



Evaluation
Office

Terms of Reference

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

2012-2017

June 2016

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Acronyms

CO	Country office
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
EQA	Evaluation quality assessment
EO	Evaluation Office
GBV	Gender based violence
HIV/AIDS	Human immunodeficiency virus/ Acquired immunodeficiency syndrome
HQ	Headquarters
ICPD	International Conference on Population and Development
MDG	Millennium Development Goals
OECD-DAC	Organisation for Economic Co-operation and Development/Development Assistance Committee
QCPR	Quadrennial Comprehensive Policy Review
RO	Regional Office
SWAP	System Wide Action Plan
SRH	Sexual and Reproductive Health
TORs	Terms of reference
UNEG	United Nations Evaluation Group
UNFPA	United Nations Population Fund
UN	United Nations
VAW	Violence against women

1. Introduction

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

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

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

2. Users of the evaluation

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

¹ DP/FPA/2013/5. See : <http://www.unfpa.org/admin-resource/executive-board-United-nations-development-programme-United-nations-population-fund-1>

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

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

3.1 Global normative framework

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

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

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

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

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

Multiple **Security Council Resolutions** – including SCR 1325, 1888, 1960, 2106 – address the gendered dimensions of conflict and the disproportionate impact of conflict on women, including through sexual violence, and outline, inter alia, concrete steps and accountability mechanisms to ensure the equal

³ See: <http://www.un.org/womenwatch/daw/vaw/v-work-ga.htm>

⁴ See: <http://www.ohchr.org/EN/HRBodies/CEDAW/Pages/Recommendations.aspx> and <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/global-norms-and-standards#sthash.MzBb0hqS.dpuf>

⁵ See: <http://www.un.org/documents/ga/res/48/a48r104.htm>

⁶ See: http://www.un.org/womenwatch/daw/vaw/A_RES_61_143.pdf

participation of women in conflict prevention and resolution. Taken together, these resolutions (and others) also shape the work of UN and UNFPA on GBV, including within humanitarian settings.

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

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

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

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

UN Operational Frameworks

In addition to the above-mentioned normative frameworks, several UN operational frameworks aim to provide a platform for the systematic integration of gender equality across the UN. **2012 Quadrennial**

⁷ See: <http://www.un.org/popin/icpd/conference/offeng/poa.html>

⁸ <http://icpdbeyond2014.org/about#sthash.10SR8013.dpuf>

⁹ See: http://icpdbeyond2014.org/uploads/browser/files/93632_unfpa_eng_web.pdf

¹⁰ A set of eight goals that aimed to operationalize international development from 2000-2015.

¹¹ The newly negotiated international development agenda (operationalized in 17 sustainable development goals).

¹² See Transforming our world: the 2030 Agenda for Sustainable Development, page 18:

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

Comprehensive Policy Review (QCPR) of Operational Activities for Development of the UN System details the organizational and operational arrangements needed to foster development effectiveness, including the advancement of gender equality. Neither GBV nor violence against women is specifically mentioned but the QCPR acknowledges that gender inequality continues unabated (a perennial feature of the development landscape) and stresses the need for a stronger focus on gender equality and women's empowerment, recognizing both as crucial to any approach to sustainable development.¹³

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

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

3.2 UNFPA strategic framework and response

3.2.1 UNFPA programmatic support

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

Efforts to eradicate gender-based violence have been ongoing with strong organizational commitment (reflected in numerous strategic plans and frameworks) since at least 2008. The **2008-2011 Strategy and Framework for Action on Gender-Based Violence**,¹⁵ offers a UNFPA comprehensive strategy for action solely focused on GBV. Though it no longer formally shapes the work of UNFPA on GBV, it continues, in part, to inform UNFPA thinking and programming on the eradication of GBV in both development and humanitarian settings (indeed, several of the eight priority areas for intervention outlined in the Framework are reflected in the 2014-2017 Strategic Plan). This Framework states that GBV "constitutes an affront to the human rights of women and girls and to the achievement of internationally agreed-upon goals and commitments but also directly affects sexual and reproductive health (SRH) outcomes, thereby diminishing the effectiveness of the UNFPA-supported core programme. The framework also details the work of UNFPA in the humanitarian area, underscoring that "UNFPA humanitarian efforts [have] focused mostly on ensuring that all women, men, girls and boys have access to safe SRH services at all phases of a crisis, preventing and treating HIV, and addressing sexual and other forms of GBV."

¹³ See: http://www.un.org/esa/coordination/pdf/sg_qcpr_report_adv_unedited_version.pdf

¹⁴ Toward this end, six key elements are outlined in the policy, with accompanying performance indicators at the process level. All UN entities are expected to complete UN SWAP reporting and, as such, are held accountable for its implementation. For more information on the UN SWAP see:

<http://www.unwomen.org/~media/Headquarters/Attachments/Sections/How%20We%20Work/UNSystemCoordination/UN-SWAP-Framework-Dec-2012.pdf>

¹⁵ 2008-2011 Strategy and Framework for Action on Gender-Based Violence. See: http://www.unfpa.org/sites/default/files/pub-pdf/2009_add_gen_vio.pdf

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

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

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

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

Harmful practices – a particular form of gender-based violence – include female genital mutilation, forced

¹⁶ UNFPA Strategic Plan 2014-2017, Annex 2, Outcome Theories of Change, page 11.: <http://www.unfpa.org/admin-resource/strategic-plan-2014-2017>

¹⁷ Ibid.

¹⁸ See: <https://executiveboard.unfpa.org/execDoc.unfpa?method=docDetail&year=2016&sessionType=AS>

¹⁹ See: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>

²⁰ Note that that the Declaration on the Elimination of Violence against Women (1993) defines violence against women as “...any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.”

²¹ 2008-2011 Strategy and Framework for Action on Gender-Based Violence.

and early/child marriage, and son preference. Though UNFPA has been addressing harmful practices for years, the term, as such, has only recently been included in UNFPA strategic plans – namely within the 2012-2013 midterm review of the 2008-2013 Strategic Plan and the 2014-2017 Strategic Plan.

