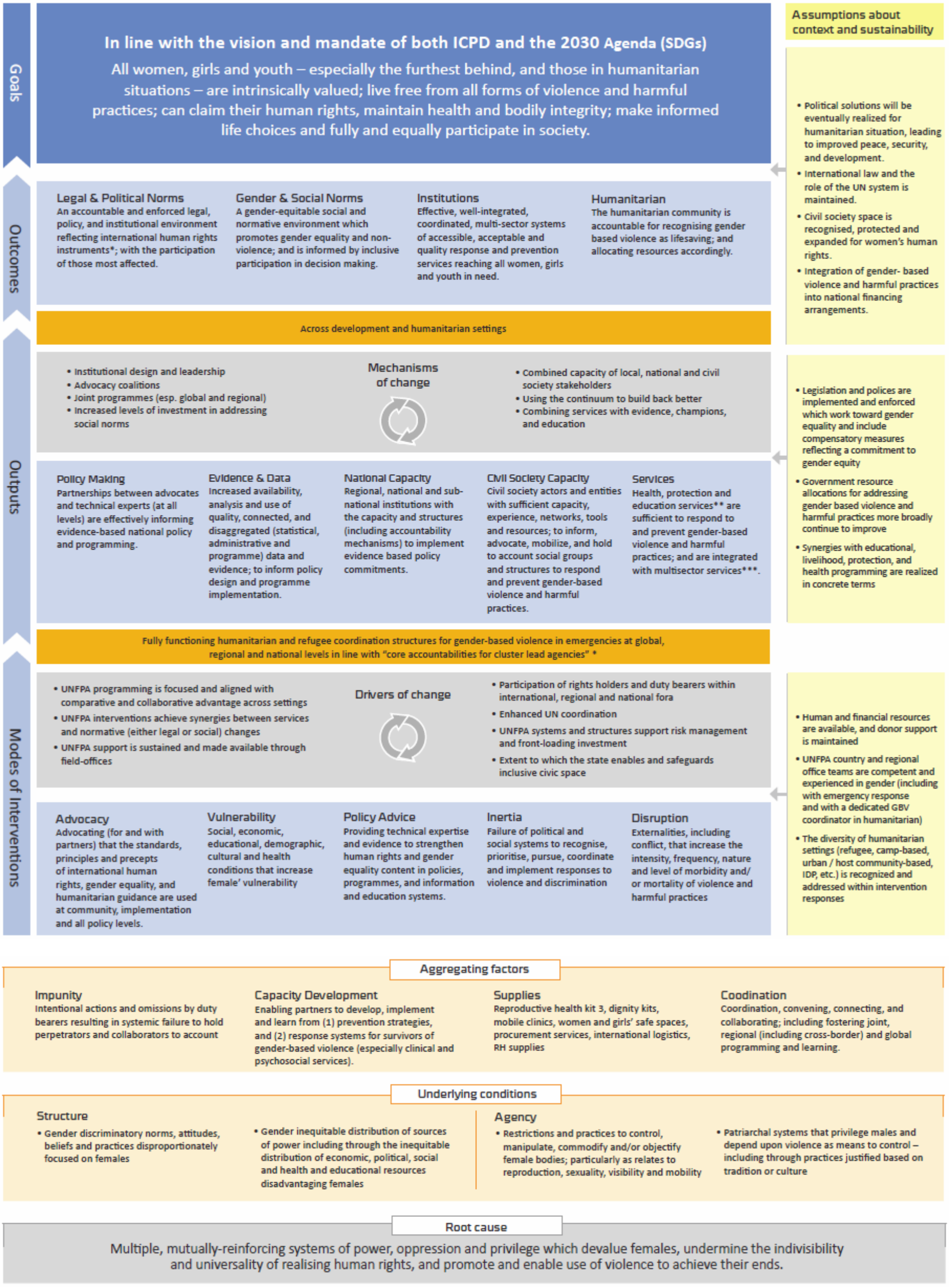
[96] The work on GBV and harmful practices under this plan benefitted from: (1) the insights and reflections on the 2008–2011 UNFPA strategy for addressing violence against women; (2) evaluation of the first phase of the Joint Programme on FGM; (3) development of global theories of change addressing child marriage; (4) the organic evolution of programming on son-preference initiated in key countries and shepherded by the regional office of the Asia Pacific region; (5) expanded research on girls in particular reflecting the focus on gender fundamentals; and (6) the development of global humanitarian criteria and standards.

[97] Key challenges facing the development of theories of change for GBV and/or harmful practices were found to be: (1) representing the non-linear, complex and sometimes unpredictable reality of the social change process while still representing the instrumental role for UNFPA and taking into consideration the many assumptions at each stage of change; (2) meaningfully integrating lifesaving response work in humanitarian contexts into a broader vision for transformative change; (3) while affirming the common understanding of the role of patriarchy as a root cause of GBV and harmful practices, accommodating differences between how programming on GBV and programming on harmful practices conceptualise how change happens (in terms of both social norms and structural factors); (4) articulating the intersection and intended synergies between different levels of interventions (individual, family, community, country, cross-border, regional, global); and (5) distinguishing between different types of humanitarian situations (acute onset; prolonged conflict).

although they share fundamental drivers, there are differences in, for example, how they are shared/reported back to the community.

- The **Eastern Europe and Central Asia region** demonstrated the role of the regional offices in significantly advancing multisector response and gender transformative work with men and boys.

Figure 5: Reconstructed theories of change for UNFPA programming on GBV and harmful practices



Annex 9 – Resources allocated to addressing GBV and harmful practices

For the period 2012–2017, UNFPA expenditure on the prevention, response to, and elimination of GBV and harmful practices was $847,219,993, while the amount budgeted was $1,024,768,088 (see Table 11and Figure 6). The methodology captures all expenditure under all outputs, outcome or indicators in which GBV or a harmful practice are specifically mentioned in the text.

The increase seen in the amount budgeted and spent from 2013 to 2014 reflects in both core (un-earmarked) and non-core (earmarked) expenditure:

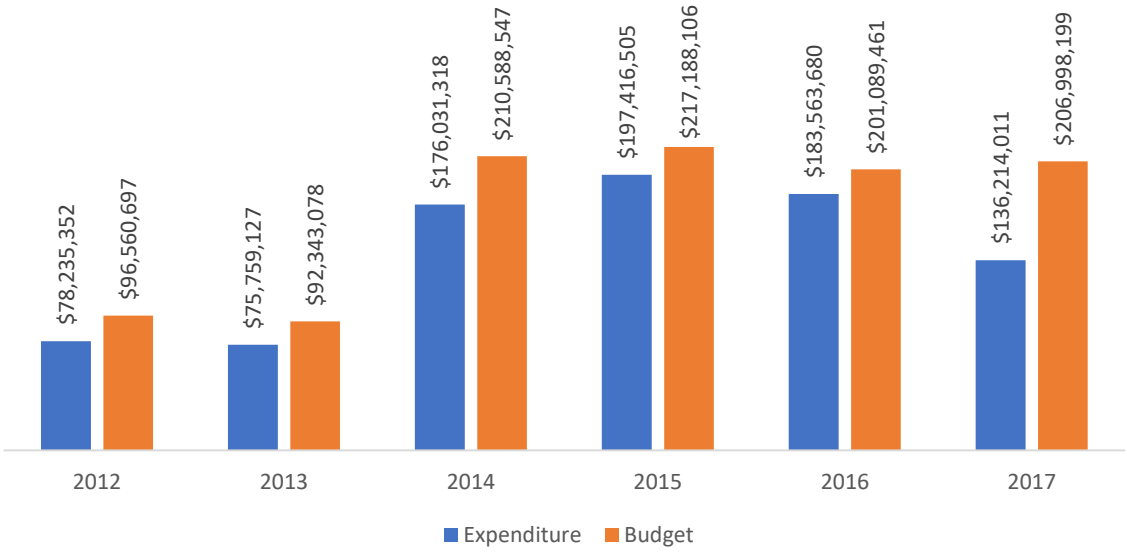
- The change in strategic plan outputs and outcomes between these periods means that Atlas financial data is not directly comparable for pre-2013 and post-2014 periods.
- However, earmarked expenditure is still likely to have increased overall 2013–2014 in large part due to increased expenditure by UN OCHA, which more than tripled its contribution.
- The UNFPA-UNICEF Joint Programme on FGM, a source of consistently high funding, also marginally increased overall expenditure.

