EVALUATION REPORT

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

Volume 1

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Foreword

Gender-based violence (GBV) is a grave violation of human rights and is widely recognized as an international public health concern. Worldwide, one in three women will experience physical or sexual violence in their lifetime. Women and girls also continue to suffer from harmful practices, including child marriage, female genital mutilation and son preference. Gender-based violence and harmful practices have multiple physical, sexual and psychological consequences and affect the long-term well-being of individuals and communities. To eliminate GBV and all harmful practices, UNFPA works to transform gender and social norms across multiple contexts. UNFPA has a long history of responding to GBV and harmful practices, and this commitment continues to be given highest priority in its Strategic Plan (2018–2021). Efforts to respond to and eliminate GBV and harmful practices, accelerate progress on the implementation of the Programme of Action of the International Conference on Population and Development (ICPD) and drive efforts to achieve the 2030 Agenda, particularly related to Sustainable Development Goal (SDG) 5 on gender equality, in addition to other related goals such as SDG 3 (Health). In this way, the SDGs recognize elimination of GBV as critical for advancing gender equality and the empowerment of women and girls, and thereby being central to attaining global development aspirations by 2030.

It is with this background that I am pleased to present to you the evaluation on UNFPA support to the prevention, response to and elimination of gender-based violence and harmful practices (2012–2017). The evaluation concludes that UNFPA has made significant contributions to the international systems' response to GBV at all levels (global, regional, and country). Inclusive and collaborative approaches to partnerships, including through joint programmes, and wide ground presence are key enabling factors for this work. In particular, the global joint programmes on harmful practices and essential services demonstrate UNFPA value added in opening space for civil society to work on sensitive gender issues.

However, a lot still remains to be done. To reach the furthest behind, UNFPA should continue to strengthen the implementation of a continuum approach to address the Humanitarian-Development-Peace nexus, in order to, inter alia, respond rapidly and appropriately to humanitarian crises, and to the opportunities they create for longer-term GBV development programming. In addition, efforts are required to ensure the long-term sustainability of interventions to address harmful gender and social norms, including strengthening organizations that address this dimension. Creating additional and shoring up existing knowledge ecosystems to learn from what does not work, as well as good practices in ending GBV and all harmful practices, is also essential.

The Evaluation Office hopes the conclusions and recommendations of this evaluation inform the implementation of the current Strategic Plan (2018–2021) as well as the development and implementation of policies and programmes at country, regional and global level. In addition, the findings of this evaluation are relevant to the global review of the implementation of the ICPD Programme of Action by the United Nations Commission on Population and Development in April 2019, during the 25th anniversary of the ICPD. As UNFPA commemorates its 50 years of operation in 2019, the evaluation clearly surfaced a strong and enduring commitment by the organization to end GBV and all harmful practices so that 'no one is left behind'.

Marco Segone
Director, UNFPA Evaluation Office

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Acronyms

AIDS	Acquired Immunodeficiency Syndrome
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CLA	Cluster Lead Agency
CORT	Collaborative Outcomes Reporting Technique
DHS	Demographic and Health Surveys
ESP	Essential Services Package
FGM	Female Genital Mutilation
GBV	Gender-based violence
GBVIMS	GBV Information Management System
GPC	Global Protection Cluster
HIV	Human Immunodeficiency Virus
IANWGE	Inter-Agency Network on Women and Gender Equality
IASC	Inter-Agency Standing Committee
ICPD	International Conference on Population and Development
IDWG	Inter-Division Working Group
MDG	Millennium Development Goals
MISP	Minimum Initial Service Package
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OECD	The Organization for Economic Cooperation and Development
OECD-DAC	OECD Development Assistance Committee
OSCE	Organization for Security and Cooperation in Europe
REGA	Regional Emergency GBV Advisors
RTAP	Real-Time Accountability Partnership
SDG	Sustainable Development Goal
UN	United Nations
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
UNEG	United Nations Evaluation Group
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNHCR	Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UNV	United Nations Volunteers programme
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAWG	Violence against Women and Girls
WHO	World Health Organization

Executive summary

Background

The purpose of this thematic evaluation is to assess UNFPA support to the prevention of, response to, and elimination of gender-based violence (GBV) and three harmful practices – female genital mutilation, child marriage, and son preference. It covers the period 2012–2017 and considers the Humanitarian-Development-Peace nexus. The primary intended uses of the evaluation are: accountability for past performance, generating lessons to inform the implementation of the Strategic Plan (2018–2021), and support evidence-based decision-making.

BOX 1: HUMANITARIAN-DEVELOPMENT-PEACE NEXUS

The humanitarian-development-peace nexus refers to the continuum of interconnections across contexts/settings in which UNFPA works. The evaluation considers UNFPA supported interventions across the nexus, and assesses the implementation of the continuum approach, the approach used by UNFPA to address the nexus.

GBV is any harmful act committed against a person's will, the root causes of which relate to attitudes, beliefs, norms and structures that promote and/or condone gender-based discrimination and unequal power. Harmful practices and GBV share the same root causes and are different means to the same end of power and control over others based on their gender. Although harmful practices are often described as forms of violence used consistently for long periods of time so as to be "justified" based on tradition or culture, the reality is more complex. Traditional practices appropriate non-traditional tools (the "medicalization" of female genital mutilation and the use of sex selection technologies to assure preferred sons are examples) and many forms of GBV are so systematic and consistent across heterogeneous populations as to constitute "practice". While the evaluation often uses the terms GBV and harmful practices together, it is important to stress that they are not synonymous.

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. The 1995 Beijing Platform for Action (POA) followed this lead and raised the issue of violence against women to one of its 12 critical areas of concern. The 2013 Commission on the Status of Women outcomes defines joint United Nations work on the essential services package (ESP). These outcomes link violence against women with the need for provisioning of sexual and reproductive health, and reproductive rights. GBV is central to SDG 5 on gender equality, to which the UNFPA Strategic Plan (2018–2021) contributes.

GBV and harmful practices interventions are implemented through UNFPA country programmes, regional strategies and joint programmes, global joint programmes (on female genital mutilation, child marriage, and essential services, for example), and humanitarian action. These seek to create outcomes in terms of changes to political and legal norms, gender and social norms, institutional services, and in lives saved.

Evaluation approach

The Collaborative Outcome Reporting Technique (CORT) design of the evaluation is guided by United Nations Evaluation Group (UNEG) norms and standards (2016) and guidance on integrating human rights and gender equality in evaluation. The evaluation adhered to UNEG ethics standards and was informed by the UNFPA quality assessment system. It uses a mixed-methods design including case studies, e-survey, desk review, qualitative comparative analysis, contribution analysis, and realist synthesis to generate and triangulate evidence on the causal chain connecting UNFPA interventions to observed outcomes based on a reconstructed theory of change.

The evaluation used three levels of analysis: global, regional, country. To generate an illustrative sample, purposive sampling was used to identify four country cases, eight country extended desk reviews, two regional cases, and a global review.

The evaluation approach is suited to a context in which a counter-factual scenario is not plausible to calculate; it thus infers causation using logical deduction based on the mechanisms of change and correlations of attributes across the case studies. The main limitation of this design is the absence of statistical attribution. This does not, however, preclude the evaluation from meeting the stated purpose and objectives.

In line with a human rights-based approach to evaluation, a systems-based approach (critical system heuristics) was used to map the key categories of stakeholders in UNFPA interventions, disaggregated by human rights-based roles and an intersectional gender analysis where relevant.

EVALUATION KEY FACTS

CONDUCTED over the course of **18 MONTHS**

700+ documents **REVIEWED**

ANALYSIS of financial data on budget and expenditure

4 IN-COUNTRY CASE STUDY NOTES: Guatemala, India, Palestine and Uganda

932 people **CONSULTED** through in-depth interviews and focus group discussions

1 GLOBAL SURVEY covering country office staff, other UN agencies and implementing partners

EXTENDED DESK REVIEW – INCLUDING REMOTE INTERVIEWS
Conducted on 8 countries: Bolivia, Bosnia and Herzegovina, Central African Republic, Iraq, Turkey, Nepal, Sierra Leone and Sudan

REVIEW AND ANALYSIS OF 20 country programme evaluations

2 REGIONAL CASE STUDY NOTES: Asia and the Pacific and Eastern Europe and Central Asia

Main findings

UNFPA programming firmly aligns with and contributes to relevant international human rights conventions, instruments and reports at all levels. UNFPA offices draw on a wide range of mostly qualitative data: situation analyses, studies and mapping to ensure the relevance of programme design to both rights holders and duty bearers. However, while all UNFPA programming addresses the needs of women and girls, the level of context-specific gender analysis informing each intervention is often dependent on the level of thematic integration (of gender and GBV in other areas of work) within each office and the degree of gender expertise of staff members.

The strategic positioning of UNFPA at the intersection of both sexual and reproductive health and GBV and harmful practices is a core comparative strength. Facilitating intersector relationships, straddling development-humanitarian spaces (and implementing a continuum approach), having field presence of staff with strong technical competence (and support from regional and global specialists), and leveraging analysis of population data to inform programming are all contributing factors to this strong positioning.

The three harmful practices have progressively become more visible within UNFPA strategic plans. At the same time, an increased proportion of non-core funds is limiting options for UNFPA to address the root causes of GBV and harmful practices through sustained long-term gender programming. In the past, the UNFPA business model has not taken sufficient account of variations in needs, capacities and inequalities at the sub-national level. Greater flexibility, introduced with the Strategic Plan (2018–2021), is a welcome change in this regard.

UNFPA has contributed significantly to keeping GBV and harmful practices on the political and programmatic agendas at all levels of decision-making and practice. However, outside of joint programmes, inter-agency coordination at field-level is inconsistent, sometimes strained, and would often benefit from more structured governance agreements at the global level.

The current approach to GBV is responsive to contextual variations and various forms of strategic partnerships are contributing to outcomes through gender mainstreaming in humanitarian action, knowledge production, and support to services. Where strategic partnerships are developed with the United Nations system, they can help mitigate inter-agency competition.

Working quietly to support national champions for sensitive topics has been essential to the contributions made by UNFPA; as has being a strong connector of different actors and levels. Diverse civil society partners remain the backbone of UNFPA reach to communities. Alongside this, UNFPA is building alliances with non-traditional stakeholders but is lacking systematic data on the efficacy and potential risks of doing so.

While results-based management systems are in place, they are primarily focused on the output level (with variability in the quality and granularity of reporting at this level, as well), and (contribution to) outcomes is insufficiently considered. The short time frame of the annual workplans also creates significant risks to delivering medium-term outcomes and ensuring no harm is created by interrupting services or creating unmet demands.

The health sector response, especially in terms of the clinical response, is the most tangible contribution of UNFPA to quality accessible services. UNFPA support to a multisector response is beginning to advance, albeit unevenly, thanks to the headquarters contribution to the joint essential services package, and strong initiatives by regional offices. It is a promising contribution to outcomes where it is being advocated. Despite pockets of innovation, interventions focused on prevention of GBV are far more limited; The commitment of UNFPA offices to South-South and triangular knowledge exchange and learning to transfer solutions that are working to end GBV and harmful practices to other countries is not yet backstopped by systemization at corporate level.

Evidence from UNFPA-supported interventions helps to inform the national implementation of international commitments, local laws and gender policies. The strongest advocacy for funding GBV interventions is based on a combination of qualitative stories and quantitative incidents data. Success in UNFPA advocacy has brought other actors and resources to the table, with the regional-level proving to be a 'sweet spot' for joint advocacy.

National capacity has been extensively supported by UNFPA. This is strongest in relation to the clinical response, with more variation in relation to prevention and the psychosocial response. UNFPA capacity development of civil society at the local level has primarily been operational, with less attention given to advocacy capabilities to influence local political decision-making and budgeting. UNFPA also contributes significantly to the public good in terms of guidelines and knowledge products, but is generally lacking the resources for translation, roll-out, and ongoing follow-up to ensure national implementation of guidance.

UNFPA is already making **a strong contribution to national tracking of Sustainable Development Goal indicators on the prevalence of violence against women and harmful practices.** UNFPA support to national data management capacity on GBV incidents and response is also a relevant, but still a nascent area of contribution. Neither national nor UNFPA monitoring systems are currently sufficient to track the outcomes of (legal and social) normative interventions.

Social norms programming, especially at the community level, is a key pillar of UNFPA contributions – with extensive evidence of concrete programming with men and boys. However, reductionist interpretations of social norms programming, which do not tackle the structural determinants of marginalization, are limited in their contribution to eliminating GBV.

The Minimum Initial Service Package (MISP) has successfully consolidated the entry point for UNFPA work on GBV preparedness to ensure greater consistency across countries, has provided impetus to accelerate the coverage of preparedness work across more countries, and supported acknowledgement that work on GBV in emergencies is life-saving. UNFPA is actively attempting to enhance its work in the Humanitarian-Development-Peace nexus, with the essential services package (ESP) and the Minimum Standards for Prevention and Response to GBV in Emergencies significant contributions to this.

UNFPA is laying the foundation for national capacity for prevention and response to GBV, with the creation of operational tools a key pillar of UNFPA strategies for sustainability. At the same time, UNFPA advocacy at the country level is winning political will for policy change, but this is not often translated into firm national budget commitments. UNFPA holds strong multisectoral relationships with ministries and local administrations to support national implementation, but heterogeneous links with the executive branch of governments place a limit on political sustainability. In many places, UNFPA is part of the wider movement to change sociocultural norms and these partnerships are a mechanism for sustainability beyond the programme cycle.

GBV Area of Responsibility, is the most high-profile strand of UNFPA leadership on GBV humanitarian action but is insufficiently resourced – despite crucial core funding committed by UNFPA itself – at global and country levels to ensure that UNFPA can deliver on this role and its commitment. Despite these constraints, UNFPA has made a significant effort to establish proper systems and structures to support humanitarian response and coordination. UNFPA surge has been a critical achievement and first step in establishing agency capacity to address GBV in emergencies at the operational level.

UNFPA is maturing in its role as a sub-cluster-lead agency for GBV in humanitarian action. Where UNFPA has met the immediate operational and capacity challenges, humanitarian crises have been a key opportunity to kick-start the transformation of policy into action. Protracted crises provide many opportunities to address prevention as well as response, and UNFPA can more systematically seize this window of opportunity.

MAIN CONCLUSIONS

UNFPA has made unique and valuable contributions to the international system response to GBV at all levels (global, regional, and country) and working with multiple stakeholders. While working in partnership and through inclusive approaches are the dominant characteristics of UNFPA programming on GBV and harmful practices, the highest level of results has been achieved when this approach is combined with a sequenced focus on one specific "domain of change" (i.e. focusing on change to either the legal/policy framework, or community-level social and gender norms, or institutional services delivery), ground-presence and joint programmes.

Despite a rapid growth in discourse, policies and systems, UNFPA is not yet fully geared to comprehensively respond across the Humanitarian-Development-Peace nexus, though important progress has been made.

UNFPA programming frequently transforms the knowledge, discourse and thinking of its partners in a sustainable way but is less successful in maintaining activities once programme funds have stopped. Gaps also remain between services-based interventions and a knowledge ecosystem with better integration needed in future.

The global joint programmes on harmful practices and essential services demonstrate UNFPA collaborative advantage in addressing gender and social norms, and comparative advantage in opening space for civil society to work on sensitive issues. The role of UNFPA as one of three core agencies selected to roll out the EU Spotlight Initiative is a recognition of this strength.

Important UNFPA strengths of patient, evidence-based and participatory long-term gender-programming are becoming increasingly difficult to maintain because of a reactive approach to coping with shifting global funding patterns. While flexibility in defining the scope of work on GBV offers some programmatic advantages; it also inhibits closer United Nations coordination. A major driver of this equivocality in defining the scope of GBV work is uncertainty around the global funding environment and varying political support from influential member states.

Recommendations

Based on the findings and conclusions, the following areas for recommendations have been developed and validated with the evaluation reference group.

Overall recommendations at the corporate level

RECOMMENDATION 1. UNFPA is recommended to reiterate the **corporate priority placed on maintaining senior gender and GBV expertise** in UNFPA staff positions at all levels in order to deliver on Strategic Plan (2018–2021) commitments.

RECOMMENDATION 2. Building on existing United Nations joint programmes and initiatives, and the opportunity of the 2018–2021 Strategic Plan's common chapter, UNFPA is recommended to issue **clear guidance on the UNFPA GBV portfolio of work**, with a focus on clarifying the targets of UNFPA support. The guidance can be used, inter alia, to facilitate the necessary formally structured mechanism for joined-up working on GBV, especially with UN Women, that ensures no one is left behind.

RECOMMENDATION 3. UNFPA is recommended to **systematize the production and exchange of outcome-level learning from UNFPA programmatic implementation**. Opportunities for knowledge exchange about what does not work and programmatic failure in GBV and harmful practices (recognising this as valuable learning and a contribution to the public good) should be created.

RECOMMENDATION 4. UNFPA is recommended to continue engaging Member States and donors in the discussion on the **importance of core funding, the need for quality non-core funding through thematic instruments, and adequate levels of predictable funding for the Strategic Plan,** that can be flexibly utilized by field offices to support adaptive longer-term programming capabilities.

Recommendations for development contexts

RECOMMENDATION 5. While recognizing the importance of interconnected UNFPA programming on GBV and harmful practices, **UNFPA offices with limited resources are encouraged to focus their main efforts on the areas in which UNFPA has the greatest impact,** with the aim of avoiding 'spreading too thin'.

RECOMMENDATION 6. UNFPA is recommended to progressively rebalance the GBV and harmful practices portfolio towards **more and better work on prevention**, including the entry point of psychosocial response for prevention (primary prevention is stopping violence from occurring in the first place. Secondary prevention is using response as an opportunity to stop violence from reoccurring).

RECOMMENDATION 7. UNFPA is recommended to further support recognition of sub-national inequities within the application of the UNFPA 'quadrant classifications' by encouraging country offices to **apply UNFPA modes of intervention flexibly.**

Recommendations for humanitarian contexts

Recommendation 8. The evaluation endorses the agreed Inter-Agency Standing Committee (IASC) principal of "Humanitarian System-Wide Scale-Up Activation" and recommends that UNFPA fully commit to its implementation. The IASC Principals have agreed that "major sudden-onset humanitarian crises triggered by natural disasters or conflict which require system-wide mobilization are to be subject to a Humanitarian System-Wide Emergency Activation." In exceptional circumstances - where the gravity justifies mobilization beyond normally expected levels - this measure should be applied for a time-bound period. UNFPA Senior management should fully support the operationalisation of this commitment to ensure that senior-level humanitarian GBV coordinators are present in all active humanitarian emergencies.

RECOMMENDATION 9. UNFPA is recommended to ensure that both **staff profiles and procurement policies and practices respond appropriately** to the requirements of sudden onset humanitarian emergencies.

Recommendation 10. UNFPA is encouraged to **strengthen the Humanitarian component of its work in particular the leadership of the GBV Area of Responsibility.** UNFPA should further adapt the lessons and tools from other cluster lead agencies, and thereby mainstream the organizational practice of cluster coordination as an interagency function.

Recommendation 11. UNFPA should strengthen the funding mechanisms across development and humanitarian settings. UNFPA is recommended to create a global continuum fund window within existing UNFPA funding mechanisms as a means to strengthen partnerships, accelerate the continuum approach, and scale-up innovation across the humanitarian-development-peace nexus.

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1 EVALUATION PURPOSE, OBJECTIVES, SCOPE AND METHODOLOGICAL APPROACH

1.1 PURPOSE AND 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, across the Humanitarian-Development-Peace nexus. The evaluation seeks to ensure accountability for performance against past strategic plans. It also seeks to identify lessons learned and capture good practices to inform implementation of the current Strategic Plan (2018–2021).[1]

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 evaluation provides inputs to inform the strategic positioning of UNFPA in this thematic area of work at global, regional, and national levels; reflecting the diversity of settings within which this work is done, the changing development environment, United Nations reform, and alignment with the 2030 Agenda for Sustainable Development.

Objectives and target audiences for the evaluation

To achieve the purpose, several broad questions have been 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 terms of reference*

Intended use	Broad question	Specific objectives (from terms of reference)
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 harmful practices, including in humanitarian settings.
Improve decision-making	What factors support evidence-based/effective GBV and harmful practices-relevant programming as well as coherence between programming and implementation across settings (humanitarian, 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 United Nations system in this area of work at the country, regional, and global levels; and within the global community supporting GBV/harmful practices.
Support learning	How can UNFPA apply a Humanitarian-Development-Peace nexus (continuum approach) that effectively integrates GBV and harmful practices 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).

1. Terms of Reference of the evaluation can be accessed at UNFPA Evaluation Database available here: www.unfpa.org/evaluation

The main users and intended uses of the evaluation are illustrated in Table 2.

TABLE 2: *Intended users and uses of the evaluation*

	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

Key: Primary intended users/uses are the main audience for the evaluation, and these needs define the key requirements for utilization; Secondary intended users/uses are important stakeholders who are intended to derive value from the evaluation, and whose needs influence the design of the evaluation process and report.

1.2 SCOPE OF THE EVALUATION

Expanding on the evaluation terms of reference (see Box 2), the evaluation covers:

- The implementation and the results of all UNFPA interventions relating to GBV and harmful practices during the period 2012–2017.
- Contributions to addressing three harmful practices: 1) child marriage, 2) female genital mutilation, and 3) gender-biased sex selection (preference for sons).
- Both development and humanitarian settings, as well as the Humanitarian-Development-Peace nexus (continuum approach) which emphasizes settings that are moving into or out of a humanitarian crisis (of particular relevance to long duration emergencies caused by factors other than natural events).

Interventions that are fully within the scope of the evaluation are those designed to contribute to the development results frameworks of the strategic plans (2012–2013), output 13 of the revised results framework,2 and (2014–2017), outputs 5, 8, 9, 10, 11.3 The evaluation focuses primarily on the contribution to outputs and progress toward outcomes in the respective results frameworks. It also takes into consideration the interventions that led to these contributions, even if they started before the period considered in the evaluation scope (see Box 2).

BOX 2: EXPANDED SCOPE – 'PERFORMANCE STORY'

This scope (2012–2017) was tested in the India pilot 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. For this reason, the scope of the 'story' told by the evaluation (including analysis of the evolution of UNFPA strategies and approaches) takes note of major factors extending back to the 1994 International Conference on Population and Development (ICPD) Declaration.

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

The geographical scope of the evaluation covers UNFPA work on GBV and harmful practices at the country, regional and global levels.

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

Defining GBV in UNFPA

Women and adolescent girls are not only at high risk and primary targets for GBV and the identified harmful practices, but also suffer exacerbated consequences as compared to what men endure. As a result of gender discrimination and their lower socio-economic status, women have fewer options and less resources at their disposal to avoid or escape abusive situations and to seek justice. They also suffer sexual and reproductive health consequences. Girls are similarly at risk and are the primary target of the harmful practices which are addressed within this evaluation.

Within UNFPA documents various definitions of GBV are present (see Box 3). There are important differences between GBV and harmful practices, even if they are manifestations of the same root causes (for example, harmful practices take place in specific communities and locations, and are culturally sanctioned in the pockets where they occur; whereas GBV is universally prevalent and, most often, hidden from public view).

BOX 3: KEY DEFINITIONS OF GBV AVAILABLE IN UNFPA

"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." (Declaration on the Elimination of Violence against Women)

"Violence which is directed against a woman because she is a woman or that affects women disproportionately" (Article 1 of the Convention on the Elimination of All Forms of Discrimination against Women, as cited in General Recommendation No. 35)

"Gender-based violence is defined as any harmful act that is perpetrated against a person's will and is based on socially ascribed gender differences between males and females. GBV is a life-threatening, global health and human rights issue that violates international human rights law and principles of gender equality." (Interagency standing committee, Guidelines on gender-based violence Interventions in Humanitarian Settings, 2005).

The United Nations Declaration on the Elimination of Violence against Women (1993) defines the term violence against women in Article 1 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 in private life".[4]

The essence of Article 2 of the Declaration is that the definition should encompass but not be limited to acts of physical, sexual and psychological violence in the family and community, or perpetrated or condoned by the State, wherever it occurs. The 1995 Beijing Platform for Action expanded this definition to structural violence committed against women, and further recognises the particular vulnerabilities of women belonging to minorities.[5]

The CEDAW (2017) general recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19, reiterated that discrimination against women includes gender-based violence, that is, 'violence which is directed against a woman because she is a woman or that affects women disproportionately'.[6] The United Nations Framework to Underpin Action to Prevent Violence against Women (2015) affirms that "Violence against women (VAW) [is] 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 deprivation of liberty whether occurring in public or private life."[7]

The most recent major initiatives within UNFPA expand on these foundational documents, reflecting an inclusive and less hetero-normative understanding of GBV. 'The Minimum Standards for Prevention and Response to GBV in Emergencies' (2015), define GBV: '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' (see Box 4).[8]

This definition emphasizes social and cultural patterns – focusing particularly on power differentials – and points to the need for transformative change. This is common to both GBV – which is prevalent in all societies, everywhere – and harmful practices which only exist among specific communities, times, and places.

4. http://www.un.org/documents/ga/res/48/a48r104.htm.
5. http://www.un.org/womenwatch/daw/beijing/pdf/BDPfA%20E.pdf.
6. http://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf.
7. http://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2015/prevention_framework_unwomen_nov2015.pdf?la=en&vs=5223.
8. For the definition of GBV used in Minimum Standards for Prevention and Response to gender-based violence in Emergencies see: https://www.unfpa.org/resources/gbvie-minimum-standards-faqs for the definition of GBV.

BOX 4: MINIMUM STANDARDS FOR THE PREVENTION AND RESPONSE TO GENDER-BASED VIOLENCE IN EMERGENCIES

These standards are UNFPA signature contribution to guide programming and coordination of GBV prevention and response in humanitarian settings (as distinct from the Essential Services programme focus on nonhumanitarian settings; and as complementary to the Inter-Agency Standing Committee guidelines which contain guidance for all humanitarian staff to mainstream GBV interventions across sectors).

The Standards incorporate good practices and reference key inter-agency materials. Reflecting a holistic approach, the Standards note the importance of positive social and gender norms, advocacy, and socioeconomic empowerment in addition to their focus on healthcare, mental health, preparedness and assessment, safety and security and provision of dignity kits.

The three harmful practices within the scope of this evaluation illustrate the diverse mechanisms through which such practices 'subordinate, disempower, punish or control' girls and women in particular and how gender-discriminatory and patriarchal systems appropriate and adapt new 'tools' and even technologies to enforce the status quo. There are other such harmful practices that are not covered by this evaluation because they are not key pillars of UNFPA global programming during the scope of the evaluation, such as honour crimes, bride kidnapping, infanticide, acid attacks, stoning, polygamy, and virginity tests.

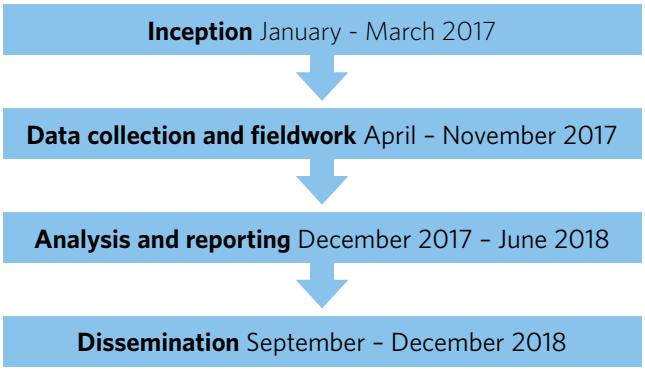
The United Nations Joint Statement on ending violence and discrimination against lesbian, gay, bisexual, transgender and intersex people, to which UNFPA is a signatory, establishes an inclusive definition of gender: 'United Nations agencies call on States to act urgently to end violence and discrimination against people, on the basis of their actual or perceived sexual orientation, gender identity, and sex characteristics.'[9]

1.3 EVALUATION METHODOLOGICAL APPROACH

1.3.1 Overview of the evaluation process

The overall evaluation consists of four phases, subdivided into subsequent methodological stages full description of the methods is provided in annex 5.

FIGURE 1: *Evaluation process overview*



1.3.2 Overview of the evaluation design and approach

The design principles of the evaluation are guided by United Nations Evaluation Group (UNEG) norms and standards (2016) and guidance on integrating human rights and gender equality in evaluation. The evaluation, which adhered to UNEG ethics and standards, was informed by the UNFPA evaluation policy and quality assessment system.

The evaluation used a **mixed-methods** design to generate evidence on the causal chain connecting the UNFPA interventions and consider how they collectively contribute to the observed outcomes based on a reconstruction and interrogation of an ex-ante theory of change.

Analysis of contributions

The approach to contribution analysis for this evaluation encompassed four key elements:

1. Developing, reconstructing and validating programmatic theories of change.
2. Documenting the evidence available to inform a performance story.
3. Building both a macro- and micro-level contribution story by systematically assessing the intended and unintended effects of UNFPA interventions.
4. Systematically reviewing the primary and secondary evidence for outcomes using a realist-synthesis method.

The overarching contribution analysis is influenced by Collaborative Outcomes Reporting Technique (CORT)[10] and complemented by the portfolio analysis. CORT is a participatory branch of contribution analysis developed by Dr Jess Dart and is appropriate for gender-responsive and human-rights-based thematic evaluations.

9. http://www.ohchr.org/EN/Issues/Discrimination/Pages/JointLGBTIstatement.aspx.
10. Available at http://betterevaluation.org/plan/approach/cort.

BOX 5: THEORIES OF CHANGE

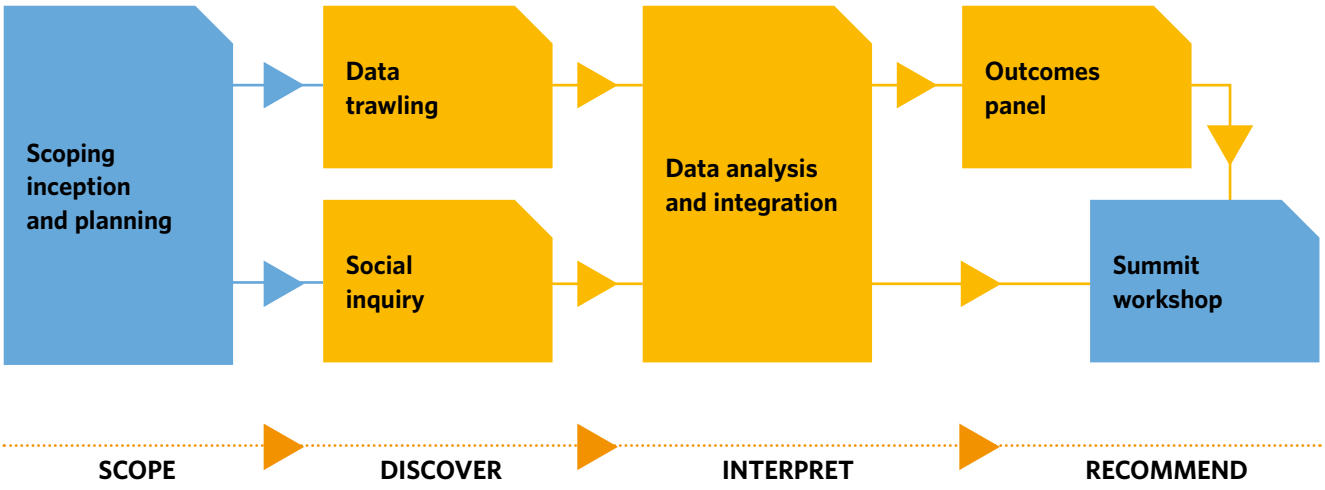
The evaluation found no existing corporate overarching theories of change for GBV and harmful practices at the inception phase.

To guide the evaluative enquiry, an ex-ante theory of change was reconstructed from the desk review of UNFPA documents. This was used to organize evidence and test the assumptions that are the basis for UNFPA programming.

The reconstructed theory of change was updated during the country and regional case studies to reflect the emerging findings. This was finalised into the ex post theory of change presented in this report.

The Strategic Plan (2018–2021) includes a theory of change for Outcome 3 (gender equality), which can be seen in annex 8.

FIGURE 2: *Four stages of Collaborative Outcomes Reporting Technique*



Triangulation techniques include cross-comparing the information obtained across various data collection methods (e.g. comparing data from interviews with data from desk review/survey) and within a method from different sources (e.g. compare results obtained through interviews with government staff with those of rights holders).

TABLE 3: *Integration of human rights and gender equality*

United Nations System Wide Action Plan Criterion	Implementation in the evaluation	Main limitations of the approach
1. Integration into scope and indicators	Assumptions and indicators make explicit reference to: (1) human rights norms, standards and principles, (2) gender equality and analysis, and (3) empowerment. Scope explicitly addresses GBV against women and girls, and harmful practices.	No collection of primary activity and results data, which would allow for disaggregation of effects. Disaggregation limited to binary sexes, and main institutional identities.
2. Integration into criteria and questions	Criteria defined in terms of applicability to GBV and harmful practices. Questions explicitly address gender and human rights norms.	More explicit reference to gender equality, women's empowerment, and human rights under 'relevance' and 'effectiveness' than under 'efficiency' or 'sustainability'.
3. Integration into methods	Collaborative Outcomes Reporting Technique (CORT) is grounded in empowerment and human rights principles of inclusive participation. Country cases included the voice of rights holders. Mixed quantitative and qualitative data analysis methods are suitable for exploring gender.	Limited involvement of rights holders as agents in data collection; and only consulted in country cases. Participation in 'meaning making' limited to the level of participation (e.g. site visit, country case, regional case, or global reference group).
4. Integration into analysis (findings, conclusions and recommendations)	Analysis responds directly to gender and human rights assumptions in the evaluation matrix. Contribution analysis examines interventions against human rights principles and based on gender-responsive theory of change. Quantitative analysis includes gender attributes as indicators. Extensive discussion of the definition of GBV.	Intersectional analysis restricted to gender, ethnic and regional identities; with limited consideration of other systems of power – including political affiliations, socio-economic status, livelihoods, ability, religion, or race.

Criteria reflects UN System Wide Action Plan Evaluation Performance Indicator (UN-SWAP EPI) criteria

1.3.3 Analytical framework – evaluation questions and criteria

The evaluation adheres to the United Nations Evaluation Group and OECD-DAC criteria – relevance, efficiency, effectiveness, and sustainability,[11] in conducting the evaluation. Impact is 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 definition of these criteria was modified from the terms of reference to encompass coverage, connectedness, and coherence[12] for evaluating UNFPA support to GBV in humanitarian response. The evaluation questions were tested and refined iteratively during the inception phase. Evaluation hypotheses (assumptions) were developed, tested and refined during the pilot case study in India and in the inception phase consultations with the evaluation reference group. A full evaluation matrix is included in annex 5.

Sampling

The evaluation used multiple lines and levels of evidence. The main levels of analysis as described below and depicted in Figure 3 were: (1) global, (2) regional, (3) country. To generate an illustrative sample, purposive sampling was used with selection criteria established by the evaluation terms of reference for both country and regional case studies. The sample frame was comprised of all countries with presence of UNFPA GBV and/or harmful practices programming.[13] This was further narrowed to an operational sample frame of 60 countries, based on the top 10 countries for expenditure on GBV and harmful practices in each of the six UNFPA regions. Detailed justifications for the final set of countries for both field missions and extended desk reviews are included in the Inception Report.[14] In combination, the country case studies and the extended desk reviews lead to an acceptable level of proportionality compared to the sample framework (see annex 6 for full table). In addition to the country case studies, the evaluation featured two regional case studies.

FIGURE 3: *Countries and regions selected for the case studies and extended desk reviews*

11. See annex 1 – terms of reference of the evaluation for the definition of the evaluation criteria.
12. Used by the OECD-DAC to evaluate in complex emergencies and conflict affected areas. Coverage of population groups facing GBV and harmful practices wherever they are; connectedness between short-term emergency response and longer-term prevention of GBV and harmful practices; Coherence of UNFPA policies with humanitarian and human-rights standards.
13. Terms of Reference of the evaluation can be accessed at UNFPA Evaluation Database available here: www.unfpa.org/evaluation
14. Inception Report for the evaluation can be accessed at UNFPA Evaluation Database available here: www.unfpa.org/evaluation

Involvement of stakeholders in the evaluation

In total, the evaluation consulted with 932 people (see Table 4). In line with a human-rights-based approach to evaluation, a systems-based approach (critical system heuristics) was used to map the key categories of stakeholders in UNFPA interventions, disaggregated by human rights roles and an intersectional gender analysis where possible and relevant. The stakeholder analysis forms the basis of both the sampling approach and participation in the methodological design of the evaluation. Not all stakeholders are included in the evaluation (such as perpetrators of violence), but they are nevertheless included in the stakeholder analysis so as to make the boundary judgements of the evaluation explicit. Detailed descriptions of the analysis are included in annex 6.

TABLE 4: *Distribution of interviewed people by stakeholder type and by level of analysis*

Stakeholder	Female	Male	Not given	Total
Community level	197	88		285
UNFPA	120	48	39	207
Civil Society (NGO/CSO)	133	48	6	187
Government	72	27		99
United Nations	41	11	8	60
Local leader	29	17		46
Development Partners	24	8		32
Expert/academic	14	2		16
Total	630	249	53	932

*NGO Non-Governmental Organization
*CSO Civil Society Organization

1.3.4 Methods for data collection

The majority of primary data collection methods were qualitative and illustrative; secondary data collection drew on a mix of quantitative financial and qualitative report data. Data collection was undertaken at all levels at which UNFPA works: country, regional and global. The data collection efforts focused on progress being made by UNFPA, and how initiatives and activities are contributing to the observed outputs and outcomes. The case studies provided invaluable responses to the key 'how' and 'why' questions that could not be satisfactorily answered through surveys or desk review. The evaluation applied eight main methods to collect primary and secondary data as evidence (see Table 5 below).

TABLE 5: *Data collection tools used by the evaluation*

Tool	Description	Integration of human rights and gender equality
Group interview	One-to-many facilitated discussion (country and regional case studies	Confidentiality Informed verbal consent Same-sex facilitators Comparable power and status Use of translators to local languages
Semi-structured interview	One-to-one confidential interview (headquarters, regions and countries)	
Observation	Site visits to projects (countries)	
Secondary data review	Desk review including text coding of documented sources	Mapping of evidence to human rights norms and standards Use of human rights language Application of feminist critical analysis
Internet survey	Electronic survey of UNFPA staff, United Nations and Implementation Partners	Respondent disaggregation Confidentiality Multilingual versions of the survey Software compatible with accessibility
Workshop	Facilitated events	Informed verbal consent Comparable power and status Range of stakeholders represented Collective and participatory analysis on contributions Final case study report shared for transparency and accountability and for wider dissemination
Validation	Debriefs and mini-presentations (national reference groups in country case studies, global reference group)	
Reference group	Structured process of commenting on draft versions of documents with transparent feedback from the evaluators	Use of human rights language Audit matrix of evaluator responses

Country and regional case studies

Each case study was based on a participatory process that included a debrief/workshop with a local reference group to support participatory analysis and interpretation of the performance story for UNFPA in a given context. This was captured in the country and regional case study notes.[15] A detailed outline of the case study process is included in annex 3, 12 and 13.

Global survey

A global online survey was undertaken to generate quantifiable and narrative data from all UNFPA programme presence countries[16] and regions; 34 country offices and 4 regional offices responded. The survey faced challenges in ensuring a sufficient response rate and coverage of valid responses. The final survey data represents 21 per cent of country offices and 66 per cent of regional offices. Given this limitation, quantitative data from the survey has been used to compare and contrast (triangulate) with multiple other lines of evidence to assess wider patterns; and qualitative data has been included with examples and insights from the case studies.

15. Country and regional case study notes are available here: https://www.unfpa.org/admin-resource/evaluation-unfpa-support-prevention-response-and-elimination-gender-based-violence.

16. Country and regional case study notes can be accessed at UNFPA Evaluation Database available here: www.unfpa.org/evaluation

1.3.5 Methods for data analysis

Analytical methods combined qualitative and quantitative approaches. The global survey provided the opportunity to generate primary quantitative data (frequencies), and the configurational analysis of case studies allowed for quantification of patterns in qualitative data. In addition, the realist synthesis drew on multiple sources of quantitative data, including financial records and the UNFPA results monitoring systems.

TABLE 6: *Data analysis methods used by the evaluation*

Tool	Description	Integration of human rights and gender equality
Frequency analysis (Survey; Country and Regional Cases, Global)	Quantitative analysis in Excel identifying the frequency of correlation between two attributes; or number, average or total values of attributes.	Survey responses disaggregated by sex; outputs and outcomes defined in terms of women's human rights.
Financial analyses (Atlas data)	Quantitative analysis in Excel of number, average, and total values; and trends and spreads over time.	Examination of trends on core funding for addressing structural drivers of GBV and relation of funding to harmful practices with other work; extent of diversity in funding of implementing partners women's rights groups.
Configurational analysis based on Qualitative Comparative Analysis (Country Cases)	Quantitative analysis in EvalC3 of qualitative attributes that have been grouped into binary sets. Identifies statistically necessary and sufficient conditions for an outcome to be present or absent.	Outputs and outcomes defined in terms of women's human rights, context attributes include Gender Inequality Index (Source: UNDP)
Realist synthesis (all sources)	Qualitative synthesis in NVivo and Word of all available evidence that seeks to identify underlying causal mechanisms and explore how they work, for who, under what conditions.	Examination of alignment with human rights standards and principles; reference to human rights normative instruments; inclusion of voice of rights holders.
Comparative and critical analysis (case studies)	Qualitative participatory and expert-led analyses based on comparing and contrasting case studies with each other, secondary examples, and theory.	Examination of alignment with human rights standards and principles; inclusion of voice of rights holders; participatory meaning-making with UNFPA stakeholders.
Contribution analysis	Qualitative assessment of the contribution programming is making to observed results; based on verifying the theory of change, taking into consideration other influencing factors, and inferring causality.	Examination of alignment with human rights standards and principles; gender analysis of power and reach; validation by evaluation reference groups.

1.3.6 Ethical considerations

The evaluation was guided at all times by the UNEG Ethical Guidelines and the UNEG Code of Conduct for Evaluation in the United Nations system. Specific commitments included: (1) independence and impartiality, (2) credibility and accountability, (3) rights to self-determination, fair representation, protection and redress, (4) confidentiality, (5) avoidance of harm, (6) accuracy, completeness and reliability, and (7) transparency.

The evaluation abided by the ethical standards for violence against women and girls (VAWG) research and evaluation. The evaluators did not work directly with any stakeholder below 15 years of age. The perspective of children was gained through interviews with representatives.

1.3.7 Limitations and mitigating actions

There can be significant challenges when evaluating progress toward outcomes of interventions designed to deliver gender-related changes including changes in social norms. This is because such process-type results and outcomes are not simple to measure. The evaluation approach drew upon learning from other evaluations about what works in GBV programming to inform the approach and mitigate well-known challenges.

Since social norms and behaviours cannot be systematically untangled to directly attribute change to a specific programme component, it is necessary to frame outcomes conceptually as contributions that are one (significant) factor among many influencing prevalence as well as policy. Comparing the UNFPA theories of change against the evidence enables exploration of the contribution each intervention has made to observed outcomes. Theory-based evaluation is a particularly suitable methodological approach because it permits the evaluation of complex theory-based programmes where counterfactuals are not feasible.[17] The analysis of the evaluation team was continuously triangulated and validated through participatory processes.

