

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

2012-2017

Asia and Pacific Regional Case Study

Evaluation Office, UNFPA

January, 2018



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

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Information on the evaluation deliverables can be accessed at:

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



Submitted by Itad in association with:



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1. Acronyms and Abbreviations

AoR	Areas of Responsibility
AP(RO)	Asia and Pacific (Regional Office)
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CO	Country Office
CS	Civil Society
ESP	Essential Services Package
FGM	Female Genital Mutilation
GBSS	Gender Biased Sex Selection
GBV	Gender-based Violence
GBViE	GBV in Emergencies
GEEW	Gender Equality and Empowerment of Women
GFP	Gender Focal Point
GPC	Global Protection Cluster
HFCB	Humanitarian and Fragile Contexts Branch
HP	Harmful Practice
HSR	Health Sector Response (to GBV)
HR(BA)	Human Rights (Based Approach)
ICPD	International Conference on Population and Development
MISP	Minimum Initial Service Package (for reproductive health in crisis situations)
MSR	Multisector Response (to GBV)
OCHA	Office for the Coordination of Humanitarian Affairs
OR	Other Resources
P4P	Partners for Prevention
PD	Population Dynamics
PSRO	Pacific Sub-Regional Office
RR	Regular Resources

SRH	Sexual and Reproductive Health
UNFPA	United National Population Fund
VAW	Violence Against Women
WPS	Women, Peace and Security

2. Context and Background

Region context

APRO Region

There are 23 programme countries in the UNFPA Asia Pacific (AP) region covered by a Regional Office in Bangkok, Thailand, and a Sub-Regional Office for the Pacific countries (PSRO) based in Suva, Fiji.



Asia and the Pacific is the world's fastest growing region, but with uneven levels of growth and human development across the sub-regions of South Asia, South-East Asia, and the Pacific. In recent years, economic growth in the Pacific – in particular – has been relatively low, erratic and inequitable. Economic successes have not translated into development gains for all, as the region's widening economic and social inequities testify. Over the last two decades, the Gini coefficient for developing countries in Asia and the Pacific rose from 0.39 to 0.46, further widening the gulf between the poor and affluent populations, and testing the limits of social cohesion. Employment growth has lagged far behind gross domestic product growth, especially among young people. In short, Asia has had consistently high, but non-inclusive, growth.

In 2012, the United Nations Human Settlements Programme (UN-Habitat) reported that half of the world's urban population now lives in Asia and the Pacific. And by 2020, over 50 percent of the region's population is expected to live in cities. Urban areas face a range of governance, service delivery, equity, exclusion, and sustainability challenges. By 2050, climate change and environmental degradation may lead to an eight percent decline in global human development index values¹.

From 2012-2017, Asia and the Pacific was the world's most disaster prone region, in terms of both the number of disasters and victims. The poor – especially women, children and the elderly – are most vulnerable to disasters. Archipelago nations– such as the Philippines, Indonesia and small island developing states – are at greatest risk to the negative social and economic impacts of climate change. Frequent natural disasters, the threat of sea level rise and weak capacities, contribute to growth volatility and the overall vulnerability of Pacific economies.

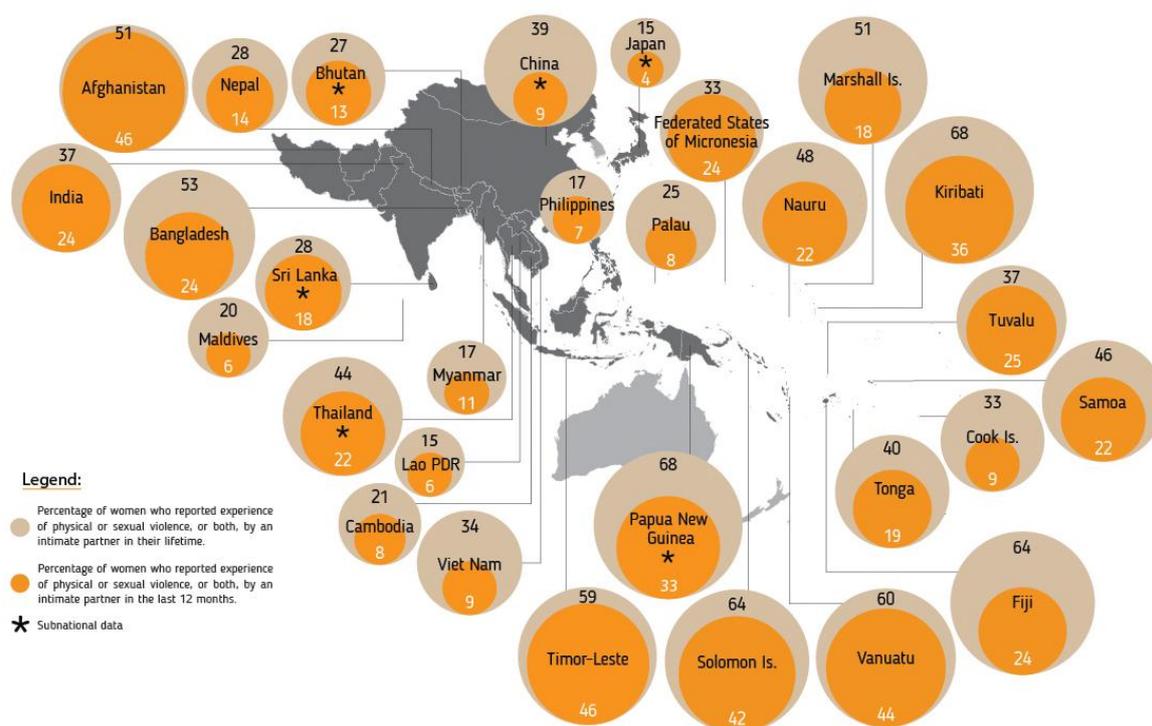
A large majority (between 84 and 99 percent) of surveyed people – men and women – believe in the abstract idea of equality— and support the statement that 'people should be treated the same whether they are male or female'. Nonetheless, when asked about specific norms related to family and household practices, and women's position, their views are considerably more inequitable. Acceptability of violence against women varies widely across, and within, countries. This appears to reflect genuine differences in how violence against women is defined and viewed across diverse socio-cultural contexts².

¹ Human Development Report 2011

² Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J. (2013). Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV.

GBV and harmful practices

In most countries of the region, women are much more likely to have experienced intimate partner violence, than to have experienced physical or sexual violence by someone other than a partner. The proportion of women who have reported the experience of physical or sexual violence by an intimate partner in their lifetime, ranges from 15 percent in Japan and Lao PDR, to 68 percent in Kiribati and Papua New Guinea. The proportion of women who have reported the experience of physical or sexual violence by an intimate partner in the past 12 months, ranges from four percent in Japan, to 46 percent in Timor-Leste. Samoa and Tonga differ from other countries, in that women are more likely to have experienced physical violence by perpetrators other than partners, such as by family members or teachers³.



WOMEN WHO EXPERIENCE INTIMATE PARTNER VIOLENCE, 2000 - 2017 UNFPA Asia and the Pacific Region

Source: UN Population Fund (UNFPA), 2017 Regional Snapshot, *kNOwVAWdata: measuring prevalence of violence against women in Asia Pacific*.

Of the 15 most disaster-prone countries, nine are located in the Asia-Pacific region, according to the UN World Risk Index (2014). Alongside their vulnerability, many of these countries have poor coping mechanisms and adaptive capacities. A number of countries in the region also experience protracted crises, long-term instability and armed conflict. Over half of the world's refugee population is located in the Asia-Pacific region. Disasters and conflicts increase poverty as they destroy infrastructure and livelihoods, and undermine progress towards sustainable development. In crisis situations, one in five women of childbearing age is likely to be pregnant. Any complications that occur during pregnancy or childbirth can prove fatal during disasters as healthcare services are often disrupted. Furthermore,

³ kNOwVAWdata 2016 Regional Snapshot

during times of conflict and natural disaster, the risk of violence, exploitation and abuse increases, in particular, women and girls are vulnerable.⁴

Overall, 46 percent of women aged 20-24 in South Asia were married before the age of 18, and 130 million girls are likely to marry as children, between 2010 and 2030. Child marriage often brings social isolation, adolescent pregnancy and cessation of education, thereby limiting future opportunities.

Three countries in South Asia have a prevalence of child marriage when calculating the percentage of women aged 20-24 who were married by the age 18 as over 40 percent – Bangladesh (52 per cent), India (47 per cent) and Nepal (41 per cent). Some other countries, such as Afghanistan, have more than one in three women married by the age of 18. India, due to its high population, has higher numbers of child brides than most countries combined worldwide. The South Asian Association for Regional Cooperation (SAARC) adopted the ‘Kathmandu Call for Action to End Child Marriage in South Asia’ in November 2014, to formally recognize and denounce child marriage as a human rights violation⁵.

Married young women, such as child brides, are considered to be under the care of their husband. However, there is a greater likelihood of gender-based violence, and a lack of access to family planning and maternal health care in this context. Unmarried young people are generally considered not to be sexually active – when in fact, they are vulnerable to early pregnancy, more so, because of gender-based violence and other risks. They must be taught how to protect themselves.

Faith-based organisations (FBOs), religious leaders and religious institutions often function as gatekeepers to the communities they serve. They are seen as the community’s custodians of culture and social mores. Most faith-based organisations tend to be male dominated – especially at leadership level – so it is imperative to engage men in gender-equality related initiatives.⁶ Both as partners (positive agents of change) and as potential perpetrators of violence (endorsers).

Intimate partner violence is driven by factors related to gender inequality, childhood experiences, and the acceptance and enactment of harmful forms of masculinity. The factors most associated with intimate partner violence perpetration across countries include: frequent quarrelling, multiple sexual partners, transactional sex and depression. Childhood abuse is also associated with intimate partner violence perpetration – with emotional abuse or neglect, sexual abuse, or witnessing the abuse of one’s mother, as the most common.

The majority of men who perpetrate rape do not experience any legal consequences. And although some men use violence against women, many do not. Some men express frustration with the dominant notions of what it means to be ‘a man’. Others embody and practice alternative forms of masculinity that promote equitable power-sharing arrangements between men and women⁷.

A 2015 multi-country study on sex workers in Asia-Pacific looked at their experience of extreme physical, sexual, emotional and economic violence at work, in health care, custodial settings, neighbourhoods, and in their homes. This violence denies sex workers their fundamental human rights – to equal protection under the law; protection from torture and from cruel, inhuman and degrading treatment; and to the highest attainable standard of physical and mental health. Research is increasingly demonstrating how violence contributes to the spread of HIV⁸.

⁴ UNFPA Responding to Emergencies across Asia and the Pacific (2016)

⁵ UNFPA/UNICEF Mapping of Child Marriage Initiatives in South Asia (2016)

⁶ UNFPA Many Faiths Different Contexts: Experiences with Faith-Based Organisations in the Asia and Pacific Region (2015)

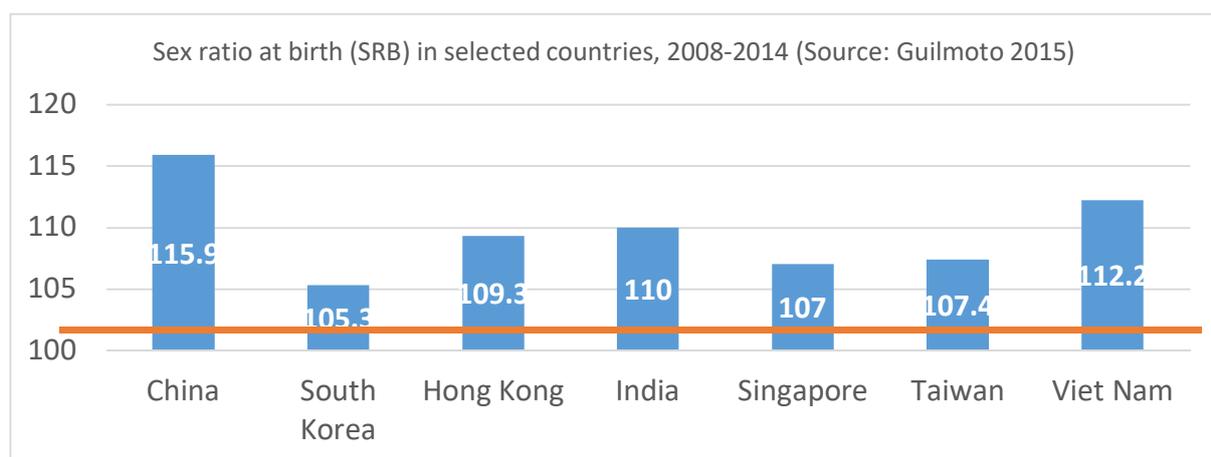
⁷ Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J. (2013). Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the United Nations Multi-country Study on Men and Violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV.

⁸ Bhattacharjya, M., Fulu, E. and Murthy, L. with Seshu, M.S., Cabassi, J. and Vallejo- Mestres, M. (2015). e Right(s) Evidence – Sex Work, Violence and HIV in Asia: A Multi- Country Qualitative Study. Bangkok: UNFPA, UNDP and APNSW (CASAM).

Discrimination against women, and inequality in the distribution of power and resources between men and women, are the main root causes of GBV. Gender inequalities can lead to the development of norms – which can influence the development of attitudes and beliefs – that can lead to the expression of violence. For example, when children witness violence against their mothers in the family, they are learning about violence and about its place in gender relations.

In addition, to the root causes of GBV, a complex interplay of other factors may increase the probability of violence being perpetrated or experienced. These factors range from individual-level characteristics and conditions of both partners, to relationship patterns, to community and social norms around marriage, family, gender and work, and societal level factors such as laws and policies. Attitudes, norms and beliefs that justify violence and gender inequality perpetuate GBV. Attitudes and norms related to GBV also create barriers to effective implementation of prevention and response services⁹.