Table 11: UNFPA budget and expenditure on GBV and harmful practices result areas, 2012–2017

	2012	2013	2014	2015	2016	2017	Grand Total
Expenditure	$78,235,352	$75,759,127	$176,031,318	$197,416,505	$183,563,680	$136,214,011	$847,219,993
Budget	$96,560,697	$92,343,078	$210,588,547	$217,188,106	$201,089,461	$206,998,199	$1,024,768,088

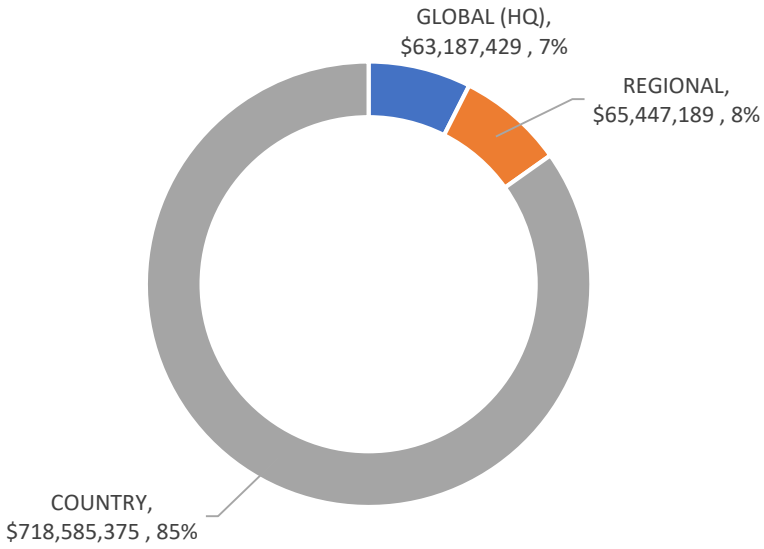
Source: Atlas

Figure 6: Total amount budgeted and spent on GBV and harmful practices, January 2012–September 2017



By far the most significant portion of expenditure (85%) was at the country-level (see Figure 7), with HQ and regional offices (combined) counting for similar levels of expenditure (around $11 million per year).

Figure 7: Total expenditures at the country, regional and global levels, January 2012–September 2017



Level	Expenditure	Proportion
Global (HQ)	$ 63,187,429	7%
Regional	$ 65,447,189	8%
Country	$ 718,585,375	85%
TOTAL	$ 847,219,993	100%

The highest aggregate expenditure at country level (grouped by regions) was in the Arab States, with the top four countries by expenditure (Iraq, Syria, Turkey and Jordan) located in that region (see Figure 8 and

Table 12). The next highest expenditures were in the two Africa regions and Asia and the Pacific. Both Eastern Europe and Central Asia region, and Latin America and the Caribbean region spent a total of less than $10 million per year during the period under consideration (i.e. expenditure in an entire region was the equivalent of Iraq by itself).

Figure 8: Average annual expenditures on GBV and harmful practices at the country level, grouped and ranked by region, January 2012–September 2017

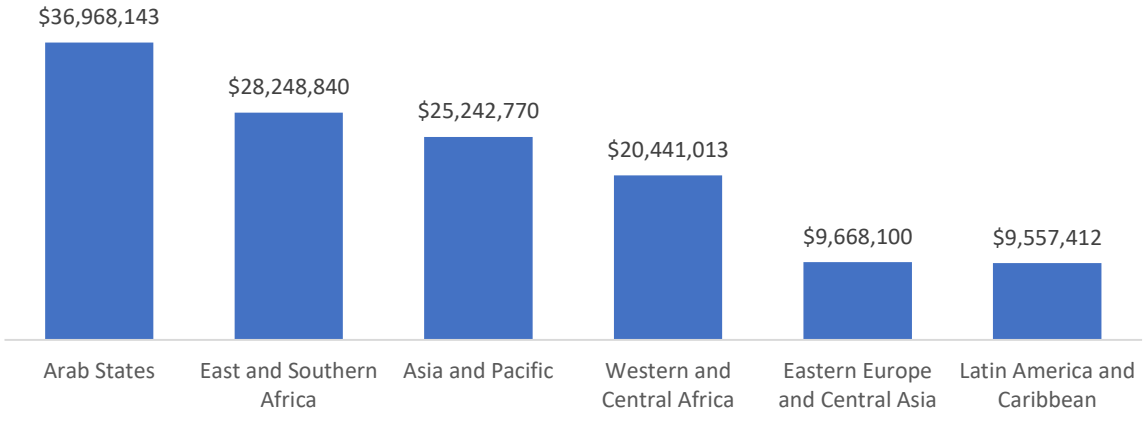


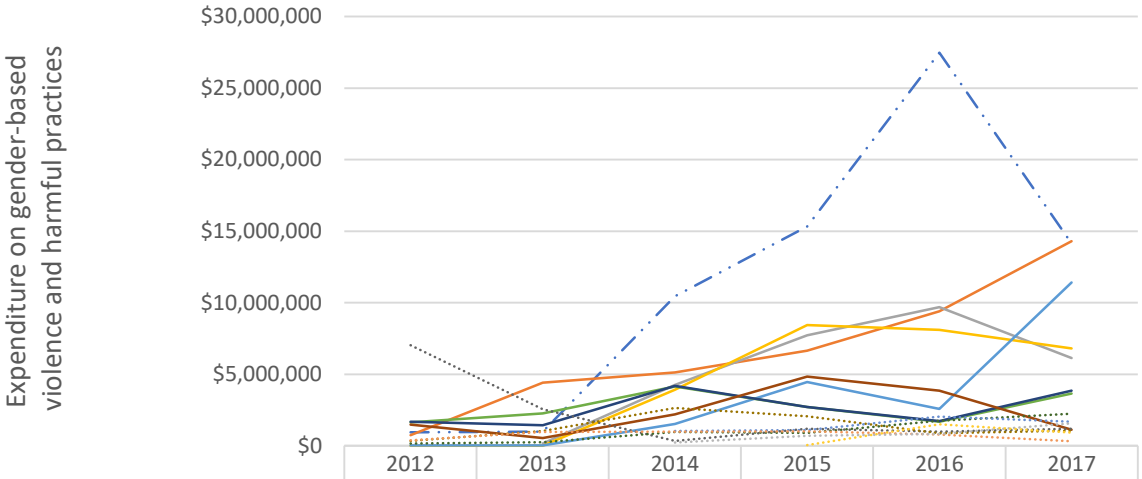
Table 12: Top 20 countries by expenditure in support of GBV and harmful practices, Jan 2012 – Sep 2017

Country	Total spend 2012-2017	Average annual spend	Evaluation case study
Iraq	$59,772,167	$9,962,028	Extended desk study
Syria	$38,275,314	$6,379,219	Secondary data[98]
Turkey	$26,751,988	$4,458,665	Extended desk study + regional case study
Jordan	$26,481,565	$4,413,594	
South Sudan	$24,790,161	$4,131,694	Uganda in country case study (cross-border refugee support work)
Uganda	$22,734,222	$3,789,037	In country case study
Afghanistan	$21,314,165	$3,552,361	
Ethiopia	$20,160,185	$3,495,709	
Sudan	$19,367,034	$3,471,115	Extended desk study
Nigeria	$19,095,441	$3,360,031	
Republic of Yemen	$16,978,090	$3,227,839	
Dem Rep Congo	$16,126,444	$3,182,574	
Somalia	$16,115,884	$2,829,682	
Bangladesh	$15,693,074	$2,687,741	Regional case study
Malawi	$15,317,456	$2,685,981	
Myanmar	$13,004,373	$2,615,512	Regional case study
Philippines	$12,900,102	$2,552,909	Regional case study
Niger	$12,617,131	$2,167,396	
India	$11,923,435	$2,150,017	In-country case study
Zimbabwe	$11,431,796	$2,102,855	

Analysis of the top 15 donors to non-core expenditure on GBV and harmful practices reveals both long-term and short-term patterns (see Figure 9). The most immediate is the impact of the 'global-gap' rule on US funding after 2016, and the noticeable increase in finance from the European Union, Canada, Sweden and Australia to counter this. Since 2015, the growth in funding from Japan, Denmark, and, later, the UK has also been reversed; however, new donors have also joined the list, including Republic of Korea, Switzerland, and Saudi Arabia. While it is not at a high level, the funding from Spain, Netherlands, Norway and Italy has been the most consistent.