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

- UNFPA together with UNICEF initiated, in 2007, a **Joint Programme on Female Genital Mutilation (FGM)**. The programme, the largest of its kind, aims to accelerate the abandonment of FGM. In 2014, the second phase of the Joint Programme was launched, expanding the work from 15 (phase 1 of the Joint Programme) to 17 programme countries.²² The Joint Programme also includes a regional component, which supports efforts to eliminate FGM at the regional level (specifically within Africa and the Arab States) and at the global level.²³
- In 2013, UN Women and UNFPA launched the **Joint Global Programme on Essential Services for Women and Girls subject to Violence**, reflecting the “unanimous support for the provision of such services” voiced at the 2013 Commission on the Status of Women.²⁴ Expected to run until July 2017, the Joint Programme – now a partnership between UNFPA, UN Women, UNDP, WHO, and UNODC – aims to develop a global-level framework and an internationally-defined package of guidelines for the provision of essential services for responding to needs of women and girls surviving gender-based violence.²⁵ The Joint Programme “identifies the essential services to be provided by the health, social services, police and justice sectors as well as guidelines for the coordination of Essential Services and the governance of coordination processes and mechanisms.”²⁶ UNFPA co-leads the Joint Programme and, in this role, is focused on overall coordination and, programmatically, on SRH.²⁷
- UNFPA is also involved in the **Multi-Stakeholder Joint Programme on Violence Against Women**. Through the Interagency Task Force (of which UNFPA and UN Women are co-chairs), UNFPA contributes to the implementation of the Joint Programme in 10 pilot countries.²⁸
- Since 2014, UNICEF and UNFPA have worked together in 12 countries to end child marriage, though not under a common development results framework. Grounded in historical commitments, and with the view to continuing their ongoing work, a **Joint Global Programme to Accelerate Ending Child Marriage between UNFPA and UNICEF** was launched in early 2016 with the first phase running to the end of 2019. The programme, focus is on addressing the complex socio-cultural and structural factors underpinning the practice of Child Marriage, is being implemented in countries with high prevalence of child marriage.²⁹

²² Burkina Faso, Djibouti, Uganda, Egypt, Ethiopia, Eritrea, Gambia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Senegal, Sudan, Somalia, Nigeria and Yemen joined in 2014.

²³ For more information on the Joint Programme on FGM/C see: <http://www.unfpa.org/joint-programme-female-genital-mutilationcutting> and <http://www.unfpa.org/female-genital-mutilation>

²⁴ For more information on the Joint Global Programme on Essential Services for Women and Girls subject to Violence see: <http://www.unwomen.org/en/news/stories/2013/12/executive-director-launches-joint-programme-on-essential-services-for-survivors>

²⁵ See: <http://endvawnow.org/en/initiatives-articles/14-essential-services-package.html>

²⁶ See: <http://www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence>

²⁷ Tunisia, Mozambique, Peru and Guatemala are expected to be the pilot countries.

²⁸ Burkina Faso, Chile, Fiji, Jamaica, Jordan, Kyrgyzstan, Paraguay, Philippines, Rwanda and Yemen. See: http://www.un.org/womenwatch/ianwge/taskforces/vaw/joint_programming_initiative.pdf

²⁹ Specifically, the programme will focus on: Ethiopia, Mozambique, Uganda and Zambia (in Eastern and Southern Africa); Burkina Faso, Ghana, Niger, Sierra Leone (in Western and Central Africa); in South Asia, the JP will focus on Bangladesh, India, and Nepal; and, in the Arab States, the programme will be implemented in Yemen.

3.2.2 UNFPA financial support

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

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

Figure 1: Budget and Expenditure (2012-15)

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

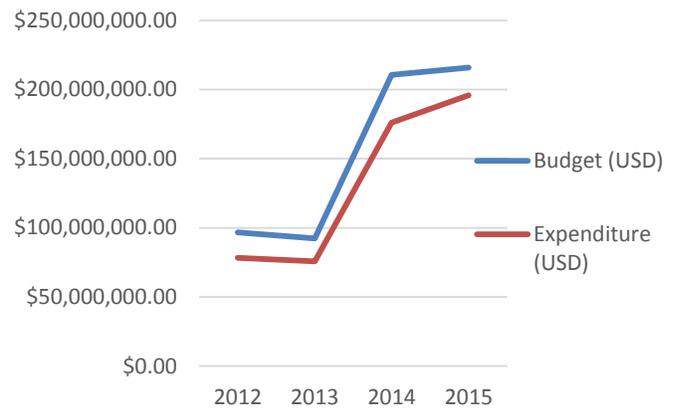


Figure 2: Un-earmarked and earmarked funds (2012-15)

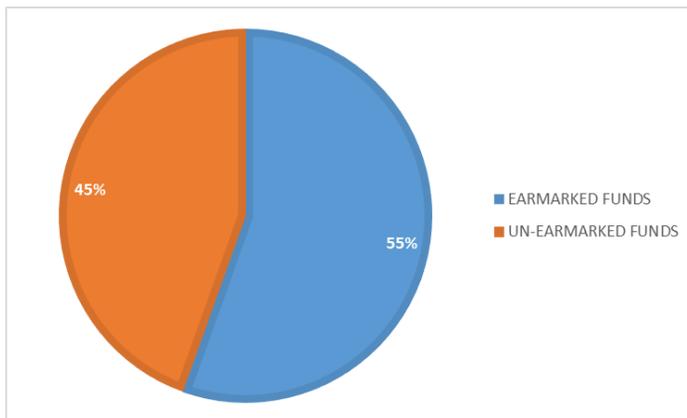


Figure 2 offers a breakdown of funding by **type of resource**: un-earmarked and earmarked. The majority (55%) of funding for GBV work has come from earmarked funds. Within the earmarked funding, the **top three funders** are pooled funds – funding sources comprised of multiple donors. The UNFPA/UNICEF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

including from the United States and the European Commission.