A growing number of countries in East Asia and South Asia are witnessing the practice of prenatal sex selection – created by ingrained discrimination against women and girls and gender inequity in family structures. Masculinization of sex ratio has led to long-term changes in population structures. Evidence indicates that sex imbalances are not a passing phenomenon; they are caused by biased sex ratios at birth observed over more than a decade in several countries¹⁰. Prenatal sex selection – a key issue in China, India and Viet Nam – has resulted in distorted levels of sex ratios at birth (plus other socio- economic and demographic consequences). Figures have reached between 110 and 120 male births per 100 female births in several countries. In some regions, this has reached above 120.



While female genital mutilation is not as prevalent in Asia-Pacific as it is in Africa, it is practiced within specific social groups and sub-groups. This concentration within specific communities has meant that it has often been overlooked in national-level statistics and studies. At the same time, in Indonesia, based on a UNFPA Study in 2017, types 1 and 4 (of WHO typology) are commonly practiced.

UNFPA response, including GBV/harmful practices interventions

Programme Intervention Area 1: Technical support to Country Offices and partners to address gender-based violence and the health-sector response

In addition to technical inputs to the Country Programming process and technical assistance missions, APRO has supported a strengthened Health Sector Response in at least five countries, and produced a policy brief on pre-service training for health sector professionals. Support has been given to Country

⁹ UN-Women, UNFPA, DFAT, KWDI Learning paper from the Asia-Pacific Forum on Preventing Violence against Women and Girls: Evidence and Tools for Social Norm Change (2015)

¹⁰ UNFPA Responding to Gender Biased Sex Selection: An Inter Regional Capacity Building Pilot course (2013).

Offices to engage in UPR cycle reporting (2016-7), and to monitor follow-up (2015)¹¹. Support has not been granted to Regional and National Human Rights Institutions to conduct gender equality and GBV studies – reporting and inquiries.

A regional knowledge base for violence against women is being developed, with material on survey methods, the VAW regional snapshot, VAW databases, communicating with media on VAW; the health sector response (May 2017), and approaches to prevention (June 2017).

APRO Regional Programme support to country offices on GBV and harmful practices 2017

Countries	Child Marriage	GBSS/Son Preference/FGM	HRSGBV/ESP	VAW Data	WPS	GBV Humanitarian
Afghanistan	√		√			√
Bangladesh	√	√	√	√		√
Bhutan				√		
Cambodia			√	√		
China		√	√			
DPRK						
India	√	√	√			
Indonesia		√		√		√
Iran						
Lao PDR	√			√		
Malaysia			√			
Mongolia			√	√		√
Myanmar			√	√	√	√
Nepal	√	√	√	√	√	√
Pacific SRO						√
Pakistan	√			√		√
PNG						
Philippines			√			√
Sri Lanka		√	√	√	√	√
Thailand	√					
Timor Leste			√	√		
Viet Nam	√	√		√		

Programme Intervention Area 2: Multisector response and the Essential Services Package

GBV has been integrated into other areas of APRO work, including sexual and reproductive health, and adolescents and young people. Most recently, APRO has committed significant time and effort to contribute to the roll-out of the multi-agency Essential Services Package (ESP). This has included convening regional webinars and workshops with multi-agency and partner delegations from programme countries.

Programme Intervention Area 3: kNOwVAWdata

APRO is working to improve availability of prevalence data on violence against women. The Regional Programme is strengthening regional and national awareness of, and capacity for, measuring VAW through statistical surveys, using the WHO research methodology and/or through the VAW module in DHS surveys. Support is ongoing to 10+ countries for dedicated surveys, DHS module and secondary analysis – and sustainable capacity development is being conducted with DFAT support.

Programme Intervention Area 4: Providing support to parliamentarians

APRO systematically engages with (sub-) bodies and inter-governmental institutions, including ASEAN, SAARC, PIF, APEC to position ICPD in (sub)regional development discussions. It is also supporting parliamentarians in their efforts to integrate gender equality into policies and programmes. This work

¹¹ APRO supports Country Offices to monitor and follow up on recommendations from Universal Periodic Reviews and CEDAW reporting in areas related to reproductive rights. This includes capacity development and roll-out (VAW data, GBV in humanitarian settings) to build sustainable capacities in areas where capacity is limited; building the base of data and evidence key to upstream policy advice and effective programming; knowledge sharing by clustering countries thematically to share knowledge and experience; and partnerships for implementation and advocacy.

includes preparation of policy briefs, organizing workshops on priority issues, facilitating regional, strengthening capacity to fulfil their role in holding governments accountable, inter-regional networking and experience-sharing.

Programme Intervention Area 5: Prevention, and engaging men and boys

The regional programme has engaged men and boys in prevention of VAWG, building on the previous phase of the Regional UN Joint Programme, Partners for Prevention. This has used research and data, to inform policy and programme responses, to strengthen national level initiatives. APRO supports the work of gender equality and GBV in Comprehensive Sexuality Education.

Programme Intervention Area 6: Gender-based violence in emergencies

UNFPA in Asia-Pacific prioritizes the Minimum Initial Services Package (MISP) for reproductive health in emergencies, and the UNFPA Minimum Standards for the Prevention and Response to Gender-Based Violence. These include a focus on, clinical management of rape, coordination and partnerships to prevent gender-based violence, protection through Women Friendly Spaces, protection prepositioning and distribution of essential supplies – including Dignity Kits, tents and supplies for Women Friendly Spaces (WFS) – advocating for preparedness and building resilience, communicating with Disaster-Affected Communities, and securing adequate and sustained humanitarian financing¹². Ongoing country support is being provided in Afghanistan, Bangladesh, Indonesia, Pakistan, Philippines, Nepal, Myanmar, and via the Pacific Sub-Regional Office, along with the revision and potential roll-out of a APRO GBViE curriculum.

Programme Intervention Area 7: Addressing gender-biased sex selection

APRO is addressing gender-biased sex selection, and son preference, through inter-regional capacity building curriculum, research, analysis and training. It has facilitated intra-regional coordination in addressing pre-natal sex selection in certain Asian countries, in Eastern Europe and Central Asia. It has produced evidence for policy advocacy, capacity strengthening, and design of strategic interventions at country level to address prevention and response – including through South-South exchange. These interventions build on previous global and regional research, and the Hanoi Framework for Action for UNFPA response in the Asia-Pacific, Eastern Europe and Central Asia regions. Specific knowledge products and Country Office knowledge sharing include an Asia-Pacific overview of GBSS.

Programme Intervention Area 8: Addressing child marriage

APRO is sharing evidence of successful programme responses to child marriage and providing technical assistance in adaptation and application of strategies known to achieve results – with a focus on the priority South Asian countries [Afghanistan, Bangladesh, India (five States), Nepal and Pakistan]. As part of the programme on Accelerated Action to End Child Marriage, APRO has undertaken research on key drivers, held an expert meeting on the evidence base, support is NHRIs to address child marriage, and has convened a CSE and gender/GBV expert meeting (with UNESCO). Specific knowledge products and Country Office knowledge sharing include an AP overview of Child Marriage.

Programme Intervention Area 9: Partnership for Gender Equality and Empowerment of Women

APRO is supporting Regional Thematic Working Group on Gender and Working Groups with UN-Women. These include UNiTE, Statistics, Women, Peace and Security, and the SDGs. Interagency joint planning on VAW is undertaken with UN-Women, UNDP, and other agencies. Other partnerships include UNICEF, SAIEVAC/SACG, AFPPD, CRR, and the UNDG Human Rights Network (including a study on extremism and VAWG, UNCT/Country Offices consultations, and civil society space). In addition to

¹² UNFPA Responding to Emergencies across Asia and the Pacific (2016)

side-events at regional fora, APRO supports campaigns for International Women’s Day and 16 Days of Activism.

Human Resources

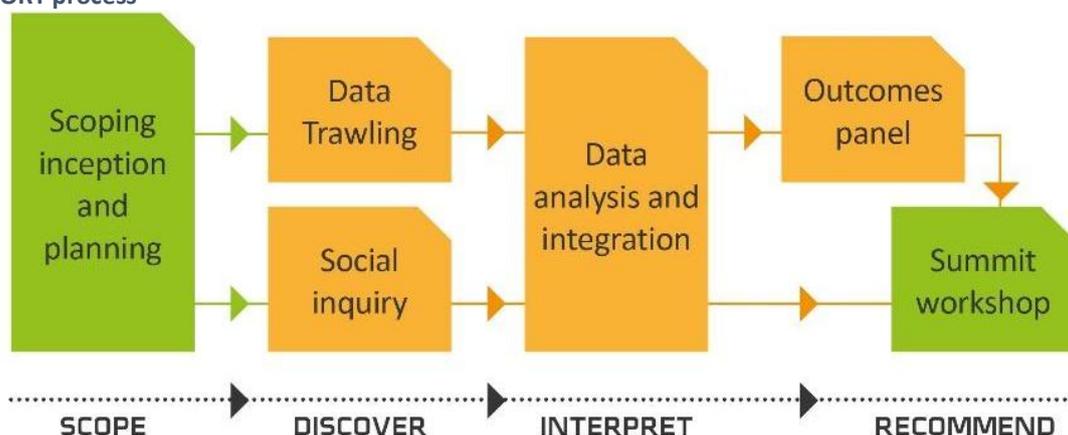
The APRO gender team has four core staff members covering human rights, GBV, harmful practices, data and GBV in Emergencies.¹³ In addition, intersectoral work is practiced with Adolescents and Youth (on CSE and gender/GBV), SRH (on roll out of Health Sector Response to GBV as part of Global Guidelines on Essential Service Package), Population dynamics (on GBSS prevalence and trends), HIV (on an HIV and GBV policy brief), and the humanitarian specialist response coordinator/APRO humanitarian team (on GBViE). Cross-cutting support is provided by the communications advisor, and partnerships specialist, and resource mobilisation advisor).

¹³ Ingrid FitzGerald: Harmful practices (GBSS and child marriage), Support to GBV and P4P, TA to COs, TWG-GE and WG (UNiTE, Statistics, SDGs), Human rights/UNDG-HRN (with Julia Cabassi); Sujata Tuladhar: Essential Service Package Roll out, GBV & health sector response, Prevention/P4P, GBV in Emergencies, Support to VAW data, TA to COs, TWG-GE and WG(UNiTE; Women, Peace and Security); Henriette Jansen: Violence against Women data, TWG-G statistics working group; Natsuda Suwathanabunpot: Gender team work planning, logistics, administration, and support.

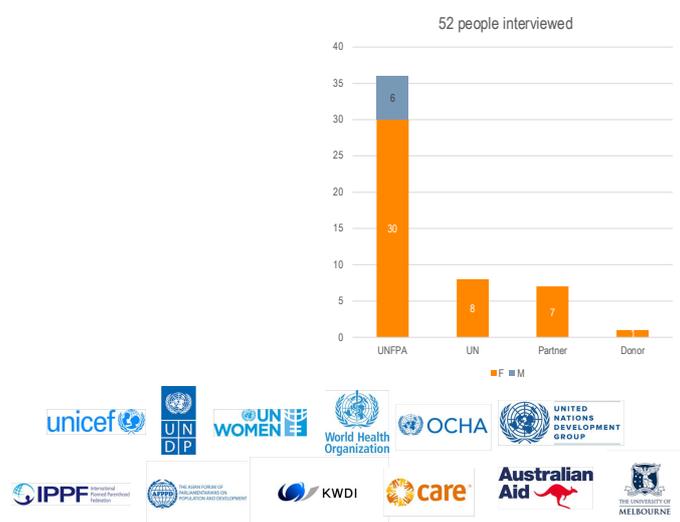
3. Methods

This case study is part of a global evaluation that is framed by Collaborative Outcomes Reporting Technique (CORT)¹⁴ and complemented by a portfolio analysis. CORT is a participatory branch of contribution analysis. The stages of CORT include: 1) scoping (participatory theories of change mapping); 2) data trawling (desk review); 3) social enquiry; and 4) outcome (expert panels and summit workshop to validate the performance story).

The CORT process



The regional case study is a contribution to the overall CORT evidence, and is validated by a reference group to support participatory analysis and interpretation of the performance story for UNFPA in a given context.



The case study was based on three lines of evidence: (i) interviews with the Regional Office staff, Pacific Sub-Regional office staff, and key stakeholders at regional level in Bangkok and on Skype; (ii) interviews with Thailand Country office staff in Bangkok and remote interviews with other Country Offices (Myanmar, China, Indonesia, Cambodia, Nepal, Viet Nam and Sri-Lanka) in the region; (iii) desk review of secondary

data/evidence.

Overall, the case study consulted with **52 people, including 46 women and six men** from four different stakeholder groups.

Evidence from primary data was coded in Nvivo, from where it was synthesized and combined with secondary data using realist synthesis. Evidence on the achievement of outputs primarily came from secondary data; evidence on the mechanisms of change and strategic relevance of UNFPA

¹⁴ Available at <http://betterevaluation.org/plan/approach/cort>.

interventions primarily came from primary data. The analysis was triangulated with Country Programme Evaluations from the region.

4. Evidence-based Findings

RELEVANCE

EQ1 Stakeholder priorities and Human Rights Based Approach

To what extent is UNFPA’s work on preventing, responding to and eradicating GBV and harmful practices – including UNFPA’s internal policies and operational methodologies – aligned with international human rights norms and standards, implemented with a human-rights-based approach, and addressing the priorities of stakeholders?