[98] Evaluation of UNFPA response to the Syria Crisis – Jordan country report

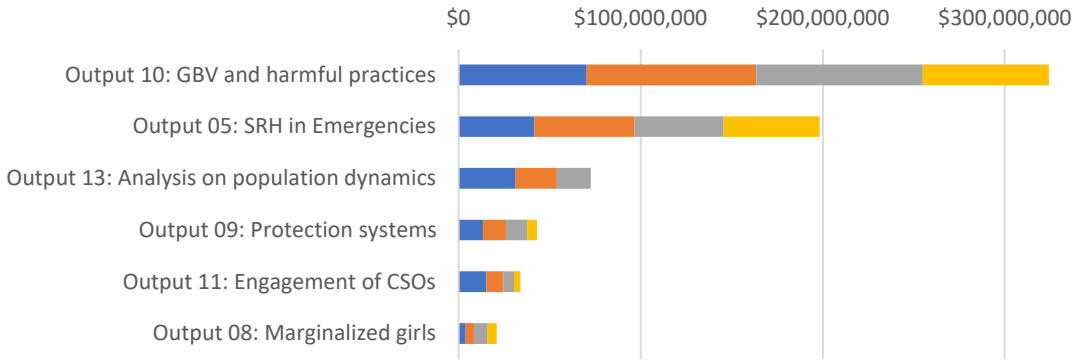
Figure 9: Top 15 donors to GBV and harmful practices by expenditure, 2012–2017



	2012	2013	2014	2015	2016	2017
United States of America	$944,138	$993,561	$10,440,962	$15,331,353	$27,467,844	$14,133,970
European Union	$739,198	$4,408,418	$5,131,069	$6,656,408	$9,401,124	$14,292,109
United Kingdom		$158,657	$4,267,620	$7,727,697	$9,692,104	$6,138,142
Japan	$0	-$939	$3,930,332	$8,448,397	$8,093,209	$6,814,392
Canada	$20,203	$28,865	$1,535,271	$4,461,483	$2,569,103	$11,423,267
Sweden	$1,635,476	$2,265,380	$4,133,857	$2,704,035	$1,679,073	$3,645,280
Australia	$1,688,321	$1,430,406	$4,183,897	$2,714,893	$1,739,905	$3,861,460
Denmark	$1,489,571	$548,655	$2,201,187	$4,828,135	$3,855,914	$1,122,568
Spain	$7,024,500	$2,563,146	$334,851	$1,200,674	$986,174	$1,183,627
Netherlands	$342,468	$1,046,741	$2,652,317	$2,062,086	$882,660	$1,048,702
Norway	$160,516	$246,269	$965,256	$898,163	$1,760,535	$2,251,366
Republic Of Korea			$1,030,767	$1,094,931	$2,035,197	$1,675,625
Italy	$381,040	$968,555	$983,796	$1,007,955	$791,697	$311,628
Switzerland			$224,013	$702,255	$845,318	$1,570,732
Saudi Arabia				$44,153	$1,504,940	$914,412

Analysis of expenditure under the development results framework of the Strategic Plan 2014–2017 reveals that the majority of funds were allocated to output 10 (on GBV and harmful practices), or output 5 (on sexual and reproductive health in emergencies) – see Figure 10. The other outputs (8. marginalised girls, 9. protection systems, 11. engagement of civil society, 13. analysis of population dynamics) all demonstrated a steady decline over the course of the Strategic Plan; and, in aggregate, represent 25% of allocable expenditure.

Figure 10: Total expenditure by relevant output area, 2014–2017



	Output 08: Marginalized girls	Output 11: Engagement of CSOs	Output 09: Protection systems	Output 13: Analysis on population dynamics	Output 05: SRH in Emergencies	Output 10: GBV and harmful practices
2014	$3,899,150	$15,274,139	$13,504,848	$31,369,533	$41,648,659	$70,334,989
2015	$4,597,368	$9,342,393	$12,531,670	$22,649,290	$55,064,941	$93,230,843
2016	$7,241,424	$5,863,149	$11,669,736	$18,575,844	$48,881,941	$91,331,586
2017	$5,159,658	$3,561,329	$5,384,612	$0	$52,801,028	$69,307,384

Annex 10 – Additional analyses

While UNFPA has theories of change for the harmful practices and GBViE, the absence of an overarching ToC for GBV leaves open many strategic and programming uncertainties, limits accountability, and misses the opportunity to communicate UNFPA's comparative and collaborative strengths.

The process of reconstructing the theories of change revealed that the GBV portfolio within UNFPA is not clearly defined, nor mainstreamed consistently across the agency. The challenge of pursuing the aspirational goal of ending violence through gender equality within the operational and service-oriented structures and history of UNFPA contributions is not only evident in the implicit theories of change, but also reflected in very real tensions within UNFPA and the UN family of agencies regarding allocation of capacity, resources, responsibility and leadership in addressing the manifestations of gender inequality.

This dynamic is complicated further by the dissonance between the aspirations of the Paris Declaration (and the UNFPA quadrant business model), and the strong demand expressed at country level for UNFPA's comparative strength in operations and field implementation. A driver of this demand is the increasing pace and level of humanitarian action, and the urgency and operations focus of humanitarian work that is more attuned to UNFPA than other gender actors.

Box 2: Theories of change for humanitarian response

The original UNFPA articulation of the work in humanitarian situations focussed on preparing for and responding to the immediate emergency.

The evaluation case studies illustrated how much more complex the continuum is — which highlights the need for a more nuanced response and approach, but also provides opportunities for UNFPA to leverage development context learning.

It is clear, for example, that more protracted crises and/or emergencies in urban contexts require different interventions to be impactful, and that, in particular, more protracted crises require a hybrid of humanitarian and development approaches.

This is illustrated by the example of Uganda, where the policy within refugee response focussed on settlement in communities rather than camps: raising new challenges of how to address GBV for very different populations in the same setting.

Harmful practices and GBV both represent strategies for controlling women —their reproduction, their sexuality, their choices regarding their bodies or their efforts at asserting independence. However, as practices to be addressed, they are different in important ways.[99] Such differences are of significance in defining the 'who, where, when, how and what' of interventions to end violence and harmful practices. These distinctions (despite the shared root causes of patriarchy and male dominance) continue to challenge efforts to merge, integrate, or coordinate programming in these areas.

The absence of a comprehensive Theory of Change has meant that this work was perhaps disproportionately informed by issue-specific theories for harmful practices or GB in emergencies (GBViE). Indeed, even the evaluation turned to the definitions of the Inter Agency Standing Committee to frame this discussion on GBV. When asked to share their Theory of Change for work on GBV, the India country office referenced the Theory of Change developed by Girls Not Brides for addressing child marriage and shared their own adaptation which focussed on the girl at the centre and reflected a shift in the discourse on gender and girls. However, the

[99] Harmful practices are a threat at a point in time (which can sometimes be anticipated—thus the focus on school holidays for girls at risk), are maintained primarily through normative expectations and traditions by both men and women, and (although private and often secretive) are explicitly (through ceremony) or implicitly (through celebration of a male birth) shared outside the private domain - the logic behind them is that perpetrators want others to know of their actions. In GBV (e.g. intimate partner violence, inter-personal violence, sexual violence and harassment) public display is not expected, there is shame attached to some abuse, and acts are often hidden by both perpetrators and survivors.

dominant analysis of drivers for child marriage is different from that for FGM, and both are distinct from GBV: in humanitarian settings a great many other factors come to play.

The EU Spotlight Initiative intends to resolve this tension through a new, comprehensive Theory of Change and drawing together the multi-sectoral strengths of three of the key UN agencies while continuing to explore how the initiative will work with the joint programmes for harmful practices. This effort can potentially help UNFPA to overcome the inherent tensions between the holistic Cairo-based vision for empowerment as key to ending violence and UNFPA traditional entry points.

The absence of a corporate Theory of Change for GBV also manifests in organisational discontinuities at the global level. As examples, (1) child marriage and FGM are situated under difference divisions; (2) FGM and GBV are within the same division and branch, however the critical sexual and reproductive health services entry point is not; (3) the work with men and boys is situated within the gender division, however the work with adolescents, youth, comprehensive sexuality education is not. Fortunately, the new Strategic Plan does address some of these issues laying the foundation for greater coordination and synergies at planning and operational levels.

