The UNICEF Multi-Country Gender-based Violence in Emergencies Programme Evaluation

FINAL SYNTHESIS REPORT
New York, NY 10017

December 2016

The purpose of publishing evaluation reports is to fulfil a corporate commitment to transparency through the publication of all completed evaluations. The reports are designed to stimulate a free exchange of ideas among those interested in the topic and to assure those supporting the work of UNICEF that it rigorously examines its strategies, results, and overall effectiveness.

This report is the synthesis of the Real Time Evaluations of seven countries and other evaluative data collected as part of the UNICEF Multi-country GBViE Programme Evaluation. Vine Management Consulting Ltd, an independent company recruited by the Child Protection Section of Programme Division, conducted this UNICEF Multi-country GBViE Programme Evaluation and prepared the synthesis report. A five-person internal UNICEF Evaluation Management Group was responsible for the management of the evaluation, including inputs to quality assurance.

The purpose of the Final Synthesis Report is to facilitate the exchange of knowledge among UNICEF personnel and its partners. The contents of the report do not necessarily reflect the policies or views of UNICEF. The designations in this publication do not imply an opinion on the legal status of any country or territory, or of its authorities, or the delimitation of frontiers.

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ACKNOWLEDGEMENTS

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An Evaluation Management Group was essential in the evaluation process. The group supervised and guided the evaluation team; reviewed, commented on and approved evaluation deliverables; approved the final report; and supported the dissemination and management response process. The Evaluation Management Group is comprised of UNICEF staff: Mendy Marsh, GBViE Specialist, Child Protection Section; Krishna Belbase, Senior Evaluation Specialist, Evaluation Officer; Jennifer Keane, Child Protection Specialist on Planning, Monitoring and Evaluation; Laili Irani, Senior Adviser, Gender & Evaluation; Patty Alleman, Senior Gender and Development Advisor, Gender Section; and Sophie Read-Hamilton, GBViE consultant with the Child Protection Section, Programme Division, UNICEF.

The Evaluation Reference Group, composed of internal and external experts, provided quality oversight to the overall evaluation which included reviewing and commenting on the UNICEF Multi-country GBViE Programme Evaluation Inception Report, two early country reports (Lebanon and South Sudan) and the draft final report, as well as sharing the final Synthesis Report with partners and networks. The Evaluation Reference Group includes the following individuals: Mary Ellsberg, Director, Global Women’s Institute at George Washington University; Mazeda Hossain, Social Epidemiologist, London School of Hygiene and Tropical Medicine; Jina Krause-Vilmar, Director of Livelihoods, HIAS; Diana Jimena Arango, Senior GBV and Development Specialist, World Bank; Verena Phipps, Social Development Specialist, World Bank; Maha Muna, Regional Gender Advisor, UNICEF CEE-CIS; Michael Copland, Regional Child Protection Advisor, UNICEF ESARO; Laurent Chapuis, Regional Child Protection Advisor, UNICEF MENARO; and Kate Alley, Emergency Specialist, Assessment, Planning, Monitoring and Evaluation, Humanitarian Policy Section, UNICEF EMOPS.

The Vine Management Consulting Ltd evaluation team is comprised of Janey Lawry-White, Team Leader; Jeanne Ward, Senior Technical Expert; Kathryn Tong, Technical Expert; Robyn Yaker, Technical Expert; and Simon Lawry-White, Evaluation Adviser. The evaluation team developed the evaluation methodology and tools, and was responsible for all data collection efforts at the country, regional and global level as well as for all data analysis and report writing.
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EXECUTIVE SUMMARY

“I feel my soul is back to my body.”
“All the stress goes out of me.”
Adolescent girl refugees in focus group discussions, reflecting on their experience of attending UNICEF-supported safe spaces in Lebanon.

BACKGROUND

UNICEF’s efforts to respond to gender-based violence (GBV) in situations of armed conflict and disasters are central to the agency’s mandate for the protection, health and well-being of children and women. Within its humanitarian programming, UNICEF facilitates access to safe and ethical multi-sectoral care for GBV survivors and supports gender-based violence in emergencies (GBViE) prevention and risk mitigation efforts. As part of the support to Regional and Country Offices to deliver GBViE programmes, UNICEF Headquarters is developing a range of resources to design, implement and measure quality GBViE programming.

This evaluation was commissioned by the Child Protection Section of the UNICEF Programme Division to support programme guidance, facilitate learning and improve UNICEF’s GBViE response. The findings, conclusions and recommendations will inform the finalisation of the GBViE Programme Resource Pack and the UNICEF Game Plan for Addressing GBViE, both of which guide how UNICEF will meet its commitments to help tackle GBViE in the future.

The evaluation was carried out between November 2015 and October 2016 by an evaluation team from Vine Management Consulting Ltd. An internal Evaluation Management Group oversaw the project, supported by Evaluation Reference Group composed of internal and external members.

Evaluation Purpose and Objectives

The purpose of the evaluation was ‘to strengthen UNICEF’s current and future GBViE programming based on real-time learning’. This entailed four objectives:
1. Assess GBViE programming in UNICEF country programmes using standard criteria for evaluating humanitarian action, to generate learning that informs future UNICEF GBViE programming.
3. Develop a real-time GBViE programming evaluation methodology that can be used by UNICEF and other GBViE actors.
4. Develop recommendations to help UNICEF operationalise its organizational commitments to GBViE at headquarters, regional and country levels.

Evaluation Scope

The core of the evaluation is based Real Time Evaluations (RTE) conducted in seven countries: Central African Republic (CAR), Jordan, Lebanon, Nepal, Pakistan, Somalia, and South Sudan. Telephone interviews were also conducted with key staff in the Democratic Republic of Congo (DRC). The coordination of GBViE was assessed by its impact on UNICEF programming and how UNICEF contributed to the sector-wide response in each country. The subject of Prevention of Sexual Exploitation and Abuse was not in the original evaluation scope, but in light of allegations of sexual
exploitation and abuse in CAR, UNICEF requested that additional questions were added to the RTEs concerning staff awareness of policies and action plans for the prevention of sexual exploitation and abuse.

**Good Practice Programme Guidance**

Three sets of guidance provided benchmarks for evaluation Objective 1:³

- The draft UNICEF GBViE Programme Resource Pack, under development;
- The UNICEF GBViE Theory of Change, developed and finalized during the course of the evaluation; and
- The Inter-Agency Standing Committee’s *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action* (IASC GBV Guidelines), completed in 2015 and in the early stages of roll-out and implementation.

The evaluation assessed the gaps between the new guidance on GBV and current UNICEF practice, and provided recommendations on how to address the gaps. An additional benefit of the evaluation was that it raised UNICEF staff awareness in the seven Country Offices on these new materials and new guidance.

**Evaluation Audience**

A number of staff, practitioners and experts, in the field and beyond, will benefit from this evaluation:

- For *programmatic* findings and recommendations of the overall synthesis report, the Child Protection Section of Programme Division, and GBViE and Child Protection technical staff, will benefit to support quality GBViE programming;
- For the *institutional* findings and recommendations, UNICEF senior management in headquarters, regional offices and country offices, and technical advisors in all programme sections;
- For the *country RTEs*, the concerned UNICEF country offices.

**THE CONTEXT: GENDER-BASED VIOLENCE IN EMERGENCIES**

GBV is the most pervasive, the least visible, and the least addressed human rights abuse globally. Whether or not a specific emergency is declared, there is an on-going global emergency whereby millions of women and girls are being killed, raped, injured and coerced on the basis of their gender. While GBV is prevalent in all societies, conflict situations and disasters can intensify many forms of GBV, with multiple negative consequences for both GBV survivors and communities.

**The UNICEF Definition of Gender-based Violence**

UNICEF uses IASC GBV Guidelines definition of GBV:

“GBV is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.”²

**The UNICEF Commitment to GBViE**

UNICEF’s commitment to address GBV is expressed in prominent corporate documents including: The UNICEF Mission Statement, the Strategic Plan 2014-2017, and the Core Commitments for Children in

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³ Objective 1: Assess GBViE programming in UNICEF country programmes using standard criteria for evaluating humanitarian action, to generate learning that informs future UNICEF GBViE programming

² Inter-Agency Standing Committee, ‘Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action; Reducing risk, promoting resilience and aiding recovery’, IASC, 2015, p. 5.
Humanitarian Action (CCC). The Gender Action Plan 2014-2017 includes GBViE as one of its four targeted programming initiatives, and the Equity Approach involves addressing GBV. The “UNICEF’s Game Plan: Addressing GBV in Emergencies”, under development during the course of the evaluation, will be informed by the evaluation results. In addition to internal commitments, UNICEF endorses a number of inter-agency commitments that address GBV.

**Evaluation Methodology**

**Evaluation criteria**

This evaluation assessed UNICEF’s response to GBV in seven current emergencies based on the standard criteria of evaluations of humanitarian action: relevance, effectiveness, efficiency, connectedness/sustainability, coordination and coverage. UNICEF agreed upon and approved 23 evaluation questions under the evaluation criteria. (See Evaluation Matrix, Annex 6.)

**Data collection**

The evaluation collected and analysed primary and secondary data. This included data that were independently collected by the evaluation team at the country, regional and global levels, and UNICEF country-team reflections. Data sources included: document reviews; key informant interviews (467), seven country RTEs, with a total of 670 participants; country office self-assessments; field observations by the evaluation team; and an electronic survey by UNICEF country offices comprised of 75 responses received from 50 countries across all UNICEF regions.

**Evaluation outputs**

The outputs of this evaluation:

- This Final Synthesis Report: *Multi-Country Real Time Evaluation of UNICEF Gender-based Violence in Emergency Programmes*
- Seven country RTEs of UNICEF GBViE programming
- Eleven Good Practice Case Studies (2-4 pages) based on the RTEs
- Three cross-country comparative studies of GBV-specific interventions on safe spaces, child marriage and capacity building strategies and models

In line with evaluation Objective 3, a GBViE RTE methodology was developed and tested. A set of annexes accompany this report, including details of the evaluation tools and a report of the e-survey.

The conclusions listed below present the evaluation’s key findings by success and gaps and challenges. The recommendations cover areas for improvement identified by the gaps and challenges.

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3 Objective 3: Develop a real-time GBViE programming evaluation methodology that can be used by UNICEF and other GBViE actors.
CONCLUSIONS

UNICEF GBViE PROGRAMMING SUCCESSES

Leading role at global level in developing the GBViE sector

UNICEF is recognised as a global leader of GBViE, having made significant contributions to global initiatives on GBViE. At a technical level, UNICEF is perceived as a leader and innovator in developing seminal sector guidance and quality GBViE tools. For more than a decade, UNICEF has been at the forefront of the evolution of GBViE coordination, acting as co-lead for the GBV Area of Responsibility (AoR) and helping catalyse initiatives to raise the profile of GBViE including the Call to Action. With the addition of the Resource Pack, the GBV Theory of Change, the IASC GBV Guidelines and the Game Plan, UNICEF will soon be able to offer a thorough and comprehensive set of programme guidance.

