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



UNFPA Evaluation Office

2021

UNFPA EVALUATION OFFICE

Alexandra Chambel	Chair of the Evaluation Reference Group, Lead evaluation manager, Evaluation Adviser
Youri Bless/Rita Magawa	Research assistant, Evaluation Analyst

EXTERNAL EVALUATION TEAM – UNIVERSALIA CONSULTANTS

Katrina Rojas	Team Leader and gender expert
Mary Picard	Thematic expert in gender equality and social norms
Natalie Martin	Evaluation expert
Ecem Oskay	Evaluation expert

EVALUATION REFERENCE GROUP

Leyla Sharafi	Technical Advisor, Gender and Human Rights Branch
Emily Krasnor	GBV Technical Specialist in Humanitarian, Humanitarian Office
Nafy Diop	Chief, Gender and Human Rights Branch
Henia Dakkak	Technical Adviser, Humanitarian Office
Nigina Muntean	Special Assistant, Deputy Executive Director, Office of the Executive Director
Maria Teresa Bejarano	Global Health Advisor, Technical Division
Mauricio Saavedra	Results Monitoring Adviser, Policy and Strategy Division
Eva Bolkart	Coordinator, Protection from SEA and SH, Office of the Executive Director
Ingrid Fitzgerald	Gender and Human Rights Regional Advisor, Asia and Pacific Regional Office
Neus Bernabeu	Gender and Youth Regional Advisor, Latin America and the Caribbean Regional Office
Laura Gonzalez	M&E Regional Advisor, Latin America and the Caribbean Regional Office
Nurgul Kinderbaeva	Gender Programme Specialist, Eastern Europe and Central Asia Regional Office
Julie Diallo	Gender Regional Specialist, East and Southern Africa Regional Office
Reginald Chima	M&E Regional Advisor, East and Southern Africa Regional Office
Mahbub Alam	M&E Regional Advisor, Eastern Europe and Central Asia Regional Office
Olugbemiga Adelakin	M&E Regional Advisor, Arab States Regional Office
Enshrah Ahmed	Jordan Head of Office, Former Gender Regional Adviser, Arab States Regional Office
Simon Pierre Tegang	M&E Regional Advisor, West and Central Africa Regional Office

Copyright © UNFPA 2021, all rights reserved.

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

Read the report at unfpa.org/evaluation

 evaluation.office@unfpa.org  [@unfpa_eval](https://twitter.com/unfpa_eval)  [UNFPA Evaluation Office](#)

Foreword

Gender equality and non-discrimination are fundamental human rights and essential components of healthy societies and a sustainable and resilient world. The COVID-19 pandemic has posed new challenges and exacerbated existing gender inequalities and the vulnerabilities of women and girls, especially, in fragile countries where health and social systems are already weak.

The empowerment of women and girls to exercise their rights, including their reproductive rights, free from violence and discrimination is centrally positioned within the Programme of Action of the International Conference on Population and Development and the 2030 Agenda for Sustainable Development.

Sustainable Development Goals address gender-equality priorities, including to end all forms of violence against women and girls, eliminate harmful practices, and achieve reproductive rights for all women and girls. The 2030 Agenda has put the leave no one behind principle at centre stage and has demanded increased attention to social inclusion by ensuring the visibility of those most at risk of being excluded.

The evaluation highlights that UNFPA has long been a forceful advocate for gender equality and women's empowerment, as it is fundamental to fulfil its mandate on sexual and reproductive health and reproductive rights, as well as accelerating the achievement of UNFPA three transformative results: ending the unmet need for family planning, ending preventable maternal deaths, and ending gender-based violence and all harmful practices. UNFPA has the key elements of organizational capacity to be able to deliver on gender equality and women's empowerment as part of its mandate. However, the absence of partnership strategies that incorporate gender-transformative concerns has limited UNFPA ability to sustain the momentum on the more challenging gender-related aspects of its agenda. Namely, longer-term partnerships (beyond the one-year timelines of funding streams) would be beneficial for addressing social norm change and maintaining relationships with communities where behaviour change is expected.

The evaluation also shows that the COVID-19 pandemic has brought into sharper focus the importance of building resilience, breaking down silos and embracing inter-agency collaboration to ensure more enduring solutions to addressing gender and intersectional inequalities in access to quality services (sexual and reproductive health and reproductive rights/ family planning, gender-based violence, HIV/AIDS) that are inherent to development, humanitarian, and peace contexts. The evaluation further identified additional opportunities for UNFPA to continue to build organizational strategic thinking on resilience from an intersectional gender perspective, drawing on lessons learned from the pandemic. Recommended actions go beyond mitigating disruption of services and begin with building better systems that are more resilient to risk.

I am confident that the findings and recommendations underlined in this evaluation will further enhance UNFPA and its partners work advancing the gender equality and women's rights agenda essential to reaching those furthest behind and accelerating sustainable development

Marco Segone
Director, UNFPA Evaluation Office



© UNFPA Côte d'Ivoire.

A fistula survivor with her family at Bouaké.

Acknowledgements

This evaluation exercise was a highly collective effort that would not have been possible without the professional commitment and effort of Universalia's team. I would like to thank Katrina Rojas and the team for their flexibility in adapting the evaluation approach to adequately respond to the extraordinary circumstances in which all of us have been operating, in the past year, as a result of COVID-19 pandemic.

I am proud to acknowledge the valuable inputs and support from a wide range of stakeholders, both within and external to UNFPA. I am extremely grateful for the time and contributions of UNFPA colleagues in the Technical Division, Humanitarian Office and other business units across the global, regional and country levels. I am deeply appreciative of the insights provided by the members of the Evaluation Reference Group who provided technical thematic expertise at key points during the exercise to ensure the usefulness of this evaluation. In particular, I would like to extend a special thank you to the Gender and Human Rights Branch, notably Leyla Sharafi, as well as, Henia Dakkak and Emily Krasnor from the Humanitarian Office who generously shared their time, knowledge and expertise throughout the evaluation process. With appreciation, as well, to UNFPA regional gender and gender-based violence advisors and specialists for their active and sustained support to the evaluation. With special thanks to Neus Bernabeu and Laura Gonzalez for their support to the regional case study in the Latin America and the Caribbean regions.

In addition, I would like to send my kindest gratitude to colleagues in the country offices who participated in the case studies for their tremendous contributions both logically and substantively. This includes UNFPA country offices in Jordan, Malawi, Cote d'Ivoire, Colombia, Peru, Mali, Zimbabwe, Iraq, Lebanon, Georgia, Nepal, Ukraine, Bangladesh and Kyrgyzstan. The case studies in this evaluation benefitted enormously from the support, advice and active participation of members of national reference groups. Consultations with UNFPA gender expert groups were vital to further ground the evaluation and deepen validity.

The insights provided by representatives of other United Nations agencies, development partners, national government partners, and other key stakeholders, including women's rights and civil society organizations, were invaluable, and contributed to the strength and usefulness of the evaluation.

The success of an evaluation depends on the contribution and commitment of many and I am very grateful to all those who shared their valuable time, expertise and drive during this evaluation process.

Alexandra Chambel
Evaluation Adviser, UNFPA Evaluation Office

Contents

FOREWORD	i
ACKNOWLEDGEMENTS	iii
ACRONYMS	vi
EXECUTIVE SUMMARY	vii
1 INTRODUCTION	1
1.1 Purpose and objectives of the evaluation	1
1.2 Scope of the evaluation	1
1.3 Definitions	2
2 CONTEXT	3
2.1 Overview	3
2.2 Global normative and operational context	3
2.3 Evolution of UNFPA internal context	5
2.4 UNFPA programmatic response and financial investments	7
3 METHODOLOGY	11
3.1 Overview of the evaluation design and approach	11
3.2 Data collection methods	12
3.3 Data analysis	14
3.4 Ethical considerations	14
3.5 Limitations and mitigation actions	14

4	MAIN FINDINGS AND ANALYSIS	15
4.1	Evaluation Question 1	15
4.2	Evaluation Question 2	22
4.3	Evaluation Question 3	36
4.4	Evaluation Question 4	53
4.5	Evaluation Question 5	60
5	CONCLUSIONS	72
6	RECOMMENDATIONS	80
6.1	Strategic recommendations	80
6.2	Operational/programmatic recommendations	83
 FIGURES		
Figure 2.1	Key changes at global level that influence UNFPA support for GEWE	4
Figure 2.2	Key internal changes that influence UNFPA support for GEWE	6
Figure 2.3	UNFPA gender-dedicated budget and actual expenditures between 2012 and September 2020	8
Figure 2.4	Percentage of total and absolute number of SWAP performance indicator ratings per year (SWAP 1.0: 2012-2017; SWAP 2.0: 2018-2019)	9
Figure 2.5	Trends in gender mainstreamed budgets (GM2a and GM2b) by result area (2014-2020)	10
Figure 2.6	Gender Marker ratings for budget allocations in the outcome area on gender equality (2014-2020)	10
Figure 3.1	Map outlining country and regional case studies	13
Figure 4.1	Evolution of gender-dedicated outcome expenditures, core and non-core funds (2012-2020)	61
Figure 4.2	UNFPA trends in female staffing (2017-2020)	67

ORGANIZATION OF THE REPORT

Volume I presents the introduction, findings of the evaluation under each of the evaluation questions, the conclusions and recommendations

Volume II presents the annexes noted in the main text

Volume III contains the four country case studies and the regional case study

Acronyms

APRO	Asia Pacific Regional Office
ASRO	Arab States Regional Office
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
EECARO	Eastern Europe and Central Asia Regional Office
ESARO	East and Southern Africa Regional Office
GBVIMS	Gender-Based Violence Information Management System
GEWE	Gender equality and women's empowerment
ICPD	International Conference on Population and Development
LACRO	Latin American and the Caribbean Regional Office
LGBTI	Lesbian, gay, bisexual, transgender, intersex
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
SDG	Sustainable Development Goals
UNDP	United Nations Development Programme
UNFPA	United Nations Fund for Population
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNSDCF	United Nations Sustainable Development Cooperation Framework
UN-SWAP	United Nations System-wide Action Plan
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WCARO	West and Central Africa Regional Office

Executive summary

BACKGROUND

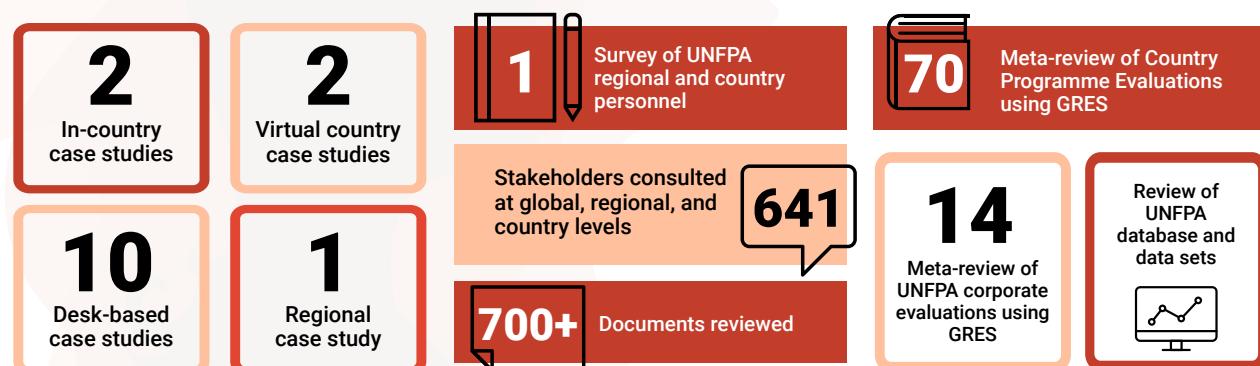
The **purpose of this thematic evaluation** is to assess UNFPA support to gender equality and women's empowerment (GEWE) in development and humanitarian settings during the period January 2012 to July 2020. It aims to inform the design of the next UNFPA Strategic Plan, implementation of the Gender Equality Strategy (2018-2021), as well as the position of UNFPA within the 2030 Agenda. The evaluation **covers three main components**: UNFPA systems and processes to advance GEWE, gender mainstreaming and UNFPA work under the dedicated gender outcome.

The **mandate of UNFPA** is informed by the International Conference on Population and Development (ICPD) Programme of Action (1994) and ICPD beyond 2014. Other normative developments have also framed how UNFPA operationalizes its support for GEWE and include the 1993 UN Declaration on the Elimination of Violence Against Women and the Beijing Platform for Action (1995). The 2030 Agenda for Sustainable Development (2015) has raised expectations for how the UN system will contribute to helping Member States attain a shared vision of achieving gender equality and the empowerment of women and girls by 2030.

Since 2012, gender equality has been an outcome-level commitment in UNFPA strategic plans. The organization has focused consistently on strengthening national capacity with regard to policy, legal and accountability frameworks, service provision, and civil society and community-level engagement in eliminating discriminatory norms and practices. In the most recent strategic plans, programming under the dedicated outcome area has focused largely on gender-based violence and harmful practices. UNFPA has also mainstreamed gender equality in its programming under the other outcome areas.

EVALUATION APPROACH

The evaluation overall approach was theory-driven based, integrating human rights and gender equality principles of the United Nations Evaluation Group. It used a mix of data collection methods that generated both qualitative and quantitative data. The main limitation was imposed by the COVID-19 pandemic, which affected the possibilities to gather direct input from the most vulnerable groups (with the exceptions of Malawi and Jordan where fieldwork was conducted prior to COVID-19).



The evaluation analysed data by global, regional, country levels and applied triangulation techniques that included comparing results from different data sources for specific lines of inquiry. The evaluation validated the findings by presenting preliminary case study findings to country/regional offices, and conducting data analysis workshops with the Evaluation Office, in addition to validating preliminary findings, conclusions and recommendations with the Evaluation Reference Group.

MAIN FINDINGS

UNFPA support demonstrates a high level of consistency in aligning with national priorities. The evaluation found ample evidence of country programme alignment with government policies, plans and strategies related to GEWE through the United Nations Sustainable Development Cooperation Framework (UNSDCF) and through Humanitarian Response Plans in the early stages of the COVID-19 pandemic, which ensured delivery of sexual and reproductive health and gender-based violence services and brought an intersectional perspective to the issues.

UNFPA has demonstrated its support to the target populations of its mandate but has been challenged in reaching population groups at risk of being left behind. Adolescent girls have been gaining centrality as a target population in UNFPA programming since 2014, and dedicated global programmes are bringing attention to the interrelated barriers to their sexual and reproductive health and reproductive rights and empowerment. The needs and rights of indigenous people, people of African descent and persons with disabilities are becoming more prominent in programming. The COVID-19 pandemic has brought some of these groups into sharper focus. UNFPA offices in general have not had a strategy that provides explicit direction on ways to reach the most vulnerable.

UNFPA work at all levels strongly aligns with the International Conference on Population and Development (ICPD), the Sustainable Development Goals (SDG), the 2030 Agenda, the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform for Action. The alignment with ICPD is inherent due to the nature of the UNFPA mandate. The Nairobi Summit on ICPD25 obtained political reaffirmation of the ICPD Programme of Action within the context of the 2030 Agenda. UNFPA has strengthened its commitment to enacting the principles of the Agenda which include, ensuring gender responsiveness, promoting human rights, prioritizing leaving no one behind and reaching the furthest behind first.

Strengths and limitations of approaches

By virtue of its mandate, UNFPA often has to navigate tensions in the intersection of culture, gender equality and rights, particularly with the focus on sexual and reproductive health and reproductive rights. While UNFPA strives to ensure a human rights-based approach, a gender equality perspective resistance to these notions in some contexts raises challenges for UNFPA in navigating the tensions. UNFPA has used a men and boys' engagement approach in its programming, most often with men as advocates and allies to women and girls' rights; good models for more transformative approaches that address harmful masculinities or unequal gender power relations are gaining visibility.

UNFPA work on GEWE is becoming increasingly integrated across the development, humanitarian, and peace contexts, but this integration has not yet gelled in practical terms within UNFPA, or in the broader humanitarian and development system, with resulting limitations in funding streams. This said, UNFPA approaches to COVID-19 are helping to sharpen programming from a humanitarian, development and peacebuilding integrated perspective.

UNFPA offices may have partners that contribute to GEWE, but it is not generally by design with a broader vision of advancing GEWE. Each UNFPA office has a mix of partners shaped by its needs for fulfilling different areas of its mandate, including gender equality. The evaluation found evidence on the range of implementing partners and support provided by UNFPA to strengthen their capacities related to gender-based violence but partner capacities for gender analysis and mainstreaming are not given equal weight.

UNFPA brings together and leverages its various roles and thematic areas to support GEWE across different settings. It has a firmly established coordination role as lead agency of the gender-based violence Area of Responsibility, the global forum for coordination and collaboration under the gender-based violence cluster approach in humanitarian settings. The convening role that UNFPA plays in advancing comprehensive sexuality education is highly valued by diverse actors. It leverages its role to create the space for dialogue across different stakeholder groups, with value added in linking disparate topics such as child marriage and adolescent pregnancy.

Contributions to gender equality programming

UNFPA has generated guidance that contributes to international normative frameworks and operational mechanisms on advancing GEWE and, at the regional level, has played a critical role in fostering an enabling environment for GEWE. UNFPA global guidance on gender-based violence (Minimum Initial Service Package, essential services, standards) is considered a major contribution to entities implementing gender-based violence services and programmes, especially in humanitarian settings. Regional offices have played a pivotal role in advancing gender equality and translating UNFPA guidance to suit regional contexts.

UNFPA has contributed to strengthening national policies, accountability frameworks and legal normative frameworks, including laws on GEWE. UNFPA has contributed to more gender-equitable laws and policies in general. UNFPA has also made some progress in supporting the adoption of laws and policies related to sexual and reproductive health. UNFPA has played a critical role at global level through its advocacy and technical support to promote the inclusion of targets and indicators in the SDG framework that are key to its mandate.

UNFPA has strengthened civil society organizations and social movements to sustain efforts to eliminate discriminatory gender and sociocultural norms affecting women and girls. UNFPA has used various approaches to reach into communities, raise awareness and build advocacy capacity. UNFPA supports community structures as advocates for gender-behaviour change towards sexual and reproductive health and reproductive rights. Even when UNFPA engages with and strengthens civil society organizations, there are challenges related to scale-up of strategies, local ownership and UNFPA positioning vis-à-vis state and non-state actors.

UNFPA has contributed to preventing, responding to and eliminating gender-based violence in particular with the rise of gender-based violence during the COVID-19 pandemic. UNFPA has contributed significantly to normative and policy frameworks for gender-based violence response and prevention and capacities to standardize the quality of gender-based violence response services, but behaviour/norm change remain challenges, not only for UNFPA.

Through its dedicated work on harmful practices, in particular its years of programming on female genital mutilation and more recently child marriage, UNFPA has made significant contributions to behaviour change at community level and policy change at national level. UNFPA has issued guidance and taken mitigation measures to reduce the risk of a rise in child marriage and female genital mutilation during COVID-19, however, projections are that new cases will result from the pandemic, with the elevated risk of not reaching the 2030 targets.

Mainstreaming gender equality across UNFPA

UNFPA has made notable progress on institutional mainstreaming. The UN-SWAP has been a key lever in that process, bringing more focused discussion in the organization to areas such as gender parity and financial benchmarking, and it has positioned UNFPA as a leader in the UN system. Yet, UNFPA faces challenges in terms of staff capacity, clear responsibilities, and the cross-divisional or programme cooperation required to enhance gender analysis and a gender-responsive programmatic response.

UNFPA gender mainstreaming efforts have led to varied or inconsistent gendered results across programmatic outcomes. UNFPA is making strides in gender equality and rights as part of programming for sexual and reproductive health and family planning. While its youth programming reflects efforts at gender integration, differentiating by gender is not systematic enough to promote a gender equality approach. UNFPA has made improvements in the census and the demographic health survey to keep pace with gender equality and inclusion data needs.

Fit for purpose



UNFPA support for GEWE has been affected by the amount and quality of financial resources made available for dedicated programming and mainstreaming, and by the ability to make strategic investment choices at country level. The decrease in core funding since 2012 has disproportionately affected the gender-dedicated outcome and UNFPA potential to engage in gender-transformative approaches. The costing of UNFPA three transformative results has the potential to command better quality and long-term funding commitments for addressing inequalities, now even more critical in the context of the pandemic. Gender-based violence response and prevention in the humanitarian context is under-resourced, and adequate funding remains a struggle in the response to COVID-19. This has implications for UNFPA ability to support gender transformative approaches.

UNFPA gender architecture provides a foundation for gender work but it is stretched in its capacity to support a gender-responsive approach to different areas of the UNFPA mandate, let alone a more gender-transformative approach which is the organization's ambition. While UNFPA has a solid gender network, support for mainstreaming is sometimes still compromised by: dual roles assigned, changes in contract type, expansion of responsibilities, and lack of funding for specific positions.

The organization's institutional systems and policies reflect a long-standing commitment to gender equality. UNFPA achieved overall gender parity among its staff some years ago and is now closing the gap in parity at the P4 and D2 levels and among regions. UNFPA policies are being adapted to foster momentum towards an increasingly supportive framework for gender equality and inclusion. Senior management accountability for GEWE is uneven and individual accountability for GEWE varies across business units. UNFPA planning, monitoring and reporting systems limit its potential to track and learn from progress towards outcome-level results on GEWE.

UNFPA advances collaborative work across UN agencies towards SDG 5. The UNSDCF modality is promising in elevating the level of complementarity towards gender mainstreaming in country programmes.

CONCLUSIONS

UNFPA has made important contributions to gender equality since 2012 through the different roles it plays at global, regional and national levels; this is clearly evidenced at country level where the change occurs. Significant gains have been made to the benefit of women's and girls' lives and to their sexual and reproductive health and reproductive rights through all areas of the UNFPA mandate and in collaboration with other UN agencies. While inequalities persist in maternal mortality rates and other key indicators of the UNFPA mandate, UNFPA is making concerted efforts to address these through adopting leave no one behind principles and more inclusive statistics so that intersectional work can become more embedded in the agency's routines.

The mandate of UNFPA positions it to address GEWE through the focus on sexual and reproductive health and reproductive rights. The strength of the positioning lies in the integration of interventions on gender-based violence, sexual reproductive health and reproductive rights, family planning and harmful practices and the agency's ability to programme from an understanding of the interlinkages. The protection of women's and girls' bodily autonomy and respect for their choices is core to advancing GEWE. UNFPA is increasingly integrating support to services on addressing gender-based violence, sexual reproductive health, family planning and HIV, however the agency has untapped potential to draw linkages between different themes both conceptually and in practice. Whether it relates to research, programme design, implementation, or advocacy, the integration of themes through the leveraging of the various areas of UNFPA expertise is the locus of its unique value creation.

The COVID-19 pandemic has brought into sharper focus the importance of building resilience, breaking down silos and embracing inter-agency collaboration to ensure more enduring solutions to addressing gender inequality and intersectional inequities in access to quality services that are inherent to the development-humanitarian-peace contexts. The pandemic has highlighted the risk of pre-existing inequalities that render discriminated groups more vulnerable and disproportionately affected during times of crisis. UNFPA has taken measures to mitigate risks for these populations groups in both development and humanitarian settings and in collaboration with state actors, UN agencies, and civil society organizations. New ways of connecting as a result of the pandemic may help overcome organizational silos and scale knowledge on intersectional gender inequalities.

UNFPA has many institutional processes and systems that help to make it fit for purpose for a GEWE agenda in both development and humanitarian settings. It has, for the most part, recognized the need to accelerate those aspects that will increase gender equality capacities within UNFPA. UNFPA has many of the key elements of organizational capacity to be able to deliver on gender equality and women's empowerment as part of its mandate, as corporate processes and tools undergo refinement. More attention is needed in incentives and accountabilities for GEWE, capacities and competencies for gender mainstreaming, championing by senior management, social norm change work, partnership arrangements based on critical GEWE gaps, and financial and human resource investments to achieve its leadership potential in advancing GEWE through its mandate.



RECOMMENDATIONS

The recommendations are derived from consideration of the full set of conclusions. They have been organized into two categories: strategic, with higher-order implications for the organization moving forward; and operational, with insight on critical steps to achieving its objectives in GEWE.

Strategic recommendations

Recommendation 1: As the UN agency that addresses sexual and reproductive health and reproductive rights in support of GEWE, UNFPA should strengthen its positioning by leveraging its areas of expertise to develop a more integrated, coherent approach that joins up the different areas of its mandate. This would be supported by a broader conceptual framework on GEWE that gives prominence to the social norm change work required for sustainable change in GEWE and that facilitates an understanding of gender-transformative approaches.

Recommendation 2: To amplify its leadership and positioning in gender-based violence response and prevention, UNFPA should prioritize investment in gender-based violence staffing in different contexts and consider scaling up UNFPA role as a convenor as well as coordinator in this area, which will enable UNFPA to help drive a change process.

Recommendation 3: UNFPA should strengthen capacity for GEWE internally, building on the momentum that has already been demonstrated.

Recommendation 4: UNFPA should continue engaging Member States and donors in the discussion on the importance of adequate levels of predictable funding for the Strategic Plan that can be utilized flexibly by country offices to support longer-term programming capabilities on GEWE and gender mainstreaming. Although UNFPA is somehow investing in this area with institutional resources more is needed.

Operational/programmatic recommendations

Recommendation 5: In developing partnership strategies beyond its engagement with implementing partners, UNFPA should consider which partners can complement UNFPA expertise and resources within an ecosystem approach that is essential to resolving the more complex and deeply rooted drivers of inequalities with a view to achieving sustainable change in GEWE.

Recommendation 6: UNFPA should continue to build organizational strategic thinking on resilience from an intersectional gender perspective, drawing on lessons learned from the pandemic.







© Juan Manuel Barrero/UNFPA Colombia.

Regional Indigenous Women Meeting against Female Genital Mutilation,
Organización Regional Indígena del Valle del Cauca - ORIVAC (2020).

1

INTRODUCTION

1.1 PURPOSE AND OBJECTIVES OF THE EVALUATION

The purpose of the evaluation is to assess UNFPA support to gender equality and women's empowerment across development, humanitarian and peace contexts. The evaluation aims to inform the next strategic planning cycle including the strategic direction, gaps and opportunities for UNFPA work on gender equality and women's empowerment. Finally, the evaluation provides learning inputs to inform the strategic positioning of UNFPA in this area of work, reflecting the changing development environment, including United Nations reform and alignment with the 2030 development agenda.

As per the terms of reference (see Volume II, Annex 1), the primary objectives of the evaluation are:

- To assess the relevance, effectiveness, efficiency, and sustainability of UNFPA support to gender equality and women's empowerment across development, humanitarian and peace settings
- To assess the extent to which UNFPA has effectively positioned itself as a player among national partners, within the UN system, and the broader community working to advance gender equality and women's empowerment
- To generate knowledge from past and current support and identify lessons learned, to inform the design of the next UNFPA Strategic Plan (2022-2025), implementation of the Gender Equality Strategy (2018), as well as the position of UNFPA within the 2030 Agenda.

1.2 SCOPE OF THE EVALUATION

The evaluation covers UNFPA support to gender equality and the empowerment of women during the period January 2012 to July 2020. It assesses the contribution of UNFPA over three strategic periods and results frameworks (2012-2013, 2014-2017 and 2018-2021) and considers implementation of the UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment (2012-2013) and the UNFPA Gender Equality Strategy 2018-2021. While the evaluation focuses on the 2012-2020 period, it also reflects on the foundations set in earlier strategic planning periods (e.g. 2008 -2011) as these form part of the UNFPA performance story.

The evaluation covers three main components:

- **Fit for purpose:** the extent to which the institutional systems and process of UNFPA are fit for purpose to advance gender equality and women's empowerment
- **Integration/mainstreamed support:** the extent to which UNFPA has mainstreamed gender equality across all programming/outcome areas of the strategic plan (sexual reproductive health and reproductive rights, adolescent and youth, harmful practices, gender-based violence, population data)
- **Dedicated contribution:** programmatic work under the dedicated gender equality outcome of the strategic plan(s). The evaluation focuses on the contribution to outputs and progress towards outcomes identified in the respective results frameworks and considers the full breadth of gender-dedicated work over these strategic plans. It covers all outputs under these outcomes, but takes a deeper dive into the following output areas:
 - Contribution to policy, legal and accountability frameworks, as well as protection mechanisms, to advance gender equality and empower women and girls
 - Support to strengthened civil society engagement in gender equality to promote reproductive rights and women's empowerment

- Support to shifting social norms
- Support to the engagement of men and boys on gender equality, in particular by considering how UNFPA approaches vary across different contexts and programming
- The evaluation also assesses the contribution to specific outputs related to gender-based violence and harmful practices – child marriage, son preference and female genital mutilation. Given that UNFPA work in these programmatic areas has been evaluated recently (and the recommendations are currently being implemented), the evaluation draws on the results of these evaluations as a key data source for this evaluation and expands upon these with additional data collection.

The geographical scope of the evaluation includes UNFPA support to gender equality and the empowerment of women at the country, regional and global levels as well as their interconnections.

Several concepts essential to this evaluation are included in a glossary provided in Annex 2.

1.3 DEFINITIONS

Gender equality means that the different behaviours, aspirations and needs of women and men are considered, valued and favoured equally and that their rights, responsibilities and opportunities will not depend on whether they are born male or female. Equality between women and men is seen as both a human rights issue and as a precondition for, and indicator of, sustainable people-centred development.

Gender mainstreaming is the process of assessing the implications for women and men of any planned action, and a strategy for making women's as well as men's concerns and experiences an integral dimension in the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres so that women and men benefit equally.

Women's empowerment implies women taking control of their lives and is both a process and an outcome. UNFPA defines women's empowerment through five components: women's sense of dignity; their right to have and determine choices; their right to have access to opportunities and resources; their right to have the power to control their own lives, both within and outside the home; and their ability to influence the direction of social change to create a more just social and economic order.

Source: *UNFPA Gender and Equality Strategy, 2018-2021 (August 2019)*.

2

CONTEXT

2.1 OVERVIEW

Promoting gender equality is central to the mandate of UNFPA. The organization's work in this area –through its stand-alone dedicated area and as a mainstreamed approach – is framed in the context of global and regional normative frameworks and shifts in the global development, humanitarian, and peace agendas. UNFPA support to gender equality and women's empowerment also reflects shifts in the UN and UNFPA internal contexts.

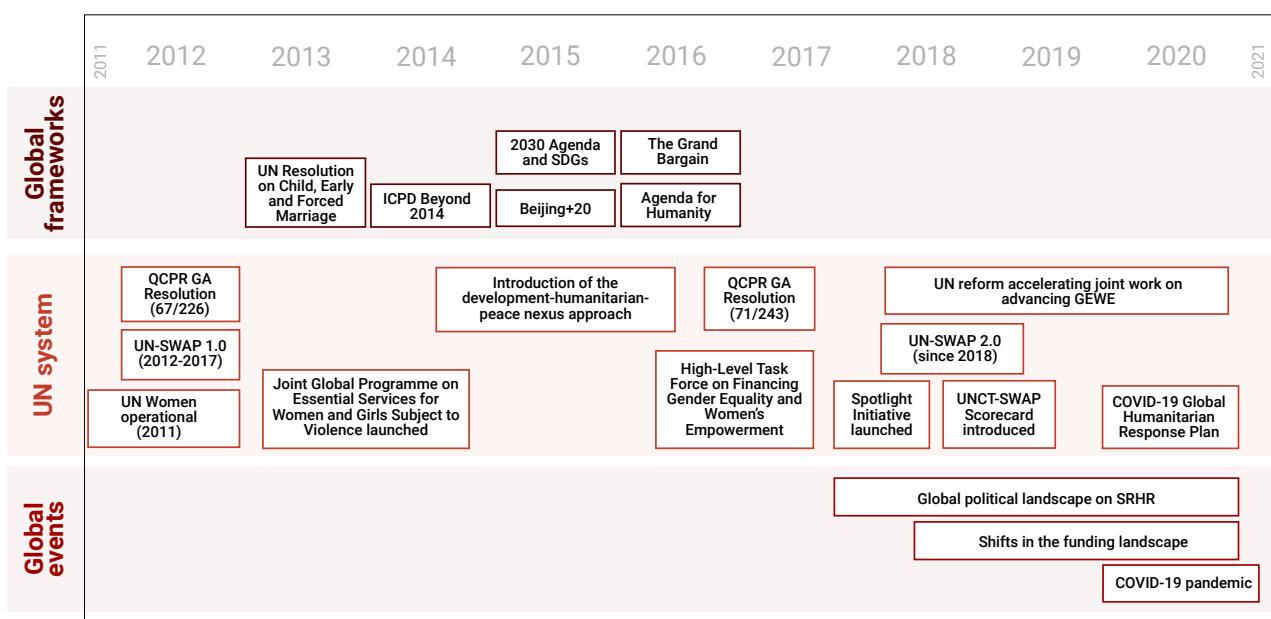
2.2 GLOBAL NORMATIVE AND OPERATIONAL CONTEXT

The mandate of UNFPA is informed, first and foremost, by the International Conference on Population and Development (ICPD) Programme of Action (1994) and ICPD beyond 2014. Over the past decades, additional normative developments have also framed how UN agencies, including UNFPA, focus on and operationalize their support for gender equality and women's empowerment (GEWE). In 1993, the UN Declaration on the Elimination of Violence Against Women was the first international human rights instrument to exclusively and explicitly address the issue of violence against women. The Beijing Platform for Action (1995) provides a blueprint for women's empowerment and commits the international community to gender mainstreaming as a methodology for achieving women's empowerment.¹ Global and UN commitments to gender equality and gender mainstreaming were further solidified in the agreed conclusions on Mainstreaming Gender Equality in the Economic and Social Council (1997) and the adoption of the UN System-wide Action Plan (UN-SWAP) on Gender Equality and the Empowerment of Women (2012). Most recently, the 2030 Agenda for Sustainable Development and its Sustainable Development Goals (2015) have raised expectations for how the UN system will contribute to helping Member States attain a shared vision of achieving gender equality and the empowerment of all women and girls by 2030.² The 2030 Agenda has also put the Leave No One Behind principle at centre stage and has demanded increased attention to social inclusion by ensuring the visibility of those social groups most at risk of being excluded.

These plans, agreements and agendas have framed the commitment to gender equality and women's empowerment at the global level and have set the stage for programmatic and organizational changes within the UN system as well as at the regional and national levels to advance the rights and opportunities of women and girls, while increasingly addressing the intersectional nature of gender inequality. UN reform processes, including the establishment of UN Women in 2011, have also modified the multilateral system's landscape for gender equality and women's empowerment. Figure 2.1 illustrates key changes in the global context since 2012, which have influenced UNFPA support for GEWE.

¹ UNFPA. (2019). *UNFPA Gender and Equality Strategy, 2018-2021*.

² UN Women. (n.d.). *Theory of Change for UN-SWAP Reporting of System-wide Strategic Gender-related Results to support the 2030 Agenda*.

FIGURE 2.1: Key changes at global level that influence UNFPA support for GEWE

At the regional level, there have also been significant efforts to develop and improve norms and standards. A number of regional organizations³ have formulated specific commitments and developed legal frameworks and mechanisms to strengthen gender equality and women's empowerment in their regions. Regional normative frameworks have helped in moving towards global targets and in pushing the global agenda to become more ambitious and sensitive to the needs of specific groups.⁴

Despite normative advances, progress for women and girls remains uneven and slow. No country has fully achieved gender equality and the empowerment of women and girls. As noted in the UNFPA Strategic Plan (2018-2021), overall poverty rates, maternal mortality, AIDS-related deaths and unmet needs for family planning are declining at global level, but with inequalities evident among and within countries. Challenges are often most pronounced for those facing multiple and intersecting forms of discrimination, including those due to age, ethnicity, gender and sexual orientation, disability and income.

The challenges are more severe in humanitarian and conflict settings. The nature and scale of humanitarian emergencies has changed and is marked by a multitude of interactions among social, economic, environmental, climate and political factors. With crises becoming more protracted and affecting a growing number of people around the world, global funding for humanitarian emergencies has grown to reach a new high of US\$22 billion in 2018.⁵ Gender-based violence is exacerbated in humanitarian settings, with one in five refugee or displaced women experiencing sexual violence and nine out of ten countries with the highest rates of child marriage are in fragile contexts.⁶ It is well established that humanitarian crises exacerbate gender inequalities, particularly against women and girls. There is a growing understanding among humanitarian actors, including UNFPA, that the provision of adequate services in emergency response is essential to reduce vulnerability to sexual and gender-based violence.⁷

3 For instance, and in the continuous support of their members, regional organizations—including the African Union, the Association of South East Asian Nations, the Council of Europe, the European Union, the League of Arab States, the Organization of American States, the Pacific Islands Forum and the South Asian Association for Regional Cooperation.

4 Other global normative and UN operational frameworks, regional normative frameworks, agreements and bodies relevant to this evaluation are summarized in Annex 10.

5 According to the 2019 Global Humanitarian Overview, one in every 70 people around the world is affected by crises and in need of humanitarian assistance.

6 International Rescue Committee and others, *Where Is the Money? How the Humanitarian System Is Failing in Its Commitments to End Violence Against Women and Girls*, 2019.

7 UNFPA Evaluation Office. (2018). *Evaluation of UNFPA Support to the Prevention of, Response to and Elimination of Gender-Based Violence and Harmful Practices (2012-2017)*.

In light of the complexity of emergency contexts, traditional delineations between humanitarian and development programming have become less applicable and have strengthened the call for a more consolidated approach across the development-humanitarian continuum. The 2016 World Humanitarian Summit led to the formulation of the Grand Bargain Commitments, reflecting the agreement of 30 donors and aid agencies, and strengthening the complementarity of humanitarian, development and peacebuilding approach. The underlying premise is that emergencies require greater coherence and collaboration among humanitarian, development and peacekeeping and peacebuilding actors to both respond to immediate needs and to address root causes and build resilience of communities against future disruptions. UN agencies have established coordination mechanisms to create more inter-agency and inter-sectoral synergies. UNFPA contributed to these global efforts, including by assuming the sole leadership of the gender-based violence Area of Responsibility in 2017, the forum for coordination on gender-based violence prevention, risk mitigation and response in humanitarian settings. The UNFPA Second Generation Humanitarian Strategy has provided a vision and plan for ensuring that UNFPA humanitarian action is well coordinated, timely and scalable.⁸

Box 1: UNFPA global COVID-19 response priorities

- Continuity of sexual and reproductive health services
- Prevention and response of gender-based violence and harmful practices
- Provision of lifesaving supplies and sexual and reproductive health commodities including modern contraceptives, maternal health drugs and supplies, personal protective equipment.

Source: UNFPA COVID-19 Global Response Plan, June 2020.

The COVID-19 pandemic has posed new challenges and exacerbated existing gender inequalities and the vulnerabilities of women and girls. It has put additional strains on countries, especially fragile and low-income countries where health and social systems are already weak. While there are reports of increases in gender-based violence and sexual exploitation and abuse, gender-based violence services have decreased overall during the pandemic.⁹ Disruptions in continuity of essential sexual and reproductive health services could have serious implications for maternal and new-born health. Cases of female genital mutilation and the number of child marriages are expected to rise over the next decade.¹⁰ In addition, women represent 70 per cent of healthcare workers globally. UNFPA has contributed to the global COVID-19 response by focussing on three strategic priorities (see Box 1).

2.3 EVOLUTION OF UNFPA INTERNAL CONTEXT

Strategic frameworks shaping UNFPA support

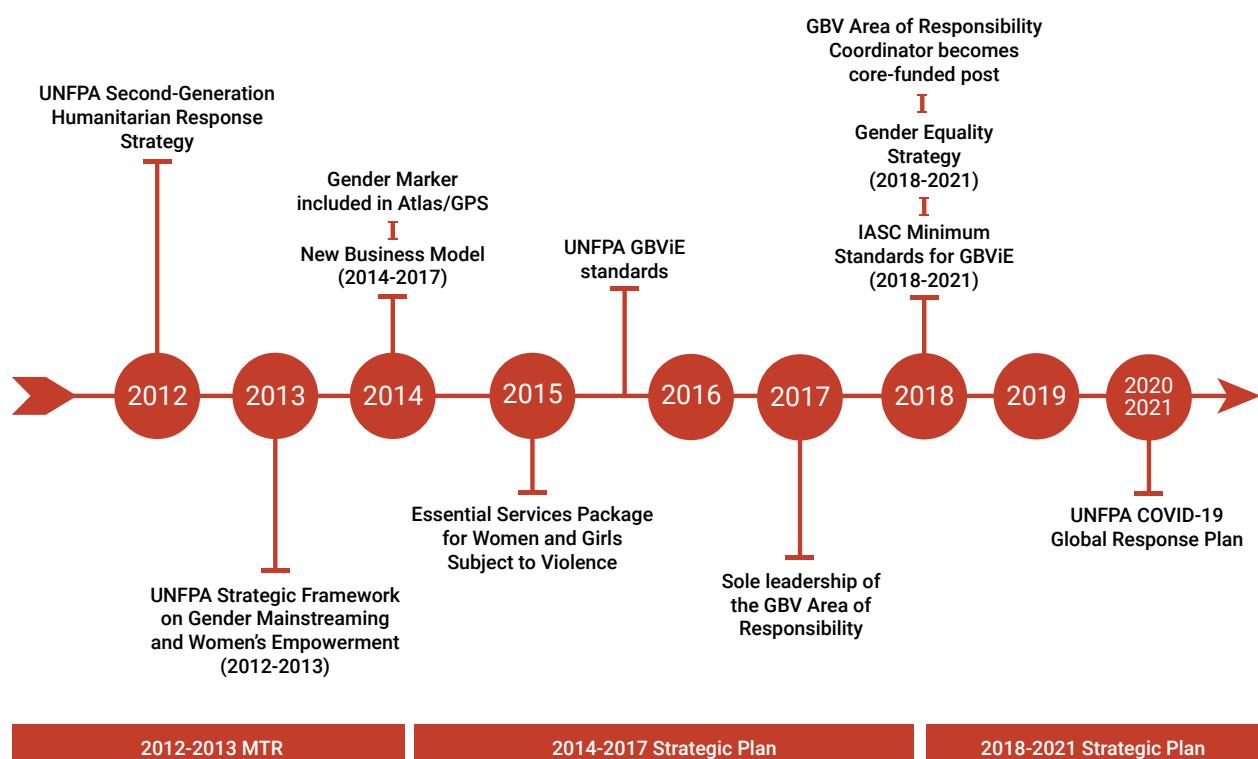
The evaluation covers the period 2012-2020, which corresponds to programmatic direction embedded in the three strategic plans and three dedicated frameworks on gender equality and mainstreaming:

- Delivering on the Promise of Equality: UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment 2008-2011
- Gender at the heart of the ICPD: UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment 2012-2013
- The recently launched Gender Equality Strategy 2018-2021, which is aligned with the current strategic plan.