Overall, while the evaluation found that implicit theories of change in individual settings were logical and justified, the absence of a consensual overarching framework means that important tensions remain without a clear pathway to resolution. In particular, UNFPA staff expressed a demand for corporate clarification on five key issues that a Theory of Change would seek to elaborate:

1) The definition and use of GBV, and VAW, with regard to young men and boys as survivors (especially of sexual violence in conflict).
2) Clarity on how to programme for the development-humanitarian continuum in practice.
3) Combining the expanded role in humanitarian coordination with other comparative strengths (such as facilitation, connecting, working quietly; male engagement; and mainstreaming gender).
4) Balancing an emphasis on individual agency (empowerment) with addressing structural constraints (equality) during different stages of a woman's life cycle. For example, disability as a vulnerability to, and outcome of, violence.
5) Addressing elimination and prevention for adult women outside the reach of education systems, UNFPA main technical expertise, or existing longstanding alliances.

A comparison of the reconstructed UNFPA Theory of Change with those of other entities and agencies highlights areas which could inform UNFPA future investments in addressing both GBV and harmful practices.

The most recent theoretical framework both reflects and will guide UNFPA work between now and 2020: The Spotlight Initiative. This is a collaborative effort among UN Women, UNDP and UNFPA - each agency contributing their technical expertise and learning from past work. The Theory of Change for Spotlight outlines a hierarchy of causes of violence i.e. root causes (patriarchy, norms, control of women's bodies and sexuality and reproduction), which contribute to underlying causes (discrimination, power imbalances, and restrictions and limitations on freedoms and choices) and are enabled by drivers (impunity, exposure to violence, substance abuse, low education levels and limited economic opportunities for women).

The reconstructed UNFPA Theory of Change focusses on barriers to ending violence and harmful practices, which echo and extend the Spotlight root and underlying causes (e.g. structural power imbalances as well as dysfunctional, fragmented or fragile systems; norms, attitudes and behaviours magnified by intersecting identities). Spotlight gives equal and greater weight to the root causes of both inequitable norms, harmful practices, and patriarchal systems and control over women's bodies, sexuality and reproduction (and harmful practices related to bodily integrity). By comparison, although the UNFPA Theory of Change also gives equal 'weight' to these, UNFPA is historically a champion of women's bodily integrity and choices, and this is evident in both reference to bodily integrity and the overarching reference point if the ICPD.

In each case, the list of causes and barriers suggests action points for intervention: for UNFPA, it includes services, inputs, political process and accountability within the UN; for Spotlight, the mechanisms are most evident in the drivers (although these entry points risk becoming 'low hanging fruit' without tackling the more challenging underlying causes). Both frameworks identify similar outcomes organised around entry points and national resources, with a focus on capacity building; legislation and policy; national and subnational institutions; norms/attitudes/behaviours; services; and data.

The differences reflect slightly different roles for civil society; the broad interpretation in Spotlight of safe spaces as the absence of restrictions and enabling of choices vs UNFPA services approach to safe spaces; a focus on data to inform policy and budgeting compared with UNFPA's focus on data and evidence (e.g. best practice, methodology) to inform programming as well as policy; a greater emphasis on girls by UNFPA; and a more direct role for UNFPA in thought leadership, coordination and convening. The most fundamental difference is in the goal: Spotlight, as the consortium best positioned to address the broader agenda, focusses on 'all women and girls free from violence and harmful practices', whereas UNFPA focusses on valuing and empowerment of women, adolescents and youth.

The UNFPA 'quadrant' business model (in the previous Strategic Plan) of red, orange, yellow, and pink countries has impeded country offices in responding to the changing funding landscape, exacerbating the challenges for GBV and harmful practices programming.

It was consistently observed by UNFPA staff in the region that both donors and national governments have only marginal interest in policy and advocacy work unless it is clearly linked to first-hand experience in the local context of driving results through capacity development or support to enhanced services. Significant increases in country-level GBV activities have only occurred in emergencies; with this sometimes being leveraged into 'hybrid' humanitarian-development interventions by creative country offices. By comparison, in Eastern Europe and Central Asia region, with 'pink' and 'yellow' development countries, the level of funding for interventions at country level has been highly uneven and varied considerably over time despite ongoing regional technical support to GBV.

The value of on-the-ground experience to mobilising non-core resources was evident in several other countries, including the Asia-Pacific regional programming on prevention, the presence to convene and coordinate in Myanmar, and work to address harmful practices in India. In several cases, it was indicated in interviews that 'country-level' classifications do not sufficiently account for sub-national variations in capacity and services. In no case did the evaluation find evidence that the quadrant business model was attributed with supporting non-core resource mobilisation in the same way that it has been associated with supporting core-funding at the global level.

While no definitive data is available on the level of human resources dedicated to gender within UNFPA, the evaluation has estimated figures based on a key-word search of human resources data. This had to be extrapolated to account for inconsistencies in role titles across the regions, particularly between language groups. Based on the assumptions that had to be made, the evaluation estimates that there are 112 national staff and 31 international staff with specific gender profiles at country level. Around 53% of gender-related staff at country level are national officers (NOA-NOC), 21% are international professional officers, and around 16% hold temporary service contracts. The median capacity in gender staff for a country office that has them is a single national officer.

There is a pattern of consistent improvement in management of funds to implement work plans

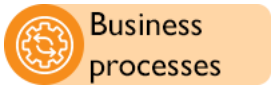
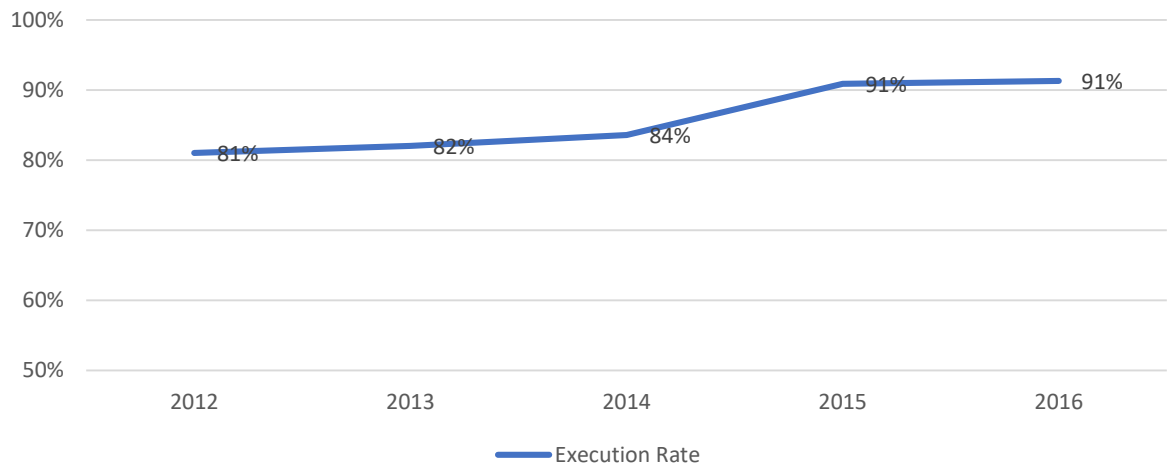


Figure 11 illustrates that, overall, data on budget and expenditure for GBV and harmful practices outputs reveals a steady improvement in execution rates, from 81% in 2012, to 91% in 2016. This represents an annualised percentage-point improvement of 2.5 points per year (equivalent to an average improvement in efficiency of 3% per year).

Figure 11: Fund implementation rates for all GBV and harmful practices outcomes, outputs, and indicators 2012–2016



(Source: Calculated by the evaluation based on ATLAS data)

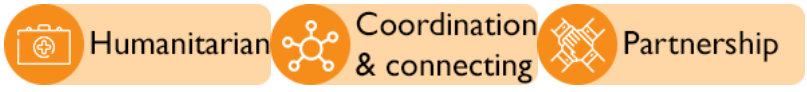
The evaluation case studies indicate that this improvement in implementation rates is unevenly distributed between development, and fragile-and-humanitarian contexts. The case studies of predominantly development-orientated programming (such as the regional offices, Guatemala, India, and Uganda) found management of programmes has been highly efficient in terms of 'lean' field offices achieving good execution rates and meeting work plan targets.

The case study of Palestine also found UNFPA programme management to be efficient, reflecting the blend of development work and protracted humanitarian response in that context. Humanitarian staff in the regional offices also met or exceeded targets for support to preparedness, despite being very few in number.

Three of the extended desk reviews, however, strongly indicate that saving money on staffing does not lead to operational nor programmatic efficiency in fragile or humanitarian settings. In Iraq and Central African Republic, for example, the reliance on a small number of humanitarian staff has made UNFPA programming and coordination work vulnerable to the high levels of staff turnover experienced in both countries. Rather than creating efficiencies, insufficient resources to expand overall capacity and reach, to set in place contingencies, or even sufficiently monitor the situation, may result in a failure to have impact or waste previous investments.