GBV and harmful practices can be inherently difficult to evaluate because of longer time frames, interventions that work at multiple levels, measuring social change, and difficultly in capturing baseline data and isolating the impacts of interventions. The analytical approach using contribution analysis helped mitigate this challenge.

The utilization-focused design used for this evaluation has many comparative advantages within the purpose, objectives and scope of the evaluation. It also faces inherent limitations, some of which cannot, or can only partially, be overcome. The main limitations of the evaluation design included: (1) no assessment of attribution to impacts using statistical techniques (see above); (2) the reductionist nature of all theory-based approaches that cannot be fully overcome, but can be mitigated through full transparency about evaluative reasoning and judgements; (3) constrained involvement of large numbers of rights holders and marginalized people in the commissioning and design of the evaluation, or as data collectors and interpreters; (4) and the potential for bias in the data collection, which was mitigated through triangulating data, critical analysis by the evaluation team, and validation by the evaluation reference group, national reference groups and participants of summit workshops.

17. Mayne, John. 'Contribution Analysis: An Approach to Exploring Cause and Effect.' International Learning and Change (ILAC) Brief, ILAC Brief, 16 (2008).

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2 GLOBAL CONTEXT AND THE UNFPA RESPONSE

A comprehensive description of context is provided in annex 7.

2.1 GLOBAL DEVELOPMENT AND HUMANITARIAN CONTEXT

The Sustainable Development Goals represent a globally significant mention of forms of GBV and harmful practices that highlights the economic, structural, as well as normative drivers of violence. 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).

The 1994 International Conference on Population and Development provides UNFPA a framework for action reflecting these definitions and declarations and re-emphasizes the importance of addressing GBV as a means to development. The 1995 Beijing Platform for Action that followed raised the issue of violence against women to one of 12 critical areas of concern.

United Nations normative frameworks relevant to GBV and harmful practices include: 2006 General Assembly Resolution 61/143, and multiple Security Council Resolutions (including 1325, 1820, 1888, 1960, 2106). UNFPA is the main United Nations agency working on GBV from the perspective of gender transformation of roles, values, and positive change across the Humanitarian-Development-Peace nexus using the continuum approach.

GBV in emergencies

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.[18]

The international community is increasingly united in its commitment to tackling GBV in humanitarian settings. There is a growing understanding among humanitarian actors of the importance of addressing GBV as a life-saving priority in emergency response and as a protection responsibility. Primary responsibility to ensure people are protected from violence rests with the State,[19] however, in times of crisis, humanitarian actors play an important role in supporting measures to prevent and respond to GBV.

Addressing GBV is the responsibility of all humanitarian actors. This responsibility is supported by a framework that draws on international and national law, United Nations Security Council resolutions, international humanitarian law, humanitarian principles and humanitarian standards and guidelines.

UNHCR is the cluster lead agency (CLA) for the Global Protection Cluster (GPC), which – uniquely – has a complex structure of four sub-clusters, or Areas of Responsibility (AoRs): Child Protection, gender-based violence, Housing Land and Property, and Mine Action. The GBV Area of Responsibility[20] includes a number of tools and resources and maintains a team of regional emergency GBV advisors who are rapidly deployable senior technical experts used to strengthen country-level humanitarian responses.

2.2 SUPPORT OF UNFPA TO ADDRESSING GBV AND HARMFUL PRACTICES

The UNFPA global response

UNFPA work on GBV can be traced back to the International Conference on Population and Development (ICPD) in 1994. Since 2006 the tempo of this work increased and UNFPA launched or served in an advisory role for an average of one major initiative each year – despite periods of defunding by US administrations.[21] These initiatives includ-

18. Call to Action on Protection from gender-based violence in Emergencies, Road Map 2016–2020, September 2015, p.3. See: http://gbvaor.net/call-to-action/.
19. For refugees, primary responsibility for protection from violence rests with UNHCR.
20. www.gbvaor.net.
21. Following Beijing, two terms of US administrations withheld funding for global sexual and reproductive health and reproductive rights (based on what was known as the Mexico City Policy, instituted under then US President Ronald Reagan in 1984). Despite the previous US funding cuts, UNFPA remained a central actor in an unprecedented level of global activity addressing gender-based violence and harmful practices during that time. In 2017, the US administration once again stated its intention to withdraw all financing to UNFPA, under what is known as the Kemp-Kasten Amendment (see: https://www.kff.org/global-health-policy/fact-sheet/unfpa-funding-kemp-kasten-an-explainer/).

ed the 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 United Nations actors.

A distinguishing feature of UNFPA work is a multi-agency/multi-stakeholder collaborative approach. The agency has played a leadership role in the (long-established) Inter-Agency Network on Women and Gender Equality (IANWGE) and Inter-Agency Taskforce on Violence against Women. The UNFPA 2008–2011 Strategy and Framework for Action on GBV leveraged a human-rights-based, gender responsive, and culturally sensitive approach. GBV and harmful practices are a central focus of the Strategic Plan 2018–2021.

Scope of UNFPA programming

UNFPA efforts to eradicate GBV have been ongoing with organizational commitments (reflected in numerous strategic plans and frameworks) since before 2008. The evaluation found evidence of funding for GBV-related outputs and indicators for all countries in which UNFPA has programming. The evaluation covered two strategic periods:

1. The 2012–2013 Midterm Review of the Strategic Plan
2. The UNFPA Strategic Plan (2014–2017).

Though outside the temporal scope of the evaluation, the evaluation also considered the 2008–2011 Strategy and Framework for Action on gender-based violence,[22] as work prior to 2012 has been foundational to subsequent support and constitutes a key part of the 'performance story' toward outcome achievement.

The UNFPA 2014–2017 Strategic Plan also recognized the impact of humanitarian contexts on GBV; and prioritizes working with men and boys.[23] 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 GBV in Emergencies addresses GBV in humanitarian contexts.
- The Essential Services for Women and Girls Subject to Violence provides guidance on the integration of GBV in development settings.[24]
- The United Nations Framework on Prevention provides an analytical tool to underpin work to prevent violence against women.[25]

UNFPA has engaged in joint programmes and manages trust funds to eradicate GBV and harmful practices:

- UNFPA/UNICEF 2007-2017 Joint Programme on Female Genital Mutilation (FGM).[26]
- UN Women/UNFPA/UNDP/WHO/UNODC 2013–2017 Joint Global Programme on Essential Services for Women and Girls subject to Violence.[27]
- UNFPA is involved in the multi-stakeholder Joint Programme on Violence against Women.[28]
- UNICEF/UNFPA 2016–2019 Joint Global Programme to Accelerate Ending Child Marriage.[29]
- UNFPA is a member of the Global Steering Committee and plays a leadership role in the Real-Time Accountability Partnership (RTAP).[30]

22. 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.
23. The midterm review of the 2014–2017 strategic plan acknowledges the UNFPA efforts to scale up / strengthen a focus on GBV, including within humanitarian contexts, and underscores the need to continue this work, "strengthening resilience across the humanitarian and development continuum". See: https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2016&sessionType=AS.
24. http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence.
25. http://www.unwomen.org/en/digital-library/publications/2015/11/prevention-framework.
26. For more information on the Joint Programme on FGM. See: http://www.unfpa.org/joint-programme-female-genital-mutilationcutting and http://www.unfpa.org/female-genital-mutilation.
27. 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.
28. Burkina Faso, Chile, Fiji, Jamaica, Jordan, Kyrgyzstan, Paraguay, Philippines, Rwanda and Yemen. See: http://www.un.org/womenwatch/ianwge/taskforces/vaw/joint_programming_initiative.pdf
29. Specifically, the programme will focus on Ethiopia, Mozambique, Uganda and Zambia (in Eastern and Southern Africa); Burkina Faso, Ghana, Niger, Sierra Leone (in Western and Central Africa); in South Asia, the Joint Programme will focus on Bangladesh, India, and Nepal; and, in the Arab States, the programme will be implemented in Yemen.
30. 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.

2.2.1 UNFPA programming on GBV and harmful practices

The UNFPA 2008–2011 Strategy and Framework for Action on GBV, reflecting many of the core substantive and operational principles outlined above, has informed strategic planning within UNFPA since 2011, with the Strategy and Framework 'priority areas' reflected in the UNFPA 2014–2017 Strategic Plan. While UNFPA strategic plans have historically addressed gender-based violence and harmful practices across multiple outcomes and outputs (see annex 7 and 9), Outcome 3 of the UNFPA Strategic Plan (2018–2021) places GBV and harmful practices centrally with UNFPA work; with Output 10 explicitly referencing all three harmful practices for the first time.

2.2.2 Theories of change for UNFPA support

Drawing from UNFPA documentation and the evaluation case studies (see separate country notes[31]), the evaluation reconstructed a comprehensive global theory of change illustrative of the dominant approaches to addressing GBV and harmful practices in UNFPA. The purpose of this reconstructed global intervention logic was not to test the validity of a 'universal' theory of change, but to map the extent to which mechanisms of change are targeted by UNFPA across different contexts.

The reconstructed theory is grounded in the outcome logic addressing gender for each of the two strategic plans encompassed within the scope of the evaluation, with the strongest emphasis on the most recent strategic plan[32] (2014-2017). The process of developing the theory of change highlighted and focused attention on critical tensions and unresolved discourse around the response to, prevention of, and elimination of, GBV and harmful practices.[33] A new UNFPA theory of change for Outcome 3 (gender equality) of the Strategic Plan (2018–2021), which includes GBV and harmful practices, was published at the end of this evaluation. This is included in annex 8.

Analysis of the prevalence of different theories of change found the following patterns:

- The most prevalent theories of change across all contexts were: (1) building 'advocacy coalitions' to exert popular pressure for changes, (2) seeking 'big-leaps-forward' through policy-level changes, and (3) enhancing access to quality services (exclusively at country-level). The least prevalent theory of change is developing social education programmes (gender is more often included in these than GBV).

- At country level, services are the most prevalent entry point for change, followed by advocacy coalitions (including civil society), and increasing participation of rights holders in national processes. At the regional-level, the two most prevalent theories of change were enhancing access to public information and building advocacy coalitions. At the global-level, there is a much stronger focus on structural approaches to change in comparison with other levels, with an emphasis on: (1) policy evidence and changes, (2) setting the agenda and influencing discourse, and (3) developing social education.

- There is a significant divergence between the theories of change used at regional level compared with the other levels, with a much stronger focus on public information (communications and influencing regional agreements) and much weaker focus on influencing institutional and service design. This reflects the different nature of the audiences at the regional level, with few 'natural' institutional counterparts.

- The focus on policy outputs and evidence increases as programming moves from country to global level; whereas the focus on gender and social norms, and services increases as programming moves from the global to the country-level.

- In terms of the UNFPA business model, improving access to services remains an important theory of change across all quadrants except countries classified as 'pink'.

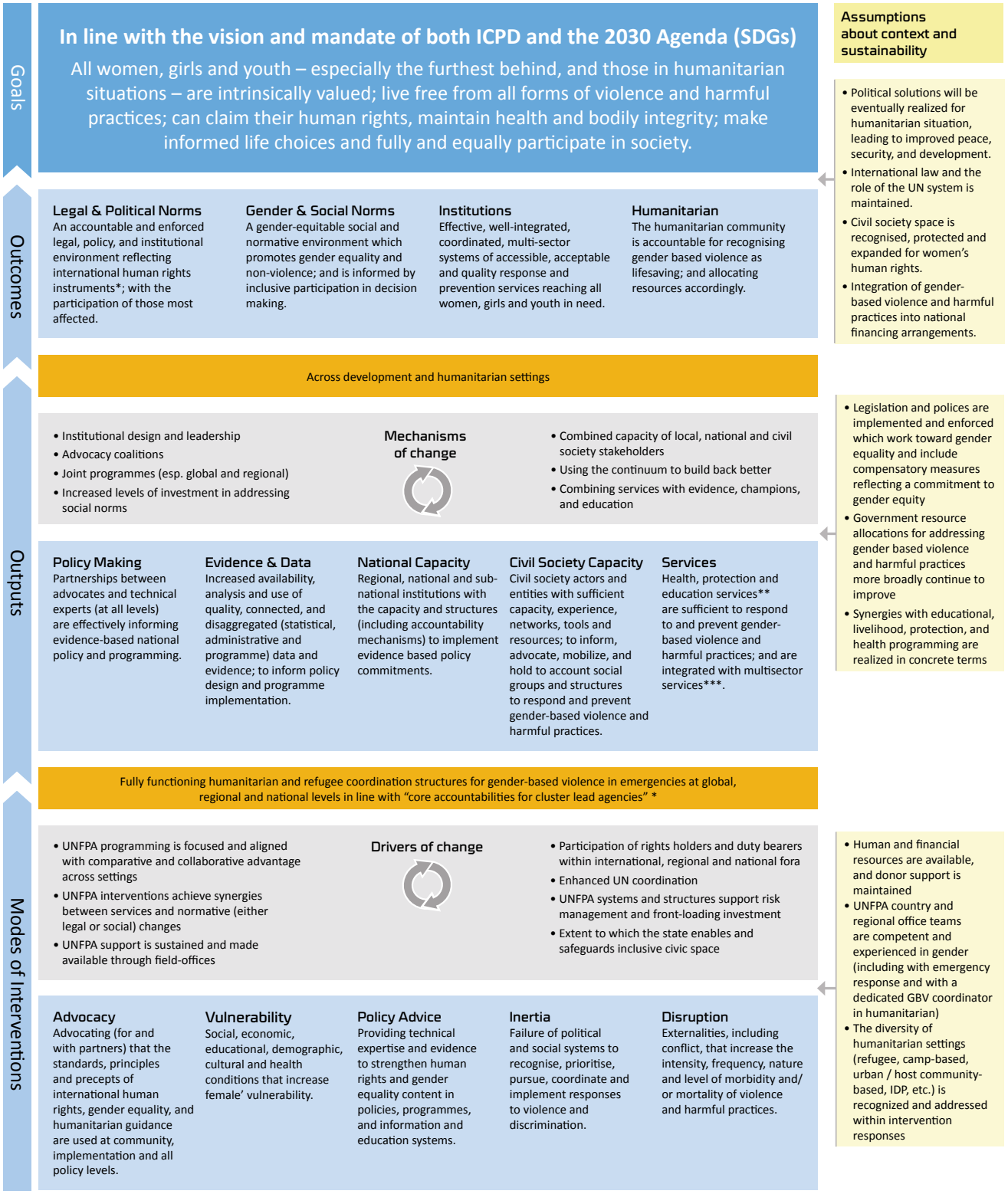
31. Country notes can be accessed at UNFPA Evaluation Database available here: www.unfpa.org/evaluation.

32. The work on gender-based violence and harmful practices under this plan benefited from: (1) the insights and reflections on the 2008-2011 UNFPA strategy for addressing violence against women; (2) evaluation of the first phase of the Joint Programme on Female Genital Mutilation; (3) development of global theories of change addressing child marriage; (4) the organic evolution of programming on son preference initiated in key countries and shepherded by the regional office of the Asia Pacific region; (5) expanded research on girls in particular reflecting the focus on gender fundamentals; and (6) the development of global humanitarian criteria and standards.

33. Key challenges facing the development of theories of change for gender-based violence and/or harmful practices were found to be: (1) representing the non-linear, complex and sometimes unpredictable reality of the social change process while still representing the instrumental role for UNFPA and taking into consideration the many assumptions at each stage of change; (2) meaningfully integrating lifesaving response work in humanitarian contexts into a broader vision for transformative change; (3) while affirming the common understanding of the role of patriarchy as a root cause of gender-based violence and harmful practices, accommodating differences between how programming on gender-based violence and programming for different harmful practices conceptualize how change happens (in terms of both social norms and structural factors); (4) articulating the intersection and intended synergies between different levels of interventions (individual, family, community, country, cross-border, regional, global); and (5) distinguishing between different types of humanitarian situations (acute onset; prolonged conflict).

- The focus on data and evidence and civil society capacity development increases in programming as it moves from 'red' to 'pink' countries; by comparison, the prevalence of institutionalizing service capacity and nurturing champions in programming on GBV and harmful practices decreases as it moves from 'red' to 'pink' countries.
- There is a strong divergence in strategies used in countries classified as 'orange' (focusing on structural drivers of change such as advocacy coalitions, champions, and education), from those prevalent in 'yellow' countries (focusing on agency drivers of change, civil society capacity, gender norms, and evidence and data).

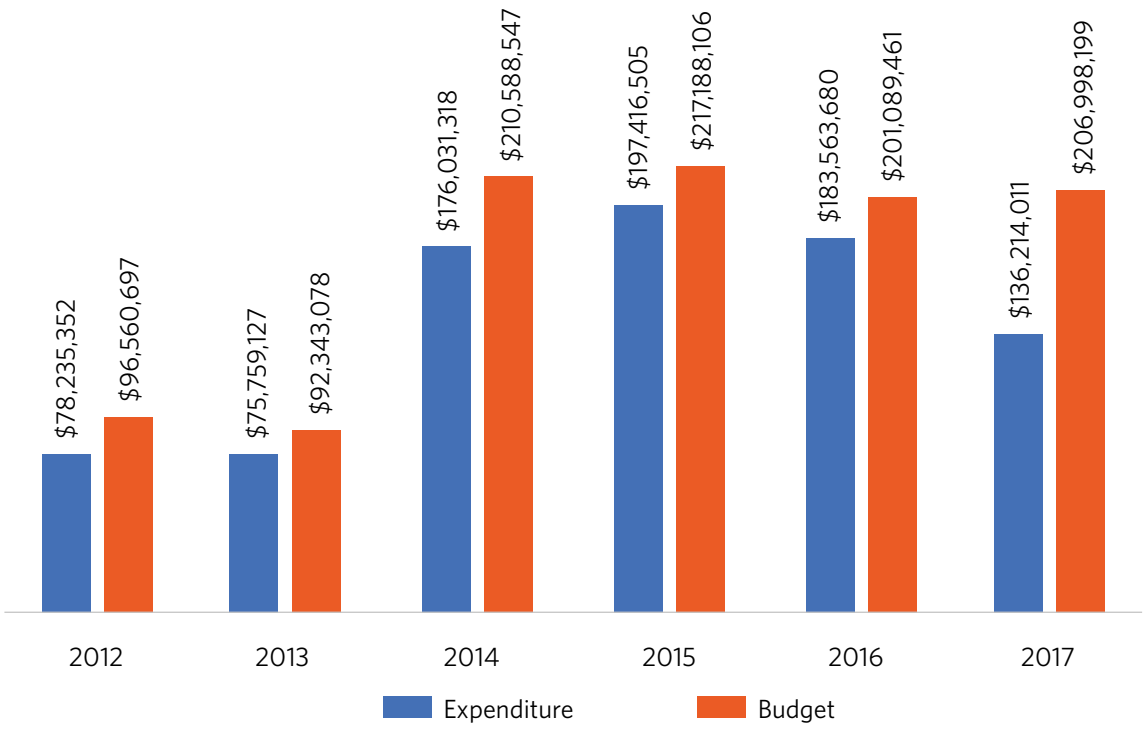
FIGURE 4: *Reconstructed theory of change for UNFPA programming on GBV and harmful practices*



2.2.3 Resources allocated to addressing GBV and harmful practices

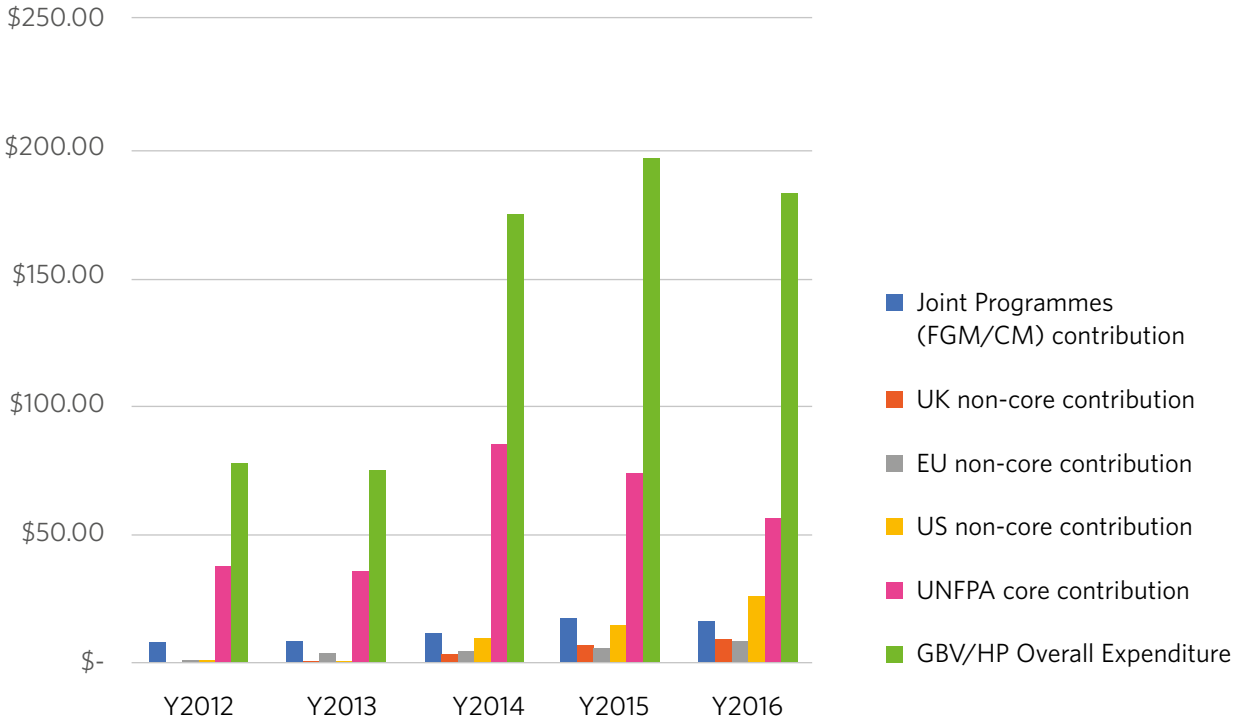
For the period 2012–2017, UNFPA expenditure on the prevention, response to, and elimination of GBV and harmful practices was $847 million while the amount budgeted was $1.02 billion (see Figure 5). Analysis of the period 2012–2016 revealed steadily improving rates of budget utilization, reaching 91 per cent by the end of that period. The methodology captures expenditure under all outputs, outcome or indicators in which GBV or harmful practices are specifically mentioned in the text of the results frameworks of the strategic plans covered by the evaluation.

FIGURE 5: *UNFPA budget and expenditure on GBV and harmful practices result areas, 2012–2017*



Source: Atlas data

FIGURE 6: *Contribution of UNFPA core, top three non-core donors, and harmful practices joint programmes to overall expenditure on GBV and harmful practices 2012–2016*



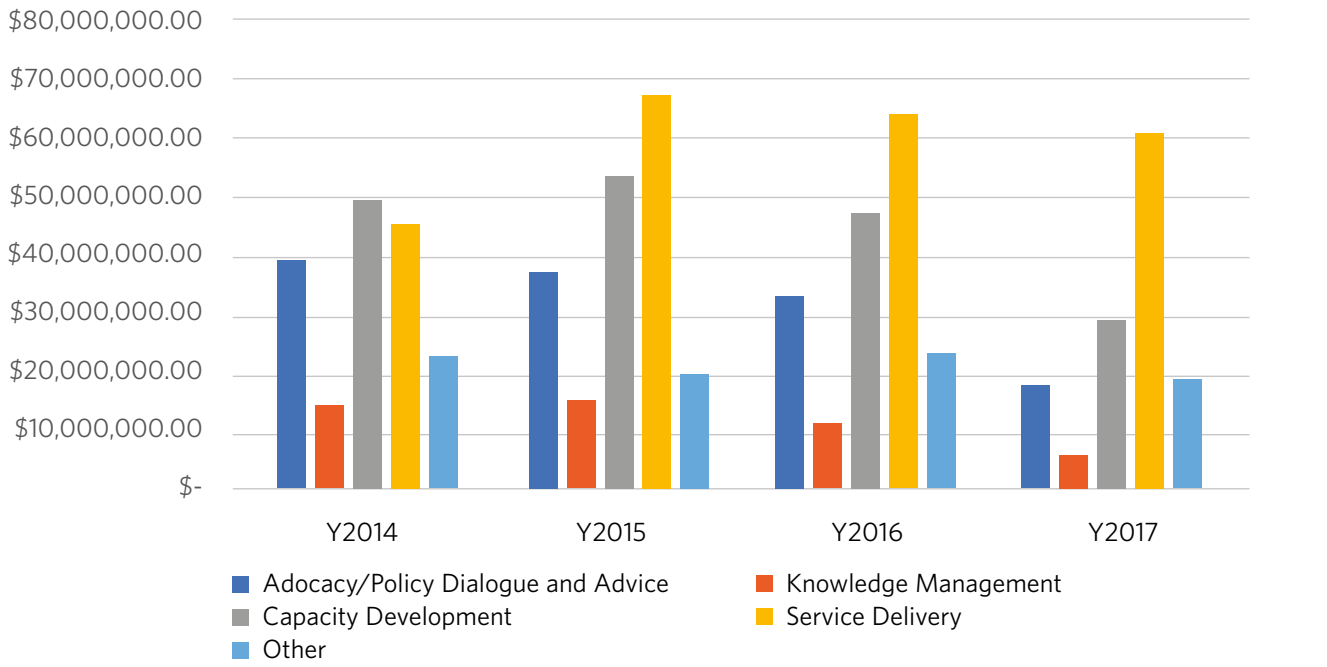
Source: Atlas data

The five highest multilateral contributors during the evaluation scope were OCHA, the Joint Programme on FGM, the Multi-Partner Trust Fund, the Multi-Donor Fund, and the Joint Programme on Child Marriage. Analysis of the top 15 donors to non-core expenditure on gender-based violence and harmful practices reveals both long-term and short-term patterns (see annex 9). The most immediate is the impact of the Kemp-Kasten Amendment and the 'global-gag' rule on US funding after 2016; and the noticeable increase in finance from the European Union, Canada, Sweden and Australia to counter this.

The highest aggregate expenditure at country level (grouped by regions) was in the Arab States, with the top four countries by expenditure (Iraq, Syria, Turkey and Jordan) located in that region. The next highest expenditures were in the two Africa regions and Asia and the Pacific.

The Eastern Europe and Central Asia regions, and Latin America and the Caribbean regions spent a total of less than $10 million per year during the period under consideration (i.e. expenditure in an entire region was the equivalent of Iraq by itself). These regions include primarily developmental programming that is responding to entrenched structures of GBV, rather than immediate protection needs in emergencies: revealing a disconnect between different types of demand and attendant resourcing (see annex 9). This is triangulated by a growing proportion of expenditure allocated to support services delivery, while other more developmental modes of intervention were declined (see Figure 7)

FIGURE 7: *Total expenditure by mode of intervention, 2014–2017*



Source: Atlas data

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3 MAIN FINDINGS AND ANALYSIS

This section is organized around the evaluation matrix: providing responses to each of the evaluation questions derived from the analysis of evidence associated with each of the stated assumptions.

3.1 RELEVANCE AND ALIGNMENT

3.1.1 Normative alignment

EQ1 To what extent is UNFPA work on preventing, responding to and eradicating GBV and harmful practices – including UNFPA 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?

Alignment of UNFPA interventions at global and country level with international, regional and national policy frameworks including Strategic Plan outcomes.

FINDING 1 UNFPA firmly aligns with and contributes to relevant international human rights conventions, instruments and reports (in both process and substance) at the global, regional and country level.

HUMAN RIGHTS

The conceptual frameworks guiding the investments and strategies of UNFPA at a global level closely mirror the framing of international norms. The UNFPA Strategic Plans 2012–2013 and 2014–2017 were aligned to the Millennium Development Goal Framework with respect to gender equality (MDG 3) and the Strategic Plan 2018–2021 has been aligned to the Sustainable Development Goals framework with respect to gender equality (Goal 5). Both plans have, as an overall goal, the achievement of the vision of the International Conference on Population and Development of 1994, Beijing Platform for Action, and CEDAW.

Looking forward, the Strategic Plan 2018–2021 organizes UNFPA work around 'three transformative and people-centred results'[34] and includes a dedicated focus on GBV and all harmful practices (noting particularly female genital mutilation and child, early and forced marriage, and son preference).

In an acknowledgement that the global context of climate change and related conflict and displacement shapes UNFPA overall programming (particularly that related to GBV) and given UNFPA leadership role within the Area of Responsibility, the 2018–2021 global Strategic Plan also references key documents on risk reduction and financing (i.e. the Sendai Framework for Disaster Risk Reduction 2015–2030 of the Third United Nations World Conference on Disaster Risk Reduction, the 2015 Paris Agreement on climate change and the 2015 Addis Ababa Action Agenda of the Third International Conference on Financing for Development).

In keeping with the intersector principles of the Sustainable Development Goals to which it responds, the 2018–2021 Strategic Plan is predicated on '(a) the protection and promotion of human rights; (b) the prioritization of leaving no one behind and reaching the furthest behind first; (c) strengthening cooperation and complementarity among development, humanitarian action and sustaining peace; (d) reducing risks and vulnerabilities and building resilience; (e) ensuring gender-responsive approaches at all levels of programming; and (f) a commitment to improving accountability, transparency and efficiency.' This Plan therefore covers both the principles and the process of a human rights-based approach.

UNFPA is viewed as having played critical roles in both successful advocacy to advance key international conventions addressing GBV and harmful practices and, in supporting the operationalization of international standards through development of jointly defined guidelines and core minimum standards and fostering agreements addressing both political and operational aspects of the solution.

34. (a) An end to preventable maternal deaths; (b) an end to the unmet need for family planning; and (c) an end to gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage.

Reviews of progress on those elements related to GBV and harmful practices within the ICPD, the 2030 agenda, and the 1995 Beijing agreements, are shaped by UNFPA expert contributions based on rigorous analysis of population-based data which provides insights based on both country and region-specific analyses as well as on comparative analysis and trend analysis across regions and globally.

Building on two decades of work and momentum from the Secretary General 2006 report on female genital mutilation (FGM) and sustained internal advocacy from the joint programme, UNFPA included a dedicated focus on FGM in the 2012–2013 Midterm Review of the Strategic Plan. Bi-annual resolutions on FGM by the General Assembly between 2012 and 2016[35] were reinforced by the release of key technical reports, the declaration of international days of observance to end FGM (International Day of Zero Tolerance launched in 2003) and expert advocacy.

Reflecting United Nations reform and the changes in programme emphasis dictated by the global realities and expanding set of actors on GBV issues, particular attention is given to how UNFPA works with stakeholders and partners as well as the broader United Nations family. The emphasis on cooperation and complementarity as well as accountability and efficiency are echoed in a special common preamble across the plans of United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), and the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women).

Many of the most significant contributions to addressing GBV and harmful practices at the global level reflect UNFPA strong operational expertise: work with WHO and the humanitarian assistance community on revisions and implementation of the Minimum Standards for Prevention and Response to GBV in Emergencies; with UN Women, UNDP, UNODC and WHO on operational guidelines and toolkits for Essential Services for Women and Girls Subject to Violence; and the Economic Commission for Latin America and the Caribbean on the 2013 Montevideo Consensus on Population and Development. UNFPA is seen as a key partner for the most recent Spotlight Initiative (an EU-supported inter-agency effort of UN Women, UNDP, UNFPA and UNV), particularly for work on GBV data and on harmful practices.

Regional agreements and conventions which reflect, inform and help to contextualize these global agreements, are increasingly referenced in country programme documents. This development is particularly valuable in the work on GBV and harmful practices which must address the diverse and regionally specific manifestations of gender-proscribed roles and universal rights violations including practices which have been documented more in some regions than others. Regional agreements may be more relevant than international agreements in particular cases as they can be more tailored to the context.

The regional perspective also provides an integrating platform which moves beyond the boundaries of nation states and ethnic groups to reveal commonalities in violations which can inform work in other regions. This was the case for gender-biased sex selection and son preference which was informed by work in India and China. It is also now applied to work in some other countries in South and East Asia and Eastern Europe and Central Asia. This is also reflected in the global discussions on sexual violence in conflict which has been a focus of work in the Great Lakes region of Africa but relates to broadly documented examples of rape as a weapon of war; and in sharing of lessons on stoning and honour killing across Arab States and Asia.

A synthesis of UNFPA country programme documents and of quality country programme evaluations demonstrates that, in the majority of cases, UNFPA country programmes reflect this global and regional guidance both explicitly and through close alignment with the UNFPA Strategic Plan results framework. The vast majority of country offices adapted quickly to embrace and reflect the changes to the UNFPA Strategic Plan in 2011 and again in 2014, using the opportunity of development of a new country programme or, for the many countries with new programmes beginning in 2010, using the midterm review to align with the new UNFPA Strategic Plan results framework. Multiple country programme evaluations helped reinforce the initial shift and refine the articulation of the ways in which programming already in process would contribute to achieving the new strategic priorities. In the case of Uganda, the realignment was a dedicated exercise following a clear roadmap that covered 2014 and 2015 annual workplans (AWPs) and the Bridging Programme of a key gender initiative.

The closely sequenced country level alignment exercises provided opportunities to thoughtfully reflect on UNFPA overarching vision and goals. This was good preparation for the work to be done following the significant shifts in priorities and responsibilities which would arise with the emergence of UN Women, UNFPA role within the Area of Responsibility, and the launch of a second joint programme with UNICEF addressing child marriage (a practice with

35. Beginning in 2012, the United Nations General Assembly adopted a series of resolutions which directly addressed the need to end female genital mutilation (FGM). In December 2012, the Resolution [A/RES/67/146] was co-sponsored by two thirds of the General Assembly, including the entire African Group, and was adopted by consensus by all United Nations members. In December 2014, an additional Resolution [A/69/150], was co-sponsored by the Group of African States and an additional 71 Member States and was adopted by consensus by all United Nations members. In November 2016, the General Assembly adopted, by consensus, a Resolution on intensifying global efforts for the elimination of female genital mutilation, again sponsored by the African Group [A/C.3/71/L.15].

very different constituencies and strategies as compared to female genital mutilation). This process was concurrent with important investments in building new capacity within UNFPA for, for example, administrative data on GBV complementing UNFPA long-standing expertise in population-based data as well as on the humanitarian principles and functioning of the humanitarian architecture within which UNFPA would play a central role.

The aspirational language of global guidance and its reflection in national level documents does present a challenge for UNFPA in meeting the expectations of stakeholders. The assumptions and logic of these global documents do not reflect the reality of the context in which the work needs to be done—either intrinsic challenges in addressing practice and norms or the constraints of resources and institutional capacity. Although key decision makers understand the sequencing of normative and operational change, it can create unreasonable expectations on the part of stakeholders regarding the level of investment needed to sustain change; the many components which must be in place for a functioning system; and even, for the survivors and their advocates themselves, the accessibility and security of services provided.

Concretizing the upstream aspirational goals is a fruitful endeavour for UNFPA. Uganda offers excellent examples of the unique contribution made by UNPFA in translating the global normative framework into regulations, guidelines, tools and training. However, several key building blocks are still missing in Uganda (e.g. a functional and representative national data source on GBV; a permanent mechanism to coordinate the diverse actors who must be engaged to address the problem; and assured access to the one incident history form which provides survivors access to any of the services available). More importantly, the financial resources to sustain the integration of services at district level are in place in only a limited number of districts.

FINDING 2 At country level, UNFPA country plans, priorities, and key strategies were found to align with national plans of action and harmonized through the organizing structure of the United Nations Development Assistance Framework (UNDAF)

MANAGING FOR RESULTS

The UNDAF process was important to both UNFPA planning and government efforts to strengthen their work in this area. For example, in Uganda, the process of developing a new UNDAF required additional time—in part to be sure that gender equality principles were sufficiently reflected throughout which was not the case with the previous UNDAF. UNFPA delayed the start of the eighth country programme to be able to align with the UNDAF.

Assuring that UNFPA investments were in sync with national level planning and priorities was critical to UNFPA Uganda concerted efforts to develop sub-national infrastructure, capacity, and political and financial support for transferring GBV and gender work to the district level from the national level. Indeed, the major strategies in the UNFPA country plan were aligned not only with the national development plan but also with district level plans which had been shaped in part by work under the previous country plan.

This convergence was not always the case. The evaluation of UNFPA work in Papua New Guinea (PNG) highlighted the disconnections between the national level upstream investments and the capacity of subnational level to even begin to implement—a gap well illustrated by a provincial level officer reporting his lack of any formal guidance from national level on implementation.

A review of 2016–2017 country programme evaluations and cases by the evaluation team illuminated some of the very real challenges encountered in balancing a response to global priorities and national-level guidance. For several countries, the global success in meeting the Millennium Development Goal poverty targets ahead of schedule spurred governments to focus their national planning priorities on accelerating economic development to achieve the same outcomes. Despite UNFPA efforts to refocus attention on health and social outcomes, concern was expressed that governments' shifting in response to the Millennium Development Goal outcomes might undermine the potential of key ministry support for established UNFPA-funded efforts (such as in Papua New Guinea), at the same time that the new UNFPA business model classifications resulted in important reductions in core funding.

In the case of Papua New Guinea, as a Delivering-as-One country since 2006, the integration of efforts and use of common indicators made it very difficult to measure progress to help define the next plan: for example, UNDP upstream work on GBV included UNFPA but to what concrete extent was not fully clear and the UNDAF indicators included a measure of adult condom use when the target audience for UNFPA was youth. This case study can inform future efforts at building broad-based partnerships which are particularly important in the case of GBV and are reflected in new initiatives to address the issue.

FINDING 3 The UNFPA business model (quadrants) did not, in the past, take sufficient account of variations in needs, capacities and inequities at the sub-national level. The introduction of some flexibility in the 2018–2021 Strategic Plan regarding the use of modes of engagement may facilitate more nuanced implementation.

BUSINESS MODEL

One of the greatest challenges to balancing aspirational goals to concrete programmes are the resource gaps resulting from the relatively abrupt shift to the new business model within UNFPA. The classification of countries' needs does not currently reflect subnational realities or the inability of subnational structures to effectively implement guidance or sustain programming. The classification of countries' ability to finance does not account for the dramatic shifts in resources and demands on resources which are characteristic of the new global economy, increasing frequency of climate induced disasters and conflict-related displacements, or significant levels of inequality within a country.

After an initial period of countries interpreting the UNFPA quadrant business model literally, the evaluation found multiple examples of country programmes having found creative means to continue capacity development and support to services in countries where more upstream work was encouraged (i.e. countries classified in the UNFPA business model as 'pink' and those classified as 'yellow'). The logic for this is grounded in the observation of UNFPA legitimacy and effectiveness in work on policy and advocacy as being derived from having relevant first-hand experience and 'boots on the ground'. An illustrative example of this is the policy voice lent to UNFPA Turkey from first-hand experience of supporting women-friendly cities and police training.

As a counter example, the reclassification of Bosnia and Herzegovina as a 'pink' country created a shift away from capacity-building toward policy advocacy. This revised approach does not work as well, since capacity-building of partners is still needed to realise national priorities, and UNFPA has a very limited policy voice by comparison with the European Union institutions. The UNFPA Bosnia and Herzegovina Country Programme was previously evaluated and found to have used capacity-building to successfully contribute to advancing: (1) UNDAF outcomes, (2) national priorities set by the Social Inclusion Strategy 2008–2013, and the Country Development Strategy 2008–2013, and (3) European Partnership, and European Union Integration Strategy.

In the State of Palestine, UNFPA is seen nearly across the board to provide relevant and aligned support to the context; with the exception of addressing the occupation directly. However, with the classification of Palestine as a country in the 'yellow' quadrant and the associated shift in modes of engagement, some partners reported decreasing participation in work-planning and in UNFPA addressing the full range of needs holistically.

FINDING 4 The practices of UNFPA field office staff seek to operationalise human rights principles and help navigate the (sometimes sensitive) political space between instrumental policy objectives and human rights-based approaches to programming.

HUMAN RIGHTS

POLITICAL AND LEGAL NORMS

At country level, the evaluation observed that UNFPA offices frequently lean on their long-standing and trusted relationships with government administrations and civil society to steward a human rights-based approach to programming. Twenty-eight country offices have recently worked with national human rights institutions, many of them conducting national inquiries on sexual and reproductive health, reproductive rights, and GBV. This triangulates with evidence from the following examples:

1. In India, while the global level framing of issues predominantly reflects the larger institutional environment and political economy in which UNFPA operates, the country-level and state-level operating model is strongly grounded in a human rights-based approach.

2. In Guatemala, UNFPA has played a fundamental role in supporting the alignment of national standards with international human rights norms and standards on GBV: it plays a highly important political role in a context of adversity and is valued for helping to foster civil society access to legislative dialogue.

3. In Central African Republic, the language of the human rights-based approach is evident in each of the major portfolios related to GBV: (1) access to justice within the multisector response for which most implementing partners must refer; (2) development of a national strategy to 'restart' the battle against female genital mutilation and child marriage, and (3) core programming on gender equality. With weak state structures, civil society has proven an important actor.

4. In Bolivia, the evaluation found a strong focus on a human rights approach throughout the programming documentation, and also in the work of partners (e.g. Solidar Suiza).

In addition, the Eastern Europe and Central Asia case study found that GBV and harmful practices programming in the region is strongly shaped by the meta narrative of low fertility, pronatalism, aging, traditionalism, economic nationalism and securitisation. Within this context, UNFPA is left to represent many of the most politically sensitive issues, requiring local strategies and use of languages that do not feature in the global narratives on GBV or harmful practices.

Similarly, in Asia Pacific, UNFPA has systematically positioned comprehensive sexuality education as contributing to the prevention of GBV. The role of the regional offices has been central to navigating this challenge of finding instrumental entry points to address GBV and harmful practices.

Responsiveness to affected populations in development and humanitarian contexts

FINDING 5 UNFPA offices draw on a wide range of situation analyses, studies and mapping to ensure the relevance of programme design to both rights holders and duty bearers in development contexts.

HUMAN RIGHTS

DATA AND EVIDENCE

MANAGING FOR RESULTS

In the global survey, UNFPA staff rated the most significant external factors hindering progress on addressing GBV and harmful practices as (in rank order): (1) national financing, (2) capacity of the justice system, and (3) social norms in public discourse. The most significant factors enabling progress were identified as (in rank order): (1) United Nations coordination, (2) national political will, and (3) (where present) UNFPA programme synergies. The capacity of national civil society was also rated as broadly positive.

All of the case studies indicated that UNFPA planning and programming on GBV has been informed by qualitative studies of the local manifestations of violence and harmful practices, mapping of interventions by other actors, and assessment of gaps in implementation of gender equality commitments. Where insights into particular practices or experiences of violence do not exist, process tracing during the case studies showed that in many cases UNFPA offices instigate this research before commissioning programme work. For example, in both regional cases, there is an emerging thread of programming on GBV experienced by people with disabilities; but solid funding proposals from Eastern Europe and Central Asia Regional Office, for example, are not being issued until sufficient evidence is available to inform the programme design.