8 UNFPA. (2012). 'Humanitarian Response Strategy, Second Generation', See: <https://www.unfpa.org/resources/humanitarian-response-strategy>

9 According to the UNFPA Global COVID-19 Situation Reports, while gender-based violence service availability was interrupted in 86 targeted geographic areas, it was expanded to 37 new areas as of June 2020.

10 UNFPA. (2020). 'Coronavirus Disease (COVID-19) Pandemic UNFPA Global Response Plan - Revised June 2020'.

FIGURE 2.2: Key internal changes that influence UNFPA support for GEWE

Over the three strategic planning cycles (from 2012 to the present), UNFPA implemented a twin-track approach to programming consisting of both mainstreaming gender considerations across all programmatic areas and a stand-alone dedicated outcome area on gender equality and women's empowerment. To guide its work, UNFPA has produced a set of key guidelines on gender equality and women's empowerment, including gender-based violence and harmful practices (see Box 2).

Box 2: Examples of UNFPA guidelines on GEWE

- Minimum Standards for the Prevention and Response to Gender-Based Violence in Emergencies addresses gender-based violence in humanitarian contexts
- Essential Services Package for Women and Girls Subject to Violence – provides guidance on the integration of gender-based violence in development settings¹¹
- Global Sexual and Reproductive Health Service Package for Men and Adolescent Boys¹²
- Guidelines for Providing Rights-Based and Gender-Responsive Services to address gender-based violence and sexual and reproductive health for Women and Young Persons With Disabilities¹³
- Various guidance notes and briefs guiding the UNFPA COVID-19 response, including on applying a gender lens to protecting sexual and reproductive health and reproductive rights and promoting gender equality.

¹¹ Launched in 2015, it was developed under the umbrella of the Joint Global Programme on Essential Services for Women and Girls Subject to Violence with participation from UNFPA, UN Women, World Health Organization, UNDP and United Nations Office on Drugs and Crime.

¹² Published in 2017 by International Planned Parenthood Federation and UNFPA.

¹³ Published in 2018 in collaboration with Spanish Agency for International Development Cooperation (AECID), WE DECIDE and Women Enabled International.

UNFPA has actively pursued a multi-agency, multi-stakeholder collaborative approach. It has played a leadership role in the (long-established) Inter-Agency Network on Women and Gender Equality and Inter-Agency Taskforce on Violence against Women. UNFPA also actively participates in the UN Development Group Task Team on Gender Equality, and co-chaired the UN Sustainable Development Group Task Team on GEWE for the period September 2020–February 2021. UNFPA has played an active role in the UN-SWAP Focal Point Network for many years. It has been part of key global programmes targeting women and girls, including the Joint Programme to Accelerate Ending Child Marriage, the Joint Global Programme to Eliminate Female Genital Mutilation, the Joint Programming Initiative on Violence Against Women, and the Joint Global Programme on Essential Services for Women and Girls Subject to Violence. In November 2019, UNFPA co-convened the Nairobi Summit on ICPD25 together with the governments of Kenya and Denmark. This collaborative approach is further anchored in the current UNFPA Strategic Plan (2018–2021), which features a common chapter in which UNFPA, UNDP, UN Women and UNICEF commit to working coherently and collaboratively to achieve complementarity.

2.4 UNFPA PROGRAMMATIC RESPONSE AND FINANCIAL INVESTMENTS

Dedicated outcome

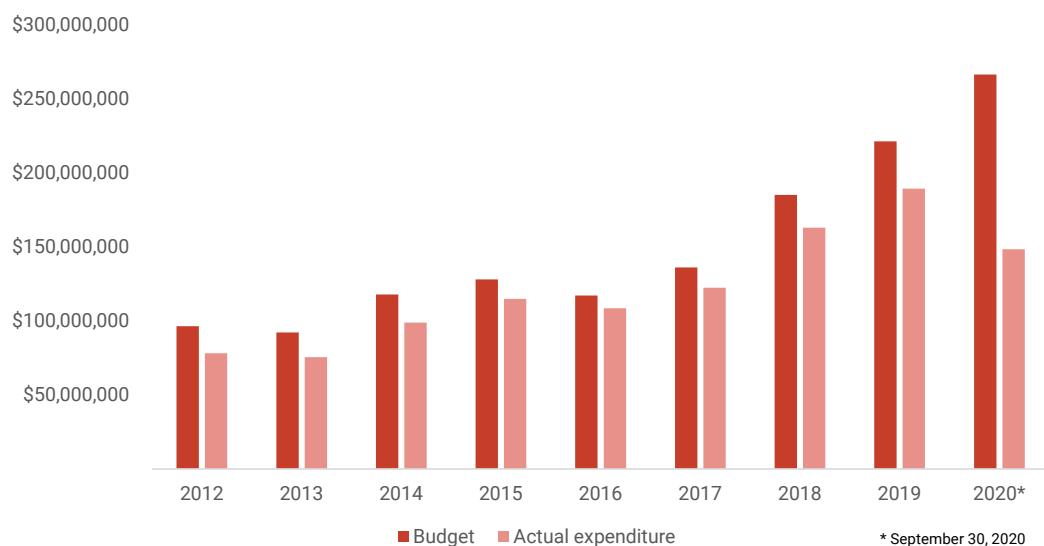
Strategic plans included in the scope of this evaluation continued to build on the work done in the earlier planning cycle (2008–2011), where one out of the three corporate goals focused on gender equality. Since 2012, gender equality has been an outcome-level commitment in which the UNFPA approach has consistently focused on strengthening national capacity with regard to policy, legal and accountability frameworks, service provision, and civil society and community-level engagement in eliminating discriminatory norms and practices.

In the 2014–2018 Strategic Plan, UNFPA introduced a business model that classifies countries based on needs and ability to self-finance; that classification determines the proportion of core resources that are allocated to the country office programme and the modes of engagement (service delivery, advocacy and policy dialogue, etc.) that are expected in each country context. The classifications are indicated by four colour quadrants (red, orange, yellow, pink) that reflect a range of country contexts. At one extreme, “red” countries have the highest needs but lowest ability to self-finance; at the other extreme “pink” countries have the highest ability to finance and lowest needs.

In the most recent strategic plans, programming under the dedicated outcome area has largely focused on gender-based violence and harmful practices. UNFPA has spearheaded programming for prevention and response to gender-based violence across the spectrum of its work – from humanitarian action, including emergency preparedness, response and early recovery, to ongoing social and economic development.¹⁴ In 2018, UNFPA set in motion a strategic effort to achieve three zeros by 2030: zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence and harmful practices. This process has also led to a strategic reorienting of UNFPA programmes around the world in line with these goals.

The UNFPA budgets and expenditures for programming in GEWE through its dedicated outcome (Outcome 5 of the UNFPA 2012–2013 Strategic Plan, and Outcome 3 of the 2014–2017 and 2018–2021 Plans) have grown over the review period (see Figure 2.3). Gender-dedicated funds made up 15 per cent of its overall budget during this time.

14 UNFPA. (2019). *UNFPA Gender Equality Strategy, 2018–2021*.

FIGURE 2.3: UNFPA gender-dedicated budget and actual expenditures between 2012 and September 2020

Source: *Atlas*

UNFPA has faced shifts in the global funding environment, increasingly relying on non-core funds for its work on GEWE. Non-core funds made up 74 per cent of the total budget for the gender-dedicated outcome area between 2012 and 2020, with global trust funds and joint programmes playing an important role.¹⁵ The majority of UNFPA spending under the gender-dedicated outcome (over 80 per cent) has been dedicated to work on gender-based violence and harmful practices compared to funds for strengthening policy, legal and accountability frameworks or protection systems, engagement with civil society, including on social norms (less than 20 per cent). In light of the growing humanitarian needs, the majority of expenditures on gender equality and the empowerment of women is made in support of service delivery, with expenditures on capacity development following close behind.

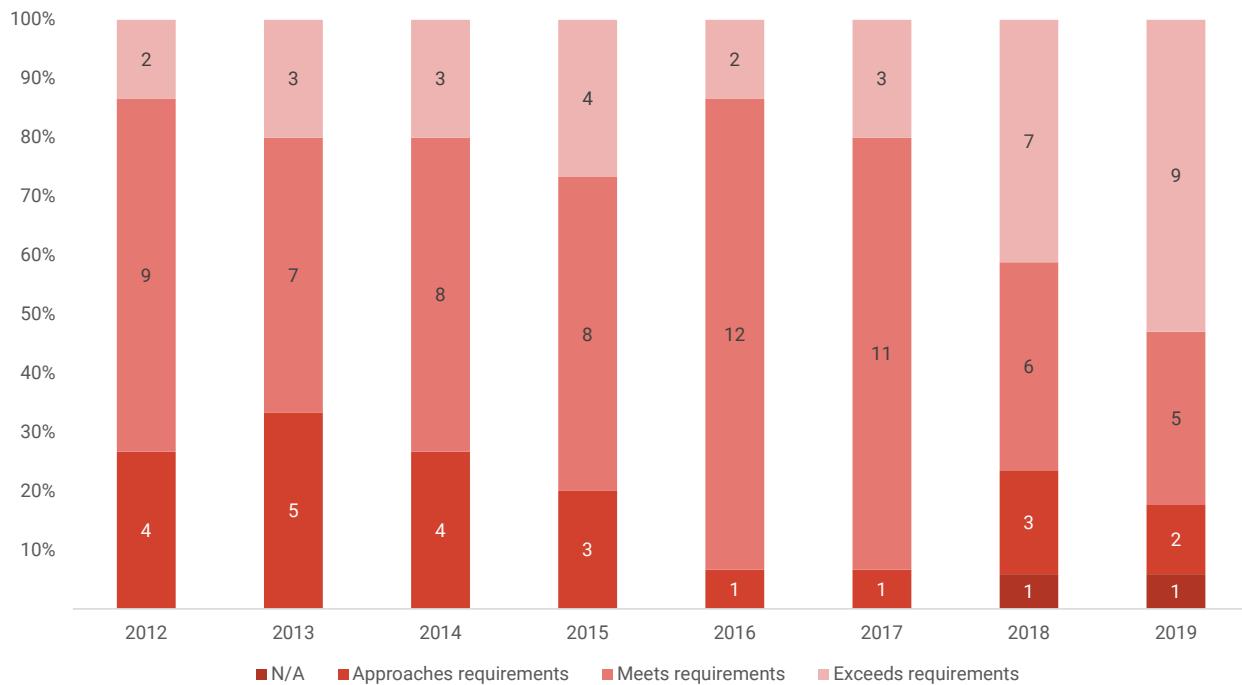
Gender mainstreaming

Since 2012, the UN-SWAP on Gender Equality and the Empowerment of Women has provided a key measure of progress in institutional mainstreaming. During the first UN-SWAP Framework (2012-2017), entities in the UN system reported on progress on 15 performance indicators related to corporate/institutional gender mainstreaming practices.¹⁶ The second phase of the UN-SWAP framework, known as UN-SWAP 2.0, raises the bar for accountability and results for the UN system. A review of UNFPA self-reports illustrates the positive results since 2012, with UNFPA meeting or exceeding requirements on most indicators, with that trend continuing in 2019 (see Figure 2.4).

¹⁵ These include the UNFPA-UNICEF Joint Programme on Female Genital Mutilation, the UNFPA Maternal Health Thematic Trust Fund and UNFPA Supplies Thematic Trust fund and the Spotlight Initiative.

¹⁶ For more information on the UN-SWAP and the other two interconnected mechanisms, please see the UN-SWAP to implement the United Nations system-wide policy on gender equality and the empowerment of women.

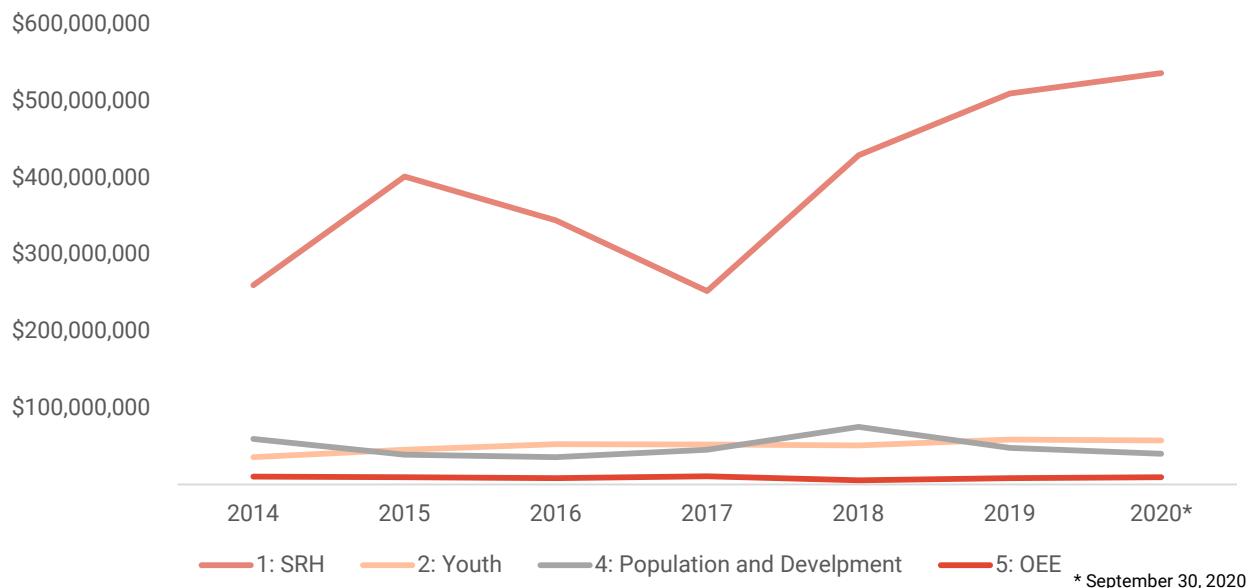
FIGURE 2.4: Percentage of total and absolute number of SWAP performance indicator ratings per year (SWAP 1.0: 2012-2017; SWAP 2.0: 2018-2019)



Source: UNFPA UN-SWAP reports 2012-2019

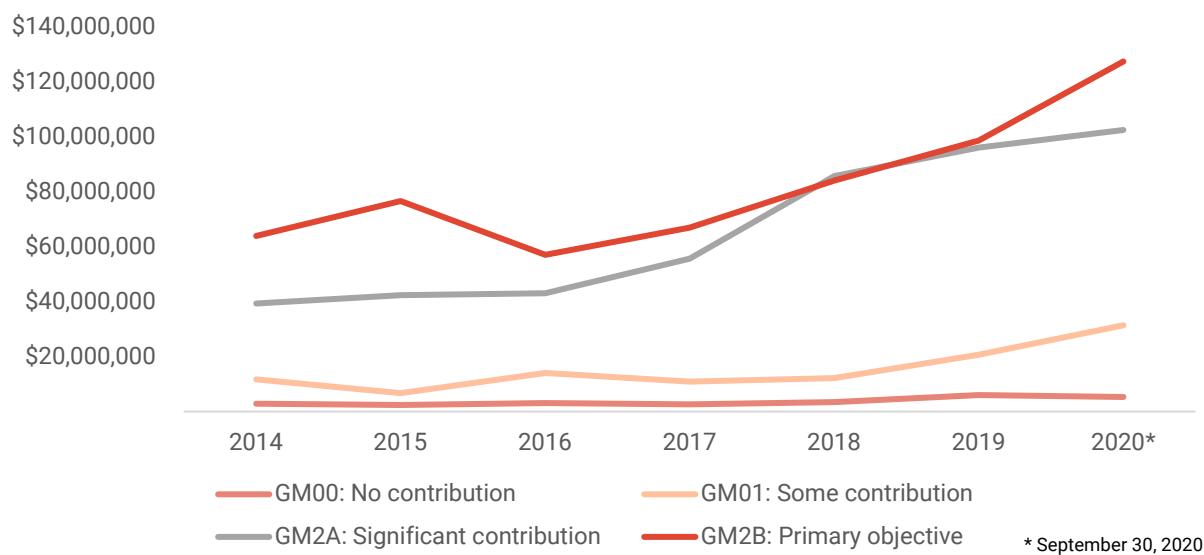
UNFPA global financial and programming systems integrated the gender marker¹⁷ for the first time in 2014, which has allowed for self-reported tracking of gender-responsiveness of UNFPA interventions across outcome areas. According to Atlas/GPS data since 2014, budget allocations to gender-mainstreamed initiatives (rated GM2a and GM2b along the Gender Marker) have been highest under the sexual and reproductive health outcome area, followed by youth, and population and development (see Figure 2.5). Since 2017, sexual and reproductive health recorded a steady increase in budget allocations to interventions with high Gender Marker ratings, while population and development experienced fluctuations between 2017 and 2019 (from US\$45 million to US\$75 million and back to US\$47 million). The gender-mainstreamed budget for the youth outcome remained fairly stable over the review period at an average of US\$50 million.

¹⁷ The UNFPA gender marker is used to code activities in annual workplans. It allows for the tracking and monitoring of the gender-responsiveness of UNFPA financial allocations and expenditures.

FIGURE 2.5: Trends in gender mainstreamed budgets (GM2a and GM2b) by result area (2014-2020)

Source: Atlas

As shown in Figure 2.6, in the gender outcome area, there has been a steady increase in budget allocations to interventions with high Gender Marker ratings (GM2a and GM2b) between 2016 and 2020 in line with the overall increase in the budget for the outcome area (see Figure 2.3).¹⁸

FIGURE 2.6: Gender Marker ratings for budget allocations in the outcome area on gender equality (2014-2020)

¹⁸ Approximately 2 per cent of the annual budget for this outcome is rated as having no contribution to gender equality (GM00), while between 5 and 12 per cent was considered to have some contribution (GM01). According to interviews, there has been some ambiguity in how to rate certain activities, such as logistics or an audit, that are not gender-specific although they may relate to an output that is. It is the intention of UNFPA to address such issues in the forthcoming review of the gender marker.

3

METHODOLOGY

3.1 OVERVIEW OF THE EVALUATION DESIGN AND APPROACH

The overall evaluation consists of five phases. A full description of the methods is provided in Annex 6.

This is a summative and formative evaluation, which uses standard evaluation criteria – relevance, effectiveness, efficiency, and sustainability. The evaluation's overall approach was theory-driven based on a reconstructed theory of change for UNFPA support to GEWE developed by the evaluation team (Annex 3).¹⁹ The evaluation applied elements of contribution analysis, a theory-based, iterative approach to evaluation designed to identify the contribution a programme, strategy or (series of) interventions is making to observed results through an increased understanding of why observed changes have occurred (or not occurred) and the roles played by the intervention(s) and by other internal and external factors.²⁰

Preparation phase: completed in May 2019 (ToRs issued)

Inception phase: October 2019 - March 2020

Data collection phase: February - October 2020

Data analysis and reporting phase: August - December 2020

Dissemination phase: January - June 2021

Box 3: Implications of the COVID-19 pandemic

At the outbreak of the COVID-19 pandemic and after it became apparent that travel to other countries for case studies would not be possible, the following adjustments were made:

- Case studies in Côte d'Ivoire and Colombia and the Latin-America and Caribbean regional case study were conducted virtually. Due to the context and country office priorities, the Philippines country case study was cancelled, which limited coverage of the Asia region
- Assumptions and indicators in the evaluation matrix were adjusted in order to contextualize results during the pandemic
- All interviews and case studies conducted after the outbreak included questions on COVID-19 and gender dimensions of the UNFPA response
- Additional COVID-19-related documentation was reviewed.

19 The draft theory of change draws on the COM-B Theory of Change Model presented by John Mayne based on the work on behaviour change of Michie, Stralen and West. Elements of this change model are also evident in the UN-SWAP Theory of Change for Reporting on System-wide Strategic Gender-related Results to support the 2030 Agenda, which articulates changes in behaviour and changes in attitudes and capacity that the UN can influence, along with the corresponding critical assumptions. Source: S. Michie, M. van Stralen, and R. West, 'The Behaviour Change Wheel: A New Method for Characterising and Designing Behaviour Change Interventions', *Implementation Science*, 6.1 (2011), 42.

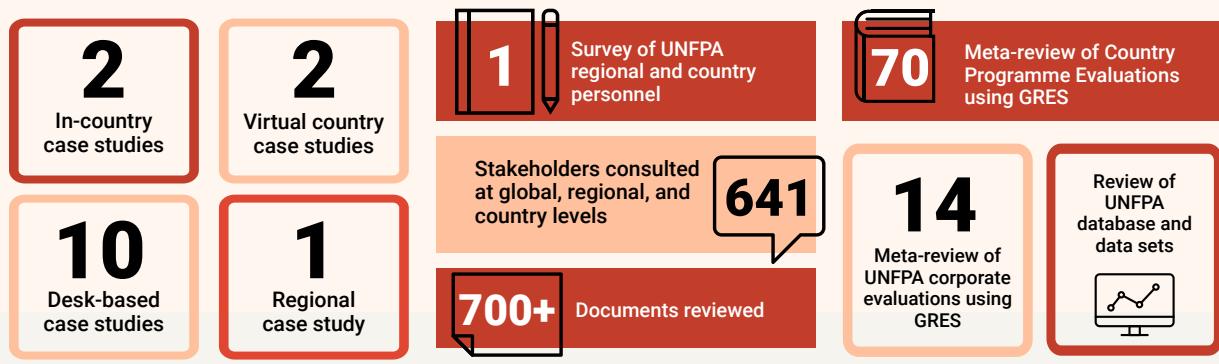
20 Mayne, J. (2015). Useful theory of change models, *Canadian Journal of Program Evaluation*, 30(2); and Mayne, J. (2017) The COM-B Theory of Change Model (V3). Working Paper.

The evaluation team implemented a human rights and gender equality approach throughout the evaluation. Annex 4 outlines how the evaluation has integrated human rights and gender equality principles of the United Nations Evaluation Group based on applicable criteria of the United Nations System Wide Action Plan, and given the limitations imposed by the pandemic, which affected the possibilities to gather direct input from the most vulnerable groups.²¹ The evaluation design and methodology were tested and refined during the pilot case study in Jordan. Further adjustments were made in light of the global COVID-19 pandemic (see sidebar). The final evaluation matrix, including evaluation questions and assumptions, is included in Annex 5.

3.2 DATA COLLECTION METHODS

The evaluation used a mix of data collection methods that generated both qualitative and quantitative data (see sidebar). Following the data collection and analysis strategy presented in Annex 6, these multiple lines of evidence at the global, regional and country levels informed the analysis of the three components of the evaluation (fit for purpose, gender dedicated, and gender mainstreaming).

Box 4: Key data sources at country, regional and global levels



Case studies: The evaluation conducted 14 country case studies (including in-country, virtual and desk-based studies) and one regional case study (see Figure 3.1). To generate an illustrative sample of country case studies, a purposive sampling strategy was applied with selection criteria established by the evaluation terms of reference for both country and regional case studies.²² Data collection and analysis for each case study included extensive review of documentation provided by the country/regional office, in-country or virtual stakeholder consultations, and portfolio review.

21 United Nations Evaluation Group. (2018). UN-SWAP Evaluation Performance Indicator Technical Note.

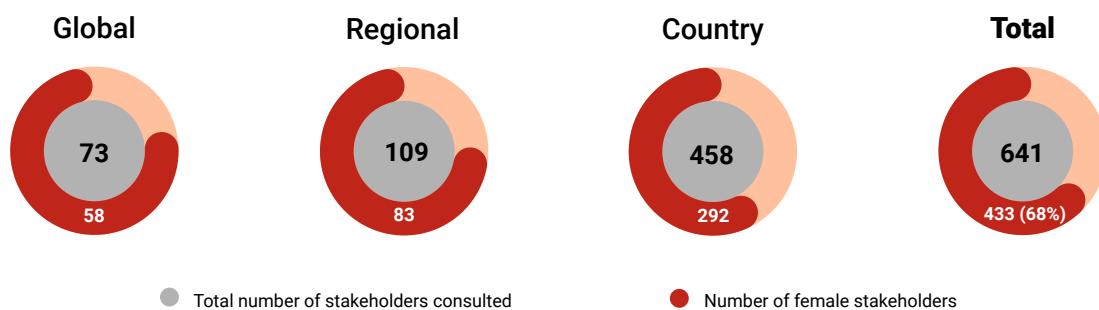
22 The sampling strategy for the selection of case studies is outlined in Annex 6.

FIGURE 3.1: Map outlining country and regional case studies



Disclaimer: The designations employed and the presentation of material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

Stakeholder consultations: The evaluation team conducted in-person and virtual consultations with a total of 641 stakeholders (68 per cent identified as female) through individual and group interviews, as well as focus group discussions. The largest group of stakeholders were UNFPA personnel and rights holders (Jordan, Colombia and Malawi country case studies only), followed by government stakeholders. Descriptions of the stakeholder mapping and analysis are included in Annex 6. See also: list of stakeholders consulted (Annex 11), interview logbook (Annex 13) and interview protocols (Annex 14).



Meta-reviews of evaluations: The evaluation conducted two meta-reviews to extract and code relevant evaluation findings for each of the evaluation questions and apply the Gender Results Effectiveness Scale, which classifies the reported results along the gender negative to gender transformative scale. One meta-review was of Country Programme Evaluations published between 2014 and 2020 and one was a review of 14 UNFPA corporate evaluations published between 2016 and 2020 (see Annex 7 and 8).

Online survey: An online survey of UNFPA personnel at country and regional level was undertaken to generate quantifiable and qualitative data from UNFPA programme presence countries and regions (see Annex 9). Out of 4,664 invitations sent, 591 completed questionnaires were submitted. Respondents represented UNFPA country and regional offices in all six regions, with the highest response rates in the Asia and Pacific region (18 per cent) and Latin American and the Caribbean region (17 per cent).

3.3 DATA ANALYSIS

The evaluation used the following analytical methods/tools to identify overall findings:

- **Descriptive analysis** was used as a first step, to understand the types of investments that UNFPA is making, types of strategies that it implements, and the contexts in which UNFPA works and operates, before moving on to more interpretative approaches
- **Quantitative analysis and descriptive statistics** were used in the analysis of the results of the online survey with UNFPA staff and other stakeholders; the application SurveyMonkey was used to provide automated frequency data and charts/graphs. Frequencies were also captured during document review using a set of review criteria to capture trends, similarities and differences across country cases, for example
- **Qualitative data analysis:** The evaluation team used Dedoose to conduct coding and analysis of interviews, the 14 country case studies, the regional case study, and the two meta-reviews
- **Content analysis** was applied to reports generated by Dedoose for different lines of inquiry (through data disaggregation) to analyse and identify trends, themes and patterns in relation to the assumptions in the evaluation matrix. A similar process was applied to data from document review
- **Comparative analysis** was used to compare across the 14 case studies to look for triangulation of data.

The evaluation team analysed data by global, regional, country levels and applied triangulation techniques that included cross-comparing results from different data sources, secondary and primary data (which includes interviews, focus groups and survey data), for specific lines of inquiry.

The evaluation team **validated** the evaluation findings by:

- Presenting preliminary findings with the country/regional office at the conclusion of each case study
- Holding internal evaluation team meetings to cross-examine findings; sharing updates with the Evaluation Office on regularly scheduled phone calls
- Conducting four data analysis workshops with the Evaluation Office to jointly analyse results from the various lines of inquiry to inform preliminary findings. Preliminary findings were shared for initial sense-making and validation with the Evaluation Reference Group.

Further information on data collection and treatment is provided in Annex 6.

3.4 ETHICAL CONSIDERATIONS

The evaluation was guided at all times by the United Nations Evaluation Group ethical guidelines for evaluation and the United Nations Evaluation Group Code of Conduct for Evaluation. Specific commitments included: (1) independence and impartiality, (2) credibility and accountability, (3) rights to self-determination, fair representation, protection and redress, (4) confidentiality, (5) avoidance of harm, (6) accuracy, completeness and reliability, (7) transparency and (8) sensitivity to differences in social and cultural environments (local customs, religious beliefs and practices, personal interaction, gender roles, disability, age and ethnicity).

3.5 LIMITATIONS AND MITIGATION ACTIONS

There can be significant challenges to capture UNFPA contributions to gender equality over an eight-year period, especially when the final year of the period (2020) brings such profound changes globally and within the organization. The design of the study and the analytical process was adjusted in April 2020 to ensure that a report that will be published in July 2021 would be relevant to the context.

The main limitations to the evaluation design relate to the effects of COVID-19 on the potential to consult directly with rights holders in two of the proposed in-country case studies, the low survey response rate, the quality and relevance of documentation on results for a gender-focused inquiry (including Country Programme Evaluations), and the applicability of certain analytical tools (such as the Gender Results Effectiveness Scale). These limitations were addressed through triangulation and ensuring that findings express the evidence found in multiple sources of data. The limitations and mitigation strategies for this evaluation are outlined in Annex 6.

4

MAIN FINDINGS AND ANALYSIS

4.1 EVALUATION QUESTION 1

EQ1: To what extent does UNFPA support align with and respond to: 1) partner government priorities, 2) national needs on gender equality and women's empowerment, 3) UNFPA policies and strategies and 4) overall global normative framework on gender equality and women's empowerment?

4.1.1 ASSUMPTION 1.1

UNFPA interventions align with and respond to national priorities and needs to advance gender equality and women's empowerment. This includes alignment with humanitarian/COVID-19 pandemic response plans in ways that advance GEWE.

Finding 1: UNFPA country support demonstrates a high level of consistency in aligning with national priorities (including government policies, plans and strategies related to GEWE) through the United Nations Sustainable Development Cooperation Framework (UNSDCF) and through Humanitarian Response Plans in the early stages of the pandemic.

UNFPA country programmes, which include its gender-dedicated activities, align with national priorities, as revealed across all data sets (country case studies, desk-based studies, country programme evaluation data, and corporate evaluations).²³ By virtue of the planning process, the UNSDCF seeks to align with the National Strategy for Poverty Reduction and the development priorities of the national agenda. The UNFPA Country Programme Document follows suit to articulate its contributions to the UNSDCF in achieving national priorities. The review of 52 UNFPA country programme evaluations aimed at identifying the good practices for achieving the three transformative results shows that among the variables that constitute the value added of UNFPA, "Country Programme alignment with national agendas/frameworks" achieved a 91 per cent rate of correspondence.²⁴

Alignment in the context of GEWE may pertain to UNFPA support to women's access to sexual and reproductive health services, to prevent and end gender-based violence, violence against women and other harmful practices, and even to broader women's empowerment issues, such as women's political participation, efforts that align with the government's own policies or laws on these issues. Mention is often made to alignment with the national gender policy or plan and with national efforts to align with the Beijing Platform for Action, to meet the recommendations of CEDAW, and to align with

²³ The gender-based violence evaluation (2018) also reports as a finding that at country level, UNFPA country plans, priorities, and key strategies were found to align with national plans of action and harmonized through the organizing structure of the United Nations Development Assistance Framework (UNDAF) /USDCF. See: UNFPA Evaluation Office. (2018). *Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017)*—Volume I.

²⁴ UNFPA. (2019). *Getting to Zero: Good practices on ending preventable maternal deaths, ending unmet need for family planning, ending gender-based violence and all harmful practices—A synthesis of UNFPA country programme evaluations (Volume 1)*.

the Sustainable Development Goals (SDGs). In Sudan, for example, according to the country programme evaluation report of the 6th Cycle Programme, 2013-2016, UNFPA gender-related interventions were in alignment with the National Women Empowerment Policy, 2007, and its plan of action, the Female Genital Mutilation Abandonment Strategy, 2008-2018, and the National Plan of Action for Combating Violence against Women, 2012-2016.

Some UNFPA country offices proved to be adept at maintaining their strategic relevance throughout periods of dynamic change in the country. UNFPA Colombia, for example, was able to deliver on its commitments to sexual and reproductive health and reproductive rights in response to national priorities despite changes in government and a challenging socio-political environment that threatened to reverse gains made.

One internal impediment to UNFPA relevance that has been raised by stakeholders during this evaluation pertains to the introduction of the new business model in 2014. The 2019 synthesis evaluation Getting to Zero, found that the transition to the new business model, which determines the allocation of core resources and was designed around modes of engagement by country, presented challenges to alignment in 40 per cent of country programme evaluations. Case studies in this evaluation confirm findings from the 2018 gender-based violence evaluation, which indicated that the classification did not reflect subnational realities, account for an increasing frequency of climate induced disasters and conflict-related displacements, or significant levels of inequality within a country.²⁵ Effects of the business model are also analysed in Finding 33 (Assumption 5.2).

In 2020, UNFPA has contributed to the global and national response plans for COVID-19 to ensure delivery of sexual and reproductive health and gender-based violence services and to bring an intersectional perspective to the issues in some instances. The example of Côte d'Ivoire sheds some light on the process for UNFPA engagement in the COVID-19 response. The country office developed its own response plan while also contributing to the UN plan and supporting the national response plan. The government response plan was focused on limiting the spread of COVID-19 and made no mention of gender aspects. However, UNFPA Côte d'Ivoire supported the Ministry of Women, Family and Children in the implementation of its response plan, which was then shared with the Protection Cluster of the United Nations system. This plan made it possible to manage the first COVID-19 cases and mitigate gender-based violence risks related to the pandemic. UNFPA also supported the implementation of an emergency team capable of being available 24 hours a day, 7 days a week to respond to gender-based violence.

In Colombia, the intersectional approach, using the vulnerability index developed by the National Statistical Office of Colombia²⁶ and data from the Gender-Based Violence Information Management System to monitor gender-based violence as a result of the pandemic, was considered a major contribution to strengthening the design and implementation of public policies with an emphasis on prevention by various rights holder groups. Through inter-agency and inter-institutional dialogue, UNFPA Colombia not only contributed to enabling the roundtables to strategically address and respond to the challenges of the impact of COVID-19, but also to highlighting other sexual and reproductive health and reproductive rights issues (the need for contraceptive methods, safe abortion in cases where legal, for example), gender-based violence and psychosocial support in confinement. Colombia's example of an intersectional approach is important to highlight as the Global Humanitarian Response Plan for COVID-19 underscores the more difficult access to services for persons with disabilities, older people, LGBTI, and children and adolescents, especially girls. Refugees, asylum seekers, internally displaced persons and migrants are also said to face greater challenges related to gender-based violence and food insecurity than their host communities.²⁷

Finally, given the heavy toll of the socio-economic impact on women and girls, UNFPA, at the global level and in different regions, has engaged in inter-agency assessment of the socio-economic impact of COVID-19 and in positioning priorities around sexual and reproductive health and reproductive rights, gender-based violence and young persons in country-specific, medium-term UN socio-economic response plans.²⁸ Through the United Nations Sustainable Development Group Task Team on GEWE at global level, UNFPA is involved in the global analysis with UNDP, UN Women and others in reviewing the socio-economic response plans to COVID-19 as well as the socio-economic impact assessments.

²⁵ UNFPA Evaluation Office. (2018). *Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017)*.

²⁶ See: <http://visor01.dane.gov.co:9000/visor-vulnerabilidad>.

²⁷ OCHA. (2020). Global Humanitarian Response Plan COVID-19, July Update, p. 83.

²⁸ See Regional COVID-19 Situation Reports for 2020.

4.1.2 ASSUMPTION 1.2

UNFPA support aligns with/responds to the (varied) needs of different rights holder groups in each country context, particularly marginalized and vulnerable communities.²⁹ This includes the extent to which UNFPA uses an intersectional approach to identify the needs of groups most at risk during the COVID-19 pandemic.

Finding 2: UNFPA has demonstrated its support to the target populations of its mandate (women, youth and adolescents) but has been challenged in reaching population groups at risk of being left behind. The COVID-19 pandemic has brought some of these groups into sharper focus.

UNFPA demonstrates a consistent targeted focus on women, adolescents and youth throughout the evaluation period and reflects a mandate centred on sexual and reproductive health and reproductive rights in support of implementing the ICPD Programme of Action. The adoption of the three transformative results under the Strategic Plan (2018-2021) – ending preventable maternal deaths; ending the unmet need for family planning; and ending gender-based violence and all harmful practices, including female genital mutilation and child, early and forced marriage – lend even greater visibility to the sexual and reproductive health and reproductive rights and gender equality rights of women and girls.

Within a more country-specific context, population groups and/or geographic regions may be prioritized to align with the most critical needs within the broad category of women, youth and adolescents. The Côte d'Ivoire case study demonstrates how the country office has had a strong and continuous commitment to women victims of violence as a result of conflict in the aftermath of two major political crises. This engagement eventually led to the first gender-based violence platforms in the country to aid and empower women survivors and to promote the prevention of gender-based violence.³⁰ Further, the UNFPA interventions to support women affected by obstetric fistula offer an example of a highly stigmatized and vulnerable population in critical need of services that may otherwise not be available; they are treated for a reproductive health-related illness that is preventable, that is linked to poverty and inter-related vulnerabilities such as early marriage and often results in women being ostracized by their communities.³¹

For UNFPA to align its programming with the most marginalized and vulnerable groups more generally requires an understanding of what makes some more vulnerable than others to gender-based violence and harmful practices, to poor access to sexual and reproductive health and family planning services and information, and to exercising their sexual and reproductive health and reproductive rights and their gender equality rights. Beyond the analysis to identify the most vulnerable groups, a strategy to reach them is needed.

The country programme evaluation review and desk-based case studies note areas where UNFPA has aligned its programming with the needs of the most vulnerable groups as well as gaps in its response to the needs of certain groups. Country examples include:

- Crisis interventions responded to the various needs of refugees and internally displaced persons but still, the needs of nomadic groups, displaced populations, foreign migrants, street children and LGBTI have not been sufficiently addressed, nor in terms of preventing discrimination. Gaps also exist in determining needs at subnational level (Djibouti country programme evaluation review)
- The country programme effectively targeted people in vulnerable or marginalized situations such as slum dwellers, indigenous peoples, sex workers, and refugees in camps. However, planning did not extend adequate attention to the homeless, undocumented migrants, school dropouts, fishing populations, and those with high-risk sexual practices and those susceptible to sexually transmitted diseases, women with disabilities and those in difficult circumstances (Bangladesh country programme evaluation review and desk-based case study)

²⁹ In each country context, these groups may include: women and girls affected by violence, particularly vulnerable population groups such as indigenous or refugee populations, and populations at risk of HIV and frequently lacking adequate access to services. UNAIDS considers the following five main key population groups particularly vulnerable to HIV and frequently lacking adequate access to services: 1) gay men and other men who have sex with men, 2) sex workers, 3) transgender people, 4) people who inject drugs and 5) prisoners and other incarcerated people. See: <https://www.unaids.org/en/topic/key-populations>. This definition is also reflected in the UNFPA Strategic Plan 2018-2021, Annex 7 (the results framework for the UNFPA-UNDP-UNICEF-UN Women common chapter to their strategic plan).

³⁰ See the Côte d'Ivoire Evidence Table (2020) in Volume III of this evaluation.

³¹ Examples from Côte d'Ivoire, Malawi, Mali and Nepal country programmes (from country case studies and desk-based case studies).

- Other country specific data also reveal that under youth programming, certain categories of youth who are more at risk may not be adequately targeted.

Some of the challenges for UNFPA evidenced in the data are centred on (a) reaching communities that are hard-to-reach such as small islands, especially in Asia, or remote, rural areas; (b) reaching populations that are generally difficult to reach such as school dropouts or married girls; (c) discriminated population groups in highly conservative environments; and (d) the lack of disaggregated data or data not leveraged for the purpose of targeting people in marginalized situations.