Finding 1: Country and regional programmes reflect the global normative frameworks – and there is substantive evidence of the contribution of regional gender-based violence and harmful practices experiences to intergovernmental frameworks.	
Evaluation assumption:	Alignment of UNFPA interventions at global, regional and country level with international, regional and national policy frameworks including strategic plan outcomes.
Case study evidence	<ul style="list-style-type: none"> ● A significant, but largely invisible, portion of RO support, helps ensure alignment of regional and country programmes with international, regional, and country-level regional frameworks. ● Engagement with regional intergovernmental fora can generate human-rights based analysis and language within regional reports that are presented within the General Assembly – providing an entry point for normative influence that has greater credibility than UNDG agency advocacy. ● Real world humanitarian responses and responses to harmful practices involve integrating SRH and GBV interventions – but there is scope for greater integration of these in the normative frameworks. ● AP has stronger links to CSE programming than some other regions.

The Regional Office gender team prioritizes the focus of its work on the – often invisible – task of supporting Country Offices to develop and implement programming based on the international and regional normative frameworks. This programming looks different in each country and sub-regional because of substantive variations in the social, political, cultural, historic, geographical and economic contexts of this vast region. While no independent evaluation of the regional programme or of gender at the regional level has been conducted, a review of country and regional programme documents reveals consistent citation of the UNFPA Strategic Plans, the MDGs and SDGs, and the CEDAW/Beijing frameworks.

The view of some former and current UNFPA regional level staff is that the corporate emphasis on gender has been inconsistent within the organisational priorities. The strongest corporate commitment and clarity is seen to be around gender- based violence in humanitarian situations and to specific harmful practices. Whereas the narrative in development contexts is less clear, and this has resulted in a de-prioritisation of gender by field offices faced with large budget reductions. This

pattern is widespread, but not universal – Myanmar is an exception that has leveraged humanitarian programming space to support development programmes.

Gender-based violence and harmful practices (especially son preference and female genital mutilation) are extremely sensitive issues to address publicly in many of the political-social cultures across the region. In many cases, these manifestations of inequality are fully normalized in public and private life. Both the individual Country Offices and the Regional Office interviews, highlighted the importance of leveraging data and organisational reputation in order to make progress on these issues.

In some cases this can result in UNFPA quietly working behind the scenes for many years, laying the groundwork to address a sensitive public issue. This was the case with gender-biased sex selection in India, or female genital mutilation and cutting in Indonesia. This ‘quiet working’ is strategic and can be explained to receptive donors. However, in the view of some interviewees, the inconsistent corporate emphasis on gender has led to some Country Offices being reluctant to engage openly on sensitive issues – such as comprehensive sexuality education and the intersection with gender-based violence. This avoidance of reputational risk is seen by the Regional Offices as not being in the overall interest of UNFPA or the ICPD agenda.

To advance the normative frameworks in challenging contexts, the lessons accumulated at the regional level include: 1) to advocate based on delivery in programming rather than ‘flag-waving’ based on mandate, 2) to mobilize the UN Country Team to advocate jointly on sensitive issues, and 3) to work with the regional intergovernmental mechanisms to nurture language and narrative that can positively influence the global intergovernmental processes.

In supporting the regional normative frameworks, APRO has backed SAIEVAC (South Asia Institute to End Violence Against Children) as an Apex body of SAARC to implement the Regional Action Plan for Child Marriage. It has backstopped the UNDG Human Rights Network studies on extremism, VAWG and civil society space, and has partnered with the regional mechanisms for National Human Rights Institutions.

APRO has also supported global normative processes in practical ways, including supporting country offices to engage in UPR cycle reporting (2016-7) and monitoring follow up. It has also provided support to the global UNFPA team on taking forward the GBSS work plan for strengthening policy and programme development to address GBSS.

The main gap in the normative framework that has not yet been addressed is the low level of integration between the emergency response frameworks for SRH and gender-based violence, in emergencies – beyond the inclusion of clinical management of rape in the minimum initial service package.

Finding 2: The Asia-Pacific region is uniquely placed in terms of the combination of prevalence and qualitative data on VAW. The multisector response to this evidence is beginning to be consistently supported by the Regional Office under the essential services package.

Evaluation assumption:	UNFPA interventions based on comprehensive situation analyses of affected populations in development and humanitarian contexts.
Case study evidence	<ul style="list-style-type: none"> ● Asia and Pacific is uniquely placed in terms of availability of VAW prevalence data. ● A number of regional mappings and multi-country qualitative studies have informed the work on GBV and child marriage. ● There is a strong focus on Health Sector Response at country-level, with more limited engagement in multisector response.

	<ul style="list-style-type: none"> ● Asia and Pacific regional office is supporting evidence-based programming in prevention, child marriage, and son preference that has also generated original knowledge.
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The evaluation found substantive evidence of the systematic mapping and analysis of situations and contexts, informing the regional-level work on gender-based violence and harmful practices. These include regional mapping on child marriage initiatives, assessment of health sector response, analysis for prevention initiatives (under Partnership for Prevention), and analysis of repositioning of emergency supplies.

The Pacific Sub-Regional Office, and later the Regional Office, have added substantively to this knowledge base, by supporting prevalence surveys using the WHO multi-country and DHS domestic violence modules. More recently, the Regional Office has co-convened mixed (UN-partner) delegations from countries to regional workshops on the essential services package. They have used the opportunity to also map the state of multisector response to gender-based violence.

A review of the overall portfolio reveals that, increasingly, the analysis by the Regional Office and country offices also includes questions about what programming works in different contexts. The most apparent example of this is the Partnership for Prevention, which has generated substantive evidence on the reasons why some men commit violence against women, and methods for preventing this. Interviews with regional and country-level UNFPA staff reveal that there is a strong appetite to continue to extend this approach into specific gaps in the knowledge base.

For example, multiple interviewees referred to significant investment and intraregional knowledge exchange in understanding the common and unique drivers of gender biased sex selection – and the transferrable and non-transferrable lessons about what works to address it. And, several UNFPA interviewees made the case for more robust evaluative work into the efficacy and effectiveness of engaging with religious organisations to prevent harmful practices.

At the same time, two regional partners representing both the UN system and civil society, highlighted the comparative strength of UNFPA having a holistic whole-of-population view. Both interviews advocated that UNFPA should remain holistic in its approach and continue to amplify human rights and the voices of civil society even as it faces pressure to work on a narrow agenda.

The Gender-Based Violence Information Management System (GBVIMS) is a humanitarian data management database project supported by UNFPA and other partners. Evaluation interviewees reported an increasing availability of useful data (qualitative and quantitative) as a result of this tool. Interviews with humanitarian actors however, indicated that senior GBViE Coordinators are more aware of how to use GBVIMS data most effectively, without compromising the safety or security of any survivor or service provider. Less experienced Coordinators take a more conservative view of what sharing protocols allow, for fear of unintentionally doing harm. There is still an overall sense from interviewees, therefore, that GBVIMS could be used more consistently and effectively.

Finding 3: Asia-Pacific region has a myriad of different social and population sub-groups who experience violence and harmful practices in different ways and for different reasons – while regional research is helping to shine a light on this diversity, country-level and sub-national analysis is needed to programme relevant interventions.

Evaluation assumption:	UNFPA interventions are based on gender analysis and address underlying causes of GBV and HPs through non-discrimination, participation, and accountability.
Case study evidence	<ul style="list-style-type: none"> ● Regional interpretation of nurturing the enabling environment is orientated towards connecting and ‘movement-building’ of professional communities, including work with

	<p>parliamentarians, social media, VAW evidence, and practitioner communities (GBSS, VAW data). And also towards building sub-regional commitments and supporting strengthened national legislation.</p> <ul style="list-style-type: none"> ● Unique regional research work has been undertaken on the experience of violence by sex workers, the drivers of male-perpetrated violence, child marriage, son preference, and social norms. ● There is a subgroup of respondents with the view that a clear policy decision is needed on seeing men as survivors of GBV. UNFPA does not have data on men’s experience of violence to inform the debate on interpreting GBV without undermining work to address VAW. ● The separation of gender-based violence, and harmful practices, is necessary because programming needs to be nuanced. Gender-based violence is universal, but harmful practices are more concentrated.
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At country-level and regional level, UNFPA was recognized by interviewees from its partners – representing civil society, UN agencies, and traditional and emerging donors – as having a gender transformative approach to its programming. The regional work on prevention and country-level work on son preference, in particular, have been grounded in understanding the structural drivers of gender discrimination. Alongside the quantitative work on the prevalence of violence, UNFPA has supported qualitative research into systems of violence experienced by particular groups, notably women sex workers. Furthermore, UNICEF Regional Office for South Asia and UNFPA Regional Office for Asia and the Pacific have demonstrated a joint commitment to go beyond a community-social-norm approach in addressing child marriage, assessing the economic drivers and use of structural violence to preserve systems of dominance.

Colleagues from UN Women and UNICEF emphasize the contribution that UNFPA has made to enabling inclusive approaches to addressing women’s human rights by linking the entry points of the health sector response and SRH to the Asian Forum for Parliamentarians. Colleagues from other UN entities also emphasized the commitment of UNFPA in the region to advancing human rights based approaches to programming. Indeed, the main critique of current work comes from within the self-reflection of the agency’s own staff.

Gaps and lingering questions highlighted in interviews with UNFPA staff include, the extent to which the organisation is responding to the growing population of older people as a source of vulnerability to violence, application of social norm approaches that tend to ignore power relations reinforced by structural inequalities, and the absence of research on the prevalence and drivers of violence and gender-based violence against men and boys – and its intersection with violence against women and girls in terms of understanding why violence is happening.

The internal debate on ‘gender-as-women’ or ‘gender-as-gender’ is also reflected in unresolved dialogue between UNFPA and UN Women around feminist analyses of gender-based violence, and the risks of: 1) ‘gender-neutrality’ being used as political cover to de-emphasize violence against women and girls as the dominant form of structural violence, and 2) ‘violence against women and girls’ being used as political cover to reinforce binary concepts of gender and de-emphasize violence against gender diversities. The evaluation case study notes that the existing research work of the region on prevalence, prevention, and structural drivers of violence includes many of the ingredients for extending intersectional research into programming that works to interrupt intergenerational, intergroup and intersex systems of marginalisation and violence.

EQ2 Most relevant interventions

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

Finding 4: UNFPA comparative strength is grounded in its combination of field presence and data capacity – but its collaborative strength as part of the UN system is continuously evolving as part of UN reform and the changing capacity of UN-Women.	
Evaluation assumption:	UNFPA interventions are aligned with its comparative strengths across settings informed by a robust mapping of other in-country stakeholders and support including at subnational level or in areas/populations at risk.
Case study evidence	<ul style="list-style-type: none"> ● Assessing comparative and collaborative strengths is impacted by a complicated landscape in which regional commissions are being empowered by UN reform and UN-Women capacities are rapidly changing. ● In a region with the highest prevalence of natural disasters, UNFPA in the region (Regional Office and Country Office) has comparative strengths and positioning to support humanitarian preparedness and response. ● UNFPA country offices and sub-offices give it a strong comparative advantage in delivering project activities and connecting different stakeholder groups.

Interviews with other UN entities – especially those working at the normative level – recognized that a key comparative strength of UNFPA is to drive the mandate on health system response, and the intersection with sexual and reproductive health. This is to be done through a field-level presence that enables both integration with other domains of work which will prevent gender-based violence from being in a silo and maintain focus (avoiding being ‘pulled’ in many different directions). The Regional Office interviews suggest that UNFPA recognizes it has a central role in translating the normative to the country level in practical and effective ways. However, they also highlighted the risk that there is not sufficient consistency of gender analysis at country level yet, to ensure that investments go beyond a focus on quality of care and address root causes.

“There is not a common understanding across UNFPA of what programming might look like to address the remaining pockets of inequities, especially in middle-income countries”.
(UNFPA Regional Office Staff Member).

A common lesson emerging from the Partnership for Prevention and the kNOWVAWdata project is that country-level UN staff often need to have their own staff working alongside the partners in order to interrogate and use evidence on gender-based violence. Within UNFPA itself, multiple managers noted that this variability in capacity is exacerbated by the lack of an organisational statement on expected resources for gender. As a result, gender expertise is seen normally to be the first thing to be cut in Country Offices. A real example of this was identified in the Pacific Sub- Regional Office, where recruitment for an established P5 gender post was paused, despite the interest of the key non-core donor to the sub-region. This was due to an uncertainty in funding and a corporate commitment to regular resources for gender – the recruitment has subsequently moved forward.

UNFPA carries the organisational reputation for strength in data and analysis. In reality, the evaluation found mixed evidence across the Region, and the manifestations of inequality addressed by the evaluation scope. For example, in gender-based violence UNFPA has strong comparative strength at

the regional level in supporting country-level prevalence studies and analysis; but at the global level UN Women is the key interlocutor with UN Statistics Division and the Global Partnership for Sustainable Development Data. In regard to child marriage, seven countries have data on prevalence that reveal increasing levels of adolescent pregnancies, but there is a lack of anthropological information on sexuality, that means the drivers and dynamics of this are not sufficiently understood to develop programming.

Nevertheless, multiple interviews with country-level stakeholders emphasized that comparative strength in research and data collection helps UNFPA to position itself in the development space as a key proponent of legal-normative changes – including the engagement of men and boys as agents of change. By comparison, interviews with humanitarian agencies indicate that the comparative strength of UNFPA in the humanitarian space is interlinkages with SRH in emergencies and the (relative) operational capacity to provide women friendly spaces, dignity kits, gender-based violence coordination, and engendering the health and WASH sectors.

The comparative strengths of UNFPA within the UN system

What can UNFPA do / what is UNFPA doing?	Who else can do this?	What is different about UNFPA?
VAWG prevalence data	WHO	Programmatic and operational technical support to countries (e.g. Viet Nam).
Prevention research	UN-Women	Intersectional analysis of systems of violence against women and girls, men and boys, and non-binary genders.
Child marriage interventions	UNICEF	Analysis of adolescent sexuality and structural determinants of practices (e.g. Nepal).
FGM research and interventions	UNICEF	Public health as an entry point to include politically sensitive language (e.g. Indonesia).
Son preference and GBSS	–	Legacy of experience (e.g. India and China).
Humanitarian coordination	UNICEF, UN Women (Pacific)	IASC authority, surge experts, high coverage of country offices.
Humanitarian commodities	INGOs	IASC authority, SRH kits.