The global survey (question 1) highlighted several examples of evidence-based programming: (1) baseline studies of sexual and reproductive health needs, (2) rapid multisectoral assessments for disasters, fragile and conflict settings addressing the impact on girls and women, (3) situational analysis to learn more about issues that may need urgent attention, including anticipating the 'next phase' of a particular stream of work, (4) female-headed household consultations, and (5) use of partner research and data. Examples of this partner research and data included: (1) national surveys such as demographic and health surveys (DHS) and multi-indicator cluster surveys (MICS), (2) civil society studies and monitoring and evaluation reports, (3) United Nations common country assessments and data from GBV sub-cluster and working groups, (4) and especially commissioned assessments, such as the Yemen Women Union conducting assessments with UNFPA through its team in the field.

Respondents to the evaluation survey indicated that UNFPA programming is most consistently responsive to addressing GBV and harmful practices experienced by displaced people and refugees, adolescent and young girls (Table 7). This is triangulated by the case studies. By comparison, there were strong differences between perceptions of reach reported in the global survey and the findings of evaluation cases regarding people living with HIV.

TABLE 7: *Perceptions of the reach of UNFPA GBV and harmful practices programming to selected people in marginalized situations among implementing partners compared to evidence from evaluation cases*

Groups	Rating by civil society partners	Evidence from case studies	Level of agreement
Displaced people and refugees	Strong	Strong	High
Adolescent and young girls	Strong	Strong	High
People living with HIV	Strong	Weak	Low
Poor women and girls	Mixed	Strong	Medium
Adolescent and young boys	Mixed	Mixed	High
Older women	Mixed	Weak	Medium
People with disabilities	Mixed	Mixed	High
Religious, ethnic or caste minorities	Weak	Mixed	Medium
Sexual diversities	Weak	Mixed	Medium

Source: Evaluation Global Survey; respondents from 13 implementing partners

This judicious use of evidence (in most cases) is considered by interviewed UNFPA staff (at country, regional and headquarter levels) to be necessary for quality programming. As a result, for example, UNFPA Guatemala addresses, at a fundamental level, the unequal power relations that regulate gender social order and enable violence to become 'natural' and acceptable. This addresses the most vulnerable and marginalized people, particularly indigenous women and adolescents, Other examples include:

- Gender, Human Rights and Culture Branch is implementing a global programme "WE DECIDE: Young Persons with Disabilities. A Programme for Equal Opportunities and a Life Free of Violence". Launched in 2016, it has been rolled out in Ecuador, Morocco and Mozambique and has initiated a global study on the sexual and reproductive health and rights of young people with disabilities – including the violence they face. Children and adolescents with disabilities are up to four times more likely to experience violence. This builds on UNFPA's work in 40 countries with programmes promoting the rights of persons with disabilities: women with disabilities are up to 10 times more likely to experience sexual violence.

- In Palestine, generally high levels of inclusion and the use of a human rights-based approach were seen, addressing the main underlying structural drivers of GBV, barring the occupation directly. Notably, attention to disability had been varied and limited overall until very recently.

- In Uganda, UNFPA has been proactive in supporting gender transformative approaches on GBV, including through the inclusion of a livelihoods intervention in the 'intersectoral' approach of the United Nations Joint Programme on GBV. This has ensured relevance to addressing the legacy of conflict on masculine norms that have perpetuated GBV.

- In Bolivia, a recent cross-cultural anthropological study on gender violence identifies common patterns and the naturalization of violence as a key issue: 'violence becomes a culture'. This includes coercion, subordination, use and abuse of women. The study is informing UNFPA programming to enhance targeting of the root causes of GBV.

- In Bosnia and Herzegovina, UNFPA works with perpetrators of sexual violence to address the underlying causes of gender-inequality. This has included addressing the legacy of conflict-related sexual violence that is relevant to a historically-rooted approach to GBV.

- In Niger, the child marriage initiative developed 'husband schools' and informal children's schools; these started in Niger but moved to other West African countries. These schools seek to address some of the root causes of GBV and are relevant to frameworks that position men as agents of change as well as the most frequent perpetrators of GBV.

However, the time taken for comprehensive local analysis is problematic in a competitive funding environment where other actors move faster to fundraise using global data around emerging themes. There are also exceptions to the use of strong evidence for specific interventions, with interviewees from several cases questioning the evidentiary basis for the common inclusion in programming of

one-stop-shelters, work with religious leaders, and public broadcast communications. The evaluation also observed that most situation analyses are not comprehensive across all types of populations. For example, whilst there is increasing coverage of women with disabilities, there are very few examples of specific coverage of indigenous peoples or sexual diversities.

It was not always possible for the evaluation to fully assess the coverage of situation analyses. For example, in Guatemala, UNFPA was found to have used evidence (studies, surveys) on issues of child marriage/union and early pregnancy, violence against women, the situation of youth, and on empowerment of girls and adolescents, to design the most effective combination of interventions. Nevertheless, although the evidence addressed priority issues, it was insufficiently disaggregated on the basis of geography, ethnicity and other programmatically relevant specificities and thus was less useful than it could have been.

To maximize reach, donor interviewees, in particular, emphasised the importance of integrating reproductive health and GBV as core areas within the UNFPA mandate, and that this is where donors see UNFPA as being unique. Because UNFPA is already present in the reproductive health space, it is seen to have easy access to first points of contact with GBV survivors. This complements the entry points of, as examples, UN Women – whose entry points may be women's organizations – or UNDP – whose entry point may be legal interventions.[36] However, as the examples above show, it is important to consider a myriad of points of engagement for reaching marginalized groups and addressing the root causes of GBV. Relying entirely on a clinical facility to be the first point of contact for a survivor is therefore limited.

FINDING 6 UNFPA humanitarian situation analyses are responsive to overall situations; but not yet consistently disaggregated to specific groups and with scope remaining for more contextually-adapted pre-planning of commodities (especially the specific contents of dignity kits for groups with different social practices).

HUMANITARIAN

DATA AND EVIDENCE

MANAGING FOR RESULTS

UNFPA offers many examples of successfully adapting their approach for different contexts including working in fragile and conflict affected states and humanitarian settings. For instance, UNFPA Palestine leads a successful GBV sub-cluster/working group which crosses a (relatively artificial) development-humanitarian divide and is viewed as a functional and extremely useful forum by government partners, non-governmental organization partners, and United Nations partners (across both development and humanitarian systems). In Iraq, UNFPA mobile teams have been utilized to address the needs of geographically dispersed and displaced populations which reflect multiple waves of displacement, as well as to sustain support to the diverse and evolving needs of mixed groups of displaced, returnee, and refugees (from Syria).

In another example, the UNFPA Whole of Syria response, leveraging their leadership of the GBV sub-cluster(s), has introduced the innovative analytical tool 'Voices' which gathers qualitative stories ('voices') of women and girls in Syria to complement quantitative data. GBV quantitative data is perpetually difficult – and ethically complicated – to collect and therefore it is always a struggle to present GBV within Humanitarian Needs Overview processes to the same level as other clusters. Therefore, the qualitative aspect of 'Voices' highlights both GBV needs and the importance of mainstreaming GBV mitigation and prevention within other sectors. It does so whilst providing a much-needed richness of context and 'voice' to what is often a de-humanising quantitative needs assessment process.

Globally, UNFPA is increasing investment in, and finding new entry points, for collection of data on population dynamics, to inform all humanitarian data: this includes the use of satellite technologies to get better affected population estimates. UNFPA is increasingly being asked by other actors (such as OCHA and UNCHR) to take a greater role in this area.[37] This increases the robustness and accuracy of needs assessment for both UNFPA humanitarian programming and a broader reach across all partners within GBV sub-clusters as well as informing other humanitarian actors who necessarily need to include GBV mitigation activities within other sectoral responses.

This investment in data is key to addressing one of the gaps identified during evaluation interviews[38]: the inadequate disaggregation of humanitarian programming which should account for variations in the situations of specific population groups. This echoes the challenges, noted above, in the development space; but the speed and demands of humanitarian emergencies amplify both: (1)

36. Interviews with donors.
37. UNFPA Key Informants.
38. Humanitarian personnel in both UNFPA and among partners.

the challenges faced in developing (and updating) disaggregated situation analyses, and (2) the potential harm that can manifest for specific groups from not disaggregating the response.

Use of gender analysis to address underlying causes of GBV and harmful practices

FINDING 7 While all UNFPA programming addresses the needs of women and girls and is informed by gender analysis, human resources priorities (especially at country level) are not commensurate with the level of gender expertise required to implement GBV and harmful practices programming.

HUMAN RIGHTS

HUMAN RESOURCES

The evaluation interviews, case studies and document review all found bountiful evidence of gender being referred to as a cornerstone of UNFPA programming. To the degree that most UNFPA programmes target women and girls and nearly all UNFPA documents refer to gender, this holds true in concept. It is also the case that, in referencing the International Conference on Population and Development, UNFPA strategies are grounded in an engendered normative framework. However, the evaluation also observed a degree of 'generic' gender analysis, with only a minority of staff within UNFPA having an expert grounding in gender and human rights analysis.

According to interviews in the regional case studies, in many country offices, the 'gender portfolio' is handled by a focal person rather than a dedicated gender officer. This focal person may have more, or less, grounding in feminist critical analysis. Definitive human resources data is not available on gender, GBV or harmful practices expertise. However, the evaluation was able to extrapolate a search of position titles to broadly estimate that, at most, only half of the country offices implementing programming on GBV or harmful practices have a professional-level staff member with gender expertise in their profile.

The evaluation did not fully explore the implications of this pattern, because case studies were purposefully selected in countries with significant investments in GBV and harmful practices. In these countries, such as India and Uganda, there is an entire team of gender specialists. But this is the exception rather than the norm. Overall, the constrained specialist capacity in gender has implications for both adaptive programming and differing perceptions of organizational strength in GBV between UNFPA and other United Nations agencies.

To a degree, this distribution of gender capacity is mitigated by the availability of approximately 10 gender experts at the regional level; and the case studies found universal acknowledgement and valuing of the technical assistance that is provided by these members of staff.[39] Regional offices also work with external partners to provide additional support to country offices. For example, Eastern Europe and Central Asia Regional Office is working with partners to support pioneering work on gender transformative programming with men and boys undertaken by country offices in the region. This seeks to address some of the underlying drivers of GBV and harmful practices within an increasingly patriarchal social and political context. Similar approaches have been used at the country level, such as in Sudan, to involve partners in the UNFPA programming cycle to ensure a full reflection of the underlying causes of GBV and harmful practices.

Despite these types of initiatives, the variable distribution of gender expertise and capability[40] inevitably reflects in the quality of gender analysis in programme design. This localized analysis is essential to, inter alia, relevance. For example, the drivers of child marriage in Nepal are significantly different from the drivers of child marriage in Afghanistan. The structural determinants of marginalization and social norms that manifest in harmful practices even vary significantly by state in a country such as India.

Structural issues in UNFPA continue to compound the challenge for not only consistent gender analysis but also its use across thematic areas. Regional case studies observed that root-cause analyses undertaken for sexual and reproductive health programming, and adolescents and youth programming, consistently identified gender inequalities as a major driver of problems in these areas. However, the separation of gender into a standalone area (and budget) means that the findings of these analyses are not translated into resources or staffing for gender interventions within other thematic programming.

In the global survey of UNFPA staff conducted by the evaluation, six per cent of respondents rated the (lack of) integration of GBV and harmful practices with other UNFPA thematic areas as a highly negative factor, and a further 29 per cent as a partly negative factor. By contrast, 25 per

39. Estimate based on a query search by the Division of Human Resources of UNFPA. Data was limited to text-field search for key terms (gender, GBV) in the job title. Limitations of language (English) were partially mitigated by extrapolating frequencies to include non-English titled jobs based on the predominant United Nations language used at regional level.

40. From 10 staff roles relating to gender in Myanmar, to a single G5 program assistant in Ghana.

cent rated it as highly positive. This indicates that there is scope for enhancing symbiosis between support and work on gender equality, sexual and reproductive health, and adolescents and youth.

Structural arrangements within the organization for harmful practices are challenging because they require an integrated approach across the branches. Positioning of Joint Programme on Child Marriage within the Sexual and Reproductive Health Branch in headquarters contributes to integration of programming across strategic plan outcomes at the global level; but the structural separation is reflected in bifurcation of programming in several country offices. Despite encouragement from global and regional advisors to integrate programming, consistent integration of harmful practices and GBV programming (based on common underlying causes) at country level has not yet been achieved, and atomization remains a risk.

3.1.2 Addressing needs

EQ2 To what extent is UNFPA programming on GBV/harmful practices systematically using the best available evidence to design the most effective combination of interventions to address the greatest need and leverage the greatest change?

Alignment of UNFPA interventions with its comparative strengths

FINDING 8 UNFPA comparative strength in addressing GBV and harmful practices is based on: (1) leveraging the potential to integrate with sexual and reproductive health, and adolescents and youth programming, (2) facilitating intersector relationships, and (3) having field presence combined with analysis of population-based data to inform programming.

CONTINUUM APPROACH

DATA AND EVIDENCE

COORDINATION AND CONNECTING

BUSINESS MODEL

Integrating with sexual and reproductive health, and adolescents and youth programming

Country case findings made clear that UNFPA technical expertise in sexual and reproductive health as well as services-based field presence addressing sexual and reproductive health needs provide the qualifications and critical entry points to efficiently address both policy on and the experience of GBV and harmful practices. At the same time, UNFPA presence in adolescents and youth programming, especially education, provides unique opportunities to address prevention and elimination through tackling some of the key root causes.

Beyond effective access to decision makers and practitioners, UNFPA experience in navigating and negotiating the political, cultural, and religious sensitivities around sexual and reproductive health and reproductive rights, including with young people, has also enabled UNFPA country offices to engage productively around other topics which even stakeholders addressing GBV fail to address adequately. As examples:

- In Bosnia and Herzegovina, the provision of practical post-rape treatments for women provides UNFPA with the legitimacy and permission to engage in a highly visible public dialogue about sexual violence which is a major issue in this post-conflict context.
- In Nepal, UNFPA has found it very difficult to directly address harmful practices such as child marriage and son preference as freestanding concerns, and that the issues need to be framed more broadly. Thus, a key entry point for engaging with communities and professionals is UNFPA technical support to sexual and reproductive health services at field level; while supporting the government to engage with young people provides a long-term pathway towards elimination.
- In Uganda, UNFPA current multisectoral approach to gender equality was informed by the experiences of the work in Northern Uganda in which integrated and coordinated health, security and judicial services for survivors fostered a broad base of key relationships and a basis for trust at field level.
- In Iraq, most of UNFPA work with partners is tied to support for their efforts to provide reproductive health services.

Global and regional level interviews also resonate with these observations. For example, in the work on child marriage, UNFPA can focus attention on how sexual and reproductive outcomes are central to the complex dynamics of decision-making on child marriage as early pregnancy is a consequence of child marriage but can also precipitate a marriage. UNFPA long history of technical and financial support for development of guidelines for medical practice, capacity-building of practitioners, and collaboration with WHO have helped foster relationships with the national health system; these are drawn on in developing the health sector response to GBV, combating the medicalization of female genital mutilation, or mitigating opportunities for gender-biased sex selection.

Sexual and reproductive health also provides a platform for enhanced cooperation within the wider United Nations system at country level. For example, even where UNFPA and UNICEF do not have programming areas in common, they still have a national health framework that can bring work together with a comprehensive package of services through strengthening the system in key areas. Similarly, the importance of age factors in sexual and reproductive health provides UNFPA offices with a common analytical framework to UNDP work on youth, facilitating joint programming. Finally, while it has yet to be manifested at the country level, the inclusion of sexual and reproductive health in the UN Women 2018-2021 Strategic Plan provides the opportunity for stronger synergies (or competition) between the entities to address more of the underlying causes of violence against women.

Facilitating intersector relationships

UNFPA is a 'connector': this strategic capacity was highlighted in case study findings at national, regional and global levels. As distinguished from 'convening'—another strategy which UNFPA uses and supports others to use (both partners and sister agencies including UN Women)—connecting often happens 'behind the scenes', is both intentional and opportunistic, and can help lay the foundation for formal convening and collaboration—particularly on issues which are contentious or for which a high-profile approach may put progress or even advocates at risk. Connecting can take place between different groups of stakeholders, across different thematic areas of work or different operational domains (e.g. development and humanitarian) and can link different types of resources (e.g. people and data).

Connecting leverages UNFPA positioning and legitimacy both inside and outside the United Nations system. Within the very constrained context of Palestine, for example, UNFPA was uniquely placed to lead on GBV through leveraging its experience with multisectoral approaches, its capacity to straddle the development-humanitarian divide, and the legitimacy derived through its leadership of the sub-cluster.

Unfortunately, although UNFPA contributions to fostering linkages and nurturing relationships with and between government and civil society actors—particularly within the health sector are widely acknowledged by other stakeholders including sister United Nations agencies—this appreciation does not translate into active support for UNFPA fundraising, mandated priorities or leadership role.

UNFPA ability to leverage its status, network of relationships, and demonstrated expertise is sometimes stymied by the limitations of resources and space that result from funding constraints and inter-agency competition (see an example of this in Box 6). In most cases, funders at country level are not funding in a manner that helps bring together agencies (such as joint funds, longer term funding, or core funding). In all the cases of joint programmes addressing GBV (at all levels from country to global), donors had significant influence in driving successful cooperation.

BOX 6: EXAMPLE OF THE CONSTRAINTS CREATED BY RELYING ON SURGE STAFFING IN CENTRAL AFRICAN REPUBLIC

UNFPA expertise in population-based data was the basis for the request that it support the 'rebuilding' of the systems and capacity for national level planning compromised by the conflict in the Central African Republic which not only threatened the health sector (damaging the independent monitoring efforts of United Nations agencies involved in addressing the HIV situation), but a range of social service and productive sectors. Concern was raised that this valuable but intensive investment would have to be balanced against other UNFPA responsibilities. The country office continues to struggle with balancing the long-term investments in services and gender equality with the demands of addressing gender-based violence within humanitarian response to a widespread, protracted, and horrific conflict which has not merited sufficient attention from the overstretched global humanitarian community (including UNFPA itself). The short-term surge staffing to support work on GBV in emergencies (GBViE) has been inadequate and fragmented and there is very limited staff available to address the underlying discriminatory factors exacerbated by the humanitarian crisis or to provide continuity. The country team has been frustrated in its attempts to integrate prevention strategies within the response to GBV. Other agencies in the sector have expressed grave concern that UNFPA is not able to meet its obligations.

In some cases, key interviewees described funding restrictions as forcing UNFPA into making a strategic choice between limiting itself to being a 'niche agency' or investing time and resources in competing with other agencies to establish its broader role. The evaluation considers this to be a false dichotomy, which fails to consider the potential of leveraging 'niche' competencies for more strategic influence. Nonetheless, the resource-constrained reality facing UNFPA at the global level makes it difficult for country offices to pursue a long-term strategy—all the more so as UNFPA works to manage the expectations resulting from its new role as sole coordinator of the GBV Area of Responsibility in a time of unprecedented levels of displacement and humanitarian crises.

Overall, there was a significant degree of consensus from within the case studies on UNFPA relative strengths and weaknesses within the core competency areas relating to data and to intersector work—including that enabled by connecting (see Table 8 below).

TABLE 8: *Strengths and weaknesses of UNFPA core competencies in GBV based on synthesis of case studies*

Core competency	Knowledge	Data and analysis	Intersector working
Strengths	Contribution to global tools and guidelines on minimum initial services package, joint essential services package, and harmful practices programming	Statistical data: population-based data (e.g. census), demographic and health data (e.g. fertility, mortality, morbidity, prevalence, trends)	Health sector response including integration of GBV within sexual and reproductive health (SRH) at the operational level; articulation of a holistic approach and intersectoral overview; relationships with ministries of planning and national statistical offices
Neutral	Guidance and tools on gender transformative programming (with men and boys) and disabilities (variable by region)	Administrative data systems: GBV management information systems at national level and in humanitarian contexts	Relationships with ministries of gender, and national gender equality mechanisms; justice; security; work with parallel systems (e.g. within humanitarian contexts, where there is no formal system option)
Weaknesses	Structured horizontal and vertical knowledge exchange	Programme monitoring baselines, outcome and impact analyses, operational and intervention research	Relationships with ministries of education (in gender, not under adolescents and youth); national financing for GBV

Field presence combined with data analysis

In addition, the case study examples of Sudan, India, Uganda, Bolivia and Sierra Leone all indicated that sub-offices have been a significant source of strength in terms of both delivering support for programme implementation on the ground, and in leveraging that work to establish the legitimacy to engage at policy level. UNFPA visits to the work of the Joint Programme on GBV in northern Uganda helped focus attention on the need to strengthen the tool of the police referral form as well as the capacity to use it among a wider range of practitioners.

The value of sub-offices cuts across the Humanitarian-Development-Peace nexus; and they also bring additional benefits. In Sudan, for instance, considerable value has been realised from significantly increased UNFPA monitoring visits to sites that was possible because of a local presence: both in terms of grounding and deepening understanding of standard reports from partners and in terms of identifying and resolving implementation issues. In Uganda, the case study observed that locally-located UNFPA staff could travel to partner sites and rapidly agree programme adaptations to ensure relevance, effectiveness and efficiency. In India, meanwhile, UNFPA has an important comparative strength in the combination of national population-based and statistical data analysis combined with complementary field-level insights into harmful practices.[41]

41. By comparison, the purpose and theory of change behind several mass-communication initiatives related to gender-based violence and harmful practices is less clear. In Sierra Leone, community-led sensitization and advocacy campaigns were found to be reliable and sustainable in promoting service delivery for both gender-based violence response and reproductive health delivery; but this was not echoed in other cases. Overall, country-level experimentation with new public communications tools (such as social media) is much less refined than 'behind-the-scenes' technical communications with stakeholders. For example, but with important exceptions such as India, the purpose of social media communications was not clearly articulated in most case studies – be it movement building, knowledge management, transparency, or fundraising. The Asia Pacific regional case study did offer some indication of how communications can relate back to the comparative strength of UNFPA as a connector. In this case, the regional office programmes with parliamentarians, social media, and research reports were all found to share a common purpose of seeking to connect advocates dispersed across the region with one another, and with the information necessary to make the case for addressing gender-based violence and harmful practices. In other words: creating an enabling environment for 'movement building'.

Use of coherent theories of change that can adapt to evolving situations and contexts

FINDING 9 Past absence of an overarching and dedicated corporate theory of change for the UNFPA approach to GBV and harmful practices has constrained opportunities for (1) coordination, (2) testing assumptions, (3) sharing learning, and (4) preventing dilution of programme objectives by outside influencers.

HUMAN RIGHTS

KNOWLEDGE MANAGEMENT

COORDINATION AND CONNECTING

The evaluation observed that in the absence of corporate knowledge management platforms, the primary mechanisms for learning and exchange in UNFPA with regard to GBV and harmful practices have pivoted around the regional offices and the global/regional joint programmes facilitated by regional and programme advisors. Aside from sharing of published guidelines and reports (which are subject to language barriers), there has been a limited 'global view' on the body of knowledge and experience that exists across the agency.[42]

This limitation has been recognised by UNFPA senior management, and corrective actions have been initiated. These include: (1) a Gender, Human Rights and Culture Branch-led global mapping of GBV work to get a handle on the financial investment and concrete capacity to work on these issues; and (2) a corporate initiative to use the Google platform and semantic data to open up documented knowledge and make it more accessible.

Despite this progress in systematizing learning, there remains an overall gap in the articulation of UNFPA theories of change for gender.[43] The regional case study of Eastern Europe and Central Asia highlighted the value that theories of change can create: influencing a shift away from regionally-led multi-country programming towards the regional office focusing on influencing the regional enabling environment.[44] However, in place of a corporate theory of change for GBV, countries have developed their own implicit approaches.

Implicit approaches for theories of change for GBV

- In India, UNFPA has a history of contributing to (re)defining the discourse and agenda and broadening the community of stakeholders on harmful practices. The implicit theory of change moves from response and mitigation (health services), to accountability and agency (individual legal recourse and monitoring of providers and public sector services). It fosters broad scale social change by learning from small-scale but powerful examples of transformative change initiatives.
- In Turkey, there is no theory of change, but the programme has been designed to reach vulnerable Syrian women and girls in the most appropriate manner, whilst ensuring linkages with Government of Turkey services as also appropriate for an upper-middle income country response.
- In Palestine, the evaluation case study concluded that UNFPA gender programming has consistently been based on an in-depth understanding of causal chain and effect of activities and outcomes; but this is not captured in documentation.
- In Guatemala, there is no explicit, well-developed theory of change that guides planning, strategy changes, risk minimization, management and decision-making.

42. The major tool for learning at present is documentation of good practice. Units are supported to document good practice, and then headquarters coordinates the sharing of that knowledge. This process requires a driver at headquarters-level to identify a good practice and ask for it to be documented. For example, the country office Annual Report includes space to identify good practice.

43. While the joint programmes on female genital mutilation and child marriage, as well as the Global Programme to Prevent Son Preference and Gender Biased Sex Selection have developed global theories of change for these harmful practices, they are not united by a common articulation of the underlying causes shared with gender-based violence. The 2008-2011 UNFPA Strategy for gender-based violence established a broad framework, but this was not articulated as a theory of change and has not been renewed. The absence of an overarchinga corporate theory of change for gender-based violence and harmful practices inhibits corporate learning, reduces opportunities for accountability, and reduces programming consistency.

44. The Eastern Europe & Central Asia Regional Office regional gender programme has established a clear approach of advocating for women and girls' rights, changing harmful social norms, and improving response to gender-based violence through the multisector approach. The regional theory of change is now being implemented across a range of contexts—from humanitarian, to development, and even to projects within the European Union. The Asia Pacific Regional Office was found to no longer use the formal theories of change in its Regional Strategy, and to practice an 'implicit' next-generation theory of change, grounded in the assumption that a high quality of operational work and action research provides legitimacy for advocacy and technical support.

Clearer theories of change were most evident in countries where UNFPA has a limited voice and has to apply this strategically.[45] However, the risk of 'implicit' theories of change is evident in Iraq and the Central African Republic, where high rates of staff turnover and rapidly changing contexts limit institutional memory and can lead to fragmentation.

Theories of change are generally not developed for UNFPA humanitarian programming. Instead, where there is alignment to UNFPA minimum standards and other GBV guidance, GBV sub-clusters usually create a strategy which includes an annual workplan and results framework. These are aligned to the in-country Protection Cluster Strategy, which itself is aligned to the Country-level Humanitarian Response Plan. UNFPA programming falls under this strategy, while also being aligned with the UNFPA country office Country Programme Document.[46]

3.2 ORGANIZATIONAL EFFICIENCY

3.2.1 Leadership and coordination

EQ3 To what extent did UNFPA international leadership, coordination, and systems enable sufficient resources to be made available in a timely manner to achieve planned results?

Continuity of UNFPA support to GBV and harmful practices

FINDING 10 GBV and harmful practices have progressively become a higher priority and more central within UNFPA strategic plans

BUSINESS MODEL

MANAGING FOR RESULTS

Review of the results frameworks for UNFPA global strategic plans indicates that gender equality has been a key priority for the agency throughout the period covered by the evaluation, retaining its status as an outcome-level commitment. GBV has been included in the outcome-level indicators for all strategic plans, in addition to being included in at least one other outcome area in the Strategic Plans (2014–2017), Outcome 4 and (2018–2021), Outcome 1. In the most recent Strategic Plan (2018–2021) this includes specific reference to the multi-agency essential services package (ESP).

Response to GBV in humanitarian settings has also been covered in all strategic plans under the scope of the evaluation; this has been at the output level. In the most recent Strategic Plan (2018–2021) this includes specific reference to the minimum initial service package (MISP) and the essential services package (ESP). UNFPA addresses the impact of war and conflict on women and recognizes the need to develop leadership capabilities of women to contribute to conflict prevention as well as conflict resolution and sustainable peace efforts.

By comparison, the level of inclusion of all the harmful practices has progressively increased over the course of several strategic plans. Female genital mutilation has been represented in all strategic plans, but the level of representation has increased from indicator level (2012–2013 and 2014–2017 midterm review) to output level (2018–2021).

This shift of female genital mutilation (FGM) from indicator level to output level was concurrent with the final stage of the evaluation of the first phase of the programme which staff had intended to leverage for internal advocacy focusing not only the issue itself, but on the knowledge and learning emerging from the programme.[47] In fact, several global level interviews highlighted the importance of the joint programme to UNFPA overall learning agenda—and the need to cultivate similar efforts in other programmes. Much of the current dialogue within UNFPA on how to address normative change in all programming on GBV also reflects learning from the joint programme evaluation.

As shown in table 9, child and early marriage was first referenced in the Strategic Plan (2014–2017) at output level but was situated under the outcome on adolescents and youth rather than gender equality; for the Strategic Plan (2018–2021) it is included in the same output as the other harmful practices (under the gender equality outcome). Son preference, including gender-biased sex selection, is included for the first time in the Strategic Plan (2018–2021) at output level; although it is notable that this does not include a standalone indicator (as is the case for FGM and child marriage).

45. By comparison, in Uganda, where UNFPA is the main development partner for the government on gender-based violence, there is insufficient critical review of the mostly implicit assumptions regarding social change and drivers of violence—including in the rapidly evolving context of post conflict Uganda. The 'results' of a lack of a clear (but flexible) theory of change with explicit assumptions are most evident in: (1) the discourse on male engagement, (2) the lack of clear synergy at the design of the program with the work on female genital mutilation, child marriage, and adolescents and youth, and (3) an over emphasis on aggravating factors such as (the very real problem of) abuse of alcohol.

46. These all encompass elements that are designed to fit together as puzzle pieces for activities and strategies leading to outputs leading to outcomes which positively impact on affected communities.

47. This echoed UNICEF journey: UNICEF medium term strategic plan for 2006–2013 specifically directed offices to address FGC (sic)—following by a year the agency's involvement in the Innocenti report which lay the foundation for expanded normative work on harmful practices.

TABLE 9: *The presence of GBV and harmful practices in the results frameworks for UNFPA strategic plans covering 2012–2021*

Strategic Plan	Gender-based violence	Gender-based violence in emergencies	Female genital mutilation or cutting	Child, early and forced marriage	Son preference
2012-2013	Outcome 5	Output 13	Indicators 13.1 and 13.3		
2014-2017	Outcome 3; Indicator 13.3 (under Outcome 4)	Output 10; Indicator 5.2 (under Outcome 1)	Indicator 10.3	Output 8 (under Outcome 2)	
2018–2021	Outcome 3; Indicator 2.4 (under Outcome 1)	Output 11; Indicator 3.4 (under Outcome 1)	Output 12	Output 12	Output 12

The deepening focus on GBV and harmful practices within UNFPA strategic plans reflects both the greater focus on GBV in the broader community, but more significantly, the contributions of the joint programmes to learning, best practice approaches particularly on normative change, and internal advocacy on the part of the programs—particularly FGM which is 'housed' within the Gender, Culture and Human Rights branch of UNFPA Technical Division.

The evaluation interviews at global level indicated that work on FGM was initially structured as a separate and dedicated programme, rather than a thematic fund, to assure that it was not 'lost' amidst the much larger agenda. Initially, the only work at country level on harmful practices was funded by the Joint Programme on FGM but that has changed with elements of FGM work being mainstreamed into other portfolios. The Joint Programme was an important source of learning and study of best practice, frequently featured in the UNFPA annual reports. In time, the Joint Programme also became a key mobilizer of support and the basis for a review of the normative dimensions of UNFPA work.

This dynamic was less apparent with the Global Programme on Child Marriage for several reasons: it is housed within UNICEF and the financing mechanism works differently; it is a newer programme; child marriage has serious consequences for sexual and reproductive health, but the drivers of child marriage are much more complex requiring other partners.

The evaluation case studies and extended desk reviews all found substantive evidence of country and regional programmes having been developed and revised (during midterm reviews) to align with the UNFPA strategic plan results frameworks. The means for achieving this alignment varied depending on the local context; for example, the Nepal country programme includes gender equality (focused on violence against women and child marriage) as a standalone goal, while the latest country programme in Bolivia integrates three issues of inequality: maternal mortality, adolescent pregnancy, and prevention of sexual violence.

The inclusion of harmful practices in programme documents was more frequently found at country level, for example in the long history (15+ years) of work on son preference in India. Indeed, the evaluation identified multiple examples of 'bottom-up' inclusion of harmful practices in UNFPA plans: with work that began at the country (or even sub-national) level being reflected in later years within the global strategic plans. Such examples from the evaluation case studies include:

1. The multi-country survey on prevalence of violence against women and girls that was initially undertaken in the Pacific countries.

2. Lessons on programming for the continuum approach (responding to the humanitarian-development-peace nexus) that were learnt from the end of the civil war in Northern Uganda.

3. Programming to address gender-biased sex selection in India and China, which led to a draft regional programme and finally to the Global Programme to Prevent Son Preference and Gender Biased Sex Selection.

4. Work to address masculinities in Guatemala, India, and the two regional offices included as case studies (Eastern Europe and Central Asia, and Asia and Pacific).

While the consistent inclusion of harmful practices has been more constant at the country and regional levels than in the strategic plan, the level of programming on GBV has been more variable. For example, in India the level of specific focus on GBV has been cyclical depending on available resourcing and political prioritization. Similar patterns play out in other countries, such as Turkey and Ukraine, where there was very limited donor support or political interest in GBV until the recent emergencies. By contrast, the level of support to GBV in Guatemala and Uganda has been more

constant over time; with progress made in including GBV in national policies, programmes and strategies. Regional offices have been playing an important role in enabling similar levels of consistency across more country offices. In Eastern Europe and Central Asia this has included developing guidance and training for both UNFPA country offices and partners, first in the health sector response to GBV, and then in the multisector response. Working in a different context, the Asia and Pacific Regional Office is leveraging the opportunity of the new multi-agency essential services package to co-convene, with UN Women Regional Office, stakeholders from across the region to commit to work together on GBV against women and girls.

FINDING 11 The uncertain funding environment and increased proportion of country, regional and global budgets reliant on non-core funds is limiting options for UNFPA offices to address the root causes of GBV and harmful practices through sustained long-term programmes and support to partners.

HUMAN RIGHTS

RESOURCE MOBILISATION

CIVIL SOCIETY

COORDINATION AND CONNECTING

The evaluation case studies clearly indicate that programming on GBV and harmful practices requires long-term and predictable (resourcing) commitments to supporting change within the realms of both social norms and the implementation of gender-equitable policies, institutions and structures (across the Humanitarian-Development-Peace nexus). The progress made in addressing the role of the health and legal systems in mitigating son preference in India, and the valuing of girls at the family and community level and within education and the media in India is rooted in work that began immediately after the International Conference on Population and Development in 1994.

In this context of long-term change, a project-based approach to programme delivery hinders achievements in reductions in both GBV and harmful practices. For example, the evaluation review of Bosnia and Herzegovina illustrates that overall progress on addressing the effects of conflict-related sexual violence is hindered by unpredictable funding cycles that create uncertainty around what can and cannot be supported during the next planning phase.

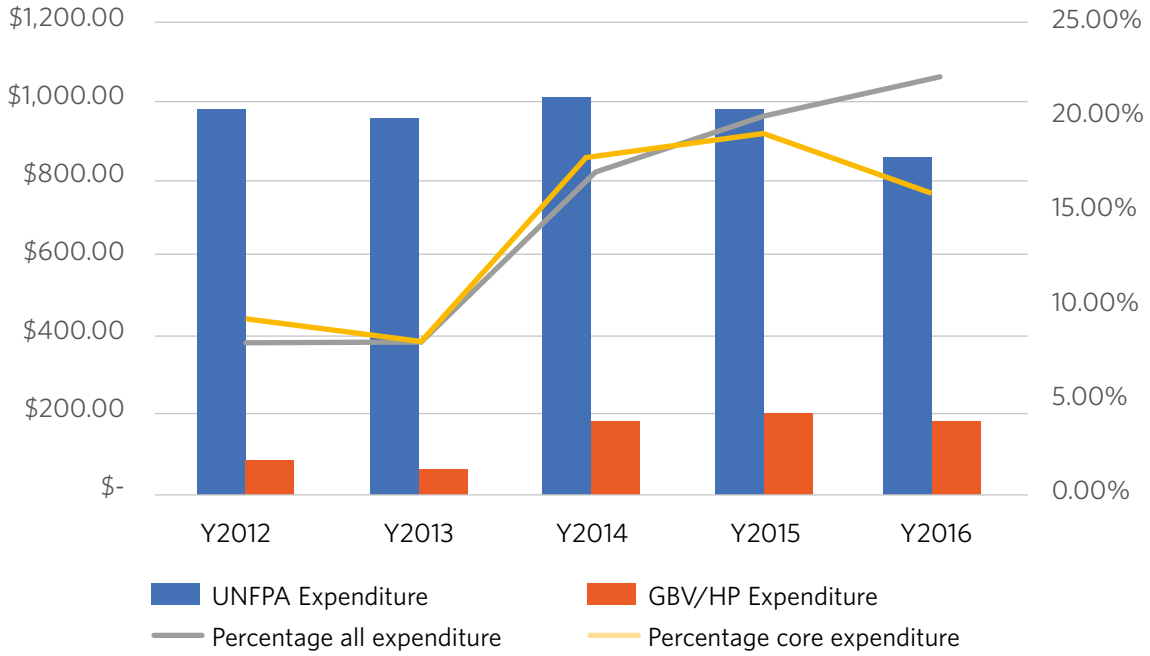
This problem is particularly acute in cases of GBV, where the principle of do no harm requires that work is not started to support recovery by a survivor unless it can be supported until completion. However, it also interrupts progress in addressing harmful practices; as illustrated by the absence of follow-up strategies to declarations of abandonment of female genital mutilation (for example, in Sudan) – and the resulting lack of systems to track changes in the level of prevalence.

Set against this context, the decline in the level of core funds available to UNFPA across the period of the 2014–2017 Strategic Plan (combined with wide exchange rate fluctuations between tradable currencies) had significant implications for the level of consistency and sustained support to GBV and harmful practices programming that could be achieved.

Figure 8 illustrates how the level of core funds spent on GBV and harmful practices declined by $28 million (33 per cent) between 2014–2016.[48] This drop-in core funding has not been displaced by a sufficient increase in non-core funds; a situation exacerbated in subsequent years by the decline in the value of Sterling and defunding by the US.

48. The 'jump' between 2013 and 2014 is mostly caused by accounting for GBV under different results frameworks; and the expenditure for 2017 only accounts for January-September.

FIGURE 8: *Total expenditure on GBV and harmful practices compared to overall UNFPA expenditure across several strategic plans for the period 2012–2016*



Source: Atlas data

Not all countries have experienced a decline in GBV resourcing: the country office in Uganda for example benefited, until recently, from participation in multiple country-level joint United Nations programmes relating to GBV. However, the failure of development partners to continue to finance through this mechanism is now exposing the country office to the same problems faced in India, namely an insufficient level of core funds to maintain the long-term capacity and strategies that have delivered past results. At the subnational level, the most important factors[49] leading to the failure to mobilize financial resources to sustain GBV investments at district level have not yet been fully reviewed or understood; meaning that they cannot yet be fully addressed.

Countries that have successfully mobilized non-core resources tend to be those experiencing emergencies, and so the challenges are also different. In Jordan, an expansion of an annual budget of under $1 million to approximately $13 million occurred together with a transition from almost entirely core resources to almost entirely non-core resources,[50] and a change in modes of engagement from policy and advocacy to service delivery, capacity-building, and coordination responsibilities.

In Sudan, the increased proportion and level of non-core funds has amplified three specific challenges: 1) the transition from humanitarian to development is challenging because there is uneven donor interest (more in humanitarian, less in development), 2) reliance on other resources increases the frequency and intensity of inter-agency competition for funds, and 3) the focus on emergency resources has distorted the view of GBV as relating only to sexual violence, masking the need to address other forms of GBV.

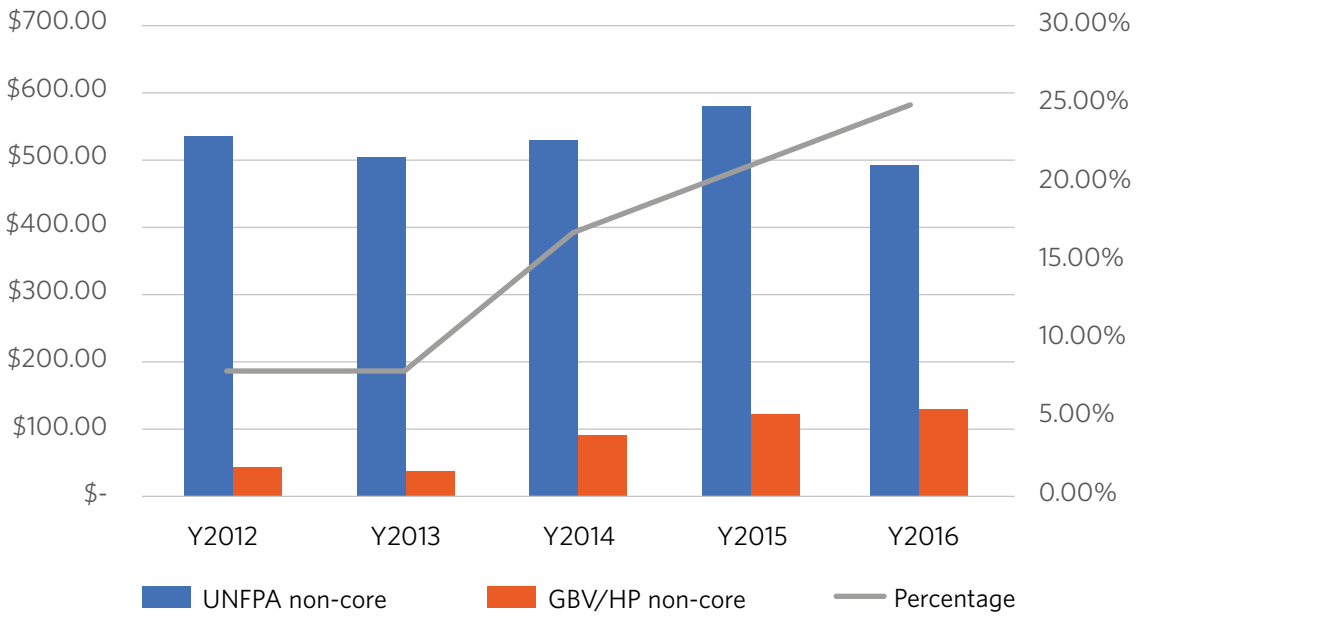
In Turkey and Nepal, the country offices struggled to recruit sufficient human resources to manage large increases in emergency non-core funds because the unpredictability of available resources meant that UNFPA was both behind other agencies in recruiting, and able to offer much-less stable or attractive conditions.

Addressing this capacity to manage non-core resources in a way that meets with the special characteristics of GBV programming is especially important given that non-core funding for addressing GBV and harmful practices represents an increasing proportion of UNFPA overall non-core resources mobilization. Figure 9 illustrates this having reached 25 per cent by 2016 (data for 2017 is not yet available).