In Turkey, the closure of an implementing partner left the UNFPA Country Office with a series of shelters to run, and with insufficient staff or alternative capacity to do so (unlike other UN entities that were affected by the same event). While the surge facility has proven invaluable to country offices facing sudden-onset crises, UNFPA does not yet have the same facilities as other humanitarian agencies to rapidly increase staff numbers in advance of receiving humanitarian funds.

Key UNFPA humanitarian partnerships involve collaborating across many (often overlapping) interagency coordination mechanisms.



Interviewees at all levels clearly articulated that a well-resourced, multi-sectoral, development-humanitarian continuum-oriented response to GBV within humanitarian action cannot be managed by one organisation alone. There are a multitude of other actors and coordination forums in existence that could benefit and strengthen GBV prevention and response in humanitarian action. The question for UNFPA and for the GBV areas of responsibility (taking into account the viewpoint of all members and not just UNFPA) is the number, level, formality, and type of partnerships that are desirable.

Partnerships and coordination exist at different levels: a common reference framework is the 2015 ALNAP study *Exploring coordination in humanitarian clusters*.[100] In this framework, the lowest level is '**communication',** whereby the full extent of coordination is simply that organizations share information with each other. There is no expectation or requirement for organizations to act on the basis of the information they receive, or in any other way amalgamate or integrate programming.

The next level of coordination is '**alignment'**. At this level, organizations retain a high degree of independence but 'adjust their activities to create a more effective and coordinated response': this includes accepting common guidance such as a joint youth strategy and pro-actively aligning locations and activities to reduce gaps and duplication.

The highest level of coordination is '**collaboration'**. At this level, organizations agree to a more explicit, formalized relationship, with less individual autonomy and higher mutual expectations. Clusters usually aspire to the alignment level of coordination. For other partnerships, any one of the levels could be employed.

UNFPA is a member of the Interagency Working Group (IAWG) on Reproductive Health in Crises, which pre-dates and sits outside of the Cluster System, with the secretariat function located within the Women's Refugee Commission (WRC). This group focusses on policy and programme practice, producing the Inter-Agency Field Manual (IAFM) in 1995 which identified a set of minimum reproductive health services required in humanitarian response – the Minimum Initial Services Package (MISP) – and seeking to embed this within general humanitarian standards and practices.

The MISP is a health-orientated sexual and reproductive health service package, so aligns with UNFPA's comparative strengths, and includes a component on GBV. However, the IAWG lacks the authority inherent within Interagency Standing Committee (IASC) structures, whilst retaining a level of technical and representative credibility of its own. There is a recognition within UNFPA that there is not as much coordination with IAWG as there could or should be. Most evaluation interviewees questioned how UNFPA can better foster an interaction and dovetailing alignment between the GBV areas of responsibility (under the Interagency Standing Committee) and the IAWG.

There was a broad sense from global and case study interviewees that sexual and reproductive health, and GBV are the comparative strength of UNFPA – and this is as applicable in humanitarian situations as it is in development contexts. In particular, this is the case for the nexus of sexual and reproductive health and GBV that falls within the provision of clinical services and, to a lesser extent, the provision of psychosocial services.

UNFPA coordination with UN humanitarian actors is shaped as much (if not more) by proven field capabilities (and commitments), as by mandated roles and responsibilities.

The clinical response is, however, only one part of a comprehensive GBV response. Additionally, UN-Women hold the General Assembly mandate for coordinating gender mainstreaming in the UN system, and leading on gender equality and the empowerment of women. Whilst UNFPA has unique capabilities in the UN system to reach survivors of GBV through clinical services (because of sexual and reproductive health services) UN-Women has a complementary opportunity to reach GBV survivors through activist, legal, justice, or economic empowerment spaces. One donor commented, in respect to the UN Women–UNFPA humanitarian relationship:

> 'My sense is that there is some connection at some level but that it is not very consistent or systematic.'[101]

[100] ALNAP (2015). *Exploring Coordination in Humanitarian Clusters*.. https://www.alnap.org/help-library/exploring-coordination-in-humanitarian-clusters.

[101] Donor Key Informant Interview.

The ideal division-of-labour, in the view of most interviewees – based on mandate rather than actual operational presence/capacity – would be UNFPA leading on clinical and psychosocial response and having overall coordination accountability and responsibility, and UN-Women contributing expertise in rule of law and economic empowerment. However, other interviewees raised pragmatic concerns: i.e. UN-Women is still building its operational capacity and, in addition, remains a poorly established actor in the domain of humanitarian action.

Some interviewees, especially from donor agencies, reported that there is broad-based perception that UN-Women is seeking to take away the GBV humanitarian space from UNFPA. There is also a wider sense from interviewees that UNFPA is unwilling to 'give up' any space, and that this is justified by the practical limitations of UN-Women financing and coverage in humanitarian action.

In contrast to the relationship with UN-Women, UNFPA is the more 'junior' member of the UNFPA-UNICEF-UNHCR 'troika' of protection agencies, and it is of critical importance for the three to work in harmony and not competition. Interviewees expressed concern about the high level of strain within the UNFPA-UNICEF relationship following the governance report and the resulting shift of the leadership of the GBV areas of responsibility to UNFPA alone. However, UNICEF continues to be involved in GBV programming and in the areas of responsibility, and they also lead on the *Gender Based Violence Guidelines* (mainstreaming) roll-out.

The evaluation noted that there has also been continued coordination challenges and organisational cultural dissonance between UNHCR (as Global Protection Cluster Lead Agency) and UNFPA (as lead agency on the GBV areas of responsibility). There have also been tensions between UNHCR and UNICEF. All of this is seen by interviewees to be impacting on the relationship between the Global Protection Cluster and its associated sub-Clusters.

Aside from the UN system, within the humanitarian context UNFPA has engaged with United States-based non-governmental organizations systematically through InterAction.[102] In 2015, InterAction started having quarterly calls with UNFPA, and met with the Chief, Humanitarian and Fragile Contexts Branch, UNFPA on a regular basis. This communication involved some country level issues coming directly from InterAction members. Whilst it was reported that this systematic communication faded a little bit during 2016, there are plans in place to re-engage with this strategic collaboration as it was seen to be extremely useful across the board.

Other coordination mechanisms to consider around GBV in emergencies include the Real-Time Accountability Project (RTAP) and the Call to Action.[103] It would be helpful for all these different mechanisms, forums, platforms and actions to be clearly delineated and understood as a piece of the overall system, each contributing something specific and useful. Respondents reported that, at the moment, there appears to be limited systematic coordination between the different mechanisms.

Reductionist interpretations of social norms programming, which do not tackle the structural determinants of marginalisation, are limited in their contribution to eliminating GBV

In harvesting evidence on the contribution of social norms work to outcomes, the evaluation encountered two significant concerns about a social norms approach reflected among a cross-section of both UNFPA staff and other stakeholders. These evaluation participants still recognised the importance and value of work on

[102] InterAction is an alliance organisation of approximately 180 US-based NGOs.

[103] The Call to Action on Protection from GBV in Emergencies aims to fundamentally change the way GBV is addressed in humanitarian operations. It has a Road Map and an Action Plan until 2020 based around six outcomes covering institutional policies and standards, effective and accountable interagency and inter-sectoral GBV leadership and coordination, funding, specialised GBV prevention and response, and human resources capacity and expertise. It was launched by the Government of the UK in 2013 and has since been passed between different governments for leadership – with 2017 being under the leadership of the European Union.

influencing social norms but consider that current programming practices are insufficient in terms of: (1) continuity, or (2) transformation.

Firstly: continuity. Two main 'continuity' issues were encountered, particularly with regard to the social norms work that seeks to address FGM or child marriage. Both of these issues are illustrated by the case of Sudan, but most cases recorded similar challenges. In Sudan, a significant investment in time and resources has been made in preparing the ground for community and institutional declarations of abandonment of FGM. Getting to the point of public declarations by leaders that were previously advocates of the practice is a major achievement for the partners working on FGM.

The first issue with this work, however, is that stakeholders in Sudan see no clear strategies for follow-up once declarations of abandonment have been achieved. Neither the programming nor the evidence are sufficient to indicate that intervention outputs have successfully led to outcomes for women and girls. A similar pattern was noted in Nepal, where the country programme observed the limitations to social norms work with men and boys. Appropriately, the global Joint Programme on FGM has also recognised this pattern and is currently exploring declaration-testing in Senegal.