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

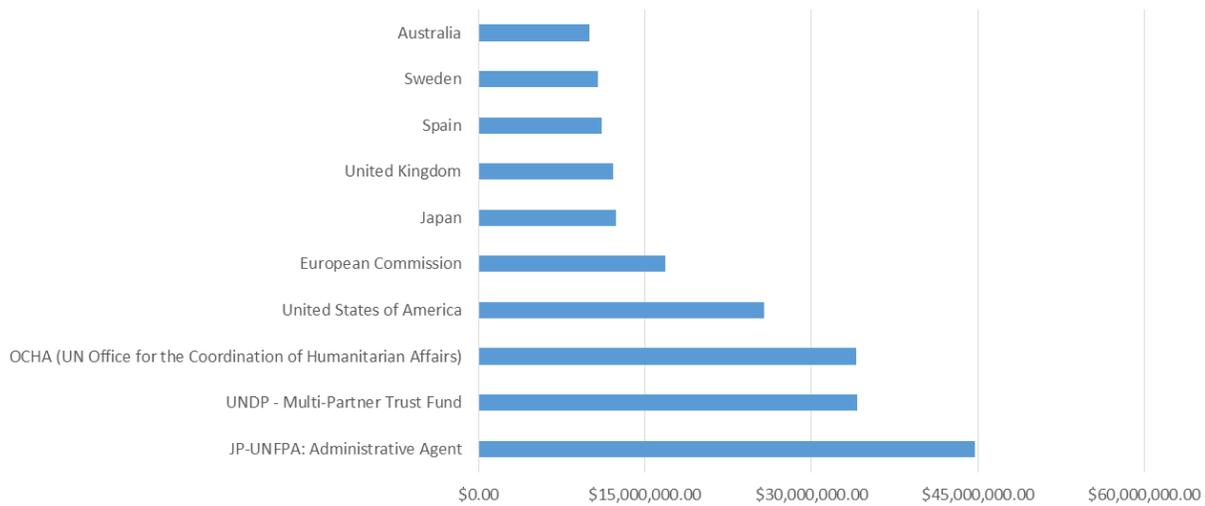


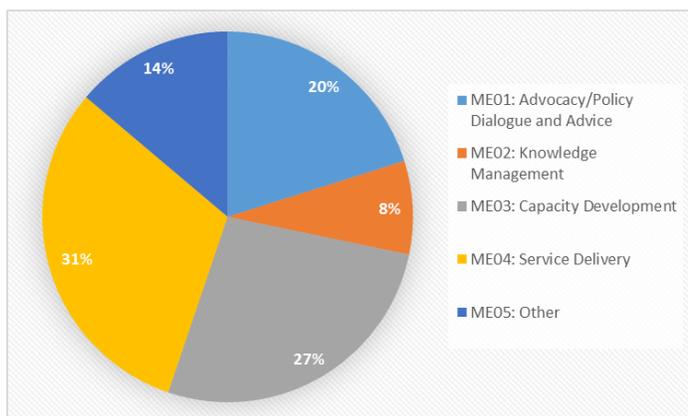
Figure 4 captures the **top 15 country offices** by expenditure. UNFPA Syria spent the most on GBV programming, with \$21,993,206.50 in expenditure. Iraq and Uganda followed closely behind.

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

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

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

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



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

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

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

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

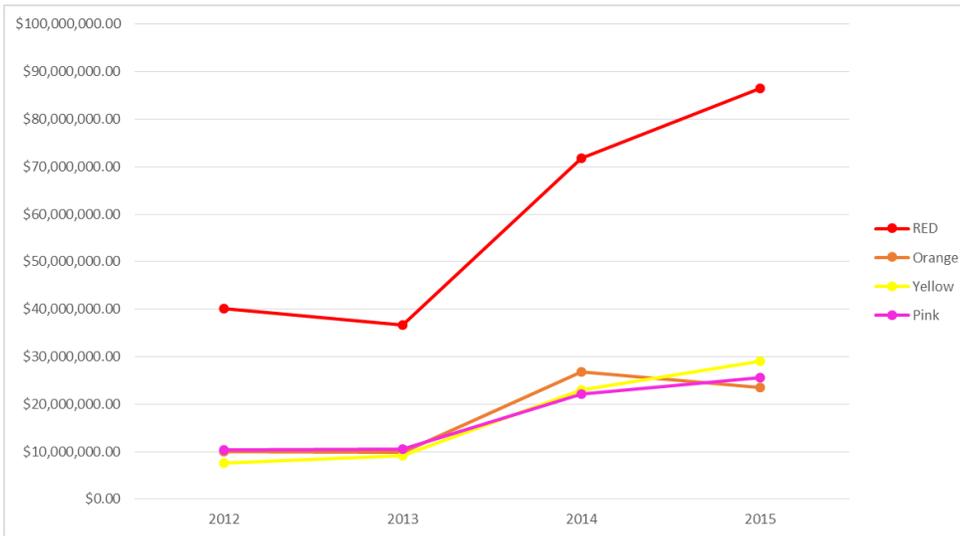
Table 2: UNFPA country quadrants — modes of engagement by setting

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

Note:* Physical presence only in select countries

³⁰ According to the 2014-2017 Strategic Plan, ability to finance is determined by gross national income per capita (as reported by the World Bank), using an average figure over the preceding three years. The need score is based on the following criteria: 1) Proportion of births attended by skilled health personnel; 2) Contraceptive prevalence rate (modern methods only); Adult HIV prevalence; Adolescent fertility rate; Under-five mortality rate; Maternal mortality ratio; Literacy rate among 15–24 year-old females; Proportion of population aged 10-24 years.

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



Over time and on the whole, GBV related expenditure was the highest in the red quadrant, with \$235,040,379.63 spent from 2012 to 2015. This is in line with expectations, as the red quadrant is comprised of countries with high unmet need and low ability to finance, requiring larger UNFPA investment. The orange quadrant registered the second highest expenditure with countries in the yellow quadrant following behind. The pink quadrant had the lowest level of expenditure, as countries in the pink quadrant have, on the whole, the highest ability to finance and the lowest need (see figure 6).

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

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

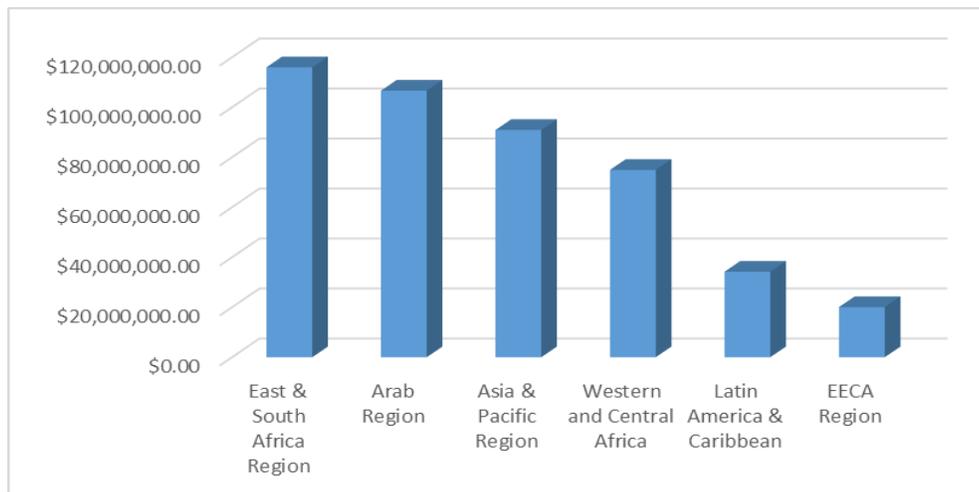


Figure 7 details total expenditure by country offices grouped by region. On the whole, country offices in the Eastern and Southern Africa region had the highest expenditure on GBV related activities, followed by country offices in the Arab region.