49. These could be, for example, a failure to engage the right stakeholders, implicit assumptions about roles and responsibilities of implementing partners and United Nations agencies, or a lack of appreciation of the cost of sustaining dedicated services.

50. Core resources are also referred to as "regular resources". Non-core resources (or other resources) are donor, or project funding resources.

FIGURE 9: *Total non-core expenditure on GBV and harmful practices as a proportion of total programme non-core resources (2012-2016)*



Source: Calculated by the evaluation using UNFPA statistical and financial review, 2016; Atlas

Aside from sustaining direct support from UNFPA, the agency has important system-wide roles in mobilizing and coordinating the commitment of United Nations agencies to addressing GBV and harmful practices. Some of these roles have included:

- Co-chairing the United Nations Gender Thematic Group (UNGTG) at the global and regional level (Eastern Europe and Central Asia, and the Arab States).
- Co-leading with UN Women the process towards the development of and reporting on SDG 5 on Gender Equality and the Empowerment of Women, including the indicators related to SDG 5.2 on the elimination of all forms of violence, SDG 5.3 on the elimination of all harmful practices, and SDG 5.6 on women's reproductive rights and access to sexual and reproductive health care.
- Co-custodian with other United Nations agencies of indicators for SDG 5.2 and 5.3 and custodian of SDG 5.6. In 2017, UNFPA has co-led (under UN Women leadership) the development of the United Nations report to the High-Level Political Forum (HLPF) on Goal 5.
- Leading the GBV Area of Responsibility/sub-clusters under the Global Protection Cluster (led by UNHCR) within the Inter-Agency Standing Committee (IASC) humanitarian cluster system.
- Chairing or co-chairing GBV working groups within refugee responses led by UNHCR (such as in Uganda).
- Chairing or co-chairing certain United Nations country-level gender theme groups and national sub-clusters in support of the UN Women mandate for system-wide coherence on gender equality and women's empowerment (such as in Palestine and Sri Lanka).
- Acting as a 'connector' to support convening and coordination by other agencies (such as with the Partners for Prevention in Asia-Pacific Region).

UNFPA increased its investments in country-level GBV coordination mechanisms, including the establishment of specific coordination posts and the development of a globally-managed surge roster that includes GBV coordination profiles. As a result, by the end of 2017, nearly 80 per cent of non-refugee humanitarian crises had functioning GBV coordination bodies as a result of UNFPA support.

The effectiveness of UNFPA in catalysing sustained support to GBV through these various coordination roles was found to be associated with the availability and level of dedicated coordination experts. This is particularly acute in the humanitarian space, where many UNFPA country office gender staff have to 'double-hat' the humanitarian role while continuing development work in non-affected or recovering areas; and also, to 'double-hat' inter-agency coordination with UNFPA programming.

While surge-support to humanitarian operations is available for sudden-onset emergencies, this has not so far been sufficient to maximize the potential contribution of UNFPA coordinating roles. For example, in Central African Republic there has been a high-turnover of surge staff and consultants, leading to inconsistent leadership of the Area of Responsibility, and creating a significant reputational

risk for UNFPA. In Nepal, the level at which UNFPA could recruit emergency staff (P3) is significantly below that of other United Nations agencies (P5) creating challenges for coordination in a highly dynamic operating environment.

In more protracted emergencies, such as in Turkey or Darfur, donors have expected UNFPA to put in place international coordination staff; the absence of whom are reported, in the case of Sudan, to the country office losing out on non-core funds. In cases where GBV sub-cluster coordination is working well and helping UNFPA to deliver results, this has often been the result of good fortune in terms of the staff member recruited (such as Palestine), rather than a sustained institutionalized investment in cluster coordination and dedicated staffing.

Coordination in the development space works differently, but still requires substantive human resources support. The regional office case studies both revealed good performance in terms of coordinating on gender (including GBV and harmful practices) at the regional level with a commitment to both work with UN Women and to provide time and expertise to joint initiatives. While no dedicated coordination staff are available at regional office level, the gender teams in both Eastern Europe and Central Asia, and Asia and Pacific have consistently committed a proportion of the time of gender advisors to inter-agency coordination. There is much less consistency at country level.

In at least one region, it was observed by UNFPA staff that gender expertise is one of the first to be cut by country offices that are facing budget reductions. One focus group discussion with senior managers and programmatic UNFPA staff explicitly stated that the uncertain corporate commitment to funding gender as an outcome led to long delays in confirming the recruitment of a gender expert to their office.

Where gender expertise has been dropped from office organograms, this was given the justification that gender could be mainstreamed across the other components (mostly sexual and reproductive health, and adolescents and youth). However, evaluation interviews strongly indicated that this strategy resulted in both a loss of results and loss of organizational voice in relation to gender equality, including GBV and harmful practices.

Where there has been investment in gender staff with the competencies and time to coordinate, convene, and connect, this has helped UNFPA to leverage catalytic results. For example, the Eastern Europe and Central Asia Regional Office has coordinated small financial contributions from multiple country offices (along with its own technical support) to help complete a large multi-country GBV prevalence study being led by the Organization for Security and Cooperation in Europe (OSCE).

UNFPA leadership on sexual and reproductive health, reproductive rights, and gender equality within international, regional and national fora (including United Nations coordination)

FINDING 12 UNFPA offices at all levels contribute to keeping GBV and harmful practices on their respective political and programmatic agendas

HUMAN RIGHTS

POLITICAL AND LEGAL NORMS

The evaluation found numerous examples of UNFPA contributing to keeping GBV on the political and programmatic agenda at all levels. These range from having out-posted field staff to coordinating working groups in Northern Uganda and Myanmar (supported by gender experts in the country offices), to co-chairing with government policy taskforces in Georgia and Sierra Leone, to advocacy with regional parliamentarians, and engagement in global inter-agency and intergovernmental processes. At all of these levels, the evaluation found evidence of UNFPA helping to 'open the door' for civil society organizations to represent the voice of rights holders – a role that is expressly expected of the agency by the representatives of civil society interviewed during the evaluation.

Corporately, UNFPA has consistently provided leadership around some of the most critical human rights issues, where it has defined and continues to lead much of the country-level work with the support of other United Nations agencies. UNFPA offices have expressed leadership in multiple ways. These include leading 'from-the-front' (such as initiating MenEngage in Eastern Europe and Central Asia, or stewarding the Minimum Initial Service Package), supporting other agencies to lead (such as participation in Partners for Prevention in Asia-Pacific), supporting governments to lead (such as the Ministry of Women's Affairs in Uganda, or the state governments in India), and leading together (such as in the joint programmes on female genital mutilation and child marriage with UNICEF).

The most prevalent scenario at the country level is that UNFPA is viewed by other stakeholders as the lead agency in sexual and reproductive health, with contributions made to the area of GBV (normally in the form of the health-sector response. However, UNFPA leadership in GBV and harmful practices is more uneven at the country-level than at the regional and global level.

In several examples reviewed by the evaluation, UNFPA is universally seen as the clear leader on GBV against women and girls at the country level. These include Turkey, Sri Lanka, Palestine, Afghanistan, and Uganda where the respectful management of contentious issues, and consistent efforts to engage government, have situated GBV within the broader agendas of gender equality, peacebuilding, and humanitarian response and recovery.

In only two examples did the evaluation find clear evidence of UNFPA country-level leadership failing[51], and in only one country of this having negative impacts on the ability of the wider United Nations system to respond to needs. In both cases, UNFPA continued to carry the goodwill of donors and partners; but the evaluation observed that the lack of corporate systems to identify and rectify failing leadership represents a likely source of reputational risk which will become more acute as reliance on decentralised fundraising grows.

FINDING 13 UNFPA contributions to addressing GBV and harmful practices are more evident in country and regional offices where thematic areas are more coordinated, and integrated with support functions such as communications, partnerships, and monitoring.

BUSINESS PROCESS

MANAGING FOR RESULTS

The evaluation case study visits observed that the strategic positioning of UNFPA regarding GBV and harmful practices was broadly associated with the level to which inter-disciplinary integration had been achieved among UNFPA teams. For example, in India, UNFPA has built up both the multidisciplinary technical teams at national level and long-established networks at state level to advance complex systemic changes across the thematic areas it works in. For example, in-depth analysis of census data was undertaken by the population dynamics team and used to calculate numbers of 'missing-girls' in different states and districts, which was used by the gender team to advocate for governments and the health sector to address the issue of son preference and reinforced the overall efforts of the adolescents and youth team to integrate empowerment and valuing of girls in educational curricula.

Working across programmatic areas (adolescents and youth, population and development, sexual and reproductive health, and gender, for example) is particularly necessary in addressing the Humanitarian-Development-Peace nexus when limited human resources are available, such as at regional office level. The case studies found a strong case for better integrating humanitarian response into the terms of reference and competencies for thematic advisors; led by the good practice examples of Asia and Pacific, Arab States, Latin America and Caribbean regional offices in which programme, gender and humanitarian teams work closely together, and violence against women technical specialists have a percentage of their time allocated to GBV in emergencies.

At the global level, a number of interviews emphasised the challenge of establishing UNFPA leadership on harmful practices created by the structural separation of different forms of harmful practice across branches; which is contrasted with the approach of UNICEF in bringing both child marriage and female genital mutilation under the same management. This is seen by some internal stakeholders to unduly limit the ability of UNFPA, corporately, to leverage the platform of the joint programmes in order to elevate the elimination of harmful practices as a goal at the intergovernmental level.

51. Most interviews in this example identified a lack of leadership on mobilizing resources, convening and coordinating on overall programming, and building formal agreements/relationships and capacity of field level partners. UNFPA leadership in this case was described as "a formality that prevents another agency with the resources and capacity from stepping in unless UNFPA itself is willing to hand over."

FINDING 14 Operationalising a strategic division of labour is a challenge that affects the whole United Nations system; but inter-agency coordination and cooperation between UNFPA and UN Women at country level is often particularly fraught, undermined by unpredictable and disjointed donor funding, and in some places is detrimental to achieving shared goals.

COORDINATION AND CONNECTING

UNFPA has many important relationships with other United Nations agencies regarding GBV and harmful practices, including (but not limited to), UNICEF, UNHCR, UNODC, WHO, UNDP, and UNESCO. However, the relationship

between UNFPA and UN Women has unique dynamics because of several factors consistently observed by the evaluation across the case studies.[52]

There are, in principle, many complementary strengths between the two entities in relation to programming on GBV and harmful practices. Examples of these strengths are provided in Box 7. However, the documents governing the division of labour and working relationships to realise these complementary strengths are broad, loose, and aspirational. Aside from general United Nations Development Group guidance that applies to all member entities, they include: two joint letters signed by the executive directors of both entities in December 2011, and November 2013; and a common chapter in the 2018–2021 strategic plans of the entities.

At some levels this has been sufficient. At global level, the entities have brought their collaborative strengths to bear in the Commission on the Status of Women 57 (on ending violence against women), the negotiation of the Post-2015 agenda including a standalone goal on gender equality in the Sustainable Development Goals, the UNiTE campaign, the H6 Partnership, and the Joint Global Programme on Essential Services. At the regional level, both regional case studies found successful collaboration between the entities to coordinate regional gender mechanisms and engender country United Nations Development Assistance Frameworks (UNDAF).

BOX 7: FOUR EXAMPLES OF COLLABORATIVE ADVANTAGE WHEN UNFPA AND UN WOMEN WORK TOGETHER, AS OBSERVED BY THE EVALUATION

1. UN Women strength in intergovernmental norms and standards, with UNFPA strength in sociocultural norms and community mobilization.
2. UN Women strength in legal systems and economic empowerment, with UNFPA strength in health systems and services.
3. UN Women strength in gender responsive budgeting, with UNFPA strength in population data and statistics.
4. UN Women structures for engaging civil society and the private sector; with UNFPA strength in intersector work with ministries and local administrations.

At the country-level, however, the quality of the working relationship between the two entities varied widely, with some examples of positive practices, but many more of difficult or negative relations.[53] These challenges between the two entities were observed by other stakeholders, as well as by UNFPA and UN Women interviewees. The evaluation heard evidence of multiple cases of secrecy and opaque planning, aggressive and disparaging fundraising, and general suspicion and distrust. Deeper assessment of interviews and institutional analysis indicates some of the drivers behind this situation:

1. Conflict is generally centred around resource mobilization.
   a. Both entities are underfunded and increasingly reliant on non-core funds mobilized at the country-level.
   b. Both entities are largely reliant on Official Development Assistance and have not diversified funding sources.
   c. Donors continue to fund programmes bilaterally and not through pooled or joint mechanisms.

52. (1) Both entities work on gender equality, empowerment of women, and gender-based violence against women and girls. (2) The strong focus in the International Conference on Population and Development (ICPD) Programme of Action on gender equality and women's empowerment underpinning all work on sexual and reproductive health, and reproductive rights. (3) The history in most countries of UNFPA leading United Nations Country Team gender theme groups and of partnering with many women's civil society organizations at all levels. (4) The centrality of securing equitable access to sexual and reproductive health to the realization of women's human rights. (5) UNFPA having greater operational capacity in certain aspects of gender equality programming in many countries, including wider and deeper coverage by field offices. (6) UNFPA is tasked by the Inter Agency Standing Committee as lead for the gender-based violence Area of Responsibility (GBV-AoR), while under United Nations General Assembly Resolution 63/311 'System-wide coherence', UN Women is mandated to lead and coordinate all United Nations system commitments on gender equality and gender mainstreaming.

53. Programmatic tensions were also echoed at the regional and global level to a lesser degree.

2. An absence of formal structure for agreeing division of labour.

   a. The capacities of country offices are continually changing, and gender expertise is overstretched.

   b. Negotiation of the division of labour relies heavily on the inter-personal dynamics of the country representatives, and the interlocution of regional offices.

   c. The four criteria for determining the division of labour shared in the November 2013 letter provide no means for interpretation and may be contradictory.

   d. There is demand for UNFPA and UN Women to corporately establish a structured approach to agreeing and updating country-relevant divisions of labour.

3. A default practice of organizational leadership and exercising the coordination mandate (in both development and humanitarian) focused on 'controlling resources' and defining the dominant ideological framework for GBV, rather than 'enabling and representing others.'

The implications of this situation are hard to quantify but are inevitably negative given the dissonance between the scale of GBV against women and the resources available to address it. The relationship may be impacted by the current UN reform process and the EU Spotlight initiative; although it is too early for the evaluation to predict in what way these will evolve. In the meantime, many lessons are available from managing the normative relationship with WHO, the programmatic relationship with UNICEF, and the coordination relationship with UNHCR.

From the testimony heard by the evaluation, none of these are always easy in all countries and regions. However, they have all benefited from willingness to 'stay-at-the-table' and to keep working at the detail of the relationship based on an ability to "mutually recognize our different roles, responsibilities, and strengths" (staff member of a United Nations agency).

FINDING 15 The GBV Area of Responsibility is the most visible strand of UNFPA leadership on GBV but is part of an insufficiently resourced cluster (despite crucial core funding committed by UNFPA itself) and has yet to fully assimilate the lessons learnt in other United Nations agencies to ensure that field offices can fully deliver in this role.

HUMANITARIAN

RESOURCE MOBILISATION

HUMAN RESOURCES

COORDINATION AND CONNECTING

The most visible sustained support to GBV and harmful practices by UNFPA in humanitarian contexts falls under the coordination role of the GBV Area of Responsibility. UNFPA programming in humanitarian settings will never be sufficient to reach all populations across prevention, response, elimination, and addressing the Humanitarian-Development-Peace nexus and neither should it be. A robust and sustainable humanitarian GBV response requires a coordinated effort from a number of partners, including government partners, United Nations agencies, international non-governmental organizations, national non-governmental organizations and civil society organizations. Therefore, the coordination of these different actors is paramount.

However, the visibility of the GBV Area of Responsibility leadership comes with a specific accountability as Provider of Last Resort[54], and for resourcing. Stakeholders interviewed[55] reported that, corporately, UNFPA still situates humanitarian commitments as an add-on area of operations compared to development work. Specific concerns expressed by interviewees include:

- The resourcing of the humanitarian team, including the organizational support functions that impact on GBV response. For example, the surge manager is a consultant position, rather than full-time staff.

- The insufficient level of core funding from Member States for UNFPA to fully support the Area of Responsibility leadership role, leading to reliance on non-core funding.

54. Where there are critical gaps in humanitarian response, it is the responsibility of cluster leads to call on all relevant humanitarian partners to address these. If this fails, then depending on the urgency, the cluster lead as 'provider of last resort' may need to commit itself to filling the gap. See: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/IASC%20Guidance%20on%20Provider%20of%20Last%20Resort.pdf

55. Almost all respondents interviewed across UNFPA, other United Nations, NGO, donor, in-country partners, and consultants.

- The variable competencies demonstrated by people included in the surge roster.

- An upper budget limit and time frame for Emergency Funds substantially below that of other United Nations agencies, in addition to an inability to 'roll-over' emergency funds between financial years.

After commendable advocacy with partners to successfully establish GBV as an Area of Responsibility and taking on sole leadership in 2017, UNFPA has not yet been in a position to resource the GBV Area of Responsibility at the level of other areas of responsibility (particularly Child Protection) and other full clusters functions. Scarcity of resources (noting too that GBV is the least funded area of humanitarian appeals globally), and reliance on already over-stretched core funds, has meant that UNFPA has not been able to consistently meet standard (17) within the UNFPA GBV in Emergencies Minimum Standards to "Allocate appropriate staff...to lead UNFPA GBV programming, information management, and coordination as separate profiles."[56]

As a comparator, the Child Protection Sub-Cluster under UNICEF will often have a P4 or P5 dedicated coordinator. This is considered the norm within the cluster system. The Real-Time Accountability Partnership (RTAP)[57] report specifically comments on the dangers of double-hatting. A clear consideration is that, as sub-cluster lead agency for GBV, when the GBV Area of Responsibility and/or country-level sub-clusters are staffed with lower level, less trained, less experienced, double-hatting coordinators, it tends to 'sideline' the sub-cluster.

Many interviewed stakeholders[58] consider that UNFPA is still adapting to the inter-agency lead role. Examples provided by respondents to support this include the terms 'UNFPA' and 'GBV Area of Responsibility' used interchangeably, rather than a clear understanding that the Area of Responsibility is an inter-agency forum that is distinct from UNFPA.

Operational legitimacy for leading on the GBV Area of Responsibility certainly emanates from UNFPA being a respected GBV actor, but this is not synonymous with doing everything across the spectrum of prevention, response (clinical, psychosocial, shelter, legal, justice, and economic empowerment) and elimination. The coordination role and indeed, Provider of Last Resort role, requires that UNFPA ensures that all aspects of GBV programming are being performed by someone – government, United Nations, non-governmental, or civil society partners.

Nevertheless, it was recognised by almost all respondents that there has been a significant internal shift in thinking within UNFPA towards humanitarian work and that the organization has increasingly prioritized humanitarian response as a part of its core mandate since it was admitted to the Inter Agency Standing Committee in 2001.

The humanitarian role in UNFPA is still evolving, at global, regional, and country levels. Most UNFPA country representatives have general development backgrounds, compared to, for example, UNICEF or UNHCR country representatives. This places UNFPA as a sub-cluster-lead agency at a disadvantage, when the country representatives do not fully understand the Humanitarian Country Team structure, or the Humanitarian Response Plan processes, or humanitarian prioritization or funding processes. However, with the transition of the GBV Area of Responsibility to sole UNFPA leadership in 2017 there is no longer any time for the UNFPA role to continue to slowly evolve: being a cluster lead agency (CLA) has specific responsibilities and accountabilities which directly impact on the lives of millions of women and girls across the world.

Progress is being reported. Humanitarian competencies are now included in a variety of UNFPA roles at all levels, including at country representative level. From 2018 the GBV Area of Responsibility Coordinator will be a core funded post. At the same time, however, donors report their reluctance to continue funding humanitarian positions, such as the Area of Responsibility Coordinator, which they believe should be coming from core funding even though this is decreasing. They see the problem as a lack of importance placed on the Area of Responsibility by the agency, rather than inadequate core funding to deliver the responsibilities of the sub-cluster lead function. Thus, for the humanitarian and fragile context branch staff, a large majority of their time is spent on fundraising to ensure continued work.

56. UNFPA GBVIE Minimum Standards, 2015 p.80.

57. The Real-Time Accountability Partnership (RTAP) goal is that all humanitarian actors adequately prioritize GBV across sectors and that this response is coordinated. RTAP is funded by USAID OFDA and includes all three lead United Nations protection agencies – UNHCR, UNFPA, and UNICEF, and the lead United Nations Coordination Agency, OCHA and IRC.

58. Some UNFPA, other United Nations and NGO respondents.

UNFPA systems and structures support economy, efficiency, timeliness and cost effectiveness

FINDING 16 The annual time frame of most UNFPA workplans with partners creates significant risks in terms of delivering medium-term outcomes and ensuring no harm is created by interrupting services or creating unmet demands.

BUSINESS PROCESSES

SERVICES

While multi-year workplans are encouraged corporately, challenges created by the predominance of an annual time frame for workplans (i.e. annual workplans) with partners used by most field offices were triangulated by all evaluation sources, including: all case studies, the global level review, the global survey, and previous evaluations. According to country-level interviewees, the main problems created by the frequent use of an annual workplan cycle are:

1. Substantial loss of time at the beginning and end of each year through signing agreements, reporting and reconciling accounts.
2. A focus on short-term results in monitoring and reporting.
3. Uncertainty for implementing partners in resource planning, leading to delays in recruitment and the use of insecure fixed-term contracts.
4. Extreme caution in supporting activities such as shelters or psychosocial counselling where there is a risk of doing harm from the early withdrawal of services.
5. Many payments are delayed by implementing partner operational capacity being unable to meet the documentation requirements required for release of funds – leading to a rush to implement agreed activities at the end of each year.
6. Lack of options to 'carry-over' core funds to the next year also led a few country offices to place last-minute demands on implementing partners to liquidate funds through new activities.

The evaluation did note attempts to address some of these challenges, such as multi-year planning (although the financial agreements are still on an annual basis within these partnerships). At the country office level there have also been case-by-case attempts to mitigate the effects of the annual workplan. For example, in Sudan, implementing partners are being encouraged to move to a single combined annual workplan for all activities with UNFPA, spreading risk across the thematic areas and sources of financing of the country programme (however, this also requires supporting some civil society organizations to shift from project-based management to programme management). In many countries, such as India and Guatemala, informal partnerships are maintained with civil society organizations between periods when funding is available, helping to preserve achievements and maintain institutional memory.

A significant risk associated with the annual workplan is the sudden withdrawal of funds from activities with vulnerable people, often for reasons outside of UNFPA or partner control. As examples: the political relations between the European Union and Turkey; the US implementation of the Mexico City policy; or donors diverting funds from development activities to refugee emergencies (such as in Uganda). At present, aside from the shrinking availability of regular resources, UNFPA has no corporate mechanism for mitigating these risks such as an internal fund from which country offices could draw to exit responsibly from activities that are defunded.

FINDING 17 Results-based management systems are in place, but primarily focused on tracking activities and outputs; there is insufficient capacity to systematically measure and manage to outcomes.

MANAGING FOR RESULTS

The evaluation case studies found consistent evidence of UNFPA establishing results-based management systems and monitoring the achievement of immediate outputs. These worked best in countries such as Sudan, India, and Uganda where the country offices could afford to have field staff posted outside the capital: providing a better view of the situation to interpret partner reports, to help address implementation challenges in real time, and to ensure accuracy in reporting.

However, these observations conflict with the qualitative sections of the global survey, which suggested that other United Nations agencies perceive results-based management as an area that is a priority for improvement in UNFPA. The difference between these two sources of evidence can be explained by closer analysis of the type of data that is being collected in results-based management systems.

Even where monitoring systems are working well, such as India, they have predominantly been focused on indicators of immediate outputs: whereas there is increasingly a case for measuring drivers of change, learning (including about what does not work), and leveraging catalytic impact. Overall, the evaluation case studies found that the abili-

ty to evaluate impact is limited by lack of data and methods—both methods to measure actual change and design solutions to estimate impact particularly for complex or synergistic interventions.

The best examples to illustrate this relate to the work on harmful practices, in particular female genital mutilation and work with men and boys. Extended desk reviews and regional and global interviews indicate that the monitoring of results on FGM ends relatively early in the 'results pathway': public community declarations of abandonment for female genital mutilation becoming a default proxy for change in social norms and an assumed predictor of a change in practice.

Although substantial work is being done to address the problem of measurement of norms, the outcome of interest is a change in practice: the actual implications of these declarations for girls, their families, and communities (for example, in Sudan). There are also few mechanisms in place to identify and to stop (or adapt) failing interventions or erroneous assumptions. For example, the development of online communities to support engagement with men and boys is an innovative model that is being tested; but the evaluation did not find a system of 'markers' in place to determine when to stop this approach if it does not work as well as expected (or to capture and share that insight with other field offices).

At the same time, it is important to acknowledge the unique technical and ethical challenges of obtaining accurate, reliable and empowering outcome data in relation to GBV and harmful practices. The challenges relate to the difficulty of measuring long-term changes to gendered norms, the ethics of measuring changes in hidden practices, and the inability of quantitative methods to disaggregate the synergistic effects of complex interventions. Emerging attempts to respond to some of these challenges include focusing more results-based management on the value proposition of generating new evidence about what works. For example, one of the donors to the Partners for Prevention joint project with UNFPA, UNDP, UN Women and UNV highlighted the value created by this multi-country programme that took existing evidence of what works and applied this in new ways and new contexts to extend the global evidence base.

FINDING 18 There is currently inadequate corporate systematization of learning on GBV specifically by individual UNFPA country and regional offices.

KNOWLEDGE MANAGEMENT

The evaluation found that nearly all of the examples of multi-country programmes related to GBV and harmful practices acted as important structures for aggregating and disseminating knowledge about what works, including through South-South exchange. Examples include the global joint programmes on child marriage, female genital mutilation, and essential services; and the regional programmes on violence against women prevalence data in Asia and the Pacific, and multisector response and gender transformative programming in Eastern Europe and Central Asia. At the country-level, several case studies identified specific examples of UNFPA revising country programmes in response to country programme evaluations and midterm reviews.

Outside of the structure of 'programmes' however, approaches to learning and knowledge management have largely been ad hoc and disconnected. Through their country-support role, regional advisors play an influential role in connecting country office colleagues with global knowledge, including by nurturing links with global joint programmes (such as linking Indonesia to the Joint Programme on Female Genital Mutilation). There have also been some examples of individual knowledge exchanges (such as regional workshops on the essential services package in Asia Pacific), or learning processes (such as the innovations in corporate procedures trialled in the Nepal earthquake feeding back into the humanitarian standard operating procedures).

The reliance on the joint programmes as the main mechanism for South-South and triangular exchange also excludes the bulk of country-level programming work from systematized (and budgeted) processes of knowledge sharing. UNFPA country representatives in at least three interviews strongly articulated the insufficiency of current ad hoc regional workshops, which they claim often only have time for short presentations from each country: not allowing for sufficient technical depth, or information about challenges (i.e. what is not working), to be useful. Interviews at the global level also indicated that current efforts for the global normative space to learn from country level experiences are too limited and that despite the cost and reach advantages of webinar series, these do not facilitate cross-programme learning.

Despite these challenges, there are also positive findings, especially given the constrained resources that UNFPA

field offices are facing. In both regional cases, for example, UNFPA regional offices have started convening and training mixed delegations comprised of representatives of UNFPA, other United Nations agencies, government and civil society around new frameworks and approaches. This is reported to have made a meaningful impact not only on the uptake of frameworks, but also on working relations at the country level.

The main implications of this unstructured approach to knowledge management are evident in country programme evaluations: such as the finding for Bosnia and Herzegovina that knowledge management and sharing of information across the agency about GBV is not yet sufficient to overcome the loss of institutional memory and disruptions in learning caused by staff turnover.

Across the evaluation case studies, three main challenges are apparent for knowledge management:

1. Too much data, of variable quality, mostly unstructured and descriptive, focused on activities.
2. Not enough time for analysis and synthesis.
3. Failing to learn from what has not worked.

Regarding the first challenge, of too much data, the evaluation found evidence of new information and communication technology initiatives within the agency to make information more accessible to staff using the Google platform, which have not yet been completed, but that seek to address many of the gaps identified in the evaluation. The corporate decision to transition to the Google platform has the potential to enable federated search of structured and unstructured data through semantic analysis (in other words, an internal version of Google search specific to the UNFPA areas of programming and operations).

Regarding the challenge of time availability, there is less evidence of initiatives to free staff time in support of learning. A demand that was explicitly articulated by one country representative, but with applicability across the case studies, was to complement regional workshops with 'proactive sharing' – dedicating short term expertise to process global evidence and provide country-specific options and advice. A similar approach was taken in response to poor quality proposals received by the Joint Partners for Prevention in Asia-Pacific: the secretariat for the Partnership provided options papers to guide the thinking of country offices from participating entities. The result of these options papers was a significant improvement in proposal quality; and ultimately, a successful regional programme.

The concept of learning from what does not work emerged as a significant feature of the Guatemala case study but resonated in other cases as well. The main finding of the evaluation is that there are no institutional incentives for country offices and regional offices to identify, process and share learning about what has not worked as expected.[59] An implicit level of concern exists among staff members that the competitive funding environment means that UNFPA needs to continuously demonstrate success. Furthermore, given the potential for failing interventions to do harm in relation to GBV, there is an in-built incentive to keep trying to 'make-things-work'; and given the negative implications of withdrawing services on users, there is also an in-built incentive not to stop faltering interventions.

While the evaluation cases revealed several examples of inter-country and inter-regional exchange, they all found limited evidence of corporate (organization-wide) knowledge management and internal capacity-building as a systematized process that links country-level, regional and global evidence on GBV to decision makers. Specific examples of such structured approaches to knowledge management with which UNFPA is involved include, at country level, a Women's University-based Centre of Excellence in Sudan, named GRACe, which combines applied research, development of publications and tools, and direct capacity-building of national and regional actors, providers, and decision makers to advance gender equality and reproductive health rights. At regional level; the development of a course in violence against women prevalence surveys, with University of Melbourne, to inform the Asia Pacific regional initiatives on data on VAW; and at global level, the four joint programmes (on female genital mutilation, child marriage, essential services, and son preference).

Overall, the evaluation found that the joint programmes constitute the main structural mechanism for south-south exchange; but, despite the best attempts of regional offices, these often exclude the countries that are not part of the joint programmes from learning opportunities. This is particularly problematic in cases such as son preference, where the two countries to pioneer the work (India and China) are not included in the Joint Programme because of donor restrictions. Knowledge management efforts have yet to consolidate into a strategic and systemic approach. The biggest area of weakness, especially in the context of the SDGs, are the inconsistent and less-than-optimal

59. Interviews also revealed an implicit level of concern among staff members that the competitive funding environment means that UNFPA needs to continuously demonstrate success. In line with this, all the knowledge products reviewed by the evaluation focused on 'what works' and 'good practices'. Whilst undoubtedly helpful, these leave field offices open to repeating similar mistakes that colleagues have already made elsewhere in the world. At present, the main mechanism for interrupting failing interventions is the programme cycle, with examples of evaluations and midterm reviews being used as opportunities to discontinue unsuccessful work (such as the example of a project to work with religious leaders that was unable to sufficiently assure the way that key messages were framed to congregations). However, the knowledge that this generates is predominantly maintained by staff members, rather than institutionalized across the agency.

examples of support to national systems for administrative (incidents and case) data on GBV (and also relevant to harmful practices).

By comparison, promising areas of strength include: (1) extending the use of the Google platform to open up wider access to existing qualitative data and information across the agency, (2) combining quantitative and qualitative monitoring, such as through 'Voices' in Syria or the use of photo stories to support son preference population data in India, (3) formally connecting countries outside of global and regional joint programmes to these knowledge hubs, (4) synthesizing knowledge into country-specific 'options papers' as produced by 'Partners for Prevention' Joint Programme, (5) and institutionalizing knowledge within public higher education systems, such as through the partnership on prevalence data between University of Melbourne and UNFPA.

FINDING 19 Significant levels of country office expenditure on GBV and harmful practices is geographically concentrated around a few 'hot spots', primarily Syria, Iraq, and Turkey, as well as South Sudan and Ethiopia.

BUSINESS MODEL

RESOURCE MOBILISATION

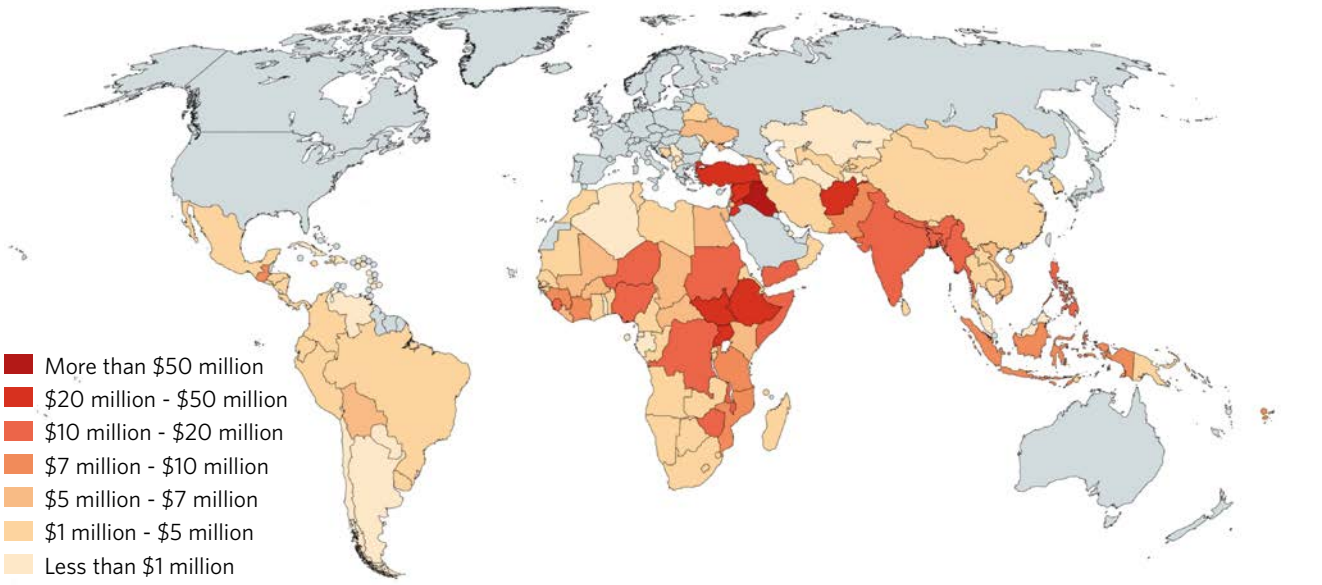
The decrease in core-resources to UNFPA is a major frame of reference for the evaluation. Overall, this is part of a narrative in which the funding make-up of UNFPA resources is shifting to non-core resourcing, with a lagging increase in other resources to meet the gap in regular resources. However, a disaggregated country and regional analysis reveals a more nuanced pattern of changing finances, revealing both differences in context and varying capacities to fundraise at the local level.

Firstly, patterns of existing core and non-core funding vary significantly across the evaluation cases. In the regional and sub-regional offices and a few countries (India, Nepal, Palestine), core resources have made up half or more of all expenditure during the period covered by the evaluation. India and the regional offices have been particularly reliant on core resources. By contrast, countries that have experienced emergencies in this period have predominantly spent other (or non-core) resources on GBV and harmful practices, including Iraq, Turkey, Uganda, Sudan, and Sierra Leone. The exceptions to this pattern are case study countries in Latin America and Caribbean (Bolivia, Guatemala) and Bosnia and Herzegovina in Eastern Europe sub-region, which are reliant on non-core resources because of middle income country status.

Secondly, the evaluation found four main patterns in the evolution of resources across the cases. In only three cases was the overall narrative of a 'switch' from regular resources to other resources observed, i.e. Palestine (in 2014), and India and the Asia and Pacific regional office (only just starting in 2017). Most cases exhibited other patterns. Two countries responding to the crisis in Syria demonstrate 'hockey-stick' exponential growth in other resources, Iraq and Turkey. This growth of funds in an emergency is seen to a lesser extent in other countries, where a humanitarian response is associated with a rapid peak and then decline in other resources: Sierra Leone (Ebola), Nepal (earthquake), and Sudan and Eastern Europe and Central Asia regional office (refugees). Finally, the most prevalent pattern (in 5 of 14 cases) is a dual decline in both regular resources and other resources for GBV and harmful practices. This started as early as 2012 for Uganda and Guatemala, and has been since 2014 for Bolivia, Bosnia and Herzegovina, and Pacific Sub-Regional Office.

As a consequence of these patterns, the overall expenditure across all country offices is concentrated around several 'hot spots'. Figure 10 illustrates the two major geographic concentrations of core funds expenditure – around Syria, Iraq, and Turkey, and around South Sudan and Ethiopia. Although expenditure in Afghanistan is also high, this is focused on a single country rather than a cluster of countries. To a lesser extent, 'warm spots' for expenditure are the Indian sub-continent, the South China Sea, the Sahel, South-Eastern Africa, and the countries affected by the West African Ebola epidemic. By contrast, 'cool spots' include the entire Latin America and Caribbean region, South-Western Africa, North Africa, East Asia, most of Central Asia, and Eastern Europe.

FIGURE 10: *Map of core funds expenditure by country offices, January 2012-September 2017*



Source: Atlas data mapped by the evaluation team

The prevalence of 'hot' and 'cool' spots of funding result in a distorted view of the overall distribution of all funding at the regional level, shown in Table 10. For instance, the highest level of expenditure during the period covered by the evaluation is in Arab States region, but this is focused around the Syria crisis while North Africa has very little expenditure. Similarly, the resources of the region with the second highest expenditure, Asia and the Pacific, are concentrated around the Indian sub-continent and the Philippines. The regions with the most even distribution of expenditure are Latin America and the Caribbean, Eastern Europe and Central Asia (except Turkey), and Western and Central Africa.

TABLE 10: *Distribution of expenditure on GBV and harmful practices by country offices grouped by region, January 2012–September 2017*

Region	2012	2013	2014	2015	2016	2017	Grand Total
Arab States	$9,368,933	$13,132,726	$36,879,443	$53,731,819	$56,112,003	$52,583,937	$221,808,861
Asia and Pacific	$15,399,235	$15,324,765	$36,362,267	$36,224,771	$29,549,487	$18,596,096	$151,456,620
East and Southern Africa	$21,751,913	$20,382,536	$38,519,264	$39,553,167	$29,558,635	$19,727,523	$169,493,037
Eastern Europe and Central Asia	$3,634,992	$3,737,279	$8,857,259	$9,905,931	$16,040,463	$15,832,676	$58,008,601
Latin America and Caribbean	$10,501,820	$8,536,233	$12,195,086	$11,855,503	$10,646,955	$3,608,877	$57,344,474
Western and Central Africa	$14,149,421	$10,777,843	$25,257,794	$29,512,575	$26,282,356	$16,666,087	$122,646,076
Headquarters	$3,429,038	$3,867,746	$17,960,205	$16,632,739	$15,373,781	$9,198,815	$66,462,324
Grand Total	$78,235,352	$75,759,127	$176,031,318	$197,416,505	$183,563,680	$136,214,011	$847,219,993

Source: Atlas data

FINDING 20 Despite some challenges, UNFPA 'surge' has been a critical contribution towards capacity in GBV in emergencies; and, whilst there is still some way to go, UNFPA has made a significant effort to establish other functional systems and structures to support humanitarian response and coordination.

HUMANITARIAN

HUMAN RESOURCES

BUSINESS PROCESS

Overall, UNFPA has made a significant concerted effort since the second-generation humanitarian strategy to establish proper systems and structures to support humanitarian response and coordination. UNFPA now has a Humanitarian Steering Committee which essentially mobilizes senior management within the organization around humanitarian issues and was established to fast-track commitment of the organization to humanitarian action.

There is also an Inter-Division Working Group (IDWG) for humanitarian action, including all the different business units of UNFPA who operate on the next level down from the Steering Committee and discuss the issues that will be sent onto the Steering Committee for action.

It has been through these two main mechanisms that UNFPA has been able to revise and/or create fast-track policies fit for humanitarian purpose and also establish a Humanitarian Emergency Fund. UNFPA now has a global humanitarian appeal.[60] UNFPA has held two global humanitarian consultations with wide participation from regional offices, country offices, and different business units within headquarters.

Another massive investment has been the UNFPA surge capacity. UNFPA had worked with standby partners and United Nations Volunteers to surge staff to humanitarian settings since 2005 to address human resource capacity. The formal UNFPA surge system was established five years ago and has become increasingly professionalized within the last two years. There are currently approximately 280 people on the roster with different profiles for competencies across GBV coordination, GBV programming, and information management. Those on the surge roster receive a one-week long intensive training and are then supported in the field by both technical and human resources support staff from headquarters.[61] Surge management is still reliant on the use of consultants.

There are 12 generic surge profiles. As of September 2017, there were 33 ongoing surge deployments, of which 20 were for coordination roles[62]. Due to lack of capacity in humanitarian response across all levels of UNFPA, surge is currently used to support Level One and Level Two emergencies more so than Level Three, the level of emergency surge is designed to support. Using surge to replace more embedded humanitarian capacity rather than to complement in-country capacity where necessary in large-scale disasters is neither efficient nor sustainable. Moving forward the Humanitarian and Fragile Contexts Branch intends to revise the surge workshop training and take it to regional levels, including enabling all UNFPA staff to be able to access some of the training as basic humanitarian training, with specific surge assessments for those with the right competencies.

Surge is internally managed within UNFPA and is seen as a UNFPA staffing resource[63]. It may be of value to explore how this can expand to become a fully inter-agency resource and support, and how the surge coordinates with the GBV Area of Responsibility Regional Emergency GBV Advisors who are managed directly through the GBV Area of Responsibility rather than as a UNFPA resource.[64]

60. The UNFPA Humanitarian Action 2017 Overview (https://www.unfpa.org/publications/humanitarian-action-2017-overview) put 2017 UNFPA humanitarian needs at $307,904,357. The Overview also reported 2016 UNFPA humanitarian funding at $311,604,435 requested, and $158,670,813 (or 51 per cent) received.

61. There are currently four standby partners for humanitarian resources 'surge' capacity (RedR, DRC, NRC, and Canadem) with an extra two (Swiss and Swedish) being considered. Additionally, there is ongoing consideration of moving the surge function's function management to human resources at UNFPA (it's currently managed by the Humanitarian and Fragile Contexts Branch).

62. Incidentally, there are reports of UNFPA senior management attending surge training due to the lack of other available agency training on humanitarian architecture – highlighting the need for a humanitarian orientation package, as surge training should not be used as generic humanitarian training. Generic humanitarian training/orientation should include the role cluster coordinators vis-à-vis agency allegiance and independence, to ensure that reporting lines and correct management mechanisms for deployed coordinators within country contexts are effective and supportive rather than conflicting and counter-productive.

63. For most clusters, rapid, surge, or roving deployment of resources for coordination purposes are managed through the cluster or the sub-cluster as an inter-agency resource, rather than sitting within and under the management structure of the Cluster Lead Agency. For the gender-based violence Area of Responsibility there is both surge – managed by UNFPA and used for both coordinating and programming purposes, and Regional Emergency gender-based violence Advisors, managed through the Area of Responsibility and used for capacity-building purposes.

