INCEPTION REPORT

EVALUATION OF UNFPA SUPPORT TO THE PREVENTION, RESPONSE TO AND ELIMINATION OF GENDER-BASED VIOLENCE, AND HARMFUL PRACTICES

2012–2017

FINAL

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

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http://www.unfpa.org/admin-resource/evaluation-unfpa-support-prevention-response-and-elimination-gender-based-violence

Submitted by Itad in association with: ImpactReady™

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Acronyms and Abbreviations

A&Y	Adolescents and Youth
ALNAP	The Active Learning Network for Accountability and Performance in Humanitarian Action
AoRs	Areas of Responsibility
AP	Asia Pacific
AS	Asia South
ASEAN	Association of Southeast Asian Nations
BRAC	Building Resources Across Communities
CEDAW	1979 Convention on the Elimination of All Forms of Discrimination
CEDPA	Centre for Development and Population Activities
CLA	Cluster Lead Agency
CM	Child Marriage
COP	Community of Practice
CORT	Collaborative Outcomes Reporting Technique
CP	Child Protection
CPE	Country Programme Evaluation
CPWG	Child Protection Working Group
CRC	Committee on the Rights of the Child
CRSV	Conflict Related Sexual Violence
CSO	Civil Society Organizations
CSW	Christian Solidarity Worldwide
DAC	Development Assistance Committee
DAWN	Direct Action for Women Now
DRC	Democratic Republic of Congo
EB	Executive Board
ECOWAS	Economic Community of West African States
EECA	Eastern Europe and Central Asia
EO	Evaluation Office
ERG	Evaluation Reference Group
FBO	Faith Based Organisation
FGM	Female Genital Mutilation
FGM/C	Female Genital Mutilation/ Cutting
GBSS	Gender Based Sex Selection

GBV	Gender Based violence
GBViE	Gender Based violence in Emergencies
GBVIMS	Gender Based violence Information Management System
GEEW	Gender Equality and Empowerment of Women
GFP	Gender Focal Point
GPC	Global Protection Cluster
GREVIO	Group of Experts on Action against Violence against Women and Domestic Violence
GTG	Gender Theme Group
HFCB	Humanitarian and Fragile Contexts Branch
HIV	Human Immunodeficiency Virus
HPs	Harmful Practices
HQ	Headquarters
HR	Human Rights
HR(BA)	Human Rights (Based Approach)
IANWGE	Inter-Agency Network on Women and Gender Equality
IASC	Inter-Agency Standing Committee
ICPD	International Conference on Population and Development
IDP	Internally displaced person
ILAC	International Learning and Change
ILO	International Labour Organisation
INFORM	The Index for Risk Management
IOM	International Organisation for Migration
IRC	International Rescue Committee
ISDR	International Strategy for Disaster Reduction
JHPIEGO	John Hopkins University Global Health Services, Treatment & Prevention
JPs	Joint Programmes
KAP	Knowledge Attitude and Practise Survey
KIIs	Key Informant Interviews
LAC	Latin America Central
LACRO	Latin American and Caribbean Regional Office
LGA	Local Government Area
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
M&E	Monitoring and Evaluation
MDGs	Millennium Development Goals

MHPSS	Mental Health and Psychological Support Network
MISP	Minimal Initial Service Package
MNH	Maternal and Newborn Health
MoH	Ministry of Health
NEPAD	New Partnership for Africa's Development
OCHA	The United Nations Office for the Coordination of Humanitarian Affairs
OECD	Organisation for Economic Cooperation and Development
OHCHR	Office of the High Commissioner
P4P	Partners for Prevention
PD	Positive Deviance
PMNCH	The Partnership for Maternal, Newborn & Child Health
PoA	Platform for Action
PSS	Psychosocial Services
QA	Quality Assurance
QCA	Qualitative Comparative Analysis
QCPR	Quadrennial Comprehensive Policy Review
RBM	Results Based Management
RfP	Request for Proposal
RO	Regional Office
ROSCA	Rotating Savings and Credit Association
RTAP	Real Time Accountability Partnership
SADD	Sex and Age Disaggregated Data
SCR	Security Council Resolution
SDG	Sustainable Development Goals
SDG 5	Sustainable Development Goal 5: Achieve gender equality and empower all women and girls
SG	Secretary-General
SOP	Standard Operating Procedure
SRH	Sexual and Reproductive Health
SRHR	Sexual Reproductive Health Rights
SRHRR	Sexual Reproductive Health and Reproductive Rights
SRR	Sexual Reproductive Rights
SRSG	Special Representative of the Secretary General (UN)
SV	Sexual Violence

SWAP	System Wide Action Plan
TL	Team Leader
ToC	Theory of Change
ToR	Terms of Reference
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNCT	United Nations at the Country Level
UNDP	The United Nations Development Programme
UNEG	United Nations Evaluation Group
UNFP	United National Population Fund
UNGA	General Assembly of the United Nations
UNHCR	The Office of the United Nations High Commissioner for Refugees
UNICEF	The United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VAW	Violence Against Women
VAWG	Violence Against Women and Girls
WCA	West Central Africa
WFP	World Food Programme
WHO	The World Health Organisation
WIEGO	Women in Informal Employment: Globalising and Organising

1. Introduction

1.1. Purpose of the inception report

Building on the evaluation terms of reference (ToR), the aim of this report is to communicate the evaluation team's understanding of the context, purpose, and scope of the evaluation and to provide an overview of the proposed approaches, methods, and tools for conducting the evaluation.

This report will be used as a communication tool for developing a clear and coherent understanding between the UNFPA Evaluation Office evaluation manager, the evaluation reference group (ERG) and end users of the evaluation (including UNFPA management and staff at regional and country levels) about the expected products that will be delivered and the process that will be employed to ensure overall quality and the active participation of relevant stakeholders.

1.2. Purpose and specific objectives of the evaluation

The purpose of the evaluation is to assess the UNFPA support to the prevention of, response to, and elimination of gender-based violence (GBV) and harmful practices (HPs), 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. It will also seek 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). The primary and secondary intended users of the evaluation are identified in Table 2, below. The evaluation has been designed to be directly relevant to decision-making for primary users, and to contribute to a wider body of evidence for secondary users.

The forward-looking and strategic aspects of the evaluation include identifying the overall direction, synergies across multiple programme areas incorporating GBV-relevant and HPs content, critical gaps, and emerging opportunities for UNFPA interventions 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 at global, regional, and national levels, reflecting the diversity of settings within which this work is done, the changing development environment, and the alignment with the 2030 development agenda.

The evaluation will seek to understand how UNFPA can leverage existing knowledge and good practice from past and current cooperation to generate greater complementarity among UN agencies supporting GBV and HPs initiatives in development and humanitarian settings and improve alignment with the global aid architecture. To achieve this purpose, several broad questions will be examined based on the primary intended uses of the evaluation and the specific objectives established in the terms of reference (see Table 1).

Table 1: Primary intended uses and overarching questions from the ToR

Intended use	Broad question	Specific objectives (from ToR)
Ensure accountability	What is the relevance, effectiveness, efficiency, and sustainability of UNFPA support during the period under evaluation?	To assess the relevance, effectiveness, efficiency, and sustainability of the UNFPA support to prevention, response to, and elimination of GBV and HPs, including in humanitarian settings.

Improve decision-making	What factors support evidence-based/effective GBV programming as well as coherence between programming and implementation across settings (humanitarian and development) under each strategic planning cycle?	To assess the extent to which UNFPA has effectively positioned itself as a key actor among partners: within the UN system in this area of work at the country, regional, and global levels; and within the global community supporting GBV/HPs.
Support learning	How can UNFPA apply a development-humanitarian continuum approach that effectively integrates GBV programming across settings?	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).

Insights drawn from this evaluation come at a critical juncture in the international financing of UN support to sexual and reproductive health (SRH) and reproductive rights, and will thus need to inform UNFPA's global, regional, and country-level support to address GBV and HPs within a challenging context. It will also inform two planned evaluations on UNFPA/UNICEF joint programmes: one focusing on female genital mutilation (FGM) and another on child marriage.

Table 2: Primary and secondary intended users and uses

	Accountability	Decision-making	Learning	Evaluative approach
UNFPA (global, including executive board (EB))	Primary	Primary	Primary	
UNFPA (regional and country)	Secondary	Primary	Primary	
Donors	Secondary	Secondary	Primary	
Partners (member States, civil society)	Secondary	Secondary	Secondary	Secondary
Future thematic evaluations				Secondary

1.3. Scope of the evaluation

As indicated in the evaluation ToR, the evaluation will cover the implementation and the results of the UNFPA support during the **period 2012–2017 (June)**. As established by the ToR, in addition to GBV, the evaluation will assess contributions to addressing three **HPs**: 1) child marriage, 2) FGM /cutting, and 3) sex selection (preference for sons). While the inception phase has identified other HPs included in some UNFPA literature, in accordance with the ToR these will not be directly included in the scope of this evaluation.

The evaluation will cover the main GBV/HPs activities within the scope of the definition of GBV/HPs that have been 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).

Interventions that are fully within the scope of the evaluation are those designed to contribute to the development results frameworks of the strategic plans 2008–2013 (output 13)[1] and 2014–2017 (outputs 5, 8, 9, 10, 11).[2] The evaluation will focus primarily on the contribution to outputs and progress toward outcomes in the respective results frameworks. Links to other outputs and outcomes will also be considered indirectly as part of the context analysis.

This scope (2012–2017) was tested in the India case study (reported separately). It was found that while it is possible and relevant to evaluate the UNFPA contribution to outcomes since 2012, the scope of the 'performance story' that led to these outcomes is – in some cases – considerably longer. This reflects both the nature of the sustained and incremental changes needed to transform the drivers of GBV and HPs and the impact of incorporating new learning on challenging complex social systems. For this reason, the scope of the 'story' told by the evaluation (including analysis of the evolution of UNFPA strategies and approaches) will take note of major factors extending back to the 1994 International Conference on Population and Development (ICPD) Declaration.

Thus, though it is outside the temporal scope of the results, the evaluation will also consider the UNFPA Strategy and Framework for Action to Address Gender-based Violence 2008–2011, given that it is a key framework shaping UNFPA work, thinking, and interventions, and at multiple levels.

While the evaluation may consider the implications of external factors on UNFPA interventions – including the policies and performance of partners – it will not evaluate the work of actors other than UNFPA. Furthermore, it will exclude the collection of representative primary data on activities and results.

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

Defining "Gender-Based Violence" and "Harmful Practice" for the purposes of the evaluation

This thematic evaluation will, by necessity, adopt an inclusive, empirical, and flexible understanding/definition of the terms GBV and HPs. From a practical point of view, the evaluation ToR note that no single definition of GBV is included in a UNFPA strategic plan or framework – including those that proscribe the programming and funding periods under review. From an operational point of view, this exercise is intended to document/highlight the diverse and context-responsive efforts to address GBV and HPs at all levels – including how the agency has leveraged innovative approaches and adapted to shifting contextual factors to effectively address the core issues. From a strategic point of view, this review is also intended to assess how UNFPA has positioned itself as an expert resource on these issues within communities and constituencies that are diverse in scale and scope. As the focus and depth of understanding of GBV and HPs have expanded significantly in the past 10 years, using too narrow a definition might possibly exclude some of UNFPA's most significant work, including that which is mainstreamed in other areas of intervention.

The ToR also make clear that UNFPA's substantial and expanding work on GBV and HPs continues to build on two long-standing sources of guidance:

[1] http://www.un.org/en/ecosoc/qcpr/pdf/unfpa_annual_report_2013.pdf.
[2] http://www.unfpa.org/resources/strategic-plan-2014-2017.

- At the conceptual level: UNFPA's 2008–2011 Strategy and Framework for Action provides a definition of violence against women (VAW) 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".3 This definition draws from the foundational document of the Declaration on the Elimination of Violence against Women (1993).

- At the level of implementation/practice: UNFPA's central role in the Inter-Agency Taskforce on Violence Against Women (a response to the 2006 General Assembly resolution (A/RES/61/143)). This, together with other inter-agency groups, produced two volumes of detailed case studies documenting national-level work for the purposes of supporting implementation and programmatic responses from all UN entities. Although shared lessons learned emerged from these case studies, it was necessarily a limited sample. An internal review of a much broader range of recent and current GBV programming based on "good" evaluations culled from a scan of a wide range of reviews also provides both strategic and practical guidance (see section 3.2 on recent evaluations, below).

The most recent major initiatives within UNFPA expand on these fundamental guidelines, reflecting the agency's and global communities' more sophisticated and inclusive understanding of the elements of GBV. The ToR refer to the definition of the minimum standards for prevention and response to GBV in emergencies (2015), which is: "*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.*"[4]

In practice, UNFPA's definition reflects the guidelines of the Interagency Standing Committee (IASC) (for coordination of humanitarian assistance) (which guidelines UNFPA, together with UNICEF, updated to reflect new learning on GBV). The 2015 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action reflect a more inclusive approach, i.e.: *"GBV is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private … In all types of GBV, violence is used primarily by males against females to subordinate, disempower, punish or control …. Widespread gender discrimination and gender inequality often result in women and girls being exposed to multiple forms of GBV throughout their lives."*

This definition emphasizes social and cultural patterns between women and men – focusing particularly on power differentials – and points to the need for transformative change (a principle that has guided UNFPA's work with boys and men). It also highlights the compounding effects of GBV/HPs across the life cycle – which broadens the concepts of discrimination and deprivation to refer to the ecological or environmental factors at each age. While the 2015 Guidelines statement does not explicitly include violence based on other social identifiers, such as sexual identity or age, this should be understood in combination with the Centrality of Protection (2013), which calls on IASC member agencies to identify risks from the outset of a crisis and take into account the specific vulnerabilities of women, girls, boys and men, as well as other potentially vulnerable population

3 2008–2011 Strategy and Framework for Action on Gender-Based Violence.

4 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".

subsets, including persons with disabilities, elderly persons, and individuals identifying as lesbian, gay, bisexual, transgender, or intersex.

The continuum of inclusion is also captured in more recent inter-agency work in which UNFPA again played a key role, e.g. the UN Joint Statement on ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people, to which UNFPA is a signatory, and which establishes an inclusive definition of gender: "*United Nations entities call on States to act urgently to end violence and discrimination against lesbian, gay, bisexual, transgender and intersex* (LGBTI)[5] *adults, adolescents and children.*"

UNFPA's leadership on addressing HPs is another illustration of advancing the understanding of violence far beyond the early definitions of interpersonal violence and individual harm. HPs are grounded in deeply rooted, ingrained, layered, and intersecting webs of violations, justifications, observances, and long duration, intentional, and institutionalized practices, which harm through restrictions on rights and opportunities, as well as through violations of bodily integrity and choice. The three HPs within the scope of this evaluation illustrate the diverse mechanisms through which such practices "*subordinate, disempower, punish or control*" and how gender-discriminatory and patriarchal systems appropriate and adapt new "tools" and even technologies to enforce the status quo. There are many other such harmful practices – both traditional and capitalizing on new technologies – some of which are already being explored at country level and which may be illuminated through this review. This broader view may help to clarify the linkages between HPs and GBV more broadly.

In all of these current examples, the understanding of GBV is grounded and empirical. For the purposes of the evaluation, this report provides a detailed reconstructed theory of change (ToC) grounded in UNFPA's various outcome theories of change and logical frameworks. The ToC has been revised throughout the inception phase using a participatory process of consultation with HQ stakeholders and the India case study.

In each additional country and programme context, the evaluation will further elaborate localized understandings of the change process. The iteration and aggregation of these discussions will help shape an understanding that can be global, but also representative of the ability of UNFPA's operational model to respond to regional, country, and subnational contexts. The expanding global work on the "valuing" of the girl – informed by multiple programmes but of particular relevance to work on son preference – is one such example.

As indicated, this evaluation will adopt an inclusive, empirical, and flexible use of the terms GBV and HPs. This approach reflects UNFPA's official frameworks as well as the evaluation's understanding that different and evolving definitions of GBV and HPs adapted by UNFPA and partners within particular country and policy contexts may be intentional responses to political and power dynamics within which they are operating. These different political contexts reflect different and sometimes conflicting historical, cultural, and religious traditions. Among the technical and programme actors with whom the agency collaborates most closely, both the diagnosis/identification and the response to violence may be proscribed.

[5] While this statement refers to lesbian, gay, bisexual, transgender, and intersex people, it should also be read to refer to other people who face violence and discrimination on the basis of their actual or perceived sexual orientation, gender identity, and sex characteristics, including those who may identify with other terms.

Different perspectives and historical traditions also imply varying language and assumptions about GBV and HPs. For example, a SRH perspective may be implicitly oriented toward the agency of an individual adolescent girl; a HIV perspective may be implicitly oriented toward the structural marginalization of people in vulnerable situations by a health system; a child marriage perspective may be implicitly oriented around community-level cultural norms; while a gender-equality perspective may be implicitly oriented around structural disadvantaging of women.

It is important to relate all GBV and HPs work to the global criteria/standards/guidelines, the national context-responsive framework/plans, and the framing and messaging necessitated by the programming context, but without losing a focus on GBV or distorting the stated intent of interventions. Given that the scope of this evaluation cuts across the entirety of UNFPA, and thus encompasses a broad range of perspectives, it must, therefore, adopt a working definition of GBV that is inclusive, without losing specificity or misrepresenting particular areas of intervention.

The evaluation, therefore, proceeds on the premise that GBV includes **any harmful act committed against a group's will or interest on the basis of their actual or perceived social identifiers.** This provides a "boundary definition" to help map the extent and diversity of UNFPA's approaches – it will not be used to evaluate the relevance of specific UNFPA interventions to addressing GBV. An illustrative list of GBV and HPs that are included within this definition is presented in Table 3.

Table 3: Illustrative list of GBV and HPs included within the scope of the evaluation

Examples of violence	Harmful practices	Basis for discrimination
Rape Sexual assault, exploitation, and slavery Physical assault Forced union Denial of resources, opportunities, services Psychological and emotional abuse Intimate partner violence Child abuse	Child marriage FGM/C Sex preference Other HPs (e.g. bride capture)	Gender identities Sexual identities Intersection of gender with other identities

1.4. Overview of the evaluation process

he overall evaluation consists of five phases, subdivided into subsequent methodological stages and related deliverables. The timing of the inception and data collection phases of the evaluation process have been adjusted from the ToR to take account of a refined knowledge of the availability of UNFPA stakeholders, availability of evaluation team members to travel, and the finalisation of the procurement process (see Figure 1).

Figure 1: Evaluation process

The stages and deliverables covered by this report include the three phases described in Table 4. Dissemination of the evaluation is not covered by the ToR and is not included in this inception report. However, the design of the evaluation and its products still seek to support utility and will provide a range of deliverables to support dissemination (see Table 4).

Table 4: Evaluation process phases referenced within this report

Evaluation phases	Methodological stages	Deliverables
Inception	Structuring of the evaluation	Inception report
Data collection and fieldwork	Data collection, verification of hypotheses	Presentation of the results of data collection
Analysis and reporting	Analysis and findings Judgements on conclusions Recommendations	Four country case study notes Two regional case study notes Synthesis

2. Context

Recent global estimates show that 35% of women worldwide have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.[6] Such violence is now understood to be gravely under-reported (and unrecognized), as well as symptomatic of larger social issues, including "*persistence of discriminatory attitudes and social norms that normalize and permit violence*",[7] which must be addressed at the root through changing normative standards and everyday practices and through addressing underlying factors that enable, encourage, and provide impunity for such violence.

Much effort has been made to document and gather evidence on what likely constitutes the majority of GBV – a broader range of violations not limited to interpersonal violence but reflecting efforts to restrict women's agency, access, independence, and choices based on discriminatory gender norms and established practice in the private and public sectors. These efforts commonly result in physical or psychological harm, thereby further restricting women's agency. These examples include common practice, codified discriminatory systems, and State-condoned practices of exclusion, undue process, and limitations on access to rights and services. While those accountable vary with context, their impact is most apparent in the stories of girls and women who experience discrimination based on multiple intersecting identities, including gender, socio-economic, and/or ethnic status. Both the frequency and nature of these violations are amplified by humanitarian emergencies and large-scale displacements during which the social and public sector mitigating structures that protect women and girls are often lost.

Common ground across the humanitarian-development continuum

The scope and nature of violations and those identified as accountable for – or as perpetrators of – GBV have evolved considerably in the last 50 years. These changes reflect: 1) input from those on the ground, civil society, and movement actors; 2) learning from implementation and evaluation of programmes to prevent and mitigate GBV and from dedicated education and political campaigns; 3) data made possible by new communications tools, allowing immediate documentation and sharing of examples of GBV and HPs; 4) the influence of new tools in the global policy and programming universe, such as the conventions, guidelines, and formalized review processes of the human rights community and the humanitarian community.

Of significance, the comprehensive definition of VAW provided by the milestone **1993 Declaration on the Elimination of Violence against Women** has stood the test of time, and is reflected in the recently released 2015 IASC Gender-based Violence Guidelines intended to assist actors and communities in humanitarian and related emergencies to address GBV across all sectors of the response.

Article 1 of the 1993 Declaration defines VAW as: "*Any act of GBV 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 private life.*" Article 2 highlights the roles of males and females in these interactions and notes that such acts occur not only within in the family, but also in the community, and can be perpetrated or condoned by the State, wherever they occur (in public or private life). Such acts include interpersonal violence,

[6] UN Economic and Social Council, Review and appraisal of the implementation of the Beijing Declaration and Platform for Action and the outcomes of the twenty-third special session of the General Assembly Report of the Secretary-General, E/CN.6/2015/3.
[7] Ibid.

harmful traditional practices, sexual harassment and intimidation in work, school, and other public settings, as well as trafficking and forced prostitution.

The 2015 IASC guidelines also describe GBV as a reflection of fundamental gender inequalities and intrinsically cross-sectoral in its distribution and core solutions. Broadening the scope of "violence", the definition in the guidelines emphasizes that GBV includes "*any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females*".

Although the focus in emergency situations necessarily remains to respond to the immediate needs of affected populations, to provide mitigating, compensatory, and protective services, and to hold to account those who perpetrate such violence, there is a clear call from among humanitarian actors to address gender inequality (in which GBV is rooted) and foster more sustainable change even in emergency situations and certainly over the course of extended displacements, which are characteristic of global trends.

This priority is evident in the outcomes of the 2016 World Humanitarian Summit (where leaders made more than 500 resourced commitments to advance gender equality and women's empowerment with more than a third addressing sexual violence and GBV and reproductive health rights). It was also addressed in the former Secretary-General's introduction of his Agenda for Humanity,[8] "*which calls on leaders to ensure that women and girls participate at all levels of decision-making in humanitarian action; that all forms of GBV in emergencies are addressed; and that gender-equality programming becomes the norm*". The Call for Action on Gender-Based Violence, which includes gender-equality work, and recent statements by the new Secretary-General, António Guterres, underline the need to bring humanitarian and development spheres closer together from the onset of a crisis. This should make clear that humanitarian responses, sustainable development, and sustaining peace are closely related. These points were made in a posting by the United Nations humanitarian chief and relief coordinator Stephen O'Brien (Thompson Reuters, 14 December 2016).

2.1. The global response to GBV and HPs

Normative framework

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 Violence against Women** – the first international instrument explicitly addressing VAW – recognizes VAW 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*",[9] and makes clear that gender and broader concepts of equality, as well as development and peace objectives, could not be achieved without resolving GBV.

[8] https://sustainabledevelopment.un.org/content/documents/2282agendaforhumanity.pdf.

[9] Center for Reproductive Rights, UNFPA, 2013. ICPD and Human Rights: 20 Years of Advancing Reproductive Rights through UN Treaty Bodies and Legal Reform.

- 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 violence against women … 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. The 20-year review of the PoA reaffirmed the agreement and noted progress but highlighted the continued intractability of GBV. It reiterated the need for accountability measures, and reinforced and significantly broadened the understanding of violence, moving beyond interpersonal violence to include systemic and structural patterns, e.g. sexual violence as a weapon of war, forced pregnancy and forced termination, prenatal sex selection and female infanticide, and the special concerns of the minorities and most marginalized people, including those who are displaced, disabled, remote, indigenous, and living in detention. Moreover, it reaffirmed the definition of GBV as occurring both inside and outside of the family and in all settings, and – reflecting the a human-rights-based approach – called for action to address impunity and the need for accountability (calling 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*").[10]

The language used in the Beijing PoA intentionally expanded the focus on a comprehensive, cross-sectoral approach to GBV embedded in national policy and programmes.

Ensuring the implementation of strong and comprehensive legal and policy frameworks which address all forms of violence against women in all countries remains an urgent priority, along with adequate resourcing for implementation. Accelerating implementation will require comprehensive and long-term strategies to prevent violence against women which address unequal power relations, change attitudes and realize women's human rights in all areas.