At a corporate level, the strategic intent of UNFPA to address the needs of people in marginalized or vulnerable situations through its mandate is explicit in the Strategic Plan (2014-2017) that states, “women, adolescents and youth are the key beneficiaries of UNFPA work. The organization will prioritize the most vulnerable and marginalized, particularly adolescent girls and also indigenous people, ethnic minorities, migrants, sex workers, persons living with HIV, and persons with disabilities.”³² As such, UNFPA has also named population groups that tend to be left behind. The focus on vulnerable groups has continued to evolve in UNFPA and in the UN System generally. In 2016 the UN Chief Executive Board for Coordination adopted a Leave No One Behind framework for action around equality, non-discrimination, and equity. UNFPA conducted an assessment on Leave No One Behind in 2020 and will develop its strategy in 2021. The Programme Review Committee, which reviews country programme documents before their approval, plans to include a new criterion for their review that will check for adherence to the 2030 Agenda and the leave no one behind principle.

The Midterm Review of the Strategic Plan (2018-2021) noted that in 2018-2019 the outputs related to the furthest behind populations demonstrated limited performance.³³ UNFPA offices in general have not had a strategy that provides explicit direction on ways to reach the most vulnerable population groups. Other initiatives are in the pipeline to develop more effective strategies to leave no one behind.³⁴ In particular, programming to promote gender equality and address gender-based violence among persons with disabilities – including the We Decide programme – is discussed under finding 4 below.

In parallel to these institutional developments, UNFPA has been confronting the realities of COVID-19. The pandemic has illuminated the pre-existing inequalities creating disproportionate impacts on women and girls with disabilities, sex workers, LGBTI, and population groups specific to each cultural context. Various initiatives are underway. In the Arab States region, the Eastern Mediterranean Risk Communication and Community Engagement Working Group (of which UNFPA is a member) published new guidelines ‘COVID-19: How Can Risk Communication and Community Engagement Include Marginalized and Vulnerable People in the Eastern Mediterranean Region.’ In the Eastern Europe and Central Asia region, UNFPA supported a community-led study on the impact of the COVID-19 pandemic and quarantine on women living with HIV and women at risk of HIV in terms of their access to sexual and reproductive health and reproductive rights, HIV and gender-based violence prevention services in nine countries. Other efforts by individual countries are also noted and will require continuing vigilance to reduce inequities.³⁵

Two specific population groups have been disproportionately affected by COVID-19: indigenous populations and older women in some regions. The UN inter-agency support group on indigenous issues, co-chaired by UNFPA, developed an internal guidance note to respond to their specific needs during the pandemic.³⁶ The pandemic has brought into sharper focus the needs of older women, especially in Eastern Europe and Central Asia, the Arab States and the Asia Pacific regions. In the Asia Pacific region, the regional office conducted an assessment of the secondary impacts on women of reproductive age and/or older persons, including those with disabilities (China, India, Iran, Malaysia, Thailand and Viet Nam). Although older men are more likely to die from COVID-19, women tend to be more isolated and have lower earnings and accumulated savings compared to men their age. This particular population group may need a more explicit focus but with the caveat that this is very context-specific.

32 UNFPA. (n.d.). *The UNFPA Strategic Plan, 2014-2017*.

33 UNFPA. (2020). *Integrated Midterm Review and Progress Report on Implementation of the UNFPA Strategic Plan, 2018-2021. Report of the Executive Director*.

34 UNFPA will be launching a joint UN inter-agency guide on comprehensive sexuality education (CSE) to reach out-of-school youth. Several countries in the Latin America and Caribbean region have already successfully introduced guidelines to reach out-of-school youth. The other issue that will be receiving more attention relates to the proportionately higher effects of climate change on women and girls. See also Assumption 4.2 for more information. UNFPA. (2020). *Integrated Midterm Review and Progress Report on Implementation of the UNFPA Strategic Plan, 2018-2021. Report of the Executive Director*. p.26

35 COVID-19 Regional Situation Reports from 2020.

36 UNIASG. (n.d.). *Indigenous Peoples and COVID-19: A Guidance Note for the UN System prepared by the UN Inter-Agency Support Group on Indigenous Issues*.

A third population group disproportionately affected by the pandemic relates to persons with disabilities whose pre-existing exclusion or marginalisation leaves them more at risk of being affected by weak health systems, basic services, and social protection systems.³⁷ UNFPA is one of nine UN agencies who together with organizations of persons with disabilities and civil society are joined in a global joint programme to support countries and other global initiatives to ensure a strong disability inclusion perspective to the COVID-19 response and recovery. UNFPA and Women Enabled, with local partners, have conducted assessments in all regions by consulting persons with disabilities, women in particular, on the impacts of COVID-19 on their lives.

Finding 3: Adolescent girls have been gaining centrality as a target population in UNFPA programming since 2014, and dedicated global programmes are bringing attention to the interrelated set of barriers to their sexual and reproductive health and reproductive rights and empowerment.

Youth, with a special emphasis on the rights of adolescent girls, have been a target group of UNFPA programming since 2008. However, it was only in the Strategic Plan (2014-2017) that mention of adolescent girls appeared at outcome level (outcome 2).³⁸ The 2013 Action for Adolescent Girls initiative contributed to UNFPA increased investment in marginalized girls to end child marriage and reduce adolescent pregnancy; this programme was implemented in 12 countries.³⁹ Other initiatives followed at regional level during the first half of this evaluation period with a gradual increase in the number of country programmes reaching adolescent girls.

Adolescent girls have also become a growing focus of inter-agency initiatives to provide a broader, more holistic response. The 2007 UN Interagency Task Force on Adolescent Girls and the 2009 joint framework 'Girl Power and Potential' generated a number of global programmes focused on adolescent girls, including two current programmes with UNICEF: the Global Programme to Accelerate Action to End Child Marriage and the Joint Programme on Female Genital Mutilation (2008-2017), which is now in its a third phase.

The 2016 evaluation of UNFPA support to adolescents and youth (2008-2015) made it clear that UNFPA has contributed to increasing the priority given to adolescent girls in national development policies and programmes, but that the operationalization of the strategic priority on adolescent girls was inconsistent across country programmes. This is explained in part by the lack of clarity around concepts of marginalization and vulnerability, resulting in a similar lack of clarity on which sub-groups to prioritise. The focus on young adolescent girls aged 10 to 14 at the time of the evaluation was noted as a particular challenge with inadequate attention to this sub-group outside of programmes to support child marriage and female genital mutilation.

Since 2016, UNFPA has carved out an even more explicit place for adolescent girls, emphasizing girls' empowerment in the current Strategic Plan (2018-2021) and the Gender and Equality Strategy. In aligning with the 2030 Agenda, the latest strategic plan is making more explicit its aim to empower women and adolescent girls with a focus on eradicating poverty. It is noteworthy that humanitarian crises in the past ten years have also paid attention to the specific needs of adolescent girls. In response to the Syrian refugee crisis, the Adolescent Girl Taskforce was set up in 2016 with UNICEF in Iraq. The Whole of Syria response recognized the underserved needs of adolescent girls and geared their interventions to not just immediate needs but to enabling girls to make choices for their lives.

More generally, the prominence of girls' vulnerability in programming is visible in the more recent period of this evaluation. With it, there has been an increased appreciation of the multiple risk factors that can lead to adolescent pregnancy, child marriage, early union or school drop-out. In the Asia Pacific region, UNFPA has been collaborating with UNICEF on joint conceptual work to better understand the interlinkages between child marriage and adolescent pregnancy. Joint efforts are seeking to research the drivers around early and forced marriage and the gender inequalities that underlie harmful practices.

37 See the UN Partnership on the Rights of Persons with Disabilities (UNPRPD) Global Programme Supporting Disability Inclusive COVID-19 Response and Recovery at National Level. Available at: <http://www.unprpd.org/>

38 Outcome 2 of the 2014-2017 Strategic Plan reads: Increased priority on adolescents, especially on very young adolescent girls, in national development policies and programmes, particularly increased availability of comprehensive sexuality education and sexual and reproductive health services.

39 UNFPA Evaluation Office. (2016). *Evaluation of UNFPA support to adolescents and youth 2008-2015 (Volume I)*, p54.

In the Latin America Caribbean region, which is facing a slow decrease in adolescent fertility but an increase in the number of pregnancies in girls 10-14 years of age, UNFPA is supporting sub-region and country strategies to prevent adolescent pregnancy.⁴⁰ The regional office is tracking the number of countries implementing adolescent pregnancy prevention and reduction plans. The East and Southern Africa region has joined with other regional partners as part of the African Coalition for Menstrual Hygiene Management to advocate for Menstrual Hygiene Management and Adolescent Sexual Reproductive Health Rights, and presented current trends and responses to inform the agenda moving forward. Despite the scale of its efforts in addressing Menstrual Hygiene Management and Adolescent Sexual Reproductive Health Rights, UNFPA also recognizes that the focus on menstrual health needs a more multi-sectoral approach that integrates Menstrual Hygiene Management in broader sexual and reproductive health and reproductive rights responses and with a lifecycle approach.⁴¹

With the stated focus on the empowerment of girls, interviewees expressed some reservations on how to approach their empowerment, especially very young girls, in the same way that women can be empowered by supporting their agency as political actors capable of defending their rights. A cautionary note can also be garnered from interview data on how UNFPA is conceptualizing the focus on adolescent girls within its Adolescent & Youth programming: while an investment in adolescent girls is a positive step forward, careful consideration in the design of empowerment programmes is needed as well as a clear articulation from UNFPA on how it envisions its value added to this population group.

Finding 4: In the areas of the UNFPA mandate, the needs and rights of indigenous people and people of African descent are becoming more prominent and attention to persons with disabilities is an emerging focus.

In the LAC region, UNFPA has developed partnerships with rights groups over the years to support groups whose rights are at risk and this includes partnerships with indigenous people and people of African descent. The regional office developed strategies dedicated to specific populations, including the 2019 strategy *Visibilizar, Incluir, Participar* to promote the rights of persons with disabilities, the 2018 Youth Now regional youth participation strategy and the 2020-2022 workplan on people of African descent. At a corporate level, UNFPA has made a strategic choice to strengthen its rights work with indigenous people and those of African descent as reflected in their prominence at the Nairobi Summit on ICPD25 in 2019 with calls for non-discriminatory, culturally appropriate health services, and greater recognition of the traditional practice of midwifery. The Nairobi Summit on ICPD25 also called for the inclusion of indigenous people and people of African descent in the next strategic plan. UNFPA has adopted a strategy for accelerated global action for the rights and needs of people of African descent that is in line with the General Assembly declaration of the International Decade for People of African Descent (2015-2024).

In light of the disproportional impact of the COVID-19 pandemic on indigenous peoples in both the global north and south, and in particular on indigenous women, the messages stemming from the Nairobi Summit on ICPD25 signal the important contributions of indigenous populations to building back a more equal and resilient world.⁴² Desk-based case study data and the country programme evaluation review show that approximately 10 countries out of 62 have taken initiatives to target indigenous populations or ethnic minority groups. Most of the examples of targeting indigenous populations fall within the Latin America region.

In recent years, UNFPA has also been taking action in promoting the inclusion of persons with disabilities. The Strategic Plan (2018-2021) has an indicator under its operational effectiveness and efficiency output to track the proportion of new country programme documents that address the needs of persons with disabilities. At the time of the Midterm Review of the Strategic Plan, this was at 40 per cent, less than the target of 65 per cent.⁴³ UNFPA at global level published a technical note in May 2019 on measuring disability, migration and marriage registration to be included in censuses. This contributes to Outcome 4 on ensuring everyone, everywhere, is counted and accounted for.⁴⁴ Further, UNFPA launched the WE DECIDE

40 LACRO Annual Report 2019.

41 ASRO Annual Report 2019.

42 Filmer-Wilson, Emilie. (2020). What We Learned: Indigenous Peoples & COVID-19 – the Disparate Impact, 10 September post on myUNFPA.

43 UNFPA. (2020). *Integrated Midterm Review and Progress Report on Implementation of the UNFPA Strategic Plan, 2018-2021*. Report of the Executive Director. Annex 1: Output scorecard and updated integrated results and resources framework, p. 58.

44 UNFPA. (2019). *Measuring disability, migration, and marriage registration—Recommended questions for inclusion in censuses*. Technical Brief.

programme that promotes the human rights and social inclusion of women and adolescents and youth with disabilities, with an emphasis on access to services to prevent and address gender-based violence and access to sexual and reproductive health and reproductive rights-related services, information, and education. In 2018, under the WE DECIDE programme, guidelines were published on Women and Young Persons with Disabilities in relation to gender-based violence and sexual and reproductive health and reproductive rights by UNFPA and three partners.⁴⁵ The guidelines were preceded by a global study on ending gender-based violence and realizing sexual and reproductive health and reproductive rights for young persons with disabilities.⁴⁶ Regional consultations have brought attention to the guidelines. UNFPA partner, the Population Reference Bureau, produced a multimedia presentation (called ENGAGE) on the same topic to enable women and young persons with disabilities to engage policymakers, programme planners, and others to join them in leading efforts to access their rights, especially in relation to sexual and reproductive health and reproductive rights and gender-based violence prevention. It is made available in accessible versions and for use with assistive technology.⁴⁷ At regional level, the UNFPA Eastern Europe and Central Asia Regional Office (EECARO) integrated the guidelines on gender-based violence essential services for women and girls with disabilities subject to violence into the resource package for professionals who are implementing a multi-sectoral response to gender-based violence.

Other initiatives are being taken through the Spotlight Initiative,⁴⁸ whereby UNFPA will scale up support for women with disabilities to enable them to have access to services to address gender-based violence. Another important initiative has been the adoption of the Washington Group methodology for collecting standardized and globally comparable data, resulting in six domains of functionality for identifying persons with disability. The Washington Group questions have been tested in a range of countries and are now used in censuses or surveys in over 78 countries.⁴⁹

Additionally, the gender-based violence information management system in the humanitarian response in Côte d'Ivoire was designed to capture disability status in its reporting. In Jordan, the implementing partners operating in the camps and host communities, as part of the humanitarian response to the Syria crisis, have received disability inclusion training so that gender-based violence services are responsive to persons living with disabilities. In the humanitarian arena in general, the inclusion of persons with disabilities remains at an incipient stage. As noted in the Evaluation of the UNFPA Capacity in Humanitarian Action 2012-2019, as yet there is limited implementation of inclusion of persons with disabilities.⁵⁰

Regional offices are also taking initiatives to promote disability inclusion, such as Asia Pacific's capacity building of country offices to advocate for disability inclusive laws and policies and to engage girls and women with disabilities in programming. In Latin America and the Caribbean, the 2019 regional strategy Visibilizar, Incluir, Participar to promote the rights of persons with disabilities has supported initiatives at country level. A training package was developed in coordination with four country offices and a wide range of stakeholders participated. One of the outcomes was a virtual classroom developed with the Latin American Faculty of Social Sciences in which a series of topics, such as sexual abuse of women with disabilities (Ecuador) were offered and will now be expanded to more offices in 2020.⁵¹ Other regions also demonstrate attention to persons with disabilities, especially women and girls. Malawi is seeking to strengthen its work with persons with disabilities. Multiple examples from various country offices taking action to promote disability inclusion and respond to the sexual and reproductive health and reproductive rights and gender-based violence needs of this population have surfaced in the data. It is clear that this represents a growing programmatic area of UNFPA to bring into focus their particular vulnerabilities and to facilitate the exercise of their rights.

45 UNFPA. (2018). *Women and Young Persons with Disabilities: Guidelines to Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights*.

46 UNFPA. (2018). *Young Persons with Disabilities: Global Study on Ending Gender-Based Violence and Realising Sexual and Reproductive Health and Rights*.

47 See <https://www.prb.org/path-to-equality/> for access to the multimedia presentations.

48 The Spotlight Initiative is a global multi-year initiative focused on eliminating all forms of violence against women and girls. It is implemented through the Multi-Partner Trust Fund Office and includes UNDP, UNFPA and UN Women. See here : <https://www.spotlightinitiative.org/>

49 UNFPA. (2019). *Measuring Disability, Migration, and Marriage Registration - Recommended Questions for Inclusion in Censuses*. Technical Brief. May 2019.

50 UNFPA Evaluation Office. (2019). *Evaluation of the UNFPA Capacity in Humanitarian Action 2012-2019*, p. 41.

51 LACRO 2019 Annual Report, pp. 30-31.

4.1.3 ASSUMPTION 1.3

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

Finding 5: At global, regional and country level, UNFPA work strongly aligns with the ICPD, the SDGs and the 2030 Agenda. There is also solid evidence of alignment with CEDAW and the Beijing Platform for Action.

There is clear evidence of UNFPA contributing to and aligning with CEDAW and the Beijing Platform for Action. As country case studies have demonstrated, before the establishment of UN Women, UNFPA was the lead agency facilitating government implementation of these international frameworks. UNFPA Malawi and Côte d'Ivoire both strongly supported government in revising or adopting a legal framework that was aligned to regional and international norms and standards. In Malawi, UNFPA supported the Ministry of Gender, Children, Disability and Social Welfare in implementing the Gender Equality and Women Empowerment (GEWE) Programme, the largest targeted investment in GEWE in the country's history, and considered highly relevant to the government's efforts to implement its gender equality and women's empowerment agenda and to meet the Millennium Development Goals.⁵² In Côte d'Ivoire, at the end of a second political crisis in the early part of this decade (2010-2020), UNFPA was instrumental in supporting the government to establish an institutional and policy framework to advance GEWE, by helping introduce a plethora of new policies that included the national strategy to combat gender-based violence.⁵³ This was an important part of the implementation of CEDAW. UNFPA continues to support the government in the implementation of CEDAW recommendations and reporting to CEDAW, in collaboration with UN Women and through the UN Gender Theme Group. These findings are also consistent with the evaluation of gender-based violence (2018) that found UNFPA to firmly align with and contribute to relevant international human rights conventions, instruments and report (in both process and substance) at all levels.

The desk studies show UNFPA alignment with the ICPD across all 10 countries. Robust evidence similarly exists for alignment with the MDGs and the SDGs, corroborated by the findings of the Midterm Review of the Strategic Plan, which notes the alignment of country programmes and their outputs with SDGs and, more specifically, of the gender-dedicated outcome contributing to SDGs 5, 3, 10, 17, and 1.⁵⁴ All strategic documents have been updated in referencing the contribution to and alignment with the 2030 Agenda for Sustainable Development and that UNFPA has strengthened its commitment to enacting the principles of the Agenda that includes, among others, ensuring gender responsiveness, promoting human rights, prioritizing leaving no one behind and reaching the furthest behind first.⁵⁵ One of the objectives of the Nairobi Summit on ICPD25 was to obtain political reaffirmation of the ICPD Programme of Action within the context of the 2030 Agenda for Sustainable Development and the SDGs.⁵⁶ Prior to this, the 20-year review of the ICPD included a review of global and regional monitoring frameworks to ensure alignment with the 2030 Agenda.⁵⁷

4.2 EVALUATION QUESTION 2

EQ2: What have been strengths and limitations of UNFPA approach(es) to supporting Gender Equality and Women's Empowerment at global, regional and country levels?

4.2.1 ASSUMPTION 2.1

UNFPA applies a human rights-based and culturally/context sensitive approach in its support to gender equality and women's empowerment.

52 Malawi Country Evidence Table, Volume III.

53 UNFPA Côte d'Ivoire Evidence Table, Volume III.

54 UNFPA. (2020). *Integrated Midterm Review and Progress Report on Implementation of the UNFPA Strategic Plan, 2018-2021. Report of the Executive Director.*

55 Annex 2, Theory of Change, of the 2018-2021 Strategic Plan.

56 Butler, J. and others. (2020). *Accelerating the Promise: The Report on the Nairobi Summit on ICPD25.* Nairobi: UNFPA.

57 Didigu, N. (2016, November). Session 1: ICPD & the 2030 Agenda; Linkages, Monitoring, Global and Regional Follow up and Review Mechanisms. Post-2015 Development Agenda, Geneva.

Finding 6: By virtue of its mandate within the UN system, UNFPA often has to navigate tensions that are visible in the intersection of culture, gender equality and rights, particularly with the focus on sexual and reproductive health and reproductive rights. While UNFPA strives to ensure a human rights-based approach, a gender equality perspective and the rights of certain groups marginalized by their sexual orientation and gender identity, the need to respond to push back often raises challenges for UNFPA in navigating those tensions.

Although the UNFPA mandate is guided by the ICPD Programme of Action, on some occasions UNFPA has had to adopt a stance of striking a balance with local contexts on various aspects of the ICPD Programme of Action.⁵⁸ The acceptance of 'sexual rights' in the discourse has been a particular stumbling block for Member States, until the UN Conference on Women held in Beijing at least made it possible for the international community to refer to 'the right for women to have control over and decide freely and responsibly on matters related to sexuality'.⁵⁹ Yet, it is only in 2019-2020 that UNFPA, as the Custodian Agency for SDG 5.6, established the metric and methodology for indicators 5.6.1 and 5.6.2 to measure women's ability to make their own decisions on contraceptive use, reproductive health care and sexual relations, as well as the legal and regulatory environment on access to universal sexual and reproductive health and reproductive rights as agreed in the ICPD Programme of Action and the Beijing Platform for Action.⁶⁰

Much progress has been achieved over the past decade (and since 1994) in the area of the sexual and reproductive health and reproductive rights that are so central to the ICPD. They are well documented in the Nairobi Summit on ICPD25 Report, though disparities across countries persist.⁶¹ Yet, it is worth highlighting that achievements in relation to women's reproductive choices and bodily autonomy are hard won as the exercise of this right continues to encounter resistance due to conservatism in a range of social and cultural contexts. In Côte d'Ivoire, for example, while the government has increased its budget allocation for the purchase and distribution of contraceptive products, the country still does not have a specific law on sexual and reproductive health and reproductive rights. On the request of the government, UNFPA supported the drafting of a law, which was developed in 2018 by the Ministry of Health and Public Hygiene. The law did not pass the National Assembly in 2019 due to opposition by conservative groups.⁶² In the Arab States region, interview data also illuminate the difficulty of using a rights lens to addressing gender barriers when engaging faith-based organizations in conservative environments; the entry point for UNFPA has been to make the link between religious values and practices such as child marriage.

In negotiating the tensions between rights, gender equality and cultural sensitivities, the data from regions and countries show that UNFPA advocacy efforts often make headway with conservative groups or religious leaders, but specific issues remain sensitive. In the lead-up to the ICPD+25 event, the Latin America and Caribbean region found common ground with faith-based organizations on family planning and violence against women, but stopped short of any agreement on access to safe abortion where legal. Some interviewees at global level caution that a central focus on women's sexual and reproductive health can reinforce conservative views that position women in their reproductive role. This risk is more likely when women's sexual and reproductive health and reproductive rights are not embedded in a gender equality and rights framework. To understand the subtleties in navigating between rights, gender equality and cultural sensitivities, the example of the Sahel Women's Empowerment and Demographic Dividend programme implemented in several countries in the West Africa region is a case in point. In Côte d'Ivoire, the programme has been collaborating effectively with religious leaders on the roadmap for the demographic dividend, but it has meant reframing the objective to refer to 'responsible procreation' in lieu of 'family planning' to allow religious leaders to sensitize men in particular to child spacing and limiting family size.

58 Member States to the International Conference on Population and Development (ICPD) Programme of Action since 1994 struggled to agree on the importance and meaning of sexual and reproductive health and reproductive rights. Twenty years hence, there is more acknowledgement visible within governmental agreements and international jurisprudence that sexual and reproductive health and reproductive rights are interrelated and interdependent. Definitions for reproductive health and reproductive rights have been widely approved in agreements negotiated between governments, but sexual health and sexual rights have met with varying levels of official and unofficial endorsement in a review of the progress made over the period. Safe abortions as a strategy to prevent unsafe abortions is still not widely accepted. See: Barot, S. (2014). Looking Back While Moving Forward: Marking 20 Years Since The International Conference on Population and Development. *Guttmacher Policy Review*, 17(3).

59 Cited in Barot, S. (2014), p. 23.

60 Guidance for measuring 5.6.1 and 5.6.2 was issued in 2020. UNFPA developed the methodology in collaboration with UN-DESA, UN Women and the World Health Organization with support from an expert group.

61 UNFPA. (2019). *Fulfilling the ICPD Promise: Progress, Gaps and Working at Scale. Review of the Implementation of the Programme of Action of the International Conference on Population and Development*.

62 UNFPA Côte d'Ivoire Case Study Evidence Table.

Interviewees highlight the importance of taking into account male control over decisions that affect women's bodily autonomy and reproductive choices, as demonstrated by the data from indicator 5.6.1. This is an important driver behind the unmet demand for family planning and it is not clear from the data to what extent family planning services are offered to couples or how 'male-friendly' are reproductive health/family planning services. The Jordan country case study found that outreach to men had not resulted in a significant change in men's attitudes to family planning and cultural barriers still inhibit male attendance at what are perceived to be spaces for women or mothers in the camp clinics. UNFPA is now working to develop a health education package for service providers that will systematize the approach to educating men and women about family planning, contraceptives, and birth spacing.⁶³ The Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020) offers examples of addressing socio-cultural barriers to improve the knowledge and ability of marginalized women and girls to access reproductive health and family planning services, but also reports having few resources to undertake community mobilization, to conduct demand-generation activities, or to evaluate the results of demand-generation activities.⁶⁴

Interview data at global level have further highlighted the need for UNFPA as a leader in sexual and reproductive health and reproductive rights to strengthen vigilance with regard to certain gender equality aspects; as health care providers become more specialized in family planning methods and thereby making recommendations to women on longer-term methods, women may not always be presented with a choice. Another issue is women's right to non-discrimination and to be free from violence, as it pertains to reproductive health services and obstetric care. This was the subject of focused attention in 2019 when UNFPA issued a report in response to a call for submissions by the UN Special Rapporteur on violence against women highlighting the occurrence of obstetric violence and situating it within the wider context of structural gender inequality and discrimination. In a positive step forward, this is an area in which UNFPA plans to engage further in ending maternal deaths and gender-based violence.⁶⁵

Each region faces its own challenges shaped by its socio-cultural and political context. In Eastern Europe and Central Asia, which is experiencing a rise in conservatism according to interviewees, UNFPA and its partners are experiencing a lot of pushback for sexual and reproductive health and reproductive rights for youth through the delivery of comprehensive sexuality education. According to interview data, the Istanbul Convention to prevent and combat violence against women and domestic violence⁶⁶ is still not ratified in some countries because conservative elements consider the Convention is promoting a gender ideology from the West to ensure that LGBTI rights are included. Similar cultural sensitivities to inclusion of LGBTI rights and sexual and reproductive health and reproductive rights for youth are reported in the Arab States region where even when governments agree on a rights agenda, they may fear being accused of adopting a Western agenda or of provoking opposition from conservative groups.

The evaluation team notes instances in the data at all levels - global, regional and country - where UNFPA has grappled with the use of terms such as 'gender,' 'sexual rights,' and 'LGBTI', adapting them to the local contexts so that they are socially acceptable.

How UNFPA responds to dilemmas in promoting a gender equality and sexual and reproductive health and reproductive rights agenda is specific to each context and the process of negotiating and strategizing a response is not always discernible. How boldly UNFPA should respond to pushback on rights issues also produces a range of views from insider and outsider perspectives. UNFPA offices have nonetheless proven successful in promoting a sexual and reproductive health and reproductive rights agenda for women, girls and youth generally and for populations at risk of HIV and those with diverse sexual orientations and gender identities in different locations. The 2016 evaluation of support to youth and adolescents noted significant gains made for youth, adolescents and adolescent girls especially, through a human rights-based approach that is both culturally and gender-sensitive.⁶⁷ Recognizing the gains that UNFPA has made in other areas of addressing rights issues as well, the enabling environment plays a role in the outcome, as demonstrated in the Peru example (see Box 5).

⁶³ Jordan Country Evidence Table. See Volume III.

⁶⁴ UNFPA Evaluation Office. (2018). *Mid-Term Evaluation of the UNFPA Supplies Programme (2013-2020). Volume 1*.

⁶⁵ UNFPA. (2019). *Mistreatment and Violence Against Women during Facility-Based Childbirth: Widespread Violations Impeding Women's Right to Reproductive Health. A response to the call for submission by the UN Special Rapporteur on violence against women*.

⁶⁶ Refers to the Council of Europe Convention on preventing and combating violence against women and domestic violence, which is a human rights treaty that opened for signature on 11 May 2011 in Istanbul.

⁶⁷ UNFPA Evaluation Office. (2016). *Evaluation of UNFPA support to adolescents and youth 2008-2015 (Volume I)*.

Box 5: UNFPA Peru – addressing rights issues

UNFPA Peru ensured that LGBTI people were included in the National Human Rights Plan and the National Plan Against Family and Sexual Violence. A success factor is that the current government is open to a human rights approach and there is political will. This favourable environment has facilitated UNFPA work in recent years. The Ministry of Justice and Human Rights (MINJU) plays an especially big role and is a key partner of UNFPA in advancing human rights in the country. UNFPA has been able to provide relevant support on LGBTI rights and rights of persons with disabilities by working with MINJU and the Ombudsman's Office and there is strong commitment and leadership from these two bodies. In addition, UNFPA has worked with the Ministry of Health (MINSA) and the Ministry of Women and Vulnerable Populations (MIMP) to ensure access to safe abortion services for women and girls who are victims of violence in accordance with the country's legal framework. As such, UNFPA has been successful in contributing to more progressive laws. The challenge is in implementation of the laws and incorporating these approaches locally and within services, such as health and law enforcement.

Source: Country programme evaluation and desk review.

Finding 7: Most of the evidence on engaging men and boys is about engaging them as advocates and allies to women and girls' rights and in particular their sexual and reproductive health and reproductive rights; good models for more transformative approaches that address harmful masculinities or unequal gender power relations are gaining visibility.

The data for this evaluation brings to the fore substantial evidence on engaging men and boys as part of UNFPA programming. The country programme evaluation review, for example, found that engaging men and boys was mentioned in 33 of the 70 country programme evaluations reviewed. Areas of intervention include the following:

- Awareness raising initiatives and campaigns on male engagement to combat gender-based violence and gender-biased sex selection and to promote sexual and reproductive health and reproductive rights
- Strengthening the evidence on male attitudes and practices on various topics (this includes the International Men and Gender Equality Survey known as IMAGES)
- Various trainings on male involvement on topics related to sexual and reproductive health, family planning, gender-based violence. In Georgia, for example, the Men Talking to Men methodology which involves a cascade of trainings is oriented towards multiplying information on gender-based violence, sexual and reproductive health and reproductive rights, HIV/AIDS and strengthening gender equality in support of more gender transformative approaches to programming (country programme evaluation review)
- Supporting national male networks such as Men Engage Network to strengthen their engagement in addressing sexual and reproductive health and reproductive rights, gender-based violence, and gender equality
- Partnerships with various local and national organizations, such as the police; the national sports federations in Tajikistan to end violence against women; the Viet Nam Farmers Union which led to a national programme to engage men in building non-violent farmer families. International organizations such as Stepping Stones International and Promundo also feature among partnerships promoting male engagement.

Regions tend to specialize in their approach to male engagement. The Eastern Europe and Central Asia region has leveraged the work of the IMAGES survey, conducted trainings widely, and initiated its own regional MenEngage network to promote more gender-transformative approaches in their programmes. EECARO established the MenEngage Platform, in partnerships with the Global MenEngage Alliance and Promundo to advance this work, which included engaging men in their role as fathers and caregivers, and behaving in equitable and non-violent ways.

The West and Central Africa region has promoted the model approach of schools for husbands and future husbands⁶⁸ which was first tested in the Niger country programme and has spread to several countries in the region, among them Senegal, Côte d'Ivoire, Mali, Burkina Faso, The Gambia, Guinea, and Sierra Leone. As a model for engaging men in supporting

68 Les écoles de mari in French.

women in their sexual and reproductive health and reproductive rights and family needs/rights, it has been incorporated into national strategies in some countries.⁶⁹ It is now a key feature in the Sahel Women's Empowerment Demographic Dividend regional programme in West Africa. The Spotlight Initiative⁷⁰ will expand on the approach, and as part of the Sahel Women's Empowerment Demographic Dividend programme, UNFPA has partnered with Promundo International to improve the training and methodology of the husbands school in order to bring about more sustainable results in changing men's attitudes and behaviours that have a direct impact on women's empowerment and ultimately make the approach more gender transformative.⁷¹

With regard to humanitarian contexts, the UNFPA response to the Syrian refugee crisis has initiatives to support male involvement in increasing women's access to maternal health services and reproductive health and family planning services, and to raise men's awareness on gender equality, gender-based violence and family planning.⁷² It is especially important in the work on gender-based violence in emergencies that approaches to engage men and boys stay focused on the needs/rights of women and girls so as not to reproduce gender hierarchies.

For the most part, the examples of male engagement in the evidence for this evaluation position men as allies to women in accessing their sexual and reproductive health and reproductive rights and services and in ending violence against women and gender-based violence in both development and humanitarian settings. Nonetheless, UNFPA has sought to give renewed emphasis to this issue, as evident in the indicator to track countries with a national mechanism to engage men and boys in national policies and programmes to advance gender equality and reproductive rights in the 2018-2021 strategic plan. Good models can be found that seek to deconstruct harmful masculinities as a root cause for gender discrimination and inequalities. These initiatives build on UNFPA prior efforts to scale up the work on engaging men and boys, as seen in the guide to strengthen civil society organizations and government partnerships for that purpose, as interventions were often small or limited.⁷³ UNFPA Guatemala has promoted the White Ribbon Campaign to end violence against women and girls at the sub-national level, as a strategy that includes the creation of alliances between young women and men leaders, as well as better community conditions for indigenous girls to participate in safe spaces.⁷⁴ In Nicaragua and other countries (e.g. Brazil, Peru, Cuba), UNFPA supported advocacy campaigns and education initiatives targeting adolescent boys on the prevention of sexual violence, family planning and adolescent pregnancy, as part of the Promundo Programme Hombres Mujeres Diversidad. The programme addresses social norms and practice that includes work on masculinities. The Spotlight Initiative in the Latin America and Caribbean region will further systematize evidence on models of intervention for working with male perpetrators of violence as well as with networks working on masculinities, with men and young people. The aim is to establish community advocacy platforms to help transform harmful masculinities.⁷⁵ Although the 2019 evaluation of the global programme on ending child marriage found that masculinity did not feature strongly as part of discussions on changing social norms around gender equality and harmful practices,⁷⁶ approaches to engaging men and boys through various programmes or platforms often inherently seek to demonstrate gender roles as prescribed and stereotyped and therefore to break down traditional notions of manhood.

⁶⁹ It is known, for instance, that the 'école de maris' approach has become a national strategy in Senegal and is incorporated into the national family planning strategy in Niger. Other countries may also have scaled up.

⁷⁰ The Spotlight Initiative is a global multi-year initiative focused on eliminating all forms of violence against women and girls. It is implemented through the Multi-Partner Trust Fund Office and includes UNDP, UNFPA and UN Women. See: <https://www.spotlightinitiative.org/>.

⁷¹ UNFPA WCARO. (2018). Les facilitateurs et facilitatrices mis en mission: Révolutionner l'approche pour transformer les personnes. Newsletter: Numéro Spécial 02.

⁷² UNFPA Evaluation Office. (2019). *Evaluation of the UNFPA response to the Syria crisis (2011-2018) (Volume 1)*.

⁷³ Promundo-US and UNFPA. (2016). *Strengthening Civil Society Organization-Government Partnerships to Scale Up Approaches Engaging Men and Boys for Gender Equality and SRHR: A Tool for Action*.

⁷⁴ UNFPA. *El UNFPA y Su Trajado En Masculinidades En América Latina y El Caribe*.

⁷⁵ LACRO case study report.

⁷⁶ UNFPA, & UNICEF. (2019). *UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage—Joint Evaluation Report*.

4.2.2 ASSUMPTION 2.2

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

Finding 8: The triple nexus as a concept has not yet gelled in practical terms within UNFPA, or in the broader humanitarian and development system. UNFPA approaches to COVID-19 are now helping to sharpen implications for programming.

Since committing to the Humanitarian-Development-Peace Nexus in 2016, UNFPA has defined and begun to operationalize such an approach in its work. Several interviewees in UNFPA pointed to lack of clarity with regard to the practical implications of this triple nexus approach, even though it builds on UNFPA efforts over the years to bridge humanitarian-development settings, especially as part of the continuum approach in work on gender-based violence. Donors have not adjusted their modus operandi for funding to reflect this more integrated approach to programming; thus, funding streams are currently categorized as 'humanitarian' (life-saving) or 'development', and the peace component is rarely integrated. UNFPA staff interviewed for this evaluation noted how funding streams/windows for the humanitarian-development continuum can limit the potential to integrate programming on GEWE. Case study countries – like Jordan and Colombia – have taken special steps to use humanitarian resources to help bridge work on gender-based violence/sexual and reproductive health and reproductive rights into national systems that are traditionally addressed through development funds.

UNFPA has been strengthening its position in integrating sexual and reproductive health and reproductive rights into national disaster risk reduction frameworks, and to some extent, gender-based violence and GEWE.⁷⁷ However, as noted in the evaluation of UNFPA capacity for humanitarian action (2019), and evident in this study, UNFPA is largely credited for strengthening the global minimum standard for sexual and reproductive health and reproductive rights – the Minimum Initial Service Package – across all contexts. The UNFPA Humanitarian Office is planning to develop guidelines for addressing sexual and reproductive health and reproductive rights needs in the continuum from crisis preparedness, response and recovery to strengthening resilience, which will build on country-level experience.⁷⁸

As reflected in August 2020 UNFPA Nexus reflections, UNFPA country offices have in their preparedness and response to COVID-19 shown high degree of connection and convergence between humanitarian, development, and where relevant peace interventions.⁷⁹ The early lessons documented suggest that successful COVID-19 coordination and response depends on previous systematic investments in national systems strengthening and in coordination, referral structures, capacity strengthening of partners and building trust with government. Each regional office is undertaking socio-economic assessments to position UNFPA in the socio-economic response plans to COVID-19, and this is an important opportunity to integrate sexual and reproductive health and reproductive rights and gender-based violence concerns for women, girls, youth and the most vulnerable. The Colombia case study helps illustrate how UNFPA draws on different types of interventions in its work, which now carries over into the COVID-19 era (see example below).

Box 6: UNFPA Colombia complementary support for GEWE in support of humanitarian, development and peacebuilding action and in response to COVID-19

Stakeholders in Colombia spoke of a quadruple crisis in 2020: COVID-19 came on top of the triple crisis arising from violence and displacement related to armed conflict, mixed migration flows from Venezuela, and recurring natural disasters. Despite challenges in the external and internal context (reduction in funds, reduced presence at sub-national level), the UNFPA country office was able to build on previous programming to provide a relevant gendered and integrated response. The country programme supported sub-national planning and data instruments (for situation analysis and population triage), for example, that have been used to help with migration flows and now geo-spatial mapping of populations at greater risk of COVID-19.

⁷⁷ While all regions do some kind of tracking of how countries are integrating sexual and reproductive health into emergency preparedness, in the Asia Pacific region, the APRO has emphasized both sexual and reproductive health and gender-based violence.

⁷⁸ UNFPA Humanitarian Office. (2020). *2020 Annual Plan*.

⁷⁹ UNFPA. (2020). *UNFPA HDP Nexus considerations during the COVID-19 pandemic*.

UNFPA plays a strong coordination role not only in the gender-based violence sub-cluster⁸⁰ but also in the Gender Theme Group, both of which it co-leads with UN Women. Those coordination spaces bring together diverse organizations that can help provide a holistic response to GEWE, and they disseminate innovations in service delivery that have been required under COVID-19 (e.g. psychosocial support provided virtually). Through the implementation of projects (Central Emergency Response Fund, for example) UNFPA has supported vital sexual and reproductive health and reproductive rights and gender-based violence services for women and girls in migrant and host communities. It has responded to the emergent needs of the peace process through projects focused on sexual and reproductive health and reproductive rights to help reduce inequality as a cause of conflict in regions where reincorporation of ex-combatants has been prioritized.⁸¹ UNFPA has strong relationships with local women's rights and women-led organizations and leaders in some territories, who have now mobilized to facilitate continuity of services during the pandemic.

At the same time, respondents and reviewed evaluations identify a potential disconnect between the broader concept of gender equality and the work on gender-based violence in the humanitarian space. As noted in the Inter-Agency Evaluation on Gender Equality and the Empowerment of Women and Girls, gender equality considerations often fall by default under the Protection and gender-based violence sub-sector envelopes. The relative visibility of gender-based violence and sexual and reproductive health and reproductive rights as gender elements and their reflection at the sub-cluster level provide value as a subset of gender equality work. However, this also tended to shift the focus of gender equality and women's empowerment among humanitarian actors towards considering protection-specific mainstreaming approaches rather than additional considerations for gender equality, which could be broader and more deeply rooted approaches that could underpin gender-based violence as well.⁸² While this observation applies to all humanitarian actors, there is also recognition in UNFPA that disrupted social structures provide opportunities and that there is a need to address structural barriers to empowerment, including by addressing harmful practices such as child marriage in the context of a humanitarian response.⁸³ In the context of the protracted Syria crisis, UNFPA, in recognizing the opportunity for social norm change, developed a draft theory of change to improve the response in preventing gender-based violence by addressing social norms. It fundamentally recognizes, as one of the socio-cultural barriers to progress in eliminating gender-based violence, the presence of masculinities that support inequitable gender roles and male power, control and entitlement.⁸⁴ From a gender perspective, this is an important contribution in helping to shift the thinking among humanitarian actors. At global level, UNFPA has also nudged humanitarian actors in discussions around the Gender-based Violence in Emergencies Call to Action Roadmap,⁸⁵ which includes a nexus element that allows for addressing the structural causes of gender-based violence. Gender equality and empowerment of women and girls are much stronger in the new Roadmap, drawing on gender-based violence in emergencies Minimum Standards language, where UNFPA brought in more of the concept of empowerment than was there before.