Proven capacity to deliver appropriate GBViE services

Select COs have succeeded in mounting significant GBViE responses that cumulatively provide substantially-expanded services and support to hundreds of thousands of GBV survivors and those most at risk in refugee, IDP and host communities. When equipped with adequate funds and GBV expertise, UNICEF successfully delivers a minimum package of specialised GBViE services and, when possible, the expanded package of measures spelled out by the Resource Pack. In some countries, innovative programming is expanding the reach and accessibility of the GBV response. The beneficiaries themselves perceive the services as relevant, as do partners and government. Based on its long-term presence and understanding of a country, UNICEF is able to adapt GBV services to the local context of emergency operations. Governments appreciate UNICEF’s vital support that allows GBV services to expand beyond the service-level available before the crisis.

Consistent set of factors that guide UNICEF GBViE programming

In contexts where UNICEF is successfully implementing GBViE programming, the underlying success factors are:

- The presence of one or more GBViE specialist(s) for a period of years;
- Consistent support for GBViE prioritisation, UNICEF CO leadership and leadership from the Chief of Child Protection;
- Protection allocation for GBViE in the Child Protection budget (note: there is no formal separate GBViE budget in the RTE countries);
- Adequate number of skilled international and/or national implementing partners and/or strategies for scaling up skilled partners through capacity building initiatives;
- Government acceptance of the need to take action on GBV;
- Technical support provided by in-country GBViE Specialists, the Child Protection Section at HQ and, in some cases, from the GBV AoR rapid response team or Regional Emergency GBV Advisors.

A trusted and influential government and civil society partner on GBViE

At country level, UNICEF is a respected partner, trusted as capable to implement GBV programming including raising awareness; effective advocacy; developing guidance, training, policies and legislation; and building capacity of government and civil society partners. UNICEF promotes the importance of addressing GBViE with government and other agencies in the countries evaluated. Partners recognise UNICEF’s contributions to the GBViE-sector results through its scale of programming, development of technical guidance, funding assessment exercises and engagement with and leadership of inter-agency and government planning. Acknowledgement of UNICEF’s commitment is especially strong where UNICEF GBViE programmes are aligned with national
priorities, as in most of the RTE countries. UNICEF’s influence with national government with regard to GBV is respected by donors, United Nations partners, and NGO and CSO partners.

**Beginning to meet GBViE commitments**

The majority of the RTE countries are beginning to address UNICEF’s GBV mandate and responsibilities. Although funding falls short of needs of some evaluated programmes, UNICEF has raised and allocated emergency funding. The GBV services offered in the RTE countries are generally consistent with the draft UNICEF GBV Resource Pack and the recently finalised UNICEF GBViE Theory of Change. Despite support from UNICEF HQ and leadership at different levels for the agency’s GBV mandate, the same emphasis as for other UNICEF sectors remains a goal.

**Contributions to system building**

UNICEF Lebanon and UNICEF Jordan Country Offices focus on system-building, maximising on opportunities from increased funding for the Syria crisis to implement a long-term plans that strengthen Government and civil society, and create sustainable country-based capacity to prevent and respond to GBV. The COs incorporate their experience from GBViE programmes into their regular country programmes. UNICEF South Sudan is also focused on building systems, although with limited resources compared to the need. Other UNICEF County Offices that are contributing to system building face limited funding and limited Government capacity and require ongoing investment of human and financial resources.

**Contributions to GBViE sector coordination and sector goals**

Given the multi-sectoral nature of a specialised GBViE response (health, psychosocial response, security, economic empowerment), effective coordination is a programming necessity for the GBViE sector.

In countries where UNICEF has established sector coordination, its leadership of strong sector plans development; its coordination of resources; and its contribution to delivery of GBV services and other programmes is appreciated by government and other agencies. In countries where UNICEF is a member of the coordination mechanism, UNICEF is respected for its contributions to the sector response.

A recent UNICEF decision to step back from co-leadership of the global GBV AoR will have yet unknown affects on coordination at country level. Judging by the recent country examples, GBV donors and partners are reluctant about UNICEF’s withdrawal from country-level coordination.

It is argued that in UNICEF COs with established GBViE programmes, it is logical that UNICEF and its GBV partners continue to lead or co-lead GBV coordination structures. The evaluation consensus is that a UNICEF withdrawal from leadership is unfortunate. A ‘key message’ of the UNICEF’s transition from global GBV AoR co-leadership is: “UNICEF will continue to contribute substantially as a lead partner in the GBV AoR and support UNFPA in its coordination role at the field level.”

This continued leadership will be essential to ensure GBViE programmes are implemented as well as possible in crisis affected countries.

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4 The key messages continue “This includes maintaining current coordination capacity at the national level in priority countries until UNFPA has the requisite resources to take on the management and assume full accountability. Until the transition and beyond, at the sub-national level, UNICEF will continue to promote and lead sub-national GBV coordination, given UNICEF’s large operational coverage.”
UNICEF GBViE GAPS AND CHALLENGES

1. Levels of attention and resources for GBViE do not meet the scale of the problem

Gender-based Violence is the most pervasive, the least visible, and the least addressed human rights abuse in the world, and is known to be aggravated during times of crisis. The UNICEF Mission Statement, its Core Commitments to Children (CCCs), Strategic Plan and GAP commit to address GBV to support the rights and welfare of children and women. Whether or not a specific emergency is declared, there is an on-going global emergency in which millions of women and girls are being killed, raped, beaten, exploited, trafficked and coerced on the basis of their gender. In most countries, initiatives to prevent violence against women and children are inadequate, as are services that foster recovery. GBV should be prioritized in a UNICEF humanitarian response and human rights-based approach to programming. The RTE reports highlight several excellent examples of GBV as a priority, limited investment in GBViE, however, suggest that GBViE is still treated as a peripheral protection issue.

As a UN agency with a protection mandate, and particularly given its mandate to address GBV, UNICEF’s donors and partners are looking to the senior leadership of UNICEF to match its public commitment to GBV to the leadership it has shown at a technical level.

UNICEF could signal its recognition of GBV as the most widespread abuse of human rights by rebalancing the technical resources for GBV with other technical sections in New York and Geneva HQs, in its regional offices, and in countries with, or at risk of, emergencies.

The support structures UNICEF has put in place to assist COs to implement GBV programmes are not adequate. GBV is subsumed under Child Protection, which limits its autonomy. Currently, there is one P4 GBViE Specialist in New York HQ and, with no Regional GBViE Advisers, the structure cannot support the agency’s commitment to address the extent of GBV.

When a Country Office lacks a GBV specialist or technical capacity in the country, particularly at the onset of an emergency response when programme and funding priorities are established, GBV is not prioritised which can limit funding options for GBViE interventions.

Gaps in staff knowledge of GBV and UNICEF’s commitment to GBViE

Despite UNICEF’s guidance on GBV, the evaluation team found staff at all levels of the organisation who still lack clarity, understanding and agreement on how UNICEF defines and addresses GBV. Many non-specialist staff remain unsure how UNICEF responds to GBV as part of its mandate and responsibilities. There is limited awareness of the GBV elements of the CCCs. UNICEF non-GBV specialist staff have limited knowledge of GBV or UNICEF’s commitments or approach to GBViE. There are differences of opinion on whether UNICEF’s GBV programming should target women as caregivers only or as survivors in their own right, and if or how violence against boys and men is covered. The UNICEF Gender Action Plan confirms that the Child Protection Section has leadership for GBViE at HQ level but in practice, many staff are not clear on the respective responsibilities for GBViE between Child Protection, the major new initiative on Violence Against Children, and the PD Gender and Rights Unit.

Limited clear communication on GBViE

UNICEF lacks clear corporate communication on what GBV is, why it matters in emergencies and how programme staff can contribute to addressing it. This contributes to the general lack of understanding about GBViE and why few programme staff (beyond GBV staff, Child Protection staff and certain sector specialists) are engaged. The challenge for UNICEF will be to communicate to a wide UNICEF audience.
the basic tenets of GBV and the agency’s responsibilities regarding GBViE. This is not happening at the moment. The UNICEF COs and UNICEF GBV partners expressed to the evaluation team that clear communication on UNICEF’s GBViE position and prioritisation would be greatly appreciated. The CPS GBViE team has recognised this. Clarifying UNICEF’s responsibilities for addressing GBV are key objectives of the roll-out of the Resource Pack and the IASC GBV Guidelines, which is timely given these findings of the evaluation.

**Elements of UNICEF GBV commitments are still neglected**

Certain elements of the proposed comprehensive, multi-sectoral approach, captured in the Resource Pack and IASC GBV Guidelines, are being implemented only to a limited extent. These include risk mitigation (see Gaps and Challenges number 6. on issues of GBV risk mitigation), broad-based social norms programming aimed at GBV prevention (which is at an early stage of development), and ensuring appropriate multi-sector response for survivors, including those who wish to report GBV to the police or seek access to justice. While all countries evaluated recognised child marriage as an element of GBViE, only Jordan and Lebanon have had the resources to address it. UNICEF GBViE programmes tend to focus on sexual violence, at the neglect of other elements of GBV. For example, a growing body of data suggests that intimate partner violence is among the most prevalent forms of GBViE, however targeted programming to address the problem is still limited.

**Lack of GBViE capacity with partners**

The RTE and global interviews pointed to a lack of sufficiently experienced partners on GBViE. UNICEF has had some success in developing the capacity of new local partners on GBViE (see the findings on Sustainability, page 65). The innovative capacity-strengthening approaches developed at country level are examples of using creative strategies to expand the base of GBV services, but innovative approaches need to continue to be developed and resourced at the global level.

**Limited integration of GBV risk mitigation in UNICEF sector programmes**

There is great potential for UNICEF to leverage opportunities that can mitigate risks of GBV through its health, nutrition, education and WASH programmes. The evaluation revealed some good-practice examples of GBV risk mitigation in sector programmes that have the potential to be replicated. In general, however, systematic GBV integration by the sectors was not taking place in the countries evaluated, even in emergency programmes with substantial funding. There has been some donor encouragement for high profile projects to integrate GBV across other sectors.

The limited or lack of integration of risk mitigation remains an overlooked issue by sector teams, but UNICEF has more potential to achieve GBV risk mitigation through its sector programmes than other United Nations agencies, both in its programmes and through its position in cluster coordination groups and sector working groups. UNICEF County Offices are not yet prioritising GBV risk mitigation, however. Of the evaluated countries, no sectors had taken ownership of systematic integration.