There is a need to strengthen responses by integrating the prevention and response to such violence within broader policy frameworks such as national development plans, health, education, security and justice policies. Laws, policies and programmes to address GBV and harmful practices should specifically address the factors that place women and girls at particular risk of violence and create an enabling environment for these groups of women to find support in addressing violence. In addition, comprehensive strategies are needed to combat the multiple and newly emerging forms of violence against women and the various contexts in which violence occurs.[11]

Following Beijing, two terms of US administrations withheld funding for global SRH and 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

[10] Ibid.

[11] UN Economic and Social Council, Review and appraisal of the implementation of the Beijing Declaration and Platform for Action and the outcomes of the twenty-third special session of the General Assembly Report of the Secretary-General, E/CN.6/2015/3.

activity addressing GBV and HPs 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.

Table 5: Normative frameworks for GBV/HPs

Framework	Inclusion of GBV
1CEDAW, 1979	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 VAW specify that the Convention includes VAW.[12]
Declaration on the Elimination of Violence against Women (1993)	The first international instrument explicitly addressing VAW – recognizes VAW 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 recommends actions states can (and should) take to eliminate VAW "*without delay*".[13]
2006 General Assembly Resolution 61/143	A seminal resolution calling on States to intensify efforts to eliminate all forms of VAW. This resolution, combined with others, continues to guide the work of UN entities today.[14] Resolutions and reports cover a wide range of topics, including: (i) intensification of efforts to eliminate all forms of VAW; (ii) all forms of VAW; (iii) trafficking in women and girls (including VAW migrant workers); (iv) intensifying global efforts for the elimination of FGMs; (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 VAW.
Multiple Security Council Resolutions – including SCR 1325, 1820, 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.
ICPD, 1994	Further reinforces the need to tackle VAW, 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, it 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 …*

[12] 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.

[13] See: http://www.un.org/documents/ga/res/48/a48r104.htm.

[14] See: http://www.un.org/womenwatch/daw/vaw/A_RES_61_143.pdf.

	receive greater protection from sexual and gender-based violence." Additionally, 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*".[15] 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 twenty-first century.[16] 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*".[17]
Beijing PoA	Echoes and expands upon the ICPD. With the inclusion of violence as one of the Platform's 12 critical areas of concern, the Beijing PoA recognizes the tremendous impact of GBV on women's lives and the urgent need for its eradication.
Millennium Development Goals (MDGs)	Although the MDGs 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.
2030 Agenda for Sustainable Development[18]	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*". VAW (as opposed to GBV) is addressed explicitly in goal 5: target 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 HPs, calling for the elimination of such practices, including "*child, early and forced marriage and female genital mutilation*".[19]

The UNFPA global response

A 2006 General Assembly resolution on addressing VAW and a companion report from the Secretary-General (SG) with an operational and programmatic focus on addressing GBV launched a remarkable level of effort on the part of the global and UN communities, with important leadership from UNFPA, which has put GBV and its connections to gender equality firmly at the centre of the global development agenda in both normative and programmatic terms. The SG's highly technical and programme-oriented report reinforced UNFPA's own approach, which was later reflected in the 2008–2011 Strategy and Framework for Action on Gender-Based Violence.

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. These initiatives included

[15] See: http://www.un.org/popin/icpd/conference/offeng/poa.html.
[16] http://icpdbeyond2014.org/about#sthash.10SR8Ol3.dpuf.
[17] See: http://icpdbeyond2014.org/uploads/browser/files/93632_unfpa_eng_web.pdf.
[18] The newly negotiated international development agenda (operationalized in 17 sustainable development goals).
[19] 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.

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 multi-agency/multi-stakeholder collaborative approach, which reflected the broad definition of the problem (as illustrated above), the principles of the 2005 "As One" campaign, and the long-standing UNFPA practice of engagement with civil society actors and women's and feminist movements to shape policies and programmes. The agency played a leadership role in the (long-established) Inter-Agency Network on Women and Gender Equality (IANWGE)'s Inter-Agency Taskforce on Violence Against Women, established following the SG's report "*with the overall goal of enhancing support to national level efforts to eliminate all forms of violence against women 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 stocktaking 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 addressing GBV and gender equality and the challenges and costs of fostering multi-stakeholder (as well as multi-agency) agendas, programmes, and coordination mechanisms.[20]

This work was reflected in and later framed by the UNFPA 2008–2011 Strategy and Framework for Action on Gender-Based Violence, which leveraged a human-rights-based, gender responsive, and culturally vested approach. The Strategy directly addressed the multisectoral nature of work, but acknowledged UNFPA's mandate and comparative advantage of programming on SRH and services, positioned broader work agendas within UNFPA's mandate to address gender equality, and linked all of these to dedicated efforts on HPs, sexual violence, and growing work in humanitarian settings. This mainstreaming effort was reinforced by operational changes in the UN itself concurrent with the launch of UN Women.

The creation of UN Women

The 2010 launch of UN Women (the designated "champion" for the issue of GBV 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 Violence against Women campaign, now based within UN Women, which calls on all governments, civil society, women's organizations, men, young people, the private sector, the media, and the entire UN system to join forces in addressing this global pandemic of GBV. UNFPA, partly through work on the review of ICPD, helped advance work on the issue, including for the Beijing 2013 review – which won major agreements and included robust language on GBV. The agency also shepherded a review of ICPD, relaunched the Joint Programme on FGM, and in 2014 launched and in 2016 "accelerated" the global programme to end child marriage – a critical GBV issue in which drivers clearly extend beyond normative factors.

[20] 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.

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 organizational 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*".

As stated in the ToR, in addition to the above-mentioned frameworks, the 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 VAW 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.[21]

The period since the creation of UN Women also paralleled a major opening for UNFPA to significantly advance its long-standing mandate on reproductive rights and family planning. This has been enabled by a supportive US leadership, a major infusion of funds, and global convergence of, notably, primarily practitioner agencies funded by a global alliance sparked by the Bill and Melinda Gates Foundation. Additional enabler is the follow-on to the influential contributions of the 2006 "activist" Secretary-General, with the launch of the partnership on maternal, child and adolescent health engaging even more distant UN family members such as the World Bank. The technical advisory and accountability processes of these initiatives are now closely tied to the SDG 2030 Agenda, giving UNFPA an entry into that process through its comparative strength in SRH. **Within this context, UNFPA is the main UN entity working on GBV from the perspective of gender transformation of roles, values, and positive change in both development and humanitarian settings.**

The 2030 Agenda – Sustainable Development Goals (SDGs)

Although the 2030 Agenda does not mention GBV specifically, it recognizes 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 HP, and a call for the elimination of such practices, including "child, early and forced marriage and female genital mutilation"[22] – a globally significant mention of a form of GBV that highlights the economic, structural, as well as normative drivers behind household decisions that do not adhere to the simplistic characterization of interpersonal violence of men against women.

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 characterized by an even

[21] See: http://www.un.org/esa/coordination/pdf/sg_qcpr_report_adv_unedited_version.pdf.

[22] UNFPA, 2016. TOR for an Evaluation of UNFPA Support to the Prevention, Response to and Elimination of Gender-based violence, including harmful practices.

broader approach to multi-stakeholder efforts engaging the private sector, including the profit sector, in a new business model.

2.1.1 GBV in emergencies (GBViE)

"Gender-based violence 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."[23]

The above commentary indicates that the international community is more united than ever in its commitment to tackling GBV. 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.

The humanitarian context

GBV is prevalent in all societies. However, conflict situations and disasters[24] can intensify many forms of GBV 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.[25] The pervasive impunity that characterizes 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.[26] 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.[27] Child marriage often (although important to note, not always) increases in humanitarian settings.[28] A rise in FGM can occasionally be linked to a humanitarian crisis, although this is rare. However, a humanitarian crisis in a setting with prevalent FGM means GBV response to a survivor and maternal and newborn health (MNH) services undertaken as life-saving activities within an emergency are even more critical.

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[23] Call to Action on Protection from Gender-based Violence in Emergencies, Road Map 2016–2020, September 2015, p.3.

[24] 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.

[25] "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).

[26] R. Murray, "Sex for Food in a Refugee Economy: Human Rights Implications and Accountability", in *Georgetown Immigration Law Journal* 14 985–1025.

[27] UN, 2007, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, New York, UN General Assembly.

[28] 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.

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 victimization 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.

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. GBV can limit women's access to reproductive health services, including family planning, leading to unwanted pregnancies and increasing women's risk of HIV infection.[29] GBV increases costs to public health and social welfare systems and decreases women and children's participation in social and economic recovery.

Responding to GBV and HPs in emergencies

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 recognized 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.*"[30]

Addressing GBViE is the responsibility of all humanitarian actors. According to the IASC GBV Guidelines:

"*All humanitarian actors must be aware of the risk of GBV and – acting collectively to ensure a comprehensive response*[31] *– prevent and mitigate these risks as quickly as possible within their areas of operation.*"[32]

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.

Humanitarian architecture

Much has been written about the recent evolution of the global humanitarian system since Humanitarian Reform in 2005. The failings of the international community to adequately respond to the 2004 Boxing Day Asian Tsunami, which left an estimated 230,000 people dead across 14 countries, and the subsequent Humanitarian Reform Review have been extensively examined. Across the last 30 years, the evolution of global humanitarian architecture has been iterative and relatively haphazard, despite the varying attempts to structure the changing architecture as it emerges, within a context of resistance to change for a system that has been described as "*both*

[29] 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).

[30] 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.

[31] 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.

[32] IASC GBV Guidelines, p.14.

made to fail and too big to fail".[33] Global humanitarian response has become a mammoth industry, increasing ten-fold in size from a formal[34] expenditure of $2.1 billion in 1990 to $22 billion in 2014, with 250,000 people employed by what has, essentially, become the "*world's humanitarian welfare system*".[35]

This period was also concurrent with an escalation of UNFPA's engagement with the humanitarian architecture, which was informed by its long-standing principles as well as a series of Security Council Resolutions – including SCR 1325, 1888, 1960, 2106 – that focused on the "*gendered dimensions of conflict and the disproportionate impact of conflict on women, including through sexual violence*". The focus also included "*concrete steps and accountability mechanisms to ensure the equal participation of women in conflict prevention and resolution*".

In the 2013 High Commissioner's Dialogue on Protection it was noted that "*chronic displacement [is] becoming the norm*".[36] In 2015 there were a recorded 40.8 million internally displaced persons and 21.3 million refugees,[37] which is of a scale not witnessed since the end of the Second World War. It is clear that the challenges of refugee and migration issues have already become a defining feature of the twenty-first century and how we address these issues will reflect critically on the future of humanity. It is not just the scale, but also the nature of displacement that has also changed. Displacement is more protracted, with the average person being displaced for 17 years,[38] which has increased differentiated impacts on women and girls. Displacement is also increasingly within urban and host community settings, as opposed to traditional camp settings. Cyclical disasters – particularly climate-change driven – are increasing in frequency and scale, and old-standing conflicts are re-emerging with new dimensions. With a global population of 7.3 billion, predicted to increase to nearly 10 billion by 2050,[39] it would appear that the currently struggling global "welfare system" will only continue to stretched to its limits.

Humanitarian reform

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, or rather, the lack thereof.[40] In order to address this, the cluster system was established. The cluster system has continued to evolve from its introduction in 2005 and there differently configured clusters now than a decade ago. The current cluster configuration has 11 clusters in total.

UNHCR is the cluster lead agency (CLA) for the Global Protection Cluster (GPC), which has a complex structure of four sub-clusters, or Areas of Responsibility (AoRs): Child Protection, ***Gender-Based Violence***, 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.[41]

[33] Independent Whole of System Review of Protection in the Context of Humanitarian Action, 2015.
[34] Excluding personal remittances and local faith or other donations not captured by financial tracking systems or previous systems.
[35] Independent Whole of System Review of Protection in the Context of Humanitarian Action, 2015.
[36] UNHCR High Commissioner's Dialogue on Protection Challenges, 2013.
[37] IDMC figures – http://internal-displacement.org/database.
[38] GPC situational analysis.
[39] UN World Population prediction models, http://www.un.org/en/development/desa/news/population/2015-report.html.
[40] 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.
[41] GPC Placing Protection at the Centre of Humanitarian Action, 2013, and (ALNAP). Evaluating Protection in Humanitarian Action, 2015.

Within this evolving humanitarian system and increasing focus on protection, the GPC has been front and centre. UNHCR has been the CLA for the GPC since 2005 and over time the internal structure, which is much more complex than other clusters, has also evolved to its current form of four distinct AoRs: Child Protection (CP), GBV, Housing, Land and Property, and Mine Action.

The Whole of System Review of Protection provided quite a damning perspective on the effectiveness of the GPC: '*the evidence collected demonstrates that the PC mechanism is not functioning effectively at the global or field level*.'[42] It quoted key informants as describing the GPC as '*inconsistent*', with a '*significant disconnect between global and field-level* activities' and stating that the GPC '*tends to impose ready-made approaches rather than facilitating the development of context-specific analyses*'.[43]

The GPC is unique in its sub-structure architecture. The 2005 IASC Cluster establishment originally mandated that AoRs were integral components of the GPC but that the four AoRs as created had a clear '*history of UN and institutional mandates that pre-date the cluster system*'.[44] The lack of coherence within the GPC has been raised multiple times by multiple actors.[45]

Not only were there clear agency and sectoral mandates that pre-dated the cluster system, but even post-2005, the AoRs grew and evolved at different rates and different from the GPC. So, for example, the child protection (CP) area of responsibility (commonly referred to as the Child Protection Working Group (CPWG)) established a full-time CPWG Coordinator as early as 2007[46] (as opposed to 2015 for the GPC) and increased in membership from 7 to 40 organizations over the ten-year period from 2006 to 2016. CP actors have worked extremely coherently *within* CPWG, but less so *with* other AoRs and the GPC. CPWG has produced a steady stream of well-designed and pragmatically useful guidance, developed through genuinely participatory means by CP actors and consequently almost universally accepted by CP actors.

The GBV area of responsibility has lagged behind CP and has further suffered from its own internal conflicts arising from the UNICEF and UNFPA co-leadership.[47] However, the GBV area of responsibility has been boosted by two factors; 1) the 2013 Call to Action for GBViE and 2) the specific focus, particularly by donors, that this Call to Action (lead first by the UK and the US, and now by Sweden) affords the issue. Furthermore, the updated GBV Guidelines released in 2015,[48] backed up by a well-designed and well-funded dissemination strategy, have also served to increase focus and attention on GBV in general and, therefore, de facto, to the GBV area of responsibility. It is certainly the existence of the CP and GBV areas of responsibilities that perhaps causes the most complexity and difficulties in coherence,[49] both between AoRs and with the overarching GPC. Both CP and GBV now have the characteristics of permanent sub-clusters[50] and operate, generally, quite independently from the GPC.

The GBV area of responsibility (www.gbvaor.net) includes a number of tools and resources and maintains a team of Regional Emergency GBV Advisers who are rapidly deployable senior technical

[42] Independent Whole of System Review of Protection in the Context of Humanitarian Action, 2015.
[43] Independent Whole of System Review of Protection in the Context of Humanitarian Action, 2015.
[44] GPC Placing Protection at the Centre of Humanitarian Action, 2013.
[45] GPC Funding Needs 2017.
[46] CPWG Building on Success 2006–2016.
[47] A 2016 process has started which will pass full leadership responsibilities of the GBV area of responsibility to UNFPA.
[48] These Guidelines are an IASC-endorsed product.
[49] The other two AoRs – Housing, Land and Property (HLP), and Mine Action – have much more limited scope, with objectives that mirror the overall GPC objectives and work plans that fall under the GPC work plans.

[50] UNICEF Evaluation of UNICEF's Cluster Lead Agency Role in Humanitarian Action (CLARE) 2013.

experts used to strengthen country-level humanitarian responses. A core toolbox for the GBV area of responsibility includes the 2010 Handbook for Coordinating Gender-based Violence in Humanitarian Settings, a GBV SOP (Standard Operating Procedure), information on the GBVIMS (GBV information management system), and the 2015 IASC GBV Mainstreaming Guidelines.

The GBV area of responsibility has a 2015–2020 Capacity Building Strategy that outlines how the GBV area of responsibility '*works to promote a comprehensive and coordinated approach to GBV at the field level*' through four key areas of work: (1) supporting field operations; (2) building knowledge and capacity; (3) setting norms and standards; and (4) advocating for increased action, research, and accountability at global and local levels. The objectives of the capacity building strategy are: (1) identify, promote, and develop training opportunities to address competency gaps for established and emerging GBV specialists; (2) strengthen learning opportunities and capacity development support to established and emerging GBV specialists in the field; and (3) promote an enabling environment to support established and emerging GBV specialists within the humanitarian community.[51]

2.2. UNFPA strategic support to the prevention, response to and elimination of GBV, and HPs

UNFPA has been at the forefront of defining, identifying, responding to, and addressing GBV in global dialogues and at the field level in both development and conflict and humanitarian contexts. UNFPA is actively engaged in both the development of global normative and operational frameworks as well as operational implementation through country, regional, and global-level programming. As a result, UNFPA is potentially well positioned to inform global dialogues by grounding them in institutional, contextual, and programmatic realities while also linking agency and government implementing agencies and civil society actors at country level with the human-rights-based thinking and unified/cross-sectoral vision of the global agenda.

The UNFPA operational modality enhances 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. With its recent appointment as lead agency for GBV of the AoR, UNFPA will expand its role in addressing GBV within humanitarian contexts while continuing to research what works in addressing GBV at the field level.

This evaluation will draw together lessons learned from UNFPA contributions to and participation in global policy and regulatory processes, the lessons from implementation efforts following these guidelines, and good practice in both development and humanitarian contexts.[52]

Scale of GBV and HPs programming

Based on the sample frame of UNFPA programming prepared by the UNFPA Evaluation Office in preparation for the evaluation, UNFPA supports the prevention, response, and eradication of GBV and HPs in 60 countries worldwide (see Figure 2). The way in which UNFPA engages in a particular context is currently based on four categorizations of interventions, shaped by need and the ability of a country to finance prevention and response (see Table 6).

[51] GBV AoR Capacity Building Strategy 2015–2020.

[52] Including all types of humanitarian settings (rapid onset, slow onset, natural disaster, conflict, cyclical, protracted, displaced persons / refugees).

Figure 2: Coverage of UNFPA programming in 60 countries

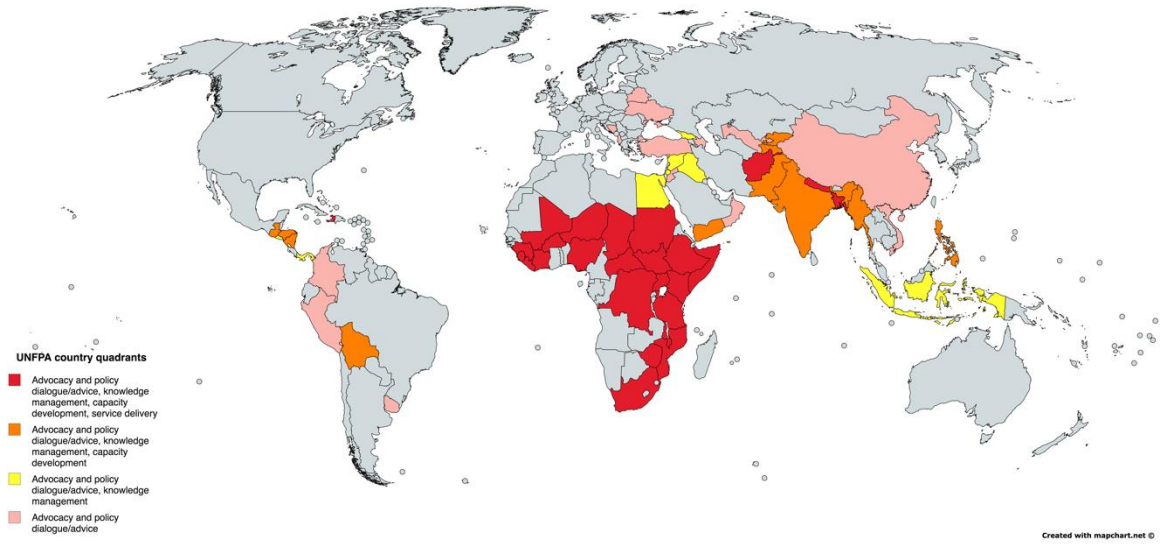


Table 6: Country quadrants for UNFPA response (currently under revision)

	Need			
Ability to finance	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

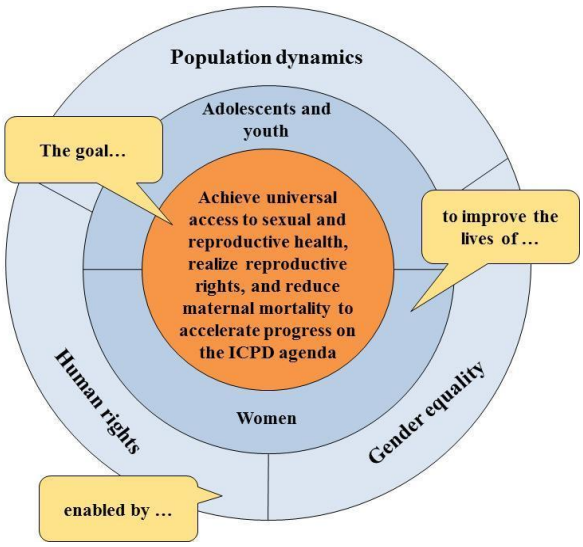
Frameworks that shape the work of UNFPA on GBV and HPs

Eradicating GBV remains a global commitment in the Framework of Actions for the follow-up to the Programme of Action of the ICPD Beyond 2014 and in the post-2015 agenda under Sustainable Development Goal 5 on gender equality, a key component of which is to eliminate all forms of VAW and girls and HPs, such as child early and forced marriages and female genital mutilation/cutting (FGM/C).

Efforts to eradicate GBV have been ongoing with organizational commitments (reflected in numerous strategic plans and frameworks) since before 2008. As detailed in the ToR, the **2008–2011 Strategy and Framework for Action on Gender-Based Violence**[53] offers a UNFPA comprehensive strategy for action solely focused on GBV/HPs. Though it was not formally renewed, the policy continues to influence the work of UNFPA on GBV/HPs 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*.'

Figure 3: UNFPA "bulls eye" from the Strategic Plan 2014–2017



The current **UNFPA Strategic Plan 2014–17** provides the institutional framework for advancing gender equality, women's and girls' empowerment, and reproductive rights. Operationalized in its development results framework, the UNFPA strategic plan establishes accountability for results, including for GBV and HPs at all organizational levels.

The UNFPA 2014–2017 Strategic Plan also 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,*

[53] 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.

breakdowns in certain social norms and more limited access to services or formal systems of protection and justice'.[54] Furthermore, the Plan recognizes that '*discrimination and GBV, and 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*'.[55] 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*'.[56]

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 on processes and the governance of coordination.[57] 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 GBViE, 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*'.

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

- UNFPA together with UNICEF initiated, in 2007, a **Joint Programme on Female Genital Mutilation**. 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.[58] 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.[59]

- 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.[60] Expected to run until July 2017, the Joint Programme – now a partnership between UNFPA, UN Women, United Nations

[54] UNFPA Strategic Plan 2014–2017, Annex 2, Outcome Theories of Change, page 11.: http://www.unfpa.org/admin-resource/strategic-plan-2014-2017.
[55] Ibid.
[56] See: https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2016&sessionType=AS.
[57] See: http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence.
[58] Burkina Faso, Djibouti, Uganda, Egypt, Ethiopia, Eritrea, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Senegal, Sudan, Somalia, Nigeria and Yemen joined in 2014.
[59] 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.
[60] 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.

Development Programme (UNDP), World Health Organization (WHO), and United Nations Office on Drugs and Crime (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 GBV.[61] 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 of coordination processes and mechanisms*'.[62] UNFPA co-leads the Joint Programme and, in this role, is focused on overall coordination and, programmatically, on SRH.[63]

- UNFPA is also involved in the **Multi-Stakeholder Joint Programme on Violence Against Women**. 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.[64]

- 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 sociocultural and structural factors underpinning the practice of child marriage, and the programme is being implemented in countries with high prevalence of child marriage.[65]

- As part of its work to advance GBViE policy and practice, UNFPA is a member of the Global Steering Committee and plays a leadership role in the **Real-Time Accountability Partnership** (RTAP). 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), theorizes 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 prioritized 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.

- In 2016, UNFPA launched a **Global Programme on Prenatal Sex Selection**.