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

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

	2012	2013	2014	2015	Grand Total
Arab Region	\$452,658.86	\$524,711.47	\$2,526,770.20	\$2,646,249.68	\$6,150,390.21
Arab States Reg. Office/Cairo	\$452,658.86	\$524,711.47	\$2,526,770.20	\$2,646,249.68	\$6,150,390.21
Asia & Pacific Region	\$2,316,982.60	\$2,257,521.79	\$3,525,218.75	\$4,058,192.11	\$12,157,915.25
Regional Office/Bangkok	\$1,158,451.99	\$687,518.12	\$1,222,284.74	\$2,557,044.25	\$5,625,299.10
Sub-Regional Office/Suva	\$1,158,530.61	\$1,570,006.96	\$2,302,934.01	\$1,501,147.86	\$6,532,619.44
East & South Africa Region	\$1,121,872.18	\$533,484.97	\$1,387,918.92	\$1,135,824.74	\$4,179,100.81
Regional Office/E&SA Region	\$719,553.10	\$529,890.28	\$1,387,918.92	\$1,135,824.74	\$3,773,187.04
Sub-Regional Office/Jo'Burg	\$402,319.08	\$3,594.69			\$405,913.77
EECA Region	\$578,834.38	\$603,424.56	\$2,218,296.69	\$2,636,739.02	\$6,037,294.65
EECA Reg. Office/Istanbul	\$578,834.38	\$603,424.56	\$2,218,296.69	\$2,636,739.02	\$6,037,294.65
Latin America & Caribbean	\$2,211,833.67	\$1,387,715.88	\$2,456,009.07	\$2,747,660.28	\$8,803,218.90
Regional Office/Panama City	\$1,752,849.17	\$995,471.38	\$2,232,754.48	\$2,114,412.19	\$7,095,487.22
Sub-Regional Office/Kingston	\$458,984.50	\$392,244.50	\$223,254.59	\$633,248.09	\$1,254,532.75
Western and Central Africa	\$131,511.78	\$367,664.83	\$2,272,194.74	\$1,958,886.42	\$4,730,257.77
Regional Office/W&CA Region	\$131,511.78	\$367,664.83	\$2,272,194.74	\$1,958,886.42	\$4,730,257.77
Grand Total	\$6,813,693.47	\$5,674,523.50	\$14,386,408.37	\$15,183,552.25	\$42,058,177.59

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

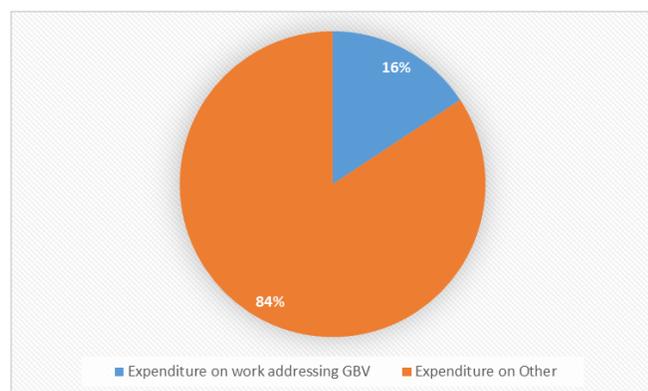


Figure 8 details expenditure on work addressing GBV as a percentage of total UNFPA expenditure. UNFPA expenditure on GBV work comprised 16% of total UNFPA expenditure from 2012 to 2015, with UNFPA expenditure on work addressing GBV totalling \$525,875,522.84 and total UNFPA expenditure (across headquarters,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

4. Evaluation purpose, objectives and scope

4.1 Purpose and objectives

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

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

The primary objectives of the evaluation are:

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

4.2 Scope

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

The evaluation will assess:

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

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

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

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

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

UNFPA STRATEGIC PLAN DEVELOPMENT RESULTS FRAMEWORK 2014-2017		
Outcome	Output	Indicators
vulnerable and marginalized women, adolescents and youth	Output 10: Increased capacity to prevent gender-based violence and harmful practices and enable the delivery of multisectoral services, including in humanitarian settings	10.1: Number of countries with gender-based violence prevention , protection and response integrated into national SRH programmes 10.2: Percentage of countries affected by a humanitarian crisis that have a functioning inter-agency gender-based violence coordination body as a result of UNFPA guidance and leadership 10.3: Number of communities supported by UNFPA that declare the abandonment of female genital mutilation
	Output 11: Strengthened engagement of civil society organizations to promote reproductive rights and women's empowerment, and address discrimination, including of marginalized and vulnerable groups, people living with HIV and key populations	11.2: Number of countries in which civil society organizations have supported the institutionalization of programmes to engage men and boys on gender equality (including gender-based violence) , sexual and reproductive health and reproductive rights
Outcome 4: Strengthened national policies and international development agendas through integration of evidence-based analysis on population dynamics and their links to sustainable development, sexual and reproductive health and reproductive rights, HIV and gender equality	Output 13: Increased availability of evidence through cutting-edge in-depth analysis on population dynamics, sexual and reproductive health, HIV and their linkages to poverty eradication and sustainable development	13.3: Number of countries in which the national statistical authorities have institutional capacity to analyse and use disaggregated data on a) adolescents and youth and b) gender-based violence

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

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

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

5. Evaluation criteria and indicative areas for investigation

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

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

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

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

Table 4. Indicative areas for investigation

Areas for investigation	Evaluation criteria
1. The extent to which UNFPA support is aligned with and responds to partner government priorities, national needs and the needs of affected populations on preventing, responding to and eradicating GBV including harmful practices on the one hand, and UNFPA policies and strategies on the other.	Relevance
2. The extent to which UNFPA programming on GBV adopts a continuum approach – that is, that programming to prevent, respond to and eliminate GBV is systematically integrated across development, humanitarian and post-conflict settings.	Relevance and Effectiveness
3. The extent to which available resources (financial, human, time, management and administrative) were adequate, made available in a timely manner and used to achieve planned results; UNFPA has utilized synergies at country, regional and global levels, including UNFPA coordination role within the UN system and partners, to support the prevention, response to and elimination of GBV including harmful practices across different settings.	Efficiency
4. The extent to which UNFPA has contributed to strengthening national policies and legislative frameworks on the prevention, response to and eradication of GBV through integration of evidence-based analysis on GBV related issues.	Effectiveness
5. The extent to which UNFPA has contributed to enabling the provision of multisectoral services for addressing GBV including harmful practices in both development and humanitarian settings.	Effectiveness
6. The extent to which UNFPA has contributed (or is likely to contribute) to sustainably strengthening national capacities for preventing and eradicating GBV and harmful practices, including within humanitarian settings.	Effectiveness and Sustainability
7. The extent to which UNFPA has partnered with civil society organizations to prevent, respond to and eliminate GBV, including support to the institutionalization of programmes to engage men and boys in addressing GBV related issues.	Effectiveness

6. Evaluation methodology and approach

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

- a) responds to the needs of users and their intended use of the evaluation results;
- b) integrates gender and human rights principles throughout the evaluation process including participation and consultation of key stakeholders to the extent possible;³²
- c) provides credible information about the extent to which UNFPA support targeted and benefited particular groups of stakeholders, especially vulnerable and marginalized groups.

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

The evaluation will utilise a **theory of change approach** to the evaluation of UNFPA support to the prevention, response to and elimination of gender based violence, including harmful practices. A theory of change will make explicit the intended casual links between observed phenomena and UNFPA contribution toward that end—the inputs, the intended outputs and contribution toward outcomes, and the contextual factors that may have had an effect on UNFPA support and its potential to bring about desired outcomes will be outlined.

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

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

These should include the following:

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

A full set of available documents will be shared with the evaluation team during the inception phase. This will include global/regional-level resources that available in headquarters such as strategic documents,

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

annual reports, preliminary portfolio review containing financial information, thematic papers, related studies, evaluations, etc.