Although UNICEF has endorsed the IASC GBV Guidelines and is committed to their implementation through the Call to Action, and requires GBV integration within Annual Sector Work Plans, there is yet to be a tangible impact on GBV integration in the countries evaluated. Ideally, the ongoing roll out of the IASC GBV Guidelines and the evaluations catalysed in target countries will increase integration of GBV risk mitigation activities.

**Limited GBViE prevention**

The UNICEF GBViE programmes that were evaluated tend to rely on awareness-raising as the primary approach to GBV prevention. In the UNICEF Theory of Change (ToC), GBV prevention contributes to “laying the foundations for long-term change” which is critical to achieving a sustained reduction in levels of GBV. According to the Resource Pack, a comprehensive approach to GBV prevention includes
building children and women’s resilience and duty bearer accountability; action in accordance with relevant international norms and standards; and tackling the underlying drivers of GBV. UNICEF is taking a leadership role in developing and trialling new approaches to prevention, including the Communities Care programme piloted in Somalia and South Sudan. Evaluation results are due in the near future on these pilots.

**Adolescent girls are not addressed routinely in GBViE response**

Adolescents are an important target group for UNICEF. Engaging adolescents (10-18 years) and youth (19-24 years) is key to addressing GBV, and particularly preventing GBV as they will be the opinion leaders and decision makers of the future. Adolescent girls are a high-risk group in general of many forms of GBV (for example, they are the target group for the GAP priority to reduce child marriage). With the exception of Nepal, Lebanon and Jordan, the GBViE programmes that were evaluated didn’t focus on or provide tailored interventions to adolescents.

**GBV is not a standard element of UNICEF Country Programmes**

In general, UNICEF’s established position in many countries gives it the advantage to leverage regular development programme funds, as well as government and NGO partnerships, as springboards for an emergency response when necessary. While GBV is a priori a major rights issue in all countries where UNICEF has a country programme, addressing GBV is not a routine element of UNICEF programmes and has limited (non-emergency) GBV-support capacity from headquarters or the regional office. The evaluation findings indicate that although a number of country offices have GBV programmes—or are building on current emergency programmes to ensure ongoing GBV programming—there is no corporate structure to assure consistent implementation.

When GBV is not a component of the regular country programme, preparedness for GBViE is constrained. In every country evaluated, including the middle-income countries, there was limited GBV provision pre-crisis and few civil society organizations with required GBV skills and experience. The country offices were able to implement an effective GBViE response, despite limited pre-emergency GBV capacity, but the absence of GBV in regular programmes makes it harder and slower to establish GBV services and mobilise risk mitigation and prevention elements of GBViE. Certain countries that were evaluated will continue to focus on GBV over the longer-term, including it new Country Programme Documents. However in general, gains made during emergency response on GBViE prevention and response are not being sustained and built upon as part of regular development programming. The evaluation also revealed cases where GBV programming stopped when emergency funding ran out.

**Insufficient evidence to demonstrate the impact of UNICEF GBViE programming**

In most evaluation countries, UNICEF staff recognized the importance of collecting high-quality data on the nature of GBV; on the needs and help-seeking behaviour of survivors and those at risk; and on the existence of, and gaps in, multi-sectoral programming. In some programmes, the monitoring activities delivered are more sophisticated. However, the collection and analysis of data that demonstrates programme effectiveness in terms of programme quality and result (for example, measuring enhanced safety for at-risk groups, or attitude behaviour changes about GBV) is lagging.

The survey and interview tools required to measure changes in societal attitudes on GBV require relatively high levels of skills and sensitivity. These methods are more expensive than quantitative measures of, for example, the uptake of services. Thus a selective, but relatively heavy, investment in population samples to measure changes in attitudes and to assess the perceived impact of GBViE measures, is ideal. Investments that analyse GBViE approaches and interventions that were successful in different contexts will also build UNICEF’s accountability with affected populations and help meet
donor demands for evidence of the value of GBViE programmes. (The Resource Pack is targeting monitoring and evaluation, which will help addressing this gap.)

**Limited familiarity on Protection from Sexual Exploitation and Abuse (PSEA) roles and responsibilities**

Staff familiarity with the issues of Sexual Exploitation and Abuse (SEA) and with UNICEF procedures and responsibilities varies among country offices. Each regional and country office emphasizes staff training on SEA differently. SEA is a significant issue of a humanitarian response, and the subject was raised during evaluation interviews in South Sudan and Somalia. With the exception of UNICEF Central African Republic (CAR), however, there is no uniform understanding on reporting SEA or providing support to victims or those at risk. Also with the exception of CAR, UNICEF Implementing Partners (IPs) have a limited understanding of PSEA (some have ethical guidelines in place, but do not cover PSEA in detail). This is a concern as IPs train the social workers and counsellors who work with vulnerable girls and women. It is critical that these first responders understand how to address allegations using confidential, survivor-centred approaches.

**RECOMMENDATIONS**

**Recommendation 1: Clarify the scale, severity and impacts of GBViE, and UNICEF’s mandate, commitment and response to GBViE**

Based on UNICEF’s mandate and organisational commitments, and in line with the new Game Plan, UNICEF should scale up strategies to:

- Underscore the scale and severity of GBViE as a human rights abuse for programme staff at HQ, RO and CO with humanitarian responsibilities;
- Clarify the organisational responsibility to address GBViE as a standard element of any UNICEF emergency response;
- Re-emphasise to CO management that all programme sections have a role in mitigating GBV risks, as elaborated in detail in the IASC GBViE Guidelines (see Recommendation 4);
- Emphasise that integrating GBV into sector programmes will enhance each programme by responding more adequately to the needs of the target beneficiaries;
- Senior leadership should formally and informally communicate UNICEF commitments to GBV to staff and partners, including the IASC and donors;
- Produce communication packages and regular briefings on GBV and UNICEF responsibility, for staff and external actors (targeted to different groups as appropriate) with straightforward messaging, including:
  - The UNICEF definition of GBV and GBViE;
  - An introduction to GBV (types, root causes, contributing factors in different contexts);
  - Why GBV increases in crisis or emergencies;
  - UNICEF’s Theory of Change (in a simplified form);
  - UNICEF’s commitments and components of response to GBViE.

**Lead actor:** Chief of Child Protection Section, GBViE Specialist, New York  
**Support from:** Division of Communications, Gender Team, Division Chiefs, and Senior UNICEF leadership  
**When:** Ongoing (internal and external communication)
Recommendation 2: Bring Headquarters’ GBViE technical support in line with other leading UNICEF programmes

UNICEF should resource GBViE programming in line with its commitments and with resourcing of other programme areas. This will require:

- An additional two to three GBViE advisers at Headquarters (P4 level and above), within CPS or otherwise.\(^5\)
- Appointment of a GBViE Adviser and/or identification of such expertise, in each regional office.\(^6\)

These Regional Advisors should form part of a UNICEF GBV Professional Learning Network coordinated from HQ (see Recommendation 9). Advisor roles:

- Assist COs to adapt the Game Plan and ToC to their country context;
- Advise on emergency preparedness, policy development and GBViE standards at country level;
- Organise “Introduction to GBViE” training for non-specialist staff (Recommendation 3);
- Keep COs briefed on corporate agreements and strategies, such as the GAP;
- Provide technical support to COs and to Child Protection specialists to implement the Resource Pack, lead countrywide roll out, and continually integrate the recommendations of the 2015 IASC GBV Guidelines (Recommendation 4);
- Ensure that learning on GBV is collaborated and shared between COs in the region, widely within UNICEF, and with external partners;
- Assist with resource mobilisation for GBV programming;
- Strengthen the existing GBViE talent pool in line with the Game Plan, to maintain a cadre of GBViE specialists (referred to as a ‘swing capacity team’ in the Game Plan) as part of all UNICEF emergency surge capacity (to be deployed on a ‘no regrets’ basis within five days of an emergency to COs with inadequate GBViE staff capacity).

Lead actors: Chief of Child Protection Section
Support from: Director PD, Programme and Budget Review, Regional Directors
When: Ongoing

Recommendation 3: Clarify roles on GBViE prevention, risk mitigation and response, decision-making and programming

UNICEF should clarify roles, responsibilities and accountability concerning issues around GBViE prevention, risk mitigation and response across the organisation, including defining those responsible for:

- GBV preparedness at country level;
- Regional Office support to GBViE at country level;
- Planning and initiating GBViE response (including the role of sectors);
- Raising funds for GBViE;
- The Game Plan implementation;
- Integrating risk reduction;
- Addressing social norms regarding GBV;
- Monitoring and evaluation of GBV programmes;
- How GBV in the regular country programme relates to GBViE programming
- To clarify the roles and responsibilities of the HQ CPS and Gender team, and regional and country offices.

\(^5\) The evaluation team did not draw conclusions on whether GBViE should remain part of the Child Protection Section, where its visibility in the organization and with donors may be limited. Regardless of this issue, emphasis should be on additional technical resources available to guide and support GBViE programming.

\(^6\) Whether the focus of any one adviser is GBV as a whole or GBViE is a decision for UNICEF and might vary according to the situation in crises/regions. The recruitment of a GBViE Regional Advisor for MENARO is in process.
Recommendation 4: Implement Resource Pack roll-out plans and 2015 IASC GBV Guidelines; provide basic GBViE training to target audiences in UNICEF.

In line with relevant strategies for achieving Game Plan outcomes, roll out these two seminal programme resources within UNICEF to build understanding of UNICEF’s programming responsibilities for GBV, and familiarize target groups with relevant resources to support this. This process requires explicit support from senior management.

**Resource Pack**

Develop a detailed Implementation Plan for the Resource Pack that identifies:

- A step-by-step approach on guidance for different target groups, a detailed timeline, and resources required to support the rollout project;
- A detailed Communications Strategy including the different tools to be developed to support the roll out (see Recommendation 3); and
- Training/introductory packages for GBV specialist and non-specialist target groups.

**IASC GBV Guidelines**

Drawing on the existing inter-agency Implementation Strategy, develop a plan to roll out the IASC GBV Guidelines to all UNICEF teams who engage with humanitarian response (i.e. programme sections, EMOPS, Communication for Development (C4D) and resource mobilisation). Identify resources required and communication strategies, and develop monitoring and evaluation tools (based on indicators included in the IASC GBV Guidelines for each sector) using the best external research available (or commission such research as necessary).