Finding 5: In Asia-Pacific, theories of change have to adapt to wide variations across the region. While sub-regional and country-level work continues to inform global programming (on data, GBSS, and child marriage), the process by which this happens is not fully elaborated or understood.

Evaluation assumption:	UNFPA interventions based on coherent and robust theories of change which can adapt to rapidly shifting situations and contexts.
Case study evidence	<ul style="list-style-type: none"> • Vast differences in the region require very different programming designs – even the manifest nature of gender inequality looks very different in different countries. The main challenge to regional or global theories of change (e.g. in child marriage) is when these are applied unchanged to new contexts. • The global programmes on child marriage and son preference have essentially emerged from work started by countries in the Asia-Pacific region, but the process by which this evolution happens is not well understood.

The regional programmes covering 2012-2017 had theories of change, although these were not actively referred to by the end of the current Regional Programme. Nevertheless, specific regional activities have supported the development of country-level theories of change. These have included: 1) the regular regional technical support to country programming, and 2) regional programmes such as Partnership for Prevention. Country-level and regional-level work in harmful practices has both informed global theories of change (particularly in the case of GBSS), and been informed, by global theories of change (particularly in child marriage and FGM).

According to interviews with regional and country level UNFPA staff, the main weakness with global theories of change for harmful practices is when they are applied directly at country-level, rather than being adapted to the unique nature of each country. This creates challenges in regard to FGM – where there are fewer clusters of practice in Asia and big differences with other regions – than to child marriage – where there are sub-regional clusters of similar practices and drivers. Global approaches to child marriage that focus on changing laws and criminalisation (which are used for traditional arranged marriage) are not appropriate to the context in many South East Asia countries; where child marriage is often early union, initiated by young people themselves or marriage is due to an unintended pregnancy.

Given the wide regional variations, some country offices emphasize the strong need for country-level approaches and theories of change, that are then brought together into regional platforms. For example, gender biased sex selection is very cultural, and manifestly different in Viet Nam, China and Korea: needing a home grown approach.

The evaluation also found two examples of unintended effects relating to the pursuit of global theories of change on harmful practices. In the first, experiences in South Asia highlight the unintended consequences of focusing child marriage social norms work on the age of 18 as being interpreted by communities as implying that 18 is the expected age to get married. In the second example, the different types of female genital mutilation in Indonesia and Africa has led to low levels of contact between the Indonesia country office and the headquarters programming, which is often heavily focused on Africa (this is now being addressed through including Indonesia in Phase 3 of the Joint Programme)¹⁵.

Prevention

The theories of change that support prevention work in the region have received a large boost from evidence generated through the Partnership for Prevention – both in terms of the causes of violence by men against women, and in terms of programming to prevent this. This has been supplemented by analysis of data from the prevalence surveys, which has enabled multi-country risk factor analysis.

Accordingly, the risk factors for women being survivors of violence drop in statistical significance once the analysis takes into account risk factors for male partners being perpetrators of violence. Thus, the combination of the kNOwVAWdata risk factor analysis and the Partnership for Prevention evidence combine to create a robust basis for future theories of change. This foundation of new regional evidence discounts the probable effectiveness of the emphasis in country programmes on media-centric prevention campaigns and work with faith-based leaders. There is a call from some interviewees for a stronger joint regional approach that combines the new regional evidence with global data from the DfID What Works programme to enhance future UN country-level interventions.

Important regional lessons have also been learnt about the unexpected implications and risks of programming at country level. For example, early work on gender-biased sex selection has revealed the need to: (1) adopt a broader lens of son preference (and daughter-aversion) to address abandonment and neglect of girl babies; and (2) address a gap in evidence on the effectiveness (in

¹⁵ The evaluation notes, however, that Indonesia has not been consulted in the Phase 3 of the Joint programming.

terms of prevention) and real-world risks (in terms of constraining access to services and reproductive rights) of enforcing legal instruments governing ultrasound providers.

Developing a joint regional theory of change implies addressing the lingering interagency tension between UN Women and UNFPA around the leadership of work on prevention. Within the scope of prevention work, the comparative strength and contribution of UNFPA is seen by other UN entities as the use of comprehensive sexuality education as an entry point for influencing both in and out of school young citizens. This is a strong differentiating factor from the approach of UNICEF, UN Women or WHO; but external political sensitivity and internal structural barriers (CSE sits under a different branch from gender) are seen by interviewees to have hampered the potential of this contribution.

Response

The gender-based violence response in the region has been strongly focused on the health sector for most of the period covered by the evaluation. Within this response, significant challenges remain – with the skewed gender distribution of health workers and the social biases carried by health professionals identified as two issues indicated by interviewees that hamper results. In countries with persistent complex emergencies, gender-based violence often becomes conflated with conflict-related sexual violence in social and political discourse. In countries such as Myanmar and Sri Lanka¹⁶, UNFPA has successfully expanded the national understanding of gender-based violence beyond conflict-related sexual violence – leveraging global frameworks to overcome any local resistance to the prioritisation of a public health response to intimate partner violence.

The main programming approach to response across the region has been to support one-stop crisis centres, often connected to health facilities. However, while the idea has taken root, there is limited evidence of independent evaluative analysis or monitoring of theories of change to support the efficacy of this approach.

More recently, APRO has invested significant time and effort into co-convening country delegations to advance the implementation of the essential services package. This introduces a framework for mapping and examines the case for a multisector response to gender-based violence, to be led at the country level. Connected to this, is the emergence of regional programming emphasis on services as secondary prevention through more survivor-centred approaches (something that is equally relevant across the development-humanitarian nexus).

ORGANISATIONAL EFFICIENCY

EQ3 UNFPA leadership and structures

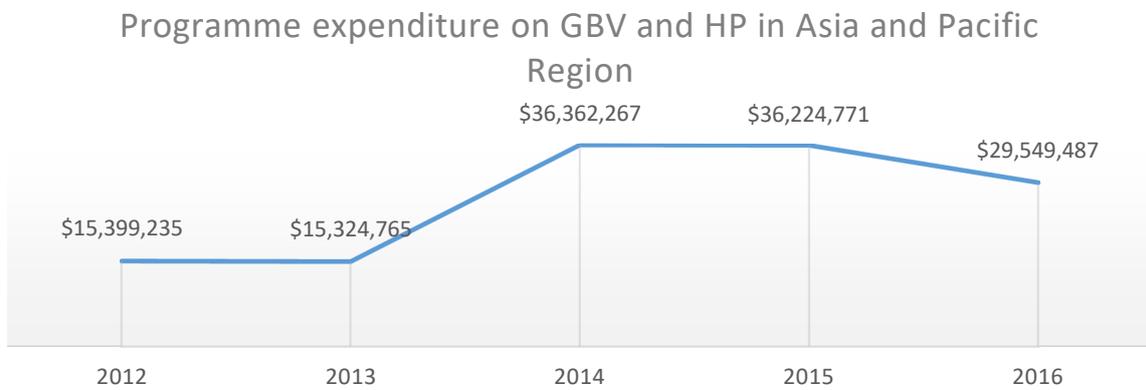
To what extent did UNFPA’s international leadership, coordination, and systems enable sufficient resources to be made available in a timely manner to achieve planned results?

Finding 6: The means for sustaining UNFPA support to GBV and harmful practices is rapidly changing from UNFPA core-resources to strategic partnerships with non-core donors and civil society.	
Evaluation assumption:	UNFPA support is sustained to GBV and specific HPs across strategic plan periods at the global, regional and country level.
Case study evidence	<ul style="list-style-type: none"> Until recently, work on GBV, child marriage, and GBSS has been sustained by core resources. DFAT is the first major source of non-core resources – there is now a pressing need to diversify beyond reliance on a single donor.

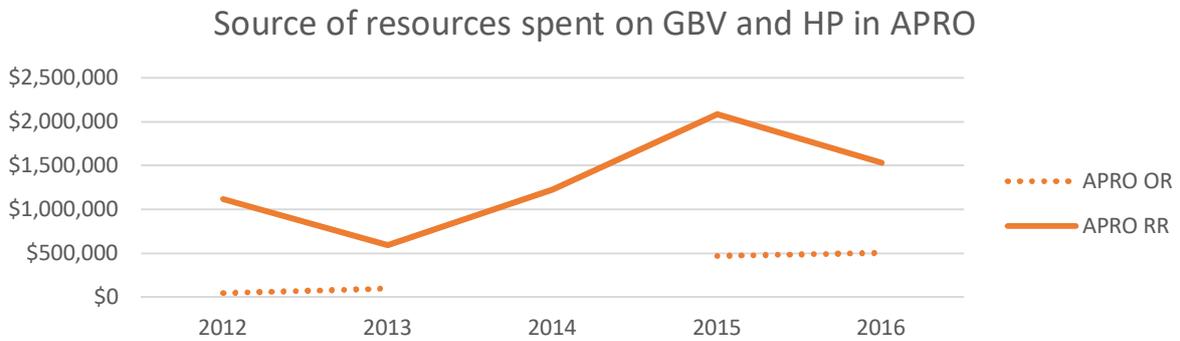
¹⁶ These are not typical examples as in both of these countries UN Women has not had a substantial presence to date, and thus UNFPA has thus led the UNCT normative engagement on gender equality.

- Global and regional programmes have been a useful structure for learning and South-South exchange, since few other structures exist.
- Country Offices demand for ‘proactive sharing’ – being provided with policy options, as has been the case in the Partnership for Prevention joint programme.
- Work with civil society needs to be seen in the strategic light of providing continuity of programming across time.

The average programme expenditure on gender-based violence across the AP region 2012-2017 was \$25.2 million per year. The budget for APRO on gender-based violence in this period was \$8.9 million – consisting almost entirely of regular resources, except for around \$500,000 per year in non-core funds starting in 2015. Of this regional office budget, \$7.8 million expenditure was directed through UNFPA offices, with the remainder mostly directed through civil society.



Source: Atlas



Source: Atlas

The graphs for both regional and region office expenditure reveal a decline that started in 2015. This accelerated in 2017, although the data is not shown on the graphs because final figures were only available up to September. This fluctuation in funding is manifested in uncertainty when managers make decisions about programme and staffing: which was reflected in interviews at regional, sub-regional and country level. As a consequence, the regional thought-leadership on gender is being driven by a very small cluster of secure staff, and implemented through a fluctuating mix of gender staff, and gender focal persons at country level. There is a vacuum of corporate standards and expectations regarding staffing offices with gender expertise.

As a consequence, UNFPA gender programming in China is mostly dependent on technical assistance from the Regional Office. UNFPA gender programming in Cambodia is dependent on non-core

resources from DFAT and UN Women regional office (for Essential Services Joint Programme funds). And Indonesia reports difficulties in leveraging national resources because of lack of seed money to demonstrate consistent programmatic work on key issues. While there has been success in countries such as Myanmar, Viet Nam and Nepal in mobilising resources locally, many country offices in the region are dependent on inclusion in global programmes or regional programmes for financial support (especially with regard to addressing harmful practices). The exclusion of India and China from the global programme on gender-biased sex selection thus has disproportionate implications for the continuation of existing work, as well as in knowledge sharing with countries new to this programming space.

The regional response to declines in regular resources for gender was to increase efforts to mobilize non-core funds for work on specific initiatives. This has been partly successful, but there is also a low diversity in the pool of non-core donors at the country-level, with a high reliance on DFAT (providing \$11 million), DfID and Japan in particular. Reliance on two or three donors amplifies the need for a rapid and effective corporate response to programmes that are not delivering¹⁷.

The Regional Office also has to strategize to maintain support to regional organisations, such as AFPPD, that has been a longer term partner at the normative level.. APRO is now developing joint proposals with AFPPD; and the two UNFPA regional offices, EECARO and APRO, are collaborating to align work with the forum and maximize opportunities for an interregional approach.

Specific challenges around monitoring and communications have implications for sustaining work to address gender-based violence and harmful practices. In particular, the role of communications in shaping the space and fundraising for human rights work can clash with the importance of learning from what does not work, in order to do no harm in future programming. Reliance on non-core funds can lead to risk aversion in country-level communications, with the Regional Office having the advantage of distance to message around more sensitive issues.

One of the main roles of the current communication strategy is to share the learnings and findings from work carried out. DFAT is supporting this approach by embedding a communications budget into the kNOwVAWdata programme, and the Regional Office is trying to advocate for a portion of funds to be set aside for communications in other programs. However, monitoring frameworks generally need to ‘catch-up’ with this approach – both in terms of embedding communications as an output that contributes to outcome indicators, and in terms of reporting on what to avoid in future programming (knowing what does not work or causes harm). Moving forward, donors expect to see reports that have more than one purpose – for example, getting the message out, building the evidence base, informing the work of others, and building the wider community.

Finding 7: There has been good regional-level modelling of working with the UN system, even when difficult – but a formally negotiated corporate agreement around GBV and agency working with UN-Women is in high demand at the country-level.

Evaluation assumption:	UNFPA provides leadership on sexual and reproductive rights, health and gender equality within international, regional and national fora (including UN coordination).
Case study evidence	<ul style="list-style-type: none"> UNFPA operational work provides legitimacy to engage in capacity development, coordination, knowledge brokerage, and advocacy.

¹⁷ The evaluation identified at least one major example where this was not the case, and a failing programme was not addressed quickly or decisively. While the situation was later resolved, the high reputational and business continuity risk associated with the main non-core funder withdrawing support from a UNFPA programme illustrates the need for responsive organisational dynamics in the new funding landscape.