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

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

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

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

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

Sampling resulted in the selection of:

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

The field and desk studies will provide a more in-depth view of the type of programming implemented by UNFPA to advance the prevention and eradication of GBV, and highlight successes as well as challenges faced. Regional case studies will aim to shed light on the regionalization process, the range of work implemented by regional offices, as well as the manner in which regional (and where they exist sub-regional offices) support country offices' ability to implement their plans, through technical assistance, capacity building and

coordination. The criteria to select the case studies were identified by the UNFPA EO in consultation with other business units. For further details on sampling criteria and rationale please see annexes 7 and 8.

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

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

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

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

7. Evaluation process

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



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

Evaluation Phases	Methodological Stages	Deliverables
1. Preparatory	<ul style="list-style-type: none"> Drafting of terms of reference Setting-up of reference group Recruiting the team 	- Final terms of reference (UNFPA Evaluation Office)
2. Inception	<ul style="list-style-type: none"> Structuring of the evaluation 	- Inception report
3. Data collection and field	<ul style="list-style-type: none"> Data collection, verification of hypotheses 	- Presentation of the results of data collection
4. Reporting	<ul style="list-style-type: none"> Analysis Judgments on findings Recommendations 	<ul style="list-style-type: none"> - 4 country case study notes - 2 regional case study notes - Thematic evaluation report

5. Dissemination	<ul style="list-style-type: none"> • Dissemination events 	<ul style="list-style-type: none"> - Evaluation briefs (English, French and Spanish) - Power Point presentation of the evaluation results
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1. Preparatory phase

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

2. Inception phase

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

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

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

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

3. Data collection and field phase

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

During this phase, the evaluation team will conduct:

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

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

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

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

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

4. Reporting phase

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

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

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

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

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

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

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

5. Dissemination

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

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

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

8. Management and governance of the evaluation

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

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

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

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

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

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

- contribute to the preparation and scoping of the evaluation including the finalization of the evaluation questions and the selection of countries for case studies
- provide feedback and comments on the inception report as well as country notes, and on the overall technical quality of the work of the consultants

- provide comments and substantive feedback from a technical expert perspective on the draft and final evaluation reports
- act as the interface between the evaluators and the UNFPA services (in headquarters, regional and country offices), notably to facilitate access to informants and documentation
- assist in identifying external stakeholders to be consulted during the evaluation process
- participate in review meetings with the evaluation team as required
- play a key role in learning and knowledge sharing from the evaluation results, contributing to disseminating the results of the evaluation as well as to the completion and follow-up of the management response

9. Quality assurance

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

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

Evaluation quality assessment checklist:

1. Structure and Clarity of the Report To ensure report is user-friendly, comprehensive, logically structured and drafted in accordance with international standards.
2. Executive Summary To provide an overview of the evaluation, written as a stand-alone section including key elements of the evaluation, such as objectives, methodology and conclusions and recommendations.
3. Design and Methodology To provide a clear explanation of the methods and tools used including the rationale for the methodological choice justified. To ensure constraints and limitations are made explicit (including limitations applying to interpretations and extrapolations; robustness of data sources, etc.)
4. Reliability of Data To ensure sources of data are clearly stated for both primary and secondary data. To provide explanation on the credibility of primary (e.g. interviews and focus groups) and secondary (e.g. reports) data established and limitations made explicit.
5. Findings and Analysis To ensure sound analysis and credible evidence-based findings. To ensure interpretations are based on carefully described assumptions; contextual factors are identified; cause and effect links between an intervention and its end results (including unintended results) are explained.
6. Validity of conclusions

To ensure conclusions are based on credible findings and convey evaluators' unbiased judgment of the intervention. Ensure conclusions are prioritised and clustered and include: summary; origin (which evaluation question(s) the conclusion is based on); detailed conclusion.
7. Usefulness and clarity of recommendations To ensure recommendations flow logically from conclusions; are targeted, realistic and operationally-feasible; and are presented in priority order. Recommendations include: Summary; Priority level (very high/high/medium); Target (administrative unit(s) to which the recommendation is addressed); Origin (which conclusion(s) the recommendation is based on); Operational implications.
8. SWAP - Gender To ensure the evaluation approach is aligned with the SWAP.

Levels of quality assurance:

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

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

10. Indicative time schedule

The evaluation will be conducted from October 2016 until June 2018.

Phase	Task	Location	Date
Preparatory	Background Research and consultations with key stockholders		December 2015 – April 2016
	Terms of Reference Completed		June
	Setting up the Evaluation Reference Group		June
	Launch Bid / Tender process		June- September
	Contract awarded and Team on board		October

Phase	Task	Location	Date
Inception	First Draft Inception Report		October/ Nov
	Pilot mission	India 3 weeks – 15 working days)	Nov
	Second draft Inception Report + draft India country case study note		January 2017
	First Evaluation Reference Group Meeting + followed by meetings/interviews in HQ	New York 3 working days (team leader)	January
	Submission of Final Inception Report + final India country case study note		February
	Evaluation Team Induction Workshop with Evaluation Manager (preparation for the field phase)	New York (or other location could be proposed by the bidder) 2.5 working days (core evaluation team members)	February
Field Missions and Data Collection	Data collection and extended desk review A. Documentary Review B. Survey(s) C. Cyber search D. Remote interviews (country, regional and global stakeholders)		February – June
	5 Field missions (2 Regional Offices; 3 Countries)	Istanbul - 5 working days Bangkok - 5 working days	February – July
		Guatemala – 10 working days Central Africa Republic - 10 working days Uganda - 10 working days	
	Submission of 3 draft country case study notes Submission of 2 draft regional case study notes		March -August
	Submission of 3 final country case notes Submission of 2 final regional case notes		July August
	Second Evaluation Reference Group Meeting Followed by an Evaluation Team Analysis Workshop with Evaluation Manager (in preparation for the analysis and reporting phase)	New York 4 working days (core evaluation team members)	Early September
Reporting	First Draft evaluation report (no conclusions or recommendations)		October
	Evaluation Team conclusions and recommendations Workshop with Evaluation Manager	New York (or other location could be proposed by the bidder)	End October

Phase	Task	Location	Date
		2.5 working days (core evaluation team members)	
	Second Draft Final Evaluation Report		November
	Third Evaluation reference Group Meeting	New York 2 working days (team leader)	Early December or Jan 2018
	Submission of Final Evaluation Report (word/pdf version)		February 18
Dissemination	Professional copy editing and design of report provided by the company		March / April
	Submission of Final Evaluation Report (copy edited and in-design version)		End April
	Evaluation Brief (word/pdf version in en, fr, sp))		March
	Professional copy editing and design of brief provided by the company		April
	Submission of Evaluation Brief (copy edited, and in-design version in en, fr, sp)		
	Stakeholder workshop & Presentation to the Executive Committee	New York 2 working days (team leader)	April
	Executive Board presentation	New York 1 working day (team leader)	May /June
	Other Dissemination Activities		Dates to be Confirmed

Legend:

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

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

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

guidance on Integrating Human Rights and Gender Equality in Evaluation should also be reflected throughout the evaluation.³³

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

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

Knowledge and Expertise

The core evaluation team should possess the following competencies:

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

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

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

- Extensive experience in leading complex thematic evaluations and specifically evaluations for international organizations or development agencies.
- Considerable experience in conducting evaluations of similar size and complexity.

