
Evaluation of UNFPA support to gender equality and women's empowerment (2012-2020)



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Evaluation of UNFPA support to gender equality and women's empowerment (2012-2020)

COUNTRY CASE STUDIES:

COLOMBIA, CÔTE D'IVOIRE, JORDAN, MALAWI

REGIONAL CASE STUDY:

LATIN AMERICA AND THE CARIBBEAN

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2012-2020

Estudio de Caso Colombia: tabla de evidencias de país

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Acrónimos y Abreviaturas

ACNUR	Agencia de las Naciones Unidas para los Refugiados
APC	Agencia Presidencial para la Cooperación
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CERF	Central Emergency Response Fund
CONPES	Consejo Nacional de Política Económica
CPE	Country Programme Evaluation
DANE	Departamento Nacional de Estadística
DDHH	Derechos Humanos
DSR	Derechos Sexuales y Reproductivos
EIS	Educación Integral en Sexualidad
FARC-EP	Fuerzas Armadas Revolucionarias de Colombia -Ejército del Pueblo
GEWE	Gender Equality and Women's Empowerment
GIFMM	Grupo Interagencial sobre Flujos Migratorios Mixtos
IVE	Interrupción Voluntaria del Embarazo
LGBTIQ	Lesbiana, Gay, Bisexual, Transgénero, Intersexual y Queer
MGF	Mutilación Genital Femenina
MIUT	Matrimonio Infantil y Uniones Tempranas
MSPS	Ministerio de Salud y Protección Social
OCHA	Oficina de las Naciones Unidas para la Coordinación de Asuntos Humanitarios
OIM	Organización Internacional para las Migraciones
ONG	Organización No Gubernamental
OPS	Organización Panamericana de la Salud
PDET	Programas de Desarrollo con Enfoque Territorial
PNUD	Programa de las Naciones Unidas para el Desarrollo
SIVIGE	Sistema Integrado de Información sobre Violencias de Género
SNU	Sistema de las Naciones Unidas
SSR	Salud Sexual y Reproductiva
UNDAF /MANUD	Marco de Cooperación de las Naciones Unidas para el Desarrollo
UNFPA	Fondo de Población de las Naciones Unidas
UNICEF	Fondo de las Naciones Unidas para la Infancia
VBG	Violencia Basada en Género

I - Introducción

El estudio de caso Colombia, es uno de los catorce estudios de caso¹ de la evaluación global sobre el apoyo del Fondo de Población de las Naciones Unidas (UNFPA) a la igualdad de género y el empoderamiento de la mujer en el nexo entre desarrollo, respuesta humanitaria y construcción de paz durante el período de enero de 2012 a julio de 2020, el cual cubre, en Colombia, los períodos estratégicos y marco de resultados de los Programas País 2008-2015 y 2015-2019, incluyendo sus respectivas extensiones. Inicialmente previsto como un estudio de caso “presencial”, se realizó de forma remota entre junio y octubre 2020 dada las circunstancias de restricciones de movilidad por la pandemia del COVID-19.

Según los términos de referencia, los **objetivos principales** de la evaluación son:

- Evaluar la **relevancia, efectividad, eficiencia y sostenibilidad** del apoyo del UNFPA a la igualdad de género y el empoderamiento de las mujeres en los entornos de desarrollo y humanitarios.
- Evaluar hasta qué punto el UNFPA se ha **posicionado efectivamente** como un jugador entre los socios nacionales, dentro del sistema de la ONU y la comunidad en general, que trabaja para promover la igualdad de género y el empoderamiento de las mujeres.
- **Generar conocimiento** del apoyo pasado y actual e **identificar las lecciones aprendidas**, informar el diseño del próximo Plan Estratégico del UNFPA (2022-2025), la implementación de la Estrategia de Igualdad de Género (2018), así como la posición del UNFPA dentro de la Agenda 2030.

La evaluación cubre **tres componentes**:

- **Fit for Purpose:** grado en que los sistemas y procesos institucionales de UNFPA son adecuados para el propósito de hacer avanzar la igualdad de género y el empoderamiento de la mujer (GEWE, por sus siglas en inglés)
- **Mainstreamed support:** grado en el que el UNFPA ha incorporado la igualdad de género en todas las esferas de resultados y en todos los ámbitos de transformación, tanto en los niveles formales (leyes, políticas) como informales (costumbres y factores culturales)
- **Dedicated contribution:** evaluación del trabajo realizado en el marco del resultado específico sobre la igualdad de género:
 - Contribución a los marcos normativos, jurídicos y de rendición de cuentas, así como a los mecanismos de protección, para promover GEWE.
 - Apoyo al fortalecimiento de la participación de la sociedad civil en la igualdad de género para promover los derechos reproductivos y el empoderamiento de la mujer
 - Apoyo a las normas sociales en proceso de cambio
 - Apoyo a la participación de los hombres y los niños en GEWE
 - Apoyo a la eliminación de la violencia de género y las prácticas nocivas

El ámbito geográfico de la evaluación incluye el apoyo del UNFPA a nivel nacional, regional y mundial (así como sus interconexiones). La evaluación cubre todas las actividades planificadas y/o implementadas (independientemente de la fuente de recursos o el tipo de financiación).

¹ De los catorce estudios de caso de la evaluación global, dos se realizaron *in situ*, dos con entrevistas virtuales y análisis documental, entre ellos el Estudio de Caso de Colombia; y 10 principalmente con análisis documental. También se realizó un estudio de caso de la región Latinoamérica y El Caribe.

II – Contexto

Marco normativo para la equidad de género

En los últimos veinte años, Colombia ha realizado significativos avances en los marcos legales y de política pública hacia la igualdad de género y el empoderamiento de las mujeres². Se encuentran vigentes, entre otras: **i)** la Política Pública Nacional de Equidad de Género para las Mujeres, incluida en el Plan Nacional de Desarrollo 2010-2014 (Artículo 177 de la Ley 1450 de 2011), que pretende abordar las problemáticas que afectan a todas las mujeres de manera integral y desde una lógica diferencial, involucrando a la sociedad en su conjunto para que se construyan relaciones equitativas entre hombres y mujeres; **ii)** el documento CONPES³ 161 de 2013, que viabiliza la política pública de equidad de género para mujeres, (niñas, adolescentes, jóvenes y adultas) urbanas, rurales, pobres, afrocolombianas, negras, raizales, palenqueras, indígenas, campesinas y Rrom⁴, como también a aquellas de diversas opciones sexuales y las que se encuentran en situación de especial vulnerabilidad (las mujeres en situación de discapacidad y las víctimas de diversas formas de violencias), y precisa el Plan Integral para Garantizar una Vida Libre de Violencias (PIVLV); **iii)** la Política Nacional de Sexualidad, Derechos Sexuales y Derechos Reproductivos 2014-2021, que asume la sexualidad desde su potencialidad en la realización de los seres humanos y como insumo en la creación de transformaciones políticas y sociales para el logro de la calidad de vida, la solidaridad humana y la ciudadanía y no solo como riesgo en la gestión de salud⁵.

² Algunos de los marcos legales y de política pública respecto a GEWE son: **Ley 248 de 1995**, de aprobación de la Convención Internacional de Belem do Pará, Brasil. Para prevenir, sancionar y erradicar la violencia contra la mujer; **la Ley 1719 de 2014** para garantizar el acceso a la justicia de las víctimas de violencia sexual en especial con ocasión del conflicto armado y la garantía plena del goce efectivo de sus derechos con reconocimiento de sus afectaciones particulares; **Ley 294 de 1996, modificada por la Ley 599 de 2000**, para la prevención, remedio y sanción de la violencia intrafamiliar; **Decreto Reglamentario 444 de 2006** que regula en materia de servicios de salud sexual y reproductiva; **Ley 1257 de 2008** sobre sensibilización, prevención y sanción de formas de violencia y discriminación contra las mujeres; **CONPES 147 de 2012** sobre “Prevención del Embarazo Adolescente”; **Ley 1761 de 2015** por la cual se tipifica el delito de feminicidio como delito autónomo, promulgada como respuesta del Estado Colombiano ante la brutal violación, y el homicidio de Rosa Elvira Celis en 2012; y varias sentencias de la Corte Constitucional, como la **Sentencia C-355 de 2006** y **T-988 de 2007**, de despenalización del aborto, y las **Sentencia T-946 de 2008**, **T 009 de 2009** sobre interrupción voluntaria del embarazo, objeción de conciencia en casos de aborto y consecuencias jurídicas por la no práctica oportuna del aborto en los eventos despenalizados.

³ Los documentos del Consejo Nacional de Política Económica y Social o documentos CONPES, definen políticas generales en materia económica y de inversión social para ser ejecutadas por el gobierno nacional y los gobiernos departamentales y municipales.

⁴ Se denomina población Raizal a la nativa de las islas de San Andrés, Providencia y Santa Catalina; población Palanquera a la descendiente de personas esclavizadas que en actos de resistencia y libertad se refugiaron en algunos territorios especialmente de la costa norte colombiana y conservan su lengua y cultura; la población Rrom es población gitana que llegó inicialmente en tiempos de la Colonia y mantiene su identidad, cultura e idioma romaní.

⁵ Otras normativas vigentes son: **la Directiva 002 de la Procuraduría General de la Nación** que insta a gobernadores, alcaldes y alcaldes elegidos para el período 2020-2023, a priorizar dentro de los planes de desarrollo territorial, la inclusión de las acciones necesarias para garantizar los derechos de los niños, niñas, los adolescentes, los jóvenes, las mujeres, las familias, las personas con discapacidad y las personas mayores de sus territorios; el **CONPES 3784**, marco normativo del Artículo 9 de la **Ley 1257 de 2008**, Sensibilización, prevención y sanción de formas de violencia y discriminación contra las mujeres, establece que los Planes de Desarrollo Territorial deberán incluir un capítulo de prevención y atención para las mujeres víctimas de la violencia. **Circular 10-4 de 2019** Insta a los entes públicos nacionales y territoriales a registrar la información sobre programación y ejecución presupuestal en el SUIFP y a

El actual Plan Nacional de Desarrollo⁶ “Pacto por Colombia, Pacto por la equidad 2018-2022, en su capítulo 14⁷ promueve 8 líneas estratégicas para la equidad de género, con metas frente a derechos sexuales y reproductivos y vida libre de violencias, y acciones centradas en servicios de atención, programas de protección y promoción de diferentes derechos que, si bien buscan restablecer los derechos de las niñas y mujeres víctimas de violencias, no impactan directamente la estructura de poder de género ni la cultura, sobre las cuales se afianza el sexismo y el machismo.

Brechas de género

A pesar de los avances en los marcos normativos y de política pública en GEWE, existen grandes debilidades en la implementación y puesta en marcha de la normatividad, especialmente a nivel territorial, así como profundas desigualdades sociales y económicas en materia de género. En 2018 Colombia ocupó el puesto 40 en el panorama mundial de la brecha de género⁸, con un 72,9% (frente al puesto 36 en 2017 y al 39 en 2016), estando por encima de la media global.

Según el Censo Nacional de Población y Vivienda de 2018, en el país, se registraban 22.6 millones de colombianas y 21.6 millones de colombianos, que integraban 14.2 millones de hogares, de los cuales cerca de 6 millones tenían al frente a una mujer (40.7%). La Encuesta Integrada de Hogares de 2019 reportó que una mujer recibía 88 pesos por cada 100 que recibía un hombre por realizar el mismo trabajo; 3 de cada 10 mujeres no cuentan con ingresos propios, 5 de cada 10 mujeres casadas tienen trabajo remunerado frente a 8 de cada 10 hombres casados. La brecha salarial entre hombres y mujeres fue de 12% en 2018⁹. Entre las mujeres de 18 a 28 años, el desempleo se agudiza, 14 de cada 100 mujeres en condiciones de trabajar y que buscan un empleo, no lo logran, lo que significa que están seis puntos porcentuales por encima de los hombres (8 de cada 100)¹⁰. Diariamente, las mujeres en promedio destinan 7 horas 14 minutos al trabajo doméstico y de cuidado no remunerado, mientras que los hombres destinan máximo 3 horas a estas tareas¹¹.

A esta grave situación se suman los efectos del modelo de economía extractivista, la inseguridad y la violencia, las políticas de ajuste fiscal y el desempleo. Según cifras recientes del Departamento Administrativo Nacional de Estadística (DANE) la tasa de desempleo en Colombia en julio del 2020 fue del 20,2%, lo que significó un aumento de 9,5% respecto al mismo mes del 2019¹² cuando el indicador se

hacer uso de los trazadores presupuestales, que incluyen el de equidad para la mujer, para identificar la focalización de recursos. **Circular 01 de 2019** de la Vicepresidencia, impulsa la creación y/o implementación de la instancia encargada de los temas de género en municipios y departamentos.

⁶ También el anterior Plan Nacional de Desarrollo 2014 -2018 “Todos por un nuevo país”, expedido por la Ley 1753 de 2015, plantó los compromisos del gobierno con diversos grupos poblacionales de mujeres, para avanzar en la garantía de sus derechos.

⁷ Capítulo 14 del Plan de Desarrollo: Pacto por la equidad para las mujeres.

⁸ <https://datosmacro.expansion.com/demografia/indice-brecha-genero-global/colombia>.

⁹ Según datos del DANE de 2017, de las personas que informaron a las autoridades tributarias tener una riqueza igual o superior a COP \$1.000 millones, el 40% fueron mujeres y su riqueza promedio fue un 15% inferior a la riqueza promedio de los hombres.

¹⁰ Fuente: Gran Encuesta Integrada de Hogares (GEIH) 2019.

¹¹ Fuente: Encuesta Nacional de Uso del Tiempo (ENUT) 2016 – 2017.

¹² Aunque parte del aumento del desempleo ha sido ocasionado por la pandemia del Covid-19, ya se venía registrando desde fines de 2019 una tendencia al incremento.

ubicó en 10,7%, siendo la tasa de desempleo de las mujeres de 26,2% y la de los hombres de 16,2% (frente a 13,6% y 8,6%, respectivamente en julio 2019), marcando un incremento en la brecha de género.

El Acuerdo de Paz firmado entre el Gobierno y las Fuerzas Armadas Revolucionarias de Colombia -Ejército del Pueblo (FARC-EP), integra un enfoque de género¹³ que se traduce en 122 medidas para el logro de la igualdad de derechos entre hombres y mujeres independientemente de su estado civil, curso de vida, relación familiar y comunitaria; la participación activa de las mujeres y sus organizaciones en la construcción de la paz, y la reparación a las mujeres víctimas por causa del conflicto, mediante medidas afirmativas que respondan a los impactos desproporcionados que ha tenido el conflicto armado en las mujeres, en particular la violencia sexual.

A pesar de la firma del Acuerdo de Paz con las FARC – EP en el 2016, el escenario de posconflicto en Colombia y la búsqueda de construcción de paz no ha sido fácil¹⁴, así lo demuestran las cifras oficiales de hechos de violencia en todo el territorio nacional, sumado al anuncio hecho por el presidente Iván Duque en enero de 2019, de levantar la mesa de conversaciones e intensificar las acciones militares contra el Ejército de Liberación Nacional (ELN); situación que ha tenido un fuerte impacto por graves violaciones a los derechos humanos (DDHH) y al derecho internacional humanitario (DIH) especialmente en las regiones, por el resurgimiento de actores armados, disidencias y grupos delincuenciales, que se ha traducido en un aumento de la violencia sociopolítica, movilización interna forzada¹⁵ y el asesinato de líderes y lideresas sociales y ambientales,¹⁶ y en afectaciones a los derechos colectivos y territoriales de las comunidades campesinas, afrodescendientes e indígenas.

¹³ El Acuerdo de Paz incluye también en el enfoque de género a la población LGBTI, como sujetos de especial atención.

¹⁴ Las Naciones Unidas ha venido apoyando el Acuerdo de Paz, tanto con recursos financieros (a través del Fondo Multidonante de las Naciones Unidas para el Posconflicto) y técnicos, y verificadora del desarme y reincorporación de excombatientes con la Misión de Verificación, como también con el apoyo a organizaciones de mujeres para la incorporación del enfoque de género en el Acuerdo y a la institucionalidad pública para la satisfacción de los derechos de las víctimas del conflicto.

¹⁵ Según datos del Registro Único de Víctimas (RUV) a marzo de 2019, el 50,1% de personas registradas con movilidad forzada por actores armados fueron mujeres (3.638.279 mujeres).

¹⁶ La Oficina para los Derechos Humanos de la ONU señala que, en lo corrido de 2020, a pesar del confinamiento producto de la pandemia del covid-19, se han verificado 37 asesinatos de líderes sociales y defensores de derechos humanos. Según reporte presentado por Indepaz en coordinación con la Marcha Patriótica y la Cumbre Agraria Campesina Étnica y Popular, desde la firma del Acuerdo de Paz en 2016 hasta agosto de 2020, han sido asesinados 1.000 líderes sociales y defensores y defensoras de DDHH: 21 en 2016, 208 en 2017, 298 en 2018, 279 en 2019, y 194 entre el 1 de enero y el 31 de agosto de 2020.

Violencia basada en el género

Las violencias basadas en género continúan siendo naturalizadas en la sociedad colombiana, lo que perpetua un orden patriarcal impuesto por razón del género. El Sistema Integrado de Información sobre Violencias de Género (SIVIGE), presentó las siguientes cifras generales sobre casos reportados de VBG.¹⁷

Tabla 1

Tipos de violencia	Física	Sexual	Psicológica
2015	36.206	7.376	4.807
2016	44.874	1.731	7.193
2017	51.218	4.457	7.420
2018	52.548	9.804	8.700
2019	61.928	10.666	9.588

Fuente: SIVIGE, Indicadores de violencias de Género 2015 – 2019.

<http://onviolenciasgenero.minsalud.gov.co/Paginas/sivige.aspx>

Cifras que demuestran que, en los últimos cinco años, las violencias física y psicológica se han duplicado y se ha hecho visible la violencia sexual. A estos hechos victimizantes se suman los feminicidios¹⁸, según datos de la Fiscalía General, desde la expedición de la ley en 2015 hasta junio de 2020 se han registrado 802 feminicidios, de los cuales 231 fueron en 2019 y 82 en 2020¹⁹.

Las mujeres manifiestan que las afectaciones por conflicto armado permanecen; existe presencia de nuevos actores en el territorio lo que ha implicado cambios en la vida de las comunidades, aumento de hechos de violencia sexual contra las mujeres y embarazos en adolescentes, aumento de conflictos socio ambientales que han ocasionado asesinatos a defensores de derechos humanos por ser reclamantes de tierras y por hacer resistencia a los modelos de explotación minera y maderera. También se presentan nuevos reclutamientos de mujeres y hombres jóvenes; la instalación de 26 Espacios Territoriales de Capacitación y Reincorporación (ETCR)²⁰ para la concentración, desmovilización y reincorporación de excombatientes en varios departamentos del país condujo a la presencia del ejército, la policía y las instituciones nacionales e internacionales, lo que cambió la dinámica en el territorio y generó mayores riesgos de inseguridad para las mujeres y jóvenes.

A raíz de la pandemia por la COVID-19, en Colombia se estableció el aislamiento preventivo obligatorio en todo el territorio nacional, lo que implicó que las familias se quedaran en casa, situación que permitió visibilizar y profundizar las graves afectaciones por violencias que sufren las mujeres en sus hogares con o sin pandemia. El Sistema Integrado de Información sobre Violencias de Género (SIVIGE), reporta que entre el 15 de abril y el 8 de junio de 2020 se presentaron 42.517 casos entre violencia física, sexual,

¹⁷ Existen diferencias en la forma de tipificar y nombrar las violencias, así como en las cifras entregadas por distintas entidades. Por ejemplo, el Instituto Nacional de Medicina Legal y Ciencias Forenses, reportó en sus boletines periódicos, casos de violencia intrafamiliar contra las mujeres: 40.483 en 2015, 49.712 en 2016 y 13.735 en 2017; casos de violencia sexual contra las mujeres: 14.021 en 2015, 15.082 en 2016, y 12.844 en 2019; en homicidios de mujeres: 670 en 2015, 731 en 2016, 758 en 2017, 871 en 2018 y 870 en 2019.

¹⁸ La Ley 1761 de 2015 tipificó el feminicidio como un delito autónomo.

¹⁹ Datos del Sistema Penal Oral Acusatorio (SPOA).

²⁰ Los ETCR reemplazaron, en 2017, a las 23 Zonas Veredales Transitorias de Normalización y los 8 Puntos Transitorios de Normalización.

abandono y violencia psicológica, y 173 mujeres asesinadas entre enero y agosto 2020²¹. Las instituciones públicas como las alcaldías y gobernaciones, así como colectivos y organizaciones sociales, han implementado herramientas y estrategias para prevenir o atender casos de violencias contra la mujer que se presenten en medio de esta situación de confinamiento obligatorio; sin embargo, la información sobre estas estrategias y herramientas no llega a todas las mujeres.

Salud sexual y reproductiva

De acuerdo con cifras del Instituto Nacional de Salud, la mortalidad materna en Colombia ha tenido una tendencia a la disminución; entre 2013 y 2017 se tuvo una disminución de 7,6 %. Para los años 2018 y 2019 la tasa de mortalidad materna ha sido la más baja, siendo inferior a 50 casos por 100 000 nacidos vivos²². Sin embargo, existen grandes brechas entre las zonas urbanas y rurales, con mayores tasas de mortalidad materna entre las mujeres indígenas y afro. Según el Ministerio de Salud y Protección Social²³, “Para 2017 se produjeron 24,97 muertes en exceso por cada 100.000 nacidos vivos en el área rural dispersa que en las cabeceras municipales y la brecha de desigualdad relativa osciló entre 1,5 y 2,7 indicando que para el último año la razón fue un 50% más alta en el área rural dispersa que en las cabeceras. Para 2017 las razones de mortalidad materna más altas se encuentran en las poblaciones indígenas y negro, mulato, afrocolombiano o afrodescendiente, alcanzando valores de 222,2 y 110,9 muertes por cada 100.000 nacidos vivos, respectivamente. En términos relativos la razón de mortalidad materna es cuatro veces mayor en mujeres indígenas y dos veces mayor en mujeres afrocolombianas con respecto al promedio nacional”.

Según el estudio “Determinantes sociales del embarazo adolescente 2018” del Ministerio de Salud, Profamilia y Plan Internacional, 13,8% de las mujeres del país entre los 13 y los 19 años han estado embarazadas, y los niveles más altos de embarazo adolescente se encuentran en la zona rural (18,6%) y en jóvenes que viven en condiciones de pobreza. Las estadísticas vitales han estimado que en centros poblados y áreas rurales dispersas el 33% de los nacimientos se registran en niñas de 10 a 14 años y el 25% de los nacimientos corresponden a mujeres adolescentes de 15 a 19 años. En las zonas rurales de Colombia, cada año en promedio se registran 40.000 nacimientos en niñas y mujeres adolescentes. Igualmente, según datos de la Superintendencia de Notariado y Registro²⁴, en 2015 se presentaron 260 matrimonios con menores de edad, en 2016 fueron 448, en 2017 se registraron 269.

Inmigración venezolana

La actual crisis económica, política y social que vive Venezuela ha resultado en un éxodo de venezolanos y venezolanas a los países vecinos. Colombia se ha enfrentado a una migración sin precedentes en los últimos tres años. En diciembre del 2018, 1.1 millón de venezolanos se encontraban viviendo en Colombia (47% eran mujeres) de los cuales el 30% se encontraba en situación de vulnerabilidad al no estar registrados ni contar con Permisos Temporales de Permanencia. A fines de febrero 2020, el número había aumentado a 1.8 millones de venezolanos en Colombia, de los cuales 56% estaban en condición migratoria irregular²⁵.

Las mujeres inmigrantes no registradas y que no cuentan con documentos para legalizar su presencia en Colombia son particularmente vulnerables: los campamentos de refugiados carecen de servicios de agua

²¹ Informe de la Campaña “No es Hora de Callar” (@noeshoradecallar), septiembre 2020.

²² Instituto Nacional de Salud. Boletín Epidemiológico, septiembre 2019, pág.

²³ MSPS, Análisis de Situación de Salud (ASIS) 2019, págs. 226 y 228.

²⁴ www.supernotariado.gov.co

²⁵ GIFMM, Colombia, refugiados y migrantes venezolanos. Agosto 2020.

y saneamiento adecuados y seguros, a lo que se suma la existencia de pasos de frontera irregulares, factores que aumentan el riesgo de ser víctimas de tráfico de personas, trabajos forzados y de entrar en la prostitución.

Intervención del UNFPA en Colombia

El trabajo del UNFPA en Colombia analizado por este estudio de caso se enmarca en dos Programas de País, uno para el período 2008-2012 que se prorrogó hasta octubre 1 de 2015, y otro para el período octubre 2015 a 2019, con prórroga hasta el 2020²⁶.

Según el modelo de negocios del UNFPA, Colombia es un país “rosado” que incluye aquellos países con un nivel medio de necesidades por cubrir y una capacidad de financiamiento igualmente media. El énfasis del trabajo en estos países es la abogacía, el diálogo político y la asistencia técnica de alto nivel. En Colombia, el UNFPA presenta una gran diversidad en su programación dedicada a aspectos de género, e incluye dimensiones de desarrollo, respuesta humanitaria, y construcción de paz.

Las características principales de los dos Programas País abordados en la evaluación se muestran en la siguiente tabla²⁷:

Tabla 2

Características	2008 -2015	2015-2019
Áreas programáticas	<ul style="list-style-type: none"> i. Salud Sexual y Reproductiva ii. Población y Desarrollo iii. Género y Derechos <p>A partir de 2011 desaparecieron las 3 áreas programáticas.</p>	<ul style="list-style-type: none"> i. Salud Sexual y Reproductiva ii. Adolescentes y jóvenes iii. Igualdad de Género y empoderamiento de la mujer iv. Dinámica de la población <p>Los proyectos a través de los cuales se ejecuta el programa se formulan de manera que las áreas están articuladas.</p>
Orientaciones estratégicas	<p>Resultados (2008 – 2011)</p> <ul style="list-style-type: none"> – Acceso universal a la salud sexual y reproductiva (SSR) – Acceso a y cobertura de educación de calidad que incluya SSR, VBG e igualdad de género – Diseño y aplicación de estrategias para disminuir la pobreza y conseguir los ODM – Garantía y establecimiento de los DDHH, particularmente los derechos sexuales y reproductivos (DSR) – Para el período 2012-2014, los productos se articularon a los 	<p>Resultados</p> <ul style="list-style-type: none"> – Mayor capacidad de las autoridades nacionales y locales para prestar servicios integrados de calidad de SSR (salud materna, salud sexual adolescente, planificación familiar, VIH y prevención de la VBG) con enfoque de derechos e igualdad de género. – Mayor capacidad nacional para garantizar los DDHH de los adolescentes y los jóvenes, mediante leyes, políticas y programas – Mayor capacidad nacional de las organizaciones estatales y de la

²⁶ Alineados con los UNDAF/MANUD 2008 -2012, Y 2015-2019. En diciembre de 2018 se inició la elaboración del UNDAF/MANUD 2020 – 2023.

²⁷ Elaborada a partir de la tabla presentada en los Informes de evaluación de los dos Programas País.

Características	2008 -2015	2015-2019
	efectos directos del Plan Estratégico Global para el período.	sociedad civil para prevenir la discriminación por razón de orientación sexual y la violencia por razón de género, así como las prácticas culturales nocivas para la vida y la salud de las niñas y las mujeres, mediante la prestación de servicios multisectoriales para grupos vulnerables y aquellos afectados por crisis humanitarias. – Mayor capacidad de los agentes nacionales y locales, incluido el sistema nacional de estadística, para la producción y divulgación de datos desglosados de alta calidad y análisis de la dinámica de la población que permita trazar mapas de disparidades demográficas y desigualdades socioeconómicas para la erradicación de la pobreza y el desarrollo sostenible
Población prioritaria	Adolescentes, jóvenes y mujeres teniendo en cuenta diversidad étnica y sexual.	Poblaciones vulnerables como las afectadas por el conflicto armado, las residentes en zonas rurales dispersas, indígenas y afrodescendientes, y en particular adolescentes, jóvenes y mujeres.
Focalización territorial	<ul style="list-style-type: none"> – Nivel central – Nivel territorial: Regiones de Montes de María, Magdalena Medio, y Departamentos de Meta y Nariño. Risaralda-Chocó (población Embera-MGF) 	<ul style="list-style-type: none"> – Nivel central – Territorios PDET²⁸ (con el Proyecto “Salud para la Paz”) – Cauca-Cesar-Chocó: mujeres (parteras) y jóvenes indígenas y afro – Municipios de frontera colombo venezolana (Departamentos: Norte de Santander y Arauca)

Como se observa en la tabla anterior, en los dos últimos Programas País, Colombia ha tenido un resultado dedicado al género que ha apoyado el fortalecimiento de sistemas nacionales de prevención, de respuesta y de estadísticas sobre VBG, incluyendo el Sistema Integrado de Información sobre Violencias de Género (SIVIGE) y ha puesto énfasis en el fortalecimiento de capacidades en asuntos de género, y capacidades para abordar la VBG, la violencia sexual y el fortalecimiento de organizaciones de mujeres y de integración de la igualdad de género, y la integración de los enfoques de derechos, de género y diferencial. Este apoyo al VBG y la igualdad de género se da en el contexto de trabajo humanitario y el fortalecimiento de la paz.

²⁸ Los territorios PDET, son territorios priorizados en el Acuerdo de Paz firmado entre el gobierno y la guerrilla de las FARC-EP, en los cuales se elaboran e implementan los Programas de Desarrollo con Enfoque Territorial, que focalizan las inversiones a través de las cuales se implementaran las acciones planteadas en el Acuerdo. Son territorios donde se localizaron los excombatientes.

Además, se buscó visibilizar y prevenir prácticas culturales nocivas como la mutilación genital femenina (MGF) y el matrimonio infantil y las uniones temprana (MIUT).

En las otras áreas temáticas del UNFPA el análisis de los datos con relación al *gender marker* muestran que se espera que una proporción importante de los fondos tengan una contribución significativa a la igualdad de género, especialmente en las áreas de salud sexual y reproductiva, y adolescentes y jóvenes (ver Supuesto 5.1).

El UNFPA coordina sus acciones con un gran número de organizaciones, incluyendo entidades de gobierno a nivel central y territorial, organizaciones de la sociedad civil, socios estratégicos, agencias del SNU y empresa privada.

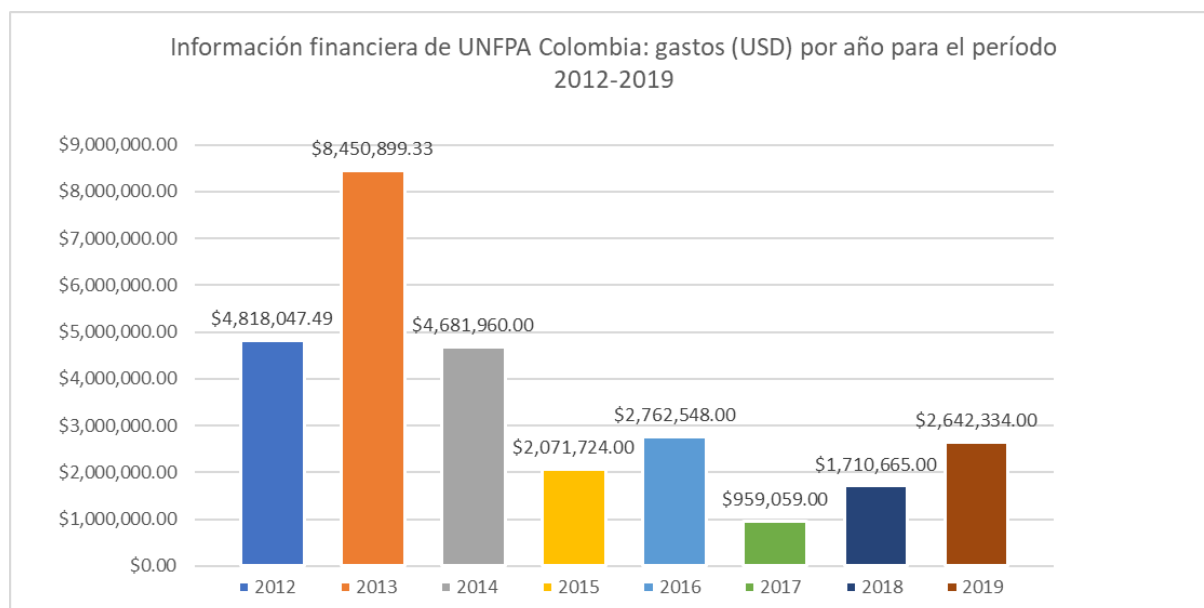
Presupuesto/ Gasto

Como se observa en la tabla siguiente, hubo una disminución en la financiación desde finales de 2015 hasta 2017, lo que afectó en gran medida el nivel de gasto en el resultado específico de género. Otros aspectos financieros se analizan más detalladamente en la sección 5.

Tabla 3

Año	Gasto global (USD)
2012	\$4,818,047.49
2013	\$8,450,899.33
2014	\$4,681,960.00
2015	\$2,071,724.00
2016	\$2,762,548.00
2017	\$959,059.00
2018	\$1,710,665.00
2019	\$2,642,334.00
Gasto total en el período 2012-2019	<u>\$28,097,236.82</u>

Fuente: GPS Atlas 2012-2013/2014-2019

Gráfica 1

Fuente: GPS Atlas 2012-2013/2014-2019

Actores clave

Durante la evaluación se entrevistaron 59 personas²⁹, de las cuales el 74,6% fueron mujeres. Mayor detalle sobre las personas entrevistadas se encuentra en el Anexo 1.

Tabla 4

No.	Tipo de actores	Actores clave
1	Organizaciones gubernamentales	<ul style="list-style-type: none"> – Instituto Colombiano de Bienestar Familiar (ICBF) – Ministerio de Salud y Protección Social (MSPS) – Departamento Nacional de Estadística (DANE) – Consejería Presidencial para la Equidad de la Mujer – Unidad Nacional para la Gestión del Riesgo de Desastres (UNGRD) – Departamento Nacional de Planeación (DNP) – Instituto Departamental de Salud Norte de Santander – Gobernación de Arauca – Agencia Presidencial para la Cooperación (APC)
2	Organizaciones no-gubernamentales	<ul style="list-style-type: none"> – Fundación Halü Bienestar Humano – Oriéntame – Corporación de Desarrollo y Paz del Piedemonte Oriental (CORDEPAZ)

²⁹ Debido a las limitaciones de movilidad impuestas por la pandemia del COVID-19, las entrevistas se realizaron en forma virtual.

No.	Tipo de actores	Actores clave
		<ul style="list-style-type: none"> – Consejo Nacional de Mujeres Indígenas de Colombia (CONAMIC) – Consejo Regional Indígena del Cauca (CRIC) – Confederación Indígena Tayrona (CIT)
3	Academia	<ul style="list-style-type: none"> – Universidad Nacional de Colombia – Universidad Externado de Colombia
4	Defensores de derechos	<ul style="list-style-type: none"> – Colectivo de Hombres Gay – Mesa por la Vida y la Salud de las Mujeres – Red de Jóvenes Mujeres
5	Titulares de derechos (beneficiarios y beneficiarias)	<ul style="list-style-type: none"> – Espacio Seguro Cúcuta – Campamento Juventudes Ya
6	Sistema de las Naciones Unidas	<ul style="list-style-type: none"> – Agencia de las Naciones Unidas para los Refugiados (ACNUR) – Fondo de las Naciones Unidas para la Infancia (UNICEF) – Grupo Inter agencial sobre Flujos Migratorios Mixtos (GIFMM) – Oficina de las Naciones Unidas para la Coordinación de Asuntos Humanitarios (OCHA) – ONU Mujeres – Organización Internacional para las Migraciones (OIM) – Organización Panamericana de la Salud (OPS) – Programa de las Naciones Unidas para el Desarrollo (PNUD)
7	UNFPA - Oficina de Colombia	<ul style="list-style-type: none"> – Representante y Representante Auxiliar – Administración y Finanzas – Asesores: Población y Desarrollo, Juventud, SSR, Género derechos e interculturalidad, M&E – Coordinadores: Ayuda Humanitaria, Proyecto Salud para la Paz, Proyecto Salud Materna – Especialista: VBG en contextos humanitarios

III – Hallazgos y análisis

Los hallazgos se han organizado en torno a la matriz de evaluación que aborda cada una de las preguntas de evaluación y los supuestos relevantes. La matriz de evaluación se presenta en el Anexo 3.

Pregunta de Evaluación 1

¿En qué medida el apoyo del UNFPA se alinea y responde a 1) las prioridades gubernamentales asociadas, 2) las necesidades nacionales sobre igualdad de género y empoderamiento de las mujeres, 3) las políticas y estrategias del UNFPA y 4) el marco normativo mundial sobre igualdad de género y empoderamiento de las mujeres? **Criterio:** *Relevancia*

Supuesto 1.1

Las intervenciones del UNFPA apoyan y responden a las prioridades y necesidades nacionales para promover la igualdad de género y el empoderamiento de las mujeres.

UNFPA pone en la agenda pública temas estratégicos y pertinentes para el país en materia de igualdad de género, más allá de las prioridades de los gobiernos de turno.

El apoyo del UNFPA ha estado alineado y ha respondido tanto a las prioridades gubernamentales (acordadas en los marcos de cooperación con el Sistema de las Naciones Unidas y expresadas en los Planes Nacionales de Desarrollo), como a las necesidades del país para impulsar la garantía de derechos³⁰. Una lectura integral y crítica del contexto y de la dinámica nacional que facilita “*reconocer el contexto y adecuar su respuesta al contexto*”³¹, le ha permitido al UNFPA poner en la agenda pública temas estratégicos y pertinentes para el país más allá de las prioridades de los gobiernos de turno³², y mantener sus apuestas estratégicas a pesar de no existir un clima político y social favorable.

En el marco del trabajo interagencial del SNU consideran que el mandato y el trabajo que desarrolla el UNFPA es muy importante para mantener la garantía de derechos de población considerada por la Corte Constitucional como de especial protección, aunque su trabajo de incidencia para visibilizar, poner en agenda pública y mantener los temas estratégicos le ha representado altos riesgos políticos y tensiones con entidades públicas, debido a prejuicios frente al trabajo de género y empoderamiento de las mujeres y por rechazo, al equipararlo con la llamada ‘ideología de género’ (como p.ej. el caso del trabajo sobre Educación Integral para la Sexualidad, sobre interrupción voluntaria del embarazo, y también del Proyecto Salud para la Paz que surgió en el marco del Acuerdo de Paz, que no es prioridad para el actual gobierno).

Es importante mencionar que tanto actores gubernamentales como de organizaciones no gubernamentales (ONG) y de la academia, resaltaron que el UNFPA ha logrado ser muy relevante y ha

³⁰ Los Programas Estratégicos de UNFPA son elaborados en consulta con socios estratégicos: organizaciones gubernamentales, organizaciones de la sociedad civil y agencias de las Naciones Unidas, teniendo en cuenta las prioridades de los Planes Nacionales de Desarrollo, las políticas sectoriales específicas en salud, SSR, educación, protección social y paz, así como el UNDAF/MANUD.

³¹ Persona de organización gubernamental consultada para la evaluación.

³² Persona de ONG consultada manifestó que “es peligroso que las agencias siempre se circunscriban a la institucionalidad; deben promover agendas en temas claves para evitar la reversa en DSDR como agenda de DDHH, temas incómodos para actores políticos y religiosos; no pueden ser neutrales en estos temas, deben posicionarlos, centrar la mirada en temas difíciles que es donde se dan las brechas de género y las VBG”.

logrado por su rigor técnico, posicionar los temas de su mandato en cumplimiento del marco legal colombiano y en coherencia con las apuestas técnicas de las instituciones, a pesar de tener que afrontar la intencionalidad de revertir los avances en DSR (por el incremento en la tendencia conservadora de la sociedad) y la naturalización cultural de la desigualdad, discriminación y la violencia. Esto implica mayores esfuerzos en el abordaje de las normas sociales y culturales, más trabajo en los temas de diversidad de géneros y masculinidades (especialmente con hombres jóvenes) y en sensibilización institucional. Así mismo, enfatizaron la relevancia del trabajo del UNFPA para que las políticas públicas nacionales, que en general se consideran de avanzada, se implementen efectivamente en los territorios más alejados mediante un trabajo interinstitucional articulado y más integral, como se verá más adelante en el Supuesto 1.2.

En el contexto de COVID-19, el UNFPA ha realizado ajustes en su forma de trabajo para mantener una respuesta alineada con las prioridades nacionales y de los territorios.

Con relación a la pandemia de COVID-19, la información con perspectiva interseccional (Índice de Vulnerabilidad³³ y apoyo de UNFPA al SIVIGE en la producción de boletines periódicos que monitorean el comportamiento de las violencias de género en el marco de la pandemia) aportada por el UNFPA se considera una contribución significativa para fortalecer el diseño e implementación de políticas públicas pertinentes con énfasis en prevención para los diversos titulares de derechos. El UNFPA ha mantenido el diálogo interagencial e interinstitucional a través de mesas técnicas, lo que les ha permitido no solo abordar estratégicamente y responder los desafíos del impacto del COVID-19, sino también evidenciar otras problemáticas de SSR (la necesidad de métodos anticonceptivos, p.ej.), DSR (atención por interrupción voluntaria del embarazo-IVE p.ej.), VBG y de apoyo psicosocial en el confinamiento, que se habían dejado de lado por la urgencia de atender la pandemia, enfatizando en la importancia de enfoques diferenciales y la perspectiva interseccional. Por la imposibilidad de llegar a los territorios, se trabaja a través de asistencia técnica remota (facilitando la conectividad de titulares de derechos mediante la entrega de tarjetas con minutos para voz y datos), y de personal de OIM que fue capacitado en DSR, SSR, VBG y atención a personas lesbianas, gais, bisexuales, transgénero, intersexual y queer (LGBTIQ).

Aunque la mayoría de los actores señalan la rápida adaptación en el trabajo del UNFPA a las limitaciones y condiciones impuestas por la pandemia y que su acompañamiento ha sido concreto y atinado, algunos señalaron que el UNFPA ha tenido dificultad para reaccionar, básicamente por mecanismos administrativos internos que los limitan especialmente en términos de adquisiciones.

Supuesto 1.2

El apoyo del UNFPA se alinea con las (variadas) necesidades de los diferentes grupos de titulares de derechos en cada contexto de cada país, en particular las comunidades marginadas y vulnerables.

El UNFPA trabaja con distintos grupos titulares de derechos afectados por la pobreza y la violencia para responder a sus demandas con una mirada interseccional, sin un énfasis poblacional explícito en la programación y ajustándose a las dinámicas sociales del país.

El UNFPA contribuye a que las políticas y las respuestas gubernamentales lleguen a diferentes grupos de titulares de derechos (mujeres, población étnica, niños, niñas, adolescentes y jóvenes, migrantes, población LGBTIQ, excombatientes) afectados por la pobreza y la violencia, y a territorios rurales alejados

³³ Índice de vulnerabilidad - <http://visor01.dane.gov.co/visor-vulnerabilidad/>

y dispersos³⁴ que tienen poca atención gubernamental, y en el marco del último Programa País, a los territorios de los Programas de Desarrollo con Enfoque Territorial (PDET), con respuestas y atención de calidad y adecuadas a sus necesidades en los asuntos de género (SSR, DSR, VBG, anticoncepción, IVE, MGF, MIUT y VIH) y a las diversas características y condiciones poblacionales y territoriales. Así mismo, ha contribuido al cumplimiento del mandato de la Corte Constitucional de incorporar el enfoque diferencial en la política pública, enfatizando la importancia de la perspectiva interseccional que aporta análisis detallados, más precisos, sobre las dinámicas poblacionales y sus características, para fundamentar políticas públicas. En este sentido, los Programas País y proyectos desarrollados, parten de un análisis detallado e integral, de la situación de mujeres, jóvenes, indígenas, afro, población LGBTIQ, víctimas del conflicto armado, tanto en el área rural como la urbana. Es evidente el esfuerzo del UNFPA por promover la defensa y el ejercicio de los DSR de los grupos poblacionales con los que trabaja, así como el apoyo al desarrollo de las capacidades necesarias para garantizarlos. Es reconocido su trabajo con:

- Pueblos indígenas y afrodescendientes, por una parte, apoyando a las mujeres lideresas a posicionar los asuntos de género como SSR, DSR, IVE, MIUT y VBG (entre ellos el feminicidio, la violencia sexual y la MGF) en sus comunidades y ante sus autoridades, temas que son sensibles culturalmente por su cosmovisión, como lo manifestó una de las personas consultadas: “El UNFPA nos apoyó en algo que necesitábamos urgente, el Plan de Acción para investigación e incidencia sobre el abordaje de la VBG desde la justicia propia, desde el Derecho Mayor, porque ahora sabemos que la violencia sexual, el acoso, viola nuestros derechos como mujeres, pero eso no está claro para la justicia propia”. Por otra parte, fortaleciendo capacidades, conocimientos y habilidades entre los agentes de medicina tradicional (p. ej., parteras), para que sean un puente efectivo entre la comunidad y el sistema de salud institucional en temas como SSR, DSR, atención y prevención prenatal y partos de riesgo, violencias, embarazo adolescente, etc. El UNFPA ha contribuido a la articulación del sistema de salud institucional ‘occidental’ y el sistema de salud indígena.
- Adolescentes y Jóvenes, dando respuesta a temas de interés para ellos, pero que normalmente no se trabajan, en especial en territorios rurales alejados, y facilitando su formación para la incidencia política a nivel regional, nacional y territorial en temas de SSR, DSR, IVE, VBG³⁵ (ver más información en Supuestos 2.2 y 4.2). Igualmente, en Chocó en el 2018 se apoyó un laboratorio de innovación con jóvenes, que visita las comunidades afro e indígenas brindando información especialmente sobre SSR, DSR, embarazo adolescente y VBG.
- Población LGBTIQ, con formación en temas de derechos, prevención de violencias y VIH (kit de atención en casos de VBG), SSR y DSR; han apoyado la revisión de los formatos de recolección de información para incorporar esta población en las estadísticas nacionales. Se han diseñado estrategias de comunicación y movilización para el empoderamiento social con enfoque intercultural, la promoción del acceso a pruebas y la prevención del VIH en seis grupos poblacionales priorizados (hombres que tienen sexo con hombres, jóvenes, mujeres trans, trabajadoras sexuales, mujeres en contexto de vulnerabilidad y habitantes de calle), junto con la difusión de los compromisos internacionales del país. Así mismo, se ha facilitado su acceso a servicios y espacios

³⁴ “UNFPA se reconoce como facilitador para fortalecer programas e iniciativas en territorio” (personal de la CO UNFPA).

³⁵ “Con Jóvenes, hay trabajo fuerte con relación al Consenso de Montevideo, generaron agenciamiento y tuvieron rol fuerte en el capítulo de jóvenes, alimentaron por buen tiempo con mesas preparatorias de jóvenes para recoger la agenda de necesidades de los jóvenes y ellos fueron a Montevideo y allí tuvieron roles destacados”. (Persona del Staff de la CO UNFPA).

para que se oigan las voces, visibilicen las problemáticas de esta población y se aborden con respuestas pertinentes desde un enfoque de derechos³⁶.

- Mujeres de áreas rurales, especialmente afectadas por el conflicto, posicionando la mirada Interseccional en la identificación de brechas y barreras de género, que se acentúan en las zonas rurales con relación a las zonas urbanas, por la débil presencia estatal y la situación de conflicto, de forma que se pueda responder más adecuadamente a las múltiples discriminaciones. Con el Proyecto “Salud para la Paz” se fortalecieron capacidades en SSR y salud materna de profesionales de los hospitales y comunidades de los municipios PDET donde se encuentran los Espacios Territoriales de Capacitación y Reincorporación (ETCR).
- Población migrante, especialmente mujeres venezolanas en riesgo; con el “Proyecto de promoción de los derechos sexuales y derechos reproductivos para población migrante de Cúcuta y Maicao” financiado con recursos del CERF, el UNFPA ha podido orientar recursos para atención de mujeres migrantes provenientes de Venezuela (aunque en principio los fondos CERF no son específicamente para esa población) especialmente respecto a DSR y violencias, dado que son múltiples las vulneraciones y afectaciones sobre todo de las mujeres y las niñas migrantes que son sometidas incluso a explotación sexual. Además, el UNFPA ha impulsado la incorporación del enfoque diferencial (étnico y de diversidades sexuales y de género) en los programas que se desarrollan en el ámbito humanitario.
- Se evidencia una brecha en el trabajo con mujeres en situación de discapacidad. Este es un grupo que el UNFPA considera siempre en su trabajo de abogacía en mesas técnicas nacionales, desde la interseccionalidad, sin embargo, se le ha dado menos énfasis en los programas país. Entrevistas señalan que en el SNU no hay una agencia con mandato específico para atender esta población, pero que el UNFPA tiene cierto posicionamiento para poder hacerlo.

El UNFPA ha capitalizado el rol integrador de múltiples actores humanitarios que tiene el Sub-Grupo de VBG, para poner sobre la mesa las diferentes perspectivas y situaciones enfrentadas por mujeres indígena, violaciones de DDHH de lideresas colombianas, LGBTIQ, afectaciones a afrodescendientes; sin embargo, se considera que se requiere apoyar más el fortalecimiento de capacidades de seguimiento hasta el restablecimiento de derechos de estas poblaciones. Así mismo, se destaca que desde junio de 2020 UNFPA co-lidera junto con ONU Mujeres el Grupo Interagencial de Género, el cual coordina, promueve y fortalece las capacidades de las agencias del SNU para el abordaje integral y la transversalización del género en contextos de desarrollo y de construcción de paz desde los diferentes mandatos de las agencias y fondos. Las colíderes del Grupo también co-lideran un *Outcome* (3.2) del UNSDCF 2020-2024 orientado a lograr la igualdad de género, que tiene además la misión de transversalizar de manera efectiva el enfoque de género en el cumplimiento de la totalidad del marco de cooperación.

En el contexto de la pandemia por COVID-19, se ha innovado para contar con programas remotos, como las radios comunitarias, teleconferencias en temas de prevención y protección del contagio con el virus (recomendaciones de la OPS), así como sobre SSR y rutas para atención de violencias; También, se traducido este material a lengua nativa para seguir fortaleciendo capacidades en los territorios y apoyar la prestación de servicios adecuados a las diversas necesidades y especialmente “para enfrentar el miedo a infectarse al acudir a los servicios de salud para situaciones distintas al COVID-19, como problemas de

³⁶ “UNFPA ha sido fundamental para hacer oír la voz de nuevas organizaciones de base comunitarias, no solo las organizaciones tradicionales grandes, para tener respuestas más adecuadas por ej. en temas como VIH” (persona de una Organización de Defensores de Derechos).

salud materna y atención prenatal”³⁷. Mediante los proyectos “Salud para la Paz” y “Salud Materna Indígena”, también ha aportado algunos materiales de bioseguridad para el personal de salud en territorios indígenas y PDET.

No obstante, lo anterior, varios de los actores consultados durante la evaluación manifestaron que hay un desafío grande en la respuesta efectiva a las necesidades y demandas de los distintos grupos titulares de derechos por las limitaciones de recursos, en cuanto a que consideran que las prioridades de las fuentes de recursos son las que permiten y orientan la respuesta a poblaciones y temas específicos priorizadas por ellas³⁸. Este es también un factor que limita la posibilidad del UNFPA de desarrollar proyectos e intervenciones de largo plazo en temas clave para la equidad de género y el empoderamiento de las mujeres, tales como transformaciones en las normas sociales y culturales.

Supuesto 1.3

La labor del UNFPA a nivel nacional, regional y mundial está alineada con las políticas y estrategias (mandato) del UNFPA, los marcos y las directivas de políticas de las Naciones Unidas, los convenios internacionales de derechos humanos, los instrumentos y los informes.

El apoyo del UNFPA se enmarca dentro la normativa internacional para la igualdad de género.

Se reconoce que el trabajo del UNFPA ha estado alineado con los Planes Estratégicos globales del UNFPA correspondientes al período evaluado, con las prioridades del Programa de Acción de la Conferencia Internacional de Población y Desarrollo (El Cairo, Nairobi y Montevideo), particularmente con relación a la promoción de la equidad y la igualdad de género y los derechos de la mujer, así como en la eliminación de todo tipo de violencia contra las mujeres y su plena participación en condiciones de igualdad, y la erradicación de todas las formas de discriminación por motivos de sexo. Además, el trabajo del UNFPA se alinea con el Consenso de Montevideo, que pone sobre la mesa una definición de los derechos sexuales que va más allá de los derechos humanos de las mujeres.

El UNFPA aporta a la aplicación de los instrumentos y convenios internacionales relativos a su mandato (tales como la Convención sobre la eliminación de todas las formas de discriminación contra la mujer, CEDAW, 1979; la Resolución 1325 y la Resolución 1820) y a su incorporación en los marcos normativos y acciones nacionales, particularmente para el avance en el cumplimiento de las recomendaciones sobre DSR y la igualdad de género. Así mismo está alineado con la Convención Interamericana para Prevenir, Sancionar y Erradicar la Violencia contra la Mujer, la Convención Belém do Pará (1994), y Plataforma de Acción de Beijing (1995)³⁹, favoreciendo la articulación desde lo global a lo nacional en la perspectiva de género⁴⁰, especialmente en lo referente a indicadores sensibles a género, indicadores de VBG, MGF,

³⁷ Personal de la Oficina de País UNFPA.

³⁸ “Por las limitaciones de recursos, las agencias se ven en la necesidad de responder a las prioridades definidas por los financiadores, y no siempre a las necesidades de los grupos titulares de derechos; la respuesta es más bien reactiva y no proactiva” (persona de una agencia del Sistema de Naciones Unidas).

³⁹ “Contando con estos instrumentos internacionales, al interior del país posiciona temas de la agenda de las mujeres como la eliminación de las violencias, la acción humanitaria con enfoque de género, la prestación de servicios de salud en condiciones de igualdad, la SSR, y temas de juventud para el logro del empoderamiento de jóvenes” (persona del SNU).

⁴⁰ “El Consenso de Montevideo ha ayudado a incorporar estos temas de población y desarrollo en la planeación territorial e incluir derechos sexuales y reproductivos en lo local” (persona de la CO UNFPA).

economía del cuidado, entre otros⁴¹. Se reconoce su aporte en los Informes periódicos de las conferencias, incluyendo análisis sobre la situación en temas como VBG, SSR, MGF, MIUT, derecho a acceder a la IVE, salud materna y embarazo adolescente.

Con relación a la Agenda 2030, se ha hecho pedagogía de los ODS para la interiorización de la agenda, con un trabajo interagencial. Varios de los actores consultados resaltaron el lenguaje pedagógico sencillo y comprensible que facilita comprender los compromisos del país respecto a los ODS, herramientas metodológicas para el seguimiento y reporte del avance en los ODS y la toma de decisiones frente a las acciones requeridas para cumplirlos⁴² (ver avances con relación al ODS 5 en los supuestos 3.6 y 3.6). También apoyó a organizaciones sociales en la elaboración del Informe Sombra de la CEDAW, especialmente en los temas de preocupación del movimiento de mujeres. Igualmente, apoyó el informe del estado colombiano al Consenso de Montevideo y apoyó la participación de lideresas indígenas en la Cumbre de Nairobi.

Pregunta de Evaluación 2

¿Cuáles han sido las fortalezas y limitaciones del enfoque del UNFPA para apoyar la igualdad de género y el empoderamiento de las mujeres a nivel mundial, regional y nacional? **Criterio:** *Relevancia, Sostenibilidad.*

Supuesto 2.1

El UNFPA aplica un enfoque sensible a los derechos humanos y tiene en cuenta la cultura y el contexto en su apoyo a la igualdad de género y al empoderamiento de las mujeres (incluyendo la vinculación de hombres y niños; abrir espacios a los titulares de derechos para participar en toma de decisiones respecto a GEWE; y contribuir con el cambio/transformación de normas sociales).

El UNFPA en Colombia, se destaca por la incorporación transversal del enfoque de derechos y sensibilidad cultural en el trabajo sobre la igualdad de género, que ha permitido relaciones de confianza con distintos actores de gobierno y de la sociedad civil. Sin embargo, hace falta reforzar el énfasis en las normas sociales y culturales que crean las barreras de género.

⁴¹ Con el desarrollo e implementación del Análisis de Situación Poblacional (ASP) y el Triage Poblacional, se responde a recomendaciones de los instrumentos internacionales (El Cairo 1994, ICPD, Río +20, Agenda 2030 y el Consenso de Montevideo). El ASP contiene información estadística y un análisis integral de las dinámicas poblacionales, de SSR, y su relación con la pobreza, la desigualdad, el desarrollo sostenible y el ejercicio de los DDHH. El Triage poblacional (<https://trriagepoblacional.com.co/trriage>) es una herramienta de diagnóstico comparativo práctico que permite a las autoridades locales y formuladores de políticas públicas y a la ciudadanía, disponer de información y análisis sobre las características de la población de forma comparativa a nivel municipal, departamental y nacional, para la construcción del diagnóstico territorial, la formulación de estrategias y la definición de metas de resultado para el mejoramiento de la calidad de vida de su población.

⁴² Entre ellas, el aplicativo tecnológico de inteligencia colectiva denominado “Monitoreo en tiempo real para promover la planeación participativa en clave ODS” financiada por el Grupo de Desarrollo de las Naciones Unidas (UNDG). Informe Final de Evaluación del VI Programa País. Pág 48.

El UNFPA aplica el enfoque de derechos, diferencial y la sensibilidad cultural (no solo étnica⁴³) de forma integral y transversal y con rigor técnico⁴⁴ y ha sensibilizado y fortalecido capacidades institucionales (incluyendo al Equipo Humanitario País de las Naciones Unidas) para avanzar en la documentación, atención y prestación de servicios con estos enfoques.

El UNFPA pone a los sujetos en el centro del trabajo y parte de una comprensión de las prácticas culturales propias (institucionales, regionales, poblacionales) para identificar cómo aportar en temas sensibles de género (DSR, VBG, MGF, MIUT, IVE, diversidad sexual, masculinidades alternativas, entre otros). Se evidenció que el enfoque de interculturalidad se aplica no solo con poblaciones étnicas, sino con la sociedad civil en general, “todas las poblaciones se leen desde su condición cultural y los contextos específicos cuentan”; “el trabajo comunitario directo que se hacía, permitía al UNFPA ‘comprender’ la cultura y hacer un trabajo muy responsable culturalmente, entendiendo los factores culturales de la institucionalidad, de los actores sociales, las creencias sobre la ley y la norma; eso se perdió mucho en 2015 al cerrarse las oficinas territoriales de Meta y Nariño”; “Al cerrar las oficinas territoriales, el UNFPA fortaleció el trabajo con entidades nacionales y desde la capital, y ahí lo cultural empieza a perderse, la lejanía dificulta comprender las condiciones de vida, parte esencial de la sensibilidad cultural; esto es muy difícil cuando no se trabaja en territorio” (personas de la academia).

A pesar de la ausencia de oficinas en los territorios, el UNFPA es reconocida como una de las organizaciones internacionales más inclusiva y sensible a los DDHH y a la cultura, con un reconocimiento tanto de las diversidades pluriétnicas⁴⁵ y multiculturales, como de las creencias y concepciones sociales⁴⁶; que busca, con sus apuestas metodológicas, el desmonte de la discriminación y los tabúes.

La perspectiva poblacional y la importancia de la mirada interseccional que ha posicionado en la política pública, aporta una mirada más profunda de los datos estadísticos evidenciando brechas más detalladas,

⁴³ En el Informe de evaluación del VI Programa País de UNFPA se señala que: “Una serie de asociados considera que la agenda de DSR es clave en el contexto que atraviesa el país y que la Oficina, además, tiene un estilo de trabajo donde los representantes y asesores se esfuerzan por entender las especificidades de cada zona, a diferencia de otras agencias que tienden a la estandarización”. (Evaluación del Programa País del UNFPA: Colombia. Período 2015-2019 Informe final de evaluación, enero 2019, pág. 63).

⁴⁴ Como expresaron personas consultadas, “el UNFPA trabaja con un claro enfoque diferencial y es una agencia que se interesa por procesos participativos en el marco de sus áreas de trabajo” (persona del SNU); “UNFPA ayudó a abrir el tema de diversidades de género en distintos espacios institucionales” (persona de una ONG aliada).

⁴⁵ “El trabajo de DSR y VBG con las poblaciones indígenas es muy diferente porque su concepción de derechos está asociada al territorio, no a los individuos, no al cuerpo” (CO UNFPA). “El enfoque que UNFPA tiene es bueno, la metodología es mediante conversa, escuchan las diferencias generacionales sobre este tema; pero como en la organización trabajamos desde los derechos colectivos y los DSR son individuales, esto se hace más complejo porque es poner la mirada en el cuerpo de cada una de las mujeres y los hombres, y a UNFPA todavía le falta comprender estos temas en el marco del territorio y entender que lo que afecta al cuerpo de las mujeres, también afecta al territorio” (persona de una ONG entrevistada)

⁴⁶ “Por el contexto social y político es un riesgo hablar de violencia de género en el país, entonces la entrada desde los principios constitucionales de igualdad y no discriminación (no directamente desde género), con evidencias claras y como un aporte al cumplimiento de los mandatos y competencias institucionales, crea menos resistencia y riesgo” (persona de organización gubernamental).

que contribuyen a tener políticas públicas más pertinentes al estar basadas en evidencias confiables y actualizadas⁴⁷.

Algunos ejemplos de la incorporación de estos enfoques son:

- El desarrollo de una estrategia desde un enfoque intercultural innovadora para la reducción de la mortalidad materna y neonatal en pueblos indígenas con la mejora de las respuestas institucionales y comunitarias; se realizaron y socializaron estudios que evidencian el mayor riesgo de muerte materna entre las mujeres indígenas y se capacitó a profesionales de la salud y parteras tradicionales para la atención materna y perinatal con enfoque intercultural en dos departamentos (Proyecto de Salud Materna Indígena).
- El enfoque intercultural, de derechos humanos y poblacional que se incorpora en todas las actividades desarrolladas con los pueblos indígenas y sus lideresas para el empoderamiento de las mujeres y adolescentes, la prevención y atención de violencias y la erradicación de la mutilación genital femenina, en particular con el pueblo Embera.
- El apoyo a estrategias comunitarias de formación con enfoque intercultural en la revisión del proyecto de la Institución Educativa de la Mina en el departamento del Cesar, para la inclusión de la Educación Integral en Sexualidad (EIS)⁴⁸ desde la visión del Pueblo Kankuamo, y la generación de espacios para promover la EIS en el ámbito comunitario con acceso a nuevos conocimientos y herramientas para la prevención de embarazos a temprana edad.

⁴⁷ La transversalización de la perspectiva de género es evidente en los datos y análisis poblacionales del Análisis de Situación de Población (ASP) y el Triage poblacional, los cuales son un aporte importante para la toma de decisiones de política basadas en evidencia.

⁴⁸ La EIS “es una educación basada en los derechos humanos y la igualdad de género que empodera a las y los jóvenes para que tomen decisiones fundamentadas en lo que respecta a las relaciones y la sexualidad, ayudándolos a desenvolverse en un mundo donde la violencia y las desigualdades basadas en el género, los embarazos precoces y no deseados, y el VIH y otras infecciones de transmisión sexual (ITS) continúan planteando graves riesgos para su salud y bienestar” (UNFPA. Proyecto de Educación Integral en Sexualidad fuera de la Escuela. 2020).

- El Análisis de Situación Poblacional (ASP) se construyó a partir del enfoque basado en Derechos Humanos y perspectiva interseccional; incluye en sus análisis las desigualdades y el ejercicio de derechos, así como la relación entre el desarrollo sostenible, la pobreza y los derechos humanos con dinámicas de población, desigualdades de género, étnicas, salud y estructuras de población⁴⁹.
- La incorporación transversal de los enfoques de género y derechos humanos en entidades como Colombia Joven, que se reconocen como aspectos que han sido incorporados en sus acciones y su quehacer cotidiano.

Diversos actores clave consultados señalaron que la naturalización cultural de la desigualdad, la discriminación y la violencia en gran parte de la sociedad colombiana, y la intencionalidad conservadora de revertir los avances en los derechos sexuales y reproductivos, implican mayores esfuerzos en las normas sociales y culturales (no solo cambios en la normatividad institucional, considerada en Colombia como progresista como se planteó en el Contexto), y en sensibilización institucional para la operativización de los enfoques en territorio.

Hace falta un trabajo más consistente en los temas de diversidad sexual y de género y masculinidades (especialmente con hombres jóvenes)

Con hombres, se ha realizado trabajo mediante una mesa sobre masculinidades positivas no hegemónicas para prevención de violencias, y con el Proyecto “Salud para la Paz” se ha trabajado con campesinos víctimas del conflicto armado de los municipios PDET en temas de SSR, DSR y masculinidades⁵⁰. Sin embargo, no es un trabajo consistente respecto a las implicaciones de género y VBG para hombres jóvenes; varias de las personas consultadas durante la evaluación consideran que se requiere mayor incidencia para reconocer la violencia contra los jóvenes y los jóvenes gay como un problema para la sociedad y la construcción de paz, e igualmente, señalaron la importancia de profundizar en el trabajo sobre masculinidades con jóvenes y hombres, para generar cambios culturales profundos que faciliten el logro de mayores avances en equidad e igualdad de género.

Supuesto 2.2

La labor del UNFPA sobre igualdad de género y programación de empoderamiento de las mujeres está integrada en el nexo entre el desarrollo, la respuesta humanitaria y la construcción de paz (orientaciones de la ONU sobre nueva forma de trabajar). El abordaje integral de las violencias de género y el acceso a servicios esenciales para mujeres y niñas con una lente interseccional.

Durante este período (2012 – 2020) el UNFPA ha fortalecido el enfoque de género, en coordinación con otros actores, en la respuesta humanitaria del país.

Actualmente en Colombia se habla de una cuádruple emergencia. La COVID-19 se suma a la ya existente triple afectación de la crisis por violencia asociada al conflicto armado, flujos migratorios mixtos, y la pobreza y factores climáticos que inciden en las afectaciones por desastres naturales. Todas estas emergencias se relacionan entre sí y demuestran la exigencia de trabajar en el nexo.

⁴⁹ ASP -Análisis de Situación de Población Colombia 2018 – Resumen Ejecutivo. Pág 19.

⁵⁰ “Es la primera vez que esta temática sobre SSR se plantea en estos municipios, hubo resistencia y burla inicialmente, porque existe mucho machismo” (personal de la CO UNFPA). “En terreno se tiene un enfoque clarísimo de género, se da voz a las participantes, se cuestionan las prácticas machistas, y sobre todo los mitos con SSR; son buenas prácticas para lograr sensibilizar en estos espacios sin confrontaciones” (persona de ONG aliada).

El papel del UNFPA en los mecanismos de coordinación interagencial es un componente central para abordar la GEWE desde el nexo. El UNFPA co-lidera, con ONU Mujeres, el Subgrupo de VBG⁵¹, que trabaja “back-to-back” con el Sector de Género del GIFMM, liderado por el ACNUR. El objetivo del Subgrupo de VBG y Sector de Género del GIFMM⁵² es facilitar la coordinación de los actores de la comunidad internacional y local que trabajan en acción humanitaria y flujos migratorios mixtos, y se integra con el Grupo Interagencial de Género, también co-liderado entre UNFPA y ONU Mujeres en lo relacionado con construcción de paz (verificación del Acuerdo), desarrollo (ODS), y para fortalecer la respuesta a las VBG y la incorporación del enfoque de género.

Desde su rol en el Subgrupo, el UNFPA posiciona las necesidades de mujeres, indígenas, personas con discapacidad, y otras poblaciones cuya discriminación por género se cruza con otras variables. El UNFPA impulsa el análisis de cuestiones de género para toda la programación humanitaria, considerando los impactos diferenciales para diferentes poblaciones. Los aportes del UNFPA han reforzado el énfasis en la violencia sexual y la violencia basada en género como parte de los Planes de Respuesta Humanitaria (UNFPA Evaluation Office, 2019). El “Estudio de caso de la evaluación interagencial sobre género en el ámbito humanitario” reconoce una robusta integración de género en el ciclo humanitario, desde el análisis de género en el *Humanitarian Needs Overview*. De acuerdo con las personas entrevistadas en el Equipo Humanitario de País, el UNFPA ha sido activo en sus intervenciones para fortalecer, con datos desagregados, los análisis de riesgos para mujeres y niñas. En el grupo inter-clúster (un espacio más técnico-operativo), el UNFPA siempre intenta mantener el foco en el género. Aunque el género se incorpora en los planes de respuesta humanitaria, no siempre se ve en términos de los recursos asignados a la acción humanitaria (una situación que afecta no solo a Colombia).

En la respuesta a la pandemia del COVID-19, la secretaria técnica del Sub-Grupo de VBG ha apoyado activamente revisando planes de contingencia del Equipo Humanitario País para asegurar la transversalización del enfoque de género y la prevención y atención a la VBG en la respuesta al COVID-19. Así mismo, se aportaron sugerencias de actividades y servicios para la respuesta a la VBG, análisis de riesgos y necesidades específicas de mujeres, niñas y adolescentes, en el plan de respuesta nacional COVID-19. Los lineamientos elaborados por el UNFPA y ONU Mujeres⁵³ hacen hincapié en la prioridad que se le debe dar a las organizaciones de mujeres, incluyendo el reconocimiento de su capacidad y voz, y la promoción de su participación en la respuesta a la emergencia.

Se destaca también la producción de lineamientos técnicos y el desarrollo de capacitaciones orientadas tanto a instituciones públicas y actores humanitarios y de desarrollo, como a los miembros del Subgrupo en temas fundamentales sobre qué es la VBG y el marco legislativo nacional para su prevención y respuesta, como enfoque centrado en la sobreviviente, masculinidades no hegemónicas, gestión de casos de VBG y rutas de atención, medidas de protección, entre otros. Otro papel fundamental es el de fortalecer los Equipos Locales de Coordinación. Con el *Gender Standby Capacity Project* (Gencap) y ONU Mujeres, se fortalecieron capacidades en asuntos de género y VBG a 52 puntos focales de género de los

⁵¹ El Subgrupo de VBG cuenta con 50 participantes y miembros, entre agencias de Naciones Unidas, ONG internacionales y nacionales e instituciones públicas y forma parte del “clúster” de Protección.

⁵² El Grupo Interagencial sobre Flujos Migratorios Mixtos (GIFMM) fue creado a fines del 2016, como un espacio de coordinación de la respuesta a las necesidades de refugiados, migrantes, retornados y poblaciones de acogida, en forma complementaria a la respuesta del Gobierno. Es co-liderado por OIM y ACNUR. Tiene 73 miembros, incluyendo agencias de Naciones Unidas, ONG internacionales y locales y el Movimiento de la Cruz Roja. En el Subgrupo de Género del GIFMM participan

⁵³ <https://reliefweb.int/report/colombia/colombia-prevenci-n-y-respuesta-la-violencia-basada-en-g-nero-vbg-en-contexto-de-conflicto>

Equipos Locales de Coordinación (ELC). Además, se mejoraron las herramientas de diagnóstico de situaciones humanitarias a través de la incorporación del enfoque de género y VBG en la herramienta *Multi clúster/Sector Initial and Rapid Assessment (SIS 2016)*.

UNFPA también es colíder del Sub-clúster de Salud Sexual y Reproductiva junto con el Ministerio de Salud y Protección. Tanto el Subgrupo como el Sub-clúster son mecanismos de coordinación que han jugado un papel clave a nivel local para asegurar servicios de SSR y atención a VBG en la situación cambiante en la frontera entre Venezuela y Colombia en el contexto de COVID-19. El UNFPA, junto con otras agencias de la ONU, apoya el nuevo centro “Tienditas” en el Norte de Santander, que brinda no solo servicios de salud, incluyendo SSR, sino también está creando espacios seguros para mujeres y niñas e intenta conectar a las mujeres con redes de apoyo en Venezuela, en caso de sospecha de redes de tráfico de personas. Esta iniciativa parte del mecanismo local de coordinación en SSR, que cuenta con acompañamiento del UNFPA desde su presencia en Cúcuta, y con aportes de especialistas desde Bogotá.

En el ámbito comunitario, el UNFPA ha enfatizado el fortalecimiento de lideresas y el trabajo con organizaciones de mujeres, facilitando procesos de transformación personal que también contribuyen a construcción de movimientos y facilitan la continuidad de trabajo en diferentes situaciones, incluyendo la situación actual con COVID-19.

El UNFPA trabaja en municipios de doble afectación, derivada del conflicto armado y la migración. Fortalece la institucionalidad en cuanto a respuesta a casos de VBG, reforzando la ruta integral de atención a sobrevivientes, introduciendo procedimientos operativos estándar (SOP), dotación de PEP kits, etc. (Ver Supuesto 3. 5).

El UNFPA enfatiza el fortalecimiento de capacidades comunitarias. En los últimos años se ha trabajado en el fortalecimiento personal de lideresas migrantes y no migrantes en DSR, autonomía del cuerpo, identificación de riegos de VBG y rutas de atención, de forma que las mujeres (por ej. desplazadas) cuenten con capacidades para enfrentar las situaciones que viven y ejerzan su liderazgo apoyando a otras mujeres, p. ej., migrantes de Venezuela. Se trabajó en el establecimiento de espacios seguros a nivel comunitario, facilitando oportunidades para que las mujeres se organicen y desarrollen actividades productivas.

En cuanto a la respuesta humanitaria al desplazamiento, con base en la experiencia de las agencias humanitarias en Colombia y la relación de trabajo con organizaciones de mujeres colombianas, se han fortalecido las organizaciones locales de mujeres, tanto venezolanas como colombianas, y se ha llegado a mujeres líderes para comprender mejor las necesidades en el contexto de frontera, se han identificado a sobrevivientes de violencia de género y se han activado rutas de atención. Algunos ejemplos son: una red de 200 mujeres venezolanas, incluidas colombianas retornadas en Arauca, que recibe apoyo del UNFPA para aumentar sus capacidades de respuesta a la violencia de género, y un Colectivo de Mujeres Trans como primer lugar de acogida, orientación y apoyo; y en Cúcuta, ‘Ángel Fuerza de Mujeres’ y ‘Telar de Sueños’ son dos iniciativas donde las lideresas también reciben apoyo. Las lideresas colombianas comparten algunas lecciones aprendidas con las lideresas venezolanas sobre los riesgos que enfrentan los defensores de derechos humanos y los líderes comunitarios en Colombia⁵⁴.

En el contexto de la epidemia, han hecho ajustes para dar apoyo psico-social y fortalecer el trabajo comunitario, por medios virtuales (teleconferencias) con grupos de mujeres. Ahora que el UNFPA y sus

⁵⁴ Algunas agencias han tenido que reducir o detener su trabajo con líderes venezolanos debido a las amenazas de actores armados ilegales en los asentamientos hacia estas mujeres. Tomado del Estudio de Caso de la evaluación Interagencial sobre género en el ámbito humanitario. (OCHA and The Konterra Group, 2020, p. 4)

socios no pueden ir a las comunidades, estas lideresas juegan un papel clave, recopilando información sobre la situación y las necesidades de las mujeres y facilitando su acceso continuo a los servicios de prevención y atención de VBG.

La construcción y consolidación de la paz ha constituido un marco general para el enfoque del Programa País. El aporte del UNFPA en territorios afectados por el conflicto aporta a cerrar las brechas de género y la desigualdad.

Entre 2012 y 2015, gracias a la abogacía de organizaciones de mujeres y el apoyo de la comunidad internacional, los actores adoptaron un enfoque de género en el proceso de negociación del Acuerdo de Paz, resultando en un proceso mucho más incluyente y un acuerdo reconocido por ser sensible al género, que incluye un capítulo dedicado al género (*World Bank Group*, 2019, p. 62). Con relación a la Resolución 2250 sobre “Juventud, Paz y Seguridad”, el UNFPA facilitó el diálogo político entre organizaciones de jóvenes, incluidas las redes de mujeres jóvenes y el gobierno nacional. Apoyó procesos juveniles de construcción de paz, incluyendo el Diplomado virtual “Paz a Tiempo,” la formación política de la red de mujeres jóvenes, y encuentros de mujeres jóvenes por la paz⁵⁵. La documentación y las entrevistas no dan cuenta de un enfoque o contribución específica del UNFPA a la Resolución 1325 sobre “Mujeres, Paz y Seguridad”.

No obstante, el UNFPA ha mostrado capacidad de dar respuestas a necesidades emergentes del proceso de paz. El Programa ha realizado aportes significativos al objetivo de cerrar brechas de desarrollo durante el postconflicto, y reducir la desigualdad (considerada uno de los factores que contribuyó al surgimiento del conflicto armado) mediante acciones interagenciales y específicas. En el marco de los compromisos asumidos por el SNU en el proceso de paz, el UNFPA hizo trabajo en los territorios donde se definieron los Espacios Territoriales de Capacitación y Reincorporación (ETCR), participó en la elaboración de diagnósticos que visibilizaron las necesidades en SSR de la población y pusieron de manifiesto la necesidad de dar respuesta a problemáticas vinculadas con los servicios de atención, la VBG y especialmente la violencia sexual, la anticoncepción, la atención materna e infantil, y la prevención del VIH, que dieron como resultado la formulación del Proyecto de “Salud para la Paz” (UNFPA, OIM, OPS y MSPS). Los socios nacionales valoran el liderazgo demostrado por el UNFPA en la presentación de los diagnósticos ante el MSPS, y reconocen su incidencia para la incorporación de la SSR en el proyecto orientado a la salud rural. (CPE, p. 33 y 62).

Este planteamiento de una persona titular de derechos entrevistada en la evaluación es un buen ejemplo del UNFPA en el nexo: *“Éramos una organización orientada a la paz (cultivos ilícitos y participación en la implementación de acuerdos); en los talleres con UNFPA vimos que para hablar de paz debemos hablar de mujer y los efectos de la guerra; ver la importancia de una intervención integral de Paz y género fue clave para la organización; no era un tema que trabajáramos, pero con la experiencia vimos la importancia de identificar esas situaciones y colocarlas en las líneas de trabajo de la organización y hoy tenemos la línea de mujer y género, orientada a VBG, población de acogida y migrante, y mujeres violentadas; también aprendimos sobre interseccionalidad pues aunque en la organización hay algunos hombres con orientación sexual diversa, no habíamos reflexionado en esa realidad de diversidad; ese conocimiento nos ha permitido llegar a otros espacios como la Secretaría de Equidad y la Secretaría de Desarrollo del municipio; hemos ganado capacidad para aterrizar en casos concretos todos los conocimientos que vamos adquiriendo”*.

⁵⁵ Por ejemplo: <https://colombia.unfpa.org/es/noticias/las-mujeres-i%C3%B3venes-hablamos-de-paz>).

Por medio del Sub-Grupo de VBG, el UNFPA también apoya las misiones políticas del Consejo de Seguridad para el monitoreo y verificación de los Acuerdos de Paz (la última misión en 2019 se enfocó en la verificación de proceso de reincorporación de las FARC-EP, la implementación de medidas de protección y seguridad personal y colectiva, y la lucha contra organizaciones y conductas criminales).

El UNFPA también ha fortalecido el enfoque de género en el manejo de riesgo de desastres, otro aspecto importante en el triple nexos.

En los últimos años, el UNFPA ha establecido un marco de cooperación con la Unidad Nacional de Gestión de Riesgo de Desastres (UNGRD, creada en 2012) que recientemente se integró al Sub-Grupo VBG con el propósito de introducir el enfoque de gestión de riesgos como tema de desarrollo y también poder fortalecer el enfoque de género en la gestión de riesgos. Las diversas mesas (población y desarrollo, y VBG) a nivel nacional (coordinadas por el UNFPA) dan herramientas (como Análisis de Situación Poblacional, Triage Poblacional y PASE al Desarrollo) que han servido como plataforma en ese sentido. Se considera prioritario llegar a nivel local y esperan que el UNFPA pueda dar asistencia técnica a los consejos municipales de gestión de riesgos y desastres para la incorporación de género en la gestión de riesgos. Esperan complementar el Atlas de gestión de riesgos de desastres con la aplicación de un sistema de información desagregada y detallada de datos sobre VBG durante desastres, y complementar con el enfoque de género sus herramientas para desastres (como el Registro Único de Damnificados, y la evaluación de daños y necesidades al ocurrir un desastre).

El UNFPA ha tenido que superar limitaciones para dar un apoyo consistente y sistemático a la igualdad de género en el contexto de ayuda humanitaria.

Tanto el equipo del UNFPA como actores aliados señalaron algunos retos del contexto y de la estructura de la cooperación y la ayuda humanitaria. Por un lado, el UNFPA no ha tenido mucha presencia territorial en los últimos años (cerró las oficinas territoriales en 2015), lo que ha limitado, por ejemplo, la parte operativa de su respuesta humanitaria y contribuye a una percepción de otros actores en la ONU de que al UNFPA le falta de conocimiento de primera mano sobre las dinámicas de los diferentes territorios.

Otro reto general del nexos es la disponibilidad de recursos. En general, los recursos van dirigidos a poblaciones específicas, por ejemplo, mujeres migrantes. En este sentido, el UNFPA se ha esforzado por desarrollar estrategias programáticas que le permitan responder a la población en general, por ejemplo, a mujeres migrantes e incluir a otras mujeres de las comunidades de acogida.

Varios actores clave entrevistados expresaron que, si bien el UNFPA ha comenzado a trabajar con otras agencias y socios para identificar las oportunidades del nexos, es difícil encontrar fondos flexibles para ejecutar programas que vinculen el nexos humanitario-desarrollo-paz. Uno de ellos declaró: “La financiación humanitaria del UNFPA es muy específica, no pensando en el desarrollo, sino en abordar las crisis: ‘Kits dignidad’, capacitación, énfasis en SSR y VG, y una hoja de ruta para los servicios (que es un tema importante aquí, ya que el migrante no tiene una hoja de ruta o sistema de referencia claro)”⁵⁶.

A lo interno de la organización, los equipos trabajan por área temática del plan estratégico, y aunque los vínculos entre las áreas se promueven por medio de reuniones/coordinaciones internas, muchos vínculos más sustantivos se dan por relaciones interpersonales. En Colombia, no hay *Information Management System* (IMS) en GBV como lo hay en otros países en la respuesta humanitaria para poder contar con información sobre casos de VBG (porque existen los sistemas nacionales de SIVIGE y SIVIGILA y el apoyo a esos sistemas se considera como parte del desarrollo. Sobre todo, en el caso del SIVIGE, su consolidación

⁵⁶ Actor clave entrevistado.

y fortalecimiento ha sido apoyado técnica y financieramente por el UNFPA), como parte del trabajo bajo el resultado dedicado al género (Ver supuesto 3.5).

A pesar de limitaciones, y como se plantea en la evaluación del último ciclo programático⁵⁷, “una mirada a la eficacia lograda en el Producto 3 (*gender dedicated*) más allá de sus indicadores, permite establecer otras contribuciones que abonan a los objetivos programáticos y estratégicos más amplios del UNFPA. En este sentido, se fortaleció el trabajo interagencial en VBG y se desarrollaron capacidades para la prevención y especialmente la atención de la VBG en situaciones humanitarias en equipos institucionales; se avanzó en el desarrollo de capacidades para el registro y la medición de la VBG; y se fortalecieron enfoques novedosos en respuesta a las necesidades nacionales en materia de paz y reconciliación”.

Supuesto 2.3

El UNFPA construye asociaciones estratégicas, especialmente con la sociedad civil para promover la igualdad de género, con un enfoque de derechos humanos.

El UNFPA establece alianzas respetuosas (de la cultura, posiciones y procesos institucionales), fluida, transparente y efectiva, que ha sido un gran aporte en el fortalecimiento de capacidades técnicas, metodológicas y de relaciones.

Se valora positivamente la calidad de las alianzas que establece UNFPA con los distintos actores gubernamentales y sociales, que se construyen a partir del reconocimiento de conocimientos capacidades y competencias, propiciando la colaboración y la construcción conjunta, el diálogo y el consenso. En este sentido se expresaron varios de los actores consultados:

- “Es importante contar con las agencias internacionales como aliadas que concilian posturas y conceptos como violencias contra la mujer en lugar de VBG”.
- “El UNFPA siempre consulta a las organizaciones, se hacen pilotos cuando se van a formular políticas públicas, se escuchan sus agendas y se buscan alianzas con organizaciones establecidas en el territorio”.
- “El UNFPA no llega con el chaleco de ‘soy la Cooperación’, sino que llega como un par y permite la construcción conjunta de los procesos”.
- “El UNFPA tiene conciencia de que en cada país hay procesos previos valiosos y hay que partir de ahí; por eso, el UNFPA realmente aporta al fortalecimiento de sus aliados locales”.
- “El UNFPA tiene una forma de liderazgo que no quita protagonismo a los demás”.
- “El trabajo realizado y la forma participativa y colaborativa en que lo realiza, ha llevado a que la institucionalidad nacional y especialmente la local, la vea como aliada para el cumplimiento de sus competencias institucionales y eso facilita sacar las cosas adelante: la institucionalidad se responsabiliza y siente suyos los resultados y así el UNFPA ha logrado mayor apoyo y mayores resultados”.

La forma que tiene el UNFPA de abordar las instituciones a partir de los principios constitucionales de igualdad y no discriminación, con evidencias claras y confiables, respetando su lenguaje, considerando sus

⁵⁷ UNFPA (2019). Informe Final de Evaluación. Evaluación del Programa País del UNFPA: Colombia período 2015 – 2019

comprensiones y como aporte al cumplimiento de su mandato institucional, ha permitido minimizar la resistencia cultural a los temas de GEWE.

No obstante, diversos actores consultados en la evaluación⁵⁸ manifestaron la importancia de impulsar más el diálogo de saberes para ‘nutrir’ la implementación de los proyectos a partir de las diversas experiencias de los socios y de UNFPA en otros países.

Supuesto 2.4

El UNFPA reúne y aprovecha sus diversas funciones y esferas temáticas a nivel mundial, regional y nacional para apoyar la igualdad de género y el empoderamiento de las mujeres en diferentes entornos (promoción, incidencia, convocatoria, coordinación al interior del SNU y otros actores a nivel de país).

El reconocimiento que el UNFPA tiene por su capacidad técnica y rigor en los temas de su mandato, le ha dado capacidad de convocatoria, especialmente en el nivel territorial, lo que le facilita la incidencia y la visibilización de los asuntos estratégicos y los compromisos internacionales del estado con relación a GEWE.

Como lo manifestaron algunas personas de organizaciones gubernamentales consultadas: “a veces entre entidades de gobierno no es fácil tener una articulación fructífera y el UNFPA ayuda a que se sienten a dialogar con un espíritu colaborativo”; “como valor agregado, el UNFPA cuenta con especificidad en la promoción de los DSR que es una vía clave para lograr empoderamiento y equidad de género”. En este mismo sentido se manifestaron personas de distintas ONG consultadas: “El UNFPA está en capacidad única de convocar actores institucionales, sociales y privados para trabajo y reflexión multiactor, y como trabaja muy cerca del MSPS facilita incidir en política pública”; “a nivel territorial el UNFPA tiene alta capacidad de convocatoria, presencia territorial y por eso de incidencia; con el UNFPA se tiene la garantía de que los actores van a acudir y las autoridades responderán a los llamamientos y solicitudes que se hagan”.

La capacidad de convocatoria del UNFPA a mesas técnicas para discutir temas clave con varios actores es muy apreciada y se resaltó como un gran valor agregado de las alianzas que establece, dado que abre espacios a las organizaciones de la sociedad civil para el diálogo con la institucionalidad pública y organizaciones pares, y les permite conocer diferentes perspectivas, trabajos, complementariedades, ideas e innovaciones.

Se reconoce su rol de coordinación, más en el área de VBG (donde también aporta valor agregado de su experiencia internacional en VBG en el ámbito humanitario), que en SSR (bajo el “clúster” de salud); la percepción de la legitimidad que tiene en esos roles está definida por las dinámicas nacionales y de competencia entre las agencias. En este sentido, la presencia en territorio es un factor que aporta a la credibilidad. Por otro lado, se percibe cierta tensión entre las agencias, lo que se considera un factor que limita el rol del UNFPA en cumplimiento de su mandato, como lo señalaron en las consultas realizadas en esta evaluación, “esos juegos de poder no dejan fluir la real posibilidad de visibilizar temas clave”.

También se plantea la necesidad de armonizar las instancias de coordinación interagencial en los temas de VBG y SSR para, entre otros, optimizar espacios y recursos. Más aún ahora que el subgrupo sobre SSR en el clúster de salud empieza a abordar el tema de VBG, pues requiere mayor articulación con el Sub-Grupo VBG. Como menciona una de las personas entrevistadas “hay muchos grupos interagenciales y

⁵⁸ Actores de organizaciones públicas, de ONG, academia y organizaciones defensoras de derechos.

mucho trabajo que generalmente es una carga en las mismas personas y se pueden volver repetitivos”⁵⁹. En octubre 2020, el UNFPA asume el co-liderazgo del Grupo Interagencial de Género, junto con ONU Mujeres, lo que resalta el rol del UNFPA en la coordinación técnica y política respecto a los aportes del sistema de la ONU a la igualdad de género y permite establecer puentes entre los ámbitos humanitarios y de desarrollo.

Pregunta de Evaluación 3

¿En qué medida la labor de programación específica del UNFPA en el marco de los resultados de igualdad de género de sus Planes Estratégicos ha contribuido a promover la igualdad de género, el empoderamiento de todas las mujeres y niñas y los derechos reproductivos en el desarrollo y los entornos humanitarios? **Criterio:** *Efectividad*.

Supuesto 3.1

El UNFPA ha generado conocimientos y habilidades, y orientaciones (productos) basados en la evidencia que contribuyen a los marcos normativos internacionales y a los mecanismos operativos para avanzar en la igualdad de género/el empoderamiento de las mujeres mundial).

No se aborda en el estudio de caso de país.

Supuesto 3.2

El UNFPA ha fomentado un entorno propicio (aumento de capacidades para cabildeo, Buenas prácticas identificadas y replicadas) para la igualdad de género y el empoderamiento de las mujeres (regional).

No se aborda en el estudio de caso de país.

Supuesto 3.3

El UNFPA ha contribuido al fortalecimiento de las políticas nacionales (nuevas leyes, políticas, reglamentos sobre DSR), los marcos de rendición de cuentas, los marcos normativos jurídicos, incluidas las leyes sobre igualdad de género y el empoderamiento de las mujeres; y capacidades para el diálogo sobre políticas (a nivel nacional).

El trabajo del UNFPA ha sido determinante en el fortalecimiento de políticas nacionales para la incorporación transversal del enfoque de género y diferencial. El paso a la implementación sigue siendo el reto para la institucionalidad y es por ello que se valoran muy positivamente los aportes en términos técnicos y metodológicos del UNFPA.

La perspectiva poblacional del UNFPA, con enfoque de derechos, integral e interseccional, que ayuda a entender las dinámicas poblacionales en sus especificidades de manera integral (“diferente al enfoque gubernamental que llama enfoque poblacional a tener en cuenta, en forma separada, segmentos específicos de población”⁶⁰) y su relación con el nivel político en el país, le ha facilitado influir en lineamientos de política pública para incluir los temas de SSR, DSR y VBG en los marcos normativos y de

⁵⁹ Persona del sistema de las Naciones Unidas.

⁶⁰ Persona de academia.

política. Como lo señalaron personas de organizaciones gubernamentales consultadas: “la visión interseccional de UNFPA permite abrir miradas y hacer un análisis crítico de estrategias, que en algunos casos implica abrir el marco legal, para una mejor atención de las comunidades”; en este sentido, por ejemplo, el trabajo de abogacía y asistencia técnica en temas de juventud, aportó para la incorporación de acciones de protección y restitución de DSR en las directrices de la Política de Generación de Oportunidades para Jóvenes (CONPES 173).

Se reconoce su aporte en la implementación de las políticas públicas y su reglamentación⁶¹; además de la contribución en la Política Nacional de Equidad de Género para las mujeres (artículo 177, Ley 1450 de 20119), se ha resaltado el aporte en el Plan Decenal de Salud Pública 2012-2021⁶², en la implementación de la sentencia C-355 de la Corte Constitucional⁶³, la Política Nacional sobre Sexualidad, Derechos Sexuales y Derechos Reproductivos, la Estrategia de Atención Integral para Niñas, Niños y Adolescentes con énfasis en la Prevención del Embarazo en la Adolescencia 2015-2025 y el CONPES 147 de 2012, y el Modelo de Atención Integral de Salud, mediante las rutas de atención integral, y la promoción y prevención de la VBG⁶⁴ y feminicidios, y la erradicación de prácticas nocivas, especialmente la mutilación genital femenina. También ha aportado en la política de igualdad de la mujer y en la inclusión del capítulo étnico en el Plan Nacional de Salud Rural. Contribuyó en la elaboración de una propuesta de ajuste al Decreto 1543 que reglamenta el manejo de la infección por el VIH, el SIDA y las Hepatitis B y C, así como la propuesta de Ley sobre DSR de Colombia, que busca desarrollar los DSR y establecer mecanismos para su protección efectiva, precisando las relaciones entre salud y violencia. En el proyecto ‘Salud para la Paz’ como se mencionó en el Supuesto 2.2, el UNFPA posicionó la SSR y la violencia sexual en el marco del conflicto armado como temas a ser abordados en la construcción de la paz, y documentó las barreras de acceso a los servicios en los territorios rurales especialmente en los Espacios Territoriales de Capacitación y Reincorporación (ETCR).

En el fortalecimiento de capacidades técnicas y metodológicas de las entidades gubernamentales y ONG aliadas, diversos actores consultados destacaron la importancia de las cajas de herramientas, protocolos, guías, manuales, listas de verificación, piezas comunicativas visuales cortas y con lenguaje incluyente, que “ayuda a dejar capacidades instaladas”, “dota de nuevas perspectivas en los temas de SSR, DSR y VBG, y enriquece las estrategias propias y la construcción de materiales y metodologías pertinentes y oportunas,

⁶¹ El Ministerio de Salud y Protección Social reconoce, entre otros, los aportes realizados en el desarrollo de capacidades en las instituciones prestadoras de salud para fortalecer la prestación del servicio referido a la interrupción voluntaria del embarazo (IVE) con guías de atención, la capacitación de personal de salud en el nivel territorial y la divulgación de material digital y audiovisual sobre las tres causales del aborto en Colombia. Igualmente, la formación de profesionales en técnicas anticonceptivas, la Guía de uso del condón femenino y la donación de 30.000 condones femeninos como parte de la respuesta de control en el brote de SIKa de 2015 y 2016; y la guía práctica para la implementación del Paquete de Servicios Iniciales Mínimos (PIMS) adaptada a Colombia para la respuesta a situaciones de emergencia humanitaria.

⁶² El Plan Decenal de Salud Pública 2012-2021 asume que la sexualidad y la reproducción están interrelacionadas con la calidad de vida de la población y plantea el enfoque de género y la garantía de DSR como derechos humanos.

⁶³ La sentencia C-355 despenalizó el aborto en 3 causales específicas. Además del apoyo técnico al MSPS para la implementación de la sentencia, el UNFPA también ha apoyado con estudios sobre el derecho al acceso de las mujeres colombianas al IVE.