2.2.1 UNFPA Humanitarian Strategy

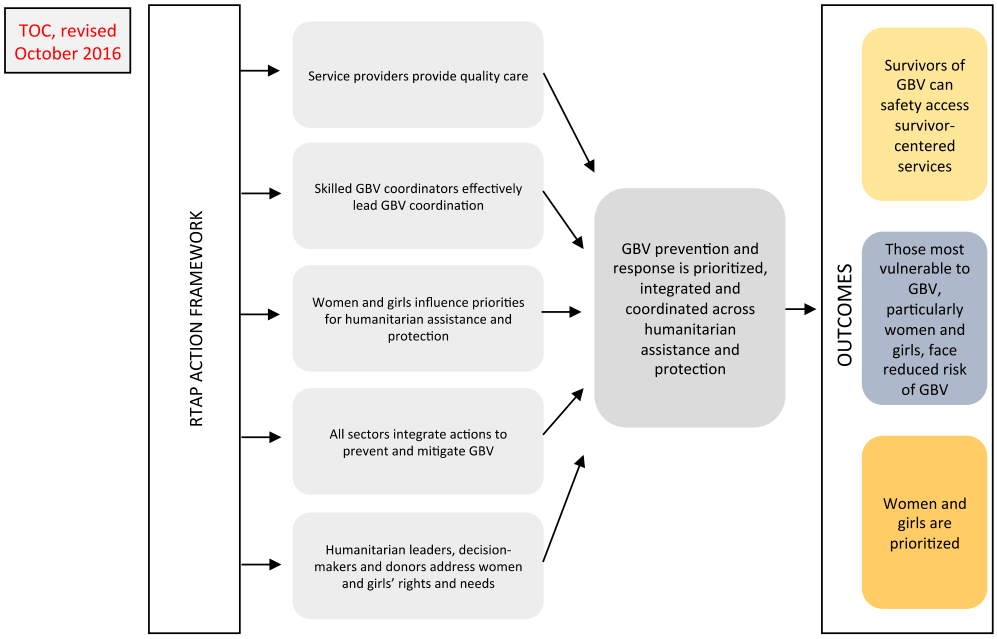
UNFPA has a Second-Generation Humanitarian Strategy from 2012, which builds on the success of the 2007–2009 Humanitarian Strategy that sought to integrate gender and SRH issues into humanitarian programming. The second-generation strategy seeks to ensure '*fund-wide accountability for effective humanitarian 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*

[61] See: http://endvawnow.org/en/initiatives-articles/14-essential-services-package.html.
[62] See: http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence.
[63] Tunisia, Mozambique, Peru and Guatemala are expected to be the pilot countries.
[64] 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.
[65] 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.

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. Cross-cutting themes of gender and age will be considered through all areas of intervention. The new strategy is not a radical departure from UNFPA's past efforts in emergency preparedness, response and recovery, but it does represent a substantial shift in business practices.'[66]

Figure 4: Theory of change of the Real-Time Accountability Partnership used by UNFPA for work on GBViE



This strategy includes MNH services, HIV, gender equality and reproductive rights, and improved access to SRH services and education for young people. Under outcome 3 of the humanitarian strategy, gender equality and reproductive rights are cited as a specific output (4), with a representative output indicator being '*number of persons trained through UNFPA support in programming for GBV in humanitarian settings*'.[67]

UNFPA programmes to address GBViE generally focus on the rights and needs of girls and women, given their high vulnerability to violence rooted in the systemic gender-based inequality in all societies. This includes FGM, child marriage, son preference, and other HPs such as isolation during menstruation.

UNFPA also has **Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies**.[68] These minimum standards are extremely comprehensive, outlining what needs to be *achieved* to prevent and respond to GBV and deliver multisector services. Within these minimum standards, UNFPA highlights the commitment to '*scaling up humanitarian response and increasing its organizational capacity to prevent gender-based violence and ensure multi-sector services for*

[66] UNFPA Second Generation Humanitarian Strategy 2012.
[67] UNFPA Second Generation Humanitarian Strategy 2012.
[68] This is not dated but references 2014 documents so must be from 2015 or later.

survivors within the UNFPA Strategic Plan 2014–2017'.[69] These minimum standards outline Foundational Standards (participation, national systems, positive gender and social norms, and collecting and using data), mitigation, prevention, and response standards (healthcare, (MHPSS), safety and security, justice and legal aid, dignity kits, and socio-economic empowerment), and coordination and operational standards (preparedness and assessment, coordination, advocacy and communication, monitoring and evaluation, human resources, and resource mobilization).

Most recently, UNFPA has invested in a pool of GBViE surge support (making professional expertise rapidly available in humanitarian emergencies) in three profile areas – coordination, programme management, and information management – with over 100 new GBViE-specific internal and external surge staff which were ready to deploy at the end of 2016.

2.3. UNFPA financial support

For the period 2012–2015, UNFPA expenditure on the prevention, response to, and elimination of GBV and HPs was $525,875,522, while the amount budgeted was $615,469,790. This excludes expenditure in other areas in which GBV/HPs were mainstreamed. While the evaluation will not be able to accurately state the value of mainstreaming, it will seek to reflect this qualitatively in the analysis of country and regional case studies.

The increase seen in the amount both budgeted and spent from 2013 to 2014 reflects 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 the UN 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.

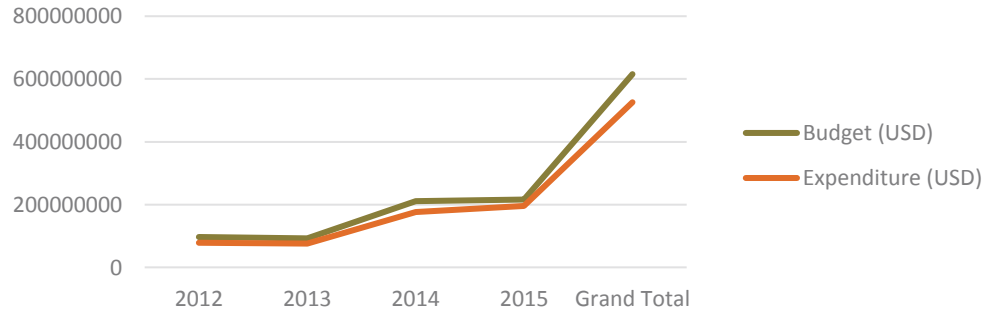
Table 7: UNFPA budgeting and expenditure on GBV

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

Source: Evaluation ToR

[69] UNFPA Minimum Standards.

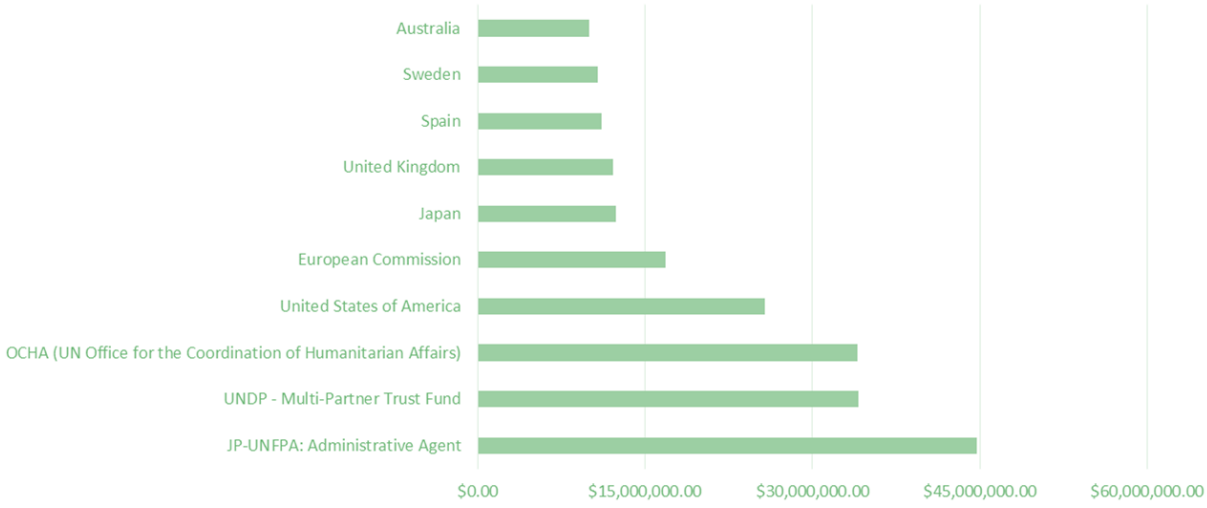
Figure 5: Trends in UNFPA budgeting and expenditure on GBV



Source: Evaluation ToR

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 from 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 OCHA. Bilateral contributions were also significant, including from the US and the European Commission.

Figure 6: Earmarked funds: Top 10 donors by expenditure on work addressing GBV (2012–2015)



Source: Evaluation ToR terms of reference

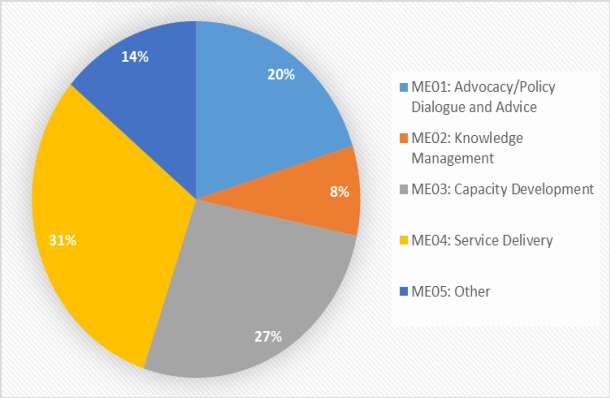
Figure 7 captures the **top 15 country offices** by expenditure. UNFPA Syria spent the most on GBV programming, with $21,993,207 in expenditure. Iraq and Uganda followed closely behind.

Figure 7: Top 15 Country Offices by expenditure on work addressing GBV (2012–2015)

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

Source: Evaluation ToR

Figure 8: Percentage of expenditure by modes of engagement on work addressing GBV (2014 – 2015)



Source: Evaluation ToR

The 2014–2017 UNFPA Strategic Plan formally introduced the **modes of engagement** and **country quadrants** (see Table 1). A modality of support or mode of engagement is a particular combination of intervention strategies adopted by UNFPA in its programmatic support.

These strategies 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.[70] Figure 8 and Table 8 detail information on expenditure on GBV-related activities by mode of

[70] 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; 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.

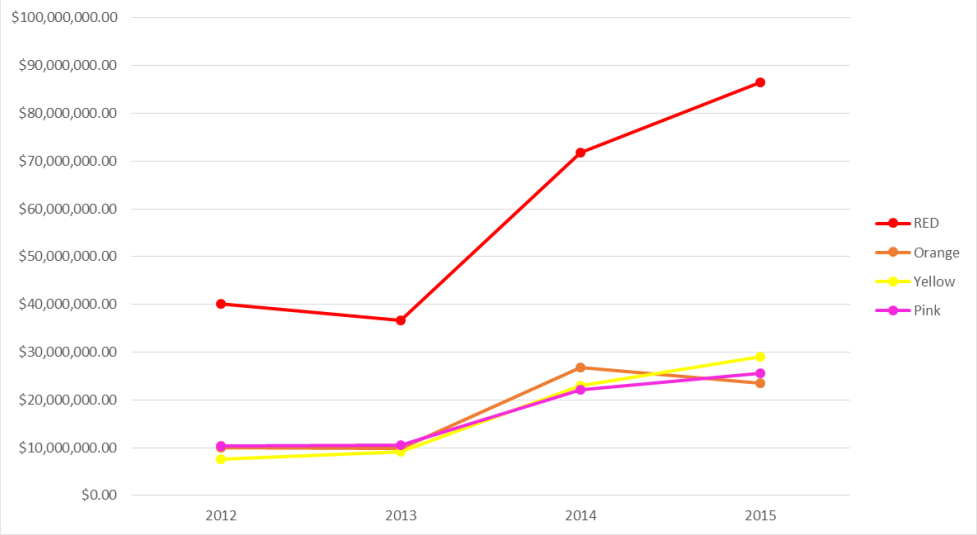
engagement from 2014 to 2015. As shown in the graph in Figure 8, the majority of expenditure falls under service delivery and capacity development.

Table 8: 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**

Source: Evaluation ToR

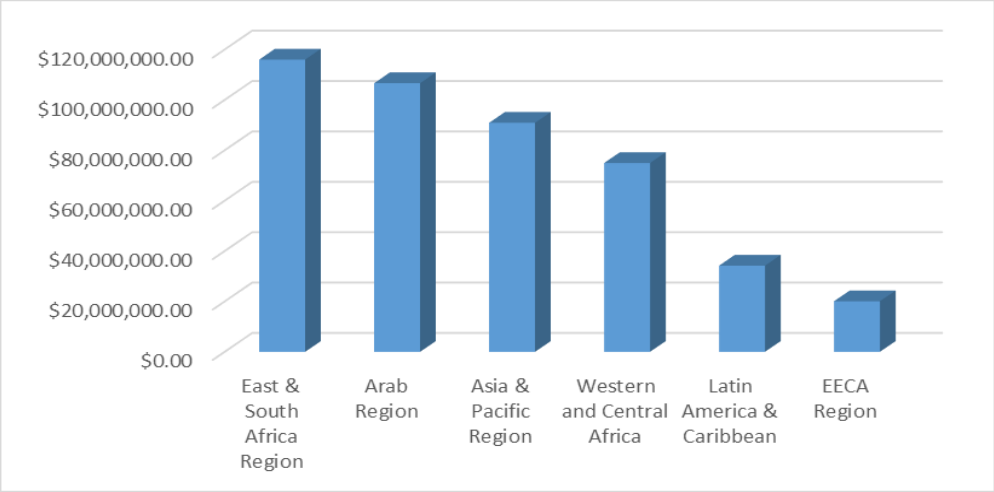
Figure 9: Expenditure by country quadrant on work addressing GBV (2012 –2015)



Source: Evaluation ToR

Over time, and on the whole, GBV-related expenditure was the highest in the red quadrant, with $235,040,380 spent from 2012 to 2015. This is in line with expectations, as the red quadrant comprises countries with high unmet need and low ability to finance, therefore 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 9).

Figure 10: Total expenditure at country office level grouped by region on work addressing GBV (2012 –2015)



Source: Evaluation ToR

Figure 10 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 9 details **expenditure at the regional level**, capturing expenditure by both regional offices and sub-regional offices (where they exist). Total expenditure across all regions was $42,058,178, 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. Latin America and the Caribbean followed behind, with expenditure totalling $8,803,219. 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 expenditure.

Table 9: 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**

Source: Evaluation ToR

Figure 11: Expenditure on work addressing GBV as percentage of total UNFPA expenditure 2012 to 2015

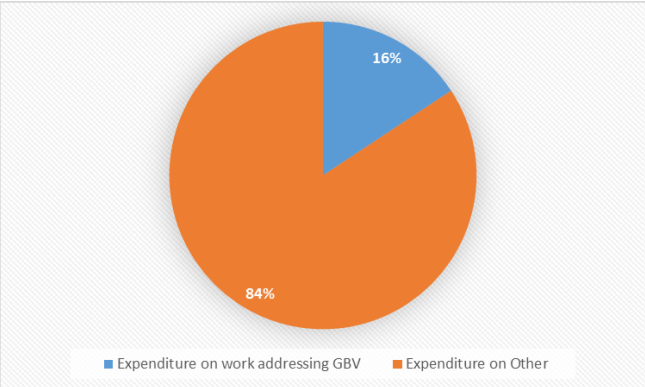


Figure 12 details expenditure on work addressing GBV as a percentage of total UNFPA expenditure. UNFPA expenditure on GBV work comprised 16% of total UNFPA expenditure from 2012 to 2015, with UNFPA expenditure on work addressing GBV totalling $525,875,523 and total UNFPA expenditure (across headquarters, regional and country offices) at $3,345,111,992.

Source: Evaluation ToR

3. Approach of UNFPA to GBV and HPs

3.1. Overview of UNFPA corporate programming on GBV and HPs

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/HPs more holistically within the organization.

The ToR for this evaluation reflect an organizational focus on:

1. Global agreements and conventions, as well as system-wide operational frameworks (QCPR and SWAP).
2. UNFPA internal documents, primarily the Framework for Action on GBV, which ended in 2011, and UNFPA Strategic Plans.
3. Subsequent dedicated work on GBV has been embedded in agreements that focus on services provision and proscribe, to a degree, the broader definitions of gender and violence as highlighted in the context section: the **minimum standards** in emergencies and the **essential services** for women and girls subject to violence.

The evaluation notes that work on GBV and HPs globally, including with UNFPA, reflects long-standing variations in approaches and coordination. For example:

1. Having a dedicated focus on GBV (or any thematic focus) versus integration/mainstreaming across a strategic plan.
2. The strengthening coordination mandate and capabilities of UN Women regarding gender equality, and the implications for UNFPA as a key entry point for both SRH/services and broader GBV issues.
3. Cost effectiveness of inter-agency collaboration on a broad agenda, such as GBV (as opposed to functionally focused agenda of essential services package, humanitarian response).

Within the evolving UN inter-agency context for addressing GBV, there has been no update of UNFPA's 2008–2011 GBV framework, or of the multi-agency taskforce on GBV, or of several other key frameworks emerging from the (past) period of intensive focus on GBV reflecting the General Assembly's 2006 prioritization of the issue followed by SG support and the Commission on the Status of Women. While the ToR does not call for an update to the GBV framework, the evaluation will consider the case for a renewed standalone strategy.

The current approach reflected in UNFPA documents is to mainstream GBV into the overall strategic plan. This has sought to address weaknesses in previous approaches of siloed work on advancing gender equality and women's human rights, fragmentation, poor monitoring and evaluation (M&E), and lack of clarity in roles and responsibilities among various UN agencies.

From the strategic plan, several key concepts were introduced in the mid-term review, such as not trying to do everything everywhere and better addressing the changing needs of UNFPA's partners. It also responds to calls in several settings – including the QCPR – for the entire United Nations system to shift away from 'delivering things' to 'delivering thinking,' or move more upstream to focus on advocacy and policy dialogue/advice rather than service delivery.

Within this context, a critical new development for UNFPA is its central role in the development of the essential services guidelines (with UN Women), now a joint programme on essential services with UNDP, WHO, UNODC, United Nations Office for Project Services (UNOPS). This is indicative of the new business model for UNFPA: not doing everything everywhere and contributing to a broader agenda via 'delivering thinking', or move more upstream to focus on advocacy and policy dialogue/advice rather than service delivery.

While UNFPA strategic plans have addressed GBV/HPs across multiple outcomes and outputs (see Table 10), specialists in UNFPA emphasize the centrality of outcome 3 and output 10 from the current Strategic Plan and outcome 5 and output 13 from the previous strategic plan. These give specific focus to GBV/HPs, whereas other outcomes include reference to GBV/HPs in the context of mainstreaming. Therefore, the evaluation will prioritize assessment of contributions to outcome 5 (2012–2013) and outcome 3 (2014–2017). Since both outcomes are grounded in a gender transformative approach, the principle analytical lens of the evaluation will be gender.

Table 10: Relevant outcomes and outputs from UNFPA strategic plans

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 GBV and provision of quality services, including in humanitarian settings	13.1 Number (and percentage) of countries supported by UNFPA to develop GBV (including FGM) 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 FGM/C

UNFPA STRATEGIC PLAN DEVELOPMENT RESULTS FRAMEWORK 2014–2017		
Outcome	Output	Indicators
Outcome 1: Increased availability and use of integrated SRH 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 SRH services in humanitarian settings	5.2: Number of countries that have humanitarian contingency plans that include elements for addressing SRH 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 SRH	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 to 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 GBV	
	Output 10: Increased capacity to prevent GBV and HPs and enable the delivery of multisectoral services, including in humanitarian settings	10.1: Number of countries with GBV prevention, protection, and response integrated into national SRH programmes
		10.2: Percentage of countries affected by a humanitarian crisis that have a functioning inter-agency GBV coordination body as a result of UNFPA guidance and leadership
		10.3: Number of communities supported by UNFPA that declare the abandonment of FGM
	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 GBV), SRH 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, SRH and reproductive rights, HIV, and gender equality	Output 13: Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, SRH, 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) GBV

Source: evaluation ToR

Region-specific priorities for addressing GBV and HPs

Regional areas of focus for work on GBV and HPs (see Table 11) are grounded in the overall institutional strategic plans and frameworks, but in relative emphasis tend to reflect the contextual realties of each region. These contextual factors reflect, for example, demographic realities; cultural and historical patterns, including the prevalence and degree of recognition of different HPs; the relative strength of both public sector and civil society institutions; and aggravating factors such as conflict, climate stress, and displacement.

Regional priorities are evidence of the priorities of regional offices and manifest in cross-regional learning and sharing of good practice. That said, there are substantial differences among individual countries within each region which are reflected in both programme priorities and in the principle modalities of work – in keeping with UNFPA's own categorization of country programmes based on need and ability to finance. A financial analysis of investments by programme area at country level, aggregated at regional level, will be explored during the final inception workshop, including the potential for sub-regional analysis may be more useful in, for example, the Asia Pacific region or (LACRO).

Table 11: Illustrative regional priorities and selected strategies (based on selected regional document review)

Region	Illustrative Regional Priorities and Selected Strategies
Arab States	-Reinforce positive social norms, attitudes, and behaviours at community level through community dialogues, theatre, radio, social media campaigns, and sensitisation and awareness-raising workshops -Ensure that women and girls know their rights and are empowered to claim them as individuals and collectively -Enlist men and boys working with identified networks and groups of men and boys to serve as advocates against GBV/HPs, establish men's forums, enlist police and other security officials, uniformed personnel, and male religious and community leaders -Cultivate values, attitudes, behaviours, and practices among individuals, communities, and institutions to recognize GBV and HPs such as FGM and Child Marriage (CM) as unacceptable and a crime -Strengthen the capacity of the community and religious leaders, both males and females, as well as faith-based groups to advocate against GBV -Support youth-led organisations and networks to address GBV -Mobilize media professionals to develop innovative and culturally relevant mass media and social media campaigns, ensure that media outlets are more sensitive and understand the intricacies of GBV, including the links between GBV and human rights, gender equality, and social norms, and help media to produce reports which reinforce positive attitudes and behaviours and combat GBV -Support integration of GBV services within Sexual and Reproductive Health and Reproductive Rights (SRHRR) as well as within humanitarian and emergency response
Asia Pacific	-Mainstream within all relevant policies and programmes a focus on gender and GBV, and SRHRR and human rights through work with political leadership and civil society groups -Address sex ratio imbalance and sex selection through support to South-South collaboration, development of an evidence base, and provision of technical guidance for policy, programmes addressing Gender Bases Sexual Selection (GBSS) -Strengthen the knowledge base on masculinities, son preference, and violence in intimate relationships, including building on the multi-agency work of partnering with men and boys (Partners for Prevention (P4P)) -Support advocacy on GBV/HPs prevention through parliamentarians, including a particular focus on youth engagement with policy advocacy for prevention of GBV/HPs -Undertake high level advocacy on ending child marriage, building on sub-regional consultations on child marriage in South Asia -Strengthen the health system's capacities to address GBV at the primary care level, through SRHRR services, and through testing comprehensive models (one stop); develop pre-service training curricula for health professionals on GBV and on the integration of GBV into health services. -Ensure that GBV is addressed in emergency and humanitarian response
LACRO	-Strengthen regional and national protection systems for advancing SRHRR, promoting gender equality and non-discrimination, and addressing GBV through documentation and dissemination of good practices; provision of technical

	assistance to parliaments and national governments; work with protection and monitoring systems, including ombudsmen, government-led mechanisms to receive complaints, Civil Society Organisation (CSO) watch dogs, and others -Strengthen national capacity to prevent GBV / sexual violence and enable the delivery of multisectoral services, including in humanitarian settings and fragile contexts, through technical assistance for the development and/or revision of laws and policies and support to justice and health sectors to implement comprehensive models to prevent and respond to GBV/sexual violence; support to health, justice, and national statistical information systems to collect, analyse, produce, and disseminate data and information on sexual violence; advocacy with government institutions such as the Ministries of Health (MoH), gender mechanisms, civil defence, and civil protection), CSOs and UN organizations (OCHA and (ISDR)) for the development of policies, plans, and strategies to prevent and address GBV / sexual violence in humanitarian settings and risk management -Strengthen engagement of regional and sub-regional civil society networks and organizations in promoting reproductive rights and gender equality and women´s empowerment, including Faith Based Organisations (FBOs) and marginalized people such as Afrodescendent women, indigenous women, and others through capacity development and advocacy for policy dialogue; build leadership to advocate for laws and policies and implement programmes to empower marginalized people to claim their SRH and reproductive rights; and documentation, dissemination, and promotion of good practices and lessons learned on programmes to engage young men and boys on prevention of (SV)/GBV, gender quality and SRHR
EECA	-Strengthen national policies and strategies to integrate GBV response and referral into SRHRR services and strengthen the overall health sector response to GBV in coordination with WHO and UN Women, including provision of comprehensive SRHRR services to survivors -Work with faith-based organizations on root causes of child marriage and promoting girls as leaders/agents of change -Address early marriage, including advocating for laws against child marriage and laws raising the minimum age -Address GBSS and son preference through improving data on sex ratios and additional research and raising awareness of consequences of son preference
East and Southern Africa	-Prioritize work with adolescents and youth to address child marriage and early pregnancy, focusing particularly on girls most at risk of child marriage -Strengthen national protection systems addressing GBV, including human-rights-based approaches, adherence to international guidelines/agreements, and sharing of best practices, such as alternative rites of passage for girls -Engage men and boys, including through expanded partnerships with networks and use of digital tools for sharing stories of change (particularly in humanitarian settings in e.g. Democratic Republic of Congo (DRC), Burundi, Kenya) -Strengthen the health sector response to GBV, including development of multisectoral essential services standards and protocols -Ensure that GBV is included in humanitarian responses and development of UNSCR 1325 national action plans -Document, share, and support adaptation of good practice in ending FGM
West and Central Africa	-Ensure the integration of the needs and rights of adolescents and youth – particularly girls – in national laws, policies, and programmes, through work with adolescents and youth directly as partners in advocacy and policy development,

	and development of regional databases on youth to inform policies and programmes -Develop and scale up comprehensive Adolescent/Youth (A/Y) SRHRR programmes including education, particularly for girls -Prioritize ending child marriage, teen pregnancy, and FGM, including sharing good practices and fostering regional campaigns and cross-border action -Strengthen national level efforts to mainstream GBV issues into SRHRR programming -Strengthen GBV-related data collection within humanitarian settings and integration of the Minimal Initial Service Package (MISP) in national level disaster response

3.2. Previous evaluative work

UNFPA Evaluation Office completed a meta-synthesis of all Country Programme Evaluations (CPEs) conducted between 2011 and 2015 with an Evaluation Quality Assessment of "Good" or "Very Good". This used four broad levels of analysis and ten sub-levels of analysis based on the 2014–17 UNFPA Strategic Plan, common types of UNFPA GBV/HPs interventions, and cross-cutting issues and questions that arose during stakeholder discussions in preparation for this thematic evaluation.