³³ See: <http://www.unevaluation.org/document/guidance-documents>

- In-depth knowledge of and long-standing experience in developing and implementing evaluation methodologies and methods best able to comprehensively assess complex shifts in power and social, political and economic change.
- Excellent analytical, communication and writing/drafting skills in English. Working knowledge of French and Spanish will be an asset.

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

- Extensive experience in women’s human rights and gender equality, with a specific focus on GBV. Previous direct experience working with a range of groups and movements to advance gender equality and tackle GBV, including specifically community based organizations, non-profit organizations, and social movements will be an asset.
- Experience contributing to and/or exposure to complex evaluations will be considered an asset.
- Excellent analytical, communication and writing/drafting skills in English.

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

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

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

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

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

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

- **Team Leader or principal consultant:** The team leader is expected to contribute the large majority of time required to implement the evaluation. Specifically she/he is expected to contribute at least 70% of the effort it takes to complete the inception phase, 50% to the field/data collection phase (he /she should conduct the pilot mission to India), 60% to the analysis and reporting phase and 80% to the dissemination phase.
- **Senior Thematic Expert - Gender Equality with a focus on GBV:** The senior thematic expert is responsible for contributing a significant amount of time to each phase of the evaluation. This thematic expert is expected to contribute at least 10% of the effort required to complete the inception phase, 30% for the field/data collection phase, 25% of the effort for the reporting phase and 10% for the dissemination phase.
- **Senior Thematic Expert - GBV in Humanitarian Contexts:** The expert is expected to contribute at least 10% of the effort required to complete the inception phase, 15% for the field/data collection phase, and 10% of the effort for the reporting phase.
- **Junior level consultant:** The junior consultant is expected to contribute at least 10% of the effort required to finalize the inception phase, 5% for the field and data collection phase, 10% for the analyses and reporting and 10% for the dissemination phase.

Country teams:

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

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

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

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

- a. the roles, functions and responsibilities of the different team members (see section 11 of the ToR)
- b. estimates of the time required for the different tasks of the assignment
- c. a staffing schedule that specifies the tasks performed by the team members and the time allocated to each of them (see table 6) (3 pages max)

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

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

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

Travel Expenses

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

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

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

Deliverables

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

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

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

Payment Modalities

The payment modalities shall be as follow:

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

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

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<http://www.unwomen.org/~media/Headquarters/Attachments/Sections/How%20We%20Work/UNSystemCoordination/UN-SWAP-Framework-Dec-2012.pdf>

UNFPA Evaluation Reports

UNFPA Evaluation Office:

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

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

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

Guidance

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

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

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

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

Annexes

Annex 1. Structure for evaluation deliverables

I. Inception report

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

1 Introduction

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

2 The Global Context

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

3 UNFPA Strategy and Intervention Logic

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

4 Methodology

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

5 Proposed Evaluation Questions

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

6 Next Steps

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

8 Annexes

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

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

II. Country and regional case study notes

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

Table of Contents

List of Acronyms

List of tables and figures

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

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

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

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

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

Observations to inform the synthesis report

Annexes

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

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

III. Final report

Number of pages: 70-80 pages without the annexes

Table of Contents

List of Acronyms

List of Tables (*)

List of Figures

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

1 Introduction

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

2 Methodology

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

3 Main findings and analysis

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

4 Conclusions

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

5 Recommendations

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

Annexes shall be confined to a separate volume

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

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

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

Cover for Inception Report and Final Evaluation Report

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

Title of the evaluation:

Title of the report (example: Inception Report)

Evaluation Office

Date

The following information should appear on page 2:

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

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The analysis and recommendations of this report do not necessarily reflect the views of the United Nations Population Fund. This is an independent publication by the Evaluation Office of UNFPA.

Any enquiries about this report should be addressed to:

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

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

<http://www.unfpa.org/evaluation>

Editing: xxxx

Design: XXX

Cover photos provided by: XXXX

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

Annex 2 - Editing guidelines

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

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

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

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

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

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

Bibliography

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

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

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

List of people consulted

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

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

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

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

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

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

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

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

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

See **Norms for evaluation in the United Nations System** at:

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

Annex 4. Evaluation matrix: outline

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

Annex 5. Evaluation quality assessment grid of the evaluation report

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



Organizational unit:

Year of report:

Title of evaluation report:

Overall quality of report:

Good

Date of assessment:

Overall comments:

[insert text]

Assessment Levels

Very good:

strong, above average, best practice

Good:

satisfactory, respectable

Fair:

with some weaknesses, still acceptable

Unsatisfactory:

weak, does not meet minimal quality standards

<p>Quality Assessment Criteria</p>	<p><i>Insert <u>assessment level</u> followed by main <u>comments</u>. (use 'shading' function to give cells corresponding colour)</i></p>	
<p>I. Structure and Clarity of Reporting <i>To ensure the report is comprehensive and user-friendly</i></p> <ul style="list-style-type: none"> • Is the report easy to read and understand (i.e. written in an accessible non-technical language appropriate for the intended audience)? • Is the report focused and to the point (e.g. not too lengthy)? • Is the report structured in a logical way? Is there a clear distinction made between analysis/findings, conclusions, recommendations and lessons learned (where applicable)? • Do the annexes contain – at a minimum – the ToRs; a bibliography, a list of interviewees, the evaluation matrix and methodological tools used (e.g. interview guides; focus group notes, outline of surveys)? <p><i>Executive summary</i></p> <ul style="list-style-type: none"> • Is an executive summary included in the report, written as a stand-alone section and presenting the main results of the evaluation? • Is there a clear structure of the executive summary, (i.e. i) Purpose, including intended audience(s); ii) Objectives and brief description of intervention; iii) Methodology; iv) Main conclusions; v) Recommendations)? • Is the executive summary reasonably concise (e.g. with a maximum length of 5-10 pages)? 	<p>Assessment Level:</p>	<p>Fair</p>
<p>2. Design and Methodology <i>To ensure that the evaluation is put within its context</i></p> <ul style="list-style-type: none"> • Does the evaluation describe whether the evaluation is for accountability and/or learning purposes? • Does the evaluation describe the target audience for the evaluation? • Is the development and institutional context of the evaluation clearly described? • Does the evaluation report describe the reconstruction of the intervention logic and/or theory of change? • Does the evaluation explain any constraints and/or general limitations? <p><i>To ensure a rigorous design and methodology</i></p> <ul style="list-style-type: none"> • Is the evaluation approach and framework clearly described? Does it establish the evaluation questions, assumptions, indicators, data sources and methods for data collection? 	<p>Assessment Level:</p>	<p>Very good</p>
		<p>Comment:</p>