	<ul style="list-style-type: none"> ● The ability to deliver in humanitarian assistance and in data is more important for partners than having a paper-mandate. ● UNFPA, together with WHO, have led in VAW prevalence data, but donor interest is driving market entry, including from the private sector. ● There has been good regional-level modelling of working with UN system, even when difficult. This includes the regional technical working group, support to Essential Services with UN-Women, the Partnership for Prevention with UNDP and UN-Women, and the Child Marriage global programme with UNICEF. ● There is massive variation in country contexts for UN coordination (linked to capacity and resources of UN-Women and UNFPA). There is no one-size-fits all for division of labour. At the same time, there have been some extremely negative and personalized experiences of competition between country offices. The current loosely structured agreement does not work – formally negotiated agreement around GBV and agency working based on the UNAIDS (joint monitoring framework, joint budgets) is demanded.
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From a regional perspective, most interviewees emphasized that UNFPA has played an important and central role in maintaining gender-based violence on the inter-agency agenda across the development–humanitarian spectrum. Indeed, in countries such as Myanmar, programming has strategically positioned UNFPA in the space between development and humanitarian response. This has enabled the country office to support the comparative strengths of other agencies, such as UNODC and UNDP (which has staff embedded in the Attorney General’s Office), to realize change¹⁸.

Generally, UNFPA APRO is perceived as demonstrating active leadership and initiative in pulling other agencies together to organize events, or in being open and disseminating information more widely than is typical. According to interviewees from UN agencies, where competition between agencies is present, it clearly correlates with pressure for resource mobilisation.

UN coordination

UNFPA is part of the gender group of the regional coordination mechanism and is acknowledged by other agencies as having brought in gender analysis to policy, such as using gender statistics to identify issues around violence against women. In this space, UNFPA is seen to be team and solution orientated, a guardian of human rights based approaches and concerned about shrinking civil space.

According to some civil society interviewees, this is contributing to gender-based violence actors becoming more united – particularly in making the case of gender-based violence as life-saving. However, there are so many different critiques, analyses and guidelines that it is hard for many programmers to know what to do. The demand from civil society is that the UN would benefit from developing a common view and a common set of guidance. There was no contradictory evidence to challenge this case – but the evaluation did note that Partners for Prevention and the Essential Services Package are attempts to achieve joint approaches.

It is evident that the particular division of labour regarding gender-based violence and harmful practices is different in almost every country in the region. In Indonesia, for example, UNFPA leads on

¹⁸ UNFPA, under the Women and Girls First programme, have leveraged the relationships of different UN agencies with government counterparts. While UNFPA staff are seconded into the Department of Social Welfare, the programme supports UNDP who have staff seconded into the Attorney-General’s Office; and partners with UNODC to leverage the strength of their relationship with the Myanmar Police Force.

GBV response and prevention and FGM, while UNICEF leads on child marriage. In Nepal, UNICEF and UNFPA jointly work on child marriage, while UN Women and UNFPA are constantly negotiating over prevention work. In Sri Lanka, UNFPA leads the UN gender theme group. In the Pacific, UN Women leads the GBV in Emergencies cluster. Despite this large variation, a number of regional patterns are evident in the interviews regarding UN coordination around gender-based violence and harmful practices:

1. UN Women and UNFPA are the most active agencies in gender-based violence and have had limited success in jointly mobilising other agencies to addressing gaps in prevention and response: such as access to justice. This is illustrated by the performance of the Partnership for prevention in terms of unilateral fundraising and inconsistent country-level commitment.
2. Most UN country offices in the region are not fully capacitated because of the high prevalence of middle income countries, and rely on the regional structures for technical support, leading to inconsistent quality of joint proposals developed at country-level (P4P addressed this by proactively providing options papers).
3. The interagency relationship at regional level is seen to be modelling good practice – especially between UNFPA, UNICEF and UN Women – because of a commitment to setting aside individual and organisational ego, and engaging in genuine professional exchange. This is not seen at country level where competition for funds and strategic positioning lead to agencies adopting a stance and defending it.
4. Whereas, UNICEF and UNFPA country teams can generally operate in parallel where coordination is failing. There are examples of conflict and competition between UNFPA and UN Women country offices. The level of tension often depends on the individual country representatives from both agencies. Given that capacity of country offices is very different across countries, and the absence of a global division of labour between UN-Women and UNFPA, this situation currently has to be resolved at country level.
5. The resolution of agency roles is currently inhibited by a dominant narrative of ‘coordination’ being synonymous with ‘leading’ (which is shared across both the development and humanitarian spaces).
6. The interagency work on essential services has provided a useful framework and precedent for building collaborative working relations between UN Women and UNFPA in regard to response. But major tensions are seen to persist regarding the division of labour for prevention.
7. Several country and regional level interviewees advocated that it would be more productive to refocus the discussion of division on labour for prevention, away from dividing the gender-based violence space, and to build on the global prevention framework to divide the different tools to address gender-based violence instead. UNFPA is seen by other agencies as having comparative strength in data, and UN Women in having comparative strength in engaging women’s CSOs.

The importance of a resolution of the partnership between UNFPA and UN Women is emphasized by the external challenges that the two entities commonly face. These include the operating context of political sensitivity and pride in governments regarding gender-based violence and harmful practices. Also, the shared challenge of integrating UN Country Team structures with the humanitarian cluster system in a way that mainstreams gender, and ensures sustained support to addressing undervaluing of girls, son preference, and structural discrimination.

Finding 8: Corporate governance arrangements, including the division of labour and responsibility between APRO and HQ, and a plethora of corporate guidance, currently contain unnecessary levels of duplication, and several examples of contradiction. Streamlining and rationalisation is needed.

Evaluation assumption:	UNFPA systems and structures support economy, efficiency, timeliness and cost effectiveness
Case study evidence	<ul style="list-style-type: none"> ● The technical-programmatic-continuum in the UNFPA structure does not work for supporting gender programming at country-level. There is a case to think in terms of professional groups across the organisation. ● There is duplication of programming and management planning quality assurance at regional and HQ levels that sometime contradicts. There is a demand to clarify the scope of agency, independence and responsibility of decentralized regional QA so that is sufficiently trusted to be used by HQ units. Different models of structuring support to Country Offices are available (the child marriage global programme, HQ programmes, RO programmes; TA). ● The social determinants underpinning the entire Bullseye are rooted in gender inequality. However, gender positions are often the first to be cut, and there are few senior managers and senior national staff with a gender profile. Gender is needed as a core competency across the agency. ● There is a plethora of corporate guidance – but often not giving consideration to the problem that is being solved and the transaction costs for different sized offices in applying it. Some corporate guidance is contradictory. ● Gender norms and power structures within UNFPA as an organisation are not sufficiently addressed.

While time-use mapping is not available for the regional gender team, country support is reported as the main priority of the regional advisors. However, the recent large cuts in regular resources (up to 40 percent in some countries) has translated into a loss of core funded gender advisors. The calculations to deprioritize gender in staffing terms has been led by country representatives, and there has not been an universal response to this reduction. Simultaneously, there has been direct dialogue between UNFPA HQ and some country offices regarding engagement in new initiatives, such as essential services – but these have not envisioned a role for the regional office until it becomes apparent that the human resources do not exist in New York to support all of the countries that are ‘self-starters’. This communications flow inhibits planning for strategic use of the limited technical expertise available at the regional level.

Interviews also indicate that the regional office has limited real-world delegated authority, with lots of duplication with HQ around quality assurance programming. For example, a proposal of only \$100,000 will end up being reviewed by 15 people to balance the overall investment before being submitted to HQ for approval, where it can then be overwritten or vetoed by a single department based on a narrow view.

The Regional Office also indicated a rapidly expanding number of guidelines, business processes, and compliance requirements. Country Programmes now have to be submitted with eight supporting documents (all of which have to be assessed for gender) – formerly, it was two documents. Humanitarian proposals are subject to 17 different corporate guidelines, with several of them contradicting each other. There is a need to review for better alignment across the corporate policies, programming guidance and processes. These include: fast track procedures, the surge standard operating procedures, the L3 standard operating procedures, technical guidance such as the minimum initial service package and the minimum standards on GBVie, business continuity planning, inventory

management guidance, and procurement guidance. There has not been a full mapping of these business processes.

Humanitarian systems and structures

Between 2012 and 2014 there was one regional humanitarian response coordinator. This has been supplemented progressively with temporary human resources capacity within the APRO humanitarian team as the organisational focus on humanitarian response has grown. A second staff member was appointed in 2017 – funded through other resources to manage a regional prepositioning initiative. Despite creativity in the Regional Office to secure sufficient human resources (20% of the time of the GBV Specialist, a humanitarian consultant, a consultant project coordinator on pre-positioning supplies, and hosting several Regional Emergency Gender Advisors¹⁹), and a financial increase in the regional programme budget for humanitarian, it takes a year to get a fixed time appointment approved. Few Country Offices have national or international humanitarian officers and specialists, and many Country Offices in most countries only have humanitarian focal points. As a result, regional human resources are very often temporary, and are supporting country staff with limited experience in general humanitarian coordination and gender-based violence in emergencies.

Capacity in gender-based violence in emergencies in AP is constrained by the double factor of a limited pool of gender officers, and a limited pool of humanitarian officers. At country level there is only specific gender-based violence in emergencies capacity in Myanmar, with humanitarian officers in around nine other countries. The rest have focal persons as mentioned above. As a result, the humanitarian and gender teams in APRO emphasize the importance of both matrix working, and ensuring common competencies across these, and other profiles. In particular, in a region experiencing consistently high numbers of humanitarian emergencies and with many small country offices, the following changes to professional profiles have emerged as an alternative to continuous (and unsustainable) in-post training by regional office advisors and specialists:

1. Gender officers should have GBViE competencies in their profile.
2. SRH officers should have clinical management of rape in their profile.
3. GBViE officers should have humanitarian coordination competencies in their profile.
4. Management profiles in fragile and high-risk countries should include familiarity with humanitarian response and the cluster system.

Even with these changes, interviewees indicated that cases will emerge where additional resources cannot be raised in emergencies to sustain efforts – due to either lack of donors, unwillingness, or the fact that national authorities often do not declare a state of emergency or request international assistance. In these instances, there is currently no corporate directive to field offices on what their response should be and the exit strategy. While the surge mechanism can provide additional GBViE expertise for short periods, this is not sustained support, the roster is understaffed, and it lacks coordination expertise. Furthermore, where UNFPA country offices can only hire low-level positions, they face major challenges in coordinating more senior UN colleagues, advocate to government, or competing to secure humanitarian funds. In these instances, and given the principle of 'do no harm', country representatives are seeking a clear corporate guarantee of a minimum level of core resources (a P5 or P4 GBViE coordinator) for the response and recovery phases.

“Senior capacity is key to attract additional resources when your role is to give advice. The organisation needs staff at the right level to give advice – reducing the level of positions to achieve cost neutrality means that the organisation cannot deliver and then cannot fund raise.” (UNFPA interviewee).

The evaluation interviews revealed a number of innovations and ideas within the region to further strengthen the corporate capacity for humanitarian action:

¹⁹ The REGA function is not currently being hosted in APRO

1. In the Philippines, UNFPA has trained a local pool of national people who can be recruited for gender-based violence roles in crises, including taking over development work while permanent staff temporarily shift to GBViE.
2. There is a case for small roving humanitarian teams that can both build the capacity of country offices and be deployed to emergencies.
3. There are staff that have experienced trauma in emergencies with a requisite need for surge capacity in human resources officers during big emergencies – who can take care of all the contracting issues and give staff the relief of knowing that they are being looked after and will be properly compensated. In several emergencies, such as Nepal, UNFPA lost high capacity staff to other agencies that could offer better employment security.
4. UNICEF highlighted the advantage that having sub-offices gives in responding quickly to emergencies – emphasising the value of maintaining or expanding the existing network of UNFPA sub-offices in countries such as India.

EQ4 Strategic partnerships

Evaluation question 4: To what extent has UNFPA leveraged strategic partnerships to prevent, respond to and eliminate GBV, including support to the institutionalization of programmes to engage men and boys in addressing GBV-related issues?

Finding 9: UNFPA maintains a diverse range of partnerships, many of which necessarily go beyond the role of implementing partner, that the annual work plan was designed to support.	
Evaluation assumption:	Diverse and inclusive partnerships engaged through well governed and accountable partnerships that offer mutual benefits, including with civil society, and men and boys.
Case study evidence	<ul style="list-style-type: none"> • UNFPA maintains a diverse range of partnerships, but greater intentionality could be explored regarding where and how CSOs are engaged (not just as Implementing Partners). • Partnerships with professional counsellors at the national level are essential to support UNFPA national and temporary staff who have experienced or witnessed traumatic events relating to sexual violence in emergencies.

There is a strong intersection in the region between UN coordination and strategic partnerships. Three examples of this include:

1. The work with parliamentarians through AFPPD as a common implementing partner across multiple regional offices of multiple UN entities.
2. The joint work with UNICEF on child marriage in South Asia where country-staff from each agency are completely familiar with the work of the other agency (in Nepal and Bangladesh). They can make joint representation to counterparts and an informal matrix working has been established between the gender advisors from the regional and country offices from both agencies.
3. The close links with UN Women in some countries because of their strategic partnership with the national gender equality mechanism, especially the ministries of women, and the centrality of this mandate to a coordinated multisector response.

APRO is maintaining many partnerships that are multifaceted and go far beyond the reductionist concept of implementing partnership implicit in the Annual Work Plan. For example, the partnership being developed with the Korean Women’s Development Institute aims to embrace technical support, knowledge exchange, and advocacy for resourcing gender equality. Similarly, the work with DFAT

(Australia) carries with it the expectation of engaging in joint policy dialogue and intergovernmental advocacy as partners, evidence and knowledge exchange, as well as project implementation.