UNFPA efforts to integrate gender equality programming across different settings must be understood within this broader context.

⁸⁰ That gender-based violence sub-cluster (co-led by UNFPA and UN Women) operates in a back-to-back fashion with the Gender Sector of the Inter-Agency Mixed Migration Flows Group, led by UNHCR.

⁸¹ UNFPA has been doing work in regions designated as Territorial Training and Reincorporation Spaces (ETCR) which will serve to train the members of the Revolutionary Armed Forces of Colombia for their reincorporation into civil life, prepare productive projects and meet the technical training needs of the surrounding communities, in a community reincorporation model. See: <http://www.reincorporacion.gov.co/en/reincorporation/>

⁸² OCHA and The Konterra Group. (2020). *Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls*.

⁸³ With COVID-19, UNFPA is seeing a rise in FGM and child marriage around conflict-affected populations. Communities revert back to the practice because they think it will protect girls.

⁸⁴ Based on interviews and review of draft version of the theory of change.

⁸⁵ The Call for Action on Protection from Gender-Based Violence in Emergencies, launched in 2013 by the United Kingdom and Sweden, is a global initiative of governments and donors, international organizations and non-governmental organizations. Its aim is to drive change and foster accountability from the humanitarian system to address gender-based violence from the earliest phases of a crisis. It develops four-year roadmaps: See: <https://www.calltoactiongbv.com/what-we-do>.

Finding 9: UNFPA work on gender-based violence has provided a cornerstone for UNFPA support in humanitarian, development and peace contexts, where there are many examples of cross-over or mutually reinforcing contributions to national capacity for gender-based violence prevention and response before and during a crisis.

Gender-based violence experts have long recognized that one key determinant of a successful gender-based violence programme is how its design has planned for continuation of activities even after a humanitarian crisis and humanitarian funding has waned.⁸⁶ This has been the main thrust of the UNFPA continuum approach to gender-based violence, which has oriented work within and across development and humanitarian operations for most of the period under review. UNFPA has contributed critical tools, globally, to support humanitarian and development actors with this endeavour, including the UN Essential Services Package for Women and Girls Subject to Violence that addresses gender-based violence in development settings and the UNFPA Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.

The 2018 evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017) concluded that UNFPA had made important progress in being prepared to respond across the full humanitarian-development-peace nexus and that this could be accelerated.⁸⁷ The evaluation identified good practices in which gender-based violence was viewed as a single engagement spanning across different contexts: investment made in development, leveraged in emergencies, and reinforced and strengthened in rehabilitation and early recovery.

Evidence from this evaluation endorses that finding and provides examples where governments adopt systems and structures established during a humanitarian crisis.

- In Jordan, through its local partner, the Institute for Family Health that sits on the National Team on Violence under the National Council of Family Affairs, and through UNFPA technical support to the Council, the government agreed to provide the same standard of service to urban areas as in refugee camps. Protocols for the clinical management of rape have been adopted nationwide. Implementing partners who work across the humanitarian-development divide have helped to pollinate the good practices, thereby serving Jordanians as well. UNFPA staff recognize that as part of the Grand Bargain and a localization approach, the same quality of services should be offered to all vulnerable populations
- The Ukraine⁸⁸ provides an indication of how a nexus approach to a multi-sectoral response to gender-based violence can facilitate long-term impact of UNFPA humanitarian work. According to stakeholders, the government has not only adopted systems and tools developed during the humanitarian crisis, but has now taken the lead in coordinating the gender-based violence response for COVID-19, illustrating the continued importance that is now given to gender-based violence prevention and response.

Cross-over is not systematic across countries, and possibilities for doing so are to some extent dependent on the context, the ability to bring actors and systems together, and the government's capacity for humanitarian response.⁸⁹

Finding 10: UNFPA support for gender equality in peace processes and post-conflict environments has evolved since the establishment of UN Women and has expanded to encompass its commitments under United Nations Security Council Resolution (UNSCR) 2250 on Youth, Peace and Security.

Organizational briefs on the nexus approach refer primarily to the nexus between humanitarian and development operations.⁹⁰ The role of UNFPA in peacebuilding and sustaining peace is less clearly articulated although there are expectations for the organization in this area.

UNFPA work on the United Nations Security Council Resolution (UNSCR) 2250 (adopted in 2015) began only five years ago, with initiatives at the global level to position young people as agents of peacebuilding and not as a security risk. UNFPA has

⁸⁶ UNFPA Humanitarian and Fragile Context Branch and Gender, Human Rights and Culture Branch of the UNFPA Technical Division. (2017). *Accelerating the Continuum Approach to GBV Within and Across UNFPA Development and Humanitarian Operations. Report of the Global Expert Meeting on the Continuum Approach to Prevention and Response to Gender-based Violence.*

⁸⁷ UNFPA. (2018). *Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017).*

⁸⁸ An example that was also cited in the evaluation of UNFPA capacity in humanitarian action 2012-2019.

⁸⁹ Desk reviews indicate that there have been greater challenges in Zimbabwe and Bangladesh.

⁹⁰ UNFPA. (2018). *Enhancing UNFPA's Work to address the Humanitarian-Development-Peace Nexus.*

made a number of contributions to youth leadership in peace and security and in relation to UNSCR 2250.⁹¹ Regional offices have also played a role in exchanging best practices and building capacity to localize UNSCR 2250. The scope of youth, peace and security activities offers the potential to foster a conducive environment for promoting the positive, gender-equitable and non-violent masculine roles and identities so important to fostering peaceful and inclusive societies, as is so aptly put in the 2018 United Nations General Assembly progress study on youth, peace and security. Promoting gender equality as part of youth, peace and security is also about young women's participation and leadership and about addressing the inequalities that increase the exposure of women, girls and gender minorities to violence.⁹²

The Evaluation of UNFPA Capacity in Humanitarian Action 2012-2019 noted that UNFPA had not successfully bridged the humanitarian-development-peace nexus or systematically fulfilled its global obligations vis-à-vis UNSCR 2250 at country level, which it addresses under its programming and advocacy for adolescents and youth.

As in the Evaluation of UNFPA Capacity for Humanitarian Action, this evaluation finds that how these aspirations translate into programmes on the ground is not clear. In Iraq, for example, UNFPA has sought to ensure the participation of girls in youth, peace and security trainings, in networks, and as youth, peace and security focal persons, but restrictions on movement has impeded their participation in some events.⁹³ UNFPA Kyrgyzstan has done some innovative work on engaging women and girls in challenging radicalization in their own communities, which helped consolidate the argument for supporting women and girls' empowerment as a means of preventing violent extremism.⁹⁴ The best practices report on youth, peace and security recognizes the shortfalls on integrating gender and recommends that UNFPA develop an explicit and clear gender framework and gendered impact objectives and priorities for its youth, peace and security programming.⁹⁵ The new Handbook on youth, peace and security (2021) indeed promises to offer a more gender mainstreamed framework for youth, peace and security programming.⁹⁶

The role of UNFPA in women, peace and security has evolved since the establishment of UN Women, now the lead agency on UNSCR 1325. UNFPA plays more of a supporting role and, as a result, there is less evidence in reports and evaluations. In Lebanon and Côte d'Ivoire, UNFPA built on its early work (prior to 2012) to establish women's committees, promote women's empowerment, and efforts to increase their civic engagement and roles in conflict resolution set a foundation as those spaces for women became platforms for women's empowerment and leadership in communities. In Armenia, UNFPA had a very different emphasis, working with the Ministry of Defence to support the implementation of the Action Plan on Ensuring Women's Protection and Equal Opportunities in Defence Sector in Armenia 2016-2018.⁹⁷ In Colombia, the peace process has provided the overall framework for the country programme and UNFPA contribution has been through its support for population and data, strengthening national systems for gender-based violence, projects to reduce inequalities through sexual and reproductive health and reproductive rights and gender-based violence services in designated zones where there are efforts to re-integrate former combatants, and via its coordination role, also working with UN Women to support UN missions to verify implementation of the peace accords.

In general, country office staff have noted limited guidance from HQ in the area of peacebuilding and gender equality.⁹⁸ In addition, in reviewing UNFPA annual results reports for the desk studies, the evaluation team saw few explicit references with regard to how UNFPA works with others to address the underlying root causes or drivers of conflict, including the relationship between concepts of masculinity and violence (and militarism) and how that carries over even after a conflict.

⁹¹ UNFPA co-led the development of the independent progress study on youth, peace and security mandated by the Security Council, which in turn contributed to the adoption of UNSCR 2419 on increasing the role of youth in conflict prevention and resolution. See: *The missing peace: Independent progress study on youth and peace and security* (A/72/761-S/2018/86). (2018). United Nations General Assembly Security Council. In 2019 it supported the adoption of the Lisboa+21 Declaration on Youth Policies and Programmes to promote, protect and fulfill the human rights of young people.

⁹² United Nations General Assembly Security Council (2018). *The missing peace: Independent progress study on youth and peace and security* (A/72/761-S/2018/86).

⁹³ Iraq desk-based country evidence table.

⁹⁴ Leadership Associates & Patrir. (2018). *UNFPA and the Youth, Peace and Security (youth, peace and security) Agenda: Findings from a strategic consultation and formative evaluation on UNFPA practices contributing to the youth, peace and security agenda in selected countries in the Arab States and Europe and Central Asia Regions*. UNFPA.

⁹⁵ Ibid.

⁹⁶ United Nations and Folke Bernadotte Academy. (2021). *Youth, Peace and Security: A Programming Handbook*.

⁹⁷ Country Programme Evaluation Review.

⁹⁸ In 2019, UNFPA issued its new global strategy for adolescents and youth and, in January 2021, it jointly published programming guidance with other UN entities. See: <https://www.unfpa.org/publications/youth-peace-and-security-programming-handbook>.

4.2.3 ASSUMPTION 2.3

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

Finding 11: Each UNFPA office has a mix of partners shaped by its needs for fulfilling different areas of its mandate, including gender equality and the gender-dedicated outcome. While the partnership configuration of a UNFPA office may include partners that contribute to GEWE, it is not generally by design with a broader vision of advancing GEWE in mind.

The institutional structure for strategic partnerships in UNFPA, with a dedicated branch that is also linked to communications, is geared towards visibility, resource mobilization, and building a conducive environment for its advocacy and programmes. The strategic partnership framework at global level exists to support the 2018-2021 Strategic Plan.⁹⁹ Each country office is expected to develop partnership and resource mobilization plans. Outside of this framework, country offices have memoranda of understanding with partners who implement activities delineated in the memorandum of understanding which translate into workplans that are time-bound (usually one-year). These are considered implementing partners. UNFPA at all levels of the organization may also engage with partners who receive no funds from UNFPA and are not implementing for UNFPA, but who share the same vision or similar objectives and collaborate in numerous ways. These will be referred to as strategic partners. An implementing partner may become a strategic partner.

At country level, most evidence refers to implementing partners. Implementing partners include government, local non-government organizations (NGOs), international NGOs, academic institutions, and less commonly, the private sector. Intrinsically, implementing partners have an accountability aspect and this is often supported by an organizational and technical capacity assessment conducted before choosing partners, as was the case in the Côte d'Ivoire. Partners are often given training by UNFPA, but this is typically on policies and standards related to sexual and reproductive health and reproductive rights, gender-based violence, disaster risk preparedness or other issues related to its mandate. The Malawi case study illustrates that gender analysis and gender mainstreaming do not typically feature in strengthening implementing partner capabilities.

Nonetheless there are ways in which partnerships with civil society actors and others advance gender equality through implementation of the UNFPA mandate.¹⁰⁰ By way of example, UNFPA Ukraine built partnerships with local NGOs, youth-led NGOs, faith-based organizations, and community-based organizations to advance gender equality, prevention and response to gender-based violence, and sexual and reproductive health and reproductive rights of women and youth.¹⁰¹ The country office also trained the media on sensitive reporting on gender and sexual and reproductive health and reproductive rights to ensure a fair and non-stereotypical portrayal of the social issues in the mass media. Similarly, in Kyrgyzstan, UNFPA partnered with women's rights and women-led organizations and faith leaders to advance maternal and reproductive health and family planning, prevent violence extremism, and promote equality and women's rights.

In considering the engagement of civil society organizations as an asset in advancing GEWE, UNFPA has developed partnerships with women's rights organizations, such as in Nepal, with the Federation of Women's Rights, and in the Philippines where UNFPA partnered with selected women civil society organizations to deliver programme support on the ground; their intervention proved to be sources of non-traditional ideas and policy perspectives.¹⁰² At the same time, interview data reveal a perspective that UNFPA needs to strengthen its partnership with women's rights organizations on the ground, which appears to be explained in part by (a) less robust ties with women's rights organizations in some countries after the arrival of UN Women whose own mandate has a central focus on supporting women's rights and gender equality, and (b) the reduced financial support to civil society organizations when some countries were classified in the "pink" quadrant (see Context section 2.4); and (c) the risk of prioritizing their engagement for delivery of services over elevating their voices. Further, the evaluation on the funding for gender equality and the empowerment of women and girls in humanitarian programming found that women's rights and women-led organizations are often treated as the delivery arm of larger NGOs and that their expertise and knowledge is not actively engaged in programme design, implementation and accountability mechanisms.¹⁰³

99 UNFPA Strategic Partnership Branch. (n.d.). *UNFPA Framework for Strategic Partnerships 2018-2021*.

100 Data in this paragraph gleaned from the Country Programme Evaluation Review.

101 Country Programme Evaluation Review.

102 Ibid.

103 Venton, C. C., & Clarey, T. (2020). *Funding for Gender Equality and the Empowerment of Women and Girls (GEEWG) in Humanitarian Programming. Final Report*. UN Women and UNFPA, p. 14.

Interview data for the present evaluation note that the role of the gender-based violence Area of Responsibility sub-cluster in humanitarian settings extends to ensuring inclusive coordination with a particular focus on women's leadership, prioritized by the Area of Responsibility Task Team on Localization. At the same time, there is a perceived need to step up localization efforts and work more concertedly with women's rights and women-led organizations. It is reported that UNFPA exceeded the Grand Bargain target of committing 25 per cent of all funding to local and national responders in 2019, reaching 38.6 per cent with similar levels for 2020 thus far. Further, it is by design that 33 per cent of subnational clusters are co-chaired by national or local authorities/NGOs and 50 per cent for gender-based violence sub-cluster members. UNFPA is therefore well-positioned to capitalize on its contributions to localization and strengthen its partnerships with women's rights organization as well as amplifying the voices of women and girls.

Civil society organizations, a large proportion of which are women's rights and women-led organizations, in general play a critical role in advancing GEWE, by advocating for the ICPD agenda and, as rights defenders, in influencing their Member States to adopt important policy changes. Nonetheless, interviewees indicate that the engagement of civil society actors deserves to be more strongly highlighted across the mandate of UNFPA.

In the Latin America and Caribbean region, the UNFPA approach to building horizontal relationships, based on trust and understanding of each organization's roles, is recognized by partners and this has been important to advancing gender equality in the region.¹⁰⁴ There is a sense of strategic partnership that encompasses different types of collaboration (e.g. knowledge exchange, advocacy) and reaches a diverse set of stakeholders. UNFPA has also acted as a convener, facilitating networking among entities where there is potential convergence of mandates. The regional office maintains a human rights-based focus on certain population groups and its commitment to applying an intersectional lens has allowed for stronger and more consistent strategic partnerships, in particular with indigenous people and people of African descent, and more recently networks and organizations of persons with disabilities. Regular consultations to define priorities and identify gaps and needs from the bottom up have facilitated trust-based and sustainable partnerships.

As UNFPA recognizes the importance of social norm change and increasingly adopts a gender-transformative approach to programming, engaging a diversity of actors whose interventions are mutually reinforcing of a change process becomes paramount and can be seen as part of an ecosystem approach to engaging civil society organizations. The Global Programme on Ending Child Marriage has begun to develop a socio-ecological model as a framework for understanding and tracking changes among different target groups. The model considers the change required at multiple levels (individual, community, systems and institutions, policies/legislation) and as such adopts a multi-stakeholder approach.¹⁰⁵ Partnerships that extend across sectors of society can collectively contribute to promoting innovative solutions for gender equality, as it relates to ending child marriage or other harmful practices.

Partnerships have also been critical to engaging men and boys. UNFPA has a global partnership with Promundo International whose expertise lies in addressing the male side of gender inequitable behaviours and attitudes and that includes enhancing their role as caregivers and duty bearers. Partnerships are also critical in outreach to those with diverse sexual orientation and gender identities and people in marginalized situations, as noted in the Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls. To have a voice in the decision making on humanitarian response, marginalized groups such as LGBTI, persons with disabilities, the elderly, specific ethnic groups, among others, means engaging organizations that represent their rights. However, the inter-agency evaluation found no evidence of this practice.¹⁰⁶ It is clear from the partnership approach in the Latin America and Caribbean region, in a development setting, that creating space for civil society organizations that represent indigenous people, people of African descent, LGBTI, and other marginalized populations has been crucial to holding duty bearers accountable to the Montevideo Consensus and the ICPD mandate and, thus to advancing the mandate of UNFPA. Also noteworthy is that, in opening up spaces for civil society voices, UNFPA has worked in close collaboration with organizations whose mission is to advocate for women's reproductive rights and rights literacy (e.g. Creating Resources for Empowerment in Action based in Delhi) and those situated at the intersection of sexual and reproductive health and reproductive rights, gender, rights and sexuality (e.g. International Planned Parenthood Federation).

¹⁰⁴ LACRO Case Study. Volume III.

¹⁰⁵ UNICEF, & UNFPA. (2020). *Technical Note on Gender-Transformative Approaches in the Global Programme to End Child Marriage Phase II: A Summary for Practitioners*.

¹⁰⁶ Jantzi, T., & and others. (2020). *Inter-Agency Humanitarian Evaluation on Gender Equality and the Empowerment of Women and Girls. Final Evaluation Report—Volume 1*. OCHA and the Konterra Group.

A final aspect that depends on partnership has to do with research. The interview data highlights the importance for UNFPA to scale up its leadership in research and data to support important thematic areas (e.g. its focus on adolescent girls) through partnerships with academic institutions or research institutes. While much attention in partnership is directed to implementation and advocacy to advance sexual and reproductive health and reproductive rights and GEWE, less attention is paid to research partnerships that lend credibility to the evidence base for changing behaviours and policies.¹⁰⁷

Finding 12: The practice of engaging with faith-based organizations, religious and traditional leaders has grown across UNFPA programming. While largely viewed as imperative to its work, the collaboration continues to introduce certain risks to its positioning on gender equality issues.

The practice of engaging effectively with faith-based organizations, religious and traditional leaders as gatekeepers, allies and mobilizers of change spans over a decade since UNFPA first developed guidelines for working with faith-based organizations. After the General Assembly declared 2010 as the Year for the Rapprochement of Cultures, UNFPA made concerted efforts to integrate cultural considerations across its mandate and that extends to advancing GEWE by working with cultural agents of change, including faith-based organizations.¹⁰⁸ UNFPA has long realized that this work with gatekeepers is key to lasting sexual and reproductive health and reproductive rights and GEWE outcomes. It builds common ground, and gatekeepers are well placed to mobilize others, transform attitudes on gender, and address impunity for gender-based violence.

The country programme evaluation review and case studies for this evaluation reveal UNFPA partnerships with faith-based organizations, religious leaders and traditional leaders in 23 countries in a pool of roughly 75 countries. UNFPA globally has partnerships with over 700 faith-based organizations. There is substantial evidence of strategic work to engage faith-based organizations at regional level and within global joint programmes to bring about behaviour change and norm change. Yet, as noted in the evaluation of gender-based violence, the success or outcomes of working with faith-based organizations or faith leaders is mixed.¹⁰⁹ There is still a double-edged sword of the perceived necessity of engaging faith-based organizations and the challenges of doing so.¹¹⁰ UNFPA continued engagement with faith-based organizations over the years has been essential to bringing local actors on board, especially for social norm change work, but is not without its challenges and setbacks. On the whole, this suggests an overall net benefit and, although confirmatory evidence is not available, is also likely due to progressive learning on how to engage effectively with faith-based organizations.

4.2.4 ASSUMPTION 2.4¹¹¹

UNFPA brings together and leverages its various roles and thematic areas¹¹² at global, regional and country levels to support gender equality and women's empowerment across different settings.

Finding 13: UNFPA has a firmly established coordination role in gender-based violence as the area of responsibility lead. While country programmes show some variation in capacity, the arrangement of co-lead for sub-cluster coordinators, and resource levels, UNFPA is seen to have added value in its coordination capacity.

Since 2016, UNFPA has been the sole lead agency of the gender-based violence Area of Responsibility (prior to which it shared the lead with UNICEF), which sits under the Global Protection Cluster led by UNHCR. The gender-based violence Area of Responsibility lead provides support to the gender-based violence coordinators in activated cluster and cluster-like structures

¹⁰⁷ Examples of research partnerships: the Asia Pacific Regional Office has a partnership with Plan International which includes filling information gaps pertaining to adolescent girls; at country level, UNFPA Nepal joined with the Nepal Development Research Institute to publish a baseline assessment for improving gender-based violence response mechanisms in selected districts (Desk-based evidence table).

¹⁰⁸ UNFPA. (2012). *Gender at the Heart of ICPD: The UNFPA Strategic Framework on Gender Mainstreaming and Women's Empowerment*.

¹⁰⁹ UNFPA. (2018). *Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017)*, p. 51.

¹¹⁰ See for example the discussion from the 2014 forum among donor organizations, UN agencies, and FBOs which debated the omission of 'sexual rights' from the post-2015 ICPD agenda. UNFPA. (2014). *Religion and Development Post-2015: Report of a Consultation among Donor Organizations, UN Development Agencies and Faith-based Organizations*. UNFPA.

¹¹¹ See Annex 16 for definitions and a conceptual representation of UNFPA roles.

¹¹² For example, the extent to which UNFPA interventions on FGM, Child Early and Forced Marriage, prevention and response to gender-based violence are interlinked to work on early pregnancy, fistula, family planning and comprehensive sexuality education.

in field offices and supports gender-based violence coordination mechanisms in countries experiencing humanitarian crises through coordination definitions and guidelines.¹¹³

UNFPA, as lead agency for gender-based violence Area of Responsibility, adds value to gender-based violence coordination by building capacity in and promoting adoption of the standards. In 2015 UNFPA produced the first set of Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies and in 2019, on behalf of the gender-based violence Area of Responsibility, produced a revised handbook for coordinating gender-based violence interventions in emergencies designed for gender-based violence coordinators.¹¹⁴ Interview data support the view that UNFPA has made measurable gains in coordination capacity as gender-based violence Area of Responsibility lead, contributing to global learning, rolling out the minimum standards and providing much of the technical expertise for a coordinated response in different contexts. Country case studies for the evaluation show that in Jordan stakeholders have valued the role of UNFPA in making available and building capacity in the guidelines and the standards, especially the Clinical Management of Rape protocol. In Kyrgyzstan, UNFPA is lead of the gender-based violence sub-cluster which is characterized as having a comprehensive approach that includes mobilizing actors, building their capacity and strengthening a multi-sectoral response to gender-based violence.¹¹⁵ In the Ukraine, the gender-based violence sub-cluster that UNFPA co-leads was considered strong, well-attended and highly functional.¹¹⁶

The country desk-based studies provide substantial evidence of the role of UNFPA in the gender-based violence sub-cluster for countries engaged in a humanitarian response. However, performance can vary depending on factors such as availability of funding, which affects staff retention, how well coordinators understand their role and competition for resources between UN agencies. Some coordinators may not be adequately familiar with inter-agency coordination which requires working on behalf of all agencies, not just UNFPA.¹¹⁷ Interview data suggest that the coordination role requires a leadership style that encourages the involvement of others in the work in order for the response to be effective. This applies whether UNFPA is sole lead or co-lead of the gender-based violence sub-cluster. The evidence shows that certain attributes of the lead role that contribute to effective coordination include (a) a willingness and capacity to work as a team, (b) an inclusive approach and a blend of a gender and human rights lens, (c) a positive collaborative relationship with other UN agencies, and (d) strong interpersonal skills of specialists/coordinators. The afore-mentioned Handbook for Coordinating Gender-Based Violence Interventions in Emergencies (2019) includes a chapter on interpersonal and managerial skills to bring attention to soft skills that are an asset to good coordination.¹¹⁸ It also articulates functional responsibilities required of sub-cluster members and agencies, making it a useful tool for national and sub-national level coordinators. Please also see sections on assumptions 5.1 and 5.3 for further discussion of gender-based violence coordinator staffing.

The gender-based violence sub-clusters also play a role in advocating with partners within the inter-agency humanitarian space as pertains to internally displaced people settings (and not refugee settings). In 2017, as part of the Syria Humanitarian Response, UNFPA successfully advocated for attendance at the Strategic Steering Group to provide gender-based violence leadership that otherwise would not be represented and also at the Inter-Sector/Cluster Coordination Group level. While UNFPA does not have a formal seat on the Strategic Steering Group, the Syria regional response hub has facilitated UNFPA representation to provide gender-based violence briefings since 2015.¹¹⁹ UNFPA advocacy efforts in the humanitarian space seek to highlight the specific vulnerabilities that put women and girls at risk. Gender-based violence risk mitigation strategies, for example, may include working with education actors to ensure safe school environments for girls. The women-friendly spaces provide life skills to adolescent girls, as part of the outreach and gender-based violence prevention work.

¹¹³ See www.gbaor.net. Note that the cluster system for humanitarian response was introduced in 2005 by the Inter-agency Standing Committee (IASC), the primary coordination body of the humanitarian system.

¹¹⁴ The first set of gender-based violence in emergencies minimum standards was produced by UNFPA in 2015 while the agency was co-lead of the gender-based violence Area of Responsibility with UNICEF. See: (a) UNFPA. (2015). *Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies*. (b) gender-based violence Area of Responsibility. (2019). *Handbook for Coordinating Gender-Based Violence Interventions in Emergencies*.

¹¹⁵ By way of clarification, UNFPA as lead agency in humanitarian settings only applies to internally displaced persons settings where OCHA coordinates the response; UNHCR plays that role in refugee settings. Thus, in the case of both Jordan and Kyrgyzstan as refugee settings, UNFPA was requested by UNHCR to co-coordinate but in such case, does not have the provider of last resort obligations.

¹¹⁶ Data from the Country Desk-based studies.

¹¹⁷ UNFPA. (2018). *Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017)*.

¹¹⁸ Gender-Based Violence Area of Responsibility. (2019). *Handbook for Coordinating Gender-Based Violence Interventions in Emergencies*.

¹¹⁹ UNFPA Evaluation Office. (2019). *Evaluation of the UNFPA response to the Syria crisis (2011-2018). Volume 1*.

Finding 14: The convening role that UNFPA plays in relation to advancing comprehensive sexuality education and around specific policy issues at country level and regional level is highly valued by diverse actors. These may be related to a single issue such as gender-based violence, sexual and reproductive health and reproductive rights (for different population groups), harmful practices, or to an intersection of issues with a stronger imperative for joint action.

Many UNFPA country offices use a multi-stakeholder process to advocate for a comprehensive sexuality education programme or national curriculum. This is often accomplished in a co-convening role with the United Nations Educational, Scientific and Cultural Organization. UNFPA Zambia, Côte d'Ivoire, and Zimbabwe are examples of collaborating with different UN agencies who bring their own contributions to the content. Through its collaboration with other UN agencies, UNFPA Zambia witnessed the successful acceptance of comprehensive sexuality education as an examinable subject in grade 12.

While UNFPA at country level may convene different state and non-state actors around specific policy issues, it also leverages its role as an international body to create the space for dialogue across different stakeholder groups, as in Moldova, where UNFPA is recognized for its ability to convene national and international stakeholders to address sensitive issues relating to family planning, reproductive health and reproductive rights, and gender equality, all areas where UNFPA expertise is acknowledged. This is thought to legitimate UNFPA taking a leadership role in addressing issues related to its mandate. Similarly, a range of different actors perceive UNFPA Ecuador as having a strong capacity to convene around a common set of objectives and complementary interventions that strengthen the work at the national and territorial level. By way of example, UNFPA Ecuador convened the National Council on Gender with the National Council on Disability to address gender-based violence among women with disabilities. The added value of UNFPA to government institutions, civil society organizations and other UN agencies lies in its capacity to produce information and provide evidence in technical and political discussions. This convening gives voice to actors from different sectors of Ecuadorian society in a strategic process of creating, building and maintaining spaces for dialogue and consensus-building.

The practice of bridging state actors and civil society actors or rights groups is commonly found in the Latin America and Caribbean region with support from the regional office. Beyond building direct partnerships with these groups, the regional and sub-regional offices have created opportunities (spaces and platforms) for stronger civil society participation, and have helped build allyships between different types of actors on key sensitive issues to generate wider advocacy platforms and to facilitate knowledge exchange. Through its convening role, UNFPA has been supporting regional fora, including the Sistema de Integración Centroamericano/Consejo de Ministras de la Mujer de Centroamérica y la República Dominicana, the Regional Conference on Women, and the Regional Conference on Population and Development.

However, this has proven difficult in other regions that have had to cede the convening role to other regional actors. For example, the Arab States Regional Office relies on the Arab League to do the convening of Member States on ICPD, so that UNFPA can dedicate its efforts to advocacy.¹²⁰ The East and Southern Africa Regional Office (ESARO) leverages its partnerships with the Regional Economic Commissions, parliamentarians, the African Union, UN partners and civil society organizations to build a more comprehensive and harmonized response to sexual and reproductive health rights, comprehensive sexuality education and child marriage, but not without some challenges, mostly due to changes in the political environment.¹²¹

Where the convening role of UNFPA can be particularly unique to its positioning is in creating linkages between disparate topics, such as child marriage and adolescent pregnancy, or in addressing the intersectionality of sexual and reproductive health and reproductive rights issues. From a gender equality perspective, forging the links between different issues helps build the narrative for addressing a more gender transformative agenda in the work of UNFPA. So for instance, the Asia Pacific Regional Office (APRO) has initiated dialogues with country offices on emerging issues and political scanning to examine the interlinkages between sexual and reproductive health and reproductive rights, gender-based violence and women's economic empowerment, given the limited evidence and literature on their intersection.¹²² At country office level, convening around the topic of teenage pregnancy draws on different aspects of the ICPD agenda; in the Philippines, UNFPA has engaged with civil society organizations committed to supporting national and local efforts to address the issue of teenage pregnancy leading to a National Coalition for Adolescent Reproductive Health.¹²³ In El Salvador, UNFPA has supported policy dialogue through

¹²⁰ Interview data.

¹²¹ ESARO 2019 Annual Report.

¹²² APRO 2019 Annual Report.

¹²³ Country Programme Evaluation Review.

evidence on the link between early unions and marriages, early pregnancies, laws which are discriminatory or criminalize access to sexual and reproductive health services and high suicide rates among female youth and adolescents.¹²⁴ The Sahel Women's Empowerment and Demographic Dividend programme in West Africa is also creating a common advocacy platform for a set of inter-related issues – child marriage, girls' education, girls' harmful practices, sexual and reproductive health and reproductive rights and family planning – within the context of the demographic dividend.

These kinds of initiatives have the potential to strengthen the comparative advantage of UNFPA in bringing attention to the multidimensional aspects of sexual and reproductive health and reproductive rights and with an intersectional gender approach to the issues. In Latin America and the Caribbean, UNFPA has fostered, through its partnerships with United Nations agencies, a strategic approach to the intersection between youth and adolescents, sexual and reproductive health and rights and gender equality/gender-based violence, and in the area of population and data. UNICEF and UNFPA regional offices mapped out areas of complementarity and areas that each agency could lead on to facilitate greater synergies at the country level. This has reportedly led to a stronger relationship and collaborative work in adolescent pregnancies, child marriage and early unions, gender-based violence, and comprehensive sexuality education, which also contributed to joint planning within the Spotlight Initiative (see Assumption 1.2).

4.3 EVALUATION QUESTION 3

EQ3: To what extent has UNFPA dedicated programming work under the gender equality outcome of its Strategic Plan(s) contributed to advancing gender equality, the empowerment of all women and girls, and reproductive rights in development and humanitarian settings?

4.3.1 ASSUMPTION 3.1

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

Finding 15: UNFPA global guidance on gender-based violence (Minimum Initial Service Package, essential services, standards) is considered a major contribution to country offices and organizations implementing gender-based violence services and programmes in the development setting but especially in the humanitarian setting.

UNFPA is widely perceived to have contributed to global learning on gender-based violence through the development of the minimum standards, protocols, and essential services packages (in humanitarian and development settings). This is corroborated by the gender-based violence evaluation and a broad spectrum of interviews. While more detail is provided under Assumption 3.5 on gender-based violence results, it is clear that, owing to the minimum standards, the gender-based violence Area of Responsibility handbook for coordinators, and the Minimum Initial Service Package, UNFPA and humanitarian partners have been able to make gender-based violence an integral part of delivering essential and lifesaving services in humanitarian spaces. Substantive evidence across all datasets in this evaluation demonstrate uptake of these guidelines, even though UNFPA country offices contributing to a humanitarian response may be at different stages of progress and capacity.

In the development arena, the United Nations Joint Global Programme on Essential Services Package for Women And Girls Subject To Violence, a joint effort of UNFPA, UN Women, the United Nations Office on Drugs and Crime, the World Health Organization and UNDP, aimed at providing greater access to a coordinated set of essential and quality multi-sectoral services for women and girls; this programme has contributed to a growing number of countries with a multi-sectoral response in place.¹²⁵ Examples of UNFPA support and uptake at country and regional level include:

- UNFPA EECARO adapted the Essential Services Package to the region and regional standard operating procedures for frontline services such as police, health and social workers were developed. Over 10,000 women and girls who were subjected to violence had accessed the package as of 2018.

124 LAC Regional Case Study.

125 UN Women, UNFPA, World Health Organization, UNDP, & United Nations Office on Drugs and Crime. (2015). *Essential Services Package for Women and Girls Subject to Violence*.

- UNFPA Peru participated in the joint programme with the result of strengthening capacity of regional and local institutions and improving services for gender-based violence survivors and local coordination. Training workshops to manage and process cases of femicide were implemented in the target regions, using the Protocol for Femicide. Technical standards were developed for the clinical management of rape.
- The Latin America and Caribbean Regional Office spearheaded the rollout of the Essential Services Package in the region, drawing on the work of the global programme.¹²⁶ The global programme allowed UNFPA to scale up its work using more standardized tools and position the organization as an expert in service delivery. UNPFA rolled out the essential services package in an initial five countries and further expanded to 13 countries.
- UNFPA Ukraine has supported the integration of a multi-sectoral response to gender-based violence based on global and regional guidelines for quality and standard services into national and sub-national systems.

Country programmes face challenges in facilitating the uptake of guidelines on gender-based violence due to limited funding or contextual factors (e.g. insufficient services within the referral system, areas too unsafe to access), but on the whole, the offer of standards and guidelines have been well received by state and non-state actors. The application of essential services package and the Minimum Initial Service Package featured among the most common types of services offered by UNFPA country offices in a recent mapping of gender-based violence work.¹²⁷

4.3.2 ASSUMPTION 3.2

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

Finding 16: Regional offices have provided leadership with distinct expertise and knowledge generation on gender equality-related topics of priority to their regions, often with value extending beyond their own region. Their role in capacity building has also helped to create an enabling environment, especially for coordination and programming around gender-based violence.

UNFPA regional offices have distinguished themselves for their leadership and expertise on different topics. Examples are as follows but are not comprehensive:

- EECARO has spearheaded work on engaging men and boys, a focus which is often not sufficiently elevated as a key component of addressing gender equality. The regional office established a knowledge management tool, the EECA MenEngage Platform¹²⁸ as a repository of research, knowledge and expertise from, within and beyond the region for those working on gender-transformative programming or interested in engaging men and boys in gender equality. EECARO leads two regional programs, (1) a joint project with UN Women on gender stereotypes and engaging men in care funded by the European Union, and (2) the project on gender-responsive family policies in private sector funded by Austrian Development Agency implemented by UNFPA. Both programs aimed at knowledge management and development of knowledge products among the participating countries and at building regional networking to foster GEWE through engaging men and boys for changing social norms and gender stereotypes as well as expanding choices for women to fulfil their career, family and fertility aspirations.
- APRO has demonstrated leadership in measurement of violence against women through the KnowVAWData course and support to countries in conducting violence against women prevalence surveys. This initiative is likely to be scaled up or offered as a virtual online course according to interview data. The regional office hosts also a knowledge portal for the humanitarian community referred to as the Asia Pacific Humanitarian Community that covers a wide range of thematic resources in the context of preparedness, response and resilience. These include resources on gender-based violence, sexual and reproductive health and reproductive rights, disability inclusion and elderly inclusion and resources from other agencies and organizations. Interview data attest to the leadership of APRO in building a strong evidence base and knowledge generator through research, trainings and modelling approaches in its programmatic work in areas of gender-based violence, harmful practices and gender equality, often in partnership with other regional actors.

¹²⁶ The United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (a partnership of UNDP, UNFPA, UN Women, the United Nations Office on Drugs and Crime and the World Health Organization, which provides essential multi-sectoral services for women and girls who have experienced gender-based violence.

¹²⁷ UNFPA. (2020). Mapping of Gender-Based Violence (GBV) Work: Assessment of Gender and GBV Capacity. December (draft).

¹²⁸ See: <http://menengage.unfpa.org>.

- In the Arab States region, due to the cross-border conflict in the Middle East and what is considered the world's largest displacement crisis, the UNFPA Syria Regional Response Hub has generated lessons learned for the humanitarian community. The Hub is moving towards a knowledge portal of good practices that will include gender-based violence information.
- In West Africa, there is growing potential for the UNFPA West and Central Africa Regional Office (WCARO) to lead on the demographic dividend¹²⁹ work linked to women's empowerment and a commitment to engage with faith-based organizations for social norm change. The East and Southern Africa region has also been doing considerable work in this area, producing a number of demographic dividend studies in the region.
- The Latin America and Caribbean Regional Office designed a regional methodology to estimate economic impact of teenage pregnancy and motherhood called MILENA. The United Nations Economic Commission for Latin America and the Caribbean, UNFPA, and the Pan American Health Organization supported several countries in the analysis of pregnancy in all age groups (including < 15 years old) using census data, vital statistics, and special studies.¹³⁰ The regional office has facilitated regional exchanges between country offices and developed *mapas de embarazo adolescente* (maps of teenage pregnancy), which are used in advocacy to demonstrate prevalence and factors influencing early pregnancy in different contexts.

Regional offices have carved out a role in building capacity and convening regional actors for advocacy and to build a common understanding of the minimum standards, the essential package, and other guidelines relating to gender-based violence.

Finding 17: Regional offices, in keeping relevant to the priority gender equality issues in their respective regions, have maintained their vision and focus, even when global guidelines or messaging have been less than helpful. They play a pivotal role in advancing gender equality and translating the UNFPA mandate to suit regional contexts.

Regional offices, which have been in existence for roughly 12 years, are on different journeys, shaped by their regional contexts, the priorities of countries in their region, and humanitarian events. They are also shaped by their own evolution and staffing composition in response to the needs in the region. The leadership and how strongly it endorses a position with regard to gender equality and sexual and reproductive health and reproductive rights can also have a significant impact on the direction it takes, as indicated in interview data.

Regional offices address the priority issues for their regions through regional programmes, inter-agency working groups, and collaborating with key regional intergovernmental bodies. The Southern Africa Development Community in the East and Southern Africa region, and the League of Arab States in the Arab States region, are key partners in getting buy-in and rolling out initiatives that relate to the mandate of UNFPA. ESARO, in collaboration with other UN agencies and civil society, supported the Southern Africa Development Community Secretariat to coordinate the development and reporting on two regional score cards on sexual and reproductive health and reproductive rights and HIV Prevention, the results of which will be used as advocacy tools to accelerate action by the 14 Member States of Southern Africa Development Community. In the Arab States region, the UNFPA Arab States Regional Office (ASRO) and the League of Arab States jointly developed and launched the Regional Strategy on Reproductive, Maternal Health, Newborn, Children and Adolescent Health.¹³¹ The UNFPA Latin America and the Caribbean Regional Office (LACRO) strategically engaged with different regional intergovernmental entities to create an enabling environment, in particular by strengthening regional policy and accountability frameworks on gender-based violence and sexual and reproductive health and reproductive rights and the evidence base on related issues.¹³² The UNFPA West and Central Africa Regional Office has a gender-based violence strategy in humanitarian settings that seeks to address the insufficient resources for the Area of Responsibility lead in countries in the region and identifies some good practices and opportunities on which to build. In sum, regional offices have a unique position that allows them to leverage their knowledge, expertise, and partnerships to advance aspects of the UNFPA mandate efficiently.

129 A boost in economic productivity that occurs when there are growing numbers of people in the workforce relative to the number of dependents. <https://www.unfpa.org/>

130 See also the CONVERGE Project under Finding 30.

131 2019 Annual Reports for ESARO and ASRO.