64. Initially (pre-2014) there was a gender-based violence Rapid Response Team (RRT) which then transitioned into the REGA team in 2014. There are four Regional Emergency GBV Advisors (for East Africa, West Africa, Asia and the Middle East, and Latin America) and a REGA Manager in Geneva, who is 50 per cent REGA Manager and 50 per cent Deputy GBV AoR Coordinator.

Regional Emergency GBV Advisors (REGA) deployments are more strategic than surge deployments, often being planned a long time in advance as part of an annual work-plan. The REGA role is 'to build sustainable long-term capacity at country and regional levels, anchored in the needs of sub-clusters, inter-agency, regional, national and local actors'.[65] REGA have achieved a lot. The independent GBV Leadership Review Report described the REGA mechanism as a well-functioning and strong operational asset. REGA work across the full spectrum of emergencies from preparedness and risk reduction to response, recovery, and transition. Surge, on the other hand, is used to fill critical gaps in staffing when those gaps become apparent.[66]

There is a lot of praise for surge but also, inevitably, some level of criticism. When UNFPA senior country management rely on Headquarters to continually send surge, there is little incentive to fully resource country-level commitments within the country office. Surge deployments for two to six months are not long enough to foster a functional sub-cluster and the high level of turnover, inevitable with any staffing based on surge, can be highly disruptive. Some key informants suggested it would be better for UNFPA to invest more fully in high level, fully trained GBV staff with the coordination skills required for coordination responsibilities for sub-cluster roles. Additionally, despite the UNFPA Minimum Standards requiring different profiles and dedicated coordinators, in reality this rarely happens[67].

3.2.2 Strategic partnerships

EQ4 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?

Diversity and inclusivity of partnerships, including with civil society and men and boys

FINDING 21 A diversity of civil society partners remains the backbone of UNFPA programmatic reach at field level; while this increasingly involves strategic alliances with non-traditional partners — often to influence potential sources of opposition — UNFPA currently lacks systematic data or analysis on the effectiveness and implications of working with such partners.

UNFPA works with a wide range of partners on GBV and harmful practices. Despite numerous examples of working with non-traditional partners, the evaluation case studies and Atlas data found that civil society organizations remain the backbone of UNFPA programme implementation at country level. For example, the sixth Country Programme in Central African Republic was developed to be implemented in partnership with several of the leading global networks on gender equality.[68]

In nearly all of the evaluation case studies, while government agencies are key partners, the bulk of expenditure on implementation is primarily through civil society and UNFPA itself: with only Uganda and Sudan having significant financial resources channelled through government. Implementing partners that responded to the global survey reported that the three main contributions made by UNFPA through partnerships are:

1. Helping to scale the quality work done by local organizations.
2. Reaching and mobilizing hard to reach and isolated populations.
3. Supporting wider understanding on harmful practices and linking communities of practice.

Partnerships with civil society actors also provide additional connections to non-traditional sectors (such as public finance monitoring) and government departments; complementing the access that UNFPA has through the

65. GBV AoR 2016 Annual Report on the REGA Initiative.

66. REGA has also been criticized for not being strategic enough, although the switch from RRT to REGA in 2014 was based on an idea that REGA deployments should be more planned, more thoughtful, less of a reaction to changing circumstances, and more aimed at capacity-building for GBV in emergencies programming and coordination over a longer time frame. Whilst this has happened, now there are two mechanisms with different deployment triggers, different rosters, and different training modules which is certainly not as coordinated as it could or should be.

67. Most gender-based violence sub-cluster coordinators are double-hatting, effectively working both as UNFPA programming manager/coordinator and as the inter-agency cluster coordinator. This includes surge staff. It is possible that a lack of understanding of cluster coordination responsibilities on behalf of UNFPA Country Representatives (many of whom have a strong development-orientated background and limited knowledge of humanitarian architecture) contributes to this blurring of responsibilities for UNFPA gender-based violence in emergencies staff – both permanent and surged.

68. i.e. Network of African Women Ministers and Parliamentarians; Association of Women Lawyers of Central Africa; International Committee of African Women for Development; Microfinance institutions; Committee for the Fight against Harmful Practices; Organization of Central African Women.

United Nations Country Team. In Uganda, diverse and long-standing partnerships with a wide range of civil society organizations and key government actors has been a defining feature of UNFPA work on GBV. In India, UNFPA is considered an equal learning partner by many organizations, including agencies that are larger than UNFPA and those much smaller than UNFPA. In Palestine, UNFPA has a broad diversity of partners across government, civil society, women's rights organizations and health organizations, which is valued, resulting in a comprehensive set of interventions covering prevention, response, and elimination.

Overall, interviews with external stakeholders at the global level recognized that diverse partnerships enable UNFPA to support the international 'diffusion' of new approaches to addressing GBV and harmful practices. However, independent evaluations as well as the evaluation desk reviews also identify challenges with programming through diverse civil society partnerships. For example, in Sudan the ejection of many international non-governmental organizations from Darfur has led to relying entirely on lower-capacity civil society organizations.

The country programme evaluation for Egypt noted that the process of partnering with UNFPA was insufficient to address high levels of variability in civil society capacity. For instance, no rigorous organizational capacity assessments were conducted with implementing partners prior to signature of partnership agreements (spot check audits were concluded as not being a replacement for capacity-assurance). But, the evaluation also found examples of innovation in support of maintaining diverse partnerships. For example, the Nepal country office worked with UNFPA operations to innovate a biannual distribution cycle, more delegated authority to programme managers for financial reporting, and multi-year planning to cope with significant administrative, banking, and timing challenges in the country.

Women's, feminist and youth organizations

In all case studies, UNFPA has traditionally worked in close partnership with women's human rights organizations. UNFPA was reported by civil society leaders in interviews to be seen as a unique United Nations agency in terms of being an equal part of the wider movement to tackle GBV and harmful practices – with UNFPA staff practicing inclusion and participation. However, the heavy reductions in core budgets in recent years has significantly reduced the number of these partners with whom country offices can establish annual workplans; and thus, contribute financially to the partnership. In several cases, exemplified by Guatemala, UNFPA remains an informal 'partner' with women's civil society organizations, but is widely viewed as less able to influence the human-rights agenda without financial support to vocal civil society advocates.

Faith leaders

The evaluation case studies frequently encountered a view that it is necessary to engage with faith leaders and non-traditional partners[69] to address the sociocultural norms that lead to harmful practices or support impunity for acts of GBV; and to strengthen sociocultural norms that protect and empower women and girls.

The actual evidence on the success, or not, of this approach was mixed. For example, work with faith leaders in India was stopped when it became apparent that the framing of key messages on harmful practices could not be quality assured in terms of how they were communicated to constituencies; and similar concerns were reported by CSOs in Uganda. By contrast, the country programme evaluation for Kyrgyzstan found that fears about the message being distorted had not manifested.

Work with faith-based organizations on conflict-related sexual violence was also seen to be a successful part of a diverse partnership strategy in Bosnia and Herzegovina; while Turkey was one of the few countries where the evaluation found substantive progress in working with the corporate sector to address GBV at work and in intimate partner settings. Despite these apparent successes, the accumulation of evidence about how to work with non-traditional audiences is limited, with at least one country-level interviewee explicitly stating that UNFPA seems to be withdrawing from the research arena due to financial constraints. This contrasts with the work on men and boys (see below), where UNFPA is supporting several initiatives to enhance the evidence base.

Interviews with several UNFPA staff at regional level suggested a view that, in countries with a more conservative national or regional influence emerging, UNFPA could continue to find common ground by shifting the entry point for gender equality work from sexual and reproductive health services to population dynamics and data – supporting member states through evidence on how tackling GBV can both help maximize a demographic-dividend and mitigate a demographic-tax. However, as with the work with faith leaders, the evaluation found little evidence of substantive research into this proposition as an effective approach.

69. Non-traditional partners can include private sector entities, public corporations, political groups, media organizations, the military, and religious, traditional and cultural institutions.

Men and boys as partners

The Strategic Plan (2018–2021) commits that "UNFPA will also ensure that men and adolescent boys have opportunities, including through comprehensive sexuality education programmes, to challenge harmful notions of masculinity and promote gender equality." This is a stronger statement than in the preceding two strategic plans, which committed to working with civil society organizations that engaged with men and boys. Examples of the existing commitment in action include:

1. The refugee response in Uganda includes supporting the development of male action groups—providing men with both a forum to look critically at their bias and behaviours and a solidarity group supporting each other to challenge such norms.

2. Interventions in Myanmar provide training on GBV for camp management committee members and men from the camps.

3. Eastern Europe and Central Asia Regional Office is supporting the EECA-MenEngage web platform to share best practices and information and the MenCare campaign (see Box 8).

4. India has supported community-level mobilization of men as advocates for gender equality.

5. Asia and the Pacific regional and country offices participated in the Joint Partners for Prevention Research which interviewed over 10,000 men in the region, found that nearly half reported using physical and/or sexual violence against a female partner, and focused on why some men do and some men do not perpetrate violence.

6. Moldova is supporting early intervention with counselling for past or potential perpetrators to prevent reoffending.

This early stage work is not without challenges, risks and detractors. Concerns from some feminist groups and women's organizations include that such approaches once again reframe the issue of women's human rights around men, that they draw much-needed funds away from supporting women, or that campaigns centred around male roles (such as being a father or husband) inadvertently further entrench heteronormative roles and stigmatize single mothers and their children (including the unintended consequence of encouraging male involvement in prenatal care resulting in denial of care when, for example, women in polygamous households cannot get their husband to join). Critiques from other movements, such as some members of the HIV community, include the risk of framing men only as perpetrators of violence or agents of change, and not as survivors of violence themselves.

BOX 8: MENCARE

MenCare addresses both the normative and the practical dimensions of men's contributions to combating gender-based violence and discrimination. The campaign, appealing to all men as 'the common father'—caregivers, coaches, male relatives and role models—promotes their involvement as 'equitable, nonviolent fathers and caregivers with the objective of improving the well-being of the family, promoting equity, improving the health and quality of life for mothers, children and fathers, and ultimately engaging men as 'allies in supporting women's social and economic equality' on both a personal and public stage. The campaign is active in 45 countries on five continents and works with partner organizations providing support for media, education and advocacy work. Building on well-documented research, the campaign champions men's engagement in prenatal visits and taking paid parental leave. It is coordinated by two of the leading global entities on transformative change for gender equality and an end to violence and works with and is funded by leading global organizations addressing women's rights.

FINDING 22 UNFPA strategies to address GBV are grounded in local contexts and engage with many types of partners; but differences of understandings of the term "gender-based violence" and in theories of change across the agency, also make coordination (both internally and externally) more difficult.

PARTNERSHIP

MANAGING FOR RESULTS

MEN AND BOYS

HUMAN RIGHTS

The evaluation encountered numerous understandings of GBV at country, regional and global levels. Different terminology is also used across various programming environments, including: sexual and gender-based violence (SGBV), violence against women and girls (VAWG), violence against children (VAC), and gender-based violence against women and girls (GBVAWG). The preamble to the Istanbul Convention on violence against women also uses multiple terms, illustrating that this feature of the thematic landscape is not unique to UNFPA.

In some of the cases, the evaluation found that United Nations country teams (including UNFPA) simply adapt and use the predominant term within the national discourse. As examples, in Uganda all agencies tend to use 'gender-

based violence' in line with national frameworks; in Guatemala all agencies tend to use 'violence against women' in accordance with national discourse (despite including work with sexual and gender diversities); and, in Turkey, UNFPA uses sexual and gender-based violence because it is working primarily under a UNHCR-led response.

In other cases, however, the terminology reveals significant semantic differences. In India, for example, some stakeholders perceived that the use of different terms by UNFPA and UN Women reflected fundamental conceptual distinctions. At the global level, interviews with United Nations agencies and development partners found that some were more comfortable with the hetero-normative use of 'violence against women', whereas others are more comfortable with 'gender-based violence' as an umbrella concept.

Throughout this evaluation, the team probed to determine whether the existence of various understandings and implementations of GBV were of detriment, of benefit, or little consequence to the effectiveness of UNFPA partnerships. With a very few exceptions, no convincing evidence could be identified to suggest that the inclusivity of the term 'gender-based violence' has negatively impacted on UNFPA forming individual partnerships; but there is a strong indication that coordination across partnerships and with the United Nations system is more difficult because of different understandings of key concepts.

A certain level of professional debate is expected and is healthy within an agency. Indeed, the very inclusivity of the term GBV has supported field offices in the case studies to target the needs of the furthest behind first in their context. A valid concern that is expressed by programme staff, however, is the remaining uncertainty over whether this flexibility in use of terms at different levels and in different country contexts is intentional and meaningful, or whether it is the result of not having the organizational willingness to resolve the debate.

Despite the variations in terms used to describe GBV by different United Nations agencies, and the internal debate in UNFPA, respondents to the global survey from both United Nations agencies and UNFPA offices rated 'coordination' as one of the top three contributions that UNFPA is making on GBV and harmful practices. This indicates that the question of terminology is not having a significant negative impact on the ability to work and coordinate across agencies.

Despite tensions around fundraising, even the use of different terms by UNFPA and UN Women is not as programmatically significant as some evaluation interviewees alluded. UN Women is clearly mandated by the General Assembly to mainstream gender in the United Nations system and will progressively assume this role from UNFPA when country-level capacity and resources are sufficient. UNFPA will continue to advance the gender equality commitments in the International Conference on Population and Development Programme of Action through the national systems and structures, and with the population groups, where it is best placed to do so. Both entities have a shared interest in supporting the rest of the United Nations system to implement these complementary agendas, the bulk of which are concerned with addressing the structural marginalization of women and girls.

Of more significance is the risk that national level partners will use the varied understandings of the term 'gender-based' to appropriate and redefine it in a manner inconsistent with global normative frameworks or UNFPA. The evaluation found very mixed views from within UNFPA regarding the role of the agency in working with men and boys as survivors of violence. While there is support for this among several members of the senior management at global and regional level, the view of most gender advisors interviewed for the evaluation is that the highest prevalence and intensity of violence is experienced by women and girls and that women and girls should therefore remain the focus.

Given that violence against boys is already addressed as a protection issue by UNICEF and UNHCR, and violence in conflict addressed by the United Nations Department of Peace Keeping Operations, gender advisors see the most important risk in addressing the 'remaining' male survivors of violence at country level as placing the entire GBV portfolio at risk of capture by 'men's issues' particularly in conservative environments. It was also noted that there are enormous operational implications of programming for responses to different gender groups in a humanitarian emergency requiring a different clinical and psychosocial response as well as a whole new set of facilities: with no sources of robust prevalence data available to inform this decision.[70]

This risk is manifested in Uganda, where some influential political actors choose to (re)interpret the term GBV to emphasize that some men experience violence in heterosexual relationships. In the case of Uganda, the need to redefine 'GBV' as both men and women is more about being sure it does not include sexually diverse members of the population given the country's recent criminalization of non-heterosexuality and the significant political influence of conservative Christian leadership.

70. Stepping back from the detail of the issue, this evaluation also notes that part of the cause for this unresolved position within UNFPA around responding to male survivors may be an unexpected side effect of the decision to remove the HIV branch – reducing an alternative avenue for addressing marginalized groups of men in programming.

Strategic partnerships to catalyse and accelerate positive changes

FINDING 23 Strategic partnerships are accelerating outcomes by contributing to stronger gender mainstreaming, knowledge production, and service provision; they also help to mitigate inter-agency competition within the United Nations system. However, partnerships that require high-visibility are not always suited to the UNFPA comparative strength of quietly supporting national champions on sensitive topics 'behind-the-scenes'

PARTNERSHIP

INSTITUTIONS

KNOWLEDGE MANAGEMENT

SERVICES

The evaluation cases and the global survey both offered illustrations of the diverse ways in which partnerships are accelerating progress towards key outcomes. Partners (United Nations agencies and civil society) in the global survey reported UNFPA contributions to: strengthening the capacity of multisector responses to GBV, elaborating the essential services package, scaling the level and improving the quality of work done by local organizations, and reaching and mobilizing hard-to-reach populations.

UNFPA staff highlight the value of partnerships to e.g. 1) achieving the outcomes of the joint programmes on child marriage, female genital mutilation, and essential services; 2) delivering national prevalence surveys on violence against women; and 3) enhancing awareness through "16 Days of Action". The collaborative advantages where the most progress was achieved during the period 2012 to 2017 by UNFPA working with its partners were assessed by all survey respondents as: 1) knowledge, research and data; 2) GBV mainstreamed into humanitarian structures and agencies; 3) quality, accessible and effective services; and 4) development and implementation of national gender equality policies.

Specific examples of the catalytic effects of strategic partnerships drawn from the case studies include: support to the national government and human rights institutions, particularly the justice sector, to maintain and accelerate the institutionalization of national GBV policies in Guatemala and helping to raise awareness and mobilize communities in Uganda, through building capacity and knowledge of professional associations, cultural groups, religious networks, and community leaders and volunteers. The only unexpected effect identified by the evaluation was in Palestine, where the diversity of partnerships has catalysed positive changes, but is also propagating a number of overlapping coalitions that might become counter-productive.

United Nations partnerships

Joint United Nations initiatives and inter-agency coordination were found to have delivered significant contributions to catalysing interventions around GBV and harmful practices. For example, in Bosnia and Herzegovina, UNFPA participation in joint programmes on GBV was found by an independent evaluation to have catalysed other groups to support action within the United Nations.

Respondents to the global survey triangulated the view that one of the three most important unique contributions that UNFPA is making to address GBV and harmful practices is coordination, including sub-cluster coordination of multiple agencies and sectors (the other contributions are data collection and analysis and provision of services).

In India, the evaluation found that the comparative strengths of UNFPA are embedded in its operational model and history and cannot easily be replicated by, or transferred to, other entities. For this reason, strategic partnerships with other United Nations agencies are necessary if the unique characteristics of UNFPA are to be of benefit to the wider United Nations system work on GBV and harmful practices. Such partnerships may also help to mitigate the competitive pressures around resource mobilization.

The evaluation found that, in several cases, the initial formulation of inter-agency strategic partnerships was the result of pressure from external donors. In Uganda, the Joint Programme on GBV was initiated by Norway; in Bolivia a five-agency 'Gender Coordination Strategy' supported by the Swedish International Development Agency was recently launched by UNFPA, UN Women, UNICEF, UNDP and UNODC, starting with a joint gap analysis to identify unattended issues, foster coordination, collaboration, complementarity and joint advocacy.

While joint programmes and other types of partnership have helped mitigate external fundraising competition for periods of time, they have not permanently transformed the relationship between agencies, and have often become a touchpoint for competition over positioning. At the country and regional levels, the evaluation found at least two current examples of joint programmes where the partners covertly began bilateral fundraising efforts as the programme came to an end. While one of these had experienced inter-agency discontent, the other was seen as a success. At the global level, interviewees highlight that the current negotiations of the EU Spotlight Initiative are amplifying inter-agency differences around inclusion and control: with the experiences of one particular partnership inadvertently having repercussions for how the wider relationship among entities is perceived.

Visibility in partnerships

The evaluation case studies found that UNFPA has demonstrated strength in working quietly with government, civil society, and rights-holders' representatives to advance awareness, evidence, discourse, and action on harmful practices and particular forms of GBV that may be politically sensitive in certain contexts. Specific examples of this include early support for work in India and China on gender-biased sex selection, work in Georgia and India to understand the practice of female genital mutilation in specific communities, work in Greece on unaccompanied boy refugees selling sex as a survival strategy, and work in Bosnia and Herzegovina on conflict-related sexual violence.

Over extended periods of time, this strategy has delivered results: placing formally-sensitive issues in the public domain and, subsequently, on the political agenda. It is, however, premised on having substantial and dependable levels of funding: for example, the strategy on son preference in India took 15 years to fully mature (there are now large-scale public programmes on valuing the girl child). Flexible core resources are more suited to this purpose than less secure, and (often) more visible, non-core funds, particularly during the initial stages when an opportunistic and internal advocacy approach is often most effective.

The only exception to this pattern was found in Sudan, where UNFPA wished to afford work on female genital mutilation more visibility than did the donor; but this related to a specific set of domestic political issues for that donor. Overall, the evaluation observed greater comfort among UNFPA staff with supporting and giving credit to other actors – particularly civil society – as the long-term stewards of work on GBV and harmful practices.

Applying this approach in an environment of primarily non-core funding requires a different approach to donor relations at the country-level than was observed in most of the case studies, due in most cases to the relatively recent decline in core funds. The UNFPA offices visited have not yet established day-to-day working relations with the programme-level staff of those bilateral donors and EU delegations that understand the value of such work, are both formally and informally supportive and build the confidence to enable the 'necessarily-hidden work' of UNFPA.

FINDING 24 UNFPA operates based on a dominant organizational assumption that authority and influence are established by coupling technical expertise with direct operational contributions to efforts to address a problem from multiple angles. While this combination correlates with results, it can also inhibit efforts to maximize a key UNFPA strength as an effective 'connector' of different actors and levels – particularly behind the scenes.

COORDINATION AND CONNECTING

DATA AND EVIDENCE

The evaluation case studies demonstrated and subsequent global interviews universally agreed that UNFPA plays a powerful role as a 'connector' – linking stakeholders with each other, with knowledge, and with opportunities. In some cases, this is combined with convening, i.e. bringing multiple stakeholders together, often alongside another United Nations agency (an example is the regional workshops on essential services in the Asia and Pacific Region). In other cases, it is through virtual connections, such as through social media or websites (an example is the EECA MenEngage platform in Eastern Europe and Central Asia Region).

Several cases provided the example of GBV sub-clusters within humanitarian response as significant structures for UNFPA to 'connect,' including in Turkey, Iraq, and Myanmar. The protracted nature of the humanitarian situation and thus the response in these examples also means that the sub-clusters help to connect humanitarian and development actors, as is the case in Palestine. Other country cases highlighted the value of UNFPA sub-offices to supporting partners in 'connecting' stakeholders and communities, especially in Sudan, India, and Uganda. In Sierra Leone, this participatory and collaborative approach with communities and partners was also identified by an independent evaluation as a key attribute of UNFPA programming.

Some country offices have diversified the 'connecting' role further. The country programme evaluation of Nepal found that successful fundraising for gender by the country office included leveraging resources for its partners (not just direct fundraising). In the Central African Republic, where conflict and failure of state and non-state services isolate large communities, UNFPA sought to bridge the gap between uniformed forces, local authorities and communities and learned that "collaboration with uniformed forces can facilitate the decentralized implementation of programme activities, provided that local authorities and the community are aware of this approach and mobilized."

3.3 CONTRIBUTION TO RESULTS

3.3.1 Contribution to outputs

EQ5 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?

National and civil society capacity to protect and promote gender equality through development and implementation of policies and programmes across the Humanitarian-Development-Peace nexus

FINDING 25 National capacity has been extensively supported, especially through technical and professional training programmes, policies, delineation of clear referral pathways, and use of population-based data. This is strongest in relation to the clinical response, with more variation in relation to the legal and the psychosocial response, or prevention (including of harmful practices).

CAPACITY DEVELOPMENT

INSTITUTIONS

Secondary evidence from the desk review reveals the extent of UNFPA support to national capacity to respond to GBV and harmful practices. UNFPA is building national capacity on multisectoral GBV prevention and response in 38 counties, using the essential services package. Through the minimum initial service package (MISP) alone, UNFPA helped protect the health and rights of 5.1 million people in 43 crisis-affected countries in 2015;[71] and strengthened rapid response capacities in 48 countries through training to an estimated 1,200 healthcare providers in 2014.[72]

This effort was validated by the partner responses to the global survey, which highlighted how UNFPA is involved in capacity-building of national government staff and national non-governmental organization staff in GBV case management; and capacity development of national gender equality mechanisms to coordinate GBV interventions.

UNFPA staff responding to the global survey highlighted the opportunity that is provided by UNFPA support to health service provision for women and girls to act as a 'neutral entry point' for gradually introducing GBV interventions. In South Sudan, UNFPA is the sole agency supporting the country with capacity on Clinical Management of Rape (training of health staff), managing post-rape kits to government hospitals and all health partners. In Pakistan, UNFPA has mainstreamed GBV issues and concerns in humanitarian response and successfully established a health sector response to GBV. Similar evidence of leveraging sexual and reproductive health services as an entry point for a clinical response to female genital mutilation was identified in the desk review.

The evidence from the evaluation case studies confirmed that the clinical response to GBV and harmful practices is a strength in most countries, building on UNFPA capacity to support sexual and reproductive health services for women and adolescent girls. But, the case studies also suggest that capacity development for psychosocial response and for prevention is less prevalent and of more variable quality. This is most evident in humanitarian response. For example, in Iraq the humanitarian GBV programme is focused heavily on response, with very little work outside of awareness raising sessions on primary prevention, social norms, or working with the larger community including men and boys. Partly to address this concern, GBV programming in Palestine and at the regional level is exploring the value of response as a contribution to secondary prevention (psychosocial counselling as a response as well as (secondary) prevention for further GBV).

The health system remains the principal entry point into GBV for most UNFPA country programmes, although many country offices also work on policy and legal norms. Most of the evaluation cases covering development contexts were found to be supporting national capacity to integrate national GBV policies and commitments into health services in contexts as differently resourced as Bolivia and Sierra Leone. An independent evaluation in Bosnia and Herzegovina observed that limited resources have resulted in less success in the implementation of laws and strategies addressing domestic violence than was achieved in terms of building a strong legal framework; and that work on improving the political and social status of survivors of conflict-related sexual violence has lagged behind work to address other forms of GBV.

71. Annual Report, 2015.
72. Annual Report, 2014.

Experience from Nepal suggests that members of health professions preferred UNFPA training that was competence-building and included practical and on-the-job sessions. However, the issue of unaddressed gender bias held by health professionals was also raised extensively during the case study of Asia and Pacific Region. Addressing this challenge requires gender mainstreaming interventions beyond clinical capacity development: such as UNFPA work in India with Maharashtra medical colleges to teach medical students patient-centred approaches, gender analysis, and integrated responses to GBV.

Beyond the clinical response, the evaluation cases revealed less evidence of support to the type of long-term psychosocial response and recovery required by survivors of GBV. Efforts to teach practice-based skills in psychosocial response are confounded by the short time frames and small budgets afforded to most projects, the implicit cost of the sustained interventions most often associated with such work, and the high level of mobility of many of the survivors. Furthermore, UNFPA staff have more clinical experience than experience in counselling, psychotherapy, or psychology.

How this pattern manifests is illustrated by the example of Uganda, where the evaluation case study found that UNFPA has contributed to strengthening implementation based on capacity-building, provision of tools and operational guidelines, as well as support for clarification of responsibilities (both the referral chain and national directives from the Ministry of Health). However, while UNFPA has helped articulate a more inclusive vision for addressing GBV at national level, the same quality of technical support as the clinical response was not found in the examples of psychosocial interventions observed during district-level field visits. Although an evaluation of UNFPA early work in northern Uganda highlighted the innovative inclusion of psychosocial approaches as important contributions to addressing conflict resolution, the nature of the intervention was not as focused on the recovery from trauma.

Interventions in Uganda, as well as other examples such as Turkey, are also hampered by high levels of staff turnover in state institutions. This context favours project interventions that can be better institutionalized through documentation or inclusion in existing professional curricula, such as the police and medical-legal protocols, templates and training packages developed in these two country cases.

FINDING 26 Capacity development of civil society at country and sub-national levels has primarily been operational, with less attention given to strategic and advocacy capabilities.

CAPACITY DEVELOPMENT

CIVIL SOCIETY

The evaluation case studies and interviews at global level both revealed the strong regard in which UNFPA is held for the 'accompaniment' culture of its staff, in which civil society is treated as an equal partner. In India, for example, UNFPA has largely supported civil society organizations as actors in their own right, seeking to collaborate on areas of common interest rather than diverting the mission of civil society organizations toward the UNFPA priorities for change.

UNFPA has also leveraged annual workplans to build the capacity of local civil society organizations. This is particularly evident in fragile contexts and where access to state and international resources, information, influence and capacity-building is restricted (even for international non-governmental organizations): with examples from the evaluation including Sudan, Syria, Palestine and Central African Republic. While the quality of services provided by local civil society organizations is less consistent than those provided by international organizations within the case studies, most interviewees agreed that building local capacity is a more sustainable approach to future service capacity. Part of the reason for the difference in quality of service provision is the structural underfunding of gender-focused organizations, with the desk reviews of Turkey and Iraq finding that more could be done to leverage broader civil society to deliver the minimum initial service package.

In nearly all cases the evaluation found that the primary focus of civil society capacity development at the sub-national level (i.e. working in specific districts) was on project management and service delivery capabilities. This pattern fits with research by the Association for Women's Rights in Development[73] that the core strategic capacities of women's organizations (such as advocacy and organization development) are being ignored by official development assistance. Exceptions to this pattern were found in Guatemala (where UNFPA has played an important role in strengthening civil society in its role of enforceability, monitoring and social audit), and in India (where UNFPA

73. Association of Women's Rights in Development (AWID), 2013. Watering the Leaves, Starving the Roots: The Status of Financing for Women's Rights Organizing and Gender Equality.

supported the core capacity of the Girls Count coalition, and this was cascaded to some members). In other cases, local civil society implementing partners were focused on delivering annual workplan outputs, while UNFPA assumed that they had the advocacy capacity to advocate for sub-national enforcement of policies (e.g. through budget allocation). The lack of explicit capacity support to establish social accountability systems at the local level reduced the potential for institutionalizing GBV and harmful practices activities in local government planning and budget cycles.

A few interviewees at the global and regional level alluded to the political backlash against work on women's human rights as being the cause of UNFPA focus on implementation capacity. "In gender equality and human rights work, UNFPA has faced backlash from governments on sexual and reproductive rights. UNFPA is still convening civil society organizations [as a collective], but not changing [government] practice because they are not engaged with [publicly advocating] the rights agenda."[74]

Multiple respondents at all levels alluded to the 'restriction of the civil society space' overall. Other interviewees at the global level mapped out possible pathways ahead in this context. One recommendation from a United Nations agency was to include an 'institutional' pillar in the theory of change for GBV and harmful practices in order to foster normative change at the country level; a recommendation from a women's rights organization was to focus on scaling a costings-approach to foster political change; and a recommendation from a UNFPA staff member was to change the civil society partnering process from a pure focus on workplan implementation to greater engagement of local civil society in the normative space.

Information and knowledge management to address GBV and harmful practices, including increased availability of quality research and data for evidence-based decision-making

FINDING 27 UNFPA is already enabling national tracking of Sustainable Development Goal indicators on the prevalence of violence against women and harmful practices; the regional and sub-regional offices are supporting pioneering work to scale-up this significant contribution.

DATA AND EVIDENCE

INSTITUTIONS

KNOWLEDGE MANAGEMENT

The agreed indicators for Sustainable Development Goal 5 (SDG5) include two related to ending GBV against women and girls: indicator 5.2.1 (intimate-partner violence) and indicator 5.2.2 (sexual violence). They also include two related to harmful practices: indicator 5.3.1 (child marriage), and indicator 5.3.2 (female genital mutilation). All four indicators are prevalence indicators—relating the proportion of women in the general population who have experienced these manifestations of gender inequality within a defined time period.

Overall, nearly all countries—including the case study countries—do not yet have national level and reliable data on prevalence and incidence of GBV (this is illustrated by the Tier II status of SDG indicators 5.2.1 and 5.2.2[75]), or on the prevalence and incidence of harmful practices. Such data is critical for targeting and tailoring programmes and messages as well as assessing and demonstrating progress and the impact of particular strategies e.g. to shift social norms.

The data that is available from administrative systems within the health, security or justice sectors reflects only those incidents reported, properly recorded, and released.[76] The report may be incomplete if the survivor is reluctant to share information because e.g. the perpetrator is present, poses a threat, or is known to the case worker. Among other things, the data does not accurately reflect the majority of cases which are never reported, cannot be used

74. Global-level interview with a representative of civil society.

75. Tier II indicators have an internationally agreed methodology but are not regularly collected by most countries.

76. Currently, most country-level evidence on gender-based violence is incidence data derived from administrative data (such as police or health centre records), or statistically unrepresentative surveys. This is insufficient to determine prevalence or report on SDG5, although it can be used for other purposes. The main methods for collecting accurate prevalence data on violence against women and girls are dedicated surveys or domestic violence modules in other population-based surveys, such as Demographic and Health Surveys (DHS). The two main standalone survey methods are the World Health Organization multi-country survey on women's health and domestic violence, and the European Union Agency for Fundamental Rights survey. The regional evaluation case studies demonstrated that UNFPA has unique operational experience within the United Nations system of supporting both approaches.

for analysis of trends, geographic or seasonal patterns of violence, and does not capture non-physical violence, or violence not so identified by the survivor.

These problems are exaggerated in the case of harmful practices which are typically based on self-report (e.g. female genital mutilation), the focus of a high-profile campaign which implicates not just the perpetrators (e.g. gender-biased sex selection in India), or subject to confusing interpretation (e.g. child vs. forced marriage).

The regional contribution

The emerging response to this quantitative data gap is mostly being driven at the regional level, although the approach looks different across regions and for GBV and harmful practices. The most significant contribution is within the Asia and Pacific region, where work initially undertaken by the UNFPA Pacific Sub-Regional Office has been leveraged into a region-wide programme of support called kNOwVAWdata (see Box 9). As a result of this initiative, 30 out of 37 countries in the region have completed at least one violence against women prevalence survey. In the Eastern Europe and Central Asia region, an alternative approach has been taken in response to available funding levels: co-sponsoring a regional prevalence survey led by the Organization for Security and Cooperation in Europe (OSCE) using the European Union method. Different again, in Eastern and Southern Africa, the regional office has supported specific country offices to participate in initiatives such as the World Health Organization multi-country study.

Technical support from regional offices has been complemented by advocacy work by country offices, such as Sri Lanka and Vietnam, which has been essential to making the case for national prevalence studies and gaining the political and financial support of ministries, departments and agencies. Country-level technical work to analyse population data has also been critical to making the case for interventions in GBV and harmful practices in several country cases, including Sierra Leone, India, and Guatemala.

While these experiences and capacities are a comparative strength for UNFPA in supporting national reporting on the sustainable development goals, the Asia Pacific regional case, and at least two country cases, specifically highlighted the necessity of the collaborative strength of the United Nations system to ensure the full use of prevalence data to achieve policy changes.

Lessons from the cases about how to achieve this included: 1) packaging and communicating data in a way that supports understanding and use; 2) capacity development of country-level United Nations staff (from multiple entities) together with partners in interpreting data and translating into evidence-based interventions; and 3) the need for UNFPA and UN Women to jointly influence global commitments by ensuring that data on violence and harmful practices is integrated into tracking.

BOX 9: kNOwVAWdata

kNOwVAWdata is addressing one of the most important tools for effective planning, services and advocacy to end violence against women—representative, reliable, comparable, and independent data on prevalence of interpersonal and intimate partner violence. Recognizing that the police, health centre and security sector statistics which often populate national level databases have a profound selection bias based on who seeks services, are most often incomplete and/or inaccurate, and are not comparable, the program works closely with country teams to support a dedicated survey as well as leveraging existing data collection efforts to gather reliable, representative and comparable data. The link with larger population databases enables more in-depth analysis and produces comparative data on the prevalence of violence at two points in time (lifetime and past 12 months) and provides possible insight into trends. Most importantly the initiative, launched in Asia Pacific region, is building long-term capacity for data collection, analysis, and triangulation.

Even on a cross sectional basis, the statistics reveal important differences among the countries of the diverse region that is Asia Pacific and more significantly, differences among the countries of relatively more homogenous sub-regions. The latter lend themselves to an analysis of drivers to build theories of change and more effective intervention strategies-particularly when paired with a regional study on risk factors for men as perpetrators (the Partners for Prevention) or potentially linked with larger scale studies of the effectiveness of various interventions. At a minimum, the huge variation in prevalence across countries demonstrates that 'violence is not inevitable' and lends impetus to researching why; including an examination of intersecting identities and confounding factors.

Lessons from the cases about how to achieve this included: 1) packaging and communicating data in a way that supports understanding and use; 2) capacity development of country-level United Nations staff (from multiple entities) together with partners in interpreting data and translating into evidence-based interventions; and 3) the need for UNFPA and UN Women to jointly influence global commitments by ensuring that data on violence and harmful practices is integrated into tracking.

Although a great many methodological issues remain—including the comparability of data globally—these efforts are significant contributions to advancing work on the issue and are best undertaken at regional level (reflecting commonalities in patterns of GBV and harmful practices) and supported by an entity with global reach, statistical expertise and an understanding of reporting and method-

ology challenges in women's health.[77]

At the global level, there are currently four initiatives which may make possible a leveraging of UNFPA data strengths through collaboration with other United Nations agencies and civil society allies offering different sectoral strengths and potential audiences for use of the data to shift policy.

1. Co-leading the SDG 5, targets 5.1 and 5.2 data gathering process.

2. UNFPA is one of 16 partners supporting Together for Girls, a global public-private partnership for ending violence against children.

3. The EU Spotlight Initiative positions work on GBV within much broader development frameworks. UNFPA was approached by the initiative on support for data.

4. Finally, as the work on the Humanitarian-Development-Peace nexus evolves, an appreciation of the need to link the emergency mapping data of the humanitarian actors with the national databases becomes more evident. UNFPA can bring specialized expertise to this area of work, building on lessons from countries such as Uganda that have assisted in transitioning the GBVIMS (developed initially as part of the humanitarian response) to the National GBV Database (NGBVD). The database is currently operational in 97 out of 116 districts.[78]

Participation

A broader review of the evidence raises concern that an emphasis on population-based and demographic data and the analytical techniques, which make it possible to use the results to inform programme or analyse at a subnational level, need to be balanced with methods which enable the participation of rights holders and other stakeholders—in keeping with a human rights-based approach. Over reliance on population-based data, even to illustrate subnational trends and particularities, could outweigh the validity of qualitative evidence and value of participation of rights holders or affected populations in the definition of the problem and solution.

This might undermine the impetus to develop formal popular accountability mechanisms and structures for the inclusion of rights holders in programme design and evaluation of which very few country offices offer examples (based on a review of country programme evaluations). Although such mechanisms can be resource intensive, they also provide critical information for consideration in planning, perception, nuance, explanation of quantitative results, anticipation of unintended consequences, and considerations for the next phase.

In India, for example, a team including experts in demography, gender analysis, clinical understanding and communications and marketing launched and supported a ground-breaking campaign on son preference. Built on economist Amaryta Sen's finding that millions of females were 'missing' in India, the campaign leveraged the simple census-based statistics on sex ratio at birth and at age 5 to concretely and graphically illustrate the impact of son preference in large part from gender-biased sex selection. Micro level analysis provided the data needed to hold district level duty bearers accountable for poor outcomes and demonstrated the 'spread' of the selection problem across state borders with shared histories.

The country office has balanced this approach by enabling a national level debate on the issue including various media, fostering broad-based coalitions including civil society groups and academic researchers lifting up the voice of rights holders as well as drawing on grassroots democratic and popular traditions in India. The human, technical, technological, and infrastructure resources needed to maintain this balance are substantial and not an option in country contexts with fewer traditions and governance structures, a much smaller budget, and less capacity to enable the judicious use of data results.

The comparative strength in use of such data is not a sufficient explanation for the existing gaps in structures for consulting with constituencies to triangulate programming priorities. This is particularly true for efforts to reach the most marginalized people, a central UNFPA objective. These gaps may partly explain the somewhat mixed results from the global survey and desk review: population-based data is often lagging the actual situation on the ground by the time it is made available, and so relying solely on it for programming can lead to poor decisions.

77. Although FGM prevalence is measured by the rigorous methods of the demographic and health surveys, the data relies on self-reporting of a procedure which may have taken place at a very young age for many women and is currently illegal in many countries. Trends are observed based on cohort analysis which may not reveal patterns important for programming (age of FGM, seasonality) and may miss fatalities.

78. While the NGBVD is overseen by the Ministry of Gender in collaboration with the Uganda Bureau of Statistics, both government and non-governmental actors are able to upload data used to inform GBV planning, resource allocation and interventions.

FINDING 28 UNFPA support to national administrative data capacity on GBV is a relevant, but still nascent, area of contribution where UNFPA has the potential to strengthen the tracking of outcome-level changes.

MANAGING FOR RESULTS

DATA AND EVIDENCE

HUMANITARIAN

Supporting management of GBV administrative data is a constituent part of UNFPA programming in most of the case studies. A key issue UNFPA has to address is the human rights dimensions of administrative data—including women's right to privacy and non-disclosure (which can be put at risk by the sharing of data between different service providers). While data interventions were universally found to be relevant, the current performance of existing data management systems and the capacity to apply information and learning from them were mixed.

- In Palestine, there is a myriad of different databases for collecting GBV data (and some for basic case management purposes) but the plurality of databases means there is limited understanding of the overall situation due to fragmentation of the data. UNFPA has the potential to help consolidate such systems.

- In Uganda, UNFPA has strengthened the gender-focus within the population-based data sources for which it has long provided technical assistance, but it has been less successful in influencing the process around the development of a national GBV database and, as a result, fundamental issues such as the weak capacity of frontline providers to identify, define, and document GBV raises questions regarding the reliability of the data.

- In Turkey, data management within the GBV sub-cluster is excellent, with a functioning dashboard and the innovation of qualitative data (Voices) to complement and strengthen incidence data.

- In Nepal, UNFPA is supporting a civil society-led gender-based management information management system that is not comprehensive but is useful for advocacy.

- In Guatemala, support for the sexual and reproductive health *Observatorio* similarly provides useful input for advocacy.

In harvesting evidence from secondary sources, including UNFPA reports and monitoring systems, the evaluation observed that most data collection stops too early to understand the longer-term outcomes from normative work. For example, whilst country level training to address gaps in national capacity is relevant, it has not been sufficiently monitored or followed-up to ensure sustained outcomes. Several examples were found, especially in relation to harmful practices, where community level consensus is taken as a proxy for change, despite it not being a guarantee of action. For example, in the Sudan desk review it was observed that there was no structured follow-up once community declarations of abandonment had been achieved.

> *Historically, even where legislation criminalizing FGM has existed, few if any cases were reported and even fewer were brought to justice. This began to shift in recent years, with 2015 showing the strongest progress to date. The reported number of legal actions taken against individuals implicated in FGM increased more than fourfold, from 115 in 2014 to 498 in 2015; although the number of reported cases brought to court was much lower at 119, with only 40 of these cases resulting in conviction or sanction. (JP-FGM, Annual Report 2015).*

The Guatemala case study illustrates that a wide gap between the existence of legal norms and policies and their effective implementation is aggravated by monitoring and evaluation systems that are not solid enough and have not worked effectively to show changes. Similarly, in Bosnia and Herzegovina secondary evidence recommended the need for capacity-building of responsible government institutions in results-based management, focusing both on targeted budgeting, as well as quantitative and qualitative measuring of progress. The Iraq desk review identified a case for more support from UNFPA to the Iraq 1325 Alliance for the collection and presentation of outcome data on GBV in camps.