> 'Projects have shown evidence of influencing the attitudes of men and boys they have reached directly, but there is no evidence of any wider impacts on the awareness or attitudes of men and boys in communities.' (UNFPA Nepal, 2017. Country Programme Evaluation).

The second issue from the Sudan example is that stakeholders consider there to be insufficient alignment between the messages and discourse contained within UNICEF and UNFPA approaches. This dissonance between social norms traditions was also viewed in regard to child marriage across several of the case studies, as well as in global dialogue. At the same time, evidence was also present of emerging efforts to bridge the historical traditions of UNICEF (grounded in child protection and community leaders) and UNFPA (grounded in sexual and reproductive health and social activism) as they relate to social norms programming.

For example, in Uganda the target districts for FGM interventions have been shifted from a division between the agencies, to a common arrangement where both agencies work together on the ground. In another example, alignment of programming on social norms in child marriage has been a major feature of the working relationship between UNFPA Asia Pacific Regional Office and UNICEF Regional Office for South Asia. As a consequence of this, UNICEF staff in Nepal are fully cognisant of, and can brief others on, UNFPA programming, and vice-versa.

Secondly: transformation. This concern emerged strongly from the regional and Latin America case studies. The concern centres on a view that much of the current programming on social norms is a reductionist interpretation of the approach, that is blind to the structural causes and enforcement of marginalisation. In a positive example from Sudan, one interviewee noted that 'UNFPA and UNICEF have jointly learnt that it is necessary to address underlying issues that are sustaining harmful practices, and to leverage existing systems to deliver a message that people believe, and to work with people on the ground who are trusted.' The key message in this quote is the reference to underlying issues that sustain harmful practices: the structural conditions that lead to and entrench negative social norms.

Evidence from South Asia was particularly informative with regard to intersection between social norms and structural inequality. For example, the role of economics in driving son preference and daughter aversion among middle-class families. The UNFPA contribution to addressing this in India is to support the articulation of national programmes (including on the value of the girl child), state policies and joint action plans in terms of the agency and equal participation of people who are socially and culturally marginalised.

Applying a structural lens to programming on social norms is also a centrepiece of UNFPA programming on VAW and harmful practices in Guatemala, where UNFPA has managed to promote and support multi-stakeholder spaces to advance the national political implementation of international commitments despite a context of uncertainty and political turbulence.

While the configurational case analysis found no necessary and sufficient configurations of attributes to explain social norms outcomes, achieving civil society capacity as an output was found to be a necessary condition. This

becomes sufficient if combined with advocacy coalitions as a Theory of Change.[104] Other sufficient conditions included contexts open for civil society (based on Civicus classifications), high levels of investment, joint programmes, and combined structure and agency theories of change.

Globally, there was less evidence, however, of the application of a structural–normative approach to programming at the sub-national, or decentralised administrative levels. The primary cause of this gap was not observed to be analytical capacity but is more likely explained by current UNFPA programme implementation mechanisms. Specifically, this relates to the implementing partner modality for working with local civil society organisations, which assumes an advocacy and accountability role for civil society at the local level but does not include provision for ensuring the capacity and skills to deliver in this role.

The evaluation field visits indicated that, in most examples, the case for working with civil society organisations was built around strengthening local advocacy (e.g. for allocation of budget to implementing relevant policies) in addition to implementing project activities. However, the evaluation observed from interviews that in most cases civil society organisations at the sub-national level do not have sufficient advocacy capacity and skills to achieve a change in local policy or resource allocation. Thus, much of the programming on GBV and harmful practices is missing concrete contributions to governance accountability.

Similarly, but with notable exceptions such as in Turkey, the corporate sector is infrequently engaged as a partner to address GBV within their stakeholder base. Private sector engagement has been pursued at all levels as source for fundraising, but there are only very few examples of partnering with corporations as agents of change. This constrains a significant avenue for supporting active participation of women and girls in decision making.

[104] 92% balanced accuracy, 83% coverage, 100% consistency.

Annex 11 – Global Web-Based Survey

The global survey, which is still under development, will support the collection of mixed QUANT/QUAL data:

- QUANT data: ordinal ratings on a scale 1-100 using sliders and defined characteristics at 1 and 100; relative rankings of range of options (such as organizational priorities/strengths); meta data.
- QUAL data: open text fields to collect opinions and supporting evidence from participants.

The survey will be made available in English, Spanish, and French.

BACKGROUND
Please indicate which organization you represent: ( ) UNFPA ( ) UN entity _____ ( ) CSO _____ ( ) Member State agency _____ ( ) Corporate partner _____ ( ) Academia _____ ( ) Independent expert ( ) Other _____
Please indicate the category that best describes your role [boolean]: ( ) Senior Management ( ) Management ( ) Programme Staff ( ) Operations Staff ( ) Support Staff ( ) Expert/consultant ( ) Volunteer/intern ( ) Other _____
At which level do you currently work? ( ) Global ( ) Regional ( ) Country ( ) Subnational ( ) Other _____
Which of the following programme areas are you substantively involved in [multiple choice]: [ ] GBV [ ] GBV in Emergencies [ ] FGM/C [ ] Child Marriage [ ] Sex selection [ ] SRH [ ] Gender equality [ ] HIV [ ] Other _____ [ ] None
Please indicate the gender you most identify with: ( ) Female ( ) Male ( ) Transgender ( ) Other _____
RELEVANCE

Evaluation question 1

In your experience, to what extent do UNFPA interventions in GBV and HPs include specific design features intended to reduce discriminatory barriers, increase participation of rights holders, and to ensure downward accountability to affected populations [ordinal rating]

a) non-discrimination Not at all •----------|----------• Fully integrated

b) participation Not at all •----------|----------• Fully integrated

c) accountability Not at all •----------|----------• Fully integrated

Please describe to what extent you see UNFPA GBV and HPs interventions taking account of and responding to the demands of international, regional, and national frameworks. [text field]

ORGANIZATIONAL EFFICIENCY

Evaluation question 3

Please rank in order, from lowest to highest, UNFPA's systems in terms of the extent to which they support effective and timely work on GBV and HPs. [ranking]

	L H
Procurement	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Finance	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Human Resources	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Information management	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Results based management	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Communications	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Monitoring and reporting	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
Evaluation	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

In regards to operational systems and structures, what one thing would you change to make the biggest improvement to UNFPA's efficiency, and why? [text field]

Evaluation question 4

To what extent do you see UNFPA's strategic partnerships for GBV and HPs demonstrate each of the following characteristics: [ordinal rating]

a) inclusiveness Not at all •----------|----------• Fully demonstrate

b) transparency Not at all •----------|----------• Fully demonstrate

c) trust Not at all •----------|----------• Fully demonstrate

d) mutual accountability Not at all •----------|----------• Fully demonstrate

e) shared long-term commitment Not at all •----------|----------• Fully demonstrate

f) responsiveness Not at all •----------|----------• Fully demonstrate

In your view, how effective is UNFPA at identifying and engaging in relevant, diverse and inclusive partnerships that offer mutual benefits, including with civil society and non-traditional audiences? [text field]

Do you have any evidence of UNFPA's strategic partnerships for GBV and HPs contributing to catalytic or unexpected results that UNFPA could not have achieved directly or within the same time if working alone? [text field]

EFFECTIVENESS

Evaluation question 6

Please rank in order, from lowest to highest, the outcomes where the highest level of progress is being achieved. [ranking]

	L				H
National implementation of gender equality and sexual and reproductive rights policies	( )	( )	( )	( )	( )
Knowledge and information management	( )	( )	( )	( )	( )
Informed, effective, and inclusive participation in decision-making to change social norms	( )	( )	( )	( )	( )
High quality, accessible and effective services for sexual and reproductive health and well-being	( )	( )	( )	( )	( )
GBV and HPs mainstreamed into clusters and life-saving structures and agencies	( )	( )	( )	( )	( )

Can you provide an example of a significant contribution that UNFPA has made to advancing GBV or HPs outcomes in the past 5 years – what factors influenced this outcome? [text field]

SUSTAINABILITY

Evaluation question 7

To what extent do you see UNFPA's interventions on GBV and HPs as being supported by the following: [ordinal rating]

a) political will and national ownership Not at all •----------|----------• Fully

b) capacity of local and national CSOs Not at all •----------|----------• Fully

c) capacity of government agencies Not at all •----------|----------• Fully

d) integration into national planning Not at all •----------|----------• Fully

If you work in a humanitarian context, please describe the level of coherence and coverage that has been achieved in the humanitarian response to GBV and HPs. In what ways has UNFPA leadership / co-leadership of the GBV area of responsibility contributed to this, and how could that leadership improve? [text field]

SYNTHESIS

In your view, do you agree or disagree with the statement *"in terms of GBV and HPs, UNFPA is currently headed in the right direction"*?