⁶⁴ El Modelo Integrado de Atención en Salud (MIAS) aprobado por la Resolución 429 de 2016 del MSPS, fue sustituido por el Modelo de Acción Integral Territorial (MAITE, Resolución 2626 DE 2019 del MSPS) y establece una ruta de atención integral para víctimas de violencias de género, un protocolo y modelo de atención integral en salud para víctimas de violencia sexual y para población migrante.

enfocadas en lo étnico, la ruralidad, teniendo en cuenta los contextos específicos”⁶⁵. Con Colombia Joven, el ICBF y el DANE, UNFPA apoyó el diseño de la Encuesta Nacional de Adolescencia y Juventud (ENAJ) que aborda de forma transversal los DSR y ha contribuido a posicionar las necesidades de inversión en adolescentes y jóvenes mediante la generación de estudios y evidencias⁶⁶.

De las herramientas aportadas, se señaló la oportunidad e importancia del protocolo de atención de VBG en Servicios de Salud, los lineamientos para servicios de salud con enfoque diferencial y no discriminatorio para población LGBTIQ e indígena; las rutas remotas para atención de VBG para la población en general; la estrategia de prevención de violencias contra niños, niñas, adolescentes y jóvenes (para prevenir explotación sexual, reclutamiento forzado, trabajo infantil); el paquete mínimo de intervención de SSR para situaciones humanitarias; la cartilla “Una vida libre de violencias es tu derecho”; los lineamientos para abordar la MGF y MIUT con comunidades étnicas, y las guías para atención psicosocial de víctimas de VBG y para enfrentar el efecto del aislamiento por la pandemia de COVID-19.

También se resaltó el aporte del UNFPA para la incorporación de los temas de VBG y derechos humanos en los procesos de certificación de trabajadores de salud en Colombia, lo que permite pasar de solo una formación conceptual y técnica a certificar su capacidad para aplicar estos enfoques, incluyendo el interseccional, en su ejercicio profesional, especialmente en la atención en VBG. Con esto y los lineamientos para servicios de salud con enfoque diferencial y no discriminatorio para población LGBTIQ e indígena, se ha logrado la sensibilización en temas complejos como IVE para disminuir barreras en el acceso a la atención y la activación de rutas.

Supuesto 3.4

El fortalecimiento de las organizaciones de la sociedad civil y los movimientos sociales sostiene los esfuerzos para eliminar las normas discriminatorias de género y socioculturales que afectan a las mujeres y las niñas. Evidencia compromiso “sostenido” de hombres y niños para eliminar normas discriminatorias.

Un rol clave del UNFPA ha sido el establecimiento de puentes entre el Estado y organizaciones de la sociedad civil, y el fortalecimiento de sus liderazgos que ha permitido a los actores sociales (mujeres, jóvenes, población LGBTIQ) ganar credibilidad técnica y capacidad de incidencia en el marco institucional.

Se resalta el fortalecimiento de organizaciones de jóvenes para la abogacía y la cualificación de liderazgos (más colectivos que individuales) para su participación en espacios de diálogo político en temas de género (Ley de Juventud, Prevención del Embarazo Adolescente, Ley de IVE) y en la Mesa de Seguimiento a Nairobi. El UNFPA ha sido clave también en el acompañamiento a la Red de Mujeres Jóvenes en su proceso de consolidación, incluyendo el fortalecimiento de capacidades técnicas y políticas, y el establecimiento de vínculos con expresiones más tradicionales de movimiento feminista y con otras agencias de cooperación. “La visión más panorámica del UNFPA les permite a las organizaciones avanzar en sus desarrollos; aunque el movimiento feminista y de mujeres tiene muchos espacios propios y con el gobierno, la convocatoria del UNFPA genera otro tipo de relaciones, de retos y desafíos”⁶⁷.

El UNFPA también ha contribuido a la transversalización de género en el trabajo de la Consejería Presidencial para la Juventud ‘Colombia Joven’ y para la vinculación y el diálogo con organizaciones

⁶⁵ Actor clave de organización gubernamental.

⁶⁶ Informe de Evaluación del VI Programa País. Pág. 38.

⁶⁷ Persona de ONG aliada.

juveniles. Igualmente, las ONG valoran el apoyo en la sistematización y el intercambio de seis experiencias sociales regionales y una experiencia institucional nacional significativa sobre la promoción de masculinidades no hegemónicas y corresponsables, claves para promover el involucramiento de los hombres en la prevención de la VBG y la promoción de la igualdad de género.

Para el apoyo del UNFPA en la formación de redes para la incidencia y diálogo político orientada al cumplimiento de políticas nacionales tales como la de Salud y Derechos Sexuales y Derechos Reproductivos y la Política Nacional de Equidad de género para las mujeres se elaboró un documento de la política en lenguaje sencillo, con metodologías para su comprensión y apropiación local, como insumo para acciones de sensibilización con actores gubernamentales y sociales en 138 municipios).

El UNFPA ayudó a abrir el tema de diversidades de género y a facilitar espacios para que organizaciones de población LGTBIQ, mujeres, jóvenes, se reúnan, fortalezcan y tengan oportunidades para poder visibilizar sus necesidades específicas, construir redes sociales entre ellos. Ha dinamizado esta movilización social en cuanto a diversidad de género con sus contrapartes locales. “El UNFPA ha facilitado espacios para que organizaciones de población LGTBIQ se fortalezcan, visibilicen sus necesidades específicas y construyan redes sociales entre ellas; y ha dinamizado esta movilización social respecto a diversidad de género con sus contrapartes nacionales”⁶⁸.

Se resalta también la importancia que han tenido las alianzas con centros académicos, actores de la sociedad civil y gobiernos territoriales para la continuidad de los procesos de profundización y expansión de la EIS en un contexto político adverso.

“El UNFPA tiene papel importante para unirse a las agendas y demandas de movimientos sociales y feministas y es un gran aliado para mujeres migrantes y poblaciones jóvenes que no tienen la voz ni escenario para visibilizar y dar eco a esas realidades y exigencias de las organizaciones y movimientos sociales, porque no tienen ni los recursos ni estrategias ni metodologías para llegar a los jóvenes”⁶⁹.

Supuesto 3.5

El UNFPA ha contribuido (capacidades, comportamientos) a prevenir, responder y eliminar la violencia de género, en particular el aumento de la violencia de los países durante la pandemia de COVID-19 (a nivel mundial, regional, nacional y comunitario).

Desde una entrada centrada en derechos, el UNFPA ha contribuido con el fortalecimiento de capacidades conceptuales, técnicas y metodológicas de la institucionalidad pública y de organizaciones sociales⁷⁰ articulando VBG, SSR y DSR.

Se desarrollaron capacidades en funcionarios públicos respecto a la conceptualización y tipificación de la VBG y conocimientos sobre el marco legal nacional e internacional como base para la estandarización de su registro y medición, y se aportaron herramientas para apoyar su implementación (cajas de herramientas, protocolos, guías, manuales, listas de chequeo, piezas comunicativas visuales y audiovisuales cortas y con lenguaje incluyente). Se apoyó a la Unidad para la Atención y Reparación

⁶⁸ Persona de ONG

⁶⁹ Persona consultada de academia.

⁷⁰ Representantes de organizaciones indígenas, afrodescendientes, jóvenes, mujeres migrantes y de comunidades de acogida, en prevención y atención de VBG y rutas de atención. En el trabajo con comunidades indígenas, se señaló la importancia de avanzar más en la comprensión cultural para definir la estrategia de trabajo y atención de la VBG al interior de las comunidades.

Integral a Víctimas (UARIV) en la sistematización, validación y socialización de la Estrategia de Recuperación Emocional Grupal (EREG) a víctimas de violencia sexual en el conflicto armado; y en la Estrategia de Respuesta Rápida para zonas estratégicas, seleccionadas para la desmovilización y desarme de la guerrilla. Igualmente, con el “Proyecto de promoción de los derechos sexuales y derechos reproductivos para población migrante de Cúcuta y Maicao” (recursos del CERF), el UNFPA fortaleció capacidades de instituciones públicas en la prestación de servicios de anticoncepción, atención integral a la violencia sexual e interrupción voluntaria del embarazo, mejorando la atención en SSR de la población migrante de Venezuela. Un aporte significativo son los análisis de riesgos de VBG y acceso a DSR que facilitan su atención y prevención.

Igualmente, los actores reconocen el aporte del UNFPA mediante el apoyo en la formulación y aplicación de indicadores para el seguimiento a metas y el fortalecimiento del SIVIGE (Sistema Integrado de Información sobre Violencias de Género⁷¹), y la optimización de su uso para la elaboración e implementación de estrategias para la prevención y atención diferenciada de la VBG.

En el marco del apoyo al diseño del Sistema Integrado de Información sobre Violencias de Género (SIVIGE), se logró la creación de una mesa interinstitucional (21 organizaciones del estado) y un Grupo Técnico Coordinador. Como resultado, actualmente Colombia cuenta con una guía para el diagnóstico de los registros administrativos utilizados por las distintas entidades que deben reportar al SIVIGE y un documento concertado sobre el “Marco normativo, conceptual y operativo del Sistema Integrado de Información de Violencias de Género – SIVIGE”.⁷² Adicionalmente, durante el 2020 el UNFPA ha liderado el proceso para la consolidación y adopción de un indicador nacional de feminicidios en este espacio institucional.

De las herramientas aportadas, se señaló la oportunidad e importancia del protocolo de atención de VBG en Servicios de Salud, las rutas remotas para atención integral y prevención de VBG, Con el Proyecto Salud para la Paz, se ha capacitado en DS y DR, acceso a anticoncepción y prevención y atención de la violencia sexual, fortaleciendo las capacidades de hombres (33% de las personas capacitadas) y mujeres de los Espacios Territoriales de Capacitación y Reincorporación (ETCR) para la demanda de sus derechos; la estrategia de prevención de violencias contra niñas, niños, adolescentes y jóvenes (explotación sexual, reclutamiento forzado, trabajo infantil); la cartilla “Una vida libre de violencias es tu derecho”; y los de atención psicosocial para enfrentar el efecto del aislamiento por la pandemia de COVID-19. Igualmente se ha señalado el aporte del UNFPA sobre VBG en contextos de migración y refugio, como lo resaltó una persona titular de derechos consultada: “Aprendimos que empoderamiento de las mujeres es que la mujer tiene derechos, gracias a las capacitaciones las cosas están cambiando: antes éramos discriminadas, ahora tenemos más apoyo y somos escuchadas, los niveles de violencia han bajado mucho. Se ha notado el cambio”.

Algunas personas de agencias del SNU consultadas señalaron la importancia del desarrollo de capacidades en el Equipo Humanitario de País y en Equipos Locales de Coordinación, para la incorporación del enfoque de género y diferencial, la prevención y atención de la VBG en situaciones humanitarias (guías de atención, mejora de instrumentos de diagnóstico y la sistematización de lecciones aprendidas).

⁷¹ El SIVIGE, basado en registros administrativos, dispone la información estadística sobre violencias de género de las diversas entidades con competencia en este tema, mediante la armonización, integración, organización, divulgación y gestión, para apoyar el diseño, la implementación y la evaluación de las políticas públicas y el direccionamiento de las acciones de los diferentes sectores (Grupo Técnico Coordinador del SIVIGE. (2016). Marco normativo, conceptual y operativo del SIVIGE. Pág. 8).

⁷² Informe de Evaluación del VI Programa País, pág. 42.

Supuesto 3.6

El UNFPA ha contribuido a prevenir, responder y eliminar las prácticas nocivas - del matrimonio infantil, la MGF y la preferencia por el hijo (a nivel mundial, regional, nacional y comunitario) incluso durante el contexto de pandemia del COVID-19.

El UNFPA Colombia tiene aproximaciones en el trabajo principalmente con relación al MGF y vínculos con las comunidades, pero aún no se ha profundizado en las normas sociales y culturales y no se han logrado avances significativos en su eliminación.

Hay aproximaciones al tema y trabajos focalizados con organizaciones gubernamentales y algunas comunidades especialmente indígenas, para abordar la MGF (p. ej., en la sensibilización y visibilización de la práctica al interior de las comunidades y en el trabajo con parteras tradicionales; así como lineamientos para abordar la MGF con comunidades étnicas). En 2019, el MSPS y el UNFPA desarrollaron de manera conjunta la Guía Clínica para la Atención Integral en Salud para Víctimas de Mutilación Genital Femenina, y desde el 2016 se ha venido avanzando con una comunidad indígena en la declaración pública de su compromiso con el abandono de la práctica de MGF (pero no se ha logrado su ratificación por las autoridades indígenas). En el marco del V Programa País, se capacitaron profesionales y promotores de salud, y se realizaron trabajos con resguardos Embera en Risaralda, Valle del Cauca y Chocó en SSR, DSR, prevención de la VBG y la MGF, atención a la salud materna y a la infancia, en los cuales se identificaron creencias y prácticas culturales relacionadas con el concepto de salud, los DSR, la MGF, los matrimonios arreglados, las relaciones sexuales a temprana edad, y se avanzó con líderes y lideresas, autoridades tradicionales, parteras, mujeres y profesionales de salud y representantes de gobierno, en la comprensión de los daños que ocasiona la MGF y en la disposición a trabajar en su eliminación.

Para dar continuidad a este trabajo, en el VI Programa País, se ha promovido el diálogo e intercambio de experiencias mediante un proyecto de Cooperación Sur-Sur⁷³ con Burkina Faso, coordinado por el UNFPA y la Agencia Presidencial para la Cooperación Internacional de Colombia, APC-Colombia, para aprender sobre avances en la medición y estrategias de intervención comunitaria para la prevención, erradicación y atención de casos de MGF. Se requiere avanzar en un sistema de información de base comunitaria sobre esta práctica que permita enfrentar las dificultades y barreras culturales, geográficas e institucionales de los pueblos indígenas donde se presenta. Se espera articular el sistema de información de base comunitaria con el SIVIGE, y hasta el momento se ha logrado la identificación e integración de fuentes de información, así como adoptar medidas para el registro de casos en los territorios por parte del sector salud. El proyecto comenzó solo con el UNFPA, con énfasis en la data y sistemas de información; recientemente se incorporó UNICEF y aunque su rol específico no se ha definido todavía, se considera relevante su incorporación, por ser una agencia que trabaja sobre normas sociales. El UNFPA tiene trayectoria de trabajo en el tema en el país, vínculos con las comunidades participantes y experiencia en la gestión de información.

El UNFPA ha fortalecido capacidades institucionales y de actores sociales para avanzar en la normatividad para prevención y erradicación del matrimonio infantil y uniones tempranas.

El UNFPA elaboró y socializó con entidades gubernamentales lineamientos para abordar el tema de MIUT con comunidades étnicas.

⁷³ Aunque la Cooperación sur-Sur y la Cooperación Triangular son tipos de cooperación internacional con características y alcances distintos, en los documentos consultados este proyecto de intercambio de experiencias sobre MGF entre Burkina Faso y Colombia, se menciona de las dos maneras.

Considerando que el Proyecto de Ley 078 de 2019 sobre excepciones al matrimonio infantil, no fue aprobado por el Congreso de la República y en el actual Plan Nacional de Desarrollo 2018-2022 la prevención y eliminación del matrimonio infantil, las uniones tempranas forzadas y el embarazo adolescente en Colombia son unas de las prioridades, se resalta la importancia del aporte del UNFPA en la investigación que sustente el nuevo proyecto de ley que busca eliminar del Código Civil Colombiano la posibilidad de contraer matrimonio con persona menor de 18 años y crear la política pública encaminada a sensibilizar y divulgar los efectos, causas y consecuencias de contraer matrimonio o uniones maritales de hecho con menores de edad. Por esta razón, el UNFPA, de manera articulada con UNICEF y ONU Mujeres, sigue trabajando en acciones de incidencia y abogacía con actores institucionales nacionales y locales.

Una de las limitaciones señalada para tener mayores avances en la prevención y eliminación de las prácticas nocivas, tanto la MGF como el MIUT, es la debilidad de la información estadística de nivel local confiable y la renuencia de la población (especialmente indígena y afro) para abordarlas, dado que la consideran una práctica ancestral. Con la experiencia de Burkina Faso se espera identificar algunos aportes sobre sistemas de información de base comunitaria.

Pregunta de Evaluación 4

¿En qué medida y con qué resultados ha incorporado el UNFPA la igualdad de género en las políticas y los resultados programáticos del UNFPA? **Criterio:** *Efectividad.*

Supuesto 4.1

El UNFPA ha incorporado la perspectiva de género en toda su programación.

La transversalización del enfoque de género en el programa se logra por liderazgo y esfuerzos de la oficina de integrar ese análisis y facilitar intercambios entre áreas. La incorporación transversal de estos enfoques en la programación y la implementación aporta a la coherencia entre áreas de resultados.

Hay un compromiso y esfuerzo consciente y sostenido, con el liderazgo de las Representantes actuales, para la integración transversal e integral del tema de GEWE, los enfoques (derechos, género, diferencial, intercultural) y la perspectiva interseccional en todas las áreas de trabajo y los proyectos desde su diseño y planeación hasta los procesos de seguimiento y evaluación, “en los procesos de planificación anual de la Oficina de País, el análisis de brechas de género bajo el esquema de ‘mapas conceptuales’ permite establecer conexiones entre los diversos Productos del Programa. No obstante, no se encontró evidencia del uso de herramientas formales de la transversalización de género, como Análisis de Impacto de Género o incorporación de indicadores y mecanismos de presupuestación sensible al género”⁷⁴. En la formulación de todos los proyectos se incluye el enfoque de género reflejado en los resultados, las estrategias, los indicadores, etc. Todos los componentes del proyecto deben incluir el enfoque, hasta en el cronograma. En el tema de masculinidades se han hecho esfuerzos, se habla de masculinidades nuevas o alternativas, pero en lo programático no es constante su inclusión, no hay una línea definida, la mayoría de los proyectos no lo incluyen, por ello, los resultados en esta materia no se perciben clara y explícitamente.

La transversalización de género se ha hecho efectiva con el esfuerzo sostenido de vincular personal sensible y comprometido con los asuntos de género, para que esta apuesta se vea reflejada en los proyectos, en el trabajo en los territorios, en la relación con todos los actores y en especial con las mujeres.

⁷⁴ Informe de la Evaluación del Programa VI. Pág. 50.

El UNFPA entiende que no es suficiente conocer el contexto y los aspectos técnicos o normativos en materia de derechos y desarrollo, sino que se requiere convencimiento, sensibilidad y conciencia de género de quienes son responsables del logro de los resultados programáticos. Por ello, la oficina ha incluido en los procesos de selección de personal criterios de equidad tanto en las listas largas como en las listas cortas; igualmente, en las entrevistas para cualquier cargo (incluidos los de tecnología e informática), incluyen preguntas para identificar las actitudes, sensibilidades y posibles prejuicios para la interacción con las poblaciones meta de UNFPA, por ejemplo, con población LGBTIQ (ver Supuesto 5.3).

Los esfuerzos de transversalización han implicado también el desarrollo de buenas prácticas al interior de la oficina; se ha promovido el trabajo articulado entre las áreas temáticas el cual ha sido fundamental para que, como oficina, se obtengan los resultados esperados. Recibir apoyo desde la experticia de cada profesional, para llegar a territorio de una manera más sólida como UNFPA, hablando el mismo lenguaje y buscando los cambios previstos, ha contribuido a que la transversalización sea real en la práctica.

Supuesto 4.2

Los esfuerzos de transversalización del UNFPA han contribuido a los resultados de género en las políticas y resultados programáticos del UNFPA (salud reproductiva; datos de población, adolescentes)

La planificación anual conjunta en la Oficina de País ha permitido identificar necesidades y estrategias de transversalización que se integran en los productos de las diferentes áreas, y en Planes Anuales de Trabajo.

La evaluación del Programa País 2015-2019 confirma que el UNFPA se destaca por la incorporación transversal de los enfoques de derechos humanos, de género y diferencial. El Fondo apuesta a mejorar el acceso a la SSR y posibilitar el ejercicio efectivo y la exigibilidad de los derechos sexuales y derechos reproductivos, especialmente en mujeres jóvenes, indígenas y campesinas.

Un aporte importante ha sido la Estrategia de Educación Integral para la Sexualidad (EIS). Su aplicación tanto en aula (en su aplicación inicial hasta 2016 que generó rechazo por prejuicios frente a la 'ideología de género') como en actividades fuera del aula, permite a educadores, niños, niñas, adolescentes y jóvenes aumentar sus conocimientos y generar actitudes positivas hacia la sexualidad la SSR, los DSR, favoreciendo el reconocimiento y respeto por la diversidad sexual.

Para garantizar la disponibilidad de servicios de SSR eficientes, oportunos y libres de discriminación, se fortaleció el Modelo de Atención Integral de Servicios de Salud Amigables para Adolescentes y Jóvenes (SSAAJ) mediante la capacitación al personal de salud y el seguimiento a su implementación mediante encuentros en los territorios. En 2014 se realizó la evaluación del modelo de Atención de los SSAAJ respecto a la demanda de servicios, la percepción de calidad y generación de capacidades, el uso de herramientas para la toma de decisiones libres e informadas respecto a su salud sexual y reproductiva y el ejercicio de la actividad sexual por parte de los y las jóvenes y adolescentes. La evaluación permitió evidenciar su uso tanto por parte de las instituciones (a pesar de no ser obligatorio) como de las mujeres y hombres, con mayor uso por parte de las mujeres.

Otras metodologías y herramientas tecnológicas para incorporar la perspectiva poblacional, la sensibilidad cultural y la interseccionalidad en la formulación e implementación de políticas públicas, resaltadas fueron: PASE a la Equidad en Salud (convertida en norma nacional en 2015), el Análisis de Situación de Población (ASP) y el Triaje Poblacional y el Índice de Vulnerabilidad que aportan información

precisa, actualizada, comparable y confiable⁷⁵ (por ej. para hacer los cercos epidemiológicos y los confinamientos sectorizados que han ayudado, en el contexto de la pandemia por COVID-19, al enfrentamiento y control del coronavirus - ver Supuesto 1.1).

El UNFPA apoyó la creación y el funcionamiento del Grupo de Género en el DANE y su gestión orientada a la transversalización del enfoque en la entidad y en la producción de estadísticas. Se realizó un estudio sobre el comportamiento sexual y la prevalencia de VIH en hombres que tienen sexo con hombres y se diseñaron protocolos para la medición del estigma y la discriminación -Índice Multidimensional- en personas que viven con VIH, que fue aplicado en siete ciudades⁷⁶.

Se aportó para la inclusión de preguntas sobre diversidad sexual en los formularios censales que permitieran identificar dinámicas y brechas; sin embargo, en el piloto que se hizo se identificaron sesgos en las respuestas por las concepciones culturales y prejuicios que consideran estos temas del ámbito exclusivamente privado, lo que llevó al DANE a optar por no colocarlas en los formularios censales por ser temas sensibles; lo étnico si fue robusto en el Censo Nacional de Población y Vivienda 2018, permitiendo la identificación más precisa de brechas e inequidades con perspectiva interseccional.

Con relación a la pandemia de COVID-19, el UNFPA está apoyando la gestión de información con perspectiva interseccional sobre lo que está pasando y los impactos diferenciales que la pandemia está teniendo en los DSR de mujeres y niñas y población LGBTIQ, así como información sobre la VBG. Actores consultados resaltaron la importancia de este aporte: “durante la pandemia de COVID-19 el Triage poblacional ha facilitado información precisa, actualizada y confiable, para hacer los cercos epidemiológicos y los confinamientos sectorizados e identificar situaciones de riesgo de VBG”⁷⁷. Actualmente se está desarrollando un Triage poblacional específico de género y municipios PDET, y se está trabajando en el fortalecimiento del enfoque y el abordaje de género en la nueva versión del ASP Colombia.

Pregunta de Evaluación 5

¿En qué medida la cultura institucional, los sistemas y los procesos del UNFPA son "aptos para el propósito" para promover la igualdad de género y el empoderamiento de las mujeres mediante un enfoque culturalmente sensible y basado en los derechos humanos, tanto en el ámbito del desarrollo como en el humanitario?? **Criterio:** *Eficiencia*.

Supuesto 5.1

La cantidad y la calidad de los recursos financieros disponibles para la programación y la integración específicas que apoyan el avance de la igualdad de género y el empoderamiento de las mujeres ha sido adecuada

⁷⁵ “El UNFPA es capaz de generar evidencias, transmitir con historias de vida y testimonios (herramientas visuales), los resultados positivos y negativos que permiten reorientar la acción” (persona de Agencia del Sistema de las Naciones Unidas).

⁷⁶ Evaluación del Programa País del UNFPA: Colombia. Período 2015-2019 Informe final de evaluación, enero 2019, Pág. 35.

⁷⁷ Persona de organización gubernamental de nivel nacional.

La importancia del área de género para el UNFPA aún con un resultado transformador sobre VBG en su Plan Estratégico del 2018-2021, no se ha traducido en un mayor presupuesto ni en la asignación de recursos regulares en esta área.

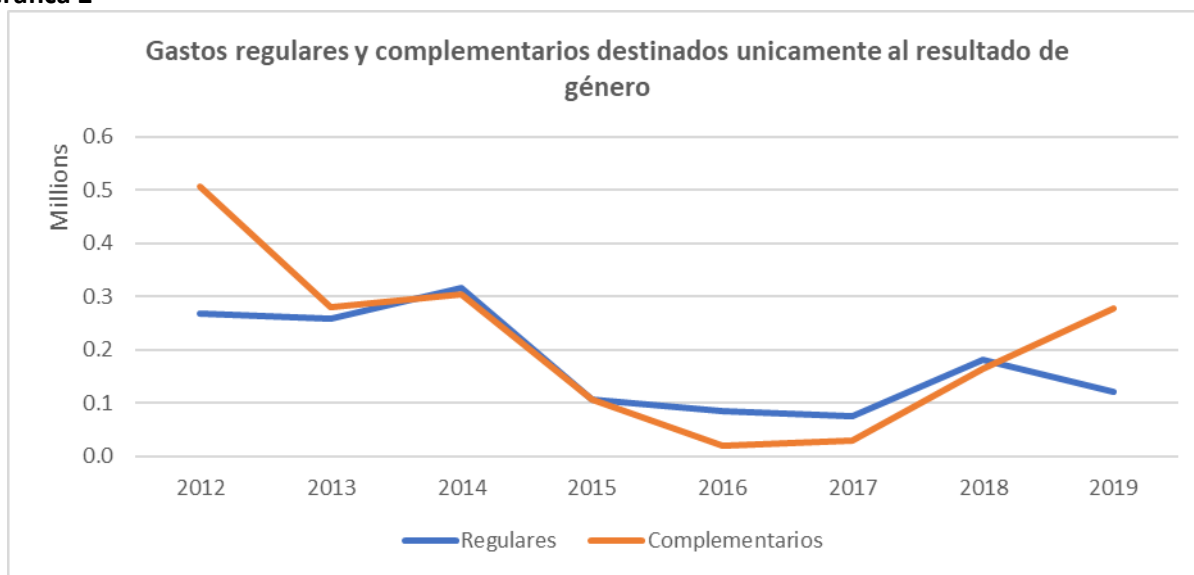
El VI Programa País 2015-2019, sufrió una reducción fuerte de recursos (69% sumando recursos regulares y recursos movilizados) frente al anterior Programa País; adicionalmente, los recursos tuvieron una alta imprevisibilidad que llevó a la Oficina a tomar decisiones en condiciones de alta incertidumbre financiera. En 2017 no se contó con recursos del Ministerio de Salud y Protección Social, pero en 2018 la creación del Fondo Multidonante del Sistema de las Naciones Unidas facilitó la movilización de nuevos recursos, especialmente para el Proyecto “Salud para la Paz” (UNFPA Colombia, 2019). La reducción de recursos que enfrentó el UNFPA en 2015 y 2016 implicó el cierre de sus oficinas territoriales en Meta y Nariño, con la consecuente limitación en el apoyo a las autoridades locales para fortalecer capacidades de implementación de políticas de prevención, atención y medición de la VBG (especialmente la violencia sexual), así como para la colaboración con organizaciones de la sociedad civil con las cuales se tenía un trabajo muy activo. Para mantener cierta presencia en estos territorios, se han establecido acuerdos con otras agencias del Sistema de las Naciones Unidas para la realización de algunas acciones con personal de esas agencias, previa capacitación en los enfoques transversales del UNFPA.

En el VI Programa País, el 57% (USD\$5.2 millones) del presupuesto total se destinó al Resultado de salud sexual y reproductiva y 10,9% (USD\$1.0) para el resultado de Igualdad de género y empoderamiento de las mujeres⁷⁸. En el resultado dedicado al género, desde 2012 se ve una disminución general en los recursos regulares (básicos) y los recursos movilizados por la oficina país. Al final del período considerado para este estudio de caso, la proporción de recursos regulares en 2019 era tan solo el 31 %. (Gráfica 3). El área de género es el área que más recursos ha movilizado desde 2015⁷⁹, a pesar de la disminución mencionada.

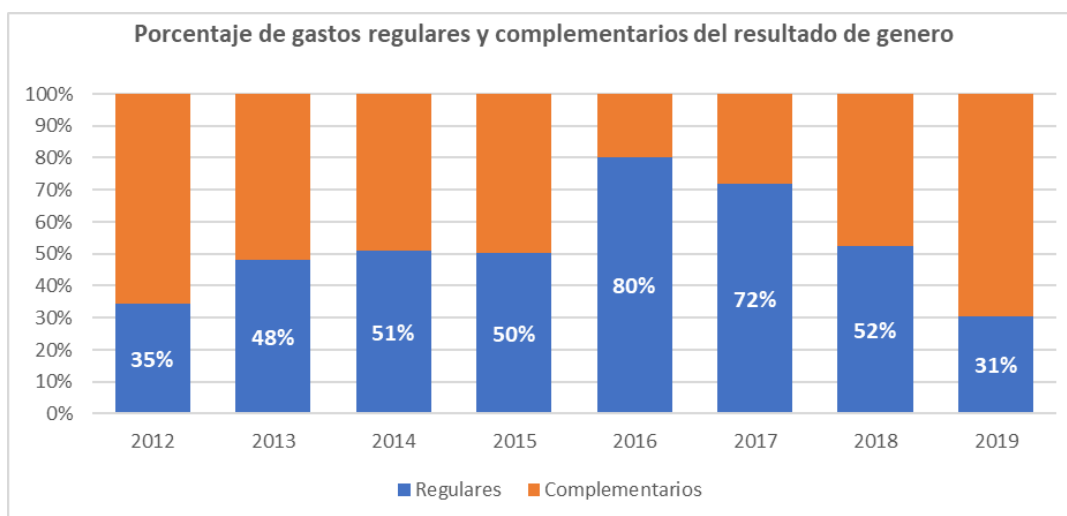
⁷⁸ UNFPA. Country Programme Document for Colombia. Pág. 1.

⁷⁹ Según entrevistas

Gráfica 2



Gráfica 3

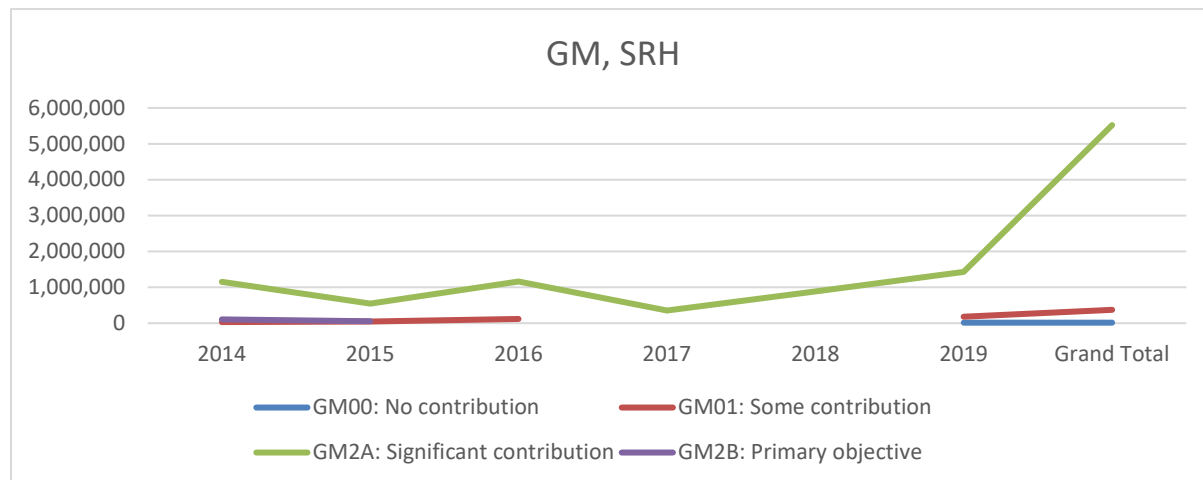


Varias personas de organizaciones consultadas y de la Oficina de País manifestaron que el financiamiento limitado y focalizado (en poblaciones, temas y territorios) de los financiadores, dificulta tener respuestas más integrales y limitan la presencia directa de UNFPA en territorio que resultó en la paralización de algunos de los procesos que venían en marcha; la presencia en territorio ha sido señalada como un factor clave para comprender mejor la cultura y lograr mayores resultados⁸⁰.

⁸⁰ “Por la limitación de recursos financieros y humanos, UNFPA ha tenido que trabajar desde la capital y con ello se corre el gran riesgo de ignorar las ‘otras Colombias de los territorios’; los reglamentos y normativas existentes son el “ideal”, pero falta ponerles los lentes diferenciales y reconocer esas diferencias en la unidad de Colombia. Es un reto con la institucionalidad e incluso en el trabajo se puede ser paternalista si no se reconocen los saberes y epistemologías de las poblaciones con las que se trabaja” (CO UNFPA).

De acuerdo con el “*gender marker*”, otras áreas del UNFPA también aportan a la igualdad de género, aunque el posible grado de contribución de cada una de las áreas en la práctica no se ha podido comprobar. En SSR, por ejemplo, a partir de 2017, empezaron a aumentar los recursos asignados que contribuyen de manera significativa a la igualdad de género. (Gráfica 4)

Gráfica 4



Supuesto 5.2

Las opciones estratégicas de inversión permiten al UNFPA abordar el cambio de normas sociales y los profundos factores que impulsan la desigualdad de género.

Aunque la calidad y cantidad de los recursos representan un factor limitante en cuanto a la posibilidad de dar continuidad a ciertas iniciativas, el UNFPA ha buscado soluciones.

Cómo se mencionó anteriormente, la disminución en los recursos durante el período 2015-2019 significó interrumpir ciertos procesos y dejar de trabajar en algunos territorios. Sin embargo, la oficina de país ha buscado soluciones y alternativas de cooperación para poder reactivar algunas áreas de trabajo que son importantes para abordar normas sociales y culturales.

Como se menciona en el Supuesto 3.6, el UNFPA ha introducido la modalidad de cooperación triangular, coordinada por UNFPA y la Agencia Presidencial para la Cooperación Internacional de Colombia, en un intercambio de cooperación con Burkina Faso para avanzar en la medición, prevención y erradicación de la Mutilación Genital Femenina en Colombia. Aunque esta iniciativa recién se diseñó en 2019, se ha planteado como una forma de desarrollar un marco institucional sostenible para continuar hacia la prevención y la erradicación del MGF, que requiere cambios en las normas culturales y sociales. Este esfuerzo se da sobre las bases establecidas por varias otras iniciativas, incluyendo el proyecto inicial del UNFPA “Embera Era”, en cooperación con ONIC y CRIR, y en asociación con ICBF en 2007 (ver supuesto 3.6). En la cooperación triangular, UNFPA brinda acompañamiento técnico en cuanto a medición y data, y el abordaje de DSR con parteras, líderes y lideresas indígenas y fomenta el diálogo para la transformación y abandono de prácticas nocivas; UNICEF también acompaña en el ámbito de las normas sociales.

Así mismo, las alianzas estratégicas y la gestión compartida de proyectos, especialmente entre agencias del Sistema de las Naciones Unidas, hacen posible implementar iniciativas que de otra manera no serían viables (p. ej. el proyecto interagencial de Salud Materna Indígena; el proyecto conjunto del UNFPA y ONU Mujeres, y la Bolsa Común para la Equidad de Género *UN to UN*, que han posibilitado la cooperación

con el DANE para el desarrollo del SIVIGE) puesto que permite no solo optimizar los recursos al distribuir los costos entre varias agencias u organizaciones, sino también complementar capacidades para hacer un trabajo más coordinado y efectivo, lo que facilita que los titulares de derechos sientan una mayor respuesta de la institucionalidad⁸¹.

No obstante, también se señala que algunos sistemas/procesos corporativos afectan la agilidad de respuesta, especialmente en cuanto a respuestas rápidas en momentos de crisis humanitaria. En el área de adquisiciones, por ejemplo, el UNFPA ha sido lento en el proceso de aprobación de solicitudes que buscan favorecer a organizaciones pequeñas de la sociedad civil o pequeñas empresas (p. ej., compra de mascarillas de tela en este contexto de COVID-19)⁸².

Las normas son estrictas y a veces no se puede favorecer una organización de sociedad civil, a pesar de la intención de fortalecer organizaciones sociales. A diferencia del pasado, en el que el UNFPA tenía un mecanismo de donaciones que permitía apoyar a organizaciones más pequeñas de la sociedad civil, las normas actuales para la inversión de recursos son más estrictas, lo que dificulta apoyar el fortalecimiento de organizaciones sociales. Esto tiene implicaciones para el trabajo en GEWE, ya que limita llegar a grupos y líderes locales y defensores de derechos que juegan un papel fundamental en la continuidad de la abogacía a favor del GEWE en el nexa.

Supuesto 5.3

El UNFPA dispone de recursos humanos adecuados a nivel mundial, regional y nacional para promover la igualdad de género mediante una programación específica y la incorporación de GEWE

La oficina de país ha enfrentado algunas limitaciones en términos de recursos humanos que afectó su posicionamiento en cuanto a la igualdad de género en espacios nacionales e interagenciales. Estas limitaciones se han ido superando y el UNFPA está recuperando liderazgo en esta área en el país.

Además de restricciones financieras, la Oficina de País enfrentó restricciones de recursos humanos en las posiciones directivas (desde 2017 no contó con personal en los cargos de representación en forma continua). Esto afectó el liderazgo y posicionamiento político del UNFPA en medio de importantes cambios en la política pública y generó sobrecarga de trabajo en los niveles técnicos, pues el personal tuvo que asumir tareas adicionales a las propias de su cargo (UNFPA Colombia, 2019).

Cuando inició el área de género en la oficina de país, había un puesto *fixed term* para la Asesora de Género. Cambios en la organización, incluyendo los techos presupuestales (*budget ceilings*) impuestos, y la llegada de ONU Mujeres crearon un contexto en el que se fue reduciendo el equipo en esa área y se perdió ese puesto fijo (*fixed term*), que ahora se ha convertido en un *service contract*, que ofrece menos estabilidad y puede incidir en una mayor rotación, pérdida de know-how institucional, etc.⁸³. El tener una oficial de género, técnicamente sólida y empoderada, lleva a que las instituciones busquen trabajar con el UNFPA por su potencial aporte a la agenda de igualdad de género con lente interseccional. Hay esfuerzos para

⁸¹ “Las alianzas con instituciones locales han permitido tener estrategias extramurales con mayor número de profesionales, y acciones más integrales con lo que la gente se siente más apoyada” (Actor gubernamental).

⁸² Esto se da a pesar de que en UNFPA, la Oficina Humanitaria ha trabajado con el Procurement Services Branch, para habilitar fast-track procedures, y los montos que se pueden aprobar localmente han aumentado. Pero son procesos todavía muy exigentes.

⁸³ Otros puestos de asesores de programa si son *fixed term*.

volver la posición más estable, pero es un cambio difícil de introducir dado el techo presupuestario para programas en países de ingreso medio⁸⁴.

Por otro lado, la participación en el Subgrupo de VBG se ha fortalecido en los últimos años con una consultora contratada con recursos de la sede del UNFPA, que permitió dinamizar trabajo en el subgrupo y aportar al fortalecimiento del marco interagencial para la respuesta humanitaria, con materiales como la guía corta de atención que aborda la violencia sexual, destinada a distintos actores de la respuesta humanitaria (UNFPA Colombia, 2019).

En cuanto a las competencias en género del equipo de la oficina de país, normalmente, al momento de diseñar la oferta de trabajo, solo se pide experiencia con enfoque de género y diferencial para ciertos cargos, p. ej., en el área de Población y Desarrollo, no es común o mandatorio solicitar esta experiencia, solo si el proyecto va a tener enfoque diferencial. Sin embargo, como se menciona más adelante en el supuesto 5.4, en la oficina de país se realiza un proceso de selección de manera que se puedan considerar conocimientos y sensibilidades en GEWE, que han llevado a un reconocimiento generalizado de la calidad técnica y humana del equipo del UNFPA.

En cuanto a la formación en género, la oficina de país ha introducido algunos elementos complementarios a lo que proporciona la sede. Solo hay dos cursos obligatorios, uno sobre prevención de la explotación y los abusos sexuales y *I know gender*. La oficina organiza “sesiones de aprendizaje” y el área de género ha contribuido con charlas o conversatorios que ayudan a refrescar el tema para todo el personal de la oficina (no solo el equipo programático). Hubo una sesión, por ejemplo, sobre género y micromachismos, para que todo el personal pueda incorporarlo en su vida cotidiana.

Supuesto 5.4

La igualdad de género es una prioridad en la cultura y el liderazgo de la organización (políticas corporativas, planes estratégicos, en el seguimiento, informes, procesos de contratación).

El liderazgo de las representantes (especialmente en los últimos años) se manifiesta en un esfuerzo intencionado de transversalizar el género y fomentar una cultura favorable a la igualdad de género en la organización.

GEWE está posicionada al interior de la oficina de país con un esfuerzo intencionado, para que la mirada de género esté presente en todas las áreas de trabajo, y para asegurar que los programas y proyectos tengan respuestas relevantes y pertinentes a las necesidades concretas de los grupos invisibilizados (Ver Supuesto 4.1). Estos esfuerzos de integrar las áreas de trabajo son de particular importancia dada la tendencia a trabajar por equipos que responden a ciertos *outcomes*.

El liderazgo de la oficina de país está pendiente de que la equidad sea una realidad al interior de la oficina: que las mujeres no sean las que siempre redacten las actas, las que tengan menos remuneración, las que ocupen los puestos menos importantes. Así mismo, el enfoque de género se ha incorporado explícitamente en los procesos de selección y contratación del personal y de consultores, que va más allá de la solicitud de conocimientos y capacidades técnicas de las áreas programáticas, incluyendo procesos que permiten identificar actitudes, habilidades e interés por el trabajo de GEWE con diversos titulares de derechos, así como posibles prejuicios, lo que representa una buena práctica para compartir con otras oficinas de país.

⁸⁴ El puesto tendría que ser cubierto por presupuesto para programas, porque no es cubierto por *institutional budget*.

Se reporta que nuevas políticas corporativas del UNFPA representan un avance en cuanto al apoyo institucional para la igualdad en la organización. En la oficina de país, hay personas que se han acogido al *flexitime*, que aplica para todo el personal. Horarios flexibles también han sido parte importante de la vida de la oficina en esta época de la pandemia. A nivel corporativo, se ampliaron los tiempos para licencias de paternidad y maternidad, aunque estas políticas aplican a una pequeña proporción del personal de la oficina⁸⁵.

Los esfuerzos a lo interno de la oficina, junto con fuertes liderazgos a nivel de la representación en los ámbitos nacionales e interagenciales, ha contribuido a que el liderazgo de la oficina país en materia de igualdad de género se mantenga, aún con la presencia e inversión fuerte de ONU Mujeres en el país.

Supuesto 5.5

El UNFPA promueve el trabajo colaborativo entre los organismos de las Naciones Unidas hacia el logro del ODS 5. Incluyendo durante la pandemia

UNFPA ha promovido el trabajo colaborativo, especialmente en apoyo al ODS 5, en diferentes modalidades incluyendo su rol de coordinación e iniciativas/programas conjuntos.

En la evaluación del ciclo programático 2015-2019 y en las consultas realizadas para este estudio de caso se confirma que en general “el UNFPA se visualiza como una agencia de buen relacionamiento con el SNU, que brinda insumos, colabora en procesos conjuntos y contribuye desde sus áreas de experticia” (UNFPA Colombia, 2019, p. 63). Esto se manifiesta en las diferentes iniciativas de programación conjunta con otras agencias, donde se han reconocido los efectos positivos en términos de alcance e impacto político, pero también, los costos adicionales de coordinación.

Durante el período del último Programa de País (2015-2019), el UNFPA ha ejercido la Secretaría Técnica del Grupo de Trabajo sobre los ODS (que reúne a 16 agencias); varios de los actores consultados por la evaluación de ese programa reconocen que “el UNFPA es la agencia líder en los ODS y es protagónica para empujar la implementación de la Agenda 2030 en Colombia” (UNFPA Colombia, 2019). Con relación al ODS 5, el *outcome* de Población y de Género trabajan articuladamente con las instituciones nacionales y con otras agencias y fondos del sistema para adelantar procesos de seguimiento y para incidir en el desarrollo y fortalecimiento de sistemas de medición de los indicadores.

Como se mencionó en el Supuesto 2. 4, el UNFPA ejerce el papel de coordinación del Subgrupo VBG en forma de “co-liderazgo” con ONU Mujeres, situación que se da por razones históricas y porque este se inició como un subgrupo del Grupo Interagencial de Género. Además de su rol de coordinación específico en VBG y SSR, con los respectivos subgrupos vinculados a las estructuras humanitarias y de respuesta a los flujos de migrantes, en 2020 comenzó a co-liderar el Grupo Interagencial de Género con ONU Mujeres, lo que agrega otro posible puente entre el trabajo de GEWE en el triple nexo.

Sin embargo, todavía el trabajo coordinado e integrado entre las agencias, incluyendo entre UNFPA y ONU Mujeres, se ve afectado por la pugna de liderazgos, la falta de mayor claridad en los roles de cada una y la competencia por los recursos.

⁸⁵ Solo aplica a personal considerado como *fixed term*, es decir 8 personas de las 50 personas en total.

IV – Consideraciones para la evaluación temática a nivel global

Los siguientes puntos surgen del caso de UNFPA en Colombia y se señalan como consideraciones para la evaluación temática global porque pueden tener implicaciones u ofrecer aprendizajes para la organización en general.

Consideración 1: El trabajo del UNFPA Colombia demuestra la integración de la igualdad de género en el “triple” nexos, a pesar de dificultades en el contexto (varias estructuras de coordinación), diferentes equipos programáticos, y una disminución en la presencia territorial. Esa integración se facilita por el desarrollo de una mirada desde el territorio que ha caracterizado el programa país (ver Consideración 2), y con herramientas como el Análisis de Situación Poblacional, Triage Poblacional y PASE al Desarrollo. A esto se suman los proyectos específicos que han permitido posicionar la SSR y la violencia sexual en el marco del conflicto armado como temas a ser abordados en la construcción de la paz, y documentar barreras de acceso a los servicios en los territorios rurales especialmente en los Espacios Territoriales de Capacitación y Reincorporación (ETCR), y también los proyectos que se enfocan en SSR y VBG desde la óptica humanitaria (CERF). El UNFPA Colombia ha aprovechado su rol en la coordinación de mesas y su capacidad de convocatoria para unir los actores que tienen que jugar un papel en asegurar la agenda del GEWE en el nexos. El co-liderazgo con ONU Mujeres en los diferentes espacios de coordinación, incluyendo el Grupo Interagencial de Género, posibilita la articulación de una propuesta más holística para abordar GEWE. La forma en que el UNFPA trabaja con la institucionalidad es otro factor clave. Además, en su trabajo en territorio ha tenido fuertes vínculos con organizaciones de mujeres y lideresas, lo que ha contribuido a un “ecosistema” de actores que ahora, en los tiempos de COVID, se ha movilizado para dar continuidad a los servicios, prevención de la VBG, y la defensa de los derechos de las mujeres. Queda la reflexión para el UNFPA sobre el trabajo en el nexos y en qué medida se trabaja no solo con el enfoque de derechos sino también el tema cultural y de normas sociales, que son causas subyacentes de desigualdad de género.

Consideración 2: El enfoque en el territorio ha sido el elemento clave para lograr la integración en el apoyo a GEWE en el nexos entre desarrollo, respuesta humanitaria y construcción de paz. Hay indicios de que UNFPA ha aportado a la creación de espacios de planeación territorial, articulación interinstitucional, y que ha contribuido al fortalecimiento de capacidades de la institucionalidad (para que tenga potencial de respuesta más integral/múltiple). Algunos de los actores entrevistados resaltaron la importancia de no “discriminar” y atender tanto mujeres migrantes venezolanas, como también colombianas retornadas y lideresas de las comunidades de acogida afectadas por el conflicto.

Consideración 3: Las alianzas han sido elemento clave para el papel que ha podido jugar el UNFPA en la agenda de igualdad de género, y se resalta la importancia del trabajo con academia y el fortalecimiento de actores de la sociedad civil para que ellos y ellas hagan la abogacía en las mesas/diálogos con el Estado, de temas sensibles que son difíciles de posicionar para la ONU (ejemplos: EIS, IVE).

Consideración 4: El UNFPA ha desarrollado una forma de abordar las instituciones a partir de los principios constitucionales de igualdad y no discriminación, con evidencias claras y confiables, en su lenguaje, considerando sus comprensiones y como aporte al cumplimiento de su mandato institucional, lo que ha permitido minimizar la resistencia cultural a los temas de GEWE. (Ejemplos: Violencias de género).

Consideración 5. La llegada a territorio para abordar temas sensibles de DSDR y diversidad sexual se facilita si se realiza con los líderes, lideresas y autoridades locales, y es muy importante la forma (más que el resultado): a partir del respeto por la cultura propia, su cosmogonía y mitos de origen, sin confrontación, mediante el diálogo como puerta para mantener a largo plazo las agendas y lograr transformaciones sostenibles en el tiempo.

Consideración 6. La oficina de país del UNFPA hace sus propios esfuerzos para transversalizar el enfoque de igualdad de género y la interseccionalidad incluso en la parte más operativa. Se identifica la importancia de contar con cultura y procedimientos que fomenten la igualdad, incluyendo el reclutamiento de recursos humanos.

Anexos

Anexo I - Fuente de evidencias

a) Lista de personas clave entrevistadas

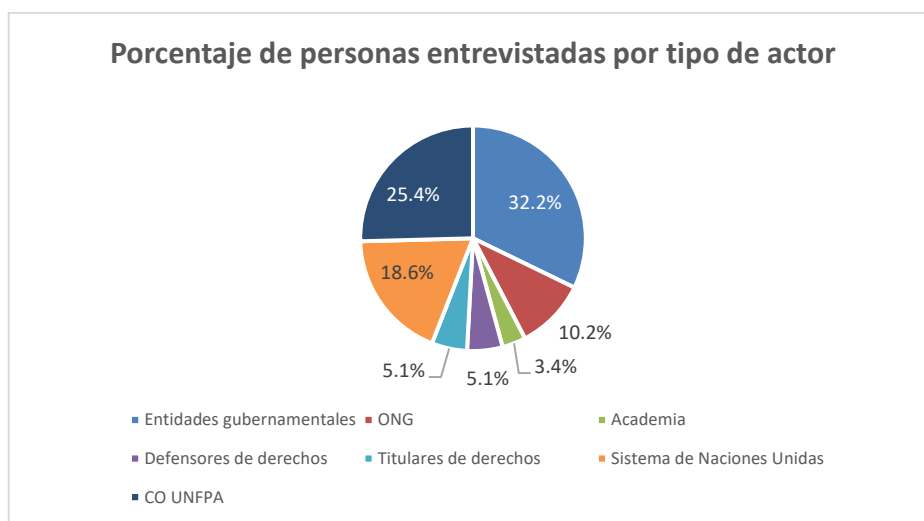
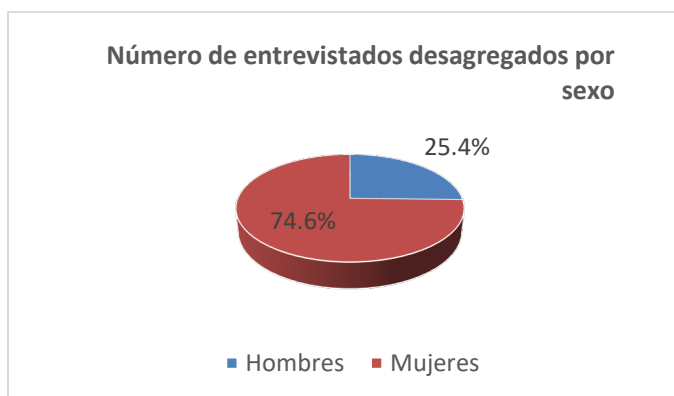
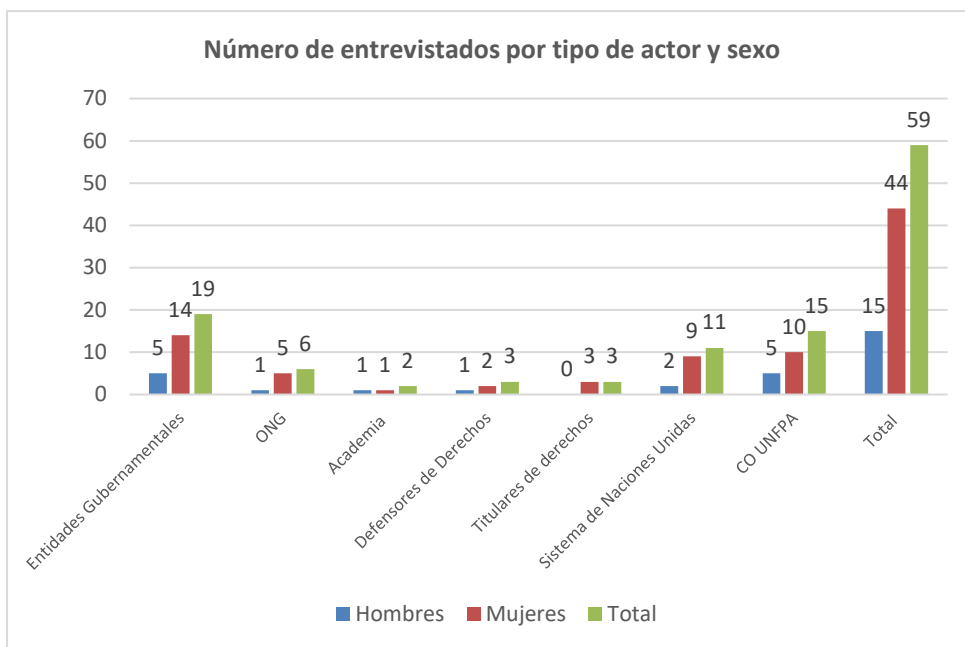
No.	NOMBRE Y APELLIDO	POSICIÓN	AFILIACIÓN
1	Verónica Simán	Representante	CO UNFPA
2	Martha Lucía Rubio	Representante auxiliar	CO UNFPA
3	Paulo Javier Lara	Asesor de Población y Desarrollo	CO UNFPA
4	David Turizo	Asesor de Juventud	CO UNFPA
5	Jose Luis Wilches	Asesor de SSR	CO UNFPA
6	Daniel García	Coordinador Proyecto Prevención Combinada para VIH	CO UNFPA
7	Rubby Martínez	Asesora de Monitoreo y Evaluación	CO UNFPA
8	Laura Lozano	Asesora de Género, Derechos e Interculturalidad	CO UNFPA
9	Esmeralda Ruiz	Anterior asesora de Género, Derechos e Interculturalidad	CO UNFPA
10	Érika García	Coordinadora Humanitaria	CO UNFPA
11	Zulema Jiménez	Coordinadora Proyecto Salud para la Paz	CO UNFPA
12	Cecilia Bertolini	Especialista en GBV en contextos Humanitarios	CO UNFPA
13	Angela Garcés	Asociada Administrativa y Financiera	CO UNFPA
14	John Restrepo	Asistente administrativo	CO UNFPA
15	Ana María Vélez	Coordinadora Proyecto Salud Materna	CO UNFPA
16	Claudia Lili Rodríguez	Socio Implementador Humanitario	Fundación Halü Bienestar Humano
17	María Mercedes Vivas	Gerente	Oriéntame
18	Roseli Fiscué	Coordinadora de Tejido de Mujer	Consejo Regional Indígena del Cauca (CRIC)
19	Luz Mery Vanegas	Consejera	Consejo Nacional de Mujeres Indígenas de Colombia (CONAMIC)

No.	NOMBRE Y APELLIDO	POSICIÓN	AFILIACIÓN
20	Rosmira Izquierdo	Enfermera de Wintukwa IPSI	Confederación Indígena Tayrona (CIT)
21	James Restrepo	Ex -Coordinador Regional Proyectos PASE al desarrollo y Gobernanza Territorial ConSentido Público. Ahora consultor área P&D UNFPA	Corporación de Desarrollo y Paz del Pídemonte Oriental CORDEPAZ
22	Luisa Fernanda Vélez	Directora de Niñez y Adolescencia	Instituto Colombiano de Bienestar Familiar (ICBF)
23	Daniela Maturana	Subdirectora de Gestión Técnica	Instituto Colombiano de Bienestar Familiar (ICBF)
24	Malory Briceño	Líder Técnica del Área	Instituto Colombiano de Bienestar Familiar (ICBF)
25	Cristina Cardozo	Equipo de Dirección, enfoque de Género	Instituto Colombiano de Bienestar Familiar (ICBF)
26	Sergio Ramírez	Estrategia de prevención de riesgos -Prevención del embarazo adolescente	Instituto Colombiano de Bienestar Familiar (ICBF)
27	Gloria del Pilar Cardona/referente de VBG	Dirección Salud Pública - Promoción y prevención, Equipo de violencia de Género y Sexual. Proyecto ASP y Triage Poblacional	Ministerio de Salud y Protección Social (MSPS)
28	Pablo Rodríguez	Profesional Especializado - Salud Sexual y Reproductiva	Ministerio de Salud y Protección Social (MSPS)
29	Liliana Acevedo	Ex Directora de Censos y Demografía, terminó sus funciones en el DANE	Departamento Nacional de Estadística (DANE)
30	Neiffi Porras	Asesora	Consejería Presidencial para la Equidad de la Mujer
31	Antonio López	Asesor del Grupo de Cooperación Internacional, y enlace de UNFPA. También trabajó en el Ministerio de Salud en la oficina de cooperación internacional	Unidad Nacional para la Gestión del Riesgo de Desastres (UNGRD)
32	Jimena Pantoja	Profesional del Grupo de Cooperación Internacional y enlaces con el Sistema de las Naciones Unidas para asuntos de GEWE	Unidad Nacional para la Gestión del Riesgo de Desastres (UNGRD)

No.	NOMBRE Y APELLIDO	POSICIÓN	AFILIACIÓN
33	Alberto Granes	Asesor de la Subdirección de Reducción del Riesgo y referentes en el abordaje del enfoque diferencial, asuntos de género y resiliencia comunitaria	Unidad Nacional para la Gestión del Riesgo de Desastres (UNGRD)
34	Gustavo Quintero	Ex directora de desarrollo social. Proyecto ASP - Triage Poblacional	Unidad Nacional para la Gestión del Riesgo de Desastres (UNGRD)
35	Paula Escobar		Departamento Nacional de Planeación (DNP)
36	Magaly Pedraza	Directora Centro Regulador de Urgencias Norte de Santander Allí funciona Mesa de SSR para coordinar respuesta humanitaria	Instituto Departamental de Salud Norte de Santander
37	Viviana Díaz	Asesora departamental de Mujer y Género	Gobernación de Arauca
38	Andrea Padilla	Dirección de Oferta. Enlace para el proyecto de cooperación sur-sur con Burkina Fase -MGF	Agencia Presidencial para la Cooperación (APC)
39	Carolina González	Enlace de UNFPA en la Dirección de Demanda	Agencia Presidencial para la Cooperación (APC)
40	Catalina Quintero	Directora de Oferta	Agencia Presidencial para la Cooperación (APC)
41	Flor Díaz	Oficial Nacional de Programa. Parte de la estrategia interagencial de MIUT	ONU Mujeres
42	Bia Alvernaz	Especialista de programa en género y acción humanitaria	ONU Mujeres
43	Carolina Tejada	Analista de programa, área humanitaria y Colíder del Subgrupo VBG	ONU Mujeres
44	Carolina Melo	Anterior Oficial de género del PNUD	PNUD
45	Laura Arias	Coordinadora del Grupo Técnico de Gestión de Información	Oficina de Coordinación de Asuntos Humanitarios (OCHA)
46	Sylvia Echeverry	Responsable de la unidad de Análisis Situacional / Gestión de información	Oficina de Coordinación de Asuntos Humanitarios (OCHA)

No.	NOMBRE Y APELLIDO	POSICIÓN	AFILIACIÓN
47	Felipe Roldán	Peacebuilding Program Manager. Acompaña el Subgrupo de VBG, el Task Force de PSEA y el GIG.	Organización Internacional para las Migraciones (OIM)
48	Johanna Reina	Junto con UNFPA y ONU Mujeres, colíder de la mesa de género para la respuesta humanitaria migratoria	GIFMM
49	Andrea Tague	Oficial de Género	UNICEF
50	Sebastián Díaz	Coordinador del Clúster de Protección, al cual pertenece el Subgrupo de VBG	ACNUR
51	Ivy Talavera	Salud Materna	OPS
52	Andrés Useche	Coordinador general	Colectivo de Hombres Gay
53	Juliana Martínez Londoño	Enlace para UNFPA de la Mesa	Mesa por la Vida y la Salud de las Mujeres
54	Daniela Santos		Red de Jóvenes Mujeres
55	Eucaris Olaya	Coordinadora del Observatorio de asuntos de género de la Universidad Nacional	Universidad Nacional de Colombia
56	Juan Andrés Castro	Docente investigador. Coordinador proyecto PASE a la equidad en salud	Universidad Externado de Colombia
57	Carmen Alicia Delgado Aponte	Lideresa	Espacio seguro Cúcuta
58	Orianna Yisell Durán Colmenares	Lideresa	Espacio seguro Cúcuta
59	Laura Viviana Castro	Lideresa juvenil	Campamento Juventudes Ya

b) Actores clave entrevistados por tipo de actor y sexo



Anexo II - Lista de documentos revisados

Econometría (2014). *Consultoría para la Evaluación de los Servicios Amigables de Salud para Adolescentes y Jóvenes en Colombia.*

DANE (2019). *Gran Encuesta Integrada de Hogares (GEIH).*

DANE (2018). *Encuesta Nacional de Uso del Tiempo (ENUT) 2016 – 2017*

Fondo Multidonante de las Naciones Unidas para el Posconflicto (2018). *Informe Narrativo Anual. Proyecto Salud para la Paz.*

GIFMM (2020). *Colombia, refugiados y migrantes venezolanos.*

Grupo Técnico Coordinador del SIVIGE. (2016). *Marco normativo, conceptual y operativo del SIVIGE.*

MSPS, PROFAMILIA, OIM, UNFPA (2014). *Política Nacional de Sexualidad, Derechos Sexuales y Derechos Reproductivos.*

OCHA – Equipo Humanitario Colombia (2020). *Plan de respuesta COVID-19: Colombia. Mayo-diciembre 2020.*

OCHA and The Konterra Group. (2020). *Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls, Case Study Brief: Colombia.*

Registro de Matrimonios.

<https://www.supernotariado.gov.co/>

SIVIGE, *Indicadores de violencias de Género 2015 – 2019.*

<http://onviolenciasgenero.minsalud.gov.co/Paginas/sivige.aspx>

UNFPA (2020). *Proyecto de Educación Integral en Sexualidad fuera de la Escuela.*

UNFPA (2020). *Intercambio de Cooperación Sur-Sur entre Burkina Faso y Colombia para avanzar en la medición, prevención y erradicación de la Mutilación Genital Femenina en Colombia. (borrador)*

UNFPA (2019). *Informe Final de Evaluación. Evaluación del Programa País del UNFPA: Colombia período 2015 – 2019.*

UNFPA Evaluation Office. (2019). *Evaluation of the UNFPA capacity in humanitarian action, Extended Desk Review: Colombia.*

UNFPA (2014). *Informe Final Evaluación final del V Programa de País (2008 – 2014). Septiembre 2014.*

World Bank Group. (2019). *Gender Equality in Colombia: Country Gender Assessment.*

Además, el equipo revisó los Programas de País, Planes Anuales de Trabajo, informes anuales, y los resultados del sistema “SIS” del UNFPA.

Anexo III – Matriz de evaluación revisada (post - pilot mission)

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
I. How relevant is UNFPA support to Gender Equality and Women's Empowerment?			
Evaluation question 1: To what extent does UNFPA support align with and respond to 1) partner government priorities, 2) national needs on gender equality and women's empowerment, 3) UNFPA policies and strategies and 4) overall global normative framework on gender equality and women's empowerment?			
1. UNFPA interventions align and respond to national priorities and needs to advance gender equality and women's empowerment.	<ul style="list-style-type: none"> • Degree to which UNFPA support is aligned with national frameworks/plans in ways that advance progress on GEWE • Extent to which UNFPA support at regional and country levels has been guided by existing evidence on country priorities and needs • Evidence of UNFPA contributions to UN Development Assistance Framework/UN Sustainable Development Cooperation Framework 	Country case studies Desk-based country case studies Country Program Evaluations (CPE) Corporate evaluations Key informant interviews	Document review Semi-structured interviews Group interviews (possibly FGD) CPE review
2. UNFPA support aligns with/responds to the (varied) needs of different rights holder groups in each country context, particularly marginalized and vulnerable communities. ⁸⁶	<ul style="list-style-type: none"> • Extent to which UNFPA support at regional and country levels has been guided by existing evidence on needs 	Country case studies Key informant interviews	Document review Group interviews (possibly FGD)

⁸⁶ In each country context, these groups may include women and girls affected by violence, particularly vulnerable population groups such as indigenous or refugee populations, and "key population groups" particularly vulnerable to HIV and frequently lacking adequate access to services. UNAIDS considers the following five main "key population groups" particularly vulnerable to HIV and frequently lacking adequate access to services: 1) gay men and other men who have sex with men, 2) sex workers, 3) transgender people, 4) people who inject drugs and 5) prisoners and other incarcerated people. See:

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> Evidence of relevance of UNFPA interventions in relation to varied needs of rights holder groups 		In-country observation
<p>3. UNFPA work at country, regional and global levels is aligned with UNFPA's policies and strategies (mandate), UN frameworks and policy directives, international human rights conventions, instruments, and reports.⁸⁷</p>	<ul style="list-style-type: none"> Degree of alignment of UNFPA support for GEWE with UNFPA policy and strategy⁸⁸ Alignment of UNFPA support with the guidance provided in UN-frameworks and in international normative frameworks (especially ICPD, CEDAW and SDGs) 	<p>Key informant interviews Country case studies Regional case study Desk-based country case studies</p>	<p>Document review Semi-structured interviews</p>
<p>Evaluation question 2: What have been strengths and limitations of UNFPA approach (es) to supporting Gender Equality and Women's Empowerment at global, regional and country levels?⁸⁹</p>			
<p>4. UNFPA applies a human rights-based and culturally/context sensitive approach in its support to gender equality and women's empowerment.</p>	<ul style="list-style-type: none"> Evidence that programmes, policies supported by UNFPA are broadly and diversely owned at country level including by local civil society groups which are at the forefront of advancing gender equality in a given context Evidence that UNFPA has engaged men and boys as duty bearers in advancing gender equality 	<p>Country case studies Desk-based country case studies Regional case study CPEs</p>	<p>Document review Semi-structured interviews Group interviews (Possibly FGD) CPE review</p>

<https://www.unaids.org/en/topic/key-populations>. This definition is also reflected in the UNFPA Strategic Plan 2018-2021, Annex 7 (the results framework for the UNFPA-UNDP-UNICEF-UN Women common chapter to their strategic plan).

⁸⁷ These include SDG 5, Convention on the Elimination of all Forms of Discrimination Against Women, ICPD, Quadrennial Comprehensive Policy Review, the UN System-Wide Action Plan on Gender Equality and the Empowerment of Women, ECOSOC E/RES/2015/12 on gender mainstreaming, as well as regional declarations such as the Convention of Belém do Pará.

⁸⁸ These include the 2012-2013 Mid-Term Review of UNFPA's Strategic Plan, the 2014-2017 Strategic Plan, the 2018-2021 Strategic Plan and UNFPA's Strategic Frameworks on Gender Mainstreaming and Women's Empowerment 2008-2011 and 2012-2013 and other UNFPA policies and plans, such as UNFPA's global Adolescent and Youth Strategy, 2010-2013 South-South Cooperation Strategy, the 2017 South-South and Triangular Cooperation Strategy, the 2015 UNFPA Resource Mobilization Strategy, and the 2018-2021 Knowledge Management Strategy.

⁸⁹ The following assumptions are all about the "how" of UNFPA programming.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>5. UNFPA work on gender equality and women's empowerment programming is integrated across the development, humanitarian, and peace nexus.</p>	<ul style="list-style-type: none"> • Evidence that engagement of men and boys focuses on transforming systems and addressing harmful/negative social norms • Evidence that UNFPA, in partnership with others in UN system, opens up spaces for rights holders (e.g., feminist organizations, organizations of women with disabilities, human rights organizations) to participate and influence GEWE related decision-making • Evidence of comprehensive gender analysis that identifies underlying causes of gender inequality and strategies for addressing these (including through partnership) in country programming cycle • Evidence of an intersectional lens, reflecting the multiple, intersecting identities of women and their varied experiences of gender inequality in country programming • Results reported in evaluations that are characterized as gender transformative, i.e. contributed to shifting social norms, power dynamics and resources in a sustainable way (based on the Gender Results Effectiveness Scale (GRES))⁹⁰ • Alignment of UNFPA support with the UN system's guidance on a 'new way of working' across the humanitarian-development-peace nexus 	<p>Country case studies Desk-based country case studies</p>	<p>Document review Semi-structured interviews</p>

⁹⁰ The GRES consists of a five-point scale that measures results as gender negative, gender blind, gender targeted, gender responsive or gender transformative.

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> Evidence of UNFPA addressing the nexus in design, implementation and monitoring of its programming as per UNFPA guidance⁹¹) 	Regional case study Key informant interviews Corporate evaluations since 2016 CPEs	CPE review Internet survey (TBD) (e.g. UNFPA offices well equipped to think through what should be different?)
6. UNFPA builds strategic partnerships, especially with civil society to advance gender equality, with a human rights approach.	<ul style="list-style-type: none"> Evidence of UNFPA strategy for partnership that is based on gender equality goals (clear purposes,⁹² diversity of actors) Evidence of partnerships based on clear structures, trust, shared goals, mutual accountability 	Country case studies Desk-based country case studies Regional case study Key informant interviews Evaluations of joint programmes	Document review Semi-structured interviews Internet survey (TBD)
7. UNFPA brings together and leverages its various roles and thematic areas ⁹³ at global, regional and country levels to support gender equality and women's empowerment across different settings.	<ul style="list-style-type: none"> Extent to which UNFPA has effectively utilized and integrated its advocacy role at global, regional, and country levels Extent to which UNFPA has effectively utilized and integrated its convening role at country level⁹⁴ 	Country case studies Desk-based country case studies Regional case study Key informant interviews CPEs	Document review CPE review Semi-structured interviews Internet survey (TBD)

⁹¹ This implies investments in both short-term response and longer-term resilience and institution building. It means anticipating and designing the next phase of a programme to ensure that results are sustained in any (and all) phases and to leave no one behind. UNFPA, Enhancing UNFPA's Work to address the Humanitarian-Development-Peace Nexus, draft November 2018.

⁹² The purposes encompass "consultative" and "implementation" partners.

⁹³ For example, the extent to which UNFPA interventions on FGM, Child Early and Forced Marriage, prevention and response to GBV are interlinked to work on early pregnancy, fistula, family planning and comprehensive sexuality education.

⁹⁴ Convening refers to gathering together different kinds of stakeholders to establish a common agenda at national level for a particular topic.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> Extent to which UNFPA has effectively utilized and integrated its coordination role within the UN system and with partners (including its lead role in coordinating the GBV Area of Responsibility) 		
<p>II. What were the overall results of UNFPA support to GEWE at global, regional and country levels?</p>			
<p>Evaluation question 3: To what extent has UNFPA’s dedicated programming work under the gender equality outcome of its Strategic Plan(s) contributed to advancing gender equality, the empowerment of all women and girls, and reproductive rights in development and humanitarian settings?</p>			
<p>8. UNFPA has generated evidence-based knowledge and guidance that contributes to international normative frameworks and operational mechanisms on advancing gender equality/women’s empowerment (global level).⁹⁵</p>	<ul style="list-style-type: none"> Number and type of knowledge and guidance products, including those developed jointly, made available to a diversity of actors promoting GEWE Evidence of stakeholders at global level attributing shifts in norms and standards to UNFPA or UNFPA outputs 	<p>Key informant interviews Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations</p>	<p>Document review Semi-structured interviews</p>
<p>9. UNFPA has fostered an enabling environment for gender equality and women’s empowerment⁹⁶ (regional level).</p>	<ul style="list-style-type: none"> Evidence of use of regional knowledge/analytical products Number of good practices identified and replicated within a region Evidence of increased capacities of regional actors (including civil society organizations) to advocate for/monitor human rights mechanisms and address discriminatory practices 	<p>Key informant interviews Regional case study Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations</p>	<p>Document review Semi-structured interviews</p>

⁹⁵ This links to expected capacity changes in the ToC, including relevant actors’ capabilities (new knowledge and evidence, skills) and the motivation and opportunities (normative frameworks and operational mechanisms) that are part of enabling environment.

⁹⁶ This links to expected capacity changes in the ToC by supporting capabilities, motivation and opportunities.

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>10. UNFPA has contributed to strengthening national policies, accountability frameworks and legal normative frameworks, including laws on gender equality and women's empowerment (national level).⁹⁷</p>	<ul style="list-style-type: none"> • Proportion of countries sampled in which UNFPA has contributed to the creation of new or improvement of existing national laws, policies and regulations on reproductive rights so that they align with international human rights norms and standards. • Evidence of UNFPA contributions to also strengthening capacity of national actors to implement and monitor these policies, etc. • Evidence of UNFPA creating opportunities/enabling conditions for policy dialogue 	<p>Country case studies Desk-based country case studies Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations CPEs Key informant interviews</p>	<p>Document review Semi-structured interviews CPE review</p>
<p>11. Strengthened civil society organizations and social movements sustain efforts to eliminate discriminatory gender and sociocultural norms affecting women and girls.</p> <p>12. UNFPA has contributed to preventing, responding to and eliminating gender-based violence (global, regional, national and community levels).</p>	<ul style="list-style-type: none"> • Evidence of social movement building to advance gender equality and women's empowerment • Proportion of countries reviewed where there is evidence of sustained engagement of men and boys to eliminate discriminatory norms • Evidence of changes in relevant actors' <u>capacity</u> (individual and organizational capabilities, and the enabling opportunities and motivational factors) • Evidence of changes in targeted actors' <u>behaviours</u>/actions • Evidence of changes in GBV prevalence in programming countries/at regional/global levels 	<p>Country case studies Desk-based country case studies</p> <p>Country case studies Desk-based country case studies Regional case study Corporate evaluations on GBV and harmful practices and FGM joint programme CPE synthesis on the transformative results</p>	<p>Document review Semi-structured interviews Group interviews</p> <p>Document review Semi-structured interviews</p>

⁹⁷ This links to expected capacity change in the ToC by creating opportunities for relevant actors and thus creating an enabling environment.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
		from the 2018-2021 Strategic Plan (especially GBV and HP)	
<p>13. UNFPA has contributed to preventing, responding to and eliminating harmful practices (child marriage, FGM, and son preference) (global, regional, national and community levels).</p>	<ul style="list-style-type: none"> ● Evidence of changes in targeted actors' capacity (capabilities, opportunities, motivation) ● Evidence of changes in targeted actors' behaviours/actions ● Evidence of changes in prevalence of harmful practices in programming countries 	<p>CPE synthesis on the transformative results from the 2018-2021 Strategic Plan (especially GBV and HP)</p> <p>Corporate evaluations on GBV and harmful practices and FGM joint programme</p>	<p>Document review</p> <p>Semi-structured interviews</p>
<p>Evaluation question 4: To what extent and with what results has UNFPA mainstreamed gender equality across UNFPA policies and programmatic outcomes?</p>			
<p>14. UNFPA has mainstreamed gender across its programming.⁹⁸</p>	<ul style="list-style-type: none"> ● Evidence that gender analysis and gender equality priorities are reflected in relevant <ul style="list-style-type: none"> - country programme documents, - workplans, - corporate strategies ● UNFPA's performance vis-à-vis the UN SWAP 1.0 on Gender Equality indicator "B3. Strategic Planning" and "A1. Policy and plan" as well as UN SWAP 2.0 indicator "A. Results-Based Management" 	<p>Country case studies</p> <p>Regional case study</p> <p>UNFPA annual UN-SWAP reports</p> <p>UNFPA corporate strategic documents</p> <p>UNFPA country-level programme documents and relevant monitoring and evaluation reports</p>	<p>Document review</p>

⁹⁸ Including the "Priorities for Gender Equality Programming" as articulated in the 2012-2013 UNFPA strategic framework on gender mainstreaming, which refer to: a) mainstreaming women's reproductive rights in laws and regulations, development policies and frameworks, including the MDGs; b) integrating gender equality into reproductive health programmes; c) ending gender-based violence; d) addressing adolescents and youth; e) responding to emergency and post-emergency situations; f) engaging men and boys as partners for equality.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> Proportion of activities under outcomes 1, 2, 4 with gender marker ratings of “some contribution”, “significant contribution”, “primary contribution”⁹⁹ 		
<p>15. UNFPA’s mainstreaming efforts have contributed to gendered results across UNFPA policies and programmatic outcomes (reproductive health; population data, adolescents).¹⁰⁰</p>	<ul style="list-style-type: none"> Ratings of UNFPA reported results against the Gender Results Effectiveness Scale 	<p>CPEs Key informant interviews</p>	<p>CPE review Semi-structured interviews Group interviews</p>
<p>III. What factors have, positively or negatively, influenced UNFPA support to Gender Equality?</p>			
<p>Evaluation question 5: To what extent are UNFPA’s institutional culture, systems and processes “fit for purpose” to advance gender equality and the empowerment of women through a human rights-based and culturally sensitive approach in both development and humanitarian settings?</p>			
<p>16. The amount and quality of <u>financial resources</u> made available for dedicated programming and mainstreaming support the advancement of gender equality and women’s empowerment has been adequate.</p>	<ul style="list-style-type: none"> Level and type of resources (core and non-core) allocated to the dedicated outcome on GEWE Level and type of resources allocated to gender mainstreaming Proportion of activities under OEE outputs with gender marker ratings “some contribution”, “significant contribution”, “primary contribution” between 2014-2018 	<p>ATLAS /GPS Country case studies</p>	<p>Financial system data review Document review</p>

⁹⁹ UNFPA started tracking mainstreamed financial support in 2014 through the gender marker. The gender marker is a self-reporting tool and as such has an inherent risk of subjective bias.

¹⁰⁰ Assumption 4a focuses on whether UNFPA has made visible efforts to mainstream gender equality, while assumption 4b explores the results that have derived from these efforts.

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>17. Strategic investment choices enable UNFPA to address social norm change and the deep drivers of gender inequality</p>	<ul style="list-style-type: none"> • Types of outputs supported by UNFPA (focus on response or the drivers/underlying causes) • Evidence of positive/negative effects of prioritization (business model) 	<p>Country case study Regional case study</p>	
<p>18. UNFPA has adequate <u>human resources</u> at global, regional and country levels to advance gender equality through dedicated programming and mainstreaming of GEWE.</p>	<ul style="list-style-type: none"> • Evidence of staff with competencies and accountability for GEWE • Proportion and level of dedicated staff leading on gender, GBV, GBV information management, GBV in emergency at global, regional, and country level • Evidence of value or disruptions due to surge functions in humanitarian settings • Extent to which UNFPA has effective staff capacity assessment and capacity development for its work on GEWE • Evidence of investment in gender architecture • Extent of progress on gender parity at different levels 	<p>UN-SWAP reporting Country case studies Regional case study Key informant interviews</p>	<p>Document review Semi-structured interviews Internet survey (?)</p>
<p>19. Gender equality is a priority in the culture and leadership of the organization.</p>	<ul style="list-style-type: none"> • GEWE reflected/highlighted in corporate policies and strategic plans • Senior and program management with clear accountabilities for gender mainstreaming • Extent to which resource allocation /business model enables investments that further GEWE, especially social norm change • Quality of data provided for the gender marker and UN-SWAP • Extent to which GEWE issues, including social norm change are explicitly addressed in regular 	<p>UN-SWAP reporting Global staff survey (questions on culture and gender equality) Key informant interviews</p>	<p>Document review Semi-structured interviews Internet survey (?)</p>

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>20. UNFPA advances collaborative work across UN agencies towards SDG 5</p>	<p>monitoring and performance reporting at country, regional and global levels</p> <ul style="list-style-type: none"> • Extent to which GEWE concerns are reflected in UNFPA procurement processes, implementing partner agreements, funding arrangements • Number and type of initiatives (including as part of the UNFPA 2018-2021 common chapter) that reflect coordination/ collaboration • UNFPA leadership role in coordinating GBV in emergencies recognized 	<p>Key informant interviews Country case studies</p>	<p>Semi-structured interviews Document review</p>

Evaluation of UNFPA support to gender equality and the women's empowerment across development and humanitarian settings

2012-2020

Étude de cas Côte d'Ivoire : table d'évidence

27 octobre 2020



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Acronymes et abréviations

ADBC	Agents de distributions à base communautaire
AGR	Activités génératrices de revenu
AMC	Affaires mondiales Canada
BAD	Banque africaine de développement
BdP	Bureau de pays de UNFPA
BIT	Bureau international du travail
CEDEF	Convention sur l'élimination de toutes formes de discrimination envers les femmes (<i>CEDAW</i>)
CIPD	Conférence internationale sur la population et le développement (<i>ICPD</i>)
CLC	Cellules locales de communication
CNLVFE	Comité de lutte contre les violences faites aux femmes et aux enfants
CPU	Cadre programmatique unique du système des nations unies
DD	Dividende démographique
DMU	Dispositif minimum d'urgence (<i>MISP</i>)
EdM	Écoles de maris
ESC	Éducation sexuelle complète
FO	Fistules obstétriques
GBV-IMS	Système d'information et de gestion des données sur les violences basées sur le genre
GTGD	Groupe thématique genre et développement
HRSH	Hommes qui ont des rapports sexuels avec des hommes
IFEF	Institutions de formation et d'éducation féminine
KOICA	Korea International Cooperation Agency
MFFE	Ministère de la femme, de la famille et de l'enfant
MGF	Mutilations génitales féminines
ODD	Objectifs de développement durable (<i>SDG</i>)
ONUCI	Opérations des Nations Unies en Côte d'Ivoire
OSC	Organisations de la société civile
PBF	Peacebuilding Fund
PDI	Personnes déplacées internes
PF	Planification familiale
PND	Plan national de développement
PNUD	Programme des Nations Unies pour le Développement

PSH	Personnes en situations de handicap
SNLVBG	Stratégie nationale de lutte contre les violences basées sur le genre
SNU	Systèmes des Nations Unies
SONU	Soins obstétricaux et néonataux d'urgence (<i>EmONC</i>)
SRAJ	Santé reproductive des adolescent(e)s et des jeunes
SSR	Santé sexuelle et reproductive
SSSU	Services de santé scolaire et universitaire
SWEDD	Sahel Women's Empowerment and Demographic Dividend initiative
VBG	Violences basées sur le genre
VSC	Violences sexuelles en situation de conflit

I - Introduction

L'objectif de l'évaluation est d'évaluer l'appui du Fonds des Nations Unies pour la population (FNUAP) à l'égalité des sexes et à l'autonomisation des femmes, dans les contextes de développement et d'action humanitaire. L'évaluation offre l'occasion de démontrer la responsabilité du FNUAP dans sa performance par rapport au plans stratégiques actuel et passés, et les présenter à un éventail de parties prenantes, y compris les États membres du Conseil d'administration du FNUAP, les pays dans lesquels le FNUAP travaille, les donateurs, ainsi que d'autres parties prenantes clés.

L'évaluation est de nature stratégique et vise à préparer le prochain cycle de planification stratégique, y compris pour son orientation stratégique, et identifier les lacunes et les opportunités pour le FNUAP dans le domaine de l'égalité des sexes et l'autonomisation des femmes. Enfin, l'évaluation fournira des éléments d'apprentissage pour éclairer le positionnement stratégique du FNUAP dans ce domaine de travail, reflétant l'évolution du contexte de développement, y compris la réforme des Nations Unies et l'alignement sur le programme de développement à l'horizon 2030.

Conformément au mandat, les principaux objectifs de l'évaluation sont:

- Évaluer la pertinence, l'efficacité, l'efficience et la durabilité de l'appui du FNUAP à l'égalité des sexes et à l'autonomisation des femmes dans les contextes de développement et d'action humanitaire;
- Évaluer dans quelle mesure le FNUAP s'est effectivement positionné en tant qu'acteur parmi les partenaires nationaux, au sein du système des Nations Unies, et dans l'ensemble de la communauté œuvrant pour faire progresser l'égalité des sexes et l'autonomisation des femmes;
- Générer des connaissances à partir de l'appui passé et actuel et identifier les enseignements tirés, pour éclairer la conception du prochain plan stratégique du FNUAP (2021-2024) ainsi que la position du FNUAP dans le cadre du Programme 2030.

L'évaluation porte sur la mise en œuvre et les résultats de l'appui du FNUAP à l'égalité des sexes et à l'autonomisation des femmes le long du lien développement-paix-humanitaire au cours de la période 2012-2020.¹⁰¹

La contribution du FNUAP sur trois périodes stratégiques et cadres de résultats (2012-2013; 2014-2017 et 2018-2021) est évaluée, et le rapport comprend également une évaluation de la contribution du FNUAP à la mise en œuvre du Cadre stratégique sur l'intégration du genre et l'autonomisation des femmes (2012-2013) et la Stratégie pour l'égalité des sexes récemment publiée par l'UNFPA pour 2018-2021.

L'évaluation couvre trois (3) composantes:

- a) **Adapté à l'objectif** - la mesure dans laquelle les systèmes et processus institutionnels du FNUAP sont adaptés à l'objectif de faire progresser l'égalité de genre et l'autonomisation des femmes
- b) **Soutien intégré** - la mesure dans laquelle l'UNFPA a intégré l'égalité de genre dans tous les domaines des résultats du plan stratégique (santé sexuelle et reproductive [SSR] et droits reproductifs, adolescent(e)s et jeunes, pratiques néfastes, violence basée sur le genre [VBG],

¹⁰¹ Le champ de cette évaluation couvre la période de Janvier 2012 à Juillet 2020 (date qui marque la fin de la collecte de données).

population et développement) et dans tous les domaines des changements au niveau formel (c'est-à-dire lois, politiques) et informel (c'est-à-dire coutumes et facteurs culturels);

- c) **Le résultat dédié à l'égalité de genre:** travail programmatique dans le cadre du résultat dédié à l'égalité des sexes dans les plans stratégiques, c'est-à-dire le soutien qui relève du résultat 3 des plans stratégiques 2018-2021 et 2014-2017 et du résultat 5 du plan stratégique 2012-2013. L'évaluation se concentre sur la contribution aux extrants et les progrès vers les résultats identifiés dans les cadres de résultats respectifs. L'évaluation couvre tous les extrants au titre de ces résultats, mais approfondit les domaines de extrants suivants:
- Contribution aux cadres politiques, juridiques et de responsabilité, ainsi qu'aux mécanismes de protection, pour faire progresser l'égalité des sexes et autonomiser les femmes et les filles.
 - Appui au renforcement de l'engagement de la société civile dans l'égalité de genre pour promouvoir les droits reproductifs et l'autonomisation des femmes ; soutien à l'évolution des normes sociales ; et soutien à l'engagement des hommes et des garçons pour l'égalité de genre.
 - Contribution à des produits spécifiques liés à la violence basée sur le genre (VBG) et aux pratiques néfastes - mariage des enfants, préférence pour les fils et mutilations génitales féminines. Étant donné que les travaux du FNUAP dans ces domaines programmatiques ont été récemment évalués (et les recommandations en cours d'application), l'évaluation s'appuiera sur les résultats de ces évaluations (en tant que source de données clé pour cette évaluation), en les complétant par la collecte de données supplémentaires.

La portée géographique inclut l'appui du FNUAP aux niveaux national,¹⁰² régional et global (ainsi que leurs interconnexions). L'évaluation couvre toutes les activités planifiées et / ou mises en œuvre (quelle que soit la source ou le type de financement / ressources).

Les activités pertinentes entreprises par d'autres partenaires (par exemple, ONU Femmes, le Haut-Commissariat des Nations Unies pour les réfugiés-HCR et le Programme des Nations Unies pour le développement-PNUD) sur l'égalité des sexes et l'autonomisation des femmes sont examinées sous l'angle de la coordination et des partenariats, mais ne seront pas formellement évaluées.

II – Contexte

La Côte d'Ivoire est un pays à revenu intermédiaire avec une croissance moyenne de 8% par an depuis 2012 et une projection de 7% pour 2020. Cependant, le gouvernement fixe un taux prévisionnel de 3,5% par suite de la pandémie COVID-19 (Banque Mondiale, 2020).¹⁰³ Le pays a un niveau élevé de la pauvreté, 46,5% en 2015 et de fortes inégalités avec un indice de Gini de 0.405. L'indice de capital humain est à 0,35 et demeure l'un des pays du monde où les inégalités entre les sexes sont les plus marquées (Banque Mondiale, 2020). L'indice des « institutions sociales et genre » (SIGI) de l'Organisation de coopération de développement économique (OCDE) indique une valeur d'inégalité de 43% en 2019, ce qui tombe dans la catégorie élevée.¹⁰⁴ Pour d'autres indicateurs, voir Figure 1.

¹⁰² Pays dans les six régions où le FNUAP met en œuvre ses interventions: (i) Afrique Centrale et de l'Ouest; (ii) Afrique du Sud et de l'Est; (iii) Asie et Pacifique; (iv) Etats Arabes; (v) Europe de l'Est en Asie Centrale, et (vi) Amérique Latine et Caraïbes.

¹⁰³ Voir <https://www.banquemondiale.org/fr/country/cotedivoire/overview>.

¹⁰⁴ <https://www.genderindex.org/wp-content/uploads/files/datasheets/2019/CI.pdf>

Le pays se redresse d'une décennie de crises militaires-sécuritaire depuis 2012, ce qui a créé une situation de déplacements internes massifs (ainsi qu'à l'extérieur du pays) et des destructions des infrastructures du pays, y compris le secteur de la santé. Les régions du pays les plus affectées par la crise sont la zone Centre, Nord et Ouest (CNO) qui étaient occupées par les forces rebelles à l'époque. La crise a produit une population de femmes et filles victimes de la violence sexuelle avec des conséquences psychologiques dévastatrices pour les victimes.

La situation sécuritaire, particulièrement dans les régions Ouest, reste toujours imprévisible et à la veille des élections présidentielles prévues le 31 octobre 2020 le pays risque de retomber dans un état d'instabilité et de violence. La pandémie COVID qui a exigé des mesures de confinement ajoute des effets socio-économiques néfastes, dont l'un est la recrudescence des cas VBG.

La Côte d'Ivoire est un des pays de l'Afrique de l'Ouest qui, face à une population très jeune, tente d'accélérer la transition démographique afin de bénéficier d'un dividende démographique. Ce Bureau de Pays (BdP) d'UNFPA participe au programme régional qui s'appelle SWEDD (Sahel Women's Empowerment and Demographic Dividend).

Figure 1: Des statistiques clés

Taux de mortalité maternelle (pour 100 000 naissances vivantes)^a	614
Taux de mortalité néonatale (pour mille)	33
Taux de mortalité infantile (pour mille)	60
Taux de prévalence contraceptive toutes méthodes confondues	21%
Besoins non satisfaits en PF	30,5%
Pourcentage des femmes de 15-49 ans ayant entendu parler des fistules	28,9%
Proportion des femmes 20-49 ans en union avant l'âge de 18 ans	32,1%
Indice Synthétique de Fécondité	4,6
Urbain	3,4
Rural	6,0
Pourcentage de femmes de 15-49 ans mariées ou en union avant l'âge de 18 ans	32,1%
Pourcentage de femmes de 15-19 ans actuellement mariées ou en union	18,4%
Prévalence MGF/E ayant subi n'importe quelle forme de MGF/E chez les femmes 15-49 ans	36,7%
Taux de grossesse précoce (% de femmes de 20-24 ans qui ont eu une naissance vivante avant l'âge de 18 ans)	25,4%
Proportion de violences physiques	
Femmes	36%
Filles	4,7%
Proportion de violences sexuelles au sein des femmes de 15-49 ans^c	3%
Population 2014^d	22.671.331
Taux d'accroissement annuel moyen	2,6%
Population âgée de moins de 35 ans	77,7%

Sources : MICS (2016) ; aEDS-MICS (2011-2012) ; bRapport ODD (2019) ; cMDP 2019 Rapport volontaire d'examen national de la mise en œuvre des ODD ; dRGPH (2014) ; eOffice National de la Population (2018)

Interventions du UNFPA en Côte d'Ivoire

La période de l'évaluation (2012-2020) englobe deux cycles de programmation du UNFPA dans le pays, le 6^e programme de 2009 à 2016 et le 7^e programme de 2017 à 2020. La Côte d'Ivoire est catégorisée en tant que pays rouge, en raison de sa fragilité à la suite de presque une décennie de crise. Cette catégorie comprend les pays ayant les plus grands besoins non satisfaits et une faible capacité de financement, nécessitant des investissements plus importants de la part du UNFPA.

Le 6^e programme, qui était prévu de se terminer en 2013 a eu deux prolongements (en 2014 et encore en 2016). Ceci a permis l'alignement des 6^e et 7^e programmes au Plans nationaux de développement (PND) de 2012-2015 et 2017-2020, respectivement. Le 7^e programme s'aligne aussi avec le cadre de programmation unique des nations unies 2017-2020.

Durant la période couverte par le 6^e programme, le travail du UNFPA se concentre principalement sur le renforcement de la capacité des systèmes ainsi que sur la prestation de services, alors qu'il y eu une diminution de ce dernier au cours du 7^e programme. Les deux programmes ont inclu un volet dédié au genre. La programmation genre se concentre principalement sur la lutte contre les violences basées sur le genre (VBG) et a vu la création des plateformes de lutte contre les VBG qui sera l'élément clé du programme genre du UNFPA.

Le UNFPA travaille non seulement au niveau national à travers l'appui au gouvernement central de la Côte d'Ivoire, mais aussi aux niveaux régional et communautaire. L'agence compte des bureaux décentralisés dans le pays, en plus du bureau central à Abidjan, qui a permis le rapprochement du travail dans leurs zones d'intervention. Le nombre de bureaux décentralisés a évolué au cours de la période d'évaluation, allant de six bureaux au début du 6^e programme à deux bureaux présentement (à Bondoukou à l'est et à Guiglo à l'ouest).