<ul style="list-style-type: none"> • Were the methods chosen appropriate for addressing the evaluation questions? Are the tools for data collection described and justified? • Is the methods for analysis clearly described? • Are methodological limitations acknowledged and their impact on the evaluation described? (Does it discuss how any bias has been overcome?) • Is the sampling strategy described? Does the design include validation techniques? • Is there evidence of involvement of stakeholders in the evaluation design? (Is there a comprehensive/credible stakeholder map?) • Does the methodology enable the collection and analysis of disaggregated data? • Is the design and methodology appropriate for assessing the cross-cutting issues (equity and vulnerability, gender equality and human rights)? 		
<p>3. Reliability of Data <i>To ensure quality of data and robust data collection processes</i></p> <ul style="list-style-type: none"> • Did the evaluation triangulate all data collected? • Did the evaluation clearly identify and make use of qualitative and quantitative data sources? • Did the evaluation make explicit any possible issues (bias, data gaps etc.) in primary and secondary data sources and if relevant, explained what was done to minimize such issues? I.e. did the evaluation make explicit possible limitations of the data collected? • Is there evidence that data has been collected with a sensitivity to issues of discrimination and other ethical considerations? • Is there adequate gender disaggregation of data? And if this has not been possible, is it explained? • Does the evaluation make explicit the level of involvement of different stakeholders in the different phases of the evaluation process? 	<p>Assessment Level:</p>	
<p>4. Analysis and Findings <i>To ensure sound analysis</i></p> <ul style="list-style-type: none"> • Is information analysed and interpreted systematically and logically? • Are the interpretations based on carefully described assumptions? • Is the analysis presented against the evaluation questions? • Is the analysis transparent about the sources and quality of data? • Are possible cause and effect links between an intervention and its end results explained? • Where possible, is the analysis disaggregated to show different outcomes between different target groups? 	<p>Assessment Level:</p>	
	<p>Comment:</p>	

<ul style="list-style-type: none"> • Are unintended results identified? • Is the analysis presented against contextual factors? • Does the analysis include reflection of the views of different stakeholders (reflecting diverse interests)? E.g. how were possible divergent opinions treated in the analysis? • Does the analysis elaborate on cross-cutting issues such as equity and vulnerability, gender equality and human rights? <p><i>To ensure credible findings</i></p> <ul style="list-style-type: none"> • Can evidence be traced through the analysis into findings? E.g. are the findings substantiated by evidence? • Do findings follow logically from the analysis? • Is the analysis of cross-cutting issues integrated in the findings? 		
<p>5. Conclusions <i>To assess the validity of conclusions</i></p> <ul style="list-style-type: none"> • Are conclusions credible and clearly related to the findings? • Are the conclusions demonstrating an appropriate level of analytical abstraction? • Are conclusions conveying the evaluators' unbiased judgement of the intervention? 	<p>Assessment Level:</p>	
<p>6. Recommendations <i>To ensure the usefulness and clarity of recommendations</i></p> <ul style="list-style-type: none"> • Do recommendations flow logically from conclusions? • Are the recommendations sufficiently clear, targeted at the intended users and operationally-feasible? • Do recommendations reflect stakeholders' consultations whilst remaining balanced and impartial? • Is the number of recommendations manageable? • Are the recommendations prioritised and clearly presented to facilitate appropriate management response and follow up on each specific recommendation? 	<p>Assessment Level:</p>	
<p>7. Gender <i>To assess the integration of Gender Equality and Empowerment of Women (GEEW)³⁴</i></p> <ul style="list-style-type: none"> • Is GEEW integrated in the evaluation scope of analysis and indicators designed in a way that ensures GEEW-related data to be collected? 	<p>Assessment Level:</p>	
	<p>Comment:</p>	

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

<ul style="list-style-type: none"> • Do evaluation criteria and evaluation questions specifically address how GEEW has been integrated into design, planning, implementation of the intervention and the results achieved? • Have gender-responsive evaluation methodology, methods and tools, and data analysis techniques been selected? • Do the evaluation findings, conclusions and recommendations reflect a gender analysis? 	
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Overall Evaluation Quality Assessment

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

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

If the overall assessment is ‘Fair’, please explain:³⁵

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

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

Consideration of significant constraints³⁷

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

If yes, please explain:

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

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

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

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

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

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

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

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

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

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

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

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

B. UNFPA Strategic Plan 2014-2017

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

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

Outcome 3

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

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

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

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

³⁹ The UNFPA Strategic Plan, 2014-2017, Annex 2 (Outcome Theories of Change): <http://www.unfpa.org/admin-resource/strategic-plan-2014-2017>

⁴⁰ The UNFPA Strategic Plan, 2014-2017, Annex 4 (Integrated Results Framework): <http://www.unfpa.org/admin-resource/strategic-plan-2014-2017>

⁴¹ See The UNFPA Strategic Plan, 2014-2017, page 8, paragraph 25: <http://www.unfpa.org/admin-resource/strategic-plan-2014-2017>

⁴² The UNFPA Strategic Plan, 2014-2017, Annex 2 (Outcome Theories of Change): <http://www.unfpa.org/admin-resource/strategic-plan-2014-2017>

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

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

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

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

⁴³ The UNFPA Strategic Plan, 2014-2017, Annex 2 (Outcome Theories of Change): <http://www.unfpa.org/admin-resource/strategic-plan-2014-2017>

⁴⁴ The theories of change developed for each output of the UNFPA 2014-2017 Strategic Plan can be found here: <ftp://www.unfpa.org.pe/Otros/Armonizacion-y-Plan-Estrategico-Global/Documentos-Armonizacion-Sede-UNFPA/documentos%20Plan%20Estrat%20Egico%20Global%202014-2017/2-Theory-of-Change-Output>

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

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

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

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

⁴⁵ See UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011, page 7:

http://www.unfpa.org/sites/default/files/pub-pdf/2009_add_gen_vio.pdf

⁴⁶ See UNFPA Strategy and Framework for Action to Addressing Gender-based Violence 2008-2011, page 7, Box 3:

http://www.unfpa.org/sites/default/files/pub-pdf/2009_add_gen_vio.pdf

⁴⁷ Delivering on the Promise of Equality: UNFPA’s Strategic Framework on Gender Mainstreaming and Women’s Empowerment 2008-2011: <http://www.unfpa.org/publications/delivering-promise-equality>

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

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

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

Consideration is also given to:

- **INFORM Score**: INFORM – the Index for Risk Management – is a global, open-source risk assessment for humanitarian crises and disasters. The INFORM score is comprised of three dimensions: vulnerability, hazards and exposure and lack of coping capacity. Each dimension is further disaggregated into components that aim to capture concepts related to the needs of humanitarian and resilience actors. The score combines around 50 different indicators that measure hazards (events that could occur), vulnerability (the susceptibility of communities to those hazards) and capacity (resources available that can alleviate the impact). INFORM covers 191 countries and includes both natural and human hazards. For more information on the INFORM Score, see <http://www.inform-index.org/InDepth/Methodology>
- **Recipient of Funds from Joint programmes on GBV**: The sampling includes countries that have received funds from a Joint Programme on GBV (FGM, Essential Services, Violence Against Women). This will reflect a context in which a unique form of dedicated support to the prevention and eradication of GBV was provided.
- **Security concerns/ability to travel**: If the evaluation team is not able to travel to the location due to security concerns/or if there are significant logistical obstacles, the country will not be considered for inclusion as an in-country case study, but may be considered for an extended desk.
- **Country Programme Evaluation** conducted (in 2015 or 2016): If a CPE was recently conducted (2015 onward), the country will not be considered for inclusion as an in-country case study, but may be considered for an extended desk review.