Entirely disagree •----------|----------• Entirely agree

Is there any other comment that you would like to share with regard to UNFPA's contribution to GBV and HPs over the past 5 years?

Annex 12 – Interview Questions

Figure 12: Data management for qualitative evidence from interviews and group discussions

The following is a master list of questions based on the evaluation matrix. This will be used by the evaluation team as a point of reference if there is a need to design additional protocols for specific constituencies during the course of the evaluation.

ROLE	
• Please could you explain a little bit about your role, and how your **work/background** relates to UNFPA's support to GBV/HPs?	
RELEVANCE	
EQ1 (stakeholder priorities and HRBA)	
• What evidence do you see for **UNFPA's approach being catalytic** to build wider support and action to address GBV and HPs? • Have you seen evidence of partners, beneficiaries and community **representatives been meaningfully involved in the processes** of identifying, prioritizing and planning to address GBV/HPs issues?	Link to ToC
• Is there evidence of UNFPA's work on GBV/HPs being successfully **aligned with national strategies,** plans of action, and response to international/regional normative frameworks? • What evidence is there for UNFPA **humanitarian programmes** meeting with IASC, Protection Cluster, GBV AoR, and UNFPA minimum standards?	• •

• Have you seen evidence of UNFPA successfully supported inclusion of GBV/HPs in **UN common country assessments, and/or consolidated humanitarian appeals,** drawing on diverse data sources including from affected populations and their representatives? • To what extent do you see evidence of UNFPA's interventions as reflecting an analysis of the **broader human rights situation**, including gender inequality, marginalized people, and cross-border situations? • Is there evidence available on the level to which UNFPA complement established data gathering mechanisms and help to provide insights in **contexts not monitored by other agencies?**		
• In your view, are the current UNFPA **global strategic plan outcomes** relevant to the realities of addressing GBV/HPs, and what are the implications of the current "bulls eye" for GBV/HPs work?		
• What evidence can you point to on the extent to which implementation of UNFPA GBV/HPs interventions successfully realize the **human rights principles** of non-discrimination, participation, and accountability? • Do you see evidence of UNFP interventions as having **specific design features** intended to reduce discriminatory barriers, increase participation of rights holders, and to ensure downward accountability to affected populations?		
EQ2 (most relevant interventions)		
• What evidence is there of UNFPA managing to achieve **programming synergies, address gaps and avoid duplication** with other actors, especially UN entities and civil society?		
• In your view, are UNFPA interventions based on **coherent and robust theories of change** which can adapt to shifting situations and contexts?		
ORGANISATIONAL EFFICIENCY		
EQ3 (leadership and structure)		
• Do you have evidence to indicate whether UNFPA support to GBV/HPs been **sufficiently sustained** over time?	•	•
• Is there evidence available to attribute changed **awareness, understanding, and engagement** regarding GBV/HPs to UNFPA or UNFPA-supported activities?	•	•
• Are there examples of UNFPA leveraging UN **coordination and delivering as one** to advance support to GBV/HPs?		
• What evidence have you seen on UNFPA **systems and structures** (including RBM) supporting – or not – economy, efficiency, timeliness, and cost effectiveness?		
EQ4 (strategic partnerships)		
• Have you seen evidence of UNFPA **strategic partnerships** demonstrating inclusiveness, transparency, trust, mutual accountability, shared long-term commitment and responsiveness?		
• What evidence is there for UNFPA having supported institutionalization of engagement with **non-traditional audiences**, including men and boys on gender equality (including GBV), sexual and reproductive health, and reproductive rights?		
• Do you have examples of UNFPA's strategic partnerships for GBV/HPs leading to **expected and unexpected results** that UNFPA could not have achieved alone or within the same time?	•	•
EFFECTIVENESS		
EQ5 (outputs)		
• Is there evidence available on the extent to which UNFPA has been successful in strengthening national capacity for development and implementation of policies and programmes across the **development-humanitarian continuum**?	•	•

• What evidence is there on whether UNFPA successfully supported **civil society** to better protect and promote gender equality?		
• Do you know of any examples of UNFPA-supported evidence on GBV/HPs being used to **inform decision-making?**	•	•
• Can you indicate **availability of specialist services for relevant groups** including survivors of GBV, adolescents and youth, boys and men, physically and developmentally disabled, or mentally ill?	•	•
• In your view, is UNFPA playing an **active leadership or co-leadership role** around GBV/HPs within the UNCT, GTG and/or GBV AoR?		
• To what extent do you see evidence of there being a national commitment through allocation of **domestic resources** to GBV and harmful practices interventions?	•	•
EQ6 (outcomes)		
• In your experience, what evidence is available on the extent to which the **legal framework** for gender equality and sexual and reproductive rights is implemented, and the main barriers that still need to be overcome?	•	•
• Do you have examples of whether the current policy and budget processes include meaningful **participation by recognized rights-holders'** representatives and community groups? • Do you have evidence on whether structured processes exist for elected representatives to engage in **public forums** on GBV and HPs, including with meeting with civil society, social movements, coalitions of adolescents and youth, solidarity groups of men and boys, and local governance among displaced populations?	•	•
• What evidence is there of progress being made in sufficiently-resourced, accessible, acceptable, **high quality service**s which promote and support gender equality and freedom from violence, sexual and reproductive health, and women's and girls' well-being?	•	•
• What evidence are you aware of the GBV AoR successfully promoting **GBV mainstreaming activities** throughout the cluster system under UNFPA's (co)leadership?	•	•
SUSTAINABILITY		
EQ7 (sustainability) (coherence and coverage)		
• Do you believe that there is **political will and national ownership** behind GBV/HPs interventions, and is this changing?		
• Are you aware of any **specific programmes or budget lines for addressing GBV/HPs** at the national level?		
• What evidence is there that **humanitarian contingency** plans include elements for addressing sexual and reproductive health needs of women, adolescents and youth including services for survivors of sexual violence in crises?	•	•
• What is evidence is available on the level of **coherence and coverage** in the humanitarian response to GBV/HPs?	•	•
FINISH		
• Thank you for your time, do you have **any questions** for the team or do you feel that there are any other areas that we should have spoken about?		

UNFPA Staff

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- Please could you explain a little bit about your role in relation to UNFPA's work on GBV/HPs?

High priority areas for discussion

- How has **UNFPA's approach to working on GBV and HPs evolved** in the past 5 years, and why?
- Has UNFPA support to GBV/HPs been **sufficiently sustained** over time?
- In your view, does UNFPA have the right **strategic partnerships**?
    - Mutual benefit, critical to achieving shared vision
- Have you seen evidence of **expected or unexpected outcomes** from work on GBV/HPs that has been supported by UNFPA?
    - Legal framework
    - Services (public/private) for whom
    - Capacity for implementation
    - Thought leadership
    - Social and cultural change
- To what extent do you see **UNFPA's approach being catalytic** to build wider support and action to address GBV and HPs?

Secondary areas for discussion (if time allows)

- Does UNFPA have and clear and **coherent theory of change** for GBV and HPs?
- In your view, do UNFPA's **systems and structures** support you to work effectively?
- Do you believe that there is **political will and national ownership** behind GBV/HPs interventions, and is this changing?
- Is UNFPA playing an **active coordination or leadership role** around GBV/HPs in the UN system?

Alternative areas for discussion (if needed)

- In what ways have UNFPA engaged **non-traditional constituencies** (including men and boys) as champions for EVAWG?
    - What has this contributed to the work
- Has UNFPA successfully supported **civil society**?
- To what extent do you see UNFPA as having helped foster inclusion of gender-based violence and harmful practices in **national (or state) level dialogue and processes**?
    - Within national programmes and policy
    - Within State level programmes and policy
    - Within the UN system (UNDAF, CCA, consolidated humanitarian appeals)
- Is the current UNFPA **global thinking around GBV and HPs** relevant and useful to the realities of this context?
- To what extent has UNFPA been successful in strengthening national capacity for development and implementation of policies and programmes across the **development-humanitarian continuum**?
- What is the level of **coherence, connectedness and coverage** in the humanitarian response to GBV/HPs?

UN System Entities

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- Please could you explain a little bit about your role in relation to UNFPA's work on GBV/HPs?