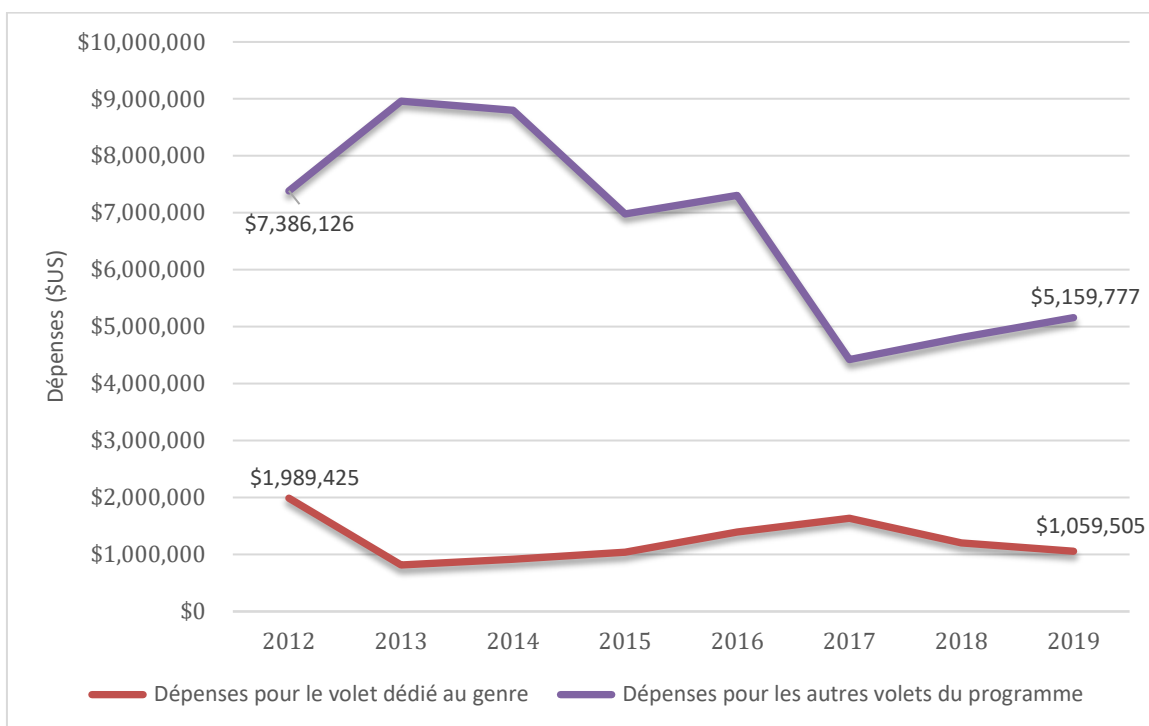
Dépenses

ANNÉE	DÉPENSES (\$US)
2012	9,375,550.30
2013	9,776,833.43
2014	9,720,265.00
2015	8,017,450.00
2016	8,698,141.00
2017	6,057,965.00
2018	6,015,150.00
2019	6,219,282.00
Dépenses totales pour la Période 2012-2019:	63,880,636.73

Source: GPS Atlas 2012-2013/2014-2019

On observe une baisse significative du financement au cours de la période d'évaluation. Par contre, ceci n'a pas affecté le niveau de financement pour le volet dédié au genre qui est resté plus ou moins constant (voir Figure n° 2).

Figure 2: Dépenses annuelles du UNFPA (en \$US) pour le volet genre et les autres volets du programme pour la période 2012-2019



Partie prenantes principales

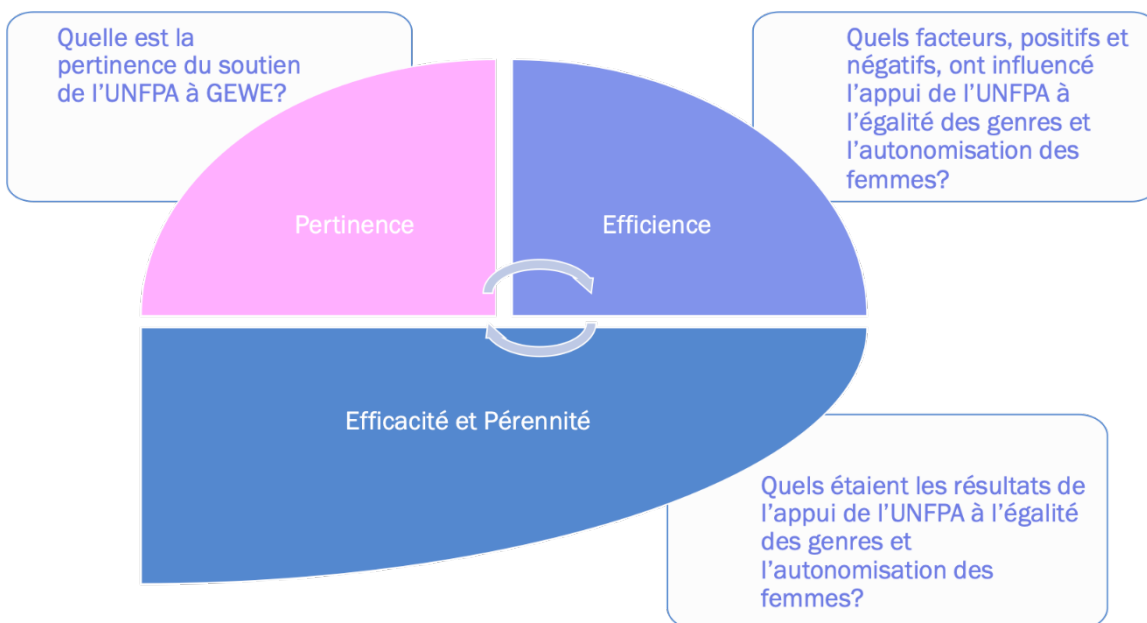
Le tableau suivant présente la liste des principales parties prenantes considérées comme clés pour l'évaluation. Elles sont présentées par catégorie. Cependant, pas toutes les organisations mentionnées n'ont été disponibles pendant la période de l'étude de cas. L'absence des détenteurs de droits qui correspondent souvent aux bénéficiaires directs s'explique par l'impossibilité d'exécuter la collecte de données sur le terrain et de prendre du contact face-à-face avec des personnes ou des groupes clés pendant la période de COVID.

NO.	CATÉGORIE	PARTIE PRENANTES PRINCIPALES
1	Organisation gouvernementales	Ministère de la Femme, de la Famille et de l'Enfant (MFFE) Direction de l'égalité et de la promotion du genre (DEPG) Comité National de lutte contre les violences faites aux femmes (CNLVF) Observatoire Nationale de la Cohésion Sociale (OSCS) Direction santé communautaire Direction des études, de la planification et de la statistique (DEPS) Direction de la mutualité et des œuvres sociales en milieu scolaires (DMOSS)
2	Organisations non-gouvernementales	Renaissance Santé Bouaké Organisation nationale pour l'Enfant et la Femme (ONEF) Organisation pour le Développement Activités des Femmes (ODAFEM) Vivre Informer Fraternaliser (VIF) Association ivoirienne pour le bien-être familiale (AIBEFF)

NO.	CATÉGORIE	PARTIE PRENANTES PRINCIPALES
		ONG Sauvons 2 Vies Association de soutien à l'autopromotion sanitaire et urbaine (ASAPSU)
3	Organisations non-gouvernementales internationales	n/a
4	Organisations académiques (comme partenaire de mise en œuvre)	École Nationale Supérieure de Statistiques et d'Économie Appliquée (ENSEA)
5	Défendeurs de droits	n/a
6	Détenteurs de droits	n/a
7	Donateurs	KOICA Banque Africaine de Développement (BAD) France Canada Suède
8	Agences de l'ONU	PNUD ONU FEMMES OCHA UNAIDS

III – Résultats et analyse

Cette étude de cas répond aux trois questions centrales de l'évaluation, dont :



Elle est organisée selon la matrice d'évaluation qui présente les différentes questions d'évaluation et les hypothèses qui s'y rattachent. La matrice d'évaluation est présentée en Annexe 3. À noter qu'à cause de la pandémie COVID, des questions ont été rajoutées pour prendre en compte leurs effets sur la programmation de UNFPA.

Question d'évaluation 1

Dans quelle mesure le soutien du UNFPA s'aligne-t-il et répond-il : i) aux priorités du gouvernement partenaire, ii) aux besoins nationaux en matière d'égalité des genre et d'autonomisation des femmes, iii) aux politiques et stratégies du UNFPA et iv) au cadre normatif global en matière d'égalité des genres et d'autonomisation des femmes? **Critère** : *Pertinence*

Postulat 1.1

Les interventions du UNFPA soutiennent et répondent aux priorités et besoins nationaux pour faire progresser l'égalité des genres et l'autonomisation des femmes, y compris pendant la pandémie COVID.

Le Bureau de Pays (BdP) de UNFPA a joué un rôle primordial dans son appui au gouvernement ivoirien pendant la période de réhabilitation post-crise à travers l'établissement des politiques et des stratégies fondamentales du pays, permettant l'avancée des droits des femmes et de l'égalité de genre à un niveau national.

Après la crise post-électorale en 2010, la situation humanitaire qui a affecté le pays, surtout dans la région de l'Ouest, a donné lieu à un nombre important de cas de violences basées sur le genre, et surtout de violences sexuelles. UNFPA a joué un rôle de premier plan durant la crise en tant qu'agence chef de file adressant la violence sexuelle en situation de conflit (un rôle qui a été transféré en 2014 à ONUCI et en 2017 au PNUD). La crise fut un point de départ pour l'État, avec l'appui de UNFPA dans l'élaboration d'une

réponse nationale contre les VBG. L'appui de UNFPA a été plus large aussi, en termes de son soutien au gouvernement dans l'intégration du genre dans les plans et stratégies nationales de base. Une liste des documents clés les plus importants qui ont été appuyés par UNFPA dans le cadre de la structure nationale se trouve ci-dessous :

- Les *Plan national de développement* (PND) 2012-2015 and 2017-2020 : les deux PND ont été développés avec l'appui du UNFPA et constitue les principaux documents de planification à partir desquels toutes les stratégies sectorielles sont élaborées (ceci inclut les PTA qui sera élaboré entre UNFPA et ses partenaires gouvernementales)
- Le *Code des personnes et de la famille*, qui constitue un cadre légal important portant sur toutes matières civiles et a été appuyé par UNFPA pour une meilleure prise en compte de l'égalité entre les hommes et les femmes (voir section 3.3)
- Document stratégique de réduction de la pauvreté (DSRP) qui intègre les questions de SSR, VBG et genre
- Le Plan national de développement sanitaire (PNDS)
- La Politique nationale genre 2013 et la révision en 2019
- La Stratégie nationale de lutte contre les VBG (SNLVBG) de 2014
- La Stratégie nationale de lutte contre les grossesses en milieu scolaire ainsi que la campagne « zéro grossesse en milieu scolaire » (2013)
- La Politique Nationale sur l'égalité des chances, l'équité et le genre (2009) et le plan d'opérationnalisation de cette politique (2014-2016)
- La Politique nationale de la population (2015)
- La Politique nationale de la justice (2013)
- Le Plan accéléré de lutte contre les mariages précoces (2013-2015) et le plan d'action stratégique pour la lutte contre les mariages forcés

Avant l'ouverture officielle du bureau d'ONU Femmes en 2015, UNIFEM avait une présence plus modeste dans le pays. Dans le document de l'UNDAF 2009-2013, plusieurs agences – UNFPA, PNUD, UNIFEM et BIT - contribuaient à la prise en compte de l'égalité des sexes et les droits fondamentaux dans les politiques et programmes nationaux. UNIFEM avait la responsabilité globale pour le volet sur l'égalité des sexes (effet no. 5) et UNFPA était le responsable pour l'extrant sur les VBG ainsi que pour deux autres intrants (sur les cadres institutionnels et politiques nationales et l'accès des femmes à l'emploi). UNFPA a facilité la formation des cadre nationaux en genre et développement ce qui a permis le renforcement du cadre institutionnel soutenant l'adoption de la politique nationale genre, la politique de protection sociale et la finalisation de la stratégie VBG.

Le Ministère de la femme, de la famille et de l'enfant (MFFE) reste un partenaire clé de UNFPA. Après qu'ONU Femmes est devenu opérationnel, UNFPA a continué son appui en genre, mais en se concentrant davantage sur les VBGs, surtout à travers la Stratégie Nationale de Lutte contre le VBG (SNVBG) et son appui au Comité national de lutte contre les violences faites aux femmes et aux enfants (CNLVFE).

Les plans de riposte de UNFPA et du SONU ont intégré le genre et ont pris compte d'un volet VBG. Des mesures ont été prises pour protéger les prestataires des services de santé maternelle et reproductive ainsi que les femmes enceintes. D'autres populations potentiellement vulnérables au COVID et en besoin des services SSR/PF n'étaient pas identifiées.

Les besoins durant la pandémie du COVID-19

La question qui se pose pendant la phase préparatoire était si les plans de riposte étaient sensibles au genre. Le plan de riposte au COVID de UNFPA ainsi que le plan de riposte du Système des Nations Unies (SONU) ont intégré un volet VBG. Le dernier prenait aussi en compte un volet intégration genre sous la responsabilité d'ONU Femmes (UN System Côte d'Ivoire, 2020).¹⁰⁵ Le plan de riposte au COVID de la part du gouvernement a eu une portée plus limitée, visant à limiter la propagation du COVID. Seul le volet sur la communication aurait pu avoir une dimension égalité de genre mais ne l'avait pas.

Il se pose aussi la question si les populations ou des catégories de personnes les plus menacées par le COVID étaient prises en compte, comme les femmes enceintes et les prestataires des services santé. Le BdP de UNFPA a assuré que les femmes enceintes qui étaient infectées du COVID étaient isolées dans des chambres à part dans les maternités. Pour les prestataires, une des mesures prises était la provision des nanos serveurs aux sages-femmes pour leur permettre à communiquer et continuer de donner des conseils aux agents de distribution à base communautaire (ADBC). Il y avait aussi d'autres mesures mises en place pour protéger les prestataires contre le virus. Sinon, il manque d'autres informations sur les personnes les plus vulnérables au COVID qui auraient pu avoir besoin des services santé sexuelle reproductive (SSR), planification familiale (PF), ou VBG dans le mandat de UNFPA.

Postulat 1.2

Le soutien du UNFPA s'aligne/répond aux besoins (variés) des différents groupes de détenteurs de droits dans le contexte du pays, en particulier les communautés marginalisées et vulnérables. (Pendant la pandémie du COVID-19, le UNFPA a ciblé les groupes les plus à risque et a satisfait leurs besoins, dans une perspective intersectionnelle.)

L'évidence de la prise en compte des femmes affectées par les conflits armés, les victimes de violences, les femmes atteintes de fistules obstétriques, et les jeunes filles par le BdP est claire. Le BdP a aussi assuré la prise en compte générale des femmes, vu les effets du conflit dans une approche plus holistique en abordant la dimension de l'autonomisation économique et de leur leadership. Les interventions auprès des jeunes, même si elles contribuent fortement à l'égalité genre, ne sont pas systématiques dans l'intégration du genre.

1.2.1 Les groupes cibles importants dans la programmation de UNFPA

Il s'agit de groupes avec lesquels UNFPA intervient depuis plusieurs années et pour lesquels les activités ont évolué ou grandi.

Femmes affectées par les conflits et victimes de violence

Le sixième programme (2009-2012) a dû faire face aux conséquences de deux crises – celle de 2002 à 2007 qui a touché surtout le centre, nord et ouest (CNO) du pays et celle de 2010, surnommée la crise post-électorale. Le sixième programme a donc dû intégrer une réponse humanitaire afin de répondre aux besoins de personnes déplacées internes (PDI) et les populations les plus affectées. UNFPA a mené des enquêtes sur la prévalence de la violence sexuelle des femmes après les conflits en 2007 et en 2010 pour pouvoir cibler les victimes parmi les PDIs, surtout après le premier conflit. L'enquête de 2010, qui avait été financée par la Banque Africaine de Développement (BAD), avait été exécutée dans sept départements du

¹⁰⁵ UNFPA Côte d'Ivoire. (2020). UNFPA Côte d'Ivoire Response Plan to Address COVID-19 Outbreak; UN System Côte d'Ivoire. (2020). UN Response Plan March 19th 2020 "COVID-19 Joint Multisectoral Response Plan."

pays et le programme a fourni une aide aux victimes de VBG (2008-2014), mettant en place les premières plateformes de VBG. Les femmes victimes de violence demeurent un groupe cible important pour UNFPA. La plateforme de lutte contre le VBG est devenue la base de l'approche contre les VBG et a permis l'expansion des services pour femmes victimes utilisant une approche multisectorielle. Ceci a permis la formalisation de cette approche au niveau national qui est aujourd'hui coordonnée par le Comité National pour la lutte contre la violence faite aux femmes et aux enfants (CNLVFE) (voir Question 3 pour plus de détails).

Il faut noter que les différentes formes de violence – autre que la violence sexuelle en situation de conflit – étaient aussi prises en compte par UNFPA, comme la mutilation génitale féminine (MGF) et le mariage précoce, qui sont considérées des violences basées sur le genre dans la stratégie nationale VBG adoptée en 2014.

En lien avec les effets de la crise de 2010, UNFPA a démarré un volet programmatique sur la consolidation de la paix et la cohésion sociale dans les régions où les conflits intercommunautaires étaient les plus importants. UNFPA a perçu le besoin d'impliquer les femmes dans les processus de consolidation de la paix. À travers un financement du Peacebuilding Fund (PBF) et dans le cadre d'un programme conjoint avec ONU Femmes et autres agences du SNU, UNFPA a créé des plateformes communautaires appelées les Espaces amis des femmes pour la Paix. Les premières espaces ont été établies en 2015, principalement dans les régions affectées par les conflits (mais aussi à l'Est) et elles collaborent avec les plateformes de lutte contre les VBG. Comme les plateformes VBG, le mécanisme des Espaces amis des femmes est devenu un tremplin pour d'autres activités. Les groupements de femmes y faisant partie bénéficient d'interventions visant leur autonomisation économique (à travers des activités génératrices de revenus (AGR), leur participation dans la prise de décisions locales, et leur sensibilisation sur les SSR et les VBG. Cette intervention porte aussi attention à l'inclusion de femmes de différents groupes ethniques (à la source des conflits) pour renforcer la cohésion sociale.

Femmes Atteintes de Fistule Obstétrique

Les femmes atteintes de fistules obstétriques (FO) sont considérées comme une population marginalisée dû aux nombreux tabous existant sur la maladie. Ces femmes sont souvent rejetées par leurs maris et par leurs communautés à cause de croyances locales.

À travers un financement de KOICA, UNFPA a développé un programme sur la FO en 2012 qui vise à restaurer la dignité de ces femmes, non seulement en rétablissant leur santé, mais aussi à travers la sensibilisation pour la déstigmatisation de la maladie. Pour faciliter l'intégration des femmes guéries dans la société, UNFPA appuie l'autonomisation économique de ces femmes à travers des AGR pour qu'elles puissent avoir une source de revenu, et leur offre aussi de l'appui psychosociale.

Jeunes Filles

UNFPA a pris en compte la situation des jeunes filles sous différents aspects – le mariage précoce, la grossesse précoce, et la scolarisation – par le biais du plaidoyer et l'appui aux politiques et stratégies nationales. Dans la mise en œuvre du *Plan accéléré de lutte contre les mariages précoces en Côte d'Ivoire (2013-2015)*, préparé par le Ministère de la Femme (MFFE), UNFPA (et UNICEF aussi) est considéré un partenaire principal. Même s'il n'y a pas eu de programme spécifique sur le mariage précoce à la suite de ce plan, le programme régional SWEDD, dont le BdP Côte d'Ivoire participe depuis 2015, était conçu dans le but d'attaquer ce problème ainsi que d'autres vulnérabilités des adolescentes (de 10 à 19 ans) dans le cadre du dividende démographique. Les espaces sûrs pour les filles, par exemple, offrent un paquet intégré de services pour les adolescentes déscolarisées et non scolarisées (UNFPA et Banque Mondiale, 2019). Une deuxième phase de ce programme est présentement en considération.

De plus, en 2019, UNFPA a pu avoir des fonds d'Affaires Mondiales Canada (AMC), pour mettre en œuvre un programme sur la scolarisation des filles, avec UNICEF (voir section 2.4.) Ce programme intègre plusieurs volets et approches de UNFPA pour réduire les risques de VBG, de mariages précoces et de grossesses précoces. La même année, UNFPA a aussi élaboré un document de références et guide sur la santé menstruelle. D'après les entretiens menés, UNFPA accompagne aussi le gouvernement dans l'opérationnalisation des institutions de formations et d'éducation féminine (IFEFF) qui sont des centres d'apprentissage et d'alphabétisation de jeunes filles non scolarisées et déscolarisées, dans le cadre de l'éducation « seconde chance. »

Le BdP a aussi réalisé quelques interventions avec un petit nombre de filles et jeunes femmes travaillant dans le secteur informel et qui exerce le sexe transactionnel. N'étant pas des travailleuses sexuelles, elles ne bénéficient pas des nombreux programmes qui ciblent cette population vulnérable, notamment les programmes de prévention de SIDA/VIH. En 2014, environ 500 jeunes filles ont été ciblées par des interventions pour les sensibiliser et les encadrer sur les compétences de vie et le SSR (UNFPA Côte d'Ivoire, 2015).

D'autres interventions de UNFPA, bien qu'elles ne ciblent pas spécifiquement les jeunes filles, sont au profit des jeunes filles et intègrent des éléments qui tiennent en compte leurs vulnérabilités. Le *programme national de l'éducation sexuelle complète (ESC) de Côte d'Ivoire (2016-2020)*, avec l'appui de UNFPA, est un point d'entrée important pour sensibiliser les adolescent(e)s et les jeunes à la problématique des jeunes filles dans le cadre de leurs droits à la santé sexuelle et reproductive (SSR).

Les Jeunes

Pendant le cycle de programme 2009 - 2013, le volet « adolescents et jeunes » s'inscrivait comme volet transversal et répondait aux besoins en (a) services SSR et de planification familiale et (b) services de prévention de maladies sexuellement transmissibles et du VIH pour cette population. Les jeunes, ainsi que les femmes et les PDI, faisaient partie des activités en création d'emplois. Avec la révision du plan stratégique de UNPFA en 2014, « les adolescents et les jeunes » ont pris une place d'importance avec un résultat dédié à cette population. Depuis ce temps, le BdP a mis un accent particulier sur l'éducation sexuelle complète et une emphase sur les jeunes en milieu scolaire. Toutefois, comme constaté dans le rapport d'évaluation du sixième programme, les besoins des jeunes non scolarisés n'ont pas été assez pris en compte car les activités se concentrent principalement dans le milieu scolaire et surtout dans les zones urbaines. La mise en place d'une stratégie d'offre itinérante de services SSR dans les centres de santé scolaire et universitaires (SSSU) a permis d'atteindre certains jeunes hors d'école, mais il reste une insuffisance d'offre sur tout le territoire (en termes de structure et de ressources humaines) qui délaisse en particulier les jeunes en milieu rural.

Même si les jeunes font partie intégrale des groupes ciblés par UNFPA, il reste la question d'égalité genre et la prise en compte des barrières basées sur le genre. À ce niveau, l'évaluation du septième programme (2017-2020) note que le taux d'inclusion des filles aux cours d'ESC est plus faible que pour les garçons. De plus, en termes d'accès des adolescent(e)s et jeunes aux services SSR/PF offert dans les centres de santé hors de l'école, il y a un manque de données sur l'utilisation des services à cause d'un manque de données ventilés par âge et sexe par les services de santé.

Il convient de noter que plusieurs pays dans la région de l'Afrique de l'Ouest s'engagent dans un effort de prise en compte du dividende démographique (DD) et que ces pays, comme la Côte d'Ivoire, font partie du programme SWEDD. Ce programme ne fait pas que cibler les adolescent(e)s pour offrir des services de santé, mais vise à mobiliser les jeunes pour renforcer leurs capacités de plaidoyer à travers les réseaux de jeunes, et les engager dans le dialogue politique et dans les processus de planification nationale autour des enjeux du DD.

Les Femmes, en général

Il est à souligner que le BdP, sous le volet programmatique « l'égalité des genres et l'autonomisation de la femme », ne se limite pas aux droits en santé sexuelle et reproductive des femmes, ni à la lutte contre le VBG. Le programme inclut plusieurs autres aspects, dont l'autonomisation économique des femmes, le leadership des femmes, l'intégration des femmes dans les processus de prise de décisions autour de la consolidation de la paix, et l'éducation et la scolarisation des filles. En fait, l'autonomisation de la femme est plus accentuée, surtout avec la mise en œuvre du programme SWEDD, que dans les autres programmes pays examinés dans cette évaluation.

L'inclusion des populations difficile à atteindre ou dans les marges de la société (et ou souvent discriminés) exige plus de réflexions au niveau de la collecte de données et du ciblage. Il est aussi dans l'intérêt du BdP de mettre au clair les populations les plus vulnérables.

1.2.2 Des Lacunes Potentielles

Il reste certaines lacunes au niveau du ciblage et d'identification des populations vulnérables spécifiques, qui permettra de mieux cerner les interventions à mettre en place pour leur profit.

- Les femmes du milieu rural : Les femmes en milieu rural qui sont éloignées des centres de santé bénéficient des services des agents de distribution à base communautaire (ADBC) qui permet de rapprocher les services de planning familial. Les ADBC font non seulement de la sensibilisation sur le PF et le SSR, mais aussi le suivi et la distribution de produits contraceptifs dans les districts ciblés par UNFPA. D'ailleurs, l'évaluation du sixième programme note que les données n'étaient pas différenciées par région (rurale vs urbain) ni par âge, qui était une limitation en termes d'identification des besoins différenciés des femmes. Certes, à travers les autres interventions en VBG et en santé reproductive, les femmes rurales sont atteintes, mais il reste à comprendre dans quelle mesure les communautés marginalisées géographiquement sont incluses et prises en compte dans les stratégies du BdP.
- Les populations clés : Dans le cadre des interventions contre le VIH pendant les années 2009-2013, quelques groupes vulnérables au VIH ont été ciblés dont les professionnelles de sexe, les militaires, les hommes qui ont des rapports sexuels avec les hommes (HRS), les routiers et camionneurs, les prisonniers, et les PDI. Le sixième programme note quelques interventions avec ces populations mais celles-ci étaient assez limitées. Toutefois, les personnes LGBTI ne sont pas mentionnées. D'après les entretiens menés, la raison pour laquelle ces groupes n'ont pas été ciblés est dû à la présence d'autres programmes (notamment les programmes de VIH) qui ciblent déjà ces populations.
- Les personnes en situation de handicap (PSH) : Au sein du programme de scolarisation des filles, deux institutions de formation spécialisées pour les PSHs sont ciblées. De plus, on observe que le GBV-IMS collecte des données sur le statut d'handicap des victimes de VBG depuis 2018. En dehors de cela, il n'existe aucune mention des PSH dans le septième programme et d'après les entretiens, cette population n'est pas prise en compte dans les interventions.
- Depuis octobre 2014, le BdP a créé des bureaux décentralisés pour mieux cerner et répondre aux besoins de la population. Ceci permet un rapprochement du travail auprès des communautés et de leurs partenaires et structures déconcentrées des ministères clés. Cette structure de gestion permet

aussi d'adapter leurs stratégies et approches selon les contextes locaux. Les bureaux décentralisés sont chargés de fournir des données selon les indicateurs standards pour les trois volets programmatiques du mandat de UNFPA. Les chefs de bureaux fournissent aussi une analyse des problèmes dans chaque domaine, les causes principales, les interventions en cours, et les propositions pour le prochain cycle de programmation. Toutefois, l'analyse ne laisse pas ressortir qui (c'-à-d., quelles populations ou catégories sociales) sont les plus vulnérables ou risquent d'être exclues des interventions.

Postulat 1.3

Le travail de UNFPA aux niveaux national, régional et mondial est aligné sur les politiques et stratégies de UNFPA (mandat), les cadres et directives politiques des Nations Unies, les conventions, instruments et rapports internationaux relatifs aux droits de l'homme.

Les interventions de UNFPA dans le pays s'alignent de façon générale aux stratégies et priorités du cadre des Nations Unies, au programme d'action de la CIPD, aux ODM et ODD, au CEDEF, à la déclaration de Beijing de 1995 et aux protocoles régionaux, dont le Plan d'Action de Maputo de l'Union Africaine.

La Côte d'Ivoire a accepté ou ratifié la plupart des instruments juridiques internationaux en faveur des femmes, notamment : la CEDEF (1995), le Protocole à la Charte africaine des droits de l'homme et des peuples relatifs aux droits des femmes (Maputo 2003), le Protocole facultatif à la CEDEF (2013), les ODD et l'agenda 2063 de l'Union Africaine (ONU FEMMES, 2017). UNFPA a joué un rôle capital dans la mise en place d'un cadre légal et institutionnel favorable à la mise en œuvre du CEDEF, comme indiqué sous le postulat 1.1. L'accompagnement au gouvernement dans toute l'architecture pour élaborer une réponse aux VBG constitue une partie importante de la réalisation de CEDEF. Avec ONU Femmes et à travers le GTGD, UNFPA continue d'appuyer le gouvernement à la mise en œuvre des recommandations du CEDEF, ainsi que le compte-rendu au CEDEF.

Les sixième et septième programmes de UNFPA sont tous les deux alignés avec les plans cadres des Nations Unies (le UNDAF 2009-2013 et le Cadre de programmation unique (CPU) 2017-2020, respectivement). En outre, il existe plusieurs moyens par lesquels le BdP s'aligne avec les Objectifs de développement durable (ODDs), surtout l'ODD 5 sur l'égalité genre (voir postulat 5.5 par exemple). Le CPU a été formulé dans une perspective d'adopter les ODD et au niveau régional, d'adopter de l'agenda 2063 de l'Union Africaine et son plan décennal de mise en œuvre 2014-2023 (Nations Unies & République de Côte d'Ivoire, n.d.).

Au niveau du programme d'action de la Conférence Internationale sur la Population et le Développement (CIPD), le BdP a assuré le renforcement du positionnement de la Côte d'Ivoire, ainsi que la prise en compte des questions du dividende démographique (DD) dans le PND 2017-2020. Grâce aux efforts de plaidoyer de UNFPA, les autorités politiques, les leaders de la société civile, les décideurs du secteur privé et les autorités au niveau communautaires (chefs traditionnels) sont plus engagés sur la question DD et la transition démographique. Ceci a résulté à la création de l'Office Nationale de la Population en 2017 sous le haut patronage du premier ministre (UNFPA Côte d'Ivoire, 2018). La création d'un Observatoire National du DD est aussi prévue et en attente de la signature du décret, selon l'évaluation du septième programme. Le DD a établi une nouvelle plateforme, soi-disant, pour engager les autorités politiques, la société civile, les chefs traditionnels, et le secteur privé dans la sensibilisation auprès des populations locales, surtout dans le cadre de la planification familiale (UNFPA, 2017). En 2019, le BdP a facilité la présence d'une délégation de la Côte d'Ivoire au sommet de Nairobi équipé d'un document d'engagement pour achever les promesses de la CIPD et de l'Agenda 2030.

Question d'évaluation 2

Quels ont été les points forts et les limites de l'approche (des approches) du UNFPA pour soutenir l'égalité des genres et l'autonomisation des femmes aux niveaux mondial, régional et national? **Critères** : *Pertinence, durabilité*

Postulat 2.1

Le UNFPA applique une approche fondée sur les droits humains et sensible au contexte culturel dans son soutien à l'égalité des genres et à l'autonomisation des femmes (prise en charge locale, engagement des hommes et des garçons, partenariat avec les détenteurs de droits, analyse des causes sous-jacentes, approche intersectionnelle, approche transformatrice des normes en matière de genre).

Les interventions de UNFPA sont ancrées dans une approche des droits humains, ce qui est bien reflété dans les politiques nationales adoptées pour avancer les droits en égalité genre. Cependant, une approche centrée sur les droits humains n'est pas toujours évidente dans le travail de UNFPA dû à la nécessité de respecter le contexte culturel et les croyances locales, qui peuvent être à l'encontre des droits humains. Ceci met en évidence la tension entre une approche basée sur les droits humains et une approche sensible au contexte culturel.

Une approche des droits humains est évidente dans le travail de UNFPA, mais leur adoption dans un contexte socio-culturel pose un certain nombre de défis. Tout d'abord, c'est dans le domaine de la lutte contre les VBG que le cadre institutionnel pour défendre les droits contre la violence représente une avancée importante pour l'égalité genre. Au niveau communautaire, les plateformes VBG accordent aux femmes une structure pour répondre à et prévenir les VBG, ainsi que pour appuyer l'autonomisation des femmes à travers le renforcement de leurs capacités de défendre leurs droits contre la violence. Les Espaces amis des femmes pour la paix permettent aussi aux femmes d'avoir une voix dans la prise de décisions.

Grâce à l'appui de UNFPA (et d'autres agences SNU), il y eu certaines avancées, comme le Plan accéléré de lutte contre les mariages précoces (2013-2015) et le Plan d'action stratégique pour la lutte contre les mariages forcés; ainsi que la Politique nationale sur l'égalité des chances, l'équité et le genre (2009) et le plan opérationnel de cette politique (2014-2016). Le pays disposait déjà de lois en faveur de l'égalité genre, comme la loi n° 98-757 du 23 décembre 1998 portant sur la répression de toutes formes de violence, y compris les MGF; et la loi n°98-756 du 23 déc. 1998 modifiant et complétant la loi instituant le code pénal réprimant le harcèlement sexuel, le travail forcé et l'union précoce ou forcée (Badjeck & Tano-Kamelan, 2015). En ce qui concerne les droits en matière de la santé sexuelle et reproductive, un projet de loi avait été soumis en 2019 mais n'a pas été adopté pour des raisons liées à l'opposition de certains groupes religieux.

UNFPA a consacré beaucoup d'efforts pour assurer que le gouvernement maintient et prend en compte ses engagements internationaux en matière de droits humains. Toutefois, il reste le défi des pesanteurs socio-culturelles qui affectent la mise en application des lois et des stratégies nationales. Aucun changement social n'est possible sans intervenir également au niveau du gouvernement et au niveau communautaire. C'est pour cette raison que UNFPA et ses partenaires interviennent dans les communautés pour changer les pratiques et les comportements, mais il reste que le positionnement de plusieurs acteurs influents, notamment les leaders religieux et traditionnels et les autorités locales, ne correspond pas à une défense des droits d'égalité. Dans l'optique de minimiser les représailles et de faciliter l'acceptation des différents concepts sur les droits humains et les droits en santé sexuelle et reproductive, UNFPA a dû changer le langage autour de certains termes. Par exemple, si on considère les droits à la planification familiale, cela implique que la femme doit avoir le droit de prendre ses propres décisions sur sa santé reproductive et sur

l'utilisation de la contraception, et de pouvoir refuser des rapports sexuels (voir les indicateurs 5.6.1 et 5.6.2 de l'ODD 5). Or, pour obtenir l'accord des leaders religieux et traditionnels, UNFPA a choisi d'utiliser le terme « procréation responsable » et les arguments avancés seraient plutôt basés sur une vision des bénéfices à toute la communauté et des résultats positifs au sein de leur culture et valeurs, et pas nécessairement sur le choix de la femme. On note donc un assouplissement du langage, qui a pour effet une dilution du message sur le genre et les droits humains. Souvent, ce phénomène est aussi visible dans la mise en œuvre du curriculum de l'éducation sexuelle compréhensive (ESC) même si les modules s'inscrivent dans une optique de droits humains. C'est un équilibre délicat pour permettre d'influencer les attitudes et les croyances des gens d'une part et de défendre les droits des personnes qui sont touchées défavorablement par ces croyances. Comme mentionné ci-dessus, une initiative positive prise par le BdP était l'établissement de bureaux décentralisés qui leur permet de mieux cerner les différences culturelles et traditions dans les communautés leur permettant de mieux les adresser.

Il est à noter que le nouveau programme pour la scolarisation des filles, dans sa conceptualisation, s'inscrit dans une approche basée sur les droits humains. Le programme vise à renforcer les capacités des filles, des adolescentes et des femmes pour pouvoir revendiquer leurs droits à l'éducation et à faire entendre leur voix dans les processus de prise de décision qui les concerne. Une approche basée sur les droits humains est aussi très présente au sein des Espaces amis des femmes et des Comités de paix dans le cadre de la prévention et la gestion pacifique des conflits communautaires (UNFPA Côte d'Ivoire, 2015).¹⁰⁶

Alors que UNFPA visent les populations vulnérables dans leur travail, notamment les femmes rurales, les jeunes filles, les PDI, et les femmes porteuses de fistule, entre autres, le BdP ne fait pas mention explicite des sous-groupes de la population qui sont ciblés par leur programme. Ce manque de spécificité peut conduire à négliger les personnes ou les populations les plus vulnérables.

Une approche intersectionnelle vise à prendre en compte les différentes barrières que peuvent affecter les femmes et les filles avec multiples vulnérabilités. Une approche intersectionnelle signifie que toutes personnes se dotent d'un accès équitable aux services et aux prestations. Pour la mettre en œuvre, elle exige une ventilation des données par sexe, mais aussi par d'autres types de vulnérabilités (par ex. : âge, situation géographique, situation d'handicap, etc.). Il est évident dans les documents de planification programmatique et stratégique que UNFPA cherche à atteindre les groupes les plus vulnérables de la société mais, comme indiqué sous le postulat 101, il n'est pas toujours clair qui sont ces groupes vulnérables et quelle analyse a été faite pour les cerner. Même au sein du curriculum sur l'ESC, les vulnérabilités et les formes de discriminations à l'égard de différentes populations basées sur le genre devraient être indiquées. Par exemple, les femmes et les filles en situation de handicap sont souvent les plus vulnérables à la violence et ont un accès plus difficile aux services comme l'éducation et la santé. Cette population n'a pas été prise en compte par le BdP, sauf très récemment dans le cadre du projet sur le maintien des jeunes filles à l'école et dans le système GBV/IMS.

De plus, on note que le programme de SSR pour adolescent(e)s et jeunes se concentre principalement sur les milieux urbains et en milieux scolaires, alors que le BdP reconnaît que les jeunes rurales et les jeunes hors d'écoles sont plus vulnérables. Les personnes vivant avec le VIH, les professionnelles de sexe, et les HRSH sont aussi souvent des groupes exclus. Les femmes chefs de ménages, les veuves, et autres catégories de femmes qui sont stigmatisées dans la société devraient aussi faire l'objet d'une analyse de vulnérabilité. En fin, dans un pays très diversifié comme la Côte d'Ivoire, comptant plusieurs régions et plus de 60 ethnies,

¹⁰⁶ Projet « appui aux initiatives communautaires des femmes en faveur de la réconciliation et de la paix en Côte d'Ivoire, » période du 4 au 17 octobre 2015 dans la zone de Danane, Zouan-Hounien, Duekoue, et Guiglo.

il peut être utile de soulever la question si certaines groupes ethniques en minorité ont plus de barrières à accéder à des services que d'autres.¹⁰⁷

Il est toutefois clair que le BdP a pu identifier les groupes les plus vulnérables à la violence sexuelle et a ciblé les femmes déplacées et affectées par le conflit; il est de même pour les femmes les plus susceptibles d'être excisée en visant les régions du pays où les taux de MGF sont les plus élevés. Une approche intersectionnelle exige une optique plus fine sur la question du genre, de l'équité, et de des droits égaux.

L'approche des Écoles de maris est l'intervention principale permettant d'engager avec les hommes et les garçons, mais, malgré l'expansion de cette approche, il y a peu d'informations solides sur leur efficacité et la pérennité de cette approche n'est pas certaine.

L'intervention principale à travers laquelle UNFPA engage les hommes et les garçons est l'École de maris (EdM).¹⁰⁸ Les EdMs avaient été adopté dans le cadre du programme SSR pour augmenter l'adoption de la planification familiale et les services de SSR par les femmes. Mais depuis, les EdM incluent les autres volets du programme SSR dont la sensibilisation sur la santé maternelle et sur les FO, ainsi que la sensibilisation sur les VBG et la santé/l'éducation des adolescent(e)s et jeunes. Ces derniers éléments (sur les VBG, le MGF, le mariage précoce, et la santé et l'éducation des jeunes, et surtout des jeunes filles) ont été renforcés au cours de la période de cette évaluation.

L'approche EdM se base sur l'identification et la formation de maris modèles. Environ 8-10 maris modèles sont choisis par EdM pour recevoir des formations sur les notions de base du SSR et du PF, la communication, le leadership, l'égalité des genres, la lutte contre les VBG et la dynamique de groupe. Ces maris modèles ont le rôle de sensibiliser les autres hommes de la communauté et les Écoles de maris agissent en tant que plateformes de dialogue et d'échange entre hommes.

L'approche EdM avait été adoptée en 2011, et environ 302 EdM ont été établis depuis (UNFPA Côte d'Ivoire, 2019). C'est une approche qui a été testée et adoptée dans plusieurs autres pays de la région dont le Sénégal, le Mali et le Niger, parmi d'autres. Le Sénégal a vu une stratégie nationale d'EdM adoptée par le gouvernement. Toutefois, en Côte d'Ivoire, il n'y a eu aucune étude sur leur efficacité conduite à jour (Badjeck & Tano-Kamelan, 2015; Beninguisse, Kamelan, et al., 2020), mais l'évaluation du septième programme pays donne quelques indications d'une amélioration des indicateurs de SSR et une réduction de décès maternels dans les communautés où les Écoles de maris fonctionnent. Malgré la multiplication de l'approche au pays (et dans la région), la pérennité des EdMs est précaire parce qu'ils dépendent de la participation volontaire des maris modèles. Il y a un manque de système de motivation et de suivi des maris modèles qui a pour fin d'entraîner une démotivation de leur part. De plus, le manque de suivi et de rapportage dû au faible capacité des maris modèles, rend difficile l'évaluation de l'impact des EdMs (Beninguisse, Kamelan, et al., 2020). Voir aussi le postulat 5.2.

¹⁰⁷ Il est reconnu que, dans le cadre de la cohésion sociale, par exemple, des conflits intercommunautaires dans la zone de l'Ouest ont eu lieu entre les autochtones, les allochtones et les allogènes très souvent liés à des conflits fonciers ou à l'occupation illégale des forêts classées (Rapport UNFPA sur le renforcement des capacités des partenaires nationaux sur le dispositif minimum d'urgence en matière de SR en situation de crise dans les districts sanitaires de Guiglo, Man, Biankouma, Bloleguin et Toulepleu, 2018).

¹⁰⁸ Il y a aussi les écoles de futurs maris qui vise les garçons, mais il existe très peu d'information l'approche jeune

Dans le cadre du programme régional SWEDD, un partenariat avec le Population Council et Promundo (deux ONG internationales) a été établi pour assurer l'implication des hommes et des garçons dans les différentes composantes du programme. Promundo, qui est connu pour son expertise dans les approches d'engagement avec les hommes et les garçons, va renforcer les capacités des partenaires de mise en œuvre en Côte d'Ivoire et les autres pays du programme SWEDD (Rapport Annuel SWEDD 2019, UNFPA et autres, 2019). Il reste à voir si la question de la masculinité, qui n'est pas prise en compte (dans les modules du curriculum d'ESC, par exemple) sera abordée dans le contexte de ce programme.

Le BdP adopte une approche qui mise sur la sensibilisation de la population au niveau communautaire afin de changer les normes sociales, les croyances, et les comportements qui risquent de renforcer les inégalités genre et nuire aux femmes et aux filles. Cependant, il est difficile de déterminer, d'après les évidences, quels sont les résultats de ces interventions.

Il est évident que UNFPA intervient autant au niveau national pour la mise en place de politiques promouvant les droits des femmes et l'égalité genre, qu'au niveau communautaire pour un changement des normes et des pratiques socio-culturelles qui empêchent un accès égal aux droits sociaux fondamentaux. L'approche de UNFPA en termes de changement sociale se base principalement sur la sensibilisation des différents acteurs, spécialement les acteurs influant, dont les décideurs politiques, les chefs traditionnels, et les leaders religieux, mais aussi les hommes et femmes influents dans les communautés. Le BdP a mis en place des mécanismes pour le plaidoyer et la communication pour le changement social de comportement. La formation de ces acteurs en tant qu'agent de changement a le potentiel de contribuer aux changements de normes, mais il existe peu de documentation de résultats à ce niveau.

Par exemple, les leaders religieux et les associations religieuses, les chefs traditionnels, et les relais communautaires ont été formés pour délivrer des messages sur la SSR, le PF, et le VBG au profit de la femme, l'économie et le bien-être familiale. Les relais communautaires et les membres des associations religieuses ont aussi été formés sur le dividende démographique, la procréation responsable (PF) et l'intégration du SSR/DD/PF/SRAJ dans leurs activités. Ceux-ci peuvent être en forme de causeries éducatives, au sein de leurs prêches, ou des sensibilisations communautaires. UNFPA envisage aussi l'utilisation de radios pour aborder la thématique de culture et de DD. UNFPA mesure le nombre de leaders communautaires qui ont déclaré abandonner les pratiques de MGF et de mariages précoces ainsi que le nombre de villages ciblés qui ont développé des stratégies communautaires pour faciliter l'accès des femmes à ces services avec l'appui des EdMs, des Cellules locales de communication (CLC), et les Agents de distribution à base communautaire (ADBC).

Le travail avec les hommes, à travers les EdM et les maris modèles, ont le potentiel de changer les normes sociales, surtout en termes d'adresser les masculinités et le rôle des hommes dans l'avancement de l'égalité des femmes. Par contre, il manque une approche intentionnelle et explicite sur les masculinités dans l'approche actuelle du BdP. L'impact des EdM dépend des maris modèles choisis, qu'ils soient véritablement des bons modèles et qu'ils aient la capacité de représenter une masculinité positive. Dans le cadre du programme régional SWEDD, il est constaté que les formateurs des EdM et *les clubs des futurs maris* ont été formés par Promundo qui a appuyé le SWEDD en développant des curricula dans le domaine du « genre transformationnel » selon le rapport.¹⁰⁹ La Côte d'Ivoire était parmi les cinq pays ciblés par ce programme et 145 EdM ont été établis sous SWEDD (Rapport Annuel SWEDD 2019, UNFPA et al., 2019). Il reste à voir

¹⁰⁹ On n'a pas d'autres informations sur les clubs des futurs maris – la population ciblée et les activités – ni sur la définition du *genre transformationnel* au sein du programme.

si le curricula et la formation constituent une amélioration de l'approche EdM et si cette approche sera adoptée lors d'une multiplication des clubs.

Postulat 2.2

Le travail de UNFPA sur l'égalité des genres et l'autonomisation des femmes est intégré dans le cadre du développement, de l'aide humanitaire et de la paix, y compris des mesures de résilience pour rassurer un accès aux services essentiels pendant la pandémie du COVID-19.

Le BdP a appuyé le renforcement de la capacité du gouvernement de pouvoir répondre aux situations d'urgence, surtout dans le domaine du VBG et du SSR, et a toujours transfert la responsabilité pour les structures créées au gouvernement. Pendant la pandémie, le Ministère de la femme, de la famille et de l'enfant (MFFE) prend le leadership de coordonner la réponse aux VBG avec un appui de UNFPA.

Le 6^e programme a dû s'adapter à la suite de la crise post-électorale en 2010. UNFPA a développé un plan intégré de réponse humanitaire pour répondre aux besoins des populations dans les zones affectées. Le BdP a aussi créé, au sein du bureau, un « core humanitarian group » composé de trois points focaux spécialiste en SR, genre et collecte de données (Badjeck & Tano-Kamelan, 2015). Puis, avant les élections de 2015, le BdP avait développé un plan de contingence pour répondre aux populations en cas d'une résurgence de conflit (Badjeck & Tano-Kamelan, 2015).

Durant le 7^e programme, le UNFPA a contribué à l'établissement d'un mécanisme de préparation aux situations d'urgence. Ce mécanisme permet l'identification des PDI dans le pays, le déploiement d'une réponse pour répondre aux besoins des PDI, des formations en DMU pour les prestataires de services de santé, un système d'alerte et de références pour les VBG et la gestion efficace des cas de VBG à travers des comités de veilles (Beninguisse, Kamelan, et al., 2020). De plus, étant donné le manque de partenaires terrains travaillant dans les zones de conflit, l'existence du bureau décentralisé de Guiglo a pu mitiger pour plus effectivement rejoindre les PDIs (Beninguisse, Kamelan, et al., 2020).

De plus, le UNFPA a appuyé le gouvernement à plusieurs niveaux pour renforcer leurs capacités pour faire face aux crises à travers les actions suivantes :

- La création d'une plateforme de collaboration avec l'ENSEA pour l'intégration de collecte de données en situation humanitaire dans le programme de formation, afin de préparer les étudiants aux méthodes de collecte de données lors de situation d'urgence (UNFPA Côte d'Ivoire, 2015);
- Les Forces Armées de Côte d'Ivoire (FACI) ont reçu des formations pour la prévention et la prise en charge des violences sexuelles liées au conflit;
- Les districts sanitaires ont été renforcés sur le DMU pour leur permettre d'apporter une réponse adéquate en SSR et en prévention de violences sexuelles en situation d'urgence

S'il y a des résurgences de violence lors des élections présidentielles en octobre 2020 ces mécanismes de réponse sont susceptibles d'être mis à l'épreuve.

La Côte d'Ivoire est un des pays où les violences sexuelles en situation de conflit (VSC) étaient répandues durant et même après la crise post-électorale et un effort coordonné par le SNU a dû être mise en place pour lutter contre les VBG/VSC (voir section 2.4). Comme indiqué plus tôt, c'est à la suite de ce phénomène que le gouvernement, avec l'appui du UNFPA, a développé la stratégie de lutte contre les VBG et les plateformes de lutte contre les VBG. La violence sexuelle généralisée qui a eu lieu pendant la crise a permis la sensibilisation du gouvernement à cette question et a été le moteur pour l'élaboration d'une réponse

nationale à ce phénomène. Présentement, sous la pandémie du COVID-19, on observe aussi une recrudescence des VBG, surtout la violence conjugale reliée aux mesures de confinement.

À titre d'exemple, le GBVIMS qui avait été mise en place en 2011 pour assurer la collecte de données du VBG dans le cadre de la crise humanitaire et qui était assuré par le SNU et les ONGs internationales, a été institutionnalisé en 2015, suite au développement de la Stratégie VBG (SNLVBG). De plus, les structures créées par le UNFPA pour la gestion des cas de VBG sont aujourd'hui appuyées par le gouvernement et c'est le MFFE qui gère le groupe de travail VBG depuis 2014. Cette appropriation nationale est un exemple concret du lien entre l'humanitaire et le développement. Toutes les mécanismes (le sous-cluster, le GBV-IMS, les plateformes de lutte contre les VBG, groupe de travail) avaient été mis en place entre 2010-2014 par UNFPA et les autres agences du SNU, mais une fois que la crise s'est stabilisé, UNFPA et le SNU s'est assuré de travailler avec le gouvernement et de transférer la responsabilité dans les mains du gouvernement avec l'appui continue de UNFPA.

Pour répondre aux besoins pendant la pandémie, le BdP a pu tirer profit des structures communautaires en place afin d'assurer une continuité de services.

Pendant la pandémie, le UNFPA a appuyé le MFFE pour mettre en place un groupe d'urgence avec trois volets: coordination, prévention et PEC (prise en charge). Le groupe de travail VBG tenait aussi des rencontres (virtuelles) plus fréquentes pour mettre en œuvre une réponse adéquate. Et les coordonnées des personnes ressources issues des plateformes ont été mises à disposition aux personnes en besoin. En raison des règlements de confinement et les limites imposées au staff de UNFPA de se déplacer, les ONG locales ont été formées et des tâches déléguées auprès des agents communautaires à travers les EdM afin d'assurer une continuité de services (entretiens). Voir postulats 3.1 et 3.5 pour d'autres mesures prises dans le cadre des services SSR/PF ainsi que pour les VBG.

Les Espaces amis des femmes ont déjà démontré leur valeur pour l'autonomisation et le leadership des femmes, pour la paix et la stabilité dans les communautés et pour la défense des droits des femmes. Tout effort visant à améliorer leur fonctionnement et à envisager l'inclusion des jeunes filles mérite d'être souligné.

Le UNFPA a joué un rôle dans l'implication des femmes dans les processus de consolidation de la paix au niveau communautaire, avec le projet conjoint financé par le Peacebuilding Fund (PBF) des Nations Unis visant le renforcement de la cohésion sociale. Le programme du PBF a débuté en 2012,¹¹⁰ mais l'initiative avec les femmes a seulement commencé en 2015, pour une période de deux ans avec un prolongement jusqu'en 2019. C'est alors qu'en 2015 les premières Espaces amis des femmes ont été établis et selon les interviews, il y présentement 9 espaces fonctionnelles et 3 en développement.

Géographiquement, ces espaces sont concentrés dans les régions plus affectées par les conflits, dont l'Ouest et le Nord, mais il y en a aussi à l'Est. Au Nord, ces femmes jouent un rôle important dans la lutte contre le terrorisme et l'extrémisme. Elles ont pu récemment identifier des personnes et comportements suspects et elles ont alertés les autorités.

Les femmes jouent aussi un rôle essentiel dans la détection des cas de VBG et VSC comme elles sont liés au conflits et l'instabilité. Les femmes sont formées dans l'identification de cas et elles collaborent avec les plateformes de lutte contre les VBG (elles sont représentées au niveau des plateformes et font partie des acteurs clés des plateformes). Les espaces sont ouvertes à toutes les femmes de la communauté qui veulent

¹¹⁰ PBF programme a connue 3 phases. De 2012-2015, le programme se concentrait sur les réformes institutionnelles à la suite de la crise and le renforcement des systèmes nationales, comme le système de justice.

y bénéficiant et ont été équipés en matériaux. Les femmes de différentes ethnies sont incluses pour assurer une collaboration et une cohésion sociale.

Ces femmes ont aussi bénéficié de microcrédits pour réaliser des AGR comme auto-emploi. Les espaces permettent aux femmes d'avoir des formations, de renforcer leurs compétences en leadership, en entrepreneuriat. Ces espaces ont permis aux femmes de participer aux dialogues et les instances de prise de décisions au niveau local pour intégrer les aspects genres dans les initiatives de consolidation de la paix. Plusieurs d'entre elles deviennent des relais communautaires pour mener des sensibilisations au sein de leurs communautés sur différentes thématiques. Ces femmes sont aujourd'hui consultées par les autorités locales de plus en plus.

En 2015, lors des élections législatives, les espaces de femmes et les relais communautaires ont animé des causeries éducatives sur la cohésion sociale et la tenue d'élection. Cette initiative a contribué à mitiger les conflits lors des élections. En principe, elles auraient un rôle à jouer dans les élections de cette année.

Pour le moment chaque espace amis des femmes fonctionne différemment. Le UNFPA travaille sur le développement de guides et de cadre pour orienter leurs approches dans le but d'assurer l'institutionnalisation des espaces et une qualité uniforme.

Il y a maintenant une approche pour mieux impliquer les jeunes. Des espaces ont été créés pour impliquer les jeunes (garçons et filles). Pour mieux cibler et engager les filles, les femmes faisant partie des espaces des femmes sont encouragées à mentorer et former les jeunes filles pour mieux les engager et les autonomiser. Selon les interviews, cela reste toutefois un défi pour rejoindre les jeunes filles (environ 30% des participants des espaces des jeunes sont des filles).

Les fonds PFB ont aussi mis en place des commissions régionales de l'Observatoire de la Solidarité et de la Cohésion Sociale (OSCS) pour renforcer les actions de prévention de conflits, la production régulière d'information, et l'organisation de causeries éducatives sur la paix et la prévention de conflits.

Une autre initiative qui mérite d'être mentionnée est la révision du curricula de l'École Nationale d'Administration (ENA) en 2019 pour inclure le genre, la cohésion sociale et la culture de la paix (UNFPA Côte d'Ivoire, 2020).

Postulat 2.3

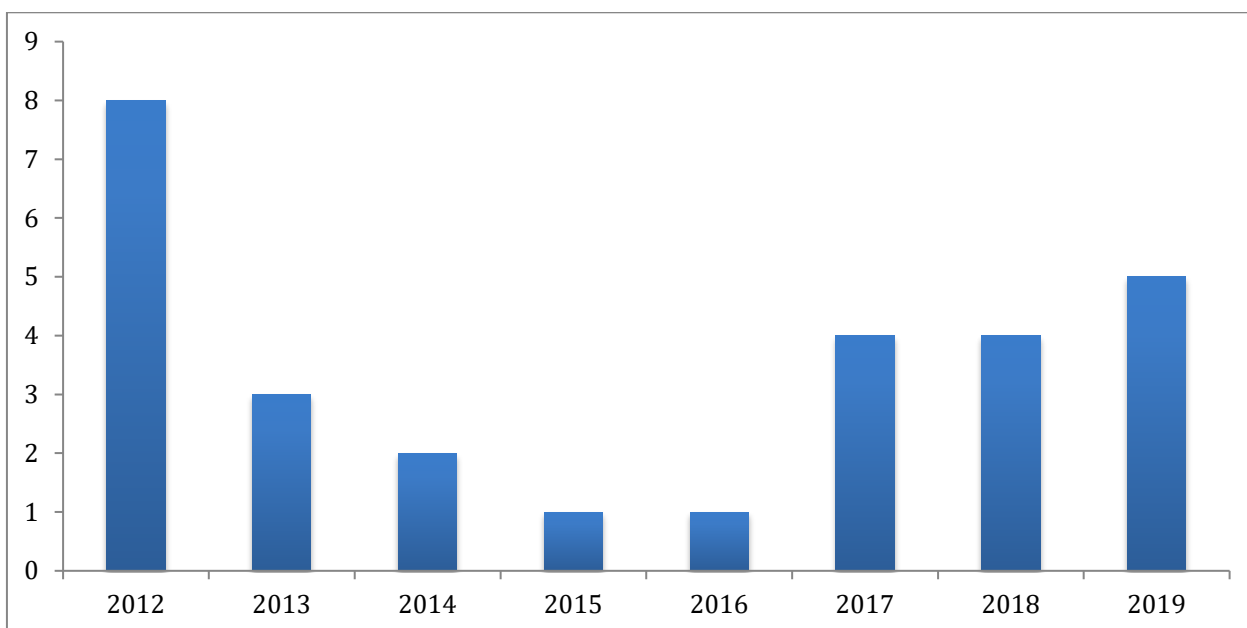
Le UNFPA établit des partenariats stratégiques, en particulier avec la société civile, pour faire progresser l'égalité entre les genres, dans une optique de droits de l'homme.

L'engagement de UNFPA avec la société civile se constitue principalement des partenariats techniques, surtout dans le domaine de la lutte contre les VBG, qui aiderait à établir une capacité locale et nationale de réponse et de prévention. On observe toutefois une fluctuation des partenaires ONGs sur le terrain chargé de la mise en œuvre au fil des années. Sinon, le partenariat avec les homologues gouvernementaux semble toujours fort.

Le BdP n'a pas de stratégie explicite sur le partenariat mais ils possèdent un plan leur permettant de choisir et de travailler avec les bons partenaires qui peuvent faire avancer leur mandat. Il y a un effort pour assurer des partenariats avantageux pour les deux parties, basées sur les forces des partenaires et les priorités de UNFPA. Le Ministère de la Femme, de la Famille et de l'Enfant demeure un partenaire clé de UNFPA dans l'avancement de l'égalité des genres et la lutte contre les VBGs. D'autres partenaires gouvernementaux importants sont le Ministère de la Santé, le Ministère de la Planification, et l'Observatoire de la Solidarité et de la Cohésion Sociale (OSCS).

UNFPA a un fort engagement avec la société civile en tant que partenaires techniques mais, on note une fluctuation dans le nombre de partenaires de la société civile durant la période d'évaluation, notamment une réduction importante de huit en 2012 à deux en 2014 pour le résultat dédié au genre. Pendant les années 2014-2016, on compte trois ONG partenaires : Renaissance Santé Bouaké-CIV, l'Association de Soutien à l'Auto-Promotion Sanitaire et Urbaine (ASAPSU), et Vivre Informer et Fraterniser (VIF) pour ce résultat. Une analyse des capacités des partenaires de mise en œuvre avait été effectuée en 2011 et encore en 2016 qui consistait plutôt d'un audit des capacités de base organisationnelles de ces organisations pour déterminer le niveau de risque pour UNFPA. Leurs conclusions ont permis de déterminer quels d'ONG seront financés en 2017. On note un certain nombre de nouveaux partenaires, surtout dans le domaine de la lutte contre les VBG, depuis 2017, mais le nombre total de partenaires en 2019 pour le résultat dédié au genre est à cinq (voir Figure n° 3). Mais les partenariats avec UNFPA ne semblent pas durer longtemps pour des raisons qu'on ignore; l'organisation Renaissance Santé Bouaké est le seul avec qui UNFPA maintient un partenariat de plus de trois ans (ça fait maintenant quatre ans).

Figure 3: Nombre de partenaires pour le résultat dédié au genre, par an



UNFPA a renforcé les capacités de ses partenaires techniques dans la mise en œuvre, le suivi et le rapportage. Une bonne proportion des efforts s'est concentrée au niveau local pour renforcer les capacités des ONG et une gamme d'autres acteurs locaux sur la problématique du VBG. Par contre, il n'y a pas d'évidence d'engagement avec la société civile, comme les associations des femmes et d'autres défenseurs des droits en matière d'égalité genre ou des droits SSR, dans le but de faire du plaidoyer au niveau national ou local. Alors que UNFPA, dans leur appui au MFFE et des autres ministères a pu amener un plaidoyer qui a vu des résultats importants (ex. : l'adoption en 2012 des textes modifiant la loi sur le mariage). Si des acteurs de la société civile ont aussi contribué aux résultats favorisant les droits de la femme, ça aurait été en dehors des initiatives financées par UNFPA.

Il faut aussi noter que pendant les années avant l'arrivée d'ONU Femmes, UNFPA appuyait la Direction de l'Égalité et de la Promotion du Genre sous le MFFE pour renforcer les capacités techniques des acteurs en genre/VBG, surtout sur la question de l'autonomisation des femmes à travers l'appui aux organisations féminines dans les différentes régions couvertes par l'UNFPA. Les partenaires contractés pour la mise en

œuvre de ce plan de travail en 2013 comprenaient plusieurs ministères ainsi que quelques ONGs et l'Association des Femmes Juristes de la Côte d'Ivoire (UNFPA Plan de travail annuel 2013).

Plus récemment, UNFPA a appuyé la participation des OSC dans les différentes conférences et forums dans le cadre de la lutte contre les VBG, et dans le cadre du CIPD. Comme mentionné ci-dessus (1.3), UNFPA a facilité la participation d'une délégation au sommet de Nairobi ainsi que 18 autres participants, dont des experts, des ministères sectoriels, des responsables d'ONG, et des organisations de femmes, de la jeunesse, des religieux et chefferie. Avant le transfert du leadership du Groupe de Travail Genre et Développement (GTGD), UNFPA gérait la discussion au sein du groupe de la participation de la délégation à la 58^{ème} commission de la Condition de la Femme à New York en mars 2014.¹¹¹ Donc, l'engagement avec des OSC reste assez limité aux événements clés de l'année.

Postulat 2.4

Le UNFPA rassemble et exploite ses divers rôles et domaines thématiques aux niveaux mondial, régional et national pour soutenir l'égalité des genres et l'autonomisation des femmes dans les différents contextes (rôles rassembleur, de plaidoyer et de coordination). (Durant la crise du COVID-19, des mesures de résilience ont été prises pour adresser les violences basées sur le genre et l'accès aux services essentielles pour femmes et filles avec une approche intersectionnelle.)

Durant la période d'évaluation, UNFPA a continué à jouer un rôle important de coordination dans la lutte contre le VBG. Cependant, après avoir entrepris la mise en place des cadres institutionnels sur l'égalité genre au pays, UNFPA a été contraint de céder cette responsabilité à ONU Femmes. Malgré de bons exemples de coordination entre les deux agences, il existe encore une certaine confusion entre leurs mandats respectifs.

Le UNFPA a joué un rôle de leadership et de coordination efficace en Côte d'Ivoire. L'agence assurait la coordination du Groupe thématique genre et développement (GTGD) pour plusieurs années, et co-gère le Groupe de travail VBG (GT-VBG). Elle a aussi joué un rôle de leadership au sein de plusieurs groupes, tel que le Groupe technique suivi et évaluation (agence chef de file de 2009 à 2011) et au sein de différentes initiatives conjointes (programme conjoint sur la cohésion sociale, projet H4+, la promotion du SRAJ, la lutte contre le VIH au sein des jeunes filles déscolarisées etc.).

Groupe de Travail VBG

En 2011, suite à la crise post-électorale, le sous-cluster VBG a été activé sous le leadership de UNFPA. Ce dernier était actif jusqu'en 2014, lorsque, il est devenu le groupe de travail VBG. Depuis, la gestion est passée à la main du MFFE avec l'appui du UNFPA (ONU CI, 2014).¹¹²

Le succès des plateformes VBG est lié à la synergie d'actions entre UNFPA et les autres intervenants, incluant les autres agences SNU, l'État et la société civile qui offrent tous une réponse coordonnée, à travers le GT-VBG. Le GT-VBG continue de travailler efficacement avec des rencontres régulières. Durant la pandémie, le UNFPA a assuré que la coordination soit continue et que les rencontres soient régulières. Le UNFPA a appuyé l'État et les différents acteurs pour continuer les rencontres de façon virtuelle (voir ci-dessous).

¹¹¹ Réunion Extraordinaire du GTGD, 17 février 2014.

¹¹² De 2011-2014, le sous-cluster assurait la coordination de la lutte contre les VBG, incluant les VSC. Mais en 2014, un sous-groupe de travail pour la lutte contre les VSC a été créé, dénommée le Groupe de Travail MARA pour assurer le suivi de tous les incidents de VSC et l'ONU CI a pris la charge de ce dossier (2014-2017).

Le GT-VBG est aussi composé d'un sous-groupe sur les violences sexuelles liées aux conflits (SGT-VSC) qui s'occupe du suivi de la mise en œuvre des résolutions 1820, 1960, 1888, 2106 étant donné que la Côte d'Ivoire est sous observation du conseil de sécurité depuis 2011 (GTGD, n.d.)

Le Groupe Thématique Genre et Développement (GTGD)

Établi en 2004, le groupe thématique genre et développement (GTGD) regroupe les différents points focaux genre des différentes agences du SNU pour la coordination du travail en genre. Le GTGD appuie l'élaboration et la validation des documents cadres qui sont importants à l'égalité genre; appuie l'organisation des événements conjoints de l'année; appuie la participation de la Côte d'Ivoire aux sessions sur la Commission de la condition de la femme; renforce les capacités des membres en genre; donne une formation aux parlementaires et du Corps Préfectoral; et organise les contributions au rapport du Secrétariat Général sur les femmes, la paix et la sécurité (GTGD, n.d.).

Le GTGD était géré par le UNFPA jusqu'au mois d'avril 2014, quand ONU Femmes a pris la tête du groupe. Néanmoins, la perspective des personnes interviewées est que le GTGD ne fonctionne pas efficacement. Les rencontres étaient très régulières avant 2012 quand il y avait des rencontres trimestrielles alors qu'aujourd'hui il y en a peut-être une par année.

L'évidence sur la coordination entre UNFPA et d'autres agences est limitée et indique une bonne collaboration où elle se produit mais une certaine réticence à rechercher la collaboration.

La coordination avec ONU Femmes

Même avant l'arrivée d'ONU Femmes et l'ouverture officielle du bureau en 2015, il y avait des occasions de collaboration avec UNIFEM qui avait une présence non-résidente au pays. Dans le cadre de l'UNDAF 2009-2013, qui capte deux années de la période de cette évaluation, UNIFEM a pris part des responsabilités dans les domaines de la participation politique (les processus électoraux) et de la justice, en coordination avec d'autres agences du SNU. En ce qui concerne le résultat 5 de l'UNDAF sur l'égalité genre, les deux organisations – UNIFEM et UNFPA – contribuaient à tous les trois extraits : les cadres institutionnels et politiques nationales, l'accès des femmes dans le tissu socio-économique, et les réponses nationales face aux VBG, notamment les violences sexuelles. Cependant, comme indiqué sous le postulat 1.1, UNFPA a été désigné comme lead, et UNIFEM, ainsi que d'autres agences, était en appui.

Mais lorsqu'UNIFEM est devenu ONU Femmes, une division du travail entre les deux agences a commencé à apparaître, vu de l'extérieur : Certaines personnes interviewées constatent qu'ONU Femmes s'occupe maintenant du niveau institutionnel et stratégique (ex : le plaidoyer, le dialogue politique, les relations publiques, l'intégration du genre (le « gender mainstreaming »), l'autonomisation économique et politique des femmes , et le budgétisation sensible au genre alors que UNFPA s'occupe du volet opérationnel du travail en genre, en se concentrant principalement sur les VBG et le SSR. C'est-à-dire, au niveau national, le travail de UNFPA semble se limiter au VBG, le SSR et les questions de population et développement. Mais en même temps, les deux agences interviennent souvent dans les mêmes domaines. Au niveau local, comme les Espaces amis des femmes ou les interventions avec les femmes victimes de VBG et les femmes atteintes de fistules, UNFPA intègre un volet de l'autonomisation économique des femmes et aborde des questions d'égalité genre dans leur sensibilisation locale.

Et ONU Femmes s'implique aussi dans le domaine de la lutte contre le VBG, car ça fait aussi partie de leur mandat.¹¹³ L'agence a appuyé l'installation de 12 plateformes de lutte contre les VBG. D'autres initiatives

¹¹³ Le PNUD aussi travail dans le domaine des VBG au niveau de la justice

ont aussi été prises par ONU Femmes, comme la prise en charge des survivantes de violence et le renforcement des mécanismes de protection contre le VBG et le VIH (ONU FEMMES, 2017).

Bien qu'il y ait une collaboration entre les deux agences, d'après certaines personnes interrogées, il reste à ce jour encore une confusion entre les deux mandats au niveau de certains partenaires externes. Ceci se voit, par exemple, dans la contribution d'ONU Femme aux plateformes de lutte contre les VBG, ainsi que dans l'appui de UNFPA pour le développement de politiques et stratégies liées au genre; en 2019, UNFPA a appuyé l'élaboration de la loi sur le quota qui assure une représentation minimale de femmes (30%) dans les élections, une initiative gérée par ONU Femmes. Tandis que ces formes d'appui peuvent être vues de façon positive, il n'est pas clair aux personnes externes si les initiatives ont été accomplies dans un esprit de coopération ou si ça résulte d'un manque de coordination.

Coordination AVEC LES AUTRES AGENCES DU SYSTÈME NATIONS UNIES

En termes de coordination avec les autres agences, le projet scolaire pour les jeunes filles financées par Affaires Mondiales Canada (AMC), qui n'est pas un programme conjoint, offre un bon exemple de division de travail entre UNICEF et UNFPA mais qui a été demandée par le bailleur. Par conséquent, UNICEF se concentre sur la dimension de l'accès à l'école, alors que le UNFPA travaille sur le maintien des filles à l'école, à travers la réduction des VBG, l'éducation sexuelle complète (ESC) et la promotion du SRAJ. Cette division de travail évite des duplications de travail et assure une complémentarité.

Il convient de souligner aussi la question de l'ESC que UNFPA a coordonnée avec plusieurs agences, ONU Femmes, UNESCO, UNICEF et OMS, ce qui a abouti à l'adoption du programme national de l'ESC de Côte d'Ivoire (2016-2020). Sous cette initiative, UNFPA a convoqué plusieurs réunions pour voir ce que leurs mandats peuvent apporter comme contributions.

En général, il semble avoir une bonne division des tâches entre les différentes agences de l'ONU et une bonne collaboration, mais la coordination au-delà des projets conjoints et les groupes de travail reste « timide » d'après une personne interrogée. D'après un acteur interrogé, « L'approche de 'Delivering As One' n'est pas encore concret. Ça existe sur papier, mais en pratique, la collaboration entre les agences du SNU est faible. Les différentes agences se cachent derrière leur mandat. »

Coordination sur la réponse à la pandémie en termes d'égalité genre

Le BdP a mis en place une coordination nationale pour faire face à la pandémie causée par le coronavirus. Comme déjà mentionné sous 2.2, UNFPA, en accord avec le MFFE, a mis en place une équipe d'urgence pour anticiper et prendre en charge la situation du COVID-19. UNFPA a appuyé le MFFE dans la mise en place d'un plan de riposte. L'élaboration du plan a été assurée par le MFFE qui a ensuite partagé le plan avec le Cluster de protection du SNU qui se base sur ce plan pour leur réponse COVID. Ce plan a permis de prendre en charge les premiers cas du COVID et comprends plusieurs volets, dont un volet communication, un volet coordination, un volet pour la mitigation des risques des VBG liés à la pandémie, ainsi qu'un volet lié à la prise en charge des cas de COVID. UNFPA a aussi appuyé la mise en place d'une équipe d'urgence capable d'être disponible 24 heures sur 24 heures et 7 jours sur 7 jours pour faire face aux VBG.

Le BdP joue un rôle efficace de plaidoyer surtout an niveau national pour l'adoption des politiques favorisant l'égalité des genres et les domaines de son mandat. Les exemples de plaidoyer démontrent une capacité de travailler étroitement avec les ministères mais pas tant dans le cadre d'une initiative plus vaste de la part des acteurs de la société civile et des défenseurs des droits pour plaider en faveur du changement.

UNFPA est reconnu pour son rôle efficace de plaidoyer qui a mené à plusieurs avancements et succès depuis 2012. Cependant, même s'il y a eu une implication d'autres agences et organisations, les instances de plaidoyer du BdP semblent être réalisées plutôt en partenariat direct avec le MFFE et non en tant qu'un

effort collectif avec différentes agences et organisations. Tout de même, les exemples qui suivent démontrent les résultats de plaidoyer de UNFPA, qui a offert un appui constant et un engagement fort auprès des ministères concernés :

- L'adoption de la Stratégie VBG en 2014-2015, qui a résulté dans la mise en place des plateformes de lutte contre les VBG;
- L'engagement du gouvernement en faveur de la planification familiale, à travers une augmentation de l'allocation du gouvernement pour l'achat de produits contraceptifs en 2016;
- L'intégration de la question du dividende démographique et du PF dans le PND 2017-2020, ce qui a nécessité plusieurs sessions de sensibilisation à l'intention du gouvernement, dont des formations, présentations, consultations nationales, des entretiens individuels et la présentation d'un film (UNFPA Côte d'Ivoire, 2017);
- La prise en charge des fistules parmi les services de bases offertes dans les centres de santé en 2020, qui est le résultat de plusieurs années de travail sur la FO incluant la sensibilisation et le plaidoyer au niveau du Ministère de la Santé;
- L'adoption du curriculum d'éducation sexuelle complète par le Ministère de l'Éducation, qui a nécessité un engagement politique aux plus hauts niveaux; et
- UNFPA avait utilisé le problème des grossesses précoces en milieu scolaire et les données alarmantes de grossesses chez les jeunes filles pour conscientiser le gouvernement sur la nécessité d'adresser la santé sexuelle des jeunes et adolescent(e)s. Ceci a contribué à la campagne nationale « zéro grossesses en milieu scolaire » et a facilité l'adoption du curriculum en ESC dans les écoles primaires et secondaire avec plus de deux-tiers des écoles offrant présentement le curriculum.

Question d'évaluation 3

Dans quelle mesure la programmation spécifique du UNFPA sur l'égalité des genres et l'autonomisation des femmes (sous l'objectif 3 du Plan Stratégique du UNFPA) a-t-elle contribué à faire progresser l'égalité des genres, l'autonomisation des femmes et des filles, et les droits en matière de santé sexuels et reproductifs dans les contextes de développement et d'aide humanitaire? **Critères** : *Efficacité*

Postulat 3.1

UNFPA a produit des connaissances et des orientations fondées sur des données probantes qui contribuent aux cadres normatifs et aux mécanismes opérationnels internationaux visant à faire progresser l'égalité des sexes/l'autonomisation des femmes (au niveau mondial).

Ne doit pas être abordé par une étude de cas nationale.

Postulat 3.2

UNFPA a favorisé un environnement propice à l'égalité des sexes et à l'autonomisation des femmes (au niveau régional).

Ne doit pas être abordé par une étude de cas nationale.

Postulat 3.3

Le UNFPA a contribué au renforcement des politiques nationales, des cadres de responsabilité et des cadres juridiques normatifs, y compris les lois sur l'égalité des sexes et l'autonomisation des femmes (au niveau national).

UNFPA a joué un rôle important dans l'avancement du cadre légal en matière d'égalité des genres et l'autonomisation des femmes. Ceci était plus marqué avant 2013, avant l'arrivée d'ONU Femmes, mais UNFPA continue d'appuyer des initiatives, même si de façon plus modeste. Le plaidoyer pour l'adoption d'une loi sur les droits SSR reste un obstacle plus difficile.

Avant la révision du 6^e programme en 2013, le volet égalité des genres du programme de UNFPA avait deux objectifs : 1) le renforcement des institutions et politiques du pays pour une meilleure intégration des besoins différenciés des hommes et des femmes; et 2) améliorer la réponse nationale au VBG et surtout les violences sexuelles (UNFPA Côte d'Ivoire, 2008). Donc, sous le premier objectif, UNFPA a contribué grandement aux renforcements des capacités du gouvernement en matière de l'égalité genre à travers des formations et de l'appui technique pour le développement de politiques et stratégies. Comme noté sous le postulat 1.1, durant cette période, UNFPA a contribué à la création d'un cadre institutionnel pour la promotion de l'égalité des genres, notamment à travers la Politique nationale sur l'égalité des chances, l'équité et le genre, adopté en 2009, qui est resté un document clé durant la période d'évaluation. UNFPA offrait aussi des formations aux différentes cellules genre au sein des ministères techniques pour l'intégration du genre dans les politiques sectorielles et pour la mise en œuvre de la budgétisation sensible au genre (UNFPA Côte d'Ivoire, 2012). Après la révision du programme en 2013, le volet genre du 6^e programme pays a été révisé avec un seul objectif centré sur les VBG: « le renforcement des capacités pour la prévention et la réponse aux VBG » (Badjeck & Tano-Kamelan, 2015). Depuis ce temps, plusieurs dossiers, dont la formation en genre des ministères techniques et le suivi du CEDEF, sont passés sous la responsabilité d'ONU Femmes. Tout de même, UNFPA a continué son appui en égalité genre, mais de plus en plus dans un rôle de soutien plutôt que de dirigeant. Par exemple, UNFPA a contribué à l'établissement de l'Observatoire nationale sur l'équité du genre (ONEG), mise en place en 2014 et le Conseil national de la femme (en 2015).

En termes de cadre stratégique, UNFPA a été un acteur clé dans l'élaboration et la mise en œuvre de la Stratégie nationale de lutte contre les VBG (SNLVBG), adopté en 2014, ainsi que le Plan national d'action de lutte contre les violences sexuelles liées au conflit (2014) et le Plan national d'action de lutte contre les mariages précoces (2013).

Au niveau légal, UNFPA a appuyé la révision de l'article 58 du *Code des personnes et de la famille* qui auparavant référait au mari en tant que chef de famille. Ceci a été révisé pour ressortir la responsabilité conjointe de l'homme et de la femme au sein de la famille. Plus récemment, en 2019, UNFPA a appuyé l'adoption de quatre lois, dont la loi relative au mariage (loi 570), la loi relative à la filiation (loi 571), la loi relative à la minorité (loi 572) et la loi relative aux successions, qui font aussi partie du *Code des personnes et de la famille* et qui vise à corriger les discriminations liées au genre afin d'aboutir à un traitement égal homme et femme en matière civile. Par exemple, la loi relative aux successions donne droit à la femme une part d'héritage au même titre que les enfants à la suite du décès du mari et vise l'élimination de la pratique

de l'expulsion de la veuve de la maison par la famille du défunt. Aussi en 2019, UNFPA a contribué à l'adoption de la loi sur le quota qui institue un quota minimum de 30% de femmes sur les listes électorales des parties politiques qui se présentent aux élections pour toutes les assemblées collectives. Alors que ONU Femmes avait le lead de cette initiative, UNFPA a joué un rôle important de plaidoyer (avec les autres agences ONU) qui a facilité l'adoption de la loi. En 2019, UNFPA a aussi appuyé l'adoption de la nouvelle Politique National Genre, qui remplace la Politique de 2009. Selon les entretiens, des parties prenantes valorisent le soutien de l'UNFPA au cadre institutionnel et législatif en matière d'égalité des genres et aimeraient voir cet appui se poursuivre; certes, ces questions ont une incidence directe sur les VBG et la santé reproductive des femmes.

Le grand défi en Côte d'Ivoire reste au niveau de la mise en pratique de ses lois. Considérant que le climat politique en Côte d'Ivoire est plutôt favorable aux initiatives genre et VBG, ce qui a permis les nombreux avancements mentionnés ci-haut, il y a tout de même un manque de co-financement de la part du gouvernement pour les initiatives genre qui diminue l'impact des ses lois.

Il reste aussi un défi au niveau des droits sexuels et reproductifs qui est intimement lié au mandat de UNFPA. Malgré quelques avancés sur ce dossier, dont notamment une augmentation de l'allocation budgétaire du gouvernement en 2018 pour l'achat et la distribution de produits contraceptifs, la Côte d'Ivoire n'a toujours pas de loi spécifique sur les droits SSR. À la demande du gouvernement, l'UNFPA a soutenu l'élaboration d'une loi, qui a été élaborée en 2018 par le ministère de la Santé et de l'Hygiène publique. La loi n'a pas passé à l'Assemblée Nationale en 2019 dû à une opposition par des groupes religieux conservateurs.¹¹⁴ UNFPA continue le plaidoyer sur ce dossier.

Postulat 3.4

Le UNFPA contribue au renforcement des organisations de la Société civile et des mouvements sociaux et soutiennent les efforts visant à éliminer les normes socioculturelles et de genre discriminatoires à l'égard des femmes et des filles.

La contribution de UNFPA au renforcement de la société civile est limitée à ses partenaires d'exécution et ne constitue pas d'un renforcement institutionnel, mais plutôt des appuis pour la mise en œuvre de leurs programmes. Néanmoins, l'appui aux structures communautaires informelles pourraient semer les germes d'un mouvement social de base.

Comme noté sous le postulat 2.3, l'appui que donne UNFPA aux organisations de la société civile se limitent à ses partenaires terrains qui reçoivent des formations de temps en temps pour renforcer leurs capacités. Cependant, ces formations se concentrent principalement sur la gestion et la mise en œuvre des projets et programmes de UNFPA et non à un renforcement plus large leur permettant de contribuer au plaidoyer et à la création d'un mouvement de base pour l'avancement des droits des femmes et de l'égalité des genres. En termes de genre, il y a eu des formations dans la collecte et la production de données désagrégées. D'après les personnes interrogées, il n'y a pas eu de formations spécifiques en genre, mais le genre est un thème abordé durant les différentes rencontres avec UNFPA. De plus, on note le manque d'une plateforme qui permettrait aux différents organismes partenaires d'échanger et de dialoguer entre eux et avec UNFPA. D'après une personne, le Groupe de travail genre et développement (GTGD) avait été, au

¹¹⁴ L'avortement reste illégal en Côte d'Ivoire. Le projet de loi précise que l'avortement est seulement permis sous certaines conditions : si la grossesse met en danger la vie et la santé de la femme, si la grossesse est la conséquence d'un viol ou d'une relation incestueuse, ou si l'enfant à naître est atteint d'une affection grave ou d'une malformation. (*Avant-projet de loi relatif à la santé sexuelle et reproductive, 2018*)

départ, un groupe qui facilitait les échanges entre les différents ONG œuvrant dans le domaine du genre, et permettait le dialogue avec les PTF. Mais depuis environ 2010, ce groupe exclut les ONG et n'inclut que les PTF et le gouvernement. En 2016, ONU Femmes a mis en place le Groupe Consultatif de la Société Civile (GCSC) qui vise à maintenir un partenariat permanent avec les organisations de la société civile du pays et assurer un espace de dialogue entre les organismes et les autres parties prenantes, dont le gouvernement, sur les questions de développement, l'égalité des genres et les droits des femmes. Ce groupe n'est toutefois pas entièrement fonctionnel à date d'après les personnes interrogées et UNFPA ne semble pas être impliqué dans cette initiative.

Néanmoins, le travail de UNFPA au niveau communautaire, à travers les groupements de femmes, les groupes de jeunes, les associations de leaders religieux et autres groupes communautaires, a le potentiel de contribuer aux mouvements sociaux de base. Par exemple, dans le cadre du projet de la Consolidation de la paix et de la cohésion sociale, les Espaces amis des femmes ont renforcé la capacité de nombreuses femmes des communautés cibles. Ces femmes s'impliquent non seulement dans la sensibilisation des membres de leurs communautés, mais elles s'engagent au niveau local pour avancer leurs droits en santé sexuelle et reproductive, pour lutter contre les VBG, pour défendre la scolarisation des filles et pour assurer la participation des femmes dans la prise de décision locale. Ces initiatives locales pourraient faciliter des changements sociaux et faire avancer l'égalité des genres, mais elles semblent être limitées à date (voir le postulat 2.2).

Postulat 3.5

Le UNFPA a contribué à la prévention, à la lutte et à l'élimination de la violence basée sur le genre, en particulier avec l'augmentation de la GBV pendant la pandémie COVID-19 (niveaux mondial, régional, national et communautaire).

La Stratégie nationale de lutte contre les VBG (SNLVBG), ainsi que l'établissement des plateformes de lutte contre les VBG, sont considérés la pierre angulaire du travail de UNFPA dans la lutte contre les violences à l'égard des femmes et des filles en Côte d'Ivoire. Tout au long de la période d'évaluation, le travail du BdP a consisté à soutenir l'adoption de la stratégie et à renforcer les systèmes nationaux pour sa mise en œuvre par le biais des plateformes. Cette approche a permis la nationalisation des plateformes et une appropriation nationale du programme VBG en Côte d'Ivoire.

La résurgence dans les cas de VBG à la suite de la crise a permis à UNFPA de mobiliser des fonds auprès de plusieurs partenaires en vue de mettre en œuvre des actions de prévention et de prise en charge des VBG. Une première plateforme de lutte contre les VBG avait été mise en œuvre en tant que projet pilote en 2008 avec financement de la BAD et a été un succès (Badjeck & Tano-Kamelan, 2015). À la suite de celle-ci, UNFPA a appuyé l'élaboration de la Stratégie VBG, qui est devenue le document cadre clé pour la lutte contre les VBG dans le pays. Ce document a permis l'établissement des plateformes de lutte VBG en tant que programme nationale, ainsi que la nationalisation du GBV-IMS, qui auparavant était géré par UNFPA dans le cadre de leur réponse humanitaire. Plus important encore, UNFPA a assuré l'appropriation nationale de la lutte contre les VBG. Ceci a été possible grâce au transfert progressif de la responsabilité du volet VBG au gouvernement, comprenant des différents ministères techniques concernés par les différents axes de la politique - i) la prévention; ii) la justice et la lutte contre l'impunité; iii) la réforme du secteur de la sécurité/désarmement, démobilisation, et réinsertion; iv) la prise en charge multisectorielle et v) la coordination et la collecte de données. Depuis 2014, la mise en œuvre de la stratégie est largement le travail de l'État, avec un appui technique et financier de UNFPA.

Les Plateformes de lutte contre les VBG se charge de la mise en œuvre de la SNLVBG au niveau local. Les plateformes sont un cadre d'échange, de collaboration, de référence et contre-référence, et de

coordination entre tous les acteurs intervenant dans le secteur. C'est une approche multisectorielle pour assurer une prise en charge holistique des cas de VBG. Ceci inclut la prise en charge médicale, psychosociale, juridique/judiciaire et socio-économique et donc regroupe les acteurs de la santé, la justice, la société civile, la média, les leaders communautaires, les organismes religieux, les groupements de femmes et autres. La coordination des plateformes est assurée par le Comité National pour la lutte contre la violence faites aux femmes et aux enfants (CNLVFE), qui est situé au sein du MFFE.

Depuis 2010, 72 plateformes VBG ont été établies et sont situées au niveau des départements, au sein de Centres Sociales. L'approche des plateformes fait l'utilisation de structures et services existantes. Chaque structure (santé, police, etc.) se dote de points focaux genre formés dans la prise en charge des VBG.¹¹⁵ Les plateformes assurent aussi la collecte de données qui alimente le GBV-IMS. Toutefois, les plateformes ne couvrent pas tout le territoire ivoirien.¹¹⁶

Il reste de nombreux défis à relever, dont le bon fonctionnement des plateformes VBG et l'accès à la justice pour les victimes de violence. De plus, le manque de données de qualité de VBG pose un défi pour déterminer la prévalence de cas de violence dans le pays.

Il reste plusieurs défis à relever pour la réduction des VBG en Côte d'Ivoire, dont notamment le financement insuffisant de la part du gouvernement qui affecte la performance et la pérennisation des plateformes, qui ne reçoivent aucun fonds de fonctionnement. De plus, les membres des plateformes, issues des différentes structures, participent à base volontaire. Il y aussi le problème de la forte rotation du personnel au sein des différentes structures qui nécessitent des formations et des mises à jour continue de connaissances et pratiques. Ces défis affectent la durabilité des plateformes, bien qu'il s'agisse d'un programme national, et par conséquent, pas toutes les plateformes établies sont fonctionnelles au même niveau.

Un grand défi est aussi au niveau de la justice et l'impunité pour les auteurs de violence. UNFPA a entrepris plusieurs démarches pour améliorer l'accès à la justice pour les femmes victimes de VBG. Par exemple, UNFPA a appuyé les services de justice par la mise en place de bureau d'accueil genre (« *gender desks* ») au sein de commissariats de police et les brigades de la gendarmerie pour mieux servir les victimes de violence. De plus, une formation VBG a été intégré dans la formation pour magistrats à l'École nationale de la magistrature, et dans la formation continue pour la Police nationale. UNFPA a aussi plaidé pour la gratuité du certificat médicale qui est souvent exigé par les structures de justice pour pouvoir engager des poursuites. Grâce au plaidoyer de UNFPA, les femmes peuvent porter plainte même si elles n'ont pas encore le certificat médical et plusieurs centres offre le certificat gratuitement. Malgré cela, d'après les données du GBV-IMS, seulement 36% de victimes avaient porté plaintes auprès de structures compétentes (c'-à-d., la police, la gendarmerie ou autre structure de justice) en 2018.¹¹⁷

Finalement, la production de données VBG demeurent un défi important en Côte d'Ivoire, malgré l'existence du GBV-IMS. UNFPA a renforcé les capacités des différentes plateformes et a fourni de l'équipement informatique pour assurer la collecte de données, mais ce dernier reste inefficace et les données ne sont pas produites de façon ponctuelle. Une personne interrogée, qui a comparé le GBV-IMS au système de collecte de données sur les violences contre les enfants mise en place par UNICEF, note que

¹¹⁵ L'approche des plateformes avait été pilotée en 2008 suite à un financement du BAD. Le projet pilote était un succès et a montré que cette approche était efficace et fonctionnait mieux que les « One Stop Centres. » L'approche permet aux femmes d'utiliser des structures existantes dans l'anonymat et sans stigmatisation.

¹¹⁶ Il y a 108 départements en Côte d'Ivoire donc pas tous les départements ont une plateforme.

¹¹⁷ Statistiques sur les VBG de la Côte d'Ivoire du 01/02/2018 au 31/12/2018

le GBV-IMS est beaucoup moins efficace et produit des données de moindre qualité. Il est donc difficile de déterminer la prévalence de VBG dans le pays.

D'après l'évaluation du sixième programme (Badjeck & Tano-Kamelan, 2015), entre 2011-2015, on voit une réduction des cas de violences rapportés dans le GBV-IMS et une réduction à 0 des cas de violence sexuelle en situation de conflits. Ce dernier est possiblement dû à une diminution des conflits intercommunautaires au cours de la période. Par contre, il y a beaucoup plus de cas de VBG rapporté par le GBV-IMS en 2017 et 2018 qui n'est pas nécessairement dû à une augmentation des instances de violence. Selon le MICS 2016, 52,8% des femmes enquêtées approuvent qu'un mari batte sa femme, et selon une Enquête Gouvernance Paix et Sécurité (GPS) de 2015 citée dans le Rapport des Objectifs de Développement Durable (ODD) en Côte d'Ivoire de 2019, deux femmes sur cinq, soit 36 % d'entre elles subissent des violences physiques depuis l'âge de 15 ans, et pour les jeunes filles de l'âge de 15 – 19 ans, 4,7% subissent des violences sexuelles.¹¹⁸

Comme mentionné déjà sous le postulat 1.2, la dernière enquête sur la prévalence de la violence sexuelle des femmes, exécutée dans sept départements, a été en 2010. La dernière enquête de la démographie et de la santé (DHS) qui inclut des données sur la violence domestique date de 2011-12. C'est encore plus important d'avoir des données plus récentes sur la prévalence au vu des conséquences de la pandémie sur les tendances VBG.

Postulat 3.6

Le UNFPA a contribué à la prévention, à la lutte et à l'élimination des pratiques néfastes, dont le mariage précoce et forcé, l'excision et la préférence des fils, y compris pendant la pandémie COVID-19 (niveaux mondial, régional, national et communautaire).

Les mutilations génitales féminines (MGF) et le mariage précoce et forcé sont considérés des formes de VBG et sont prises en comptes dans les programmes VBG et intégrés dans d'autres programmes UNFPA. Cependant, il n'y a pas eu de programmes dédiés au MGF ni au mariage précoce en Côte d'Ivoire durant la période d'évaluation.

La SNLVBG considère de façon explicite les MGF et les mariages forcés et précoces des formes de VBG et dont celles-ci sont pris en comptes par les Plateformes de lutte contre les VBG, ainsi que dans le GBVIMS. UNFPA incorpore aussi les MGF et les mariages forcés et précoces dans leurs sensibilisations et formations auprès des communautés, que ce soit dans les Écoles de maris, les Espaces amis des femmes, dans le projet de maintien des filles à l'école, le travail avec les leaders communautaires et religieux, et les renforcements de capacités des Plateformes VBG. Par contre, il y eu peu de mesures qui ciblent ces deux problématiques de façon spécifiques et aucun programmes ou financements spécifiques pour ces deux problématiques.

Les mutilations génitales féminines

La Côte d'Ivoire a une loi criminalisant les MGF depuis 1998, mais cette loi n'est pas mise en pratique dû au manque de décrets pour l'application de la loi. Toutefois, en 2012-2013, UNFPA a appuyé la poursuite de neuf exciseuses à la cour de justice (UNFPA Côte d'Ivoire, 2012, 2013).