Administrative data in emergencies

The Gender-Based Violence Information Management System[79] (GBVIMS) is a humanitarian data management database project supported by UNFPA and other partners.[80] Evaluation interviewees reported an increasing availability of quality data (including both qualitative and quantitative data) as a result of this tool. 'Primero' is the

79. When speaking to 'GBVIMS' it is specifically this project which is being referenced, as different from GBVMIS which relates to various Management Information Systems for GBV.

80. The GBVIMS initiative was originally launched in 2006 by UNOCHA, UNHCR, and the IRC. The GBVIMS Steering Committee now consists of UNFPA, UNICEF, UNHCR, IRC and IMC.

next generation of GBVIMS, and it is made up of several modules: one for GBV, one for child protection, and one for reporting child protection violations in conflict (MRM)[81]. These modules can be deployed individually or together.[82] The core tools of the GBVIMS system remain (i.e. the intake and consent form, and classification tool are all unchanged).

Reliable data is crucial to informing the humanitarian response to gender-based violence. The humanitarian community had not had a tried-and-tested approach for the collection, management and sharing of GBV-related data generated through service delivery. That gap hindered programming potential, inter-agency coordination and advocacy efforts. A robust GBV information management system now exists and has been implemented in over 20 countries over nearly 10 years, the Gender-Based Violence Information Management System (GBVIMS).[83]

There is still an overall sense from interviewees, however, that GBVIMS could be used more effectively:

- Data is seen to be 'tightly held'.[84] While, to a degree, this is essential for confidentiality and ethics, it is also important to aggregate anonymised data for both global programming and for advocacy purposes[85].
- Respondents reported inconsistency in how GBVIMS data is shared across different sub-clusters (across different countries) and some respondents felt this might link to the level of any specific GBV Sub-Cluster Coordinator and their own personal interpretation of sharing protocols.
- Interviewees have observed that more experienced or senior coordinators are more aware of how to use the data most effectively without compromising the safety or security of survivors or service providers: least experienced coordinators take the most conservative view of what sharing protocols allowed, for fear of unintentionally doing harm.

Quality services promoting gender equality, freedom from violence and well-being

FINDING 29 The health-sector response to GBV is the strongest part of UNFPA contributions to quality accessible services; despite pockets of innovation, prevention interventions are far more limited in GBV, but a strong focus in the work on harmful practices.

SERVICES

The most tangible evidence of UNFPA contributions to supporting high quality, accessible and effective services relate to the health sector response to GBV, and the evaluation found numerous examples of UNFPA contributions to supporting health services for survivors of GBV[86]. In all countries assessed for the evaluation, the primary UNFPA entry-point to addressing GBV has been the health sector response. The drivers for this, both in development and humanitarian settings, are broadly the same:

1. The pre-existing working relationship between UNFPA offices, ministries of health and health centres; and programmatic synergies with UNFPA interventions on sexual and reproductive health.
2. The existence of legal-normative precedents and incidence data that are sufficient to advocate for the necessity of providing a health response even where prevalence data is not available.
3. The medical or public health backgrounds of many UNFPA country office staff members who are focal persons for gender.
4. The historical availability of corporate guidance at the global and regional levels to support health sector response programming.

The high coverage of health sector response in the case studies (including country-level discussions in the regional cases) indicate that nearly all of the countries with UNFPA programming on GBV and harmful practices are likely to

81. MRM is the UNICEF Monitoring and Reporting Mechanism for Child Protection violations in conflict, including sexual violence against children.
82. Since all the modules are built on the same platform, it is possible for the systems to communicate, but users can also be restricted to only see the module they need. Primero is a platform that comprises an offline and online data collection platform that helps with managing individual cases and providing services for survivors as well as incident monitoring.
83. http://www.gbvims.com/.
84. Non-UNFPA key informant interview.
85. Furthermore, it is easier for other clusters to develop prevention strategies when they have access to aggregated types of violence, types of survivor, types of reporting survivor, and others. Without this, the data is not being used in the most impactful way possible.
86. Support to response services is especially prominent in humanitarian action. Service delivery is the bulk of the UNFPA and overall gender-based violence response in Iraq. Aside from a dedicated Yezidi centre, there are another 54 women centres providing services and referrals to 150,000 women and girls. In Ukraine and Turkey, UNFPA is supporting the establishment of mobile, community-based, and specialist services.

include contributions to services-strengthening. In most cases, this was observed to be in terms of the following primary interventions:

1. Development and promulgation of referral pathways within the health system, including national tools and protocols.

2. Professional training and re-training on the clinical response to GBV, especially sexual violence.

3. Provision of safe spaces for women and girl survivors of violence.

4. In the case of humanitarian interventions, provision of reproductive health (dignity) kits.

Guidance such as the global minimum standards in emergencies, health sector response regional guidelines in Eastern Europe and Central Asia, and regional analysis on the clinical management of rape in Arab States are all examples of concrete programmatic support to improving the quality of services.

Within the women and girl safe spaces (sometimes called 'one-stop-shops') and within some clinical settings, the evaluation also observed provision of psychosocial support and, to a much lesser extent, justice and economic support[87]. For example, in Palestine, UNFPA supported GBV services, including psychosocial support, although quality (and sustainability) remains inconsistent across the country and legal, justice, shelter, and economic empowerment services are less well covered than clinical and psychosocial.

While the cases indicated that UNFPA staff have substantive expertise in capacity development on the clinical response (including writing entire sets of government protocols and tools in some instances), there was less evidence of the same level of national quality being supported in relation to psychosocial services. In part, this is due to the nature of psychosocial practitioners; meaning that the assumptions about minimum professional standards in tools and protocols suitable for a clinical setting cannot be relied upon in a psychosocial setting. For example, in Uganda, although UNFPA supported the development of tools to guide service provision, the most valued and (reportedly) most beneficial service by refugees and host communities was counselling and psychosocial support; this however requires the participation of well-trained staff and has been unsustainable without external support.

A cross-sector of respondents to the global survey observed that UNFPA makes a special contribution to services in humanitarian emergencies, especially support to mass distribution of dignity kits and other reproductive health kits. Respondents from implementing partners rated "quality, accessible and effective services" as the single most significant contribution made by UNFPA. According to one survey respondent, "In terms of GBV, I think that UNFPA work on health sector response to GBV and large-scale surveys are comparative advantages of UNPFA. For harmful practices, UNFPA is the only organization that address all three major harmful practices, especially its [sic] extensive experiences on addressing son preference."

UNFPA is understood across the board to provide, or support the provision of, good clinical and psychosocial services to GBV survivors (women and girls) in humanitarian contexts. One donor reported that they would like to see UNFPA advocating more for integration of sexual and reproductive health and GBV within the broader health system including training health officials in country and then having an exit strategy; linking into the 'humanitarian, development and peace continuum'.

However, many other key informants recognized that integration of sexual and reproductive health and GBV response (clinical and psychosocial) is something that is already a strong comparative advantage of UNFPA. This includes capacity-building with trainings on the minimum initial service package (MISP) and clinical management of rape.

Health service response is also a strong feature of 'red quadrant' and 'orange quadrant' countries (in the UNFPA business model). In Sierra Leone, community-led sensitization and advocacy campaigns were implemented to promote service delivery uptake for both GBV response and reproductive health. In Uganda, UNFPA has contributed substantially to strengthening integration of services for survivors and the establishment of dedicated integrated service models such as the shelters. It has supported the development of locally adapted referral pathways including within humanitarian settings. In Nepal, UNFPA has supported the expansion of safe houses through technical assistance and initial capital support[88]. In India, UNFPA has made major financial and technical investments in improving the health sector response to GBV and harmful practices, including through supporting internal reform by state institutions.

87. Evaluation cases, especially the Asia and Pacific regional case and the Uganda case, indicated that women and girl safe spaces are also a good central point for secondary prevention and referral to specialists. While the provision of reproductive health kits faces a number of logistical challenges and concerns, they were always positive in terms of addressing an unmet (least prioritized) need and in providing an entry point for awareness, psychosocial and solidarity activities.

88. The Country Programme Evaluation recommended that safe house funding be restricted to non-core (other) resources because of how unsustainable the safe houses would be without external support.

In protracted emergencies, such as Turkey and the refugee response in Uganda, the evaluation found that UNFPA GBV programming went beyond mitigation (removing opportunities for GBV against women and girls) and also included secondary prevention activities (supporting women to escape abusive relationships, increasing women's understanding of their rights, and enforcing legal consequences for perpetrators). However, primary prevention activities in terms of community mobilization and male engagement was significantly more limited. In these examples, Uganda had male action groups which provided a platform for both personal reflection and change as well as outreach to engage peers but there is no specific male engagement programming in Turkey. Uganda was also testing the SASA! methodology in humanitarian settings, which facilitates structured and sequenced community dialogue to prevent violence, a 'sustained' approach made possible by the protracted nature of the crisis. However, this innovation had much to do with Uganda's own very progressive refugee policies.

The same pattern was found across developmental contexts i.e. a strong focus on response and secondary prevention, and a more limited body of work on primary prevention. Based on comparison of interviews from multiple case studies, one of the factors contributing to this imbalance could be that national authorities are much more comfortable and accepting of sexual and reproductive health clinical services (the entry point for response, especially for adults), than they are of life-skills educational approaches that include content on sexuality (an entry point for primary prevention, especially for young people).

In addition, most of the life-skills educational programming for adolescent and youth taking place outside of a formal school curriculum tended to focus on empowerment of girls or rely on mixed-sex gender clubs that promoted generic messages about equality. Only a few examples of engaging explicitly with young men around masculinities were in evidence, in addition to those described above; work with in-school youth in India and Guatemala included content on violence, gender roles and masculinities.

The regional offices and selected country offices were well aware of the limitations of this imbalance of a stronger focus on response and secondary prevention. Active steps to address it have begun and have, thus far, manifested in pockets of innovation. Examples that stand-out from the cases and the desk review include the regional mapping and project on gender transformative programming in Eastern Europe and Central Asia region, the Partners for Prevention in Asia and Pacific region, and counselling male perpetrators in Moldova. Other cases had male engagement activities more broadly focused on gender relations, such as the aforementioned male action groups in Uganda and India, and the MenCare campaign in Eastern Europe and Central Asia. There is not yet evidence available from these broader interventions of the extent to which they impact on some men committing violence against women and girls.

Interviewees also indicated that there is a case for better integration of prevention work on harmful practices with not only prevention work on GBV (acknowledging their shared root causes) but also broader health systems strengthening under sexual and reproductive health. For example, including information on prevention strategies and messaging with midwifery training on how to handle the complications and sequelae from female genital mutilation.

BOX 10: DELIVERING INSTITUTIONAL OUTCOMES THROUGH SUPPORT TO SERVICES

The configurational case analysis found no necessary and sufficient configurations of attributes to assure institutional outcomes, and no best attribute for correlating with high levels of these outcomes: the theory of change is complex. To achieve high levels of institutional outcomes, capacity development outputs are not sufficient; however, to achieve some level of outcome, capacity development of either civil society or national institutions is necessary.

In 40 per cent of cases, a service-orientated theory of change is a necessary attribute for high levels of institutional outcomes; and absence of some other factors correlates with institutional outcomes: services, humanitarian context, social normative outcomes. Overall, the most positive contributing factors are: (1) joint programmes, (2) services outputs, and (3) high levels of investment.

Other United Nations interviewees suggested that an artificial split has been created between 'services' and 'gender' in UNFPA management structures at global level, as well as at country level and that this is limiting the potential for the health system to support either secondary or primary prevention. It was noted by both UNFPA staff and other interviewees that very often, although health services are being provided to women, neither the services nor the practitioners are gender responsive. It is also difficult to overcome long-standing territory issues between professional groups and thus midwives, for example, may not be included in strategies. Of note, India is taking advantage of the existing highly integrated structures linking community level activists (for health, development and for gender) to the remainder of the system—training community level actors to recognize and respond to GBV and harmful practices.

Another pattern to emerge from the cases is that national capacity development for response services is stronger than for standalone prevention services (such as education, or public safety departments). This may be because the services associated with response (particularly health) are within the historical domain of action of UNFPA. However, in three case studies, two countries and one region, the evaluation also found a strong programming thread around designing response services as a secondary line of prevention. Using service access by a survivor to record, counsel, empower, and provide options was considered by evaluation interviewees to be especially relevant in contexts where long-term prevention work is not feasible (e.g. humanitarian response or low budget contexts), or the evidence is muted regarding the effectiveness of ongoing social norms work.

One barrier to the wider adoption across UNFPA of approaches such as focusing on secondary prevention services (through one-stop-shops), or alternative primary prevention services, is the excessive number of guidelines and evidence that UNFPA staff have to follow. Many offices report that they lack the time and resources to translate, adapt, and assimilate into programming, roll-out, and follow-up this guidance. In the words of one interviewee, "[this is] what keeps us coming back to a solution [of short trainings] that we know will not succeed."[89] As discussed under section 3.4.1 on sustainability, there are very few examples where the mechanisms for sustained capacity-building (such as national budgeting for retraining or including messages in education systems) have been put in place. This limits the realization of intended outcomes, because most of the GBV services encountered by the evaluation struggle to simply remain afloat.

Nevertheless, where resources are available, UNFPA has demonstrated the capacity to contribute to a step-change in quality and accessible health services for survivors (see Box 10). In 2015, as part of the response to the Syria crisis, UNFPA supported 119 hospitals, health centres and mobile clinics across Syria, Egypt, Iraq, Jordan, Lebanon and Turkey. These included services and supplies for clinical management of rape and screening and treatment of sexually transmitted infections. In addition, 148 safe spaces and centres for women and young people were established and maintained, to provide psychosocial support, skills training and health referrals[90]. Even in cases where resources are constrained, partners recognise the aggregate contribution that UNFPA interventions are making to support health service outcomes.

UNFPA is making many small contributions that together make a significant contribution, providing case management for survivor and women and girls at risk, providing safe spaces, conducting community-led safety audits, engaging women in livelihood activities and mitigating GBV risks through community involvement and tailored prevention measures. (Partner response to the global survey).

Advancing national operationalization of international commitments, including through (co) leadership of the GBV Area of Responsibility

FINDING 30 Success in UNFPA advocacy has brought other actors and resources to the table; the most effective country-level advocacy has been based on combining qualitative stories and quantitative incidence data, while joint United Nations advocacy has flourished at the regional level.

HUMAN RIGHTS

RESOURCE MOBILISATION

POLITICAL AND LEGAL NORMS

Advocacy on GBV and harmful practices is challenging at all levels because they are both politically and socially sensitive issues. The evaluation case studies revealed numerous examples of early UNFPA support to an issue having contributed to its elevated profile, followed by political interest, resource commitments, and new actors. Emblematic examples include: son preference and gender-biased sex selection in India and China, GBV referral system in Ukraine, conflict-related sexual violence in Bosnia and Herzegovina, prevalence data in the Pacific, intimate partner violence in Myanmar, and female genital mutilation in Indonesia. At a global level, UNFPA is also viewed by other members of the United Nations system to have been important advocates for the inclusion of 'controversial' issues within the dialogue and convening for developing global normative frameworks.

89. Extend Desk Review Interviewee from UNFPA.

90. Annual Report, 2015.

As a result of UNFPA advocacy, based on provided evidence data gathered by UNFPA support, establishment of a system of multisectoral response to gender-based violence (MSR to GBV) in Kazakhstan is foreseen by the Concept of Family and Gender Policy for 2017-2030, led by the National Commission on Women affairs and Family and Demographic Policy, and the national Programme 'Kazakhstan without Violence in Family', initiated by the General Prosecutor's Office of the Republic of Kazakhstan. (Global survey response).

At the regional level, advocacy has featured as a major aspect of UNFPA work and contributions to addressing GBV and harmful practices. Much of the advocacy strength of UNFPA has been, and continues to be, convening and working 'behind the scenes' with government institutions and policy makers. Examples of this include the introduction of the multisector response guidelines in Eastern Europe and Central Asia region; and the multi-agency introduction of the essential services package in Asia and Pacific, and East and Southern Africa regions.

Advocating behind the scenes is also a strength at the national level, even in conservative settings. The review of Sudan found that, while many of the issues surrounding GBV and harmful practices are politically sensitive this does not exclude working on them with national institutions: many of which are prepared to engage with the United Nations system in addressing the issues. The principal source of political sensitivity and backlash from government is when public statements are made, especially if these contain reference to incidence or prevalence figures not produced by the government.

UNFPA effectiveness in advocacy is influenced by at least three key characteristics:

- UNFPA legitimacy is based on technical capacity, respect for national institutions and political sensitivity. These also endow convening power and a linking role in relation to civil society organizations, which was, for example, witnessed by the evaluation in Guatemala.
- UNFPA thought leadership is based on demonstrated understanding of the complexity of the substantive, methodological and ethical issues within the UNFPA remit; sustained relationships with recognised technical and research experts; concrete and effective knowledge and advocacy contributions using innovative analysis and combining new sources of data; and direct involvement of expert staff in the development of government and technical protocols (India case study).
- UNFPA voice and convening power is based on staff personalities in country offices and focusing communications around specific audiences (regional interviews).

A combination of evidence from interviews with external stakeholders that operate at multiple levels, predominantly from within the United Nations system, indicates that there can be a disconnect between UNFPA advocacy at the global level, and at the regional and country levels. At the same time, UNFPA headquarters actively seeks to reflect work at the country (and to a lesser extent regional) level on GBV and harmful practices in global processes and spaces.

Through mainstreaming operational dimensions into global policy, UNFPA headquarters aim to reinforce the linkages between country and global advocacy. This is evident in work on essential services and the more operationally oriented 2016 General Assembly Declaration on eliminating FGM, which built on multiple primarily political declarations in the proceeding 10 years.[91] As co-convener of the Global HIV Prevention Coalition, UNFPA is integrally involved in the 'tailored combination prevention packages' addressing empowerment, GBV prevention, integration of sexual and reproductive health services, and life-skills education.

However, few opportunities for participation in global processes are available to staff and partners in countries from which experience and evidence is informing global work (e.g. work on son preference in China and India; work on prevalence data in the Pacific sub-region). The regional offices have been key to mitigating this issue. For example, regional teams in Asia and the Pacific, East and Southern Africa, and Eastern Europe and Central Asia were highlighted by interviewees for maintaining a profile of UNFPA as a convener, articulator and 'ally' in international advocacy spaces and multi-actor platforms (including working jointly across the United Nations system).

UNFPA headquarters playing this same role at the global level is inhibited, in the eyes of some other United Nations agencies, by the lack of a specific global development platform for GBV. This means GBV does not have the same institutional champion as violence against women and violence against children; or the humanitarian and fragile states space (including GBV in emergencies, and women, peace and security). According to one interviewee from a United Nations agency that affiliates with the UNFPA conceptualization of GBV: "GBV 'doesn't have friends' and has no [unique] global platform."

At the same time, a parallel view from interviews emerges that the 'message' from United Nations agencies at the global level on the importance of the United Nations

91. United Nations A/C.3/71/L.15/Rev.1 General Assembly 24 November 2016, 71st Session, Agenda Item 27, Advancement of Women; Report of the Third Committee Intensifying global efforts for the elimination of female genital mutilation.

system working together to advocate in the normative space is dissonant with considerable variation in approaches, capacity and strength of country offices. There are some exceptions: for example, in India, where in-house UNFPA communication is focused on addressing specific audiences, while mass advocacy is achieved through supporting partners. However, the overall finding of the evaluation is that the current 'sweet spot' for joint advocacy is at the regional level.

Combining quantitative data with the voices of rights holders

The UNFPA cross-border Whole of Syria response has started a good practice with 'Voices', which gathers qualitative stories ('voices') of women and girls in Syria to complement quantitative data on incidents. GBV quantitative data is perpetually difficult and ethically complicated to collect and is often used inconsistently to inform needs assessment processes and present the needs of the sub-cluster to the same level of other clusters within inter-cluster funding forums. Therefore, the qualitative aspect highlights survivor needs as well as mainstreaming of gender-based mitigation/prevention needs within other sectors.

Voices adds a much-needed richness of context and 'voice' to what is often a de-humanising quantitative needs assessment process. In addition, the very process of gathering this data and then sharing it across all actors in the Whole of Syria response is reported by interviewees to have increased a general understanding of GBV and the need for prevention activities. This links to the roll-out of the GBV mainstreaming guidelines as it ensures other clusters really want additional support for mainstreaming mitigation activities.

Within the Whole of Syria response, the GBV Sub-Cluster led by UNFPA started Voices in 2015 with a limited geographical sampling of a few focus group discussions. However, the benefits were immediately seen, and in 2016 a total of 130 focus group discussions were conducted inside Syria and then analysed to result in a truly useful and impactful product. In 2017, a total of 150 focus group discussions were conducted with a much stronger link between GBV and child protection.

The value of Voices is multifaceted and significant. It enables the GBV sub-Cluster to design programmes and strategies directly relevant to population needs; it is also an advocacy product with other clusters, complementing mainstreaming attempts by ensuring other clusters clearly see the why for mainstreaming, and then allowing mainstreaming training to provide the how. The downside to Voices is that it is time-consuming and costly to conduct.

The evaluation also found powerful examples of combining quantitative and qualitative data in development settings. Illustrative cases are India and Vietnam, where additional analysis of population data was combined with photo stories of individuals and families to make the case for action on gender-biased sex selection. Similar approaches were used to address child marriage in Nepal. While many policy makers quote the quantitative data as the basis for their decision to amend policies and to make additional commitments, a number of evaluation interviews suggested that it was the individual stories that initially engaged interest and mobilized a response. Similarly, communication materials being developed with support from the kNOwVAWdata project in Asia and the Pacific increasingly combine violence against women prevalence data with illustrative stories.

FINDING 31 Evidence from UNFPA supported programmes and projects helps to inform the national implementation of international commitments, local laws and gender policies.

POLITICAL AND LEGAL NORMS

DATA AND EVIDENCE

Respondents to the global survey rated, as the highest outcome, the 'development and implementation of gender equality, GBV, and harmful practices policies': the area in which most progress was achieved during the period 2012 to 2017. Examples of the most significant contribution by UNFPA to addressing GBV or harmful practices in the past five years that were reported in the survey include: changes to existing laws and policies in Tunisia, Lebanon, Jordan, Egypt and Sudan; passing of new domestic violence laws and national action plans on GBV; and national prevalence studies on GBV.

In China, UNFPA supported All-China Women's Federation (ACWF) and the National Centre for Women and Children's Health (NCWCH) to develop a multisectoral model and collaboration: the experiences provided "valuable reference to inform the implementation of the National Family Violence Law through multisectoral collaboration"[92]. In Sierra Leone, UNFPA supports advocacy and capacity-building for the implementation of the National Gender Strategic Plan and Sierra Leone National Action Plan on United Nations Security Council resolutions 1325 and 1820. Building on 15 years of experience in supporting action on United Nations Security Council Resolution 1325, in 2016 UNFPA launched a new training initiative focused on civil society and mili-

92. Response from the global survey response.

tary leadership in ensuring gender responsive approaches to addressing conflict.[93] The Women, Peace and Security global training programme is co-led by UNFPA and the Economic Commission for Latin America and the Caribbean.

The implementation of polices and laws at country level has particularly been supported through mass-scale training of service providers on GBV across multiple sectors. For example, in 2015 alone the UNFPA-UNICEF Joint Programme on Female Genital Mutilation (FGM) trained 1,831 programme experts and managers in evidence-based programming; and 780 monthly coordination meetings addressed FGM.[94]

One of the most frequent sub-themes to emerge from case studies, desk reviews, and interviews was that – very often – UNFPA is included within policy making (and policy monitoring) processes not because of its mandate, but because it offers credible and unique technical knowledge grounded in localised programmatic experience. Examples include: being the only United Nations actor to participate in the Delhi review of how to implement the Sendai framework for disaster risk reduction; advising the Turkish Government based on the women-friendly cities project; Africa region informing the Goma declaration; being invited to national discussions on marginalized groups within GBV in Bosnia and Herzegovina; and coordinating a special national taskforce on harmful practices in Georgia based on data capacities.

This technical credibility contributes to sustaining the ability of UNFPA to advocate effectively: "From the global and political perspective [UNFPA has] lots of supporters in the United Nations system but governments change and forget learning."[95] At the same time as being necessary, wider analysis of the cases indicates that technical capacity alone seems to be insufficient to strategically position UNFPA; it needs to be combined with partnerships. Where partnerships are in place, such as with UNICEF in Nepal, UNFPA has contributed to the national policy framework and national strategies relevant to gender; including a clinical protocol on GBV and a nationally-owned initiative for girls' empowerment called Rupantaran. By comparison, where UNFPA lacks strategic partnerships, such as Central African Republic, it has struggled to gain traction.

FINDING 32 UNFPA is growing in its role as a cluster-lead agency for GBV in humanitarian action; with future scope to better leverage the voices of many organizations, all speaking on behalf of communities and individuals, to strengthen advocacy and change policy.

HUMANITARIAN

COORDINATION AND CONNECTING

UNFPA leads the coordination of GBV services in humanitarian crises, including advocacy for resourcing, responsive norms, and operational coherence. As of 2015, UNFPA assisted 43 countries that have experienced or are emerging from conflict, natural disaster or other crises to prevent and respond to GBV[96]. As explored elsewhere in the evaluation, the case studies and desk reviews found a variation in the capacity of UNFPA to fully coordinate all aspects of the humanitarian response (including advocacy). Two positive examples include:

- In Turkey, the leadership of the GBV sub-cluster was found to have been excellent, despite limited resource allocation (i.e. no dedicated coordinators) particularly when compared to the investment and commitment other cluster lead agencies (CLAs) allocate to cluster coordination responsibilities.
- In Palestine, UNFPA are almost universally lauded for leadership of the GBV sub-cluster/sub-working group, which is viewed as an extremely useful space, effectively bringing together a range of stakeholders.

At the same time, a perspective shared by multiple interviewees was that, sometimes, UNFPA offices confuse advocacy for GBV and the GBV Area of Responsibility with advocacy for UNFPA itself. This is not a problem that is unique to UNFPA. While the role of a cluster lead agency is complicated, and oftentimes a cluster can be strengthened by having a strong lead agency in-country with a position of power within the United Nations Humanitarian Country Team, a cluster/Area of Responsibility is an inter-agency forum much broader than one agency.

One of the purposes of the cluster is advocacy. Clusters can be seen at three levels of coordination. Clusters vary at global and country level in how well they do on each of these three levels and the GBV Area of Responsibility is no

93. These include education, health services, GBV services, and representation on governance bodies to be part of peacebuilding and post-conflict solutions.
94. Annual Report 2015_FGM.
95. Global interviewee.
96. Annual Report, 2015.

different and also has varying successes across the levels:

- Level 1: avoiding duplications and overlaps and addressing (geographical) gaps within country-level response.
- Level 2: ensuring consistency of services and quality across a response (within a country) and globally.
- Level 3: leveraging the voices of many organizations, all speaking on behalf of communities and individuals, to strengthen advocacy and change policy.

It was reported to the evaluation team that there has been significant internal advocacy within UNFPA to encourage senior management to understand what a cluster lead agency is and how it is a different role to everything else that is done. This is part of UNFPA growing into the role; all cluster lead agencies have taken time to mature into the role, the difference only being that most other United Nations agencies took on cluster lead responsibilities in the immediate aftermath of Humanitarian Reform in 2005, and, therefore are currently at a more mature stage than UNFPA. It also indicates that UNFPA could 'leapfrog' some of this process by adopting some of the systems, structures, lessons and cultures from more established cluster lead agencies.

3.3.2 Contribution to outcomes for women and girls

EQ6	To what extent has UNFPA support strengthened policies, capacities, evidence, services and coordination, contributed to the prevention, response to and elimination of GBV and harmful practices across different settings?

Enforcement of gender equality and sexual and reproductive rights policies

FINDING 33 The pace of UNFPA and partner contributions to outcome-level changes is highly constrained by the global, pervasive and persistent challenges in advancing national implementation of gender equality policy commitments.

COORDINATION AND CONNECTING

POLITICAL AND LEGAL NORMS

The evaluation case studies found a number of illustrative contributions that UNFPA has made to supporting implementation of international norms and national gender policies. In India, UNFPA integration of gender equality objectives has led to more equitable relationships between women and men, and adolescent girls and boys (both in school and out of school), based on modest but important improvement in skills and attitudes. In Uganda, UNFPA support has contributed significantly to the response to GBV and harmful practices, and the prevention of FGM. Support has strengthened accountability by facilitating application of the law and reinforcing social sanctions which discourage 'visible' or attributable acts of violence. Most significantly, support has encouraged active participation of communities and men in particular to create the conditions which prevent violence.

BOX 11: WHAT LEADS TO HIGH LEVELS OF POLICY OUTCOMES?

The configurational case analysis found that high levels of policy-making outputs are necessary and sufficient attributes to achieve high levels of legal normative outcomes in 100 per cent cases with 100 per cent accuracy. This confirms the reconstructed theory of change.

Positive contributing factors to achieving policy-making outputs were found to be: presence of UNFPA at sub-national level and national capacity development.

Globally, mapping undertaken in 2014 found that in 30 countries UNFPA supported civil society to institutionalize engagement of men and boys to realise commitments to ending GBV and gender inequality[97]. Examples of this were prevalent in the regional case studies: (1) MenEngage, MenCare and gender transformative programming in Eastern Europe and Central Asia; and (2) the Partners for Prevention in Asia and the Pacific.

The configurational analysis of cases found that there are no necessary and sufficient configurations of attributes that always lead to policy outcomes. Necessary (but not sufficient) conditions[98] are use of a policy-centric theory of change, achievement of successful policy outputs, and combined national and civil society capacity outputs (see Box 11). These conditions become sufficient if they are also combined with either: influencing the political agenda, or the development of champions (and in cases that do not use strategic partnerships as a theory of change).

Conditions sufficient to create policy outcomes were observed when cases did not pursue evidence outputs, services outputs, or social-normative outcomes. This

97. Annual Report, 2014.

98. 88 per cent balanced accuracy, 100 per cent coverage, 90 per cent consistency.

indicates the value of strategic focus and not trying to do 'everything everywhere'. However, in places that do provide services, the following patterns were observed: (1) social normative outcomes contribute positively to legal normative outcomes, (2) champions make a positive contribution to achieving GBV policy outcomes in 66 per cent cases, and (3) education-based approaches (such as adolescent education packages) make a positive contribution to outcomes.

Across all lines and all levels of the evaluation, the evidence overwhelmingly indicates major challenges are faced in national implementation of policy commitments. These challenges have regional variations, but are global, pervasive and persistent in nature. They include:

- Constraints in national technical capacities, including in countries classified in the UNFPA business model as 'pink' and 'yellow'. Whilst training to address these gaps is relevant, it has not been sufficiently monitored or followed up to ensure sustained outcomes at the country level.
- Inadequate financial, technical and human resources in the relevant ministries mandated to implement them, especially in 'red' countries.
- Low prioritization in an increasingly politicized context, with lack of political will, weak institutions and low budgets across all contexts.
- Crisis of governance in some member states, combined with fundamentalist currents, the presence of organized crime and weak decentralization (in several cases the Evaluation observed higher possibilities to influence law and policy implementation at subnational/municipal level).
- Gaps in national and decentralised accountability mechanisms for implementation, with shrinking space for civil society to contribute to holding governments to account in many contexts.
- A retreat of funding for primary research—which is viewed as necessary to understand 'how' to accelerate impact (rather than the programmatic question of 'what works'). In general, there is seen to be a challenge and weakness in cycling research findings back into programming.

FINDING 34 Where UNFPA has met the immediate operational and capacity challenges, humanitarian crises have offered an opening to kick-start the transformation of policy into action; while protracted crises have opened up windows of opportunity for UNFPA to begin addressing long-term prevention.

HUMAN RIGHTS

HUMANITARIAN

CONTINUUM APPROACH

The regional and country case studies highlighted that disasters, conflict and crises create a disruption of the status quo that represents both a challenge and an opportunity to enacting policies on GBV (in particular) and harmful practices. For example, the earthquake in Nepal stretched the ability of the UNFPA office to maintain development programming in unaffected areas, but also normalised the broader societal awareness of the need and acceptability of psychosocial support to recover from trauma. This opened the door to counselling services for survivors of violence more broadly (even if this was persistent and unrelated to the earthquake).

UNFPA offices reported that when there is humanitarian response (conflict, non-conflict and refugee), programmatic focus tends to shift to the humanitarian response at the expense of longer-term interventions to address social norms and structural marginalization. In conflict situations, the emergency response can shape discourse of what defines GBV (such as a focus on conflict-related sexual violence in Myanmar), and can 'hide' the promulgation of harmful practices (such as female genital mutilation or child marriage as negative social coping strategies in refugee camps).

Emergencies also consume the attention of national authorities. For example, Central African Republic only very recently established a gender ministry and is still in the process of setting in place the normative frameworks which would give a basis for assessing the status of gender equality—the international frameworks remain the primary reference. Balancing this effort with responding to the immediate crisis requires a high level of effort and collaboration between all United Nations agencies.

At the same time, crises have proved to be opportunities to leverage renewed societal and donor interest in GBV. Very limited funding was available for GBV in Eastern Europe and Central Asia until the emergencies in Turkey, Ukraine, and refugee-receiving Eastern European countries. New money has funded mobile services, but also created

permanent shifts in institutional relations and multisector referral pathways. This has been the case in chronic crises as well as in 'shocks': in Palestine UNFPA has been able to strengthen both national (government) and civil society capacity for gender equality and GBV prevention, response, and elimination through the National Referral System and support to various coalitions.

The general perception is that UNFPA humanitarian GBV interventions are heavily weighted to response, with limited interventions to address underlying causes of GBV by working primarily on prevention. In Iraq, for instance, UNFPA is focused mostly on response and 'prevention is very minimal'. This represents a gap that is not unique to UNFPA programming: United Nations agencies came up with the Prevention Framework only very recently, in 2015. Prevention needs a special focus across the United Nations, including within UNFPA to better address root causes of GBV.

A strong comparative strength of UNFPA, highlighted by a number of key informants[99], is the ability to provide holistic and intersectional response across sexual and reproductive health and GBV through clinical and psychosocial service provision, and by providing 'one-stop shops' or 'women-friendly spaces' where some services and referrals to other services are offered. Whilst safe spaces can also provide low-level prevention, they are currently primarily geared towards response to survivors. Many key informant respondents feel that prevention 'tends to be a bit of an afterthought' for UNFPA and 'comes later in process', despite risks being heightened for women and girls from the onset of an emergency.[100]

The case of the Central African Republic highlights how difficult rigorous gender analysis is during an active conflict, particularly when there are significant gaps in the data. However, even a retrospective analysis of historical data in Central African Republic suggests trends with potentially devastating consequences for the little progress that has been made in gender equality. In 2000, 45 per cent of women aged 15-49 were victims of physical violence, including rape. In 2003, women overall were five times more likely to be infected with HIV and seven years later—with a national prevalence rate of 4.9 per cent, one of the highest in Western and Central Africa—women were still the most at risk and were mostly infected by their heterosexual partners (the latter likely contributing to rates among divorced or widowed women, which were three to five times higher). People living in urban areas were also more likely to be infected, and women with primary and secondary education were twice as likely to be infected as those with no education, a pattern with significant implications for gender equity.

The full spectrum of GBV programming across prevention, response and elimination in emergencies thus needs to be addressed through multiple actors which can be facilitated by UNFPA coordination role within the Areas of Responsibility, even if UNFPA-specific programming continues to focus more on response. UNFPA Headquarters has made a concerted effort to try to encourage UNFPA country offices to include some prevention measures within humanitarian proposals, and this has been reflected in an increasing number of country offices doing so. Proposals, however, still include secondary prevention, but the process has become more consistent, with some elements of primary prevention included more systemically.

Key guiding documents

- The UNFPA Minimum Standards in emergencies are seen as particularly helpful as a guidance document for GBV response programming, specifically for specialists.
- The Inter-Agency Standing Committee GBV guidelines are, alternatively, helpful for prevention programming by mainstreaming risk reduction mitigation components within other sectors (such as shelter, health, education etc.).

Addressing underlying causes requires the further implementation of a continuum approach covering the Humanitarian-Development-Peace nexus and there are not currently clear guidelines as to what types of emergencies (i.e. protracted, long-term, and chronic) require continuum-focused programming.

The evaluation qualitative comparative analysis of data from case studies found that in humanitarian contexts, a combination of services outputs, evidence outputs, and high investment contributes to achieving legal normative outcomes relevant to development (i.e. humanitarian action can drive national policies that have longer-term relevance). It also found that implementation of the continuum approach is a sufficient, but not necessary, condition for achieving humanitarian outcomes (i.e. that taking a developmental perspective was associated with better performance in terms of immediate humanitarian needs).

Thus, while it makes sense for UNFPA humanitarian programming to primarily focus on response (reflecting the agency's expertise in sexual and reproductive health clinical and psychosocial response more broadly), response and prevention are (and should be) inextricably linked. However, the GBV in Emergency guidelines do not sit under the

99. UNFPA, other United Nations, NGO, and donor respondents in interviews conducted at the global level.

100. United Nations, NGO, and donor respondents in interviews conducted at the global level.

GBV Area of Responsibility, but rather under a different and parallel inter-agency forum. This additional bifurcation may possibly reduce the authority or perceived authority of the GBV Area of Responsibility vis-à-vis other clusters and also represents a duplication of coordination mechanisms.

Informed, effective and inclusive participation in decision-making to change social norms

FINDING 35 Social norms programming, especially at the community level, is a key pillar of UNFPA contributions, with extensive evidence of concrete programming with men and boys

GENDER AND SOCIAL NORMS

MEN AND BOYS

Influencing social norms at the individual, family, community, and society levels is a central pillar of UNFPA programming on GBV and harmful practices globally. This is exemplified by the case study of UNFPA India, where the metaphor of the tree was developed to illustrate the common roots of GBV and harmful practices in the undervaluing of the girl child (see Figure 11). The long-standing work addressing GBV and gender-biased sex selection (a manifestation of son preference), more recent work on child marriage, and emerging work on female genital mutilation in India are all grounded in this analysis.

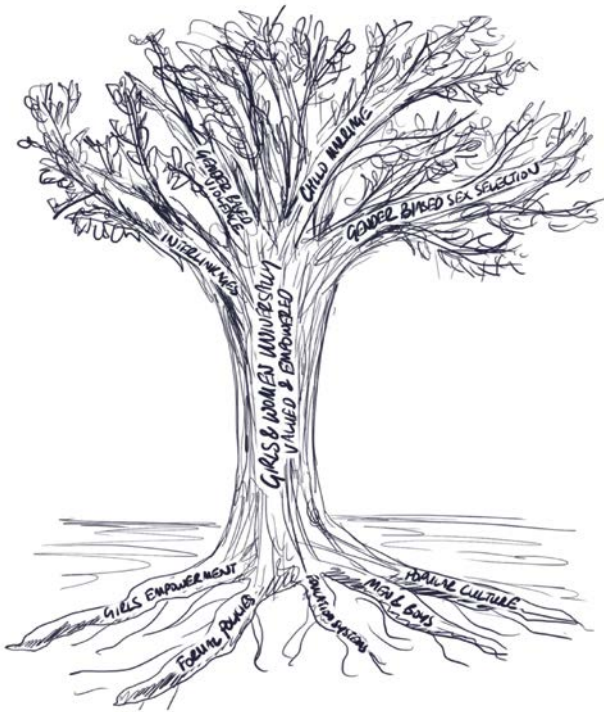
The UNFPA contribution in India, as with the work elsewhere, is mostly focused on work with civil society partners to influence the social norms held and practiced by four main groups:

- Medical, and legal practitioners (and, to a lesser extent, educational and security practitioners), e.g. judicial training in India.
- Health administrations at all levels of governance, e.g. Uganda.
- Men with families, e.g. MenCare in Eastern Europe and Central Asia Region.
- Adolescent girls and boys (and, to a lesser extent, their parents), e.g. Nepal.

More rarely, other audiences for UNFPA social norms work include elected representatives (such as in Asia Pacific Region), religious leaders and followers (such as in Sudan), and private corporations (such as in Turkey). There are other examples of wide-scale broadcast communications on social norms, such as work in India on gender roles in advertising; or examples of amplifying the voice of survivors in national programming, such as on conflict related sexual violence in Bosnia and Herzegovina. In Palestine, the country office is planning a "Brave Man Diary" documentary with the Ministry of Education and a reality TV show addressing gendered social norms. Finally, approaches such as SASA! in Uganda[101] seek to influence community level social norms through a process of self-reflection and reinforcing action.

The configurational case analysis found no best attribute to correlate with high levels of social normative outcomes: indicating that the theory of change for social norms is complex. However, participation of people in processes was found to be a strong positive contributing factor to outcomes. Programmes that have focused on institutionalizing services capacity were found to negatively correlate with social normative outcomes: suggesting that in contexts of limited resources it is very hard to achieve progress on institution-building and social norms at the same time.

FIGURE 11: *The metaphor of the tree developed with UNFPA India country office*



Source: Elaborated by the evaluation team for the India case study

101. The SASA! methodology being used in multiple gender-based violence interventions, provides a structured way to engage all groups within a community and to empower individuals to address change needed at their own level and at the level of the larger community. It is a sustainable and non-controversial way to encourage grassroots advocacy.

The evidence indicates that it pays to have clear priorities and sequencing for the focusing of programmes.

The evaluation case studies were notable for the concrete level of work found in many countries on male engagement; centred around tools such as male action groups and prevention strategies.

The global and regional programmes, in particular, have provided a framework for sharing this knowledge across countries.[102] To further support the work at country level in addressing social norms, the Manual on Social Norms and Change, a detailed tool to strengthen capacity of stakeholders to leverage social dynamics at all levels, was tested and finalized in 2015 together with UNICEF. This has the potential to help address the lack of strategic support to civil society partners working at the sub-national level if it can be successfully translated, rolled-out, and followed-up.

High quality, accessible and effective services for sexual and reproductive health and well-being.

FINDING 36 UNFPA support to a multisector response is growing thanks to headquarters contributions to the joint essential services package, and strong initiatives by regional offices. It is a promising contribution to outcomes where it is being advocated.

SERVICES

INSTITUTIONS

A comprehensive response to GBV requires many linked services, including clinical, psychosocial, security, legal, social security, livelihood, housing, financial, and others. While UNFPA's strength is in the health sector response, a number of cases illustrate that it can make important contributions to awareness, commitment to, and the coordination of a multisectoral response.

Examples of work to integrate a multisectoral response were found at the country level, such as Sudan, Guatemala, Central African Republic, and Bosnia and Herzegovina; and at the regional level through a comprehensive multisectoral response framework in Eastern Europe and Central Asia. Trainings on the essential services package have been conducted in all UNFPA regions. Countries began the roll-out of the essential services package for Women and Girls Subject to Violence in 2017, and by January 2018, 38 UNFPA country offices were expected to be leading the roll out of the approach. This effort is likely to address the evaluation finding that, in the recent past, the actual application of a multisectoral approach has been varied and uneven.

Case studies and the global desk review indicated widespread cognisance within UNFPA offices of the contribution that UNFPA can make to building from a health sector response to a multisectoral response approach. Evaluation interviewees from global civil society recognised UNFPA strengths in coordinating this challenging area; drawing on its partnerships with the health sector and other United Nations agencies to build consensus around an integrated set of referral pathways. These most often link the health, social, security, justice, and economic sectors. The evaluation encountered three main approaches that UNFPA takes to extending a multisector approach.