132 LACRO Regional Case Study, Volume III.

Regional offices also focus on key issues through joint programmes, such as the '2gether 4 SRHR Programme' in East and Southern Africa; ESARO was able to promote and build capacity of service providers in relation to safe abortion where it is legal. The Gender Justice Regional Programme in the Arab States region brings together UNFPA, other UN agencies and the Economic and Social Commission for Western Asia to map the legal frameworks that pertain to gender equality and women's empowerment. A regional adolescent and youth programme in the Asia Pacific region made it possible for APRO to strengthen advocacy on adolescent pregnancy in the region in the face of increasing or stagnating rates in many South East Asia and Pacific countries, with some South Asia countries also showing reversal of decreasing trends.¹³³

Most notably, regional offices are able to fill gaps in the absence of corporate guidance or to push back on global policy guidance when their relevance to the region is questionable or even harmful. Interview data corroborate the finding of the gender-based violence evaluation (in its regional case study on EECARO) that the region experienced unhelpful messaging from UNFPA global level in some communication materials that highlighted the effect of family planning on lowering fertility in low-income countries. This created difficulties for EECARO in a regional context of low fertility but middle-income countries. Some governments have taken advantage of this message and reframed reproduction as the national patriotic role of women.¹³⁴

The view that regional offices and their positioning can take precedence over global guidance to maintain relevance is supported by the example in the LAC region (noted under Assumption 1.3) where the Montevideo Consensus was more progressive than corporate language on gender.

Also of note is the urgency that some regions have felt in advocating for the needs and rights of elderly people, a growing vulnerable population in ageing societies. The Arab States region expressed concern over the invisibility of older women who are living in poverty, even before the COVID-19 pandemic struck. Studies from the region have shown psychological violence against the elderly as a common form of violence. The regions of APRO and EECARO have similar concerns. Demographic diversity is a challenge for a global organization, however the Nairobi Summit on ICPD25 did acknowledge the need for more research on older persons and the effects of harmful norms on this population group.¹³⁵ As an intermediate layer, the regional offices are proving essential to the currency of the UNFPA mandate and in facilitating a bottom-up approach to informing and reprioritizing global objectives.

4.3.3 ASSUMPTION 3.3

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

Finding 18: UNFPA has contributed to more gender-equitable laws and policies in general and most substantively in gender-based violence and domestic violence in alignment with CEDAW. This includes results in both development and humanitarian settings. UNFPA has also made some progress in supporting the adoption of laws and policies related to sexual and reproductive health and reproductive rights.

Desk-based, virtual and in-country case studies provide substantial evidence of UNFPA contributions to governments establishing laws and policies to eliminate different forms of gender discrimination.¹³⁶ This support is often carried out by holding governments accountable to their commitments to international frameworks and standards such as CEDAW. For example:

- The Peru Country Office played a key role in the preparation of the national situation report presented in 2014 to the CEDAW Committee. Recommendations from the 2014 CEDAW report were also taken into account and incorporated into gender-based violence programming.¹³⁷

133 APRO 2019 Annual Report.

134 GBV Evaluation EECARO Regional Case Study (2018).

135 Butler, J., & others. (2020). *Accelerating the Promise: The Report on the Nairobi Summit on ICPD25*. UNFPA.

136 Changes in policies, strategies and plans at national level as they pertain to ending child marriage and other harmful practices are reported under Assumption 3.6.

137 UNFPA Peru desk-based country case study.

- In Myanmar, UNFPA was instrumental in formulating the country's first comprehensive national law to prevent violence against women and implement CEDAW's provision on gender equality and women's rights to freedom from violence.
- The Kenya Country Office supported the development of the National Policy on Prevention and Response to Gender-Based Violence and the updated National Policy on Abandonment of Female Genital Mutilation 2016.
- The Côte d'Ivoire Country Office played a lead role during the political crisis in addressing sexual violence in conflict situations that led to the 2014 National Strategy to Combat Gender-Based Violence.

As such, UNFPA has played a solid role in advancing legislation in gender equality and gender-based violence. In many countries, addressing personal status laws are an important part of promoting women's rights, including the right to be free from violence (see Box 7).

Box 7: Malawi

Although UNFPA support for CEDAW reporting ended after UN Women came on the scene in 2012, it supported national actors in advocating for implementation of CEDAW through the enactment of critical legislation, such as the Deceased Estates (Wills, Inheritance and Protection) Act (2011), the Gender Equality Act (2013), and the Marriage, Divorce and Family Relations Act (2015).

The Deceased Estates Act (2011) protects widows/widowers and children more strongly against any form of overt or covert property grabbing.

The Gender Equality Act (2013) prohibits harmful practices and all forms of discrimination on the basis of sex (thus enhancing the protection of women in private and public spaces) and enshrines specific sexual and reproductive health and reproductive rights. The sexual and reproductive health and reproductive rights provisions were also inspired by the National Reproductive Health Policy, supported by UNFPA.

Source: Malawi Country Evidence Table.

Those seeking governmental approval of laws to promote gender equality can encounter hurdles, as the Mali Country Office witnessed with the draft law on combating gender-based violence which has still not been adopted (since 2017). Implementation, however, can prove to be even more challenging, especially in conservative environments. UNFPA support extends to implementation plans and processes for gender equality and gender-based violence, but, as shown in the Kyrgyzstan country programme evaluation review, pervasive gender stereotypes, the shrinking of democratic space, the rise of radicalization are other significant barriers faced by UNFPA and other agencies in promoting gender equality. In Kyrgyzstan, UNFPA and its partners are known to play a key role in monitoring the implementation of laws, taking into account that UNFPA applies a participatory approach to prioritize and identify joint solutions with national partners.¹³⁸ In Lebanon, UNFPA, in close collaboration with the National Commission for Lebanese Women, has been supporting revisions to laws, such as the nationality law which only allows Lebanese men to confer citizenship to their non-Lebanese spouse and children. This process is challenged by political and social tensions between Lebanese and non-Lebanese groups and between various religious groups in the country (country programme evaluation review).

Country offices have also made strides in promoting the adoption of sexual and reproductive health and reproductive rights-related laws. Seven of the 62 countries included in the country programme evaluation review, have approved laws on sexual and reproductive health and reproductive rights and family planning (family planning). For example, in Nepal the Safe Motherhood and Reproductive Health Rights Act was passed in 2018, and Uruguay passed the Law of Maternity, Paternity and Care, extending parental benefits and introducing incentives for co-responsibility in raising their children. Other countries have promoted the adoption of national health- and youth-related policies, such as Georgia's gender-sensitive youth policy to increase awareness and knowledge among youth on sexual and reproductive health and reproductive rights. Papua New Guinea adopted several policies supporting ICPD principles that are recognized to align with international agreements (country programme evaluation review data). In Colombia, the country office contributed to the National Policy on Sexuality,

¹³⁸ 138 Country Programme Evaluation Review.

Sexual Rights and Reproductive Rights; the Ten-Year Public Health Plan 2012-2021; the Integrated Strategy for Children and Adolescents with emphasis on the Prevention of Pregnancy in Adolescence 2015-2025; and supported the Ministry of Health and Social Protection in the implementation of the Constitutional Court's decision to decriminalize abortion on three specific grounds in Ruling C-355 of 2006.

The adoption of national strategies relating to sexual and reproductive health and reproductive rights, HIV, maternal and neonatal health also features in the country programme evaluation review. At the same time, the evidence base for sexual and reproductive health and reproductive rights laws is less systematic than for gender equality and gender-based violence. As noted in country case studies for Côte d'Ivoire and Jordan, conservatism or even resistance at Ministry level can impede legislation that refers to sexual and reproductive health and reproductive rights.

Finding 19: The national inquiries on the exercise of reproductive rights and the accountability and custodianship for the SDGs have been useful levers in advocating for the ICPD agenda, including gender-based violence, harmful practices, sexual and reproductive health and reproductive rights (which includes women's decision making), and more broadly for GEWE.

The leveraging of national human rights institutions is another means through which country offices can make recommendations to national governments with regard to commitments on sexual and reproductive health and reproductive rights. The Midterm Review of the Strategic Plan reports that 41 countries have conducted national inquiries of the exercise of reproductive rights, slightly under the target of 49 countries.¹³⁹ Malawi is one of the countries that conducted an inquiry on sexual and reproductive health and reproductive rights through the Malawi Human Rights Commission. After hearing women and girls speak to the mistreatment and discrimination they experienced, the Commission established a national taskforce to plan how the recommendations of the public inquiry would be implemented. This taskforce helps strengthen the Commission's work by monitoring how the recommendations are being implemented and tracking sexual and reproductive health and reproductive rights violations at both district and community levels. The taskforce is guided by a national action plan that covers women with disabilities and issues of harmful practices. Its recommendations directly feed into the programming of the Reproductive Health Bureau (under the Ministry of Health).

UNFPA also supports the Universal Periodic Review process and provided training to the Malawi Human Rights Commission and the Universal Periodic Review process in 2015 led to several recommendations related to women's rights that were accepted by government. This then obliges the government to give a systematic update on how each recommendation has been implemented. Jordan, another country case study, also turned to Universal Periodic Review recommendations as an entry point for incorporating sexual and reproductive health and reproductive rights into the national agenda. With a coalition of civil society organizations, the country office is working with the Human Rights Advisor of the UN Resident Coordinator's Office to cooperate with the National Centre for Human Rights to empower them to have more effective monitoring mechanisms for women's rights and gender equality, including sexual and reproductive health and reproductive rights.

In terms of the SDGs, UNFPA is co-custodian with other UN agencies of indicators for SDG 5.2 (gender-based violence) and 5.3 (harmful practices) and custodian of SDG 5.6 (sexual and reproductive health and reproductive rights). In 2017 it co-led, under UN Women leadership, the development of the UN report to the High Level Political Forum on SDG 5.¹⁴⁰ UNFPA has played a critical role at global level through its advocacy and technical support to promote the inclusion of targets and indicators in the SDG framework that are important to its mandate.

UNFPA has specifically helped bring attention to women's decision making in relation to sexual and reproductive health and reproductive rights and strengthening programming in women's decision making and bodily autonomy for sexual and reproductive health and reproductive rights. UNFPA is the custodian agency for SDG indicators 5.6.1 and 5.6.2 and in 2019 it issued guidance on these indicators entitled 'Ensure Universal Access to Sexual and Reproductive Health and Reproductive Rights: Measuring SDG Target 5.6.' In collaboration with the United Nations Department of Economic and Social Affairs, UN Women and the World Health Organization, UNFPA developed the methodology for these two indicators. As such, UNFPA plays an important role in the multi-disciplinary process that has been developed to construct indicators that are intended

¹³⁹ UNFPA. (2020). *Integrated Midterm Review and Progress Report on Implementation of the UNFPA Strategic Plan, 2018-2021. Report of the Executive Director.*

¹⁴⁰ Gender Equality Strategy 2018-2021. (n.d.).

not only for policymakers but for use by statistical offices. Indicator 5.6.1 on the proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care is a significant milestone in strengthening accountability to sexual and reproductive health and reproductive rights.

The SDGs are also an important anchor for UNFPA programming areas and in helping countries achieve their targets. SDG Target 5.3 addresses the elimination of all harmful practices, including child, early and forced marriage and female genital mutilation, an important foundation not only for the global programmes to end child, early and forced marriage and female genital mutilation but for all UNFPA initiatives in the area of eliminating harmful practices.¹⁴¹ The Sahel Women's Empowerment and Demographic Dividend programme in the West Africa region, for example, is seen by its leadership as an important composite framework for achieving the SDGs. While SDG 5.2 facilitates accountability to gender-based violence / violence against women laws and policies, recognizing the substantial support which UNFPA has provided in this area, it was also noted that it is generating a demand for data. While that is a positive development, it also requires the commensurate level of awareness on how to conduct proper research on violence against women. The KnowVAWData Project in the Asia Pacific region, which provides training to enable governments to adopt a standard methodology for conducting violence against women surveys, plays a critical role in this respect.

From another angle, UNFPA has also contributed to guidance on the SDGs through a gender lens in the East Europe and Central Asia region as part of the inter-agency initiative, Mainstreaming and Acceleration Policy Support on the SDGs, originally introduced by UNDP. UNFPA, on behalf of the issues-based coalition on gender equality, participated in high level missions to countries to help governments develop a roadmap for the SDGs. In 2015, in collaboration with UNDP, UN Women and the UN System Staff College, UNFPA also organized a regional Training of Trainers on Gender and the SDGs, which brought together gender equality experts from across the UN system in the region.¹⁴² This was through the EECA Regional Working Group on gender which it co-leads with UN Women.

Notwithstanding the positive examples of UNFPA engagement with the SDGs, interview data also raise a caveat that the SDGs need to be used not only as a measurement tool but also to guide national policies. This suggests that further accountability mechanisms within national contexts may be needed to fully leverage the SDGs and the UNFPA co-custodianship role.

4.3.4 ASSUMPTION 3.4

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

Finding 20: At country level, UNFPA support to community structures as advocates for change is widely practiced in programming to promote gender equality and gender-equitable attitudes/behaviours towards sexual and reproductive health and reproductive rights for women, girls and youth. Even when UNFPA engages with and strengthens formal and informal civil society organizations, there are challenges related to scale up of strategies, on-going local ownership and UNFPA positioning vis-à-vis state and non-state actors.

From the country case studies, Malawi is a good example of UNFPA contributing to social movements at a local level. Importantly, UNFPA has supported networks of community members through its implementing partners since 2012. They are still active and continue to play roles as rights defenders. NGOs that engaged with UNFPA over the 2012-2016 period, under the GEWE programme, continue to integrate and strengthen capabilities of these groups through their own programming. The experience of UNFPA Côte d'Ivoire is similar; by supporting its implementing partners, UNFPA has been able to help build informal community structures such as the Women Friendly Spaces under the Consolidation of Peace and Social Cohesion Programme. The Women Friendly Spaces have strengthened the capacity of many women in the target communities. These women are not only involved in raising awareness among members of their communities, but are also involved at the local level to advance their sexual and reproductive health rights, fight against gender-based violence, advocate for girls' schooling and ensure women's participation in local decision-making. The gender-based violence platforms are another

141 See assumption 3.6 for further information on child, early and forced marriage and FGM.

142 UNFPA. (2018). *Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017)*.

informal structure that, like the Women Friendly Spaces, have served as a launch pad for other activities supporting women's empowerment. The challenge presently, with regard to the Women Friendly Spaces, is seeking to achieve uniform quality and an institutionalization of the structures.

UNFPA offices have attempted different approaches to reach into communities, raise awareness, build advocacy capacity, and encourage population groups to claim their rights. In 2013, UNFPA Georgia had a small grants programme that awarded medium-size awareness grants to four community-based organizations in one region in order to develop their capacity for sexual and reproductive health and reproductive rights and gender equality advocacy. However, as noted in interview data, small grant mechanisms used to be an important means to support smaller grassroots organizations, including local women's rights organizations, to promote social norm changes, while bringing them together in coalitions, but this grant mechanism is no longer available. In Iraq, UNFPA partnered with local civil society organizations for the same purpose – outreach, community mobilization and capacity building to deliver gender-based violence and sexual and reproductive health and reproductive rights services in hard-to-reach areas. It went further to support local civil society organizations to establish women's committees to raise their voices within refugee and internally displaced people communities. But scale up was a challenge and local civil society organizations did not have the same quality of services as international NGOs or UNFPA, in part due to insufficient capacity and chronic underfunding of gender-focused organizations in Iraq.¹⁴³

As important as local civil society organizations and structures are to service delivery and social norm/behaviour change, sustainability and scale up are a challenge. Many countries in West Africa have adopted the 'husband schools' approach and it is being incorporated into national strategies in at least two countries, as mentioned under Assumption 2.1. However, it takes continuous support, testing, and results before local models are ready to be scaled up and transferred to government. In Côte d'Ivoire UNFPA continues to take measures, since the approach was adopted in 2011, to ensure all the elements for their sustainability are present. In Sudan 19 community-based organizations constituting women, grandmothers, and youth protection groups were established by the implementing partners of UNFPA to engage in community education on a wide range of topics including abandonment of female genital mutilation and child marriage; only nine of them are directly supported and trained by UNFPA.¹⁴⁴ Data on their sustainability or plans for scale up are not available but, particularly in light of the COVID-19 pandemic, it remains to be seen how robust they are.

Movement building in Colombia has entailed a process of sustained support for advocacy, technical aspects and leadership among emergent groups of rights holders, as well as, a bridge-building role where UNFPA can draw on its position as a UN agency to open up spaces for dialogue between emergent groups and the state (see next finding for further information).

In the evidence for this evaluation, UNFPA has demonstrated many positive results at policy level. Its engagement with civil society organizations for policy change does not have the same primacy in its advocacy role as with government partners. In Jordan, some respondents felt it was not the role of UNFPA to build social movements and that this should be left to local organizations to do. UNFPA in Jordan has sought to maintain links to women's rights organizations and offer strategic advice during formal or informal consultation processes.¹⁴⁵ UNFPA support to consultations to national public inquiries on sexual and reproductive health, in partnership with national human rights institutions, as noted under Assumption 3.3, is not only an important entry point for policy change but is a forum open to a diverse set of actors that includes civil society organizations to have their voices heard. It also avails civil society organizations with an accountability mechanism to follow up on the commitments with their governments.

143 Iraq Desk-based country case study; UNFPA. (2018). *Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017)*.

144 Country Programme Evaluation Review.

145 Jordan Country Evidence Table, Volume III.

Finding 21: UNFPA has supported network building to create advocacy platforms, mostly among youth and to a limited degree among women's rights and women-led organizations and marginalized population groups in support of their sexual and reproductive health and reproductive rights.

It is not uncommon for UNFPA country offices to invest in movement building among youth, in relation to peace and security or to advocate for youth-friendly sexual and reproductive health and reproductive rights services or other aspects of the ICPD agenda. Even if it is not a question of supporting a network, UNFPA endeavours to create a forum for youth to engage in advocating for their rights in accessing sexual and reproductive health and reproductive rights and family planning services or information related to sexual and reproductive health and reproductive rights, HIV, teenage pregnancy and other issues that prevail among youth. Establishing peer-to-peer networks is part and parcel of youth programming, as well as creating spaces for youth to take an active role in advocating for their rights. UNFPA is considered a torchbearer for the human rights of adolescents and youth and widely recognized for support to youth leadership and the development of networks of youth organizations.¹⁴⁶ The Y-PEER education network is a model that was initiated by UNFPA in 2001 and remains a largely positive example of a successful peer education intervention to deliver sexual and reproductive health and reproductive rights information and education in many countries.¹⁴⁷

Youth networks include both girls and boys to serve the needs of both genders in accessing sexual and reproductive health and reproductive rights services and information and to address issues such as harmful practices, gender-based violence and teenage pregnancy. It is not always clear from the data what the rate of participation of girls vs. boys is in youth networks nor what the gender equality approach is in the work. In Colombia, UNFPA is investing in youth movements that include networks of young women against violence and is working to bridge relationships between youth networks and traditional feminist movements.¹⁴⁸

Beyond youth networks, UNFPA has supported networks of different population groups specific to the country context. UNFPA Bangladesh provided capacity building to a wide range of local organizations that included the local Violence Against Women Committee, youth-led networks on HIV, sex worker networks, sexually transmitted infections networks, and NGOs with strong community networks.¹⁴⁹ UNFPA Tajikistan created and supported a network of 21 NGOs in three regions of the country to deliver client-centred HIV/ sexually transmitted infections counselling and sexual and reproductive health and reproductive rights services for sex workers and men who have sex with men. It has done so through financial and technical support to three umbrella implementing partners. Though the availability of these services is leading to behaviour change of sex workers and men who have sex with men, the evidence shows that these groups continue to face stigma and discrimination.¹⁵⁰

Supporting networks of women's groups does not emerge strongly in the data. Interview data suggest that UN Women has assumed that role increasingly since its creation. UNFPA Lebanon made a concerted effort to build a network of women as rights defenders. While this took place prior to this evaluation period (between 2006 and 2012), it has had long-lasting effects on building a grassroots movement. UNFPA had established several women's committees and developed their capacity in conflict resolution, leadership, civic participation and human rights, while also supporting their empowerment efforts. UNFPA forged the links between the National Commission for Lebanese Women and these grassroots women's groups. With the aim to institutionalize women's networks, some of them grew to become established women's rights NGOs that continue to operate.¹⁵¹

UNFPA support to network building with intent to strengthen rights defenders, especially of people in marginalized situations, is most evident in the Latin America region (see sidebar). Its efforts are a testament to the potential of movement building and the value in the relationship that UNFPA can create by engaging fully with civil society organizations in support of the ICPD agenda.

146 UNFPA Evaluation Office. (2016). *Evaluation of UNFPA support to adolescents and youth 2008-2015 (Volume I)*, p. xiii.

147 UNFPA Evaluation Office. (2016). *Evaluation of UNFPA support to adolescents and youth 2008-2015 (Volume I)*, p. 50.

148 Colombia Country Case Study, Volume III.

149 Bangladesh Desk-Based Country Study.

150 Country Programme Evaluation Review.

151 Lebanon Desk-Based Country Study

Box 8: LACRO support to networks

In the Latin America region, UNFPA invested over more than decade, through financial and technical support, in emergent organizations of rights defenders, both with regards to organizational capabilities and capabilities for advocacy and policy dialogue. This often included support for formalization of networks.

These organizations went on to become stronger networks and participants in broader movements, such as Enlace Continental of Indigenous Women and the network of Red de Mujeres Afrolatinoamericanas, Afrocaribeñas y de la Diáspora. UNFPA commitment to organizational strengthening of emerging civil society entities has been valued by its partners. As organizations mature and formalize, they are more capable of mobilizing resources, including from UNFPA.

As a result of these actions, the needs of indigenous women and women of African descent have been incorporated into regional documents emerging from the Regional Conferences on Women in Latin America and the Caribbean and the Montevideo Consensus.

4.3.5 ASSUMPTION 3.5

UNFPA has contributed to preventing, responding to and eliminating gender-based violence in particular with the rise of gender-based violence during the COVID-19 pandemic (global, regional, national and community levels).

Finding 22: UNFPA has contributed significantly to systemic change at the level of the normative and policy frameworks for gender-based violence response and prevention and capacity building to standardize the quality of gender-based violence response services. Despite awareness raising on gender-based violence prevention and services, behaviour change and norm change, so important to long-term success in eliminating gender-based violence, remains a more challenging endeavour.

The country programme evaluation review found that of the 62 countries reviewed, 49 showed evidence of capacity building in gender-based violence prevention and response, 42 showed evidence of strengthening policies and frameworks, 23 showed evidence of behaviour or norm change.

Capacity building

UNFPA has supported various forms of capacity building in gender-based violence prevention and response, covering both humanitarian and development settings. As noted under Assumption 2.4 in the discussion on the gender-based violence Area of Responsibility role of UNFPA, there are guidelines and standards for coordinated actions, especially in the earliest stages of emergency preparedness. UNFPA country offices that engage with a humanitarian response are also expected to adopt the Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies.¹⁵² UNFPA must work with UN agency staff, humanitarian actors, national authorities, partners and communities to ensure that minimum standards are in place. These standards complement other existing tools and guidelines.¹⁵³

Country office programming reviewed for this evaluation has demonstrated considerable activity in developing capacity for preventing and responding to gender-based violence in emergencies and includes the following:¹⁵⁴

- Capacity building for service providers in gender-based violence response and prevention, including training on the Minimum Initial Service Package as an entry point for gender-based violence, the clinical management of rape protocol and training in psychosocial interventions
- Establishing a referral system (with the use of standard operating procedures for the early stage of an emergency)
- Training and awareness raising for police, judges, prosecutors, the military and others as part of a multi-sectoral response

152 UNFPA. (2015). *Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies*.

153 See for example the inter-Agency Standing Committee. (2015). *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery*.

154 Not including capacity building for Area of Responsibility coordinators and the role of coordination which is discussed under 2.4.

- Raising awareness and offering trainings to a wide range of stakeholder groups that include community groups (men, boys, opinion leaders, religious groups, women and girls)
- Capacity to integrate gender-based violence into sexual and reproductive health and reproductive rights/HIV services at clinics and health posts.

As noted under Assumption 2.2, UNFPA seeks to build strong national and local capacity to address gender-based violence at all times and therefore across development, humanitarian and peacebuilding contexts. The UN Essential Services Package for Women and Girls Subject to Violence supports governments to scale up their capacity for addressing gender-based violence as part of emergency preparedness planning and in assuming responsibility for the response in transitioning from an emergency to a post-crisis phase.¹⁵⁵ That support also extends to establishing a national framework for gender-based violence and promoting integrated services (sexual and reproductive health and reproductive rights/HIV/gender-based violence¹⁵⁶). As such, capacity building in development settings has included support to governments for integration, improving national data collection systems, and overall capacity building in a multi-sectoral gender-based violence prevention and response. The context of the pandemic has required adjustments and further support in these areas in order to respond to worrying trends on gender-based violence (see Box 9).

Box 9: UNFPA has responded to worrying gender-based violence trends under COVID-19 with various measures to mitigate effects:

- Adapting and scaling up referral pathways for survivors
- Modifying case management service delivery models in both remote and static contexts in a timely and ethical manner; this included the clinical management of rape protocol and protocols to reduce risk of infection among frontline workers
- Ensuring health workers have skills and resources to deal with sensitive gender-based violence-related information and that services are delivered in a survivor-centred approach
- Ensuring services include mental health and psycho-social support while ensuring infection control and protection measures for counsellors
- Partnering with civil society actors who are important as front line support
- Working with uniformed services and other responders to improve capacity and responsiveness to gender-based violence prevention and response
- In humanitarian settings, UNFPA has sought to ensure gender-based violence services continue to be recognized as life-saving services, to ensure gender-based violence services and risk mitigation are integrated into humanitarian response plans, and to advocate for adequate human and financial resources for gender-based violence coordination and programming.

Regional offices have also played a critical role in strengthening gender-based violence prevention and response capacity by offering training in protocols and standards, among other forms of support. They have also engaged in policy dialogue with national actors (see next section).

The evidence shows that UNFPA has made much progress in building gender-based violence response/referral systems. Both response and prevention are integrated into service provision and policy formulation. For the prevention side that targets a wide range of stakeholder and community groups, the awareness raising activities are reported by UNFPA but results are not often made available. In Botswana, the TAMAR Campaign engaged the church community in gender-based violence prevention. It uses the Tamar Bible story to promote messages of prevention and a video for wider distribution to churches in more underserved districts, with the collaboration of the Botswana Council of Churches. It is highly likely that the campaign is having an impact on attitudes and behaviours in those communities but the results are not reported in the

¹⁵⁵ UNFPA Humanitarian and Fragile Context Branch and Gender, Human Rights and Culture Branch of the UNFPA Technical Division GHRCB. (2017). *Accelerating the Continuum Approach to GBV Within and Across UNFPA Development and Humanitarian Operations. Report of the Global Expert Meeting on the Continuum Approach to Prevention and Response to Gender-based Violence.*

¹⁵⁶ Sexual and gender-based violence.

country programme evaluation.¹⁵⁷ In another example, UNFPA in Iraq provided a strong clinical response to gender-based violence, but more work is needed in prevention and addressing the underlying causes of gender-based violence.¹⁵⁸ The evaluation of UNFPA capacity in humanitarian action makes a corroborative observation on the limited evidence of monitoring effectiveness or impact of awareness-raising activities for the prevention of gender-based violence in emergencies.¹⁵⁹

Strengthening laws and policies

In applying the Gender Results Effectiveness Scale to the country programme evaluation results, the evaluation found that the majority of transformative results reported involved changes in laws and policies for the prevention and response to gender-based violence, including action plans and strategies. Some laws include explicit regulations that criminalize acts of gender-based violence. For instance, the Sexual Offences Act in Zimbabwe criminalizes marital rape. Peru's 2015 Law on the Prevention, Punishment and Eradication of Violence Against Women and Family Members that provides regulations against physical, psychological, sexual and property-related violence form an intersection, human rights-based, and intercultural approach. Having legal frameworks that protect and uphold women's rights is a factor of success in achieving the three transformative results as well, according to the 2019 Getting to Zero assessment; it is considered a good practice.¹⁶⁰

As of 2016, more than 88 per cent of UNFPA country offices were supporting implementation of laws, policies and plans on gender-based violence.¹⁶¹ Consistent enforcement of gender-based violence laws ensures progress towards ending violence against women and girls. The 2019 Getting to Zero assessment notes that enforcement of laws and policies appears less frequently in the data (in 42 per cent of country programme evaluations) than strengthened laws and policies (in 77 per cent of country programme evaluations). Hurdles are related to a culture of impunity and regressive social norms, limited capacity of public institutions, ineffective monitoring mechanisms, and insufficient funding to support implementation. These challenges are echoed by some of the desk-based case studies and the country programme evaluation review for this evaluation.

Behaviour and social norm change

The more concrete evidence for change in UNFPA programming relates to empowering women and girls, behaviour change among men and boys, and the effects of engaging faith-based organizations as follows:

- Country programme evaluations reported the empowerment of women and girls to engage in advocacy and awareness raising on gender-based violence within their communities, including through women support groups (e.g. Bangladesh), gender-based violence networks (e.g. Kenya), Women and Girls Safe Spaces and a youth centre in Jordan's refugee camps for Syrians, and youth training initiatives (e.g. Rupantaran in Nepal)¹⁶²
- Changes in attitudes and behaviours among men and boys have been noted in Georgia, Nepal, and Zimbabwe. Each country example leveraged successfully different platforms to engage men and boys in their different roles in the community to no longer tolerate violence against women and girls. But, as the Zimbabwe example shows, it can be more challenging in locations where traditional values and beliefs still hold strong. Engaging men and boys is identified as a good practice for eliminating gender-based violence in the assessment of the three transformative results¹⁶³
- Transformative results were also recorded in strategic engagements of faith-based organizations and leadership in Nepal, El Salvador and Burundi. Faith leaders attending the Diploma for Pastors in El Salvador provided new perspectives on gender-based violence and sexual and reproductive health and reproductive rights for dialogue with their parishioners.

¹⁵⁷ The need for better tools to evaluate prevention of gender-based violence (and SGBV) and the reduction of risk is reflected in the more recent efforts of InterAction (a U.S. non-governmental organization) to develop a prevention framework with and for its SGBV practitioners. See InterAction. (2019). *Strengthening Ways of Working for Protection Outcomes: Development of an Evaluation Framework for the Prevention of SGBV*. <https://protection.interaction.org/rbp-1-pager-development-of-an-evaluation-framework-for-the-prevention-of-sgbv/>

¹⁵⁸ Iraq Desk-based Country Case Study.

¹⁵⁹ UNFPA Evaluation Office. (2019). *Evaluation of the UNFPA capacity in humanitarian action 2012-2019*.

¹⁶⁰ UNFPA. (2019). *Getting to Zero: Good practices on ending preventable maternal deaths, ending unmet need for family planning, ending gender-based violence and all harmful practices—A Synthesis of UNFPA country programme evaluations (Volume 1)*.

¹⁶¹ UNFPA. (2016). *UNFPA Engagement in Ending Gender-based Violence: Advocacy & Policy, Capacity Development, Knowledge Management and Service Delivery. Results of a mapping exercise*.

¹⁶² By way of comparison the women attending the Women and Girls Safe Spaces in Iraq mostly sought psychosocial support and only if it benefitted their children and families. There is a stigma around seeking help and it would help to offer vocational or recreational activities so that services are more acceptable to women. Source: Iraq desk-based case study.

¹⁶³ UNFPA. (2019). *Getting to Zero: Good practices on ending preventable maternal deaths, ending unmet need for family planning, ending gender-based violence and all harmful practices—A Synthesis of UNFPA country programme evaluations (Volume 1)*.

In Burundi, religious leaders in one province made a pledge to denounce sexual violence, following the dissemination of messages on the fight against gender-based violence.

As for humanitarian settings, helping to bring about positive gender and social norms is one of the foundational standards for addressing gender-based violence in emergencies. This focus also grounds gender-based violence work in a gender equality approach, as pre-existing gender inequalities are often exacerbated by a conflict. The Minimum Standards for addressing gender-based violence recognize its root causes as related to unequal gender power relations that reproduce the gender discriminatory attitudes, beliefs and norms.¹⁶⁴ But more progress is needed. The evaluation of the Syrian humanitarian response found that prevention and social norms work is not consistent.¹⁶⁵ As noted in the Jordan case study, considerable awareness raising in the refugee camps focused on reducing gender-based violence, child marriage, and sexual harassment (with different groups of youth, men, women and girls), and focus group discussions produced anecdotal evidence of change in attitudes and behaviours.¹⁶⁶ While humanitarian response efforts do seek to incorporate social norm change, challenges prevail. See Assumption 5.2 for more information on investments in social norm change.

As a final observation, the Spotlight Initiative, which is still in an early stage of implementation, presents an opportunity to address some of the gaps in gender-based violence prevention and response through the strength of inter-agency collaboration and to scale up models that are working well.¹⁶⁷

Finding 23: UNFPA has demonstrated expertise in measuring and analysing data on gender-based violence/violence against women, but has not yet taken a data leadership role or adequately leveraged its expertise to respond to opportunities.

In relation to humanitarian settings, the humanitarian data management database project referred to as the Gender-Based Violence Information Management System (GBVIMS) was originally launched in 2006 by UNOCHA, UNHCR and UNFPA. The GBVIMS and its next generation 'Primero/GBVIMS+' are inter-agency and globally endorsed incident monitoring and case management information systems. As indicated in the evaluation of gender-based violence (2018), the GBVIMS has had over 10 years of implementation in over 20 countries.¹⁶⁸ It has established itself as the global standard for gender-based violence survivor data management and a best practice for UNFPA, inter-agency use, and individual organizations. Country examples for this evaluation include Mali, where the GBVIMS has been in place since 2015, with 32 service providers contributing data. GBVIMS reports helped improve the joint UN response under the United Nations Multidimensional Integrated Stabilization Mission in Mali, the UN peacekeeping force, and provided better data on gender-based violence, female genital mutilation, and child marriage. The data contributed to the Monitoring, Analysis and Reporting Arrangements on Sexual Violence in Conflict in 2017.¹⁶⁹ UNFPA Nepal rolled out a GBVIMS in 2011 and was compelled to expand on its use, after different stakeholder groups raised the problem of a lack of gender-based violence data in various forums. Thus, the GBVIMS was re-launched in 2014 in collaboration with several NGOs and the National Women's Commission that leads it, with financial and technical support from UNFPA.

In relation to development settings, UN Women is the normative lead agency in violence against women. UN Women has had a joint programme with the World Health Organization on Eliminating Violence Against Women aimed at strengthening methodologies and measurement and building national capacities for violence against women data. UNFPA, with its data expertise in gender-based violence, has only had an informal role in capacity building for implementing violence against women prevalence surveys as part of the joint programme. Interview data suggest that UNFPA participation has been sporadic and underutilized, given its gender-based violence, demographic and statistical expertise. The GBVIMS tools for data registration and protocols could also be useful for conceptualizing national systems, and since the COVID-19 pandemic outbreak, lessons and good practices from the GBVIMS could be leveraged, according to interview data.

¹⁶⁴ See foundational standard 3 on Social & Gender Norms in the UNFPA. (2015). *Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies*.

¹⁶⁵ UNFPA Evaluation Office. (2019). *Evaluation of the UNFPA response to the Syria crisis (2011-2018)* (Volume 1).

¹⁶⁶ Jordan Country Evidence Table, Volume III.

¹⁶⁷ See Assumption 1.2.

¹⁶⁸ UNFPA Evaluation Office. (2018). *Evaluation of UNFPA support to the prevention of, response to and elimination of gender-based violence and harmful practices (2012-2017)* - Volume I.

¹⁶⁹ Monitoring, Analysis and Reporting Arrangements on Sexual Violence in Conflict is an accountability mechanism to prevent and respond to sexual violence committed by state and non-state parties to conflict.

There is also a perception from interviewees that UNFPA is not fulfilling its data leadership role in the Spotlight Initiative; the Initiative has five pillars, one of which is the 'data pillar' but UNFPA has not consistently positioned itself to assume leadership of the this pillar. This observation pertains to global but also regional and country levels of implementing the joint programme. Interviewees also mentioned that UNFPA presence has not been consistent in the Gender-Based Violence Measurement Working Group with the World Health Organization.

UNFPA has well-established expertise in violence against women prevalence surveys and research. The KnowVAWData in the Asia Pacific region, operated out of the regional office, is a training course on how to conduct research in violence against women in response to demands for data to fulfil the SDG indicators for 5.2 on violence against women and girls. Their expertise has made it possible to prioritize the safety of survivors over data.¹⁷⁰ The expertise of the East and Central Asia Regional Office has also been leveraged to provide support to the Organisation for Security and Cooperation in Europe in completing a large multi-country gender-based violence prevalence study. And in terms of data for humanitarian response, the evaluation of the Syria response found that the Whole of Syria programmes (Syria Country Office and cross-border) have benefitted from investment in data management and information management at the regional response hub-level for gender-based violence but this has not necessarily been leveraged across the various refugee responses.¹⁷¹

In sum, UNFPA has depth of experience in gender-based violence data in relation to the GBVIMS and in measuring gender-based violence and violence against women, but across the organization it has not shown consistency in leading on data. Interviewees suggest that UNFPA could strengthen its position by partnering with a well-respected research outfit. Further, the division of responsibility for gender-based violence data between UN Women and UNFPA may be a reflection of the humanitarian-development divide that can only be bridged by wilful collaboration.

4.3.6 ASSUMPTION 3.6

UNFPA has contributed to preventing, responding to and eliminating harmful practices - child marriage, female genital mutilation, and son preference, including during the COVID-19 pandemic (global, regional, national and community levels).

Finding 24: Through its dedicated work on harmful practices, in particular female genital mutilation and child marriage, UNFPA has made significant contributions to behaviour change at community level and policy change at national level. Social norm change, as an aim in ending harmful practices, remains a challenge and demands more research, better monitoring, and a broader set of partners.

Both child marriage and female genital mutilation are harmful practices that are addressed by UNFPA as part of its deepening focus on issues affecting adolescent girls. The area of child, early and forced marriage has witnessed considerable progress in legislative reform and policy development during the evaluation period and this is visible not only in countries participating in the Global Programme on Ending Child Marriage that began in 2016.¹⁷² Regional offices have played a role in creating a focus on child marriage, facilitating an exchange on the topic within their regions, and spearheading research with UNICEF and other UN agencies.

Both within and beyond the Global Programme, a large number of countries have dedicated efforts at policy change, although progress depended on the enabling environment. Mali faces high rates of early marriage but to date has not been able to reverse the Personal and Family Code that allows children to marry as young as 16 without parental consent and 15 with parental consent. Peru also experienced the setback of a modification to the child marriage law in 2018, reducing the legal age of marriage from 16 (with the consent of a parent) to 14. Still, many countries have made significant strides and have adopted legislation to prohibit child marriage. Also, the results of the Global Programme evaluation show countries moving from National Action Plans to a stronger focus on costing, budget allocations and implementation of national programmes.¹⁷³

170 See: <https://asiapacific.unfpa.org/en/knowvawdata>.

171 UNFPA Evaluation Office. (2019). *Evaluation of the UNFPA response to the Syria crisis (2011-2018) (Volume 1)*.

172 See <https://www.unfpa.org/resources/unfpa%20%93unicef-global-programme-end-child-marriage-phase-i-report-2016-2019>. The Global Programme has focused on countries with the highest prevalence across three regions. The participating countries are Bangladesh, Burkina Faso, Ethiopia, Ghana, India, Mozambique, Nepal, Niger, Sierra Leone, Uganda, Yemen and Zambia.

173 UNFPA and UNICEF. (2019). *UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage - Joint Evaluation Report*.

Box 10: UNFPA ESARO: The Southern Africa Development Community Model Law on Child Marriage

UNFPA ESARO is partnering with the Southern Africa Development Community Parliamentary Forum, Girls Not Brides and Plan International to support dissemination and knowledge sharing among countries and key stakeholders for the utilization of the Southern Africa Development Community Model Law on Child Marriage for policy, financing and delivery. In developing the model law, UNFPA created think tanks consisting of different stakeholder groups (girls, chiefs, academia, students researching child marriage) to offer their perspectives, creating the space to discuss more complex issues such as rape and retribution and criminalization.

Key achievements of the Model Law include: the launch of the Guide to the Use of the Southern Africa Development Community Model Law into French and Portuguese; documentation of the process of developing a Child Marriage Bill in Mozambique; and strengthen capacity of civil society organizations, religious and traditional leaders and parliamentarians from five countries in the region to better advocate for the use of the Southern Africa Development Community Model Law. As a result of these intensified efforts, four East and Southern African countries have utilized the Southern Africa Development Community model law on child marriage for law, policy, and strategy development, and the Council of Traditional Leaders in Africa expressed interest in further partnership with UNFPA ESARO for sensitization of child marriage within their constituencies in 2020.

Source: ESARO 2019 Annual Report; Interview data; Malawi Country Evidence Table.

Insights from programming and from research conducted and facilitated by UNFPA suggest that child marriage cannot be tackled as a single-issue harmful practice. From one angle, it requires different entry points, such as adolescent pregnancy, owing to certain cultural environments,¹⁷⁴ or menstrual hygiene management, girls' education, women and girls' empowerment, and sexual and reproductive health and reproductive rights or healthy lifestyles.¹⁷⁵ From another angle, as research in APRO has shown, the drivers and root causes of child marriage differ significantly from one country to another, underlining the importance of understanding the practice of child marriage from a systems approach.¹⁷⁶ The change pathways will therefore differ depending on the context. The Sahel Women's Empowerment and Demographic Dividend programme in West Africa is a strong example of a multidimensional approach, addressing women's economic empowerment, keeping girls in school, and the sexual and reproductive health and reproductive rights needs of women and girls.