En termes de prévalence du MGF dans le pays, d'après le MICS 2016, 36,7% de femmes âgées de 15-49 ans ont été excisées montrant une légère diminution en comparaison à 2012 quand la prévalence nationale était de 38%. Toutefois, la prévalence varie grandement selon les régions, avec les taux les plus élevés dans

¹¹⁸ MPD. (2019). Rapport volontaire d'examen national de la mise en œuvre des objectifs de développement durable en Côte d'Ivoire.

le Nord du pays : 79,5% dans le Nord-ouest, 73,7% dans le Nord. Le MGF est aussi beaucoup plus commun en région rurale qu'urbaine, mais suite à la crise et le déplacement des populations vers Abidjan, il y a eu une augmentation de cas dans la capitale entre 2011-2015 (Badjeck & Tano-Kamelan, 2015).

Dans l'effort de réduire les cas de MGF, UNFPA travaille avec des leaders communautaires et religieux à travers la sensibilisation. Dans la région de Guiglo, par exemple, en 2019-2020 800 membres de la communauté – jeunes filles, garçons, femmes, chefs traditionnels, leaders religieux et leaders communautaires - ont été sensibilisés à travers une projection du film portant sur les conséquences des MGF, ainsi qu'à travers une conférence, un exposé et un sketch (Rapport du Bureau de Guiglo, période de janvier au 30 juin 2020). Par contre, l'évaluation du septième programme note que ces initiatives restent insuffisantes et il n'y a pas assez de ressources dédiées au MGF pour les plateformes VBG pour faire un suivi adéquat de ces leaders. Il n'est donc pas possible d'évaluer les résultats de cette initiative. L'évaluation note aussi que UNFPA ne travaille pas directement avec les exciseuses. Il sera important de mieux engager avec les exciseuses car non seulement sont-elles une source de résistance mais, dans un contexte de relations de pouvoir inégales entre les sexes, les femmes qui pratiquent l'excision sont, elles-mêmes, subies à des pressions socio-culturelles et ne peuvent aller à l'encontre des normes sociales. Il est toutefois prévu dans le prochain programme pays 2020-2025 de travailler avec les exciseuses, d'après les entretiens avec le personnel du BdP.

Mariages précoces et forcés

Comme pour le MGF, la prévalence de mariage précoce en Côte d'Ivoire montre une légère diminution entre 2012 et 2018. En 2012, selon le EDS, la proportion de femmes mariées avant l'âge de 15 était de 12% et 36% de femmes s'étaient mariées avant 18 ans. Ce taux était de 7,7% et 32,1% en 2016 (MICS). Le taux de mariage précoce chez les hommes est toujours beaucoup plus bas (1,5% et 13,9%, respectivement). Bien que la diminution du mariage précoce soit positive, il y a eu très peu d'initiatives qui ont visé les mariages précoces en Côte d'Ivoire.

Comme mentionné sous le postulat 1.2, en 2013, le gouvernement avait développé le Plan national d'action de lutte contre les mariages précoces, qui avait été appuyé par UNFPA. Par contre, ce plan n'a jamais été mis en œuvre par manque de ressources.¹¹⁹ Plus récemment, UNFPA a appuyé la révision de la loi sur le mariage, qui fait partie du Code des personnes et de la famille. La loi établit l'âge minimum de mariage à 18 ans pour les hommes et les femmes, alors qu'auparavant elle était de 21 ans pour les hommes et 18 ans pour les femmes. La thématique du mariage précoce est aussi abordée dans le cadre du programme de santé sexuelle et reproductive pour adolescent(e)s et jeunes en milieu scolaire et à travers le programme d'éducation sexuelle. Ce programme vise plus particulièrement la réduction de grossesses précoces mais aborde la question de mariage, ainsi que la santé, l'éducation et l'autonomisation des filles et jeunes femmes. Toutefois, il est à noter qu'il n'y avait pas de financement spécifique de UNFPA pour ce volet avant le projet de scolarisation de jeunes filles en 2020, financé par AMC. Il n'est donc pas possible de mesurer des résultats ou changements de comportements à ce niveau.

Finalement, on remarque une recrudescence de la grossesse précoce et les MGF pendant les vacances scolaires. Il manque des données sur l'effet de la pandémie COVID, mais il est probable que, comme le VBG, elles soient en hausse.

¹¹⁹ Idem

Question d'évaluation 4

Dans quelle mesure le UNFPA a-t-il intégré l'égalité des genres dans ses politiques et ses objectifs de programmes, et quels ont été les résultats? **Critères** : *Efficacité*

Postulat 4.1

Le FNUAP a intégré la dimension de genre à travers sa programmation.

Dans les domaines de la SSR, la fistule obstétricale et la planification familiale, l'intégration d'égalité genre se réalise d'une manière plus évolutive à travers l'établissement de liens entre plusieurs volets et plusieurs approches programmatiques au fil du temps. Les différentes plateformes de dialogue au niveau communautaire sont un bon exemple de l'intégration genre.

Avant et pendant la période d'évaluation, UNFPA a investi beaucoup dans les services de santé sexuelle et de la reproduction pour répondre à la situation humanitaire. Un exemple récent, en 2018, le BdP a formé les partenaires nationaux dans le domaine de la santé pour un pré-positionnement des kits d'urgence en SSR dans des districts de l'Ouest. La formation sur le Dispositif Minimum d'Urgence (DMU) en matière de SSR en situation de crise comprend tous les éléments de la santé maternelle, néonatale, les IST/VIH/SIDA, la planification familiale ainsi que la prévention des VBG en situation d'urgence. Effectivement, les services ont évolué vers une meilleure intégration (surtout entre la SSR et la VBG) au fil du temps et avec un mis à jour des protocoles (UNFPA, 2018).¹²⁰

Plusieurs formes de renforcement de capacités qui vise à améliorer l'accès aux services intégrés dans le cadre de la lutte contre la mortalité maternelle ont été réalisées comme la formation des sages-femmes, l'intégration des soins obstétricaux et néonataux d'urgence (SONU) dans le réseau national, l'intégration du dépistage du cancer, et la capacité des districts sanitaires en surveillance des décès maternels. Ces interventions sont toutes clairement au profit des femmes et sont importantes pour atteindre les trois résultats transformateurs de UNFPA.

Tandis que l'analyse genre n'est pas une étape explicite dans les programmes SRH (ou autres), l'intégration de différents éléments et de différentes approches démontre une tentative d'aborder les barrières multiples des femmes et des filles dans les domaines du mandat de UNFPA. Le programme de fistule obstétricale, qui date du début de la période de cette évaluation, est un bon exemple de l'intégration genre. Le programme s'attaque à plusieurs causes sous-jacentes de la fistule : la pauvreté, le mariage précoce et la grossesse précoce, le manque de services et de contraceptifs en planification familiale, l'insuffisance des soins obstétricaux et néonataux d'urgence, les croyances et normes sociales liées au fistule, le besoin d'engager et de sensibiliser les hommes/les maris, et le manque de connaissances chez les jeunes femmes et jeunes hommes sur la SSR et la PF. Par conséquent, le programme intègre plusieurs composantes comme les Écoles de maris, des AGR pour les femmes atteintes de FO pour permettre leur réinsertion dans la communauté, l'offre de PF, la sensibilisation des jeunes, ainsi que la réponse médicale. Le défi qui reste à relever est d'intensifier la réponse médicale pour répondre à l'énorme demande de ce service au pays au-delà des caravanes opératoires. Il est prometteur que le Ministre de la Santé a signé un décret le 23 mai 2020 pour intégrer la fistule obstétricale dans les services de base.

¹²⁰ UNFPA Côte d'Ivoire. (2018). Rapport renforcement des capacités des partenaires nationaux sur le dispositif minimum d'urgence (DMU) en matière de SR en situation de crise dans les districts sanitaires de Guiglo, Man, Biankouma, et Toulepleu, période du 30 juillet au 1 août 2018.

Il semble que les différentes « plateformes » de dialogue aux niveaux décentralisés facilitent aussi une intégration des questions de l'inégalité genre qui sont parfois introduit d'une manière évolutive et non pas dès le début. Les Espaces amis des femmes sont un bon exemple; à la base elles avaient été créées pour la consolidation de la paix et la gestion de conflits, mais les membres ont aussi été formé en VBG, en PF, en droits sexuels et reproductifs, en santé maternelle, et sur le dividende démographique pour la promotion de ces thèmes dans les communautés. De même, les Écoles de maris, créés initialement pour augmenter la demande en planification familiale, sensibilisent les hommes et les jeunes hommes sur les aspects de SSR, VBG, MGF, FO, et mariage précoce. Les causeries des jeunes (et les causeries avec les clubs de santé) discutent de la sexualité, les droits SSR, le VBG, les pratiques néfastes, et aussi la toxicomanie et la violence auprès des jeunes. Les causeries éducatives sont souvent utilisées avec différents groupes pour les sensibiliser sur la prévention des VBG et des pratiques néfastes, la cohésion sociale, ou sur le dividende démographique et la PF. Les cellules de communication (CLCs), une approche démarrée en 2011 après la crise, en principe servaient à élaborer des plans d'actions à travers des dialogues communautaires pour l'amélioration du bien-être de la femme et de la fille au niveau de la santé maternelle, la PF, mais aussi les VBG et MGF. Il est constaté que, dans la majorité des CLCs, le taux de participation des femmes dans les dialogues est autour de 50%. En bref, les espaces de dialogue semblent fournir une meilleure possibilité de créer les liens entre les différents aspects et causes de l'inégalité genre.

Le BdP a fait énormément de progrès pour promouvoir la planification familiale dans l'offre et la demande, or, il n'est pas très clair dans quelle mesure UNFPA adresse les barrières posées par les hommes dans la prise de décisions sur la PF.

Les CLCs jouent un rôle important dans la sensibilisation des communautés pour faciliter l'accès des femmes aux services de santé maternelle et à la planification familiale. Les Écoles de maris, comme déjà indiqué, sont un point d'entrée pour la sensibilisation des hommes sur la question de PF. UNFPA continue de prendre plusieurs mesures pour améliorer l'offre et la demande des services en PF, surtout dans les endroits à forte densité de population. Les interventions ont facilité une augmentation de l'utilisation des produits contraceptifs et les Agents de distribution à base communautaire (ADBC) ont récemment été autorisés de fournir des produits contraceptifs, incluant les injectables (UNFPA, 2019). Les consultations foraines dans les districts sanitaires sensibilisent les femmes et les hommes sur l'utilisation des services SR/PF et offrent des méthodes contraceptives aux femmes. Mis à part certains défis, notamment la nécessité de continuer de renforcer la capacité des prestataires, d'assurer la motivation des ADBC qui ne sont pas encore financés par l'État, et de répondre à une demande non satisfaite en PF, il n'est pas clair jusqu'à quel point les interventions de UNFPA adressent les barrières posées par les hommes qui continue d'avoir un pouvoir décisionnel sur la PF (c'est-à-dire, dans le choix de l'utilisation de la contraception, de l'espacement des naissances, et du nombre d'enfants désirable, ainsi que le choix de la femme de protéger son intégrité corporelle).

Le BdP joue un rôle majeur dans la sensibilisation sur le dividende démographique (DD) et priorise un partenariat avec les leaders religieux sur la question de la planification familiale. Des feuilles de route pour les localités déjà élaborées démontrent inclusion d'un volet égalité genre. Toute de même, il semble nécessaire de rassurer un rôle de premier plan chez les femmes et les jeunes dans tous les stades du processus, de démontrer que les actions proposées sont basées sur des données solides, et d'amplifier les efforts du plaidoyer auprès du gouvernement pour investir dans la promotion d'égalité genre.

La question de l'autonomie de la femme sur son propre corps revient souvent aux normes sociales qui agissent sur son autonomie. Avec le démarrage du programme SWEDD, UNFPA renforce l'implication des leaders religieux et des leaders communautaires, particulièrement dans le contexte *du dividende démographique*. UNFPA est conscient de l'importance des facteurs socioculturels, notamment la culture et

la religion, pour améliorer les indicateurs sociodémographiques et de santé (UNFPA, 2019).¹²¹ Les pesanteurs socio-culturelles et les éléments conservateurs sont évidents au niveau national, notamment dans la difficulté de faire adopter la loi sur la SR. De plus, comme indiqué sous le postulat 2.1, il a fallu adapter le langage avec les représentants au niveau communautaire, en utilisant le terme « procréation responsable », pour faire passer le concept de la planification familiale, surtout dans le contexte de la SR des jeunes.

Dans le cadre du SWEDD, UNFPA appuie le Gouvernement à intégrer les questions de population et du dividende dans les plans nationaux, sectoriels et locaux de développement. À cette fin, trois feuilles de route pour trois localités – Man, Daloa et Bondoukou – ont été élaborées. La question « genre » fait partie des modules offerts pendant les formations aux parties prenantes des localités avec l'objectif de réduire la mortalité maternelle et la fécondité, de renforcer l'autonomisation de la femme, et de développer le potentiel des jeunes. Les formations et feuilles de route ont aussi facilité la prise en compte du dividende dans le Plan National de Développement 2017-2020.¹²² On observe toutefois le besoin de préciser et d'assurer que les actions proposées et reliés à l'égalité genre se fondent sur des preuves ou des données statistiques solides.

Toutefois, des questions se posent à propos de la participation des femmes et aussi des jeunes. Selon les entretiens, il n'est pas certain que les femmes soient bien impliquées dans les dialogues sur le dividende. Et au sein du programme SWEDD, il n'est pas très clair de quelle façon le programme compte engager les jeunes femmes et les jeunes hommes dans les stades de planification et de mise en œuvre pour développer leurs capacités en tant que leader par rapport aux activités du dividende. Pour aller plus loin, on ne peut pas discerner s'il existe une vision plus large au sein du programme qui prend en compte l'opportunité de travailler sur la transformation des relations genre auprès des jeunes. Il est peut-être encore trop tôt de bien observer l'implication des jeunes dans ces aspects.

Finalement, pour réussir, le dividende démographique exige du progrès dans tous les domaines des droits des femmes et en égalité genre et malgré le plaidoyer auprès du gouvernement, il reste à voir si les investissements du gouvernement seront au niveau nécessaire.

Le BdP a réussi à faire adopter un curriculum d'éducation sexuelle nationale, a appuyé la création de services SSR conviviaux pour les jeunes, et continue de mener beaucoup d'activités de sensibilisation. Des projets plus récents (l'éducation des filles et le SWEDD) reconnaissent l'importance de mettre un accent sur les jeunes filles. Mais, pour avoir une approche transformatrice des normes en matière du genre dans le domaine du SRAJ, il serait nécessaire de faire le bilan de l'efficacité des différentes interventions pour évaluer à quel point elles adressent les barrières liées à l'inégalité genre et s'assurer de toujours ventiler les données par sexe.

Dans la thématique des « jeunes et adolescent(e)s, » on observe dans le cadre du projet « Droit à l'éducation inclusive et maintien des filles à l'école » une analyse solide en égalité genre qui sous-tend la conception du programme. Bien que l'éducation ne fasse pas partie du mandat de UNFPA (à part l'éducation sexuelle), ce programme vise la protection sociale, la lutte contre les inégalités genre (y compris les VBG, la grossesse précoce, et des pratiques néfastes), l'accès aux services de santé reproductive des jeunes et

¹²¹ UNFPA Côte d'Ivoire. (2019). Rapport du progrès de la mise en œuvre du 7ème programme de coopération Côte d'Ivoire-UNFPA (population et développement), du 1 jan. Au 30 sep. 2019.

¹²² Une analyse complète du PND dépasse la portée de cette évaluation mais un examen rapide indique un accent mis sur la réduction de la mortalité maternelle et de la fécondité.

l'autonomisation des filles à *travers* leur maintien à l'école. Ce projet cible alors les jeunes filles scolarisées mais aussi les filles déscolarisées.

Pendant la période d'évaluation, UNFPA a mis un accent particulier sur la prévention des grossesses précoces, surtout à travers le plaidoyer et la campagne « zéro grossesse en milieu scolaire ». Plus précisément, cette thématique a permis d'avoir un point d'entrée dans un milieu conservateur, facilitant l'adoption du curriculum d'éducation sexuelle complète dans les écoles et universités. L'ESC implique aussi les clubs scolaires et les centres de santé scolaires. Cette intervention au niveau secondaire est précédée par des interventions aux niveaux maternelle et primaire sur l'éducation à la vie familiale et en matière de population (EVF/EmP). Comme mentionné ci-dessus, l'appui de UNFPA a abouti à un programme national d'ESC (2016-2019). Le curriculum inclut un module sur le genre. Cependant, il ne va pas jusqu'à couvrir la question de la masculinité négative en tant que source de problème aux inégalités genres alors que les jeunes sont à un âge quand les comportements peuvent être influencés plus facilement. D'autres facteurs à prendre en compte par rapport au programme ESC est la raison de la moindre fréquentation scolaire des filles ; d'après les données disponibles, les filles sont moins nombreuses en tant que bénéficiaires des cours d'ESC que les garçons (44,1 % pour les filles contre 55,9 % pour les garçons en 2018 selon l'évaluation du septième programme de UNFPA Côte d'Ivoire). De plus, parmi les élèves filles, seulement 76,3% ont assisté au cours. Les raisons pour cela ne sont pas claires.

En termes d'accès à l'information sur le SSR et l'accès aux services de SSR et PF, le BdP a pris des mesures pour les adresser au cours des trois périodes stratégiques couvertes par cette évaluation. L'emphase sur cet aspect était plus évidente lors du sixième programme, qui misait sur la prévention de maladies sexuellement transmissibles et du VIH et la promotion de l'utilisation des préservatifs. Or, comme indiqué ci-dessus, les services de SSR pour jeunes se trouvent principalement dans les milieux scolaires et universitaires (et les centres d'écoute et de conseil) qui visent les adolescent(e)s et jeunes de 10 à 24 ans. Il existe aussi des caravanes jeunesse saine et les campagnes itinérantes sous forme de circuits dans le cadre des activités routines. Mais il s'avère que les jeunes ruraux sont plus difficiles à atteindre et on remarque une recrudescence des grossesses précoces au retour des jeunes au village pendant les vacances. Les attitudes des parents envers la sexualité des adolescent(e)s et des jeunes en dehors du mariage, ainsi qu'envers la contraception, constituent des obstacles pour la réduction des grossesses précoces et non désirées.

Pour faciliter l'accès à l'information, le programme SWEDD établit des espaces sûrs pour les jeunes filles en milieu scolaire mais aussi en milieu communautaire. Ces espaces visent à sensibiliser les jeunes filles scolarisées, déscolarisées et non scolarisées en matière de SSR et compétences de vie. Les espaces sûrs sont destinés aux filles de 8 à 24 ans issues de ménages vulnérables. Ils existent des initiatives qui visent à développer les connaissances des filles en droits SSR et en égalité genre ainsi que leur estime de soi. Des initiatives ont été mises œuvre pour atteindre les jeunes filles dans les communautés et leur offrir un accès aux services de conseil en SSR/PF et aux choix de contraceptifs, ainsi que le dépistage HIV à travers la période d'évaluation.

Si une analyse genre a été appliquée aux activités du SRAJ, ce serait utile de savoir, parmi toutes les services et activités offertes aux jeunes filles, quelles sont les plus efficaces pour favoriser des comportements sains, pour accroître la demande de méthodes de planification familiale, pour réduire les grossesses précoces, et pour améliorer l'autonomisation des filles et des jeunes femmes. De même, il serait important de mieux comprendre de quelle façon les activités SRAJ promeuvent des relations plus équitables, non-discriminatoires, et non-violentes entre les sexes, car celles-ci sous-tendent l'élimination des pratiques néfastes auprès de la prochaine génération. D'après les entretiens, il faut aussi s'assurer que la collecte de statistiques au niveau des services se fait d'une manière ventilée par sexe (et âge). Finalement, il faut

d'avantage d'informations sur le rôle que les parents jouent dans la santé SR et la prise de décisions des adolescent(e)s et jeunes femmes et hommes.

L'équipe de « population et développement » a démontré une bonne collaboration avec les autres équipes du BdP, y compris en matière d'égalité de genre. Il a joué un rôle clé dans la conception du dividende démographique ainsi que dans la mise en œuvre du recensement général de la population de 2020. Ces réalisations, ainsi que la réalisation d'études et d'enquêtes, ont contribué de façons différentes aux efforts de UNFPA d'avancer l'égalité de genre dans leur programmation.

Depuis le sixième programme (2009-2013), le département de population et développement (P&D) a joué un rôle clé dans le renforcement des capacités nationales ainsi qu'aux niveaux décentralisés, pour établir un système statistique pertinent pour la prise en compte de données démographiques. À partir de 2015, le domaine de population et développement est devenu un axe transversal dans la programmation du BdP. Par conséquent, les interventions en P&D ont pu appuyer directement les autres mandats du programme de UNFPA, incluant le mandat en genre, à avoir une source de données pour la planification d'activités et de baser l'identification des besoins sur des données désagrégées et récentes. Plusieurs études et enquêtes ont été menées pendant la période de cette évaluation, comme des analyses socioéconomiques axées sur le genre pour faire avancer l'agenda du CIPD.

Le staff P&D joue aussi un rôle dans le développement des stratégies dans le cadre de la conception des programmes de UNFPA. Par exemple, il a appuyé le projet de l'intégration des femmes dans le processus de la consolidation de la paix et plus récemment le programme SWEDD. L'équipe P&D était aussi impliquée dans l'analyse du dividende démographique et l'exécution des projections démographiques qui ont guidé les politiques et stratégies du pays et les investissements nécessaires dans la planification familiale, le secteur de l'éducation, la santé reproductive, etc. Il convient aussi de noter que grâce à l'appui de l'équipe P&D, le recensement général de la population est en cours en 2020, ce qui permettra de mettre à jour les données démographiques qui datent de 2014 et qui n'étaient pas considérées de bonne qualité.

Postulat 4.2

Les efforts d'intégration du genre de la part du FNUAP ont contribué aux résultats en égalité de genre dans l'ensemble des politiques et des programmes du FNUAP (SSR, population et développement, et jeunes/adolescent(e)s). L'aspect genre a aussi été pris en compte dans la reprogrammation ou l'interruption de programmation suite à la pandémie du COVID-19.

Voir l'évaluation des programmes par pays pour les résultats. Seulement la partie de la prise en compte de l'aspect genre pendant la pandémie est détaillée ici.

Le BdP a pris plusieurs mesures pour mitiger des effets néfastes du COVID sur les services et des mesures de sensibiliser les groupes cibles face à une baisse de fréquentation des services.

En termes d'effets du COVID sur la programmation, le BdP a vu un ralentissement de certaines activités de son mandat. Et certaines localités ont eu une insuffisance dans la disponibilité des contraceptifs et une rupture de certains médicaments. Le personnel a aussi noté une baisse de la fréquentation des services de santé maternelle due à la pandémie. Et pour les écoles, le BdP est en train de considérer l'option d'offrir des cours en ligne qui risque quand même de créer des iniquités.

Par conséquent, UNFPA a entrepris plusieurs mesures pour assurer une continuité des services et des soins de santé mère-enfant ainsi que l'offre de planification familiale. Le Bureau a pris l'initiative d'augmenter les efforts de sensibilisation sur le COVID, y compris destinés aux adolescent(e)s et jeunes. Des points focaux COVID ont été nommés par district sanitaire pour intensifier la sensibilisation. C'est évident aussi que l'équipement de protection individuelle a été fourni aux ADCs et aux prestataires, mais sinon, il manque

des informations sur des études ou des collectes de données prévues pour mieux comprendre les effets du COVID.

Question d'évaluation 5

Dans quelle mesure la culture, les systèmes et les processus institutionnels du UNFPA sont-ils "adaptés à l'objectif" de faire progresser l'égalité des genres et l'autonomisation des femmes par le biais d'une approche fondée sur les droits humains et sensible à la culture, tant dans le contexte du développement que dans celui de l'aide humanitaire ? **Critère:** *Efficience*

Postulat 5.1

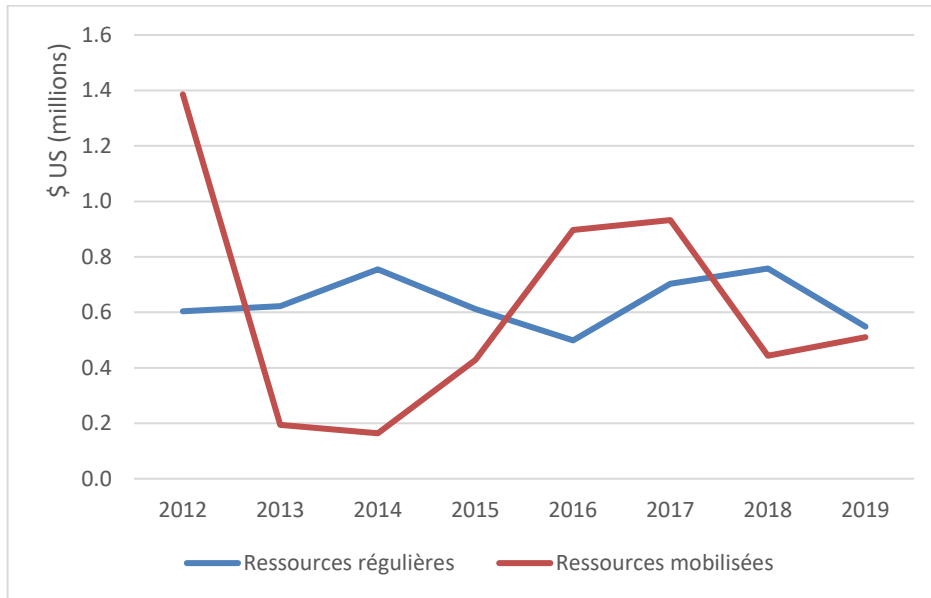
Le montant et la qualité des ressources financières mises à disposition pour la programmation dédiée au genre et l'intégration de l'égalité des genres et de l'autonomisation des femmes ont été adéquats et; les effets de genre ont été pris en compte lors de la reprogrammation ou de l'interruption des services dû à la pandémie COVID.

La performance et la gestion financière au fil des années pour les activités dédiées au genre sont bonnes par rapport aux autres domaines du mandat et démontre un engagement solide de la part du BdP; par contre, les ressources nécessaires pour soutenir les efforts des acteurs de l'État demeurent insuffisantes, notamment pour la prévention du VBG.

L'analyse financière démontre que le budget pour les activités dédiées au genre est resté constant durant la période de cette évaluation, à l'exception d'une chute dans les ressources mobilisées de 2012 à 2013. Comme indiqué dans le rapport annuel de UNFPA, la crise politique a marqué le départ de nombreux donateurs (UNFPA Côte d'Ivoire, 2012), surtout les donateurs traditionnels. Dans la figure 4 ci-dessous, qui compare les ressources régulières aux ressources mobilisées, on note une variabilité dans les ressources mobilisées, tandis que les ressources régulières sont restées stables, moyennant \$630,000 par an. Ces données permettraient d'étayer l'engagement de UNFPA dans le domaine de résultats dédiés à l'égalité genre. Il convient également de noter que les investissements sont les plus grands dans la catégorie du marqueur genre « GM01. »¹²³

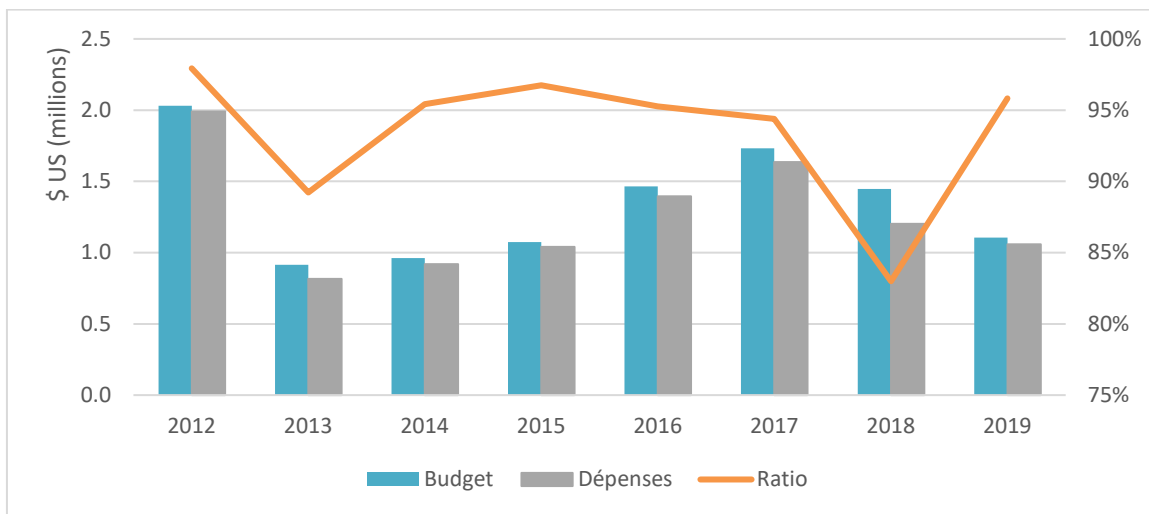
¹²³ Voir les investissements 2014 à 2019 catégorisés par marqueur genre, GM01, GM2A, GM2B, et GM00 pour ressources régulières et mobilisées.

Figure 4 : Les ressources régulières et mobilisées pour l'effet 3 (Genre) du programme de UNFPA Côte d'Ivoire (2012-2019)



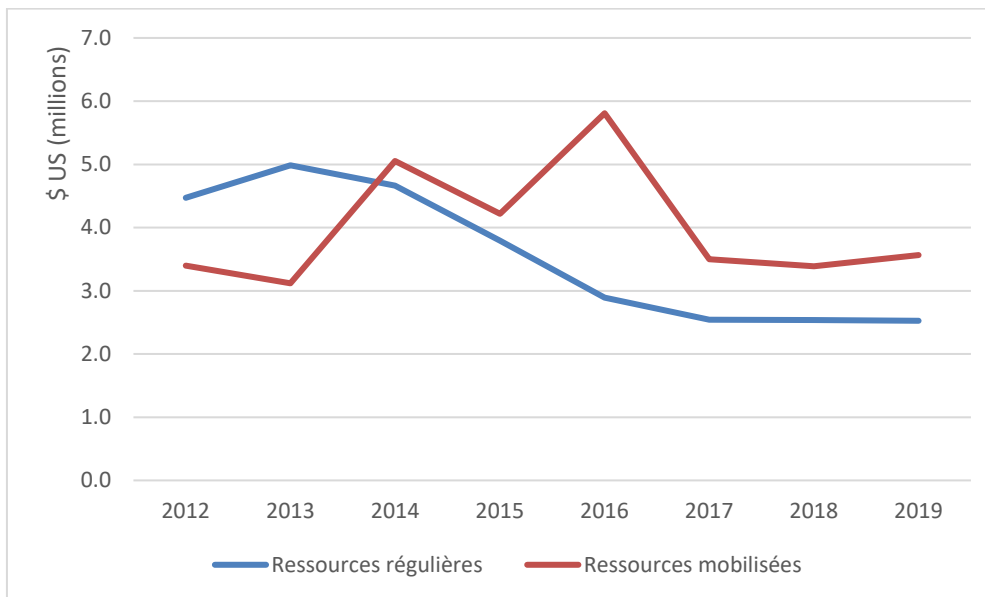
Le ratio budget/dépenses est resté en moyenne à 93 % en moyenne, avec une baisse à 83% en 2018, mais sinon, il tend à montrer une bonne gestion budgétaire.

Figure 5: Budgets prévue et dépenses actuelles pour l'effet 3 (Genre) du programme de UNFPA Côte d'Ivoire (2012-2019)



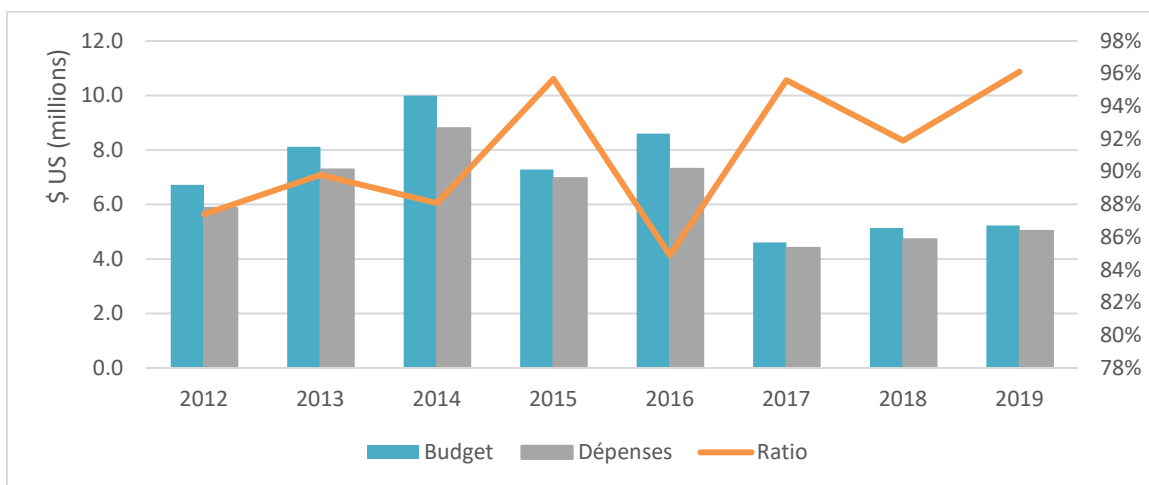
Pour les autres composantes du mandat de UNFPA, les ressources régulières sont en déclin depuis 2012, alors que les ressources mobilisées ont varié au fil du temps, mais celles-ci sont plus élevées que les ressources régulières (voir le prochain graphique). Ceci signifie une plus grande dépendance aux cofinancements. La raison pour cela n'est pas claire, mais peut être lié à une amélioration dans les indicateurs socio-économiques dans les dernières années ainsi qu'à l'accent mis sur l'appui au budget national qui rend plus difficile la disponibilité de cofinancements.

Figure 6: Ressources régulières et mobilisées pour tous les volets programmatiques de UNFPA Côte d'Ivoire (2012-2019)



Le ratio budget/dépenses pour les autres composantes, à 91% moyennant, est assez comparable à celui pour les activités dédiées au genre, mais de 2012 à 2016, la différence entre le montant budgétisé et le montant dépenses est un peu plus grande.

Figure 7: Budgets prévue et dépenses actuelles pour tous les volets programmatiques de UNFPA Côte d'Ivoire (2012-2019)



La stabilité du financement pour les activités dédiées au genre est un aspect positif mais elle ne veut pas dire que les ressources financières sont toujours suffisantes. Pour cela, il faut comparer l'échelle d'un problème à l'offre des services dans les différents domaines de l'égalité genre. Par exemple, UNFPA ayant appuyé le gouvernement dans l'élaboration et la mise en œuvre de la stratégie de lutte contre le VBG, finance une partie de cette stratégie mais il y a un manque de ressources surtout pour le volet prévention, qui est indispensable pour atteindre l'objectif de zéro incidence de VBG (un des trois résultats transformateurs de l'UNFPA). Ceci soulève la question de la capacité du gouvernement de cofinancer le programme VBG et aussi leur capacité financière en général. En 2019, la part de la contribution du

gouvernement aux activités dédiées au genre était de 17%.¹²⁴ *La Stratégie de mobilisation sociale autour de l'autonomisation de la femme à Côte d'Ivoire* constate des insuffisances du financement pour cet objectif reliées à une faible dotation du budget pour la priorité accordée à la question, une difficile traçabilité des financements disponibles, et un non-alignement des ressources disponibles sur les priorités nationales en matière de l'autonomisation de la femme (MFFE, 2019, p. 21).

Quant au COVID et la mobilisation des ressources, un budget a été élaboré en relation avec le plan de riposte multisectoriel des Nations Unies. Il comprend une série d'activités pour assurer la continuité des services essentiels au niveau de la protection (contre la violence, les GBV, les MGF), ainsi que pour des voies d'orientation vers des agences spécialisés en santé maternelle (MHPSS) les plateformes de GBV, ou d'autres. À Bondoukou, par exemple, UNFPA a fourni un appui financier à la Direction Régionale de la Santé et de l'Hygiène Publique (DRSHP) de Bondoukou afin d'effectuer le suivi et la continuité des soins/services offerts au sein des services de maternité de ses hôpitaux de référence et ESPC.

Postulat 5.2

Les choix d'investissements stratégiques ont permis au UNFPA de s'attaquer aux changements de normes sociales et aux causes profondes de l'inégalité entre les genres.

UNFPA a entrepris au cours des années plusieurs approches destinées à engager des hommes (et de jeunes hommes) ou pour atteindre un changement de normes, or, les résultats et la pérennité de ces approches sont parfois mis en question. Les facteurs déterminants semblent être d'une part, un manque de ressources et de monitoring de près des approches et, d'autre part, possiblement, le besoin d'acquérir une compréhension plus approfondie de ce qu'il faut pour faciliter un processus de changement social durable.

Au cours des années, le BdP a développé différentes approches pour s'attaquer aux causes profondes et aux normes sociaux nuisibles aux femmes et aux filles dont les Écoles de maris, les dialogues communautaires avec leurs cellules locales de communication, et l'engagement des leaders communautaires et religieux. Beaucoup d'efforts sont consacrés à la sensibilisation et à la formation. Cependant, l'approche la plus élaborée et testée est l'École de maris qui a été expérimentée au Sénégal, au Niger, et en d'autres pays dans la région. Depuis 2011, UNFPA a facilité la mise en place de 302 Écoles de maris et malgré cette multiplication, la pérennisation reste un problème ((UNFPA Côte d'Ivoire, 2018 et 2019). Ceci est dû à une insuffisance de coordination et de suivi ainsi que le manque d'un système de motivation pour les maris modèles. Pour bien fonctionner, l'approche exige aussi une bonne appropriation des partenaires locaux sans lequel l'appropriation au niveau national (en forme d'une stratégie de mise à l'échelle) ne serait pas possible.

Pour assurer la pérennisation, l'approche des Écoles de maris, des dialogues communautaires et des cellules locales de communication, demande un engagement des districts sanitaires et d'autres acteurs. Le cas du district de Mankono où les leaders communautaires et les responsables du district ont financé la mise en place des Écoles des maris dans 10 villages sert de bon modèle (UNFPA Côte d'Ivoire, 2018).

Il est à noter que les fonds programmatiques de UNFPA ne sont pas suffisants pour bien équiper et former les Écoles de maris. De même, les formations de sensibilisation destinées aux Écoles de maris ne sont pas

¹²⁴ Voir les données Atlas et la présentation faite par l'équipe d'évaluation, juin 2020.

suffisantes dans le cadre du programme MGF.¹²⁵ Selon les personnes interrogées, le cycle de financement des projets, qui dure entre un et trois ans, ne facilite pas un travail de profondeur. La promotion d'un changement social au niveau des comportements des individus et des communautés nécessite un engagement à long-terme et la capacité de suivre et d'accompagner le processus de près. Ceci est fondamental car chaque pays à son contexte, et ceci varie même à l'intérieur d'un pays, d'une région à une autre. UNFPA et leurs partenaires d'exécution sont opérationnels au niveau communautaire, et essaie d'utiliser les fonds mobilisés pour continuer leur travail dans les mêmes communautés autant que possible. La question se pose si les stratégies de UNFPA visent un changement de comportements et si les ressources financières et humaines pour atteindre ces résultats sont suffisantes.

Postulat 5.3

Le UNFPA dispose de ressources humaines suffisantes aux niveaux mondial, régional et national pour faire progresser l'égalité des genres grâce à une programmation dédiée et à l'intégration de l'égalité des genres et l'autonomisation des femmes.

Le BdP se dote d'un département en genre qui s'occupait des activités reliées au résultat dédié au genre et a démontré nombreuses réalisations depuis son origine. Le département est moins impliqué dans l'appui au personnel de UNFPA et aux partenaires œuvrant dans les autres thématiques. Malgré la collaboration entre équipes, une demande pour un renforcement de capacités en genre existe.

Le BdP de la Côte d'Ivoire est exceptionnelle, ayant, depuis plus de 10 ans, un département *en genre, culture et droits humains* et un chef qui occupe le poste depuis 2007. À cette époque, le BdP était le seul de toute la région de l'Afrique de l'Ouest ayant un chargé de programme en genre (entretien). Présentement, ce département compte trois personnes, une chargée de programme genre, culture et droits humains; une chargée de programme VBG depuis 2013; et un assistant technique PBF (Peacebuilding Fund). Les trois bureaux sous-régionaux, par contre, n'ont pas de postes en genre et droits humains.

Entre 2007 et 2014, UNFPA tenait la seule responsabilité en tant qu'agence ONU pour la promotion de l'égalité des genres. Et durant à la période de crise politique et militaire, les besoins en services VBG étaient devenus importants. L'intégration du genre dans les statistiques, les enquêtes et les stratégies nationales constituait une composante importante du travail. UNFPA a toujours pris le lead dans la lutte contre les VBG, et cette responsabilité continue de faire partie du travail du département genre.

Le département tient ses propres responsabilités envers le résultat dédié au genre, ce qui veut dire que l'unité n'a pas été créée avec l'objectif d'intégrer le genre dans les autres thématiques pour lesquels il existe trois unités responsables – la santé de la reproduction, la santé de la reproduction des adolescent(e)s et des jeunes, et la population et le développement. Toutefois, le département genre appui les autres départements et leur staff au besoin, surtout pour assurer que les statistiques de tous les programmes sont désagrégés par sexe. Il arrive aussi que certains programmes qui se composent de plusieurs volets demandent la collaboration des différents départements, ce qui donne l'occasion d'intégrer le genre de façon transversal.

Le Bureau Régional de UNFPA a joué le rôle de formateur du personnel des bureaux de pays et a fournit des outils en genre, mais ceci a été destiné principalement aux points focaux genre et n'a pas été fait de manière continue. Au niveau du BdP, le rôle de renforcer les capacités du personnel et des partenaires en genre

¹²⁵ Exemples d'Écoles des maris indiqués à Toumodi et Yamoussoukro dans le rapport annuel de la mise en œuvre du 6^e programme 2009-2013 prolongé à 2015, PTA Planification Familiale; Gervais Beninguise, & and others. (2020). Évaluation indépendante du 7^e programme de coopération Côte d'Ivoire-UNFPA 2017-2020. Rapport provisoire.

n'est pas formalisé non plus. Le sentiment général parmi le personnel interrogé est que les différents départements place l'égalité genre au centre de leur travail et que le genre est bien intégré dans toutes les thématiques. On peut aussi constater que plusieurs initiatives au sein des différentes unités ont intégré, à travers le temps, des éléments transversaux. Toutefois, il a été reconnu durant les entretiens que le personnel du BdP a besoin de mieux comprendre le rôle de l'égalité genre dans leur travail, pour que ça devienne instinctif. Pour pouvoir faire un effort plus systématique et structuré, la perception parmi ceux interrogés est que les ressources financières ne sont pas suffisantes.

Postulat 5.4

L'égalité des genres est une priorité dans la culture et la direction de l'organisation.

En général, la culture du BdP, selon les perspectives différentes, est favorable à l'intégration genre. La parité genre reste un défi dans le contexte socioculturel du pays.

Le BdP de CIV, comme les autres bureaux d'UNFPA, fait un effort de suivre une politique de parité genre, mais seulement 38% du personnel du BdP sont des femmes. Si on regarde seulement le personnel administrateurs de programme et les fonctionnaires de rang supérieur (niveaux P et D), ce pourcentage demeure à 38%. Les postes les plus seniors sont occupés uniquement par des hommes présentement.

Il existe au niveau du bureau siège un point focal sur la prévention du harcèlement et des abus sexuels (PSEA) pour les agences d'ONU. Cette responsabilité supplémentaire ne s'est pas avérée trop lourde jusqu'à présent, néanmoins, il est prévu que le rôle, qui est déterminé par nomination, sera transféré à ONU Femmes en 2020.

Sur la base des entretiens avec le personnel masculin et féminin, la culture du BdP et les différentes équipes se dotent d'une orientation positive vers l'intégration du genre dans la programmation. En général, ils se sentent soutenus par la direction. La question 'genre,' serait *difficile à ignorer*, étant donné que les femmes et les jeunes filles sont au centre de leur travail. Certes, deux des programmes les plus importants du BdP, le programme SWEDD et le programme sur la scolarisation des filles, sont de forts exemples de ce ciblage et intègrent plusieurs dimensions de l'égalité genre. Une attention au rôle que jouent les hommes et des garçons pour soutenir l'égalité genre est aussi présente dans ces programmes. Le BdP profite aussi de la présence d'une spécialiste en genre et de plusieurs années de programmation axées sur la promotion des droits de la femme à plusieurs niveaux. Alors que le milieu de travail semble appuyer une programmation sensible au genre, l'équipe d'évaluation n'était pas en mesure d'évaluer l'appui donné au personnel féminin, surtout les jeunes, que ce soit pour progresser dans leur carrière, pour atteindre une conciliation travail-vie, ou, pendant la pandémie, d'avoir des heures flexibles de travail ou autres conditions pour pouvoir travailler efficacement. De même, nous n'avons pas pu explorer la question de la non-discrimination au travail à l'égard de personnes avec différentes identités genre ou aux personnes (surtout femmes) en situation de handicap.

Postulat 5.5

Le UNFPA fait progresser le travail de collaboration entre les agences des Nations unies vers le ODD 5, y compris pendant la pandémie et la réponse de l'ONU.

Les programmes conjoints en tant qu'instrument de collaboration ne sont pas nombreux et demandent un effort collectif pour mobiliser des ressources qui n'est pas toujours évident. Cependant ils sont de bonnes opportunités pour consolider les activités de différentes agences pour avancer l'ODD 5. Le programme de scolarisation financé par GAC et exécuté par UNICEF et UNFPA est un exemple d'une

bonne planification. Sinon, le chevauchement des tentatives (surtout en VBG et pratiques néfastes) de UNFPA et d'ONU Femmes mérite une meilleure coordination.

Le programme de scolarisation des filles, financé par GAC, est présentement mis en œuvre conjointement par UNFPA et UNICEF. Ce programme a été planifié de façon que les agences travaillent sur des composantes reliées à leur mandat et dans différentes régions (à l'exception de deux villes où les deux sont présentent). La mise en place d'un comité de concertation avec les deux agences permet d'assurer une bonne coordination d'activités.

Quant aux programmes conjoints avec autres agences au profit de l'Objectif de Développement Durable 5 sur l'égalité genre, UNFPA travaille depuis 2012 dans le domaine de la consolidation de la paix mais c'est à partir de 2015 que l'UNFPA fait partie d'un projet conjoint avec ONU Femmes, le PNUD et autres agences dans le cadre du Plan Prioritaire pour la Consolidation de la Paix en CIV (UNFPA Côte d'Ivoire, 2016) et de la planification de la Résolution 1325 du Conseil de Sécurité des Nations Unies dans le but de renforcer le rôle des femmes dans les processus.¹²⁶ Au sein de ce programme, le travail de UNFPA est axé au niveau communautaire, alors que le PNUD et ONU Femmes se concentrent sur le renforcement institutionnel des structures (entretien). Mais selon un informateur clé, les agences prévoient réessayer mobiliser des fonds auprès du Peacebuilding Fund.

Les autres programmes conjoints antérieurs comprennent « la promotion de la santé de la reproduction des adolescent(e)s et des jeunes » mis en œuvre avec ONU Femmes, L'OMS et UNICEF) avec les fonds Muskoka (2013-2014) et le programme H4+, financé par la Coopération Suédoise, qui contribuait à réduire la mortalité maternelle et améliorer l'accès universel à la santé reproductive. Le programme H4+ était un partenariat entre UNFPA, UNICEF, OMS et la Banque Mondiale a été élargi pour inclure ONU SIDA (2010) et ONU Femmes (2012) au niveau global.

Il est à noter qu'en 2020, ONU FEMME a soumis une proposition avec UNFPA et le PNUD pour un projet conjoint dans le domaine de la jeunesse, « Gender and youth promotion initiative, » mais qui n'a pas été financé.

Jusqu'à présent, il n'y a pas eu de programmes conjoints dans le domaine des pratiques néfastes, dont la mutilation génitale féminine et le mariage précoce, deux domaines où UNFPA joue un rôle de leadership mais qui sont des thématiques dans lesquelles ONU Femmes et UNICEF sont aussi actifs. Néanmoins, ONU Femmes a participé à quelques activités avec UNFPA au sujet de l'élimination de la MGF en 2019. Pour les initiatives VBG, par contre, ONU Femmes joue aussi un rôle important pour « mettre fin à la violence contre les femmes » qui fait partie de leur mandat et a appuyé l'installation de plateformes de lutte contre les VBG.¹²⁷ D'autres initiatives ont été prises par ONU Femmes dans le domaine des VBG, comme la prise en charge des survivantes de violence et le renforcement des mécanismes de protection contre le VBG et le VIH ((ONU FEMMES, 2017). Bien que les deux agences soient ouvertes à collaborer et que les besoins des femmes dans le pays dépassent la capacité d'une seule agence, il reste que les deux agences doivent améliorer leurs efforts pour travailler en complémentarité, éviter les dédoublements et démontrer une clarté de rôles face à leurs partenaires et institutions clientes.

Comme indiqué dans la section 2.2 et 2.4, UNFPA faisait partie du plan de riposte SNU et a assuré que le groupe de travail VBG tiennent des rencontres plus régulièrement pour une réponse adéquate.

¹²⁶ Le projet « Appui aux initiatives des femmes en faveur de la réconciliation nationale et de la paix en Côte d'Ivoire. » Ce rapport couvre la période de mars 2015 à mars 2016.

¹²⁷ Le PNUD aussi travail dans le domaine des VBG au niveau du système de la justice

IV – Considérations pour le niveau thématique global

Considération 1. Le rôle d'appuyer et de renforcer les capacités

Tandis que le rôle de UNFPA est d'appuyer les partenaires gouvernementaux, l'agence a tendance parfois à exécuter le travail plutôt qu'à le faciliter ou de donner la place aux partenaires. Et au moment de transférer des initiatives au gouvernement, on remarque parfois des difficultés de responsabiliser les partenaires à cause d'un manque de ressources humaines ou financières.

Considération 2. Un bon suivi et évaluation des approches programmatiques

Pour cette évaluation, on remarque une prépondérance de preuves des initiatives de sensibilisation dans tous les domaines du mandat de UNFPA ainsi que des dialogues et des campagnes destinés à un changement de comportement. Or, même les évaluations du programme pays indiquent des problèmes au niveau de la qualité et la pérennité des approches ou des structures établies dans les communautés, ce qui peut entraver la mise à l'échelle de ces approches (comme les Écoles de maris). Ceci soulève la question du système de suivi et évaluation et la capacité de conduire une surveillance suffisante de ces éléments programmatiques ou de les renforcer pour un meilleur fonctionnement.

Considération 3. Les stratégies pour un changement social

En ce qui concerne les normes sociales et les pratiques néfastes, le BdP s'implique profondément au niveau communautaire à un changement de ces pratiques. Le BdP a bien fait de prêter attention au niveau national et le cadre institutionnel pour promouvoir les droits de la femme et l'égalité genre et au niveau communautaire pour faire face aux pesanteurs socioculturelles, car les lois et les politiques favorables ne suffisent pas pour changer la condition de la femme. Cependant, il n'est pas évident si derrière les initiatives il existe une stratégie de changement social planifiée et testée. Par exemple, il faut prévoir les investissements et la durée d'un engagement dans les communautés ciblées à travers le temps; le choix des partenaires et leurs capacités dans le domaine; et, comme indiqué ci-dessus, le suivi et évaluation nécessaire. Le rôle des innovations au BdP pourrait être centrées sur la question de comment se produit le changement social dans différents contextes du pays.

Considération 4. L'engagement des leaders religieux et des hommes en général

Les efforts du BdP d'impliquer les leaders religieux ou d'autres groupes qui renforcent les traditions et les croyances sont remarquables. C'est un moyen primordial de les convertir en alliés pour avancer les droits SSR des femmes, des filles et des jeunes. Mais la seule mise en garde, en impliquant « les hommes » en tant que leaders d'opinion et interlocuteurs est de ne pas renforcer les relations de pouvoir inégales entre les sexes. Il faut équilibrer ces efforts par un investissement dans la participation des femmes dans tous les processus pour protéger et grandir leur pouvoir décisionnel sur leur intégrité corporelle.

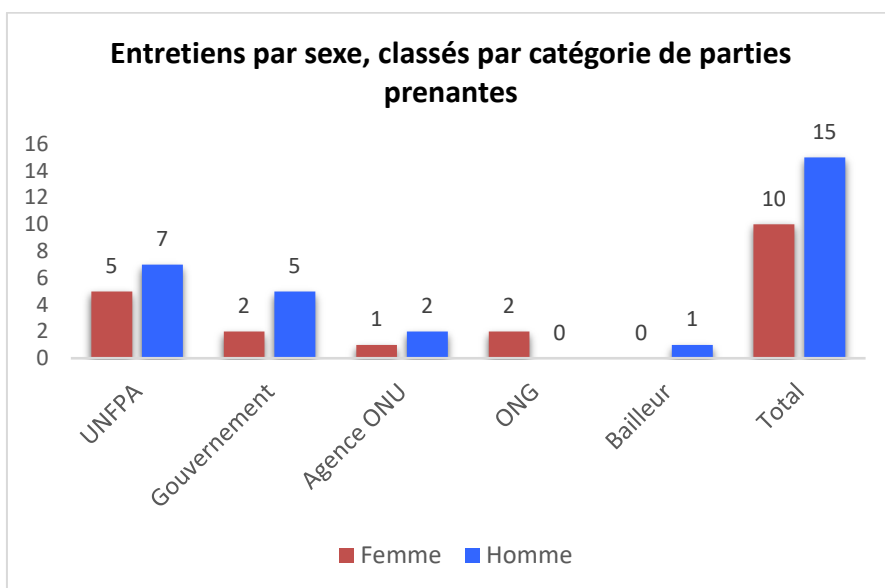
Annexes

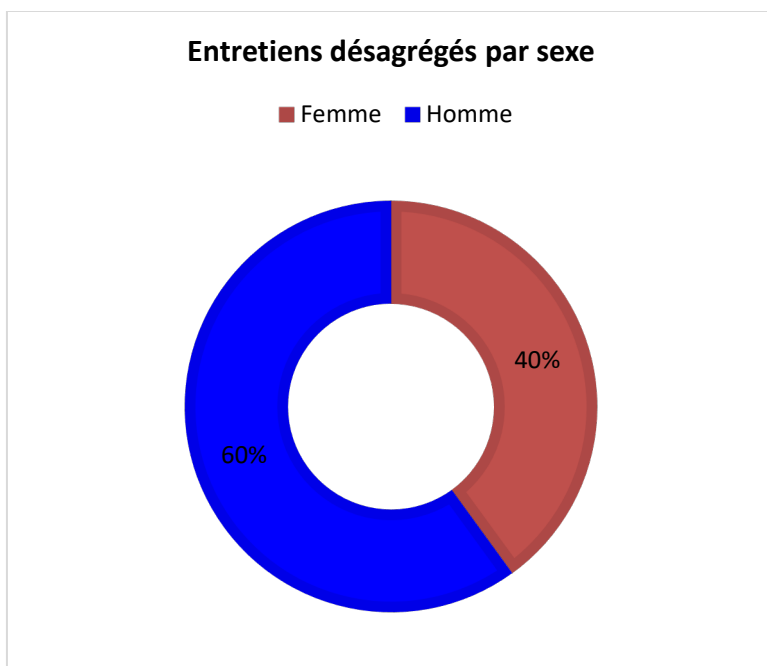
Cette évaluation a conduit des entretiens individuels virtuellement avec 25 personnes (des fois en groupes de 2 ou 3 personnes).

Annex I - Sources de données

LISTE DES RÉPONDANTS				
	Prénom, Nom	Poste	Organisation	Sexe
1	Pauline KOUYE	NPO Genre-VBG-Culture et Droit Humains	Fonds des Nations Unies pour la Population (FNUAP)	F
2	Kouamé BILÉ	Chargé de programme Fistules	Fonds des Nations Unies pour la Population (FNUAP)	M
3	Isabelle KOFFI	Chargée de Programme Santé Maternelle/Sage-Femme	Fonds des Nations Unies pour la Population (FNUAP)	F
4	Yao KONAN	Chargé de programme, Adolescent(e)s et Jeunes	Fonds des Nations Unies pour la Population (FNUAP)	F
5	Sanata KONATÉ	Assistante Technique PBF	Fonds des Nations Unies pour la Population (FNUAP)	F
6	Liagui OUATTARA	Coordonnateur bureau Guiglo	Fonds des Nations Unies pour la Population (FNUAP)	M
7	Sandra MOULOD	Chargée de programme VIH-SIDA	Fonds des Nations Unies pour la Population (FNUAP)	M
8	Constant N'DA AFFI	Point Focal du Projet SWEDD (NPO P&D)	Fonds des Nations Unies pour la Population (FNUAP)	M
9	Abiba OUATTARA	Chargée de programme VBG	Fonds des Nations Unies pour la Population (FNUAP)	F
10	Almouner TALIBO	Spécialiste de Programme Planning Familiale	Fonds des Nations Unies pour la Population (FNUAP)	M
11	Joseph VYANKANDONDERA	Chargée de programme Santé de la Reproduction Humaine (SRH)	Fonds des Nations Unies pour la Population (FNUAP)	M
12	Alain APKADJI	Député	Fonds des Nations Unies pour la Population (FNUAP)	M
13	Alimata KONATÉ / Socrate KOFFI	Chargé de la planification/ Responsable du service communication du CNLVFE	Govt_Comité National de lutte contre les violences faites aux femmes et aux enfants (CNLVFE).	F/ M
14	Gilbert NGONGA	Coordonnateur du projet de maintien des jeunes filles à l'école	Volontaire des Nations Unies (UNV)	M

LISTE DES RÉPONDANTS				
	Prénom, Nom	Poste	Organisation	Sexe
15	Yacouba DOUMBIA	Directeur de Cabinet Adjoint	Govt_Ministère de la Femme, de la Famille et de l'Enfant (MFFE)	M
16	Sylvie GOGOUA		ONU FEMME	F
17	Berté NANOUROU	Expert lutte contre les Violences Sexuelles en situation de conflits (VSC)	UNDP (Forces Armées Ivoiriennes)	M
18	Angaman YOUSOUF / Eugène BILE / Yacouba TOURÉ/ Léontine KOSSA.	Point focal VBG à l'OSCS/ Directeur de la communication et des relations extérieurs/ Agent au Département des Études et de la Prospective/ Chef de Service Formation /	Govt_Observatoire National de la Cohésion Sociale (OSCS)	M/ M/ M/ F
19	Dorothee TOUALY	Directrice Exécutive	ONG_Renaissance Santé Bouaké (RSB)	F
20	Rachellel Gogoua KOULY	Présidente du Conseil d'Administration	ONG_Organisation Nationale pour l'Enfant et la Femme (ONEF)	F
21	Seo Dong Sung	Directeur Pays	Korean International Cooperation Agency (KOICA)	M





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Annexe III – Matrice d'évaluation révisée post-COVID-19

The assumptions **bolded** represent areas where COVID-19 has a particular importance. The text in red represent revisions introduced to better reflect the response of UNFPA to the COVID-19 crisis.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
I. How relevant is UNFPA support to Gender Equality and Women's Empowerment?			
Evaluation question 1: To what extent does UNFPA support align with and respond to 1) partner government priorities, 2) national needs on gender equality and women's empowerment, 3) UNFPA policies and strategies and 4) overall global normative framework on gender equality and women's empowerment?			
1. UNFPA interventions align and respond to national priorities and needs to advance gender equality and women's empowerment.	<ul style="list-style-type: none"> Degree to which UNFPA support is aligned with national frameworks/plans, including humanitarian/ Covid 19 pandemic response plans, in ways that advance progress on GEWE Extent to which UNFPA support at regional and country levels has been guided by existing evidence on country priorities and needs Evidence of UNFPA contributions to UN Development Assistance Framework/UN Sustainable Development Cooperation Framework 	Country case studies Desk-based country case studies Country Program Evaluations (CPE) Corporate evaluations Key informant interviews	Document review Semi-structured interviews Group interviews (possibly FGD) CPE review
2. UNFPA support aligns with/responds to the (varied) needs of different rights holder groups in each country context,	<ul style="list-style-type: none"> Extent to which UNFPA support at regional and country levels has been guided by existing evidence on needs Evidence of relevance of UNFPA interventions in relation to varied needs of rights holder groups 	Country case studies Key informant interviews	Document review Group interviews (possibly FGD) In-country observation

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
particularly marginalized and vulnerable communities. ¹²⁸	<ul style="list-style-type: none"> Evidence that the needs of the most at risk groups are being targeted with an intersectional lens during the COVID 19 pandemic 		
3. UNFPA work at country, regional and global levels is aligned with UNFPA's policies and strategies (mandate), UN frameworks and policy directives, international human rights conventions, instruments, and reports. ¹²⁹	<ul style="list-style-type: none"> Degree of alignment of UNFPA support for GEWE with UNFPA policy and strategy¹³⁰ Alignment of UNFPA support with the guidance provided in UN-frameworks and in international normative frameworks (especially ICPD, CEDAW and SDGs) 	Key informant interviews Country case studies Regional case study Desk-based country case studies	Document review Semi-structured interviews

¹²⁸ In each country context, these groups may include women and girls affected by violence, particularly vulnerable population groups such as indigenous or refugee populations, and “key population groups” particularly vulnerable to HIV and frequently lacking adequate access to services. UNAIDS considers the following five main “key population groups” particularly vulnerable to HIV and frequently lacking adequate access to services: 1) gay men and other men who have sex with men, 2) sex workers, 3) transgender people, 4) people who inject drugs and 5) prisoners and other incarcerated people. See: <https://www.unaids.org/en/topic/key-populations>. This definition is also reflected in the UNFPA Strategic Plan 2018-2021, Annex 7 (the results framework for the UNFPA-UNDP-UNICEF-UN Women common chapter to their strategic plan).

¹²⁹ These include SDG 5, Convention on the Elimination of all Forms of Discrimination Against Women, ICPD, Quadrennial Comprehensive Policy Review, the UN System-Wide Action Plan on Gender Equality and the Empowerment of Women, ECOSOC E/RES/2015/12 on gender mainstreaming, as well as regional declarations such as the Convention of Belém do Pará.

¹³⁰ These include the 2012-2013 Mid-Term Review of UNFPA's Strategic Plan, the 2014-2017 Strategic Plan, the 2018-2021 Strategic Plan and UNFPA's Strategic Frameworks on Gender Mainstreaming and Women's Empowerment 2008-2011 and 2012-2013 and other UNFPA policies and plans, such as UNFPA's global Adolescent and Youth Strategy, 2010-2013 South-South Cooperation Strategy, the 2017 South-South and Triangular Cooperation Strategy, the 2015 UNFPA Resource Mobilization Strategy, and the 2018-2021 Knowledge Management Strategy.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>Evaluation question 2: What have been strengths and limitations of UNFPA approach (es) to supporting Gender Equality and Women’s Empowerment at global, regional and country levels?¹³¹</p>			
<p>4. UNFPA applies a human rights-based and culturally/context sensitive approach in its support to gender equality and women’s empowerment.</p>	<ul style="list-style-type: none"> • Evidence that programmes, policies supported by UNFPA are broadly and diversely owned at country level including by local civil society groups which are at the forefront of advancing gender equality in a given context • Evidence that UNFPA has engaged men and boys as duty bearers in advancing gender equality • Evidence that engagement of men and boys focuses on transforming systems and addressing harmful/negative social norms • Evidence that UNFPA, in partnership with others in UN system, opens up spaces for rights holders (e.g. feminist organizations, organizations of women with disabilities, human rights organizations) to participate and influence GEWE related decision-making • Evidence of comprehensive gender analysis that identifies underlying causes of gender inequality and strategies for addressing these (including through partnership) in country programming cycle • Evidence of an intersectional lens, reflecting the multiple, intersecting identities of women and their 	<p>Country case studies Desk-based country case studies Regional case study CPEs</p>	<p>Document review Semi-structured interviews Group interviews (Possibly FGD) CPE review</p>

¹³¹ The following assumptions are all about the “how” of UNFPA programming.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<p>varied experiences of gender inequality in country programming</p> <ul style="list-style-type: none"> Results reported in evaluations that are characterized as gender transformative, i.e. contributed to shifting social norms, power dynamics and resources in a sustainable way (based on the Gender Results Effectiveness Scale (GRES))¹³² 		
<p>5. UNFPA work on gender equality and women's empowerment programming is integrated across the development, humanitarian, and peace nexus.</p>	<ul style="list-style-type: none"> Alignment of UNFPA support with the UN system's guidance on a 'new way of working' across the humanitarian-development-peace nexus Evidence of UNFPA addressing the nexus in design, implementation and monitoring of its programming as per UNFPA guidance¹³³ Evidence that resilience measures address GBV and access to essential services for women and girls with an intersectional lens 	<p>Country case studies Desk-based country case studies Regional case study Key informant interviews Corporate evaluations since 2016 CPEs</p>	<p>Document review Semi-structured interviews CPE review Internet survey (TBD) (e.g. UNFPA offices well equipped to think through what should be different?)</p>
<p>6. UNFPA builds strategic partnerships, especially with civil society to advance gender equality, with a human rights approach.</p>	<ul style="list-style-type: none"> Evidence of UNFPA strategy for partnership that is based on gender equality goals (clear purposes,¹³⁴ diversity of actors) 	<p>Country case studies Desk-based country case studies Regional case study</p>	<p>Document review Semi-structured interviews Internet survey (TBD)</p>

¹³² The GRES consists of a five-point scale that measures results as gender negative, gender blind, gender targeted, gender responsive or gender transformative.

¹³³ This implies investments in both short-term response and longer-term resilience and institution building. It means anticipating and designing the next phase of a programme to ensure that results are sustained in any (and all) phases and to leave no one behind. UNFPA, Enhancing UNFPA's Work to address the Humanitarian-Development-Peace Nexus, draft November 2018.

¹³⁴ The purposes encompass "consultative" and "implementation" partners.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> Evidence of partnerships based on clear structures, trust, shared goals, mutual accountability 	Key informant interviews Evaluations of joint programmes	
7. UNFPA brings together and leverages its various roles and thematic areas ¹³⁵ at global, regional and country levels to support gender equality and women's empowerment across different settings.	<ul style="list-style-type: none"> Extent to which UNFPA has effectively utilized and integrated its advocacy role at global, regional, and country levels Extent to which UNFPA has effectively utilized and integrated its convening role at country level¹³⁶ Extent to which UNFPA has effectively utilized and integrated its coordination role within the UN system and with partners (including its lead role in coordinating the GBV Area of Responsibility) 	Country case studies Desk-based country case studies Regional case study Key informant interviews CPEs	Document review CPE review Semi-structured interviews Internet survey (TBD)
II. What were the overall results of UNFPA support to GEWE at global, regional and country levels?			
Evaluation question 3: To what extent has UNFPA's dedicated programming work under the gender equality outcome of its Strategic Plan(s) contributed to advancing gender equality, the empowerment of all women and girls, and reproductive rights in development and humanitarian settings?			
8. UNFPA has generated evidence-based knowledge and guidance that contributes to international normative frameworks and operational mechanisms on advancing gender	<ul style="list-style-type: none"> Number and type of knowledge and guidance products, including those developed jointly, made available to a diversity of actors promoting GEWE 	Key informant interviews Corporate evaluations, especially GBV and harmful practices and	Document review Semi-structured interviews

¹³⁵ For example, the extent to which UNFPA interventions on FGM, Child Early and Forced Marriage, prevention and response to GBV are interlinked to work on early pregnancy, fistula, family planning and comprehensive sexuality education.

¹³⁶ Convening refers to gathering together different kinds of stakeholders to establish a common agenda at national level for a particular topic.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
equality/women's empowerment (global level). ¹³⁷	<ul style="list-style-type: none"> Evidence of stakeholders at global level attributing shifts in norms and standards to UNFPA or UNFPA outputs 	FGM joint programme evaluations	
9. UNFPA has fostered an enabling environment for gender equality and women's empowerment ¹³⁸ (regional level).	<ul style="list-style-type: none"> Evidence of use of regional knowledge/analytical products Number of good practices identified and replicated within a region Evidence of increased capacities of regional actors (including civil society organizations) to advocate for/monitor human rights mechanisms and address discriminatory practices 	Key informant interviews Regional case study Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations	Document review Semi-structured interviews
10. UNFPA has contributed to strengthening national policies, accountability frameworks and legal normative frameworks, including laws on gender equality and women's empowerment (national level). ¹³⁹	<ul style="list-style-type: none"> Proportion of countries sampled in which UNFPA has contributed to the creation of new or improvement of existing national laws, policies and regulations on reproductive rights so that they align with international human rights norms and standards. Evidence of UNFPA contributions to also strengthening capacity of national actors to implement and monitor these policies, etc. Evidence of UNFPA creating opportunities/enabling conditions for policy dialogue 	Country case studies Desk-based country case studies Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations CPEs Key informant interviews	Document review Semi-structured interviews CPE review

¹³⁷ This links to expected capacity changes in the ToC, including relevant actors' capabilities (new knowledge and evidence, skills) and the motivation and opportunities (normative frameworks and operational mechanisms) that are part of enabling environment.

¹³⁸ This links to expected capacity changes in the ToC by supporting capabilities, motivation and opportunities.

¹³⁹ This links to expected capacity change in the ToC by creating opportunities for relevant actors and thus creating an enabling environment.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
11. Strengthened civil society organizations and social movements sustain efforts to eliminate discriminatory gender and sociocultural norms affecting women and girls.	<ul style="list-style-type: none"> Evidence of social movement building to advance gender equality and women's empowerment Proportion of countries reviewed where there is evidence of sustained engagement of men and boys to eliminate discriminatory norms 	Country case studies Desk-based country case studies	Document review Semi-structured interviews Group interviews
12. UNFPA has contributed to preventing, responding to and eliminating gender-based violence in particular with the rise of GBV during the Covid 19 pandemic (global, regional, national and community levels) .	<ul style="list-style-type: none"> Evidence of changes in relevant actors' <u>capacity</u> (individual and organizational capabilities, and the enabling opportunities and motivational factors) Evidence of changes in targeted actors' <u>behaviours/actions</u> Evidence of changes in GBV prevalence in programming countries/at regional/global levels Evidence of gender norms monitoring during the Covid 19 pandemic and ensuring no adverse impacts on women and girls 	Country case studies Desk-based country case studies Regional case study Corporate evaluations on GBV and harmful practices and FGM joint programme CPE synthesis on the transformative results from the 2018-2021 Strategic Plan (especially GBV and HP)	Document review Semi-structured interviews
13. UNFPA has contributed to preventing, responding to and eliminating harmful practices - child marriage, FGM, and son preference, including during the Covid 19 pandemic (global, regional, national and community levels) .	<ul style="list-style-type: none"> Evidence of changes in targeted actors' capacity (capabilities, opportunities, motivation) Evidence of changes in targeted actors' behaviours/actions Evidence of changes in prevalence of harmful practices in programme countries Evidence of gender norms monitoring during the Covid 19 pandemic and ensuring no adverse impacts on women and girls and gender inequalities or discrimination are not accentuated 	CPE synthesis on the transformative results from the 2018-2021 Strategic Plan (especially GBV and HP) Corporate evaluations on GBV and harmful practices and FGM joint programme Desk-based country case studies	Document review Semi-structured interviews

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
		Covid 19 documentation and data	
Evaluation question 4: To what extent and with what results has UNFPA mainstreamed gender equality across UNFPA policies and programmatic outcomes?			
14. UNFPA has mainstreamed gender across its programming. ¹⁴⁰	<ul style="list-style-type: none"> • Evidence that gender analysis and gender equality priorities are reflected in relevant <ul style="list-style-type: none"> – country programme documents, – workplans, – corporate strategies • UNFPA’s performance vis-à-vis the UN SWAP 1.0 on Gender Equality indicator “B3. Strategic Planning” and “A1. Policy and plan” as well as UN SWAP 2.0 indicator “A. Results-Based Management” • Proportion of activities under outcomes 1, 2, 4 with gender marker ratings of “some contribution”, “significant contribution”, “primary contribution”¹⁴¹ 	Country case studies Regional case study UNFPA annual UN-SWAP reports UNFPA corporate strategic documents UNFPA country-level programme documents and relevant monitoring and evaluation reports	Document review

¹⁴⁰ Including the “Priorities for Gender Equality Programming” as articulated in the 2012-2013 UNFPA strategic framework on gender mainstreaming, which refer to: a) mainstreaming women’s reproductive rights in laws and regulations, development policies and frameworks, including the MDGs; b) integrating gender equality into reproductive health programmes; c) ending gender-based violence; d) addressing adolescents and youth; e) responding to emergency and post-emergency situations; f) engaging men and boys as partners for equality.

¹⁴¹ UNFPA started tracking mainstreamed financial support in 2014 through the gender marker. The gender marker is a self-reporting tool and as such has an inherent risk of subjective bias.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>15. UNFPA’s mainstreaming efforts have contributed to gendered results across UNFPA policies and programmatic outcomes (reproductive health; population data, adolescents).¹⁴²</p>	<ul style="list-style-type: none"> • Ratings of UNFPA reported results against the Gender Results Effectiveness Scale (GRES) • Evidence that gender has been considered in programming/ reprogramming • Gender-responsiveness of Population and Development especially in providing real-time data and research support during the Covid 19 pandemic 	<p>CPEs Key informant interviews Corporate evaluations Desk-based country case studies Covid 19 documentation and data</p>	<p>CPE review (GRES) Corporate evaluations review (GRES) Semi-structured interviews Group interviews</p>
<p>III. What factors have, positively or negatively, influenced UNFPA support to Gender Equality?</p>			
<p>Evaluation question 5: To what extent are UNFPA’s institutional culture, systems and processes “fit for purpose” to advance gender equality and the empowerment of women through a human rights-based and culturally sensitive approach in both development and humanitarian settings?</p>			
<p>16. The amount and quality of <u>financial resources</u> made available for dedicated programming and mainstreaming support the advancement of gender equality and women’s empowerment has been adequate.</p>	<ul style="list-style-type: none"> • Level and type of resources (core and non-core) allocated to the dedicated outcome on GEWE • Level and type of resources allocated to gender mainstreaming • Proportion of activities under OEE outputs with gender marker ratings “some contribution”, “significant contribution”, “primary contribution” between 2014-2018 	<p>ATLAS /GPS Country case studies</p>	<p>Financial system data review Document review</p>
<p>17. Strategic investment choices enable UNFPA to address social norm change</p>	<ul style="list-style-type: none"> • Types of outputs supported by UNFPA (focus on response or the drivers/underlying causes) 	<p>Country case study Regional case study</p>	

¹⁴² Assumption 4a focuses on whether UNFPA has made visible efforts to mainstream gender equality, while assumption 4b explores the results that have derived from these efforts.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
and the deep drivers of gender inequality	<ul style="list-style-type: none"> Evidence of positive/negative effects of prioritization (business model) 		
<p>18. UNFPA has adequate <u>human resources</u> at global, regional and country levels to advance gender equality through dedicated programming and mainstreaming of GEWE.</p>	<ul style="list-style-type: none"> Evidence of staff with competencies and accountability for GEWE Proportion and level of dedicated staff leading on gender, GBV, GBV information management, GBV in emergency at global, regional, and country level Evidence of value or disruptions due to surge functions in humanitarian settings Extent to which UNFPA has effective staff capacity assessment and capacity development for its work on GEWE Evidence of investment in gender architecture Extent of progress on gender parity at different levels 	<p>UN-SWAP reporting Country case studies Regional case study Key informant interviews</p>	<p>Document review Semi-structured interviews Internet survey (?)</p>
<p>19. Gender equality is a priority in the culture and leadership of the organization.</p>	<ul style="list-style-type: none"> GEWE reflected/highlighted in corporate policies and strategic plans Senior and program management with clear accountabilities for gender mainstreaming Extent to which resource allocation /business model enables investments that further GEWE, especially social norm change Quality of data provided for the gender marker and UN-SWAP Extent to which GEWE issues, including social norm change are explicitly addressed in regular monitoring and performance reporting at country, regional and global levels 	<p>UN-SWAP reporting Global staff survey (questions on culture and gender equality) Key informant interviews</p>	<p>Document review Semi-structured interviews Internet survey (?)</p>

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> • Extent to which GEWE concerns are reflected in UNFPA procurement processes, implementing partner agreements, funding arrangements 		
<p>20. UNFPA advances collaborative work across UN agencies towards SDG 5</p>	<ul style="list-style-type: none"> • Number and type of initiatives (including as part of the UNFPA 2018-2021 common chapter) that reflect coordination/ collaboration • UNFPA leadership role in coordinating GBV in emergencies recognized, including during Covid 19 pandemic 	<p>Key informant interviews Country case studies</p>	<p>Semi-structured interviews Document review</p>

Evaluation of UNFPA support to gender equality and the women's empowerment across development and humanitarian settings

2012-2020

Jordan case study: country evidence table

March 10, 2020



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Acronyms and Abbreviations

CPE	Country Programme Evaluation
CSO	Civil Society Organizations
EO	Evaluation Office
GBV	Gender-based violence
GEWE	Gender Equality and Women's Empowerment
ICPD	International Conference on Population and Development
INFORM	Index for Risk Management
OCHA	The United Nations Office for the Coordination of Humanitarian Affairs
SRH	Sexual and Reproductive Health
SWAP	System Wide Action Plan
ToC	Theory of Change
ToR	Terms of Reference
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United National Population Fund
UNHCR	The Office of the United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

I - Introduction

The purpose of the evaluation is to assess UNFPA support to gender equality and women's empowerment across development and humanitarian settings. The evaluation provides an opportunity to demonstrate **accountability on** performance against the current and past strategic plan to a range of stakeholders, including member states of UNFPA Executive Board, countries in which UNFPA works, donors, as well as other key stakeholders.

The evaluation will be strategic in nature and will aim to inform the next strategic planning cycle including the strategic direction, gaps and opportunities for UNFPA work on gender equality and women's empowerment. Finally, the evaluation will provide **learning** inputs to inform the strategic positioning of UNFPA in this area of work, reflecting the changing development environment, including the UN reform and alignment with the 2030 development agenda.

As per the terms of reference the primary objectives of the evaluation are:

- To **assess the relevance, effectiveness, efficiency, and sustainability** of UNFPA support to gender equality and women's empowerment across development and humanitarian settings;
- To assess the extent to which UNFPA has **effectively positioned** itself as a player among national partners, within the UN system, and the broader community working to advance gender equality and women's empowerment;
- To generate knowledge from past and current support and identify lessons learned, to inform the design of the next UNFPA Strategic Plan (2021-2024) as well as UNFPA's position within Agenda 2030

The evaluation will cover the implementation and the results of the UNFPA support to gender equality and the empowerment of women along the development-peace-humanitarian nexus during the **period 2012-2020**.¹⁴³

The evaluation will assess the contribution of UNFPA over **three strategic periods** and results frameworks (2012-2013; 2014-2017 and 2018-2021) and will also include an assessment of UNFPA's contribution toward the implementation of the Strategic Framework on Gender Mainstreaming and Women's Empowerment (2012-2013) and the recently released UNFPA Gender Equality Strategy 2018-2021.

The evaluation will cover 3 components:

- a) **Fit for purpose:** the extent to which **the institutional systems and process** of UNFPA are fit for purpose to advance gender equality and women's empowerment;
- b) **Integration/Mainstreamed Support:** the extent to which **UNFPA has mainstreamed gender equality across all programming/outcome areas of the strategic plan** (sexual reproductive health and reproductive rights; adolescent and youth, harmful practices, gender based violence, population data) and in all

¹⁴³ The scope of this evaluation will cover the period January 2012 – July 2020 (which will mark the end of the data collection).

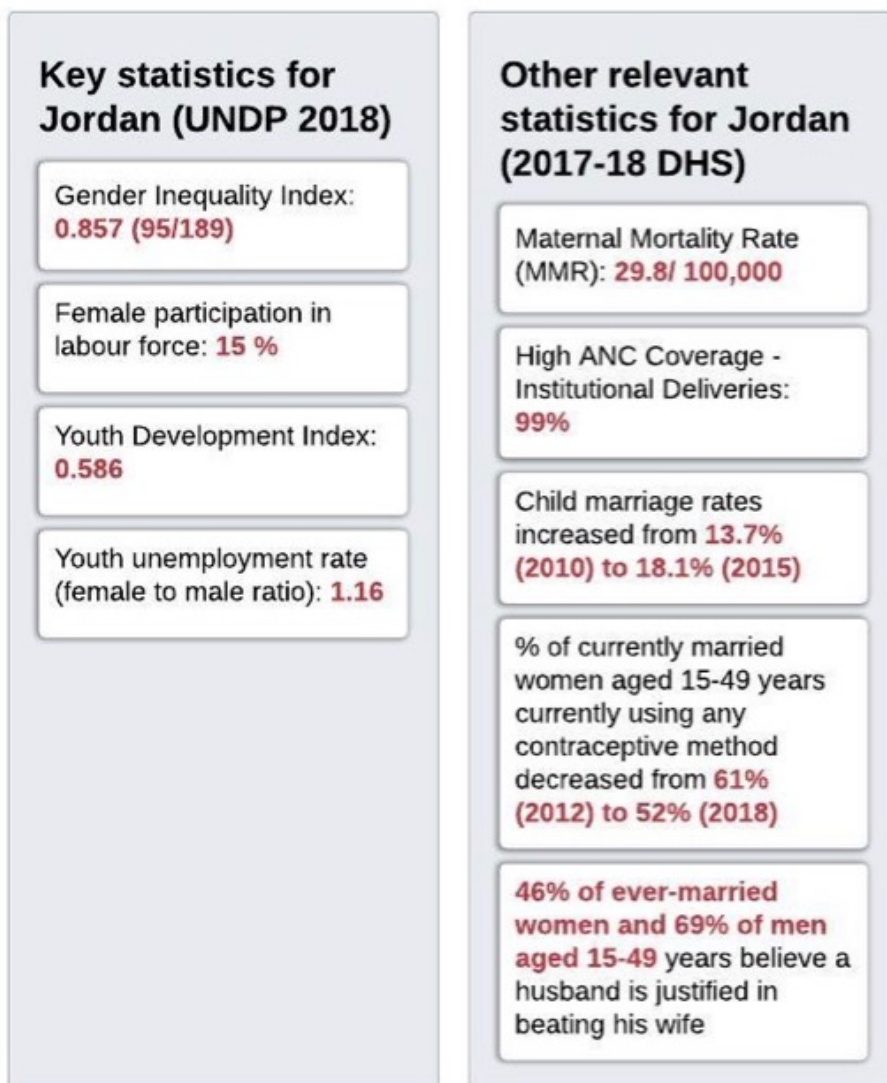
domains of change: formal (i.e. laws, policies) and informal (i.e. customs and cultural factors) levels;

- c) **Dedicated contribution: programmatic work under the dedicated gender equality outcome** of the Strategic Plan(s), i.e. support that falls under Outcome 3 of the 2018-2021 and 2014-2017 strategic plans and Outcome 5 of the 2012-2013 strategic plan. The evaluation will focus on the contribution to outputs and progress towards outcomes identified in the respective results frameworks. The evaluation will cover all outputs under these outcomes, but will take a deeper dive into the following output areas:
- Contribution to policy, legal and accountability frameworks, as well as protection mechanisms, to advance gender equality and empower women and girls; support to strengthened civil society engagement in gender equality to promote reproductive rights and women's empowerment; support to shifting social norms; support to the engagement of men and boys on gender equality;
 - The evaluation will also assess the contribution to specific outputs related to **gender based violence and harmful practices** - child marriage, son preference and female genital mutilation. Given that UNFPA's work on these programmatic areas have recently been evaluated (and the recommendations currently being implemented), the evaluation **will draw on the results of these evaluations** (as a key data source for this evaluation), expanding upon these with additional data collection.
5. The geographical scope will include UNFPA support at country,¹⁴⁴ regional and global levels (as well as their interconnections). The evaluation will cover *all* activities planned and/or implemented (without regard to the source or type of funding/resourcing).
6. Relevant activities undertaken by other partners (e.g. UN Women, UNHCR and UNDP) on gender equality and women's empowerment will be looked at under the angle of coordination and partnerships, but will not be formally assessed.

II – Context

Since the Syrian refugee crisis that began in 2011, Jordan has been engaged in a humanitarian response and is currently host to 1.3 million Syrians, of which 655,000 are registered with UNHCR. Most Syrian refugees, 78 per cent, are located in host communities and mostly in the northern governorates; and 22 per cent are in camps mainly in Za'atari Camp, Azraq Camp and the Emirati Jordanian Camp. Za'atari is the largest camp with a population of roughly 76,000 (UNHCR, 2020) as compared to Azraq with roughly 36,000 refugees (UNHCR, 2019). Syrian refugees constitute 10 per cent of the 10.3 million people in Jordan, of which 5.4 million are men and 4.85 million women (Department of Statistics, 2018).

¹⁴⁴ Will include countries in UNFPA six regions of operation: (i) Western and Central Africa; (ii) East and Southern Africa; (iii) Asia and the Pacific; (iv) Arab States; (v) Eastern Europe and Central Asia and (vi) Latin America and the Caribbean.



Interventions

Three Country Programme cycles are relevant to the evaluation period, 2008-2012, 2013-2017, and the current cycle of 2018-2022. Even though the evaluation only captures the last year of the first Country Programme, it is important to note that the Syrian crisis began during this programme cycle.

UNFPA Jordan has always had a gender-dedicated outcome. With the humanitarian crisis, its focus came to focus more squarely on sexual and gender-based violence in both humanitarian and development settings. In the last two years, an output to address child, early and forced marriage (CEFM) was added.

Gender mainstreaming outcomes have consisted of:

- Reproductive health with a shift to *sexual* and reproductive health and *rights*

- Population and development to support the ICPD-SDG monitoring and reporting system and the disaggregation of data by sex and other variables in order to support vulnerable population groups and the integration of data into national strategies
- Youth programming that has not been associated with a separate outcome but rather is mainstreamed across the other three areas

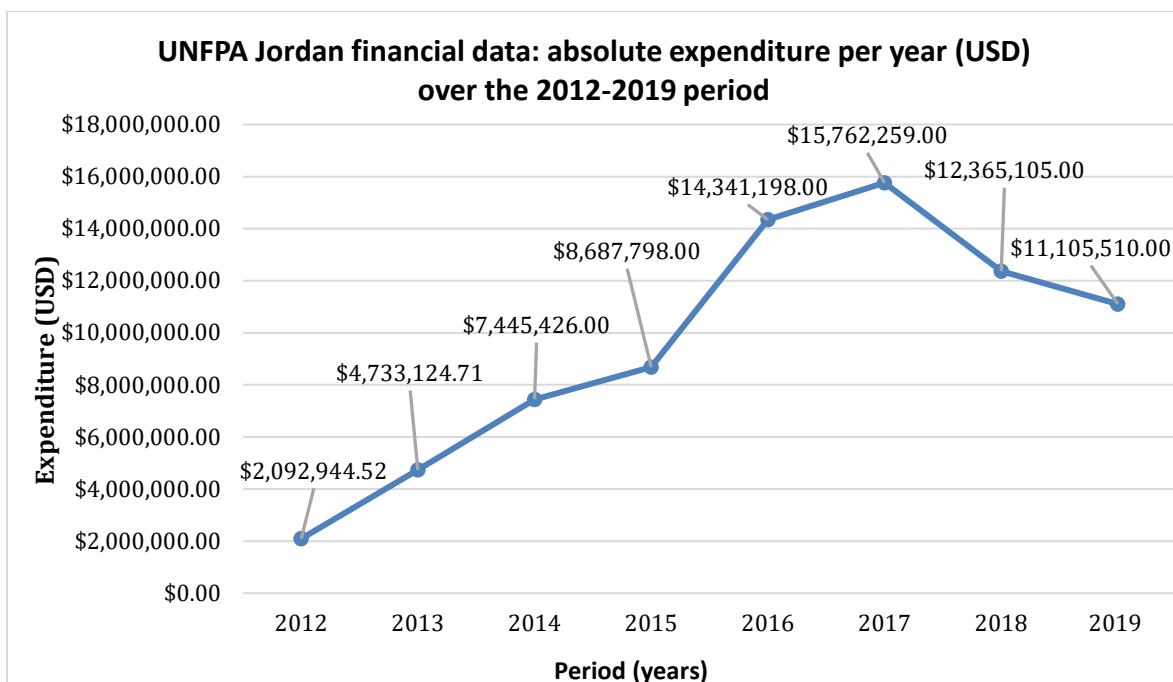
All outcome areas have acquired a focus on both humanitarian and development setting since the Syrian crisis began.

Expenditure

Year	Expenditure (USD)
2012	\$2,092,944.52
2013	\$4,733,124.71
2014	\$7,445,426.00
2015	\$8,687,798.00
2016	\$14,341,198.00
2017	\$15,762,259.00
2018	\$12,365,105.00
2019*	\$11,105,510.00
2012-2019 period, total expenditure	\$76,533,365.23

Source: GPS Atlas 2012-2013/2014-2018/2019

Expenditures for 2016, 2017 and 2018 with a near-doubling from previous years are related to UNFPA Jordan's involvement in cross-border operations in South Syria, which has proved to be a very costly operation.



Key Stakeholders

The following list of stakeholders by category includes those stakeholders considered key to the inquiry of the evaluation in Jordan, however, not all of the organizations (see section on Sources of Information) were available during the case study mission.

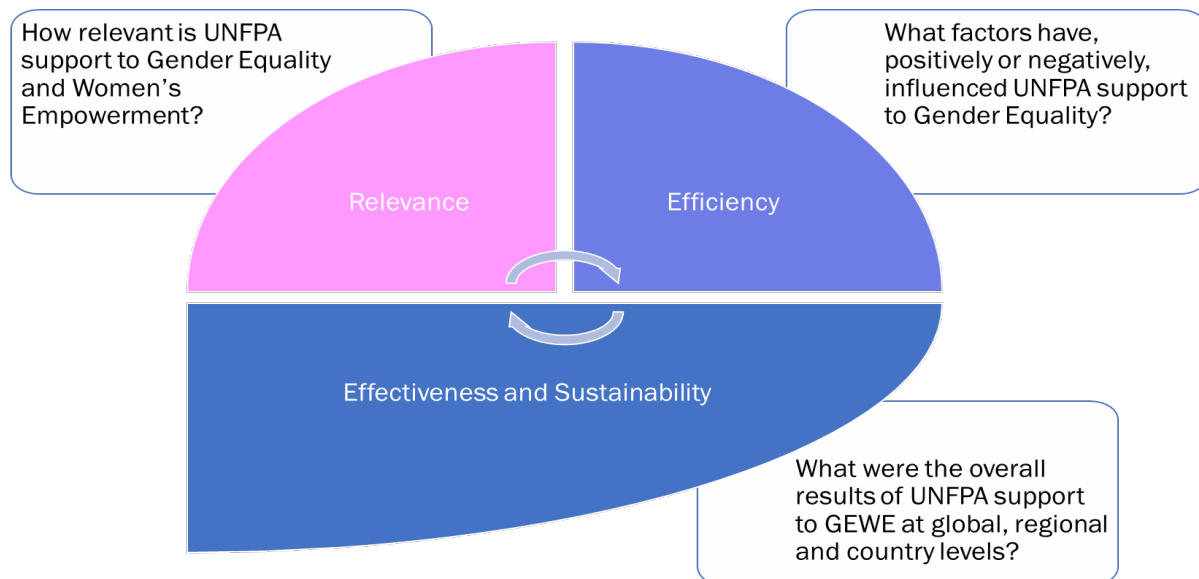
No.	Stakeholder Category	Key Stakeholders
1	Government organizations	Ministry of Health Ministry of Youth MOPIC Higher Population Council Jordan National Commission for Women National Women's Health Care Center Royal Health Awareness Society National Council for Family Affairs
2	National non-government organizations	Institute for Family Health Jordan Health Aid Society
3	International non-government organizations	International Rescue Committee International Medical Corps Questscope Social Development CARE Jordan
4	Academia (as implementing partners)	Jordan University for Science and Technology Jordan University Hashemite University

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

No.	Stakeholder Category	Key Stakeholders
5	Rights Defenders	Jordanian Women's Union Solidarity is Global Institute
6	Rights Holders	Men, youth (girls and boys), and women benefiting from services in host communities and in refugee camps
7	Donors	ECHO USAID Canada
8	UN Agencies	UNFPA UN Women UNICEF Resident Coordinator Office

III – Findings and analysis

This case study responds to 3 main overarching questions, as follows:



This section is organized around the evaluation matrix addressing each of the evaluation questions and relevant assumptions.

The evaluation matrix has been tested and updated during the pilot mission and inception phase. The revised version has benefited from the lessons of the Jordan case study. For further details on the updated version of the matrix, please see annexe 3.

Evaluation question 1

To what extent does UNFPA support align with and respond to 1) partner government priorities, 2) national needs on gender equality and women's empowerment, 3) UNFPA policies and strategies and 4) overall global normative framework on gender equality and women's empowerment? **Criteria:** *Relevance*

Assumption 1.1

UNFPA interventions support and respond to national priorities and needs to advance gender equality and women's empowerment.

UNFPA has been and continues to fulfil its role in responding to the GBV and SRH needs to Syrian refugees in alignment with the Jordan Response Plan.

Since the Syria crisis erupted in 2011-2012, UNFPA in Jordan has played a key role in assisting the Government of Jordan (GoJ) to cope with the influx of refugees and the impact on Jordanians by responding to the reproductive health needs of Syrian refugees, supporting GBV prevention and response and promoting health lifestyles of young people. The primary mechanism for UNFPA's contribution is through the Jordan Response Plan (JRP), an annual rolling humanitarian plan and

key reference point for emergency preparedness and response, resilience planning, and targeted capacity building and service delivery to refugees in camps and host communities.

UNFPA is designated as the lead agency for Protection as it relates to Sexual and Gender-Based Violence (SGBV) in the Jordan Response Plan. The SGBV Sub-Working Group (SGBV SWG) was set up at the start of the crisis and UNFPA co-chairs the SWG with UNHCR. UNFPA is expected to contribute to the protection output that specifies SGBV protection–counselling and access to multi-sectoral services for SGBV survivors in camps and host communities, awareness raising sessions on SGBV, and sensitizing and training government officials and humanitarian workers. UNFPA also contributes to output 3 on responding to the health and psycho-social needs of SGBV survivors.

In sum, UNFPA's Country Programme Documents, 2013-2017 and 2018-2022, have been aligned with the JRP. Thus, UNFPA has been providing life-saving assistance to Syrian refugees through provision of critical SRH and GBV services. This has included the development of standard operating procedures for GBV and referral pathways for the Governorates hosting refugees and for camps. It also includes the Minimal Essential Service Package, an international standard for health care systems in emergencies. Services are open to Jordanians at clinics serving host communities.

By fulfilling its contributions to the JRP, UNFPA, as one of the key humanitarian actors, has aligned with the stated needs of the GoJ with regard to the humanitarian response. However, as was noted by the Evaluation of Jordan's response to the Syria crisis (UNFPA Evaluation Office [EO], 2018, p. 27), UNFPA has been limited in incorporating fertility and SRH *rights* in the JRP, owing to pushback by the Ministry of Health (MoH).

On the development side of GBV, UNFPA, through its technical support to NCFA, has made it possible the Family Protection Department to fulfil its obligation to combat violence against women, albeit with limitations owing to the traditional views that prevail at national policy level.