Key considerations and lessons learned that emerged included:

1. Country context can affect the impact of programming on GBV. When developing programming, consider: sensitivity of political environment and government openness; existing cultural taboos; state of infrastructure; availability of disaggregated data.

2. In humanitarian contexts, consider: frequently changing locations of refugee and IDP camps; legal and cultural challenges faced by refugees; distinctions between CRSV and GBV and how they influence programming effectiveness (i.e. to avoid the creation of parallel referral systems).

3. Embedding capacity development on GBV and HPs within broader efforts to mainstream gender equality.

4. Address the constraints on the Gender Focal Point (GFP) system, including poor communication, limited political commitments, high staff turnover of trained GFPs, difficulty integrating and limited understanding of role and duties.

5. Use CEDAW and other relevant international commitments as guidance, normative framework and accountability tool for work on GBV.

6. UNFPA's convening role in debates around laws, strategy plans and policies is seen as primary value add in this arena.

7. Data gathering (data collection on the occurrence and severity of GBV) and survey activities (survey on GBV perceptions) were found to spur further data collection on GBV, though more work is needed to ensure the use of data in policymaking.

8. Contextual factors shape the impact of UNFPA's support to policy and legislation. The absence of systematic integration of GBV/HPs policies and legislation across ministries may prohibit their longevity and the resources allocated to them.

9. A multi-sectoral approach to strengthening service delivery is essential to maximize the effectiveness and sustainability of service delivery programming and to avoid compromising the contribution of UNFPA interventions in this area.

10. The production and dissemination of high quality evidence-based research on GBV/HPs is considered a key strength of UNFPA. Data gathering on GBV not only supports evidence-based policymaking, but can also help to identify needs and gaps in service delivery.

11. There is a need to consider and/or systematically assess the audience reached by awareness-raising campaigns that use mass media. Women may not have access or exposure to media in the same way as men; the same can be true of a rural/urban divide. The vehicle of media matters; it is important to consider which form of delivery works best in which context.

12. UNFPA support to training journalists on GBV awareness and messaging should ensure that the organization/journalist is not used as a 'talking piece' or communication for UNFPA. Unexpected, often devastating, events can act as a catalyst for raising greater awareness around GBV and GBV prevention – UNFPA should be ready to respond accordingly.

13. Involving males was found to be an effective method to combat gender discrimination and improve local ownership (and sustainability). In some contexts, there may be a risk of increased GBV precisely if men are not involved in efforts to advance gender and women's rights.

14. Partnerships with traditional and religious leaders are particularly effective in catalysing attitudinal change around both GBV and HPs. Religious and cultural actors have the potential to act as referral points for orienting GBV/HPs survivors toward legal, psychosocial and health services.

15. Attitudinal change was rarely noted and measuring shifts in behaviours and attitudes may require a more expansive, long-term, rigorous methodology. Attitudinal change was most frequently observed in cases of community-level work with influential people, including traditional and religious leaders and men and boys. To maximize potential for attitudinal change and avoid resistance, consider strategically reframing GBV as a public health crisis rather than a human rights violation.

3.3. Reconstruction of intervention logic (theories of change)

Drawing from UNFPA documentation and the India case study (see separate report), the evaluation has reconstructed a comprehensive global theory of change. The purpose of this reconstructed global intervention logic is *not* to test the validity of a 'universal' theory of change, but to map the extent to which different elements of this stylized theory of change are used by UNFPA across different contexts. By understanding which mechanisms of change (causal linkages) are most frequently assumed to be at play, and matching this to the contribution analysis, the evaluation can propose future refinements to intervention strategies.

This mapping of the prevalence of different assumed mechanisms of change (causal linkages) will be undertaken as follows:

1. Participatory reconstruction of the theories of change in-country and regional case visits through the Collaborative Outcomes Reporting Technique (CORT) inception workshops;

2. Document-based reconstruction of theories of change for the extended desk review case studies;

3. Validation of the main mechanisms of change prevalent in UNFPA interventions through a question added to the global survey, the global level interviews, desk review, and evaluation reference group consultations.

The main causal linkages reflected in the current UNFPA literature are summarized below, with all the components presented and described in full in the annexes. The reconstructed theory of change seeks to reflect several key considerations:

- The integration of GBV and HPs across the development and humanitarian continuum
- Framing according to gender equality and women's human rights, with primacy given to SDG5 and ICPD, while acknowledging cross-cutting links to multiple UNFPA Strategic Plan outcomes
- Recognition of different generations of UNFPA business models and programming approaches across the scope of the evaluation (both temporal and programming)
- Recognition of the UNFPA country-quadrant strategy of interventions

The reconstructed theory of change is a working model for the evaluation and maps to the hypotheses, assumptions and indicators to be explored within the evaluation matrix (presented in Section 4). These were informed by conceptual frameworks and principles, which acknowledge important synergies, intentional linkages and continuous adaptation. Thus, in practice, UNFPA's outputs are inextricably linked: an intentional combination of outputs supports a particular outcome – and each outcome relies on and reinforces other outcomes.

At an operational level, this means that each output is the result of coordinated and calibrated 'interventions', all seeking to reinforce the same outcome within specific social, political, economic and cultural contexts, rapidly changing settings arising from humanitarian situations, and the impacts of cross-border and globalized trends (such as large refugee flows).

The theory of change (see Figure 13, below) recognizes the need to maintain the dynamic and delicate balance between fostering an enabling environment for and actively promoting agency on the one hand, and instrumental interventions to eliminate or mitigate structural constraints on the other hand. This acknowledges that transformative change is the only means of effectively and sustainably "eliminating" GBV, and that it must be both guided and directed by those who are, have or are at risk of experience(ing) violence.

All people experiencing violence have inherent agency, which is affirmed and reinforced when they can identify the factors which undermine and constrain the ability to act and seek to change/challenge structural constraints themselves. The latter is made possible with "agent/client" responsive support from UNFPA's government and civil society partners providing the skills and information to diagnose the problem; the unqualified support and sounding board to help agents develop their strategy; and the platforms and civil society spaces to act and educate those with greater access to effect change. This reflects the core principle of the Cairo agreement (and all subsequent ICPD reviews, and the relevant components of allied conventions and agreements).

The theory of change also **recognizes "structural constraints"**: these restrict agents' access to rights, resources, services, and others. Structural constraints include normative factors, discriminatory relationships (interpersonal, with government, with community and household structures, and with surrounding structures), as well as laws, policies, and regulatory limitations.

UNFPA cannot "act" in all dimensions of the lives of those concerned, but they can embed these principles in their work with all agencies at all levels. There are also constraining external factors which UNFPA cannot change, but they can identify, document, and investigate for others working

for change, and draw attention to the ways in which these external factors must require some adjustments or compensatory measures.

Thus, gender equality, freedom from violence and sexual and reproductive rights are linked with opportunities for full participation and effective agency of women and girls – which opportunities are respected and advanced by responsive national policies and regulations which guide practice and reflect global human rights standards. These policies and guidelines for practice are responsive and accountable to and informed by those working to eliminate GBV whose voices, experiences, and expertise are amplified by a diverse constituency of stakeholders including organized movements and coalitions, and field-based agencies projecting their messages.

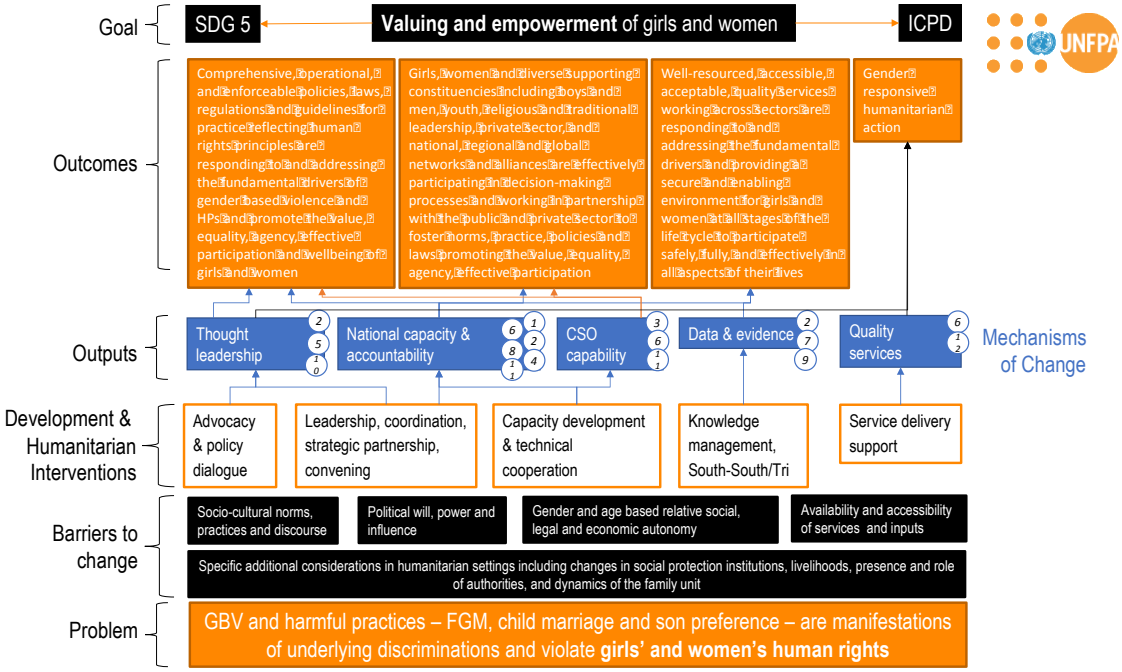
Transformative and strategic objectives are made possible through practical and responsive services which are also testing grounds for new innovations and alliances. The local, national and international humanitarian response mechanisms must address acute needs, while maintaining the human-rights-based guiding principles and frameworks described above, adapting strategies for GBV reduction and prevention which reflect these principles, and identify how to foster operational linkages with larger service structures. There are many opportunities for shared learning across the humanitarian and national development spaces.

UNFPA's intended legitimacy as a thought leader and expert resource on promoting gender equality and eliminating GBV is based on a commitment to **reflecting the lived experiences and self-identified strategies** of those agents supported by services, represented by movements, and able to participate in policy and programme decision-making. This requires a strong civil society informed on both issues and process and able to work as advocates and partners in strengthening national level capacity – including at the operational level – while maintaining their independence.

The UNFPA strategy as a "broker" and rigorous, independent, source of data on both population and programme, seeks to overcome power imbalances among various stakeholders in order to convene inclusive alliances. In some cases, UNFPA support for services requires building the capacity of state, non-state and civil society actors to identify, promote and expand on those services which most effectively foster sustained change in GBV and HPs.

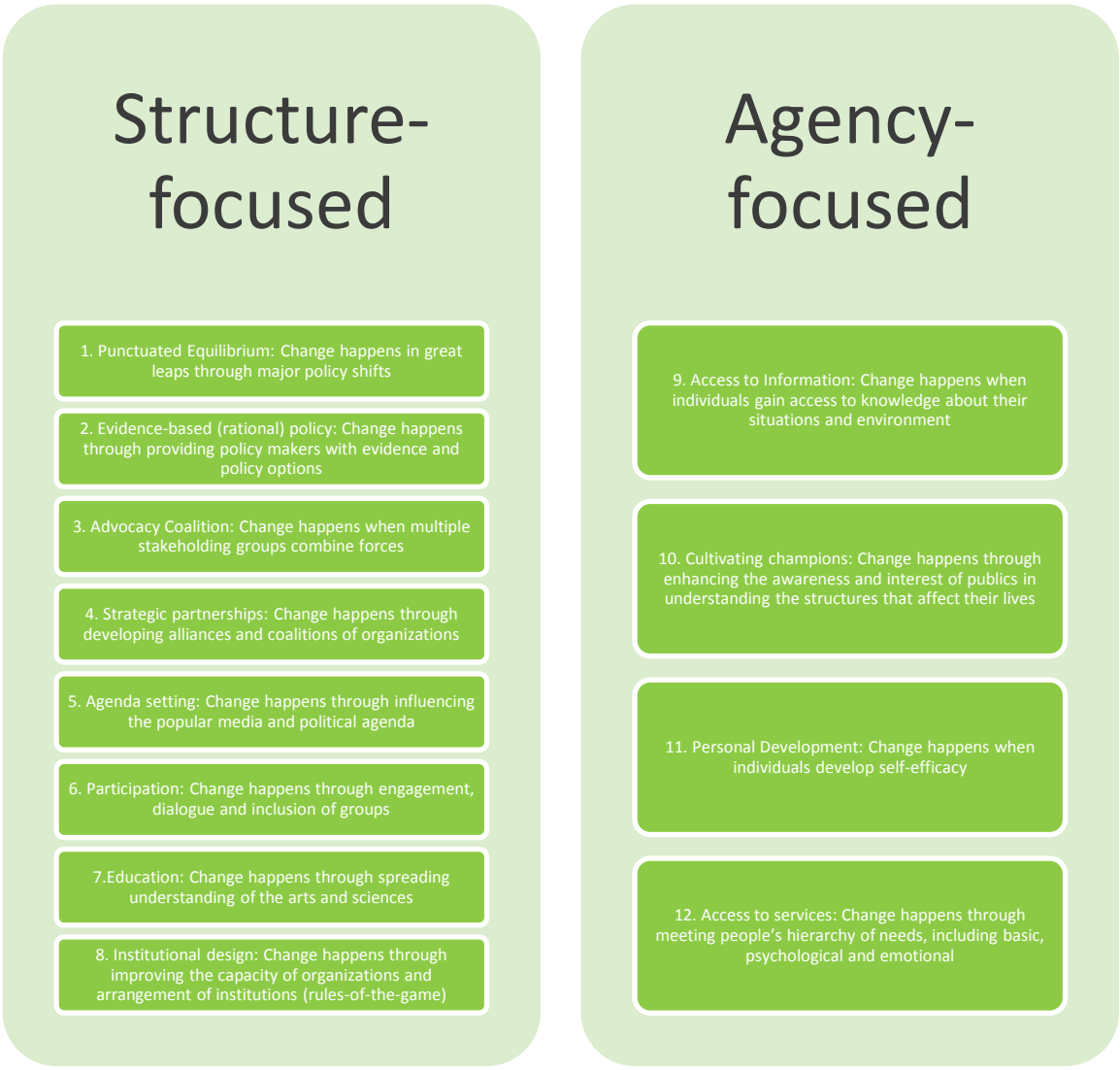
This analysis of the theories of change most prevalent in UNFPA have been synthesized into a detailed (see Annexes) and summarized (see Figure 13) theory of change. The purpose of the theory of change is to support the organisation of the evidence from the evaluation on the prevalence and efficacy of different mechanisms of change in UNFPA interventions (see Figure 14), and the contribution of UNFPA to four main outcome areas (see Figure 13).

Figure 7: Summarized reconstructed theory of change for GBV/HPs interventions based on UNFPA documentation and India case study (for explanations of the mechanisms of change see Figure 14)



Initial comparison of the reconstruction theory of change with established social, political, cultural, and economic theory (Figure 14) indicates that UNFPA interventions around GBV and HPs is grounded upon at least 12 established mechanisms of change that are predominant in the international development and humanitarian system. These encompass theories that are grounded in both structural and agency-based explanations of how change happens; the prevalence of these theories in UNFPA interventions will be mapped through the extended desk reviews and the global survey.

Figure 8: Generic structure and agency based mechanisms of change grounding the UNFPA portfolio of work on GBV and HPs



(Source: based on ImpactReady mapping of the 24 most common theories of change)

The inception phase identified several key external and internal factors along the "impact pathway": from the problem analysis, through structural constraints, to the exercising of agency and women's and girls' human rights. These include:

- Awareness of multiple definitions and contestation of GBV/HPs is an entry point to understanding political will.
- The difference in degree and sources of influence and programme accountability across decentralized levels of government affects the extent to which UNFPA can leverage its role and reputation as a thought leader.
- Regional and cross-border work must respond to changing contexts by adapting common practices or addressing mobile populations. In particular cases, the State can be absent, a minor actor, or even the perpetrator.

- Civil society is under-resourced institutionally, and the actors within civil society are also the most under-resourced and have constrained agency.
- Immunity and impunity remain significant barriers to accountability and due diligence. This is true at the individual, community and structural levels. Amplifying women's and girls' voices through civil society mechanisms may need to be paired with support for their safety and legal status. Diverse approaches to accountability at different levels within the enabling environment should be explored.
- Micro-level data may be as important to advancing evidence-based practice as robust national statistical data, but collection and sharing of such data may not be consistently available or face political resistance.
- The cadre that is staffing services may need additional training on KAP and need to better reflect the make-up of its clients. Re-educating and re-tooling existing services is as important as new services.
- Terms for engaging with the private sector for additional resources need to be clearly articulated at all levels.
- Understanding history of communities in humanitarian situations, in addition to forms of GBV /HPs that are known to be prevalent in emergencies. Anticipate indicators of crisis to get ahead of emerging GBV/HPs.
- Links across UNFPA outcomes are critical to changing practice and norms in unison.

3.4. Stakeholder analysis

In line with a human-rights-based approach to evaluation, a systems-based approach (critical system heuristics) has been used to map the key stakeholders in UNFPA's interventions, disaggregated by human rights roles and gender analysis where relevant. The stakeholder analysis forms the basis of both sampling and participation in the methodological design of the evaluation. Not all stakeholders will be included in the evaluation (such as perpetrators of GBV/HPs), but they are nevertheless included in the stakeholder analysis so as to make the boundary judgements of the evaluation explicit.

"Critical System Heuristics (CSH) provides a framework of questions about a program including what is (and what ought to be) its purpose and its source of legitimacy and who are (and who ought to be) its intended beneficiaries. CSH, as developed by Werner Ulrich and later elaborated upon in collaboration with Martin Reynolds, is an approach used to surface, elaborate, and critically consider boundary judgments, that is, the ways in which people/groups decide what is relevant to the system of interest (any situation of concern)… CSH rests on the foundations of systems thinking and practical philosophy, both of which emphasize the 'infinite richness' of the real world. In this view, understandings of any situation are inherently incomplete, and therefore based on the selective application of knowledge. By systematically questioning the sources of motivation, control, expertise, and legitimation in the system of interest, CSH allows users to make their boundary judgments explicit and defensible."[71]

Table 12: Identification of stakeholders using Critical Systems Heuristics

Stakeholding role and challenge	Stakeholders	Human rights roles	Gender analysis
Sources of motivation (intended ultimate beneficiaries and agents for change) **Challenge: Measuring changes in exposure, resistance, understanding.** **Two key "measurement" issues are:** **1) natural pace of maturation/sexual maturity/activity/mobility especially**	Women-Across the life cycle	Rights holders Primary duty bearers (as agents of change, as heads of households and assumed/traditional decision-makers)	Gender identities (M, F, L, G, B, T, I) Intersectional identities - Educational level (non, in, out, post, public/religious)
	Young women (20-30), adolescent girls (15-20), young adolescent girls (10-15)		
	Older women		
	Men-across the life cycle		
	Young men, adolescent boys, young adolescent boys		
	Older men		
	Young girls under 5	Rights holders	

[71] http://www.betterevaluation.org/en/plan/approach/critical_system_heuristics

among adolescents can confuse the results of programmes trying to influence those outcomes **2) focus on GBV changes its visibility (e.g. FGM medicalized)**	Young boys under 5		- Marriage / union (divorce, head of household de facto/de jure) - Motherhood / fatherhood (parenthood i.e. beyond childbearing) - Legal registration (at birth, census, marriage) - Race; ethnicity; origin; caste - Rural / urban / pastoral / semi-urban - Political identity; statelessness - Refugees - Returnees - IDPs - Migrants - Wealth - Class - Vocation - (Dis)ability - Religion Context-specific identities
Sources of control	UNFPA	Tertiary duty bearers	Women

Challenge: Decision environment	- HQ (executive board, leadership, management, technical advisers) - ROs (leadership, management, technical advisers, coordinating mechanisms) - COs - Liaison offices - Sub-regional offices		Men Seniority / Authority Local / National/ International Survivors; surviving family;
	UN System - Agencies: UNICEF, UNHCR, UN Women, WHO, UNAIDS, UNDP, ILO, IOM, WFP - Coordination: RC / HC, OHCHR, OCHA, UNCTs, GTGs - UN missions: SRSG, DPKO - Global Coordination Mechanisms - Global Joint Programming mechanisms - Secretariat/SG International Initiatives (PMNCH)		
	Donors - Bilateral, Multilateral (including OECD), Regional Cooperation Entities (funding and/or technical role) e.g. SADACC, ECOWAS, NEPAD, ASEAN, Shared Funds, Private-Public Partnerships global, Private-Public Partnerships country level (e.g. local foundations), Foundations-traditional, Foundations-profit entity linked, Private in-kind, Legacy, Crowd funding		
	Legislature (elected government) - Centralized – parliamentarians, State level legislature, District or local level governance (e.g. LGAs, panchayats)	Principal duty bearer	
	Central government	Primary duty bearers	

	- Health (specialists, experts, focal points, coordinating officers) - Gender-Equality Mechanism (women's affairs, women's empowerment) - Youth (in and out of school) - Education (public, private, religious sectors) - Public Works (transport, security, water, environment) - WASH (maybe separate) - Community development - Department of Labour - Department of Justice - Security forces-local, national, military, private - Disaster Management, emergency response - Bureau of the census (including demographic and health survey entity) - Regulatory oversight for education (national councils for public education, certification, training) - Regulatory oversight for health sector/systems - Regulatory oversight for medical practice, pharmacology, alternative care		
	Local government - Elected representatives including mayors and councils, Appointed leaders, Administrators, Service providers, Security		
	Judiciary, lawyers, police Training programmes		
	Implementing partners and care providers Medical and Health Providers Certification groups; regulatory groups		

	Household structures - Female-headed (de jure, de facto), Child-headed (de jure, de facto), Grandparent-headed, Multi-generational household, Polygamous (formal, informal), Extended household, Variable structure through migration	Primary duty bearers	
	Community structures (apart from governmental structures) - Employers, Unions, Religious institutions, Media, Traditional institutions (ROSCAs, cultural leaders, local councils), CSOs (associations, non-governmental organizations, chapter organizations)	Secondary duty bearers	
Sources of knowledge **Identifying pathways to impact**	UN system - WHO Guidance documents, UNAIDS Guidance documents, IASC protection policy, UN Joint Statements - UNFPA Evaluation Office	Tertiary duty bearers	Women Men Seniority Local / National/ International Survivors
	Civil Society Advisory Groups-Country Level		
	Civil Society Technical, Implementing and Advisory Groups Global - Women's Refugee Commission, Population Council, International Center for Research on Women, Human Rights Watch, Amnesty International, Centre for Reproductive Rights, Plan International (and affiliated groups e.g. Girls Count), World Vision, Save the Children, International Planned Parenthood Federation, IPAS, EngenderHealth, CEDPA, Safe Cities initiatives (UN Habitat, UN Women, UNICEF,		

	Microsoft), BRAC (selected countries), Promundo, MenEngage		
	Supervisory bodies - CEDAW, CRC, ICPD (Cairo), GREVIO/COP (Istanbul), CSW 2013 Agreed Conclusions, IASC, UN Security Council (1325/1820/2242), Human Rights Council (Universal Periodic Review) Special Rapporteurs, Independent Experts, Working Groups		
	Knowledge communities - FP2020, Agenda 2030, Beijing Platform for Action, HABITAT III, Every Woman, Every Child, Every Adolescent; Independent Accountability Panel (linked with PMNCH)		
	Individual specialists - Academia (local and international e.g. JHPIEGO), Experts, Global movements/Activists (e.g. DAWN, WIEGO)		
	Programme and evaluation informants from participatory processes	Rights holders Primary duty bearers	Women Men Beneficiaries
Sources of legitimacy **Addressing multiple world views**	Civil Society (see above)	Tertiary duty bearers	Women Men Seniority / Authority Local / National/ International Survivors
	UNFPA Executive Board		
	National Human Rights Commission	Secondary Duty Bearer	
	Frequently invisible groups - Married adolescent girls, Women and men with physical or learning disabilities, or mental health issues, Child soldiers, Drug users, displaced people	Rights holders Primary duty bearers	
Sources of exclusion	Perpetrators	Primary duty bearers	Women

Overcoming resistance	Traditionalists/patriarchy - Conservative politics/media, Family values CSOs/media, Religious institutions, Populist politics/media, reactionary coalitions	Secondary bearers Tertiary duty bearers	Men Position of authority
	Security forces - Police, Military, Combatants, Peacekeepers	Primary duty bearers Secondary duty bearers	
	Non-protection humanitarian clusters	Tertiary duty bearers	

4. Evaluation Design and Methods

4.1. Evaluation principles

The overall design principles of the evaluation will be guided by United Nations Evaluation Group (UNEG) norms and standards (2016) and guidance on integrating human rights and gender equality in evaluation. The evaluation will also adhere to UNEG ethics standards and be informed by the UNFPA evaluation policy and quality assurance system.