The UNFPA experience to date on child marriage has evidenced the critical work of civil society actors, elders, religious leaders, men as fathers and husbands, and other community-level partners in bringing about changes in attitudes, behaviours and eventually norm change. Strengthening girls' agency is also an important and integral part of child marriage programming. The evidence available for Bangladesh, for example, shows that local authorities prevented over 200 child marriages in target districts. In Malawi, girls who had been married or were teen mothers were able to return to school.¹⁷⁷

As good practices emerge in child marriage programming, new gaps are also identified.¹⁷⁸ The recently published set of Technical Notes issued from the Global Programme on Ending Child Marriage, in responding to some of those gaps, advances the notion of taking a multi-stakeholder and systems approach. This is represented by the socio-ecological model for ending a harmful practice, as explained in more detail under Assumption 2.1. Other gaps also point to the need for a more comprehensive framework for considering gender equality aspects of this work.¹⁷⁹

UNFPA has deeper experience in addressing female genital mutilation as a targeted harmful practice than it has for child marriage. Female genital mutilation featured in outputs under the 2008-2013 Strategic Plan which tracked the number of

174 The West Africa region has coupled child marriage with adolescent pregnancy across its programming.

175 Interview data and Country Programme Evaluation Review.

176 Interview data, APRO 2019 Annual Report.

177 Country Programme Evaluation Review and Malawi Country Evidence Table.

178 From the UNFPA and UNICEF (2019) *UNFPA-UNICEF Global Programme to Accelerate Action to End Child Marriage - Joint Evaluation Report*, some key findings: a) although the focus is primarily on adolescent girls, boys as child grooms should also be included, particularly where consensual child marriage is prevalent; (b) adolescent girls' empowerment is key but can lead to unintended consequences if their environment is not supportive, as they have limited control over changing norms in their own communities; (c) the bandwidth of policy change and national action plans needs to extend to other areas affecting girls' rights, such as education, sexual and reproductive health, inheritance laws, and gender equality; and (d) changing social norms is a long-term endeavor and calls for a deeper understanding (and monitoring) of the change process.

179 See previous footnote for gaps articulated by the evaluation.

communities supported by UNFPA that declare abandonment of female genital mutilation/cutting.¹⁸⁰ The Global UNFPA-UNICEF Programme for the Abandonment of Female Genital Mutilation began in 2008 and entered Phase III in 2018.¹⁸¹ Like the child marriage programme, the female genital mutilation programme included components on policy and legislative change, capacity building of service providers, and community-targeted work, and programming goes beyond the scope of the global programme. As noted in the country-based and desk-based studies for this evaluation, Colombia, Côte d'Ivoire, Georgia and Iraq also had interventions to address female genital mutilation. Regional offices, especially in Africa where the prevalence is highest, also have a focus on female genital mutilation in their programming. ESARO has engaged in six cross-border female genital mutilation initiatives as part of the global programme with UNICEF.

The concentrated efforts to eliminate female genital mutilation, one of the UNFPA transformative results, have illuminated the importance of community mobilization and action. This has led to a significantly higher number of countries making public declarations, compared to the baseline, of female genital mutilation abandonment.¹⁸² There are also fewer stigmas around girls and boys speaking openly about female genital mutilation, which has traditionally been a sensitive subject in many countries. Overall, where female genital mutilation programming is operational, evidence shows change, albeit gradual, in the social discourse at community level and changes in behaviour with credible statements being made by religious leaders and community members.¹⁸³ In the case of the Global Programme more specifically, success has also been recorded in terms of using health services as an entry point to raise awareness on the adverse effects of female genital mutilation. Health services, including pre- and post-natal care, have integrated information on female genital mutilation risks. Female genital mutilation interventions have also addressed the medicalization of female genital mutilation, whereby health care workers undertake the practice of female cutting.¹⁸⁴ As such, in the 17 countries where female genital mutilation is most prevalent, UNFPA developed and trained midwives in e-modules to build their advocacy skills on female genital mutilation. In some countries the national curriculum for midwifery has adopted the modules.¹⁸⁵

Some countries have followed the trajectory of shifting away from the tolerance to female genital mutilation to its medicalization and then to its formal criminalization. Several Arab States such as Djibouti and Egypt have provisions in their penal codes that prohibit female genital mutilation/cutting.¹⁸⁶ In Kenya, the government established an Anti-Female Genital Mutilation and Child Marriage Unit at the Office of the Director of Public Prosecutions to fast track prosecution of cases of female genital mutilation/cutting and child marriage.¹⁸⁷ But, as noted in the evaluation of female genital mutilation, despite legal punishment, it is unclear whether this has a positive or counterproductive effect in contexts where social norms are still generally in favour of female genital mutilation.¹⁸⁸ Laws that are mostly contrary to prevailing social norms can be more difficult to enforce or cause the practice to be done in greater secrecy. In Côte d'Ivoire, female genital mutilation has been criminalized since 1998 but it was not applied until certain decrees missing from the law were put in place. In 2012-2013, nine female circumcisers were given sentences, a move that UNFPA supported. At the time, UNFPA programmes had not been working directly with circumcisers. Considering a context of unequal gender power, women who perform female genital mutilation are themselves subject to socio-cultural or economic pressures. This raises the importance of working with circumcisers, which the country programme now plans to do.¹⁸⁹ The female genital mutilation evaluation also highlights the importance of providing alternative means of economic support to circumcisers to leave their paid practice.

While female genital mutilation and child marriage are the two principal harmful practices that are in the scope of UNFPA, regions and countries also confront and seek to address other harmful practices. In 2017, concerns over gender-biased sex

180 See output 13.3 in the Development and Management Results Framework for the Strategic Plan, updated in 2012-2013.

181 The countries covered by the programme include Burkina Faso, Djibouti, Egypt, Eritrea, Ethiopia, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Nigeria, Senegal, Somalia, Sudan, The Gambia, Uganda and Yemen.

182 Country Programme Evaluation Review data that corroborates the FGM Evaluation.

183 Evaluation Offices of UNFPA and UNICEF. (2019). *Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Mutilation: Accelerating Change. Phase I and II (2008-2017). Volume 1*.

184 This can mean health providers making the original cut or re-infibulating after birth (as distinguished from an episiotomy or resowing a tear).

185 Interview data.

186 UNDP. (2019). *Gender Justice & Equality before the Law: Analysis of Progress and Challenges in the Arab States Region*. This report was developed with UNFPA, UN Women and the UN Economic and Social Commission for West Asia (ESCWA).

187 Country Programme Evaluation Review.

188 Evaluation Offices of UNFPA and UNICEF. (2019). *Joint Evaluation of the UNFPA-UNICEF Joint Programme on the Abandonment of Female Mutilation: Accelerating Change. Phase I and II (2008-2017). Volume 3: Country case study evidence tables*. In the case of Egypt, the evaluation offered the explanation that, on the positive side, legal punishment deters the practice and sends a social message, on the negative side, the harsher the law, the less likely it is to be applied by a judge who considers FGM as a decent practice.

189 Côte d'Ivoire Country Evidence Table, Volume III.

selection in Asia and the Caucasus gave rise to another global programme to prevent son preference and gender-biased sex selection. This programme was just completed in June 2020.¹⁹⁰ This programme has sought to address the practice that is linked to the low value of girls and gender inequalities.¹⁹¹ The programming around gender-biased sex selection has produced some visible results to date, as found in the desk-based country case studies.

- Armenia made amendments to the Law on Reproductive Health and Reproductive Rights to include the prevention of gender-biased sex selection. UNFPA work was also cited as contributing to the decrease in the sex-ratio imbalance in the country between 2016 and 2018
- In Georgia, in response to the government ban on identification of the sex of the foetus, UNFPA worked with the Georgian Association of Ultrasound to advocate for the ethical use of ultrasound examination technologies at the early stage of pregnancy, leading to the first national protocol on when sex identification can be done with high accuracy from ultrasound exams
- UNFPA Bangladesh has been building the evidence base on son preference to counter the common perception that the practice does not exist.

EECARO has taken an active role in convening countries in the Global Programme to produce tools that would strengthen national and regional capacity for advocacy and monitoring policies on gender-biased sex selection, and has also brought together countries in the EECA region for purposes of knowledge sharing.

Working with government on the means to legislate prohibition of gender-biased sex selection is especially important, as one of the drivers of the practice is the availability of sex detection technologies. In Georgia high-tech reproductive services are now easily accessible across the country at low cost. In Viet Nam access has also increased over the last decade and sex-selective abortion is available and affordable to most people.¹⁹² If these technologies are not regulated, it is possible to see a rise in surrogacy and abortion in these countries.¹⁹³ Since UNFPA does not yet have corporate guidance on surrogacy, APRO has taken the lead in convening regional actors, including UN agencies, to develop a common set of human rights principles to be considered when countries are developing and adopting policy and legislative approaches to surrogacy.¹⁹⁴

EECARO is also addressing other harmful practices such as bride kidnapping in Kyrgyzstan and honour killing in Turkey. These are featured in UNFPA efforts to raise awareness on and prevent harmful practices. The Latin America and the Caribbean region faces an increase in the incidence of femicide,¹⁹⁵ as another form of gender-based violence. UNFPA Peru has held training workshops to manage and process cases of femicide and over 250 justice system operators were trained on the application of the Protocol for Femicide.¹⁹⁶

Finding 25: UNFPA has issued guidance and taken mitigation measures to reduce the risk of a rise in child marriage and female genital mutilation incidence during COVID-19, however, projections are that new cases will result from the effects of the pandemic, with the elevated risk of not reaching the 2030 targets for the transformative results.

According to the UNFPA Global Response Plan (June 2020), COVID-19 is expected to disrupt efforts to end child marriage, anticipating an additional 13 million child marriages between now and 2030. For female genital mutilation, disruptions could mean a third reduction in progress to 2030. Two million female genital mutilation cases could occur over the next decade that would otherwise have been averted.¹⁹⁷ Lack of access to contraception and safe abortion services where legal is likely to increase the number of unwanted and unintended pregnancies for married and unmarried girls, with the potential

190 A follow-on phase is under discussion.

191 The countries in the Global Programme are Bangladesh, Nepal, Viet Nam, Armenia, Azerbaijan and Georgia.

192 Global Programme to Prevent Son Preference and the Undervaluing of Girls Factsheets, 2018 and 2019.

193 Interview data.

194 APRO 2018 Annual Report.

195 Femicide is recognized internationally by the United Nations as the most extreme form of violence and discrimination against women and girls. Its definition varies across disciplines and world regions, but broadly captures the killing of females, primarily by men, because they are female. See: <https://www.femicideincanada.ca/about>.

196 Peru desk-based country case study.

197 UNFPA. (2020). *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*.

of increasing pressure on girls to marry early.¹⁹⁸ Anecdotal information shows a rise in child marriage and female genital mutilation in places like Somalia.¹⁹⁹ Even in the absence of a pandemic, a rise in child marriage is observed in humanitarian settings as a coping mechanism, “in times of dire family stress and as outright compulsion by designated terrorist groups.”²⁰⁰ In other instances, a family may revert to early and forced marriage in the perception that it will protect a girl’s honour against sexual violence.²⁰¹

As indicated under Assumptions 3.1 and 3.5, UNFPA at global, regional and country levels has taken measures to mitigate disruptions and issue guidance that brings attention to the risks and impacts of COVID-19 in all areas of the UNFPA mandate. Mitigation measures have included but are not limited to the following:

- Supporting community-based mentors and women and youth groups in tracking and supporting girls at heightened risk of female genital mutilation and child marriage
- Using WhatsApp, radio and other platforms to share positive messaging (including edutainment and comprehensive sexuality education for girls) and facilitate continued community surveillance
- To ensure access to services for vulnerable girls and women in hard to reach areas, female genital mutilation rescue brigades that deal with case management have been strengthened through formal or informal referral mechanisms.

The potential rise in harmful practices, as is the case with gender-based violence on a grander scale, bears witness to the intransigence of gender inequalities at the root of these practices and the reason for which the contribution of UNFPA in promoting an intersectional gender (and human rights) approach is so vital to the success of its mandate.

4.4 EVALUATION QUESTION 4

EQ4: To what extent and with what results has UNFPA mainstreamed gender equality across UNFPA policies and programmatic outcomes?

4.4.1 ASSUMPTION 4.1

UNFPA has mainstreamed gender across its programming.

Finding 26: UNFPA has made notable progress on institutional mainstreaming, one of the supportive elements for programmatic gender mainstreaming. The UN-SWAP has been a key lever in that process and has positioned UNFPA as a leader in the UN system.

Since 2012, the UN-SWAP on Gender Equality and the Empowerment of Women has provided an accountability mechanism and key measure of progress on institutional mainstreaming in the UN system.²⁰² UNFPA has been commended for performing above average in the UN system.²⁰³ It has met or exceeded requirements on most indicators since 2012, but there has not always been a follow up strategy or plan to address all of the indicators that are rated as ‘approaching requirements’.²⁰⁴ Among survey respondents who were familiar with the UN-SWAP, only 38 per cent felt that there was follow up on UN-SWAP reports in order to make improvements in organizational policies and practices.

There have been on-going challenges in meeting expectations on certain indicators such as gender parity, resourcing the gender architecture, and achieving consistency in level and type of training and other capacity-building support provided to staff. These areas are further addressed in section 4.5.

198 Girls Not Brides. (2020). *COVID-19 and Child, Early and Forced Marriage: An Agenda for Action*.

199 Interview data.

200 UNFPA Evaluation Office. (2019). *Evaluation of the UNFPA response to the Syria crisis (2011-2018)*. Volume 1.

201 Venton, Courtenay Cabot, and Toscane Clarey. (2020). *Funding for Gender Equality and the Empowerment of Women and Girls (GEEWG) in Humanitarian Programming. Case Study: Nigeria*. UN Women and UNFPA, Feb. 2020.

202 Institutional mainstreaming involves addressing gender equality and empowerment of women (GEWE) through internal organizational changes, such as resource allocation, strategic planning, policies, culture, human resources, staff capacity, leadership, management, accountability and performance management.

203 It was ranked second during the period 2013-2017. UNFPA. (2019). *UNFPA Gender and Equality Strategy, 2018-2021*. UNFPA, p. 17.

204 UN-SWAP reports use a five-level rating system: exceeds requirements, meets requirements, approaches requirements, missing, not applicable.

Interview respondents note that the UN-SWAP helped to position certain issues more visibly in the organization (such as gender parity and financial benchmarking for gender equality). For example, the UN-SWAP pushed UNFPA to have the conversation about a financial benchmark for gender equality and, as a result, UNFPA identified 11 per cent of its budget to be allocated for Outcome 3 (Gender and Rights Outcome) in the current Strategic Plan 2018-2021. UNFPA integrated UN-SWAP into its corporate commitments, both in its strategic plan and the Gender Equality Strategy (2018 – 2021). Since 2014, it reports to the Executive Board on UN-SWAP results.

In the context of UN-SWAP indicators, UNFPA experience with the gender marker system is often pointed out as good practice in the UN system because it tracks finances at the activity level and allows for tracking of both allocations (budget commitments) and expenditures. As noted in context Section 2.3, UNFPA allocates and expends a substantial amount of funding to GEEW, across its different thematic areas. Furthermore, the gender marker is used in UNFPA reporting against its strategic plan.

Internally there is still some questioning about the effectiveness of the gender marker and efforts are underway to ensure better quality and use of the data. Since its roll-out in 2014, some ambiguity has been associated with the tagging of an activity that is supportive or operational to an output that is clearly contributing to gender equality (whether it should be tagged a 0 or a 1). Ongoing questions about tagging are a good reason for initiating a quality assessment of the gender marker, which was due to be completed in early 2021. Interview data indicates that other agencies, such as UNICEF, conduct annual assessments of the gender marker due to the variations in its use, which can depend on who the gender advisor or focal point is and her/his understanding of it. In this regard, the gender marker ratings may provide a biased reflection due to self-reporting, particularly in relation to UNFPA contribution to gender equality through its work on sexual and reproductive health and reproductive rights, population and development, and adolescents and youth. Targeted trainings are needed to ensure staff understand how the gender marker codes should be applied, and that not all sexual and reproductive health and reproductive rights, data, and adolescents and youth programmes adequately apply gender analysis. For example it is possible to contribute to women's sexual and reproductive health while still reinforcing gender stereotypes or to conduct sex-disaggregated surveys but not use the data (see Assumption 4.2).

At the field level, the UNCT-SWAP Gender Equality Scorecard is the main tool that is used to assess UN country-level gender mainstreaming practices and performance, aiming at ensuring accountability of senior managers and improving United Nations Country Team performance. As a recent mapping exercise indicates, UNFPA country offices are using the UNCT-SWAP Gender Equality Scorecard to assess gender mainstreaming practices and performance.²⁰⁵

Finding 27: A gender focus in programming is often assumed because of the agency's mandate, but there are few intentional practices that facilitate gender mainstreaming throughout the programming cycle.

UNFPA has an unusual challenge as an organization. As one interviewee put it, "As an agency, we assume that we have done gender because we focus on women and girls."

The evaluation survey responses paint a positive picture of capacity for programmatic gender mainstreaming: 80 per cent of survey respondents perceive that gender equality considerations are integrated coherently in all areas of the UNFPA mandate. These respondents also tend to feel that they have sufficient knowledge to be able to mainstream gender equality in their work.²⁰⁶ However, only 70 per cent feel that UNFPA has an adequate set of tools and guidelines to competently mainstream gender in its work.

Case studies indicate that there are challenges for gender mainstreaming along the programme cycle. For gender mainstreaming in programming, a certain level of gender expertise would be expected within the staffing of a country office. Yet staff point out that there is no accountability for integrating gender dimensions in their work and there is limited access to comprehensive training and even less so for Implementing Partners. Furthermore, gender analysis as a stage in the planning process is not currently a part of UNFPA policies and procedures or is indirectly referenced. UNFPA does not have explicit guidance on gender analysis beyond the guidance on the Programme Review Committee process for integrating gender, human rights, and culture in UNFPA programmes.²⁰⁷ The Programme Review Committee review, which is done by

²⁰⁵ 52 per cent of the 111 country offices that responded to the survey had used the UNCT-SWAP Scorecard.

²⁰⁶ Male staff are more positive than female staff.

²⁰⁷ UNFPA. (n.d.). *Integrating Gender, Human Rights and Culture in UNFPA Programmes*.

a gender expert in UNFPA as a peer reviewer of the country programme document, is a quality assurance mechanism but it cannot demand that country offices conduct a gender analysis, for example, or an action that is not part of UNFPA policy (see Annex 16 for further information).

At the same time, Getting to Zero, the 2019 country programme evaluation synthesis report of good practices from the transformative results, indicates that UNFPA interventions that engage in gender analysis²⁰⁸ and integrate gender mainstreaming are better positioned to improve the lives of women and girls.²⁰⁹ In more than half of the country programme evaluations (53 per cent) reviewed by that report, gender mainstreaming was lacking during implementation.

Several limitations for gender mainstreaming emerge from the data. Interviewees at global and regional level and in some country offices pointed out that the current structure of UNFPA divisions/programmes does not facilitate cooperation; there is a tendency to work in silos. This may be compounded by the lack of clear responsibility for gender mainstreaming in country and regional offices and across technical divisions at headquarters. In addition, there is an implicit expectation that UNFPA does gender mainstreaming as a matter of principle due to its focus on women and girls. Similar issues are also raised by survey respondents in their comments, where they also cite limitations in staff capacity for conducting analysis of gender barriers. Only 66 per cent of survey respondents agree or strongly agree that, on average, UNFPA staff have the capacity to carry out the gender analysis that is required at various stages of the country programme cycle.

4.4.2 ASSUMPTION 4.2

UNFPA mainstreaming efforts have contributed to gendered results across UNFPA policies and programmatic outcomes (reproductive health, population data, adolescents).

Finding 28: UNFPA is making strides in different aspects of gender equality and rights as part of programming for sexual and reproductive health and reproductive rights and family planning (family planning) but it is still marked by gaps with regards to emphasis on the demand side for sexual and reproductive health and reproductive rights/family planning and extent to which an intersectional gender analysis informs the work.

In applying the Gender Results Effectiveness Scale to results in country programme evaluations in 62 countries, results reported in sexual and reproductive health and reproductive rights and family planning compare poorly to ratings for the gender-dedicated outcome.

Box 11: Important aspects of gender mainstreaming in sexual and reproductive health and reproductive rights and family planning activities

One key aspect is drawing on evidence that the work has been informed by a gender (and intersectional) analysis or is seeking to address gender barriers of specific vulnerable groups, such as adolescent girls at risk of unintended pregnancies or child marriage. In the context of sexual and reproductive health and reproductive rights/family planning, this would be seen in attention to not only the supply and quality of services, but in addressing the enabling environment for access to services, the unmet demand, and demand creation on the part of different population groups. Gender-responsive supply would also be visible in non-discriminatory services for women, youth, girls, and intersectional groups at risk of being excluded, highlighting the importance of a human rights-based approach. Engagement of men as fathers, husbands, and as allies in decisions that affect women's sexual

²⁰⁸ A gender analysis refers to conducting a systematic and intersectional analysis of the diverse needs, status, power, roles and rights of specific groups.

²⁰⁹ UNFPA. (2019). *Getting to Zero: Good practices on ending preventable maternal deaths, ending unmet need for family planning, ending gender-based violence and all harmful practices*, p. 26.

and reproductive health and reproductive rights (that include decisions on child spacing, use of contraception, saying no to sex, number of children) is also key.²¹⁰ Gender issues as they pertain to the sexual and reproductive health and reproductive rights workforce means that activities also focus on pivotal role of midwives and frontline workers who are predominantly female, especially since the COVID-19 pandemic. Integration of gender-based violence services with sexual and reproductive health and reproductive rights/family planning is also a positive step in strengthening the health care system to be responsive to gender-based violence.

Across the spectrum of interventions in sexual and reproductive health and reproductive rights/family planning, programmes to address obstetric fistula tend to be more gender-transformative in general as they are designed to also address the stigmatization and social effects of this condition. Prevention measures are not only focused on the quality of maternal health and family planning but also address issues such as child marriage, female genital mutilation, and women's poverty, which are all drivers of fistula. Most programmes on obstetric fistula include the identification, treatment, rehabilitation, and reintegration of victims of fistula. A broader approach to prevention would be to create linkages with early pregnancy, female genital mutilation, and child marriage, as WCARO has done in its regional fistula programme.²¹¹

Over the evaluation period, progress has been seen in key areas, such as engaging men and boys (e.g. the expansion of husbands' schools in West Africa, the high priority given to engaging men and boys', including fathers, in the East and Central Asia region) and integration of sexual and reproductive health and reproductive rights and gender-based violence services. The expansion of contraceptive methods offered to women and safe abortion services in cases where it is legal is also a step forward and evidenced in the data, although safe abortion remains a sensitive issue in many countries. Training community health workers and midwives has also contributed to reaching women and girls in remote areas where access to health facilities is a constraint.²¹²

In general, the evaluation found that UNFPA has paid strong attention to the supply side in sexual and reproductive health and reproductive rights/family planning and less to the demand side, due in part to donor interests in ensuring the supply of commodities and capacity to deliver them.²¹³ This is supported by the recent assessment of a human rights-based approach to family planning.²¹⁴ It contends that less focus is given to addressing the social, cultural and gender-related constraints to women's empowerment and decision making. The assessment makes reference to gender and social norms that challenge country offices to implement a human rights-based approach to family planning. Traditional gender norms can even be seen in the reluctance of female clients to be treated by male providers. The midterm evaluation of the UNFPA Supplies Programme also points out that while the programme has addressed some elements of a human rights-based approach (including equity and inclusion) and gender equality, these concepts are not systematically or explicitly operationalized or documented in reports.²¹⁵

²¹⁰ In Egypt, it was reported that some family planning beneficiaries refuse certain contraceptives methods believing that it will affect their weight or libido. As was indicated in the Country Programme Evaluation, such findings brought to light the importance of adding male/husband's involvement and a gender component for the RH programme. In other countries, such as Papua New Guinea, the cultural barrier is male opposition to family planning (Country Programme Evaluation Review).

²¹¹ UNFPA Bangladesh recognized the importance of prevention and links to child marriage, however, not all barriers were addressed, as many women are too destitute to pay the transport costs to an obstetric fistula centre. UNFPA Côte d'Ivoire sought to address prevention of obstetric fistula indirectly through the establishment of husbands' schools to raise their awareness of women's sexual and reproductive health issues. See Côte d'Ivoire Country Evidence Table, Volume III and Country Programme Evaluation Review for Bangladesh.

²¹² See Nepal example, Desk-based country study.

²¹³ See Malawi and Jordan Country Evidence Tables, Volume III and Country Programme Evaluation Review.

²¹⁴ Hardee, K., & Kumar, J. (2020). *Strengthening the Human Rights-based Approach to Family Planning at UNFPA: An Assessment*. UNFPA.

²¹⁵ UNFPA Evaluation Office. (2018). *Mid-term evaluation of the UNFPA Supplies Programme (2013-2020)*. Volume 1. See also UNFPA Evaluation Office. (2016). *Evaluation of the UNFPA support to family planning (2008-2013)*, Volume 1.

The datasets for this evaluation also reveal inconsistencies across countries in addressing the needs of stigmatized or underserved populations, as is noted more generally under Assumption 1.2.²¹⁶ The empirical evidence shows a mix of specific efforts on the part of country programmes to reach the most vulnerable, others that have not clearly identified the most vulnerable groups, and others that have not been successful in services reaching these groups.

Finding 29: Youth programming in general reflects efforts at gender integration, but differentiating by gender is not yet systematic enough to promote a gender equality approach.

Because this outcome area targets a population group, it incorporates a broad spectrum of interventions including comprehensive sexuality education; youth-friendly health services and sexual and reproductive health and reproductive rights; sexual and reproductive health and reproductive rights plans and policies for adolescents and youth, HIV/AIDS prevention; youth, peace and security; youth leadership and empowerment; as well as interventions to tackle the specific sexual and reproductive health and reproductive rights problems and risks of this population group such as child marriage and adolescent pregnancy.²¹⁷

As mentioned under Assumption 2.4, comprehensive sexuality education is one of the more sensitive areas of the UNFPA mandate. This can make incorporation of gender and sexual orientation and gender identity a challenge in the curriculum for some countries. Scaling up comprehensive sexuality education and integrating it into the national curriculum have also proven difficult in more conservative environments.²¹⁸ Yet, as stated in the UNFPA Strategic Plan 2018-2021, comprehensive sexuality education is a critical entry point for challenging harmful notions of masculinity and promoting gender equality.²¹⁹ The evaluation found examples of gender-responsive comprehensive sexuality education curricula and examples that demonstrate the hurdles of prevailing socio-cultural barriers, as well as examples of overcoming them. The Latin America and Caribbean region, for example, made advances to adopt more inclusive approaches and maintain modules on gender that also address gender identities, as evident in the comprehensive sexuality education technical guides developed jointly by UNFPA, United Nations Educational, Scientific and Cultural Organization and the Latin American Faculty of Social Sciences.²²⁰ Country offices in the region have also progressed from working on national curriculum in schools (and out-of-school) to introducing quality standards for comprehensive sexuality education. Acknowledging the advances made in different regions and countries, there remain variations in the extent to which comprehensive sexuality education curricula succeed in integrating content on masculinities, gender equality, an intersectional approach, and the use of certain language.²²¹

In the area of youth-friendly health services, similar issues arise, owing to sensitivities and social norms in relation to sexual and reproductive health and reproductive rights for youth. In addition, interview data suggest that sexual and reproductive health and reproductive rights services for youth are too supply-oriented. In Ethiopia, the stigma around youth sexual and reproductive health and reproductive rights services, especially for girls, is cited as the reason boys attend in secret.²²² In Lebanon, the youth-friendly services found challenges with regard to sensitive topics during the piloting.²²³ The data also revealed issues of accessibility for rural youth and those in remote areas.²²⁴ Moreover, the extent to which youth-friendly health services have more systematically incorporated a gender-based analysis to deliver an effective response is not ascertainable from the data.²²⁵ In principle, it can help to have combined gender and youth teams to facilitate greater

²¹⁶ See also Assumption 1.2.

²¹⁷ Outcome 2 in the UNFPA 2018-2021 Strategic Plan is every adolescent and youth, in particular adolescent girls, is empowered to have access to sexual and reproductive health and reproductive rights, in all contexts.

²¹⁸ In Turkey UNFPA facilitated the adoption of CSE and gender equality in seven schools and in extracurricular activities but has not reached its target 20 schools, owing to a conservative environment. Country Programme Evaluation Review. See also the LACRO Regional Case Study, Volume III.

²¹⁹ The 2018-2021 Strategic Plan even notes that a 2015 United Nations Educational, Scientific and Cultural Organization review of CSE shows that when school curriculum includes gender and dynamics of power, the possibility of achieving sexual and reproductive health-related results improves.

²²⁰ LACRO Regional Case Study, Volume III.

²²¹ In the LAC region, a monitoring study by the regional office of the 13 countries (out of 23) with a CSE programme found that in half of them, gender, sexual and reproductive rights and sexual diversity approaches were absent. See LACRO Regional Case Study, Volume III.

²²² Interview data.

²²³ Lebanon Desk-based country case study.

²²⁴ See Country Programme Evaluation data for Lebanon and Ukraine and Côte d'Ivoire Country Evidence Table and Malawi Country Evidence Table.

²²⁵ The need to strengthen the evidence base for cross cutting issues in youth activities was highlighted by the UNFPA Evaluation Office. (2016). *Evaluation of UNFPA support to adolescents and youth 2008-2015 (Volume I)*.

integration, but only if sufficiently resourced.²²⁶ Interview data reveals a need to bring a finer lens to youth mainstreaming across the three transformative results and examine the extent to which a lifecycle approach is being implemented. The new framing for adolescent and youth programming, formalized in the publication, *My Body, My Life, My World*, can serve as a useful guide for implementing the lifecycle approach, a human rights-based approach and a gender and power lens.^{227,228}

UNFPA has also sought to build a youth movement or network referred to as Y-PEER to educate youth, girls and boys, on sexual and reproductive health and reproductive rights and on prevention of HIV and sexually transmitted infections, as mentioned under Assumption 3.4. Other activities, such as sexual and reproductive health and reproductive rights plans and policies to support adolescent and youth sexual and reproductive health and reproductive rights demonstrate the plethora of efforts under youth programming to achieve positive outcomes for youth. Some of the national plans and policies reviewed for this evaluation explicitly demonstrate a gender-responsive approach and aim to address the prevention and response to adolescent pregnancies.²²⁹

Finding 30: UNFPA has made improvements in the census and the demographic health survey as two major areas of statistical support to keep pace with gender equality and inclusion data needs. Technical teams in UNFPA, however, could benefit more from the population and development expertise in UNFPA commensurate with its profile as a data agency.

One of the core responsibilities of UNFPA is support to all phases of the census and strengthening national capacity in all technical and operational aspects. During this evaluation period, in 2014, UNFPA developed a manual on gender analysis using census data and organized workshops with the United Nations Statistics Division to train staff. This was to ensure that census questionnaires included a gender dimension (all censuses are sex-disaggregated) and gender and inclusion aspects of data collection were being addressed, such as training female enumerators and ensuring equity in male/female enumerator teams.²³⁰

In May 2019, UNFPA issued guidance on measuring disability, migration and marriage registration in the census, which was a step forward, as UNFPA incorporates the principle of leaving no one behind in its policies and procedures for programming.²³¹ The midterm review of the Strategic Plan 2018-2021 found that in 2018-19, questions on disability using the Washington Group methodology were included in 88 per cent of censuses. Another measure taken by the UNFPA Population and Development Branch is the launch of the Connecting Vital Events Registration and Gender Equality initiative called ConVERGE in 10 countries in West Africa, Arab States and Latin America and the Caribbean, in partnership with the International Development Research Centre and its Centre of Excellence for Civil Registration and Vital Statistics Systems. This would enable countries to detect causes of maternal deaths and rates of birth and death by administrative units and demographic characteristics.²³² Importantly, this initiative reveals the significant sex differentials in the Civil Registration and Vital Statistics data and the implicit discrimination that leads to these differentials – women are missing from the data; they experience more barriers to registering life events, they are not captured in death certificates, etc. The evidence can thus be leveraged to advocate for gender equality issues and their causes.

Some of the country-level evidence for this evaluation, though largely anecdotal, underscores the importance of census data for adopting an intersectional gender approach and its value for informing research and advocacy for populations at risk of

226 Although the team does not have systematic data across countries and regions, this possibility emerges from the findings of the LACRO case study. The key, however, is having a team that is sufficiently resourced (as opposed to only combining the two Advisor functions – gender and youth advisor- in one post).

227 UNFPA. (2019). *My Body, My Life, My World*.

228 The strategy embraces all adolescents, aged 10 to 19, and youth, aged 15 to 24.

229 See evidence for Bangladesh, Ecuador, Peru, Cuba and El Salvador (Desk-based country case studies and the Country Programme Evaluation Review).

230 UNFPA Evaluation Office. (2016). *Evaluation of UNFPA support to population and housing census data to inform decision-making and policy formulation 2005-2014*.

231 UNFPA. (2019). *Measuring disability, migration, and marriage registration—Recommended questions for inclusion in censuses*. Technical Brief.

232 In 2019, a civil registration and vital statistics report with disaggregated data was completed in four countries in Eastern and Southern Africa, in collaboration with national governments, the United Nations Economic Commission for Africa, UNICEF and the World Health Organization.

being left behind. Largely as a result of UNFPA support, Kenya included intersex and indigenous groups in their census.²³³ In Colombia, with UNFPA support, the census included questions on sexual diversity; however, the pilot revealed biases in the answers due to cultural views and prejudices that led to abandoning the questions in the census forms. Ethnicity questions in the National Population and Housing Census 2018 did allow more accurate identification of gaps and inequities that would allow for intersectional analysis.²³⁴

As UNFPA support countries to modernize censuses, the use of geospatial mapping for identifying spatial patterns in child marriage, based on census data, would be a useful application.²³⁵

Progress is also being made to better reflect gender and inclusion issues in the Demographic Health Survey. UNFPA supports the Demographic Health Survey to integrate modules on intimate partner violence and other forms of violence at national and sub-national levels.²³⁶ The DHS may also include questions on child marriage and female genital mutilation. The SDG indicator 5.6.1 on women's right to decision making (see Assumption 3.3) draws on data from the Demographic Health Survey. As of early 2020, a total of 57 countries, the majority in sub-Saharan Africa, had at least one survey with data on all three questions necessary for calculating Indicator 5.6.1.²³⁷ However, as reported in the recent guidance on measuring SDG indicators 5.6.1 and 5.6.2, the data does not capture unmarried women and girls.

Advances have also been made to support data needs in the humanitarian sphere, such as technical guidance to national authorities to produce updated small area population estimates disaggregated by age and sex. The data, overlain with geospatial data, provides an indication of the needs of vulnerable sub-population groups for disaster preparedness and response. UNFPA also worked with partners to include maternal mortality rate in both the INFORM Index for Risk Management and the Central Emergency Response Fund to identify underfunded emergencies as of 2017. UNFPA has also supported humanitarian actors by contributing to the construction of common operational datasets on population statistics, through its partnership with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA).²³⁸ In addition to the GBVIMS (see Assumption 3.5), such data will improve the ability of UNFPA to identify and respond to the needs of populations at risk of being left behind.

Aside from the traditional role of UNFPA to support the census and DHS, UNFPA is also supporting work on the demographic dividend and has provided expertise to the Gender and Human Rights Branch to develop new estimates and historic trends on female genital mutilation at national and global levels. In the first instance, UNFPA developed a framework for its engagement in work on the demographic dividend. This is an opportunity for UNFPA to support countries to generate demographic intelligence (population size, age structure and distribution) and to locate and target the most vulnerable groups. Despite these initiatives, it is less clear to what extent the overall support to the demographic dividend emphasizes investment in cross-sectoral gender equality and equity.

The support of the Population and Development Branch to the global programme on female genital mutilation illustrates the value of horizontal cooperation and of leveraging population data expertise for different areas of research and programming in UNFPA. In Colombia as well, UNFPA expertise on population, data and measurement and in female genital mutilation is being leveraged as part of Triangular Cooperation on advancing in the measurement, prevention and eradication of female genital mutilation. Horizontal cooperation was also demonstrated in LACRO and the design of a regional methodology to estimate economic impact of teenage pregnancy and motherhood.²³⁹ However, collaboration between Population and Development Branch and other thematic teams with a view to strengthening evidence-based advocacy or even better informed programmes is not routine practice in UNFPA.²⁴⁰ Some of the collaboration is driven, rather, by the measurement demands of monitoring SDGs. Collaboration between Population and Development Branch and other technical teams could lead to longer-term solutions to some of the complex problems (such as teenage pregnancy, child marriage, female genital mutilation), especially

233 Interview data.

234 Colombia Country Evidence Table, Volume III.

235 Interview data.

236 If not in the DHS, UNFPA also supports national statistics offices to conduct national VAW prevalence surveys. See discussion on the KnowVAWData project in APRO under Assumption 3.5.

237 UNFPA. (2019). *Ensure Universal Access to Sexual and Reproductive Health and Reproductive Rights: Measuring SDG Target 5.6*.

238 UNFPA. (2018). *Enhancing UNFPA's Work to Address the Humanitarian-Development-Peace Nexus*.

239 See Assumption 3.2.

240 In UNFPA Côte d'Ivoire in an earlier strategic planning cycle of this evaluation, Population Dynamics was a cross-cutting area of work rather than linked to its own outcome area. But this seems to have been exceptional for country office programming.

in light of the COVID-19 pandemic effects. This will become increasingly imperative as UNFPA addresses the data barriers to meeting the needs of populations at risk of being left behind, in moving towards the 2030 Agenda.

Another collaborative initiative of the Population and Development Branch and the Gender and Human Rights Branch is the geospatial dashboard on intimate partner violence featuring national data for 119 countries, sub-national data, and disaggregated data on intimate partner violence by age, place of residence, employment, education and household wealth.²⁴¹ The initiative is linked to the SDG indicator 5.2.1 on intimate partner violence.

A further contribution is the Geo-Referenced Infrastructure and Demographic Data for Development initiative, known as GRID3, is expected to facilitate the production, collection, use and dissemination of high-resolution population, infrastructure and other georeferenced data. It is intended to contribute to improving the data support to programming for those populations left behind or at risk of being left behind.²⁴²

In terms of mitigating the risks of the COVID-19 pandemic, all levels of UNFPA – global, regional and country – have made adaptations to respond to the pandemic, as noted in earlier sections of this report. In terms of population data, UNFPA has established a COVID-19 Population Vulnerability Dashboard with real-time updates. Other regions are also developing regional and national dashboards to monitor the daily impact of COVID-19 while focusing on the most vulnerable, including older persons. However, as interview data revealed, one common data gap is the lack of information on deaths by gender and age. As noted under Assumption 3.1, UNFPA is also making new projections, due to COVID-19, in estimating the costs of achieving the three transformative results.

4.5 EVALUATION QUESTION 5

EQ5: To what extent are the UNFPA institutional culture, systems and processes fit for purpose to advance gender equality and the empowerment of women through a human rights-based and culturally sensitive approach in both development and humanitarian settings?

4.5.1 ASSUMPTION 5.1

The amount and quality of financial resources made available for dedicated programming and mainstreaming support for the advancement of gender equality and women's empowerment has been adequate.

Finding 31: The decrease in core funding since 2012 has disproportionately affected the gender-dedicated outcome and UNFPA potential to engage in gender-transformative approaches across development, humanitarian and peacebuilding settings. The costing of the three UNFPA transformative results has the potential to command better quality and long-term funding commitments for addressing inequalities, now shown to be even more critical in the context of the pandemic.

Core funding at UNFPA has been declining since 2012, and from 2017 to 2020 the number of core contributors declined from 120 to 106.²⁴³ The diminishing core resources affect the organization as a whole, as reflected in the UNFPA case for core funding and its engagement in structured financing dialogues with Member States.²⁴⁴

The proportion of core-funded expenditures for the gender-dedicated outcome also decreased (and more so than for other outcomes) from nearly 50 per cent in 2012 to 15 per cent in 2019 (Figure 4.3). This is due in part to the fact that non-core funded expenditures have increased significantly in the gender outcome while they have remained more stable in the rest of the UNFPA programme. The shift to non-core reflects the relative success in mobilizing resources for gender equality-focused programmes (as compared to population in development, for example), especially at global level, but interviews suggest that the lack of core resources had several implications. On the one hand, it has led to prioritization of issue-focused programming (like female genital mutilation and gender-based violence) over programmes that address norms change for overall gender

241 See: <https://www.unfpa.org/geospatial-dashboard-intimate-partner-violence>.

242 This is a multi-country initiative launched by UNFPA with support from the Department for International Development of the United Kingdom (now the Foreign, Commonwealth & Development Office) and the Bill and Melinda Gates Foundation. See UNFPA. (2020). *Integrated Midterm Review and Progress Report on Implementation of the UNFPA Strategic Plan, 2018-2021. Report of the Executive Director*, p. 23.