More specifically related to gender equality in Jordan, it is mentioned in UNFPA Jordan's CPD 2008-2012, prior to this evaluation period, that the National Council for Family Affairs (NCFA) developed a National Framework for Family Protection to address some of the cultural barriers in implementing the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). The Family Protection Act (2008) is a policy framework that obligates the GoJ to combat violence against women (National Coalition led by the Arab Women Organization, 2013). In 2014, UNFPA signed a joint agreement with UNHCR to institutionalize and strengthen the family protection system by supporting NCFA on updating the National Framework (UNFPA Jordan, 2015, p. 5). UNFPA is a key member of the National Technical Committee for Family Protection and both its technical support through NCFA and its budgetary support have contributed to the finalization of the National Framework. The NCFA also chairs the National Team on Violence, which is the equivalent to the SGBV SWG on the humanitarian side. The National Framework underwent an analytical review to identify loopholes and strengthen the document to reinforce family protection at the level of policies and implementation on the ground (UNFPA, 2017a, p. 2).¹⁴⁵ However, as noted by two women's rights defender organizations, the work on domestic

¹⁴⁵ See Assumption 3.5 for further description of results with UNFPA's support to family protection and to system strengthening on SGBV.

violence within the GoJ is difficult due to the prevalence of traditional views on gender relations (interview data).

Assumption 1.2

UNFPA support aligns with/responds to the (varied) needs of different rights holder groups in each country context, particularly marginalized and vulnerable communities.

Overall, the UNFPA approach has been relevant to the humanitarian response to Syrian refugees, however, unequally across camps and host communities.

Through UNFPA support, Syrian refugees in three camps and in host communities are receiving sexual and reproductive health (SRH) information and services with integrated gender-based violence treatment and prevention. Syrian refugees also benefit from awareness raising in gender-based violence; child, early and forced marriage; and healthy lifestyles for youth. Women and girls have access to safe spaces in the camps and in host community centres run by UNFPA implementing partner the Institute for Family Health. Young women and men have access to SRH information through the YPEER Network, which was extended to Syrian youth for the first time in 2015 (UNFPA Jordan, 2015, p. 4), as well as through the Youth Centre in Za'atari Camp and through the Women and Girls Safe Spaces (WGSS) in camps and host communities. The Youth Centre, operated by Questscope, is open to youth aged 10 to 30, with activities tailored to girls and boys in the age group 10-17 and 18-30. While the approach is not exactly the same, men in both camps, Za'atari and Azraq, participate in awareness raising sessions on reproductive health, GBV, family planning and child marriage.

The maternal health clinic in Za'atari Camp is recognized a "centre of excellence" by the Health Care and Accreditation Facility in Jordan as a facility with zero maternal deaths (UNFPA Jordan, 2018, p. 3). A certain number of Syrian refugees from outside the camp also accessed the clinic for deliveries (UNFPA Jordan, 2018a). There is some concern expressed by respondents that the Za'atari clinic is contributing to inequalities in quality services between refugees in the camp and those outside the camp, who constitute nearly 80 per cent of the Syrian refugee population, and for Jordanian communities.¹⁴⁶ The evaluation of Jordan's response to the Syria crisis (UNFPA Evaluation Office [EO], 2018, p. 8) makes a broader statement that Jordan's contribution to SRH and GBV has been high in camp settings, less visible and effective in out-of-camp settings, and extremely basic in the Berm¹⁴⁷ given the security and access issues to the population there. It has been noted that refugees in host communities experience more structural and social barriers, including affordability, lack of insurance, transportation, opening hours of clinics, and wait time (Ay and others, 2016). Prior to 2012, the Government of Jordan had allowed Syrians registered with UNHCR to access health care services for free in public primary healthcare centres and hospitals. It then withdrew the subsidy in November 2014, requiring Syrians to pay the non-insured Jordanian rate (Brown and others, 2019, p. 61). This changed in February 2016 when the Ministry of Health issued a circular to provide maternal and child health services to Syrian refugees free of charge (Brown and others, 2019). UNFPA supported the Higher Population Council to produce a study on Syrian refugees outside the camps and their access to reproductive

¹⁴⁶ Interview data.

¹⁴⁷ The Berm is a no man's land area on the north-eastern border between Syria and Jordan where an estimated 45,000 Syrian people are stranded, unable to cross over into Jordan and unable to return to their points of origin in Syria.

health services that recommended support to the MOH to cover the costs (Higher Population Council, 2016). In April 2019, the Government reversed a policy of increased healthcare costs for Syrian refugees from its decision in February 2018 and reverted back to the uninsured Jordanian rate in government hospitals and exemption of fees for maternity and childhood health services (UNHCR, 2019b).

A further contribution to the Syrian refugee response, after the Whole of Syria (WoS) approach was introduced in 2014, is that Jordan became one of the three countries (Turkey and Iraq being the other two) providing cross-border assistance to Syrians in Syria.¹⁴⁸ Cross-border operations have included clinical services and Women and Girl Safe Spaces (UNFPA EO, 2018) inside South Syria and operation was suspended in August 2018.

UNFPA is taking steps towards a more equitable and inclusive approach in reaching the most marginalized and vulnerable communities.

UNFPA has been supporting its partner, Jordan Health Aid Society (JHAS), to provide life-saving clinical SRH services to Syrians in the Berm since December 2016. The staff who stay at a base camp in Ruwashed require three hours of travel to reach the service area of the Berm, eight kilometres inside Jordan, and are required to move in a United Nations convoy. The Jordanian Army does a security screening of patients before bringing them into the service area. Due to a number of constraints related mainly to limited time of operation during the day (11am-3pm max), only emergency normal deliveries are done in the Hospitainer in the service area. Most of the other deliveries are referred to inside Jordan to avoid any unexpected complications. The pregnant woman must be transported by ambulance to the Ruwashed Hospital. Due to the transport, accessibility and security challenges of the Berm, delivery of services is generally riskier and clearly illustrates UNFPA's efforts to serve one of the hardest-to-reach population groups.

UNFPA and partners recognize that the South of Jordan is comparatively under-served with regard to SRH and GBV services as demonstrated in a UNFPA-supported mapping exercise of SRH and GBV services in South governorate conducted in 2019. Because of the Syrian refugee crisis, most of UNFPA's direct beneficiaries are concentrated in the Northern governorates.¹⁴⁹ Further, a vulnerability assessment has just been conducted for UNHCR (Brown and others, 2019) and UNFPA is planning to use these results to ensure adherence to the principle of *leaving no one behind*. The assessment shows that the Central and South regions have the highest vulnerability in the health sector compared to other regions (66 per cent and 59 per cent, respectively) (p. 59). UNFPA is supporting a Women-Friendly Health Care Centre in Tafileh governorate, an initiative that began in 2018, through its partner the National Women's Health Care Center, and expects to pilot this model in nine primary health care facilities in the North, Central and South.

In terms of disability inclusion, the implementing partners operating in the camps and host communities have received disability inclusion training so that GBV services are responsive to people living with disabilities. The consideration of disability is important to applying an intersectional approach to gender equality, as women and girls who have a

¹⁴⁸ Jordan and Iraq ceased to be hubs for cross-border operations in 2020 after the Security Council resolution on the Whole of Syria response voted to retain operations in Turkey only. See SC adoption of Resolution 2504 (2020). <https://www.un.org/press/en/2020/sc14074.doc.htm> accessed 28 Feb. 2020.

¹⁴⁹ Eighty-four per cent of all registered refugees are in Zarqa, Mafraq, Amman, and Irbid in the North. See Brown and others, 2019, p. 15.

disability are at higher risk of GBV. A further measure in disability inclusion is the adaptation of the physical space of the Youth Centre in Za'atari Camp to be disability-friendly, however, as reported in the Syria Response evaluation, the more significant difficulty for youth with disabilities is transport to the Centre (UNFPA EO, 2018, p. 24).

Other UNFPA-supported service providers have offered training on disability inclusion, as evident in the following statement:

"I am someone who takes an interest in people with disabilities. A while back, IFH invited me to participate in the launch event in sector 5 to integrate people with disabilities within the community."—Male participant, FGD, Za'atari Camp

Assumption 1.3

UNFPA work at country, regional and global levels is aligned with UNFPA's policies and strategies (mandate), UN frameworks and policy directives, international human rights conventions, instruments, and reports.

The support that UNFPA provides to national government partners is aimed at strengthening the implementation of CEDAW and the country's achievement of SDG5, with a focus on SRHRR and GBV. UNFPA is also strengthening government capacity to meet their targets in relation to the ICPD.

Since the early years of this evaluation period that falls within the Jordan Country Programme 2008-2012, UNFPA was supporting its government counterparts to monitor the Convention on the Elimination of All Forms of Discrimination Against Women and related human rights instruments and to prepare the plan of action to implement its recommendations. This included preparing a proposal for legal reforms and strengthening a coalition to support a national agenda aligned with CEDAW (UNFPA Jordan, 2008).

Since 2015, UNFPA's work is aimed at contributing to five of the Sustainable Development Goals for the 2030 Agenda, in particular to SDG 3 on achieving good health and well-being, SDG 5 on gender equality, and less directly to SDG 10, 16 and 17 (reducing inequalities; peace, justice and strong institutions; and partnerships for all goals) (UNFPA Jordan, 2019). A concrete example of its contribution to the Universal Periodic Review is the elaboration of a roadmap for following up on recommendations on sexual reproductive health and reproductive rights (SRHRR) as related to SDG 5 for the years 2020 and 2021. Further, UNFPA presented its observations to the Government of Jordan on the Jordan UPR Outcome Report (n.d.), highlighting the challenge of specific legal clauses that hinder GBV survivors from seeking help, the Personal Status Law that would need amending to prohibit the practice of child marriage, the increase in unmet needs for family planning and the obstacles women face to entering the labour force.

UNFPA supports the Higher Population Council and other partners who are part of a National Technical Committee to prepare for the International Conference on Population and Development (ICPD) beyond 2014. The HPC, which has primary responsibility for the ICPD Agenda, attends all events at national and international levels and most recently the Nairobi Conference. UNFPA aims to strengthen the resilience of public institutions in their capacity to support the ICPD goals on SRHR and GBV and on improving the health of women, adolescents, youth and the vulnerable. Through UNFPA's strategic partnership with HPC, MOPIC and DOS, the Government has now in place a process for tracking and monitoring 37 SDG indicators as part of the Arab States

Regional Initiative of ICPD-SDG indicators. UNFPA is also supporting the government of Jordan to implement the national commitments that were made at the recent ICPD Nairobi Summit.

UNFPA is aligned with international normative standards for GBV and SRH.

As is reported in the evaluation of Jordan's response to the Syria crisis (UNFPA Evaluation Office [EO], 2018, p. 27) and in interviews, UNFPA have been providing capacity building to implementing partners on the MISP, the Minimal Initial Service Package. Other norms and standards which UNFPA are operationalizing with implementing partners in both humanitarian and development settings include:

- Maternal death surveillance and response or MDSR, in line with global guidelines and local conditions. This includes maternal and perinatal death reporting (UNFPA Jordan, 2018a).
- In line with its lead role on GBV,¹⁵⁰ UNFPA is fulfilling its core functions outlined in the Handbook for Coordinating Gender-based Violence Interventions in Emergencies (2019).
- UNFPA is also aligned with the *Interagency* Minimum Standards for Prevention and Response to GBV in Emergencies (2019) and, in handing over the management of the Women and Girls' Safe Spaces in Azraq Camp to another INGO, has ensured that they are exclusively for use by women and girls.¹⁵¹

¹⁵⁰ UNFPA. (2019). Handbook for Coordinating Gender-based Violence Interventions in Emergencies. GBV AoR.

¹⁵¹ See prior results reported in the Evaluation of the UNFPA Jordan Response to the Syria Crisis (2011-2018), p. 27-28.

Evaluation question 2

What have been strengths and limitations of UNFPA approach (es) to supporting Gender Equality and Women's Empowerment at global, regional and country levels? **Criteria:** *Relevance, Sustainability*

Assumption 2.1

UNFPA applies a human rights-based and culturally/context sensitive approach in its support to gender equality and women's empowerment (locally owned, men and boys' engagement, partners with rights holders, applies root cause analysis, intersectional lens, gender transformative).

UNFPA uses an approach to GEWE that is rights-based and culturally sensitive, but this is also a delicate balance that requires tact. As one situation demonstrated, it is also important that "cultural acceptance" does not become a pretext for abandoning a norm change process.

Because UNFPA is widely seen, among interviewees, as culturally appropriate and, at the same time, in working in partnership with government and civil society organizations, has been able to push the boundaries on rights language to a certain limit. The use of rights language is a good barometer for progress, as it is acceptable in Jordan to refer to "reproductive health rights" but not "sexual reproductive health rights." It is possible to offer a course on "reproductive health" to university students but "sex education" for grade school children is not appropriate language (interview data). And it is not permissible to raise the issue of "gay rights" in the Jordan context.

Nonetheless, working with the constraints of the cultural context, UNFPA and its partners have made strides in gaining support for sexual and reproductive health for women and girls and for youth and for addressing gender-based violence among refugee and non-refugee populations. The integration of SRH and GBV into primary health care clinics is testimony to this. The comprehensive Reproductive Health Strategy, 2020-2025, awaiting final government approval, engaged a committee of 55 partners from different ministries and exemplifies UNFPA's support to bringing the level of attention to SRH in its contribution to the demographic dividend.

While there remain significant challenges to GEWE in Jordan, UNFPA's approach gains acceptance among government counterparts and civil society overall. One donor gave the example of the non-stigmatizing approach to GBV through the way that Women and Girls Safe Spaces are designed. And in the words of one rights defender,

"SRH is no longer a taboo in Jordan and I believe it is a result of UNFPA's work. I think UNFPA is doing a great job. They are clever in presenting the issues in ways that break glass ceilings smoothly, which is good. It is appropriate for local organizations to do the 'hard work'; internationals cannot because some will say they are imposing their values on Jordanians and intervening in their affairs."

An additional observation relating to the tensions that occur between the use of certain rights language and a culturally sensitive approach is the positioning of the implementing partner for the Youth Centre that is reluctant to use the term "sexual" in citing the training for youth on SRH. The recent evaluation of the Youth Centre noted that the Syrian volunteers and the implementing partner fear that parents will not allow their children to attend the centre if sexuality is a topic of discussion and consequently conducted modified versions of the training (Avila, 2018, p. 39-40). Interviews with parents in the evaluation revealed that while they are *not* comfortable discussing

certain SRH issues with their children, they accept that their children are being given information and knowledge on SRH (p. 40-41).

Although UNFPA staff and implementing partners UNFPA's work demonstrate an awareness of social norms and drivers of gender inequalities, a process for conducting gender analysis either for specific outcome areas or in relation to the country programme within its programme development cycle is not evidenced by the programming documents or other documents reviewed by the evaluation team.

With regard to evidence of comprehensive analysis of the causes of gender analysis in UNFPA's work, it is worth situating its focus on (a) GBV which is reflected in target 5.2 of the SDG on Gender Equality, (b) eliminating all harmful practices, such as child, early and forced marriage, which is target 5.3, and (c) ensuring universal access to SRH and reproductive rights in accord with the ICPD Programme of Action, which is target 5.6 of the same. As aspects of gender equality, these three areas of intervention by UNFPA and its partners across the board demonstrate *an awareness* of underlying causes of the problems. In all instances, staff and implementing partners are able to refer to socio-cultural norms, attitudes and beliefs as drivers of GBV, child marriage, as well as the problems which women, girls, and youth generally face in accessing SRH (including family planning) knowledge and services. Economic pressures, tradition, the notion of 'protecting' girls particularly in humanitarian settings, and a culture of shame are some of the sociological drivers identified by respondents.

Yet in terms of *systematically* conducting underlying cause analysis for gender equality, UNFPA's own planning cycle, as exemplified by the Jordan Office, does not reflect a designated moment in the cycle when a full gender analysis for different thematic areas is conducted. How the analysis is leveraged for integration in other planning documents is not immediately apparent.

Varying approaches to men and boys' engagement have mostly taken the form of awareness raising of men and youth on GBV and SRH in order to transform gender norms, while approaches to systematically engage men to play a positive role in family planning and fertility choices have remained underdeveloped. UNFPA Jordan maintains a focus on women and girl survivors who constitute the majority of those most vulnerable to GBV, however, it ensures that case management services are available to male survivors through the coordination system.

Engaging men and boys in support of women's reproductive health rights and in combatting gender-based violence is evident in the awareness raising being done by UNFPA partners in Za'atari and Azraq camps and in urban clinics. The implementing partners use their own course materials to conduct sessions, which cover basic topics, such as sexual harassment, child marriage, and anger management to solicit men's support in eliminating adverse gender practices. As mentioned earlier, young men (and women) who attend the Youth Centre in Za'atari Camp also benefit from SRH and GBV training. The YPeer network inside and out the camps is also a vehicle for young men and boys to access and promote messages on SRH and against GBV and other harmful social norms and to train other youth on the subject. The extracurricular course on healthy lifestyles that covers SRH in three universities in Jordan reaches both young women and men with knowledge affecting their own lives and rights. Although a review of course content in each of the settings has not been done, there is evidence that in all cases the material is designed to transform behaviours and reverse harmful social norms (see also Assumption 4.1).

Measures to engage men in family planning also exist more in terms of the 'supply side,' namely the SRH clinics offer couples counselling and encourage women to bring their husbands particularly on the fourth post-natal care visit. While it has been observed that some women are

accompanied by their husbands, cultural barriers still inhibit male attendance at what are perceived as spaces for women or mothers. UNFPA is now working to develop a health education package for service providers that will systematize the approach to educating men and women about family planning, contraceptives, and birth spacing. According to one interviewee of a long-term service provider in the camps, “There has been no huge change on the part of men in family planning [acceptance]. And there is still son preference among men but also among women.” While it is recognized that the unmet family planning needs have increased, per the 2017-2018 Demographic Health Survey (DHS) results and that men’s attitudes towards family planning and fertility preferences¹⁵² are pivotal to reducing fertility rates and to women’s SRH, reproductive rights, and empowerment, male engagement in this area remains low.

Male engagement not only relates to supporting women and girls in attaining their rights and reversing adverse gender norms but to inclusion of men and boy victims of violence in SGBV treatment and prevention. A referral pathway exists for male victims of SGBV and service providers are trained to recognize the signs, per the CMR protocol. UNHCR and other NGOs handles case management of men survivors. In the past, the discussion on inclusion of male survivors created some confusion in UNFPA Jordan in terms of restricting the concept of “safe spaces” to women and girls. UNFPA Jordan has chosen to focus case management on those most vulnerable to gender based violence, which are women and girls. Through their coordination role, UNFPA ensures that services are in place for men and boys’ case management and for which some male GBV counsellor exist. However, it remains that the large majority of funding is allocated to being accountable to women and girls.

UNFPA has cultivated strategic partnerships with women’s rights and human rights organizations with good results and is looking to broaden its engagement using the UPR as an entry point.

In terms of UNFPA’s approach to partnering with rights holder and rights defender organizations in Jordan to participate in and influence decision making on gender equality and women’s empowerment, it is clear that UNFPA has cultivated relationships with important rights organizations, such as the Jordanian National Commission for Women, the National Centre for Human Rights, the Jordanian’s Women Union, and the Solidarity is Global Institute (SIGI). Collective efforts on the 16 Days of Activism and advocacy for the repeal of article 308 (see above) and for reducing child marriage have borne fruit. More recently, UNFPA has been engaging in the Universal Periodic Review for CEDAW with human rights organizations, such as the Al Hayat Centre, and expects to carve out a more deliberate role in advancing a human rights agenda linked to the SDGs, which provide a platform for UNFPA’s contribution to five SDGs (see above). UNFPA staff recognize that this work will likely entail engaging with other civil society organizations who are not currently partners. Although UN Women leads the relationship with the Jordanian National Commission for Women, which is now developing a National Strategy

¹⁵² The 2017-2018 DHS results that included a questionnaire specifically for men showed a significant gender gap in fertility preferences. It is reported that 50 per cent of Jordanian women vs. 28 per cent of Jordanian men want no more children (of the percentage of currently married women surveyed); for Syrians, 48 per cent of women vs. 23 per cent of men wanted no more children. DHS, 2018, p. 92.

for Women, and UNFPA leads the relationship with the Higher Population Council, UNFPA plays a key role in the nexus between gender equality and GBV.

To date, an intersectional approach is evident in the gender disaggregation of people with disabilities and in more macro level population groupings, such as refugee vs. non-refugee and in camp vs. host community. Moving forward, more emphasis may be needed in applying an intersectional gender lens to youth activities and to population groups at risk of exclusion (“being left behind”).

An intersectional approach to gender equality is aimed at identifying gender barriers specific to a population group with overlapping identities and therefore, often, with multiple vulnerabilities. An example that is recognized in this context is the higher risk of GBV and heightened barriers in accessing services on the part of girls with disabilities. Similarly, UNFPA has consistently differentiated between refugee and non-refugee populations, an important distinction to make in determining the SRH needs of women, girls, and youth (young women and men). Another important distinction made in analysis is refugees who are in camps versus in host communities. If UNFPA is to apply the UN principle of “no one left behind,” then it will become more important to apply a gender lens to different categories of vulnerable populations and to disaggregate data by gender and by the relevant factors. Similarly, an intersectional approach applied to youth activities will also need to ensure systematic sex disaggregation to identify the vulnerabilities, barriers, and opportunities specific to different social and age categories of vulnerable youth.

UNFPA is taking a gender-transformative approach in the work at national level, such as the integrated SRH/GBV health care model; the use of policy briefs and studies to influence strategy, legislation and policies; and more strategic partnerships with women’s rights organizations. A gender transformative approach is less visible in direct service delivery work which constitutes a large portion of its intervention portfolio.

A gender-transformative approach implies the intent to change norms, power structures and the root causes of gender inequalities. The aim is to redefine systems and institutions that condone and reproduce inequalities. Evidence shows that changing social norms through service delivery partners in camps and host communities is challenging and deserves a more coordinated approach. As one interviewee remarked, to change cultural norms requires strong coordination amongst all organizations in the camp that are capable of addressing different aspects of women’s empowerment and child marriage, and to do so, UNHCR would need to step in to coordinate across all agencies to focus collective efforts on social norm change. While some signs of change in attitudes and, to a lesser degree, in practices, in the camps are evident in respect to child marriage and GBV, most interviewees take the view that social norm change is a longer-term process and stop short of proposing solutions. SRH clinics in the camps and in host communities have been effective in maintaining zero maternal deaths, while less attention is afforded to addressing the demand side of family planning, birth spacing, and lower fertility rates. The latter are more likely to contribute to *fewer* safe deliveries and better resilience of women and girls. Participants in the reproductive health university course, who are both male and female (but mostly female), experienced a change in attitudes towards reproductive health, family planning, and early marriage. However, more females than males were opposed to large family size,

involving extended family members in family planning, and early marriage as a way to have more children (Ali and others, 2018, p. 217).

Through the leveraging of humanitarian interventions for development, UNFPA is contributing to transformative change in upgrading primary health clinics to include SRH and GBV services. Women friendly health care centres with a full fleet of SRH and other services are being piloted with UNFPA support as well. At national level, UNFPA contributions and partnerships are having positive effects on the collection and disaggregation of population data to the benefit of gender equality issues, such as the child marriage policy brief, the Reproductive Health Strategy, and other studies that are influencing legislation to support the reproductive rights of women and girls in Jordan. Plans to fund a study on the costs of violence through the Jordanian National Commission for Women are illustrative of investments with potential for gender transformative results.

Assumption 2.2

UNFPA works on gender equality and women's empowerment programming is integrated across the development, humanitarian and peace nexus.

Key reference documents for the development, humanitarian and peace nexus for UNFPA Jordan do not specifically demonstrate a gender mainstreaming approach, nor do the key frameworks for youth leadership. But there is a recognition of the need to adopt stronger measures that will more directly benefit national capacity and Jordanians in advancing SRH rights.

UNFPA Jordan faces the dilemma of being a middle-income country with a protracted humanitarian setting and a majority proportion of funding for humanitarian interventions. Its strategy therefore has been to leverage humanitarian funds for resilience and development. UNFPA prepared a Policy Paper to address this very dilemma with a set of recommendations (UNFPA Jordan, n.d.). Although the Policy Paper did not specifically apply a gender lens in its recommendations to pursue a pathway that would facilitate the integration of GEWE across the development, humanitarian and peace nexus, some of its recommendations are especially pertinent. One of these is to strengthen national systems through advocacy on common SRH messaging and partnership with government institutions. While capacity building is strongly emphasized in the Jordan Response Plan (JRP) (the key reference document for the development, humanitarian and peace nexus), to date, most of UNFPA's investments remain focused on service delivery and capacity development to reach refugee populations in camps and host communities. The recommendation of the Policy Paper steers UNFPA towards placing more emphasis on systems strengthening and on advocacy for SRH. Regarding the latter, the more recent engagement with the UPR process reflects an augmenting of efforts at advocacy, as well as the policy and campaign support to reduce early marriage.

Nonetheless, national capacity building in GBV, for example, has had a spill over effect on the standards and quality of SRH services in the humanitarian setting supported by UNFPA. Clinical Management of rape services in the camps are an example. Through its local partner, the Institute for Family Health (IFH) that sits on the National Team on Violence under the National Council of Family Affairs (NCFA), and through UNFPA's technical support to NCFA on GBV, the Government agreed to provide the same standard of service to urban areas and developed a national clinical management of rape (CMR) protocol. Implementing partners who work across the humanitarian-development divide have helped to pollinate the good practices, thereby serving Jordanians as well. UNFPA staff recognize that as part of the Grand Bargain and a

localization approach, the same quality of services should be offered to all vulnerable populations. UNFPA's rationale for the "integrated model of SRH care into primary care services" was in fact a response to providing an equitable approach to health development and a means to address core gender inequalities, per its Concept Note at the Nairobi ICPD Summit that makes a case for the humanitarian-development nexus in middle income countries (UNFPA, n.d.).

The same Policy Paper also recommends that UNFPA address existing national vulnerabilities among women of reproductive age as well as youth to access appropriate RH services. As previously mentioned, UNFPA is beginning to extend attention to the more poverty-affected region of the South and the inequities existing in Jordan. The piloting of a Women-Friendly Health Centre in the South holds promise of expanding services for under-served populations of women and girls.

UNFPA also supports the Youth, Peace and Security initiative in Jordan, in line with UNSCR 2250 and jointly chaired the coalition with the Ministry of Youth (MoY). In terms of the Compact for Young People in Humanitarian Action, UNFPA Jordan has been leading the localization process, along with the Norwegian Refugee Council, at the national level. And the Youth Task Force in the camp which UNFPA chairs is piloting the Compact Guidelines. Youth leadership and networking, such as the YPEER Network, and Shababna Network in the universities, that involve Syrians and Jordanians alike contribute to resilience and peace building. These engagements provide a means to bridge the humanitarian and development divide, given that (a) much of UNFPA's work with youth has evolved in the refugee camps, and (b) most national NGOs and the MoY are not actively present in the refugee camps. This is a challenge that UNFPA is currently seeking to address to ensure a transitional process of youth activities in the camps by national counterparts (Qamar, 2019, pp. 83-84). However, for all such initiatives, while male and female youth may be actively involved, a clearer strategy for gender mainstreaming that addresses gender-differentiated barriers to empowerment need to emerge.

See also results relating to GBV under assumption 3.5 below.

Assumption 2.3

UNFPA builds strategic partnerships, especially with civil society to advance gender equality, with a human rights approach.

UNFPA has built a strategic partnership with specific organizations, CSOs and governmental, whose own mission is to advance GEWE. Many implementing partners with a service delivery objective consider UNFPA a strong partner but do not necessarily perceive their organizations as advancing GEWE.

As noted earlier under assumption 2.1, UNFPA has established strategic partnerships with key women's rights organizations and human rights organizations to advance gender equality. As part of its UPR engagement, UNFPA is now beginning to reflect on how it will support civil society organizations and the National Centre for Human Rights that are holding the Government accountable to proposed recommendations.

Due to its long-term engagement with the Higher Population Council (HPC) and the close relationship between their mandates, UNFPA has an exemplary partnership with HPC with numerous strategic results, both in terms of supporting GEWE and taking a longer-term perspective on change, for example, the demographic dividend paper (Higher Population Council, 2017a). At the same time, HPC is not considered a civil society organization. Similarly, by virtue of

its mandate, the National Women's Health Care Centre, a governmental implementing partner, has a central focus on responding to the health care needs of women and girls.

A number of implementing partners—national NGOs and international NGOs - expressed satisfaction with the relationship they have had with UNFPA, even when funding is limited or not available, however, for service provider organizations, it is more difficult to ascertain that a commitment to delivering SRH and GBV services is tantamount to a partnership vested in advancing gender equality. The private sector, however, has more recently become a partner and the mobile phone company Zain is supporting UNFPA in advancing SDG 5.

Assumption 2.4

UNFPA brings together and leverages its various roles and thematic areas at global, regional and country levels to support gender equality and women's empowerment across different settings (convening, advocacy, and coordinating).

UNFPA performs a clear coordination role on GBV and Reproductive Health in the humanitarian setting. Its advocacy role to advance GEWE is neither highly visible nor consolidated, and there is to date little evidence as a convener to support GEWE even in relation to SRH or GBV.

In most instances, when asked about UNFPA's convening role, respondents referred to the SGBV Sub-Working Group and to a lesser extent, to the Reproductive Health Working Group. However, as the lead agency for the SGBV, the Sub-Working Group is a coordinating mechanism to ensure that all humanitarian actors are capable of and accountable to response and protection of women and girls against SGBV. All actors must be aware of the risks of SGBV and act collectively to mitigate the risks (UNFPA, 2019, p. 42). The SGBV Sub-Working Group in Jordan has provided much of the technical expertise, such as guidelines and minimum standards, for the functioning of a coordinated response. As a coordinating body, partners value UNFPA's role and consider the guidelines and standards, especially the CMR, of use to both the humanitarian and development settings.

The Reproductive Health Working Group is also a coordinating body and in Azraq Camp, UNFPA co-chairs the WG with its implementing partner, the International Rescue Committee. Its aim is to promote coordination and collaboration among different actors in the camp to respond to the SRH needs of the population and implement the standards (such as MISP and CMR). There is also a RH Working Group that meets in Amman which some of the members in Azraq attend for planning and coordination purposes. Respondents found value in this Working Group in terms of resource mobilization and receiving updates. Of particular mention was the Group's advocacy to reverse the Government decision that Syrian refugees pay for health care services. No specific mention was made by respondents on the leveraging of this group to promote a GEWE agenda more broadly.

With regard to UNFPA's advocacy role, evidence of this has also been mentioned earlier on (see Assumption 2.1). UNFPA has a designated role in promoting the ICPD objectives, through its support to the Higher Population Council. In addition, its contribution to the repeal of Article 308 of the Penal Code serves as a prominent example of advocating for women's rights. UNFPA's engagement in the UPR process and in the campaign against early marriage is also likely to carve out a more sustained advocacy role on these two thematic areas. With respect to youth programming, UNFPA advocated to eliminate SGBV against adolescent girls as part of the "No Lost Generation" (NLG) and coordinated a high-level donor briefing with NLG partners, such as UNICEF, UNHCR, Plan International and World Vision. According to UNFPA's Annual Report, 2018, this led

to enhanced visibility on SGBV against adolescent girls and on the experience of SGBV coordinators from different sub-working groups in the regional response to the Syria crisis.

As for its convening role, UNFPA clearly played the convenor for the national coalition on Youth, Peace and Security but there is no other equivalent convenor role for advancing GEWE. According to one senior UN official, UNFPA plays a more technical role than it does a convenor. Gender-based violence is a multi-stakeholder and multi-dimensional issue that requires a broad set of actors and, thus, it would be appropriate for UNFPA to play a convening role (as well as an advocacy role), however, the same respondent felt that UNFPA is currently not sufficiently fit-for-purpose to play this role (see Evaluation Question 5 below). Moreover, Jordan has a National Team on GBV which is a separate entity from the SGBV Sub-Working Group. The former is a formal, high-level body of 32 organizations and its links to the Sub-Working Group is not well established.

In terms of child marriage, the UN Country Team (UNCT) has established this area of work as a flagship initiative in the UN Cooperation Framework which is led by UNFPA. UNICEF and other UN agencies also contribute and are seeking funds. Like GBV, child marriage requires an ecosystem approach with similar implications. Currently, within the UNCT, UNFPA is the lead agency for the People Pillar which covers the topic of child marriage. It is too early to assess the effectiveness of its convenor role for this engagement.

Evaluation question 3

To what extent has UNFPA's dedicated programming work under the gender equality outcome of the Strategic Plan(s) contributed to advancing gender equality, the empowerment of women and girls, and reproductive rights in development and humanitarian settings? **Criteria:** *Effectiveness*

Assumption 3.1

UNFPA has generated evidence-based knowledge and guidance that contributes to international normative frameworks and operational mechanisms on advancing gender equality/women's empowerment (global).

Not to be addressed by country case study.

Assumption 3.2

UNFPA has fostered an enabling environment for gender equality and women's empowerment (regional).

Not to be addressed by country case study.

Assumption 3.3

UNFPA has contributed to strengthening national policies, accountability frameworks and legal normative frameworks, including laws on gender equality and women's empowerment (national)

UNFPA has had success with some very specific but important policy changes relevant to GEWE but are challenged, in the current environment, to incorporate SRH rights in national strategies in alignment with ICPD principles. Its engagement in the UPR process with other actors holds promise for more strategic influence to promote SRH from within a rights framework.

The policy change work that UNFPA has influenced and supported is strongly related to the impact of the refugee crisis on refugees and on SRH services generally in Jordan. As such, the aforementioned policy change to reinstall free-of-charge SRH services to refugees is clearly noted. The repeal of Article 308 of the Penal Code is another and stands in close relationship to UNFPA's GBV outcome area. The outcomes of the Demographic Dividend paper, as previously mentioned—the Reproductive Health Strategy of Jordan, the child marriage policy paper, the policy brief on women's participation in the labour force and the subsequent policy on flexible work—are testimony to the updating of national policies.

However, with regard to the broader agenda of SRH rights, it has been difficult to incorporate these into the national agenda as well as into the 2030 Agenda for Sustainable Development. UNFPA has sought to advocate, with support from other UNCT agencies, vis-à-vis line ministries such as the MoH (UNFPA, 2017a). Similarly, UNFPA has been limited in incorporating fertility and rights in relation to SRH in the Jordan Response Plan as well, owing to reservations by the MoH (UNFPA Evaluation Office, 2018, p. 27). One women's rights defender respondent who participates in ICPD Conferences corroborates that “results in this environment are not easy.” And yet, as articulated in UNFPA Jordan's Concept Note at the Nairobi Summit, the UN, in its recent reform, recognizes the foundational interlinkages between SRHR, gender equity and sustainable development, while acknowledging how difficult it is to convince governments of this approach during times of crisis (UNFPA, n.d.).

Currently, UNFPA's proposed roadmap to following up on UPR recommendations to Jordan on SRHRs structures a more concrete strategy of influence, with a coalition of CSOs, to chart a course of action and to remain with a rights framework (Mehyar, n.d.). UNFPA is working in close coordination with the Human Rights Advisor at the UN Resident Coordinator's Office to cooperate with the National Centre for Human Rights (NCHR) to empower them to have more effective monitoring mechanisms for women's rights and gender equality, including SRHRs.

Assumption 3.4

Strengthened civil society organizations and social movements sustain efforts to eliminate discriminatory gender and sociocultural norms affecting women and girls

UNFPA's direct engagement with mobilizing civil society actors has been limited to campaigns, most notably the 16 Days of Activism, and to maintaining a dialogue with individual actors to support their initiatives to combat discriminatory practices (e.g., child marriage, GBV).

The National Campaign on 16 Days of Activism Against VAW is led by the Jordanian National Commission for Women. UNFPA has been funding the Campaign for the past two years and takes an active role in the campaign, including maintaining a space for youth engagement. The campaign attracts a lot of attention and is typically a high-profile event for UNFPA and all campaign participants. Preparation for the campaign and the theme selection is done in broad consultation with partners and national organizations for women's rights. For the 2018 campaign, three studies were prepared for the theme on sexual harassment (Jordan SGBV IMS Taskforce, 2018).

As one women's rights defender explained, campaigns are an effective means to rally support from civil society organizations, even for their own work. According to the same source, there is a women's movement in Jordan but “it is fragmented, and the groups are not democratic enough to work together” (Interview data). Different groups will agree on part of the agenda only, but it does not impede their success in building a coalition from their own network of CSOs in different

governorates. There is now, for example, a National Taskforce on Combating Child Marriage led by the Government with UN agencies and international NGOs. It is again operational after one year and UNFPA will be supporting this Taskforce.

Aside from its direct engagement with the 16 Days Campaign, UNFPA is not directly involved in mobilizing civil society nor in strengthening social movements for collective efforts to eliminate discriminatory practices. Some respondents did not feel this was its role and, as mentioned earlier, a rights defender would say this should be left to local organizations to do. UNFPA's positioning has been to maintain links to women's rights organizations and offer strategic advice during consultation processes, formal or informal. UNFPA has nonetheless made bolder moves recently in making recommendations to CSOs on following up on SRHRRs in the UPR.

Assumption 3.5

UNFPA has contributed to preventing, responding to and eliminating gender-based violence

UNFPA has strengthened government capacity to prevent and respond to GBV through the development of and training in standards and protocols. Government adoption of protocols, such as the CMR guidelines, demonstrates potentially sustainable results that go beyond the humanitarian crisis. Further progress in consolidating GBV prevention and response between humanitarian settings and the national level will require a skilful approach to overcoming a culturally conservative mindset.

Gender-based violence through the period of this evaluation appears as an output under a gender-dedicated outcome in the Jordan Country Programme. Under the Country Programme, 2012-2017, which would have been designed just before the onset of the Syrian humanitarian crisis, the GBV focus was to strengthen national institutions, in particular the MoH and the Family Protection Department, to address VAW at the service level and at the level of the national framework. Integrating GBV issues into the university course targeting nursing students was also an element of the same output. Under the current Country Programme 2018-2022, the GBV focus shifted to strengthening national capacities with a focus on advocacy, data and coordination in development and humanitarian settings. UNFPA's role expanded to a broader coordination role in GBV, including the development of a GBV IMS, a coordinated referral system and the rollout of the essential services package. In 2018 the GBV team was fully resourced.

With regard to strengthening national capacity and service delivery to prevent and respond to GBV, UNFPA, in collaboration with others, developed guidelines, standards and protocols and then trained government staff in ministries and health services to apply them. Of note are the following:

- The GBV Essential Services Package prepared globally with UN Women, WHO, UNODC and UNDP and was rolled out in Jordan with the development of sectorial plans. This set of guidelines is designed to help national authorities to put in place essential services for GBV survivors and a coordinated referral system linking health, social services, the police and justice system. UNFPA also mapped existing GBV services in Jordan to include in the referral pathway.
- The Inter-Agency Standard Operating Procedures for addressing SGBV cases and child protection, in collaboration with UNICEF and UNHCR, were developed and launched in 2019 through UNFPA's technical support to the National Council of Family Affairs.

- The development of National CMR Guidelines that were endorsed by government. UNFPA also conducted a mapping of clinics with CMR capability.
- A curriculum on SGBV safe referral designed by the members of the SGBV Sub-Working Group for which training to non-specialized frontline workers will be accomplished. UNFPA with UNHCR developed a mobile application "AMALI" for safe referrals.

Service provider capacity was strengthened to utilize the standards and protocols, using a survivor-centred approach. Health staff were also trained in case management techniques for addressing GBV cases. Capacity building applied to service providers in camps, host communities, and in MoH clinics and health care facilities.

UNFPA has also supported the MoH to update the National Framework for Family Protection and to develop a Family Violence Tracking System. However, this support has been fraught with difficulties due to the sensitivities around GBV and to date, it has not been possible to establish one national data system for GBV. Not having one harmonized monitoring and tracking system for GBV cases in Jordan continues to present a formidable challenge to this work. Further, despite advocacy by UNFPA and partners on this issue, the MoH has not removed the mandatory reporting for SGBV survivors from the Family Protection Law [requiring health care providers to report the case to the authorities], which is a disincentive to survivors in seeking assistance and goes against the confidentiality principles.

GBV services supported by UNFPA and the SGBV SWG have benefitted primarily women and girls in 19 locations and primarily refugee SGBV survivors. Gaps in coverage and in types of services remain, and the SGBV IMS Taskforce is using the data to make recommendations and seek funding.

In terms of services available to survivors, to date, 19 total service delivery points, which are either comprehensive clinics or Women and Girls Safe Spaces (WGSS), are available to communities. The 2018 Annual Report of the GBV IMS Taskforce is a source document for GBV trends for informing programming and advocacy. GBV IMS data represents the data contributions of five organizations who are members of the Taskforce and in no way serve as a proxy for GBV prevalence in Jordan. Coverage is nearly complete for all of Jordan.¹⁵³ Some of the results reported are the following:

- The overall number of survivors assisted by members of the Taskforce increased by 25 per cent relative to 2017 data. This is explained by an increase in geographic coverage and additional WGSSs collecting data, as well as enhanced outreach to inform communities about the GBV services. The safe spaces that offer a diversity of empowerment activities are acknowledged as an important means to reach more survivors.
- A considerable increase in the percentage of Jordanian survivors was noted since 2017 (by 110 per cent) and this is primarily due to enhanced efforts to inform Jordanian women and the addition of a local women's organization with long expertise in serving Jordanian GBV

¹⁵³ Through the partner International Rescue Committee (IRC), there are three delivery points in Azraq camp. Through the partner the Institute for Family Health (IFH), there are 11 different delivery points: one in the Emirates Jordan Camp (EJC), three in Zaatari Camp, one in Dirallah, three in Amman, one in Karak, one in Zarqa and one in Madaba. Through the partner the Jordanian Women's Union (JWU), there are six – Amman, Irbid, Tafileh Hoson camp, Amman, Khaldyeh, and Ramtha.

survivors joining the Taskforce. The RH clinics operated by members of the Taskforce are an important entry point for Jordanian survivors.

- Of survivors assisted by the data gathering organizations in 2018, 96.8 per cent are female. (The report notes that boy survivors who seek help are supported by child protection actors who are not part of the Taskforce.)
- Health services provided to survivors increased by 20 per cent since 2017, most likely a result of the increase in coverage of CMR services (a total of 8 locations in 2018). The percentage of survivors who declined services decreased from 32.5 per cent in 2017 to 15.2 per cent in 2018.
- Psychosocial services are the most commonly available and utilized. The percentage of users increased slightly from 2017 to 92.8 per cent.
- The use of safety and security services decreased slightly from 87 per cent in 2017 to 80 per cent in 2018, as did the use of legal assistance services (from 78.1 per cent to 66.2 per cent, respectively). Most survivors decline these services for fear of retaliation and a lack of trust in law enforcement actors. Moreover, women survivors risk being placed in administrative detention if they are subject to threats after testifying, but they can also be detained at the discretion of governors for not complying with gender norms.
- For livelihood services, a very limited percentage of survivors (19 per cent) obtain livelihood services owing to a shortage of services and to transport, childcare, or other gender norm obstacles for women. Cash-based interventions as part of SGBV case management programs remain a major gap.

Evidence is not readily available to assess attitude and behaviour change, but some anecdotal information indicates growing awareness among men, women and youth, even though the incidence of sexual harassment against females is still felt to be prevalent in the camps.

With regard to behaviour change, data are not specifically available to make that determination. Interview data with rights holders—men, women (married and unmarried), girls and youth (young women and young men)—reveal among participants an awareness of the adverse effects of sexual harassment and child marriage in particular as a form of gender-based violence. Among the unmarried women in Za’atari, for instance, there was a sense that parents are becoming more open to speaking about sexual harassment and they feel there is greater law enforcement in the camp to deal with perpetrators than before (FGD, Unmarried women, Za’atari Camp). Men in the focus group discussion who had received awareness raising sessions with the implementing partner demonstrated supportive attitudes towards women and girls. Here is one illustration of an attitude change:

“I was passing by a school for girls and saw some young guys with raging hormones and they were harassing the girls. So I approached them as an older person and told it’s not appropriate. Before I did not have the courage to do this. They responded and felt embarrassed.” Male, Za’atari Camp

Sexual harassment is nonetheless a common problem in the camps and the evaluation of the Youth Center in Za’atari noted that a large majority of the youth consider harassment a very serious problem (Avila, 2018, p. 30). Older males among the youth and the Syrian volunteers seem less concerned about the harassment than the youngest cohort.

There are no data to ascertain attitude or behaviour change in host communities, in whose context outreach is more difficult than in camps.

As regards the attitudes and behaviours of health and medical staff, no data are available to make this determination. Client satisfaction surveys are conducted by the Monitoring Office of IRC on a regular basis with visitors to the clinic in Azraq Camp and would serve to hold medical staff accountable to gender-equitable and inclusive behaviours. This would be especially important for fair treatment of women who present for GBV, for adolescent or unmarried youth (male and female), and for men who, for cultural reasons, are reluctant to accompany women and even less inclined to present for their own sexual and reproductive health issues. In theory, health care staff in camps and in host community clinics should have the competencies to offer quality GBV and SRH services in a non-discriminatory fashion, in view of the trainings provided by UNFPA and its implementing partners.

Assumption 3.6

UNFPA has contributed to preventing, responding to and eliminating harmful practices (child marriage, FGM, and son preference)

Child, early and forced marriage only recently (in 2017) became a priority focus area for UNFPA as the designated lead agency but it is still too early to report results.

According to the Policy Brief on Child Marriage (Higher Population Council, 2017b, p. 5), child marriage has been on the rise, with an increase from 13.7 per cent in 2010 to 18.1 per cent in 2015. The percentage of married underage females out of the total married females was highest amongst Syrians at 29.5 per cent in 2015 vs. 17.6 per cent for Jordanians and 19.2 per cent for females of other nationalities. Child, early and forced marriage (CEFM) is one of the nine priority areas identified by the UN Country team and a flagship initiative for which funding is being sought. As a priority area, UN agencies report on the issues to the Results Groups. UNFPA has been the designated lead agency on CEFM, coming under the People Pillar led by UNFPA.

Under the 2018-2022 Country Programme Document, a new output was included under the Gender Equality and Women's Empowerment Outcome to *strengthen national capacities to address child, early and forced marriage*. This includes two strategies: (a) elaborating and implementing communication for behavioral impact and communication for social change to address CEFM practices; and (b) advocating with different stakeholders on the elimination of these practices.

In 2017, the SGBV Sub-Working Group established a special taskforce on child marriage for a six-month period to address issues among the refugee population. The Taskforce undertook a mapping of child marriage-related interventions in the Syrian refugee response in Jordan and identified priority areas of intervention. This Task Force merged with the National Technical Committee to address Child Marriage led by the National Council for Family Affairs (NCFA) (UNFPA, 2017a, p. 8). UNFPA also contributed to the development of the National Strategy Action Plan to End Child Marriage led by the Higher Population Council and the NCFA. The Plan has already been launched focusing on five areas of intervention: Legislation, Guidelines and Procedures; Health, Social and Psychological Services; Institutional Capacity Building; Awareness Raising and Education. The plan was approved by the prime ministry in 2019 and was handed to the National Council for family Affairs (NCFA) to monitor its implementation.

In 2017, UNFPA worked on developing a Communication for Behavioral Impact (COMBI) strategy that aims to decrease the level of Child marriage in Jordan using a communication approach that

goes beyond just increasing awareness and knowledge on problems related to child marriage and is directed at behaviour change. In 2018, UNFPA piloted the Communication for Behavioral Impact (COMBI) to increase access to adolescent girls and their families on information about CEFM that includes positive coping mechanisms as alternatives to child marriage. Fifteen Child Protection Ambassadors were trained to advocate against CEFM. Scaling up the COMBI Strategy has been hindered by a lack of funding beyond the pilot initiative.

As child marriage is also considered a form of gender-based violence, it is included in awareness raising for SGBV with rights holders, service providers, and government counterparts. Indeed, child marriage rates are particularly high in the camps and merit stronger focus. The recent evaluation of the Youth Center in Za'atari, for example, found that parents and youth attending the centre seemed very much opposed to early marriage (Avila, 2018, p. 43-44). A higher percentage of young women were opposed to CEFM than for young men. The youth also remarked that early marriage often ends in divorce.

It is still too early to identify any results relating to CEFM, as the focus on this particular social norm commenced in 2017.

UNFPA, UN Women and UNICEF are developing a joint programme to focus on CEFM, and that planning is underway as of the time of this evaluation.

Evaluation question 4

To what extent and with what results has UNFPA mainstreamed gender equality across UNFPA policies and programmatic outcomes? **Criteria:** *Effectiveness*

Assumption 4.1

UNFPA has mainstreamed gender across its programming

Prominent in UNFPA planning documents is the attention to integrating SRH and GBV in programming that falls outside the gender-dedicated outcome and as it pertains to the humanitarian response planning. Gaps exist in the strategic intent on addressing social norms and on male engagement, outside of GBV and CEFM.

With respect to gender mainstreaming across UNFPA's programming documents (five-year plans and annual work plans) in outcome areas other than the gender-dedicated outcome, it is evident from a review of such documents and in consultation with diverse stakeholders, that UNFPA has been consistent in seeking to integrate gender-based violence in SRH and youth programming. This explains the "integrated model" that UNFPA has supported to integrate RH and GBV services in primary health care. Country programme documents show consistency as well in youth programming being focused on SRH awareness raising, which includes messaging to prevent sexual and physical abuse and early marriage. Population and development interventions have also consistently adopted a sex-disaggregated approach in promoting the collection, use and analysis of national data.

At a more general level, that UNFPA has oriented its programming to facilitate the inclusion of SRH and GBV in humanitarian planning to complement the work of the largest donor in Jordan, USAID, signifies a critical contribution to advancing the SRH rights of women, girls and youth generally (UNFPA 2013, p. 8).¹⁵⁴

Less evident in Jordan's Country Programme planning documents is a strategy for male engagement in addressing social norms, such as son preference or gender roles in care work, or in overcoming cultural constraints to family planning, child spacing, and number of children. There is also no evidence of a strategy for tackling adverse social norms, outside of CEFM and GBV, and therefore the attention to community mobilization for behaviour change is unattended and the multi-sectoral approach/referral system to prevention and response to GBV does not include *robust* inclusion of livelihood opportunities for survivors. However, as indicated by one respondent, this may also be related to the unwillingness of donors to fund livelihoods programmes.

With respect to the behaviours and attitudes of health workers and service providers, they are a target group for capacity building in integrated high-quality SRH services and addressing GBV. However, the extent to which male and female health care workers (as well as other service providers) adopt gender-equitable and inclusive behaviours and attitudes, even with proper training, cannot be assumed. This can pertain to outreach to increase the demand for SRH and family planning services, the treatment of male and female clients who present to the clinic, and the types of counselling they receive.

¹⁵⁴ This appears in UNFPA Jordan's 2013-2017 Country Programme Action Plan.

Youth programming, as it pertains to empowerment and leadership activities, such as UNSCR 2250, is also not discussed in planning documents from a gender-responsive perspective, signalling the gender-specific constraints faced by young women vs. young men (see assumption 2.2 above).

Assumption 4.2

UNFPA's mainstreaming efforts have contributed to gendered results across UNFPA policies and programmatic outcomes (reproductive health, population data, adolescents)

Not relevant, as the source for this assumption is the Country Program Evaluations.

Evaluation question 5

To what extent are UNFPA's institutional culture, systems and processes "fit for purpose" to advance gender equality and the empowerment of women through a human rights-based and culturally sensitive approach in both development and humanitarian settings? **Criteria:** *Efficiency*

Assumption 5.1

The amount and quality of financial resources made available for dedicated programming and mainstreaming support the advancement of gender equality and women's empowerment has been adequate

The financial constraints that impinge on longer-term efforts to advanced GEWE are visible in humanitarian settings, owing to the large volume of earmarked funds, donor preferences, and annual funding cycles. The sustained use of international NGOs and the sustainability of national NGOs have also been flagged as concerns to advancing GEWE rights.

The issues with financial resources to support dedicated GEWE programming and gender mainstreaming, especially in a humanitarian setting, are (a) the capacity to invest in longer-term social change and therefore to retain the implementing partners who are trained and competent, (b) consistency in the availability of funding for humanitarian assistance to maintain the level of services in SRH and GBV, including for youth, and (c) the transferability of protocols, standards, systems, procedures, and competencies to the development setting to ensure sustainability and equity in the provision of services. Services must in any case address existing national vulnerabilities of women and young people in accessing SRH, but as noted earlier, this has been challenging as well and UNFPA is aware of the inequities. Gender mainstreaming in UNFPA staff further requires a capacity of the Country Office to retain qualified staff who are competent and committed to GEWE—for this, see assumption 5.2

The Syrian refugee crisis which began in 2011 is a protracted crisis and only a limited number of refugees, on the order of 32,000, have returned to Syria since the re-opening of the borders in October 2018. There are some budget concerns in UNFPA Jordan about the continuing levels of humanitarian funding after 2020. Further, as noted by respondents, humanitarian donors are more interested in-service delivery and less in behaviour change that is key to gender transformative work in GEWE. According to GPS/Atlas data, 95.5 per cent of Jordan's budget is drawn from non-core resources, that is, co-financing and/or "other resources," leaving the Country Office portfolio vulnerable to financial instability, should humanitarian donors reduce their funding or leave Jordan.

Further, a number of implementing partners interviewed mentioned the annual funding cycle as counterproductive to the partnership, especially around changes in norms. Most humanitarian donors operate on the basis of an annual funding cycle.¹⁵⁵ This will continue to inhibit partnerships that are grounded in a similar mission to advance GEWE rights. In some cases, funding has lapsed or scaled back for these implementing partners due to insufficient funding.

International NGOs as implementing partners have emphasized the difficulty of working with UNFPA from a financial perspective; Even though UNFPA does pay overhead, some INGOs would like non-direct staff to be covered in the project budget. Owing to such financial issues with INGOs, some feel UNFPA is a better match to local NGOs. As one INGO noted, the reason donors prefer INGOs is that they have robust systems for quality assurance, management and oversight. This is not solely a UNFPA constraint but applies to the UN more generally. The same INGO representative indicated that their organization was forced to cease working with UNICEF and UNHCR for this reason. In relation to advancing GEWE, it begs the question of whether UNFPA has the flexibility to choose the most competent NGO across the spectrum of international and local NGOs (see also Assumption 5.2).

From yet another perspective, it has been noted that some (not all) national NGOs would have difficulty sustaining their operations without funding from UNFPA. One national NGO felt that it was important to favour national NGOs over international NGOs in the selection of partners precisely to ensure sustainability of operations. However, dependency on donor funding was raised as a more general problem for NGOs. To sustain the collaboration with NGOs that are committed to promoting GEWE rights or specifically to women's rights defender organizations presents itself as the more critical issue for which a partnership strategy is a more likely response to the issue (see Assumption 5.2 below).

Assumption 5.2

Strategic investment choices enable UNFPA to address social norm changes and the deep drivers of gender inequality

UNFPA does not currently have the right mix of partners for a gender transformative approach to SRH, GBV or youth programming, nor the internal enablers. To address social norm change would require a partnership strategy that articulates the competencies and commitments of partners (implementing or not) to take this work forward.

Most of UNFPA's implementing partners are engaged in service delivery work. Among them, those that are notably committed to not only addressing the immediate needs of target populations in SRH and GBV, but the underlying causes for gender inequalities are few. Those that have in their organizational mandate to promote GEWE or to mainstream gender equality are more promising partners. With regard to youth programming, there is a multitude of organizations working on youth issues, mostly international NGOs in the camps and national NGOs and other partners in the Jordanian context. UNFPA has taken a lead role on the Youth, Peace and Security, convening various actors in the coalition. The initiative is inclusive of young women and young men, but it is not apparent how their differential barriers to empowerment and leadership are being considered. Being fluent in sexual and reproductive health or in youth programming does not necessarily translate into gender responsiveness. The current portfolio of implementing partners,

¹⁵⁵ According to one source, ECHO, which is UNFPA's largest donor, is about to engage in strategic multi-year partnerships with the potential for developing long-term plans.

national and international NGOs, is not the right mix for gender transformative work. Moreover, different strategies are required to support longer-term social change processes among refugees and vulnerable Jordanians, as opposed to year-to-year service delivery, as required by humanitarian donors. As one respondent remarked, “A lot of actors would like to engage in more transformative approaches to *prevention* [author emphasis] of violence, but with 12-month funding cycle it is difficult.”

Assumption 5.3

UNFPA has adequate human resources at global, regional and country levels to advance gender equality through dedicated programming and mainstreaming of GEWE

UNFPA has the appropriate skills and staffing level to address GBV within its gender-dedicated outcome area. Gender mainstreaming outcome areas are also advancing GEWE but would benefit from a more joined-up understanding and approach to GEWE in the future, especially as UNFPA expands its level of expertise in addressing harmful practices. The social change process this entails will require more consistent capacity to retain competent staff.

Retaining competent staff in thematic areas under a gender-dedicated outcome is essential to advancing a rights agenda. It is possible to envision as key areas of competency that include experience in underlying cause analysis change pathways with a holistic, rights-based approach; strategic visioning; and a capacity to lead, convene, and motivate. Even more broadly, for a gender mainstreaming agenda, a certain level of gender expertise would be expected within the staffing. In the case of the Jordan Country Office, while there is no designated position for GEWE, it also cannot be assumed that this expertise is embedded in staff working in SRH, youth, or population and development. In the view of one senior-level respondent, “the bottom line is that people who do it are those who are motivated to do it;” working on GEWE also requires “a willingness to be brave and vocal.” Further, while staff competencies are aligned and appropriate to the respective outcome areas, all areas of work share a set of critical links between SRH, rights, and gender equality. Operationally, this suggests that different sectoral teams within UNFPA Jordan may benefit from developing a shared understanding or even a theory of change for progressing on GEWE within a rights and SRH framework.

A further issue is the availability and stability of funding to retain competent staff as described earlier. UNFPA is in a better position than four-five years ago when most staff were on short-term contracts with no benefits and there was high staff turnover. Presently, three out of the five staff positions on the GBV team, which is fully on board since January 2019, are on fixed term agreements, however, all contracts are still renewable on a yearly basis. All positions in the GBV team are also funded from “other resources” and not core. The uncertainty of donor funding, as mentioned under assumption 5.2, could affect staff motivation and retention.

The *Hemayati* programme, a joint programme between UNFPA, UNICEF and UN Women, is a case in point. This programme was focused on providing access for Syrian refugees and vulnerable Jordanians in host communities to comprehensive, multi-sectoral services including SRH, psycho-social support, shelters, and legal services to address and combat SGBV issues. Owing to the annual funding cycle of humanitarian funding, the programme encountered the loss of competent and well-trained staff and an interruption in services in GBV and SRH (Hassan & Baldin, 2019, p. 30).

While many respondents—partners, government counterparts and donors—overall had favourable comments on UNFPA’s contributions to advancing SRH rights and to the work on GBV and child

marriage, some felt that (a) its role is not that clear to them and (b) it may not be ideally positioned to lead on child marriage because its strength is in reproductive health and addressing harmful practices requires a much broader, multi-dimensional ambit. It begs the question of UNFPA and its partners' readiness to pivot from their technical strengths to convening the right set of actors and to adopting more of the 'soft skills.'

Assumption 5.4

Gender equality is a priority in the culture and leadership of the organization

Because an outspoken leader is so essential to championing gender equality within an organization, there are some deep concerns about the current vacancy of the most senior manager position (the Representative) and plans to downgrade it to an International Programme Coordinator position. More than any other factor, this could prove to be pivotal to its credibility in Jordan.

One of the challenges that UNFPA faces in general (not only in Jordan) is consistency in priority-setting by the leadership and, to advance gender equality, GEWE has to remain a top priority in the transition from one senior manager to the next. Leadership changes in the country office have, in past years, led to perceptions that new leaders bring forward different priorities for investment (the example of "the elderly" as a target population in a previous CPD). Shifting priorities also creates confusion for other actors, as indicated under Assumption 5.3. Observations by some implementing partners suggest that the difference between UNFPA and other UN entities is not always apparent.

The question of whether UNFPA senior management staff inhere a sense of accountability to gender mainstreaming is not readily evident, as their first concern tends to be ensuring a regular inflow of funds and an accountability to financial audits. Inevitably, this focus is part of the broader incentive system of the organization. It is otherwise clearly recognized that the senior management operates in accordance with the strategic directions of UNFPA (the "three zeros or transformative results") and developed its Country Programme Document on the basis of key national priorities and in consultation with the Regional Office and Headquarters.

The other current concern for UNFPA Jordan is the downgrading of the most senior position to a International Programme Coordinator position since the Country Representative position was vacated in 2019. This has the potential to affect UNFPA's capacity to effect dialogue with and position itself on an equal par with other UN entities. UNFPA is the leader of the "People Pillar" in the new United Nations Sustainable Development Framework (UNSDF), 2018-2022 (see Assumption 5.5. for more information on the UNCT and on the UNSDF).¹⁵⁶ Child marriage for which UNFPA is the lead agency comes under the People Pillar. It remains to be seen how UNFPA's leadership capability will be perceived, especially since UN Women and UNICEF are also engaged in child marriage work.¹⁵⁷ As one respondent offered, the International Programme Coordinator position may even affect its credibility with international agencies and with government.

¹⁵⁶ The other two pillars are "Institutions" and "Opportunity."

¹⁵⁷ Both UNFPA and UNICEF completed studies on child marriage. The Australian Embassy has a partnership with UN Women to work with the Sharia courts on the issue of child marriage.

The recent change in procurement requirements pose a potentially serious concern to saving lives and maintaining UNFPA's reputation in SRH. The gender marker is not a reliable measure for UNFPA's gender-responsiveness and deserves better scrutiny.

Prioritizing gender should also be reflected in UNFPA's procurement processes, implementing partner agreements and funding arrangements. However, as discussed above, funding cycles are problematic for GEWE work, even more so for the prospect of changing social norms. Results reporting by UNFPA and by partners have elements of GEWE considerations but in the absence of any guidelines, are not systematic in identifying, for example, whether an intervention is gender-targeted, gender-responsive or gender-transformative. The gender marker is a tool used by UNFPA staff to rate outputs as having no contribution to GEWE (GM00), some contribution (GM01), significant contribution (GM2A) or primary objective (GM2B). The outputs of UNFPA's current partners under gender-mainstreaming outcomes (and not the gender-dedicated outcome) are rated either GM2A or GM2B. A cursory review by the evaluation team raises questions about some of the ratings, relative to evidence gathered by the team.

Procurement processes are also a concern raised by UNFPA staff, with the recent change in policy requiring that the procurement of all drugs and commodities be done through the Copenhagen office. Contraceptives have always been procured in this way; the critical change is in the requirement to secure life-saving medications for ante- and post-natal services as well as the essential drug list. This is a potential risk to the lives of pregnant mothers and children if the essential drugs and commodities are not in stock and available in time. Implementing partners are aware of the policy change but it is too early to know their effects.

Assumption 5.5

UNFPA advances collaborative work across UN agencies towards SDG 5

The one joint programme proved to be overall effective but not without coordination obstacles. And under the new UNSDF, gaps exist in prioritizing gender equality and mobilizing UN agencies to collaborate. More efforts are needed to bring about shared accountability to gender equality through the platform of the 2030 Agenda.

One of the ways that UNFPA collaborates with other UN entities is through joint programming. In Jordan, there are very few joint programmes on the UN Country Team because of the humanitarian focus on service delivery, according to one key informant. However, the aforementioned *Hemayati* programme is an example which responds to the objectives of the SGBV Sub-Working Group which UNFPA co-chairs and in which UNICEF and UN Women are members. While the programme was overall evaluated as effective, the coordination aspects have not proved to be a model for others (Hassan & Baldin, 2019). In part, this is attributable to the funding structure for the programme but also the government requirement that each UN entity apply independently for government approval, thereby creating delays in programme implementation. Further, the activities of UN Women and UNFPA that were almost identical but in different locations resulted in double reporting on the same activity. There was also limited interaction between UNICEF and the Jordanian Women's Union (JWU) that ran the safe spaces and limited interaction between UNFPA and UN Women with the Ministry of Social Development, a long-standing partner with UNICEF.

According to one senior official, the larger UN agencies often feel that "they do not need to cooperate with others especially since collaboration is more complicated." Nonetheless, despite the shortcomings of the coordination on *Hemayati*, the three agencies (and IOM) will try once

again to establish a joint programme on child marriage. The involved agencies will seek to raise funds for this initiative which will test the capacity for creating synergies to achieve broader change.

Under the new United Nations Sustainable Development Framework (UNSDF), 2018-2022, implementation arrangements include “Results Groups” established around each of the three pillars—Institutions, People, Opportunities. However, UNSDF does not have a separate gender outcome, which is one of the standards in the UNCT scorecard. There has also not been a coordination structure (no GTG) on gender equality for the past couple years. While UN Women filled the gap by becoming the Gender Champion and Advisor to the UN Resident Coordinator, the UNCT is now considering what would be an appropriate structure to better support coordination on gender equality. The SGBV Sub-Working Group does exist as a coordinating mechanism, but it focuses on gender based violence in humanitarian setting and thus, the gender mainstreaming mandate is beyond its scope.

The UNCT developed a gender strategy focused on a women’s economic empowerment platform and advocacy messages for each Head of Agency. But doubt lingers around the real commitment of UN agencies to a gender equality agenda, putting into question the potential for the gender strategy to mobilize and motivate other agencies.

As one other senior official argued, “the new UNSDF should force agencies to be less insular.” For example, even though UNFPA has lead responsibility for the ICPD, the ICPD contributes to the 2030 Agenda; as such, the UN system as a whole is accountable.

IV – Considerations for the overarching global thematic level

Consideration 1. Gender analysis as part of the country planning cycle

Gender analysis as a stage in the planning process is not currently a part of UNFPA policies and procedures or is very indirectly referenced. The Policies and Procedures Manual for the Development and Approval of the Country Programme Document (CPD) refers to the Population Situation Analysis as defining “key populations and groups in vulnerable situations, gaps in capacity or barriers to meeting their needs and strategies for addressing those needs (UNFPA 2018, p. 6).” The Population Situation Analysis Guide (UNFPA, 2011) has a specific section on gender inequalities, as well as on GBV and on harmful cultural practices. This placeholder is not adequate to ensure a systematizing of gender mainstreaming and does not capture all phases of a country programme planning cycle. Staff also did not make reference to any specific gender guidelines or tools for operationalizing gender analysis across the cycle.

Consideration 2. Positioning on Male Survivors of GBV

Country Offices, particularly those engaged in humanitarian response, require a clear positioning on its target groups for GBV treatment and response. As indicated in the evaluation of the Jordan’s Response to the Syrian crisis, UNFPA’s protection ambit, given its own finite resources, should remain women and girls. Including male survivors in its referral system is what UNFPA Jordan is already doing; expanding the scope of its services to men, however, should not be considered UNFPA’s priority. No reference document for UNFPA globally can be cited that addresses the issue of UNFPA’s stated responsibility for prevention and treatment of GBV among male survivors.

Consideration 3. Partnership agreements with INGOs

UNFPA, as well as other UN agencies, have restrictions on cost coverage often sought by INGOs. This is potentially a basis for the exclusion of INGOs from providing critical competencies and services, especially in humanitarian settings. Further, INGOs are an important player at the early stage of a humanitarian crisis where national capacity may be limited in implementing UNFPA initiatives. UNFPA at global level has signed MOUs with INGOs but more guidance to Country Offices is needed on how to cost the workplan agreements, especially with respect to staff and overheads. In short, further inquiry may be needed to ascertain the extent to which INGOs opt of collaborating with UNFPA for this reason.

Consideration 3. Procurement policy change

Further information is needed to clarify the policy and its requirements at the level of Copenhagen with regard to procurement especially in humanitarian settings. The implications and realities of enforcing the policy change need to be fully understood by both sides in order to avoid incurring significant risks to programming. Also at issue is the importance of granting some flexibility to COs in implementing their humanitarian programmes to ensure safe and normal deliveries, especially in contexts like Jordan where a national quality assurance control system is in place.

Consideration 4. Gender marker

Use of the gender marker as a valid measure for gender-responsiveness, in light of the evidence from Jordan, deserves further scrutiny. The evaluation team will continue to assess use of the gender marker in the other country cases to compare the experience of Jordan, however, it is often the case among development agencies that the gender marker is used for budgeting purposes and hence at the start of a planning cycle, which may reflect a more perfunctory process for the rating rather than a true reflection of the output's contribution to GEWE. The UNFPA Gender Strategy, 2018-2021, makes reference to exploring opportunities to develop the second generation of gender markers, such as the gender and age marker (GAM) rolled out by the Inter-Agency Standing Committee (IASC) (UNFPA, n.d., p. 26). Learning from this process may shed light on some of the possible adaptations to the marker to render it more effective.

Annexes

Annex I - Sources of evidence

The evaluation mission consulted with 133 stakeholders through individual interviews and group discussions:

a) List of consulted stakeholders through Individual Interviews

No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
1	Dr Asma Abu Abed	Director	The National Women's Health Care Center	F
2	Ahmad Abu Nimreh	Project Manager	Questscope Social Development	M
3	Ahmad Bawaneh	Program Deputy Director	International Medical Corps (IMC)	M
4	Ana Lukatela	Deputy Representative/Head Resilience and Empowerment Unit	UN Women	F
5	Anna Liboro-Senga	Head of Office/Coordination Specialist	UN RC Office	F
6	Ashraf Abu Alhalaweh	Senior Project Manager	Questscope Social Development	M
7	Asma KHader	SIGI CEO	Solidarity is Global Institute (SIGI)	F
8	Barbara Ratusznik	Second Secretary, Humanitarian	Australian Embassy	F
9	Bothaina Qamar	Youth Program Manager	UNFPA	F
10	Bouchta Mourabit	Humanitarian Coordinator	UNFPA	M
11	Branko Golubovic	Technical Assistant - Jordan, Regional Sectoral Expert, DRR	ECHO	M
12	Dima Hamasha	SRH Programme Associate	UNFPA	F
13	Emily Page	Protection Officer (SGBV)	UNHCR	F
14	Hanan Abed	Youth Program Coordinator	Questscope Social Development	F
15	Haneen Al fayoumi	Youth Program Coordinator	Questscope Social Development	F
16	Ibrahim Aqel	IFH Director	Institute for Family Health (IFH)	M

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

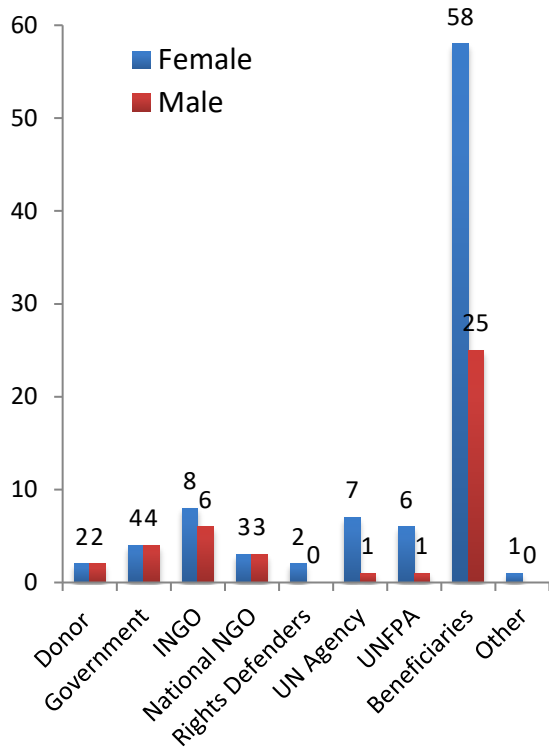
No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
17	Ibtisam Dababneh	Operations Manager	UNFPA	F
18	Jennifer Miquel	UNFPA Syria Regional Response App	UNFPA	F
19	Laila Baker)	UNDCO Regional Director (Former UNFPA Representatives)	UNDCO (formerly UNFPA Rep)	F
20	Lara Al Alamat	Corporate Communications & Sustainability Team Leader	ZAIN	F
21	Mahmoud Nabulsi	Youth Program Manager	Royal Health Awareness Society (RHAS)	F
22	Mai Nasrallah	Youth Technical Coordinator	NRC	F
23	Majd Swiss	UN project coordinator	National Council of Family Affairs (NCFA)	F
24	Marco Aviotti	Country Director	International Rescue Committee (IRC)	M
25	Mohammad Qatawneh	Case Manager	Institute for Family Health (IFH)	M
26	Mohammed Meqdadi	Secretary General	National Council of Family Affairs (NCFA)	M
27	Nadia Shamroukh	General Manager	Jordanian Women's Union (JWU)	F
28	Nana Watanabe	First Secretary	Embassy of Japan	M
30	Neveen Al samhoury	RH officer	Institute for Family Health (IFH)	F
31	Ola Jundi	Monitoring, Evaluation and Reporting Analyst	UN Women	F
32	Omar Nusairat	Senior Coordinator for Humanitarian Relief Program	Ministry of Planning and International Cooperation (MOPIC)	M
33	Pamela Di Camillo	GBV Specialist	UNFPA	F
34	Salma Nims	Secretary General	Jordanian National Commission for Women (JNCW)	F
35	Sanaa Kanaan	SRH Consultant	UNFPA	F
36	Sawsan Al Dajaa	Director	Higher Population Council (HPC)	F
37	Sawsan Mohammed Sa'ada	Sustainable Development Program Director	CARE Jordan	F

No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
38	Seren Shahin	Regional Humanitarian Officer/ <i>Agente humanitaire régionale</i>	Canadian Embassy	F
39	Sheraz Alnasour	Case Manager	Institute for Family Health (IFH)	F
40	Thabet Nabulsi	Former Secretary General	Ministry of Youth	M
41	Waseem Al. Deek	Project Manager	Jordan Health Aid Society (JHAS)	M

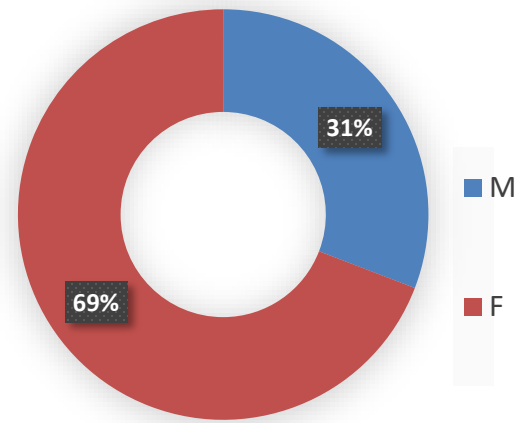
b) Group Interviews

Name of Beneficiary Group	Location	# of Females	# of Males	Total
Married women 24+, Safe Spaces	Za'atari Camp	5	0	5
Unmarried women, 18-24, Safe Spaces	Za'atari Camp	12	0	12
Youth, male, 18+, Youth Centre	Za'atari Camp	0	8	8
Youth, female, 18-29, Youth Centre	Za'atari Camp	7	0	7
Men, 30-60, benefitting from AWR GBV and RH	Za'atari Camp	0	6	6
Women and Girls, 30-49, Safe Spaces, Life Skills Curriculum	Azraq Camp	15	0	15
Married men, 32-50, AWR GBV from IRC	Azraq Camp	0	11	11
Married women/girls, 18- 40, attending the comprehensive centre and safe space	Urban clinic	9	0	9
Girls, 9-13, benefitting from Y peer mentorship sessions	Urban clinic	6	0	6
Unmarried women/girls, 17-24, attending the comprehensive centre and safe space	Urban clinic	4	0	4

Interviewees by stakeholder type



Interviewees Disaggregated by Sex



Annex II - List of documents reviewed

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Annex III – Revised evaluation matrix (post - pilot mission)

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
I. How relevant is UNFPA support to Gender Equality and Women’s Empowerment?			
Evaluation question 1: To what extent does UNFPA support align with and respond to 1) partner government priorities, 2) national needs on gender equality and women’s empowerment, 3) UNFPA policies and strategies and 4) overall global normative framework on gender equality and women’s empowerment?			
21. UNFPA interventions align and respond to national priorities and needs to advance gender equality and women’s empowerment.	<ul style="list-style-type: none"> Degree to which UNFPA support is aligned with national frameworks/plans in ways that advance progress on GEWE Extent to which UNFPA support at regional and country levels has been guided by existing evidence on country priorities and needs Evidence of UNFPA contributions to UN Development Assistance Framework/UN Sustainable Development Cooperation Framework 	Country case studies Desk-based country case studies Country Program Evaluations (CPE) Corporate evaluations Key informant interviews	Document review Semi-structured interviews Group interviews (possibly FGD) CPE review
22. UNFPA support aligns with/responds to the (varied) needs of different rights holder groups in each country context, particularly marginalized and vulnerable communities. ¹⁵⁸	<ul style="list-style-type: none"> Extent to which UNFPA support at regional and country levels has been guided by existing evidence on needs Evidence of relevance of UNFPA interventions in relation to varied needs of rights holder groups 	Country case studies Key informant interviews	Document review Group interviews (possibly FGD) In-country observation

¹⁵⁸ In each country context, these groups may include: women and girls affected by violence, particularly vulnerable population groups such as indigenous or refugee populations, and “key population groups” particularly vulnerable to HIV and frequently lacking adequate access to services. UNAIDS considers the following five main “key population groups” particularly vulnerable to HIV and frequently lacking adequate access to services: 1) gay men and other men who have sex with men, 2) sex workers, 3) transgender people, 4) people who inject drugs and 5) prisoners and other incarcerated people. See: <https://www.unaids.org/en/topic/key-populations>. This definition is also reflected in the UNFPA Strategic Plan 2018-2021, Annex 7 (the results framework for the UNFPA-UNDP-UNICEF-UN Women common chapter to their strategic plan).

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>23. UNFPA work at country, regional and global levels is aligned with UNFPA's policies and strategies (mandate), UN frameworks and policy directives, international human rights conventions, instruments, and reports.¹⁵⁹</p>	<ul style="list-style-type: none"> • Degree of alignment of UNFPA support for GEWE with UNFPA policy and strategy¹⁶⁰ • Alignment of UNFPA support with the guidance provided in UN-frameworks and in international normative frameworks (especially ICPD, CEDAW and SDGs) 	<p>Key informant interviews Country case studies Regional case study Desk-based country case studies</p>	<p>Document review Semi-structured interviews</p>
<p>Evaluation question 2: What have been strengths and limitations of UNFPA approach (es) to supporting Gender Equality and Women's Empowerment at global, regional and country levels?¹⁶¹</p>			
<p>24. UNFPA applies a human rights-based and culturally/context sensitive approach in its support to gender equality and women's empowerment.</p>	<ul style="list-style-type: none"> • Evidence that programmes, policies supported by UNFPA are broadly and diversely owned at country level including by local civil society groups which are at the forefront of advancing gender equality in a given context • Evidence that UNFPA has engaged men and boys as duty bearers in advancing gender equality • Evidence that engagement of men and boys focuses on transforming systems and addressing harmful/negative social norms • Evidence that UNFPA, in partnership with others in UN system, opens up spaces for rights holders 	<p>Country case studies Desk-based country case studies Regional case study CPEs</p>	<p>Document review Semi-structured interviews Group interviews (Possibly FGD) CPE review</p>

¹⁵⁹ These include SDG 5, Convention on the Elimination of all Forms of Discrimination Against Women, ICPD, Quadrennial Comprehensive Policy Review, the UN System-Wide Action Plan on Gender Equality and the Empowerment of Women, ECOSOC E/RES/2015/12 on gender mainstreaming, as well as regional declarations such as the Convention of Belém do Pará.

¹⁶⁰ These include the 2012-2013 Mid-Term Review of UNFPA's Strategic Plan, the 2014-2017 Strategic Plan, the 2018-2021 Strategic Plan and UNFPA's Strategic Frameworks on Gender Mainstreaming and Women's Empowerment 2008-2011 and 2012-2013 and other UNFPA policies and plans, such as UNFPA's global Adolescent and Youth Strategy, 2010-2013 South-South Cooperation Strategy, the 2017 South-South and Triangular Cooperation Strategy, the 2015 UNFPA Resource Mobilization Strategy, and the 2018-2021 Knowledge Management Strategy.

¹⁶¹ The following assumptions are all about the "how" of UNFPA programming.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>25. UNFPA work on gender equality and women's empowerment programming is integrated across the development, humanitarian, and peace nexus.</p>	<p>(e.g. feminist organizations, organizations of women with disabilities, human rights organizations) to participate and influence GEWE related decision-making</p> <ul style="list-style-type: none"> • Evidence of comprehensive gender analysis that identifies underlying causes of gender inequality and strategies for addressing these (including through partnership) in country programming cycle • Evidence of an intersectional lens, reflecting the multiple, intersecting identities of women and their varied experiences of gender inequality in country programming • Results reported in evaluations that are characterized as gender transformative, i.e. contributed to shifting social norms, power dynamics and resources in a sustainable way (based on the Gender Results Effectiveness Scale (GRES))¹⁶² • Alignment of UNFPA support with the UN system's guidance on a 'new way of working' across the humanitarian-development-peace nexus • Evidence of UNFPA addressing the nexus in design, implementation and monitoring of its programming as per UNFPA guidance¹⁶³ 	<p>Country case studies Desk-based country case studies Regional case study Key informant interviews</p>	<p>Document review Semi-structured interviews CPE review Internet survey (TBD) (e.g. UNFPA offices well equipped to think</p>

¹⁶² The GRES consists of a five-point scale that measures results as gender negative, gender blind, gender targeted, gender responsive or gender transformative.

¹⁶³ This implies investments in both short-term response and longer-term resilience and institution building. It means anticipating and designing the next phase of a programme to ensure that results are sustained in any (and all) phases and to leave no one behind. UNFPA, Enhancing UNFPA's Work to address the Humanitarian-Development-Peace Nexus, draft November 2018.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>26. UNFPA builds strategic partnerships, especially with civil society to advance gender equality, with a human rights approach.</p>	<ul style="list-style-type: none"> Evidence of UNFPA strategy for partnership that is based on gender equality goals (clear purposes, 164 diversity of actors) Evidence of partnerships based on clear structures, trust, shared goals, mutual accountability 	<p>Corporate evaluations since 2016 CPEs</p> <p>Country case studies Desk-based country case studies Regional case study Key informant interviews Evaluations of joint programmes</p>	<p>through what should be different?)</p> <p>Document review Semi-structured interviews Internet survey (TBD)</p>
<p>27. UNFPA brings together and leverages its various roles and thematic areas¹⁶⁵ at global, regional and country levels to support gender equality and women's empowerment across different settings.</p>	<ul style="list-style-type: none"> Extent to which UNFPA has effectively utilized and integrated its advocacy role at global, regional, and country levels Extent to which UNFPA has effectively utilized and integrated its convening role at country level¹⁶⁶ Extent to which UNFPA has effectively utilized and integrated its coordination role within the UN system and with partners (including its lead role in coordinating the GBV Area of Responsibility) 	<p>Country case studies Desk-based country case studies Regional case study Key informant interviews CPEs</p>	<p>Document review CPE review Semi-structured interviews Internet survey (TBD)</p>

II. What were the overall results of UNFPA support to GEWE at global, regional and country levels?

¹⁶⁴ The purposes encompass “consultative” and “implementation” partners.

¹⁶⁵ For example, the extent to which UNFPA interventions on FGM, Child Early and Forced Marriage, prevention and response to GBV are interlinked to work on early pregnancy, fistula, family planning and comprehensive sexuality education.

¹⁶⁶ Convening refers to gathering together different kinds of stakeholders to establish a common agenda at national level for a particular topic.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>Evaluation question 3: To what extent has UNFPA’s dedicated programming work under the gender equality outcome of its Strategic Plan(s) contributed to advancing gender equality, the empowerment of all women and girls, and reproductive rights in development and humanitarian settings?</p>			
<p>28. UNFPA has generated evidence-based knowledge and guidance that contributes to international normative frameworks and operational mechanisms on advancing gender equality/women’s empowerment (global level).¹⁶⁷</p>	<ul style="list-style-type: none"> • Number and type of knowledge and guidance products, including those developed jointly, made available to a diversity of actors promoting GEWE • Evidence of stakeholders at global level attributing shifts in norms and standards to UNFPA or UNFPA outputs 	<p>Key informant interviews Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations</p>	<p>Document review Semi-structured interviews</p>
<p>29. UNFPA has fostered an enabling environment for gender equality and women’s empowerment¹⁶⁸ (regional level).</p>	<ul style="list-style-type: none"> • Evidence of use of regional knowledge/analytical products • Number of good practices identified and replicated within a region • Evidence of increased capacities of regional actors (including civil society organizations) to advocate for/monitor human rights mechanisms and address discriminatory practices 	<p>Key informant interviews Regional case study Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations</p>	<p>Document review Semi-structured interviews</p>
<p>30. UNFPA has contributed to strengthening national policies, accountability frameworks and legal normative frameworks, including laws on gender equality and women’s empowerment (national level).¹⁶⁹</p>	<ul style="list-style-type: none"> • Proportion of countries sampled in which UNFPA has contributed to the creation of new or improvement of existing national laws, policies and regulations on reproductive rights so that they align with international human rights norms and standards. 	<p>Country case studies Desk-based country case studies Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations</p>	<p>Document review Semi-structured interviews CPE review</p>

¹⁶⁷ This links to expected capacity changes in the ToC, including relevant actors’ capabilities (new knowledge and evidence, skills) and the motivation and opportunities (normative frameworks and operational mechanisms) that are part of enabling environment.

¹⁶⁸ This links to expected capacity changes in the ToC by supporting capabilities, motivation and opportunities.

¹⁶⁹ This links to expected capacity change in the ToC by creating opportunities for relevant actors and thus creating an enabling environment.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> Evidence of UNFPA contributions to also strengthening capacity of national actors to implement and monitor these policies, etc. Evidence of UNFPA creating opportunities/enabling conditions for policy dialogue 	<p>CPEs</p> <p>Key informant interviews</p>	
<p>31. Strengthened civil society organizations and social movements sustain efforts to eliminate discriminatory gender and sociocultural norms affecting women and girls.</p>	<ul style="list-style-type: none"> Evidence of social movement building to advance gender equality and women's empowerment Proportion of countries reviewed where there is evidence of sustained engagement of men and boys to eliminate discriminatory norms 	<p>Country case studies</p> <p>Desk-based country case studies</p>	<p>Document review</p> <p>Semi-structured interviews</p> <p>Group interviews</p>
<p>32. UNFPA has contributed to preventing, responding to and eliminating gender-based violence (global, regional, national and community levels).</p>	<ul style="list-style-type: none"> Evidence of changes in relevant actors' capacity (individual and organizational capabilities, and the enabling opportunities and motivational factors) Evidence of changes in targeted actors' behaviours/actions Evidence of changes in GBV prevalence in programming countries/at regional/global levels 	<p>Country case studies</p> <p>Desk-based country case studies</p> <p>Regional case study</p> <p>Corporate evaluations on GBV and harmful practices and FGM joint programme</p> <p>CPE synthesis on the transformative results from the 2018-2021 Strategic Plan (especially GBV and HP)</p>	<p>Document review</p> <p>Semi-structured interviews</p>
<p>33. UNFPA has contributed to preventing, responding to and eliminating harmful practices (child marriage, FGM, and son preference) (global, regional, national and community levels).</p>	<ul style="list-style-type: none"> Evidence of changes in targeted actors' capacity (capabilities, opportunities, motivation) Evidence of changes in targeted actors' behaviours/actions Evidence of changes in prevalence of harmful practices in programming countries 	<p>CPE synthesis on the transformative results from the 2018-2021 Strategic Plan (especially GBV and HP)</p> <p>Corporate evaluations on GBV and harmful practices and FGM joint programme</p>	<p>Document review</p> <p>Semi-structured interviews</p>

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
Evaluation question 4: To what extent and with what results has UNFPA mainstreamed gender equality across UNFPA policies and programmatic outcomes?			
34. UNFPA has mainstreamed gender across its programming. ¹⁷⁰	<ul style="list-style-type: none"> Evidence that gender analysis and gender equality priorities are reflected in relevant <ul style="list-style-type: none"> country programme documents, workplans, corporate strategies UNFPA's performance vis-à-vis the UN SWAP 1.0 on Gender Equality indicator "B3. Strategic Planning" and "A1. Policy and plan" as well as UN SWAP 2.0 indicator "A. Results-Based Management" Proportion of activities under outcomes 1, 2, 4 with gender marker ratings of "some contribution", "significant contribution", "primary contribution"¹⁷¹ 	Country case studies Regional case study UNFPA annual UN-SWAP reports UNFPA corporate strategic documents UNFPA country-level programme documents and relevant monitoring and evaluation reports	Document review
35. UNFPA's mainstreaming efforts have contributed to gendered results across UNFPA policies and programmatic	<ul style="list-style-type: none"> Ratings of UNFPA reported results against the Gender Results Effectiveness Scale 	CPEs Key informant interviews	CPE review Semi-structured interviews Group interviews

¹⁷⁰ Including the "Priorities for Gender Equality Programming" as articulated in the 2012-2013 UNFPA strategic framework on gender mainstreaming, which refer to: a) mainstreaming women's reproductive rights in laws and regulations, development policies and frameworks, including the MDGs; b) integrating gender equality into reproductive health programmes; c) ending gender-based violence; d) addressing adolescents and youth; e) responding to emergency and post-emergency situations; f) engaging men and boys as partners for equality.

¹⁷¹ UNFPA started tracking mainstreamed financial support in 2014 through the gender marker. The gender marker is a self-reporting tool and as such has an inherent risk of subjective bias.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
outcomes (reproductive health; population data, adolescents). ¹⁷²			
III. What factors have, positively or negatively, influenced UNFPA support to Gender Equality?			
Evaluation question 5: To what extent are UNFPA's institutional culture, systems and processes "fit for purpose" to advance gender equality and the empowerment of women through a human rights-based and culturally sensitive approach in both development and humanitarian settings?			
36. The amount and quality of <u>financial resources</u> made available for dedicated programming and mainstreaming support the advancement of gender equality and women's empowerment has been adequate.	<ul style="list-style-type: none"> • Level and type of resources (core and non-core) allocated to the dedicated outcome on GEWE • Level and type of resources allocated to gender mainstreaming • Proportion of activities under OEE outputs with gender marker ratings "some contribution", "significant contribution", "primary contribution" between 2014-2018 	ATLAS /GPS Country case studies	Financial system data review Document review
37. Strategic investment choices enable UNFPA to address social norm change and the deep drivers of gender inequality	<ul style="list-style-type: none"> • Types of outputs supported by UNFPA (focus on response or the drivers/underlying causes) • Evidence of positive/negative effects of prioritization (business model) 	Country case study Regional case study	
38. UNFPA has adequate <u>human resources</u> at global, regional and country levels to advance gender equality through dedicated programming and mainstreaming of GEWE.	<ul style="list-style-type: none"> • Evidence of staff with competencies and accountability for GEWE • Proportion and level of dedicated staff leading on gender, GBV, GBV information management, GBV in emergency at global, regional, and country level • Evidence of value or disruptions due to surge functions in humanitarian settings 	UN-SWAP reporting Country case studies Regional case study Key informant interviews	Document review Semi-structured interviews Internet survey (?)

¹⁷² Assumption 4a focuses on whether UNFPA has made visible efforts to mainstream gender equality, while assumption 4b explores the results that have derived from these efforts.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> • Extent to which UNFPA has effective staff capacity assessment and capacity development for its work on GEWE • Evidence of investment in gender architecture • Extent of progress on gender parity at different levels 		
<p>39. Gender equality is a priority in the culture and leadership of the organization.</p>	<ul style="list-style-type: none"> • GEWE reflected/highlighted in corporate policies and strategic plans • Senior and program management with clear accountabilities for gender mainstreaming • Extent to which resource allocation /business model enables investments that further GEWE, especially social norm change • Quality of data provided for the gender marker and UN-SWAP • Extent to which GEWE issues, including social norm change are explicitly addressed in regular monitoring and performance reporting at country, regional and global levels • Extent to which GEWE concerns are reflected in UNFPA procurement processes, implementing partner agreements, funding arrangements 	<p>UN-SWAP reporting Global staff survey (questions on culture and gender equality) Key informant interviews</p>	<p>Document review Semi-structured interviews Internet survey (?)</p>
<p>40. UNFPA advances collaborative work across UN agencies towards SDG 5</p>	<ul style="list-style-type: none"> • Number and type of initiatives (including as part of the UNFPA 2018-2021 common chapter) that reflect coordination/ collaboration • UNFPA leadership role in coordinating GBV in emergencies recognized 	<p>Key informant interviews Country case studies</p>	<p>Semi-structured interviews Document review</p>

Evaluation of UNFPA support to gender equality and the women's empowerment across development and humanitarian settings 2012-2020

Latin America and the Caribbean case study

October 2020



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Acronyms and Abbreviations

AECID	Agencia Española de Cooperación Internacional para el Desarrollo
CARICOM	Caribbean Community
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CELADE	Latin American and Caribbean Demographic Centre
ECLAC/CEPAL	Economic Commission for Latin America and the Caribbean – <i>Comisión Económica para América Latina y el Caribe</i>
FLACSO	Facultad Latinoamericana de Ciencias Sociales
GBV	Gender-based violence
GEWE	Gender equality and women's empowerment
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
IOM	International Organization for Migration
IASC	Interagency Standing Committee
LGBTQI	Lesbian, gay, bisexual, transgender, queer and intersex
OECD	Organization for Economic Cooperation for Development
PAHO	Pan American Health Organization
SICA /COMMCA	Sistema de integración Centroamericano / Consejo de Ministras de la Mujer de Centroamérica y la República Dominicana
SDG	Sustainable Development Goal
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund

I. Introduction

This regional case study is part of a global evaluation of the United Nations Population Fund (UNFPA) support to gender equality and women's empowerment (GEWE) across development and humanitarian settings over the period 2012 – 2020.

The case study was carried out from April to September 2020, a period during which the COVID-19 pandemic intensified in Latin America and the Caribbean and had gendered effects across many already vulnerable population groups. The crisis put additional constraints on and affected all the stakeholders consulted, who have been deeply engaged in the response to the crisis.

The case study note provides an overview of the context for gender equality in Latin America and the Caribbean, followed by an overview of the case study purpose and methodology. Evaluation findings are organized according to each of the five evaluation questions and the corresponding assumptions to be assessed, based on the evaluation matrix developed during the Inception Phase. A final section highlights key themes emerging from the case study that may be particularly relevant to the overall thematic evaluation.

II. Context and Background

Regional context for gender equality and women's empowerment

The Latin American and Caribbean region has undergone significant socio-economic progress in the past two decades with the majority of countries reaching upper and lower middle-income status. About 70 million people have been lifted out of poverty (UNFPA, 2018b). Despite these achievements, the region remains the most unequal region in the world (Bárcena & Byanyima, 2016) as population groups, including women, young people, lesbian, gay, bisexual, transgender, queer and intersex people (LGBTQI), indigenous and afro-descendant populations, migrants and refugees and those living in rural communities, remain marginalized and experience a multitude of vulnerabilities on a daily basis. Changes in economic condition have not gone hand in hand with shifts in socio-cultural norms around the role of women within society. Women and girls continue to suffer from discrimination and violence, as many of them are still limited to the domestic space and are affected by gender-based violence (GBV), including femicide, early unions and child marriages, and unequal political participation. Increased rates of violence among young males and patriarchal notions of masculinity have exacerbated violence committed against women and girls in several parts of the region.