The three main areas highlighted in interviews as requiring further work were:

1. Engagement with non-traditional partners – particularly religious leaders – also needing to be based on rigorous evidence of results and transformative change.
2. Donors are generally not interested in where the line is drawn between UN agencies – only that proposals explicitly address how entities are working in partnership to deliver as one.
3. There is a gap in terms of standardising the quality in managing relationships with government (particularly in advocacy, resource mobilisation, and outreach) across different UNFPA country offices.

Finding 10: APRO is nurturing strategic partnerships for long term resourcing and knowledge that will benefit the capacity of UNFPA globally – but does not have the results indicators to fully capture this catalytic contribution.

Evaluation assumption:	Strategic partnerships catalyse and accelerate positive changes.
Case study evidence	<ul style="list-style-type: none"> ● UNFPA is developing strategic relationships with China, Korea and India as major regional economies; and already holds important strategic partnerships with Australia, UK and Japan. ● The framework for monitoring the catalytic impacts of knowledge partnerships (such as on GBSS, prevention, and prevalence) are not sufficient to capture the full contribution of UNFPA to wider change.

While AP has developed multiple strategic partnerships with the potential to leverage catalytic changes, interviewees indicated a number of common barriers to this potential being fully realized:

1. Inconsistent expectations around the division of roles between UNFPA and WHO around health sector policy development, with duplication of efforts in some countries (although Asia Pacific is noted for generally being stronger than other regions in this regard).
2. The indirect link via published research between UNFPA programming evidence and WHO development of norms, limiting the uptake of interagency learning.
3. No real systems and structures for sharing knowledge across countries on gender-based violence – whereas the global programmes achieved this to some degree for harmful practices.
4. A prevalence of common goals for regional joint programmes, but separate and inconsistent budget commitments from agencies for implementation at country level.

At the same time, the evaluation interviews indicated a number of positive drivers supporting the achievement of catalytic results:

1. UNFPA APRO is recognized as having staff that have come from different agencies, giving an across-agency perspective that is very much appreciated in regional coordination mechanisms.
2. The Joint Programme on child marriage generated a lot of energy around interagency work between UNICEF and UNFPA at country level.
3. At both country and regional level, UNFPA has been an active member of coordination mechanisms contributing to positioning gender-based violence in the humanitarian space – and this has been an entry point for wider coordination. UNFPA successfully brings together joint activities with both the UN, and civil society organisations such as IPPF.

EFFECTIVENESS

EQ5 Outputs

To what extent has UNFPA contributed to advocacy and policy dialogue for strengthened national policies, national capacity development, information and knowledge management, service delivery, and leadership and coordination to prevent, respond to, and eradicate address GBV and harmful practices across different settings?

Finding 11: APRO makes an essential contribution to the enabling environment for addressing GBV and harmful practices through connecting stakeholders to each other, to knowledge, and to key intergovernmental processes.	
Evaluation assumption:	Strengthened national and civil society capacity to protect and promote gender equality through development and implementation of policies and programmes across the development-humanitarian continuum.
Case study evidence	<ul style="list-style-type: none"> ● APRO is providing convening, connections, knowledge, technical backstopping, and strategic advice to the wider movements for gender equality in AP. ● In terms of VAW data, P4P, child marriage and ESP - this is movement building at country level and the Regional office plays a connecting role to create an enabling environment for this (info on what works, experience sharing, galvanising other actors to do more). ● Work with sub-regional institutions is part of movement building - sensitising and creating linkages. ● UNFPA is opening the doors for CS to engage with intergovernmental processes at regional level, to collectively influence the IG space towards progressive language. ● Much of the everyday work of providing technical assistance is overshadowed by the more visible regional and global programmes. There is a case to better package this work learning from the experience of UNICEF trust funds under each key outcome (internal pooled funding mechanism) to make components more visible and give credit to Member States.

Regional capacity

Capacity development at the regional level has primarily focused on strengthening the spaces for human rights advocates, and using these spaces to equip them with practical knowledge and tools to advance the gender equality agenda:

1. Co-chairing UNiTE with UN-Women is a form of movement building in the UN system, supplemented by introducing practical programming data and tools generated by multi-country prevalence studies and Partnership for Progress. The essential package has also been used as a platform by UN-Women and UNFPA to strengthen the capacities of UN country offices.
2. The regional support to parliamentarians has addressed sensations of isolation, strengthened the movement of elected representatives for gender equality, and been an avenue to equip champions to lay the groundwork for more progressive language in intergovernmental statements. These regional outputs can influence the normative discourse at both the global and national levels.

3. The regional communications strategy is seeking to create virtual spaces that nurture the multi-stakeholder movement for human rights. And provide a means to exchange concrete programming evidence and material.
4. The kNOwVAWdata project is seeking to build a pool of both individuals with the capacity to implement prevalence research, and the ecosystem of institutions to sustain this. As with the work on harmful practices, there is a strong emphasis on South-South exchange between colleagues and countries.

At the same time, there have been some unexpected effects of capacity development at the regional level. One of these has been to contribute to driving demand from policy makers for prevalence data on violence against women – opening up a business area for conducting prevalence surveys that is neither regulated nor quality assured.

Country capacity

Capacity development at country level has been predominantly concerned, until recently, with the health systems response and women’s human rights. In several cases, this has combined training on quality of care with support for national use of prevalence and qualitative data on violence against women. Jointly with other UN entities, the Regional Office has used regional programming on prevention and – more recently – essential services as an entry point to strengthen the capacity of UN country offices and national partners in theories of change and results-based management. This investment is now manifesting in unexpected contributions to original knowledge, such as insights from Bougainville in Papua New Guinea on integrating violence prevention, peacebuilding, and trauma healing.

Finding 12: Regional initiatives on prevention and prevalence data have taken knowledge and programming to the next level – but capacity development of country-level UN staff as well as partners in interpreting data and translating into evidence-based interventions is needed to ensure use of research.

Evaluation assumption:	Enhanced information and knowledge management to address GBV and HPs, including increased availability of quality research and data for evidence-based decision-making.
Case study evidence	<ul style="list-style-type: none"> ● The big regional initiatives on prevention and prevalence data – have taken knowledge and programming to the next level. The deliberative design at the regional level is likely to have contributed to this. ● Technical competence on data quality, packaging and use is at regional level, but it is hard to for the RO get inside what is happening globally: this particularly important if discussing technical issues. ● The capacity development of UN staff as well as partners in interpreting data and translating into evidence-based interventions is needed to ensure use of research.

The documents available to the evaluation and interviews with a wide range of stakeholders indicate that there are areas of work where Asia Pacific region is leading the global generation of knowledge and experience. These include: 1) gender biased sex selection, 2) internationally comparable prevalence data on violence against women, and 3) humanitarian response in multiple simultaneous emergencies. There is also a strong potential for inter-country exchange and learning, including various initiatives to support regional technical exchanges reported by interviewees from China, Korea, and Viet Nam.

At the country level, UNFPA has contributed to changing the discourse and filling the knowledge gap in gender-based violence outside of conflict-related sexual violence in Myanmar. A partnership in Sri Lanka with the largest employer of women in the garment industry, is looking at the extent of gender-based violence and awareness through their network of factories. It is also running a one month knowledge programme of 44 events for 22 agencies to use prevalence data for policy and programme in Viet Nam.

At the regional level, large numbers of joint knowledge outputs have been generated with other UN entities, including as examples: UNICEF (macro drivers study, structural violence paper, study jointly on child marriage in emergencies, regional webinar, meeting mail group lists, joint knowledge management strategy and website on child marriage); and UNDP and UN Women (ground-breaking research in nine sites in Asia- Pacific about why some men perpetrate violence against women²⁰).

The main challenges facing the region in terms of supporting knowledge are the overwhelming levels of evidence in comparison with the human resources available in country offices. There is demand from country offices, and successful precedent in the Partnership for Prevention for ‘proactive’ knowledge exchange involving the systematic regional production of country-specific synthesis of global evidence and options papers to guide country programming. A number of stakeholders, including regional advisors and donors, highlighted that it is also important to strengthen systematic learning about what does not work and should be avoided in future programming.

Finding 13: In a region where most countries are middle-income, services have been supported through capacity development of the health sector response. More recently, the essential services package has been used to drive demand from shifting to a multisector approach.

Evaluation assumption:	Quality services promoting gender equality, freedom from violence and well-being.
Case study evidence	<ul style="list-style-type: none"> • The work on Essential Services is where prevention, response, and humanitarian come together. Despite the leadership role of UN-Women, the amount of work for UNFPA APRO has been huge. This has included big meetings to bring in all the ministries to drive demand for a multisectoral approach and holistic change at country level. • The shift in APRO from health sector response to multisector response has been spearheaded by the ESP. APRO modelled an interagency approach and this has been picked up in some countries: pilots and self-starters. RO supports self-starters with very little money.

As previously noted, work to support high quality services in the region has primarily focused on the health sector response to gender-based violence. There has been a more recent emphasis on the essential package as an entry point to advocating for a national multisector response. There is an existing legacy of work on multisector response evident in specific countries – such as the Maldives Family Police Unit pathway of care and the Thailand one-stop crisis centre multi-disciplinary referral network. However, interviewees emphasize that the essential services package has been used to leverage a region-wide shift towards a multisector response. APRO has spearheaded the convening effort to bring agencies together to galvanize behind this approach.

Essential services are also illustrative of the potential for UNFPA and UN Women to work together at the decentralized level based on strong global frameworks. Although the global programme has been funded through a single agency, the regional teams from both agencies have tried to bring the

²⁰ The main finding is that harmful masculinity norms around what it means to be a real man, having sex and entitlement and entertainment, plus men’s own experiences of violence to themselves and witnessing to others.

approach back into the multiagency space – including with WHO. This builds on the global-level work to develop common multiagency guidance.

Despite the progressive shift towards multisector response, some UN interviewees noted that challenges still remain in the health sector response. There is especially a gap in work on the social norms within the health worker communities, with a perceived need for UNFPA and WHO to jointly address how cultural biases among professionals impact on treatment of women and girls.

Humanitarian

Interviewees from the UN humanitarian system emphasize four main contributions that UNFPA is uniquely making across emergencies:

1. Provision of hygiene and dignity kits – which in some emergencies are literally the difference between displaced women being able to access relief aid, public spaces or not, and thereby claim their other entitlements, including access to humanitarian services, support and information.
2. Women and girls safe spaces, which in Nepal provided a place to sleep safely under shelter as well as – for the first time – opening-up opportunities for women to speak about years of intimate partner violence and access support to address this.
3. Ensuring that the WASH and health response mainstreams gender, and mitigates against future gender-based violence through referral pathways.
4. Supporting effective reporting, and media management. This latter aspect was particularly emphasized as being a key contribution of UNFPA in Cox’s Bazaar (receiving Rohingya fleeing from Myanmar).

“Before the earthquake in Nepal women had few avenues to deal with gender-based violence related issues. Women simply didn’t talk about those sensitive problems. Not only because they were considered taboo but also there was no one to talk to, and very few services open to them”. (Laxmi Tamang²¹, quoted by UNFPA publication.)

Alongside these successful contributions are also challenges. Evaluation interviews emphasized, in particular, a need to differentiate the large number of disasters triggered by natural hazards in the region from humanitarian responses to complex emergencies involving large scale sexual violence. Questions were raised by some UNFPA staff members as to the sufficiency of the current psychosocial response to survivors of sexual violence when SV is used as a as a weapon of conflict – noting that the recovery from this trauma has greater implications for long term programming across the humanitarian-development nexus than is currently programmed for.

Finding 14: APRO has taken a pragmatic approach to advocacy, often combining a contribution to concrete programmatic evidence with the informal role of helping to keep different stakeholders ‘at-the-table’.

Evaluation assumption:	Advocacy, dialogue convening and coordination advances national operationalization of international commitments, including through (co-)leadership of the GBV area of responsibility.
Case study evidence	<ul style="list-style-type: none"> ● UNFPA APRO plays the role of keeping people in the room and managing conflicts based on a commitment to working together. ● There is a lot of diversity at Country Office level, meaning very different approaches to advocacy are required across the region. Most Country Offices are commonly working on child marriage, and data.

²¹ A staff member at one of UNFPA’s post-earthquake Female Friendly Spaces established in Nepal.

	<ul style="list-style-type: none"> ● APRO is actively addressing the balance between prevention and response through P4P.
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At the regional level, APRO has supported policy advocacy work with parliamentarians; and promoted ICPD commitments in intergovernmental processes such as the Asia Ministerial Conference on Disaster Risk Reduction and the G7 hosted in Japan. This has ensured that language on SRHRR is included in many communiqués at the regional level.

“Policy advocacy work has increased awareness of issues, and good practice and legislation from around the region. There are now members of parliament that can champion the approach.”

(Intergovernmental partner).

At country level, the evaluation observed through interviews that the approaches to advocacy have to be as diverse as the country contexts. Specific examples of UNFPA contributions include:

1. It is the only agency to support men involvement in sexual reproductive health and reproductive rights, and to have a community-based male-involvement program as a model for community based behaviour change for young people in Indonesia. This has resulted in lessons learnt feeding into the National framework on male involvement.
2. It has increased the awareness of men through community-saturation of messages on gender-based violence during emergencies in the Philippines; with qualitative reports of reductions in male partners pressuring women to have sex when private spaces are not available.
3. Prevalence studies in the Pacific sub-region has driven national policies, strategies and dialogue. Several countries have used this data to strengthen services across the sectors, the best examples being Kiribati and Solomon – both of which now have essential services package programs.

Unexpected effects of advocacy were also identified. In some cases these were positive, such as in Indonesia where UNFPA was able to re-open the policy dialogue to include FGM into consideration for Indonesia's SDG indicators by providing the evidence for discussions across national partners, when FGM was initially excluded as an SDG indicator for Indonesia. Other unexpected effects were more cautionary. For example, UNFPA interviewees found that public declarations of abandonment of harmful practices can be counter-productive – driving practice underground and leading to under-reporting.