243 UNFPA. (2020). *Report on the structured financing dialogue 2019-2020* (DP/FPA/2020/9), p. 15. The number of core contributors was 52 as of June 2020.

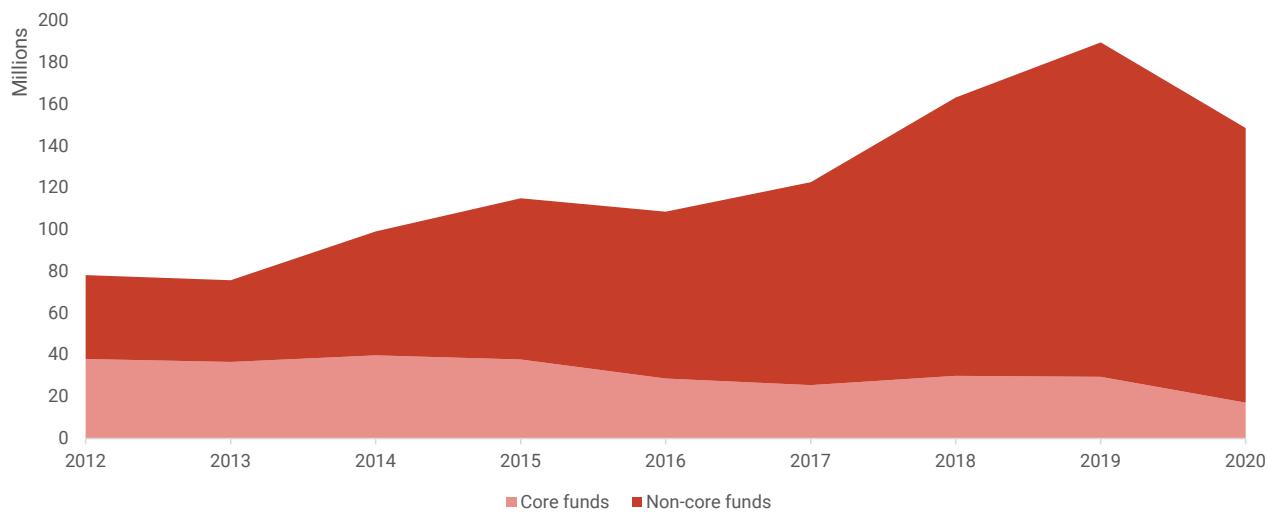
244 The case for core funding as articulated in the report UNFPA. (2020). *Report on the structured financing dialogue 2019-2020* (DP/FPA/2020/9).

equality and women/girls' agency as these efforts take more time, are less concrete, and are less attractive to donors, yet are critical to preventing gender-based violence and harmful practices in the future. The change in core funding also meant that positions that are key for strategic thinking, leadership, coordination, and global knowledge/guidance development were temporarily frozen (e.g. Technical Advisor, GEWE [P-5] Gender and Human Rights Branch) or remained vacant at the time of writing (in Humanitarian Office), with consequent delays in developing the new gender strategy, which was released 1.5 years after the new strategic plan. Other recent corporate evaluations (gender-based violence evaluation 2018) note the effects of the reduction in core funds (combined with wide exchange rate fluctuations between tradable currencies) on the level of consistency and sustained support to gender-based violence and harmful practices programming, for example.

Interview data indicates that UNFPA has made limited progress in meeting the 2018 gender-based violence evaluation recommendation to facilitate core funds to support staffing, including a staff position for a gender-based violence sub-cluster coordinator in country offices that face a number of sudden onset and protracted humanitarian crises per year. The 2018-2021 UNFPA Strategic Plan even has an indicator to monitor progress on the proportion of countries affected by a humanitarian crisis that have a functioning inter-agency gender-based violence coordination body as a result of UNFPA guidance and leadership. The Call to Action Road Map 2016-2020 on protection against gender-based violence in emergencies promotes the co-lead role by tracking an indicator on the percentage of countries with a Humanitarian Coordinator that have a national-level humanitarian gender-based violence coordination mechanism co-led/led by a national actor.²⁴⁵ As of 2018, 30 per cent of countries had a coordination mechanism that was co-led or led by a national actor; the target for 2020 is 50 per cent. For further discussion of the staffing implications, see Finding 34, Assumption 5.3.

At the same time, UNFPA ambitions on gender equality have increased since 2012, notably through the three transformative goals in the current strategic plan. In the structured financing document and subsequent documents, the UNFPA case for funding emphasizes the three zeros²⁴⁶ and the need to reach those furthest behind. The current pandemic increases the urgency of the case for such funding, as it reveals the criticality of longer-term work for social norm change, which requires reliable, predictable, stable funding. Predictions for achieving the SDGs are also less optimistic and a reminder of how important the investments are to stem the tide and reverse the tendency for harmful practices to spike during crises. As one UNFPA senior manager put it, "if social norms are not being transformed, results everywhere will be reduced."

FIGURE 4.1: Evolution of gender-dedicated outcome expenditures, core and non-core funds (2012-2020)



Source: Atlas

245 Call to Action on Protection from Gender-based Violence in Emergencies. Road Map 2016-2020. (2015).

246 In 2018, UNFPA set in motion a strategic effort to achieve three zeros by 2030: zero unmet need for contraception; zero preventable maternal deaths; and zero gender-based violence and harmful practices.

In January 2020, UNFPA completed the costing of the three transformative results for achieving 2030 targets, building on other costing studies at the regional level.²⁴⁷ This analysis goes beyond calculating costs; it also identifies the specific interventions needed to achieve the three transformative results by 2030, including developing country investment cases and costing of the work of UNFPA country programmes.²⁴⁸ It is potentially a major stepping stone in securing investments that support gender equality.

Gender-dedicated investments are not the only reflection of UNFPA ability to be fit for purpose for supporting gender equality. The ability to exercise flexibility and agility to support the needs of gender mainstreamed outcome areas also plays a role and, as discussed in Assumption 4.1, the UNFPA gender marker system can be better used as an indicative tool that not only allows the institution to track how much it is investing in gender equality, but also to learn from how investments in different areas are contributing to reduce inequalities. However, lack of core resources has meant that there is less potential to pay attention to guidance/support for stronger integration of gender in other UNFPA outcome areas, which has consistently been a part of UNFPA twin-track approach to supporting gender equality. Evaluation case studies suggest that country offices may be experiencing the same challenge of gender units not being adequately resourced to dedicate time to supporting gender mainstreaming, beyond their obligations to the gender-dedicated outcome.

Finding 32: Gender-based violence response and prevention in the humanitarian context is widely recognized as being under-resourced, and adequate funding remains a struggle in the response to COVID-19. This has implications for UNFPA ability to source the resources required to support increasingly gender transformative approaches across development, humanitarian and peacebuilding contexts.²⁴⁹

A report from the International Rescue Committee and Voice indicated that even before COVID-19, gender-based violence has been chronically underfunded as part of humanitarian responses.²⁵⁰ Gender-based violence is not only under-resourced, but tracking investments and holding actors accountable for commitments in this area has been a challenge given that gender-based violence only became a stand-alone sector within OCHA's Financial Tracking Service in 2016.

Underfunding for gender-based violence has carried over into a COVID-19 context. According to the Global Humanitarian Response Plan to COVID – July 2020 Update, gender-based violence response and funding allocations throughout the COVID-19 pandemic have not been at the scale of the need. While humanitarian actors have recognized the magnitude of the problem and advocated for greater priority to be given to awareness-raising and services for gender-based violence survivors, long-standing neglect of the issue and insufficient resourcing continue to limit the ability of responders to prevent and mitigate the problem.²⁵¹ Stakeholders from civil society have pointed out that UNFPA has insufficient funds for gender-based violence and the consistent need to advocate for that in global responses.

In the humanitarian sphere, a 2020 research study of funding for gender equality and empowerment of women and girls in humanitarian settings noted that funding for gender transformative programming²⁵² – i.e. not only improving women's access to key services, but also helping communities and systems to understand and challenge the social norms that perpetuate inequalities – is lacking. Not seen as 'life-saving', social norm and behaviour change programming often falls outside of a traditional humanitarian remit. And yet, a lack of funding for social norms change can prevent the effective uptake of basic services, and leave women's and girls' voices out of the response.²⁵³ At the same time, embedding life-saving gender-based violence services for women and girls in a humanitarian response is in itself a critical achievement, as it demonstrates to

247 For example, gender-based violence costing exercises in Asia Pacific Regional Office and Duvvury, N., & and others. (2019). *Estimating the Cost of Child Marriage in the Arab Region: Background paper on the feasibility of undertaking a costing study*. UNFPA, UN ESCWA, UNICEF, UN Women.

248 Costing the three transformative results focuses on new research to estimate the costs associated with the global effort led by UNFPA to: (a) end preventable maternal deaths; (b) end the unmet need for family planning; and (c) end gender-based violence and all harmful practices, including child marriage and female genital mutilation.

249 As discussed under Assumption 2.2, UNFPA struggles with introducing more gender-transformative approaches into humanitarian work because of the dominant paradigm that considers the humanitarian arena to be focused on life-saving interventions. And this is reflected in what donors are willing to fund.

250 International Rescue Committee and Voice. (n.d.). *Where is the Money? How the humanitarian system is failing in its commitment to end violence against women and girls*.

251 OCHA. (2020). Global Humanitarian Response Plan COVID-19, July Update, p. 4.

252 UNFPA, UN Women. (2020). Research study on Funding for gender equality and the empowerment of women and girls in humanitarian programming, June 2020.

253 Venton, C. C., & Clarey, T. (2020). *Funding for Gender Equality and the Empowerment of Women and Girls (GEEWG) in Humanitarian Programming. Final Report*. UN Women and UNFPA, p. 14.

the communities women and girls' right to these and to sexual and reproductive health and reproductive rights services.²⁵⁴ Moreover, when services – gender-based violence, sexual and reproductive health and reproductive rights, protection and social services – are carried out with a survivor-centred approach, the results for women can be very empowering.

The same study confirms that programmes that require a longer-term focus and have the potential to bridge the humanitarian-development divide, are under-resourced. This includes education, life skills development, mental health and psychosocial support services, access to justice and legal services for gender-based violence survivors, and peacebuilding programming. The research report gives an example from Somalia to highlight the tension between long-term investment and the humanitarian mandate. Humanitarian budgets will not fund permanent infrastructure such as a clinic; however, temporary clinics are not secure enough for midwives to stay overnight, and hence women can only access a birth attendant at a clinic during daylight hours, which puts their lives at risk.²⁵⁵ Thus, evidence shows that while UNFPA as lead for the gender-based violence Area of Responsibility has been promoting gender-based violence programming as life-saving, more advocacy is needed to help humanitarian actors understand the criticality of gender-based violence and sexual and reproductive health and reproductive rights services.

4.5.2 ASSUMPTION 5.2

Strategic investment choices enable UNFPA to address social norm change and the deep drivers of gender equality.

Finding 33: The UNFPA business model²⁵⁶ hampered the potential for a more strategic approach to gender quality with the flexibility in use of core resources to respond to critical gaps in capacity and services, particularly in middle income countries. Country offices continue to identify alternative approaches to address these issues.

A number of recent evaluations have reflected on the challenges for UNFPA offices in transitioning to the new business model, introduced in 2014.²⁵⁷ Although the UNFPA 2018–2021 Strategic Plan introduced some flexibility in the use of modes of engagement, the constraints for UNFPA support to gender equality and women's empowerment are still evident in some countries. The modes of engagement, such as service delivery vs. advocacy and policy dialogue, determine the allocation of core resources.

For the LACRO region, where the majority of countries are pink (highest ability to finance and lowest needs), the business model is still felt to limit UNFPA ability in terms of collaboration and implementation, and ability to address the sub-national inequities that limit effective implementation of national policies and programmes. Respondents note that "pink countries" are not set up in terms of capacities and resources to support more transformative work at the level of norms, which requires long-term planning and allocation of resources. Similarly, because UNFPA country offices in the region are not expected to engage in a 'service delivery' mode of engagement, country offices have not always maintained partnerships with civil society organizations or other private sector partners that do engage in direct service delivery and could be mobilized during an emergency. In the Caribbean, a region subject to cyclical natural disasters, such partnerships are lacking, including those who work on gender-based violence in emergencies. In general, the change to "pink status" affected the level of funding available for supporting civil society organizations, including women's rights and women-led organizations, which are so critical for advocacy on GEWE.

Country offices continue to identify alternatives to provide continuity of support for GEWE. In Jordan, where the Syria crisis has deeply affected programming, the country was reclassified to "pink" and the country office had to get special approval for service delivery given the scale of the humanitarian crisis. The country office made the case for an integrated country programme (humanitarian and development) to ensure access to similar quality services in sexual and reproductive health and reproductive rights and gender-based violence outside the refugee camps, with implementing partners also working across different population groups and in both settings. An integrated programme allows leveraging of humanitarian funding

²⁵⁴ Venton, C. C., & Clarey, T. (2020). Funding for Gender Equality and the Empowerment of Women and Girls (GEEWG) in Humanitarian Programming. Final Report. UN Women and UNFPA, p. 11.

²⁵⁵ Ibid. p. 65.

²⁵⁶ The model helps guide the use of modes of engagement based on each country's need and ability to finance its own development. The four modes of engagement in the 2014–2017 Strategic Plan include: 1) Advocacy and policy dialogue/advice, 2) Capacity development, 3) Service delivery, and 4) Knowledge management. The 2018–2021 Strategic Plan introduced a fifth mode of engagement: Coordination and partnerships, including South-South cooperation.

²⁵⁷ The Country Programme Evaluation synthesis in 2019 (*Getting to Zero*) and the gender-based violence evaluation (2018).

to address resilience and development. Jordan developed a policy paper around this and facilitated a study visit from other country offices in middle-income countries (Colombia and Brazil) to learn from their experience and see how funds for humanitarian work could be invested in the most marginalized and disadvantaged women and girls.²⁵⁸

In Colombia, reductions in resources between 2015 and 2019 translated into reduced UNFPA presence at sub-national level, where in some cases programming was interrupted. The country office has drawn on joint programming and triangular cooperation (Colombia, Burkina Faso and UNFPA) to continue its support to measure, prevent and end female genital mutilation in Colombia.

Malawi illustrates another type of challenge faced by “red quadrant” countries. The Malawi country office budget allocations are primarily linked to the service delivery and, to a lesser extent, capacity development modes of engagement. The Malawi case study illustrates that changing social norms through service delivery partners is challenging and requires a more intentional and coordinated approach. On the one hand, addressing social norms requires partners that have experience with transformative programming and that has been one of the limitations of some of the UNFPA implementing partners (see also Assumption 2.3, Finding 11 on strategic partnerships). On the other hand, social norm work requires time and the ability to affect intra-household dynamics in order to get at root causes of inequality, which has not always been possible in the gender-dedicated work and efforts to mainstream gender in sexual and reproductive health and reproductive rights and Adolescent and Youth programming.

4.5.3 ASSUMPTION 5.3

UNFPA has adequate human resources at global, regional and country levels to advance gender equality through dedicated programming and mainstreaming of GEWE.

Finding 34: UNFPA gender architecture provides a foundation for gender work but is stretched in its capacity to support a gender-responsive approach to different areas of the UNFPA mandate, let alone a more gender-transformative approach that is the organization's ambition.

The UNFPA Gender Strategy 2018-2021 identifies the gender architecture as the network of gender and gender-based violence staff in its country offices, which is complemented by regional advisors and specialists at P5/P4 level in all UNFPA regional offices and a headquarters team. In 2020, that network comprised approximately 354 individuals with gender/gender-based violence functions.²⁵⁹ Global technical support is provided by the Gender and Human Rights Branch, Technical Division²⁶⁰ and the Humanitarian Office, which hosts the gender-based violence-in-emergencies team. The team includes technical specialists at New York headquarters (HQ), the UNFPA office in Geneva and at the regional level. There is also a four-person roving team of technical specialists in gender-based violence in emergencies. The gender-based violence in emergencies/sexual and reproductive health and reproductive rights integrated roving team has been regionalized more recently (ASRO, WCARO, EECARO) to better align the work towards standards and the needed technical support. Further, UNFPA continues to respond to a high demand for its Surge Emergency profile. With a roster of over 350 humanitarian experts, 40 per cent are gender-based violence specialists. In 2018, gender-based violence deployments made up 47 per cent with an increase to 55 per cent in 2019. In the third quarter of 2020, the requests were up to 65 per cent. Of the surge roster, 85 per cent of specialists are from the global South and 65 per cent are female. UNFPA surge trainings and assessments integrate material that requires a rigorous gender analysis and gender-based violence response technical capacity. With these arrangements, UNFPA met requirements of the UN-SWAP indicator on gender architecture in 2019.

UNFPA conducted a mapping and assessment of gender and gender-based violence capacity (December 2020). Preliminary results indicate that about 80 per cent of reporting country offices have a full-time dedicated gender specialist. A majority (60 per cent) of country responses indicate that the same person has the role of gender specialist and gender-based violence specialist. This data and the overall figures on staffing suggest that there is a strong foundation for work on gender equality at the country level. Other data sources in this evaluation, however, suggest inconsistent staffing of gender positions especially at country level. Regional gender advisors play a critical role providing support to country offices, particularly for gender-

258 UNFPA Jordan. (n.d.). Policy Paper to ensure the strategic goals of MICs are maintained: A set of recommendations.

259 The number is approximate given that it does not include staff who may work on gender/gender-based violence but do not have those terms in their position title. This figure includes Service Contracts and UN Volunteers and excludes Consultants. Total staff was 4125. Source: UNFPA, August 2020.

260 In December 2020, the Gender and Human Rights Branch had 6 professional staff in New York and 4 professional staff in Addis Ababa.

focused programming in each of the regions, but expectations for their roles – for example, merging the gender and youth advisor function and adding the Leave No One Behind agenda – have in some cases expanded without a commensurate increase in staff resources. The regional case study and three of the four country case studies point out that the gender function was understaffed during the evaluation period, due to changes in number of staff in the unit, change in type of contract (from fixed term to service contract), expansion of responsibilities, or effects of merging gender advisor with other advisor (youth) positions at country level, particularly in certain regions (e.g. Latin America and the Caribbean) that faced more significant budget cuts since 2014. The Humanitarian Office continues to have a vacancy in gender-based violence owing to a lack of funding for the position. As noted in Finding 31 (Assumption 5.1), specific core funding for gender-based violence sub-cluster coordination positions has not been committed as expected following the gender-based violence evaluation in 2018 and commensurate with UNFPA commitment to the gender-based violence Area of Responsibility. Countries that benefit from the Spotlight initiative are now able to supplement their capacity for gender-based violence work and support for gender mainstreaming (e.g. Malawi).

UNFPA staff responses to the evaluation survey also provide an overall view that the architecture is adequate in meeting the needs of UNFPA programmes across all thematic areas.²⁶¹ However, this also reflects the challenge that UNFPA faces, as noted in its report on the UN-SWAP and reflected in Assumption 4.1: because sexual and reproductive health and reproductive rights are central to its mission, “staff assume both that they understand gender and that whenever they are doing programming for women and girls they are in compliance with the SWAP. This challenge is quite different than the challenges faced by an agency where many colleagues do not see gender as relevant at all.”²⁶² At the same time, gender focal point respondents to the evaluation survey indicate that they are expected to be responsible for all gender-related tasks in their respective offices.²⁶³ That complements a perception, expressed in interviews, that skills and experience in gender mainstreaming are not evenly embedded in UNFPA staff.

Qualitative responses to the survey as well as interview data suggest that staff feel UNFPA lacks adequate expertise and experience in gender mainstreaming and even though colleagues may have some level of sensitivity, they require more regular strengthening of skills, particularly to respond to new and increasing demands to engage in all work through an intersectional lens in order to leave no one behind. In line with others in the UN system, UNFPA introduced the mandatory ‘I Know Gender’ course for all staff in 2016. It remains the primary broad-based staff capacity development in this area,²⁶⁴ complemented by some tailored training for senior managers. Gender is not currently a prominent element in the competency framework and this was being reviewed at the time of this evaluation. UNFPA has not had the resources/tools for developing a more broad-based approach to capacity building. UN-SWAP reports indicate that, until 2020, UNFPA has relied on proxy indicators (such as gender marker data) to judge progress in staff capacity for gender mainstreaming. Focal point respondents to the survey and interviewees at various levels of the organization noted four primary areas of improvement that could strengthen gender-dedicated work and gender mainstreaming:

- Further training for staff (on gender mainstreaming and gender transformative approaches) in gender units and units responsible for other outcome areas and more regular dialogue and knowledge exchange among staff
- Increased clarity with regard to expectations of gender specialists to do all gender-related tasks, and role that specialists- who also have responsibility for the gender-dedicated outcome activities- may have with regard to gender mainstreaming
- Better communication of existing policies, strategies and guidelines on gender equality and development of specific tools for gender mainstreaming
- Ensuring clear responsibility for gender mainstreaming across all outcomes, including for senior management, by incorporating explicitly into UNFPA Performance Appraisal and Development and job descriptions for all positions.

²⁶¹ In the evaluation’s staff survey, most staff who self-identify as gender advisor/specialist/focal point (n = 179) feel that the architecture is adequate in meeting the GEWE needs of UNFPA staff, with a gender gap in the responses in which only 55% of female staff agree and 87% of male staff agree.

²⁶² UNFPA UN-SWAP report, 2013.

²⁶³ More than 70 per cent of the male and of the female focal point respondents.

²⁶⁴ The UNFPA UN-SWAP report 2019 identifies the following package of gender-related training materials: I Know Gender; Prevention of Sexual Exploitation and Abuse and Harassment, Ethics; One Voice E-Orientation.

4.5.4 ASSUMPTION 5.4

Gender equality is a priority in the culture and leadership of the organization.

Finding 35: UNFPA achieved overall gender parity among its staff some years ago. Its current focus on closing the gap in parity at the P4 and D2 levels and among regions and removing institutional obstacles to inclusion is appropriate in light of challenges in the internal enabling environment for gender equality.

In 2017, the UN Secretary-General launched a strategy to accelerate UN system progress in reaching gender parity at the senior levels of leadership by 2021 and, ultimately, across the board in 2028. UNFPA is one of the leading entities in the UN system in terms of achieving gender parity at most levels and is only a few percentage points away from making parity a reality at all senior levels of staff (see Figure 4.4). Closing this gap requires a deeper understanding of the enabling environment for gender parity in the organization. During the period under review, UNFPA took several steps to try to ensure equal representation of women at P4 and D2 levels, primarily through recruitment and placement in a Leadership Pool.

In its 2018-2021 Strategic Plan, UNFPA confirmed its commitment to maintain an inclusive composition of staff by gender, region and disability, and to pay careful attention to equal geographical representation and gender parity for professional and managerial posts in its Strategic Plan 2018-2021, with the addition of gender parity as an indicator for measurement and reporting to the Executive Board.

In 2020, UNFPA reached another important milestone with the Executive Committee endorsement of an Action Plan for Creating a Gender Parity Strategy and Enabling Environment at UNFPA, to consider ways in which UNFPA can address disparities across grade levels and regions to achieve full parity. The Action Plan was developed as a joint effort of the Department of Human Resources and the Gender and Human Rights Branch, together with the Women@UNFPA Voluntary Employee Resource Group, which was created in light of perceived challenges in the internal environment.

The action plan is in line with the UN-SWAP 2.0 framework which requires entities to develop their own roadmaps for operationalizing the Secretary General's strategy. The UNFPA action plan puts emphasis on a data-driven approach²⁶⁵ to tailoring a strategy that is both globally and locally relevant, while beginning to address disparities in parity across regions, and increasing resources for diversity and inclusion. These three aspects are critical given the factors that currently affect the internal enabling environment for gender parity and equality, according to interviewees and survey respondents consulted during this evaluation. Qualitative responses to the survey suggest that patriarchal and discriminatory attitudes still surface in patterns exhibited by leadership and treatment of female lower-ranking staff, for example. Survey respondents and interviewees have raised diversity concerns with regard to age, race, South vs North, Francophone vs. Anglophone, LGBTI, which reveal the importance of intersectionality in analysing the environment for parity.²⁶⁶ The problem of hierarchy, which is reflected in the survey's qualitative comments, may also affect women coming forward with any complaints.

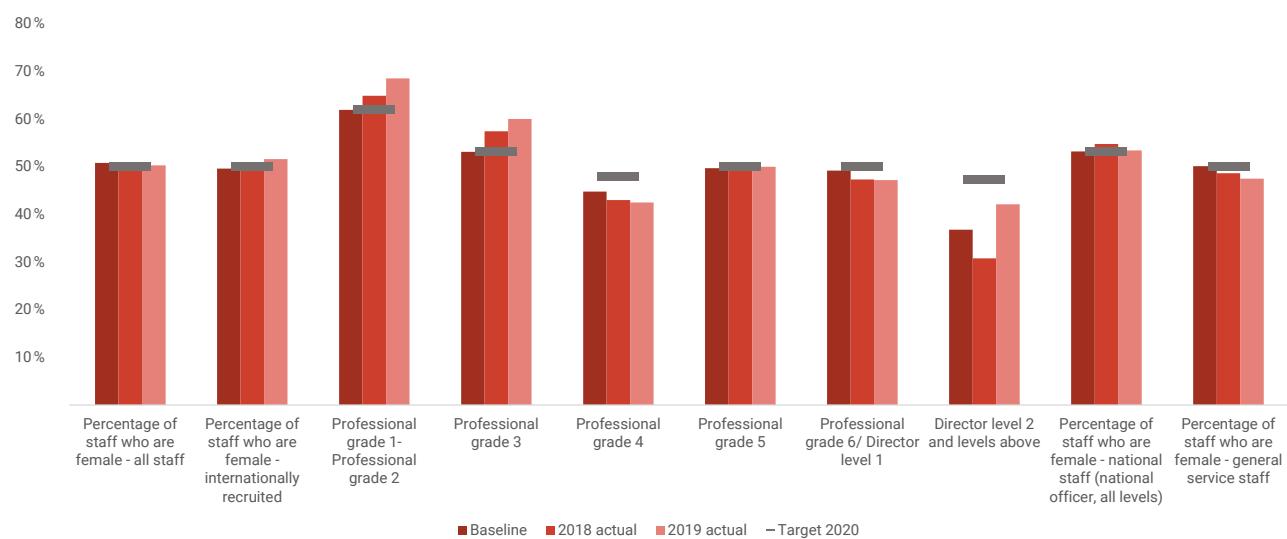
The UNFPA Global Staff Survey 2018 pointed out other enabling and limiting characteristics of the internal environment for gender equality. Most staff had positive views about gender equality in the UNFPA workplace culture (82 per cent), with female staff being slightly less positive (79 per cent females/ 85 per cent males) on that question and other questions about culture.²⁶⁷ Similarly, female staff were less certain than males about whether those who report on misconduct or harassment would be protected from retaliation (61 per cent females/73 per cent males). There are also staff whose own views on access to safe abortion where legal and eliminating female genital mutilation are not aligned with UNFPA programming.²⁶⁸ This divergence of views can present challenges to the coherence of UNFPA support for gender equality and women's empowerment.

265 This will be based on EDGE certification process: <https://edge-cert.org/>.

266 See: <https://www.unwomen.org/-/media/headquarters/attachments/sections/library/publications/2019/gender-parity-enabling-environment-in-focus-en.pdf?la=en&vs=4519>.

267 For example, on whether the existing institutional culture is helping (staff) to deliver work and help UNFPA deliver on its mandate.

268 Only 67.8 per cent of staff indicate that access to safe abortion where legal is consistent with their own values, and 81.2 per cent feel that way about eliminating female genital mutilation.

FIGURE 4.2: UNFPA trends in female staffing (2017-2020)

Source: UNFPA Mid-term Review of the Strategic Plan 2018-2021

Finding 36: UNFPA policies are being adapted and foster momentum towards an increasingly supportive framework for gender equality and inclusion.

According to UN-SWAP reporting, UNFPA promotes an organizational culture that fully supports the promotion of gender equality and the empowerment of women in the way that recruitment processes, career development, work/family policies and management culture are implemented. In January 2020, UNFPA announced that it would supplement its existing maternity, paternity and adoption leave policies with the addition of special leave with full pay, increasing its duration to 24 weeks maternity leave and 16 weeks of paternity and adoption leave.²⁶⁹ Use of this policy, and any gender disparities, will be important to monitor going forward. The paid internships policy is also seen as a more equitable way to help develop a pipeline of new staff. Policy shifts in favour of LGBTI include changes in the UNFPA Global Directory, which now offers new profile options reflecting more accurately and respectfully the diversity of staff, some of whom may not identify as either male or female. Flexible working arrangements have been a possibility for some years, but it was not until 2020 that most staff and their supervisors are having to negotiate how these arrangements are applied. In 2020 UNFPA Division for Human Resources also introduced a new policy aimed at recruiting more employees with disabilities and set aside a fund for reasonable accommodation – this is a big step towards greater inclusion in UNFPA.

As noted by interviewees, COVID-19 has brought to the fore the role that women play in the home and the requirement for greater flexibility in applying policies, as well the need for additional support measures. On the whole, the majority of evaluation survey respondents, both men and women, feel that UNFPA has acted responsibly in addressing gender-based violence and gender-related issues arising as a result of confinement for staff and partners.²⁷⁰

Since 2018, UNFPA has also put in place Prevention of Sexual Exploitation and Abuse policies, guidance, and structures, which is another step forward and not without its initial trials. A network of Prevention of Sexual Exploitation and Abuse focal

269 This is perceived as a step forward in moving to a more progressive parental leave policy.

270 In December 2020, the Department of Human Resources launched a community resource site where staff and personnel can find support, referral pathways, tools and resources for both survivors and personnel who may be called upon to support a survivor.

points in all UNFPA offices was created but as an add-on responsibility, some designated focal points, who may not have the full breadth of expertise required, have struggled with it, according to interviews. This suggests that the time is right for an assessment of how the set-up is working. UNFPA has a mandatory course on Prevention of Sexual Exploitation and Abuse for staff and personnel, and in 2020 training has also been rolled out for partners.

A review of UNDP, UNFPA and UNOPS policies and procedures to tackle sexual exploitation and abuse and sexual harassment in 2019 pointed out potential challenges in implementation, including that smaller NGOS may not be able to meet implementing partner requirements and that reporting channels are not working effectively to reach victims or complainants due to internet access, language and cultural barriers.²⁷¹ UNFPA is looking at using the gender-based violence referral pathways in sexual exploitation and abuse cases so that victims have access to counselling and protection. UNFPA staff victims of sexual harassment have access to mediation by the Ombudsman's Office, the Ethics Office, and other resources as well. Now that policies and practices are in place, it is time to measure their impact to ensure that Prevention of Sexual Exploitation and Abuse Is more than a reporting mechanism, but something that helps women to come forward.

Finding 37: Leadership is fundamental to the enabling environment for gender equality, yet senior management support and individual accountability for GEWE vary across units/divisions, country offices and regions.

At the highest level, UNFPA commitment to (and accountability for) gender equality is evident in the Strategic Plan 2018-2021, which continued to have a dedicated outcome area and mainstreaming approach, in line with good practice in the UN system. Interviews suggest that the decision was debated at the time the Plan was developed, as there were divergent perspectives on the need for a dedicated outcome area. The current Executive Director and senior management make consistent external statements on the role/mandate of UNFPA in support of gender equality and the empowerment of women and girls.

Several of the regional and country case studies and interviews pointed out the important role that leadership (at the level of Representative/Regional Director or Deputy Representative/Deputy Regional Director) played, not only communicating and standing up for UNFPA commitments to gender equality in the external context, but also in promoting an enabling internal environment for gender-dedicated programming, mainstreaming, and for ensuring that all members of staff feel included in the organization. Leadership plays a key role in breaking down the hierarchies that are part of the organization and the UN system and in addressing disparities and disadvantages faced by different groups. The data points for this evaluation, including the survey of staff, suggest that while there are individuals throughout the organization who are committed to and take responsibility for gender equality concerns, management support in this area is still variable.²⁷²

Interviews and survey responses suggest the need for stronger accountability mechanisms to incentivize management and staff. The evaluation team spoke with many individual staff and management who are strongly committed to (and taking individual responsibility for) gender equality, but it always depended on the person. A leadership checklist (a list of what managers should be doing)²⁷³ is a tool available to managers on MyUNFPA, but it does not mention management support for gender equality. The UNFPA Performance Appraisal and Development system is formulated around competencies and values, but managers may not necessarily have key performance indicators that focus on gender equality and inclusion. As a result, little individual accountability exists beyond gender-dedicated staff. In 2020, as part of the Action Plan for Creating a Gender Parity Strategy and Enabling Environment, UNFPA committed to institute a senior accountability mechanism for ensuring gender equality and empowerment of women internally within the organization. Such an accountability mechanism is required in order to exceed requirements for the UN-SWAP performance indicator on policy.

271 Deloitte. (2019). *Independent Review of UNDP, UNFPA and UNOPS Policies and Procedures to Tackle Sexual Exploitation and Abuse (SEA) and Sexual Harassment (SH). Final Report*.

272 For example, the survey question (6.9) on senior management addressing disparities and disadvantages obtained low ratings compared to other aspects covered by the survey, with 52 per cent of respondents stating that senior management addresses inequities and disadvantages 'always' or 'often', 21.6 per cent stating 'sometimes' and 13 per cent stating 'seldom' and 'never'. A gender gap prevails: 63 per cent of men agree that senior management seeks to address inequities while only 45 per cent of women share that view (often and always).

273 UNFPA/UN Systems Staff College Cohort 1 Leadership Checklist.

Finding 38: UNFPA planning, monitoring and reporting systems limit its potential to track and learn from progress towards outcome-level results on GEWE.

There are inherent tensions between the nature and aspirations of UNFPA support for GEWE and current planning, monitoring and reporting systems. All UNFPA modes of engagement are ultimately geared towards strengthening national capacity. The transformation of discriminatory social norms and the strengthening of national capacity to be able to plan, implement and monitor related programming requires a longer timeframe, beyond a typical country programme cycle.

This evaluation confirms several findings from the gender-based violence evaluation (2018) about the implications of planning, monitoring and reporting systems for gender responsive programming. Although country offices are attempting to engage in multi-year planning with key partners, the predominance of an annual time frame for workplans (i.e. annual workplans) with partners was raised in the case studies for Jordan and Malawi, which refer to the resulting limitations of not having a longer-term time horizon and a joint theory of change for shifting social norms, for example. One of the main problems created by the frequent use of an annual workplan cycle is a focus on short-term results in monitoring and reporting.

Interview data reveal broad inadequacies in monitoring and reporting systems (beyond specific reporting on gender results) that suggest it is not possible to report on contributions at outcome level and that the reporting system is not geared towards learning but towards upward accountability. The evaluation team's own review of the annual reports in the Strategic Information System, or MyResults, has also shown how difficult it is to find results at the level of capacity change or behaviour change. Country programme evaluations also tend to focus on the achievement of outputs during the programme cycle (See Volume II, Annex 7).

The case of Malawi illustrates the resulting limitation for capturing UNFPA contribution to gender equality. The UNFPA country office invested in the gender studies programme of Lilongwe University of Agriculture and Natural Resources with project funds and activities over several years. That programme has continued to foster an enabling environment for gender equality because it continues to nurture and expand the cadre of gender experts in Malawi. The UNFPA programme investment stopped in 2016; the results from that are still emerging despite no active Annual Work Plans with the partner.

The 2019 Developmental Evaluation of Results-based Management at UNFPA provided a key opportunity for identifying and addressing such concerns, all of which affect UNFPA potential to track, adapt, and learn from its results on GEWE. The resulting organizational development and change process is still underway and may begin to address these concerns.

4.5.5 ASSUMPTION 5.5

UNFPA advances collaborative work across UN agencies towards SDG 5.

Finding 39: Inter-agency collaboration facilitates gender mainstreaming and joint results on GEWE. However, achieving complementarity between what different agencies contribute is sometimes more difficult in practice due to competition. The UN Sustainable Development Cooperation Framework modality is promising in elevating the level of complementarity and collaboration towards gender mainstreaming in country programmes.

Collaborative efforts in support of SDG 5 date from 2015, when UNFPA worked closely with UN Women and other agencies in the formulation of and advocacy for the stand-alone gender equality goal and its corresponding indicators.

UNFPA joined UNDP, UNICEF and UN Women with a first ever common chapter in their 2018-2021 Strategic Plans. The mid-term reviews of the agencies' strategic plans indicate that gender equality is the area with the highest level of collaboration between the four agencies working on the common chapter, especially through joint programming such as the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence.²⁷⁴ The chapter also highlights

²⁷⁴ UNDP, UNFPA, UNICEF and UN Women. (2020). *Working together to support implementation of the 2030 Agenda for Sustainable Development: Joint annex on the common chapter of the strategic plan 2018-2021 of UNDP, UNFPA, UNICEF and UN Women*.

country-level examples where agencies have worked jointly on addressing social norms to foster transformative change on gender equality and women's empowerment. Under the Multi-Partnership Trust Fund on COVID-19, among the UN agencies, UNFPA partners most frequently with UNICEF.²⁷⁵

Joint programming is the primary mechanism for such collaboration. At the global level, this modality has worked well. The Female Genital Mutilation Joint Programme has conducted two phases of programming (over about a decade) that draw on UNFPA and UNICEF expertise to build a foundation for a more holistic approach, including linkages to child marriage. At country level, case studies for this evaluation confirm what others have found about the hurdles for inter-agency collaboration that come up during implementation and that limit the potential for UNFPA to link to a holistic approach to addressing social norm change. In Malawi, for example, in the Joint Programme on Girls Education, WFP, UNICEF and UNFPA planned for synergies in the design stage, but did not fully exploit potential for more coordinated implementation (e.g. limited joint work at field level and few efforts to mutually share results and observations).²⁷⁶

UNFPA has advanced UN system collaboration through its coordination role, either as co-coordinator of Gender Theme Groups or as designated lead of the gender-based violence Area of Responsibility in the Protection Cluster (discussed in Assumption 2.4). There is evidence that the Gender Theme Group allows UNFPA a unique space for strengthening its visibility and influence through collective efforts to support national level gender equality rights. Some country offices have earned praise for their dynamism and ability to coordinate diverse actors and build synergies for a common understanding of the issues. The Gender Theme Group has also become the forum for addressing the impacts of COVID-19 on GEWE, as demonstrated by the Côte d'Ivoire case study and the Arab States regional office that co-chairs the regional inter-agency Gender Theme Group and the gender-based violence COVID-19 sub-working group.²⁷⁷ Yet stakeholders also note that it is in the thematic area of gender-based violence and in the humanitarian space where more productive collaboration in support of GEWE can be a challenge and that agencies tend to pursue their own initiatives.

There have been high expectations for a more joined up approach under the Spotlight Initiative, which began in 2018. The initiative's Annual Narrative Progress Report for 2019 cites a number of promising early results across the six programme pillars.²⁷⁸ Stakeholders interviewed for this evaluation still had the design phase top of mind and noted that the institutional arrangements at country level have proven to be quite complex, due to split accountabilities between individual agencies who have separate financial reporting and the UN Resident Coordinator who is responsible for coordinating programme design, implementation and monitoring, but does not always have that capacity.

Despite renewed emphasis on collaboration since 2017 through the common chapter of the Strategic Plan and initiatives such as Spotlight, UNFPA faces the same challenges as other UN agencies in terms of operationalizing a strategic division of labour with other entities, particularly with UN Women. At the global level, stakeholders generally perceive efforts to complement each other, as illustrated by a special session on Beijing+25 at the Nairobi Summit on ICPD25 in 2019 and the role of UNFPA in a Beijing+25 action coalition on bodily autonomy and sexual and reproductive health and reproductive rights. Similarly, there is strong collaboration on UN-SWAP through the network of UN-SWAP focal points, the Inter-Agency Network on Women and Gender Equality, and other inter-agency fora. Strong collaboration between UNFPA and UN Women on the UNCT-SWAP is reported in the Asia Pacific Region, where working together makes for a more powerful message that moves beyond UN Women, which tends to be seen as the police in the system. Among the country case studies, it was only in Jordan where stakeholders identified the importance of UNFPA collaboration with UN Women in that effort to ensure the UNCT-SWAP was more widely adopted and owned in the United Nations Country Team.

Evidence from this evaluation signals that not much has changed since the gender-based violence evaluation in 2018, which gave a stark assessment of the relationship between UN Women and UNFPA at country level. The competition for resources, real or perceived overlap in term of mandate, the role of UNFPA as designated lead agency for the Area of Responsibility

²⁷⁵ UNICEF comes up as a partner twice as often as UN Women, followed by UNDP and the World Health Organization (based on data from the MTPF Catalogue of COVID-19 response solutions).

²⁷⁶ Examples from case studies (Malawi and Jordan) and interviews suggest that many of the challenges identified by the Joint Evaluation of Joint Gender Programmes (2013) still remain.

²⁷⁷ ASRO COVID Regional Sitrep, Sep. 2020.