A proprietary multisectoral strategy. This is exemplified at the regional level by the case of Eastern Europe and Central Asia, where the regional office has worked with regional institutes to develop, promote, and roll-out a detailed technical approach to multisectoral working. This is a pillar of the regional gender programming, and support has been provided to establish multisectoral working through both UNFPA country offices and demand-led advice to national institutions. At the country level, Palestine provides an emblematic example of support to multisectoral response through the UNFPA contribution to the integrated National Referral System (NRS). Overall, this approach has generated the most evidence of service-level outcomes.

Using the joint essential services package[103] (health, social services, justice and policing, and coordination) as an entry point for promoting multisectoral integration. This approach is exemplified by the Asia Pacific region, where the UNFPA regional office is providing a concrete co-convening and co-facilitating role with UN Women in the leadership of the Joint Programme in Essential Services; and UN Women and UNFPA regional office is providing funds through the programme for activities and capacity development undertaken by selected UN Women, UNFPA and participating agencies' country offices. While this programming has not yet had a chance to go as far as the example referred to of the multisectoral approach in Eastern Europe and Central Asia, the roll-out of the essential services package has been achieved thanks to significant human resources and capacity development contributions from UNFPA regional offices. At country level, UNFPA has also supported a number of examples of costing studies, such as in Egypt, to provide data that can help to target the priorities in each context when establishing a multisectoral approach.

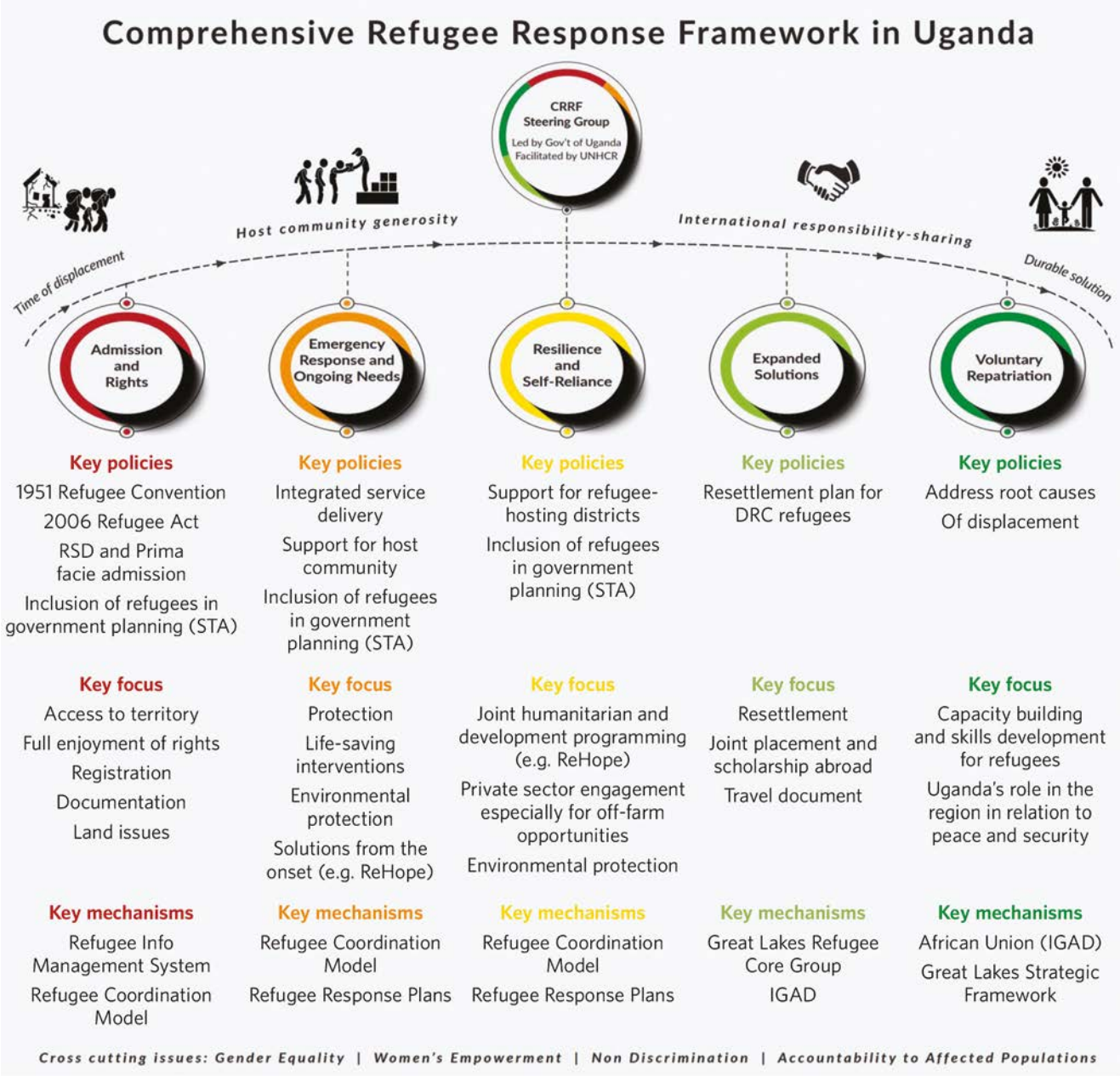
102. Such as a 2015 regional workshop exploring methodologies, best practices and lessons learned from country offices on engaging men and boys in efforts to eliminate female genital mutilation and other harmful practices (Annual Report 2015 FGM).

103. http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence.

Humanitarian emergencies as an entry point for multi-sectoral programming. The new UNFPA minimum standards for GBV in emergencies emphasise coordination and national systems strengthening. In a number of protracted response and recovery operations, the evaluation found evidence of UNFPA country offices building on multi-sectoral coordination arrangements established in the emergency phase to support longer-term multisectoral development programming. Illustrative examples of this include Myanmar, Ukraine, and Uganda. This latter example particularly emphasises the strategic potential for UNFPA to contribute to the realization of the New York Declaration for Refugees and Migrants[104] 'in order to strengthen the delivery of essential services and infrastructure for the benefit of host communities and refugees' (UNGA Res 71/1).

The comprehensive refugee response framework in Uganda (Figure 12 below) illustrates the Humanitarian-Development-Peace nexus; the evaluation found that UNFPA programming and support to coordination is well positioned to contribute to the transition from emergency response (orange) to durable solutions (green).

FIGURE 12: *The comprehensive refugee response framework in Uganda*



104. United Nations General Assembly Resolution 71/1.

Finding 37 Wide-scale support to services has worked best where there is sufficient organizational capacity to adapt approaches, tools and frameworks to sub-national levels; but reliable and timely data on service quality or well-being outcomes is not often available.

DATA AND EVIDENCE

While secondary monitoring data was generally found to be insufficient to capture outcome level changes from support to services, qualitative primary evidence from across nearly all cases indicates that wide-scale support to services has worked best where there is sufficient organizational capacity to adapt approaches, tools and frameworks to sub-national levels. Methodologies that work in one place or with one group may not work elsewhere. Where this localised approach has been achieved, such as in India, it has also helped to mitigate against backlash or negative political consequences from addressing sensitive practices. The desk reviews of Sudan, Nepal, and Sierra Leone also emphasised the importance of localising approaches to response services.

Regional and country cases indicated widespread gaps in consistent, reliable and timely data on service quality or well-being outcomes for populations of concern: making it extremely difficult for UNFPA offices to centralise quality assurance of support to services. This is illustrated by the cases of Central African Republic and Palestine, where the evaluation found service quality is nearly impossible to measure when programmes are having to be managed 'with (standardized) data' focused primarily on incidents reported, and with insufficient follow-up to determine how the case was resolved.

Two strategies were observed being used by UNFPA offices to address this data gap. The first, and most effective, was support to sub-offices or smaller field offices. The examples of India, Uganda, and Myanmar illustrate the significant value that these out-posted staff make through accompanying partners and directly contributing to quickly identifying and resolving service quality issues. This capacity for 'active monitoring', however, was associated with country offices that have higher levels of investment in GBV and harmful practices programming (Uganda and Myanmar also receive resources from humanitarian programming). The alternative strategy was to work with strong local implementing partners; an approach that has been used in Guatemala. However, this is a more limited solution to attaining sustained delivery of quality services, as it is less resilient to wider political dynamics: attested to during the course of the evaluation by restrictions being placed on civil society implementing partners in Turkey and Uganda.

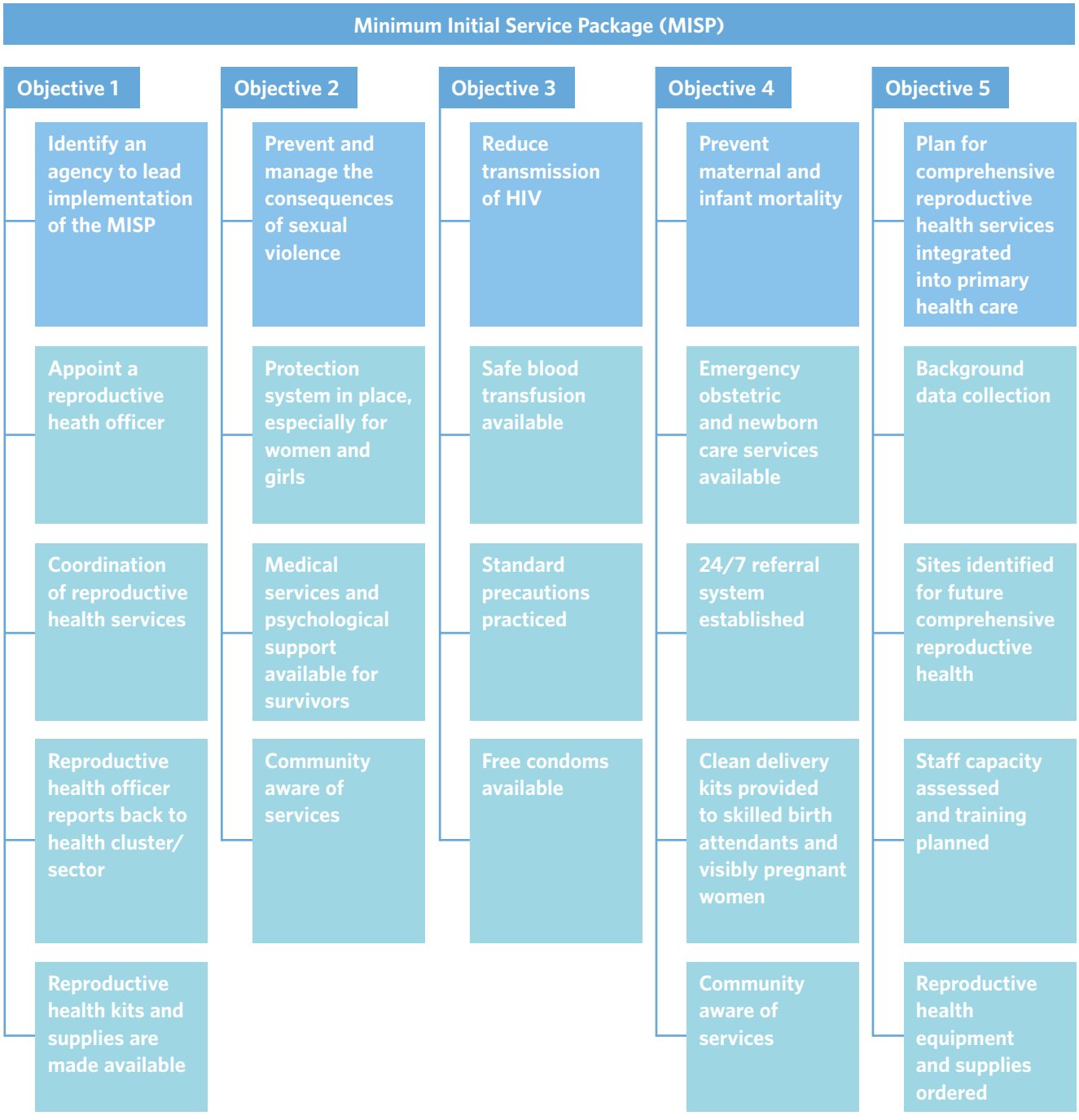
Integration of GBV into life-saving structures and agencies

FINDING 38 The Minimum Initial Service Package (MISP) has successfully consolidated the entry point for UNFPA work on GBV preparedness to ensure greater consistency across countries, provided impetus to accelerate the coverage of preparedness work across more countries, and promoted recognition of GBV in emergencies as lifesaving.

HUMANITARIAN

UNFPA has been central to the development, stewarding, and roll-out of the minimum initial service package (MISP), which includes provision for preventing and managing sexual violence against women and girls through safe spaces and the clinical management of rape (CMR).

FIGURE 13: *Five objectives of the Minimum Initial Service Package (MISP)*



UNFPA headquarters, especially the Humanitarian and Fragile Context Branch, has supported the continuous development and international consensus around the Minimum Initial Service Package as a member of the Inter-Agency Working Group on Reproductive Health in Crises. Humanitarian specialists and gender advisors in regional offices have led technical assistance to UNFPA country offices to support training and integration of MISP into national response plans. Both regional office case studies exceeded their targeted number of countries in this regard. Country offices have advocated and supported integration of MISP into national disaster management agencies (e.g. Iraq), United Nations response plans (e.g. Ukraine), and in some cases preparedness plans for the country office itself (e.g. Nepal).

While there is no definitive data on the readiness of countries at a global level in terms of the Minimum Initial Service Package, the Eastern Europe and Central Asia regional case was illustrative of the focus it has been given: providing training for all of the programming countries by 2016 (double the original target for that time frame). The outcomes of this initiative are, inevitably, hard to assess. However, interview evidence with humanitarian actors during Asia and Pacific regional case study on the perceived contribution of UNFPA in emergencies displays a strong correlation with the five Minimum Initial Service Package objectives: suggesting that it is making a difference on the ground to contemporary responses, such as Cox's Bazaar.

There are some examples that are exceptions to this pattern, mostly in development contexts. For example, the participation of UNFPA in GBV in emergencies in Guatemala was found to not be very strategic, and to concentrate mostly on emergency kits; and in India, support to integration of GBV in emergencies has been small in scope and largely focused on embedding the Minimum Initial Service Package in disaster management plans and capabilities in a few target states. However, in countries that are more frequently or more recently exposed to disasters such as Sudan, Nepal, and Uganda, UNFPA has contributed to the national disaster response framework and has been playing a lead role in national preparedness for GBV and sexual and reproductive health in emergencies.

FINDING 39 UNFPA is in the process of enhancing its contribution to the Humanitarian-Development-Peace nexus. Best practice was identified where GBV is viewed as a single engagement spanning across the nexus: investment made in development, leveraged in emergencies, and reinforced and strengthened in rehabilitation and early recovery.

HUMANITARIAN

CONTINUUM APPROACH

At global level, the continuum approach for prevention and response to gender-based violence is co-led by the Gender, Human Rights and Culture branch and the Humanitarian and Fragile Contexts branch. In 2017, these branches jointly hosted a global expert meeting for 38 UNFPA colleagues from 23 countries across six regions to analyse good practices and make recommendations. In March 2018, UNFPA initiated a GBV project in protracted crisis settings in three African countries (Ethiopia, DRC and Sudan) to test these recommendations.

UNFPA is working to prevent and respond to GBV and harmful practices in over 135 countries, 59 of which are experiencing humanitarian crises caused by conflicts or natural disasters. Many UNFPA settings will occupy contexts across the Humanitarian-Development-Peace nexus multiple times. Currently 55 per cent of UNFPA's GBV emergency programming is informed by pre-emergency work, and 81 percent of GBV interventions initiated during crises have carried into post-crisis and development programming. The Gender, Human Rights and Culture Branch is, for example, currently incorporating the Continuum approach in development programming, targeting 38 pilot/self-starter countries of the essential services package for Women and Girls Subject to Violence.

The GBV Area of Responsibility and all sub-clusters have, at times, struggled to push for the recognition of GBV within the protection cluster, and more broadly within the cluster system. Push-back from the protection cluster and others has frequently been based on lack of understanding of the sensitivities of GBV data and a general and globally pervasive perception that GBV is not a 'life-saving' issue compared to other humanitarian priorities. It is incumbent upon UNFPA as global lead of the GBV Area of Responsibility to articulate GBV needs in such a way as to ensure other humanitarian actors understand the life-saving nature of gender-based interventions. However, this is challenging.

Nevertheless, the GBV Area of Responsibility and associated country-level sub-clusters have the potential to successfully create a space for coordination of coverage, coherence of response, and connectedness between development,

peacebuilding and humanitarian spheres. This nexus has gained visibility since the World Humanitarian Summit in 2016, which emphasized the need to "overcome long-standing attitudinal, institutional, and funding obstacles."[105]

As the most disaster-prone region, UNFPA Asia Pacific Regional Office was found to have a clear emphasis on the Humanitarian-Development-Peace nexus; positioning GBV programming as life-saving within United Nations system discourse at regional level, while promoting the use of existing country-level coordination mechanisms (development or humanitarian) for when the context transitions to a different situation.

UNFPA country offices have invested substantially in mainstreaming the Minimum Initial Service Package into disaster management mechanisms as part of ongoing development programming. In the Philippines, advocacy efforts included ensuring the government can better respond to GBV in cyclical natural disasters. Using existing laws, in particular, the Magna Carta of Women, UNFPA focused advocacy efforts on ensuring the government could meet its responsibilities to prevent and respond to GBV prior to and during emergency contexts as part of disaster preparedness efforts.

In many contexts today, the continuum within protracted crises and increased natural disaster is clear, and a combined development-peacebuilding-humanitarian approach must be taken to have significant impact. Inter-agency appeals now last an average of seven years, and therefore increased dovetailing of humanitarian and development goals is logical. The New Way of Working has, at its heart, a notion of "collective outcomes across silos,"[106] which seek to provide both immediate humanitarian assistance and protection as well as reducing risk and vulnerability and therefore reducing need over the longer term under the framing of the Sustainable Development Goals and 2030 Agenda.

UNFPA Humanitarian and Fragile Contexts Branch has previously analysed 47 countries where UNFPA lead or co-lead[107] GBV sub-clusters and found that 67 per cent of GBV in emergencies programming is built on development programming. Furthermore, 60 per cent of humanitarian response subsequently continues into development.[108] GBV in emergencies cannot, therefore, be seen in isolation from GBV in development.

Emergencies often bring resources to ministries of women or gender that were lacking before, and this provides a window of opportunity to ensure lasting improvement results from emergency response. This has been the case, for example, in Turkey, Ukraine, and Nepal. As with these cases, it is incumbent upon UNFPA, as leader of the GBV Area of Responsibility to articulate the life-saving nature of GBV interventions in humanitarian situations, and as a co-lead of GBV in development setting. One donor commented that Dr Babatunde Osotimehin clearly promoted GBV interventions as life-saving and that this message needs to come loudly, clearly, and consistently from all levels of UNFPA.

In addition to UNFPA promoting the message that GBV interventions in emergencies is life-saving, a further step is emerging in some parts of UNFPA that 'building back better' is not just a realistic aim, but both the 'right' and 'smart' thing to do. GBV is rooted in social norms and structural causes that exist before a humanitarian crisis occurs: a crisis will often exacerbate the level, impact, and consequences of GBV, as well as the form.

Sometimes, forms of harmful practices that have been decreasing rapidly return, for example, child marriage, but these are still forms of inequality that exist in communities within living memory, not new practices. The majority of humanitarian respondents see an opportunity for UNFPA to speak more consistently to the Humanitarian-Development-Peace Continuum, and building-back-better as a form of enabling resilience and secondary prevention for the next time a disaster occurs.

105. https://www.unocha.org/sites/unocha/files/NWOW%20Booklet%20low%20res.002_0.pdf.

106. ibid.

107. This was prior to 2015 when the GBV AoR was still jointly co-led by UNICEF and UNFPA.

108. Information from previous 2015 key informant interview with UNFPA Humanitarian and Fragile Context Branch.

3.4 LONGER TERM EFFECTS AND CONNECTEDNESS

3.4.1 Potential for sustainability

EQ7a	To what extent have UNFPA 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?

Political will and national ownership of GBV and harmful practices interventions (including integration of GBV and harmful practices into national financing arrangements)

FINDING 40 UNFPA holds strong multisectoral relationships with ministries and local administrations to support national implementation; but heterogeneous links with the executive branch of governments place a limit on political sustainability.

INSTITUTIONS

POLITICAL AND LEGAL NORMS

As the direct programming counterparts, and often implementing partners, the Evaluation found strong relationships between UNFPA and multiple ministries across the case studies. In particular, in the area of GBV and harmful practices, the most common day-to-day working relationships were with the ministries of health and the national gender equality mechanism (such as a ministry of women's affairs). In most regions, the primary relationship regarding GBV was held with the national gender equality mechanism, except in Eastern Europe and Central Asia, where the ministries of health appeared to be the primary interlocutor.

While direct relationships with other ministries were more variable, for example ministries of education, the evaluation found evidence of growing work with ministries of planning or national statistical bureaux around gender data, particularly in cases where violence against women surveys are being undertaken. In most cases, UNFPA was found to be playing an active role to bridge between ministries in order to develop a more integrated national response to GBV or harmful practices.

In the Eastern Europe and Central Asia region this work was largely centred around the Regional Multisectoral Response Framework, while in the Asia and the Pacific region the essential services package is being leveraged as an entry point; in Uganda the development of a national GBV management information system provides the grounds to support cross-sector working, while in Palestine it is support to the National Referral System. These examples illustrate the comparative strength of UNFPA in being able to draw on the relationships it has through programming on sexual and reproductive health, population dynamics, and adolescents and youth.

In particular, Palestine was found to be a good example of UNFPA supporting not only multisector working (working with multiple ministries, including social development and education, as well), but also an example of straddling the development-humanitarian divide through the GBV sub-cluster. This development-humanitarian divide was found to be relatively artificial and based primarily on funding windows; a similar observation to the experience of UNFPA in Myanmar.

A key finding from the Eastern Europe and Central Asia case study was that the regional programme also applied good practices in terms of ensuring strong national ownership of GBV and harmful practices interventions with counterpart national institutions. The KnowVAWdata project in Asia and the Pacific is a concrete example of bridging across statistical offices, ministries of health, and the national gender mechanism. And, in India, the case study found that at the sub-national level UNFPA demonstrated a tendency to remain engaged with stakeholders and partners, through participation in both formal and informal processes, long after projects or financial relationships have ended.

At the same time, case studies found much weaker links or influence over the executive branches of governments. Cases in middle income countries such as India and Guatemala highlighted that political will and national ownership is heterogeneous across the spectrum of actors, especially at the top levels of government.

In many cases, the 'political wind' at the highest level is currently seen to be 'blowing against' the advancement of gender equality and women's empowerment; but interviews suggest that UNFPA country offices are able to still make advances at the bureaucratic level. For example, progress has been made on addressing harmful practices in Sudan by being careful not to make public statements of numbers regarding the most sensitive issues or in relation to particular regions; in Turkey UNFPA is able to support shelters for survivors of violence, including for non-heterosexual survivors in Istanbul, and in Uganda UNFPA works closely with the Office of the Prime Minister to support the refugee response.

FINDING 41 UNFPA advocacy at the country level is winning political will for policy change, though firm budget commitments from national budgets often do not result.

POLITICAL AND LEGAL NORMS

RESOURCE MOBILISATION

Most global-level interviews and the desk review, as well as all country-level cases consistently found that GBV and harmful practices do not get prioritized for funding from national budgets. This contrasts with the significant gains that have been made in advancing the normative legal frameworks in many countries. Even where funding for specific activities has been secured from national institutions, such as in Sierra Leone or Turkey, this is seen as relatively insecure.

As a result, countries such as Sudan have found that activities on gender awareness created important momentum, but when follow-up was left with the targeted national institutions it was largely dropped. While it is not representative, response to the global survey illustrates a mixed view of implementing partners regarding the likelihood that activities would continue at the same level and intensity beyond UNFPA funding. The broad pattern is that the work that is longest-established is considered the most likely to continue: with work on GBV seen as most likely, followed by female genital mutilation and child marriage. The early work on son preference is considered less likely to continue without UNFPA funds (for example, despite Vietnam, Armenia and Georgia achieving policy commitments by the governments, these still need to be implemented and monitored).

A number of strategies are in evidence at country level for addressing this challenge with regard to GBV. For example, in the Central African Republic, community-based volunteers, health workers and midwives in each of the intervention areas produced their own manifestos on GBV circumventing lack of central government commitment. In Bolivia, weak political will and national ownership, despite existing laws and high incidence of femicide, is being addressed by working at the municipal level and multi-actor networks to enhance the potential for ownership and institutionalization. At the central level of government, some UNFPA country offices previously undertook work on gender responsive budgeting; however, this work has since been taken on by UN Women. In none of the case studies did the Evaluation find evidence of the two entities working together to secure funding for GBV activities in national budgets.

Whereas a multisectoral response to GBV implies securing budgetary commitments from several government ministries, departments and agencies, at present, work to address harmful practices is currently funded through a single ministry in all countries. However, in countries where UNFPA has sub-national field offices, such as Uganda and India, the Evaluation found evidence of concerted efforts to work with sub-national administrations to secure additional sources of finance. While this has had varied levels of success[109], it does illustrate potential complementarity between the roles of UN Women at the central level and UNFPA at the decentralised level to engender national budgetary frameworks.

FINDING 42 Assessing sustainability in terms of continued interventions and benefits is not suited to the context of GBV; but a framework that includes different levels and types of sustainability is currently missing from UNFPA corporate programming guidance.

MANAGING FOR RESULTS

All of the evaluation case studies, and several independent country programme evaluations, indicate that prevention and response activities which rely on external financing from UNFPA in most cases face a 'cliff-edge' when funding ceases. While only illustrative, Table 11 indicates that most implementing partners responding to the global survey consider that GBV, female genital mutilation, and child marriage results are unlikely to be maintained once funding ends; and none believe that son preference results will be maintained.

109. For example, UNFPA Uganda has supported the development of coordination mechanisms and collaborative work at district level but has not yet been effective in supporting district level advocacy to mobilize resources for sustaining these investments. This reflects, to some degree, UNFPA limited services lens at implementation level as well as the challenges of the context for this work.

TABLE 11: *Implementing partner responses to the question: How would you rate the likelihood that the results achieved by your UNFPA-supported GBV and harmful practices activities will be maintained after funding ends?*

Response	Gender-based violence		Female genital mutilation		Child marriage		Son preference	
	Response	Adjusted	Response	Adjusted	Response	Adjusted	Response	Adjusted
Positive	33%	40%	8%	12%	33%	38%	0%	0%
Mixed	42%	50%	38%	63%	38%	44%	0%	0%
Negative	8%	10%	15%	25%	15%	18%	18%	100%
Not applicable	17%		38%		23%		82%	

Source: Global survey. Responses rated from 1 = very low to 10 = very high, n=19

In response to these findings, the recommendations of independent evaluations – such as the Nepal country programme evaluation – include making greater provision for more managed and gradual exit strategies. The evidence from this evaluation corroborates the problem of the 'cliff-edge', but also revealed several circumstances when sudden variations in funding are extremely difficult to avoid; and the absence of operational mechanisms to hold funds aside to be used if funding is unexpectedly cut.

For example, the dependence of protracted recovery projects on non-core humanitarian funds makes it very difficult for country offices to predict future resource flows. Recent experience in Turkey is illustrative of this: GBV work that addresses the Humanitarian-Development-Peace nexus is predominantly financed by non-core humanitarian resources, and thus wider political events have significant ramifications for funding stability.

While humanitarian response work is not expected to be sustained, several countries such as Ukraine and Nepal have used the window of opportunity of surge funding to open up longer-term interventions and foster political will around GBV prevention and response. In these cases, planning for sustainability is relevant even in contexts of high funding uncertainty. The Asia and the Pacific regional case study, in particular, emphasised the need for a more inclusive approach to articulating and measuring programme sustainability.

For example, aside from maintaining activities and benefits of interventions through other sources of finance, the case study identified alternative pathways to sustainability including: changing popular or professional discourse, generating original knowledge, opening new relationships and partnerships, or creating a platform from which others can act. In other words, for there to be a planned connection to larger processes: such as the work in Bosnia and Herzegovina to link laws, gender mechanisms and declarations to European Union processes.

Capacity of local and national stakeholders to prevent and respond to GBV and harmful practices

FINDING 43 Supporting the development of technically robust operational tools is a key pillar of UNFPA approaches to institutionalizing national capacity and continuity of policy implementation beyond programme funds.

CAPACITY DEVELOPMENT

At the regional and country level, the case studies and global survey revealed a strong tendency for UNFPA offices to approach sustainability through the lens of guidance, templates, training packages, and digital tools that could be referenced and institutionalized in the future. As examples, the Eastern Europe and Central Asia Regional Office has produced three guidance packages covering the response to GBV and gender transformative programming; the Arab States Regional Office developed a regional strategy and provided strategic guidance that informed programming at country level; and the Asia and the Pacific Regional Office is working with the University of Melbourne to package an applied course on violence against women prevalence data.

At country level, and sub-national level, this trend was also noted. For example, work at state level in India to package material on the referral pathway for medical and legal professions; or the support to the SASA! approach in Uganda (Box 12). Cases such as Sudan and Turkey highlighted the critical role that UNFPA country offices play in translating and adapting global and regional tools to make them available (and applicable) at country level and the accompanying strain this places on office capacity.

BOX 12: SASA!

SASA! is a community-mobilization intervention to change attitudes, norms, and behaviours which contribute to gender inequality, violence and increased vulnerability for women. It reflects an 'ecological' perspective: violence as a result of a 'complex interplay of factors which operate at the individual, relationship, community and societal levels'. Programs which work at the individual level with survivors or perpetrators cannot address this complexity. Thus, the SASA! approach uses trained facilitators to systematically engage in critical reflection and conversation a diverse group of stakeholders including community activists, local governmental and cultural leaders, professionals such as police officers and health care providers, and institutional leaders. The conversations follow a carefully constructed sequence from awareness to action which guides the community group through the key steps in the 'circle of power' (power within, power over, power with, power to)—a well-known construct originally used to help victims of domestic violence to free themselves and recover. For SASA! it is adapted to foster the community's critical analysis of not only the misuse of power in intimate relationships and the community, but how power can be used to create individual and community-level positive change. The approach, the first to be rigorously evaluated in Africa, using a randomized controlled trial, is now being adapted in multiple country contexts and in both development and humanitarian settings. (Designed by Raising Voices, implemented by CEDOVIP the Centre for Domestic Violence Prevention in Kampala).

In a different way, UNFPA also leverages operational tools as a pathway to sustainability at the global level. For example, work with the other United Nations agencies on Essential Services, the Minimum Initial Service Package, and the three joint programmes on harmful practices are seen by Evaluation interviewees as important contributions to institutionalizing the normative progress made in the Sustainable Development Goals, at the Commission on the Status of Women 58, and regional bodies such as the African Union.

FINDING 44 UNFPA contributes significantly to the public good in terms of knowledge products, but is generally lacking the resources for translation, roll-out, and ongoing follow-up to ensure sustainable national implementation of guidance.

DATA AND EVIDENCE

CAPACITY DEVELOPMENT

The global survey and desk review revealed a substantial body of examples of UNFPA contributing to data, evidence, and knowledge products on GBV and harmful practices. These include:

- In Sri Lanka, ongoing advocacy based on a UNFPA study that generated evidence on incidents and the nature of sexual harassment in public transport.
- In Kazakhstan, information, education and communication (IEC) materials addressing maternal health, women's and girls' sexual and reproductive health and GBV issues, including early marriage, developed with the active involvement of religious leaders including provision of quotations from each religion's respective teachings and doctrines.
- The Joint Programme on Female Genital Mutilation (FGM) is supporting new, ethical ways to gather data about the status of girls and inform programming[110].

The contribution of UNFPA to global public goods in terms of knowledge production was largely triangulated by the evaluation case studies. In Central African Republic, the lack of reliable data has undermined planning in any sector; one of the UNFPA primary responsibilities under the 2012 United Nations Development Assistance Framework is strengthening national capacity to use data effectively for planning. In addition, with specific reference to GBV, it is addressing this through the development of the GBV Information Management System (GBVIMS). In Bolivia, UNFPA has supported multiple examples of strategic research, including an anthropological study on violence in different ethnic-cultural settings.

At the same time, three cases also found that the plethora of knowledge material can overwhelm the available resources for dissemination and use. The case of Sudan illustrates this, with the country office having insuffi-

110. 'These include, for example, surveys conducted within health facilities in the Gambia, registering and tracking FGM/C status of newborns in Ethiopia, or noting FGM/C status within health facilities in Eritrea. Djibouti continues to systematically collect data on the prevalence of FGM/C among young girls, thanks to a partnership between the Ministry of Education and the Ministry of Health that launched school-based medical services for boys and girls.' (Annual Report of the Joint Programme, 2015).

cient time and resources to conduct training, technical support, and follow-up for all of the humanitarian guidance being issued by UNFPA. Thoughtful testing of resources produced globally, in other country contexts, and even in different subnational regions is key to its effectiveness. In India, adaptation of the 'one-stop' and multisector responses illustrated in Kerala were evident. The UNFPA head of state office in Orissa provided the technical capacity to adapt materials to reflect state level laws, however additional resources are needed for broad-based sharing. In Palestine, the development of referral pathway guidance was not accompanied with a strategy for sustained and ongoing training. It was noted in five case studies that a much higher transaction cost exists to the use of knowledge in sub-regions where English, Spanish or French is not commonly used – with little original material produced in the other official United Nations languages.

FINDING 45 In many countries and international spaces, UNFPA is part of the wider movement to change sociocultural norms; but the annual planning cycle means there is low visibility of partnerships contributing to sustainability beyond each programme.

GENDER AND SOCIAL NORMS

PARTNERSHIP

Throughout the evaluation, case studies found that UNFPA offices have played a significant and ongoing role in continuously engaging with, connecting, and convening the wider movement of civil society actors, government departments, and (to a much lesser extent) development partners concerned with addressing GBV and harmful practices. This is particularly apparent in terms of community mobilization and changing social norms.

For example, the evaluation observed the active engagement and consultation between the Guatemala Country Office and civil society organizations even when there are no longer annual workplans in place. Civil society in this context is a strategic ally that contributes to the discourse at the national level and in prevention and response at the local level. Similarly, the UNFPA country offices and field offices in India and Uganda maintain a wide network of cooperation with civil society organizations and like-minded government departments outside of any formal arrangements. In Palestine, UNFPA supported a number of coalitions who in turn support the increased capacity of their members both as part of and beyond annual workplans. In India, similar long-term, collegial relationships were maintained with academia.

Similar patterns were observed at the regional level. Substantial investments of time and energy have been made by gender advisors in regional offices to connect and maintain engagement of 33 self-starter countries using the essential services package. In Eastern Europe and Central Asia, UNFPA is supporting connections between the community seeking to engage men and boys. However, there is not a clear mechanism for such ongoing partnerships to be visible and taken into account when programmes are designed. With the increasing turbulence of UNFPA funding at the country-level, the capacity of partners and networks is critical to mitigating the harm caused by sudden defunding of GBV interventions.

While it is not fully accounted for in UNFPA systems, the evaluation thus considers work by UNFPA staff to maintain engagement as an important contributing factor to sustaining previous investments, doing no harm, and identifying new opportunities to catalyse impact. Given that such engagement is almost always supported from core resources, this observation also highlights the additional contribution to sustainability that is made by core donors (such as Sweden, Norway, the Netherlands, Denmark and Germany) compared to non-core funding, something that is also not fully captured or ascribed in current reporting systems.

The evaluation case studies observed that ongoing engagement and communication with development partners is a weak link in most countries and regions. This is attributable to an increasing reliance on non-core funding: as a result of which ongoing engagement by programme staff at the country level appears to be ad hoc. While the provision of fundraising specialists in the regional offices is a relevant corporate response to the new funding environment, the potential for UNFPA to connect development partners to country-level movements is currently underutilized.

FINDING 46 UNFPA is laying the foundation for national capacity for prevention and response to GBV but was hampered until recently by the unexpected effects of its business model.

BUSINESS MODEL

CAPACITY DEVELOPMENT

INSTITUTIONS

UNFPA field offices are dealing with a myriad of challenges in terms of national capacity to address GBV and to advance indicators under Sustainable Development Goal 5. In Uganda, the barriers to implementation range from insufficient commodity supply chains, to gaps in training or guidance, to serious human resource shortages at district level. In Sudan, nearly all agencies working on GBV and harmful practices rely on the same small pool of national experts. In Sierra Leone, challenges include lack of government agency capacity to implement policies, non-functional referral pathways, and backlogs of GBV cases in the courts.

In countries classified in the UNFPA business model as 'red' or 'orange', capacity development can be directly supported by UNFPA. For example, in the Central African Republic evaluation interviews found that partners with whom UNFPA has been working have benefited greatly from both capacity-building as well as the supply of commodities. For countries classified in the UNFPA business model as 'yellow' or 'pink', the evaluation found that the focus on upstream policy and advocacy work has had significant negative implications for sustainability of work on GBV. For example, the country programme evaluation for Djibouti found that the application of the modes of engagement coupled with weak sectoral agencies have resulted in critical data and funding gaps.

UNFPA corporate analysis[111] for the Strategic Plan (2018–2021) highlights that inequality has grown within member states, even as it has reduced between them. This is manifested in inadequate levels of capacity for policy implementation and service delivery at the sub-national level, a point that was continuously raised by country offices during the regional case study of Eastern Europe and Central Asia. Even within 'yellow' and 'pink' quadrant countries, the health system response to GBV still requires technical support: illustrated by the demand for UNFPA technical assistance from EU research projects and the Basque Government in Spain.

A fundamental ethical tenant of work on GBV, and specifically violence against women and girls, is continuity of services. The importance of ensuring sufficient technical capacity is available at all levels of service delivery in every country to assure this, regardless of the quadrant a country may fall within the UNFPA business model, was highlighted in particular by the cases of Nepal (red), Bolivia (orange), and Bosnia and Herzegovina (pink). Stakeholders in Bosnia and Herzegovina credit UNFPA for increasing awareness of conflict-related sexual violence but indicate that there is lack of capacity on all levels for implementation of the national programme. In Bolivia, prevention strategies with university students generated denouncement of GBV, but also greater demand for a response that was not available – thereby eroding trust. Finally, even in 'red' countries such as Nepal, where national services strengthening has been directly supported, activities such as standalone safe houses remain reliant on UNFPA technical and financial support.

3.4.2 Humanitarian action

EQ7b	To what extent have UNFPA interventions and approaches contributed (or are likely to contribute) to coverage, coherence and connectedness within humanitarian settings?

Coverage, coherence and connectedness of humanitarian response to GBV

FINDING 47 UNFPA made big steps forward in the scale of humanitarian action during the scope of the evaluation.

HUMANITARIAN

It is important to recognise the immense progress the GBV Area of Responsibility has made within 2016–2017, and under sole UNFPA leadership. The Area of Responsibility faced multiple challenges, including in different leadership (individuals), for a few years in the run up to the governance review that led to the transition from joint UNFPA and UNICEF co-leadership to single UNFPA leadership. More than one key informant reported this time as being 'dark days' for the forum, and it then became incumbent upon UNFPA to turn this forum around and make it once more a relevant and functioning space. This unfortunately coincided with US Government de-funding for UNFPA and continued austerity.

111. Strengthening UNFPA Business Model: Addressing Inequality of Access to Sexual and Reproductive Health [Presentation]. Executive Board 23 March 2017 available at: https://www.unfpa.org/sites/default/files/event-pdf/SP-2nd_ExBo_Workshop_-_23_March_-_FINAL.pdf.

However, in the past year alone, UNFPA has been able to put the Area of Responsibility back on the right track. An initial stocktaking meeting was held to 'clear the air and let people vent if necessary'[112] and this has been followed by a dedicated strategy of building back trust amongst members and encouraging new members and more vocal participation from memberships. This improved coordination is an important contribution to humanitarian outcomes (see Box 13).

BOX 13: WHAT FACTORS SUPPORT HUMANITARIAN OUTCOMES?

Based on the configurational case analysis, 'humanitarian coordination' alone is neither necessary nor sufficient to achieve humanitarian outcomes. However, high-quality humanitarian coordination was a necessary and sufficient attribute to achieve high humanitarian outcomes in 100 per cent of cases to 100 per cent accuracy. The quality of coordination support really counts.

Services and civil society capacity outputs are necessary, but not sufficient to achieve humanitarian outcomes; while implementation of the continuum approach is sufficient, but not necessary to achieve outcomes. Thus, while humanitarian outcomes can be achieved without the Continuum approach, these outcomes are always present when the Continuum approach has been used.

Other positive contributing factors are: policy outcomes, generation of evidence, supporting champions, and joint programmes.

- Monthly GBV Area of Responsibility calls have an ever-increasing number of participants, with presentations from various different organizations; an indication that more and more GBV practitioners are finding the forum useful.
- Thematic GBV Area of Responsibility monthly conference calls are beginning to emerge: for example, the theme of the July 2017 call was 'adolescents and GBV' and the agenda included a presentation of Plan International's new strategy on Adolescents in Emergencies; an introduction to the new UNFPA-UNICEF Toolkit and implementation of this by Norwegian Refugee Council in Iraq, and the Whole of Syria GBV Strategy on Girl Adolescents.
- The GBV Area of Responsibility team is expanding, with an additional Information Management Consultant for 50 per cent of time and two interns. It should be noted that this still represents less resourcing than most functioning clusters and sub-clusters have.

Outside of the cluster system, there is a sense, echoed from respondents across the board, that from a humanitarian leadership perspective UNFPA are on the right path and progress is continuing, but it has been slow and not without 'some stumbles'.[113] One common theme from all donors interviewed[114] was that in order to show genuine leadership, UNFPA should resource humanitarian responsibilities (programming and coordination through the GBV Area of Responsibility) more consistently and with more commitment, through core funding.

This commitment for core funding, enshrined within the new Strategic Plan, and the visibility of this commitment to others, is what is necessary for other actors – including donors, other United Nations agencies, non-governmental organizations, and governments – to have faith that UNFPA is growing into the role of a genuine GBV leader, within and outside of the cluster system.

FINDING 48 UNFPA has come a long way in humanitarian capacity; but there is still variable alignment among UNFPA offices with sub-cluster coordination guidance, and other challenges remain that require fully resourcing the humanitarian function.

HUMANITARIAN

COORDINATION AND CONNECTING

RESOURCE MOBILISATION

As one donor respondent commented, 'where the rubber meets the road is how UNFPA have translated [their humanitarian policies and strategies] into more impactful programming on the ground'.[115] Direct UNFPA capacity-building interventions include a full range of prevention and response activities, falling under the UNFPA Minimum Standards.[116] Respondents across the board reported that UNFPA excels at MISP training and clinical management of rape training, and support for safe/friendly spaces, referral pathways, and material distribution such as dignity kits.

112. UNFPA key informant.
113. Donor key informant.
114. For the humanitarian review, Australia, BPRM, Denmark and Sweden were interviewed.
115. Donor key informant interview.
116. UNFPA, GBViE Minimum Standards for Prevention and Response to gender-based violence in Emergencies, 2016.