The proposal noted several relevant critical considerations in relation to the ToRs:

- **Strategic:** The evaluation will take the UNFPA GBV/HP portfolio of interventions, as the object of the evaluation, but within this include contextual analysis as well as country and thematic case studies to shed more light on implementation achievements and challenges. The evaluation will assess the contribution of UFPA GBV/HP interventions and the performance of interventions against their objectives to assess how these have positioned UNFPA at the strategic level.
- **Country context:** This evaluation has a strong focus on understanding the importance of contextual analysis. A process approach using four country and two regional case studies will support a robust analysis of the political, social and institutional context, including how UNFPA has responded specifically to contextual factors.
- **Learning**: This evaluation cuts across three strategic plan periods. It will thus be an opportunity to learn about how best to implement programmes/components that are designed to capture learning about what works or not in GBV programming, and how UNFPA has adapted or changed its programmes as a result. It will thus be an opportunity to learn from implementation and make recommendations that can be taken forward concerning implementation modalities and further strategy development.
- **Mixed-methods approach**: The evaluation calls for the design of a methodology that generates robust evidence on the causal chain connecting the UNFPA interventions and how they collectively contribute to the observed outcomes. The evaluation will use qualitative (realist synthesis, contribution analysis) and quantitative (qualitative comparative analysis, frequencies) analytical methods in parallel and sequentially to triangulate both qualitative (interview, documentation) and quantitative (survey, RBM, financial) data. This is combined with an interrogation of the theory of change, which will, it is expected, allow for the systematic collection of evidence along the strategy logic model.

In addition to these considerations, the evaluation will apply the following design principles:

- Methods of data collection and analysis that apply human rights principles (participation, non-discrimination, accountability)
- Methods of sampling and data analysis that support organizational learning (positive deviance[72], appreciative enquiry)
- Methods that are consistent with theory and systems-based approaches, utilization-focused evaluation, and feminist evaluation (CORT, contribution analysis)

The methodology combines two major evaluation methods which are seen as most appropriate for this evaluation: contribution analysis and CORT. In line with the ToR call for the reconstruction of the intervention logic of the UNFPA support, a theory-based approach will be applied for this evaluation. In accordance with current international good practice within the UN and OECD-DAC systems, this will be centred on the use of **contribution analysis**; to assess the extent to which the UNFPA interventions have (or have not) contributed

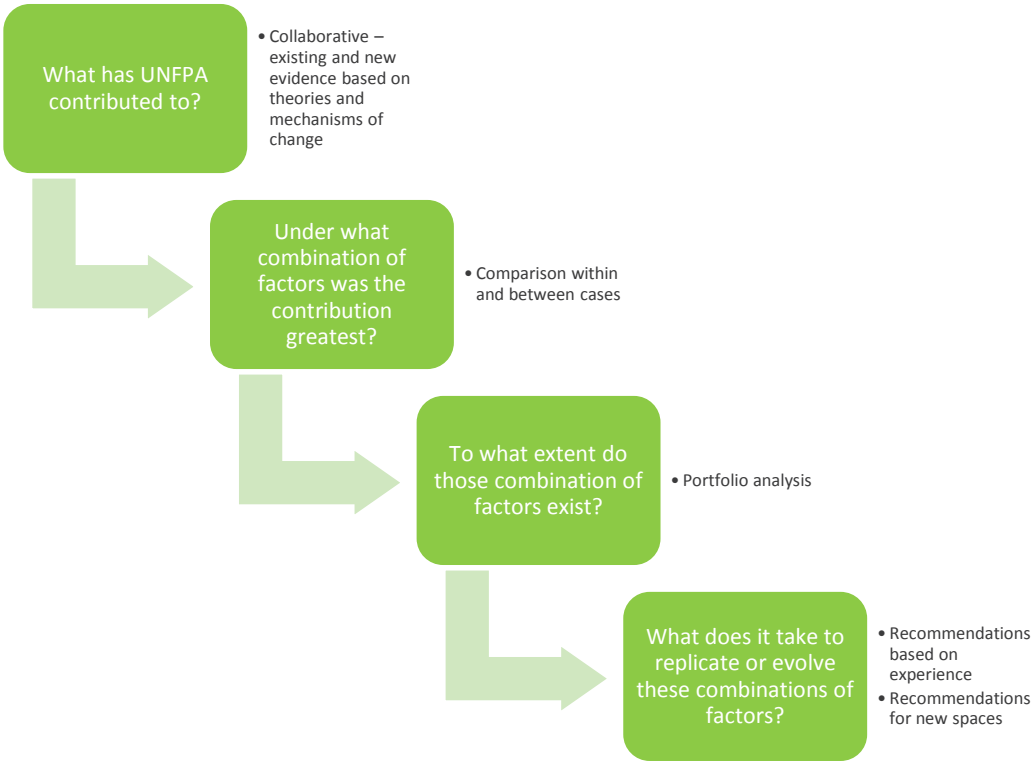
[72] Positive Deviance (PD) refers to a behavioural and social change approach which is premised on the observation that in any context, certain individuals confronting similar challenges, constraints, and resource deprivations to their peers, will nonetheless employ uncommon but successful behaviours 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.

to the achievement of intended results and outcomes. Contribution analysis involves six main steps:[73] (1) setting out the attribution problem to be addressed; (2) developing a ToC; (3) gathering existing evidence to test and validate the ToC; (4) assembling and assessing the contribution story and challenges to it; (5) seeking out additional evidence; and (6) revising and strengthening the contribution. A contribution analysis template is included in Annex 8.

The approach to contribution analysis for this evaluation encompasses several key elements:

- **Developing, reconstructing and validating the programme ToC** to be finalized and validated during the inception workshop.
- **Documenting the evidence available in a performance story** in relation to the ToC; the planned and actual accomplishments, lessons learned, and the other main explanations for the outcomes occurring and show why they have had none, limited and significant influence.
- Building both a macro and micro-level **contribution story** by systematically assessing the strategic plan's results; at the macro-level testing UNFPA's role on the global stage (including among other UN agencies) and at the micro-level assessing whether support has generated results at both the regional and country level.
- A robust **realist-synthesis method** to systematically review the primary and secondary evidence for supporting GBV outcomes.

Figure 9: Internal logic of the evaluation process



Using participatory processes, the evaluation will also seek to identify possible unintended effects (both positive and negative).

[73] Mayne, John. "Contribution Analysis: An Approach to Exploring Cause and Effect." International Learning and Change (ILAC) Brief, ILAC Brief, 16 (2008).

Collaborative Outcomes Reporting Technique (CORT)

The overarching contribution analysis will be framed by CORT[74] and complemented by the portfolio analysis. CORT is a participatory branch of contribution analysis developed by Dr Jess Dart and has previously been used successfully by ImpactReady to frame a gender-responsive and human-rights-based corporate thematic evaluation for the UN.

CORT is centred around the development of a "performance story" for an intervention by harvesting multiple lines and levels of evidence from multiple sources and through multiple analyses. The stages of CORT include: 1) scoping (participatory theories of change mapping); 2) data trawling (desk review); 3) social enquiry; and 4) Outcome (expert) panels and summit workshop to validate the performance story. This approach fits well with the processes already identified in the ToR.

The primary type of analysis included within CORT is qualitative: triangulating the perspectives of multiple stakeholders and experts around interpreting both quantitative and qualitative data sources. The evaluation team facilitates this process. The main output of the CORT process is an agreed understanding of the level of contribution UNFPA has made toward GBV and HPs outcomes (i.e. the performance story), and insight into the mechanisms of change most often associated with higher levels of contribution.

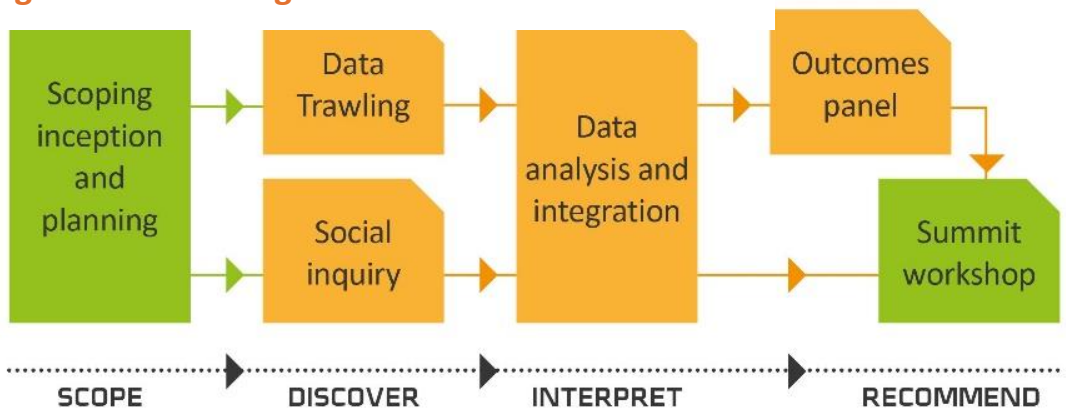
The country and regional case studies are an important part of the evaluation. Not only will they provide a valuable source of data, but they will also add a human voice to the evaluation and an essential element of participation. The proposed approach to these case studies emphasizes the importance of learning through an inclusive and participatory process. While it will be important for the evaluation to validate secondary sources of data on level of results that have been achieved in countries, our main interest is an open and honest reflection on the factors that have both contributed to and hindered the achievement of outcomes.

CORT follows participatory principles, and involves stakeholders in researching and evaluating their situation. It has been chosen as our case study approach because of a number of benefits that are associated with CORT:

1. UNFPA country staff and partners are provided with capacity development opportunities in terms of active participation in the social enquiry and analysis processes;
2. The approach emphasizes the voice of rights holders in assessing change;
3. The CORT process starts by (re)establishing the theory of change/results framework for GBV and HPs interventions within a specific context: the contributions of several interventions can be included;
4. The CORT process ends with a summit that brings together UNFPA stakeholders – an opportunity to build awareness and momentum behind UNFPA initiatives;
5. CORT reports are designed to be short and insightful documents that have been found to be useful and valued by organizations that have used this approach.
6. The CORT process has been adapted in the following ways:
7. Compressed the timescale to 10 working days (two weeks) to maximize the opportunity for UNFPA country staff to participate in the process;
8. Including consideration of relevance, sustainability and organizational efficiency in addition to outcomes (effectiveness).

[74] Available at http://betterevaluation.org/plan/approach/cort.

Figure 10. Four stages of CORT



The synthesis of evidence from across the different data sources and components of analysis, will allow us to develop findings and conclusions for each of the key evaluation questions. This process allows us to carefully draw together findings from the document review, the 14 case studies, the key informant interviews and the online survey to test the reconstructed ToC and systematically answer the evaluation questions. To reinforce the credibility and validity of the findings, we will use **triangulation techniques**. We will cross-compare the information obtained via each data collection method and from different sources e.g. compare results obtained through interviews with government staff with those obtained from rights holders or from statistical data as well as compare results within methods (among the different stakeholders interviewed). Users of the final report will be able to trace back from recommendations to the data upon which they are based.

Figure 11. Key evaluation activities

4.2. Sampling

The inception report recalls the **purposive selection criteria** established by the evaluation terms of reference for the country and regional case studies. The guiding principles for the establishment of the sampling criteria are linked to the mixed summative (backward-looking) and formative (forward-looking) purpose of the evaluation; and the consideration of the development-humanitarian continuum of contexts. The main

differences sought to be identified through the sampling criteria are the range of programming contexts in which UNFPA interventions are designed – with illustrative examples of how UNFPA has responded at scale in the main variations of context (geopolitical, prevalence of different HPs, humanitarian/development, etc.) The final 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).
- **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.[75]
- **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 includes a country or countries in which two or more **HPs** (FGM, child marriage, or son preference) are prevalent.
- **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.

[75] (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.

Table 13: Sample frame for the evaluation country case studies and extended desk review

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 (3rd quartile); 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)	Guatemala*(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 two or more HPs are prevalent
© denotes a country in which the continuum approach to GBV programming is being implemented/utilized
CPE: date range indicates the time period covered by recent evaluation; single date indicates the year of the forthcoming CPE

Source: evaluation terms of reference

Rationale for the selection: country case studies

The evaluation terms of reference (ToR) specified a fixed selection of case study countries for field missions. Following a joint review of the rationale established by the ToR, the inception phase determined that one of the intended country case studies for a field mission (Central African Republic) was best undertaken as an extended desk review due to ongoing insecurity and limited opportunities for data collection. In consultation with regional offices, country offices, and the HQ Humanitarian Branch, it was agreed to include Palestine as the fourth case study field mission. The rationale for the final selection is thus:

- **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 **HPs** 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.[76]

- **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.

- **Palestine:** falls within the **yellow quadrant** and presents an opportunity to observe and range of development and **humanitarian interventions**. Although Palestine has relatively low expenditure, it has one of the **highest ratios of core resources**, providing an opportunity to better understand the implications of the UNFPA business model on GBV and HPs. Palestine is also a lower-middle income country with medium human development overall, which is consistent with the other shortlisted countries in the sample.

The sampling process for the desk review has prioritized even regional coverage across the six regions covered by UNFPA. Given the learning purpose of the evaluation, it has intentionally oversampled criteria including a development-humanitarian continuum response, and the occurrence of multiple types of HPs to avoid very small n samples that would prevent triangulation.

Based on the sample frame, the sample criteria, and the learning purpose of the evaluation, the following sample for the extended desk reviews is proposed:

[76] Excluding Western Asia.

Table 14: Proposed sample for the extended desk review

	Iraq	Central African Republic	Sierra Leone	Sudan	Nepal	Bolivia	Turkey	BiH
Region	AS	WCA	WCA	AS	AP	LAC	EECA	EECA
Investment	High	Low	Medium	High	Medium	Low	Medium	Low
Quadrant	Yellow	Red	Red	Red	Red	Orange	Pink	Pink
JPs			Single	Single	Single			
Types of HPs		Multi	Single	Multi				
Income	Upper-middle	Low	Low	Lower-middle	Low	Lower-middle	Upper-middle	Upper-middle
Humanitarian	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Continuum	Yes						Yes	

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:

- **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 HPs are prevalent in the country: child marriage and FGM.
- **Sudan** has a high level of GBV expenditure. Sudan offers a context within AS where two HPs occur – FGM and child marriage. Through consultations, Sudan was singled out as a country with high levels of investment by UNFPA including in humanitarian response.
- **Central African Republic**, 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 longstanding/ongoing crisis. UNFPA CAR has spent the seventh highest amount the region.
- **Bosnia and Herzegovina**, with the fourth highest expenditure, provides only opportunity to assess humanitarian programming in the region.
- 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.
- **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. 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.

- **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 consideration of this relatively recent initiative. Although the evaluation will be focusing on Turkey, it will include coverage of the whole of Syria response (as a component of the work in Turkey).

In combination, the country case studies and the extended desk reviews lead to the following levels of proportionality with the sample framework.

Table 15: 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*
JPs	Single	27%	3	6	*Over*
	Multi	8%	1	1	*Proportional*
Types of HPs	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*

Regional Programme

In addition to the country case studies, the evaluation will feature two regional case studies. Selection of the regional case studies was specified by the ToR 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.

Table 16: Expenditure of regional offices on GBV

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%

Source: evaluation terms of reference

- **Asia Pacific regional programme**: 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 HPs – 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.
- **EECA regional programme**: 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.

4.3. Methods for data collection

Extended inception phase

In line with the ToR, a pilot mission has been undertaken to India in order to test and validate the rapid-CORT process, analytical tools and methods, and contribution analysis proposed for evaluation case studies. A case study note is being produced. International interviews with UNFPA staff at regional and headquarters will also be undertaken. Following the inception meeting and in further consultations with UNFPA, the evaluation team has refined the evaluation methodology and evaluation questions, sampling design, as well as the tools and methods as necessary.

CORT Step 1

Scoping + data trawling:

theory of change clarified, existing data identified and evaluation questions developed

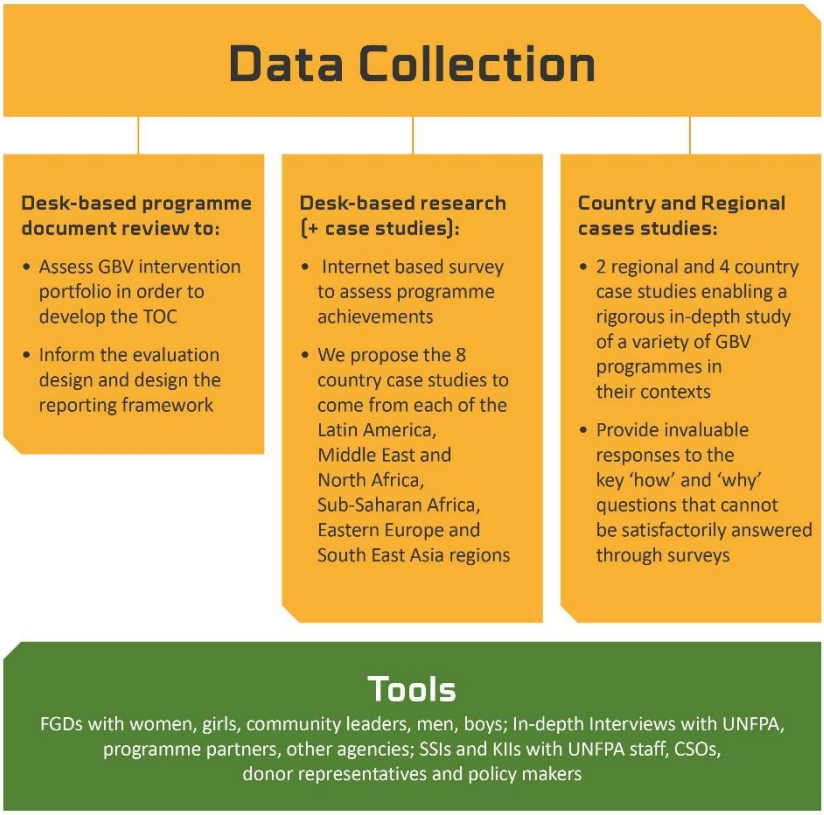
Data collection and analysis phase

CORT Step 2

Social Inquiry: qualitative and quantitative data gathering

In line with the ToR, the data collection phase will begin with an induction workshop that will bring together the evaluation team and the evaluation manager. Using the detailed evaluation methodology and plan as the pivot for discussions, there will be an agreement on the timing and phasing of data collection, including roles and responsibilities. The data collection phase will include, inter alia, documentation review, survey, interviews, focus group discussions, eight extended desk review country case studies, and regional and country case study field work. Data collection will be undertaken at all levels at which UNFPA works: country, regional and global (HQ). The data collection efforts will focus on progress being made by UNFPA and how initiatives and activities are contributing to the outputs and outcomes related to GBV/HPs. Data collection will be underpinned by the reconstructed ToC, and will be formative in nature (prospective); looking at the extent to which the UNFPA support to the prevention, response to and elimination of GBV and HPs is achieving its goals and objectives.

The case studies will provide invaluable responses to the key "how" and "why" questions that cannot be satisfactorily answered through surveys, such as: why was UNFPA support to the prevention, response to and elimination of GBV designed in the particular way it was (what were the ToCs), how did the programmes operate (what were their strategies), how did they attune their operations to their contexts, and why did they succeed or partially succeed (or partially fail or fail) in making progress toward or achieving the intended outcomes? While the unit of analysis will be the UNFPA GBV interventions, special attention will be paid to the complex contexts in which they have been implemented.



Data collection tools

The evaluation will apply eight main methods to collect primary and secondary data as evidence (see table 17 below).

Table 17: Data collection tools used by the evaluation

	Tool	Description	Integration of human rights and GEEW	Use
	Group interview	One-to-many facilitated discussion based on guiding questions (similar to a focus group)	Confidentiality Free, prior and informed verbal consent Same-sex interviewer in cases with asymmetrical power relations with evaluators Group interviews with participants of comparable power and status Use of translators to local languages Inclusive targeting criteria for identifying groups Facilitation to ensure all participants have the opportunity to express voice Flexibility of evaluators to travel to location/time that is convenient for participants	Main points recorded by evaluators in Word documents under the evaluation matrix assumptions. Collected in a private Dropbox. Merged into single frequency table for analysis maintaining links to meta data on intersectional identities of sources.
	Semi-structured interview	One-to-one confidential interview with a key informant based upon guiding questions		
	Observation	Site visits to projects and programmes to witness interventions and their effects		
	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	Separate referenced analysis written up for each case by evaluators. Stored in Word documents using the assumption headings from the evaluation matrix.
	Internet survey	Electronic survey using SurveyMonkey of UNFPA staff	Collection of sex-disaggregated responses and other social identifiers Confidentiality Free, Prior and Informed Consent Used of human rights language Specific questions on GEEW Multilingual versions of the survey Use of standards-compliant software compatible with	Data automatically stored in Excel until needed.

			accessibility features for the visually impaired	
	Workshop	Facilitated event in which participants work through a series of activities designed to support reflection and elicit feedback	Free, prior and informed verbal consent Groups of participants of comparable power and status Inclusive targeting criteria for identifying groups Facilitation to ensure all participants have the opportunity to express voice	Main points recorded by evaluators in Word documents under the evaluation matrix assumptions. Collected in a private Dropbox.
	Validation	Virtual or in-person processes including debriefs and mini-presentation designed to highlight discrepancies, disagreements or potential gaps during the evaluation process		
	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	Comment matrix used to track changes and responses.

The following combinations of tools in table 18 below will be used for data gathering during different stages of the evaluation.

Table 18: Application of evaluation tools to different phases of the evaluation

Inception		✓		✓		✓	✓	✓
Country case studies	✓	✓	✓	✓	✓	✓	✓	
Regional case studies		✓	✓	✓	✓	✓	✓	
Desk case studies		✓		✓	✓		✓	
Synthesis				✓		✓		
Reporting							✓	✓

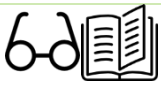
Targeting primary data collection

Based on the stakeholder analysis, multiple data sources will be used to collect information about each category of social role, considering both rights holders and duty bearers. Interviewees will be identified in dialogue with UNFPA country offices, regional offices and Evaluation Office based on criteria prepared by the evaluation team.

- **Duty bearers** will be targeted based on maximizing coverage of the stakeholder identified in the critical systems heuristics, giving priority to duty bearers with higher levels of interest and influence in each context.

- **Rights holders** will be targeted through a combination of means designed to support both the purpose of the evaluation and the principles of integrating human rights and gender equality in evaluation.
    - Group interviews will be held at community level in each country case study in relation to UNFPA GBV/HPs interventions. Two communities in each case study will be targeted based on positive deviance rather than a representational basis – maximizing the opportunity to identify lessons about what works. In each community, five group interviews will be undertaken alongside semi-structured interviews with project implementers: 1) women affected by the project, 2) men affected by the project, 3) young women 15-24 affected by the project, 4) young men 15-24 affected by the project, 5) women not yet reached by the project.
    - Semi-structured interviews and document analysis will be undertaken with rights-holders organizations (CSOs) representing minority groups (cultural, religious, sexual identity, HIV, disabilities), and academic researchers or other institutions working with young people and children.