**Non-specialist Training**

The non-specialist training course should be part of training on humanitarian response, and provided to all sections. Ideally, this will become mandatory, as is the gender equality e-training. Language used in all materials should be relevant and familiar to the other sections. It is imperative that non-GBV specialists are provided with short, practical guidance and examples within the training to avoid the risk of their being put off by the complexities of the comprehensive approach. Practical examples of good practice in risk reduction, basic engagement skills with survivors and strategies for supporting positive social norms should inform the course material. UNICEF has already advertised for a GBViE capacity building specialist who will be able to support this and other training. (This training will be closely linked to the communications package of Recommendation 3, but should be part of the rollout of the Resource Pack and IASC GBV Guidelines.)

**Lead actors:** GBViE Specialist, Chief Child Protection at HQ (to develop plans and materials); RO Director, Regional Child Protection and Gender Advisors, Regional Deputy Directors

**Support actors:** Global Gender Team, PD Sector Chiefs, EMOPS

**When:** 2017 and on-going

Recommendation 5: Build capacity and partnerships for GBViE specialist programming

Expand GBViE response coverage and address UNICEF GBViE programming gaps (including GBV prevention):

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7 This recommendation reaffirms strategies 3 and 4 of the Game Plan.
• Strengthen existing, and build new, partnerships with organisations, especially INGOs, to expand UNICEF’s coverage and increase the organisational pool that can prevent and respond to GBViE in line with international standards;
• Cover gaps in UNICEF capacity in the multi-sectoral approach to GBViE by:
  ▪ Strengthening internal capacity in livelihoods, legal protections and collaboration with the police and security sector; and/or
  ▪ Developing strategic partnerships with organisations that specialize in these areas, perhaps including the agreement of global Memoranda of Understanding.

*Lead:* GBViE Specialist, Child Protection Section  
*Support:* Humanitarian Action and Transition Section (HATIS), EMOPS Geneva, AoR members, IASC  
*When:* Ongoing

**Recommendation 6: Improve systems that generate and prove outcome-level results of GBV programming and that share knowledge**

UNICEF should amend its emergency procedures as follows:

- Amend emergency sector planning, monitoring and reporting frameworks to include GBV risk mitigation, in line with the recommendations for sectors in the IASC GBV Guidelines. Ensure emergency officers understand the requirement, and ensure GBViE focal points are appointed by section chiefs in all emergency-prone countries (ideally before emergencies happen);
- At country level, to strengthen the quality and completeness of data on GBV incidence and the effectiveness of UNICEF’s programming:
  - Strengthen in-country and global partnerships to develop UNICEF’s ability to assess programming effectiveness regularly and to measure programme quality systematically. (UNICEF HQ to locate additional external technical expertise);
  - Routinely disaggregate GBV data on funding from Child Protection and, where possible, for risk mitigation in other sectors;
  - Allocate and manage separate GBViE plans and budgets within its emergency management procedures, whether as a sub-category of CP or separately;
  - As part of the current UNICEF strategic planning exercise, ensure that PIDB codes are simplified to one for GBViE separately from SEA and from more general activities addressing violence against children;
  - GBViE budgets, targets and results should be visible separately from CP in Situation Reports, Country Office Annual Reports, the Humanitarian Action for Children annual reports and other key documents (even if GBV continues to be organised under CP).

*Lead:* Field Results Group, EMOPS, HATIS  
*Support:* GBViE Specialist Child Protection Section. Chiefs Child Protection and PME teams in-country  
*When:* 2017

**Recommendation 7: Build GBV programmes into Country Programmes of at-risk countries**

To raise GBV awareness and improve readiness to respond, UNICEF country offices, particularly those working in at-risk countries, should build GBV programming into the Country Programme. In countries with established investment in GBViE services, or that build on GBViE national capacity and systems in ongoing emergency response, GBV should be included as a priority in subsequent Country Programme Documents.

*Lead:* UNICEF Country Representatives  
*Support:* Chiefs of Child Protection, Chiefs of all UNICEF Sectors, Child Protection Section, PD, GBViE Specialist Child Protection and PME teams, Field Results Group
When: On-going as the next round of new Country Programme Documents and Strategy Notes are developed

**Recommendation 8: Improve the global environment learning and innovation on GBViE**

To draw value from knowledge on GBViE, including understanding gained through this evaluation, UNICEF should:

- Research the feasibility of establishing a Professional Learning Network within the GBV Sector with regular meetings of GBV specialists, and resources (dedicated time) to capture and publish good practices, lessons learned and strategies for innovation. As resources allow, establish a moderated online platform to share experiences in real time;
- Hold periodic meetings to exchange information with partners and GBV actors (possibly through the GBV AoR with documents available on the GBV AoR website);
- Identify and undertake studies that further GBViE understanding and expertise (for example, a study that determines the ‘tipping points’ where other sectors can take ownership of integrating GBViE into their programmes).

*Lead:* Child Protection Section  
*Support:* GBViE Specialists (country, regional and headquarters level), Chiefs Child Protection and PME teams  
*When:* 2017 and ongoing

**Recommendation 9: Continue to invest in UNICEF’s role as a leader of the GBViE sector**

UNICEF is perceived as the leading organization in research and experience for the GBViE sector. This role should be maintained with investment in human and financial resources as necessary. Current leadership roles and memberships in inter-agency and other global fora should also be maintained by engaging in cutting-edge development of programme guidance and in sector partnerships (such as RTAP, Call to Action). As these initiatives will likely result in more GBViE programming, this will have resource implications for UNICEF.

In light of the recent decision to step back from co-leadership of the GBV AoR, and its uncertainty on GBViE programming in crisis settings, UNICEF should:

- Monitor UNICEF GBV prevention and response to ensure no reduction in scale, funding or prioritization of GBViE response and that GBViE responses by the sector are not compromised by the decision;
- If the above monitoring results reveal that those at risk and survivors of GBV have been negatively affected, or that UNICEF is not able to contribute to the sector as strongly, consider how to re-engage with sector leadership;
- UNICEF leadership of GBV-coordination mechanisms at country level should continue to engage, according to the relative strength of partners and as the GBV situation indicates.

*Lead:* Deputy Executive Director for Programmes  
*Support:* Director PD, Child Protection Section  
*When:* Immediate and ongoing

**Recommendation 10: Ensure country office commitment to PSEA; strengthen UNICEF staff understanding of PSEA roles and responsibilities**

- Strengthen understanding and awareness of UNICEF staff of PSEA roles, responsibilities and accountability;
- Ensure that staff are aware of the mechanisms for reporting an alleged incident of SEA;
- Ensure all COs have an assigned PSEA focal point and reporting mechanisms;
- Ensure that GBV services are available for victim referral;
• Ensure that UNICEF staff and IPs know how to refer victims to appropriate GBV services, safely and confidentially.

*Lead:* According to UNICEF PSEA accountabilities
*When:* Immediately
INTRODUCTION

Background

“Gender-based violence is a pervasive and life-threatening health, human rights, and protection issue. Deeply rooted in gender inequality and norms that disempower and discriminate, GBV is exacerbated in humanitarian emergencies where vulnerability and risks are high, yet family and community protections have broken down”.

The international community is more united than ever in its commitment to tackle Gender-based Violence (GBV). There is a growing understanding among humanitarian actors of the critical importance of addressing GBV as a lifesaving priority in emergency response, and the acknowledgement that, if GBV is neglected, the humanitarian community will fail to meet its protection responsibilities. The UNICEF Multi-country Gender-based Violence in Emergencies (GBViE) Programme Evaluation comes at an opportune time, as there is a growing donor commitment to invest resources that address GBV. With increased donor commitment, UNICEF is making further advances on addressing GBViE, including this evaluation’s in-depth assessments and Real Time Evaluations (RTEs) of its current programming practices in a range of crisis settings.

UNICEF’s efforts to respond to GBV in situations of armed conflict and disaster are central to the UNICEF mandate by the United Nations General Assembly to advocate for the protection of children’s and women’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential. GBViE is one of the four pillars of UNICEF Gender Action Plan (GAP) 2014-2017, of which progress is reported regularly to the UNICEF Executive Board.

In the last decade, UNICEF has taken a leading role in the development of interagency GBViE technical standards, programming tools and resources, and in advocating for action and accountability on GBV within the international humanitarian system. At the May 2016 World Humanitarian Summit in Istanbul, UNICEF made further commitment to expand its leadership on GBViE.

Within its own humanitarian programming, UNICEF facilitates access to safe and ethical multi-sectoral care for GBV survivors and supports GBViE prevention and risk mitigation efforts. UNICEF Headquarters supports the UNICEF Regional Offices and Country Offices to deliver GBViE programmes, and is currently developing a range of resources that will support Country Offices on GBViE in line with UNICEF’s Core Commitments to Children (CCC) in Humanitarian Action and other humanitarian standards. In early 2017, UNICEF is due to complete its GBViE Programme Resource Pack (‘the Resource Pack’), which will include GBV-specific guidance and cross-sectoral guidance for UNICEF and implementing partners. The Resource Pack is aligned with the Inter-Agency Standing Committee’s (IASC) 2015 revision of the Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action (‘the IASC GBV Guidelines’), for which UNICEF is a leading actor in the current roll out process.

In parallel with the Evaluation of the GBViE Programmes, UNICEF prepared a document entitled, ‘The Game Plan: Addressing Gender-based Violence in Emergencies’ which elaborates on how UNICEF will meet its future commitments to tackle GBViE with UNICEF Country Offices and implementing partners.

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8 Call to Action on Protection from Gender-based Violence in Emergencies, Road Map 2016-2020, September 2015, p3
9 Humanitarian donor governments have provided significant funding and political leadership to address GBV, including conflict-related sexual violence, as a priority in emergency response over the past five to six years.
(IPs) (see Annex 2). The RTEs of the GBViE Programmes have informed the latter stages of the Game Plan development and the finalisation of the Resource Pack.

The UNICEF Multi-country GBViE Programme Evaluation was commissioned by the Child Protection Section (CPS) of UNICEF Headquarters Programme Division (PD), with significant engagement of the UNICEF Evaluation Office. The evaluation was conducted between November 2015 and October 2016 by a five-person evaluation team from Vine Management Consulting Ltd, with oversight from a UNICEF Evaluation Management Group and support by an Evaluation Reference Group comprised of external and internal members.

**Evaluation Purpose**

The purpose of the UNICEF Multi-country GBViE Programme Evaluation was to strengthen UNICEF’s current and future GBViE programming based on real-time learning.

**Evaluation Objectives**

The UNICEF Multi-country GBViE Programme Evaluation had four objectives:

3. Develop a real-time GBViE programming evaluation methodology for use by UNICEF and other GBViE actors.
4. Develop recommendations to help UNICEF operationalize its organizational commitments to GBViE at headquarters, regional and country levels.