Strengthened conservative movements have increasingly contested principles of gender equality and women's rights in the region (Biroli & Caminotti, 2020; Corrales, 2015; O'Brien & Drysdale Walsh, 2020). Originating in predominantly religious circles, anti-feminist discourse has gained traction among secular groups in the past decade. In particular, non-binary gender identities and sexual orientations have become mobilizing issues that generate reactive backlash and a cycle of protest against equal marriage and comprehensive sex education since 2016 (Biroli & Caminotti, 2020). Conservative movements have managed to promote alternative framings of rights and gender relations, promoting the idea that the

traditional concept of “family” is at risk. While pro-choice movements in Latin America mobilize around reproductive rights as human rights of women since the 90’s, anti-abortion movements have also started to draw on the language of human rights, including the fundamental right to life, human dignity, equality, anti-discrimination, building more broad-based opposition platforms. In addition, conservative actors have achieved greater transnational ties with groups at global levels. These developments pose new challenges for the progressive agenda in the region.

In addition, the region has experienced humanitarian emergencies due to natural disasters, violence and political instability, which have put additional challenges to the progress on gender equality in the region. The Venezuelan socio-economic and political crisis has increasingly affected its neighboring countries who have become host to large numbers of Venezuelan migrants and refugees. The crisis is characterized by highly gendered dynamics that have particularly impacted the lives of women, girls and LGBTQI people (CARE, 2020). The high vulnerability of the Caribbean to natural hazards, some of which have become cyclical in nature due to climate change, have resulted in the reallocation of limited resources to disaster response and put additional socio-economic strains on the small island states. The outbreak of epidemics, such as the Zika virus in 2016 and the most recent COVID-19 pandemic have further increased the vulnerability of women and girls in the region).

The number of infections and deaths due to the COVID-19 global pandemic has differentially affected countries in the region. As of May 2020, Brazil recorded the highest number of confirmed cases and fatalities, followed by Peru, Ecuador, Mexico and Chile (UNFPA, 2020c). Many countries took measures, including lockdowns and partial confinement of the population. In light of the deteriorating socio-economic situation, governments gradually started lifting restrictions nationwide for specific economic sectors or implementing a strategy of “selective” or “targeted” quarantines by geographical regions. The pandemic exposed and exacerbated existing structural inequalities in the region, including weak and fragmented health systems and access to quality services, which in some places still depend on the socio-economic status of individuals. Stakeholders consulted and recent publications have noted the heightened risk of regression of the rights of women and girls in the region. In particular, there has been a rise in the number of gender based violence (GBV) cases affecting women and girls (International Rescue Committee, 2020), highlighting existing gaps in GBV prevention and response and challenges in adapting referral systems to the particularities of the pandemic. Additional challenges include:

- Lack of data on the impact of the pandemic on the lives of women and girls. National data on fatalities and infections are not sufficiently disaggregated to identify the vulnerabilities and needs of specific groups.
- Some countries are dealing with multiple humanitarian emergencies (e.g., (forced) migration, femicide, GBV, natural disasters).
- Government has a more antagonistic relationship with the United Nations in certain countries, which has affected the ability for quick and effective response.

Gender equality and women’s empowerment

Progress has been made in achieving greater gender equality and women’s autonomy in the region, in particular through the establishment of regulatory and institutional frameworks. At the regional level, the 2013 Montevideo Consensus on Population and Development (CEPAL, 2013) and the 2016 Montevideo

Strategy for implementation of the Regional Gender Agenda (CEPAL, 2017) set progressive targets for gender equality, sexual and reproductive health and rights and population dynamics in sustainable development. At the national level, governments have adopted or updated gender equality policies and plans. Between 2016 and January 2020, nine Latin American countries —Argentina, Chile, Costa Rica, the Dominican Republic, Ecuador, El Salvador, Panama, Paraguay and Uruguay— have adopted new gender equality plans in line with the Montevideo Strategy. In the Caribbean, Antigua and Barbuda, Barbados, the British Virgin Islands, Trinidad and Tobago, Grenada, Suriname and Guyana have developed or are developing a national gender equality strategy or plan of action (CEPAL, 2019b).

Progress on gender-based violence:

The region has made progress in terms of strengthening legislative and policy frameworks addressing GBV that are considered to be among the most progressive and comprehensive globally (Organization for Economic Cooperation for Development-OECD, 2020a). All countries in the region have ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), and 17 countries have ratified its optional protocol. In addition, the Inter-American Convention to Prevent, Sanction and Eradicate Violence against Women, also known as the “Convention of Belém do Pará” (OAS, 1994). By mid-2019, 13 countries had passed laws on violence against women, which address different forms of violence, for instance physical, psychological, sexual, economic, property-related, symbolic, femicidal, and different manifestations of violence, such as domestic, institutional, workplace, obstetric and media violence, violations of reproductive freedom, and trafficking and sexual exploitation (CEPAL, 2019b) (see graph below). In the Caribbean, Antigua and Barbuda, Barbados, British Virgin Islands, Trinidad and Tobago, Grenada, Guyana, Suriname, and the Turks and Caicos Islands have developed regulatory frameworks addressing GBV. In addition to legislative advances, national plans to combat violence against women have been developed in 30 countries in Latin America and the Caribbean (CEPAL, 2019b). The extent to which legislation covers multiple manifestations of GBV varies, as for instance, sexual violence and sexual harassment in public spaces have only recently become part of the public debate (Francisco Aguayo & Nascimiento, 2018).

Graph 1: Countries in Latin America and the Caribbean with comprehensive laws on GBV (source: CEPAL, 2019b)



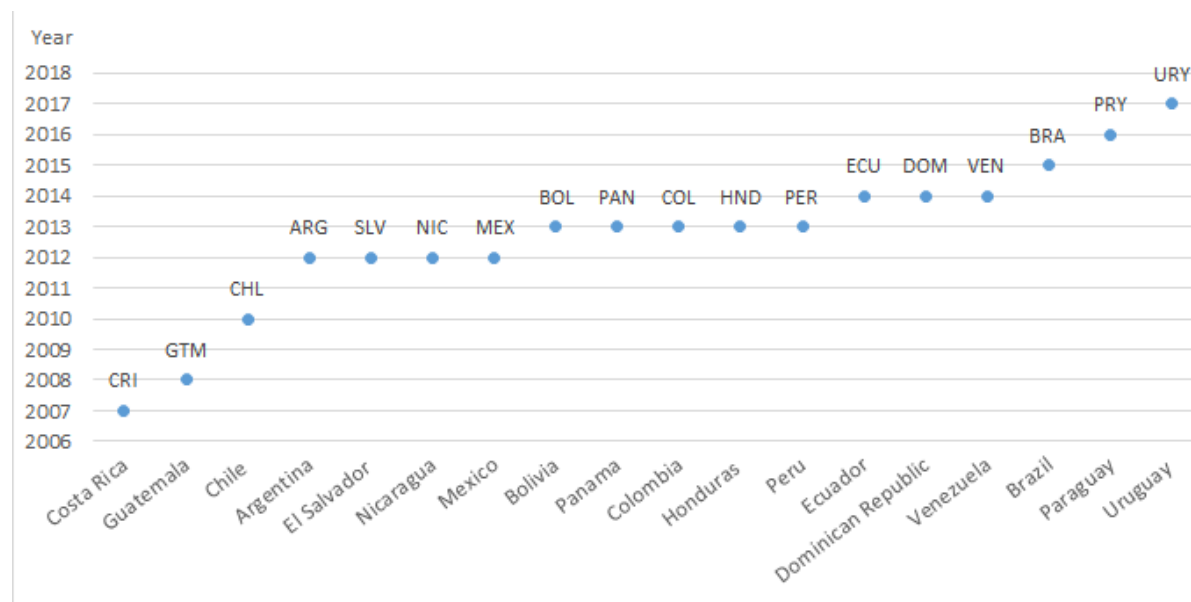
Source: Economic Commission for Latin America and the Caribbean (ECLAC), Gender Equality Observatory for Latin America and the Caribbean [online] <https://oig.cepal.org/en>.
Note: The boundaries and names shown on this map do not imply official endorsement or acceptance by the United Nations.

^a Peru passed a hybrid law, insofar as it covers various forms of violence against women and also covers violence perpetrated against members of the family group. It is also comprehensive because it encompasses the violence that takes place in the community and acts of violence tolerated and committed by agents of the State.

Challenges remain with regards to the implementation and monitoring of policies and actions plans, as countries face institutional capacity constraints, lack of stable and adequate financial resources and a need for greater harmonization and cooperation between sectors. The institutional response in countries, including the police, justice, health sectors, is still slow and inadequate to protect women (Francisco Aguayo & Nascimiento, 2018). There are still shortcomings in the collection of systematized and disaggregated statistical information to track GBV prevalence. As of 2018, about 27 percent of women in the region have experienced domestic violence in their lifetime (16 percent in Central America, 21 percent in the Caribbean and 33 percent in South America), a decrease from 36 percent in 2014 (OECD, 2020a). Some countries have recorded a greater decrease (e.g., Chile, Jamaica) while other countries have increased prevalence rates (e.g., Brazil, Dominican Republic, Haiti). In addition, the Latin American and Caribbean region has the highest rates of femicide in the world. In 2018, 3,529 women were killed across

the region because of their gender (OECD, 2020a). Graph 2 shows the year when countries in this region first enacted a law specifically addressing femicide (OECD, 2020b).

Graph 2: Laws addressing femicide by year of enactment (source: Deus & Gonzalez, 2018; OECD, 2019)



Early Union and Child Marriage:

Latin America and the Caribbean is the only region in the world that has not recorded a significant reduction in child marriages since the mid-1990s, with one in six girls getting married or entering an informal union before the age of 18 years each year (OECD, 2020a). Historically, early marriage or union has been a “non-issue” in this region. The Central American average is the highest in the region with 20 percent of girls aged 15-19 years married or in informal unions (OECD, 2020a). The practice is higher among the poorest population and in rural areas. Although it is illegal to marry before the age of 18 in most countries, there are exceptions that include marriage with parental consent and arise from the lack of regulations for informal unions. In recent years, several countries in the Caribbean and Central America have passed legislation setting the minimum legal age for marriage at 18 years for boys and girls, with no exceptions.¹⁷³

Adolescent pregnancies:

The Latin America and Caribbean region has one of the highest adolescent fertility rates in the world, behind only West, Central, East and Southern Africa (Jones et al., 2019). While the total fertility rate in the region has declined significantly over the past 30 years, adolescent fertility among the 15-19-year olds has

¹⁷³ These include the Dominican Republic, Trinidad and Tobago, Honduras, El Salvador, Panama, Costa Rica, Ecuador (Girls Not Brides, 2017).

had a slow decline from 88.2 to 66.5 between 1980-85 to 2010-2015 (Pan American Health Organization-PAHO et al., 2016). Indigenous girls are disproportionately affected by early pregnancy, with the highest percentages of adolescent mothers recorded among rural indigenous girls (PAHO et al., 2016). Data on pregnancies in girls younger than 15 years are limited. Sub-regional frameworks have paved the way for strengthening governments' attention to this issue, as countries developed frameworks in the Southern Cone and the Caribbean following the example of Andean and Central American countries over the past decade. The majority of Caribbean States retain restrictive legislation and practices regarding adolescent access to sexual and reproductive health care services including family planning, due to the requirement for parental consent and socio-cultural barriers (Jones et al., 2019).

Decriminalization and legalization of abortion:

Abortion remains a highly contested issue in the Latin American and Caribbean region as conservative movements have gained momentum in defining social norms around the voluntary termination of pregnancies and autonomy of women and girls over their bodies. The legal landscape varies across the region. For example, abortion is illegal in El Salvador, Haiti, Honduras, Suriname, Dominican Republic, Jamaica and Nicaragua and only permissible to save a woman's life without exceptions in five countries of the region¹⁷⁴ (Center for Reproductive Rights, 2020; OECD, 2020a). Abortion is more widely available in other LAC countries, which have broader exceptions or have no restrictions (e.g., Guyana). Despite the adoption of the Montevideo Consensus, which calls for countries to pave the path for voluntary termination of pregnancy to protect the lives of women and girls, there were no major reforms to abortion laws in the Caribbean during the period 2013 to 2018. In recent years, there have been several initiatives for legislative reforms to improve (e.g., Argentina, Colombia, Bolivia, Chile, El Salvador) or reduce (e.g., Colombia, Chile) access to legal abortions. Access to abortive procedures remains a service mostly exclusive to the wealthier segment of populations who can afford to have the procedure done privately.

¹⁷⁴ Antigua and Barbuda, Dominica, Guatemala, Paraguay and Venezuela. Chile, Brazil, Panama and Mexico also limit abortion to the principle of saving the woman's life but have some additional exceptions.

Graph 3: Status of abortion laws in Latin America and the Caribbean in 2019 (source: Center for Reproductive Rights, 2019)



UNFPA strategies and resources

UNFPA in the Latin American and Caribbean region is represented by a regional office based in Panama and 20 country offices in (predominantly) Spanish-speaking Latin American countries¹⁷⁵ and a sub-regional office in Kingston with five liaison offices in the Caribbean (Guyana, Barbados, Belize, Suriname, Trinidad and Tobago). The sub-regional office covers a total of 22 countries and territories and is funded by country programme funds and guided by a multi-country programme document defining priorities for the sub-region. The regional and sub-regional Offices support each other when feasible in a number of areas, including advocacy initiatives, support for regional frameworks and humanitarian work.

The majority of countries in the region are classified as 'pink' quadrant countries based on the current UNFPA business model.¹⁷⁶ As such, the primary modes of engagement since 2014 have been capacity development and advocacy and policy dialogue for the regional and the sub-regional Offices across all outcome areas. Notably, since 2017, knowledge management has increased in significance among interventions under the gender-dedicated outcome for the regional office, while support to service delivery has gained in importance in the Caribbean context due to UNFPA engagement in humanitarian/emergency contexts and the Spotlight Initiative.¹⁷⁷

Financial overview:

Both the regional and sub-regional offices have experienced reduction in overall budget over the review period.¹⁷⁸ With core resources for gender-dedicated work declining since 2012 and a variable levels of non-core funds that were usually below levels of core funds, the regional office made adjustments to its programming (see graph 4 below). The regional office gradually shifted from implementing regional projects to providing direct technical support to country offices. The reduction in resources is also reflected in a decrease in regional implementing partners, including those conducting gender-dedicated work, over the review period (although some increase was achieved with the launch of the Spotlight Initiative). Gender non-dedicated outcome areas (SRH, youth and adolescents, population and development) are mostly core-funded¹⁷⁹, yet have all experienced downward trends in core funding

¹⁷⁵ In addition to Brazil, a Portuguese-speaking country, and Haiti, a French and Creole-speaking country.

¹⁷⁶ With the exception of Haiti (red quadrant country); Bolivia, Guatemala, Honduras (orange quadrant countries); Nicaragua, El Salvador, Paraguay (yellow quadrant countries). The Caribbean countries are classified within the pink quadrant.

¹⁷⁷ Atlas/GPS only introduced tagging for humanitarian interventions in 2018. Since 2018, almost all 'service delivery' interventions of the Sub-regional office are tagged as humanitarian.

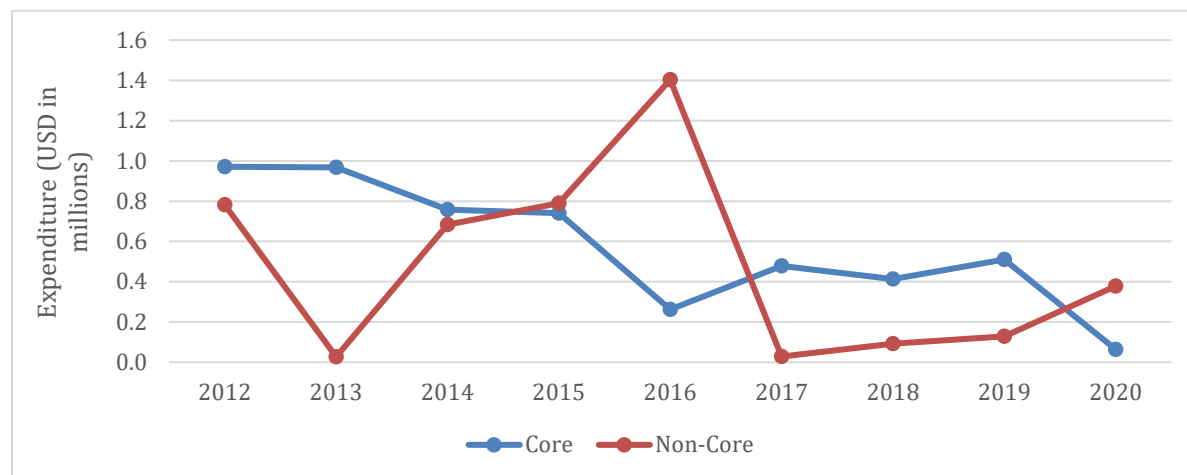
¹⁷⁸ The Regional office expenditure across all outcome areas decreased from USD11.8 million to USD5.2 million between 2012 and 2019. The sub-regional office recorded its highest expenditure in the same period in 2013 with USD4.6 million and reduced to USD2.4 million by 2019.

¹⁷⁹ Core funds make up on average 60 percent of yearly funds for the SRH outcome, 95 percent of yearly funds for the youth outcome, and 94 percent of yearly funds for the outcome on population and development.

across the review period¹⁸⁰. The analysis of UNFPA Atlas/GPS Gender Marker ratings across all outcome areas, conducted by the evaluation team, suggests a stronger effort to mainstream gender using core funds while at the same time earmarked non-core funds (with high gender ratings) have decreased especially since 2016. This provides an indication of the challenge to mobilize financial resources to support gender-dedicated work in the region.

¹⁸⁰ The outcome on population and development has experienced a downward trend in core funds both prior to and after an increase from US\$600,000 in 2017 to US\$1.3 million in 2018.

Graph 4: Regional office core and non-core expenditure under the gender-dedicated outcome (2012-2020)¹⁸¹
(source: UNFPA Atlas data)



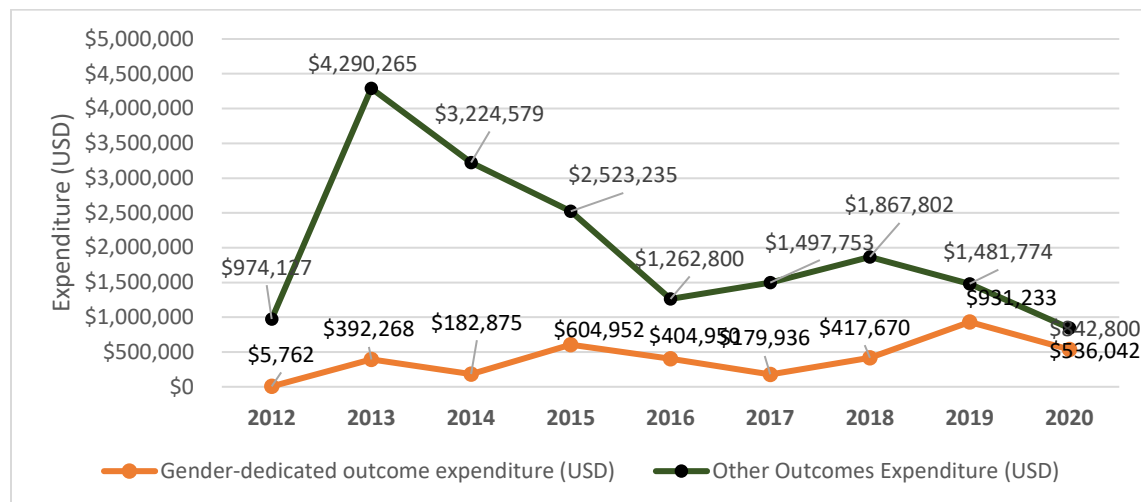
In the case of the sub-regional office, core and non-core expenditures on gender-dedicated outcomes have slightly increased over the review period, despite the overall decline in budget (see graph 5 below). The sub-regional office has garnered more resources for its gender-dedicated work through humanitarian interventions yet has struggled to generate the level of resources required to address needs in the sub-region covering 22 countries and territories for most of the review period. For instance, the initial budget for the outcome on gender equality under the 2012-2016 Multi-Country Programme was USD3.5 million, while the sub-regional office expenditure was USD1.5 million for the period. As a result, UNFPA has reduced the number of implementing partners engaged in gender-dedicated work in the Caribbean. The sub-regional office's attention also shifted to policy dialogue with governments and service delivery, especially since 2018. With the launch of the Spotlight Initiative, the sub-regional office's gender-dedicated budget allocation increased from approx. US\$975,000 in 2019 to US\$ 2.2 million in 2020¹⁸².

Graph 5: Sub-regional office gender-dedicated outcome expenditure vs. other outcome expenditure (2012-2020)¹⁸³ (source: UNFPA Atlas data)

¹⁸¹ Data available as of 30 September 2020.

¹⁸² Budget allocation data as of 30 September 2020.

¹⁸³ Data available as of 30 September 2020.



The regional office is currently in the third year of implementing the Regional Programme Action Plan (RIAP) 2018-2021 and has undergone a mid-term review in 2019/2020. The 2014-2017 Programme has not been evaluated to date. The sub-regional office is in its fourth year of implementing the 2017-2021 Multi-Country Programme, which is based in the United Nations Multi Country Sustainable Development Framework 2017-2021, guided by the Caribbean Community (CARICOM) Strategic Plan, the Small Island Developing States Accelerated Modalities of Action and the 2030 Agenda. The 2012-2016 Multi-Country Programme did not undergo a full-fledged evaluation, as such the current programme is informed by the self-assessment of the previous programme cycle and reflects Sustainable Development Goals (SDG) 1 through 5, 8, 13 and 16.

III. Case study purpose and methods

Purpose

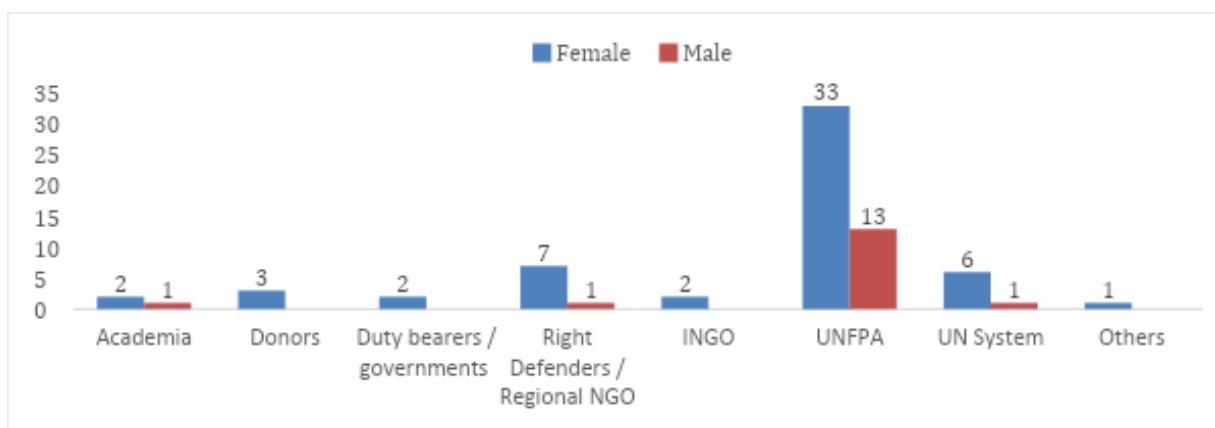
This case study is one of the lines of inquiry for the global thematic evaluation. As a regional case study, it aims to:

- Provide an in-depth assessment of the region as a unit of analysis, offering a more nuanced and comprehensive picture of the interlinkages of UNFPA programmatic work at global, regional, sub-regional and country levels;
- Analyse the regional office role, in relation to headquarters, sub-regional and country offices;
- Identify contextual factors that are determinants for programming and investments in GEWE in the region;
- Illustrate UNFPA contributions to advance the GEWE agenda in the Latin American and Caribbean region;
- Assess the extent to which the regional office is fit for purpose to support and add value to the realities for mainstreamed and dedicated gender programming on the ground.

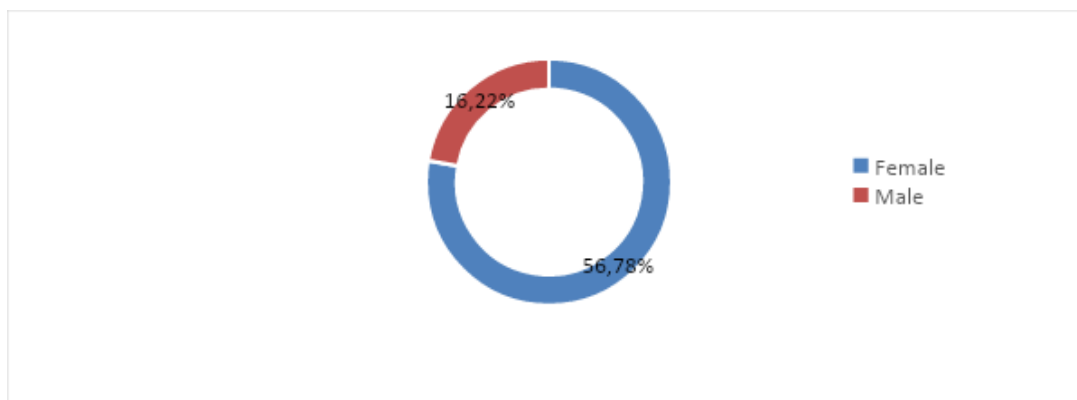
Methods

The case study is informed through an analysis of qualitative and quantitative data. The study draws on a desk review of portfolio data from Atlas (2012-2020), primary and secondary documentation, including literature and UNFPA reports, knowledge products, and evaluations available at the regional and sub-regional level. The case study initially foresaw a data collection mission to the regional office in Panama. In light of the onset of the pandemic, the evaluation team adopted its approach by **conducting virtual consultations with 73 stakeholders** between May and August 2020. The selection included current and former staff of the UNFPA Latin American and Caribbean Regional and sub-regional offices, and a sample of country office staff, including two focus group discussions, one with gender focal points in Latin America and one with gender focal points/liaison officers in the Caribbean. The team also consulted with external stakeholders from civil society, United Nations system, and inter-governmental organizations (see graphs 6 and 7 below). A list of stakeholders is provided in Annex 1.

Graph 6: Interviewees by stakeholder type



Graph 7: Interviewees disaggregated by sex



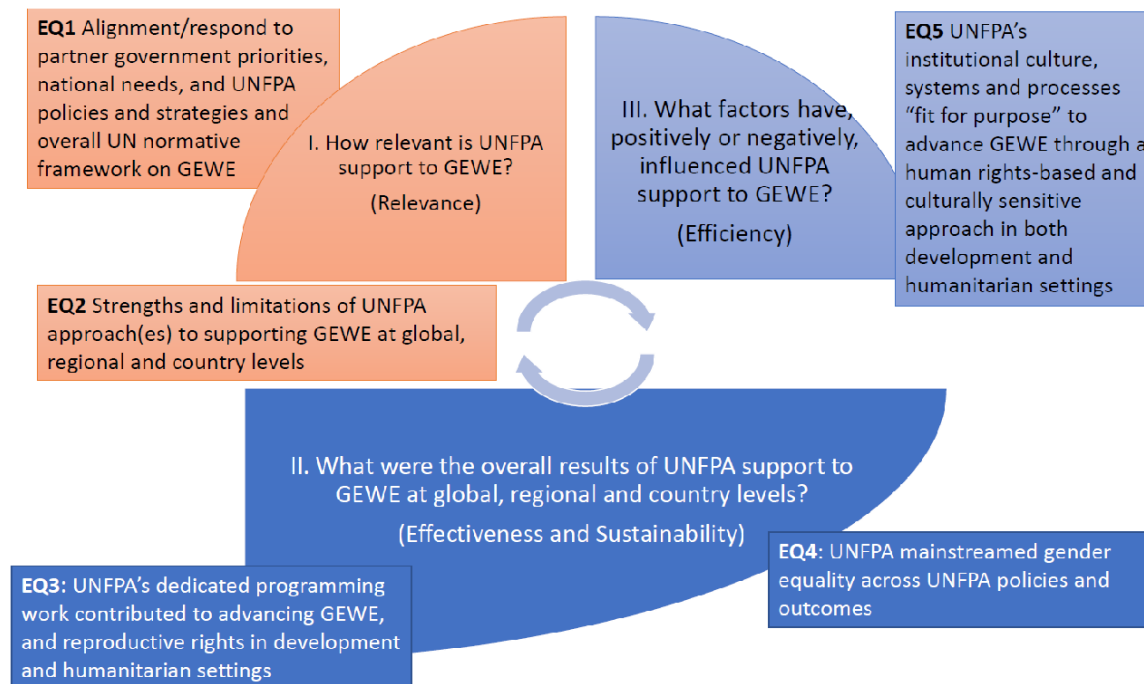
At the launch of the case study, two working sessions were scheduled with the regional office and the sub-regional office staff, presenting the objectives and expectations of the case study and validating the (preliminary) storyline of UNFPA support for GEWE in the region. The evaluation team organized a debriefing workshop session with participation from both offices to validate preliminary findings and test tentative considerations to feed into the thematic evaluation report.

Limitations

It is important to note that the case study identifies UNFPA contributions to the GEWE agenda but does not seek to directly link UNFPA support to results (attribution). Although the case study covers the full breadth of the UNFPA programme in Latin America and the Caribbean, it does not cover each area in great depth, nor does it reflect the full extent of UNFPA's efforts at the country and sub-regional level due to limitations in documentation and time allocation.

IV. Findings

The case study findings are structured by five evaluation questions:¹⁸⁴



Evaluation question 1

To what extent does UNFPA support align with and respond to: 1) partner government priorities, 2) national needs on gender equality and women's empowerment, 3) UNFPA policies and strategies and 4) overall global normative framework on GEWE? **Criteria:** *Relevance*

Assumption 1.3¹⁸⁵

UNFPA work at country, regional and global levels is aligned with UNFPA's policies and strategies (mandate), United Nations frameworks and policy directives, international human rights conventions, instruments, and reports.¹⁸⁶

¹⁸⁴ These questions are the same as the ones used in the global thematic evaluation and all case studies in order to ensure consistency across the different lines of evidence.

¹⁸⁵ The numbering is aligned with the Evaluation Matrix guiding the global thematic evaluation (see Annex 3).

¹⁸⁶ These include SDG 5, Convention on the Elimination of all Forms of Discrimination Against Women, ICPD, Quadrennial Comprehensive Policy Review, the UN System-Wide Action Plan on Gender Equality and the

Finding 1: UNFPA work in the region is anchored in regional frameworks, such as the Montevideo Consensus, that provide strong normative guidance on sexual and reproductive health, sexual rights and GEWE that is more progressive than the International Conference on Population and Development (ICPD) globally.

Documentary evidence and interviews with stakeholders show that UNFPA work on gender equality and women's empowerment is anchored in regional frameworks, including the 1994 Convention of Belém do Pará, the 2014 Small Island Developing States Accelerated Modalities of Action Pathway, the CARICOM Strategic Plan 2015-2019, and the 2013 Montevideo Consensus on Population and Development. Interviewees highlighted the UNFPA contribution to the preparation and follow-up of the Montevideo Consensus. The Consensus is an intergovernmental policy document, adopted by 38 countries, that provides the roadmap for achieving the Programme of Action of the International Conference on Population and Development (ICPD) in the Latin America and the Caribbean region. As one interviewee noted, the Consensus builds on preceding Regional Conferences on Women in Latin America and the Caribbean, linking the regional gender agenda with the population agenda.

The Consensus constitutes a key milestone setting progressive targets for the region in terms of sexual and reproductive health, gender equality and addressing the needs of the most vulnerable. It is considered a forward-looking document that addresses central, commonly contentious, issues, including abortion, sexual orientation and gender identity, thereby constituting the first intergovernmental agreement that puts a stand-alone definition of sexual rights that defines sexual rights beyond women's human rights (Barot, 2014). In comparison, in global frameworks, the term 'sexual rights' does generally not appear (e.g., ICPD Programme of Action) and reference to the vulnerabilities of LGBTQI peoples are often omitted. As noted by Correa et al., "The Montevideo debates and final recommendations were not just about whether adolescents, women, persons of diverse sexualities and sex workers must have their human rights protected and ensured, including on matters related to reproductive autonomy and sexual practices. Rather, the debate was centered on how these aspirations are to be achieved and how to address the root causes of inequalities – deriving from gender, race, ethnicity, class, age, location in the territory and ableism – that hinder the full realization of the ICPD normative and policy legacies" (Correa et al., 2014).

The Montevideo Consensus is now framed as a roadmap to support implementation of Agenda 2030, which renewed emphasis on the principle that progress should benefit all people and provide further impetus for UNFPA work on Leaving no-one behind (see assumption 2.1) in Latin America and the Caribbean.

Finding 2: UNFPA regional and sub-regional offices have played a key role in adjusting UNFPA global strategies and guidance to regional and local contexts to ensure their relevance.

UNFPA global strategies and gender equality frameworks have provided limited orientation and, at times, been perceived as limiting action on the issues that have become critical components of the UNFPA approach to gender equality in Latin America and the Caribbean. UNFPA staff at regional and country

Empowerment of Women, ECOSOC E/RES/2015/12 on gender mainstreaming, as well as regional declarations such as the Convention of Belém do Pará.

levels expressed that global strategies and guidance have been articulated from a less expansive (or more conventional) perspective on gender and gender equality. In light of needs and existing frameworks in the region, which adopt a notion of gender beyond the gender binary, the regional and sub-regional offices and country teams have made adjustments and operated with a broader concept of gender when feasible.

UNFPA staff at regional and country levels also noted the absence of a UNFPA global vision and guidance on often-contentious issues in Latin America and the Caribbean such as access to safe and free abortion where legal, non-binary gender identities and diverse sexual preferences, toxic masculinities and broad-based sexuality rights. Specifically, the inclusion of LGBTQI in sexual and reproductive health, advocacy around the decriminalization of abortion and the provision of safe abortion, including post-abortion care, and the work on masculinities are perceived as areas where there is more limited policy guidance from headquarters. UNFPA past and current global strategies on gender equality and gender mainstreaming make limited references to masculinities or masculinity. The focus on masculinities is also not very prominent in existing global manuals on gender norms and engaging men and boys. In addition, UNFPA work around economic empowerment requires clearer understanding and strategic thinking according to staff. The lack of a clearly communicated vision and relevant guidance at the global level on key issues relevant to the region can pose challenges and opportunities for country offices. On the one hand, the lack of global guidance and strong political stance has left country offices without clear institutional backing and strategic approach on how to pursue work in these areas. On the other hand, this gap has also facilitated opportunities to define an approach that is specific to the political climate in each country. In order to help bridge the gap between global level guidance and realities at the country level, the role of the regional office and sub-regional office has been to:

- Identify entry points for country offices to facilitate work on sensitive issues;
- Facilitate knowledge exchange and communication between country/liaison offices, to share lessons learned and good practices;
- Develop strategies, tools and guidelines at the regional level;
- Document good practices;
- And provide seed funding to country offices.

In the following sections (e.g., see assumptions 2.1, 3.6, 4.2), these will be further elaborated.

Evaluation question 2

What have been the strengths and limitations of UNFPA approach(es) to supporting Gender Equality and Women's Empowerment at global, regional and country levels? **Criteria:** *Relevance, Sustainability*

Assumption 2.1

UNFPA applies a human rights-based and culturally/context sensitive approach in its support to gender equality and women's empowerment (locally owned, men and boys' engagement, partners with rights holders, applies root cause analysis, intersectional lens, gender transformative).

Finding 3: Over the review period, UNFPA in Latin America and the Caribbean has strengthened an intersectional approach to planning and programming across outcome areas, with emphasis on making the intersecting vulnerabilities more evident through data, research and advocacy.

An intersectional approach to gender equality identifies gender barriers specific to a population group with overlapping identities and therefore, often, with multiple vulnerabilities. UNFPA has historically engaged with diverse population groups in the region (through relationships with different networks) and recognized early on the importance of adopting an intersectional lens to identify power relations that disproportionality affect certain groups of women and girls. For instance, from 2008-2013, the regional office implemented a project on inter-cultural health services, that introduced multicultural approaches aimed to eliminate discriminatory practices for indigenous women in health centers in Bolivia, Ecuador, Guatemala, Honduras and Peru (UNFPA, 2013b).¹⁸⁷

UNFPA prioritizes work with indigenous women and girls, afro-descendant populations, women and girls with disabilities, youth and adolescents. It has also worked with groups such as the LGBTQI, migrant women and girls, elders and sex workers albeit with a less defined approach. This differential approach to identifying specific sub-groups and their vulnerabilities is an organizing principle of the work in Latin America and the Caribbean and has been the basis for forming partnerships, advancing the rights of specific groups and ensuring that their efforts are guided by the needs and priorities of rights holders. As a result, UNFPA is seen by external stakeholders to take a cross-cutting and integrative perspective on human rights. Such an intersectional approach is one of the dimensions of the value added of UNFPA compared to other United Nations agencies working on gender equality and women's empowerment in the region. Over the review period, UNFPA regional and sub-regional offices adopted an intersectional lens in a more consistent, comprehensive and systematic manner that is also in line with the United Nations commitment to Leave No One Behind.

UNFPA intersectional approach has become more systematic through the development of regional strategies dedicated to specific populations as well as mainstreaming an intersectional lens in GEWE-specific strategies, adopting a "twin-track" approach. The regional office recognized the intersectionality of vulnerabilities in its 2015-2017 Strategy on the prevention on sexual violence against women and girls and its 2016-2017 Strategy on gender by drawing on population analysis of GBV/sexual violence prevalence disaggregated by population groups (e.g., by sex, age, ethnicity, disability, work immigration status and other social categories) and by defining a multicultural and lifecycle approach in interventions. More recently, the office developed strategies dedicated to specific populations, including the 2019 Strategy *Visibilizar, Incluir, Participar* to promote the rights of people with disabilities, the 2018 "Youth

¹⁸⁷ UNFPA supported technical meetings bringing together experiences of countries in order to contribute to the incorporation of regional models of maternal health care with an intercultural and rights-based approach to public health policies. The resulting guidelines were incorporated into the 2011 Declaration of Latin American Ministers on Intercultural Sexual and Reproductive Health for Indigenous Women (Organismo Andino de Salud, 2014). Likewise, these initiatives have helped strengthen the capacities of women from indigenous organizations developing the knowledge of their sexual and reproductive rights, which has allowed them to carry out advocacy activities to influence public policies and implement social auditing strategies to guarantee compliance with laws that guarantee their rights (UNFPA, 2013b).

Now” regional youth participation strategy, the 2020 workplan to promote the rights of indigenous peoples and the 2020-2022 workplan on afro-descendant populations. In particular, the regional office has facilitated a more intersectional approach to its work by strengthening the evidence base on specific vulnerable groups in collaboration with national and regional partners to strengthen the 2020 round of census and data analysis as showcased by a number of studies published in recent years (CEPAL, 2019a; CEPAL et al., 2017; UNFPA & CHIRAPAQ, 2018, 2020).

UNFPA intersectional lens in Latin America and the Caribbean has also become more comprehensive as the organization strengthens relationships with diverse networks of women and girls and gender-nonbinary groups by building their capabilities for advocacy, providing opportunities for their participation in local and regional fora and engaging them as implementing partners in key initiatives in the area of gender equality and sexual and reproductive health (see assumptions 2.3, 2.4, 3.2). UNFPA also facilitated linkages and partnerships between different groups through its social movement building efforts. Given that the civil society organization landscape in the Caribbean is smaller overall, stakeholders highlighted UNFPA as a key actor engaging in direct advocacy with national and sub-regional governance bodies, for the needs and rights of vulnerable groups including adolescents and youth and LGBTQI.

In 2019/2020, UNFPA has invested resources in order to strengthen the regional office capacity for intersectional analysis and targeted strategies for diverse vulnerable groups, for instance, by hiring an expert on afro-descendant populations. In addition, continuous commitment by leadership to the principle of Leaving No-One Behind and prioritizing the needs of the most vulnerable has ensured continuity in the region’s work. The regional office has provided relevant guidance to country offices in strengthening their work with specific vulnerable populations. However, the operationalization of regional strategies at the local level has varied. UNFPA staff and annual reports highlight that the analysis of inequities and subsequent outreach and integration of population groups requires consistent and adequate resources that are often not available – a challenge also faced by other United Nations agencies in the region. In addition, leadership has been a key factor in the extent to which offices have adopted a consistent approach to Leaving No One Behind. As a result, some country offices have not consistently integrated an intersectional lens into their different programmatic areas and do not have the long-term relationships with relevant civil society groups (interviews). This may also be the case due to varying civil society organization landscapes at the local level.

UNFPA organizational practices have also posed some challenges. For instance, UNFPA results monitoring still largely focuses on women, and married women in particular, in the context of family planning targets. This creates blind spots when allocating resources given that data does not capture unmet family planning needs for other groups (e.g., unmarried women and girls).¹⁸⁸ Staff interviews also note that UNFPA administrative requirements are at times not conducive for engaging with indigenous and afro-descendant populations, including youth, in remote areas who may not have bank accounts or links to formal institutions.

While UNFPA in Latin America and the Caribbean has made great strides in addressing gender inequalities across diverse vulnerable groups, there are certain aspects that have been less developed partly due to

¹⁸⁸ UNFPA is the Custodian Agency for SDG indicators 5.6.1 and 5.6.2. SDG indicator 5.6.1 only captures results for married and in-union women and adolescent girls of reproductive age (15-49 years old) (UNFPA, 2020b).

external factors (e.g., conservative pushback). For instance, although the regional office biannual internal regional environmental scans (UNFPA LACRO, 2018c, 2018d, 2019a, 2019b) highlight the specific challenges facing LGBTQI populations, especially around marriage laws, UNFPA work with LGBTQI has not been as consistent and systematic as with other population groups. UNFPA has worked with LGBTQI groups on advocacy (e.g., in preparation of the 2013 Montevideo Consensus) and the development of legislative proposals. There is also limited evidence that specific gender inequalities for elders have been analyzed or targeted through interventions, with renewed attention in the context of COVID-19.

UNFPA has promoted an intersectional approach to the regional COVID-19 response and has centered on the needs of the most vulnerable through its advocacy efforts, direct service delivery and work on data generation. The regional office engaged in consultations with specific groups to identify needs and priorities and, together with the Economic Commission for Latin America and the Caribbean (ECLAC), has been hosting a series of discussions on the impact of the COVID-19 pandemic on specific populations, including older persons though not always from an explicit gender focus (e.g., focusing on the challenges of protecting older persons from morbidity and mortality, as well as from the socioeconomic consequences of the pandemic). In addition, the regional office is convening a regional review of a vulnerability tool developed by the National Statistical Office of Colombia¹⁸⁹ to promote subnational analyses on populations at risk. It has published technical briefs and guides, which highlight the impact of COVID-19 on vulnerable populations (although not all apply a strong gender lens) (UNFPA LACRO, 2020a, 2020b, 2020c). Specific countries have put in dedicated efforts to maintain advocacy and support for the engagement of most vulnerable and left-behind populations groups, such as elderly, afro, indigenous populations, refugees and migrants (e.g., Dominican Republic, Costa Rica, Honduras, Haiti, Chile, Paraguay) (see LAC COVID-19 Situation Reports).

Finding 4: A human rights-based approach is inherent to the work of UNFPA in the region, but the organization has had few dedicated initiatives focused on human rights accountability mechanisms.

Over the review period, UNFPA has pursued its work with an inherent human-rights-based approach, partly as a result of the progressive human rights agenda in the region, as reflected in the Montevideo Consensus and the Declaration of Puebla¹⁹⁰, as well as the demands of women's movements and other civil society actors. It has developed many good practices of the human-rights based approach, including through its public advocacy and its practice of engaging with diverse population groups who represent rights holders. Its programmes in the region have aimed to reduce disparities and empower those left behind and focused on building sustainable strategic partnerships with rights holders and creating spaces for their voices to be heard (see assumptions 2.1, 2.3, 2.4).

Due to human and financial capacity constraints, the regional office is still in early stages with regards to integrating engagement in and follow up to mechanisms such as the Universal Periodic Review or

¹⁸⁹ <http://visor01.dane.gov.co:9000/visor-vulnerabilidad>

¹⁹⁰ Latin American and Caribbean Regional Preparatory Meeting for the Nairobi Summit held in Puebla, Mexico, September 26, 2019, resulted in the so-called *Compromisos de Puebla* <https://www.mujeresdelsur-afm.org/compromisos-de-puebla-para-la-cumbre-de-nairobi-cipd25/>.

supporting for National Human Rights Institutions (NHRI), including through processes of national inquiry. Over the 2012-2020 period, there were a limited number of dedicated interventions in this area. Of note are the development of a regional mapping of Universal Periodic Review recommendations in the area of sexual and reproductive health to identify trends in the second cycle of the Universal Periodic Review reports for each country (2012-2016) and identify possible actions for strengthening the implementation of the recommendations. The analysis resulted in a draft internal guidance note for UNFPA country offices. Furthermore, the regional office provided preliminary support to the implementation of a global methodology to support National Human Rights Institutions with national inquiries, including pilots in El Salvador and Guatemala (UNFPA, 2019a; UNFPA LACRO, 2014). Some key results include the development of a situation report in Guatemala to strengthen National Human Rights Institutions ability to monitor sexual and reproductive rights and capacity building of the Office of the National Ombudsman in Panama through a national report to incorporate sexual and reproductive health in the Universal Periodic Review.

UNFPA has also provided support to monitoring activities of key regional frameworks and conventions promoting GEWE, including the development of a regional platform for monitoring and implementation of the Montevideo Consensus (Caminotti et al., 2019). In order to improve the response on violence against women and girls and monitor advances, the Mechanism of the Convention of Belém do Pará and UNFPA have collaborated with networks of afro-descendant women and girls to enhance evidence gathering and monitoring activities by the Observatory of the Political Platform of afro-descendant leaders in the region (UNFPA LACRO, 2016a).

Finding 5: UNFPA initiatives on the engagement of men and boys and masculinities in Latin America and the Caribbean have not always been consistent and sustained. A clear regional strategic approach is currently lacking.

A UNFPA approach to engaging men and boys to advance gender equality and sexual and reproductive health and rights has been less defined in the region. UNFPA has worked on the issue of masculinities in since the 1990s and early 2000s across its four outcome areas (UNFPA, n.d.) and historically had close relationships with other actors in the region working in this field (e.g., PROMUNDO, MenEngage, CARIMAN). However, its emphasis on working with men and boys on masculinities lost its initial impetus and support for processes and activities has been inconsistent. It has increased its efforts to develop a strategy at the regional level in consultation with country offices, expected to be finalized by the end of 2020. UNFPA work with men and boys to date is primarily driven at the country level. Over the past decade, country offices in the region have reported a variety of approaches to engaging men and boys and working on masculinities, including:

- The International Men and Gender Equality Survey¹⁹¹ (e.g., Brazil, Chile, Mexico) and national studies and research to strengthen the evidence base on male attitudes in the region and its relationship to GBV and harmful practices (Baker & Aguayo, 2012; Kaufman, n.d.)

¹⁹¹ Led by Promundo and the International Center for Research on Women and with the support of UNFPA, the survey has been applied globally since 2009 and covers attitudes and practices relating to men's employment, education, childhood experiences, domestic and parenting duties, ideas of gender equality, sexual relations, use and experience of violence, health issues, and men's opinions on laws and policies related to gender equality (Kaufman, n.d.).

- Advocacy campaigns and education initiatives targeting adolescent boys on the prevention of sexual violence, family planning and adolescent pregnancy, including as part of the Promundo Programme *Hombres Mujeres Diversidad*¹⁹² (e.g., Nicaragua, Brazil, Peru, Cuba) (Kaufman, n.d.; UNFPA Peru, 2011).
- Gender-transformative trainings provided to military and police institutions and manuals to train government staff to develop awareness raising campaigns and workshops with men (e.g., Peru, Uruguay, Paraguay, Bolivia, Chile) (Promundo & UNFPA, 2016).
- Institutionalization of the work with young boys in public policies in the area of the prevention of GBV and the promotion of sexual and reproductive rights (e.g., Peru) (UNFPA, n.d.).
- Comprehensive family and community programmes for indigenous and rural populations (e.g., Bolivia, Mexico).
- Participation of young men in preparation of regional and global ICPD conferences (Aguilar & Asociados S.R.L., 2016).

Many of these interventions drew on UNFPA global, regional and national partnerships with Promundo and MenEngage as well as local non-governmental organizations and United Nations agencies. The regional office produced think pieces mapping the work at the country levels and published a 2016 regional assessment of engaging men in public policies for the prevention of violence against women and girls in collaboration with its partners (F. Aguayo et al., 2016; UNFPA, n.d.). It also supported a small number of regional workshops, which have helped gather best practices for gender transformative work (Promundo, 2017). It also provided support to two editions of the international colloquium on masculinities. The Latin America and Caribbean regional office further acknowledged the need to develop this area in its 2016-2017 Gender Work Strategy, which includes the establishment of an internal task force. The 2018-2021 inter-agency regional joint programme to end child marriage and early unions in Latin America and the Caribbean, a collaboration between UNFPA, UN Women and the United Nations Children's Fund (UNICEF), is targeting the promotion of positive masculinities (UNFPA et al., n.d.). The new Spotlight Initiative also gives a renewed emphasis to these issues in the region, foreseeing a greater systematization of evidence on models of intervention for working with male perpetrators of violence, with networks and organizations working on masculinities, and with men and young people. Spotlight also aims to establish and strengthen community advocacy platforms to help transform harmful masculinities¹⁹³ (UN Women, 2019).

In the Caribbean, the sub-regional office defined work on masculinities and engaging men and boys as a strategic priority in its multi-country programme documents (UNFPA, 2016). The office has historically engaged men as partners through sub-regional and national networks, including the Caribbean Male Action Network. In 2015, UNFPA conducted a mapping of male networks in the sub-region to identify needs and priorities in strengthening regional linkages and capacities (Andrews, 2016). While the sub-

¹⁹² Programme *Hombres, Mujeres, Diversidad* offers gender-transformative educational initiatives, implemented globally in LAC, Africa and Asia. It works to involve men and boys in the promotion of gender equality and includes educational activities, public campaigns and staff training.

¹⁹³ See outputs 3.2, 3.3.

regional office implemented a number of initiatives at the national and regional level raising awareness and building capacities of local networks, they were often not sustained due to limited resources and reallocation of resources to emerging priorities, including disaster response. Stakeholders noted that a more consistent and long-term approach is required to generate transformative results. In addition, given the heterogeneity of the sub-region a more diversified approach is required to engage men and boys in the promotion of gender equality.

Overall, increased competition for resources, the tendency of donors to support short-term results rather than less tangible normative change, and pushback from conservative as well as some feminist voices have posed challenges to the work on masculinities not just for UNFPA but also other entities. Resource shortages have meant that relevant initiatives had to be discontinued. External stakeholders have also noted that the work on masculinities and engaging men and boys is often fragmented with little coordination within the United Nations system. In addition, the notion that engaging men and boys is key for gender transformative work is still not readily accepted by feminist and women's movements who fear that an increased attention on male populations will decrease the already limited space and resources for women and girls (Weller, 2014). Hence, UNFPA and its partners have had to balance the risk of alienating their traditional partners while pursuing gender transformative work.

Assumption 2.2

UNFPA works on gender equality and women's empowerment programming is integrated across the development, humanitarian and peace nexus.

Finding 6: Incipient organizational capacity for humanitarian action still constrains the integration of UNFPA work on GEWE across the humanitarian-development-peace nexus.

Since 2012, the Latin American and Caribbean region has experienced a number of humanitarian emergencies ranging from political crises (Venezuela, Ecuador, Nicaragua, Bolivia, etc.), natural disasters (e.g., hurricanes and earthquakes in the Caribbean), the migration of people, including unaccompanied minors, in route to the Mexican-US border and more recently the global COVID-19 pandemic, all of which have led to displacement, economic hardships, civil unrest and other challenges. The region's offices (regional, sub-regional and respective country offices) have responded to these emergencies through support for the GBV response and ensuring access to sexual and reproductive health services, which are further discussed under assumption 3.5. Inequities are further exacerbated during humanitarian emergencies, including but not limited to the inadequate information and access to sexual and reproductive health services across social groups and the limited referral systems and services for survivors of GBV. UNFPA staff point out that there still has not been a significant shift in overall regional capacity since the Evaluation of the UNFPA capacity in humanitarian action (UNFPA Evaluation Office, 2019a). Capacity is constrained by human and financial resources in UNFPA offices, effects of the UNFPA business model, and the programming capabilities of UNFPA local partners in the region.

The regional and sub-regional staff covering humanitarian emergencies with a focus on GBV response have been few in number and carry multiple responsibilities, including coordination and programming, which leaves less time for policy response. The regional office currently has four staff assigned to humanitarian contexts: one regional adviser acting as the humanitarian coordinator, one sexual and

reproductive health specialist for emergencies, a communication consultant and a GBV specialist who is specifically assigned to coordinate the Venezuelan refugee platform.¹⁹⁴ Despite the fact that the Caribbean experiences cyclical natural disasters and is also affected by events in neighboring countries (e.g., hosting Venezuelan refugees), the sub-regional office has been unable to secure a long-term GBV in emergency adviser for the region as a result of reduced core budget to gender work. Since 2019, it has strengthened its staff capacity by engaging a specialist through the Surge Mechanism. As noted in the recent UNFPA humanitarian capacity evaluation, limited staff capacities force UNFPA to assume a reactive role focused on responding to events within humanitarian crises as they occur, rather than develop and roll out regional/sub-regional strategies, plan for training, and proactively support growth of UNFPA as a humanitarian response agency (UNFPA Evaluation Office 2019). Over the review period, UNFPA has engaged in a number of small-scale and/or rapid onset short-term emergencies and is now facing the challenge of working in increasingly protracted humanitarian crises. In an effort to overcome this key challenge, the regional office has established a roving team made up of GBV in emergency and sexual and reproductive health specialists that have been recruited from the UNFPA Global Emergency Roster and supported through mostly Stand-By Partners' funds (UNFPA LACRO, 2020a). The regional office provided a number of trainings¹⁹⁵ to country offices and developed guidelines and materials, including the roll out of the Interagency Standing Committee (IMACS) Guidelines on GBV in emergency in 2017. It has also provided support to the sub-regional office, yet language differences have often limited sub-regional office staff' ability to fully benefit from regional activities (e.g., guidelines and tools have been mostly available in Spanish). The sub-regional office is looking into the activation of a sub-regional working group on GBV in emergency, which would offer a more long-term mechanisms for knowledge exchange and capacity development in the sub-region.

With the exception of Haiti and countries with humanitarian emergencies, other UNFPA offices in the Latin American and Caribbean region are not expected to engage in a "service delivery" mode of engagement. A region with predominantly 'pink' countries, country offices are provided with limited core funding based on the assumption that their work is primarily focused on the enabling environment, advocacy and policy dialogue, knowledge management and partnerships.¹⁹⁶ As a result, UNFPA capacities to engage in direct service provision in humanitarian emergencies is less developed because, since 2014 (when the UNFPA business model was introduced) country offices have not always maintained partnerships with civil society organizations or other private sector partners that do engage in direct service delivery and could be mobilized as implementing partners during an emergency. In the Caribbean, as the sub-regional office's focus has largely been on policy and advocacy support, staff noted the challenges in shifting to humanitarian work as partnerships with specialized implementing partners,

¹⁹⁴ As the response to refugees and migrants outside of Venezuela is led by United Nations High Commissioner for Refugees (UNHCR) and the International Organization for Migration (IOM), the Interagency Standing Committee (IASC) structure does not apply and the position is not linked to the Area of responsibility.

¹⁹⁵ For instance, GBV case management training was rolled out in Brazil, Colombia, Ecuador, Trinidad and Venezuela. Training on clinical management of rape was rolled out in Ecuador, Trinidad and Venezuela.

¹⁹⁶ However, while service delivery may require more staff resources, albeit at a lower salary level, policy dialogue, knowledge management and partnership engagement require significant investments to enable the procurement of the needed high level expertise, both fixed terms and through consultancies.

including civil society organizations, working on GBV in emergency are lacking¹⁹⁷, and staff capacity for comprehensive response to GBV in emergency is limited.

GBV prevention and response in humanitarian contexts are still facing the challenge of limited preparedness, in terms of practices, systems and relationships, and funding for services such as GBV case management and psychosocial support. Despite the cyclical pattern of natural disasters in the Caribbean, UNFPA efforts to build resilience of countries have been limited. The sub-regional office has begun to engage with national youth platforms to support preparedness plans for humanitarian action, but this work is in early stages (UNFPA Evaluation Office 2019). Stakeholders consulted noted that, once put in place, UNFPA development work could benefit from humanitarian models of service delivery centering the needs of the most vulnerable. For instance, staff have stated that humanitarian guides cover GBV from a more ample perspective on violence against women than development guides with respect to the non-binary conception of gender. Humanitarian tools are also perceived to be more specific and provide concrete points of action, which has been noted as a shortcoming for guides on gender work in development contexts. Another concern raised by stakeholders has been that GBV prevention and response work in development contexts, including through the essential services package, is largely centered on working with governments and those systems are not sufficiently sensitive to the needs of most vulnerable populations (e.g. migrants and refugees) who tend to distrust government programs.

The COVID-19 pandemic illustrates the growing relevance of an integrated nexus approach that is not categorized as either “development” or “humanitarian.” Stakeholders consulted highlighted the need for UNFPA to adopt a broader, structural approach to addressing GBV and gender inequality, looking at the intersection of gender and other systemic issues, not only immediate needs. There is an expectation that UNFPA can play a more vocal role as an advocate for a human rights-based approach and universal access to health services. In addition, the pandemic also offers an “opportunity” for UNFPA to ensure that ending gender-based violence remains on the government’s agenda, which requires constant media attention. Confinement has raised the visibility of GBV and femicide as another pandemic, which was already there and more dangerous than COVID-19 because it remains latent.

Finding 7: UNFPA work on peacebuilding is less developed than its development and humanitarian work and has largely been pursued at the country level.

The peace component of the nexus approach comes through less clearly at the regional level. Peacebuilding was explicitly mentioned for the first time in the current 2018-2021 Regional Programme Action Plan (RIAP) under the outcome on youth and adolescents, increasing their opportunities to actively participate in sustaining peace and in monitoring and accountability mechanisms for the United Nations Security Council Resolution 2250 on Youth, Peace and Security (UNFPA, 2018b). Some country offices have garnered more experience in this area by drawing on resources from the Peacebuilding Fund (e.g., Guatemala), developing initiatives addressing contexts affected by violence and conflict (e.g., Colombia, Haiti). In Haiti, UNFPA was reported to be working on the Observatory for Haitian Youth on peacebuilding but its results are not clear (UNFPA Evaluation Office, 2019b). The reporting in this area does not provide insights on whether and how young women and young men, non-binary gender identities and diverse

¹⁹⁷ The number of IPs have gone up in 2020 in the context of the COVID-19 response.

population groups are encouraged to participate, and how gender diversity permeates work in peacebuilding. Similarly, work on masculinities can play an important role in post-conflict and peacebuilding but this does not come through in UNFPA reporting.

Assumption 2.3

UNFPA builds strategic partnerships, especially with civil society to advance gender equality, with a human rights approach.

Finding 8: UNFPA has horizontal relationships with civil society that are based on trust and have been critical to advance gender equality in the region. Its approach has been to build on existing relationships and to further diversify partnerships with civil society organizations, including networks of indigenous and afro-descendant women and girls.

Despite resource reductions over the review period, the UNFPA Latin American and Caribbean regional office (and to a more limited extent the sub-regional office) has been able to sustain relationships with partners, moving beyond funding and implementing partner relationships. There is a sense of "strategic partnership" that encompasses different types of collaboration (e.g., knowledge exchange, advocacy) and reaches a diverse set of stakeholders. UNFPA has also acted as a convener, facilitating networking among entities where there is potential convergence of mandates. The regional office rights-based focus on certain population groups and its commitment to applying an intersectional lens have allowed for stronger and more consistent strategic partnerships, in particular with indigenous and afro-descendant populations. Regular consultations to define priorities and identify gaps and needs from the bottom up have facilitated trust-based and sustainable partnerships. Civil society partners recognized UNFPA for building horizontal relationships that do not infringe on the space of civil society. This quality of "knowing its role" has been appreciated by these organizations and provided a basis for mutual trust and long-term partnerships. Strategic partnerships with civil society organizations at the regional level also supported country offices in strengthening and diversifying their links to civil society groups at the national level.

The nature of these relationships is showcased in UNFPA's ability to create spaces for a diverse set of civil society organizations to participate in international and regional fora such as in the context of the Nairobi Summit, the Montevideo Consensus and ICPD regional conferences. UNFPA played a central role in facilitating the participation of civil society in regional and sub-regional meetings through financial and logistical support and amplifying the voice of diverse groups in the lead-up to the Montevideo Consensus. In the context of the 2012 ICPD conference and the 2019 Meeting of Puebla, the sub-regional office held a meeting in Jamaica bringing together over 200 organizations working in the area of sexual and reproductive health, mapping Caribbean governments' positions, facilitating linkages to Latin American groups, and supporting lobbying and advocacy efforts. These initiatives led to long-term alliances that have helped carry the momentum of the Montevideo Consensus and international commitments and provided a mechanism to hold governments accountable on the advancement of sexual reproductive health and reproductive rights and gender equality in the region.

In the Caribbean, civil society partners also noted that outreach to civil society has in certain cases diminished over the review period. This has occurred in a context where civil society engagement to uphold the momentum of the Montevideo Consensus has experienced a slowing down in the sub-region

(Interviews). With the sub-region being classified within a pink quadrant and overall reduction in resources in the last Strategic Plan, the sub-regional office shifted its mode of engagement to policy and advocacy and has had to reduce its financial support to civil society entities.

In the context of COVID-19, UNFPA has sought to continue its engagement with civil society organizations. UNFPA Regional Office has organized webinars on topics such as the Essential Services Package, which have been welcomed by its partners. UNFPA has supported think pieces outlining the specific challenges of its partner organizations in the last few months. For instance, the International Federation of Midwives and its affiliates in Latin America published a think piece/declaration advocating for sexual and reproductive health and rights and outlining the challenges in providing adequate sexual and reproductive health services during the pandemic, which was able to draw on data gathered by UNFPA (International Confederation of Midwives, 2020).¹⁹⁸ Latin American and the Caribbean Regional Office also produced a document highlighting the differentiated gender effects of the pandemic on the afro-descendant and indigenous populations in the region (UNFPA LACRO, 2020a, 2020e).

Finding 9: UNFPA has sought collaborations with faith-based entities in promoting sexual and reproductive health and rights and the prevention and response to GBV. This approach appears to have been particularly relevant in certain country contexts.

Conservative voices, often grounded in religious beliefs, have played a role in shaping public discourse and policies on gender equality and the rights of women and girls in Latin American and the Caribbean. Religious organizations still have a stronghold on the education system in some countries in the region, questioning for instance the integration of Comprehensive Sexuality Education in national curricula. With the intention to strengthen its advocacy efforts in the region, UNFPA has established relationships with religious entities, identifying commonalities with their mandates and mobilizing their support in regional and national advocacy efforts and policy dialogue (e.g., Consejo Latinoamericano de Iglesias, Religions for Peace, World Vision, Act Alliance). During the early part of the review period¹⁹⁹, UNFPA conducted mapping of faith-based organizations and provided technical assistance, sensibilization based on evidence, and capacity building for religious leaders, including youth, indigenous and afro-descendant leaders in many countries in the region (UNFPA, 2013b). Sexual and reproductive health and rights was incorporated into the curriculum of theological education institutions (Red de Mesoamérica and Federación Teológica Latinoamericana, among others), and a "Manual on Sexual and Reproductive Health and Rights" was designed for use in these institutions. In 2012, the regional office supported the participation of the Consejo Latinoamericano de Iglesias as a full member of the Regional Coordinating Committee of Civil Society Organizations in the Cairo+20 process and beyond, as well as in the implementation of the process of national, regional and sub-regional consultations on the role of the churches in the advancement of sexual and reproductive health and rights in the region (UNFPA, 2013b). A large part of this regional work, which focused on specific issues such as Human Immunodeficiency Virus

¹⁹⁸ The document cites a recent survey conducted by UNFPA and applied to 971 professional midwives in nine countries of the region that shows that 58 per cent did not feel safe to provide care, mainly due to lack of Personal Protective Equipment. In addition, 58.6 per cent said they did not have the material, equipment or basic infrastructure to provide safe care.

¹⁹⁹ Dating from 2008 and evident in UNFPA reports up to 2015,

(HIV), subsequently expanding to issues of domestic violence, teenage pregnancy and the wider sexual and reproductive rights agenda, was channeled into the Montevideo Consensus. In May 2013, the Consejo Latinoamericano de Iglesias published the *Consenso de La Habana*, a result of a regional consultation which outlines its commitment to the principles of sexual and reproductive health and rights in the region.²⁰⁰ In 2014, UNFPA mobilized faith-based organizations to support the ICPD review process and post development agenda 2015, which led to a number of public statements for Sexual and Reproductive Health and Rights in the Post-2015 Development Agenda. In 2016, the Consejo Latinoamericano de Iglesias developed an Action Plan for the Implementation of the Agenda 2030 in consultation and with the support of UNFPA Latin American and Caribbean regional office (CLAI & UNFPA, 2016). There is limited evidence of the results of these public statements and plans at regional level. In the Caribbean, the sub-regional office built partnerships with faith-based organizations around the Caribbean Integrated Strategic Framework to address adolescent pregnancy and to garner their support around the abuse of girls and its ties to adolescent pregnancy.

While such a broad-based advocacy platform is generally acknowledged as a worthwhile strategy, partnerships with faith-based organizations have at times been viewed critically within UNFPA and some external reviews have questioned their value added especially in the context of sensitive issues such as comprehensive sexuality education and abortion (Caminotti et al., 2019). At times, this has also meant that the regional and sub-regional office have had to carefully craft their messages, including by avoiding the issue of abortion and using alternative framing of comprehensive sexuality education (e.g., as “Health and Family Life Education” in the Caribbean), to maintain the support of faith-based organizations (Interviews). Reductions in LACRO’s budget have resulted in cuts in direct funding to these groups, although engagement continues in the context of the ICPD civil society group and regional and international conferences. Although the contribution of these partnerships at the regional level is not clear, the value added of engagement of faith-based organizations is evident in certain country contexts (e.g., El Salvador, Honduras), where efforts are well aligned with the context (Interviews). In the case of El Salvador, for example, the country office engagement of faith-based organizations through diploma programs on femicide and adolescent pregnancy has been noted as “good practice” that has now been integrated into the Spotlight Initiative, and is key to sustaining initiatives in GBV and comprehensive sexuality education at the community level (Rodríguez Gusta & et al, 2020).

Assumption 2.4

UNFPA brings together and leverages its various roles and thematic areas²⁰¹ at global, regional and country levels to support gender equality and women’s empowerment across different settings.

²⁰⁰ <https://bolivia.unfpa.org/es/noticias/asamblea-del-consejo-latinoamericano-de-iglesias-logra-consenso-sobre-derechos-sexuales-y>

²⁰¹ For example, the extent to which UNFPA interventions on female genital mutilation, child early and forced marriage, prevention and response to GBV are interlinked to work on early pregnancy, fistula, family planning and comprehensive sexuality education.

Finding 10: UNFPA advocacy and convening roles are part of its value added in the region across different thematic areas. The inter-linkages between early union and early pregnancy have often provided key entry points for supporting gender equality agenda.

UNFPA has pursued advocacy on GEWE at the regional and country levels, by: a) building strategic partnerships with diverse sets of stakeholder platforms, b) developing advocacy strategies and clear UNFPA positions that help guide efforts at the national level, including on controversial topics, and c) strengthening the evidence base on key issues.

UNFPA is considered an important bridge between civil society and governmental and inter-governmental entities and has worked towards creating an enabling environment for partnerships between different types of actors (see also assumptions 2.3, 3.4). It has adopted an inclusive approach to advocacy, reaching out to indigenous, afro-descendant, LGBTQI, youth, sex workers and women and girls with disabilities amongst others. UNFPA has sought allyships with more conservative actors in the region, including policymakers and religious representatives, who can advocate for gender equality and sexual and reproductive health and rights. To a more limited extent, UNFPA has engaged men and boys in regional advocacy efforts, such as the Latin American and Caribbean MenEngage Network. Stakeholders specifically mentioned the support provided by the regional and sub-regional offices to civil society organization advocacy efforts in relation to the Montevideo Consensus, Nairobi conference, Cairo+20, regional ICPD meetings, and other key fora (see also assumption 3.4).

Beyond building direct partnership with these groups, the regional and sub-regional offices have created opportunities (spaces and platforms) for stronger civil society participation, and have helped build allyships between different types of actors on key sensitive issues to generate wider advocacy platforms and to facilitate knowledge exchange. Through its convening role, UNFPA has been supporting regional fora, including the Sistema de Integración Centroamericano/Consejo de Ministras de la Mujer de Centroamérica y la República Dominicana (SICA/COMMCA), the Regional Conference on Women, and the Regional Conference on Population and Development. Some stakeholders in the Caribbean noted that UNFPA advocacy, including for greater civil society inclusion at CARICOM, could be improved.

UNFPA has also coordinated regional advocacy and communication strategies. In response to the strengthened anti-right and conservative movements, the regional office organized meetings and workshops to analyse the strategies and discourse of opposition groups and held a presentation of the 2018 political situation report at the third Regional Conference on Population and Development held in Lima. In 2019, UNFPA in collaboration with other United Nations agencies, developed a set of key messages to respond to conservative movements in the region from a human-rights based approach (Grupo Interagencial de Género, 2019). The key messages were jointly approved by the regional offices of the agencies represented in the Gender Thematic Group and provided a guiding document for the country level. UNFPA has also supported a joint safe repository for CSO partners to share relevant information about strategies, activities, products and campaigns to counteract opposition to gender equality, sexual rights and diversity in the region between the different networks. These are examples of a more strategic and articulated work of the organization that allows it to face a changing context by offering joint and coordinated responses.

UNFPA Latin American and the Caribbean regional office provided technical assistance and guidance to country offices and partners on their advocacy on sensitive subjects such as abortion and comprehensive

sexuality education. For instance, in the case of El Salvador, the office developed a multi-dimensional approach to support dialogue on decriminalization of abortion. UNFPA alongside its partners accompanied feminist groups in public trials on this issue and have maintained visibility in a context where the United Nations Country Team remained largely silent. The country office supported the generation of evidence on the link between early unions and marriages, early pregnancies, the criminalization of abortion and high suicide rates among female youth and adolescents (UNFPA El Salvador, 2017, 2019), creating synergies between the topics of sexual and reproductive health and rights, GBV and youth. Several partners expressed appreciation for UNFPA willingness to support dialogue on these sensitive issues and maintain momentum in challenging contexts, despite the fact that UNFPA often becomes the target of pushback from certain groups. Civil society stakeholders in some countries also come to UNFPA as a “sounding board” on advocacy tactics and timing based on the prevailing political climate.

UNFPA advocacy efforts have been strengthened by generating evidence that explores convergence among key issues. For instance, UNFPA supported research on early marriages and unions, which was not a topic prioritized by governments in the region as they did not consider it to be a widespread practice. UNFPA analyzed the issue from various perspectives, including the impact on the physical and mental health of adolescent girls, women and girls’ level of education, adolescent pregnancies and the overall economic cost for the state. UNFPA also collaborated with CEPAL on censuses to produce data on the ethnic dimension of early marriages. These targeted efforts to strengthen the evidence base on key issues have helped increase public visibility of early unions and marriages by highlighting their links with other common challenges to women and girls’ autonomy over their bodies (see also assumption 3.6).

Evaluation question 3

To what extent has UNFPA’s dedicated programming work under the gender equality outcome of the Strategic Plan(s) contributed to advancing gender equality, the empowerment of women and girls, and reproductive rights in development and humanitarian settings? **Criteria:** *Effectiveness*

Assumption 3.2

UNFPA has fostered an enabling environment for gender equality and women’s empowerment (regional level).

Finding 11: UNFPA contributed to an enabling regional environment for progress on gender equality by emphasizing diverse social movements. The regional office’s work has strengthened advocacy capabilities and spaces for civil society to advocate directly to policy makers. Due to reduced resources in the Caribbean, civil society organization mobilization and capacity building efforts of the sub-regional office have diminished over the review period.

Over the review period, UNFPA provided civil society partners with different types of support in the region. UNFPA financial and technical assistance has helped build these partners’ organizational capabilities and capabilities for advocacy and policy dialogue

UNFPA support for institutional strengthening precedes the review period. Several regional entities highlighted the role of UNFPA in their early days (e.g., Enlace Continental de Mujeres Indígenas de las

Américas/CHIRAPAQ, Red de Mujeres Afrolatinoamericanas, Afrocaribeñas y de la Diáspora). For instance, UNFPA supported the network of afro-descendant women with grants during its formalization process in the 1990s, recognizing the importance of its investment for strengthening afro voices at the regional level. Once established, the network became an ally of UNFPA on issues of sexual and reproductive health and rights. The network built up its knowledge and expertise on the sexual and reproductive health needs of afro-descendant women and girls in the region, collaborating on thin pieces and briefs which were presented at Commission for the Status of Women and in the lead-up to ICPD+20. UNFPA also accompanied the Enlace Continental de Mujeres Indígenas de las Américas (Enlace Continental) from the outset with the intent of strengthening the network, which is increasingly recognized by different international organizations and States through their proposals and recommendations centering on the problems of indigenous women and young girls (UNFPA LACRO, 2016b). UNFPA offices at regional and sub-regional level further supported the leadership capacities of midwives, especially young midwives, for instance through the Young Midwifery Leaders Program (UNFPA LACRO, 2018a). Even though a large percentage of sexual and reproductive health staff in the region is made up of women, there is a gap in the extent to which women, and especially young women, take on leadership roles in organizations in the health sector. UNFPA's commitment to organizational strengthening of emerging civil society entities has been valued by its partners. As organizations mature and formalize, they are more capable to engage in resource mobilization, including from UNFPA. There continues to be a need to support less formalized, emerging civil society organizations that represent groups that have been traditionally marginalized (e.g., people with disabilities).

UNFPA technical and financial support helped to strengthen the capabilities for advocacy and policy dialogue of diverse civil society entities, by helping them develop evidence-based advocacy strategies, creating alliances with other entities in the region or by providing financial support to facilitate their participation in different fora (see also assumption 2.4). The regional and sub-regional offices engaged in capacity building of various regional networks (e.g. Red de Salud de las Mujeres Latinoamericanas y del Caribe, Red de Mujeres Afro, Consorcio Latinoamericano Contra el Aborto Inseguro, Articulación Feminista Marcosur, Youth Committee of the Enlace Continental, Red Latinoamericana y Caribeña de Jóvenes por los Derechos Sexuales) in the lead-up and follow-up to the Montevideo Consensus and other regional and international meetings. These networks have increased the capacity to defend their right to sexual and reproductive health and to influence public policy on gender equality and reproductive rights. For instance, the Enlace Continental has contributed to and advocated for intercultural models of maternal health in the Andean Region. As a result of these actions, the needs of indigenous and afro-descendant women have been incorporated into regional documents emerging from the Regional Conferences on Women in Latin America and the Caribbean and the Montevideo Consensus (UNFPA, 2013b). The regional office has also supported the Observatory of the Political Platform of Afro-descendant Women Leaders, an advocacy tool launched in 2015. Workshops trained representatives from several countries in the management of the processes and mechanisms for updating information, confidentiality and responsibility of users of the online Observatory (UNFPA LACRO, 2016a).²⁰² In the

²⁰² The priorities identified by the women leaders of African descent in the Central American region were: education for all and quality education; comprehensive, sexual and reproductive health care; no more violence against women of African descent; protection of women's rights; and the promotion of gender equality (UNFPA LACRO, 2016a).

Caribbean, the sub-regional office assisted with the implementation of a tool for greater involvement of sex workers in advocacy and policy development and a strengthened collective community-led approach to addressing violence against sex workers. The sub-regional office engaged in the capacity building of young people to advocate around sexual and reproductive health issues with a focus on prevention of GBV and sexually transmitted infections/HIV, including by coordinating the Youth Advisory Group and collaboration with the Pacific Youth Council. Regional and national training initiatives were organized for youth on the status of sexual and reproductive health response in the region, honing their skills in leadership, and developing advocacy plans.²⁰³

The Latin American and the Caribbean regional office also provided technical and financial support to country offices to reinforce their civil society organization strategy linked to the process of the third Regional Conference on Population and Development (Argentina, Costa Rica, Nicaragua, Panamá, El Salvador, Dominican Republic, Ecuador and Uruguay) and the promotion of sexual and reproductive health and rights. As a result, civil society organizations from the respective countries participated actively in the elaboration and discussion of the national Montevideo Consensus Report (or in the development of alternative reports where conditions for the work with government don't exist); in advocacy activities with decision makers about ICPD issues; in information and communication campaigns to disseminate the ICPD agenda among key groups of population; and in the strengthening of plural coalitions of civil society organizations.

UNFPA has also contributed to social movement building, by facilitating strategic alliances between different organizations as well as with other types of stakeholders to strengthen advocacy efforts and facilitate knowledge exchange. UNFPA support has been valued by various civil society partners in light of the fact that spaces for civil society engagement on sexual and reproductive health and gender equality have decreased in the region over the past decade in part due to strengthened conservative movements and the reduction in access resources. The regional office's support to strengthening networks and engagement at the regional level have created important supplementary spaces for local civil society organizations beyond the restrictive environments in which they operate at the national level. The regional office further brought together diverse civil society organizations with various types of stakeholders, including feminist organizations, youth, LGBTQI, afro-descendant and indigenous populations, midwives, faith-based organizations and academia to form strategic alliances on key issues. These initiatives created an enabling environment for civil society engagement in the region.

Capacity building of civil society and movement building are slow processes that require consistent, long-term and targeted resourcing (financial and human), expertise, and engagement. The efforts to sustain this work have been challenged by internal and external factors. For instance, the sub-regional office internal reports have noted that resources to take capacity building to scale have been limited and undermine the speed at which potent youth sexual and reproductive health advocacy initiatives can be implemented. While advocacy mobilization of young people on sexual and reproductive health is recognized within the sub-regional office as an effective strategy to advocate at scale, consistent

²⁰³ For instance, the Caribbean Forum on Population Youth and Development, co-convened with CEPAL and CARICOM Secretariat, the "Youth Now! Youth Political Leadership Camp", a regional youth leadership camp held to prepare youth delegates for participation in Regional Conference on Population and Development held in Lima.

accompaniment with technical advisory and coordination support are needed for youth to effectively execute their plans. Civil society engagement in rural areas (e.g., indigenous and afro activists outside urban areas), with communities who communicate in different languages and have limited access to technologies or who face other challenges of accessibility (e.g., youth with disabilities), all are elements that require special attention and sustained mobilization of resources.

UNFPA has also strategically engaged with regional intergovernmental entities (e.g., CEPAL, CARICOM, SICA/COMMCA), to create an enabling environment, in particular by strengthening regional policy and accountability frameworks on GBV and sexual and reproductive health and rights and strengthen the evidence base on related issues. UNFPA initiatives in these areas are further discussed under assumptions 3.5, 3.6, and 4.2.

Assumption 3.5

UNFPA has contributed to preventing, responding to and eliminating gender-based violence.

Finding 12: UNFPA helped raise the profile of sexual violence against women and girls as part of the GBV policy agenda in the region. Multi-country projects were key vehicles for enhancing policy frameworks and integrated services.

In 2012-2014, the UNFPA Latin American and Caribbean regional office largely focused on putting sexual violence against women on the policy agenda in the region. At the time, there were concerns about the levels of impunity for sexual violence and the tendency for public institutions to prioritize prevention and response to other forms of GBV (UNFPA, 2013a; UNFPA LACRO, n.d.). The 2008-2011 multi-country project *Seguridad integral de las mujeres, con énfasis en violencia sexual: Combate a la impunidad frente a la violencia sexual* funded by the Agencia Española de Cooperación Internacional para el Desarrollo (AECID), promoted important advances in strengthening policies and intersectoral responses, the generation and production of knowledge and policy advocacy from civil society (UNFPA & AECID, 2012).²⁰⁴ It helped to draw attention to the issue of sexual violence in the region. The regional office subsequently designed the 2010 Regional Strategy to prevent and address sexual violence against women and girls (2011-2013) with extension to 2014 (Sexual Violence Strategy), which included seed funding support to certain countries (UNFPA LACRO, 2015). In 2012, other countries began to implement the Sexual Violence Strategy with their own resources. Between 2013-2016, the regional office led the multi-country joint project on the prevention of violence against women in Central America (known as “BA1” project) that aimed to reduce violence against women, including its most extreme manifestations, such as trafficking of women and femicide, by strengthening local plans and mechanisms for integrated services, prevention, as well as regional and national coordination to prevent and address violence against women (Aguilar & Asociados S.R.L., 2016).²⁰⁵

²⁰⁴ The project covered Honduras, El Salvador, Guatemala and Nicaragua.

²⁰⁵ This regional effort was executed by SICA, COMMCA, UNFPA and IOM and covered the following countries: Belize, Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua, Panama.

The 2015-2017 Regional Strategy on Sexual Violence, building on previous regional sexual violence strategies, uses the World Health Organization (WHO) definition of “sexual violence,” which covers “the different forms of GBV in the analysis of its causes and consequences and, therefore, social responses to the problem, with the exception of the issues of trafficking of people for the purpose of commercial sexual exploitation” (UNFPA LACRO, 2015). Over the review period, UNFPA has targeted various forms of GBV/sexual violence. The strategies have five components: i) policies; ii) data; iii) integrated model of care; iv) prevention of GBV/sexual violence by working with men; v) GBV/sexual violence in humanitarian contexts. UNFPA approaches are centered on advocating first for women and girls. The organization has traditionally put less emphasis on men and boys or LGBTQI as survivors of sexual violence in these strategies, but it advocates for universal services that will not discriminate against these groups.

The regional office continues to build on the interlinkages between GBV and other challenges faced by women and girls, including access to quality sexual and reproductive health services, citizen security and economic autonomy. The link with sexual and reproductive health is further explored under assumptions 3.6 and 4.2. ECLAC and UNFPA have recently collaborated to explore the link between economic autonomy and physical autonomy and GBV/sexual violence (CEPAL, 2016, 2019b). The Latin America and Caribbean regional office has also emphasized the relationship between citizen security in light of rising levels of violence and criminal activities (e.g., drug wars) and GBV/sexual violence at the local, regional and global levels, including by advocating for consultations on citizen security in the development of the SDGs to include references to violence against women.

Finding 13: The application of an intersectional lens is reflected in stronger engagement and capacity building of diverse networks and civil society organizations to enable a deeper understanding of specific vulnerabilities and identify different approaches for preventing and responding to GBV.

Specific initiatives have shed light on the vulnerabilities of indigenous women and girls and have aimed at strengthening the multicultural approach to health service provision (Organismo Andino de Salud, 2014). In its 2020-2021 workplan to improve the rights of afro-descendant populations, the Latin America and Caribbean regional office aims to shape more inclusive and integrated policies, programmes and strategies for the prevention and response to GBV and harmful practices by developing a regional study on femicides, sexual violence and hyper-sexualization of afro women and girls and conducting analysis of the extent to which programmes, policies and laws protect women in their diversity (UNFPA LACRO, 2020). The regional office has also supported a study on the situation of afro-descendant populations in Latin America, including GBV, and more recently generated a technical brief on the effects of COVID-19 on these population groups (CEPAL et al., 2017; UNFPA LACRO, 2020a). In Bolivia, UNFPA has supported multiple examples of strategic research, including an anthropological study on violence in different ethnic-cultural settings. In the context of the BA1 project, research on the risk factors and needs of female migrants in Central America provided evidence on vulnerable populations that are oftentimes not adequately attended to by government services. UNFPA also implemented more focused initiatives to prevent sexual violence among young people, by integrating GBV education (e.g. El Salvador, Mexico) into comprehensive sexuality education or by ensuring the participation of youth in the national and local committees working on GBV (e.g., Belize) (Aguilar & Asociados S.R.L., 2016). In the context of Spotlight, UNFPA and its partners have been working on intercultural and inclusive models for indigenous women and girls and those with disabilities, on the response to GBV against trans women and adolescent girls,

and developing interventions that focus on male aggressors (Spotlight Initiative, 2020). Targeted initiatives remain relevant, as one external partner also raised concerns that the current emphasis on broader GBV public policies and standards leave a gap with regards to entities that focus on preventing sexual violence with certain population groups (such as youth).

Finding 14: UNFPA has contributed to stronger national systems for GBV response and service delivery through a multisectoral approach to GBV. UNFPA strengthened national and local capacities of public entities and other service providers through training or development of protocols and guides.

UNFPA's work on multisectoral models of service delivery started under the Spanish Fund²⁰⁶ (2008-2013), focusing on improving access to health and justice services for (women) survivors of violence. The Latin American and Caribbean Regional Office drew on these experiences and lessons learned to develop and implement more integrated models of response to sexual violence (UNFPA & AECID, 2012). More recently, the regional office spearheaded the rollout of the Essential Services Package for Women and Girls Subject to Violence in the region, produced by the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (UN Women et al., 2015). The programme allowed UNFPA to scale up its work using more standardized tools and position the organization as an expert in service delivery. The Essential Services Package promotes multisectoral coordination, including between health, social, justice sectors, police and women's ministries. UNFPA increased the political interest of countries in the Essential Services Package as it rolled it out in an initial five countries²⁰⁷ and expanded to 13 countries²⁰⁸.

UNFPA support to country-level capabilities for multi-sectoral response to GBV has centered on the development of tools and guidelines, training for targeted actors, and research on service gaps. UNFPA support enabled the development of national guidelines for inter-agency and/or sectoral interventions as well as specific forms of GBV/sexual violence (e.g., femicide), performance standards for services (e.g., shelters), prevention in the field of education, along with technical procedures and processes that regulate the collection of evidence (UNFPA LACRO, 2015). It helped develop protocols and guidelines for specific sectors, including the judiciary, health sector and law enforcement (e.g., Bolivia, Costa Rica, El Salvador, Nicaragua, Paraguay, Caribbean countries). Under the Essential Services Programme, UNFPA improved knowledge of the quality and access to services, by conducting National Assessments on the Essential Services Package to show the gaps in addressing GBV (Panamá, Ecuador, Dominican Republic, Guyana, St. Lucia). UNFPA provided training to public officials (e.g., in Bolivia, Guatemala, Jamaica and other Caribbean countries) to sensitize and build their capacities to develop, monitor and implement respective laws and action plans. UNFPA also focused its interventions on municipalities with high levels of GBV, supporting bodies responsible for gender in municipal territories of El Salvador, Nicaragua and Costa Rica. Capacity building activities also targeted judicial entities, including by developing a virtual

²⁰⁶ The Fund's full title is "Fondo de Cooperación para América Latina y el Caribe entre el UNFPA y la Agencia Española de Cooperación Internacional para el Desarrollo."

²⁰⁷ Panama, Ecuador, Dominican Republic, Guyana, Uruguay.

²⁰⁸ Argentina, Bolivia, Ecuador, El Salvador, Guyana, Honduras, Mexico, Panama, Paraguay, Dominican Republic, Saint Lucia, Trinidad and Tobago and Uruguay.

Diploma and regional instruments for court officials (e.g., in Central America, Ecuador). Trainings further led to improved coordination between the national institutions that deal with the provision of sexual and reproductive health, mental health services and prevention and care for GBV victims, with an emphasis on population groups at risk, including women, adolescents and young people. For instance, Peru and Panama developed tools and networks that facilitated the multisectoral and interinstitutional work for the provision of comprehensive services of prevention and care to victims of GBV. Cuba advanced in developing multisector services response to attend to violence against women through the participatory design of a pilot at local level (Mayabeque province). In Belize, UNFPA developed a multisectoral approach to GBV and established GBV committees in different districts of Belize. The Dominican Republic and Uruguay also reported improved coordination between governmental actors for a holistic and multisectoral response.

In the Caribbean context, the sub-regional office was able to leverage additional resources accessed for humanitarian response to strengthen multi-sectoral approaches to GBV. The sub-regional office provided technical support to Antigua and Barbuda, Dominica and St. Maarten in 2017 to develop multisectoral norms and protocols to address sexual violence as part of the emergency response to Hurricanes Irma and Maria including development of GBV referral pathways for victims to access medical, psychosocial and legal support.

UNFPA participation in the European Union-funded Spotlight Initiative gives the opportunity to strengthen and expand its work on GBV/sexual violence in Latin America and the Caribbean, providing financial resources and new and stronger partnerships to develop joint efforts (OXFAM, CHIRAPAQ, PROMUNDO, CLADEM, etc.) (UN Women, 2019). Five national projects are focusing on the response to femicide in Latin America (El Salvador, Mexico, Honduras, Guatemala and Argentina). In the Caribbean, the Spotlight Initiative focuses on family violence in select countries (Haiti, Jamaica, Grenada, Belize, Guyana, Trinidad and Tobago). In light of the fact that the demand for essential services has increased drastically in the context of the COVID-19 pandemic (International Rescue Committee, 2020), UNFPA work in this area will increase in strategic importance.

UNFPA has also contributed to national systems through its role of supporting knowledge products and exchange. In the context of the “BA1” project, UNFPA in collaboration with its partners facilitated the development of knowledge products, such as the Conceptual Framework for the Prevention of Violence against Women, and research on the risks factors and needs of female migrants in Central America (Aguilar & Asociados S.R.L., 2016). In 2018, the regional office created a community of practice with 12 countries in coordination with other United Nations agencies (United Nations Development Programme-UNDP, UN Women, United Nations Office on Drugs and Crime-UNODC, PAHO, UNICEF) to promote exchanges, cooperation and learning under the framework of the essential services package for women and girls subject to violence. This community of state and non-state actors has defined the priorities for 2019-2020, including a virtual training on the package, technical guidelines to service specific groups from an intersectional perspective²⁰⁹, the exchange of good practices and South-South cooperation with the

²⁰⁹ This is a critical addition so that the essential services package integrates principles of Leaving no-one behind by ensuring that guidelines equip service providers to respond to LGBTQI and other specific populations like afro-

objective to improve policies and programmes oriented to the response to femicide (secondary and tertiary prevention) (UN Women, 2019). In collaboration with partners and country offices in 12 countries, the UNFPA virtual course on Essential Services was adapted into Spanish and contextualized to the Latin American region, with examples of good practices in the region, in order to be offered to all the countries to roll-out the Essential Services Package standards. The platform was highly valued by United Nations and civil society partners consulted. In the context of COVID-19, UNFPA has worked to expand the use of the course, including by integrating it in official learning platforms. UNFPA further strengthened its virtual outreach to communities through webinars.²¹⁰

Finding 15: UNFPA has made less inroads in improving evidence base on GBV.

Despite the fact that UNFPA plays a key role in the generation of evidence and data, in the area of GBV and gender, UNFPA is not considered a leading agency by stakeholders consulted, compared to PAHO, UNDP, and the World Bank. Nevertheless, UNFPA has made some contributions in this area at the regional and country levels over the review period, by mainstreaming gender in the area of Population and Development (see assumption 4.2) and through its gender-dedicated work (e.g., thematic studies). In order to improve the response on Violence Against Women and Girls and monitor advances, the Mechanism of the Convention of Belem do Pará and UNFPA have developed an analysis of the gaps in the implementation of the Convention of Belem do Pará and the Essential Services Package standards (results were planned to be presented in 2020). UNFPA also strengthened GBV information management systems in at least five countries (Colombia, Cuba, El Salvador, Guatemala, Dominican Republic) and supported national surveys on violence against women (e.g., Costa Rica, Trinidad and Tobago). In the context of the Spotlight Initiative, UNFPA, UNDP and UN Women are launching research on migrant women's livelihoods and their relationship to sexual violence, covering Mexico, Guatemala, Honduras, El Salvador, Costa Rica, Panama and the Dominican Republic (Spotlight Initiative, 2020). The sub-regional office supported the update of the Domestic Violence database in Trinidad and Tobago, using the Antigua and Barbuda database as a model. The first phase of the update has been completed, covering shelters, hotlines and other key first responders. Efforts will be further supported through the Spotlight Initiative and resources from the Government to link the police and health system to the Registry.

Although not consistently pursued at the regional and country levels, UNFPA has supported research on the vulnerabilities and needs of specific groups. In Bolivia, UNFPA has supported multiple examples of strategic research, including an anthropological study on violence in different ethnic-cultural settings. In the context of the “BA1” project, research on the risks factors and needs of female migrants in Central America provided data on vulnerable populations that are oftentimes not adequately attended to by government services. Regional office staff also pointed out that, in humanitarian contexts, GBV data is still a gap and humanitarian response budgets frequently not specifying funding allocations for data.

descendants or those with disabilities. These populations would also need to feed into any revision/update of the guidelines.

²¹⁰ For instance, the “Thursday of Learning” webinar, with around 2000 participants of more than 20 countries from government, CSO and academia.

Finding 16: UNFPA provided GBV coordination and technical support in response to humanitarian emergencies and in some cases has helped national systems strengthen their GBV response and emergency preparedness.

According to UNFPA's Regional Office Annual Reports, UNFPA helped strengthen national systems in Peru by revising the National Policy on Disaster Risk Reduction to integrate culture, protection, human rights and gender issues.¹¹ Line Ministries were supported to address internal coordination and gender gaps. In Panama, a proposal was developed to install a coordination committee for the prevention and care of victims of gender-based violence in emergencies, and in Cuba support was provided for the implementation of the first national gender multisector services response to violence against women. Lastly, Ecuador developed a tool for measuring risk on GBV situations to guarantee the right to protection for women. Support was also provided to help improve infrastructure and equipment of the violence against women observatories in Honduras and Panama, while centers of Integral Attention for women victims of violence, reception areas, shelters or safe houses were strengthened in 23 municipalities throughout Costa Rica, Panama, Nicaragua, Honduras and El Salvador. Technical missions were also conducted to Guyana and Trinidad to develop rapid assessments and referral pathways for GBV.

In terms of direct service delivery, UNFPA provided dignity kits to affected women and girls in the aftermath of category 5 hurricanes Irma, Maria and Dorian in the Bahamas, Dominica, Antigua and Barbuda, St. Maarten and Turks and Caicos. UNFPA lacks sustained financial and human resources, technical capacity, and implementing partners required to provide direct life-saving assistance in the protracted humanitarian crisis impacting multiple countries in the region (UNFPA, 2020a). However, in the context of hurricane Dorian response, the sub-regional office reported a strengthening of its alliance with the Gender Bureau in the Bahamas, which allows for continued work on preparedness. In an effort to overcome this key challenge, the regional office has established a roving team made up of GBV in emergency and sexual and reproductive health specialists that have been recruited from the surge roster and supported through mostly Stand-By Partners' funds.