²⁷⁸ Legislative and policy frameworks, Institutions, Norms, attitudes and behaviors (Prevention), Services, Data, and Women's Movements.

on gender-based violence in humanitarian settings, presence and relative capacity at country level all affect the ability to operationalize a strategic division of labour between the two agencies (see especially case study on Latin America and Caribbean region). These factors lead to frustrations among UNFPA teams at country level and a sense that the relationship between UN Women and UNFPA needs to be further clarified at the headquarters level. Interviewees at UNFPA and other United Nations agencies noted the risk of missing out on opportunities for collaboration as a result of turf issues. COVID-19 is creating a more urgent need for coordination. In certain situations, even when there is a joint understanding between UNFPA and UN Women to act together to resolve an issue, there still may be bureaucratic barriers relating to roles.²⁷⁹

Barring technical and administrative hurdles, the UNSDCF and other newer ways of working are nonetheless promising in terms of strengthening work towards collective outcomes on GEWE. Overall, the UN Reform process has been favourable to GEWE and in particular, issues-based coalitions that began in East Europe and Central Asia region and that are also strong in the Asia and Pacific Region are often identified as effective platforms for joint work that is productive and demand-driven.

279 By way of example, In the Latin American region and in the Occupied Palestinian Territory, the gender-based violence Sub-Cluster was rolled into the United Nations Country Team Gender Task Team that was set up as an Inter-Agency and UN only membership. They were part of the United Nations Country Team with a development focus. This proved to be problematic since gender-based violence Sub-Clusters need to take quick decisions as a humanitarian mechanism and include NGOs and local partners. The attempt was made to resolve this by creating a co-coordination between UNFPA and UN Women. Since UN Women is not a humanitarian partner of the IASC, this only further complicated the understanding of mandates. Source: UNFPA staff.

5

CONCLUSIONS

Conclusion 1: UNFPA has made important contributions to gender equality since 2012 through the different roles that it plays at global, regional and national levels; this is clearly evidenced at country level where the change occurs. [Origin: EQ 2, EQ 3, EQ 4 and EQ 5]

There is a wealth of evidence on UNFPA contributions to GEWE at all levels of the agency's delivery and in both development and humanitarian settings. Such results pertain to both the gender-dedicated and gender mainstreamed outcome areas. UNFPA has contributed to policy development and legislative reform for the thematic areas of its mandate, and its alignment with normative frameworks means that these changes are a significant step forward for countries around the globe. In the last decade or so, UNFPA has shifted away from a direct focus on the Beijing Platform of Action as a critical accountability framework, as UN Women stepped into that role, and increasingly gained a foothold in gender-based violence response and prevention in both the humanitarian and development arenas.²⁸⁰

UNFPA collaboration with UN Women, UNICEF, and other UN agencies is critical to success in achieving and sustaining broader gender equality gains. While such collaboration is valued by UN agencies and promoted by the common chapter of the 2018-2021 Strategic Plan, in practice there is still some competition as a result of overlapping mandates. Even as UNFPA has acquired the lead role of the gender-based violence Area of Responsibility in humanitarian settings and deepened the foundational, systemic work around gender-based violence prevention and response, gender-based violence is not the purview of UNFPA alone. Work on changing social norms and the difficulties this poses also require collective efforts. The Spotlight Initiative and the UNSDCF reforms will set the bar even higher for collaborative relationships going forward.

Significant gains have been made to the benefit of women and girls' lives and to their sexual and reproductive health and reproductive rights, notably in averting maternal deaths, preventing unintended pregnancies, and providing access to a range of essential services in sexual and reproductive health. Child, early and forced marriage and female genital mutilation rates have declined over the period, even though COVID-19 threatens to reverse trends. UNFPA has also benefitted women in the health workforce, in particular by professionalizing and raising the profile of midwifery. Youth programming, including comprehensive sexuality education, has also been a critical entry point for addressing gender-based sexual and reproductive health barriers and issues; youth networks have been a channel for awareness-raising on gender-based violence, child marriage, sexual and reproductive health/HIV and other issues. And while inequalities in maternal mortality rates and other key indicators of the UNFPA mandate persist, UNFPA is making concerted efforts to address these through its programming

²⁸⁰ Women's leadership and participation is now a critical assumption for UNFPA gender work but it is a central feature of UN Women's mandate.

that includes adopting Leave No One Behind principles and more inclusive statistics so that intersectional work can become more embedded in the agency's routines. In the past decade, UNFPA has invested in gender advisors based in the regions who have been important in contextualizing gender and sexual and reproductive health and reproductive rights issues, although overall an adequate level of resourcing remains problematic.

In terms of a gender-transformative approach, a term only recently adopted by UNFPA, evidence shows stronger application in the gender-dedicated outcome areas than in the gender mainstreamed outcome areas. The discriminatory or patriarchal attitudes that create barriers to women's access to sexual and reproductive health/family planning and control over bodily integrity are formidable and require more than ensuring quality and accessibility of services. UNFPA, through negotiation, dialogue, awareness raising, and evidence-based advocacy, has supported national frameworks that align with the ICPD agenda, even though contested areas of sexual and reproductive health and reproductive rights in particular country contexts still prevail. In as much as the UNFPA approach has sought to change beliefs, behaviours, and the persistence of adverse gender norms, such change is highly contextual and brings its own set of challenges. A resurgence of gender-based violence and harmful practices during the COVID-19 pandemic has drawn attention to this aspect of UNFPA work which is not easy to resolve.

Conclusion 2: The mandate of UNFPA positions it to address GEWE through the focus on sexual and reproductive health and reproductive rights. The strength of the positioning lies in the integration of interventions on gender-based violence/sexual and reproductive health and reproductive rights/family planning/harmful practices and the agency's ability to programme from an understanding of the interlinkages. [Origin: EQ 2]

At the centre of the UNFPA mandate on sexual and reproductive health and reproductive rights is the protection of women's bodily autonomy and respect for their choices. This is a broad ambit, carving out a sizeable niche for UNFPA in advancing gender equality and women's rights. UNFPA is increasingly integrating sexual and reproductive health and reproductive rights, family planning, HIV, and gender-based violence services, and, as shown in the work of different regions – APRO research on the interlinkages between sexual and reproductive health and reproductive rights, gender-based violence, and women's economic empowerment, LACRO work at the intersection of youth and adolescents, sexual and reproductive health and reproductive rights, gender equality/gender-based violence, and population and data – bringing attention to the inter-relationships between separate areas of its mandate enhances its comparative advantage. Other UN agencies and local partners highly value UNFPA capacity to forge links between different topics. A gender perspective on child marriage programming has made it clear that it cannot be tackled as a single-issue harmful practice. However, UNFPA programming is not consistently drawing linkages. ESARO research on menstrual hygiene management and sexual and reproductive health and reproductive rights has brought to the fore the importance of integrating Menstrual Hygiene Management in broader sexual and reproductive health and reproductive rights responses and within a lifecycle approach. The female genital mutilation global programme with UNICEF has revealed the need to assume a more holistic approach that links to child marriage.

Making the interconnections between sexual and reproductive health/family planning, gender-based violence and harmful practices, youth and adolescents, and population and development is important both conceptually and in practice for advancing GEWE. Because UNFPA works in sexual and reproductive health services and in harmful practices, for example, UNFPA could integrate advocacy skills on female genital mutilation into the training of midwives in order to address the medicalization of female genital mutilation. Similarly, UNFPA data expertise made it possible to develop new estimates and historic trends on female genital mutilation at national and global levels. As one of its hallmarks, UNFPA has adopted the practice of integrating sexual and reproductive health/gender-based violence services. The concept of women and girls safe spaces that integrates sexual and reproductive health, gender-based violence, family planning, antenatal and postnatal care, emergency obstetric care services in Jordan and other places that have developed a humanitarian response is an effective integrated model designed to make it easy for women and girls to have their needs and rights met. Whether it relates to research, programme design, implementation, or advocacy, the integration of ideas through the leveraging of the various areas of UNFPA expertise is the locus of its unique value creation.

Conclusion 3: Partnerships serve both operational and strategic purposes in UNFPA but the absence of partnership strategies that incorporate GEWE concerns has limited UNFPA ability to sustain the momentum on the more challenging gender-related aspects of its agenda. [Origin: EQ 2, EQ 5]

Partnerships serve different purposes in UNFPA. As UNFPA does not directly provide services, its implementing partners interface with target communities and beneficiaries. Their capacity, competencies, attitudes and soft skills are critically important to the UNFPA mandate and to delivering services in a gender-equitable, non-discriminatory manner. However, it is not clear whether such skills development is routine practice. While operational partners are pivotal to advancing GEWE, UNFPA also relies on partners for awareness raising and social norm change, advocacy and policy dialogue, creating alliances and networks to inform laws and policies and the position of Member States on the ICPD agenda.

UNFPA has collaborated with other UN agencies, state actors and civil society organizations to address areas outside its mandate, such as women's leadership and political engagement, livelihood security, child protection, intergenerational poverty, and girls' education for achieving successful outcomes in sexual and reproductive health and reproductive rights, but leveraging partnerships for the broader spectrum of gender equality and women's rights deserves more focused attention.

As a UN entity, UNFPA has the advantaged position of having a direct line to Member State governments. It is able to support governments in making policy changes, which may include advocating and negotiating with regard to an area of the ICPD mandate. However, where resistance arises (from government, its constituencies, or conservative groups), civil society organizations are well placed to engage in advocacy and have an important role in holding the government accountable. This is especially important when difficult issues arise within the sexual and reproductive health mandate, as noted in many examples in the LACRO region and the backchannel role civil society organizations play in influencing their governments to make commitments related to the ICPD agenda. It also extends to holding them accountable for implementing gender-equitable laws and policies, which is often a greater hurdle than adopting them. Civil society organizations also have an important role in accessing difficult-to-reach populations and communities in remote areas to bring services, information, or awareness-raising on sexual and reproductive health and reproductive rights, family planning, gender-based violence, harmful practices, etc. The data for this evaluation has also emphasized the importance of including women-led organizations in humanitarian and development programming and restoring funding for them. UNFPA also has a well-established practice of working with faith-based organizations as gatekeepers to lasting sexual and reproductive health and reproductive rights and GEWE outcomes; this collaboration is both essential and fruitful, but continues to introduce potential risks to UNFPA positioning on the issues.

In terms of skills and expertise, civil society organizations and national and international NGOs and academic institutions are leveraged to plug key gaps in expertise (such as Promundo on male engagement) but could play an even more significant role. As UNFPA engages more deeply in gender-transformative work, it may prove fruitful to seek partners with more experience in social norm change, prevention of specific harmful practices, approaches to transforming violent or harmful masculinities as mutually reinforcing of women and girls' empowerment, and in priority research areas. Expertise in working with adolescent girls may also be an area of need, as UNFPA focuses its programming around this target group. Other areas of expertise or experience are likely to emerge from a purposeful assessment of what is essential to achieving sustainable change in its mandated areas, and of where UNFPA is or is not best placed to deliver.

This evaluation also points to fit-for-purpose gaps or constraints to the kinds of partnerships that would help advance GEWE. Longer-term partnerships (beyond the one-year timelines of funding streams) would be beneficial for addressing social norm change and maintaining relationships with communities where behaviour change is expected. In humanitarian response, donor resistance to funding prevention of harmful practices or activities not considered 'life-saving' is a hindrance to gender-transformative programming. The disparate funding structures for humanitarian and development programming are not conducive to an integrated approach. More predictable and multi-year funding might facilitate agreements with local/national NGOs to work across humanitarian, development, and peace contexts more easily and to work on building resilience with specific intersectional population groups and their communities. Exploring partnerships with private sector entities in humanitarian or development settings is an avenue for pursuing more flexible funding as well.

In short, UNFPA has not yet conducted a strategic analysis of the bottlenecks it faces in achieving sustainable change in GEWE, which would serve as a basis for a partnership strategy/configuration. A piecemeal approach in developing partnerships for different purposes, even if some promote GEWE, is more prevalent.

Conclusion 4: The COVID-19 pandemic has brought into sharper focus the importance of building resilience, breaking down silos and embracing inter-agency collaboration to ensure more enduring solutions to addressing gender inequality and intersectional inequities in access to quality services (sexual and reproductive health and reproductive rights/family planning, gender-based violence, HIV/AIDS) that are inherent to development, humanitarian, and peace contexts. [Origin: EQ 2]

The COVID-19 pandemic affected all operations of UNFPA in both the humanitarian and development arenas. While the agency worked to mitigate the disruption of essential services in gender-based violence and sexual and reproductive health and reproductive rights, and played its part in the global response, the adverse effects could not be completely avoided. All over the world, countries have witnessed increasing domestic violence and gender-based violence. There has been a visible rise in female genital mutilation and child marriage rates as well as an increase in unwanted and unintended pregnancies for married and unmarried girls due to lack of access to contraception. The socio-economic impacts on women and girls cannot be underestimated. The pandemic has highlighted the risk of pre-existing inequalities that render discriminated groups more vulnerable and disproportionately affected during times of crisis.

Any type of crisis (health, natural or manmade disaster) brings to light the importance of building resilience²⁸¹ among population groups that are at risk of being most severely impacted. Supporting rights defender organizations and their capacities for advocacy and policy dialogue is one key pathway; UNFPA LACRO has done this and has also supported the establishment of networks for indigenous women and for Afro-Latino-American and Afro-Caribbean Women of the Diaspora. In turn, partnerships with these organizations (as with women-led organizations and local NGOs) become an asset during a humanitarian response and build stronger accountability to population groups disproportionately affected.

Population groups already affected by conflict or a humanitarian crisis have also faced greater challenges related to gender-based violence and food insecurity as a result of the pandemic. UNFPA has taken measures to mitigate risk for refugees and internally displaced persons, but there has been a disruption of sexual and reproductive health and reproductive rights and gender-based violence services, as well as a rise in child marriage as a family coping mechanism during times of elevated stress. This raises the importance of strengthening systems in countries that have limited capacity to respond to the demand for sexual and reproductive health/family planning and gender-based violence services and to prevent, mitigate and respond to a pandemic. It exemplifies the kinds of actions to consider within the humanitarian-development-peace contexts. The work of UNFPA around youth, peace and security is another critical entry point for addressing the exposure of women, girls and vulnerable groups to violence and highlighting the role of young women's leadership in fostering non-violent, gender-equitable societies.

As a member of the Inter-Agency Standing Committee for the Global Humanitarian Response Plan for COVID-19, UNFPA has been able to represent the sexual and reproductive health/family planning, maternal health, and gender-based violence and harmful practices response needs and to track related targets in the plan. At country level, UNFPA has collaborated with UN Women, the United Nations Country Team -Gender Theme Group and state actors to respond to the effects of COVID-19 as they relate to the impacts on women and girls and in particular to their exposure to gender-based violence. The collaboration and ways of connecting, including joint webinars and forms of information sharing, driven by the pandemic may generate new patterns of cooperating. This may offer fertile preparation for the modalities of collaboration within the UNSDCF and its 'collective outcomes' spanning the respective planning frameworks.²⁸²

Siloing between divisions and programmes is fairly common in UNFPA and other UN agencies, and bridging these gaps may be aided by sharing information across teams, countries and regions through the COVID-19 portal on the MyUNFPA site. The combination of three factors may encourage greater coherence in addressing gender inequalities and building resilience within the humanitarian-development-peace contexts: (a) a portal that potentially scales knowledge on intersectional gender inequalities associated with the pandemic, (b) the establishment of the Humanitarian Office, and (c) the fact that the pandemic is a concern for both the humanitarian side and the development side.

²⁸¹ "Resilience is the ability of individuals, households, communities, cities, institutions, systems and societies to prevent, resist, absorb, adapt, respond and recover positively, efficiently and effectively when faced with a wide range of risks, while maintaining an acceptable level of functioning and without compromising long-term prospects for sustainable development, peace and security, human rights and well-being for all." - Chief Executive Board of the UN, 2017.

²⁸² This pertains to humanitarian response plans and refugee response plans.

Conclusion 5: Over the last decade UNFPA has taken leadership for gender-based violence in both the humanitarian and development arenas. It has made notable contributions to capacity development, service provision and systems strengthening with evidence of a gender transformative approach in response and prevention. [Origin: EQ 2, EQ 3]

UNFPA has continued to build its capacity and reputation around gender-based violence which is one of the organization's three transformative results. In the past decade, UNFPA has become the designated gender-based violence Area of Responsibility lead in the humanitarian sphere and continues to work on achieving consistency in its performance and capacity. In the last decade, the Gender-Based Violence Information Management System has become the global standard for gender-based violence survivor data management and has been adapted for use in some countries during the COVID-19 pandemic. Also of importance to advancing GEWE, the minimum standards for gender-based violence in emergencies are grounded in a gender equality approach that recognizes unequal gender relations as the driver behind gender-based violence and the formulation of the response in humanitarian settings. The provision of lifesaving gender-based violence services, which are increasingly being integrated with sexual and reproductive health services, is meeting the critical needs of survivors, while systems strengthening in the response is contributing to better prevention. But embedding social norm change work as part of a humanitarian response remains work in progress. Overall, UNFPA has made progress in its gender-based violence Area of Responsibility role, but remains hampered by funding and human resource constraints.

In development settings, UNFPA has more firmly established its role in the prevention and response to gender-based violence. It has undertaken a broad array of interventions at many different levels, and has made significant strides to put in place the required infrastructure, capacity, services and legal/policy frameworks. UNFPA has worked on the response side to ensure delivery of services, often integrated into sexual and reproductive health services, and the availability of a referral system, including access to justice services; and on the prevention side through awareness raising, engaging local actors in behaviour change communication and advocacy. UNFPA could better leverage its data expertise in violence against women to consolidate its leadership in the thematic area of gender-based violence, going forward with opportunities such as the Spotlight Initiative. To varying degrees, the agency has also sought to address the intersectional inequalities regarding populations most affected by gender-based violence. In general, its approach to gender-based violence is gender-transformative in seeking to address the myriad aspects of this phenomenon inherently rooted in patriarchal norms.

As the pandemic has starkly revealed, behaviour change to end gender-based violence is more intractable than the laws and systems in place, however strict or efficient they are. Thus, awareness raising, comprehensive sexuality education that includes messages to prevent gender-based violence, male engagement and addressing harmful masculinities, youth sexual and reproductive health, and other entry points for prevention continue to require intense efforts in a multi-stakeholder, multi-sectoral,²⁸³ whole-system approach to bring about lasting change. The structural change needed to end gender-based violence remains a daunting endeavour for a 2030 time horizon.

Conclusion 6: UNFPA work on harmful practices has brought needed attention to the complexity and multi-faceted aspects of addressing practices such as child marriage, female genital mutilation and gender-biased sex selection. Much progress has been made, particularly owing to the cumulative years of programming in female genital mutilation, to establish a firm foundation upon which to build further. Now is the time to reflect on what the good models are and to develop a robust research agenda. [Origin: EQ 3]

Where a younger female population is concerned, addressing sexual and reproductive health and reproductive rights is a complex and delicate task owing to the combination of gender and age. Harmful practices such as child, early and forced marriage and female genital mutilation, and also gender-based violence, affect under-age girls who do not have the autonomy and agency that women survivors of gender-based violence may have in coming forward to defend their rights. The social controls over adolescent girls' sexuality places child marriage within a constellation of power relations with state actors, the community, families, and parents that ultimately must be understood and disentangled. Moreover, that women participate

²⁸³ Gender-based violence incidence being correlated with education and poverty, for instance. Due to gender inequalities and the vulnerability of women and girls, the risk of gender-based violence is also present in climate change programmes and a whole range of sectors; UNFPA is beginning to integrate gender-based violence into its response to climate change.

in sanctioning practices such as female genital mutilation, gender-based violence, son preference and gender-biased sex selection (as mothers or cutters, for example) illuminates the importance of understanding socialization processes, the external pressures that drive behaviour, and the challenges to undoing adverse social norms in their specific socio-cultural, economic contexts.

UNFPA, in close collaboration with UNICEF, has grasped the importance of working at multiple levels with support to upgrading laws and policies, mobilizing communities for behaviour change, giving girls an opportunity to build life skills as part of an empowerment strategy, providing access to comprehensive sexuality education for youth, or engaging youth networks in addressing harmful practices. UNFPA has engaged religious leaders and faith-based organizations to convey the messages for ending harmful practices; it has also engaged men and boys to advocate for the same. All such forms of support have contributed positive steps forward. UNFPA has also recognized the need for more research on harmful practices and broader research on girls' empowerment so that UNFPA is able to address the full spectrum of issues affecting adolescent girls. The vulnerabilities of girls with disabilities and in marginalized or vulnerable situations also deserve further investigation and targeted programming.

Efforts to eliminate female genital mutilation have benefitted from over a decade of programming in this area. Spearheading the learning process within UNFPA around social norm change, female genital mutilation programming has been able to inform the more recent programming on child marriage. UNFPA, in close collaboration with UNICEF, has demonstrated good results in both female genital mutilation and child marriage, but (a) implementation of laws and policies in the face of long-standing social norms continues to be a struggle and (b) without clear proven models and pathways of change, further progress will be mitigated. Reinforcing monitoring and assessment of interventions would be helpful, but ending harmful practices also requires embracing complexity, as contextual factors vary considerably and affect the outcomes. The COVID-19 pandemic has further complicated efforts in ending harmful practices and has made it clear that pathways to sustainable change need to be articulated. Given the growing attention to the role of UNFPA in ending harmful practices featured in its three transformative results and given the threat of a reversal in gains due to COVID-19, defining its niche and comparative advantage within an ecosystem of stakeholders will become all the more imperative. Reliance on core funds as opposed to donor funding for global programmes will also be helpful in UNFPA laying out its strategy.

Conclusion 7: UNFPA programming in sexual and reproductive health and reproductive rights, including family planning, has contributed to the provision of services, systems strengthening, and capacity development, with positive effects on global trends. These are accomplished through an inherently gender-targeted approach. [Origin: EQ 4]

In this outcome area, which supports the utilization of sexual and reproductive health services and the exercise of reproductive rights for women, adolescents and youth, UNFPA has demonstrated clear strengths on the supply side of sexual and reproductive health and family planning. Making sexual and reproductive health services accessible to women and youth constitute a major contribution to women and girls' overall health as well as for newborns. UNFPA programmes have offered critical services to women victims of obstetric fistula and to all women through integrated services in family planning/ maternal health, sexually transmitted disease and HIV in both humanitarian and development settings. UNFPA support has helped strengthen national capacity in the provision of sexual and reproductive health and reproductive rights services and its engagement in policy dialogue has contributed to an improved policy environment for sexual and reproductive health and reproductive rights services and rights. On the demand side of sexual and reproductive health and reproductive rights/ family planning, UNFPA support has been less consistent and gaps are also noted in effectively reaching stigmatized or underserved populations.

Programming in this outcome area remains largely gender-targeted, that is, oriented towards women and girls (and youth in general). To demonstrate a more gender-transformative approach, this area of work calls for more programmatic attention to women's decision making in their reproductive lives. Global efforts on the part of UNFPA to advocate for inclusion of targets and indicators in the SDG framework relevant to its mandate have contributed to the recent development of a metric for SDG indicator 5.6.1. This is clearly an important achievement in support of its work ahead, but not all countries have as

of yet included relevant questions in the Demographic Health Survey. Stronger reporting on the indicator can be expected to enhance data-driven programmes to reinforce women's control over decisions affecting their own bodies, which includes being free from violence and knowledgeable about their rights.

All areas of demand creation deserve further strengthening to address barriers to access to sexual and reproductive health services and the exercise of reproductive rights, such as targeting the social norms and gender inequalities that prevail over women's right to decisions – access to health care, use of contraceptives, birth spacing, number of children, refusing/consenting to sexual relations with husband/partner, for example. An emphasis on women's decision making with regard to family size or birth spacing would bring attention to the overall wellbeing for mothers and children. Other areas calling for more concerted attention in the context of such choices include couples counselling, engaging men as husbands/fathers in awareness raising on women's sexual and reproductive health needs/rights, on unpaid reproductive labour and care work, on family planning, as well as fatherhood and caregiving. Effective approaches to countering harmful masculinities remain sporadic rather than integrated in programming. Such integration is necessary to achieve gender synchronization, a process of empowering women and girls and promoting positive masculinities in a mutually reinforcing way. Comprehensive sexuality education for youth, a salient entry point for addressing masculinities and gender inequalities, is not yet consistent in incorporating masculinities.

Women's choice and control over their own bodies extends to their rights vis-à-vis sexual and reproductive health service providers, the right to non-discriminatory attitudes and behaviours, choice (of interventions and family planning methods), and to non-violent treatment. A women's empowerment lens on services would ensure that women are treated with dignity and not as passive recipients by health care providers who might impose their own perspective on what they should do, or who do not provide adequate information to allow them to choose. In humanitarian contexts, women and girls are considered a vulnerable population but an empowerment approach would ensure that they participate in programme decisions aimed at providing for their needs. While the evaluation found some evidence of service providers being trained in gender-equitable and empowering approaches, this kind of support from UNFPA did not emerge strongly in the data. In short, a gender-transformative approach puts a finer lens on women's rights and empowerment as part of service delivery and training of health care workers.

Inequalities in access to sexual and reproductive health and reproductive rights/family planning services is a critical issue highlighted in this evaluation and also in the voluntary Nairobi commitments. As UNFPA develops its Leave No One Behind strategy, it will be important to consider an intersectional approach to identify the most vulnerable on the basis of gendered differences within those population groups. Currently, unmarried women and girls, persons of diverse sexual orientation and gender identities, and populations at risk of HIV are not consistently reached by UNFPA interventions. UNFPA has already made a strategic choice to strengthen its rights work with indigenous populations, people of African descent, and persons with disabilities. At country level, there is room for improvement in considering other population groups at risk of exclusion from sexual and reproductive health services due to their specific contexts.

Conclusion 8: UNFPA has many institutional processes and systems that help to make it fit for purpose for a GEWE agenda in both development and humanitarian settings. It has, for the most part, recognized the need to accelerate those aspects that will increase gender equality and gender-based violence capacity within UNFPA. [Origin: EQ 5, EQ 2, EQ 4]

UNFPA has the key elements of organizational capacity to be able to deliver on gender equality and women's empowerment as part of its mandate. Its strategic leadership and internal advocacy helped to maintain gender equality as a dedicated outcome area and to mainstream it in programming areas over the past three strategic planning periods. Its performance on UN-SWAP indicators and findings of this evaluation suggest that it has put in place corporate processes and most of the institutional arrangements that help to strengthen and make it accountable for its work on GEWE. Most of these corporate processes and tools are now being fine-tuned to enhance utility; the gender marker features strongly among them and is currently undergoing an assessment.

UNFPA has in place the human resource policies and systems to support gender equality and promote gender parity within the organization. It is now at the stage where more focused attention is needed on i) incentives and accountabilities to improve the organizational culture for women but also other intersectional groups; and ii) capacity and competencies of programming staff to mainstream gender more systematically. Senior managers have not always modelled gender-equitable behaviours towards staff and yet play a critical role in articulating the gender and human rights aspects of the work and championing GEWE successes and initiatives in their offices.

The most recent strategic plan (2018-2021) and gender strategy imply an increased level of ambition, with greater emphasis on a transformative approach to gender equality and women's empowerment and articulation of three transformative results, the three zeros. In light of this ambition and gender equality challenges on the ground, certain gaps in capacity may undermine the extent to which UNFPA is fit for purpose to deliver on such an agenda in development and humanitarian settings. These gaps include:

- Inadequate resourcing. Gender equality and gender-based violence are not adequately resourced to achieve consistency in UNFPA performance and leadership. The reduction in core resource funding has had negative effects on the UNFPA gender equality strategy, its increased focus on changing social norms, and ensuring consistent levels of staffing, including for the recommended gender-based violence sub-cluster coordinator positions and gender-based violence staffing within the Humanitarian Office
- Insufficient staff and partner capacity for gender analysis. There is a limited staff skill set to conduct the gender analysis that would be required for a more considered approach to gender equality in different thematic areas. UNFPA does not assess the capacity of implementing partners to conduct such analyses or to develop approaches to programming that are more transformative
- Although UNFPA has introduced greater flexibility with the business model, country offices still note limitations that hamper their ability to establish the relationships and arrangements required for supporting GEWE within development and humanitarian contexts
- The UNFPA framework for partnerships and its annual planning cycles limit the potential partnership contributions to an agenda that seeks greater social norm change/transformative results. UNFPA systems for monitoring and reporting do not necessarily provide insights on behaviour change outcomes for activities such as awareness raising and community mobilization.

6

RECOMMENDATIONS

The recommendations are derived from consideration of the full set of conclusions. A first formulation was presented to the Evaluation Reference Group for validation and then refined. They have been organized into two categories: strategic, with higher-order implications for the organization moving forward; and operational, with insight on critical steps to achieving its objectives in GEWE.

6.1 STRATEGIC RECOMMENDATIONS

Recommendation 1: As the UN agency that addresses sexual and reproductive health and reproductive rights in support of GEWE, UNFPA should strengthen its positioning by leveraging its areas of expertise to develop a more integrated, coherent approach that joins up the different areas of its mandate. This would be supported by a broader conceptual framework on GEWE that gives prominence to the social norm change work required for sustainable change in GEWE and that facilitates an understanding of gender-transformative approaches.

Urgency: High **Impact:** High

Directed to: Technical Division, Policy and Strategy Division, Humanitarian Office and Regional Offices

UNFPA is uniquely positioned to advance gender equality and women's empowerment through a central focus on women and girls' bodily autonomy, not only because it is the UN agency that addresses sexual and reproductive health and reproductive rights, but it is the population data agency. Strengthening the integrative aspects in achieving gender equality and sexual and reproductive health and reproductive rights for women, youth (especially girls) and people in marginalized situations, whether in development or humanitarian settings, can only be accomplished by developing stronger linkages internally between these different areas of expertise. Operationalizing a lifecycle approach will help forge the linkages across areas of its mandate and elevate the importance of youth programming to GEWE.

This can be achieved by:

- Developing a systems approach that would make it possible to situate UNFPA within a wider landscape of partners, each addressing aspects of gender equality and women's empowerment in areas within and outside of the UNFPA mandate. A systems approach would situate women's and girls' bodily autonomy within a broader causal framework
- Building staff capacity to adopt gender-transformative approaches and social norm change work, particularly across gender mainstreamed areas, which would strengthen gender aspects of youth programming, sexual and reproductive health and reproductive rights and population and data, and promote stronger integration. While the integration between sexual and reproductive health and gender-based violence services is already a practice within UNFPA, a more robust integration should also ensue in the work between population dynamics/data and the gender-dedicated programming, as well as between youth and gender-dedicated programming. The recent success in the SDG framework adopting a metric on women's right to decision making (SDG 5.6.1) is a good example of leveraging its data expertise. For youth

programming, the growing focus on teenage pregnancy, for example, provides common ground for more integrated, gender-transformative approaches

- Articulating expectations of and support for gender transformative programming in the next gender equality strategy. UNFPA could plan the development of guidelines or a module that demonstrates good examples of gender transformative work in different outcome areas
- Identifying or building on good models for countering harmful masculinities, scaling them up and linking them to promoting access to sexual and reproductive health and reproductive rights/family planning/HIV services
- Investing in high-quality research partners for key areas of work around GEWE, interconnected topics that embrace complexity, and the social norm change work at the heart of longer-term change. As UNFPA undertakes a more integrated approach to resolving issues and as the population data agency, having solid research partners would enhance its capacity to deliver the evidence-based intelligence this requires
- Operationalizing a lifecycle approach that cuts across all programming areas. Such an approach takes into account that gender discrimination affects sexual and reproductive health outcomes at each of the different stages of life, beginning before birth (gender-biased sex selection) and manifest in the vulnerability of older women, as the pandemic has starkly revealed. The lifecycle approach will contribute to better targeting of age groups of women and girls and the particular sexual and reproductive health vulnerabilities they face at different life stages, providing, for example, a clear justification for the focus on young adolescent girls or ageing women. It also brings attention to the intergenerational effects of harmful practices/gender-based violence that are based on a gender socialization process
- Continuing to invest resources in demand generation activities and in addressing social norms, in particular men engagement in sexual and reproductive health and reproductive rights, fatherhood, domestic and reproductive care work, and positive masculinities. Engagement with men and boys should be designed with accountability to women and girls
- Building better monitoring around social change pathways.

The above actions will further help UNFPA become a better convenor, not only in gender-based violence but in sexual and reproductive health and reproductive rights – leveraging data/research to shed light on complex topics and rely on the array of stakeholders needed to engage in this work.

Recommendation 2: To amplify its leadership and positioning in gender-based violence response and prevention, UNFPA should prioritize investment in staff working in development and humanitarian contexts and consider scaling up UNFPA role as a convenor in this programmatic area, which will enable UNFPA to help drive a change process.

Urgency: High **Impact:** High

Directed to: Humanitarian Office, Technical Division and Regional Offices

The principal obstacle to the area of work on gender-based violence response and prevention relates to resources. While UNFPA is giving gender-based violence more prominence within its mandate, gaps in financial and human resources curb its ability to step more firmly into a leadership role. Once these resources are commensurate with its mission (and as one of its three transformative results), UNFPA will be better positioned to expand its role to include convening as well as coordination, which will enable it to help drive a change process. Like other areas of intervention, gender-based violence response and prevention will also need to pay closer attention to women and girls in marginalized or vulnerable situations.

This can be achieved by:

- Leveraging UNFPA data expertise, particularly as it relates to violence against women prevalence surveys and the Spotlight Initiative
- Continuing to strengthen capacity of gender-based violence coordinators in emergencies and filling gender-based violence positions that have remained vacant
- Prioritizing gender-based violence prevention strategies and considering whether UNFPA is positioned to take on more of a convenor role in this area: possibly moving from coordination of activities, as it does in its gender-based violence

Area of Responsibility lead role, to convening within an ecosystem of players. By definition, convening would put UNFPA at the centre of achieving a shared vision towards longer-term change with an array of key actors, rather than a more narrow view of coordinating to act collectively around a set of predefined issues. As such, a convening role is more squarely focused on a change process. In this scenario, the value added of UNFPA is in shaping the agenda for change, holding space for diverse voices to be heard and for all stakeholders to act collectively and synergistically. This may mean sharing that space with UN Women, but it should be done intentionally.

- Paying more concerted attention to an intersectional approach in gender-based violence response and prevention.

Recommendation 3: UNFPA should strengthen capacity for GEWE internally, building on the momentum that has already been demonstrated.

Urgency: Medium **Impact:** Medium

Directed to: Technical Division, Division for Human Resources, Regional Offices (Country Offices)

UNFPA has made headway in strengthening its internal capacity in GEWE, with the assistance of tools such as the UN-SWAP, the gender marker which is now under review, and the PSEA policies and guidelines. In making further progress, stronger accountability is needed at management level and individual performance level to improve gender intersectional equalities. UNFPA has a gender architecture in place that will function more effectively with upgraded skills, through empowering regional offices, and building capacity at both regional and country office level to identify and prioritize the population groups at risk of being left behind.

This can be achieved by:

- Rewarding senior managers for showing leadership and championing GEWE; introducing incentives into performance appraisals or job descriptions to advance GEWE and diversity, especially at senior management level
- Laying out a strategy for gender staff and focal points to update their knowledge, especially with regard to gender-transformative approaches and intersectionality, and giving them the tools to build staff capacity. At regional level, emphasis should be given to the convening role and leading on research/advocacy agendas. Promoting cross-regional exchange should also be considered, given that regions have developed areas of specialization based on their regional contexts
- Strengthening identification of population groups at risk of being left behind to redress inequalities in access to services but with an intersectional approach. This applies to identifying data and data disaggregation gaps to inform targeting as part of the broader Leave No One Behind strategy, and also at country office level to inform a strategy for prioritizing population groups within existing resources. Building programmatic work around identified groups and furthering the commitment to indigenous groups, people of African descent, and persons with disabilities.

Recommendation 4: UNFPA should continue engaging Member States and donors in the discussion on the importance of adequate levels of predictable funding for the Strategic Plan that can be utilized flexibly by country offices to support longer-term programming capabilities on GEWE and gender mainstreaming. Although UNFPA is investing in this area with institutional resources, more is needed.

Urgency: Medium **Impact:** High

Directed to: Policy and Strategy Division and Resource Mobilization Division

The improvements in achieving GEWE as part of the UNFPA mandate will continue to be hindered by insufficient resource commitments and inflexible funding. The COVID-19 pandemic has shown how critical it is to address both the short term and the long term simultaneously, by addressing the immediate needs of intersectional groups with regard to sexual and reproductive health/family planning/gender-based violence services and giving sustained and due attention to root causes

and to prevention (of gender-based violence and harmful practices as well as gender-based barriers to access to sexual and reproductive health and essential services). Similarly, achieving the three transformative results will remain elusive if resources are not commensurate with the urgency these issues deserve.

This can be achieved by:

- Continuing to identify non-traditional donors, particularly with regard to humanitarian settings, to fund prevention, social norm work, and resilience building on a longer time scale
- Continuing to identify innovations in fund raising with a view to allocating a larger share of funding to the gender architecture to enable them to develop longer-term strategies in addressing harmful practices and gender-based violence and to dedicate time to supporting other teams to mainstream GEWE.

6.2 OPERATIONAL/PROGRAMMATIC RECOMMENDATIONS

Recommendation 5: In developing partnership strategies beyond its engagement with implementing partners, UNFPA should consider which partners can complement UNFPA expertise and resources within an ecosystem approach that is essential to resolving the more complex and deeply rooted drivers of inequalities with a view to achieving sustainable change in GEWE.

Urgency: Medium **Impact:** Medium

Directed to: Technical Division, Regional Offices (Country Offices)

UNFPA partnerships are a vital element to any strategy to advance gender equality across its mandate. Women-led organizations have a particular contribution to make in this regard. However, across the board, partnerships deserve closer scrutiny for their value added and their complementarity to the unique positioning of UNFPA. To that end, UNFPA will stand to benefit from strategic choices in partner selection and an ecosystem approach that is essential to resolving the more complex and deeply rooted drivers of gender inequalities within sexual and reproductive health and reproductive rights.

This can be achieved by:

- In partnership strategy development, including an analysis of the bottlenecks UNFPA faces in achieving sustainable change in GEWE; using criteria to assess partner capacity beyond implementing partners with this in mind
- Ensuring more consistent inclusion of women-led organizations in any strategy, to ensure their voices, positions, and rights issues are integrated in all thematic areas
- Applying an ecosystem approach that by definition engages a diverse set of stakeholders and multiple sectors whose value added and expertise are synergistic. Collectively, their interaction with UNFPA bring a more holistic response to resolving issues in relation to GEWE and sexual and reproductive health
- In challenging environments, engaging civil society organizations strategically to mutually reinforce the roles that both play towards a particular policy change
- Conducting a review of collaboration with faith-based organizations to update the understanding of the benefits and challenges, and good practices to address the latter
- Seeking to clarify how UN Women (and likely also UNICEF) can strengthen the GEWE effects of the UNFPA mandate and, with input from this strategic analysis of contributions and value addition from each entity, presenting its priorities to UN Women as a basis for ongoing collaboration
- Including private sector partners as part of a response to overcoming resource and skill bottlenecks.

Recommendation 6: UNFPA should continue to build organizational strategic thinking on resilience from an intersectional gender perspective, drawing on lessons learned from the COVID-19 pandemic.**Urgency:** High **Impact:** High**Directed to:** Technical Division in collaboration with the Humanitarian Office and Regional Offices

Resilience strategies are at the heart of UNFPA interventions in humanitarian, development and peace contexts and will help to bridge all three areas of action. Greater attention should be paid to engaging and empowering women and girls to become agents of change and participants in risk prevention and harm reduction. But building resilience also requires an understanding of intersectional inequalities and an inclusive approach to longer-term solutions. Systems strengthening of sexual and reproductive health, family planning and gender-based violence services, commodity supplies, information systems, and training of midwives and health care workers will remain cornerstones of UNFPA support. From a resilience perspective and with lessons from the COVID-19 pandemic, recommended actions go beyond mitigating disruption of services and begin with building better systems that are more resilient to risk.

This can be achieved by:

- Taking stock of the patterns of cooperation with other UN agencies and internally within UNFPA that have emerged out of the response to the pandemic and leveraging good practices for cross-cutting work in GEWE
- Adopting an approach that centres on women as agents of change and strengthening women's rights organizations; promoting their voice and their role as rights defenders and as belonging to different intersectional and age groups in all areas of programming
- Promoting women's and girls' participation in strategies for disaster preparedness and climate change risk reduction, in community-based approaches to resilience building, and in all risk-informed programming design
- Ensuring preparedness in UNFPA support including:
 - Undertaking gender vulnerability assessments
 - Strengthening early warning system with sex-disaggregated data analysis
 - Participation of women-led organizations in disaster management planning committees and promoting women's leadership at all levels
 - Timely preposition of medical supplies for reproductive health and gender-based violence early action
- Building a focus on deconstructing harmful masculinities in conflict prevention and analysis of the drivers of conflict
- Strengthening the youth, peace and security programming as a platform for establishing clear role-modelling amongst youth in women and girls' leadership and non-violent, gender-equitable behaviours and aspirations. UNFPA to clarify the role it seeks to play in the peace dimension of its mandate and how this work can be leveraged to advance GEWE
- Drawing lessons from the pandemic, investing in the midwifery programme to reflect the full scope of needs and roles they play and improving the enabling environment for midwives.





© Luis Tato/UNFPA

Students interacting after a discussion on gender issues with UNFPA mentors at Mpapa Primary School in Mangochi, Malawi (November 2020).



**United Nations Population Fund
Evaluation Office**

605 Third Avenue
New York, NY 10158 USA

✉ evaluation.office@unfpa.org

🌐 unfpa.org/evaluation

🐦 [@unfpa_eval](https://twitter.com/unfpa_eval)

► [UNFPA Evaluation Office](#)