**Evaluation Audience**

The Evaluation of UNICEF GBViE Programmes has a number of audiences:

- The main audience for the programmatic findings and recommendations in this synthesis report is UNICEF senior management and the Child Protection Section. The evaluation findings and recommendations, once considered, will be used by GBV and GBViE Specialists, UNICEF Child Protection Advisors/Specialists, other sector specialists from Education, Health, Nutrition, and Water Sanitation and Hygiene (WASH), and Gender Advisors in UNICEF Regional and Country Offices in the implementation, management and support to GBV programmes.
- The primary target for the evaluation’s global level institutional findings and recommendations is senior management at UNICEF Headquarters, Regional Offices and Country Offices, as well as technical advisers in all UNICEF programme sections.
- The primary audience for the individual country-level RTEs and the respective country reports is the concerned UNICEF Country Offices.

The Final Synthesis Report of the UNICEF Multi-country GBViE Programme Evaluation will also be a resource for a wider group of humanitarian and development actors, not least because it represents the first evaluation of its kind undertaken on GBV in humanitarian contexts.

**Evaluation Scope**

The Real Time Evaluations (RTEs) of GBViE Programmes assessed UNICEF’s performance with GBViE at the country level, based on a series RTEs of UNICEF programme response to GBV in seven emergencies that represent a range of geographical regions and emergency contexts: Central African Republic (CAR), Jordan, Lebanon, Nepal, Pakistan, Somalia and South Sudan. The RTEs considered GBViE-specific interventions, and the degree that GBViE risk mitigation was integrated across UNICEF’s emergency response. The UNICEF organisational mandate and commitment to GBViE were considered
in light of their implementation at country level. The UNICEF contribution to the development of the GBViE sector at the global level is also discussed.

The evaluation’s Terms of Reference did not include an assessment of the global GBV Area of Responsibility (AoR) functioning, or of country-level GBV sub-clusters (or other GBV coordination mechanisms). However, in line with the focus on UNICEF programming, the evaluation considered the UNICEF contribution to GBV sub-cluster goals, i.e. whether and how the agency has added value to the whole GBViE response.

The Evaluation’s Terms of Reference also did not include the issue of Protection from Sexual Exploitation and Abuse (PSEA) in the evaluation scope. In light of the 2015 allegations of SEA in CAR, however, the Evaluation Management Group requested that the scope of country missions be expanded to include questions on PSEA policies and action plans, on staff familiarity on PSEA, and whether alleged victims of SEA are referred to the appropriate services provided for survivors of GBV. Additional questions were included for the country mission to CAR. (See Annex 18).

**Evaluation Approach**

The UNICEF Multi-country GBViE Programme Evaluation compared UNICEF GBViE programme practice with the “good practice benchmarks” for GBViE programming set out in three key UNICEF documents: The GBViE Resource Pack, the UNICEF Theory of Change (ToC) for GBViE and ‘the Inter-Agency Standing Committee’s (IASC) Guidelines for Integrating GBV Interventions in Humanitarian Action’. The evaluation was formative and forward-looking in that the Resource Pack and ToC were under development as the RTEs were conducted. (See Section 2.3.3 for further discussion of the benchmark documents.)

In line with RTE methodology, each country evaluation was designed as a short, light-touch assessment of the GBViE programme, with the objective to provide immediate feedback and recommendations for programme improvements to the UNICEF Country Office. The RTEs were based on a participatory approach that engaged beneficiaries, UNICEF partners and the UNICEF Country Office, and drew on documentation provided by the Country Offices, the CPS and in-country partners.

**GBViE Programming Terminology**

To clarify the programming terms that are used in the UNICEF Multi-country GBViE Programme Evaluation, the following definitions are provided:

‘Specialised’ programmes (or GBV-specific programmes) are:

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10 In early 2016, UNICEF Cluster Management Unit of EMOPS and UNFPA HQ undertook a Review of the GBV AoR leadership function.


12 Creating a broad protective environment that reduces GBV also reduces the risk of SEA. Along with mainstreaming GBV prevention, UNICEF delivers targeted programming, where possible, to address identified risk factors for GBV, which contributes to protect against SEA. The IASC GBV Guidelines include preventative and risk-mitigation activities different sectors can take to contribute to PSEA.

13 Additional questions covered how the CO is dealing with allegations of SEA (including prevention), the services available for children and women survivors of SEA (and overlap of SEA and GBV in terms of referring survivors to the same services), and how the current allegations are affecting the ongoing GBV programme.
(a) Multi-sectoral response and referral services for survivors focusing on health care, security (including safe spaces) and psychosocial support (including in schools);¹⁴
(b) Dignity kits (distributed by Child Protection and/or WASH), economic strengthening for adolescent girls, community-based protection activities; and
(c) Prevention programming including work on social norms, economic and social empowerment of women and girls, legal and policy reforms.

‘Integrated’ programming refers to mainstreaming GBV risk-mitigation approaches and activities across sectors.

Organisation of the Report

The UNICEF Multi-country GBViE Programme Evaluation Final Synthesis Report is organized into seven sections, plus an accompanying Executive Summary:

- Section 1: Introduction
- Section 2: Overview of the context of the UNICEF Multi-country GBViE Programme Evaluation, including an introduction to three benchmark resource documents that guided assessment of the GBViE programming in each country, and a brief overview of UNICEF staffing for GBViE
- Section 3: Evaluation methodology and limitations
- Section 4: Presentation of the evaluation’s findings
- Section 5: Brief overview of the findings, relating to PSEA
- Section 6: The conclusions, drawing together the finding’s key points
- Section 7: Recommendations

The findings are discussed under each of the evaluation criteria that formed the framework of the country RTEs. Headline findings under each sub-heading are emboldened for clarity. Findings are illustrated by short, detailed descriptions of country-specific examples, quotes from key informant interviewees (KII), and e-survey respondents in boxes.

The conclusions synthesise the key findings and relate directly to the recommendations. Some conclusions inform multiple recommendations, as indicated at the end of each conclusion.

Evaluation Products

The UNICEF Multi-country GBViE Programme Evaluation resulted in a number of deliverables, including:

- The Inception Report: UNICEF Multi-country GBViE Programme Evaluation
- Seven individual country reports and short report based on telecom interviews in DRC
- The Final Synthesis Report which includes Annexes 1-2 (ToR and UNICEF’s Game Plan)
- Annexes 3-18, including list of interviewees, bibliography, evaluation methodology, tools, survey findings
- Ten short (two to four page) Good Practice Case Studies
- Three in-depth, comparative case studies of three GBV-specific interventions (safe spaces, child marriage and capacity building strategies/models).

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¹⁴ Within GBV parlance, ‘multi-sectoral’ response refers to specific sectors, each with a particular role in delivering a comprehensive GBV response for survivors: medical, PSS, safety/security, access to justice. The more general use of the term is ‘two or more humanitarian sectors that deliver a joint response’.
**Evaluation Context**

**Emergency Context**

The number of people affected by crises continues to rise as both the frequency and severity of natural disasters and protracted, complex emergencies increase. Children and women are disproportionately affected by such emergencies, accounting for more than 75 per cent of the refugees and displaced persons at risk from war, famine, persecution and natural disaster.\(^\text{15}\) One in ten children now live in conflict-affected areas (an estimated 230 million); in 2014 children made up half or more of those affected by natural disasters (50 million children) and just over half of all refugees worldwide. Women of reproductive age and girls comprise a quarter of the at-risk population.\(^\text{16}\)

Crisis have an immediate effect on the security of children and women for many reasons. Separated from their partners, parents and communities raises their vulnerability to abuse, neglect, exploitation and violence. From a humanitarian perspective, however, the power of response to a crisis can provide the opportunity to address GBV in ways unaddressed previously, and establish sustainability to address the issue.

**Gender-based Violence in Emergencies**

GBV is prevalent in all societies. However, conflict situations and disaster can intensify certain elements of GBV that happen even in times of peace and stability. Tensions at household level can increase intimate partner violence and other forms of domestic violence.\(^\text{17}\) The pervasive impunity that characterizes conflict settings can exacerbate sexual violence, including its use as a weapon of war. Poverty, displacement and increased dependency resulting from crises may increase the risk for women and girls of being forced or coerced to engage in sex in return for safe passage, food, shelter or other resources.\(^\text{18}\) The breakdown of community protection systems, insufficient security in camps and informal settlements, and the obligation to live in temporary shelters, which are typically overcrowded with limited privacy and reduced personal security, also all increase the risk of sexual and physical assault as well as trafficking.\(^\text{19}\)

The consequences of exposure to violence are as extensive as the scope of violence itself. There are a myriad of acute and chronic health problems that accompany different types of GBV, and victimization can increase risk of future ill-health for survivors. In humanitarian settings, where community support systems, formal health services and psychosocial services (PSS), are often compromised, the consequences of violence are more profound than in peacetime.

The extent and impact of GBV affects not only GBV survivors. It can limit the ability of an entire society to heal from conflict and disaster. Violence may affect child survival and development by raising infant mortality rates, lowering birth weights and affecting school participation. GBV can limit women’s access to reproductive health services including family planning, leading to unwanted pregnancies and

\(^\text{15}\) www.unfpa.org/resources/protecting-women-emergency-situations

\(^\text{16}\) www.unfpa.org/resources/protecting-women-emergency-situations

\(^\text{17}\) ‘Domestic violence’ describes violence that takes place between intimate partners (spouses, boyfriend/girlfriend) and other family members. ‘Intimate partner violence’ applies specifically to violence occurring between intimate partners, defined by WHO as behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours (IASC GBV Guidelines, p. 321)


\(^\text{19}\) UN, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, New York, UN General Assembly. 2007,
unsafe abortions, and increasing women’s risk of HIV infection. GBV increases costs to public health and social welfare systems and decreases women and children’s participation in social and economic recovery.

The primary responsibility to ensure people are protected from violence rests with the State. However, in times of crisis humanitarian actors have an important role to support measures that prevent and respond to GBV. As highlighted in a report published by the International Rescue Committee (IRC): “Preventing and responding to GBViE is recognized as a life-saving measure and an essential component of humanitarian action.” The report concludes that, “In spite of this, response to GBViE remains grossly inadequate in humanitarian settings.”

The UNICEF GBViE Game Plan states: “As one of the world’s most pervasive human rights violations, GBV must be addressed in order to achieve fulfilment of the universal rights to equality, security, liberty, integrity and dignity of all human beings”. It is now an accepted ‘good practice’ that action to address GBViE is required a priori in any major emergency, without a requirement to collect evidence, before initiating prevention, risk mitigation and response programming.