Despite humanitarian capacity constraints (noted in assumptions 2.2 and under evaluation question 5), good practices and lessons learned on sexual and reproductive health and GBV in emergencies were identified, systematized and disseminated to country offices together with advocacy materials. The IASC Guidelines on GBV in emergency were rolled out in 2017 during multi-sector workshops in El Salvador, Guatemala and Honduras with training provided by the GBV Area of responsibility and coordination from the IASC Gender Standby Capacity Project Advisor hosted by UNFPA and shared with OCHA and UN Women. As part of the work of the regional roving team for the Whole of Venezuela Response, GBV case management training was rolled out in Brazil, Colombia, Ecuador, Trinidad and Venezuela. Training on clinical management of rape was rolled out in Ecuador, Trinidad and Venezuela. The regional office also organized a meeting to define the road map for UNFPA's response with participation of sexual and reproductive health and GBV focal points from countries most affected by crises (Brazil, Colombia, Dominican Republic, Ecuador, Peru and Venezuela). The Surge GBV Specialist also developed and consolidated a bank of tools and materials for GBV in emergency response (Standard Operating Procedures, guidance, curricula, etc.). During 2018, a Surge Roster Training and Assessment workshop took place in Panama in which staff members from LAC and external partners were trained.

The recent deployment of a GBV in emergency specialist in the Caribbean through the Surge Mechanism has filled a high need in the sub-region given its vulnerability to cyclical natural disasters and as host countries of migrants and refugees. The sub-regional office increased awareness of standard GBV response plans and the skills and competencies of frontline workers from protection, health, shelter management, community-based organizations and United Nations were strengthened on IASC guidelines on GBV mitigation, prevention and mainstreaming in shelters and camp settings, reporting, referrals, psychosocial support and survivor-centered approaches (UNFPA Sub-Regional Office for the Caribbean, 2019). The sub-regional office supported the Caribbean Disaster Emergency Management Agency (CDEMA) capacity on the Minimum Initial Service Package (MISP) targeting a group of humanitarian actors at regional level that became part of the elite first responders unit of the CDEMA that has initiated response to the Tropical storm Erika in Dominica. Groups of first responders at the national level also received training on the service package in preparedness and response to disaster (e.g., Trinidad and Tobago, Dominica) (UNFPA SRO Caribbean, 2019). The sub-regional office has also provided continuous advocacy and technical support to ensure that sexual and reproductive health and GBV is mainstreamed in emergency preparedness and response plans, including during the pandemic. As a result of UNFPA support, sexual and reproductive health and GBV have been or are being integrated in contingency plans (Barbados, Dominica, Antigua and Barbuda, Jamaica and Trinidad). UNFPA has been working with governments especially with ministries of gender, in providing support with COVID-19, facilitating workshops and webinars to discuss the issue to GBV and advocating that GBV be included in national COVID-19 responses. However, despite these initiatives, UNFPA staff consulted highlight that the sub-region still lacks capacities for adequate GBV response both in humanitarian and development contexts.

Finding 17: UNFPA has made more limited contributions to social norm change.

Over the review period, UNFPA made the greatest contribution to strengthening the formal enabling environment (regional and national legal frameworks, policies, and service delivery standards) and the mobilization and engagement of civil society. This has been a key feature of the human rights approach that the regional office has brought to its work. However, there is much less evidence with regards to how UNFPA and its partners contribute to social norm change.

At the country and regional levels, UNFPA supported the implementation of a number of communication and awareness campaigns and the development of strategies that aim to influence knowledge, attitudes and practices favorable to the prevention and care of GBV/sexual violence (e.g., in the context of the SICA B.A. 1 project (SICA, 2015); comprehensive sexuality education initiatives (FLACSO & UNFPA, 2019), international days of activism, Essential Services Package (UN Women et al., 2015)). Community networks have been created and/or strengthened for the prevention and comprehensive care of violence against women, trafficking and femicide.

There is not much evidence that UNFPA support at the regional level has emphasized gender-relations in the household or at community level, although this work may have been pursued more systematically in individual countries. Reporting does generally not provide sufficient information about the extent to which initiatives plan for and begin to contribute to transformative results, likely due to the duration of the projects (transformative change requires long-term initiatives and results measurements beyond the final end date of the programme/project). The regional office is currently promoting an initiative within the framework of Spotlight to strengthen the evidence base on social norm change.

Despite the contributions made to improving the legislation, policies and programmes, the limitations in addressing underlying social norms to prevent GBV become apparent in light of the continuously high prevalence of GBV cases in the region (Francisco Aguayo & Nascimiento, 2018). As noted in assumption 2.1, UNFPA is in early stages with regards to regional/sub-regional engagement on masculinities and social norm change, partly due to resource constraints and strategic choices about where to focus its efforts.

Assumption 3.6

UNFPA has contributed to preventing, responding to and eliminating harmful practices (child marriage, female genital mutilation and son preference).

Finding 18: UNFPA has contributed to increasing public visibility of child marriage and early unions in the region. Early results are notable in the formal sphere of legislative reform.

Harmful practices, including child marriage and early unions, female genital mutilation and son preference, were traditionally not perceived as a priority within the region. While female genital mutilation and son preference are less prevalent issues, the UNFPA Regional Office clearly defined the reduction and elimination of child marriage and early unions as a strategic priority under its current Regional Programme (2018-2021) and defined it as a separate output (UNFPA, 2018b). In collaboration with its partners, UNFPA drew on evidence generation, concerted advocacy efforts and policy dialogue (e.g., Presiding Officers Meeting of the Regional Conference on Women and the third session of the Regional Conference on Population and Development) to put this issue on the policy agenda. The regional office developed an integrated approach linking child marriage and early unions to sexual and reproductive health considerations (e.g., adolescent pregnancies), GBV and the work around youth and adolescents (e.g., education), which provided important entry points.

The region was not part of the Global Programme to End Child Marriage, but the United Nations has had regional flagship initiatives on this issue since 2014.²¹¹ UNFPA went beyond the configuration at global level for the global programme to end child marriage, which only included UNFPA and UNICEF, to include UN Women, Girls not Brides, Plan International, and Inter-American Commission of Women. While the initial design of the joint programme focused on legislative reforms to eliminate all exceptions to the legal age of marriage in countries in the region (UN Women et al., 2016), the more recent iteration has expanded its portfolio aiming at the development of packages of policies and key services to reduce child marriage and early unions, the empowerment of girls and adolescents to fulfil their rights and delay unions and marriages, and strengthening evidence and alliances (UNFPA et al., n.d.). In 2019, a regional platform to break the silence on child, early and forced marriage and union was established among United Nations agencies (UNFPA, UNICEF and UN Women), the OAS, Girls not Brides, Plan International, Save the Children, afro, indigenous, feminist and youth organizations and a joint strategy for advocacy was defined (UNFPA, 2020). Its actions have currently been stalled due to the pandemic.

²¹¹ 2015-2016 Inter-agency regional flagship initiative to end early and child marriage in Latin America and the Caribbean, directed jointly by UNICEF, UNFPA, UNAIDS, PAHO/WHO and UN Women; 2018-2021 Inter-agency regional flagship initiative to end early and child marriage by UNFPA, UNICEF and UN Women.

Concrete initiatives at country level are still in early stages.²¹² In a number of countries, advocacy efforts and technical assistance have resulted in legal reforms raising the minimum age of marriage to 18 without exceptions (e.g., Dominican Republic, Honduras, El Salvador, Guatemala, Trinidad and Tobago) and in strengthening national frameworks to end child marriage and early unions (e.g. Belize, Colombia). In a less systematic manner, UNFPA has also worked directly with youth associations. For instance, in the Dominican Republic, girls' clubs have been launched and national youth leadership camps organized to develop leadership skills, empower girls and build networks among participants.²¹³

UNFPA support over the period has also begun to fill gaps in evidence and knowledge about child marriage and early unions. UNFPA worked collaboratively with UNICEF, Plan International, and ECLAC to strengthen the evidence base on child marriage and early unions to support regional advocacy efforts. UNFPA regional and country offices provided technical and financial support to countries (Peru, Paraguay, Colombia, Dominican Republic, Belize, Bolivia, Honduras, Nicaragua) to generate data and develop strategies to address the *problematique* in collaboration with its partners (Greene, n.d.; UNFPA Nicaragua, 2015). The Population & Development unit in the regional office produced knowledge products on the difference between wanted/unwanted pregnancies. In El Salvador, UNFPA has provided evidence on the causes and implications of teen pregnancy and its linkages to early marriage, sexual violence, school dropouts, poverty, suicide, the socio-economic cost of early marriages and pregnancies (UNFPA El Salvador, 2017, 2019). As a result, the country launched a national strategy to prevent teen pregnancies which contains a specific strategic action for the incorporation of comprehensive sexuality education in public schools and proposes family, community, civil society and government institutions involvement to this end, which has generated pushback from conservative groups (UNFPA LACRO, 2018b).

Based on the review of different methodologies used at national level, UNFPA has designed a regional methodology to estimate economic impact of teenage pregnancy and motherhood in Latin American and Caribbean countries, called MILENA (UNFPA, 2018a). The United Nations Economic Commission for Latin America and the Caribbean (ECLAC), UNFPA, and PAHO supported several countries in the analysis of pregnancy in all age groups (including < 15 years old) using census data, vital statistics, and special studies. The regional office has facilitated regional exchanges between country offices and developed “*mapas de embarazo adolescente*,” which are used in advocacy to demonstrate prevalence and factors influencing early pregnancy in different contexts.

Evaluation question 4

To what extent and with what results; has UNFPA mainstreamed gender equality across UNFPA policies and programmatic outcomes? **Criteria:** *Effectiveness*

²¹² The project has initiated its actions in five pilot countries: Colombia, El Salvador, Guatemala, Mexico and the Dominican Republic (UNFPA, 2020).

²¹³ This work was initiated in Guatemala with funds from Canada and later adopted in Mexico and the Dominican Republic.

Assumption 4.1

UNFPA has mainstreamed gender across its programming.²¹⁴

Finding 19: Gender mainstreaming across thematic areas in UNFPA programming has taken place organically. A gender mainstreaming approach has neither been systematic nor clearly defined at the regional and country levels. Gender mainstreaming practices are shaped by interpersonal relationships and staff commitment as well as contextual factors providing external incentives for greater integration across thematic areas.

Gender mainstreaming has not been pursued systematically. While UNFPA developed specific global guidelines for gender mainstreaming (UNFPA, 2012, 2019b; UNFPA Culture, Gender and Human Rights Branch, 2008) and strategic plans have called for gender mainstreaming and a focus on equality and inclusion, according to UNFPA staff, there has been inconsistent attention to tools, accountabilities and incentives for mainstreaming gender in UNFPA programming across different thematic areas. Staff at the regional and country levels signal a lack of clarity about who carries the responsibility for mainstreaming gender. Some staff believe this should be the mandate of the gender adviser/teams while others consider gender mainstreaming to be a shared responsibility across all thematic areas. The lack of assigned responsibility and accountability within the organization has resulted in a more organic approach based on internal dynamics (availability of funding, interpersonal relationships between thematic areas, commitment of staff and leadership) and external factors (engagement with external stakeholders, the rise of conservative movements).

In the regional office, the thematic areas of gender equality and youth and adolescents are covered by one team, which consisted of a Gender and Youth Advisor for much of the review period and was expanded in size only recently. Despite the challenges of limited staffing, this facilitated a more integrated programming of the two areas. At the country level, gender teams are often very small and cover multiple areas of the programme. While this can provide opportunities for greater integration, the reality is that in many cases staff have greater expertise in one area and do not have the necessary capabilities and resources to pursue a gender mainstreaming approach. Despite noteworthy efforts within some offices, most consulted staff at the regional and country offices have noted that teams working on different outcome areas still operate in silos and that horizontal integration has not been sufficiently achieved to date. Staff highlighted the absence of structures incentivizing and facilitating cross-thematic work as the responsibility for outcomes and outputs are assigned to individuals within their thematic area of responsibility, reflecting the verticality of programming. The continuity of mainstreaming is also affected by staff changes and the inconsistent levels of gender expertise.

²¹⁴ Including the "Priorities for Gender Equality Programming" as articulated in the 2012-2013 UNFPA strategic framework on gender mainstreaming, which refer to: a) mainstreaming women's reproductive rights in laws and regulations, development policies and frameworks, including the MDGs; b) integrating gender equality into reproductive health programmes; c) ending gender-based violence; d) addressing adolescents and youth; e) responding to emergency and post-emergency situations; f) engaging men and boys as partners for equality.

External factors have also affected the extent to which gender mainstreaming has been pursued. Partnerships with United Nations agencies have allowed for a strategic approach to the intersection between youth and adolescents, sexual and reproductive health and rights and gender equality/GBV, and in the area of population and data. For instance, UNICEF and UNFPA regional offices mapped out areas of complementarity and areas that each agency could lead on to facilitate greater synergies at the country level. This has reportedly led to a stronger relationship and collaborative work in adolescent pregnancies, child marriage and early unions, GBV, and comprehensive sexuality education, which also contributed to joint planning within the Spotlight Initiative. In population and data, the UNFPA relationship with the Economic Commission for Latin America and the Caribbean (ECLAC), through the Latin American and Caribbean Demographic Centre (CELADE) and the Division for Gender Affairs, has facilitated improvements in disaggregated population data to support gender analysis with an intersectional lens.

Political dynamics have also shaped UNFPA attention to gender mainstreaming. The 2013 Montevideo Consensus was cited as an incentive for a more integrated view of UNFPA thematic areas, although there was a lack of clarity on how to operationalize that more integrated view. As conservative, anti-rights movements closed some opportunities for traction on gender equality, demands for technical assistance from governments in other thematic areas provided the entry points (e.g., adolescent pregnancies as an entry point for work on child marriage and early unions).

The lack of a more systematic approach to mainstreaming means that there may be missed opportunities to advance further reflection and progress on gender equality. External interviewees (from civil society and United Nations partners) noted that messages in knowledge products and statements do not consistently reflect purposeful integration of a gender lens, in a way that transforms and redefines the issue. Furthermore, UNFPA reporting on gender-non-dedicated outcome areas (e.g., Strategic Information System reports) does not have a consistent approach to capturing contributions made to the advancement of GEWE. Reporting does not always comment on intersectionality dimensions, including the effect on the lives of specific vulnerable groups, or on UNFPA and partner contribution to changes to social norms and practices.

In reflecting on gender mainstreaming, one United Nations stakeholder commented on the importance of a more intentional approach to mainstreaming and the fact that entities do look at UNFPA: "If UNFPA decides to do it, it can have an impact on the [United Nations] system!"

Assumption 4.2

UNFPA's mainstreaming efforts have contributed to gendered results across UNFPA policies and programmatic outcomes (reproductive health, population data, adolescents).²¹⁵

Finding 20: UNFPA mainstreaming efforts in the area of population and development have improved the evidence base on the situation of women and girls, through a better disaggregation and representation of diverse groups in national survey instruments and research on key issues (e.g., GBV, adolescent pregnancies, abortion and child marriage and early unions).

The regional office has supported regional institutions in generating data and research on GEWE, sexual and reproductive health and youth and adolescents, applying an intersectional lens. The close partnership between UNFPA and CELADE over the past two decades has in particular contributed to evidence and awareness raising on the intersectionality of vulnerabilities in the region and focus on specific groups, such as afro-descendant and indigenous populations and young people. For instance, CELADE and UNFPA have worked closely in the context of the 2013 Montevideo Consensus, giving greater visibility to the situation of vulnerable groups and have worked to strengthen the evidence base on the situation of specific groups of women and girls, e.g., by publishing studies (CEPAL et al., 2017) or creating a Data Bank with indicators for indigenous and afro-descendant peoples with the support of UNFPA and AECID (CEPAL, n.d.). CELADE also held a series of regional seminars in preparation of the 2020 census since 2016, in collaboration with UNFPA. The seminars facilitated training and knowledge exchange on issues such as the integration of sexual orientation and gender identity, disabilities, indigenous and afro-descendant populations and the complexities of various forms of discrimination and inequality in the region (CEPAL, 2019a). The UNFPA Regional Office and CEPAL's Division for Gender Affairs have also been working to advance the analysis of the linkage between physical and economic autonomy, building on the set of indicators on economic autonomy, physical autonomy and autonomy in decision making (CEPAL, 2016, 2019b) to provide a more comprehensive picture of the various intersection of structural barriers to gender equality in the region.

At the country level, UNFPA provided technical assistance to strengthening national statistics, census, sociodemographic analysis capacities for more disaggregated data and greater foci on specific vulnerable populations. However, demands of countries are varied and have evolved over time given changes in governments and the rise of conservatism in the region. For instance, UNFPA developed a model study for countries to measure public spending on youth and adolescents and the economic impact of teenage pregnancy, which has highlighted the interlinkages of gender and adolescents sexual and reproductive health (UNFPA LACRO, 2018a). As the region is witnessing a reduction in the number of youth (demographic dividend), the necessity to work on gender equality and youth in a more integrated manner becomes imperative. The regional office supported Costa Rica to develop a proposal and recommendations on the integration of questions on sexual identity in national surveys, which initially received significant pushback from conservative voices, but eventually incorporated in 2020 round of census (Arrieta, 2018). UNFPA also supported Peru in the collection of data on family planning at the level

²¹⁵ This assumption explores the results that have derived from these efforts.

of municipalities in order to better capture differences within the country. Guatemala's census questions for 2017-2018 included specific questions on who makes key decisions in the household (female, male or both) and household composition (including the head of household) to capture power dynamics between male and female household members, and the age at the time of first live-born child as an measure for early pregnancies. The regional office has been working towards the introduction of the Generation and Gender Survey²¹⁶ in the region, with a pilot planned in Uruguay.²¹⁷ The sub-regional office has provided technical support to the Women's Health Surveys (e.g., Trinidad and Tobago).

UNFPA has further strengthened the evidence base on specific thematic areas and their interlinkages, including GBV, child marriage and early unions, adolescent pregnancies, abortion, and poverty. As mentioned under finding 14, UNFPA has supported various initiatives to strengthen GBV information management systems in the region and national surveys on violence against women. The sub-regional office provided technical assistance to strengthen databases in a number of Caribbean countries (e.g., Antigua and Barbuda, Trinidad and Tobago, Guyana), yet capacities for GBV data collection remain low. In particular, the absence of Standard Operating Procedures, addressing standardized definitions and indicators and confidentiality, and low levels of intersectoral coordination to unify criteria of collection, analysis and use of information are common challenges across the region (UNFPA LACRO, 2015).

Finding 21: UNFPA has adopted an integrative approach to comprehensive sexuality education to prevent and reduce adolescent pregnancies, GBV, child marriage and early unions and other harmful practices among youth and adolescents. While this approach has helped strengthen regional and national systems for comprehensive sexuality education, certain aspects have also met with pushback from conservative movements.

Comprehensive sexuality education has been a key component of UNFPA regional strategies and Caribbean multi-country programme documents since 2012, either as part of Adolescents & Youth or sexual and reproductive health outcomes. Comprehensive sexuality education efforts were integrated in country office programming across thematic areas, including plans for the prevention of unintended adolescent pregnancy, sexual and reproductive health programs for youth and adolescents or the prevention of GBV, showcasing the intersection of different areas of work. As discussed under assumption 3.6, UNFPA work on adolescent pregnancies has served as a key entry point for increasing the attention on child marriage and early unions and GBV prevention among youth and adolescents and strengthening comprehensive sexuality education in the region.

UNFPA Latin American and Caribbean Regional and Sub-Regional Offices supported the establishment of accountability mechanisms and standards for adolescent sexual and reproductive health and comprehensive sexuality education at the regional and national levels. UNFPA supported the development and implementation of a number of regional frameworks on sexual and reproductive health that promote the strengthening of comprehensive sexuality education, including for vulnerable groups,

²¹⁶ The Generations and Gender Surveys are a series of national surveys collecting socio-demographic data on the population looking at intergenerational relationships and gender roles in a country. The instrument has been primarily used in the EECARO region (Generations & Gender Programme, n.d.)

²¹⁷ However, due to political changes in the country, this initiative was not followed through.

such as the 2016 Consejo de Ministros de Salud de Centroamérica y República Dominicana/SICA Declaration of Central American Countries on adolescent pregnancy prevention and reduction; 2017-2021 *Plan Andino de Prevención del Embarazo en la Adolescencia*; 2014 *Plan Estratégico Regional para la Prevención del Embarazo en Adolescentes en Centroamérica y el Caribe*, the 2014-2019 CARICOM Integrated Strategic Framework for the Reduction of Adolescent Pregnancy; the 2017 *Marco Estratégico para la Prevención y Reducción del Embarazo no intencional en Adolescentes*; Adolescent Pregnancy Reduction Interagency Regional Framework launched in 2018. These frameworks addressing adolescent pregnancies provided key entry points for the promotion of formal and non-formal comprehensive sexuality education in the region (Caminotti et al., 2019). UNFPA developed guiding frameworks, collaborated with the updating of the United Nations Technical Guidelines and other instruments that clarify the conceptual framework of comprehensive sexuality education (Caminotti et al., 2019).

Over the review period, UNFPA promoted the incorporation of comprehensive sexuality education quality standards into policies and programmes (e.g., on education, adolescent sexual and reproductive health and the prevention of adolescent pregnancies, youth) in a number of countries (e.g., Colombia, Guatemala, Panama, Paraguay, Venezuela). However, only 13 out of the 23 countries monitored by the regional office had a programme and, in half of them, gender, sexual and reproductive rights and sexual diversity approaches were absent (Caminotti et al., 2019; IPPF, 2018). In the Caribbean, the sub-regional office initiated a desk review of the 22 countries and territories in order to propose recommendations for the amendment or enactment of sexual and reproductive health legislation. The lack of policy and legislation and conservatism across the Caribbean contributes to a lack of financial commitment by Government to support comprehensive sexuality education implementation. This has hindered the advancement of programmes in line with international guidelines. The sub-regional office's limited engagement with CARICOM on gender-dedicated work in more recent years, has also led to missed opportunities for the sub-regional office to become involved in key sub-regional policy development, e.g. the CARICOM Gender Equality Strategy, which also covers teenage pregnancy.

UNFPA and its partners have contributed to government stakeholders, service providers and UNFPA staff capabilities in this area. The Facultad Latinoamericana de Ciencias Sociales (FLACSO) developed academic/certificate programmes focusing on gender equality, GBV, comprehensive sexuality education and sexual and reproductive health and rights and is building a community of practice to facilitate knowledge exchange and networking among participants of these education initiatives (Caminotti et al., 2019; FLACSO & UNFPA, 2019; UNFPA LACRO, 2020a). Initial assessments suggest that health, education and other sector personnel have shown an increase in knowledge, commitment and awareness on various issues: sex, sexuality, gender, gender identity, sexual orientation, prevention of GBV, sexual transmitted infections/HIV/AIDS and teenage pregnancy, among others, but the sustainability and long-term impact of these programmes remains to be seen (Caminotti et al., 2019; UNFPA LACRO, 2020a). FLACSO assisted with the provision of technical assistance on to countries (Nicaragua, el Salvador, Cuba, Ecuador). Comprehensive sexuality education technical guides for in and out-of-school contexts were jointly developed by UNFPA, UNESCO and FLACSO and piloted in Colombia in 2018/19. Although comprehensive sexuality education activities have been going on for over a decade, the guides now provide quality criteria and ensure that the needs of the most vulnerable, including migrants, youth and adolescents, are addressed. However, more and continuous resources are required to maintain momentum for building capacities at the country level.

UNFPA interventions to promote comprehensive sexuality education have taken place in antagonistic environments, where attitudes towards education and the right to comprehensive sexuality education have been influenced by conservative forces. Several governments in the region have rolled back their efforts in recent years (e.g., Nicaragua, Panama). UNFPA has adjusted its strategy, using different terms for comprehensive sexuality education (e.g. “health and family life education” in the Caribbean context), integrating comprehensive sexuality education in informal education, and continuing to strengthen capabilities at technical levels, while ensuring that the conceptual framework and the human-rights and gender-based approach is maintained. FLACSO also helped with the creation of a permanent virtual comprehensive sexuality education training space for UNFPA staff in 2017, which provides introductory courses to UNFPA staff to improve their capacity to do situation analysis and advocacy. The course targets not just staff who have traditionally worked on sexuality education but builds capacities across divisions in line with the adoption of an integrated approach to sexuality education from multiple angles. The regional office is planning to prepare an advocacy strategy in consultation with country offices.

Evaluation question 5

To what extent are UNFPA's institutional culture, systems and processes "fit for purpose" to advance gender equality and the empowerment of women through a human rights-based and culturally sensitive approach in both development and humanitarian settings? **Criteria:** *Efficiency*

Assumption 5.2

Strategic investment choices enable UNFPA to address social norm change and the deep drivers of gender equality.

Finding 22: The business model and (related) resource constraints limit UNFPA ability to seek transformational change and address the diverse drivers of inequality within the region.

As reflected in earlier findings, since 2012, UNFPA has strategically invested increasingly limited resources to make contributions to gender equality in the region. UNFPA has pursued relevant entry points and supported an enabling environment for policy and programming that addresses some of the major service and policy barriers to equality. Yet as indicated in Findings 5 and 16, the ability to consistently pursue approaches that can address social norm change, continue to advance in efforts to Leave No One Behind, and provide consistent support on gender-related initiatives across the nexus are linked to levels and types of resourcing (including the flexibility attached to resourcing).

With funding from regular resources for gender-dedicated work decreasing in Latin America and the Caribbean since 2012 and the access to noncore funds being inconsistent over the review period (see section 2), country office access to seed funding from the regional office has enabled testing or expansion of certain initiatives. The regional office's allocation of funds was driven by a bottom-up approach, which allowed country offices to identify and drive key initiatives relevant to their specific contexts to strengthen work with civil society and women's organizations and target programming to especially vulnerable populations. For instance, seed funding allowed country offices with limited resources to give technical and financial assistance to governments on essential services for women and girls subject to gender-based violence.

While UNFPA in the region has sought out external funding sources, including via joint programming with other United Nations agencies, resource mobilization for gender equality remains a challenge. As many countries graduated from lower to middle-income countries, there are few options for funding: most traditional donors engage only in select countries, donors may not give due consideration to subnational inequalities, government cost-sharing is minimal, there is limited interest of conservative governments and private sector does not fill the gap. UNFPA's participation in the Spotlight Initiative has opened up new resources for its work in gender equality and GBV in the region. It has allowed for an increase in staffing in both Latin-American and Caribbean offices and strengthened the portfolio of some UNFPA country offices in the area of gender and GBV.

The UNFPA business model country classification system and related modes of engagement have several effects on UNFPA country offices in the region. Many countries in LAC have enormous degrees of inequality. As one respondent noted, there are many countries "in one country." Yet most countries are

classified as 'pink', which defines the primary modes of engagement.²¹⁸ There are implications for the country office to be able to engage in the diversity of programming, including support for service delivery (if necessary) in order to implement a Leave No One Behind strategy that seeks to redress inequities. Similarly, country offices do not develop the partnerships or have the Implementing Partners that might be necessary during an emergency. In addition, there is an assumption that policy/advocacy work requires fewer resources than support for service delivery, but stakeholders point out that the type and configuration of staff required for upstream work require similar level of investment. COVID-19 may illustrate the business model's limitations, including de-linking "development" from "humanitarian", or ability to be able to bridge short-term needs with long-term strategic vision for transformative change. One civil society stakeholder highlighted that UNFPA resource allocations, including to civil society organizations, is concentrated in urban areas and not sufficiently reaching the most vulnerable who are often located in rural areas.

Assumption 5.3

UNFPA has adequate human resources at global, regional and country levels to advance gender equality through dedicated programming and mainstreaming of GEWE.

Finding 23: Overall, the region has struggled to have sufficient level and type of staffing for advancing GEWE. The dedication of staff and initiatives that support learning and exchange at the regional level have helped to mitigate these limitations and leverage existing resources.

One area of concern relates to staffing and expertise for gender and gender mainstreaming. Since 2012, there has been a perceived decrease in capacity for gender programming at country level (i.e., the post of a gender specialist/officer/advisor was eliminated or merged with other "advisor" positions; Fixed Term posts focused on gender equality were lost²¹⁹). Within the regional office the areas of youth and gender equality have been combined in one team, resulting in a more integrated approach between these two areas but also an increased portfolio overall (including Leaving No One Behind, follow-up to the Montevideo Consensus, civil society engagement). Since 2015/16, the regional gender and youth team has slowly been expanded from two people (gender adviser and assistant) to five, currently including specialists on youth (since the end of 2018 through the UN Volunteer system), gender and GBV (since the end of 2019 with funds from Spotlight), and the rights of afro-descendant populations (since 2020 contracted as a consultant). While the sustainability of current staffing arrangements remains to be seen,

²¹⁸The current UNFPA business model defined five distinct modes of engagement: advocacy and policy dialogue, knowledge management, capacity development, partnership and coordination, and service delivery. While service delivery is generally applied in red quadrant countries, the 2018-2021 Strategic Plan acknowledges that emergencies and large-scale disasters can disrupt and roll back development gains in all colour quadrants and notes that countries responding to natural or man-made emergencies (including neighbouring countries) are allowed to deploy all five modes of engagement without applying for an exception in the form of a business case. As such, there is the possibility for exceptions in the deployment of modes of engagement based on "rigorous review on a case-by-case basis."

²¹⁹ Previously there were two international posts for the work on gender in LACRO at the level of P3 and P5.

this has allowed the team to engage in dedicated work to support a Leave No One Behind strategy and provide technical assistance to country offices in a more targeted and consistent manner.

In the Caribbean context, the sub-regional office is facing the challenge of covering 22 countries and with physical presence in only six countries. The office in Kingston currently includes a GBV specialist, who joined the office in 2020, and a GBViE specialist, along with staff covering other outcome areas. The gender officer position had been vacant since 2015. The five sub-regional office liaison officers (Guyana, Barbados, Belize, Suriname, Trinidad and Tobago) cover multiple outcome areas and are often unable to provide the comprehensive response to GBV. Given the high vulnerability and frequent occurrence of natural disasters and other emergencies, the sub-regional office has been able to secure a GBV in emergency specialist through the Surge Mechanism, which does not provide the more long-term approach to human resourcing required in the region.

At the country level, one staff member oftentimes carries responsibilities for gender components and other thematic areas. Country office staff have greatly valued the support received from the regional level. Regional meetings of gender focal points organized by the regional office have offered opportunities for knowledge exchange and the development of strategies to address common challenges. For instance, the creation of (sub)regional strategies around adolescent pregnancies has assisted country offices to better position themselves in the country. Strategies and guidelines for an intersectional approach to gender work has allowed country offices to strengthen their work around vulnerable populations. The regional office has also provided strategic support to country offices in their response to the rise of conservative voices, in particular in the context of comprehensive sexuality education and sexual and reproductive health and has provided research support around essential services, which opened up opportunities on how to engage with the respective authorities.

Despite the dedication and passion brought in by these focal points, country office staff have expressed limitations in capacity to implement regional guidelines and strategies. For instance, the level of engagement and the ability to reach diverse set of civil society organizations varies as coordination with civil society is a time-demanding process and requires dedicated human and financial resources to ensure participation. In some contexts, the local civil society organization landscape, including among the most vulnerable groups, may be less developed and country offices do not have the required resources to engage in direct capacity building. At times, staff noted a limitation in gender equality expertise as their qualifications are primarily centered on other outcome areas. Gender-dedicated (or partially dedicated) staff are generally in charge of the programmes and initiatives under Outcome 3 of the Strategic Plan and are less involved with the ensuring the mainstreaming of gender across other outcome areas. As noted under assumption 4.1, the institutional set-up does currently not encourage gender mainstreaming within the organization. Responsibilities and accountabilities for gender mainstreaming are diffuse and successful attempts are often due to interpersonal relationships and working styles and individuals' commitment to synergies. As noted under assumption 2.2, challenges around humanitarian staffing remain at the regional, sub-regional and country levels.

Assumption 5.5

UNFPA advances collaborative work across United Nations agencies towards SDG 5

Finding 24: UNFPA has advanced inter-agency collaboration on the gender equality agenda at regional level through joint initiatives, participation in inter-agency fora, and playing a coordinating role.

At regional level, UNFPA is effective in its approach to working with the United Nations system on GEWE. Its regional programmes, many of which have been joint initiatives or programmes, have been critical for advancing gender equality (e.g., Spotlight Initiative, regional programme on child marriage and early unions, essential services programme), for helping to catalyze new interventions on GBV and harmful practices and for leveraging resources to mitigate limited access to donor funding.²²⁰ Most United Nations partners interviewed appreciated that the UNFPA approach to interagency collaboration aims to leverage the strengths of each organization rather than “fly its own flag,” and fosters a degree of trust that allows for a more harmonized ‘one voice’ in communications among its partners (e.g., where one agency can speak on behalf of the others involved in a joint initiative).

The Spotlight Initiative provided incentive for greater interagency collaboration on GBV both in Latin America and the Caribbean. The design process has allowed for participating agencies to define clearer responsibilities and areas of work²²¹, map the landscape of partnerships and initiatives on GBV in the region, and highlight the strengths of each agency. UNFPA was especially recognized for promoting the integration of an intersectional approach and adolescent and youth issues. UNFPA consultative approach to these negotiations with its diverse set of partners not represented at the negotiation table was highly appreciated. Stakeholders interviewed also provided positive feedback on the way that the reprogramming was done as part of the COVID-19 response. Still, some interviewees report that the negotiation on Spotlight was challenging and, as a result, relationships between actors got off to rough start.

Similarly, UNFPA has been a consistent participant and contributor in the Gender Thematic Group, often chaired by UN Women. Key contributions include the development of common communication approaches, such as the joint document with key messages on conservative movements for United Nations Country Teams (Grupo Interagencial de Género, 2019), and the development of joint initiatives, including the regional programme on child marriage and early unions, which was originally presented as the 2015-2016 flagship initiative within the Gender Thematic Group.

In line with its global mandate, UNFPA has led, or co-led, the GBV sub-cluster in several countries affected by emergencies. The regional and sub-regional offices contributed to the coordination of the initial response of the hurricane season of 2017, by supporting the regional interagency coordination with the Latin American and Caribbean Network of Environmental Funds and the United Nations Humanitarian Response Depot. UNFPA provides GBV coordination for the Regional Platform for Refugees and Migrants from Venezuela and is part of the Regional Migration Response Plan. The Surge GBV Coordinator (P4) was deployed in September 2019 and is based in the Platform office in Bogotá. UNFPA role at regional level is also important in helping to shape gender-responsive plans. Some country chapters in the regional

²²⁰ Child marriage and early unions are still not drawing sufficient interest from donors.

²²¹ For instance, UNFPA is responsible for pillar 3 “changes in gender equality social norms, attitudes and behaviors” in the Spotlight Latin American regional framework.

Refugee and Migrant Response plans 2018 and 2019 made no references to the different needs and capacities of men and women across sectors, except for protection, and neither activities nor indicators integrate gender. The Regional Migration Response Plan 2020 showed significant improvement, especially around protection-related needs and risks (Cano et al., 2020).

Finding 25: UNFPA experience in collaboration and coordination varies across the different country contexts, with particular tensions arising mostly, but not exclusively, with UN Women.

Although collaborative intentions are set out at the regional level through working groups and joint programmes or initiatives, a number of factors affect the ability to articulate collaborative advantages and divide up the work at the country level with other agencies.

- **Competition for resources.** The scarcity of donors for gender equality in addition to the overall decline in donor resources in LAC and the defunding of many United Nations agencies over the past five years, have intensified resource competition. United Nations agencies have also displayed more “territorial” behavior in which each agency seeks to enhance its profile and visibility.
- **A real or perceived overlap in terms of mandate.** While there has been a recurring question about the division of labor in the area of violence against women and GBV between UNFPA and UN Women, the roles of other United Nations agencies, such as UNDP, has increased over time as the intersection between different thematic areas and GBV has become more visible and joint work within the United Nations has been encouraged. One of the respondents has suggested that United Nations reform aggravates overlapping mandates in that agencies feel compelled to work in areas of the Agenda 2030, where they can raise resources and are able contract the necessary expertise.
- **Designated UNFPA role for coordination on GBV in emergencies.** Since April 2016, UNFPA has been the designated lead agency for the Area of Responsibility on GBV in humanitarian settings and has been ramping up its capacity in this area globally as well as within the region. However, as UN Women (and UNICEF) are increasingly expanding into the humanitarian realm, that role has been either contested by or shared with UN Women. This tendency is likely to increase in the context of COVID-19 response.
- **Presence and relative capacity at country level.** In cases where UN Women has no physical presence in countries, UNFPA frequently steps in to play a greater coordination role (including for the Gender Thematic Group), provide support for various initiatives led by UN Women (e.g., HeforShe, preparation for the Commission on the Status of Women, 16 Days of Activism, Foundations and Partners for Peace initiatives) and is expected to provide proactive support for the mainstreaming of gender in the United Nations Country Team (which does not always happen).
- **Country context.** The gender machinery in each country may have established relationships and as noted by respondents, government do not always distinguish among the different agencies. Collaboration in country is further marked by dynamics of the United Nations Country Team and Resident Coordinator, and personal relationships among representatives. In some instances, UNFPA’s strong relationship with government entities and partners have resulted in UNFPA playing a greater coordination role. For instance, when the Guyana government activated a GBV task force and did not invite any United Nations agency but UNFPA, UNFPA has actively worked to build a bridge between task force and other agencies.

All of these factors lead to frustrations among UNFPA teams at country level and a sense that the relationship between UN Women and UNFPA needs to be further clarified at the headquarter level. Both UNFPA and other United Nations agencies interviewed articulate the risk of missing out on opportunities for collaboration as a result of turf issues. COVID-19 is creating a more urgent need for coordination. At the same time, the shift to pooled funding and joint programmes is forcing agencies to apply together for funds (as in the case of the SDG Fund, COVID-19 Response Fund, new modalities for Peacebuilding Fund, etc.). The expectation across participating United Nations agencies and partners in the region is that the Spotlight Initiative will further facilitate and solidify coordination and collaboration in the area of GBV.

V. Considerations for the Overarching Thematic Evaluation

The following considerations arise from the experience of UNFPA in Latin America and the Caribbean but may have implications for the organization as a whole.

Consideration 1: The UNFPA concept of gender equality is limiting for country teams in the region. Regions need to be able to draw upon a broader lens on gender.

In Latin America and the Caribbean, UNFPA country teams (sometimes) operate with a broader concept of gender, beyond the binary definition of men and women. This leads to some debates at the corporate level since global strategies and guidance are articulated from a less expansive (or from a more conventional) perspective. The lack of clarity on a corporate position can affect the advocacy role of UNFPA even within the United Nations system, for example on sexual reproductive health and rights for non-binary gender identities. It also raises the question of the organization's implicit operational framework for gender equality and whether unequal gender power relations and overcoming patriarchy are always the driver behind the choices of population groups to target and support. While "women, girls, and youth" remain UNFPA's primary client population groups in its mandate, the multiple vulnerabilities experienced by groups of different gender identities or in combination with other forms of discrimination force open the lens to a wider spectrum of population groups. These are all groups that share "patriarchy" as an underlying cause of inequality. This has potential implications for how UNFPA frames its engagement of men and boys and the extent to which programming considers toxic and positive masculinities.

Consideration 2: The human rights perspective that underlies UNFPA's support to GEWE helps to structure and strengthen its positioning within an ecosystem of actors that create an enabling environment in the region.

The human rights lens that permeates the work of the regional office is, to some extent, a result of the regional context and the demands of women's movements and other actors in civil society. UNFPA has been able to leverage this human rights approach to support and convene civil society partners as rights defenders able to claim their rights and hold duty-bearers accountable. It has done this at the same time that it works in partnership with governments who are more or less progressive with regards to gender equality.

UNFPA's advocacy role is particularly critical in light of its rights approach, not least because of an environment where there has been growing backlash against gender equality. Stakeholders interviewed for this case study value the fact that UNFPA in the region takes a stance on sensitive issues, while also

recognizing that it must make adjustments that reflect the “political temperature” at country level. The case study shows that UNFPA has been savvy in its advocacy tactics. A number of factors underlie the UNFPA strength in advocacy. UNFPA leaders at country/regional clearly uphold gender equality and human rights principles (do not give in), have an ability to read the political environment, and draw on strong relationships with inter-governmental bodies and with a plurality of civil society organizations over time. Government (inter-governmental bodies) and civil society stakeholders point out that UNFPA “knows its role” in the international development ecosystem for GEWE. It provides a bridge between “state” and “non-state” actors, without trying to replace/substitute either one of them. The approach in Latin America and the Caribbean allows state and non-state actors to enter into dialogue with human rights instruments as a foundation and helps to visibilize/position rights-holders (as different population groups) as informed citizens conscious of their equal rights to sexual and reproductive health information and services.

The rights lens also positions UNFPA to expand its support for and use of accountability mechanisms as a lever for generating the change and for building an advocacy platform.

Consideration 3: UNFPA approach to building partnerships with civil society and its convening role has helped build sustained advocacy and contributed to movement building: UNFPA has developed strategic, collaborative relationships. UNFPA is valued by civil society partners and other actors for its expertise and the continuous, long-term investment in these relationships as well as the emphasis on maintaining a horizontal engagement. Its role as a convenor has created spaces and opportunities for different types of actors (e.g., government, civil society, non-conventional actors) to engage in advocacy around SRH and GEWE and build new partnerships and alliances at various levels. The regional office has so far been able to maintain partnerships and act as a convenor despite resource limitations. However, this is especially a key issue flagged by stakeholders in the Caribbean where the level of engagement has reduced over the review period.

Consideration 4: UNFPA has not yet fully mainstreamed the body of knowledge on masculinities and social norms.

UNFPA’s strong rights-based approach in Latin America and the Caribbean really strengthens work in GEWE, but its contributions to sustainable results for gender equality will require that this be paired with social norm change. In the UNFPA current strategic plan, as well as the 2018 Gender Strategy, there is much greater emphasis placed on social norms. Social norm change will also be necessary in order to move towards the transformative result of “Zero GBV.” Although UNFPA in the region has built relationships and networks and begun to systematize the knowledge on masculinities, this work is not fully integrated into UNFPA work at regional and country level. Looking forward, that is one area that has been identified as a priority by the regional office. In practice, social norm change requires a broader approach and time frame that would have to be addressed by a group of partners including other agencies in the United Nations system. The question is how UNFPA communicates this intention and collectively identifies what the change process might look like with its strategic partners. In addition, UNFPA may also want to reflect on the extent to which the business model affects the potential for certain country offices to propose contributions to social norm change. The Spotlight Initiative is giving a renewed opportunity for the United Nations system to further collaborate in this area. Under Pillar 3 led by UNFPA, Programme Partners aim to address social norm change by engaging a broad coalition of stakeholders, including civil

society organizations, private sector, media, faith-based organizations, men and boys' organizations, by increasing awareness and evidence of violence against women and femicide in the region through advocacy and by building a common discourse against the opposition to gender equality and women's rights.

Consideration 5: A more purposeful approach to gender mainstreaming can help to amplify UNFPA contributions to gender equality

In UNFPA in LAC, gender mainstreaming has occurred organically and despite a vertical programming structure that does not facilitate "integration" across themes. There is a potential for UNFPA programming to be more intentional in its efforts to help break barriers to equality across its thematic areas. To what extent is it necessary/possible to develop a more coherent regional strategy for gender mainstreaming? Should it be writ large across all outcome areas, or by thematic area? Should it be holistic and linked to a Theory of Change on gender equality that shows the interlinkages vertically and horizontally? What changes in incentives would be required? What expertise and level of leadership and accountability are required to promote gender equality in teams? What level of funding is required to engage in gender mainstreaming?

Consideration 6: UNFPA business model is one of the factors that limits UNFPA's potential to give continuity to its support for gender equality and women's empowerment across the nexus.

UNFPA in the region has faced particular challenges for moving from development to humanitarian response as a result of its prevailing modes of engagement in the region over the past few years. 'Pink' quadrant countries do not always have the networks and potential implementing partners for the service delivery that is required in an emergency and yet the region continues to be affected by climate-related and other emergencies. These countries report difficulties in accessing the funding, the expertise, relationships, and ability to build capacities of partners in GBV in emergency, for example. UNFPA may also need to revisit its partnerships, including within the United Nations system, to help determine the best mix of support in a particular country context. Similarly, the business model is not sufficiently sensitive to the contextual diversities within countries, which might require different levels and modes of engagement in order to reduce inequalities and reach the furthest behind.

Consideration 7: COVID-19 provides the opportunity for UNFPA to demonstrate its solidarity with discriminated population groups for whom a whole array of rights (not only sexual and reproductive health) are put at risk by the pandemic.

The global COVID-19 pandemic has surfaced a variety of competing needs. On the one hand, there are the immediate demands of the crisis and UNFPA has responded by emphasizing that GBV prevention actions and services, as well as sexual and reproductive health, must remain in national response plans; providing service delivery alternatives in the context of the pandemic; advocating for the safety of its partners and providing personal protective equipment (among other areas). On the other hand, there is also a call for a more holistic approach to advocacy that identifies the underlying structural issues and broader context of women's human rights. UNFPA has the opportunity to leverage its partnerships with distinct rights groups such as afro-descendant and indigenous women's networks (e.g., Red de Mujeres Afrolatinoamericanas, Afrocaribeñas y de la Diáspora, CHIRAPAQ) to help articulate and respond to the diversity of challenges each group faces under COVID-19, in other words, taking into consideration the

whole gamut – the social, economic, health, political – constraints they face, not just access to sexual and reproductive health and rights, in collaboration with other partners in the ecosystem and particularly in the United Nations.

Annexes

Annex I: Sources of evidence

The evaluation mission consulted with 73 stakeholders through individual Interviews and group discussions:

a) List of consulted stakeholders through Individual Interviews

No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
1	Flavia Cherry	Chairperson	Caribbean Association for Feminist Research and Action (CAFRA)	F
2	Ann-Marie Williams, MA	Deputy Programme Manager, Gender and Development, Directorate of Human and Social Development	Caribbean Community (CARICOM)	F
3	Patricia Sheerattan-Bisnauth	CEO	Caribbean Family Planning Affiliation (CFPA)	F
4	Tyrone Buckmire	Executive Committee Member, former Chairman	Caribbean Male Action Network (CariMAN)	M
5	Tarcila Rivera	Vice President	CHIRAPAQ	F
6	Julia Escalante de Haro	Regional Coordinator	Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres (CLADEM)	F
7	Alejandra Valdes	Gender Affaires Division	Economic Commission for Latin America and the Caribbean (CEPAL/ECLAC)	F
8	Diego Rossi	Professor	Facultad Latinoamericana de Ciencias Sociales (FLACSO)	M
9	Karina Cimmino	Professor	Facultad Latinoamericana de Ciencias Sociales (FLACSO)	F
10	Abebech Assefa	Director, Central America Development Program/Head of Office	Global Affairs Canada	F

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No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
11	Cecilia Lizeth Sanchez	Project officer	Global Affairs Canada	F
12	Juliana Lopez Fajardo	Project Officer	Global Affairs Canada	F
13	Dr. Gabrielle Hosein	Head of the Department and Lecturer	Institute of Gender and Development Studies, University of the West Indies (UWI)	F
14	Sandra Oyarzo	Regional Representative	International Confederation of Midwives (ICM)	F
15	Fabiana Del Popolo	Coordinator of the Demographic and Information on Population Area	Latin American and Caribbean Demographic Centre (CELADE)	F
16	Pedro Vera Pineda	Regional Advisor on the rights of women and gender issues	OHCHR	M
17	Amalia Alarcon	Regional Head of Gender Transformative Programing & Influencing	Plan Internacional	F
18	Dorotea Wilson	Former Coordinator	Red de Mujeres afrolatinoamericanas, afrocaribeñas y de la diáspora (RMAAD)	F
19	Paola Yañez	Coordinator	Red de Mujeres afrolatinoamericanas, afrocaribeñas y de la diáspora (RMAAD)	F
20	Alicia Rodriguez	Technical Secretary	Sistema de Integración Centroamericano/Consejo de Ministras de la Mujer de Centroamérica (SICA/COMMCA)	F
21	Morena Herrera	Feminist Activist	Sombrilla Centroamericana	F
22	Ana Cristina González	Independent consultant		F
23	Ana Elena Badilla	Former Gender Advisor	UNFPA/RO	F
24	Doretta Di Marco	Programme Specialist	UNFPA/RO	F

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No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
25	Esteban Caballero	Former Regional Director	UNFPA/RO	M
26	Federico Tobar	Regional Technical Advisor	UNFPA/RO	M
27	Jayne Adams	Regional Programme Advisor	UNFPA/RO	F
28	Jozef Maerien	Regional Resource Mobilization Advisor	UNFPA/RO	M
29	Kathleen Taylor	Programme Coordinator (Pacific Sub-regional office), former member of LACRO Gender team	UNFPA/RO	F
30	Luis Mora	Former Deputy Regional Director	UNFPA/RO	M
31	Marcela Suazo	Former Regional Director	UNFPA/RO	F
32	Neus Bernabeu	Regional Advisor Gender and Youth	UNFPA/RO	F
33	Pablo Salazar	Programme Advisor (Population and Development)	UNFPA/RO	M
34	Sheila Roseau	Deputy Regional Director	UNFPA/RO	F
35	Virginia Camacho	Programme Advisor (Sexual and reproductive health)	UNFPA/RO	F
36	Denise Chevannes-Vogel	HIV and AIDS officer	UNFPA/SRO	F
37	Mariana Santoyo Bahamón	GBV in emergency Specialist	UNFPA/SRO	F
38	Arie Hoekman	Representative – México, and Country Director for Cuba and the Dominican Republic	UNFPA	M
39	Elena Zuniga	Representative for CO Nicaragua, Country Director for Costa Rica and Panama	UNFPA	F
40	Hugo Gonzalez	Representative El Salvador	UNFPA	M
41	Jose Antonio Ruiz	Spotlight Initiative Programme Coordinator	UNFPA/CO Mexico	M
42	Rosa Romero	Programme Officer	UNFPA/CO Nicaragua	F

No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
43	Elisabeth Diaz	Strategic Planning and Coordination Specialist	UN Women (Regional Office for the Americas and the Caribbean)	F
44	Yeliz Osman	Policy Specialist - Violence Against Women	UN Women (Regional Office for the Americas and the Caribbean)	F
45	Eugenia Piza-Lopez	Regional Team Leader- Gender Cluster for Latin America and the Caribbean	UNDP	F
46	Shelly Abdool	Regional Gender Advisor	UNICEF (Latin America and Caribbean Regional Office)	F

b) Group Interviews

No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
1	Harold Robinson	Regional Director	UNFPA RO	M
2	Alejandra Alzérreca	Gender and GBV Specialist	UNFPA RO Gender & Youth team	F
3	Allan Sanchez	Youth Specialist	UNFPA RO Gender & Youth team	M
4	Astrid Marquinez	Programme Assistant	UNFPA RO Gender & Youth team	F
5	Catherine Rivera McKinley	Consultant, Afro-american people rights	UNFPA RO Gender & Youth team	F
6	Maria Victoria Vaccaro	Gender specialist	UNFPA/CO Argentina	F
7	Monica Yaksic	National Programme Officer, Gender	UNFPA/CO Bolivia	F
8	Mariela Cortes	Liaison Officer	UNFPA/CO Chile	F
9	Evelyn Durán Porras	Analyst, Reproductive Health Programme	UNFPA/CO Costa Rica	F
10	Jeannie Ferrera	Gender Officer	UNFPA/CO Dominican Republic	F

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No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
11	Lola Valladares	Gender, Rights and Interculturality Officer	UNFPA/CO Ecuador	F
12	Ondina Castillo	Gender and Youth Officer	UNFPA/CO El Salvador	F
13	Yolanda Avila	Gender and Human Rights Officer	UNFPA/CO Guatemala	F
14	Aleida Ramirez	Gender Officer	UNFPA/CO Honduras	F
15	Jose Antonio Ruiz	Spotlight Initiative Programme Coordinator	UNFPA/CO Mexico	M
16	Dora Arosemena	Analyst, Gender and Human Rights Programme	UNFPA/CO Panama	F
17	Mirtha Rivarola	Gender and Adolescent NPO	UNFPA/CO Paraguay	F
18	Patricia Aguilar	HIV/AIDS Advisor	UNFPA/CO Paraguay	F
19	Juan Mere	VIH Advisor	UNFPA/CO Uruguay	M
20	Mary Carmen Villasmil	Programme Officer	UNFPA/CO Venezuela	F
21	Alison Drayton	Director	UNFPA/SRO	F
22	Seth Broekman	Deputy Director	UNFPA/SRO	M
23	Adler Bynoe	Liaison Officer, Guyana	UNFPA/SRO	M
24	Aurora Noguera-Ramkisson	Liaison Officer, Trinidad and Tobago	UNFPA/SRO	F
25	Denise Blackstock	Liaison Officer, Barbados	UNFPA/SRO	F
26	Judith Brielle	Liaison Officer, Suriname	UNFPA/SRO	F
27	Tisa Grant	Liaison Officer, Belize	UNFPA/SRO	F

c) Types of stakeholders consulted

NO.	STAKEHOLDER CATEGORY	KEY STAKEHOLDERS
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UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

1	Government organizations / Duty bearers	<ul style="list-style-type: none"> • Sistema de Integración Centroamericana – Consejo de Ministras de Mujer de Centroamérica y República Dominicana (SICA/COMMCA) • Caribbean Community (CARICOM)
2	International non- government organizations	<ul style="list-style-type: none"> • Plan International • International confederation of Midwives (ICM)
3	Academia	<ul style="list-style-type: none"> • Facultad Latinoamericana de Ciencias Sociales (FLACSO) • Institute of Gender and Development Studies, University of the West Indies (UWI)
4	Rights Defenders / Regional NGO	<ul style="list-style-type: none"> • Caribbean Male Action Network (CariMAN) • Caribbean Family Planning Affiliation (CFPA) • Caribbean Association for Feminist Research and Action (CAFRA) • CHIRAPAQ • Comité de América Latina y el Caribe para la Defensa de los Derechos de las Mujeres (CLADEM) • Red de Mujeres Afrolatinoamericanas, Afrocaribeñas y de la Diáspora (RMAAD) • Sombrilla Centroamericana
5	Donors	<ul style="list-style-type: none"> • Global Affairs Canada
6	United Nations system	<ul style="list-style-type: none"> • Economic Commission for Latin America and the Caribbean (CEPAL/ECLAC) • Latin American and Caribbean Demographic Centre (CELADE) • United Nations Children's Fund (UNICEF) • United Nations Development Programme (UNDP) • UN Women • United Nations Office of the High Commissioner for Human Rights (UNOHCHR)
7	UNFPA	<ul style="list-style-type: none"> • Regional Office staff • Sub-regional Office staff, including liaison officers • Country Offices of Argentina, Bolivia, Chile, Costa Rica, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Uruguay, Venezuela • Representatives for Costa Rica, Nicaragua and Panama; Dominican Republic, Cuba and Mexico

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Annex III: Evaluation matrix

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
I. How relevant is UNFPA support to Gender Equality and Women's Empowerment?			
Evaluation question 1: To what extent does UNFPA support align with and respond to 1) partner government priorities, 2) national needs on gender equality and women's empowerment, 3) UNFPA policies and strategies and 4) overall global normative framework on gender equality and women's empowerment?			
1) UNFPA interventions align and respond to national priorities and needs to advance gender equality and women's empowerment.	<ul style="list-style-type: none"> Degree to which UNFPA support is aligned with national frameworks/plans in ways that advance progress on GEWE Extent to which UNFPA support at regional and country levels has been guided by existing evidence on country priorities and needs Evidence of UNFPA contributions to UN Development Assistance Framework/UN Sustainable Development Cooperation Framework 	Country case studies Desk-based country case studies Country Program Evaluations (CPE) Corporate evaluations Key informant interviews	Document review Semi-structured interviews Group interviews (possibly FGD) CPE review
2) UNFPA support aligns with/responds to the (varied) needs of different rights holder groups in each country context, particularly marginalized and	<ul style="list-style-type: none"> Extent to which UNFPA support at regional and country levels has been guided by existing evidence on needs Evidence of relevance of UNFPA interventions in relation to varied needs of rights holder groups 	Country case studies Key informant interviews	Document review Group interviews (possibly FGD) In-country observation

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>vulnerable communities.²²²</p> <p>3) UNFPA work at country, regional and global levels is aligned with UNFPA's policies and strategies (mandate), UN frameworks and policy directives, international human rights conventions, instruments, and reports.²²³</p>	<ul style="list-style-type: none"> • Degree of alignment of UNFPA support for GEWE with UNFPA policy and strategy²²⁴ • Alignment of UNFPA support with the guidance provided in UN-frameworks and in international normative frameworks (especially ICPD, CEDAW and SDGs) 	<p>Key informant interviews</p> <p>Country case studies</p> <p>Regional case study</p> <p>Desk-based country case studies</p>	<p>Document review</p> <p>Semi-structured interviews</p>

²²² In each country context, these groups may include: women and girls affected by violence, particularly vulnerable population groups such as indigenous or refugee populations, and “key population groups” particularly vulnerable to HIV and frequently lacking adequate access to services. UNAIDS considers the following five main “key population groups” particularly vulnerable to HIV and frequently lacking adequate access to services: 1) gay men and other men who have sex with men, 2) sex workers, 3) transgender people, 4) people who inject drugs and 5) prisoners and other incarcerated people. See: <https://www.unaids.org/en/topic/key-populations>. This definition is also reflected in the UNFPA Strategic Plan 2018-2021, Annex 7 (the results framework for the UNFPA-UNDP-UNICEF-UN Women common chapter to their strategic plan).

²²³ These include SDG 5, Convention on the Elimination of all Forms of Discrimination Against Women, ICPD, Quadrennial Comprehensive Policy Review, the UN System-Wide Action Plan on Gender Equality and the Empowerment of Women, ECOSOC E/RES/2015/12 on gender mainstreaming, as well as regional declarations such as the Convention of Belém do Pará.

²²⁴ These include the 2012-2013 Mid-Term Review of UNFPA's Strategic Plan, the 2014-2017 Strategic Plan, the 2018-2021 Strategic Plan and UNFPA's Strategic Frameworks on Gender Mainstreaming and Women's Empowerment 2008-2011 and 2012-2013 and other UNFPA policies and plans, such as UNFPA's global Adolescent and Youth Strategy, 2010-2013 South-South Cooperation Strategy, the 2017 South-South and Triangular Cooperation Strategy, the 2015 UNFPA Resource Mobilization Strategy, and the 2018-2021 Knowledge Management Strategy.

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>Evaluation question 2: What have been strengths and limitations of UNFPA approach (es) to supporting Gender Equality and Women’s Empowerment at global, regional and country levels?²²⁵</p>			
<p>1) UNFPA applies a human rights-based and culturally/context sensitive approach in its support to gender equality and women’s empowerment.</p>	<ul style="list-style-type: none"> • Evidence that programmes, policies supported by UNFPA are broadly and diversely owned at country level including by local civil society groups which are at the forefront of advancing gender equality in a given context • Evidence that UNFPA has engaged men and boys as duty bearers in advancing gender equality • Evidence that engagement of men and boys focuses on transforming systems and addressing harmful/negative social norms • Evidence that UNFPA, in partnership with others in UN system, opens up spaces for rights holders (e.g. feminist organizations, organizations of women with disabilities, human rights organizations) to participate and influence GEWE related decision-making • Evidence of comprehensive gender analysis that identifies underlying causes of gender inequality and 	<p>Country case studies Desk-based country case studies Regional case study CPEs</p>	<p>Document review Semi-structured interviews Group interviews (Possibly FGD) CPE review</p>

²²⁵ The following assumptions are all about the “how” of UNFPA programming.

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<p>strategies for addressing these (including through partnership) in country programming cycle</p> <ul style="list-style-type: none"> • Evidence of an intersectional lens, reflecting the multiple, intersecting identities of women and their varied experiences of gender inequality in country programming • Results reported in evaluations that are characterized as gender transformative, i.e. contributed to shifting social norms, power dynamics and resources in a sustainable way (based on the Gender Results Effectiveness Scale (GRES))²²⁶ 		
<p>2) UNFPA work on gender equality and women's empowerment programming is integrated across the development, humanitarian, and peace nexus.</p>	<ul style="list-style-type: none"> • Alignment of UNFPA support with the UN system's guidance on a 'new way of working' across the humanitarian-development-peace nexus • Evidence of UNFPA addressing the nexus in design, implementation 	<p>Country case studies Desk-based country case studies Regional case study Key informant interviews Corporate evaluations since 2016 CPEs</p>	<p>Document review Semi-structured interviews CPE review Internet survey (TBD) (e.g. UNFPA offices well equipped to think through what should be different?)</p>

²²⁶ The GRES consists of a five-point scale that measures results as gender negative, gender blind, gender targeted, gender responsive or gender transformative.

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>3) UNFPA builds strategic partnerships, especially with civil society to advance gender equality, with a human rights approach.</p>	<p>and monitoring of its programming as per UNFPA guidance²²⁷)</p> <ul style="list-style-type: none"> • Evidence of UNFPA strategy for partnership that is based on gender equality goals (clear purposes,²²⁸ diversity of actors) • Evidence of partnerships based on clear structures, trust, shared goals, mutual accountability 	<p>Country case studies Desk-based country case studies Regional case study Key informant interviews Evaluations of joint programmes</p>	<p>Document review Semi-structured interviews Internet survey (TBD)</p>
<p>4) UNFPA brings together and leverages its various roles and thematic areas²²⁹ at global, regional and country levels to support gender equality and women's empowerment across different settings.</p>	<ul style="list-style-type: none"> • Extent to which UNFPA has effectively utilized and integrated its advocacy role at global, regional, and country levels • Extent to which UNFPA has effectively utilized and integrated its convening role at country level²³⁰ • Extent to which UNFPA has effectively utilized and integrated its coordination role within the UN system and with partners 	<p>Country case studies Desk-based country case studies Regional case study Key informant interviews CPEs</p>	<p>Document review CPE review Semi-structured interviews Internet survey (TBD)</p>

²²⁷ This implies investments in both short-term response and longer-term resilience and institution building. It means anticipating and designing the next phase of a programme to ensure that results are sustained in any (and all) phases and to Leave No One Behind. UNFPA, Enhancing UNFPA's Work to address the Humanitarian-Development-Peace Nexus, draft November 2018.

²²⁸ The purposes encompass "consultative" and "implementation" partners.

²²⁹ For example, the extent to which UNFPA interventions on FGM, Child Early and Forced Marriage, prevention and response to GBV are interlinked to work on early pregnancy, fistula, family planning and comprehensive sexuality education.

²³⁰ Convening refers to gathering together different kinds of stakeholders to establish a common agenda at national level for a particular topic.

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	(including its lead role in coordinating the GBV Area of Responsibility)		
II. What were the overall results of UNFPA support to GEWE at global, regional and country levels?			
Evaluation question 3: To what extent has UNFPA's dedicated programming work under the gender equality outcome of its Strategic Plan(s) contributed to advancing gender equality, the empowerment of all women and girls, and reproductive rights in development and humanitarian settings?			
<p>1) UNFPA has generated evidence-based knowledge and guidance that contributes to international normative frameworks and operational mechanisms on advancing gender equality/women's empowerment (global level).²³¹</p> <p>2) UNFPA has fostered an enabling environment for gender equality and women's empowerment²³² (regional level).</p>	<ul style="list-style-type: none"> • Number and type of knowledge and guidance products, including those developed jointly, made available to a diversity of actors promoting GEWE • Evidence of stakeholders at global level attributing shifts in norms and standards to UNFPA or UNFPA outputs • Evidence of use of regional knowledge/analytical products • Number of good practices identified and replicated within a region • Evidence of increased capacities of regional actors (including civil 	<p>Key informant interviews</p> <p>Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations</p> <p>Key informant interviews</p> <p>Regional case study</p> <p>Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations</p>	<p>Document review</p> <p>Semi-structured interviews</p> <p>Document review</p> <p>Semi-structured interviews</p>

²³¹ This links to expected capacity changes in the ToC, including relevant actors' capabilities (new knowledge and evidence, skills) and the motivation and opportunities (normative frameworks and operational mechanisms) that are part of enabling environment.

²³² This links to expected capacity changes in the ToC by supporting capabilities, motivation and opportunities.

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<p>society organizations) to advocate for/monitor human rights mechanisms and address discriminatory practices</p>		
<p>3) UNFPA has contributed to strengthening national policies, accountability frameworks and legal normative frameworks, including laws on gender equality and women's empowerment (national level).²³³</p>	<ul style="list-style-type: none"> • Proportion of countries sampled in which UNFPA has contributed to the creation of new or improvement of existing national laws, policies and regulations on reproductive rights so that they align with international human rights norms and standards. • Evidence of UNFPA contributions to also strengthening capacity of national actors to implement and monitor these policies, etc. • Evidence of UNFPA creating opportunities/enabling conditions for policy dialogue 	<p>Country case studies Desk-based country case studies Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations CPEs Key informant interviews</p>	<p>Document review Semi-structured interviews CPE review</p>
<p>4) Strengthened civil society organizations and social movements sustain efforts to eliminate discriminatory gender and sociocultural norms affecting women and girls.</p>	<ul style="list-style-type: none"> • Evidence of social movement building to advance gender equality and women's empowerment • Proportion of countries reviewed where there is evidence of sustained engagement of men and boys to eliminate discriminatory norms 	<p>Country case studies Desk-based country case studies</p>	<p>Document review Semi-structured interviews Group interviews</p>

²³³ This links to expected capacity change in the ToC by creating opportunities for relevant actors and thus creating an enabling environment.

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
5) UNFPA has contributed to preventing, responding to and eliminating gender-based violence (global, regional, national and community levels).	<ul style="list-style-type: none"> Evidence of changes in relevant actors' <u>capacity</u> (individual and organizational capabilities, and the enabling opportunities and motivational factors) Evidence of changes in targeted actors' <u>behaviours/actions</u> Evidence of changes in GBV prevalence in programming countries/at regional/global levels 	Country case studies Desk-based country case studies Regional case study Corporate evaluations on GBV and harmful practices and FGM joint programme CPE synthesis on the transformative results from the 2018-2021 Strategic Plan (especially GBV and HP)	Document review Semi-structured interviews
6) UNFPA has contributed to preventing, responding to and eliminating harmful practices (child marriage, FGM, and son preference) (global, regional, national and community levels).	<ul style="list-style-type: none"> Evidence of changes in targeted actors' capacity (capabilities, opportunities, motivation) Evidence of changes in targeted actors' behaviours/actions Evidence of changes in prevalence of harmful practices in programming countries 	CPE synthesis on the transformative results from the 2018-2021 Strategic Plan (especially GBV and HP) Corporate evaluations on GBV and harmful practices and FGM joint programme	Document review Semi-structured interviews
Evaluation question 4: To what extent and with what results has UNFPA mainstreamed gender equality across UNFPA policies and programmatic outcomes?			
1) UNFPA has mainstreamed gender	<ul style="list-style-type: none"> Evidence that gender analysis and gender equality priorities are reflected in relevant <ul style="list-style-type: none"> country programme documents, workplans, corporate strategies UNFPA's performance vis-à-vis the UN SWAP 1.0 on Gender Equality 	Country case studies Regional case study UNFPA annual UN-SWAP reports UNFPA corporate strategic documents UNFPA country-level programme documents and relevant monitoring and evaluation reports	Document review

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
across its programming. ²³⁴	indicator “B3. Strategic Planning” and “A1. Policy and plan” as well as UN SWAP 2.0 indicator “A. Results-Based Management” <ul style="list-style-type: none"> Proportion of activities under outcomes 1, 2, 4 with gender marker ratings of “some contribution”, “significant contribution”, “primary contribution”²³⁵ 		
2) UNFPA’s mainstreaming efforts have contributed to gendered results across UNFPA policies and programmatic outcomes (reproductive health; population data, adolescents). ²³⁶	<ul style="list-style-type: none"> Ratings of UNFPA reported results against the Gender Results Effectiveness Scale 	CPEs Key informant interviews	CPE review Semi-structured interviews Group interviews

III. What factors have, positively or negatively, influenced UNFPA support to Gender Equality?

²³⁴ Including the “Priorities for Gender Equality Programming” as articulated in the 2012-2013 UNFPA strategic framework on gender mainstreaming, which refer to: a) mainstreaming women’s reproductive rights in laws and regulations, development policies and frameworks, including the MDGs; b) integrating gender equality into reproductive health programmes; c) ending gender-based violence; d) addressing adolescents and youth; e) responding to emergency and post-emergency situations; f) engaging men and boys as partners for equality.

²³⁵ UNFPA started tracking mainstreamed financial support in 2014 through the gender marker. The gender marker is a self-reporting tool and as such has an inherent risk of subjective bias.

²³⁶ Assumption 4a focuses on whether UNFPA has made visible efforts to mainstream gender equality, while assumption 4b explores the results that have derived from these efforts.

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>Evaluation question 5: To what extent are UNFPA's institutional culture, systems and processes "fit for purpose" to advance gender equality and the empowerment of women through a human rights-based and culturally sensitive approach in both development and humanitarian settings?</p>			
<p>1) The amount and quality of <u>financial resources</u> made available for dedicated programming and mainstreaming support the advancement of gender equality and women's empowerment has been adequate.</p>	<ul style="list-style-type: none"> • Level and type of resources (core and non-core) allocated to the dedicated outcome on GEWE • Level and type of resources allocated to gender mainstreaming • Proportion of activities under OEE outputs with gender marker ratings "some contribution", "significant contribution", "primary contribution" between 2014-2018 	<p>ATLAS /GPS Country case studies</p>	<p>Financial system data review Document review</p>
<p>2) Strategic investment choices enable UNFPA to address social norm change and the deep drivers of gender inequality</p>	<ul style="list-style-type: none"> • Types of outputs supported by UNFPA (focus on response or the drivers/underlying causes) • Evidence of positive/negative effects of prioritization (business model) 	<p>Country case study Regional case study</p>	
<p>3) UNFPA has adequate <u>human resources</u> at global, regional and country levels to advance gender equality through dedicated programming and mainstreaming of GEWE.</p>	<ul style="list-style-type: none"> • Evidence of staff with competencies and accountability for GEWE • Proportion and level of dedicated staff leading on gender, GBV, GBV information management, GBV in emergency at global, regional, and country level 	<p>UN-SWAP reporting Country case studies Regional case study Key informant interviews</p>	<p>Document review Semi-structured interviews Internet survey (?)</p>

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> • Evidence of value or disruptions due to surge functions in humanitarian settings • Extent to which UNFPA has effective staff capacity assessment and capacity development for its work on GEWE • Evidence of investment in gender architecture • Extent of progress on gender parity at different levels 		

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>4) Gender equality is a priority in the culture and leadership of the organization.</p>	<ul style="list-style-type: none"> • GEWE reflected/highlighted in corporate policies and strategic plans • Senior and program management with clear accountabilities for gender mainstreaming • Extent to which resource allocation /business model enables investments that further GEWE, especially social norm change • Quality of data provided for the gender marker and UN-SWAP • Extent to which GEWE issues, including social norm change are explicitly addressed in regular monitoring and performance reporting at country, regional and global levels • Extent to which GEWE concerns are reflected in UNFPA procurement processes, implementing partner agreements, funding arrangements 	<p>UN-SWAP reporting Global staff survey (questions on culture and gender equality) Key informant interviews</p>	<p>Document review Semi-structured interviews Internet survey (?)</p>

UNFPA SUPPORT TO GENDER EQUALITY AND WOMEN'S EMPOWERMENT - CASE STUDIES

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
5) UNFPA advances collaborative work across UN agencies towards SDG 5	<ul style="list-style-type: none"> • Number and type of initiatives (including as part of the UNFPA 2018-2021 common chapter) that reflect coordination/ collaboration • UNFPA leadership role in coordinating GBV in emergencies recognized 	Key informant interviews Country case studies	Semi-structured interviews Document review

Evaluation of UNFPA support to gender equality and the women's empowerment across development and humanitarian settings

2012-2020

Malawi case study: country evidence table

July 31 2020



Case study team

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Acronyms and Abbreviations

ACRWC	African Charter on the Rights and Welfare of the Child
CBDA	Community Based Distribution Agent
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
CO	Country Office
CPE	Country Programme Evaluation
CSE	Comprehensive Sexuality Education
GBV	Gender-based violence
GEWE	Gender Equality and Women's Empowerment
HIV	Human Immunodeficiency Virus
ICPD	International Conference on Population and Development
JPGE	Joint Programme on Girls Education
MGDS	Malawi Growth and Development Strategy
MHRC	Malawi Human Rights Commission
MACOHA	Malawi Council for the Handicapped
NAP GBV	National Action Plan to Combat GBV
OCHA	The United Nations Office for the Coordination of Humanitarian Affairs
OSC	One-stop center
SADC	Southern African Development Community
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
SWAP	System Wide Action Plan
ToC	Theory of Change
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNCT	United Nations Country Team
UPR	Universal Periodic Review

VSL	Village savings and loans
YFHS	Youth Friendly Health Services
WFP	World Food Programme

I - Introduction

The purpose of the evaluation is to assess the United Nations Population Fund (UNFPA) support to gender equality and women's empowerment across development and humanitarian settings. The evaluation provides an opportunity to demonstrate **accountability on** performance against the current and past strategic plan to a range of stakeholders, including member states of UNFPA Executive Board, countries in which UNFPA works, donors, as well as other key stakeholders.

The evaluation is strategic in nature and aims at informing the next strategic planning cycle including the strategic direction, gaps and opportunities for UNFPA work on gender equality and women's empowerment. Finally, the evaluation will provide **learning** inputs to inform the strategic positioning of UNFPA in this area of work, reflecting the changing development environment, including the UN reform and alignment with the 2030 development agenda.

As per the terms of reference the primary objectives of the evaluation are:

- To **assess the relevance, effectiveness, efficiency, and sustainability** of UNFPA support to gender equality and women's empowerment across development and humanitarian settings;
- To assess the extent to which UNFPA has **effectively positioned** itself as a player among national partners, within the UN system, and the broader community working to advance gender equality and women's empowerment;
- To generate knowledge from past and current support and identify lessons learned, to inform the design of the next UNFPA Strategic Plan (2021-2024) as well as UNFPA's position within Agenda 2030

The evaluation covers the implementation and the results of the UNFPA support to gender equality and the empowerment of women along the development-peace-humanitarian nexus during the **period 2012-2020**.²³⁷

The evaluation assesses the contribution of UNFPA over **three strategic periods** and results frameworks (2012-2013; 2014-2017 and 2018-2021), and also includes an assessment of UNFPA's contribution toward the implementation of the Strategic Framework on Gender Mainstreaming and Women's Empowerment (2012-2013) and the recently released UNFPA Gender Equality Strategy 2018-2021.

The evaluation covers three (3) components:

- d) **Fit for purpose:** the extent to which **the institutional systems and process** of UNFPA are fit for purpose to advance gender equality and women's empowerment;
- e) **Integration/mainstreamed support:** the extent to which **UNFPA has mainstreamed gender equality across all programming/outcome areas of the strategic plan** (sexual reproductive health and reproductive rights, adolescent and youth, harmful practices, gender based violence,

²³⁷ The scope of this evaluation will cover the period January 2012 – July 2020 (which will mark the end of the data collection).

population and development) and in all domains of change: formal (i.e. laws, policies) and informal (i.e. customs and cultural factors) levels;

- f) **Dedicated contribution: programmatic work under the dedicated gender equality outcome** of the Strategic Plan(s), i.e. support that falls under Outcome 3 of the 2018-2021 and 2014-2017 strategic plans and Outcome 5 of the 2012-2013 strategic plan. The evaluation focuses on the contribution to outputs and progress towards outcomes identified in the respective results frameworks. The evaluation covers all outputs under these outcomes, but takes a deeper dive into the following output areas:
- Contribution to policy, legal and accountability frameworks, as well as protection mechanisms to advance gender equality and empower women and girls; support to strengthened civil society engagement in gender equality to promote reproductive rights and women's empowerment; support to shifting social norms; and support to the engagement of men and boys on gender equality.
 - Contribution to specific outputs related to **gender-based violence (GBV) and harmful practices** - child marriage, son preference and female genital mutilation. Given that UNFPA's work on these programmatic areas have recently been evaluated (and the recommendations currently being implemented), the evaluation **will draw on the results of these evaluations** (as a key data source for this evaluation), expanding upon these with additional data collection.

The geographical scope includes UNFPA support at country,²³⁸ regional and global levels (as well as their interconnections). The evaluation covers all activities planned and/or implemented (without regard to the source or type of funding/resourcing).

Relevant activities undertaken by other partners (e.g., UN Women, United Nations High Commission for Refugees-UNHCR and United Nations Development Programme-UNDP) on gender equality and women's empowerment are examined from the angle of coordination and partnerships but will not be formally assessed.

II – Context

Malawi is still a low-income country with an estimated GDP per capita of USD 381 in 2015; poverty is particularly severe among female-headed households and in rural areas. (Government of Malawi and the United Nations in Malawi, 2019)

Malawi's population is young and growing fast, with 44 per cent below the age of 15 (of which about 51 per cent is female) (Ministry of Finance, Economic Planning and Development and others, 2016). Overall, about 56 per cent of the population is less than 20 years old. The Total Fertility Rate (TFR) declined from 5.7 children per woman in 2010 to 4.4 children in 2015-16 (Republic of Malawi, 2017). However, the Total Fertility Rate in rural areas is high at 4.7 children per woman, compared to 3.0 children in urban

²³⁸ Countries in UNFPA six regions of operation: (i) Western and Central Africa; (ii) East and Southern Africa; (iii) Asia and the Pacific; (iv) Arab States; (v) Eastern Europe and Central Asia and (vi) Latin America and the Caribbean.

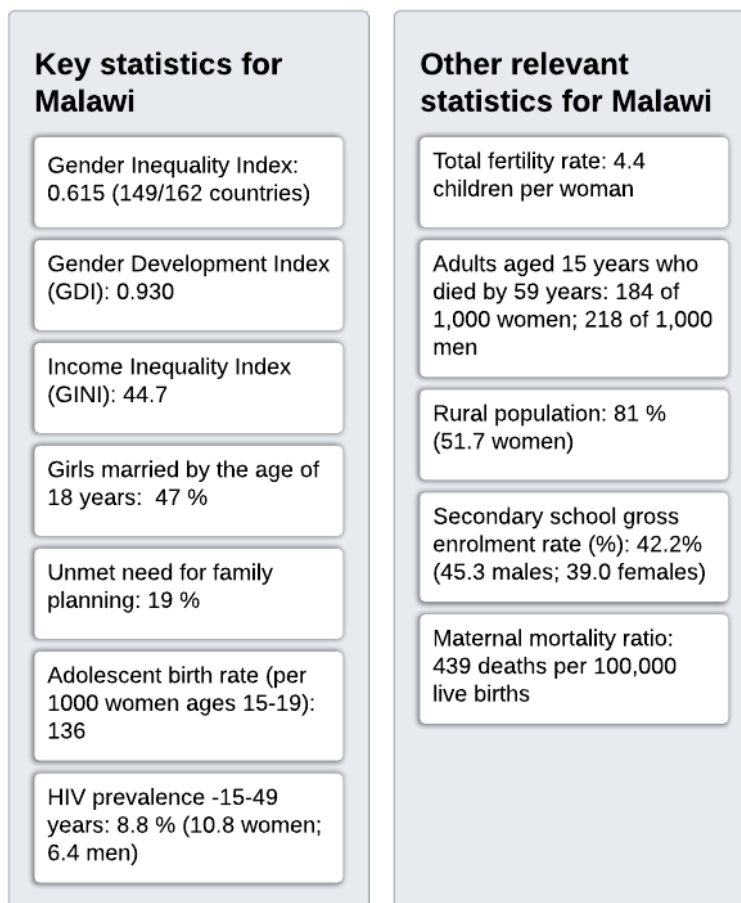
areas. By the age of 18, about 47 per cent of girls are already married²³⁹ and 29 per cent have begun childbearing (representing a quarter of all pregnancies annually). Age specific fertility rate for women aged 15-19 years is in fact 136 births per 1,000 women (National Statistical Office and DHS Program ICF, 2017).

Although the country has made improvements in legal and policy frameworks for gender equality and women empowerment (GEWE), the National Gender Policy (2015) acknowledges that deep-rooted harmful cultural practices, high gender inequality and limited accountability systems affect the access to justice and the realization of sexual and reproductive health and rights (SRHR), amongst other rights. At 10.8 per cent, women who are 15-49 years of age have a higher HIV prevalence rate compared to 6.4 per cent for their male counterparts. Among young people aged 15-24 years, HIV prevalence among young women (4.9 per cent) is almost five times that of young men (1 per cent) (National Statistical Office and DHS Program ICF, 2017). This can be largely attributed to intersecting factors such as: (a) lack of skills to negotiate safer sex; (b) limited access to HIV prevention services; (c) limited access to higher education; (d) early age of marriage; and (e) harmful practices.²⁴⁰ In 2015-2016, 34% of women aged 15-49 had experienced physical violence and 21 per cent had experienced sexual violence (UNFPA, 2018).

Malawi is also a disaster-prone country and more than half of its 28 districts (15) experience droughts and floods annually. The Government has an annual contingency plan for emergency response. However, difficult district-level clusters coordination, limited use and availability of reliable and disaggregated data in emergencies, and limited knowledge of the Minimal Initial Service Package (MISP) reduce the effectiveness of its response interventions, especially for pregnant and lactating women, adolescents and young people (UNFPA, 2018). In situations of humanitarian crisis, girls face greater risk of forced marriage and GBV.

²³⁹ A slight decline from 52 percent in 1992 – Malawi Demographic and Health Survey 2015-16.

²⁴⁰ Although biological susceptibility to infection is higher among females than males, it is the structural gender inequalities that have aggravated HIV infection rates for women.



Sources: Population & Housing Census (2018); Fourth Integrated Household Survey (2016-17); Malawi Demographic & Health Survey 2015-16 and <http://www.hdr.undp.org/en/countries/profiles/MWI>

UNFPA Malawi's Interventions

Two Country Programme cycles are relevant to the evaluation period, 2012-2018 and the current cycle of 2019-2023 (the 8th CP).²⁴¹ The current Country Programme is aligned to the 3rd Malawi Growth and Development Strategy (MGDS III) (2017-2022) and the UN Development Assistance Framework (2019-2023) and is implemented in the context of UN Delivering as One.

Malawi is classified in the “red quadrant”, which comprises countries with the highest unmet needs and lowest ability to finance, requiring larger UNFPA investments. A large part of the programme is

²⁴¹ The 2012-2018 Country Programme was originally set to end in 2016 but was extended for two additional years, 2017 and 2018

implemented at the district level where it has a strong focus on service delivery and capacity development interventions.

Malawi has had a gender dedicated outcome throughout the evaluation period. In the 2012-2018 Country Programme, the outcome focused on national institutions to advance gender equality and the status of women (UNFPA, 2012). In the current Country Programme, the gender dedicated outcome has focused on gender-based violence (GBV) and the capacities to prevent and address GBV and sexual exploitation among “Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts.” (UNFPA, 2018).

Gender marker data indicates that SRHR and youth programming mainstreams gender considerations. Interventions under the SRHR and Adolescent and Youth outcomes are usually tagged as making “strong contributions” (GM2A) towards gender equality (UNFPA, 2018).

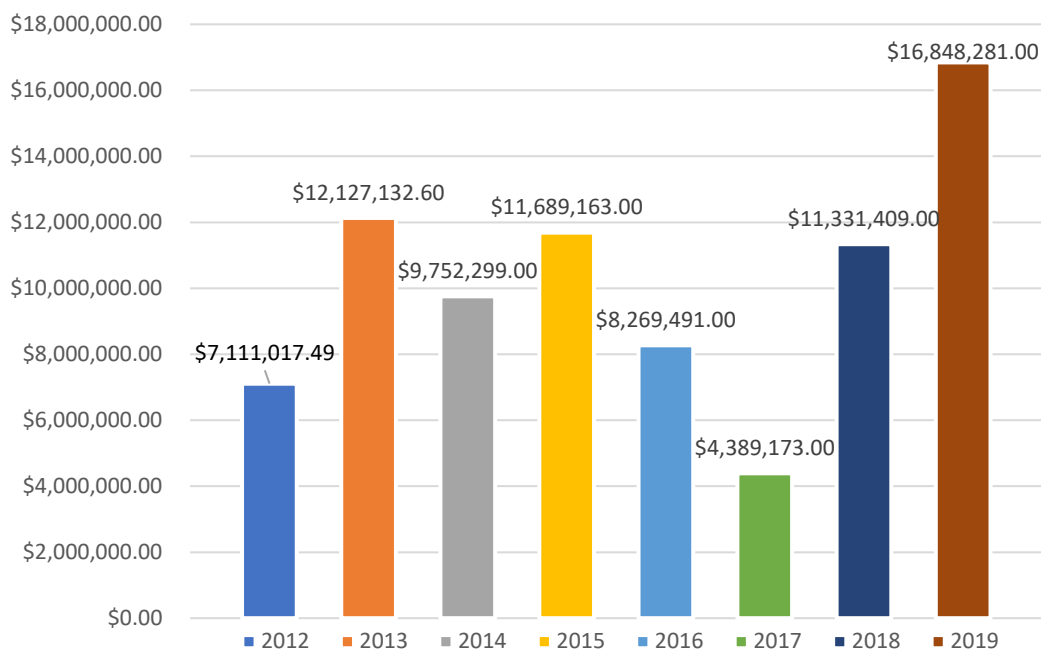
Expenditure

Year	Expenditure (USD)
2012	\$7,111,017.49
2013	\$12,127,132.60
2014	\$9,752,299.00
2015	\$11,689,163.00
2016	\$8,269,491.00
2017	\$4,389,173.00
2018	\$11,331,409.00
2019	\$16,848,281.00
2012-2019 period, total expenditure	<u>\$81,517,966.09</u>

Source: GPS Atlas 2012-2013/2014-2019

There was an insignificant decline in funding from the end 2016 to 2018, which largely affected the level of expenditure in the gender-dedicated outcome (further discussed in section 5).

UNFPA Malawi financial data: expenditure by year (USD) over the 2012-2019 period



See: UNFPA Malawi Atlas GPS Data: 2012-2013; 2014-2019.

Key Stakeholders

The following list of stakeholders by category includes those stakeholders considered key to the inquiry of the evaluation in Malawi, however, not all districts or organizations were visited during the case study mission. The list of consultations is reported in Annex 1.

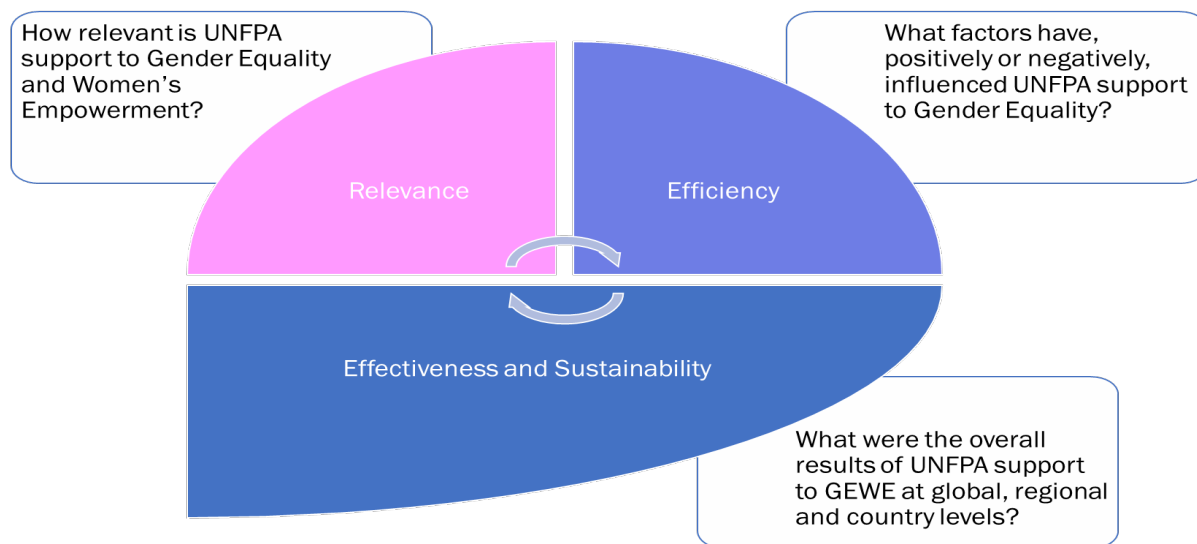
No.	Stakeholder Category	Key Stakeholders
1	Government organizations	
	Lilongwe/national	Malawi Law Commission Malawi Human Rights Commission National Statistical Office Department of Disaster Relief and Management (DoDMA) Ministry of Gender, Children, Disability and Social Welfare Ministry of Transport Ministry of Health and Population National Youth Council of Malawi (NAYCOM)

No.	Stakeholder Category	Key Stakeholders
	Nkhata Bay	Nkhatabay District Assembly Ministry of Health/District Health office Youth Department Police Social Welfare Malawi Council for the Handicapped (MACOHA) Judiciary
	Dedza	Social welfare Ministry of Health Social Welfare Ministry of Education
	Mangochi	Judiciary Police Ministry of Health MACOHA) Mangochi District Health Office Social Welfare Community Development Gender Affairs
	Chiradzulu	District Health Office
	Salima	Salima District Assembly
2	National non-government organizations	Malawi Interfaith AIDS Association (MIAA) Catholic Commission for Justice & Peace (CCJP) Church & Society Creative Center for Community Mobilization (CRECCOM) Development Aid from People to People Malawi Malawi Girl Guides Association Pakachere Institute Youth Net & Counselling Organization
3	International non-government organizations	N/A
4	Academia (as implementing partners)	Lilongwe University of Agriculture and Natural Resources (LUANAR)

No.	Stakeholder Category	Key Stakeholders
5	Rights Defenders	Malawi Human Rights Resources Center (MHRCC) Women's Legal Resources Centre (WOLREC) Centre Human Rights & Rehabilitation (CHRR) Community action groups
6	Rights Holders	Women, youth (girls and boys), and men benefiting from services
7	Donors	European Union Department for International Development (DFID) Norway
8	UN Agencies	UN Women United Nations Development Programme (UNDP) UNESCO World Food Programme (WFP) UNICEF

III – Findings and analysis

This case study responds to 3 main overarching questions, as follows:



This section is organized around the evaluation matrix addressing each of the evaluation questions and relevant assumptions. The evaluation matrix is presented in Annex 3.

Evaluation question 1

To what extent does UNFPA support align with and respond to 1) partner government priorities, 2) national needs on gender equality and women's empowerment, 3) UNFPA policies and strategies and 4) overall global normative framework on gender equality and women's empowerment? **Criteria:** *Relevance*

Assumption 1.1

UNFPA interventions support and respond to national priorities and needs to advance gender equality and women's empowerment.

UNFPA support to GEWE has been relevant to the context over the period 2012-2020, illustrating deliberate alignment to national priorities and a key role in support of GEWE in Malawi.

UNFPA was the primary UN coordinating agency and partner for GEWE in Malawi until UN Women became operational in 2012. It has continued to play a key role in support of a national GEWE agenda.

UNFPA support has been strategically relevant to national priorities and needs as reflected in different policy and strategic frameworks in place during the period 2012 – 2020, including the Malawi Growth and Development Strategy II and III, the National Gender Policy (2015), the National Strategy on Ending Child

Marriage (2018), the National Youth Policy (2013), the National Sexual and Reproductive Health and Rights Policy (2009) and the National Population Policy (2012). The Country Programme Evaluation of the 7th Country Programme (2012- 2017) also confirmed the overall strategic relevance of programme interventions in this context (UNFPA, 2018 p. xiv).

Government partners noted that UNFPA not only aligned with but supported the Government of Malawi in revising legal framework in conformity with regional and international norms and standards (see Assumption 3.3. under Evaluation Question 2 on results). Furthermore, UNFPA support responded to needs and issues articulated in these legal frameworks including harmful practices such as child marriage.

From 2012 – 2016, UNFPA (as technical partner) and the European Union (as the donor) supported the Ministry of Gender, Children, Disability and Social Welfare (MoGCDSW) in implementing the Gender Equality and Women Empowerment (GEWE) Programme. This programme was the largest targeted investment in GEWE (11 million euros) in the country's history, and was considered highly relevant to the government's efforts to implement its gender equality and women's empowerment agenda and meet the Millennium Development Goals (White, Seodi & Leowinata, Sevilla, 2017, p. 75).

The GEWE programme expanded the scope of UNFPA gender programming, as well as the coverage of UNFPA interventions from five to thirteen districts. At the time of the design of this targeted programme (prior to the establishment of UN Women), UNFPA was the main UN agency supporting the government on GEWE and the programme adopted a broad remit to support the national gender machinery, including gender mainstreaming in health (including HIV and AIDS) and in sectors that are traditionally not in the UNFPA domain such as transport and education. The UNFPA focus on the Ministry of Gender, and strengthening the Ministry as part of the broader gender machinery, was considered to be relevant given that the Ministry is responsible for providing leadership and fostering coordination in gender equality policy and programming at national and district levels.

The intersection between gender, the Human Immunodeficiency Virus (HIV) and the Acquired immunodeficiency syndrome (AIDS) was critical during this period, due to strong correlation between HIV/AIDS and GBV, including sexual violence. The Malawi National HIV and AIDS policy points to gender inequality as one of key areas to be tackled in the fight against HIV and AIDS.

Assumption 1.2

UNFPA support aligns with/responds to the (varied) needs of different rights holder groups in each country context, particularly marginalized and vulnerable communities.

Overall, UNFPA programming responded to needs of specific marginalized groups, with recent efforts to strengthen an inclusive approach that also responds to women and girls with disabilities.

Adolescent girls. Section II of this case study displays some of the poor indicators for adolescent girls in Malawi – including high fertility rates, high levels of child marriage, high HIV prevalence rates. During this period (2012- 2020), national attention on the vulnerability of adolescent girls increased and gathered prominence in programming (i.e. in United Nations Development Assistance Framework -UNDAF). Initiatives such as the Joint Programme on Girls Education (implemented with UNICEF and WFP) focused on geographic areas of high risk and took into account multiple factors that can affect adolescent pregnancy, including education, nutrition, and specially focusing on out-of-school young mothers (World

Food Programme, 2019, p. 12). The attention on adolescent girls has been relevant given the data on fertility, the link between adolescent pregnancy and child/forced marriage, and greater likelihood for girls to marry before the age of 18 (Mwambene, Lea and others, 2017).

Youth. In targeted areas, Youth Friendly Health Services (YFHS) respond both to the information and commodity needs of youth, although service providers are not always cognizant of the gender dynamics affecting access to and provision of services. YFHS are also not available in all communities. Youth consulted in Dedza (ages of 15 – 22), for example, clearly had access to information and a Community Based Distribution Agent (CBDA) for access to contraceptives. However, similar services did not seem to be available to the youth participating in consultations in the village of Group Village Headman Maliro in Mangochi. Data from the UNFPA International Conference on Population and Development ICPD+25 community consultations suggests that information and services may primarily be reaching an older age bracket (above 18) and adolescents in the 10-16 years of age bracket may still be an underserved population (UNFPA Malawi, 2019, p. 21). In general, information on Youth-friendly health service provision is not available through a gender lens, therefore, it is not clear whether gender-specific barriers to YFHS are part and parcel of the design of these services.