In particular, UNFPA in Asia-Pacific will need strategies to manage high expectations that have had unexpected effects on the successful work on prevalence data. These were reported by country offices and partners as being increased demand for international technical assistance to support the use of data, and a need to carefully prepare governments for the next round of surveys that continue to show high (or even increased) prevalence of violence against women despite the policy response to the first round of surveys.

EQ6 Outcomes

To what extent has UNFPA support contributed to the prevention, response to and elimination of GBV and harmful practices across different settings?

Finding 15: UNFPA in AP has contributed to positioning GBViE as life-saving within UN system discourse at regional level while supporting the use of existing coordination mechanisms (dev or hum) for when the context changes.

Evaluation assumption:	GBV and harmful practices integrated into life-saving structures and agencies.
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Case study evidence	<ul style="list-style-type: none"> ● APRO has clear emphasis on the humanitarian-development continuum: positioning GBVIE as life-saving within UN system discourse at regional level while using existing coordination mechanisms (dev or hum) for when the context changes. This is not yet coming through consistently at country-level. ● In a disaster prone region, humanitarian competencies need to be required for senior management positions. ● In some cases, maintaining the development work requires additional support while national staff switch to providing humanitarian support (especially where an international response is not triggered).
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As reported above, UNFPA APRO is recognized by partners – both within the UN and more widely – for having continuously and successfully advocated for the inclusion of gender-based violence within the regional normative framework (such as on disaster risk reduction), with the regional coordination mechanisms, and through operational delivery during country-level emergencies spanning from earthquakes, typhoons and tsunamis, to conflict and refugees. Stakeholders in the regional coordination mechanisms indicated that UNFPA is a collaborative and supportive agency – and this has contributed to the regional work in support of preparation for sudden onset emergencies.

“UNFPA has been consistent in engagement and contributions. It is practical and realistic, less about waving the flag, more about being a constructive part of the solution, working together for a practical solution”. (Humanitarian partner).

The Regional Office has provided technical support to humanitarian officers and focal persons to integrate in the minimum initial service package into national disaster preparedness plans. Some country offices have also demonstrated a commitment to organisational preparedness for UNFPA itself – such as training a reserve GBV staff in the Philippines and integrating organisational preparedness into the Country Programme process in Nepal. However, these examples appear to have been driven primarily by particular experiences and lessons in-country, rather than being the result of a corporate initiative.

Indeed, interviews with UNFPA regional office staff and managers demonstrated a recognition that there are more longer long-term things that can be done to prepare for the – often inevitable – humanitarian situations. The piloting of prepositioning commodities is part of this recognition, as is participation in OCHA-led scenario planning. There is still, however, scope for more consistent modelling and tracking of evolving risk and vulnerability across the region – and both UNFPA and UN Women interviews recognized the case for the agencies to shape a joint contribution to preparedness and prevention (including a mechanism to acknowledge and deal quickly with inter-agency conflicts where these occur during a response).

Finding 16: The experience of APRO emphasizes the need for social norms approaches to be combined with work to address the structural determinants of gender-based discrimination.

Evaluation assumption:	<p>Informed, effective and inclusive participation in decision-making to change social norms.</p> <p>High quality, accessible and effective services for sexual and reproductive health and well-being.</p> <p>Gender equality and sexual and reproductive rights policies enforced.</p>
Case study evidence	<ul style="list-style-type: none"> ● APRO has supported specific research work on social norms in the region.

	<ul style="list-style-type: none"> ● Social norms interventions need to be combined with work to address the structural determinants of gender-based discrimination. ● A lot of cutting edge work on GBSS was undertaken in India and China that has shaped the new global programme (which was started as a draft programme at regional level). The RO role is convening countries to keep China and India in the picture, and to interface with HQ on careful nuancing about abortion. ● GBSS is at different stages in different countries and child marriage looks very different. Singular theories of change often don't fit. This is an emerging concern with Spotlight. ● The child marriage theory of change is useful at country and regional level for reflection and feeding back, but the results framework is reductionist and creates reporting that is onerous. There are strengths and weaknesses of focusing on girls.
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While the gap in regional-level evaluations has limited the level of evidence available to the case study on contributions to outcomes, an important pattern emerged in the interview evidence given by stakeholders from across the region. This evidence questioned the efficacy and relevance-to-UNFPA of a predominant focus on social norms, unless it is accompanied by efforts to address the structural dimensions of gender inequality.

For example, the work on prevalence data identified the high contribution of male risk factors to perpetration of violence against women, and linked these to structurally-reinforced masculinities and definitions of family structures. The work of the Partnership for Prevention led to marginal decreases in some types of violence (physical) and women reporting less victimisation; but also to greater insights into gender roles and communications within the family as contributing factors to sexual violence in marriage. This evidence can be viewed as an important outcome to which UNFPA has made a critical contribution.

Lessons have also emerged from countries around what it takes to ensure that outputs successfully contribute to the intended outcomes. For example, the Pacific Sub-Regional Office emphasized the need to have people on the ground to help governments to translate prevalence data into policies that respond to the evidence: with successful examples in Kiribati and the Solomon Islands. In Viet Nam, success in engendering surveys was realized through the dissemination of a master methodology – and a similar approach is proposed for enhancing the quality of policy analysis.

SUSTAINABILITY

EQ7 Sustainability

To what extent have UNFPA's interventions and approaches contributed (or are likely to contribute) to strengthening the sustainability of international, regional, national and local efforts to prevent and eradicate GBV and harmful practices, including through coverage, coherence and connectedness within humanitarian settings?

Finding 17: Sustainability in GBV and HPs can be considered in terms other than continuation of services or benefits – such as the transformation of approaches, discourse or knowledge.

Evaluation assumption:	<p>Political will and national ownership of GBV and HPs interventions (including integration of GBV and HPs into national financing arrangements).</p> <p>Capacity of local and national stakeholders to prevent and respond to GBV and HPs.</p>
Case study evidence	<ul style="list-style-type: none"> ● There is a case for thinking wider on sustainability – not always about continuation or affordability after exit. Sustainability can be a transformation in approaches. ● AP is a region with emerging donors – potential to generate globally-relevant learning and relationships while continuing to build trust with long-term donor DFAT (need for strong response to resolve problems quickly). ● There is a need for interventions to connect to bigger processes (e.g. generating learning that will be used elsewhere, changing the discourse, or linking to intergovernmental advocacy (through partners). ● It is essential to address social norms and bias in professional communities.

Interviews with country offices indicate that in a region characterized by middle-income economies, sustaining the capacity of stakeholders often means connecting them to larger processes to secure ongoing national commitments. For example, the Government of Viet Nam now funds and runs campaigning stemming from national surveys of violence against women data after receiving training and technical support from UNFPA. However, to further sustain this work there is an identified need for a platform of universities in the region to help continuously improve data collection and analysis. In Indonesia, government, particularly the Ministry of Women Empowerment and Child Protection, co-funded activities under annual work plan to ensure ownership and sustainability of the programme; the National Violence Against Women Survey was 100% government funded under UNFPA technical assistance.

This is an approach that has been intentionally adopted by the kNOwVAWdata project, with the explicit inclusion of a call for proposals to universities that placed a big emphasis on sustainability through having an open source framework for training on prevalence surveys. This approach recognizes that it is important to link gender-based violence to other areas of work, and for a country to identify what is the most appropriate research method any point in time if it is to be used and generate real value.

While the approach of embedding programme knowledge in wider ecosystems could have been adopted in other interventions, such as the Partnership for Prevention or the global joint programmes, such an approach to sustainability is not viable in the case of interventions such as shelters or community mobilisation. The donors that UNFPA already have tended to recognize that it is hard to deliver sustainability in violence against women programming; and to some extent there is a case for educating new and emerging donors on the boundaries of sustainability. However, interview evidence also indicated that there is space for a more holistic analytical framework that would help countries to frame sustainability around things such as unique contributions to knowledge, catalytic impacts on resourcing, or transformations of discourse and narrative. Viewed in this light, the programing that was designed within the region – on data, prevention, GBSS, and the multiagency-multistakeholder approach to essential services – is notable for having made transformative contributions.

GBV in emergencies

<p>Finding 18: The large number of disasters in Asia-Pacific is generating significant organisationally-relevant lessons on GBViE human resources, competencies, commodities prepositioning, local-language counsellors, and corporate polices.</p>	
<p>Evaluation assumption:</p>	<p>Coverage, coherence and connectedness of humanitarian response to GBV and HPs.</p>
<p>Case study evidence</p>	<ul style="list-style-type: none"> • The large number of humanitarian responses in AP demanding flexibility from the team. There are advantages of office structure for team work and a strong reputation has been developed. • GBV double-hatting on the ground is risky: Humanitarian response requires different skills to development context. There is a strong case for human resources in GBViE beyond SURGE. Pools of people at country level able can help to fill ongoing development GBV work during emergencies. • Humanitarian mainstreaming requires that GBV is included in profiles of management positions in fragile or high-risk countries, and CMR in SRH profiles. UNFPA is also missing a corporate exit strategy and decision-making criteria for when country offices stop and step out. • The importance of delivering substance to establish legitimacy is amplified in humanitarian response: women safe spaces are universally recognized, referral pathways, kits are an entry point for wider support and engagement. • There a need to differentiate humanitarian responses to natural disasters, and those with mass sexual violence. • Prevention and prepositioning is essential for Asia-Pacific because of distance and scale of response. The need for planning of likely needs in advance should be part of all country programmes. If dignity kits are delayed, then there is a need to re-evaluate strategy. Will the new global Long Term Agreement be enough? The experience of Myanmar is that a local Long Term Agreement is more effective for rapid responses. • There is a case for forensic streamlining of guidelines (17+), processes and procedures.

Coordination

Interviews with stakeholders involved in humanitarian response continually emphasized that operational capacity is the most important determinant of *de-facto* coordination roles and responsibilities – and that UNFPA commitment to building operational capacity as a comparative strength is the most relevant approach to establishing authority in leading the area of responsibility.

Alongside operational capacity was an emphasis in interviews with both partners and UNFPA staff on the value of emergency coordinators – especially under the protection cluster and sub-clusters – who are able step aside from their agency backgrounds and to recognize the needs and perspectives of all members of the (sub-)cluster. In this regard, the view expressed by stakeholders in UNFPA APRO was that the UNFPA minimum standards are an important contribution to clarifying what UNFPA does, versus, what other agencies can contribute to the referral pathway. But the intensity of violence in some emergencies in the region demands that UNFPA does more at the corporate level to formalize

the approach of being a convener (with each UN agency having specific designated responsibilities for what they do on gender-based violence in emergencies).

Human resources

The most critical lessons for UNFPA expressed by partners from the UN system, civil society and donors is that the number and professional level of staff deployed in emergencies is insufficient to meet the expectation of the role as a sub-cluster lead (which has partly been driven by the creation of a cell in HFSB for gender-based violence in emergencies). Presently, UNFPA is seen to be *“understaffed in emergencies and relying on the excellence of a few members of staff”* (UNFPA partner). The current regional humanitarian team is active, tapped into all the processed, and well regarded, but nevertheless overstretched.

In Nepal, a P3-level coordinator had to compete with senior P5 advisors from other entities for influence and funding. The team in Cox’s Bazaar is recognized for good programming by partners, but it is also reliant on regional level technical support. Other UN entities perceive the more junior levels of UNFPA staff as creating a mentoring relationship rather than a partnership. Sri Lanka relied entirely on the regional office to lead the gender chapter of the rapid national needs assessment.

The global surge roster is considered by APRO to be useful but understaffed with gender-based violence in emergencies and coordination specialists. Thus, countries are constantly struggling to fill the required skill sets. Furthermore, a successful surge deployment only helps for about three to six months, but creates increased expectation of humanitarian coordination that requires the requisite resources to maintain in the medium term. Non-core funding is limited for this largely because most donors report seeing it as a core responsibility of the AoR leadership role.

Other situations are more frequently arising where governments do not declare emergencies, and so there is no channel for international or humanitarian funds. In this situation, preparation takes on increased importance as it can enable UNFPA to channel some response through the country program. However, international human resources are still limited and country offices thus need an internal mechanism to supplement human resources capacity, to both respond to the humanitarian situation and to continue development support in non-affected areas. The work in the Philippines to build a pool of local experts is in response to such a need, as are standing implementing partner agreements in Sri Lanka. Other supplementary efforts may also be necessary, with the Regional Office already giving early thought to building gender-based violence in emergencies into academic programs for sustainability, or making the case for roving humanitarian response teams.

Commodities

Multiple interviews indicated the importance of SRH dignity kits to the GBViE response as a strategy to initiate conversations and entry point for programming, and through the contribution of medical hygiene or protective clothing and torches and whistles on freedom of movement and access to other support. The main lessons for improvement stemming from the region are the need to do more in terms of preparedness planning on the types of items that will be needed in each country and for each socio-cultural group if an emergency develops – such as the type of menstrual hygiene products that are most commonly used, or particular cultural requirements for cover when accessing public spaces.

With support from Australia, some countries²² in the region are building on a pilot of pre-positioning Reproductive Health Kits to respond more quickly, and as part of UNFPA’s effort to support build capacity to implement the MISIP. Pre-positioned kits were utilized in the acute phase of the 2015 Nepal earthquake and Fiji’s 2016 Cyclone Winston response. They provided immediate access to basic and emergency obstetric care, contraception and treatment for sexually transmitted infections. However, corporate procurement rules continue to be unsuited for pre-positioning even though more countries are now doing it.