GBViE is a responsibility of all humanitarian actors. According to the IASC GBV Guidelines: “All humanitarian actors must be aware of the risk of GBV and—acting collectively to ensure a comprehensive response—prevent and mitigate these risks as quickly as possible within their areas of operation.” This responsibility is supported by a framework that draws on international and national law, UNICEF Nations Security Council Resolutions, Humanitarian Principles and Humanitarian Standards and Guidelines.

**UNICEF’s Mandate and Commitments on GBViE**

**UNICEF Definition of Gender Based Violence**

UNICEF uses the definition of GBV from the IASC GBV Guidelines:

“GBV is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.”

According to the IASC GBV Guidelines, “In all types of GBV, violence is used primarily by males against females to subordinate, disempower, punish or control…. Widespread gender discrimination and gender inequality often result in women and girls being exposed to multiple forms of GBV throughout their lives….”

UNICEF programmes that address GBViE generally focus on the rights and needs of girls and women, given their vulnerability to violence that is rooted in the systemic gender-based inequalities. While UNICEF GBViE programmes prioritise the protection of girls and women, UNICEF

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20 GBV fuels the HIV epidemic: women who have experienced violence are up to three times more likely to contract HIV. www.unicef.org/about/partnerships/index_60239.html
23 IASC GBV Guidelines, p14.
24 Ibid p5.
25 Ibid, p7
26 UNICEF Child Protection Issue Brief on GBViE (June 2015): “While the broadest interpretation of GBV is sometimes understood to include specific types of violence against men and boys, the term has historically been, and continues to be used primarily, as a way to highlight the vulnerabilities of women and girls to various forms of violence in settings where they are discriminated against because they are
Child Protection programmes may also target specific protection-related rights and needs of boy survivors of sexual violence and those at risk, promoting their access to care and support. This approach has been followed in this evaluation.

**UNICEF’s GBViE Mandate and Commitments**

The UNICEF commitment to GBViE is set out in a number of key corporate documents, including:

**UNICEF Mission Statement:** “UNICEF is committed to ensuring special protection for the most disadvantaged children - victims of war, disasters, extreme poverty, all forms of violence and exploitation and those with disabilities... UNICEF aims, through its country programmes, to promote the equal rights of women and girls and to support their full participation in the political, social, and economic development of their communities.”

**UNICEF Strategic Plan 2014-2017** (regarding Child Protection): “UNICEF will focus on preventing violence, exploitation, abuse and neglect through strengthening protective capacities of families and communities.” The Plan also commits to humanitarian action that reinforces the in CCCs on GBV.

**Core Commitments for Children in Humanitarian Action**: The CCCs are UNICEF’s fullest statement of intent on the purpose and scope of its humanitarian response. They are UNICEF’s expression of the human rights based approach as applied to emergencies. GBV appears explicitly in the following commitments on child protection:

- **Child Protection Commitment 1** (Coordination): Effective leadership is established for both the Child Protection and GBV Areas of Responsibility; with links to other cluster/sector coordination mechanisms on critical inter-sectoral issues.
- **Child Protection Commitment 5** (Programming): Violence, exploitation and abuse of children and women, including GBV, are prevented and addressed.

The CCCs for sectors other than Child Protection commitments to address GBV:

- For Health, UNICEF is committed to ensuring the provision of clinical care for survivors of sexual violence.
- For Education, UNICEF is committed to ensuring ‘safe and secure’ learning environments.
- For Nutrition and WASH, the importance of gender-sensitive programming that meets the protection needs and rights of children and women is highlighted.

**UNICEF Gender Action Plan (GAP) 2014-2017**: GBViE is one of four GAP targeted priorities, with a focus on three areas:

- Support an enabling environment for prevention of GBV in emergencies and rehabilitation of survivors;
- Support the delivery of essential services;
- Raise awareness and support community-level and structural change that addresses gender norms and behaviours to prevent GBV.

Types of violence include: differential access to food and services; sexual exploitation, abuse and violence; child marriage; female genital mutilation/cutting; sexual harassment; dowry/bride price abuse; honour killing; domestic or intimate partner violence; deprivation of inheritance or property; and elder abuse.

27 The Mission Statement is informed by the CRC and the CEDAW.

28 UNICEF Strategic Plan, 2014-2017, page 8

29 The evaluation team was informed that the selection of GAP targeted priorities was highly strategic based on identifying catalytic programme areas:

- which are core to UNICEF’s mandate but where work has not moved forward as fast as hoped
Ending child marriage is another GAP-targeted priority advancing a multi-sectoral programming response. In two of the RTE countries, ending child marriage is a key GBVIE programme component.

**UNICEF’s Equity Approach:** The report on Promoting Gender Equality: An Equity-Focused Approach to Programming states: “Ending gender-based violence is fundamental to the creation of an equal future.”

UNICEF’s equity-based approach seeks to understand and address the root causes of inequity so that all children, particularly those who suffer the worst deprivations in society, have access to education, health care, sanitation, clean water, protection and other services necessary for their survival, growth and development. UNICEF considers that one of the main factors underpinning disparities is gender, with girls facing disproportionate threats to their well-being and to the realization of their human rights. GBV drives disparity in numerous ways. For example, GBV affects child survival because the morbidity and mortality rate for children whose mothers are physically and sexually abused is increased; GBV affects access to education because girls who are victims or feel at risk of violence in schools attend school less. By taking an approach that responds to, reduces the risk of, and prevents GBVIE, UNICEF is contributing to a reduction in such disparities.

**UNICEF GBVIE Strategy:** UNICEF’s GBVIE Strategy (May 2014) builds on the agency’s mandate to uphold children’s and women’s rights, noting that ensuring protection from GBV in emergencies is a fundamental component of realizing this mandate. The strategy identifies the four strategic objectives (SO) that together provide an overarching structure to support country-level action to address GBVIE:

- **SO1 Programming:** GBV care, support and protection programming is expanded in key emergency and post-emergency contexts, reducing risk and vulnerability of thousands of children and women;
- **SO2 Coordination:** GBV prevention and response activities are integrated and coordinated across all sectors of humanitarian action (mainstreaming);
- **SO3 Guidance and Tools:** UNICEF leads the development of best practice guidance to ensure that good practices in response, protection and prevention programming are scaled up;
- **SO4 Human Resources:** Skilled human resources are enhanced and expanded to implement and measure the impact of GBV programming in emergencies.

The Strategy states that, as GBV is an issue in both humanitarian and development contexts, UNICEF’s GBV prevention and response must extend through crisis and recovery to development. During emergencies, strategies must be developed to support immediate response that promotes the rights and meets the needs of survivors and those at risk of GBV. The strategies should be forward-looking in order to introduce and/or reinforce sustainable structures for the prevention and response to GBV over the long term. UNICEF’s regular programmes should continue to support these strategies beyond the emergency period in order to ensure durable solutions.

• where there is current momentum and where additional gender-related expertise would bring significant added value
• where collecting an evidence base would make the interventions significantly more acceptable/enticing for the rest of UNICEF to take up
• for which there is significant opportunity in-country to gain real results/build on existing momentum
• for which gains in one targeted priority area will contribute to advancements in the other targeted priorities

30 Promoting Gender Equality: An Equity-Focused Approach to Programming p15
31 www.unicef.org/about/partnerships/index_60239.html
UNICEF’s Game Plan Addressing GBV in Emergencies: The UNICEF GBViE Game Plan was developed to provide implementation guidance for the GBViE Strategy with targeted priorities to achieve short (one to four years), medium (five to 10 years) and longer term (11 to 15 years) outcomes to address GBViE.

The Game Plan includes the following strategies:

- Leveraging partnerships for programming scale and engagement in advocacy;
- Strengthening UNICEF’s capacity to provide technical assistance and to enhance capacity and expertise for addressing GBViE across the humanitarian system;
- Scaling up programming to implement Minimum and Expanded GBViE Resource Packages to affected girls and women in every emergency;
- Setting and implementing GBViE standards across sectors, especially in prevention and risk mitigation;
- Engaging in innovative platforms and programming to develop and test new data, tools and interventions to address GBViE and be accountable to girls and women;

Contributing to the global evidence base.

The Game Plan notes UNICEF’s announcement at the World Humanitarian Summit 2016 that it will expand its sector leadership by significantly scaling up its GBViE programmes in order to:

1) Guarantee all survivors of GBV have access to appropriate care, support and protection services
2) Improve the safety and protection of girls and women from GBV in affected communities, and
3) Lead preventative action to address the conditions and social norms that give rise to GBV and support positive change in norms and practices.

The Game Plan recognises that increase in senior leadership and institutional and technical support is required to implement the strategies. (The Evaluation referenced the June 2016 Game Plan version.)

External guidelines, standards and initiatives: In addition to its internal strategies, plans and commitments, UNICEF endorsed a number of inter-agency initiatives which include commitments to address GBV, including:

- The IASC Guidelines for Integrating GBV Interventions in Humanitarian Action (the 2005 version revised in 2015 with UNICEF leadership)
- Standards 8 and 9 of the Minimum Standards for Child Protection in Humanitarian Settings Relating to Violence against Children
- Call to Action on Protection from GBV in Emergencies
- Real Time Accountability Partnership (RTAP)
- New Global Partnership to End Violence Against Children

Annex 5 provides details of UNICEF GBV-related commitments and agreements made under inter-agency, global fora and partnerships.

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33 See www.cpwg.org
34 When the United States took over leadership of the Call to Action in 2014, UNICEF and other partners were asked to contribute to the development of the Call to Action Roadmap. At the technical level, UNICEF was instrumental in the development of this document to reflect the agency-level commitments to prioritize GBViE in the humanitarian architecture and to address gaps and challenges in prevention and response. See Annex 5 for specific UNICEF commitments.
35 www.interagencystandingcommittee.org/focal-points/documents-public/real-time-accountability-partnership-gbv-emergencies
36 The partnership includes UN agencies, INGOs and governments. It was launched in September 2015 to target SDG 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children. www.unicef.org/endviolence/partners.html.
**GBV Area of Responsibility (GBV AoR):** The interagency GBV AoR was established in 2008 as part of the Global Protection Cluster and has been co-led by UNICEF and UNFPA since then.\(^{37}\) Both agencies have the responsibility as sector lead agency for supporting coordination, developing guidance and standards for the sector, and addressing gaps. As co-lead of the GBV AoR, and therefore as a ‘provider of last resort’, UNICEF has a particular responsibility to ensure that a minimum package of services is available to meet the lifesaving needs of GBV survivors and reduce the risks of further violence against vulnerable women and children in every setting.