Commercial Sex Workers. The evaluation of the 7th Country Programme noted that UNFPA had made increased investments in key populations that improved the working environment for commercial sex work and were recognized as a “ground-breaking.” (UNFPA, 2018 p. 38). The United Nations Country Team (UNCT) submission to the Universal Periodic Review (2019) made several recommendations to enhance the human rights of sex workers, including revising curriculum for Police Service Training and ensuring information provided to sex workers to seek redress for human rights violations (UNCT Malawi, 2019, p. 2). Government partners appreciated contributions to help protect the rights of this key population.

Women and girls with disabilities. UNFPA and its partners are still in early stages of disability inclusion in sexual and reproductive health (SRH) and GBV services, providing (limited) training to persons with disabilities and service providers. Through support to the Malawi Council for the Handicapped (MACOHA), for example, UNFPA provides training to help demystify and eliminate misconceptions on disability and SRH, particularly with regards to women’s SRHR. Through the Spotlight Initiative, UNFPA will scale up support for women with disabilities to enable them to have access to services to address GBV. UNFPA has also adopted approaches to improve sex-disaggregated data on disabilities, for example, by adding disability questions in the last Housing and Population Census (2018). Additionally, the GBV MIS was designed to capture disability status. Despite these efforts, there is still a gap in terms of real and meaningful inclusion that helps to overcome gender and disability barriers.

One clear message given by women with disabilities consulted is the need to include them in planning of activities, “*Nothing for us, without us.*” This includes involving different associations and federations in the Gender Technical Working Groups, including at the District Level. In Dedza, MACOHA was only recently integrated into the gender working group.

Assumption 1.3

UNFPA work at country, regional and global levels is aligned with UNFPA’s policies and strategies (mandate), UN frameworks and policy directives, international human rights conventions, instruments, and reports.

UNFPA Malawi has provided relevant support that aligns global, regional and national human rights documents and commitments through working with relevant non-state actors, Ministries and statutory bodies. Support has been in line with the UNFPA mandate.

From a strategic point of view, the UNFPA interventions have been well aligned and relevant to national, international and regional needs and priorities as reflected in national strategies, the UNDAF, the ICPD Programme of Action, Millennium Development Goals and Sustainable Development Goals; Convention on the Elimination of all forms of Discrimination against Women (CEDAW); 1995 Beijing Declaration and Platform for Action and regional protocols as in Africa UNION Maputo Plan of Action. (UNFPA, 2018, p. xiv)

Through the Malawi Human Rights Commission (MHRC), UNFPA also supports the government's work related to the Universal Periodic Review (UPR), which aligns with global documents that have been produced on working with National Human Rights Institutions (NHRIs), including UNFPA's own global "Guide in Support of NHRIs" (2019).

In respect of alignment with UN, AU and Southern African Development Community (SADC) frameworks/commitments, Malawi is a state party to several international treaties and conventions aimed at promoting GEWE in various ways. Before the establishment of UN Women Malawi, UNFPA was the main organization that supported all gender work towards the implementation of CEDAW, including CEDAW state party reporting. UNFPA has continued to facilitate the implementation of CEDAW in Malawi (as well as the SDGs, Beijing Declaration and Platform for Action (1995); the Convention on the Rights of the Child (CRC); the African Charter on the Rights and Welfare of the Child in Africa (ACRWC, 1990); the Protocol to the African Charter on Women and People Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women on Africa (Maputo Protocol, 2005) and the SADC Protocol on Gender and Development (as revised in 2016)) through:

- supporting the Ministry of Gender to review of the National Action Plan to Combat GBV (NAP GBV, 2016–2022);
- supporting the Ministry of Gender to formulate the National Strategy on Ending Child Marriage (2018-2023);
- supporting the Law Commission to conduct a technical review of the Prevention of Domestic Violence Act;
- supporting efforts to lobby for the Marriage, Divorce and Family Relations Act, which recognises 18 as a minimum age of marriage for both girls and boys fighting and prohibiting child marriage.

With regards to child marriage, UNFPA also took advantage of an AU case (in which the Government of Malawi was "sued" before the African Committee of Experts on the Rights and Welfare of the Child (ACERWC) for failure to protect children from child marriage under the Constitution)²⁴² to work with

²⁴² ACERWC Communication No. 004/Com/001/2014—The African Committee of Experts on the Rights and Welfare of the Child 'Report on Consideration of an Amicable Settlement under the Auspices of the Committee: Institute for Human Rights and Development in Africa vs The Government of Malawi' (October 2016). The Institute for Human Rights and Development in Africa submitted a communication to the ACERWC dated 29 October 2014 complained

stakeholders and ensure that the Constitution was amended, raising the age of the child from 16 to 18 years in 2017.

Through its support to the National Statistics Office to generate the Demographic and Health Survey and the Housing and Population Census, UNFPA has also been instrumental in upholding the call under the Beijing Declaration Platform for Action for national statistical organizations to collect gender and age-disaggregated data (para 68, BDPfA). The data work also supports the implementation of the requirement for SADC States Parties to collect and analyse baseline data against which projects will be measured (SADC Protocol on Gender and Development, Art. 35(3)). By starting to pay more attention to persons with disabilities, including in the area of data, UNFPA Malawi is also directly facilitating the realization of the commitment of implementing by SADC Member States to take appropriate measures to protect and respond to particular vulnerabilities of persons with disabilities from a gender lens (Art. 9, SADC Protocol on Gender and Development).

Evaluation question 2

What have been strengths and limitations of UNFPA approach (es) to supporting Gender Equality and Women's Empowerment at global, regional and country levels? **Criteria:** *Relevance, Sustainability*

Assumption 2.1

UNFPA applies a human rights-based and culturally/context sensitive approach in its support to gender equality and women's empowerment (locally owned, men and boys' engagement, partners with rights holders, applies root cause analysis, intersectional lens, gender transformative).

UNFPA has found "entry points" to support gender equality within constraints of cultural contexts in Malawi. These entry points have limitations with regards to enabling more gender transformative approaches.

UNFPA has found entry points to support gender equality in partnership with civil society and government.

UNFPA has been successful in garnering support from traditional leaders or chiefs to address harmful practices such as child marriage and adverse initiation practices for young girls (see further analysis under Assumption 3.6). This approach of working with traditional leaders to alter harmful cultural practices is also being adopted by other UN agencies.

Evaluations and interviews also cited the widespread strategy of using existing Mothers Groups as community agents to support women and girls' needs. The Groups have been able to send girls to school, break up child marriages, provide bursaries to needy girls, promote sanitary hygiene (by training the girls on sewing non-disposable sanitary pads), promote sensitisation on fistula, support adult literacy programmes and create Village Saving Loans groups (White, Seodi & Leowinata, Sevilla, 2017).

that the Government of Malawi, through its Constitution, was contravening Article 2 of the ACRWC (which defines a child as a person below the age of 18 years) by excluding Malawian children between ages 16 and 18 years from the protections under the ACRWC.

At the national level, UNFPA support of Malawi Human Rights Commission and its public enquiry on SRHR and GBV (2014) provided a mechanism for gathering evidence on SRHR violations and the experience of women as rights holders in accessing services. The public inquiry has since been informing government programming, including through a tool that was designed for monitoring SRHR violations and the establishment of a national taskforce to monitor the implementation of the inquiry's recommendations.

On the whole, the entry points allow for local ownership and for change within what is culturally accepted. They are a stepping-stone to potentially broader gender transformation. This is evident in the challenge of reaching into intra-household dynamics, where gender power relations are established/reinforced.

Social norms establish that the "man is the boss"²⁴³ and consultations with communities suggest that there is growing space for women within the household and decision-making dynamics are beginning to change – although fundamental power structures have not.²⁴⁴ For example, Village Savings and Loans have played an important role in supporting community livelihoods, allowing women to buy soap, pay school fees, buy a cow, construct a home. In addition, men and women increasingly see the economic rationale for birth spacing: *"we now have dialogue about child spacing, because that enables us to be more economically productive."* (Woman, member of Village Savings and Loan group) Thus, there is greater family planning emanating from the economic value of a woman in the household, rather than through the lens of a woman's right to autonomy and choice about her body. At the same time, women members of village savings and loans (VSLs) have a heightened awareness of gendered roles and are trying to change norms for girls and boys, noting *"we redistribute household chores among girls and boys so that girls can go to school."*

UNFPA staff and (most) implementing partners demonstrate an awareness of social norms and drivers of gender inequalities, although such gender analysis is not explicit in programme documentation and is not regularly reflected in how interventions are designed.

Interviews with staff and implementing partners reflect understanding of the economic pressures, socio-cultural norms, attitudes and beliefs ("man as the boss") as drivers of GBV, child marriage, as well as the problems which women, girls, and youth generally face in accessing SRH (including family planning) knowledge and services. Yet such analysis is not consistently or explicitly reflected in individual programme documents reviewed. The interviews also suggested that even if such analysis is carried out – informally or intuitively – adjustments to services or programming do not always follow suit. A case in point was raised by a service provider that questioned the provision of family planning services that

²⁴³ Interviews and reference to traditional song often song at weddings "Who is the boss? Man is the boss"

²⁴⁴ The CPE of the UNFPA 7th programme also reported focus group discussions that that there is a tendency of joint planning of the use of the income from women economic activities. This is perceived as a big step forward for the partnership between spouses, the position of women in the family and family life as a whole." The respondents reported that "transparency in money matters has overall increased with consequences for men and women alike. Although now they generally have a say in how the money is used and appreciate this change, a few women stated that their husbands were still dominating the decision about how they spent their own money" (UNFPA, 2018, P. xxviii).

continue to only target women although men may still influence decision-making about contraceptives, due to unequal power relations at household level.

One additional factor that limits transformative efforts may also relate to implementing partners' capacity for conducting gender analysis that identifies root causes to inform the design of more holistic interventions. The evaluation of the GEWE programme found that national NGOs had strengths in organizing communities and sector expertise, but not all of them had robust gender expertise. Moreover, even after significant investment of the GEWE programme and other actors in capacity for gender mainstreaming, the capabilities of partners for regular, deliberate and strategic gender analysis is limited and both state and non-state actors face challenges in carrying out transformational programmes (White, Seodi & Leowinata, Sevilla, 2017 p. 62 and 75). At UNFPA Country Office level, national stakeholders commented that gender analysis could be strengthened across all UNFPA programmes through multi-disciplinary staffing, even in SRH portfolios.

Engagement of men and boys is not yet happening in a deliberate and strategic manner. Most approaches emphasize awareness raising on GBV and SRHR, involving men in community action groups, identifying men as champions, and encouraging a more positive role in maternal health/antenatal care.

Male involvement has been a part of UNFPA programming for more than a decade, with specific emphasis on preventing and addressing GBV.²⁴⁵ The approach has not been codified in a strategy. However, that is now being done through a joint effort with UN Women to have a stronger male engagement strategy under the Spotlight Initiative. As noted by the Country Office (CO) staff, the strategy will reflect a deliberate shift from the concept of "men as perpetrators" to one of "men as allies and champions." Work on positive masculinities has not been emphasized by the Country Office but is going to begin with investments from Spotlight and core resources.

Male engagement has reflected a broader effort of "movement building." In the programming over the period, engaging men and boys in support of women's reproductive health rights and in combating GBV is evident in the awareness raising done by implementing partners, especially under the GEWE programme. Field visits in Nkhata Bay, Dedza, and Mangochi confirmed that community action groups (rights defenders) comprising men are still in place and that men in these groups are clearly advocates of ending not only GBV and harmful practices, but other inequalities (such as land grabbing) and also contributing to fistula repair campaigns.²⁴⁶ Men, including chiefs, have played key roles in establishing and helping to monitor bylaws that prevent harmful cultural practices.²⁴⁷ Mens' groups and mixed groups

²⁴⁵ The country programme evaluation of the UNFPA 6th programme (2008-2011) explicitly commented on the success of strategies for engaging men in order to prevent and address GBV. Subsequent evaluations (of the UNFPA 7th programme and the GEWE programme) do not explicitly comment on the strategy or approach.

²⁴⁶ As evident in community consultations in Mzenga (Nkhata Bay); Kabulika 2 Village (Dedza); paralegal and VSL groups from Group Village Headman Mchanja, Kamwendo and Khoswe (Dedza); and a VSL Group in Group Village Maliro (Malindi, Mangochi), where the evaluation team met with these groups.

²⁴⁷ UNFPA, 2014 and interviews.

have taken active roles in referring and monitoring GBV cases (e.g. ensuring that the perpetrator respects protection orders, etc).²⁴⁸

Interviewees, especially at district and community level, linked progress in maternal health (reduction in maternal mortality) to engaging men. This has happened as a result of first engaging the chiefs (mostly men), who adopted bylaws that impose fines on new mothers who fail to deliver their baby at the health facility. The fines provide a disincentive for delivering at home. Another practice promoted by the chiefs is that women must be accompanied by their partners when they go to antenatal appointments at their health clinic, unless they have a letter from the chief to go alone. When community members were questioned about whether this might create an extra burden on the women, who would be turned away from clinic to then go seek the letter, etc, the community members indicated that: *“Since this was agreed at chief level, there is no room for stubborn husbands.”* (Group interview, community). However, service providers queried on this indicated that they hesitate to turn women away who have arrived without a spouse and will normally proceed to serve the women.

Across a range of interviewees (UNFPA staff, Implementing Partners, other UN Agencies, and Donors), one of the greatest concerns about GEWE programming relates to the effects of the focus on adolescent girls over the past decade. Stakeholders cited experiences of the Joint Programme on Girls Education, where young boys are questioning why they do not receive bicycles and bursaries, why their rights are not being promoted, and threatening to impregnate girls (Interview data). This seems to reflect a “tipping point” after years of targeting adolescent girls, where there is now a backlash from boys. Education sector data suggests that girls are still more likely to drop out: secondary completion rates of male students (26%) are higher than those of female students (22%), but this gap is gradually closing (Ministry of Education, Science and Technology, 2019, p. 112) Partners are unclear about what the best strategy might be to more strategically support boys without necessarily undermining efforts to address the particular disadvantages faced by girls.

An intersectional approach is evident in efforts to raise awareness about vulnerabilities and their implications for access to services, as well as in data that can be disaggregated to inform such programming decisions. Moving forward, more emphasis will be required to ensure that SRH and GBV service delivery leaves no one behind.

An intersectional approach to gender equality is aimed at identifying gender barriers specific to a population group with overlapping identities and therefore, often, with multiple vulnerabilities. One example in this context is the higher risk of GBV and heightened barriers in accessing services on the part of girls with disabilities.

UNFPA has highlighted differentiated needs of women and girls, although staff recognize that even more can be done in this area. The Country Office support for a SRHR public inquiry and other accountability mechanisms is one way to draw the attention of government institutions to the specific needs of the most marginalized groups, including women with disabilities and adolescent girls (UNFPA Malawi, 2018).²⁴⁹ Similarly, UNFPA contribution to data generation and analysis also plays a critical role. The 2018 Malawi

²⁴⁸ SIS report (2015) and interviews.

²⁴⁹ Also verified in interviews.

Population and Housing Questionnaire included an expanded set of questions on disability characteristics and on albinism, disaggregated by sex. A special thematic report focused on disability is now being prepared and will presumably also apply a gender lens. This will be in addition to a standalone thematic report on gender, which is equally underway.

In terms of measures to address and reduce gender barriers for certain population groups, UNFPA is in very early stages of its support for persons living with disabilities. This effort is due to be scaled up under the Spotlight initiative, which will emphasize accessibility to GBV essential services. As noted under Assumption 1.2, UNFPA support for service delivery over the last country programme cycles included emphasis on women living with HIV and commercial sex workers.

If UNFPA is to apply the UN principle of “leave no one behind,” then it will become more important to apply a gender lens to different categories of vulnerable populations and to not only disaggregate data by sex, but also by other relevant factors. Interviews signal the need for data sources such as the next iteration of the DHS to be fit for purpose for Malawi’s development/the 2030 Agenda, including by focusing on the characteristics of different population groups (including the marginalized) and on how different services affect such groups. Similarly, an intersectional approach applied to activities for vulnerable youth will also need to ensure consistent and systematic sex disaggregation to identify the vulnerabilities, barriers, and opportunities specific to different social and age categories of vulnerable youth. In addition, lesbian, gay, bisexual, transgender, and queer (LGBTQ) rights are not addressed by UNFPA in Malawi.

UNFPA is taking a gender-transformative approach in the work at national level, evident in its efforts to influence legislation and policies. A gender transformative approach is less visible in direct service delivery work which constitutes a large portion of the Malawi CO intervention portfolio.

A gender-transformative approach implies the intent to change norms, power structures and the root causes of gender inequalities. The aim is to redefine systems and institutions that condone and reproduce inequalities. Malawi’s policy framework provides the formal and institutional means to address inequality, most recently bolstered by the adjustment in the minimum age of marriage in the Constitution. (See also Assumption 3.3)

Evidence shows that changing social norms through service delivery partners is more challenging. While some signs of change in attitudes and in practices at community level are evident in respect to child marriage, in particular (see also Assumption 3.6.), it has been much more difficult to challenge the underlying formal, but also informal, systems and institutions that reproduce inequalities.

Assumption 2.2

UNFPA work on gender equality and women’s empowerment programming is integrated across the development, humanitarian and peace nexus.

UNFPA has played roles in GEWE across the preparedness, response and resilience dimensions of a crisis, but the scope of that work has been limited by funding and capacity/coordination constraints. Contributions to resilience dimensions are much less visible.

Malawi is a disaster-prone country that faces cyclical national hazards including heavy rains and flooding (e.g. flooding and drought in 2015 and the effects of cyclone Idai in 2019). As one respondent put it, these

recurring (and almost predictable) crises form part of the development challenges in Malawi. Although disaster risk management is part of the overarching framework for development planning MGDS III (2017-2022), it is not specifically identified in sector policies, including the new SRH policy. UNFPA support to the Government of Malawi aligns both with preparedness goals and emergency response plans (for example, the Government of Malawi Flood Response Plan and Appeal 2019), with a focus on SRH and GBV. The UNFPA 7th Country Programme was deemed overall responsive to humanitarian emergency and emerging government priorities and recognized for focusing on vulnerable groups like persons with disabilities during the 2015 flooding emergency in Malawi (UNFPA, 2018, p. xvi).²⁵⁰

UNFPA has supported the Department of Disaster Management Affairs (DodMA) in preparedness, which has consisted in regular trainings on prevention of sexual exploitation and abuse (PSEA) and GBV with District Civil Protection Committees in districts that are regularly affected by natural hazards.²⁵¹ The reported emphasis of the training is on sexual abuse.

As part of disaster response, the UNFPA entry point is the Minimum Initial Service Package (MISP). UNFPA is perceived to focus primarily on delivery of dignity kits for women and girls of reproductive age. Evaluations and reports suggest that delivery of such kits has been timely. Interviewees note that at times, the delivery of the kits has not been in sync with delivery of other basic needs such as food.²⁵² While development partners and government are well aware of UNFPA's provisioning of dignity kits for women and girls it is not necessarily understood as part of a broader strategy to reduce their risk and vulnerability and enable their full participation in the humanitarian response. This includes, for example, establishing camp protection committees, strengthening camp security, and ensuring that SRH services reach women and girls through mobile clinics, etc. Measures to build resilience of women, girls and other vulnerable groups, that go beyond the supply of dignity kits extend to reviving youth networks, enabling safe spaces for women and girls, and maintaining and expanding skills for employability. Resilience dimensions are not well documented in UNFPA reports and limitations to these efforts may also reflect the limited funding available for resilience.

In the context of emergencies, UNFPA co-leads the GBV sub-cluster within the Protection cluster.²⁵³ For the past humanitarian response plan (2019), interviewees note that the Protection cluster was underfunded and that there were almost no resources for GBV. Although unable to verify funding data for Malawi, these perceptions are in line with recent global studies documenting the persistent underfunding of GBV services (International Rescue Committee and others, 2019).

²⁵⁰ The assessment did not comment on how UNFPA helped to address gender-specific vulnerabilities persons with disabilities.

²⁵¹ UNFPA SIS reports on training activities almost every year. In 2018, these activities targeted the four districts likely to be affected by food shortage due to the El Niño effects.

²⁵² In government as in communities, food and shelter still seen as the primary life-saving service that takes precedence over SRHR (UNFPA Malawi, 2019).

²⁵³ Government-led coordination mechanisms are referred to as 'clusters.' When there is no emergency, GBV issues are considered within the Protection cluster. The GBV sub-cluster, co-led by UNFPA with DoDMA, is only revived in the context of an emergency

By April 2020, the Malawi CO had begun to support the Government of Malawi in preparing for the COVID-19 pandemic. The support has included preparation of guidelines and Information Education Communications (IEC) materials specific to managing pregnant women and during delivery, and in postnatal period, in line with WHO guidelines.²⁵⁴ The UN Country Team issued an emergency flash appeal for the months of May – October. Under protection, there is a commitment to carry out advocacy to ensure inclusion of specific rights, needs and vulnerabilities of women, including elderly women and women and girls with disabilities; children; persons with disabilities, migrants, and refugees; and prison populations in prevention, early detection, care and treatment strategies and programmes. It further advocates for the participation of women and vulnerable groups especially in district and local level structures (Humanitarian Country Team and OCHA Malawi, 2020, p. 19)

UNFPA requested additional funding (USD 1.5 million) and reprogrammed resources (USD 500,000) in order to align with the response plan, with emphasis on emergency response for continuity of reproductive health services and strengthening GBV prevention, management and response during COVID-19 crisis among communities. (Most of the additional resources are for SRH programming, not for GBV.)

Assumption 2.3

UNFPA builds strategic partnerships, especially with civil society to advance gender equality, with a human rights approach.

UNFPA has built a strategic partnership with specific organizations, especially governmental, whose own mission is to advance GEWE. Organizations value the relationship with UNFPA and would welcome a strategic partnership in support of a gender equality agenda.

Due to its long-term engagement with the Ministry of Gender, Children and Social Welfare and the alignment of their mandates, UNFPA has a strong partnership with the Ministry, which has been key to UNFPA contribution to several strategic results as reported under Evaluation Question 3. UNFPA has supported efforts to strengthen the gender machinery through the EU-funded GEWE programme, although those efforts met with mixed success and the national machinery is still considered to be fragmented, poorly coordinated and have limited capacity (Interviews and White, Seodi & Leowinata, Sevilla, 2017). However, the partnership between the Ministry and UNFPA is based on mutual benefit.

UNFPA civil society partnerships centered on the implementation role. NGO implementing partners note that UNFPA strengthened capacity of the organizations, primarily for monitoring and reporting. At the same time, however, funding modalities (inability to cover cost of salaries, for example) affected these organizations ability to finance overhead expenses.²⁵⁵

UNFPA has not intentionally supported or required partners to strengthen their approaches to gender mainstreaming. Gender analysis, gender responsive planning and programme design, and gender specific monitoring have not been central elements in strengthening implementing partner capabilities. One of

²⁵⁴ UNFPA Malawi website <https://malawi.unfpa.org/en/news/unfpa-supports-pregnant-women-and-young-people-response-rising-covid-19-infections-malawi> (accessed May 5, 2020)

²⁵⁵ This seemed to be a particular challenge during the EU-funded GEWE programme.

the IPs contrasted UNFPA with another development partner that provided more tools to support their work on GEWE and held them accountable for making strides in gender mainstreaming.

The evolving partnerships with religious and faith-based organizations have been anchored in a strong relationship with the Malawi Interfaith AIDS Association, which has been key for work on SRH and HIV/AIDS. Stakeholders note that more can be done to engage faith leaders, particularly in ending child marriage, and this stakeholder group is noted as critical in the partnership plan for the 8th Country Programme (UNFPA Malawi, n.d.)

UNFPA developed a strong relationship with the Lilongwe University of Agriculture and Natural Resources (LUANAR), which was particularly active during the EU-funded GEWE programme. That partnership enabled important contributions to national capacity for GEWE, through the establishment of degree programs on gender studies. The foundations of that relationship are still there and there is opportunity in establishing a stronger collaborative relationship that capitalizes on and gives energy to student research efforts and teaching/training capabilities, particularly in areas of interest to UNFPA, e.g. SRHR.

Both civil society and government stakeholders noted that once they are no longer Implementing Partners, the relationship with UNFPA is less well defined and yet there continues to be a desire for a strategic partnership with UNFPA that could be vested in advancing gender equality, albeit not based on annual funding.

Assumption 2.4

UNFPA brings together and leverages its various roles and thematic areas at global, regional and country levels to support gender equality and women's empowerment across different settings (convening, advocacy, and coordinating).

UNFPA is particularly valued by national stakeholders for the upstream role that it plays in advocacy and policy dialogue, but it is perceived to shy away from more controversial issues and emphasize "implementation."

As reported in the next section, UNFPA support has contributed to reform in the legal and constitutional framework and changes in the approaches of state institutions to sexual and reproductive health and rights. Stakeholders confirmed what was found in the last CPE, that "UNFPA's ability and commitment to be engaged in upstream policy and advocacy and to table sensitive issues... are seen as UNFPA's added value and comparative strengths in Malawi" (UNFPA, 2018, p. xvi). Stakeholders went a step further – including from government agencies- and noted an expectation for UNFPA to provide more advocacy support/technical inputs on the more contentious issues on SRH that Malawi is trying to address in line with ICPD and other commitments including on areas such as policies on termination of pregnancy, LGBTQ rights, and sex workers. As one respondent put it, more progressive issues in a traditional society require innovative advocacy. Partners look to UNFPA for ideas and support.

However, the UNFPA role in advocacy and policy dialogue is sometimes perceived by external stakeholders (donors and government) to take second place to its role in support for service delivery. These interviewees perceive that UNFPA is not consistently at the table for key policy discussions and that this is due to time spent in the field to monitor and support service delivery. While such an emphasis on

support to service delivery is expected in a red quadrant country, it creates tensions with regards to the expectations of other stakeholders.

UNFPA convening and coordination role does not emerge as clearly in the context of Malawi. That may be due in part to government's own limitations for coordination. The Ministry of Gender is to take the lead on coordination for GEWE, including at the district level, but has not successfully developed the capacity to do so.

Evaluation question 3

To what extent has UNFPA's dedicated programming work under the gender equality outcome of the Strategic Plan(s) contributed to advancing gender equality, the empowerment of women and girls, and reproductive rights in development and humanitarian settings? **Criteria:** *Effectiveness*

Assumption 3.1

UNFPA has generated evidence-based knowledge and guidance that contributes to international normative frameworks and operational mechanisms on advancing gender equality/women's empowerment (global).

Not to be addressed by country case study.

Assumption 3.2

UNFPA has fostered an enabling environment for gender equality and women's empowerment (regional).

Not to be addressed by country case study.

Assumption 3.3

UNFPA has contributed to strengthening national policies, accountability frameworks and legal normative frameworks, including laws on gender equality and women's empowerment (national)

Nationally, there is evidence of UNFPA support in strengthening Malawi's legal framework and accountability mechanisms in line with its global commitments to gender equality.

UNFPA support at the national level contributed to several types of changes including

Addressing legal gaps: UNFPA's work with various stakeholders to support the enactment of the Marriage, Divorce and Family Relations Act (2015) in line with CEDAW, Convention on the Rights of the Child (CRC) and African Charter on the Rights and Welfare of the Child (ACRWC) has helped to strengthen the protection of young people. This law was necessary to complement the Child Care, Justice and Protection Act No. 22 of 2010, which does not specifically proscribe child marriage. Additionally, a law against child marriage is key to the success of UNFPA's efforts, such as those under the Joint Programme on Girls Education.

Strengthening “defective law”: UNFPA’s intervention to work with stakeholders towards the amendment of the Constitution so that 18 years should be a standard minimum age of marriage for both boys and girls in Malawi (in line with CEDAW, the Maputo Protocol, CRC, ACRWC and the revised SADC Protocol on Gender and Development) has created an enabling environment for the implementation and enforcement of the Marriage, Divorce and Family Relations Act. With this law, even chiefs have been emboldened to enforce the marriage age of 18 years in their communities through their own community mechanisms. Many such interventions took place in all the 13 districts that participated in the GEWE programme (2012-2016). In this way, UNFPA has equipped government to take leadership in working with chiefs to positively change problematic norms. At the same time, this approach can only go so far in that it does not address root inequalities. Requiring the engagement of traditional leaders for norm change reinforces patriarchy in that nothing happens without the consent of men and the majority of chiefs are men.

UNFPA’s support for the Malawi Law Commission to conduct a technical review was necessary because as formulated in 2006, the Prevention of Domestic Violence Act was difficult to enforce (Malawi Law Commission, 2016). The correction of these anomalies means that Malawian courts now have a stronger law with which to protect survivors of domestic violence.

UNFPA has supported enhanced accountability of government for its gender equality commitments.

Although UNFPA’s support for CEDAW reporting ended after UN Women came on the scene in 2012, it is still worth acknowledging since it helped to hold the government accountable on its implementation of CEDAW, and eventually influenced the enactment of critical legislation such as the Deceased Estates (Wills, Inheritance and Protection) Act (2011); the Gender Equality Act (2013); and the Marriage, Divorce and Family Relations Act (2015). The Deceased Estates (Wills, Inheritance and Protection) Act (2011) protects widows/widowers and children more strongly against any form of overt or covert property grabbing. The Gender Equality Act prohibits harmful practices and all forms of discrimination on the basis of sex (thus enhancing the protection of women in private and public spaces) and enshrines specific sexual and reproductive health rights. The SRHR provisions were also inspired by the National Reproductive Health Policy, supported by UNFPA.

The Malawi Human Rights Commission’s national inquiry on SRHR provided space for women and girls to speak up and disclose mistreatment of pregnant women, negligence of health service providers, discrimination and violence experienced (including by young people) when seeking SRH services. Subsequently, the Commission established a national taskforce to plan how the recommendations of the public inquiry would be implemented. This taskforce still exists and contributes to the strengthening of the Commission’s work by monitoring how the recommendations are being implemented and tracking SRHR violations at both district and community levels. The taskforce is guided by a national action plan that covers women with disabilities and issues of harmful practices. Its recommendations directly feed into the programming of the Reproductive Health Bureau (under the Ministry of Health).

The UPR support that UNFPA provides to Malawi Human Rights Commission and other government stakeholders is equally valuable. In the second cycle of UPR in 2015, Malawi accepted recommendations related to: civil and political rights; women’s rights and gender equality; child rights; disability rights; rights of vulnerable groups; extractive industries and human rights; and human rights and governance institutions (Government of Malawi, 2020, p.5). These recommendations impose an obligation on the Government of Malawi to give a systematic update on how each recommendation has been implemented

in the next cycle, as has been done in the 2020 report. Therefore, UNFPA's work, which has supported MHRC staff in UPR training, as well as in all UPR preparatory work (including national dialogues), has potential to enhance practical accountability by duty bearers and human rights enjoyment by rights holders in the country.

Despite strong legislative frameworks, there is still a gap between the law and its implementation on the ground.

UNFPA has supported implementation of laws not only through the accountability mechanism provided by CEDAW reporting, but also by developing frameworks and resource materials to support law implementation.

UNFPA support for the implementation plan for the Gender Equality Act has given the Malawi Human Rights Commission (who provide oversight over the implementation of the Act) a much needed tool/framework to track how the Act is being implemented, and to hold different duty bearers accountable. However, the commission usually lacks adequate resources to fully perform its mandate.

Furthermore, the Ministry of Gender observed that between 2012-2018, it particularly had strong engagement with UNFPA with regards to efforts to ensure the implementation of gender related laws through UNFPA's contribution towards the *development of user friendly versions of gender related laws a training manual on gender related laws*. This is a key intervention that would ensure that global frameworks and commitments (as translated into national laws) are practically known and applied where the masses are. However, the hurdle has been that some of these resources are largely unused (e.g. the manual), as UNFPA's funding has not usually extended to nationwide trainings. As such, the use/application of such knowledge resources on the ground has not been comprehensive. But positively, during the GEWE Programme, UNFPA (through the Malawi Law Commission) supported the civic education of gender related laws in at least half of the districts in Malawi (13 GEWE districts and UNFPA impact districts). This targeted police, Magistrates and District Councils.

However, it is not clear if and how these civic education efforts are monitored, particularly to track the extent to which training of trainers have taken the knowledge to communities. A better strategy on how to institutionalize knowledge of gender related laws in the public service, especially at district levels has not been quite figured out. Consequently, here is concern about the capacity of District Councils to facilitate the implementation of gender related laws on the ground, and yet these are supposed to be "hubs" of law enforcement given that the Malawian population is predominantly rural. Traditional leaders will therefore continue to be important players at district level.

UNFPA helped to strengthen national policy responses to eradicate GBV and child marriage.

UNFPA's support for the formulation of the National Action Plan to Combat GBV (NAP GBV, 2016 – 2022) is important because the plan represents a statement of the Government of Malawi's priority actions to address GBV, particularly that violence that is perpetrated against women and children, through a multi-sectoral approach in the medium term. Therefore, the plan seeks to facilitate the implementation of statutes such as the Prevention of Domestic Violence Act, as well as to generally ensure that there is strong, sustainable and well-coordinated action against all types of GBV across the "entire government." It guides the Ministry of Gender in leading and providing direction to other ministries, departments, NGOs, the private sector, development partners and donor agencies in promoting early referral and action and

to address GBV using efficient responses. The NAP thus aims to provide a strong framework for sustainable and coordinated intervention to prevent and effectively respond to GBV (Government of Malawi, 2014).

The National Strategy on Ending Child Marriage aims to provide leadership, guidance and oversight in national efforts to end child marriage. It tackles the key drivers of child marriage by seeking to empower girls through both economic opportunities and promoting girl education. It also seeks to: facilitate the effective enforcement of laws on child marriage; harmonise and popularise different statutes and build the capacity of law enforcers; encourage community engagement on child marriage, in order to change attitudes and social norms; make available, safe, comprehensive, age-appropriate SRHR information and services to all young girls including those were married at a young age; and improve disaggregated data collection, monitoring and evaluation and deeper understanding of child marriage (p.9).

Assumption 3.4

Strengthened civil society organizations and social movements sustain efforts to eliminate discriminatory gender and sociocultural norms affecting women and girls

Localized social movements continue to sustain a commitment to eliminate discriminatory gender and social cultural norms affecting women and girls.

UNFPA Malawi has contributed to “social movements” at a local level. Based on IP interviews and consultations with communities, the networks of community members supported by UNFPA’s implementing partners since 2012 are still active and continue to play roles as rights defenders.²⁵⁶ NGOs that engaged with UNFPA over the 2012-2016 period, under the GEWE programme, continue to integrate and strengthen capabilities of these groups through their own programming.

These community groups, with a mix of women and men, reflect the years of efforts to strategically engage, sensitize and empower leaders to challenge community cultural constructs and therefore gender inequality. The groups are often given a kind of *de facto* authority (by the chief) to monitor rights violations in the community.²⁵⁷

“The trainings left us with education. Our benefit is that we witness community change and we have a change of perspective. We learn what is good for daily life.”

²⁵⁶ The evaluation team met with representatives of different types of groups including Village Savings and Loan groups, victim support committees, community action groups, youth clubs. UNFPA support for Mothers groups as community agents to send girls to school, break up child marriages, provide bursaries to needy girls, promote sanitary hygiene by training them on sewing non-disposable sanitary pads, promote sensitization on fistula, support adult literacy programmes and create Village Saving Loans groups also recognized (White, Seodi & Leowinata, Sevilla, 2017)

²⁵⁷ The issue is when the groups bring forward rights issues and the chief does not agree. He or she would have the authority to dismiss it, but the groups did not identify any such instances.

"In the past we would not sit together with each other to discuss issues such as harmful practices, girls dropping out of school, property grabbing."

"It is easy to enforce laws at community level like compulsory education law, child marriage law, gender equality law. Each law useful for us because we can then have our regulations. We can ban harmful practices because the law says it." (Community Group, Dedza)

While there are examples of social movements at a local level, there is more limited information on the extent of mobilization of civil society at a national scale, although UNFPA-supported consultations for the public inquiry, UPR, and ICPD+25 provide opportunities for a diverse set of actors to come together around SRHR and gender equality.

Assumption 3.5

UNFPA has contributed to preventing, responding to and eliminating gender-based violence

UNFPA has seen uneven progress in strengthening national capacity for a multisectoral GBV response. This is also marked by a blurring of what constitutes "gender-based" violence in its case management of victims of violence.

UNFPA and its partners introduced two models of service provision that increased access to services to prevent and respond to GBV but have not been sustained.

Mobile courts. Mobile courts are a crucial vehicle for enabling the rural masses in remote areas to access justice by linking GBV victims to judicial services. Thus, mobile courts are convenient for both GBV survivors and witnesses as they do not have to travel long distances to the court. Stakeholders in Mangochi and Nkhata Bay reported that during the GEWE program (2012-2016), Magistrates would use mobile courts to hear GBV cases in remote communities. However, in the absence of donor funding due to the expiry of the GEWE program, the mobile courts are no longer running in the districts.²⁵⁸ Because of the shortage of mobile courts, accused persons may end up being discharged because of lack of prosecution.

One-stop centers. The one-stop center (OSC) concept is generally applauded as a way for coordinating services for survivors (medical, counselling, legal) and streamlining referrals. These centers serve both women and men survivors of violence. A total of 600 (278 male and 328 female) cases of GBV were reported and handled in the 13 One Stop Centers in 2018 (UNFPA SIS, 2018). However, there is no specific information about the types of violence men experience and whether it is in fact gender-based violence. Service providers at the centers could provide no further insights on what these cases represent, nor did the center staff articulate a differentiated approach for addressing male and female survivors.

²⁵⁸ The judiciary itself provides District Magistrate Courts with very low funding, making it impossible for mobile courts to be integrated into the routine business of the Courts. The judiciary also has a centralized budgeting system and Magistrates are not consulted in budget formulation and are unable to propose that budgets should include funding for mobile courts.

The OSC concept was generally appreciated and the centers are able to provide survivors of sexual violence with the necessary emergency contraception (EC) and post exposure prophylaxis (PEP). At the same time, the OSCs were not functioning as expected. There are several factors that are obstructing the smooth functioning of OSCs. One such factor is that the OSC is supposed to be served by resident health, social welfare and police officials. At Mangochi District Hospital OSC, Malombe OSC (Mangochi) and Mzenge OSC (Nkhata Bay), the presence of health officials was not problematic because the OSCs were located on health facility premises. However, in all the OSCs visited, the police only go to the OSCs when there is a case, and no police officers are permanently located there. Social Welfare officials are also not present full time at some OSCs. This means that a client does not get all required services at once. To reduce the time, it takes for a client to be assisted, OSC officials at Mangochi DHO use a OSC WhatsApp group and phone communication to immediately communicate with each other whenever there is a case.

Another challenge affecting OSCs is inadequate GBV knowledge, especially on the part of medical personnel. At one of the OSC, medical personnel said they have neither been trained nor seen any guidelines or protocols on GBV management. This affects the quality of reports that they issue for GBV survivors as court evidence: *“because we do not even know or understand the terminologies in the register, we just write anyhow (sometimes, reports have gone to courts unstamped) and the court has found our reports to be inadmissible. The time it takes to correct such reports and re-submit them to courts delays justice for survivors, who end up feeling that they have been inadequately served.”*

Given some of these challenges, under the Spotlight Initiative, UNFPA has proposed to shift the OSC model from being “structure based” to being “service based” e.g., ensuring that a community has key services that can support a GBV survivor.

The GBV Information Management System has not been fully functional and has not met the demand for information at district and central levels.

GBV data is critical because it highlights the gravity of the problem in order to spark protection, prevention and redress interventions. Yet, the demand for information at district and central levels is not being met due to consistent challenges in collecting/accessing, registering and using data on GBV cases. The GEWE program prioritized the establishment of a GBV IMS. Although there are indicators that are monitored at national level, the GBV IMS has significant data gaps. The functionality of GBV IMS at district level is hampered by several factors. including lack of internet facilities (and computers), lack of data collection resources,²⁵⁹ and lack of access to available stakeholder data. With respect to the latter, stakeholders in one district explained that there are parallel data systems at district health office and police level that are inaccessible by the Ministry of Gender. For instance, the district health office uses its own health MIS, which captures GBV data under “non-communicable diseases.” The stakeholders further noted that the police at district level are reluctant to release their Victim Support Unit (VSU) data to Ministry of Gender before the signing of a Memorandum of Understanding between the Ministry and the Police at central level. These challenges are an opportunity for UNFPA to intervene and facilitate high level dialogues so that all GBV data management systems are harmonized. Stakeholders in Mangochi also felt that GBV

²⁵⁹ According to the Ministry of Gender, if Child Protection Workers could be increased from the current 800 to 1,500, this would provide additional human resources who can collect data for the GBV IMS.

reporting amongst service providers at district level could be strengthened with sector specific GBV indicators and appropriate training for sectoral officers.

Recording cases may also be a challenge given that there is diverse understanding of the types of cases recorded as “GBV,” which may include emotional abuse that is not always gender based.

As can be gleaned from the above narrative, the GBV referral system is ad hoc, and varies by location. For some OSCs (e.g. Mangochi DHO), WhatsApp groups have been an important mechanism of coordinating referrals.

The police constantly mentioned that a major challenge regarding GBV referrals is that GBV survivors usually withdraw their cases from the police, or they fail to turn up as witnesses in court. This is because survivors likely face pressure from their communities/relations/in-laws, and/or they may not want a husband who is a bread winner to be incarcerated. This challenge is both a reflection of continued weak application by the police of the Prevention of Domestic Violence Act (PDVA), which applies non-custodial orders; and the inadequate understanding by community and household members of the effect of PDVA orders (i.e. that the orders will not lead to a custodial sentence for the husband but rather will just require him to do or not do certain actions). One glaring gap in the GBV referral mechanism is GBV shelters. While one OSC, e.g. at Mzengo can accommodate survivors, this can only be done overnight as OSCs are not meant to be shelter facilities.

Assumption 3.6

UNFPA has contributed to preventing, responding to and eliminating harmful practices (child marriage, FGM, and son preference)

UNFPA has supported government leadership and momentum for ending child marriage, a strategic issue at national, district, and community level

In Malawi, by the age of 18, about 47 per cent of girls are already married in Malawi.²⁶⁰ The strategy to address child marriage has comprised both “prevention and response” efforts.

Changes in legal age of marriage. As noted in Assumption 3.2, UNFPA has advocated for the Marriage, Divorce and Family Relations Act, which recognises 18 years as a minimum age of marriage for both girls and boys fighting and prohibiting child marriage. UNFPA also contributed to the 2017 constitutional amendment that endorsed 18 years as the age of marriage for both girls and boys.

National strategy on ending child marriage. In order to facilitate policy and law implementation, UNFPA supported the development of this strategy, which is a key document that will drive the child marriage response between 2018 and 2023.

Community bylaws to address harmful practices. One of the most practical interventions that happened under the GEWE program (2012-2016) was the initiative by UNFPA’s implementing partners to engage traditional leaders, leading to the adoption of “community bylaws” to address child marriage and other harmful practices. Community bylaws created demonstration effect of what can be achieved if a

²⁶⁰ A slight decline from 52 percent in 1992 – Malawi Demographic and Health Survey 2015-16.

community, under the leadership of chiefs, devises its own mechanisms of preventing child marriage and dealing with perpetrators. Through the use of local “fines” in the form of livestock, community bylaws even became “respected” more than formal laws since the latter are seen as remote from the masses. According to one donor, *“community bylaws have conscientized rural people and their traditional leaders to make a connection between culture and development, and donors that are working on issues such as child protection and education have benefited from the bylaws.”* An implementing partner added: *“the development of chief-led community bylaws has ensured that all key stakeholders and communities are sustaining the promotion of women’s rights by protecting women and girls from harmful practices as prescribed by statutory law.”*

Bylaws are also influencing behavioural change in other areas such as initiation ceremonies, property grabbing, widow inheritance. For example, an implementing partner shared that in TA Mwanza’s area in Salima, the practice of subjecting new female initiates to forced sex has completely been eradicated. Similarly, the dance of *thimbwidza*, which newly initiated girls used to dance bare chested at night has also been modified so that the girls are now covered/dressed, and they perform the dance during daylight. While these efforts are laudable, several stakeholders still observed that harmful practices have not been dealt with thoroughly as many practices are viewed as normative.

There needs to be a consciousness in this reporting on why chiefs agree to banning such practices. Is it simply because of the laws? Is it because they believe women have the right to be free of degrading or harmful practices? Is it because there is now a conservative trend in the country that wants to “protect” girls (from the initiation practices) in the same way that child marriage was meant to (to protect family honor, in fact)? What perceptions of girls and women have actually changed for them?

Ending child marriages. Linked to community bylaws, UNFPA implementing partners have worked through local groups that have taken up the role of community rights defenders to end child marriages. Female chiefs, such as TA Mwanza (Salima) and Senior Chief Kachindamoto (Dedza) have also been community defenders who have ensured that children are withdrawn from marriages and sent back to school. Another implementing partner used “GEWE Networks,” which continue to exist even beyond the GEWE program. However, an implementing partner observed that so far, UNFPA has not robustly exploited programs with faith leaders, and yet these (particularly Moslems and Apostolic Faith) are catalysts for child marriage. Men have also been used as champions to talk to other men about GBV, child marriage and harmful practices.

Supporting child marriage survivors. Interviewed implementing partners ensured the empowerment of girls that were withdrawn from child marriage through education and economic empowerment interventions. Mother Groups, a Ministry of Education structure at local level, were instrumental in emotionally supporting girls who were withdrawn from marriage and returned to school. Furthermore, UNFPA paid for tuition fees for those that had been withdrawn for child marriage in some areas. This support covered all the four years of secondary school. In some instances, this support has reaped excellent results, as one implementing partner shared: *“two girls that were supported under GEWE have gone to University. We supported them to get University bursaries from other sources.”* Where young women could not return to school, they were empowered with skills such as hairdressing and tailoring and provided with start-up resources for businesses.

Evaluation question 4

To what extent and with what results has UNFPA mainstreamed gender equality across UNFPA policies and programmatic outcomes? **Criteria:** *Effectiveness*

Assumption 4.1

UNFPA has mainstreamed gender across its programming

Critical gender-specific issues (GBV, harmful practices, and SRHR) are being addressed under youth programming, but more can be done to engage young people on unequal gender relations and to engage boys on positive masculinities.

UNFPA has been consistent in integrating gender-based violence, SRH and youth programming. UNFPA has supported policy review and development, youth leadership and participation, youth friendly health services, and has put special programming emphasis on adolescent girls.

Through the National Youth Council of Malawi, UNFPA has supported national youth networks and district networks. Over time, “mixed” youth clubs have attracted girls at the village level in some cases.²⁶¹ These groups or networks insufficiently address unequal gender relations and leadership in the networks is reportedly mostly from boys. The National Youth Council is cognizant of challenges in retaining female leaders in youth structures. At national level, young women tend to drop out of the groups after marriage, either because they feel they have outgrown youth clubs, or because they are restrained from participating by their husbands. Sometimes the community considers them as adults that should be associating with older women, and yet they are still young people.

The link between the youth clubs/networks at village level and UNFPA support for government’s Youth Friendly Health Services (for the 10 – 24 year age range) seems to be particularly effective because the clubs have provided a means for bringing girls out of the home and into a group where they can engage with peers and empower each other.²⁶² Ministry of Health’s community-based distribution agents (CBDAs) have contributed to create a sense of “confidence”, so that girls and boys are “not shy” with regards to expressing SRH needs.²⁶³ Feedback from a youth group suggests that these clubs help debunk myths about effects of certain contraceptives on girls and help boys and girls to “change outlook on things”, which is necessary for preventing gender-based violence. Youth clubs, however, are unable to scale up their reach because they cannot sustain the recreational resources activities that initially attracted the

²⁶¹ Based on interviews for this evaluation. However, evaluations of the Joint Programme on Girls Education suggest this is not the case in all districts (World Food Programme, 2019)

²⁶² Based on interviews and observation

²⁶³ These CBDA have been successful but the positions have been project funded and thus sustainability is a key concern.

boys and girls to the clubs (games, including cards, board games, football, etc. that are funded through NGO projects).²⁶⁴

UNFPA's youth and SRH interventions have been part of multi-faceted approaches to reduce the high rate of teenage pregnancies in Malawi, but this is still a challenge.

Since 2010, UNFPA has worked with UN partners in implementing a Joint Programme on Girls Education (JPGE). On the whole, this programme has seen some success in keeping girls (and boys) in school and enabling girls to be readmitted to school after dropping out (in addition to meeting other programme objectives). UNFPA is recognized for its role in working with Ministry of Education for the girls' re-admission policy, mobilizing communities, supporting YFHS and comprehensive sexuality education, and addressing financial needs through Mothers' Groups so that pregnant girls can go back to school.

In terms of decreasing gender inequality, the JPGE emerging results may contribute to longer term change: lower dropout rates and better pass rates that would ultimately strengthen the position of girls in their adult life; in addition, gender equal treatment by teachers in schools, supporting girls who have dropped out of school, helping girls to achieve leadership positions and strengthening access to youth friendly health services have helped closing the existing gaps between girls and boys (World Food Programme, 2019).

The most recent evaluation of the JPGE provides positive assessment of the programme's synergistic approach to address many of the existing barriers to keeping girls and boys in school, with each UN agency working in their area of expertise. (World Food Programme, 2019, p.38). Despite the hope that such multi-dimensional approaches would also reduce adolescent pregnancy, stakeholders report that they are still not seeing changes in this area in the targeted districts. In part, this is because socio-cultural norms on teenage pregnancies have been slow to change. In many interviews stakeholders also expressed a growing concern about the backlash from boys, who have threatened to "impregnate girls" participating in this programme and point out that they have been sidelined despite the hardships that they also face in accessing education in rural areas (e.g., fees, uniform, distance).

SRH services have contributed to life-saving results and have helped to transform the lives of individual women. While huge strides have been made in improving access to family planning services and commodities, women and girls still are still the target of services. Gaps exist in the strategic intent on addressing social norms and on male engagement.

UNFPA support increased capabilities of health sector and provided incentives for safe delivery by educating about maternal mortality and working through traditional leadership structures. Messages about safe motherhood have reached communities and are likely reflected in positive changes in the statistics on skilled attendance at birth and maternal mortality ratios. Respondents at community level (community members and service providers) all report that men are now much more engaged with safe motherhood, thanks to the "stick" that has been adopted in the form of fines to be paid to traditional leaders if a woman gives birth at home or does not attend ante-natal care with her spouse. However, it is not clear that such incentives are cementing the responsibility of men with regards to their wives and

²⁶⁴ Members of two youth clubs consulted (in Mzenga and Mangochi) indicated that they were exploring income-generating activities to sustain the club's activities.

children. As one respondent noted, traditional leaders help to influence men, but men may respond to the chief out of fear of fine or other consequences, not out of transformation. Gender analysis and gender responsive approaches are still not systematic among service providers and as one CO staff put it, nurses and midwives don't see health issues as gender issues. The extent to which male and female health care workers (as well as other service providers) adopt gender-equitable and inclusive behaviours and attitudes, even with proper training, cannot be assumed, especially given high staff turnover in government.

UNFPA supported a successful campaign to repair obstetric fistula, a consequence of early pregnancy and child marriage. Obstetric fistula campaigns have involved groups of men as part of awareness raising activities and have addressed multiple dimensions of vulnerability for women suffering from obstetric fistula, including economic issues and social exclusion. Nearly 2,000 women have benefitted from repairs, most of them since 2012.²⁶⁵

UNFPA has provided specific donor-funded support to procure reproductive health commodities on behalf of the Government of Malawi and strengthen the government's forecasting and supply chain, aiming to reduce stock-outs of key commodities in clinics. Consultations at community level suggest that the distribution system still breaks down and not all preferred (long-term) commodities are available for women and girls at health facilities or through community-based distribution agent. Skilled healthcare providers are not always available (for implants) and thus girls do not get services.

Family planning has been part of comprehensive SRH services and has been an important supply-side contribution by UNFPA. Over the past decades, there has been a shift in male involvement and although DHS data indicates that use of contraceptive is a joint decision between the wife and her husband,²⁶⁶ interviews suggest that it is still not clear that men support women's right to choose and to protect herself. Service providers today tend to concentrate on women and noted the need to increase active engagement of men in the demand and use of family planning methods.²⁶⁷ SRH programming has targeted service providers and policy issues, with less emphasis on the household, the space that can help maintain or change the status quo. Interviews also suggested that more could be done to integrate family planning in everyday dialogue, including as part of the activities of faith-based organizations.

Population and development interventions have adopted a sex-disaggregated approach in promoting the collection, use and analysis of national data.

It is through disaggregated data that this thematic area makes a contribution to gender equality and related intersectional analysis. Thematic analyses (including the gender analytical study) based on the 2018 Malawi Population and Housing Census were still underway at the time of this case study. UNFPA championed the demographic dividend study (2016), with some limited gender analysis, which fed into the updated MGDS III prioritization of population issues (UNFPA, 2018) and informed new Sexual and

²⁶⁵ UNFPA, Overview of the Country Programme provided during the briefing session on March 2, 2020.

²⁶⁶ As one respondent noted, Malawi has come a long way since the 1990s when the SRH policy required third party consent for women to be able to access contraceptives. Data on decision making provided in National Statistical Office and DHS Program ICF, 2017, p. 108.

²⁶⁷ Based on interviews

Reproductive Health Policy (2017) and new Population policy in Malawi. Consultations on the upcoming DHS will be key for gathering further data to inform an intersectional lens in analysis and programming and focus on especially vulnerable groups, including with regards to data on sexual and reproductive health behaviours for girls and boys under the age of 15, for example.

Assumption 4.2

UNFPA's mainstreaming efforts have contributed to gendered results across UNFPA policies and programmatic outcomes (reproductive health, population data, adolescents)

Not relevant, as the source for this assumption is the Country Program Evaluations.

Evaluation question 5

To what extent are UNFPA's institutional culture, systems and processes "fit for purpose" to advance gender equality and the empowerment of women through a human rights-based and culturally sensitive approach in both development and humanitarian settings? **Criteria:** *Efficiency*

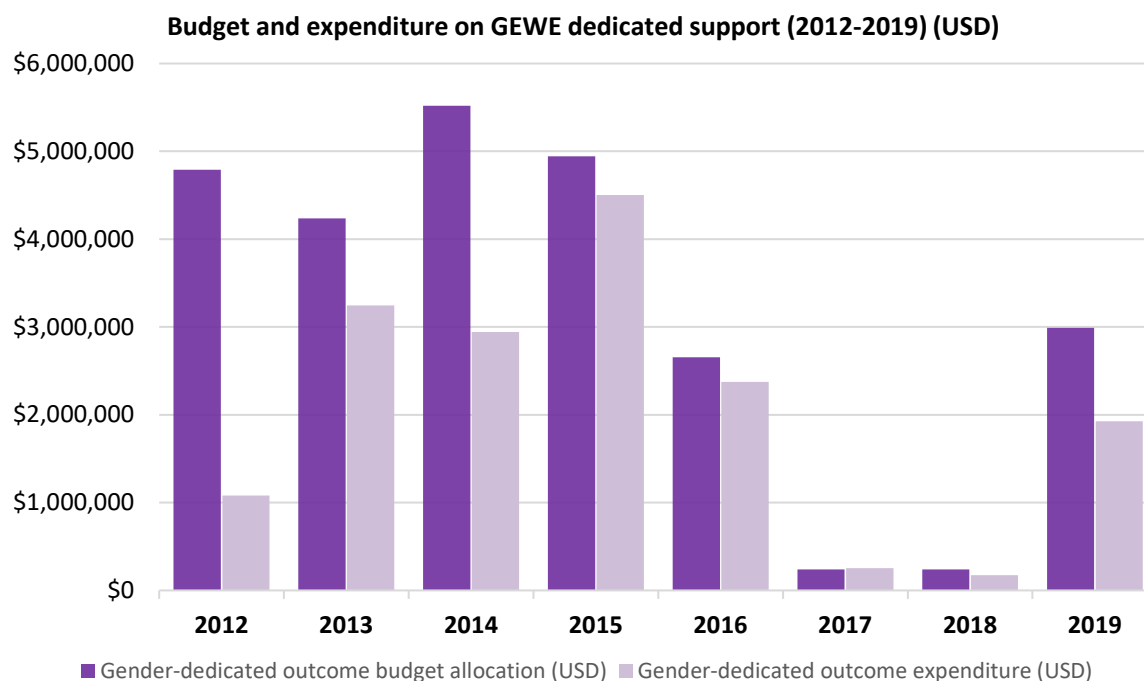
Assumption 5.1

The amount and quality of financial resources made available for dedicated programming and mainstreaming support the advancement of gender equality and women's empowerment has been adequate

Financial constraints that impinge on longer-term efforts to advanced GEWE include the ebb and flow of resources for work under the dedicated outcome area, a large volume of earmarked funds, donor preferences, and annual funding cycles.

At the end of the EU-funded GEWE programme (2016) the budget allocated under the dedicated outcome area went down dramatically and it wasn't until 2019 that there was a rise again in budget allocation due to the Spotlight Initiative. (See Figure below) UNFPA has been able to sustain funding for GEWE by mainstreaming gender considerations, including GBV, into SRH and Youth and Adolescent programming to the extent that has been possible given partner capacities. This is reflected in greater and more distributed investment across several output areas under the 7th Country Programme, and a more focused investment strategy for the 8th Country programme, which only invests in the output focused on GBV. However, this has meant that after substantial investments in GBV service delivery models (described under Assumption 3.5), these were not given as much attention for a couple of years.²⁶⁸ Now, under the Spotlight Initiative, UNFPA is responsible for the essential services pillar and is reconstituting service delivery capabilities in the targeted districts.

²⁶⁸ The CO focused primarily GBV data and One-Stop Centers during this period. (Interview data)



Source: ATLAS GPS

The resources required for delivery of results on the 2019-2023 country programme planned outputs is US\$45.5 million. Out of this amount, 77% representing or US\$35 million will be obtained largely through co-financing modalities. This means that donor “preferences” will also influence the type of initiatives that can be implemented to advance gender equality and determine the mix that might enable further social norm change.

The ebb and flow of dedicated funding also affects the limited geographic coverage of UNFPA support in a given district (i.e., unable to cover a critical mass of catchment areas or Traditional Authorities). This brings the limitation of not being able to take things to scale.

Limited government ownership and inadequate ability to sustain capabilities are also as a source of continuous frustration for CO staff, who sense that they are never able to “graduate” certain districts from their service delivery support in different thematic areas. In addition, gender transformative work requires a long-term perspective but UNFPA operates in annual funding cycles, where there are sometimes delays in start-up either due to implementing partner submission or CO approval of Annual Workplans. HQ and donors also put pressure on delivery, through the measure of disbursement performance, which may not be the best indicator of efforts to move towards transformative programming on gender equality.

Assumption 5.2

Strategic investment choices enable UNFPA to address social norm changes and the deep drivers of gender inequality

In the context of Malawi, UNFPA emphasis on the service delivery mode of engagement, coupled with implementing partner capacity, constrains greater emphasis on social norm change.

As a red quadrant country, the Malawi CO budget allocations are primarily linked to the service delivery and, to a lesser extent, capacity development modes of engagement. As noted in Assumption 2.1, over the period 2012-2020, the country office has taken a gender-transformative approach at the national level, evident in its work to support reforms of laws and policies.

Evidence shows that changing social norms through service delivery partners is much more challenging and may deserve a more intentional and coordinated approach. On the one hand, addressing social norms requires partners that have experience with transformative programming and that has been one of the limitations of some of the UNFPA implementing partners (White, Seodi & Leowinata, Sevilla, 2017). On the other hand, social norm work requires time and the ability to affect intra-household dynamics in order to get at root causes of inequality, which has not always been possible in the gender-dedicated work and efforts to mainstream gender in SRH and Adolescent and Youth programming.

Social norm change would possibly require a different mix of partners and strong coordination among all organizations involved in a particular community or catchment area, for example, but coordination mechanisms at local level are still quite weak. Partnership arrangements that sustain collaboration with certain organizations over time, and go beyond implementation, may also need to be expanded in order to sustain different types of collaboration with organizations that have the competencies and commitment to help take this work forward, regardless of their implementation role.

Assumption 5.3

UNFPA has adequate human resources at global, regional and country levels to advance gender equality through dedicated programming and mainstreaming of GEWE

Gender mainstreaming has relied on limited number of key staff in the UNFPA team, who provide technical support to other thematic areas.

One of the key issues raised by country office staff, with regards to human resources, relates to the accountability and capacity for gender mainstreaming in UNFPA's work. Over the past years, all new staff do participate in mandatory training on gender issues ("I know Gender") and, more recently training on Preventing Sexual Exploitation and Abuse (PSEA).

For a gender mainstreaming agenda, a certain level of gender expertise would be expected within the staffing of the Country Office. Yet staff point out that there is no accountability for integrating gender dimensions in their work and there is limited access to comprehensive training. More regular training on gender issues would help them to keep up to date in their programming area. In addition, access to more comprehensive gender courses appears to only be available to staff on fixed contract. Staff note that this limits their capabilities to consistently ensure that the conceptualization, implementation and monitoring

of their programs is informed by robust gender analyses and mainstreaming. In the absence of such capacity across the Country Office programming areas, staff members rely on a few senior members of the team, including UNFPA's National Programme Officer – Gender, to provide technical support to other thematic areas. The gender team has now been bolstered with a second staff position funded through the Spotlight Initiative.

Assumption 5.4

Gender equality is a priority in the culture and leadership of the organization

Senior leaders in the country office have given emphasis to gender equality and have helped to retain the UNFPA position as advocate for GEWE.

In Malawi, the government has been receptive to continued efforts to revise policy frameworks so that they are increasingly progressive, gender responsive, and aligned with international standards. The UN Country Team has worked closely with government in this regard. UN cooperation frameworks have had a dedicated gender outcome for at least three programming cycles. The current UN Development Assistance Framework (UNDAF) takes that a step forward through root cause analysis that identify negative social norms as one of the factors limiting more transformative development pathways in Malawi (Government of Malawi and the United Nations in Malawi, 2019). In this favorable environment, the leadership of the UNFPA country office has given continued attention to gender equality in policy dialogues and has maintained a dedicated outcome on gender equality despite resource constraints and pressures to focus UNFPA resources.

Assumption 5.5

UNFPA advances collaborative work across UN agencies towards SDG 5

UNFPA advances collaborative work on gender equality through joint programming, which faces some of the long-standing challenges joint planning that is not able to capitalize on the synergies across agencies during implementation.

The primary way in which UNFPA collaborates with other UN entities on GEWE is through joint programming. In Malawi, UNFPA participates in two out of the four joint programmes in Malawi at this time.²⁶⁹ Although joint programming offers UNFPA the potential to link in to a holistic approach to addressing social norm change, there are still a number of collaborative hurdles to overcome during implementation.

In the Joint Programme on Girls Education, WFP, UNICEF and UNFPA did not fully exploit the potential for more coordinated implementation. Although synergies were planned in the design stage, there was limited joint work at the field level, few efforts to mutually share results and observations potentially

²⁶⁹ Joint Programme on Girls Education and Spotlight Initiative

leading to improvements, and little evidence of engaging as one body with the various Government agencies and partners (World Food Programme, 2019).

In the Spotlight Initiative, UNFPA leads the pillar focused on integrated services for preventing and responding to violence against women and girls. All four agencies will work in the same six districts and there are high expectations for much greater collaboration during implementation. For the first time, the participating UN agencies issued a joint call for Expression of Interest to identify partners for the program. The effects of such efforts on the implementation phase are still to be seen.

IV – Considerations for the overarching global thematic level

The following considerations for UNFPA arise from the organization's experience in Malawi but have implications for the organization as a whole. These considerations are thus provided as "food for thought" for the Country Office that may require a more institutional/systemic response.

Consideration 1: Capacities for gender analysis and gender mainstreaming

Implementing partners and country office staff lack skills required to do more systematic gender analysis. Current training and learning opportunities for enhancing individual knowledge and skills in this area appear to be insufficient and unavailable to all UNFPA staff (regardless of contract type). Gender mainstreaming therefore depends on individual motivation and the potential to access technical advice of a limited number of in-house gender specialists. Implementing partners also lack capabilities in this area, which limits the potential for designing more gender transformative programming. Implementing partners have sectoral expertise and/or deep community experience, but do not have strong gender expertise.

Consideration 2: Capturing the longer-term results of UNFPA investment in GEWE

There are inherent tensions between the nature and aspirations of UNFPA support for GEWE and current reporting systems. All of the UNFPA modes of engagement are ultimately geared towards national capacity development. The transformation of discriminatory social norms and the strengthening of national capacity to be able to plan, implement and monitor related programming requires a longer timeframe, beyond a typical country programme cycle. Current reporting on results, through the Strategic Information System (My Results), illustrates the activities of the country office every year and not the cumulative results of funding implementing partner(s) and engaging in policy advocacy and dialogue over several years. UNFPA Country Office investments in the gender studies program of Lilongwe University of Agriculture and Natural Resources are a case in point; project funds and activities over several years have continued to foster an enabling environment for gender equality through educational programs that keep growing the cadre of gender experts. The UNFPA programme investment stopped in 2016; the results from that are still emerging despite no active Annual Work Plans with those partners.

Consideration 3: Balance between policy-dialogue/advocacy and service delivery in red quadrant country

UNFPA country classification system specifies that red quadrant countries can be involved in all modes of engagement, with an expected emphasis on service delivery and capacity development. In Malawi, the Country Office has used the policy-dialogue advocacy role to help foster an enabling environment for gender equality, as evident in progressive shifts in national legal and policy frameworks. This role is valued by national stakeholders and there is a demand for such support. However, there is a growing gap between policy frameworks and the availability of gender responsive practices and services on the ground. The service delivery support role continues to be the main thrust of its programming, without the same attention to developing an enabling environment at local level. Country Office staff are also increasingly frustrated by the challenge of sustainability and the inability to get sufficient government ownership and resourcing to be able to "graduate" certain districts.

Consideration 4: Service delivery modality in support of social norm change

Changing social norms through service delivery work has been a real challenge in Malawi. Much of the programming has not been able to take into account the household level where such social norms change over time. UNFPA has had some experience in more holistic programming, addressing social norms at community level through traditional leader engagement; this approach and joint programmes on harmful practices more generally have made strides in tackling the economic and educational drivers. But many IPs, while responding to the immediate needs of target populations, do not address the underlying causes for gender equality or take a rights-based approach.

Consideration 5: Types of partnerships to support GEWE

UNFPA may not have the full range of partners and types of partnerships required for longer-term and more transformative gender work. As noted above, in part it may be that the current mix of partners does not have the range of capacities required for more transformative programming. UNFPA may need to consider how different partners fall on a partnership “spectrum” that ranges from mostly transactional collaboration at one end to intentional joint or collective action and transformative approaches at the other end. With the current tools and processes available, some relationships are more clearly defined in terms of a mutual understanding of expectations and accountability, others are not. This appears to be the case for organizations that have been IPs and then move to another type of relationship with UNFPA. In some cases, the strength of the relationship weakens after the funding fades.

Consideration 6: Strategies for male engagement

Both the UN and government have not been so clear about their strategies for male engagement and partners are now seeking more guidance on this. The Country Office is articulating a strategy in this area, with other UN agencies. Gender transformative approaches will require more meaningful engagement with men and boys, including work on masculinities. It will be critical to consider the extent to which the notion of allies or champions recognizes positive masculinities as well as men/boys’ vulnerabilities, and to reflect on whether such a shift continues to recognize accountability to women and girls. This strategy may raise the issue of how to move from a gender-responsive to gender transformative approach in scaling up the model of working with traditional chiefs. This system is patriarchal even though some chiefs may be women and UNFPA may want to envision what will be possible in addressing unequal gender relations through chiefs. Chiefs are willing to confront harmful practices right now and garner men’s support for the SRH needs of women, but will they agree to allowing women to have the final say in contraceptive use if the husband does not agree or to choose to terminate pregnancy, for example?

Annexes

Annex I - Sources of evidence

The evaluation mission consulted with 175 stakeholders through individual Interviews and group discussions:

a) List of consulted stakeholders through Individual Interviews

No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
1	Agnes Chimbiri	Portfolio Manager, Responsive Institutions and Citizen Engagement	UNDP	F
2	Andrew Katemba	Officer	MACOHA	M
3	Andrew Mthiko	Economist	Ministry of Transport	M
4	Anne Maganga	Senior Programme Officer (Gender)	Norway	F
5	Austine M.K Mwafuli wa	RH focal person	Ministry of Health/District Health office	F
6	Beatrice Kumwenda	NPO- Gender	UNFPA	F
7	Benjamin Kapuchi	Senior Assistant Social Welfare Officer	Social Welfare	M
8	Bill Chanza	Population & Development Specialist	UNFPA	M
9	Cecilia Chinula	Adolescent and Youth Specialist	UNFPA	F
10	Charles Mazinga	Team Leader, O3 Program	UNESCO	M
11	Chripine Mvula	Disease control Surveillance Assistant	Ministry of Health	M
12	Christobel Chakwana	Programme Specialist, Gender	UNICEF	F
13	Christophe Kamambasa	Coordinator	Police	M
14	Clara Anyangwe	Representative	UN Women	F
15	Dorothy Nyasulu	Assistant Representative	UNFPA	F
16	Dunreck Pande	Program Support Manager	Umoza CSO	M
17	Elizas Phiri	Sargent	Police	M

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No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
18	Emily Sangweni	Victim Support Unit	Police	F
19	Emma Kaliya	Director	Malawi Human Rights Resource Center (MHRCC)	F
20	Emmanuel Ngoma	Medical Assistant	Ministry of Health	M
21	Eneless James	Rights Holder	MACOHA	F
22	Ennet Kalomba	Assistant Human Resource	Ministry of Transport	M
23	Ethel Luhanga	Chief Nutrition, HIV and AIDS Officer	Ministry of Transport	F
24	Fanny Chilembo	District Manager	YONECO	F
25	Frackson Tembo	Sargent	Police	M
26	Funsani Mafika	HTS Supervision, Youth Coordinator	Ministry of Health	M
27	Ganizani Liwewe	Principal Economist	Ministry of Transport	M
28	Getrude Chitika	Technical Coherence Specialist	Spotlight Initiative	F
29	Gonjetso Kumpasa	GBV Coordinator	Ministry of Health/District Health office	M
30	Grace Hiwa	SRHR	UNFPA	F
31	Grant Dulla	Project Officer	YONECO	M
32	Harry Migochi	Director Economic Social and Cultural Rights	Malawi Human Rights Commission (MHRC)	M
33	Harvey Thom	FP Coordinator	Ministry of Health/District Health office	M
34	Henry Chimtengo	Medical Assistant	Ministry of Health	M
35	HW Robert Makaika	Magistrate	Judiciary	M
36	Isaac Machinjiri	Assistant Social Welfare Officer	Social welfare	M
37	Jessie Chiuza	Child Protection Worker CPW	Social Welfare	F
38	Jolly Nywenda	Nurse / Midwife	Ministry of Health	F
39	Joseph Kazima	GBV Analyst	UNFPA	M
40	Joshua Nkhono	Resident Magistrate	Judiciary	M
41	Judith Chirwa	Programme Manager, Education and Gender Focal Person	European Union	F

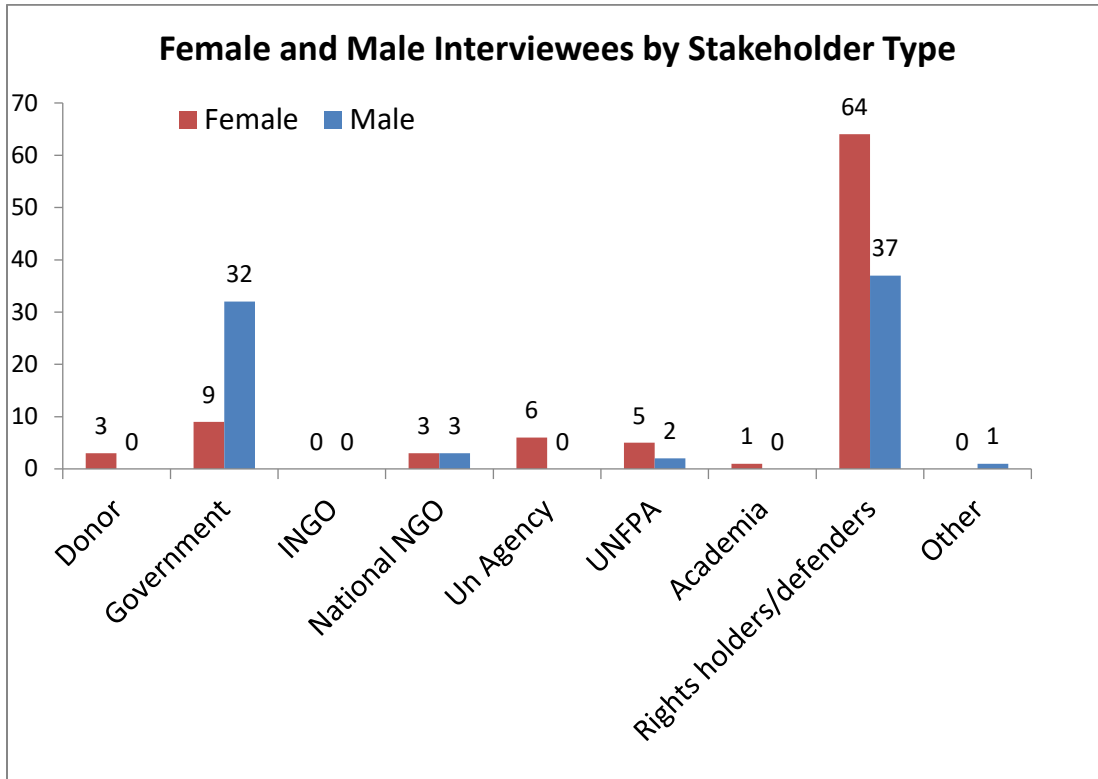
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No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
42	Juliana Lunguzi	SRH Consultant SRH	UNFPA	F
43	Justin Hamela	Deputy Director, Child Affairs	Ministry of Gender	M
44	Khumbo Nyasulu	Teen Club Service Provider	Ministry of Health/District Health office	M
45	Langani Nyirenda	Principal Nutrition, HIV and AIDS Officer	Ministry of Transport	F
46	Laston Chikopa	Intern	Gender Affairs	M
47	Leticia Mbewe	Safe Motherhood Coordinator	Ministry of Health/District Health office	F
48	Lexha Zachava	Rights Holder	Association of People with Albinism	F
49	Lickson Ng'ambi	District Social Welfare Officer	Social Welfare	M
50	Lizzie Waya	Project Coordinator	GENET	F
51	Macdevex Kadya	Children, Health, Nutrition Coordinator	Ministry of Education	M
52	Mafatiyo Chirambo	CRO	MACOHA	M
53	Margheritta Coco	Coordinator, Joint Programme on Girls Education	WFP	F
54	Marte Wensaas	First Secretary, Health	Norway	F
55	Mary Msindwa	Assistant Social Welfare Office	Social Welfare	F
56	Maryam Jackson	Rights Holder	MACOHA	F
57	Metro Ching'ani	District Gender officer	Gender Affairs	F
58	Michael Mwenifumbo	ACDFO	Community development	M
59	Muses Mwalabu	Nutrition, HIV and AIDS	Ministry of Transport	M
60	Natasha Mbengo	Gender Focal Point	Ministry of Disaster Relief and Management	F
61	Orpah Kabambe	Head, Department of Human Ecology	Lilongwe University of Agriculture and Natural Resources	F
62	Pamela Mkwamba	NPO	UN Women	F
63	Peter Elesani	Chief Gender and Development Officer	Ministry of Gender	M

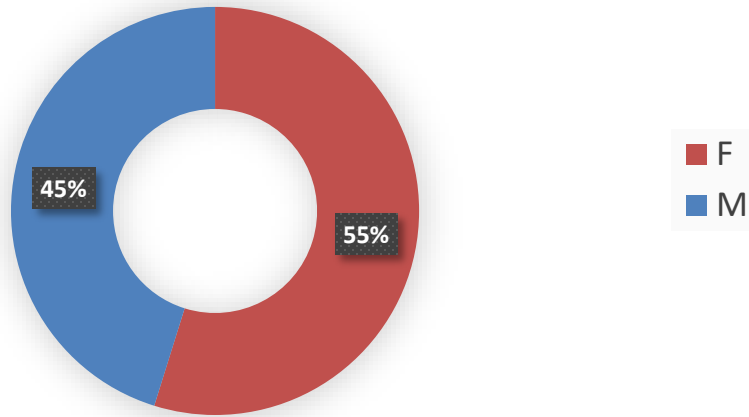
No.	FIRST NAME LAST NAME	POSITION	AFFILIATION	SEX
64	Peter Msefula	Former Director of Gender Affairs, Ministry of Gender	other	M
65	Robert Ngaiyaye	Former Director	Malawi Interfaith AIDS Association (MIAA)	M
66	Roster Milanzi	Crime Prevention Officer	Police	M
67	Ruth Mwandira	Health and HIV Advisor	DFID	F
68	Solomon Mlinda	Programme Officer	National Youth Council	M
69	Tapiwa Gondwe	Lecturer, Faculty of Food and Human Sciences	Lilongwe University of Agriculture and Natural Resources	F
70	Thom Chikusilo	Nurse Midwife	Ministry of Health	M
71	Vasco Thundu	Disease control Surveillance Assistant	Ministry of Health	M
72	William Yakuwawa Msiska	Chief Law Reform Officer	Malawi Law Commission	M
73	Young Hong	Representative	UNFPA	F
74	Youngson Ngwira	District Youth Officer	Youth Department	M

b) Group Interviews

Name of Beneficiary Group	Location	# of Females	# of Males	Total
Rights holders/Community Leaders	Mzenga, Nkatabay	6	9	15
Rights holders/Community Leaders	Dedza	12	15	27
Rights holders/Youth (15 - 22)	Kabulika Village 2, Kachindamoto TA, Dedza	6	5	11
Rights holders/Community Leaders	Kabulika Village 2, Kachindamoto TA, Dedza	12	8	20
Rights holders (Disability)	Mangochi	3	0	3
Rights holders (VSL)	Malindi	25	0	25



Interviewees Disaggregated by Sex



Annex II - List of documents reviewed

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Annex III – Revised evaluation matrix (post - pilot mission)

ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
I. How relevant is UNFPA support to Gender Equality and Women's Empowerment?			
Evaluation question 1: To what extent does UNFPA support align with and respond to 1) partner government priorities, 2) national needs on gender equality and women's empowerment, 3) UNFPA policies and strategies and 4) overall global normative framework on gender equality and women's empowerment?			
1. UNFPA interventions align and respond to national priorities and needs to advance gender equality and women's empowerment.	<ul style="list-style-type: none"> Degree to which UNFPA support is aligned with national frameworks/plans in ways that advance progress on GEWE Extent to which UNFPA support at regional and country levels has been guided by existing evidence on country priorities and needs Evidence of UNFPA contributions to UN Development Assistance Framework/UN Sustainable Development Cooperation Framework 	Country case studies Desk-based country case studies Country Program Evaluations (CPE) Corporate evaluations Key informant interviews	Document review Semi-structured interviews Group interviews (possibly FGD) CPE review
2. UNFPA support aligns with/responds to the (varied) needs of different rights holder groups in each country context, particularly marginalized and vulnerable communities. ²⁷⁰	<ul style="list-style-type: none"> Extent to which UNFPA support at regional and country levels has been guided by existing evidence on needs 	Country case studies Key informant interviews	Document review Group interviews (possibly FGD)

²⁷⁰ In each country context, these groups may include: women and girls affected by violence, particularly vulnerable population groups such as indigenous or refugee populations, and "key population groups" particularly vulnerable to HIV and frequently lacking adequate access to services. UNAIDS considers the following five main "key population groups" particularly vulnerable to HIV and frequently lacking adequate access to services: 1) gay men and other men who have sex with men, 2) sex workers, 3) transgender people, 4) people who inject drugs and 5) prisoners and other

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> Evidence of relevance of UNFPA interventions in relation to varied needs of rights holder groups 		In-country observation
3. UNFPA work at country, regional and global levels is aligned with UNFPA's policies and strategies (mandate), UN frameworks and policy directives, international human rights conventions, instruments, and reports. ²⁷¹	<ul style="list-style-type: none"> Degree of alignment of UNFPA support for GEWE with UNFPA policy and strategy²⁷² Alignment of UNFPA support with the guidance provided in UN-frameworks and in international normative frameworks (especially ICPD, CEDAW and SDGs) 	Key informant interviews Country case studies Regional case study Desk-based country case studies	Document review Semi-structured interviews
Evaluation question 2: What have been strengths and limitations of UNFPA approach (es) to supporting Gender Equality and Women's Empowerment at global, regional and country levels? ²⁷³			
4. UNFPA applies a human rights-based and culturally/context sensitive approach in its support to gender equality and women's empowerment.	<ul style="list-style-type: none"> Evidence that programmes, policies supported by UNFPA are broadly and diversely owned at country level including by local civil society groups which are at the forefront of advancing gender equality in a given context 	Country case studies Desk-based country case studies Regional case study CPEs	Document review Semi-structured interviews Group interviews (Possibly FGD)

incarcerated people. See: <https://www.unaids.org/en/topic/key-populations>. This definition is also reflected in the UNFPA Strategic Plan 2018-2021, Annex 7 (the results framework for the UNFPA-UNDP-UNICEF-UN Women common chapter to their strategic plan).

²⁷¹ These include SDG 5, Convention on the Elimination of all Forms of Discrimination Against Women, ICPD, Quadrennial Comprehensive Policy Review, the UN System-Wide Action Plan on Gender Equality and the Empowerment of Women, ECOSOC E/RES/2015/12 on gender mainstreaming, as well as regional declarations such as the Convention of Belém do Pará.

²⁷² These include the 2012-2013 Mid-Term Review of UNFPA's Strategic Plan, the 2014-2017 Strategic Plan, the 2018-2021 Strategic Plan and UNFPA's Strategic Frameworks on Gender Mainstreaming and Women's Empowerment 2008-2011 and 2012-2013 and other UNFPA policies and plans, such as UNFPA's global Adolescent and Youth Strategy, 2010-2013 South-South Cooperation Strategy, the 2017 South-South and Triangular Cooperation Strategy, the 2015 UNFPA Resource Mobilization Strategy, and the 2018-2021 Knowledge Management Strategy.

²⁷³ The following assumptions are all about the "how" of UNFPA programming.

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> • Evidence that UNFPA has engaged men and boys as duty bearers in advancing gender equality • Evidence that engagement of men and boys focuses on transforming systems and addressing harmful/negative social norms • Evidence that UNFPA, in partnership with others in UN system, opens up spaces for rights holders (e.g. feminist organizations, organizations of women with disabilities, human rights organizations) to participate and influence GEWE related decision-making • Evidence of comprehensive gender analysis that identifies underlying causes of gender inequality and strategies for addressing these (including through partnership) in country programming cycle • Evidence of an intersectional lens, reflecting the multiple, intersecting identities of women and their varied experiences of gender inequality in country programming • Results reported in evaluations that are characterized as gender transformative, i.e. contributed to shifting social norms, power dynamics and resources in a sustainable way (based on the Gender Results Effectiveness Scale (GRES))²⁷⁴ 		CPE review

²⁷⁴ The GRES consists of a five-point scale that measures results as gender negative, gender blind, gender targeted, gender responsive or gender transformative.

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
5. UNFPA work on gender equality and women's empowerment programming is integrated across the development, humanitarian, and peace nexus.	<ul style="list-style-type: none"> Alignment of UNFPA support with the UN system's guidance on a 'new way of working' across the humanitarian-development-peace nexus Evidence of UNFPA addressing the nexus in design, implementation and monitoring of its programming as per UNFPA guidance²⁷⁵) 	Country case studies Desk-based country case studies Regional case study Key informant interviews Corporate evaluations since 2016 CPEs	Document review Semi-structured interviews CPE review Internet survey (TBD) (e.g. UNFPA offices well equipped to think through what should be different?)
6. UNFPA builds strategic partnerships, especially with civil society to advance gender equality, with a human rights approach.	<ul style="list-style-type: none"> Evidence of UNFPA strategy for partnership that is based on gender equality goals (clear purposes,²⁷⁶ diversity of actors) Evidence of partnerships based on clear structures, trust, shared goals, mutual accountability 	Country case studies Desk-based country case studies Regional case study Key informant interviews Evaluations of joint programmes	Document review Semi-structured interviews Internet survey (TBD)
7. UNFPA brings together and leverages its various roles and thematic areas ²⁷⁷ at global, regional and country levels to	<ul style="list-style-type: none"> Extent to which UNFPA has effectively utilized and integrated its advocacy role at global, regional, and country levels 	Country case studies Desk-based country case studies Regional case study	Document review CPE review Semi-structured interviews

²⁷⁵ This implies investments in both short-term response and longer-term resilience and institution building. It means anticipating and designing the next phase of a programme to ensure that results are sustained in any (and all) phases and to leave no one behind. UNFPA, Enhancing UNFPA's Work to address the Humanitarian-Development-Peace Nexus, draft November 2018.

²⁷⁶ The purposes encompass "consultative" and "implementation" partners.

²⁷⁷ For example, the extent to which UNFPA interventions on FGM, Child Early and Forced Marriage, prevention and response to GBV are interlinked to work on early pregnancy, fistula, family planning and comprehensive sexuality education.

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
support gender equality and women's empowerment across different settings.	<ul style="list-style-type: none"> Extent to which UNFPA has effectively utilized and integrated its convening role at country level²⁷⁸ Extent to which UNFPA has effectively utilized and integrated its coordination role within the UN system and with partners (including its lead role in coordinating the GBV Area of Responsibility) 	Key informant interviews CPEs	Internet survey (TBD)
<p>II. What were the overall results of UNFPA support to GEWE at global, regional and country levels?</p>			
<p>Evaluation question 3: To what extent has UNFPA's dedicated programming work under the gender equality outcome of its Strategic Plan(s) contributed to advancing gender equality, the empowerment of all women and girls, and reproductive rights in development and humanitarian settings?</p>			
8. UNFPA has generated evidence-based knowledge and guidance that contributes to international normative frameworks and operational mechanisms on advancing gender equality/women's empowerment (global level). ²⁷⁹	<ul style="list-style-type: none"> Number and type of knowledge and guidance products, including those developed jointly, made available to a diversity of actors promoting GEWE Evidence of stakeholders at global level attributing shifts in norms and standards to UNFPA or UNFPA outputs 	Key informant interviews Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations	Document review Semi-structured interviews
9. UNFPA has fostered an enabling environment for gender equality and women's empowerment ²⁸⁰ (regional level).	<ul style="list-style-type: none"> Evidence of use of regional knowledge/analytical products 	Key informant interviews Regional case study	Document review Semi-structured interviews

²⁷⁸ Convening refers to gathering together different kinds of stakeholders to establish a common agenda at national level for a particular topic.

²⁷⁹ This links to expected capacity changes in the ToC, including relevant actors' capabilities (new knowledge and evidence, skills) and the motivation and opportunities (normative frameworks and operational mechanisms) that are part of enabling environment.

²⁸⁰ This links to expected capacity changes in the ToC by supporting capabilities, motivation and opportunities.

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> • Number of good practices identified and replicated within a region • Evidence of increased capacities of regional actors (including civil society organizations) to advocate for/monitor human rights mechanisms and address discriminatory practices 	Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations	
<p>10. UNFPA has contributed to strengthening national policies, accountability frameworks and legal normative frameworks, including laws on gender equality and women's empowerment (national level).²⁸¹</p>	<ul style="list-style-type: none"> • Proportion of countries sampled in which UNFPA has contributed to the creation of new or improvement of existing national laws, policies and regulations on reproductive rights so that they align with international human rights norms and standards. • Evidence of UNFPA contributions to also strengthening capacity of national actors to implement and monitor these policies, etc. • Evidence of UNFPA creating opportunities/enabling conditions for policy dialogue 	<p>Country case studies Desk-based country case studies Corporate evaluations, especially GBV and harmful practices and FGM joint programme evaluations CPEs Key informant interviews</p>	<p>Document review Semi-structured interviews CPE review</p>
<p>11. Strengthened civil society organizations and social movements sustain efforts to eliminate discriminatory gender and sociocultural norms affecting women and girls.</p>	<ul style="list-style-type: none"> • Evidence of social movement building to advance gender equality and women's empowerment • Proportion of countries reviewed where there is evidence of sustained engagement of men and boys to eliminate discriminatory norms 	<p>Country case studies Desk-based country case studies</p>	<p>Document review Semi-structured interviews Group interviews</p>

²⁸¹ This links to expected capacity change in the ToC by creating opportunities for relevant actors and thus creating an enabling environment.

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>12. UNFPA has contributed to preventing, responding to and eliminating gender-based violence (global, regional, national and community levels).</p> <p>13. UNFPA has contributed to preventing, responding to and eliminating harmful practices (child marriage, FGM, and son preference) (global, regional, national and community levels).</p>	<ul style="list-style-type: none"> Evidence of changes in relevant actors' <u>capacity</u> (individual and organizational capabilities, and the enabling opportunities and motivational factors) Evidence of changes in targeted actors' <u>behaviours/actions</u> Evidence of changes in GBV prevalence in programming countries/at regional/global levels <ul style="list-style-type: none"> Evidence of changes in targeted actors' capacity (capabilities, opportunities, motivation) Evidence of changes in targeted actors' behaviours/actions Evidence of changes in prevalence of harmful practices in programming countries 	<p>Country case studies</p> <p>Desk-based country case studies</p> <p>Regional case study</p> <p>Corporate evaluations on GBV and harmful practices and FGM joint programme</p> <p>CPE synthesis on the transformative results from the 2018-2021 Strategic Plan (especially GBV and HP)</p> <p>CPE synthesis on the transformative results from the 2018-2021 Strategic Plan (especially GBV and HP)</p> <p>Corporate evaluations on GBV and harmful practices and FGM joint programme</p>	<p>Document review</p> <p>Semi-structured interviews</p> <p>Document review</p> <p>Semi-structured interviews</p>
<p>Evaluation question 4: To what extent and with what results has UNFPA mainstreamed gender equality across UNFPA policies and programmatic outcomes?</p>			

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>14. UNFPA has mainstreamed gender across its programming.²⁸²</p>	<ul style="list-style-type: none"> • Evidence that gender analysis and gender equality priorities are reflected in relevant <ul style="list-style-type: none"> – country programme documents, – workplans, – corporate strategies • UNFPA’s performance vis-à-vis the UN SWAP 1.0 on Gender Equality indicator “B3. Strategic Planning” and “A1. Policy and plan” as well as UN SWAP 2.0 indicator “A. Results-Based Management” • Proportion of activities under outcomes 1, 2, 4 with gender marker ratings of “some contribution”, “significant contribution”, “primary contribution”²⁸³ 	<p>Country case studies Regional case study UNFPA annual UN-SWAP reports UNFPA corporate strategic documents UNFPA country-level programme documents and relevant monitoring and evaluation reports</p>	<p>Document review</p>
<p>15. UNFPA’s mainstreaming efforts have contributed to gendered results across UNFPA policies and programmatic outcomes (reproductive health; population data, adolescents).²⁸⁴</p>	<ul style="list-style-type: none"> • Ratings of UNFPA reported results against the Gender Results Effectiveness Scale 	<p>CPEs Key informant interviews</p>	<p>CPE review Semi-structured interviews Group interviews</p>

²⁸² Including the “Priorities for Gender Equality Programming” as articulated in the 2012-2013 UNFPA strategic framework on gender mainstreaming, which refer to: a) mainstreaming women’s reproductive rights in laws and regulations, development policies and frameworks, including the MDGs; b) integrating gender equality into reproductive health programmes; c) ending gender-based violence; d) addressing adolescents and youth; e) responding to emergency and post-emergency situations; f) engaging men and boys as partners for equality.

²⁸³ UNFPA started tracking mainstreamed financial support in 2014 through the gender marker. The gender marker is a self-reporting tool and as such has an inherent risk of subjective bias.

²⁸⁴ Assumption 4a focuses on whether UNFPA has made visible efforts to mainstream gender equality, while assumption 4b explores the results that have derived from these efforts.

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
<p>III. What factors have, positively or negatively, influenced UNFPA support to Gender Equality?</p>			
<p>Evaluation question 5: To what extent are UNFPA’s institutional culture, systems and processes “fit for purpose” to advance gender equality and the empowerment of women through a human rights-based and culturally sensitive approach in both development and humanitarian settings?</p>			
<p>16. The amount and quality of <u>financial resources</u> made available for dedicated programming and mainstreaming support the advancement of gender equality and women’s empowerment has been adequate.</p>	<ul style="list-style-type: none"> • Level and type of resources (core and non-core) allocated to the dedicated outcome on GEWE • Level and type of resources allocated to gender mainstreaming • Proportion of activities under OEE outputs with gender marker ratings “some contribution”, “significant contribution”, “primary contribution” between 2014-2018 	<p>ATLAS /GPS Country case studies</p>	<p>Financial system data review Document review</p>
<p>17. Strategic investment choices enable UNFPA to address social norm change and the deep drivers of gender inequality</p>	<ul style="list-style-type: none"> • Types of outputs supported by UNFPA (focus on response or the drivers/underlying causes) • Evidence of positive/negative effects of prioritization (business model) 	<p>Country case study Regional case study</p>	
<p>18. UNFPA has adequate <u>human resources</u> at global, regional and country levels to advance gender equality through dedicated programming and mainstreaming of GEWE.</p>	<ul style="list-style-type: none"> • Evidence of staff with competencies and accountability for GEWE • Proportion and level of dedicated staff leading on gender, GBV, GBV information management, GBV in emergency at global, regional, and country level • Evidence of value or disruptions due to surge functions in humanitarian settings • Extent to which UNFPA has effective staff capacity assessment and capacity development for its work on GEWE • Evidence of investment in gender architecture 	<p>UN-SWAP reporting Country case studies Regional case study Key informant interviews</p>	<p>Document review Semi-structured interviews Internet survey (?)</p>

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ASSUMPTIONS TO BE ASSESSED	INDICATORS	SOURCE OF INFORMATION	DATA COLLECTION METHODS AND TOOLS
	<ul style="list-style-type: none"> • Extent of progress on gender parity at different levels 		
<p>19. Gender equality is a priority in the culture and leadership of the organization.</p>	<ul style="list-style-type: none"> • GEWE reflected/highlighted in corporate policies and strategic plans • Senior and program management with clear accountabilities for gender mainstreaming • Extent to which resource allocation /business model enables investments that further GEWE, especially social norm change • Quality of data provided for the gender marker and UN-SWAP • Extent to which GEWE issues, including social norm change are explicitly addressed in regular monitoring and performance reporting at country, regional and global levels • Extent to which GEWE concerns are reflected in UNFPA procurement processes, implementing partner agreements, funding arrangements 	<p>UN-SWAP reporting Global staff survey (questions on culture and gender equality) Key informant interviews</p>	<p>Document review Semi-structured interviews Internet survey (?)</p>
<p>20. UNFPA advances collaborative work across UN agencies towards SDG 5</p>	<ul style="list-style-type: none"> • Number and type of initiatives (including as part of the UNFPA 2018-2021 common chapter) that reflect coordination/ collaboration • UNFPA leadership role in coordinating GBV in emergencies recognized 	<p>Key informant interviews Country case studies</p>	<p>Semi-structured interviews Document review</p>



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