²² Nepal, Papua New Guinea, the Philippines and Fiji

5. Considerations for the overarching thematic evaluation

A. If UNFPA depends on non-core money for GBV (especially in Emergencies), then it implicitly becomes optional.

There is a strong case to either decentralize the decision-making criteria so that country offices only initiate GBV in emergencies coordination when they're in the position to do so, or to have a firm global commitment to corporately fund international sub-cluster coordinators. The presence of senior expertise is also likely to support local resource mobilisation; and where countries have secured medium-term emergency funds – such as Myanmar²³ – these have enabled foresight between development, emergency, and peace building.

B. Compliance bureaucracy is inhibiting the value provided by regional offices.

A growth in corporate guidance and reporting requirements has not been accompanied by a decentralisation of authority. This has led to increasing levels of duplication in oversight between regional offices and HQ (the burden falls on the regional office to help country offices to meet HQ requirements). In this regard, risk is not being managed intentionally, and there is a strong case to map and rationalize the full spectrum of business processes.

In addition to rationalising the existing process, there is a case for adding new operation tools. For example, policies and operational capacity to work with cash in order to better draw on the humanitarian mandate and programming to support working across the nexus.

C. Resolving country-level working arrangements between UN Women and UNFPA requires more structure at the global-level.

While the regional working relationship between UN entities is modelling a commitment to delivering as one, this is not translating consistently to country level coordination. Given the wide and evolving range of contexts and capacities across the region, each country requires a different arrangement between the two entities. However, leaving it to be resolved at this level is evidently not working well enough or fast enough. Lessons can be learned from other spaces, such as UNAids, on establishing a more structured approach to managing the strategic partnership between the two agencies.

D. Social norms programming to address harmful practices requires complementary work to address structural barriers.

Together with partners, UNFPA APRO has generated substantive evidence to make a case for not restricting work on harmful practices to a reductionist conceptualisation of social norms. But instead, to systematically address the structures of violence and marginalisation that support the continuation of son preference and discrimination against girls.

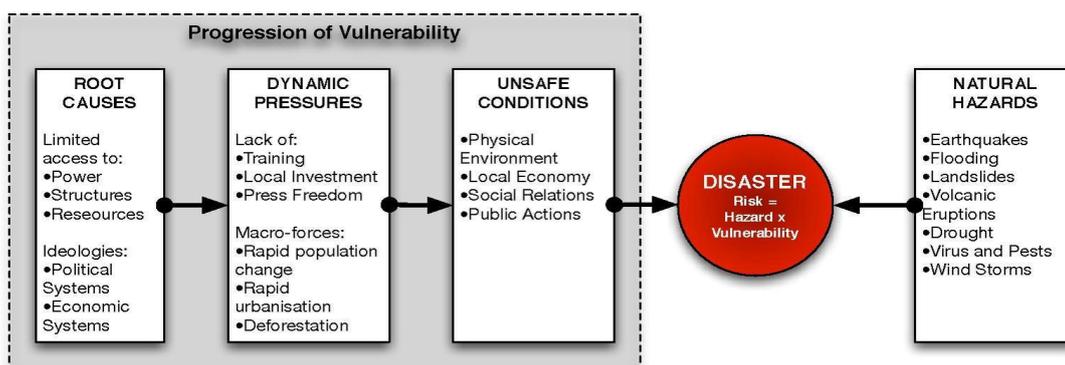
²³ UNFPA Myanmar secured pooled funding from donors which combine humanitarian and development funding streams, allowing UNFPA to work across the nexus.

E. Asia and Pacific Region is generating a strong evidence base to reinvigorate GBV prevention programming.

In combination, the Partnership for Prevention work and the kNOwVAWdata risk factor analysis have generated a substitutive body of evidence that questions traditional broadcast-centric approaches to prevention. This sets the stage for a renaissance in prevention programming at country-level, in addition to providing unique contributions into the global knowledgebase. While corporate guidance and support for using data, from all sources for GBV and gender, is a gap; the region is exploring the notion that a network of universities in the region might be a good way forward to build critical sustained mass in human resources.

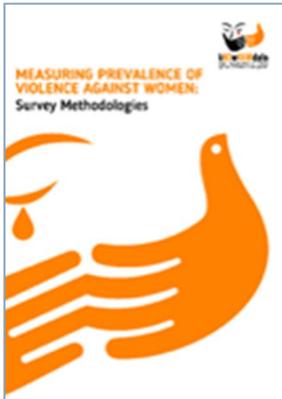
F. The prevalence of disasters in Asia and Pacific indicates the need for programming that integrates humanitarian response, disaster preparedness and development.

Models such as pressure-and-release have not yet found a place in UNFPA programming, but could inform and integrated approach to addressing GBV and harmful practices across the disaster cycle.



G. Wider legitimacy is being derived from high quality action.

There are three narratives in AP that demonstrate how UNFPA derives legitimacy for its interventions.



1: Legitimacy in the policy space derived from high quality technical support to VAW prevalence data.

(kNOwVAWdata)



2: Legitimacy for prevention programming derived from systematic action research.

(Partnership for Prevention/P4P)



3: Legitimacy to lead derived from operational delivery (incl. prepositioning) in emergencies.

Annexes

A: Reference Group

The membership of the final reference group is to be agreed.

B: People interviewed

UNFPA, APRO, Bangkok

1. Bjorn Andersson, Regional Director
2. Dr. Jennifer Butler, Deputy Director
3. Ingrid Fitzgerald, APRO Gender and Human Rights Advisor
4. Sujata Tuladhar, APRO GBV Technical Specialist
5. Dr. Henriette Jansen, Technical Advisor, VAW Data and Research
6. Dr. Josephine Sauvarin, Technical Adviser, HIV/ASRH
7. Sae-Ryo Kim, Regional Partnerships Advisor (based in Beijing, China)
8. Ziyad Qamar, Regional Resource Mobilization and Partnerships Advisor
9. Roy Wadia, Regional Communications Advisor
10. Salli Davidson, Programme Adviser
11. Priya Marwah, Humanitarian Response Coordinator
12. Galanne Deressa, Programme Specialist
13. Dr. Vinit Sharma, APRO Technical Advisor, RH/RHCS

UNFPA Country Offices

14. Lubna Baqi, Representative, Nepal CO, and former Deputy Regional Director, APRO
15. Catherine Breen-Kamkong, Deputy Representative, Cambodia CO
16. Hua Wen, Gender Programme Officer, China CO
17. Dr. Annette Sachs Robertson Representative, Indonesia CO
18. Martha Santoso Ismail. Asst. Representative, Indonesia CO
19. Risya Ariyani Kori, NPO for Gender, Indonesia CO
20. Ritsu Nacken Representative, Sri Lanka CO
21. Sharika Cooray, National Programme and Policy Analyst - Gender and Women's Rights, Sri Lanka CO
22. Jayan Abeywickrama, TITLE, Sri Lanka CO
23. Wassana Im-em, Assistant Representative, CO Thailand CO
24. PSRO Team
25. Astrid Bant, Representative, Viet Nam CO
26. Phan Hien, Gender Specialist, Viet Nam CO
27. Pamela Marie Godoy, National Programme Officer - Gender/Gender-based Violence, Philippines CO
28. Janet Jackson, Representative and the wider team, Myanmar CO

UN Regional Offices and Headquarters

29. Dr. Avni Amin, WHO Headquarters, Geneva
30. Heike Alefsen, Senior Regional Human Rights Advisor, UN Development Group, Asia-Pacific
31. Koh Miyaoi, Gender Advisor, UNDP Asia-Pacific
32. Melissa Alvarado, Unite Campaign, UN-Women Asia-Pacific
33. Kathy Taylor, Programme Manager, Partners for Prevention
34. Gerda Binder, Regional Advisor, UNICEF East Asia and Pacific Regional Office
35. Kendra Gregson, Regional Advisor, Child Protection UNICEF ROSA Regional Office for South Asia

36. Sam Orr , OCHA Regional

Implementing Partners

37. Mika Marumoto, Executive Director, Asian Forum of Parliamentarians on Population and Development (AFPPD)

38. Prof. Kristin Diemer , Senior Research Fellow and Mel University of Melbourne team, kNOwVAWdata Project

39. Maria Holtsberg, Gender and Inclusion Advisor, International Planned Parenthood Federation

Development Partners

40. Dr. Eun Ha Chang, Director, Korean Women's Development Institute

41. Helen Mc Dermott, Australia, Department of Foreign Affairs and Trade.

C. Documents reviewed

1.1 Regional Programme Documents (RPDs)	Regional programme document for Asia and the Pacific, 2014-2017
1.2 Regional Programme Action Plans (RPAPs), including midterm reviews of RPAPs	RPAP 2012-2013 RPAP 2014-2017 APRO Regional Programme Evaluation Report (2008-2012)
2.1 All Annual Work Plans (AWPs) related to gender-based violence and harmful practices, in both development and humanitarian settings	2014 (AWP for Output 9 and Output 10 and AWP for UN Joint Programme for Prevention) 2015 (AWP for overall outputs and AWP for UN Joint Programme on Prevention) 2016 (AWP for overall outputs and AWP for UN Joint Programme on Prevention) 2016 (AWP for DFAT VAW data project)
3.1 Regional Office Annual Reports	- AP Annual Report 2012 - AP Annual Report 2013 - AP Annual Report 2014 - AP Annual Report 2015 - AP Annual Report 2016
4.1 Field Monitoring Visit Reports related to gender-based violence and harmful practices	- Mission reports from 2016, 2015, 2014
5.1 Evaluation Reports related to gender-based violence and harmful practices	- Evaluation of Partners for Prevention Regional Joint Programme for GBV Prevention in Asia and the Pacific (2008-2012)
5.2 Assessments related to gender-based violence and harmful practices	- Health Sector Response to GBV - An Assessment of the Asia Pacific Region - Mapping of child marriage initiatives in South Asia - Prepositioning to address lifesaving sexual and reproductive health and the protection needs of women and girls in the Asia Pacific region – Analytical study report
6.1 Relevant studies or publications on GBV and harmful practices (in humanitarian and/or development contexts) authored by UNFPA	- Indicators on violence against women (2016) - Measuring prevalence of violence against women: Key Terminology (2016) - kNOwVAWdata Project Overview (2016) - VAW data regional snapshot (2016) - Sources of Data (2016) - Measuring Prevalence of Violence against Women: Survey Methodologies (2016) - Responding to Emergencies across Asia and the Pacific (2016) - Many faiths, different contexts : Experiences with faith-based organisations in the Asia and the Pacific (2015) - Mapping of Child Marriage Initiatives in South Asia (2015)

	<ul style="list-style-type: none"> - Policy Brief: Sex Work, Violence and HIV in Asia – From Evidence to Safety (2015) - The Rights Evidence : Sex Work, Violence and HIV in Asia – A Multi-country Qualitative Study (2015) - Health Sector Response to Gender Based Violence – An Assessment of the Asia Pacific Region (2010) - Health Sector Response to GBV – Case Studies of the Asia Pacific Region (2010)
<p>6.2 Relevant studies or publications GBV and harmful practices (in humanitarian and/or development contexts) authored by other organizations</p>	<ul style="list-style-type: none"> - Learning paper from the Asia Pacific Forum on Preventing Violence against Women (2016, pending publication) - Placing Women and Girls at the Centre of Humanitarian Action in South and Central Asia (2015) - The Change-Makers: A Young Activist’s Toolkit for Ending Violence against Women and Girls (2015) - Why Do Some Men Use Violence against Women and How Can We Prevent it? Quantitative findings from the UN Multi-Country Study on Men and Violence in Asia and the Pacific (2013) - Child Marriage in Southern Asia - Study on Gender, Masculinity and Son Preference in Nepal and Vietnam (2012) -A Mapping of Faith Based Responses to Violence against Women (2012)
<p>7.1 UN country team + other partners:</p> <p>a. Documentation on joint working groups, joint programmes or joint projects related to GBV and harmful practices (in humanitarian and/or development contexts)</p>	<ol style="list-style-type: none"> 1. kNOWVAWdata (DFAT funded project to strengthen regional and national capacity to measure VAW) 2. UN Regional Joint Programme on Partners for Prevention: Working with Boys and Men to Prevent Gender Based Violence (UNDP, UNFPA, UN Women and UNV) 3. Thematic Working Group on Gender Equality and Empowerment of Women 4. UN SG’s Campaign to End Violence against Women Working Group 5. Working Group on Women, Peace and Security 6. Inter-agency Regional GBV Humanitarian Advisor 7. Partnership with Tata Institute of Social Sciences
<p>7.2 Donors:</p> <p>a. Donor Reports on UNFPA support to the prevention, response to and elimination of GBV and harmful practices (in humanitarian and/or development contexts)</p>	<ul style="list-style-type: none"> - DFAT Annual Report on project to strengthen capacity to measure violence against women and girls (in development) - UN Regional Joint Programme on Partners for Prevention Annual Reports - APRO Report on Implementation of Danish Funds for humanitarian response (2011-2012)

<p>8.1 Reports assessing the technical capacity of implementing partners on interventions related to GBV and harmful practices</p>	<ul style="list-style-type: none"> - Tata Institute for Social Sciences
<p>9.1 Other technical document or studies on GBV and harmful practices</p>	<ul style="list-style-type: none"> - Powerpoint on Gender Workplan (2016) - kNOwVAWdata Project Launch and Technical Advisory Committee Documents (2016) - Child Marriage Background paper (2016) - Report on the Expert Group Meeting to End Child Marriage (2016) - Facilitators Manual for APRO document on Addressing Gender Based Violence in Humanitarian Settings in Asia Pacific (2015) - Responding to Gender biased sex selection – An Inter Regional Capacity Building Pilot Course (2013) - Event Report: Live Online Consultation on Gender Based violence in Humanitarian Crises (2015) - APRO Technical Briefing note on Gender Equality/Gender Based Violence (2015) - APRO Gender Snapshot (2015) - APRO Strategy Brief on Gender Equality and Reproductive Rights (2012-2013)



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