Table 19: Application of evaluation tools to ensure participation of stakeholders

Social role	Disaggre-gation	Rights holders	Principal duty bearers	Primary duty bearers	Secondary duty bearers	Tertiary duty bearers
Sources of motivation	Sex Institution Geography					
Sources of control	Sex Institution Geography Level					
Sources of knowledge	Sex Institution Level					
Sources of legitimacy	Sex Institution Geography					
Sources of exclusion	Sex Institution Geography					

Global survey outline

A global survey is being developed for UNFPA staff (see Annex 4) to generate quantifiable and narrative data from all UNFPA programme presence countries. This data will be used to extended 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 will be user tested on a small group before being shared more widely.

The survey will be designed to allow the evaluation to disaggregate responses from three groups: 1) senior managers (global, regional, country), 2) GBV technical specialists and programme staff, 3) GBV technical specialists and programme staff in predominately humanitarian settings. The survey will be designed to take 15-20 minutes and include a combination of multiple choice, cardinal ratings, and open text questions.

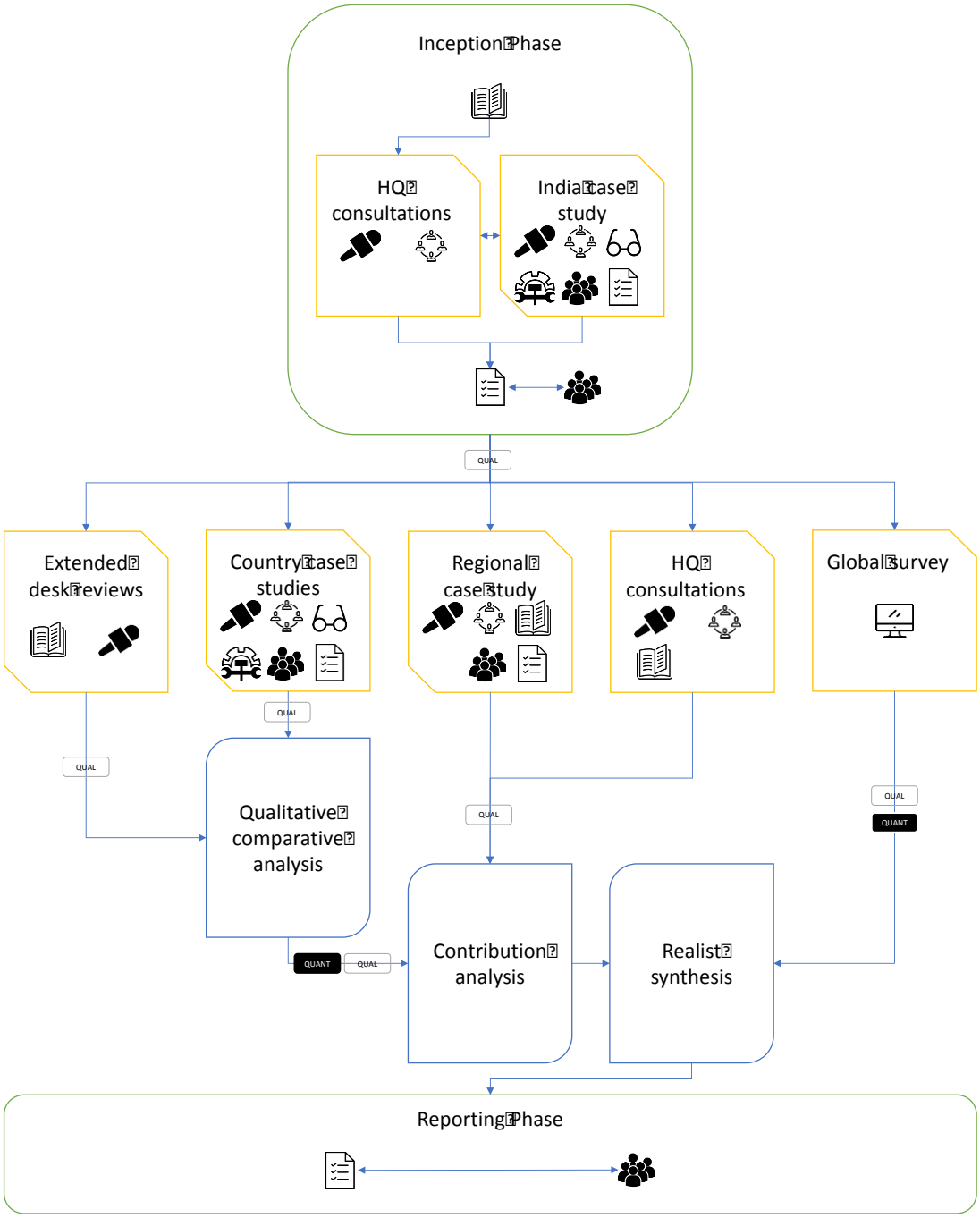
To encourage a higher rate of response, the evaluation team will work with the evaluation manager to secure a high-level invitation/request for participation in the survey, along with follow-up emails. Data will be analysed using frequency analysis in Excel; and used to triangulate findings from the case studies (see below).

4.4. Approach and methods for evaluative analyses

The following diagram (figure 18) illustrates the flow of qualitative and quantitative data through the evaluation design: with different methods 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.

With regard to mixed-methods, the majority of primary data will be qualitative and the majority of analytical methods will be qualitative. However, the global survey provides the opportunity to generate primary quantitative data (frequencies) and the configurational analysis of case studies allows for quantification of patterns in qualitative data. In addition, the realist synthesis will have the opportunity to draw on multiple sources of quantitative data, including financial records and results monitoring systems.

Figure 12: Data flow (QUANT/QUAL) through the evaluation process (icons reference the evaluation matrix)



Country and regional case studies

Each case study will be based on a mini-CORT process that will include a summit workshop with an extended reference group to support participatory analysis and interpretation of the performance story for UNFPA in a given context. This will be captured in the country case study notes. All of the case studies will be undertaken through a 10-day CORT process based on an extended version of ImpactReady's previous experience of running 5-day rapid-CORT case studies.

Table 20: Outline of country case study process based on rapid-CORT

Timing	Activities
Day 1	Meeting with UNFPA office – ToC mapping and context analysis
Day 2	Inception workshop with the reference group
Day 3-8	Key informant interviews and group interviews with pre-identified stakeholders Visits to two sites involved in UNFPA interventions with group discussions and observations
Day 9	Detailed workshop with UNFPA gender team
Day 10	Participatory summit workshop with extended reference group, followed by debrief with UNFPA office

Final data analysis and reporting phase

The ToR stipulates that this phase will start with a data analysis workshop involving the evaluation team and the UNFPA evaluation manager, to discuss the results of the data collection (which will be run as the CORT expert panel). This will be followed by a more inclusive summit workshop involving key stakeholders that will look at the conclusions and recommendations before a draft report is submitted. This reporting processes and activities will be underpinned by an interrogation of the ToC and assumptions, in order to identify to which success or failure to date, is due to programme design and theory, or to programme implementation. The evaluation will thus provide an opportunity for UNFPA to use the findings and recommendations to feed into the next strategic plan.

CORT Step 3

Data analysis and integration: synthesizing and interpretation of qualitative and quantitative data

Outcome (expert) panels: people with relevant knowledge are asked to assess the contribution of the interventions towards the set goals

The evaluation will involve a **configurational case study analysis** – looking at combinations of factors across the countries that led to 1) prevention of GBV/HPs; 2) response to GBV/HPs; and 3) elimination of GBV/HPs. The configurational analysis will be undertaken using crisp-set (yes/no) qualitative comparative analysis (QCA) of the case study data based on the assumptions in the evaluation matrix (the confounding variables) and the outcome-level results in the reconstructed theories of change (level-of-outcome being the dependent variable). If crisp-set analysis gives an inconclusive result, the evaluation will examine the case for multivariate (high/medium/low) QCA based on the qualitative comparative assessment of the level of each variable in each case study.

As directed in the ToR, the evaluation will combine 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".[77] We will use **cross case generalization** at the country level to identify common issues or themes across several cases that have been studied and re-examine emerging themes in different contexts, to see which hold true across cases. This allows general propositions to be derived across the cases.

[77] 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.

Dissemination and follow-up phase

In line with international best practice to ensure the uptake of learning from evaluation findings, Itad will produce dissemination products in a clear language and engaging format, and to tailor them to the desired audience to be reached as determined by the Evaluation Office and ERG (including the major dissemination workshop mentioned in the ToR). The ToR stipulates that the evaluation team will work with the evaluation managers to disseminate findings. In concert with the evaluation manager, there will be a presentation of the evaluation findings at a stakeholder workshop to be held in the UNFPA headquarters in New York. There will also be a presentation of the findings to the June 2018 UNFPA Executive Board session. Evaluation briefs will also be prepared in English, French and Spanish, as part of the dissemination activities. Provided that the ERG's authorization is given, Itad will also circulate dissemination products among its network of followers on online social networks and through the Centre for Development Impact,[78] of which it is a partner.

CORT Step 4

Summit workshop:
key findings and recommendations are identified and shared with critical stakeholders

4.5. Ethical standards and considerations

Itad has developed a comprehensive document "Itad's Ethical Principles for Evaluations", which sets a standard to which all Itad staff, consultants and partners adhere when working on Itad managed evaluations. Itad evaluators operate in accordance with international human rights conventions and covenants to which the United Kingdom is a signatory, regardless of local country standards. They will also take account of local and national laws. Itad takes responsibility for identifying the need for and securing any necessary ethics approval for the study they are undertaking. We will also abide by the ethical standards for violence against women and girls (VAW) research and evaluation (please see annexes).

In accordance with ethical and ethnographic norms, the evaluators will not work directly with any stakeholder below 15 years of age. The perspective of children will be gained through asking young people about the perspective of siblings <15 years old, and through the interviews with researchers.

The evaluation will be guided at all times by the UNEG Ethical Guidelines and the UNEG Code of Conduct for Evaluation in the UN System. Specific commitments include:

1. **Independence and impartiality.** The evaluation team will remain independent from UNFPA and the evaluand at all times. Clear reasons for evaluative judgements, and the acceptance or rejection of comments on evaluation products will be given. The final report will make clear that it is the view of the evaluation team, and not necessarily that UNFPA – who may articulate its voice through a Management Response. Evaluation team members will be required to report any real or perceived Conflicts of Interest. These will be assessed by the team leader and addressed appropriately and transparently.

2. **Credibility and accountability.** The evaluation team will seek to use best evaluation practices to the best of their abilities at all times. The project director will help ensure that commitments are met in the timeframes specified, or that the evaluation manager is advised ahead of time so that mitigating action can be taken.

3. **Rights to self-determination, fair representation, protection and redress.** All data collection will include a process of ensuring that all contributors and participants give genuinely free, prior and informed consent. We will implement a three-stage consent process (before, after, reporting) through which contributors are given multiple opportunities to refuse, grant or withdraw their consent based upon clear understandings of the persons/institutions involved, the intention of the process, and possible risks or outcomes.

[78] http://www.ids.ac.uk/events/cdi-seminar-series.

4. **Confidentiality.** All data will be held on secure databases under the UK Data Protection Act, with Itad as the Data Controller. All information will be used and represented only to the extent agreed to by its contributor. When information is presented in reports accepted ethnographic norms will be applied. Where information is made available as open data, it will be stripped of identifiable information.

5. **Avoidance of harm.** The evaluation team will work with local UNFPA offices to identify vulnerable groups prior to workshops, and to ensure that any participatory processes are responsive to their needs.

6. **Accuracy, completeness and reliability.** All evidence will be tracked from its source to its use and interpretation based on the evaluation framework

7. **Transparency.** The evaluation will seek the permission of UNFPA to share insights through the Itad and ImpactReady networks. All data collection and analysis tools and processes will be included in an annex to the final report.

8. **Reporting.** The outcome of the evaluation will be communicated through a participatory validation process and multiple accessible evaluation products.

9. **Acknowledgement.** If any incidences of ethical wrongdoing are encountered during the evaluation, these will be reported to the Evaluation Office in line with UNEG standards.

4.6. Response to potential challenges and inherent limitations

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 proposed approaches draw upon learning from other evaluations about what works in GBV programming to inform our approach and will include measures to mitigate against well-known challenges.

Contribution/attribution

Assessing the extent to which the components of UNFPA GBV programme interventions have impacted on observed changes requires a rigorous methodological framework. The difficulty in understanding whether a programme has contributed to change derives from the inability to separate the effect that interventions have on individuals, policy makers and other targeted actors from their existing beliefs and understandings. Since these 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 change in GBV as well as policy change.

To understand the contribution of the programme to the elimination of GBV, we will apply assessment methods focused on policy change and attitudinal change. By using **contribution analysis** as the methodological framework for our case studies, we recognize that results are produced by several causes at the same time, none of which might be necessary or sufficient for impact. However, through the contribution analysis, we will be able to demonstrate why and how a component has made a difference by considering supporting factors and looking at a combination of causes. Comparing the UNFPA GBV ToC against the evidence enables exploration of the contribution each component has made to observed outcomes. It is a particularly suitable methodology because it permits the evaluation of complex theory-based programmes where attribution is not feasible.[79] The analysis of the evaluation team will be continuously triangulated and validated through the participatory processes included in the CORT approach.

[79] Mayne, John. "Contribution Analysis: An Approach to Exploring Cause and Effect." *International Learning and Change (ILAC) Brief*, ILAC Brief, 16 (2008).

Interventions to address GBV and HPs

GBV and HPs 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. Our analytical approach using contribution analysis will mitigate this challenge. We have shown in earlier sections that contribution analysis recognizes the complexity of interventions in the social world and therefore the difficulty of isolating the impact of a single intervention.

Inherent limitations of the methods

The utilization-focused design proposed 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 include:

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 being fully transparent about evaluative reasoning and judgements;
3. Constrained involvement of large numbers of rights holders and marginalized people in the commissioning and design of the evaluation, or as data collectors and interpreters; and
4. The potential for bias in the data collection, which will need to be triangulated through the expert group, summit workshop and critical analysis by the evaluation team.

4.7. Triangulation

The evaluation will triangulate analysis and findings along multiple axes and the level of evidence for each finding will be reflected in the text.

- Multiple evaluators will be involved in each stage of the evaluation to triangulate perceptions and perspectives. The combinations of evaluators' gender, age, and geopolitical heritage will be intentionally as diverse as possible from the available persons.
- Multiple data collection methods, types of data and levels of evidence will be used to develop each finding by examining convergence, corroboration or correspondence in the evidence.
- Evidence from multiple groups of stakeholders will be used to develop each finding.
- Multiple findings will be used to develop each conclusion and each recommendation.
- Configurational case study analysis will be used to compare and contrast case studies. Further key informant interviews and document analysis will be used to interrogate patterns in the case studies. The staff survey will be used to examine the representativeness of emerging findings from the case studies.
- The interpretation of the evaluation team will be triangulated with the case study reference groups and the global reference group by seeking out paradoxes, contradictions, or fresh insights.

5. Evaluation Questions

5.1. Set of evaluation questions

Consistent with the provisions of the ToR, the evaluation will adhere to the OECD-DAC criteria - **relevance, efficiency, effectiveness, and sustainability,** in conducting the evaluation. Impact will be intentionally excluded since the scale and purpose of the evaluation does not prioritize this criterion, which would require a different design and sampling approach to be applied.

The criteria will be modified from the ToR in that sustainability will be expanded to include **coverage and coherence**[80] for evaluating UNFPA's support to GBV and HPs in humanitarian response. The evaluation questions have been refined iteratively during the inception phase through close collaboration between the evaluation team and the UNFPA Evaluation Manager (including during the India Case Study). The number of evaluation questions has been kept low to support evaluability, and each question has been elaborated through several assumptions (se Evaluation Matrix in section 5.2). These assumptions were tested and refined during the India Case Study, and inception phase consultations with the evaluation reference group.

Table 21: 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	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?[81] 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?
Organizational 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	Evaluation question 3: To what extent did UNFPA's international leadership, coordination, and systems enable sufficient resources[82] to be made available in a timely manner to achieve planned results? 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?
Effectiveness regarding the extent to which intended results were achieved	Evaluation question 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 address GBV and harmful practices across different settings? Evaluation question 6: To what extent has UNFPA support to contributed to the prevention, response to and elimination of GBV and harmful practices across different settings?

[80] Used by the OECD DAC to evaluate in complex emergencies, conflict affected areas.
[81] Including international, regional, national, and subnational partners, global alliances, and affected populations.
[82] Financial, human, time, management and administrative.

Sustainability of the benefits from UNFPA support in terms of whether they are likely to continue, after it has been completed	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?

The inception phase identified a number of key expectation that primary intended users of the evaluation with regard to how the evaluation answers the above questions. These include:

- Gathering evidence of what works in GBV responses, including guidance on areas of work that can be invested in, focused on or strengthened.
- Identifying intersections with SRH, including identifying key entry points under particular conditions (good practices): such as a multi-sector approach (e.g. Health sector to wider approach), prevention and humanitarian contexts.
- Elaborating the GBV continuum approach (linking development to humanitarian settings), including UNFPA's role in the humanitarian area of responsibility for GBV.
- Identifying what are UNFPA's core competencies in the face of limited resources and political commitments: how does the evaluation see UNFPA moving forward in GBV and HPs; how to work with other UN entities on HPs; and ways forward to address key niche areas.
- Evaluation process is important, ensuring key stakeholders give inputs during the process.
- Consider the results-based management system: monitoring and performance assessment of GBV.
- Acknowledge intentional fuzziness in definitions where UNFPA is trying to influence and improve quality, rather than directly implementing everything.

5.2. Evaluation matrix

The evaluation matrix includes nine questions drawn from the terms of reference requirements for the evaluation, the stated evaluation purpose and criteria, and the suggest areas for inquiry. Each evaluation question is elaborated with assumptions that are based on the reconstructed theory of change for GBV/HPs; which are presented with the principal indicators that the evaluation expects to apply. The benchmark for each indicator is the equivalent level of performance implied by UNFPA's strategic plan and country programme development results frameworks. The data collection methods reference Section 4.

Table 22: 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	• 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).

	monitoring to anticipate shifts particularly in humanitarian contexts not monitored by other agencies		
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

5.3. Coverage of issues stated in the ToR

The evaluation will achieve full coverage of the areas of enquiry stated in the terms of reference through an integrated set of evaluation questions. Based on the context analysis, a number of refinements have also been proposed for the areas of enquiry, as set out in the table below.

Table 23: Relation of the evaluation questions to the ToR areas of enquiry

Areas of enquiry (ToR)	Notes	Criteria	Evaluation questions
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 and HPs on the one hand, and UNFPA policies and strategies on the other.	Will also consider international standards and guidelines	Relevance	EQ1 (stakeholder priorities and HRBA)
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.	Will consider the "development-humanitarian continuum" so this speaks to development, all types of humanitarian settings and then back into development; including how to work in different settings cross fertilises	Relevance	EQ2 (most relevant interventions)
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 utilised synergies at country, regional and global levels, including UNFPA coordination role within the UN system and partners, to support the prevention, response to and elimination of GBV and HPs across different settings.	Resources include training packages, formats, guidelines	Organisational Efficiency	EQ3 (leadership and structure), EQ4 (strategic partnership)
The extent to which UNFPA has partnered with civil society organisations to prevent, respond to and eliminate GBV, including support to the institutionalisation of programmes to engage men and boys in addressing GBV-related issues.		Organisational Efficiency	EQ4 (strategic partnerships)
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. And the extent to which UNFPA has contributed to enabling the provision of multi-sectoral services for addressing GBV and HPs in both development and humanitarian settings.	Related issues include gender equality factors Provision of services includes coordination of services	Effectiveness	EQ5 (outputs), EQ6 (outcomes)

The extent to which UNFPA has contributed (or is likely to contribute) to sustainably strengthening national capacities for preventing and eradicating GBV and HPs, including within humanitarian settings.		Sustainability	EQ7 (sustainability and coherence)

6. Management

6.1. Detailed work plan

The following work plan outlines the next phases/stages of the evaluation, including the visits in programme countries.

JB = Joseph Barnes; CW = Corinne Whitaker; KT = Katie Tong; KN = Kelsy Nelson; PO = Project Officer

Table 24: Detailed working schedule for the evaluation

Phase	Task	Location	Date	Our Dates and Who is Involved
	Theory of Change Workshop	Itad, Hove	December 15	JB, KT, KN
Inception	Submission of first Draft Inception Report *		December 28	JB through Itad PO
	Comments from the EO only			
	First ERG Meeting + followed by meetings/interviews in HQ	New York 3 working days (team leader)	End January 2017	Jan 24-26, 2017 JB
	Submission of second draft Inception Report		Mid Feb	Feb 13, 2017
	Comments from the ERG			
	Pilot mission	India 3 weeks	March 6 – 24, 2017	March 6 – 24, 2017; JB and CW
	Submission of 3rd draft Inception Report (after the pilot)		April 5	JB
	Comments from the ERG on the IR		April 17	
	Submission of the first Draft India country case study note		April 7	
	Comments from the ERG + CO on the India CN		April 17	
	Submission of Final Inception Report *		May 5	May 5, 2017 JB through Itad PO
	Submission of the final draft India country case study note		April 28	April 28, 2017 JB through Itad PO
	Evaluation Team Induction Workshop with Evaluation Manager (preparation for the field phase)	Hove, United Kingdom 2.5 working days (core evaluation team members)	Early May	May 10/11 Hove, United Kingdom All Team members (JB, CW, KT, KN)
Field Missions and Data Collection	Data collection and extended desk review A. Documentary review B. Survey(s)		May–Sept	All team members (JB, CW, KT, KN)

Phase	Task	Location	Date	Our Dates and Who is Involved
	C. Cyber search D. Remote interviews (country, regional and global stakeholders)			
	5 field missions (two regional offices; three Countries)	Istanbul – Bangkok – 5 working days	June–Nov	10 – 14 July JB 5-9 June or 11–15 Sept JB
		Guatemala – 10 working days (btn 23 Ot-m3 Nov or 13-24 Nov) Palestine – 10 working days Uganda – 10 working days (btn 25 Sept-13 Oct)		Guat. CW, Silvia; Oct 23-3 Nov or 13 - 24 Nov Pal– KT (3-14 July) Uganda – CW, JB 25 Sept – 6 Oct 2 – 13 Oct
	HQ interviews	New York – 5 working days	June	CW
	Submission of three draft country case study notes Submission of two draft regional case study notes		July –Nov	JB through Itad PO – Nov
	Comments from the ERG + COs + RO on the CN & RN		July–Nov	
	Submission of three final country case notes* Submission of two final regional case notes		August-Dec	JB through Itad PO – Dec
	Second ERG Meeting Followed by an Evaluation Team Analysis Workshop with Evaluation Manager (in preparation for the analysis and reporting phase)	New York four working days (core evaluation team members)	Early Dec	5 – 8 Dec or 12-15 Dec (JB, CW, KT)
Reporting	First Draft evaluation report (no conclusions or recommendations)		Dec	JB through Itad
	Evaluation Team conclusions and recommendations Workshop with Evaluation Manager	Hove 2.5 working days (core evaluation team members)	Feb	Feb 6 – 8 Hove United Kingdom All team members (JB, CW, KT, KN)
	Second Draft Final Evaluation Report*		Mar 2018	JB through Itad PO – March 12
	Comments from the ERG on the 2nd draft final		March 2018	
	Third ERG Meeting	New York 2 working days (team leader)	April 2018	April 3 – 4 JB

Phase	Task	Location	Date	Our Dates and Who is Involved
	Comments from the ERG on the draft final		April	April 13
	Submission of Final Evaluation Report (word/pdf version)		May 18	JB through Itad PO – May 14, 2018
Dissemination	Professional copy editing and design of report provided by the company		May	May 21
	Submission of Final Evaluation Report (copy edited and in-design version)		June	June
	Evaluation Brief (word/pdf version in English)		June	JB through Itad PO – June 18, 2018
	Professional copy editing and design of brief provided by the company (in English)		June	June
	Submission of Evaluation Brief (copy edited, and in-design version in English)		June	June
	Stakeholder workshop & Presentation to the Executive Committee	New York 2 working days (team leader)	July	Early July
	Evaluation Brief (word/pdf version in French, Spanish)		July	Mid July
	Executive Board presentation	New York 1 working day (team leader)	Sept 2018	September
	Submission of Evaluation Brief (copy edited, and in-design version in French and Spanish) *		August	August
	Other dissemination activities		Dates to be Confirmed	

Legend:

Field Missions	Final deliverables to be produced by the evaluation team – payments	Meetings/ evaluation team workshops in New York / UK	Comments from the ERG

6.2. Team composition

Table 25: Members of the evaluation team leading the production of each case study

Level	Case	Lead
Global	HQ (no report)	CW/KT
Regional	Europe and Central Asia (Istanbul)	JB
	Asia Pacific (Bangkok)	JB
Country	India	JB/CW
	Uganda	CW/JB
	Guatemala	CW/Silvia Salinas
	Palestine	KT

Extended desk review	Iraq	KT
	Sudan	JB
	Nepal	JB
	CAR	CW
	Turkey (incl. Syria response)	KT/JB
	Bosnia and Herzegovina	JB
	Bolivia	Silvia Salinas
	Sierra Leone	KN

Table 26: Roles and responsibilities of the evaluation team

Team position	Roles and responsibilities
Joseph Barnes – Team Leader	• Responsible for overall technical delivery of the evaluation, including development of the final design and methodology • Main point of contact with UNFPA on all technical matters related to the evaluation • Manage the inputs of the core team and national consultants • Lead the India Case Study and the Regional Case Studies of EECA and AP • Lead the production of all deliverables, including the inception report and the final report, as well as the evaluation briefs • Coordinate and take part in all primary data collection activities
Corinne Whitaker – Thematic Expert (Gender Equality - GBV)	• Supporting technical delivery of the evaluation • Technical support on methodology, data collection and analysis • Lead the Uganda and Guatemala case studies and participate in the India case study • Lead the review of global work on GBV and HPs • Input into the development of all deliverables as requested by the Team Leader
Katie Tong – Thematic Expert (GBV in Humanitarian context)	• Supporting technical delivery of the evaluation • Technical support on methodology, data collection and analysis • Lead the Palestine case study • Input into the development of all deliverables as requested by the Team Leader
Kelsy Nelson – Junior Expert	• Support team in development of methodology and analysis • Lead the Internet searches and collate documents for review • Take part in the Online survey and analysis • Input into the development of all deliverables as requested by the Team Leader
National consultants (x 4)	• Evidence and literature review • Support stakeholder analysis and field visit preparation • Analyse interview notes • Input into the development of all deliverables as requested by the Team Leader

Abdulkareem Lawal – Project Director	• Accountable for delivery of the evaluation • Liaison with UNFPA on contractual and scheduling matters • Report on a regular basis to UNFPA on progress of the evaluation • Strategic support to stakeholder engagement and informing audiences around evaluation findings • Support to team on refinement of evaluation methodology
Sam McPherson / Richard Burge – Quality Assurance	• Assuring the robustness of the methodologies used and the quality of all outputs / deliverables.