High priority areas for discussion

- What is your view of UNFPA's **strategic positioning** regarding GBV/HPs?
- What are the **comparative strengths** of UNFPA in the UN system and does it **add value** to the work of other entities?
- In your view, does UNFPA have the right **strategic partnerships** (outside the UN system) at the national, state and community levels?
- To what extent do you see UNFPA as having **helped foster inclusion of gender-based violence and harmful practices** in national (or state) level dialogue and processes?
    - Within national programmes and policy
    - Within State level programmes and policy
    - Within the UN system (UNDAF, CCA, consolidated humanitarian appeals)
- Has UNFPA support to GBV/HPs been **sufficiently sustained** over time?

Secondary areas for discussion (if time allows)

- Does the way in which UNFPA contribute reflect **human rights principles** of equal participation and inclusion of marginalized people?
- Has UNFPA been an active and effective participant in UN **coordination mechanisms;** including joint programming and joint programmes related to harmful practices?
- Do you see UNFPA playing an **active leadership role** around GBV/HPs?
- Is UNFPA successfully supporting **civil society**?
- Have you seen evidence of UNFPA's influence, including through the use of data, on national decision-making or allocation of resources to address GBV/HPs?
- Have you seen evidence of **expected or unexpected results** from work on GBV/HPs that has been supported by UNFPA?
    - Legal framework
    - Services (public/private) for whom
    - Capacity for implementation
    - Thought leadership
    - Social and cultural change

Alternative areas for discussion (if needed)

- Do you believe that there is **political will and national ownership** behind GBV/HPs interventions, and is this changing?
- In what ways have UNFPA engaged **non-traditional constituencies** (including men and boys) as champions for EVAWG?
    - What has this contributed to the work

Member States / National Governments

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- Please could you explain a little bit about your role in relation to UNFPA's work on GBV/HPs?

High priority areas for discussion

- Do you see the work of UNFPA and its implementing partners as **supporting the right things** to address GBV, harmful practices and discrimination against women and girls?
- Are these the **most relevant issues** for UNFPA to focus on given national priorities and what other agencies are doing?
- Has UNFPA support to GBV/HPs been **sufficiently sustained** over time?
- In your experience, what factors most **help or hinder** achieving reductions in GBV/HPs?
- Have you seen evidence of **expected or unexpected results** from work on GBV/HPs that has been supported by UNFPA?
    - Legal framework
    - Services (public/private) for whom
    - Capacity for implementation
    - Thought leadership
    - Social and cultural change

Secondary areas for discussion (if time allows)

- What is UNFPA like to work with as a **partner**?
- Is UNFPA's work **coordinated with other organisations**, and has it led to more groups supporting action to address violence against women and girls?
- Do you believe that there is **political will and local ownership** behind GBV/HPs interventions, and is this changing?
- To what extent has UNFPA been successful in **strengthening national capacity** to address violence against women and girls, child marriage and/or GBSS?

Alternative areas for discussion (if needed)

- In what ways have **non-traditional constituencies** (including men and boys) been engaged as champions for EVAWG?
    - What has this contributed to the work

Implementing Partners

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- Please could you explain a little bit about your role in relation to UNFPA's work on GBV/HPs?

High priority areas for discussion

- In your view, have stakeholders **been meaningfully involved in the processes** of identifying, prioritizing and planning to address GBV/HPs issues?
- Are GBV/HPs interventions addressing the **underlying causes of discrimination** that lead to gender-based violence or harmful practices?
- What is UNFPA like to work with as a partner?
    - UNFPA's **systems and structures**

- Do you have examples your partnership for leading to **expected and unexpected results** that UNFPA could not have achieved alone or within the same time?
- What have been the major **enabling and hindering factors** to progress?

Secondary areas for discussion (if time allows)

- Is UNFPA's work **coordinated** with other organizations, and has it led to more groups supporting action to address violence against women and girls?
- Has UNFPA support to GBV/HPs been **sufficiently sustained** over time?
- Do you believe that there is **political will and official ownership** behind GBV/HPs interventions, and is this changing?

Alternative areas for discussion (if needed)

- To what extent is there **support to relevant groups** including survivors of GBV, adolescents and youth, boys and men, physically and developmentally disabled, or mentally ill?

Development Partners

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- Please could you explain a little bit about your role in relation to UNFPA's work on GBV/HPs?

High priority areas for discussion

- What is your view of UNFPA's **strategic positioning** regarding GBV/HPs and how should it position itself in the future?
- What are the **comparative strengths** of UNFPA in the UN system and does it **add value** to the work of other entities?
- In your view, does UNFPA have the right **strategic partnerships** at the national, state and community levels – who else should UNFPA be working with?
- Have you seen **evidence of UNFPA's influence**, including through the use of data, on national decision-making or allocation of resources to address GBV/HPs?

Secondary areas for discussion (if time allows)

- Do you see UNFPA playing an **active leadership role** around GBV/HPs?
- Do you see the work of UNFPA and its implementing partners as **supporting the right things** to address GBV, harmful practices and discrimination against women and girls?
- Are these the **most relevant issues** for UNFPA to focus on given national priorities and what other agencies are doing?
- In your experience, what factors most **help or hinder** achieving reductions in GBV/HPs?

Alternative areas for discussion (if needed)

- In your view, do UNFPA's **systems and structures** support effective working?
- Do you believe that there is **political will and national ownership** behind GBV/HPs interventions, and is this changing?
- To what extent do you see **UNFPA's approach being catalytic** to build wider support and action to address GBV and HPs?

Civil Society and Academia

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- Please could you explain a little bit about your role in relation to UNFPA's work on GBV/HPs?

High priority areas for discussion

- Are UNFPA GBV/HPs interventions addressing the **underlying causes** of discrimination that lead to gender-based violence or harmful practices?
- Are these the **most relevant issues** for UNFPA to focus on given local priorities?
- Is UNFPA's work **coordinated with other organizations**, and has it led to more groups supporting action to address violence against women and girls?
- Is UNFPA playing an **active leadership role** around GBV/HPs?
- In your experience, what factors most **help or hinder** achieving reductions in GBV/HPs?

Secondary areas for discussion (if time allows)

- Do UNFPA's contributions **build on the work by other agencies**, or add value by addressing issues and groups not covered by others?
- Has UNFPA support to GBV/HPs been **sufficiently sustained** over time?
- In your view, does UNFPA have the right **strategic partnerships** (outside the UN system) at the national, state and community levels?
    - Mutual benefit, critical to achieving shared vision
- Have you seen **evidence of UNFPA's influence**, including through the use of data, on national decision-making or allocation of resources to address GBV/HPs?

Alternative areas for discussion (if needed)

- Do you believe that there is **political will and local ownership** behind GBV/HPs interventions, and is this changing?

Rights Holders Targeted by UNFPA Interventions (sometimes referred to as beneficiaries)

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High priority areas for discussion

- How you came to be involved in this initiative and what the **experience** has been like?
- What significant things have **changed** as a result of this intervention and why?
- What have you **learned** about what works and what doesn't to end GBV/HPs?

Alternative areas for discussion (if needed)

- If you had to take this initiative to another place, how would you do it, what would you differently, and why?
- How have you changed as a person from being involved with this work?

Annex 13 – Interview Logbook

Evaluator		**Date**	
Location			
Description of source			
System roles	Source of motivation / control / knowledge / legitimacy / exclusion		
Name	Institutional affiliation	Gender	FPIC confirmed
Synthesis of main points (use stakeholder-specific questionnaire where available)			
EQ1 (stakeholder priorities and HRBA)		EQ2 (most relevant interventions)	
EQ3 (leadership and structure)		EQ4 (strategic partnerships)	
EQ5 (outputs)		EQ6 (outcomes)	
EQ7 (sustainability)		EQ7 (coherence and coverage)	

Standard Introduction

- We are an independent evaluation team from Itad and ImpactReady (based in the UK) working with UNFPA's Independent Evaluation Office to lead an evaluation of global contributions to addressing gender-based violence and harmful practices.
- The evaluation will cover the period from 2012 until present.
- The evaluation will include two regional case studies, four country-level case studies and a broader portfolio analysis of eight countries.
- The evaluation will be used to support and inform UNFPA's strategic policy and programmatic decisions, organizational learning and accountability and to help generate knowledge on good practices and lessons learned.

- The final evaluation will be presented to the Executive Board in 2018.
- Thank you for agreeing to this interview, which will take between 45-60 minutes. All interviews are confidential, in that information you provide will only be reported in aggregate, summarizing all key informant interviews without attribution to the sources.
- Please could I ask you to write your name, affiliation, and gender for our records.
- Do you have any questions?

Ensuring rights and choices for all

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