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

- Countries recently selected as case study countries in **other thematic evaluations** will not be considered for inclusion as an in-country case study, but could be considered as an extended desk review.

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

Region	Inequality Gini Coefficient (0 = perfect equality 100 = perfect inequality); 0-24: lowest level of inequality (1st quartile); 25-49: lower-middle (2nd quartile); 50 -74: upper - middle (3 rd quartile); 75 - 100: high inequality (4th quartile)				
	No Data on the Gini Coefficient	1st quartile	2nd quartile	3rd quartile	4th quartile
Western and Central Africa	Liberia* (CPE 2016) CAR** (CPE 2016) Mali** (CPE 2018) Burkina Faso** (CPE 2011-2015)		Nigeria+ (CPE 2009-2012; CPE 2017) Sierra Leone**+ Niger+ (CPE 2017) Cote d'Ivoire* Guinea**+ (CPE 2016) Chad**+		
Eastern and Southern Africa	South Sudan* Zimbabwe* (CPE 2012-2015) Kenya* (CPE 2017) Mozambique		Uganda* Ethiopia* Malawi Dem Rep Congo* (CPE 2016) Tanzania	South Africa (CPE 2007-2012)	
Asia and the Pacific	Nepal* (CPE 2016)		Afghanistan* (CPE 2018) Bangladesh*		
	Myanmar* (CPE 2016) Pakistan**+ (CPE 2016)		Philippines* (CPE 2016) India**+		
	Indonesia* (CPE 2019)		Vietnam		
	China				
Arab States	Somalia**+ ©		Sudan*		
	Syria**© Palestine* Egypt (CPE 2016)		Jordan ©		
	Yemen*		Iraq* ©		
	Lebanon* (CPE 2010-2014) Oman				
Latin America and the Caribbean			Bolivia* (CPE 2016) Nicaragua (CPE 2016)	Guatemala* (CPE 2018) Honduras	
			El Salvador* (CPE 2018)	Colombia* (CPE 2018)	
			Peru Uruguay (CPE 2011-2015)	Haiti*	
				Panama	
Eastern Europe and Central Asia	Bosnia & Herzegovina* (CPE 2010-2013; CPE 2018) Uzbekistan (CPE 2010-2014) Azerbaijan (CPE 2011-2015)		Turkey**© Ukraine Belarus Albania (CPE 2012-2016)		
	Tajikistan* (CPE 2010-2015)		Kyrgyzstan* (CPE 2016)		
			Georgia		

* denotes a country currently experiencing a humanitarian context

+ denotes a country in which 2 or more harmful practices are prevalent

© denotes a country in which the continuum approach to GBV programming is being implemented/utilized

CPE (Country Programme Evaluation): date range indicates the time period covered by recent evaluation; single date indicates the year of the forthcoming CPE

B. Rationale for the selection: country case studies

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

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

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

Central African Republic: CAR, a country that falls within the **red quadrant** – presents a context of **protracted crisis**, offering the opportunity to assess the UNFPA response/contribution in contexts of long-standing/on-going crisis. UNFPA CAR has spent the seventh highest amount the region. No World Bank data is available on the level of income inequality (Gini coefficient). Though earmarked/non-core funding has accounted for the large majority of GBV spend in the country, donor interest in and resources for CAR have, on the whole, been limited (relative to other crisis contexts), impacting the delivery of programming. This provides the opportunity to assess the impact of limited (or sporadic/unpredictable) funding on the response of UNFPA, particularly on service provision. Two **harmful practices** take place in the country: FGM and child marriage. CAR has an INFORM score of 8.3 and is ranked 3rd out of 190 countries in terms of hazard, vulnerability, and low coping capacity, placing it in the 98th percentile worldwide and the 95th percentile within Africa.

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

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

⁴⁹ Excluding Western Asia

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

Extended Desk Review: eight country desk-based case studies

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

Rationale for the sampling selection:

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

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

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

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

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

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

The Arab States will not feature a field case study; instead the region will be covered by the extended desk review. Two countries are proposed: **Jordan and Iraq**. **Iraq** has the second highest expenditure in the region on GBV. Iraq falls within the yellow quadrant, with relatively high ability to finance and medium need. Falling within the second quartile on the Gini coefficient, Uganda registers lower-middle levels of inequality. Iraq is

designated as an L3 country by OCHA, experiencing a severe humanitarian crisis. UNFPA utilizes a continuum approach in the country, allowing for GBV programming in both humanitarian (in Erbil, for example) and development (in Baghdad, for example) to be assessed. Iraq has an INFORM score of 6.9 and is ranked 10th out of 190 countries in terms of hazard, vulnerability, and low coping capacity, placing it in the 95th percentile worldwide and above the 90th percentile in the Western Asia region. **Jordan** falls within the **pink** quadrant, a quadrant comprised of countries that, on the whole, have low need and high ability to finance. The Jordan country office has the 4th highest level of expenditure on GBV and sits in the **second quartile** of inequality using the Gini coefficient, with lower middle levels seen. As the hub for the Whole of Syria response, Jordan offers a context in which to assess both the country office response and the UNFPA contribution to an acute humanitarian crisis within a broader coalition of organizations. Importantly, the response of UNFPA to cross border needs can be examined (as the Syria hub addresses this as well. Jordan also offers the opportunity to assess the continuum approach to GBV programming, with development, noting too that humanitarian settings/response occur both within and outside refugee camps (the majority of refugees are in urban areas).

Regional Programme

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

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

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

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

Proposal:

Asia Pacific regional programme: Among regions, Asia Pacific features the highest level of expenditure in support of the prevention and eradication of GBV \$12,157,915.25. Additionally, the regional programme offers the opportunity to assess the regional role of UNFPA in contexts of humanitarian crisis: The region

covers includes a significant number of countries experiencing a humanitarian context, including the top 5 countries by expenditure: Afghanistan, the Philippines, Bangladesh, India, and Nepal. The evaluation will have the opportunity to assess UNFPA regional work on harmful practices – including child marriage and sex selection and, to a lesser extent, FGM. As a proxy for robust programming, expenditure on GBV constitutes 24% of total regional programme expenditure for 2012-2015. Though a proxy with limitations, the high percentage suggests/is indicative of strong commitment to and robust programming on GBV prevention and eradication.

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

Annex 9: Indicators Matrix

See Excel file: [Case Study Indicators Matrix Annex 8.xlsx](#)