6.3. Quality assurance

The evaluation will use a two-level quality assurance (QA) approach; 1) **process quality** – the quality by which an evaluation is designed, planned, implemented, and delivered. To ensure this we will use the DAC quality criteria for evaluation design; establish an evaluation framework that describes the methodology for data collection and analysis; use standard checklists and reporting forms; and develop a systematic approach for evidence gathering; and ensure the balanced participation of all appropriate stakeholders in the evaluation process. 2) **product quality** – ensuring the quality of all deliverables.

ImpactReady currently operates long-term agreements for the UNICEF Global Evaluation Report Oversight System and the UN Women Global Evaluation Report Assessment and Analysis System; both of which include rating all evaluation reports to UNEG standards and UN SWAP criteria for the gender evaluation performance indicator. As such, ImpactReady has extensive knowledge and practice of applying the UNEG norms and standards for evaluations and evaluation reports, including guidance on integrating human rights and gender equality into evaluation.

Our approach to QA is informed by the system of academic peer-reviewing and by established standards for evaluation quality. We will ensure that our evaluations meet the highest standards for conduct of evaluations, and that they are conducted according to the relevant professional standards.

Table 27: Itad quality assurance system

	What?	How?	Who?
Stage 1: Establishing quality ex ante	Select the right team	When preparing a bid, we put a lot of effort in carefully selecting team members on the basis of their evaluation competencies, skills & sector (matching the RfP) as well as their interpersonal and managerial skills. We also strive to make sure that the competencies and experience of different team members are complementary to each other and that all the requirements of the RfP are exhausted by the presented team.	Business Development and Bid lead/Project Director
	Set the preconditions for successful delivery	All team members will be assigned clear technical roles and responsibilities based on their respective areas of expertise.	Project Director, Project Officer
Stage 2: Quality of the evaluation process	Ensure the best evaluation design, within resource constraints	When preparing the bid and again during the inception phase our QA provide advice on how to best tailor the evaluation design to the budget and time resources available.	QA, Project Director

	Selection of the most appropriate and robust methodology and tools	During the inception phase, the evaluation team will refine together the methodology under the TL's direction. Our QA will then review them and assure their quality.	TL, QA
	Realistic planning	The Project Director, together with the Project Officer, will periodically review the evaluation budget and workplan making sure that delivery is within budget and planning for next phases realistic.	Project Director, Project Officer
	Timely delivery	The evaluation design (KIIs sample size, survey sample size, depth of analysis etc.) will be tailored to ensure delivery within deadlines. The Project Director, together with the TL, will periodically review the evaluation workplan making sure that delivery is on track and planning for next phases realistic.	Project Director, TL
	Adherence with Ethical Guidelines for Evaluation and Code of Conduct for Evaluation	Our team members are highly experienced evaluators with several years of expertise in this field. They uphold the UNEG Ethical Guidelines for Evaluation and Code of Conduct for Evaluation and are fully committed to respect them. In particular, they will: Be independent, express their opinion in a free manner and avoid conflict of interest. Protect the anonymity and confidentiality of individual informants. We will provide maximum notice, minimize demands on time, and respect people's right not to engage. We will respect respondents' right to pull out of interviews at any time. We will respect people's right to provide information in confidence and ensure that sensitive information cannot be traced to its source (through data management, analysis, reporting and dissemination). Be sensitive to beliefs, manners and customs and act with integrity and honesty in their relations with all stakeholders.	All team members, TL, QA
Stage 3: Quality of the end product	Challenging the deliverables	This is a key QA function. The QAs will review each deliverable using Itad Evaluation Quality Assessment checklist.	QA
	Making sure they are written in clear language and contain no mistakes	One of our professional proofreaders will be proofreading all the deliverables.	Proofreader
	Making sure that deliverables are properly edited	The proofreader will also carefully edit deliverables that will be shared with external stakeholders to ensure that they are in the right format and properly formatted.	Proofreader
Stage 4: Improving quality ex post	Securing feedback on quality of the project and the	Throughout the project, the team will be seeking feedback from UNFPA on quality of delivery (e.g. through Skype or email). Upon project completion,	Project Director, Client

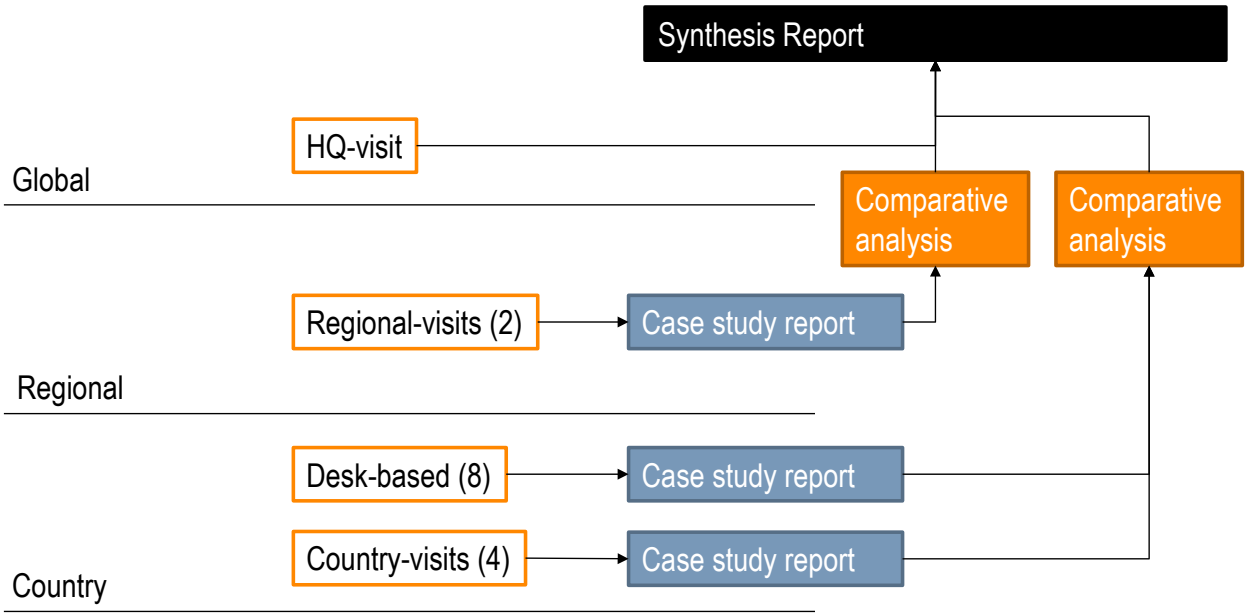
	team from Client	the Project Director will be seeking feedback on how to improve our services.	
	Closing the feedback loop – acting on feedback	Upon completion, the project will undergo an internal Project Review and findings will be translated in concrete actions and lessons learned for the future.	Itad Senior Management Team

7. Global, Regional and Country-Level Case Study Processes

7.1. Overview

The evaluation contains case study processes at three levels, which at the country level and regional level will include separate reports as part of the analysis process. Evidence from a HQ-level visit and desk-based analysis of global-level work will in included directly in the evaluation synthesis report.

Figure 139: Integration of evidence from case studies



The synthesis report, based on the case studies will examine links between the country, regional and global levels. These links include:

1. How the strategic positioning of UNFPA at each level supports or inhibits work at the other levels
2. How global and regional programmes, including joint programmes, are implemented through the regional architecture; and how these impact on programming decisions at the country level
3. How normative work, research, and implementation experience at each level is communicated to and used at other levels
4. How corporate assets, systems, structures and processes between the levels enable or inhibit organizational adaptation to changing local contexts and/or the type of GBV/HPs that are prevalent.

7.2. Country case studies

Approach

The country case study approach has been tested and refined during a three-week case study mission to India, including visits to three States (Maharashtra, Rajasthan, and Odisha). The case study attempted to apply a 'mini-version' of the CORT approach that informs the overall evaluation. The case study revealed the following lessons about the proposed elements of the process.

Proposed element of the case study process	Lessons from India	Adaptations for future cases
An introductory briefing with the UNFPA CO	A 30-minute presentation was prepared by the evaluation team	Retain the introduction session.

	to support this discussion and it worked well	This was supplemented by a long brief with the gender team, which it is suggested is repeated in other cases.
A participatory inception workshop with national reference group members	The senior level of the preferred participants meant that the workshop had to be confined to two hours. Of the intended activities, the time-lining of interventions and reconstruction of the theories of change was not achieved. The discussion focused on introducing the evaluation, questions from the ERG, and identification of key informants.	Move the time-lining of interventions and reconstruction of the theories of change to the extended discussion with the UNFPA gender team, and present this for discussion in the reference group.
Interviews and group discussions with key informants	Questionnaires were adapted during the mission.	Replace questions with prioritized "key topics" to be discussed.
At least two field visits to sites sampled based on positive deviance (maximising opportunities for learning about what works and why)	Many more site visits were undertaken given that most work in India is at the state level	Adapt the level of field visits to each case, but maintaining this minimum level
In each site, at least three group discussions with rights holders (women beneficiaries, women non-beneficiaries, men)	This disaggregation was not appropriate in all locations due to the nature of interventions.	Change guidelines for group discussions to group discussions with rights holders organized into groups of equal power relations, as appropriate to the situation.
A small "expert panel" of trusted persons to review the evidence with the evaluation team	This discussion was combined with the summit workshop	Replace with a detailed interview and discussion with the gender team around emerging evidence and findings before the summit workshop
An inclusive summit workshop with the reference group and other stakeholders	The senior level of the preferred participants meant that the workshop had to be confined to two hours. The team presented evidence and emerging findings, taking questions and comments to validate the process. There was no time to work on participatory recommendations.	Compress the emerging findings into a 30-minute presentation. Provide more written analysis to the group and leave as much time as possible for technical discussions to get additional inputs.
A pre-departure debrief with the UNFPA CO	This worked well, including a comprehensive presentation	Retain with the possible additional of a facilitated discussion on possible internal recommendations.

Sampling

The following sampling criteria for organising the agenda were used and refined in India:

1. Coverage of all stakeholder groups, if possible at multiple levels (national and subnational)
2. Coverage of all types of interventions (GBV, son preference, FGM, child marriage) where these exist
3. Coverage of the major elements of the budget related to GBV and HPs
4. Coverage of different subnational contexts (e.g. states/regions/districts)
5. Inclusion of UNFPA colleagues and UN and civil society partners undertaking synergistic work (e.g. on Adolescents and Youth)

6. Selection of site visits based on coverage (see above criteria) and positive deviance – opportunities to investigate what works
7. Inclusion, for the purposes of learning, of stakeholders in previous interventions that did not work as expected

Table 28: Proposed agenda for remaining country cases

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Week 1	In-country Eval team meet Intro with UNFPA CO Detailed brief with gender team	Inception workshop with ERG Central-level interviews	Central- level interviews	Travel Field-level interviews	Site visit 1	Field-level interviews	Rest
Week 2	Site visit 2	Travel Central-level interviews	Central-level interviews Presentation prep	Detailed workshop with gender team	Summit workshop with ERG CO debrief Depart		

Required facilities

The evaluation team requests the following facilities for the successful completion of each case study:

1. Use of a large conference room for the Inception Workshop (Day 2) and the summit workshop (Day 12)
2. Use of a small meeting room for the UNFPA group discussions (Day 1 and 11)
3. Introduction to interpreters for local languages with no conflict of interest with UNFPA, implementing partners, or communities (to be contracted by Itad)
4. Recommendations for hotels and transport

Day 1: Planning meeting between the UNFPA Country Office and evaluation team

Overview of the evaluation and the case study;

- Global evaluation – country case study and not standalone evaluation
- Collaborative Outcomes Reporting approach – facilitated review of evidence of progress toward outcomes, lessons learned and agreed recommendations
- Discuss practical arrangements for the Inception Workshop (day 2) focus groups, interviews and visits (days 3-7), expert panel (day 8), and summit workshop (day 10).

Day 1: Detailed brief and discussion with the gender team

- Draw the timeline of work on GBV/HPs
  - Key interventions
  - Key activities/events (normative, operational, coordination, humanitarian)
  - Key relationships with UN agencies and other partners
  - National policy changes
  - Staff changes
  - National events
  - Organizational changes
  - Other context
- Develop a country theory of change related to GBV/HPs interventions
  - Working from the timeline, identify key intended outcomes and actual achievements of the work on GBV/HPs;
  - Identify any links between outcomes/activities;

- For each outcome, identify who/what the main sources of evidence are likely to be regarding a) effectiveness, b) relevance and c) human rights and gender equality;

Agreed Outcome Hypothesis	Expected evidence of contribution / key achievements	Key people to speak with	Key documents to read
1 …			
2 …			
3 …			

- Stock take of evidence and explore additional sources of evidence for the case study;
  - Documents
  - Key informants
  - Results data (M&E)
  - Finance data

Day 2: Inception Workshop

Overview of the evaluation and the case study;

- Presentation on the global evaluation – country case study and not standalone evaluation
  - Expectations
  - Presentation of localised theories of change
- Collaborative Outcomes Reporting approach – facilitated review of evidence of progress toward outcomes, lessons learned
  - Questions and recommendations from participants
  - Discussion on the major issues and dilemmas currently being faced.

During the case study process, the evaluation team can complete evidence tables

Summarise and synthesise each piece of evidence

- Synthesise the main points in each interview/story
- Cluster/affinity map these points into common themes
- Extract quotes that capture some of the key ideas
- Include in a table with anonymous interviewee names and sort according to the main issues
- Count the frequency with which different respondents discuss the same issue

Points made by interviewees / documents	Synthesis of key insights	Frequency/type of stakeholders	Emergent findings	Implications for global level
Outcome Hypothesis 1			Relevance	
			Effectiveness	
Outcome Hypothesis 2				
			Efficiency	
			Sustainability	

Days 3-9

Data gathering phase

Day 10: Evaluation team analysis

Prepare presentation on emerging evidence that communicates what contribution UNFPA has made to outcomes, and the level of confidence in these conclusions;

a) Craft an agreed outcome statement for each planned outcome
b) Assign a level of confidence to each statement (low, medium, high) based on the evidence
c) Add any additional evidence that may be required

Day 11: Gender team detailed workshop

This an opportunity to include key UNFPA staff in the case study process. The agenda for the workshop is:

1. Introduction and brief on the progress in the case study process
2. Examination of the theory of change (handouts)
    a. Review the primary evidence
    b. Review the secondary evidence
3. Review the evidence generated for each outcome in the framework - assess its quality, the extent to which it supports or refute the outcome as having been achieved;
    a. Is each piece of evidence a best fit with the outcome it is linked to?
    b. To what extent is the evidence for each outcome an accurate and credible indicator that the outcome has been achieved?
    c. Which data is the strongest evidence?
    d. Is there data that is not credible?
4. Identifying gaps in the evidence and add analysis or information where it is needed;
5. Thanks and closure
6. Evaluation team – update the results chart

Day 12: Summit Workshop

The case study process finalises with a participatory workshop to which UN Women staff members, partners, government and beneficiary representatives can be invited. It is recommended to keep the attendance manageable (16-20 people). This is an opportunity to engage these stakeholders, benefit from their insights, demonstrate UNFPA's commitment to excellence, and strengthen relationships. The summit will include validation of the assessment of the mechanisms that caused observed changes.

The agenda for the summit workshop is:

1. Introduction, review of process and purpose
2. Presentation of evidence and emerging findings
3. Discussion of the findings and whether these "fit" with lived experience;
    a. Review the theories of change (in small groups if necessary):
        i. Which of the emerging findings do or do not reflect their own view of the key outcomes and why?
        ii. Which other key findings would they include in addition?
        iii. To what extent are UNFPA interventions on track toward results?
        iv. What worked and why?
        v. Given the achievements and lessons learned, what should be dropped, changed or done in the future?
    b. Looking forward
        i. Are the outcomes appropriate for guiding future programming?
        ii. Are there ways that the outcomes could be amended to be more appropriate or strategic?

iii. How could strategies or activities be changed or modified?

4. Closing and thanks

Day 12: Debrief meeting with UNPFA CO

1. Review process
2. Overview presentation on emerging findings and discussion
3. Clarify expectations around the report

Country-level stakeholder sample (based on India)

Table 29a: Archetype country-level stakeholder sample for country field missions

		Central (Urban)	Subnational (Urban)	Subnational (Rural)
Sources of control **Decision environment**	UNFPA	**Representative and Assistant Representatives** **National Programme Officers (Gender, HIV, A&Y, SRHRR, M&E, Comms)**	**Programme coordinators**	
	UN system	**RC** **UNICEF, UN Women, WHO, UNHCR, UNDP, OCHA, UNAIDS**		
	Donors	**Bilateral donors** **Private Foundations**		
	Legislature	**Documentation**		
	Central and local government	**Ministry of Women** **Ministry of Health** **National Women's Commission** **Ministry of Justice** **Disaster Management Agency**	**Local government experts** **National implementing partners**	**Public Service Professionals**
	Service providers		**Urban services**	**Rural services**
	Judiciary, lawyers, police	**Judicial and law-enforcement partners**	**Judicial and law-enforcement partners**	
	Implementing partners and care providers	**Civil society implementing partners** **Independent experts**	**Civil society implementing partners** **Independent experts**	**Civil society implementing partners** **Independent experts**
	Household structures		Documentation	Documentation
	Community structures		Documentation	Documentation
	Civil society	**Prominent CSOs in the space**	**Prominent CSOs in the space**	**Prominent CSOs in the space**

Sources of knowledge Identifying pathways to impact	Supervisory bodies	**Documentation**		
	Knowledge communities	**ERG** **Individual specialists**	**Individual specialists**	
Sources of legitimacy Addressing multiple world views	Human Rights	**National Human Rights Commission**		

Table 29b Format for recording the final Stakeholder Map

Stakeholder Role (see critical systems heuristics map)	Stakeholder Group/Type (Other UN agencies, government body, local NGO, INGO, UNFPA, etc.)	Stakeholder Name	Stakeholder Title	Human rights role (rights holder/duty bearer)	Gender (M/F/other)	Other intersecting identities (age, location, ethnicity, ability)	Notes

7.3. Regional case studies

The visits to regional offices will not be based on the same full CORT process as the country offices. Instead, they will be centred around a series of interviews with key informants, with participatory mini-workshops with RO staff at the beginning and end of the week.

Stakeholders

Key stakeholders to be interviewed during the RO visits will be identified jointly in advance with RO staff and the UNFPA Evaluation Office. These can include:

- RO staff.
- UN system regional representatives where present (UN Women, UNICEF, WHO, OHCHR, UNHCR).
- Development partners and donors, where present.
- CSOs, research institutes and foundations, where present.

Table 30: Archetype stakeholder sample for regional field missions

		Regional (Urban)
Sources of control Decision environment	UNFPA	**Representative and Assistant Representatives Regional Programme Officers and Experts (Gender, HIV, A&Y, SRHRR, M&E, Comms)**
	UN System	**UNICEF, UN Women, WHO, UNHCR, UNDP, OCHA, UNAIDS, economic and social commissions**
	Donors	**Multilateral donors Bilateral donors Private foundations**
	Regional bodies	**Member state associations and unions**
	Implementing partners and care providers	**Civil society implementing partners Independent experts**
Sources of knowledge Identifying pathways to impact	Civil society	**Prominent CSOs in the space Academia and researchers**
	Supervisory bodies	Documentation
	Knowledge communities	**Regional institutes**
Sources of legitimacy Addressing multiple world views	Human rights	**Convention bodies**

Table 31: Outline agenda for regional field missions

Mon	Tues	Wed	Thur	Fri	Sat	Sun
In-country Eval team meet Intro with UNFPA RO Detailed brief with gender team	Interviews	Interviews	Interviews Presentation prep	Detailed workshop with gender team RO debrief Depart		

7.4. HQ case

In addition to examining how national, regional and global work influences, informs and intersects, the evaluation will focus on the UNFPA contribution to addressing GBV/HPs at the global level. The analytical approach to this aspect of the evaluation will be elaborated further during the forthcoming induction workshop, but is likely to include:

a) Global/HQ's direct contributions to advancing both the definitions and framing of work on GBV and HPs. This will consider how the concepts of GBV and HPs are distinguished from and inform one another; lessons learned about strategies for intervention and the most effective modalities at different stages of the work on the issue; and the potential contributions of various UN entities to these areas of work;
b) Examining how UNFPA's national and regional work on GBV/HPs at various levels and UNFPA Global/HQ itself are positioned and viewed as contributing to dialogue, development of strategic frameworks, and building key learning partnerships within the broader universes of gender-equality advocates. This will include both work on defining the problem as well as methods and designs to effectively evaluate the impact of past and existing strategies and interventions;
c) Elaborating the influences, choices, investments, learning and effectiveness of existing dedicated and focused programmes addressing GBV and HPs, including the joint programmes, work within the humanitarian architecture, "shared" initiatives (such as the work on essential services), the development of dashboards, portals, or dedicated data sources on GBV/HPs.

Preliminary discussions at global and national level reveal that the linkages between global joint programmes as funding entities and national initiatives are both challenging and opportunities to help redefine work in those areas. In the case of India, funding on child marriage supported development of progressive curriculum within the adolescent and youth work. The evaluation will assess whether global directives on the indicators and measures required for progress on programmes supported by the programmes make it difficult to link longer-term transformative approaches with the shorter-term outcomes of the global investments.