**GBViE Guidance**

As noted above, the UNICEF Multi-country GBViE Programme Evaluation drew on three key source documents that detail current best practice for UNICEF specialised and integrated GBViE programming:

**The UNICEF GBViE Programme Resource Pack** is one of a series of resources being developed by the CPS for use by COs in designing, implementing, monitoring and evaluating specialised GBViE programming, in line with the CCCs and other humanitarian standards. The Resource Pack provides a recognised set of standard GBViE interventions for UNICEF to implement routinely as part of a humanitarian response to build girls’ and women’s safety and resilience and support prevention. It places emphasis on risk mitigation and promotes uptake of the IASC GBV Guidelines. The Resource Pack describes a minimum package of essential services for GBV protection and response in the aftermath of a crisis. It also describes expanded programming to strengthen structures, systems and services and institutionalize prevention, protection and response to GBV in both response and recovery.

The Resource Pack includes seven principles for UNICEF’s action on GBV:

(i) GBV is a fundamental and unacceptable violation of human rights and efforts to address it should be grounded in a rights-based approach.
(ii) Ending GBV involves tackling gender inequality and harmful social norms.
(iii) Comprehensive approaches are required to address GBV.
(iv) Strong partnerships are essential for holistic coordinated action on GBV.
(v) Participation (by rights holders and affected people) is vital for effective GBV prevention.
(vi) Ethical and safety considerations are paramount.
(vii) A survivor-centred approach is a cornerstone of GBV work.

\(^{37}\) Currently, over 60 institutions are affiliated with the GBV AoR. (www.gbvaor.net)
Figure 1 – Theory of Change for GBViE (draft January 2016)

PROBLEM: GBV is exacerbated in an emergency environment (women and girls are more vulnerable to GBV in an emergency)

DRIVERS:
- Conflict drives violence against women and girls; social systems break down; existing power imbalances increase vulnerability; and lack of information for women and girls; adequate care and support is limited

SUPER IMPACT: Women and girls are able to access their rights and live with equal value and dignity to men

IMPACT: Improve the safety and wellbeing of women and girls in emergencies

OUTCOMES

THE LIKELIHOOD OF GBV OCCURRING IS REDUCED

- Ongoing response and recovery: Sector programmes mitigate risk and build resilience to GBV; women and girls are meaningfully engaged in humanitarian programming; vulnerabilities are identified and actions taken to address them.
- Immediate: Humanitarian actors recognize the urgency of addressing GBV; GBV risks, vulnerabilities and threats are identified and action taken to address them; resources and services are available taken to meet women and girls’ specific safety, dignity and protection needs.

CONDITIONS THAT FOSTER GBV ARE TRANSFORMED

- Ongoing response and recovery: Women and girls are safely accessing appropriate and coordinated response services; referral systems in place for all GBV survivors; coverage and quality of services strengthened; actions taken to improve access to services.
- Immediate: Life-saving services are put in place (health, psychosocial, safety) and communities are informed about them.

SURVIVORS BENEFIT FROM APPROPRIATE CARE

- Ongoing response and recovery: Women and girls are safely accessing appropriate and coordinated response services; referral systems in place for all GBV survivors; coverage and quality of services strengthened; actions taken to improve access to services.
- Immediate: Life-saving services are put in place (health, psychosocial, safety) and communities are informed about them.

STRATEGIC INTERVENTIONS

MITIGATE RISKS

- Advocates for de-radicalisation of GBV
- Implement and monitor essential actions outlined in the IASC GBV Guidelines across clusters

BUILD RESILIENCE

- Community safety assessments
- Distribute dignity kits
- Establish safe spaces
- Integrate GBV into QM efforts

PROMOTE ACCOUNTABILITY

- Monitor CRBV
- Engage and advocate with duty bearers to comply with IHL
- Advocate for PSEA

PROVIDE QUALITY SERVICES TO SURVIVORS

- Make health, psychosocial and safety services available
- Identify and addressing barriers to accessing services
- Strengthen quality of available services
- Publicise information about availability and benefits of services
- Establish and strengthening referral systems, including for victims of PSEA

LAY THE FOUNDATION FOR LONG-TERM CHANGE

- Economic and social empowerment interventions for women and girls
- Programming to shift harmful social norms
- Support legal and policy reform and build capacity of government to implement and enforce them

UNEXPECTED:

- Lack of institutional buy-in
- Questioning that such an approach is reaching the women and girls
- Lack of financial/human resources
- Lack of access to GBV

This facilitates strategic interventions in the following areas

UNEXPECTED:

- Leverage resources and supplies (procuring PEP kits, dignity kits, donor support)
- Promote accountability for PSEA
- Develop capacity
- Provide TA across sectors and clusters
- Promote GBV Guidelines and uphold standards across all sectors
- Facilitate knowledge generation and exchange
- Coordinate humanitarian actors (at national and sub-national level)
- Advocate across humanitarian system (to ensure prioritization of and action around GBV prevention and response)

SUPPRT:

- Support the STATE and other duty bearers to uphold responsibilities to address GBV
- Support CIVIL SOCIETY to address GBV

- Take on responsibilities when government cannot
- Advocate for and monitor compliance with international laws and norms
- Advocacy and technical support for enactment and enforcement of appropriate laws, policies, and protocols
- Leverage connections
- Promote GBV Guidelines and uphold standards across all sectors
- Facilitate knowledge and learning exchange
- Promote accountability for PSEA
- Fund program interventions
- Develop capacity
- Providing TA to enhance programme quality
- Build capacity of government to implement and enforce them
In delivering on these principles, UNICEF is committed to providing comprehensive and coordinated programming to address the rights and needs of children and women holistically, leveraging UNICEF leadership and programming across humanitarian response, especially in Child Protection, Education, Health, HIV/AIDS, Nutrition and WASH sectors. (The Evaluation design was based on the May 2015 draft of the Resource Pack.)

A UNICEF GBViE Theory of Change was developed during the period of the evaluation by a UNICEF Child Protection GBViE Specialist with UNICEF inputs including by the Evaluation Management Group and the evaluation team. It is based on the Resource Pack and UNICEF GBV guidance and strategies. The January 2016 ToC draft version informed the evaluation methodology and tools, and was shared with UNICEF Country Office colleagues during RTEs (see Figure 1). The Child Protection Section circulated the final version of the ToC in July 2016.

The IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action (2015) provides detailed guidance and good practice standards for integrating basic GBViE prevention and risk mitigation approaches across all humanitarian sectors. A substantially revised version of the IASC GBV Guidelines was launched in September 2015 and is currently being rolled out to target countries under the leadership of an Inter-agency Task Force. The original version, which espouses the same basic principles, has been available since 2005.

UNICEF Staffing for GBViE

UNICEF GBViE structures, plans, budgets and reports fall under Child Protection Programmes. Sitting within the Child Protection Section of Programme Division in the UNICEF headquarters, the P4 GBViE Specialist covers technical support to COs and ROs, global representation on GBViE and engages with the interagency GBV AoR. A number of COs support a GBViE specialist; in other Country Offices, Child Protection staff or gender advisers are assigned GBV responsibilities.

Given UNICEF’s CCCs and the commitments to addressing GBV set out above, UNICEF staff and management beyond Child Protection are also responsible for GBViE, for example the Global Cluster Coordination Unit of the Office of Emergency Programmes (EMOPS), UNICEF Country Representatives, Regional and Country Gender Advisors, and Directors of PD and of EMOPS.

EVALUATION METHODOLOGY

The methodology used for the evaluation, including the matrix of evaluation criteria, related evaluation questions, and evaluation tools are detailed in Annexes 6 to 11.

Under the Terms of Reference, the Evaluation of UNICEF GBViE Programmes was conducted in three phases:

Phase A – Inception and initial data collection (November to January 2016)
Phase B – In-country evaluations (February to April 2016)
Phase C – Analysis and reporting (May to October 2016)

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38 www.guidelinesgbv.org
39 A detailed review of job descriptions for these posts was beyond the scope of the evaluation.
40 The original evaluation ToR was discussed and updated during the inception phase of the evaluation and included in the Inception Report. The final ToR is Annex 1. The Inception Report is a separate document.
Evaluation Matrix: Evaluation Criteria and Questions

The Evaluation of UNICEF GBViE Programmes assessed the UNICEF response to GBV in seven current emergencies against standard RTE criteria for evaluating humanitarian action: relevance, effectiveness, efficiency, connectedness/sustainability, coordination and coverage. Twenty-three evaluation questions were agreed upon under the six evaluation criteria. (See Annex 6).

Data Collection

The UNICEF Multi-country GBViE Programme Evaluation collected and analysed both primary and secondary data, and a combination of self-reported and independently collected data. Data sources included:

- Document reviews, both at global level and in advance of each country mission;
- 467 Key Informant Interviews (KII) with stakeholders at global, regional and country levels;
- Seven country RTEs, each of which included focus group discussions (FGDs) with programme beneficiaries, with a total of 670 participants;
- Country office self-assessments, based on checklists derived from the Resource Pack and IASC GBV Guidelines. (See Annex 11 for checklists, and Annex 12 for graphic analysis of results from each country);
- Field observations by the evaluation team; and
- An electronic survey of all UNICEF Country Offices: 75 responses were received from 50 countries representing each UNICEF region. The survey findings were triangulated against other findings and were used to illustrate and support the evaluation findings. (See Annex 7 for the e-survey summary report and Annex 8 for the e-survey questions).

The core of the evaluation came from the findings of the RTEs of the seven countries, which were selected by the Evaluation Management Group based on criteria detailed in the Terms of Reference (see Annex 1). The RTEs included a range of diversity measures (e.g. regional and beneficiary target groups) and programmes with potential to learn about what works in various settings where GBViE programming is implemented. With the exception of the mission to Lebanon, which was conducted by all five team members, each country RTE was undertaken by two consultants from the evaluation team. National consultants (wherever possible one male and one female) were recruited in each country to support the evaluation missions. The national consultants helped to ensure that approaches and tools were culturally relevant, supported the team with language translation, and contributed to the country documentary reviews in some countries. (See Annex 10.4 for the generic Terms of Reference for national consultants).

Country missions lasted one to two working weeks. Country reports were produced for each mission country and are attached separately in Annex 19. These provide great detail on the programming in each of the countries evaluated, and also include a set of country-focused recommendations. In addition to the seven RTEs, a brief assessment of the GBV programme in DRC was made by telephone interviews with key staff in-country and a short document review. The collation of the interviews is attached as part of Annex 19.