However, capacity-building for prevention in emergencies and other response services such as legal and justice, shelter, and economic empowerment are weaker. Whilst it is not incumbent upon UNFPA to provide this capacity-building as an agency response, it is incumbent upon UNFPA as cluster lead agency (CLA) to ensure that other actors are providing this.

The general perception from the GBV community is that UNFPA staff (programme and coordination staff, most of whom are 'double-hatting' in both positions at field level) inconsistently align to global standards such as the GBV Coordination Handbook.[117] A number of key informant respondents[118] mentioned meeting many GBV sub-cluster coordinators who were not familiar with the Coordination Handbook. This links to and corroborates a broader finding: A lack of familiarity by UNFPA staff at many levels with the function of inter-agency coordination (i.e. working on behalf of the GBV community rather than on behalf of UNFPA as an agency).[119]

UNICEF leads on rolling out the GBV Mainstreaming Guidelines and has reported clearly that UNFPA have been very collaborative on this roll-out and this has been highly appreciated, a good example of United Nations cooperation rather than competition. However, to ensure mainstreaming, it is possible training alone will not change 'hearts and minds' or increase the capacity of all actors, in all sectors, to genuinely implement GBV prevention activities. Further leadership will, therefore, be required by UNFPA through the Area of Responsibility to address this.

In relation to UNFPA specific programming, UNFPA offices have consistently increased their knowledge, use, and adherence to UNFPA Minimum standards in GBV in Emergencies.[120] Respondents from UNFPA headquarters report a clear difference now, compared to previous years, in the number of country offices reflecting the standards in humanitarian proposals to the emergency fund. Fully funding the commitment to the humanitarian function and maintaining the strength of the Humanitarian and Fragile Contexts Branch to lead this function are necessary to maintaining this trend.

117. GBV Coordination Handbook, GBV AoR Publication, 2010.

118. Across United Nations, NGO, and independent consultants.

119. Across UNFPA, other United Nations, and NGO respondents. These other international standards with which all gender-based violence sub-cluster coordinators should be familiar and respondents suggested are not, are broader cluster coordination reference guidance such as the Inter-Agency Standing Committee Cluster Coordination Reference Module (2015), Operational Guidance for Protection of Persons in Situations in Natural Disasters (2011), and Protection and Accountability to Affected Populations in the Health and Care Professions Council Guidance Note (2016), and the UNHCR and OCHA Note on Coordination in Mixed Situations (2014), to name but a few.

120. UNFPA, Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies, 2015.

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4 CONCLUSIONS

The following conclusions are derived from the contribution analysis and draw on findings under multiple evaluation questions and criteria. Tags under each of the conclusions indicate the main findings to which each relates.

CONCLUSION 1 UNFPA has made unique and valuable contributions to the international system response to GBV at all levels (global, regional, and country), across the Humanitarian-Development-Peace nexus, and working with multiple stakeholders [Origin: EQ1, EQ5, EQ6, EQ7]

POLITICAL AND LEGAL NORMS

INSTITUTIONS

DATA AND EVIDENCE

COORDINATION AND CONNECTING

The evaluation found multiple lines and levels of evidence that indicate UNFPA has made direct contributions to national capacity and institutions across the health sector and national gender equality mechanisms; frequently with policy-level and often with programmatic links to the justice, security and economic livelihoods sectors as well as reference to the education, youth and planning sectors. Most of this contribution has been in the area of response to GBV through health-sector and multisectoral referral pathways and coordination. Emerging evidence of contributions to primary and secondary prevention, and pioneering examples of gender-transformative programming were also documented.

UNFPA has also made important systemic contributions to intergovernmental normative work on GBV at the global and regional levels, and on harmful practices at the global level with promising work at the regional level. These contributions benefit from the strengths of the agency at all levels in (1) collaborative approaches to working with partners, (2) diversity of partners, (3) working across sectors, and (4) proactive participation in United Nations coordination mechanisms and global normative processes.

At country level, the evaluation found that UNFPA was, most often, the only United Nations agency working on a particular sensitive issue or with a marginalized group – a concrete illustration of the UNFPA commitment to applying human rights-based approaches to programming. This has generated unique evidence and examples to inform the design of global programmes based on the same principles.

Key strength

UNFPA was found to derive significant political legitimacy and technical authority to work at the policy-level from its field-level experience and demonstrable commitment to the local context.

The case studies demonstrated the degree to which the long history of engagement on key issues (leveraging a combination of policy-level experience with on-the-ground sources of evidence and illustrations of practice) proved essential to establishing UNFPA authority and legitimacy. Cultivating and sustaining trusted relationships also contributed to greater effectiveness. UNFPA has developed areas of expertise and experience which are shared with other United Nations agencies, for example on social norms (UNICEF), health systems (WHO), youth empowerment (UNDP), and structural causes of gender inequality (UN Women). These have been a source of both collaborative strength as well as inter-agency competition. Nevertheless, UNFPA remains unique in its synergistic combination of three attributes:

1. Programming at the intersection of GBV, education, and sexual and reproductive health.
2. Programming on GBV and sexual and reproductive health across the development-humanitarian-peace continuum.
3. Producing, analysing, packaging, and leveraging population-based data for advocacy on gender-based violence and harmful practices.

CONCLUSION 2 The global joint programmes on harmful practices and essential services demonstrate UNFPA collaborative strength in working on addressing gender inequality as well as social norms, and comparative advantage in efforts to open space for civil society to work on neglected issues [Origin: EQ4, EQ5, EQ6]

GENDER AND SOCIAL NORMS

Although the global joint programmes on harmful practices have become emblematic of the collaborative strengths of UNFPA, they have also surfaced the strategic challenges (and key gaps) facing UNFPA. While there are technical and programmatic justifications for addressing female genital mutilation and child marriage as discrete dedicated issues apart from the larger umbrella of GBV, most of the evidence available to the evaluation indicates that these selected harmful practices have been given greater visibility as standalone issues as a result of donor financing priorities. The current approach to harmful practices programming incurs a level of risk that has not, as yet, been fully mitigated by UNFPA at the corporate level. Specific risks include:

1. Priorities in each evolution of the Strategic Plan reflecting likely available funding streams, rather than an intentional, evidence-based decision to emphasize specific harmful practices: female genital mutilation (first appearing in the 2012–2013 midterm review of the strategic plan), child marriage (first appearing in the 2014–2017 strategic plan), or son preference (first appearing in the 2018–2021 Strategic Plan).

2. The theories of change of the global joint programmes becoming the overall corporate approach to each harmful practice 'by default'; even if the analyses of drivers and change processes are tailored to the specificities of a particular region(s) of the world (such as for FGM), built on a protection-based understanding of drivers (such as child marriage), or are limited by a reductionist definition of a practice (such as focusing on gender-biased sex selection as one manifestation of son preference).

3. Promulgating an understanding of how change happens that is centred on social norm change and does not fully acknowledge structural drivers of harmful practices.

4. Excluding countries that are not involved in a joint programme from the knowledge economy and resource mobilization opportunities that they generate—even for countries without a high prevalence of the practice, shared understanding of the limits of normative change would be valuable.

Nevertheless, despite these risks, the evaluation collected substantial evidence to indicate that UNFPA in partnership with UNICEF, within the global joint programmes, is making significant contributions to efforts to shift social and gendered norms at the local level.

CONCLUSION 3 With a rapid growth in discourse, policies and systems, UNFPA is making important progress in being prepared to respond across the full Humanitarian-Development-Peace nexus – and this can be accelerated [Origin: EQ3, EQ5, EQ6, EQ7]

HUMANITARIAN

CONTINUUM APPROACH

HUMAN RESOURCES

In a relatively short space of time UNFPA has made significant and rapid progress in establishing humanitarian systems, functions, human capital and leadership responsibility. This includes: (1) sole sub-cluster leadership of the GBV Area of Responsibility, (2) human resources surge, fast track procedures, and emergency funds, (3) second generation humanitarian policy, (4) regional humanitarian specialists, and (5) the development and implementation of minimum standards. As a result of these efforts, UNFPA partners recognise the contribution UNFPA is making to preparedness, women and girls' safe spaces, dignity kits, psychosocial support, clinical management of rape, and prevention-awareness across multiple emergencies.

Despite these notable achievements, the evaluation also identified important gaps, challenges, and areas for growth that are indicative of the early stage of the humanitarian function in UNFPA. These include:

1. An insufficient number and range of people available through surge rosters; and the unintended use of sequential surge postings to address chronic gaps in staffing at country level.

2. Emergency funds with a lower ceiling and shorter duration than other entities; and without the ability to roll over at the financial year end.

3. The need to consolidate and align an expanding set of guidelines, guidance notes, checklists, etc. relating to humanitarian programming.

4. Insufficient commitment of core funds to support consistent and high-quality coordination of the global GBV Area of Responsibility and respective in-country

GBV sub-clusters, the primary responsibility of a cluster lead agency and the main expectation of donors and other agencies.

5. Inadequate procurement and financial systems provision for local purchase and prepositioning of emergency commodities.

6. Insufficient mainstreaming of humanitarian knowledge across human resources profiles in key positions (especially understanding of humanitarian cluster system in country representatives' profile, and clinical management of rape in Sexual and Reproductive Health Advisors profiles).

As a result of these gaps, UNFPA is not yet fully ready to respond rapidly and appropriately to humanitarian events, or to the opportunities they create to open up longer-term GBV development programming. For example, country offices and sub-offices do not scale human resources ahead of the flow of humanitarian funds because they cannot guarantee corporate backstopping. As a result, UNFPA misses out on recruiting well-trained staff before other agencies, existing staff are overwhelmed, and resource mobilization opportunities are lost. The main outlier to this pattern is the Syria Hub in Amman, Jordan where UNFPA invested in human capital and has benefited from resource mobilization and success as a result[121].

Contributing to these challenges are two underlying organizational characteristics that are common features of the entire organization, and not limited to the humanitarian space:

1. A historical organizational culture of direct involvement in technical support to implementation, which quickly overwhelms the available capacity of the office, creates competition, and inhibits shared action. UNFPA has not yet fully absorbed the lessons learned by other cluster lead agencies regarding the nature of this role.

2. A range of understandings of GBV across UNFPA that has benefits for programming in the development space but belies the responsibility of the Area of Responsibility to clearly articulate the scope of persons of concern so that all agencies can participate based on a common understanding (see below).

CONCLUSION 4 While the scope of UNFPA work on GBV offers a flexibility that has programmatic advantages, having various understandings and articulations of the boundaries of GBV at play within the agency are a barrier to United Nations coordination and shared understandings with partners [Origin: EQ1, EQ2, EQ3, EQ4, EQ7]

BUSINESS MODEL

HUMAN RIGHTS

MEN AND BOYS

The evaluation found that the various programmatic understandings of GBV in use within UNFPA remain contested (both internally and externally), particularly in relation to the issue of whether GBV is defined as gender-discrimination as manifested specifically in violence against women and girls, or if it also includes men and boys or other marginalized communities. Advantages of inclusive understandings of GBV include: (1) UNFPA can adapt programming to the situation in different political contexts, and work with people in the most marginalized situations; (2) UNFPA can differentiate itself from other entities and agencies working on GBV in the same place; and (3) flexibility to accommodate the different professional backgrounds and traditions of UNFPA staff (such as clinical, statistical, or gender).

Key opportunity

The Area of Responsibility is an opportunity for UNFPA to establish a clearer scope of work for GBV in a specific domain. If it is found to be effective, the Continuum approach represents an opportunity to extend these boundaries to coordination in recovery and development contexts.

However, the evaluation also identified a pattern of (mostly negative) unintended effects resulting from the absence of a shared agency-wide understanding of the "boundaries" of UNFPA's work on GBV or theory of change for GBV (and how it relates to harmful practices):

121. The evaluation notes that the Arab States Regional Office developed a regional GBV Strategy in 2013, with a theory of change. A regional GBV theory of change for the Syria Response was developed based on this. By mid-2013, all five countries involved in the response (including Syria, Jordan, Lebanon, Turkey, and Egypt) came together to validate the theory of change, which served as the basis for a concept note and proposal for funding from DFID. Thus, there was a theory of change at the basis of the regional response to GBV in the Syria crisis from an early point, which enabled UNFPA to assert leadership and successfully raise resources.

1. Confused efforts at coordination with other United Nations agencies and partners.

2. The theories of change that have existed, such as for the global joint programmes on harmful practices, became a default central reference point for global discussions, even though they were not designed for some of the countries included in the programmes.

3. Risk of dilution or confusion of UNFPA positions and analyses in negotiations with donors.

4. Allows differences between staff from a 'services culture' and those from a 'structural culture' to manifest in unbalanced, unintegrated, or incomplete programming.

5. Decentralises responsibility and accountability to the country level for defining important elements of strategy; but without the accompanying resources or authority; with conflict between country offices and headquarters a potential upshot.

6. Despite referencing human rights-based approaches, there is no strong corporate basis for defence of work with non-binary marginalized people.

7. Risks offices shifting away from sensitive human rights issues towards less controversial concerns.

8. Lack of a corporate theory of change integrating both GBV and harmful practices inhibits the organization-wide aggregation of evidence and testing of assumptions.

From the evidence, the main drivers behind the seeming hesitation in establishing a common corporate understanding of GBV are: (1) the search for a comparative 'niche' or emerging opportunities to protect the agency from defunding; (2) that sexual violence against young men is an issue that no United Nations agency has owned; (3) cautiousness with intentionally excluding some groups because of the commitment to 'do not harm'; (4) use of differing understandings by other United Nations agencies and authorities (such as UNHCR, and UN Women).

CONCLUSION 5 While working in partnership and through inclusive approaches are the dominant characteristics of UNFPA programming on GBV and harmful practices, the highest level of results has been achieved when this approach is combined with a sequenced focus on one "domain of change" (i.e. focusing on change to either the legal/policy framework, or community-level social and gender norms, or institutional services delivery), ground-presence and joint programmes [Origin: EQ4, EQ5, EQ6]

PARTNERSHIP

HUMAN RIGHTS

CIVIL SOCIETY

CAPACITY DEVELOPMENT

The qualitative primary evidence (case studies, interviews) strongly indicates that the approach of UNFPA staff at all levels exemplifies an inclusive, human rights-based approach to programming. Transparent, inclusive, and participatory partnership (working with partners towards a shared mission, rather than to implement UNFPA priorities only) was found to be the norm in most places. In the past, this organizational culture has been supported by a robust and reliable pipeline of 'core' resources – a situation that is rapidly changing for the agency.

The most consistent, and strongest, partnerships were found to be with ministries of health and women's civil society organizations; with growing levels of partnership with national gender equality mechanisms, and development and humanitarian NGOs. Much of this work covers response, although there is a growing portfolio of: (1) GBV-prevalence data work with national statistical authorities, (2) GBV-prevention work with ministries of education, (3) work to eliminate harmful practices primarily with UNICEF, local authorities and civil society, and (4) gender-transformative[122] work with non-traditional partners such as men's groups, enterprises, and religious institutions. Balancing and integrating work with these traditional and emerging partners is likely to be a challenge (especially for country offices) in the new strategic plan cycle.

122. Gender transformative approaches encourage critical awareness of gender roles and norms. They include ways to change harmful gender norms in order to foster more equitable power relationships between women and men, and between women and others in the community. They promote women's rights and dignity; challenge unfair and unequal distribution of resources and allocation of duties between men and women; and consider the specific needs of women and men. Such approaches can be implemented separately with women and girls, and with men and boys. However, they are also being increasingly implemented with both women and girls and men and boys together and across generations – either simultaneously, or in a coordinated way in order to challenge harmful masculine and feminine norms and unequal power relations that may be upheld by everyone in the community (WHO, 2013). See: http://www.unwomen.org/en/digital-library/publications/2015/11/prevention-framework.

This challenge is compounded by the funding environment, in which non-core funding increasingly emphasises near-term results. The comparative qualitative analysis undertaken by the evaluation indicates that the strongest levels of outcomes are correlated with cases where UNFPA programming has been focused on specific domains of change (such as focusing on either the legal/policy framework, or community-level social and gender norms, or institutional services delivery).

With decreasing, limited core resources available, the evaluation case studies found a declining scope for UNFPA to invest in the capacity development of women's civil society organizations, its traditional partners. While the social capital established by UNFPA offices means that these organizations 'stay-in-conversation' with the agency, the evaluation detected growing incentives for women's rights groups to deliver projects in partnership with more international development and humanitarian NGOs, or through non-traditional partners (such the private sector and religious institutions).

Key challenge

Shifting international funding patterns – from core financing of UNFPA to non-core project and programme funding – is leaving less and less money for core business functions (such as humanitarian coordination) and programming (such as working on emerging issues or with left-behind groups).

While these organizations can be effective in project delivery terms, the evaluation found that some lacked gender-awareness or did not apply the same level of human rights principles (participation, inclusion, transparency, universality, accountability) that have been the hallmark of past UNFPA interventions. This is of particular concern in regard to work on social and gender norms, and institutional transformation. While the configurational case analysis found relatively linear explanations of causality for policy and humanitarian outcomes, achieving social and institutional outcomes produced very complex solutions. This suggests that nuanced and contextually-embedded understandings are particularly vital to working successfully in these spaces.

Fortunately, the evaluation also found two key mechanisms that have made positive contributions to addressing the challenges of funding environment that is becoming short term and 'projectised'. The first is joint programmes – exemplified by the global joint programmes on harmful practices, but relevant elsewhere. These appear to have generated both the level of investment, and time and space, for UNFPA to capitalize on its comparative strengths and historical partners. The second is subnational offices, which (particularly in decentralised federal states) are enabling UNFPA staff to reach and accompany partners to successfully navigate complex, long-term issues. As such, when staffed with technically-competent individuals, these subnational offices represent outsized value-for-money for UNFPA and are an important value proposition to both host governments and non-core donors.

CONCLUSION 6 Important UNFPA strengths of patient, evidence-based and participatory long-term gender-programming that have delivered results in the past are becoming increasingly difficult to maintain because of a global trend towards an increased proportion of non-core and conditional funding [Origin: EQ2, EQ3]

RESOURCE MOBILISATION

BUSINESS PROCESS

Over the scope of the evaluation, UNFPA has been caught in multiple mutually reinforcing head-winds. These include: (1) declining core-contributions to the United Nations system in general, and especially UNFPA, (2) defunding by the current Republican US administration, (3) large currency fluctuations, (4) increasing demand by taxpayers in donor countries for evidence that favours non-core funding[123], (5) shrinking civic space, especially for human rights, (6) combinations of conservative voices within intergovernmental spaces, and (7) politicisation of United Nations agency executive boards. These challenges are not unique to UNFPA; but the agency does address many of the most politically sensitive issues, including harmful practices.

123. UNFPA management has recognized this trend and is developing new reporting techniques that seek to more explicitly (and accurately) attribute contributions to core donors. This is an important development.

Key risk

The evaluation found several examples of performers of harmful practices crossing internal and international borders to reduce their accountability.

Increasing reliance on non-core funding means that projects need to be designed from the outset to address this risk of 'displacement'.

Taken together, these trends which seem likely to continue, are having two main implications for programming to UNFPA comparative strengths:

1. Straining UNFPA modes of intervention and ways of working that were designed around the availability of core funds.

2. Incentivizing the balance of work towards spaces with higher resource availability – especially humanitarian response and the global donor-led funds.

In combination, the evaluation evidence indicates that these implications are resulting in the proportion of core funds available in many UNFPA budgets being insufficient to adequately maintain critical capacity in coordination or programming with the furthest-behind groups of people. The biggest UNFPA contributions identified in the evaluation have most often started with years of quiet behind-the-scenes work to support national institutions and civil society work disproportionately funded by core resources: a scenario increasingly unfeasible for country representatives to commit to in the current funding climate.

Interviews with UNFPA field offices indicate that this uncertainty is compounded by an expectation of creative use of non-core funds to cross-resource longer term work on GBV (previously resourced by core funding), but with no clear or firm guidance on the boundaries or mechanisms for doing so. As with the flexible definition of GBV itself, responsibility for financing longer term strategies to address GBV is increasingly decentralised within UNFPA, but without the requisite resources[124] and tools for achieving success.

CONCLUSION 7 UNFPA programming frequently transforms the knowledge, discourse and thinking of its partners in a sustainable way, but is less successful in maintaining activities once programme funds have stopped [Origin: EQ2, EQ3, EQ7]

SERVICES

KNOWLEDGE MANAGEMENT

DATA AND EVIDENCE

MANAGING FOR RESULTS

The concept of sustainability used by this evaluation was informed by the OECD-DAC development evaluation criteria definition; continuation of benefits[125]. The evaluation case studies revealed this concept to be insufficient in the context of GBV and harmful practices programming, especially the provision of vital services. The evaluation has thus adopted a more holistic concept of sustainability, as contributions to systemic transformation in institutions, political or social norms, or of programmatic knowledge and practice. This wider approach to sustainability was fully acknowledged in interviews with key donors to UNFPA gender work; but it is not fully captured in current results-based management.

Since the patterns of discrimination and unequal power that support perpetration of violence are also reflected in resource allocation decisions at more systemic levels and at the individual level, the evaluation case studies revealed that safe spaces are least likely to continue without external support. While the individual benefits to women and girls who have used shelters and one-stop-shops may continue, this is subject to a myriad of structural conditions beyond the control of UNFPA[126]. Similarly, many of the activities (and organizations) addressing gender and social norms that support harmful practices interventions continue to rely on external finance. This is not a failure of sustainability, but an inevitable consequence of the deep-seated unequal distribution of resources and decision-making in most countries.

124. While UNFPA offices do have access to important resources, such as communications expertise, resource mobilization specialists (through regional offices), and gender expertise, these are in very limited supply and are unevenly distributed. Thus, they do not contribute a comparative advantage for the agency.

125. See http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm Benefits can be defined by the programme itself as the continuation of a services, or the continuation of the benefits that it provides. Services can contribute to both response (i.e. health services) and prevention (i.e. education services). Of these, education services are likely to have longer-term benefits; but should be assessed in terms of the structural conditions that promote or undermine gender equality.

126. They can also be better connected to wider United Nations system work on livelihoods and women empowerment.

Policy changes, life-skills education, and national prevalence data all exhibit key attributes of sustainability in terms of altering the ongoing decision-making framework of individuals and institutions. In addition to direct benefits, implementation of services and prevention activities can also generate new evidence and experiences that contribute to informing the design of these decision-making frameworks. At the moment, however, these links are not systematically explained, pursued, or captured[127].

Similarly, within the humanitarian space, the configurational case analysis found evidence of health systems response services making important contributions to driving longer-term policy and social normative outcomes. Expanding the use of the 'continuum' approach across the development-humanitarian-peace nexus thus provides a key window of opportunity to contribute to longer term effects if lessons about these conditions can be captured, analysed, and shared. The qualitative analysis also highlights that preparedness work in development spaces similarly contributes to humanitarian response.

Aside from some notable exceptions, such as Partners for Prevention in Asia Pacific, UNFPA is not consistently connecting its support to building capacity and developing services with its knowledge economy or learning from the full range of evidence about what does and does not work. This knowledge ecosystem is considered to be a critical value proposition for UNFPA. The generation of evidence includes getting better at learning from what does not work, as well as good practices. While plans for some new corporate tools to both capture learning—including from what fails —and share as well as leverage for improved programming are now in motion, and despite the strong efforts of regional gender advisors and the global joint programmes, the evaluation found that systematization of knowledge management has, within the scope of the evaluation, consistently been an organizational weakness across GBV and, to a lesser degree, harmful practices programming.

127. They can also be better connected to wider United Nations system support and to national planning and budgeting.

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5 RECOMMENDATIONS

Based on the conclusions, the following areas for recommendations have been developed and validated with the evaluation reference group. Recommendations have been organized in three clusters: corporate level; development; humanitarian.

5.1 OVERARCHING RECOMMENDATIONS AT THE CORPORATE LEVEL

RECOMMENDATION 1: UNFPA is recommended to reiterate the corporate priority placed on maintaining senior gender and GBV expertise in UNFPA staff positions at all levels in order to deliver on commitments under Strategic Plan (2018–2021) Outcome 3.

URGENCY: High

IMPACT: High

DIFFICULTY: Medium

DIRECTED TO: senior management

Maintaining senior gender and GBV expertise is critical to the ability of UNFPA to deliver on commitments under Strategic Plan (2018–2021) Outcome 3. Several interlinked factors have, however, impacted levels of investment.

The evaluation has, for example, found persistent evidence of gender staff overall, including specialists in GBV and harmful practices, being dependent on non-core sources of financing, such as the global joint programmes or humanitarian funds. In addition, the unexpected effect of the prioritization of certain UNFPA strategic plan outcomes in country programme documents, in some countries, has been to disadvantage the recruitment of gender experts because: 1) gender is intellectually easier to mainstream across other outcomes than vice-versa, and 2) the peripheral location of gender in the visualization of the 'UNFPA bullseye'.

Emerging implications of this situation are concluded to be: 1) detrimental to UNFPA capacity to address the root causes of restricted access to and control over sexual and reproductive health (as core funding more readily facilitates this long-term work), 2) undermining the strategic positioning of UNFPA within United Nations country teams to contribute to gender equality, and 3) a barrier to UNFPA country offices being able to quickly respond to the cluster lead agency mandate on GBV, especially in sudden onset emergencies.

These implications represent a serious challenge to meeting UNFPA commitments under Strategic Plan (2018–2021) Outcome 3. Sustaining gender expertise, including GBV specialists and advisor positions, are core to maintaining the strength (and value added) of UNFPA, and key to addressing the Humanitarian-Development-Peace nexus.

Achieve this by:

- Clearly communicating with country representatives, the corporate priority placed on maintaining senior gender expertise, including in GBV and harmful practices, in country office staff positions at every opportunity, with senior management support for funding these from core budgets.
- Directly reflecting this commitment by ensuring that staffing of Strategic Plan (2018–2021) Outcome 3 at headquarters and regional level is at least equivalent to staffing of Outcomes 1 and 2.
- Considering adopting a formal organizational benchmark of a percentage of programming expenditures allocated to advancing gender equality results, gender programming, capacity, and systems-building.

RECOMMENDATION 2: Building on existing United Nations joint programmes and initiatives, and the opportunity of the 2018–2021 Strategic Plan's common chapter, UNFPA is recommended to issue clear guidance on the UNFPA GBV portfolio of work, with a focus on clarifying the targets of UNFPA support. The guidance can be used, inter alia, to facilitate the necessary formally structured mechanism for joined-up working on GBV, especially with UN Women, that ensures no one is left behind.

URGENCY: High

IMPACT: High

DIFFICULTY: High

DIRECTED TO: Technical Division and Programme Division

United Nations coordination around GBV (in particular) and harmful practices has, in most cases, not been as effective as intended in joint statements. The evaluation has also concluded that the absence of a clear and shared demarcation of the boundaries of GBV programming for UNFPA (especially in relation to the issue of men and boys) has significant implications for both coordination and programming.

There are positive examples of close and effective coordination to build on (such as the essential services package at global level, regional coordination in Eastern Europe and Central Asia, regional joint programming in Asia and the Pacific, and joint programmes in Uganda). Cooperation around the EU-funded Spotlight Initiative may further nurture this.

However, there was a strong demand for clearer and more structured and formalised divisions of labour to be agreed at all levels (global, regional, country) in order to make positive examples of coordination more possible and more common, particularly with UN Women as the mandated entity for system-wide coherence on gender equality and empowerment of women.

Since UNHCR holds authority to coordinate protection in the cluster system (including comprehensive coverage of both displaced persons and host populations), the evaluation concludes that this is also a priority relationship; and notes the 2018 UNFPA-UNHCR cooperation agreement (to promote closer collaboration on emergency preparedness and response between the two agencies) as an important step forward that can inform negotiations with other entities.

Achieve this by:

- Establishing a clear corporate policy on whether specific groups, especially young men survivors of sexual violence, are included as beneficiaries in the scope of UNFPA programming on GBV and ensure existing tools and guidance are tailored / updated accordingly.
- Ensuring that a common understanding of GBV is promulgated throughout UNFPA and provide clear guidance for field offices on the expected and corporate-supported level of flexibility available for local adaptation of the operationalization of UNFPA definition of GBV.
- Using an intersectional lens, ensure the full inclusion of those affected by GBV, including people living with disabilities and members of indigenous communities, within the scope of UNFPA GBV and harmful practices programming; building on existing good practices and best available evidence to support countries strengthen their focus on prevention programmes and services with the greatest potential to reduce GBV and harmful practices.
- Advocating for visibility and recognition of UNFPA expertise in national prevalence data (especially when combined with qualitative 'voices' of survivors) within inter-agency fora.
- Strengthening the technical capacity of UNFPA to support development of national administrative GBV data systems of relevance to informing United Nations country teams of the evolving needs of marginalized groups.
- Together with UN Women, agreeing and implementing a structured partnership framework between the two entities (for example, based on lessons from Joint United Nations Programme on HIV/AIDS) and common guidance on mandates and modes of engagement of both entities in the areas of GBV and harmful practices.

RECOMMENDATION 3: UNFPA is recommended to systematize the production and exchange of outcome-level learning from UNFPA programmatic implementation; including opportunities for knowledge exchange about what does not work and programmatic failure in GBV and harmful practices (recognising this as valuable learning and a contribution to the public good).

URGENCY: Medium

IMPACT: Medium

DIFFICULTY: Medium

DIRECTED TO: Programme Division in collaboration with regional offices

The evaluation identified critical gaps in the gathering of outcome-level data and systematized international exchange of knowledge outside of individual global and regional programmes. This was concluded to inhibit organizational learning. The evaluation also found examples of donors placing a premium on the process of systematically gathering all existing evidence about what works and what does not work, testing this through well-monitored programming, and gathering learning from that to publish new evidence. However, the uncertain funding environment is also creating a heightened 'fear of reporting failure', with strong disincentives to capture and publish failed innovations as well as successful practices. This creates a paradox that the evaluation concludes requires new approaches.

Achieve this by:

- Identifying and promoting a single online platform to act as a common space for UNFPA and partners (and others working in the area of GBV and harmful practices) to share knowledge on what works and what does not work in GBV and harmful practices. Ideally this platform (or platforms) would be pre-existing, open, and operated for public benefit.
- Making contributing to this platform a reporting requirement for work on GBV and harmful practices.
- Creating social incentives (recognition) for honest appraisal and recognition of failure as a valuable learning opportunity.
- Using evidence from this platform to inform programming (and proposals) and make contribution of new knowledge to this platform an output or activity of annual workplans on GBV and harmful practices, as relevant.

RECOMMENDATION 4: UNFPA is recommended to continue engaging Member States and donors in the discussion on the importance of core funding, the need for quality non-core funding through thematic instruments, and adequate levels of predictable funding for the Strategic Plan, that can be flexibly utilized by field offices to support adaptive longer-term programming capabilities.

URGENCY: Medium

IMPACT: High

DIFFICULTY: High

DIRECTED TO: Resource Mobilization Branch

The shift in funding patterns from core contributions to non-core funding is a clear and present threat to the strategic strength of UNFPA in delivering long-term evidence-based transformative programming on GBV and harmful practices. Steps to mitigate this can, and are, being implemented by the agency – including having communications and resource mobilization specialists better articulating the contributions of core donors to strategic impact, and through joint programmes and United Nations reform. However, given the wider prevalence and inexorability of this shift in funding patterns, the evaluation concludes that additional efforts are required in order to fully preserve the strategic capabilities demonstrated by UNFPA.

Achieve this by:

- Identifying new innovative approaches to fund raising, with the aim to mobilize additional core resources, quality non-core and adequate levels of predictable funding for GBV.

5.2 RECOMMENDATIONS FOR DEVELOPMENT CONTEXTS

RECOMMENDATION 5: While recognizing the importance of interconnected UNFPA programming on GBV and harmful practices, UNFPA offices with limited resources are encouraged to focus their main efforts on the areas in which UNFPA has the greatest impact, with the aim of avoiding 'spreading too thin'.

URGENCY: High

IMPACT: High

DIFFICULTY: Low

DIRECTED TO: Country and regional offices

The evaluation clearly concluded that combining policy engagement, operational (programmatic) presence, and technical expertise in systems building is a core comparative strength of UNFPA and offers a unique strategic position within the United Nations landscape. At the same time, the quantitative analysis of evidence from case studies revealed that results are progressed further and faster when there is a concentration of effort around specific areas of work. Given contexts of limited resources, this is explained by the risk of 'spreading too thin' where all outcomes are targeted with equal effort at the same time.

Achieve this by:

- Recognising the links between outcomes (the theory of change in each context) and the comparative strengths of other UN entities and key partners at national level, it is recommended that UNFPA offices focus available resources around making progress in the most impactful areas of work (while, at the same time, remaining engaged less intensively in the other areas).

RECOMMENDATION 6: UNFPA is recommended to progressively rebalance the GBV and harmful practices portfolio towards more and better work on prevention, including the entry point of psychosocial response for prevention.

URGENCY: High

IMPACT: High

DIFFICULTY: Medium

DIRECTED TO: Gender, Human Rights and Culture Branch, Sexual and Reproductive Health Branch, Humanitarian and Fragile Contexts Branch, and regional offices

The evaluation concluded that national capacity has been extensively supported, especially through professional training programmes, policies and referral pathways. This is strongest in relation to the clinical health response, with more variation in the psychosocial response and in relation to prevention.

While the accelerating promulgation of a multisector approach and the joint essential services package should help to address, to some extent, the need for the psychosocial, economic and legal services (including as secondary prevention) to catch up with the clinical response, the evaluation also noted that caution is required in establishing funding arrangements for counselling to manage the risk of doing harm from the early withdrawal of services.

By comparison, the evaluation found that UNFPA work on primary prevention (including through communication, adolescents and youth empowerment, engagement with non-traditional partners, and gender transformative programming with men and boys), has a more uneven library of evidence to draw on (especially in regard to the efficacy of communications and working with traditional leaders). Extending research and synthesis efforts, such as Partners for Prevention, and under the global joint programmes on harmful practices could help address this; especially if linked to other global initiatives such as the DFID-funded What Works programme.

Achieve this by:

- Plan for and commit human resources to synthesizing existing evidence on what work and use this evidence in the development of policies and programmes on:
- Prevention based on the work of the joint programmes on harmful practices and the Spotlight Initiative Prevention Pillar.
- Ensuring a successful multisectoral approach to GBV based on the essential services package and other multisector initiatives.

RECOMMENDATION 7: UNFPA is recommended to further support recognition of sub-national inequities within the application of the UNFPA 'quadrant classifications' by encouraging field offices to apply UNFPA modes of intervention flexibly.

URGENCY: Medium

IMPACT: Medium

DIFFICULTY: Medium

DIRECTED TO: Programme Division

The recently-introduced flexibility in the application of the UNFPA business model and quadrant classification is an important development that should respond to many of the issues identified by the evaluation. Further to this more nuanced approach to programming, however, the evaluation highlighted many examples of the value of programming design that is highly adapted to different sub-national contexts and specific sociocultural clusters. In large federal states, for example, this was strongly enabled by the presence of country sub-offices (where they were set up).

Given growing concern about the level of inequality within countries, as well as insufficiency of the national Gini coefficient as a useful programmatic indicator to respond to this, it would be useful to be able to further differentiate UNFPA business quadrants within countries. UNFPA sub-national offices (and their areas of coverage) make a natural unit of analysis for this differentiation (for example, a sub-office in poor district could be 'orange' while the country office is 'yellow'), adding value through enhanced programmatic responsiveness, combined with greater authenticity at the political level. They should, where relevant, be preserved. However, in contexts where sub-national/satellite offices do not exist (the large majority of countries in which UNFPA operates), further reflection on sub-national disaggregation to address intra-country inequality is needed.

Achieve this by:

- In coordination with UNDAF processes, articulating and clear defining the structures and processes which define those subnational levels, and then ranking them based on the quadrant criteria. As both the boundaries and the ranking of subnational units is often highly contested, UNFPA must help facilitate an inter-agency effort. UNFPA strengths in population-based data can help to de-politicize this process.
- For countries lacking reliable or sufficient disaggregated data on the eight criteria (which UNFPA uses to determine "need") at the subnational level, support should focus on building the capacity for objective analysis.[128]
- For countries in which the subnational units are not capable of following the principles of this quadrant determination (due to weak infrastructure, lack of clarity of boundaries, or conflicted contestation of those boundaries), minimum criteria to be able to determine the appropriate level for subnational action should be established.

5.3 RECOMMENDATIONS FOR HUMANITARIAN CONTEXTS

RECOMMENDATION 8: The evaluation endorses the agreed Inter-Agency Standing Committee (IASC) principal of "Humanitarian System-Wide Scale-Up Activation" and on a "no-regrets" basis, and strongly recommends UNFPA Senior Management to fully support the operationalisation of this commitment to ensure that senior-level humanitarian GBV coordinators are present in all active humanitarian emergencies.

URGENCY: High

IMPACT: High

DIFFICULTY: Low

DIRECTED TO: senior management

128. In UNFPA Strategic Plan (2018–2021), need is determined by indicators that directly measure the areas of development on which UNFPA focuses: (a) maternal mortality rate; (b) skilled birth attendance of the poorest quintile of the population; (c) adolescent fertility rate; (d) need for family planning satisfied; (e) youth HIV incidence rate; (f) gender inequality index; (g) the INFORM index for risk management; and (h) national data availability for skilled birth attendance, adolescent birth rate and gender-based violence.

Humanitarian emergencies represent a significant window of opportunity for UNFPA in terms of: (1) initiating services and policy work on GBV that was previously not feasible, (2) supporting mainstreaming of GBV within the international and national agencies involved in the response, and (3) establishing UNFPA as a capable and valued actor. There is voiced commitment to UNFPA's role as a sub-cluster lead agency, and rapid progress has been made on establishing humanitarian policies, procedures and tools. However, the level and speed of core funds available for the core tasks of coordination have not matched this progress.

Country representatives should be in a position to rapidly commit to recruit senior level GBV sub-cluster coordinators with equal negotiating power to other clusters. The Syria Hub is an illustration of the comparative advantage provided by investing up-front in the right people, including attracting additional funds. The facility to replicate this approach should be institutionalized at country level.

Achieve this by:

- Committing to placing the full organizational support of UNFPA into ensuring that a 'no-regrets' approach to scaling-up in rapid onset humanitarian emergencies is operationalised, including provision for dedicated senior GBV sub-cluster coordinators.
- Ensure a staff position for a GBV sub-cluster coordinator is included, by default, in the organogram of country offices that experience a number of sudden onset and protracted crises per year.

RECOMMENDATION 9: UNFPA is recommended to ensure that both staff profiles and procurement policies and practices respond appropriately to the requirements of sudden onset humanitarian emergencies.

URGENCY: High

IMPACT: High

DIFFICULTY: Medium

DIRECTED TO: Deputy Division for Human Resources, Procurement Services, Commodity Security Branch, Humanitarian and Fragile Contexts

The evaluation concluded that, whilst the surge facility has been an important step forward, there remains significant potential for UNFPA to be more operationally responsive to sudden onset humanitarian emergencies, and to maintaining high levels of operational tempo after the initial round of surge deployments.

Both initial responsiveness and sustained support to humanitarian emergencies requires informed engagement from experts across the agency. At a minimum, this requires mainstreaming relevant technical competencies in GBV in emergencies and humanitarian coordination; but there is also a gap in terms of a flexible fast-track contractual mechanism (such as an expert retainer contract) for medium-term staffing provision after the initial round of surge deployments.

Human resources need to be matched with timely, sustained, and appropriate supplies. The evaluation identified important lessons emerging from existing supplies prepositioning projects and concluded that there is a need to consolidate these with a view to enhancing the programmatic contribution of the supplies function.

Achieve this by:

- For circumstances where specialist GBV advisors are not available due to resource constraints, mainstream competencies in GBV in emergencies in senior gender advisor profiles.
- Including competencies in the humanitarian system in country representative profiles for countries vulnerable to disasters.
- Including competencies in clinical management of rape in senior sexual and reproductive health staff profiles.
- Develop a post-surge medium-term fast track recruitment solution to prevent 'surge' from being used on a rolling basis after the initial response.
- Evaluate the performance and lessons from current and recent humanitarian supplies preparedness and prepositioning initiatives. Draw on the findings and conclusions of previous evaluations, including Midterm Evaluation of the UNFPA Supplies Programme (2013-2020), and lessons from other humanitarian agencies.

RECOMMENDATION 10: UNFPA is encouraged to strengthen the humanitarian component of UNFPA work to further adapt the lessons and tools from other cluster lead agencies; and to thereby mainstream the organizational practice of cluster coordination as an inter-agency function (the value of which is to represent the voice and facilitate the success of all agencies).

URGENCY: Medium

IMPACT: Medium

DIFFICULTY: Low

DIRECTED TO: Programme Division

The humanitarian capabilities of UNFPA have come a long way in a short time. However, the case studies largely illustrate that the role of sub-cluster lead agency is still seen and practised as inward-looking (about UNFPA leading things), rather than recognising that value is derived from facilitating others through coordination and representation (outward-looking). Other cluster lead agencies have been through the transition from 'leading-from-the-front' to 'leading-through-enabling': and have generated many lessons, tools, and practices that UNFPA can adapt and adopt without having to discover them anew. There is also a strong heritage of UNFPA working as a supporting partner in regard to its wider work on harmful practices and GBV, which can help inform a transformational approach to coordination.

Achieve this by:

- Undertake a synthesis desk review of other United Nations cluster lead agency evaluations and reviews specifically for cluster responsibilities and extract learning and recommendations for consideration for UNFPA implementation.

RECOMMENDATION 11: UNFPA is recommended to create a global continuum fund window within an existing funding mechanism within UNFPA as a means to strengthen partnerships, accelerate the Continuum approach, and scale-up innovation across the Humanitarian-Development-Peace nexus.

URGENCY: High

IMPACT: Medium

DIFFICULTY: Low

DIRECTED TO: Programme Division and Technical Division

The Continuum Approach is contributing to greater effectiveness in both development and humanitarian settings. While the concept continues to be developed under the leadership of headquarters – including via a recently launched joint project on the approach – important evidence and innovations are being developed at regional and country-level based on local experience and insight. Further nurturing these initiatives and accelerating integration across work-streams requires that offices are able to overcome the challenge of funding coming through the international humanitarian and development systems that continues to remain disjointed. Given the 'New Way of Working' agreed at the World Humanitarian Summit 2017[129], there is a strong case for UNFPA to establish a funding window specifically to provide country offices with medium-term dependable access to resources that can innovate GBV and harmful practices programming across the Humanitarian-Development-Peace nexus.

Achieve this by:

- Advocate with Member States that are supportive of the 'New Way of Working' to support a global UNFPA Continuum funding window to accelerate and scale up the Continuum Approach. One option could be including a window in the Innovation Fund. Advocate for flexible financing models and multi-year joint appeals that cut across the Humanitarian-Development-Peace nexus.

129. The New Way of Working can be described, in short, as working over multiple years, based on the comparative advantage of a diverse range of actors, including those outside the United Nations system, towards collective outcomes. Wherever possible, those efforts should reinforce and strengthen the capacities that already exist at national and local levels. See: https://www.agendaforhumanity.org/initiatives/5358.

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