The evaluation will consider the ways in which national level work on GBV has influenced UNFPA's global work apart from the joint programmes. This is particularly valuable regarding highly sensitive areas. Part of this will include the role of both global and regional levels in fostering learning and exchanges across countries (and regions) and process and strategies for adapting learning from particular regions to vastly different contexts addressing similar types of GBV or HPs (e.g. GBSS, child marriage practices; widowhood and older women)

Table 32: Archetype global stakeholder sample

		Global (Urban)
Sources of control **Decision environment**	UNFPA	**Senior Management** **Senior Advisers, Coordinators and Consultants (Sexual and Reproductive Health Branch; HIV & Key populations; Gender, Human Rights, and Culture Branch; UNFPA/UNICEF Global Programme to Accelerate Action to End Child Marriage; Child Protection; Joint Porgramme on FGM/C; Global Programme on Son Preference; Policy Division; Humanitarian and Fragile Contexts Branch (HFCB); Programme Division)**
	UN system	**UNICEF, UN Women, WHO, UNHCR, UNDP, OCHA, UNAIDS**
	Donors	**Multilateral donors** **Bilateral donors** **Private foundations**
	Global bodies	**Women's civil society coalitions** **International alliances**
	Implementing partners and care providers	**Civil society implementing partners** **Independent experts**
Sources of knowledge **Identifying pathways to impact**	Civil society	**Prominent CSOs in the space**
	Supervisory bodies	Documentation
	Knowledge communities	**Academia**
Sources of legitimacy **Addressing multiple world views**	Human rights	Documentation

Annex 1: Terms of reference

Available online:

https://docs.google.com/document/d/1S8VCArqaGevGQebtoT2GJoeb4yWQDB9PwwDF_bIgyho/edit?usp=sharing

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Annex 3: List of persons met

Agency	Interviewee	Role	Unit	Sex
UNFPA	Elizabeth Benovar	Global Coordinator HIV/AIDS	SRH Branch	F
UNFPA	Tim Sladden	Senior Adviser	HIV & Key populations	M
UNFPA	Upala Devi	GBV Specialist	Gender, Human Rights, and Culture Branch	F
UNICEF	Nankali Maksud	Coordinator	UNFPA/UNICEF Global Programme to Accelerate Action to End Child Marriage	F
UNICEF	Cornelius Williams	Associate Director	Child Protection	M
UNICEF	Helen Belachew	Gender and Development Specialist		F
UNICEF	Mar Jubero	Child Protection Specialist	FGM/C	F
UNICEF	Stephanie Baric	Consultant, Child Protection	FGM/C	F
UNICEF	Kerida McDonald	Communication for Development		F
UNFPA	Andrea Cook	Director	Evaluation Office	F
UN Women	Caroline Meenagh	Eliminating Violence Against Women (EVAW)	Policy Division	F
UN Women	Juncal Plazaola Castano	Eliminating Violence Against Women Programme (EVAW)	Policy Division	F
UNFPA	Fabriza Falcione	GBV Capacity Development Specialist	Humanitarian and Fragile Contexts Branch (HFCB)	F
UNFPA	Francesca Rivelli	GBV Information Management Specialist	Programme Division	F
UNFPA	Satvika Chalasani	Technical Specialist	Sexual and Reproductive Health Branch	F

Annex 4: Global web-based survey

The global survey, which will be refined based on the findings of the case studies and extended desk reviews, 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 organisational 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 organisation 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 ( ) Sub-national ( ) 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 HP interventions taking account of and responding to the demands of international, regional and national frameworks. [text field]

ORGANISATIONAL 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 wellbeing	( ) ( ) ( ) ( ) ( )
GBV and HP 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 HP 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 5: Interview questions

Figure 14: 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)
• To what extent do you see **UNFPA's approach being catalytic** to build wider support and action to address GBV and HPs? • In your view, have partners, beneficiaries and community **representatives been meaningfully involved in the processes** of identifying, prioritizing and planning to address GBV/HP issues?
• To what extent to has UNFPA's work on GBV/HPs successfully **aligned with national strategies,** plans of action, and response to international/regional normative frameworks? • To what extent to have UNFPA's **humanitarian programs** met with IASC, Protection Cluster, GBV AoR, and UNFPA minimum standards?
• Has 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 UNFPA's interventions as reflecting an analysis of the **broader human rights situation**, including gender inequality, marginalized people, and cross-border situations? • Does UNFPA complement established data gathering mechanisms and help to provide insights in **contexts not monitored by other agencies?**

• 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/HP work?	
• Does the implementation of UNFPA GBV/HP interventions successfully realise 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)	
• To what extent does UNFPA manage to achieve **programming synergies, address gaps and avoid duplication** with other actors, especially UN entities and civil society?	
• 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)	
• Has UNFPA support to GBV/HPs been **sufficiently sustained** over time?	•
• To what extent to you attribute changed **awareness, understanding, and engagement** regarding GBV/HPs to UNFPA or UNFPA-supported activities?	•
• Has UNFPA leveraged UN **coordination and delivering as one** to advance support to GBV/HPs?	
• In your view, do UNFPA's **systems and structures** (including RBM) support economy, efficiency, timeliness and cost effectiveness?	
EQ4 (strategic partnerships)	
• In your view, do UNFPA's **strategic partnerships** demonstrate inclusiveness, transparency, trust, mutual accountability, shared long term commitment and responsiveness?	
• Has UNFPA supported institutionalization of engagement with **non-traditional audiences**, including men and boys on gender equality (including gender-based violence), 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)	
• To what extent has UNFPA been successful in strengthening national capacity for development and implementation of policies and programs across the **development-humanitarian continuum**?	•
• Has 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?**	•
• To what extent is there **availability of specialist services for relevant groups** including survivors of GBV, adolescents and youth, boys and men, physically and developmentally disabled, or mentally ill?	•
• 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 there being a national commitment through allocation of **domestic resources** to GBV and harmful practices interventions?	•
EQ6 (outcomes)	
• In your view, to what extent is the **legal framework** for gender equality and sexual and reproductive rights implemented, and what are the main barriers that still need to be overcome?	•
• Do current policy and budget processes include meaningful **participation by recognised rights-holders** representatives and community groups? • Do 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 progress has been 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' wellbeing?	•

• 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/HP interventions, and is this changing?
• Are you aware of any **specific programmes or budget lines for addressing GBV/HPs** at the national level?
• In your assessment, are there sufficient **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? •
• What is 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?

Section 1. UNFPA Staff

// Paste into Annex 6 (Logbook) //

- 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/HP 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 programs across the **development-humanitarian continuum**?
- What is the level of **coherence, connectedness and coverage** in the humanitarian response to GBV/HPs?

Section 2. 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 marginalised 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/HP 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

Section 3. 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/HP 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

Section 4. 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/HP issues?
- Are GBV/HP 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 organisations, 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/HP 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?

Section 5. 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/HP 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?

Section 6. Civil Society and Academia

// Paste into Annex 6 (Logbook) //

- 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/HP 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 organisations**, 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/HP interventions, and is this changing?

Section 7. Rights holders

// Paste into Annex 6 (Logbook) //

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 **learnt** 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 6: 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)			
Alignment of UNFPA interventions at global, regional and country level with international, regional and national policy frameworks including strategic plan outcomes			
UNFPA interventions based on comprehensive situation analyses of affected populations in development and humanitarian contexts			
UNFPA interventions are based on gender analysis and address underlying causes of GBV and HPs through non-discrimination, participation, and accountability.			
EQ2 (most relevant interventions)			
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			
UNFPA interventions based on coherent and robust theories of change which can adapt to rapidly shifting situations and contexts			
EQ3 (leadership and structure)			

UNFPA support is sustained to GBV and specific HPs across strategic plan periods at the global, regional and country level	
UNFPA provides leadership on sexual and reproductive rights, health and gender equality within international, regional and national fora (including UN coordination)	
UNFPA systems and structures support economy, efficiency, timeliness and cost effectiveness	
EQ4 (strategic partnerships)	
Diverse and inclusive partnerships engaged through well well-governed and accountable partnerships that offer mutual benefits, including with civil society and men and boys	
Strategic partnerships catalyse and accelerate positive changes	
EQ5 (outputs)	
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	
Enhanced information and knowledge management to address GBV and HPs, including increased availability of quality research and data for evidence-based decision-making	
Quality services promoting gender equality, freedom from violence and well-being	
Advocacy, dialogue convening and coordination advances national operationalization of international commitments, including through (co-)leadership of the GBV area of responsibility	
EQ6 (outcomes)	
Gender equality and sexual and reproductive rights policies enforced	
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 integrated into life-saving structures and agencies	
EQ7 (sustainability)	

Political will and national ownership of GBV and HPs interventions (including integration of GBV and HPs into national financing arrangements)	
Capacity of local and national stakeholders to prevent and respond to GBV and HPs	
EQ7 (GBViE)	
Coverage, coherence and connectedness of humanitarian response to GBV and HPs	

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 8 countries.
- The evaluation is formative and will be used to support and inform UNFPA's strategic policy and programmatic decisions, organizational learning and accountability and to help generate knowledge on best 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?

Annex 7: Case Study Report Table of Contents

Section	Sub-Sections
List of Acronyms	None
Context and Background	Evaluation context Country/Region context UNFPA response, including GBV/HP Interventions
Methods	Brief review of methods and process followed Levels of evidence
Evidence-based Findings	Presentation and discussion of main findings and their implications
Considerations for the overarching thematic evaluation	Observations to inform the synthesis report
Annexes	A: Reference Group B: CORT Case Study Methodology C: Interview Protocols (UNFPA, CSO, Government, UNCT) B: CORT participants/stakeholders consulted C. Documents reviewed D. Mapping of country-level results and coordination mechanisms

Annex 8: Contribution analysis table for synthesis

Changes reported under Effectiveness	Likely other contributors	Links to UNFPA	Main Evidence	Plausible contribution	GE/HR implications
				High/Med/Low	

Annex 9: Full Reconstructed Theory of Change for GBV/HPs

<table>
<tr><td>GOAL</td><td colspan="3">Valued and empowered women and girls – including those most vulnerable, excluded, and marginalized and particularly those within diverse humanitarian settings – are able to exercise their agency, make informed choices about critical aspects of their lives, and equally participate in, contribute to, and benefit from development processes as envisioned by both ICPD and SDG 5, free of violence and coercion and with compensatory measures to mitigate past violations.</td><td>Assumptions about how change happens</td></tr>
<tr><td rowspan="2">OUTCOMES</td><td>Gender equality, freedom from structural and interpersonal violence, sexual and reproductive rights, and opportunities for women’s and girls’ full participation in all contexts including in diverse humanitarian settings are upheld and advanced by responsive, comprehensive, enforceable and enforced cross-sectoral national and international level policies, regulatory frameworks, and guidelines for practice, all of which are informed by global/international rights and humanitarian standards, guidelines and architecture.</td><td>Informed and effective participation at all levels of decision-making in policy, programme, practice and monitoring and accountability as well a broad-based efforts to change social norms and practice are evident and supported among diverse constituencies for gender equality and rights within organized civil society, social movements, coalitions of adolescents and youth, solidarity groups of men and boys, and local governance among displaced populations.</td><td>Well-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’ wellbeing are widely accessible through public and private partnerships including gender- and human rights-based sexual and reproductive health education and information, mobile and community-based health and clinical services, safe spaces and protected platforms for girls and women and specialized services for survivors including those addressing clinical, psychosocial, legal/justice, shelter and livelihood needs.</td><td rowspan="2">Peace and security will improve and political solutions will be eventually realized for humanitarian situations

Strengthened protection systems lead to better human rights outcomes</td></tr>
<tr><td colspan="3">GBV risk reduction, mitigation, prevention and response integrated fully as a life-saving intervention component throughout the global humanitarian architecture; including in strong national disaster response management agencies with integrated GBV risk reduction, mitigation, prevention and response integrated throughout response planning for diverse humanitarian settings and GBV/HP interventions fully understood to be life-saving.</td></tr>
<tr><td>Hypotheses about key drivers of change</td><td colspan="3">• Political will and national ownership of GBV/HP interventions
• Integration of GBV/HP into national financing arrangements</td><td></td></tr>
</table>

- Capacity of local and national stakeholders to prevent and respond to GBV
- Coherence and coverage of humanitarian response to GBV/HP

OUTPUTS	**UNFPA recognized as a thought-leader** and expert resource on best practice in promoting gender equality and strengthening GBV risk reduction, mitigation, prevention and response policy and programming, including in humanitarian settings; positioned to effectively influence relevant actors, processes and standards at the international, national, and local level (as appropriate); and leveraging those positions to influence positive and effective change	**Strengthened national human, financial and operational capacity** for development of responsive policy and design, development, implementation and evaluation of process and impact of programmes fostering gender equality and addressing GBV risk reduction, mitigation, prevention and response including policy drafting, setting, implementation and enforcement, noting that in humanitarian settings where the nation-state is an actor in a conflict and potentially the perpetrator of	**Strengthened civil society capacity** to influence/hold accountable and work in partnership with government partners as well as international, public, private and non-state actors to define, shape, and establish effective and sustainable human rights-based approaches to protect and promote gender equality and address social norms and structural factors which enable and promote GBV and harmful practices, with particular emphasis on those engaging men and boys, supporting meaningful leadership of	**Increased, relevant, accessible, applicable, and robust, data** effectively informing evidence-based interventions and international, national, and broad-based social and community-level advocacy for changes in norms and institutional practice within gender equality and ending GBV and harmful practices including within humanitarian settings	**Increased availability and accessibility of quality, affordable, services** promoting and protecting gender equality, freedom from violence, the well-being and sexual and reproductive health of women and girls, for all relevant groups including survivors of GBV, adolescents and youth, boys and men, discriminated-against groups, physically and developmentally disabled, mentally ill or survivors of violence. Systems in place to ensure basic *life-saving* responses for GBV will be continued within a humanitarian crisis.	Legislation and polices are implemented and enforced which work toward gender equality and include compensatory measures reflecting a commitment to gender equity Government allocations for GBV and SRH more broadly continue to improve Momentum for investing in adolescents and youth is increased and sustained

		violations, this is not always possible.	adolescents and youth, and leveraging locally owned community-based methods to ***advance gender equality throughout society,*** including for those most marginalized, excluded and in humanitarian settings		

Hypotheses about key drivers of change	• UNFPA programming is aligned with its comparative advantage across settings informed by a robust mapping of other in country stakeholders and support including at subnational level or in areas/populations at risk • UNFPA interventions achieve synergies and force-multiplication • UNFPA interventions based on coherent and robust theories of change which can integrate (adapt) to rapidly shifting situations in humanitarian contexts • UNFPA support is sustained across strategic plan periods • UNFPA provides leadership on sexual and reproductive rights, health and gender equality within international, regional and national fora • Addressing GBV/HP advanced through support to UN coordination and delivering as one • UNFPA's systems and structures support economy, efficiency, timeliness and cost effectiveness

INTERVENTIONS (inputs)	**Leadership, coordination, and strategic partnership**	**Advocacy and Policy Dialogue** Invest in building human, operational,	**Capacity Development** Support government and partners to	**Knowledge Management** Ensure sex and age disaggregated data (SADD) is routinely, ethically and	**Service Delivery** Support full engagement and support for rights-	Human and financial resources are available, and donor

	Define and leverage the technical and normative influence; accountability and oversite mechanisms; task sharing and resource mobilization potential of all existing partnerships; SRH global technical alliances; and "working partnerships" with GBV-relevant entities to broaden the impact of UNFPA's technical expertise. Update/develop a comprehensive, operational framework to guide UNFPA and partners' GBV work informed by UNFPA's a) comparative technical strengths by sector (health, education), population	and evidence-based technical capacity at all levels of design, development, & costing of policy formation and its implementation at national and subnational levels, monitoring & regulation Build an operational understanding of international protection, human rights, and humanitarian standards and oversight mechanisms, their relevance to country and subnational level work, and how to contribute to their development at the level of both policymakers and practitioners. Support the implementation of laws, policies, & programmes that	undertake resource planning, budgeting, financing and implementation, monitoring and evaluation, of programming addressing GBV within integrated SRH programming. Support government and partners to provide evidence-based guidance and relevant data to programming GBV and gender equality outside of but supportive of integrated SRH programming. Support civil society to develop and share technical expertise and work effectively within state and private sector accountability mechanisms Support to governments and civil society to	robustly collected, analysed and disseminated to support evidence-based interventions for GBV risk reduction, mitigation, prevention and response and broader gender equality goals. Support research and evidence gathering to help develop and disseminate more inclusive definitions/understanding of gender and more comprehensive/sensitive definitions of violence to include interpersonal violence, harmful practices and rights violations, discriminatory norms and social stigmatization, and structural exclusion and discrimination. Support research, evidence gathering, assessment/testing of promising practice; documentation and dissemination of case material and guidance and tools from proven good practice in ending GBV and	and gender-equality based sexual and reproductive health education and information at all levels, through diverse media and tied to clinical services and protection services in both development and humanitarian settings. Support the establishment of robust referral systems for survivors of GBV including clinical, psychosocial, legal / justice, shelter, and economic empowerment components Support the full engagement of a vibrant civil society working together with national authorities to strengthen health systems and ensure	support is maintained The diversity of humanitarian settings (refugee, camp-based, urban / host community-based, IDP, rapid onset, slow onset, natural disaster, cyclical, sustained, protracted and fluctuating) is recognized and addressed within intervention responses

	(adolescents, boys and men, survivors), operational principles, data and evidence principles; b) operational and technical leadership globally, at national level, and in diverse humanitarian settings; and c) insights from formalized multi-stakeholder and cross-sectoral approaches central to ending GBV. Embrace sole lead agency responsibility for GBV AoR and use this position to influence increased attention to GBV in humanitarian settings, the full implementation of the centrality of protection statement of 2013 and policy of 2016, and continued drive for donor	foster normative change and specifically engage men and boys on issues of GBV and gender equality. Integration of GBV risk reduction, mitigation, prevention and response into national disaster management agency response plans Articulation of GBV risk reduction, mitigation, prevention and response as '*life-saving'* in humanitarian settings	address GBV risk reduction, mitigation, prevention and response programming in humanitarian settings Support development and roll-out of technical guidance on GBV in humanitarian contexts	promoting gender equality, and broad-based dissemination of lessons learned within advocacy for changes in norms, practice & policy. Support roll-out of GBVIMS for humanitarian settings and where possible use this to strengthen existing GBV information management systems for continued benefit to rights holders after the humanitarian crisis is over. Advocate within the humanitarian response community for SADD data to be routinely collected from the first moments of a humanitarian crisis across all sectors to ensure that GBV risks can be identified and then addressed.	referral pathways provide access to integrated and holistic SRR services including services for GBV & harmful practices Ensure continued service delivery within humanitarian settings by supporting the implementation of MISP and ensuring emergency SRH kits are available for continued supply Ensure where possible any additional, strengthened, or improved service delivery models implemented in humanitarian situations with humanitarian funding are embedded within the health systems for continued benefit after

	engagement through the Call to Action for GBV in emergencies. Use GBV AoR leadership role to promote recognition of where humanitarian settings can be leveraged, in terms of additional funding and in terms of small windows of opportunity for fast-tracked change in social norms to ensure these opportunities are recognized and leveraged.				transitioning out of the humanitarian space.

Hypotheses about key drivers of change

- Governments support and invest in programme priorities and adhere to operational principles in their partnership with UNFPA
- Alignment of UNFPA interventions at global and country level with international, regional and national policy frameworks
- UNFPA interventions based on comprehensive situation analyses of affected populations in development and humanitarian contexts
- Coherence of UNFPA programs and interventions with strategic plan outcomes
- UNFPA interventions are based on non-discrimination, participation, and accountability.
- UNFPA interventions are based on gender analysis and address underlying causes of GBV.

- Relevant partnerships engaged through well well-governed and accountable partnerships that offer mutual benefits
- Diverse and inclusive partnerships, including with civil society and men and boys
- Strategic partnerships force-multiply UNFPA's work and accelerate changes

<table>
<tr><td rowspan="2">BARRIERS (external factors)</td><td>Harmful socio-cultural norms (beliefs, attitudes, behaviours and practices) that place little value on women and girls and support male dominance, including supporting immunity from accountability for perpetrators</td><td>Lack of political will (including denial of GBV) and lack of resources at all levels of government with a resulting burden on under-resourced civil society undertaking a majority of prevention and response efforts</td><td>Inadequate services (education, health, justice, security, social welfare) to prevent, protect and respond effectively to GBV and harmful practices</td><td>Lack of social, legal and economic autonomy for women and girls which increases vulnerability to violence and decreases agency to respond</td></tr>
<tr><td colspan="4">Specific additional barriers in humanitarian settings include, but not limited to:
A well-understood exacerbation of all forms of GBV existing within a society, but without the immediate robust evidence base to prove an increase, due to the specific sensitivities around GBV
Lack of funding, and difficulty articulating GBV as "life-saving" within strict humanitarian criteria, particularly in the context of the lack of robust data
Insufficient technical capacity on GBViE (GBV in emergencies) within UNFPA and among partners
Lack of funding, and difficulty articulating GBV as "life-saving" within strict humanitarian criteria</td></tr>
<tr><td>PROBLEM</td><td colspan="4">GBV and harmful practices violates women and girls' human rights, constrains their choices and agency, negatively impacts on their ability to participate in, contribute to, and benefit from development processes and irreparably harms individuals, communities and states. In humanitarian contexts, women and girls' vulnerability to GBV is always exponentially exacerbated and particularly acute.</td></tr>
</table>

Annex 10: Extended desk review: country summary table

COUNTRY NAME

Context	Document	Evidence	Interview Evidence
GBV, including HP, interventions			
Expenditure on GBV, including HP, interventions			
Implementing partners delivering GBV, including HP, interventions			

EQ 1 – Relevance	Document	Evidence	Interview Evidence
A1. Alignment of interventions at global and country level with international, regional and national policy frameworks including strategic plan outcomes			
A1.2 Interventions based on comprehensive situation analyses of affected populations in development and humanitarian contexts			
A.1.3 Interventions are based on gender analysis and address underlying causes of GBV and HPs through non-discrimination, participation, and accountability.			

EQ 2 – Relevance	Document	Evidence	Interview Evidence
A2.1 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			
A2.2 UNFPA interventions based on coherent and robust theories of change which can adapt to rapidly shifting situations and contexts			

EQ 3 – Organizational Efficiency	Document	Evidence	Interview Evidence
A3.1 UNFPA support is sustained to GBV and specific HPs across strategic plan periods at the global and country level			
A3.2 UNFPA provides leadership on sexual and reproductive rights, health and gender equality within international, regional and national fora (including UN coordination)			
A3.3 UNFPA systems and structures support economy, efficiency, timeliness and cost effectiveness			

EQ 4 – Organizational Efficiency	Document	Evidence	Interview Evidence
A4.1 Diverse and inclusive partnerships engaged through well well-governed and accountable partnerships that offer mutual benefits, including with civil society and men and boys			

A4.2 Strategic partnerships catalyse and accelerate positive changes			

EQ 5 – Effectiveness	Document	Evidence	Interview Evidence
A5.1 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			
A5.2 Enhanced information and knowledge management to address GBV and HPs, including increased availability of quality research and data for evidence-based decision-making			
A5.3 Quality services promoting gender equality, freedom from violence and well-being			
A5.4 Advocacy, dialogue convening and coordination advances national operationalization of international commitments, including through (co-)leadership of the GBV area of responsibility			

EQ 6 – Effectiveness	Document	Evidence	Interview Evidence
A6.1 Gender equality and sexual and reproductive rights policies enforced			
A6.2 Informed, effective and inclusive participation in decision-making to change social norms			

A6.3 High quality, accessible and effective services for sexual and reproductive health and well-being			
A6.4 GBV and HPs integrated into life-saving structures and agencies			

EQ 7 – Sustainability	Document	Evidence	Interview Evidence
A7.1 Political will and national ownership of GBV and HPs interventions (including integration of GBV and HPs into national financing arrangements)			
A7.2 Capacity of local and national stakeholders to prevent and respond to GBV and HPs			
A7.3 Coverage, coherence and connectedness of humanitarian response to GBV and HPs			

Important issues not included in the Assumptions	
1	**.**
2	
3	
4	
…	

CONSIDERATIONS FOR THE OVERARCHING GLOBAL THEMATIC LEVEL

Consideration 1.

Consideration 2.

Interview respondents	
1	**.**
2	
3	
4	
…	

Annex 11: Minutes of evaluation reference group

Evaluation Office

Thematic evaluation of UNFPA support to the prevention, response to and elimination of gender based violence and harmful practices

First Meeting of the Evaluation Reference Group (ERG)

January 25, 2017

10:00AM – 1:00PM

Minutes

Present:	**Alexandra Chambel**, UNFPA, Evaluation Office, Evaluation Adviser, chair of the ERG **Natalie Raaber,** UNFPA, Evaluation Office, Evaluation Analyst **Joseph Barnes**, ITAD/Impact Ready, Evaluation Team Leader **Corinne Whitaker**, ITAD, Senior Expert on Gender and Gender-Based Violence **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 **Rosalie Fransen**, UNFPA, Evaluation Office, Research Assistant (minutes taker)

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.

Framing/language concerns

- **Fabrizia:** 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.

  - **Joseph** (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

- **Upala:** You may receive micro-level data from countries like India, but may be more difficult to obtain it from/access it in other countries.
- **Alexandra:** 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.
- **Fabrizia:** 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). **Alexandra**: 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?
- **Upala:** 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.

  - **Alexandra** (response)**:** Echoes Upala's comment, 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.
- **Fabrizia:** 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.

  - **Joseph** (response): Can we look at where entities have moved into a new space, and can we learn from that transition?
  - **Alexandra:** 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

- **Fabrizia:** 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

- **Fabrizia:** 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. –

- **Upala:** Agree with Fabrizia, 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.
- **Alexandra:** 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.

- **Alexandra** (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

- **Fabrizia:** Does Turkey mean the country office, or the response to the Syria crisis (**Joseph:** 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.

  - **Alexandra** (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 results we would maintain the set of countries sampled.

- **Satvika:** Is the expenditure ranking using nominal values or a percentage of country programme? **Natalie:** 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.

  - **Natalie:** 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