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41 The definitions of the evaluation criteria were adapted from the ALNAP RTE evaluation guidelines: www.alnap.org/resource/5595
42 Including both self-reported data by mission CO staff and data gathered by the evaluation team.
43 416 country level KII (257 women, 159 men) and 51 headquarters KII (42 women, 9 men). For a full list of interviewees, see Annex 3.
44 331 adult women; 156 adolescent girls; 153 adult men; 30 adolescent boys and young men.
45 In almost all cases, the survey findings were consistent with interviews and self-assessments. The report highlights any instance where this is not the case.
Real Time Evaluation (RTE) Methodology

Objective 3 of the UNICEF Multi-country GBViE Programme Evaluation is to develop an evaluation methodology for Real Time Evaluation (RTE) of GBViE programmes at country level, as there was no documented RTE methodology on which to draw for this evaluation. The evaluation methodology and associated tools were tested and revised during the first two country missions (see Annex 9 and Annex 10). The tools will be peer reviewed and a final version included in the Resource Pack to support future GBViE evaluations.

Application of the RTE Methodology

Overall, the RTE approach worked well and could be replicated elsewhere for other RTEs of GBViE. The evaluation team made the following observations concerning the application of the RTE methodology.

RTE is a means to disseminate UNICEF programme guidance

As noted above, the RTEs compared the current GBViE practice of each selected UNICEF Country Office with a vision of future GBViE programming defined in the Resource Pack, the GBViE ToC and the 2015 IASC GBV Guidelines. During the country missions, evaluation team members discussed with COs and IPs future priorities for GBViE programming as outlined in the new tools that UNICEF Headquarters was finalizing. The evaluation process therefore raised awareness of each of these important sources of guidance.

RTE as a participatory approach

Using the RTE approach of taking a ‘snapshot’ of current practice, a comparison was made against current best practices. The findings, conclusions and recommendations were discussed with each of the COs during a workshop at the end of each mission. They were then captured and expanded in the country reports. The RTES were an opportunity for UNICEF staff and partners to take stock of their GBViE programmes, facilitated by the evaluation team, and to consider specific actions to strengthen programmes mid-cycle. The evaluation missions were particularly timely for the RTE countries that were in the process of developing new Country Programme Documents (CPDs).

The self-assessment questionnaire that was sent to each CO before the RTE visit can be a simple monitoring tool useful for future evaluations, and to track the progress of the roll out and implementation of the IASC GBV Guidelines and Resource Pack.\(^{46}\)

Evaluation Challenges and Limitations

The Evaluation of UNICEF GBViE Programmes faced a number of challenges and limitations, which have been addressed as far as possible:

- Some evaluation criteria could not be fully addressed. The RTEs and the Final Synthesis Report cover the evaluation criteria’s relevance, coordination and sustainability. Evaluating certain elements of effectiveness, however, was not possible where the data on outcome-level results (i.e. behaviour change or increased safety for individuals and communities) as opposed to data on

\(^{46}\) The self-assessments were not used to their maximum potential in this evaluation as their circulation and completion within the offices was not followed up sufficiently. In most countries, the nature of the RTE (short, light-touch missions) did not allow the evaluation team to review self-assessments in detail with the sections or determine alignment of the self-assessments with the team’s assessment. Completed self-assessments were analysed and results in Annex 12, the evaluation team shares its gratitude with Ms. Ariel Ward.
activities delivered has not been collected.\(^{47}\) Data on population and geographic coverage was also limited in a number of evaluation countries. There were also challenges in evaluation of programme efficiency because the GBV budget and spending is not generally disaggregated from Child Protection figures. Only one evaluation country could disaggregate GBV budget and spending from Child Protection data. The challenge to be able to trace financial data and results seemed common in programming areas that are mainstreamed within humanitarian response. Reportedly, work is currently ongoing within UNICEF to address this.

- **Certain evaluation questions could not be answered fully.** With the lack of performance data and the limited time spent in country (typical of RTEs), assessments of programme effectiveness are based on beneficiary, partner and government feedback, and the views of staff. Due the difficulty to trace discrete financial data on GBV programming (discussed above), it was not possible for the evaluation team to answer the evaluation question on value for money. The evaluation team concluded that, as good practice in GBV programming necessarily adheres to the human rights based approach by definition,\(^{48}\) the evaluation question on human rights based approach was redundant and thus was not separately addressed. (Table 1 illustrates the degree to which the evaluation questions were addressed.)

- **Some countries currently have limited GBV programming.** The UNICEF Multi-country GBViE Programme Evaluation was intended to target countries where UNICEF has a significant GBV programme. In practice, two of the eight selected countries, Pakistan and DRC, no longer have significant GBViE programmes.\(^{49}\)

- **Country Mission Changes:** As a result of several changes to planned missions and logistical challenges, seven RTEs were conducted, rather than eight or nine as per the Terms of Reference. DRC was covered through telephone interviews with key UNICEF staff.

- **Difficulty in interviewing donors:** For various reasons, it proved unusually difficult in this evaluation to secure interviews with donors in-country, despite repeated requests.\(^{50}\)

### EVALUATION FINDINGS

The section on the evaluation’s findings addresses the evaluation questions that are set out in the Evaluation Matrix. Table 1 lists the evaluation questions by criteria, with an approximate assessment of how well the evaluation addressed each question. In reviewing the findings, the reader is invited to first review the questions being addressed under each evaluation criterion.

The text and example boxes reference country examples. The detailed findings from the individual country reports are not repeated here.

\(^{47}\) This is not specific to UNICEF but is a challenge across the GBV sector (and to some extent the protection sector as a whole), and arguably across much of humanitarian response.

\(^{48}\) See GBV principles in the Resource Pack, Section 2.3.3

\(^{49}\) The Pakistan CO found the evaluation mission and report useful as a prelude to preparing the next CPD.

\(^{50}\) Despite repeated requests in some countries for donor interviews, some donors cited lack of GBViE technical knowledge, others were not available.
Table 1 - Evaluation criteria/questions, with assessment of how well the evaluation questions were addressed

<table>
<thead>
<tr>
<th>Evaluation criteria/questions</th>
<th>How well was the evaluation question addressed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. To what extent is UNICEF GBViE programming for care, support, protection, and risk reduction based on:</td>
<td>Good – Fair – Poor</td>
</tr>
<tr>
<td>a. assessed needs and data analysis? (Are the different needs of women, adolescents, and children considered separately?)</td>
<td>Poor</td>
</tr>
<tr>
<td>b. established good practice for GBViE service provision, risk reduction and prevention? (Is UNICEF employing the most appropriate strategies to ensure further violence is reduced and survivors provided with appropriate services and support?)</td>
<td>Fair</td>
</tr>
<tr>
<td>2. To what extent has risk reduction been integrated into other UNICEF sector programmes?</td>
<td>Poor</td>
</tr>
<tr>
<td>3. To what extent do GBViE programmes adapt to changing needs, and how well are the changing needs documented?</td>
<td>Good</td>
</tr>
<tr>
<td>4. How well have views of survivors and other high risk groups (adolescent girls, women, children) been reflected in programme assessment, design, implementation and monitoring? (Covers accountability to affected populations)</td>
<td>Poor</td>
</tr>
<tr>
<td>5. Are programmes built on a clear Theory of Change for GBViE programming? To what extent is this consistent with a corporate/regional Theory of Change and with UNICEF standards and guidelines expressed through the CCCs or elsewhere?</td>
<td>Good</td>
</tr>
<tr>
<td>6. To what extent has a human-rights approach been taken in design, implementation, and monitoring of GBViE programming? (Capacities and responsibilities of rights holders and duty bearers)</td>
<td>Poor</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>Good – Fair – Poor</td>
</tr>
<tr>
<td>7. To what extent have UNICEF GBViE programmes improved survivors' access to quality, life-saving, multi-sectoral services for care and support?</td>
<td>Poor</td>
</tr>
<tr>
<td>8. How quickly has UNICEF been able to establish services at the scale required?</td>
<td>Poor</td>
</tr>
<tr>
<td>9. To what extent has the programme contributed to preventing and mitigating risks of GBV for women, adolescents and children?</td>
<td>Poor</td>
</tr>
<tr>
<td>10. Are programme objectives clear and specific for different GBViE areas of programming? How far have programme objectives been achieved / likely to be achieved?</td>
<td>Good</td>
</tr>
<tr>
<td>11. Which have been the most/least effective programmes across different countries/settings? Why (contributing/constraining factors)?</td>
<td>Good</td>
</tr>
<tr>
<td>12. How systematically have results been captured/used/learned from?</td>
<td>Good</td>
</tr>
<tr>
<td>13. How and to what extent has UNICEF leadership contributed to the effectiveness/results achieved of UNICEF GBViE programming? Including ensuring that GBViE is included in the earliest response strategies and funding priorities?</td>
<td>Good</td>
</tr>
<tr>
<td>14. How and to what extent has technical support from HQ and RO contributed to the effectiveness/results achieved of UNICEF GBViE programming in-country?</td>
<td>Good</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Good – Fair – Poor</td>
</tr>
<tr>
<td>15. To what extent have UNICEF financial and human resource inputs been commensurate/adequate to the task of meeting GBV programming need?</td>
<td>Fair</td>
</tr>
<tr>
<td>16. To what extent have UNICEF inputs achieved value for money outputs?</td>
<td>Poor</td>
</tr>
<tr>
<td>Connectedness/ Sustainability</td>
<td>Good – Fair – Poor</td>
</tr>
<tr>
<td>17. In which ways and how successfully does UNICEF GBViE programme design and implementation link emergency programming with UNICEF's longer-term programming to prevent and respond to GBV? Is UNICEF's approach to GBViE built into its conceptualisation and implementation of sustainable resilience programming?</td>
<td>Good</td>
</tr>
<tr>
<td>18. How effectively have partnerships with civil society and government been built to address planned GBViE outcomes?</td>
<td>Good</td>
</tr>
<tr>
<td>19. In which ways and to what extent has the capacity of local and national partners been strengthened through the programme?</td>
<td>Poor</td>
</tr>
<tr>
<td>20. To what extent has UNICEF's internal and external advocacy contributed to improved GBV response and prevention? (Including clarifying UNICEF’s specific programme and leadership roles?)</td>
<td>Good</td>
</tr>
<tr>
<td>Coordination</td>
<td>Good – Fair – Poor</td>
</tr>
<tr>
<td>21. To what extent are programmes consistent with good practice as recommended in the Resource Pack and revised GBViE Guidelines?</td>
<td>Good</td>
</tr>
<tr>
<td>22. Does/how does UNICEF add value to the GBViE response (through leadership, standard setting, coordination)?</td>
<td>Good</td>
</tr>
<tr>
<td>Coverage</td>
<td>Good – Fair – Poor</td>
</tr>
<tr>
<td>23. Are there any gaps in GBViE programming (specialised and integrated) in terms of geographical and demographic coverage? How has UNICEF (a) identified the gaps and (b) taken action to close the gaps?</td>
<td>Poor</td>
</tr>
</tbody>
</table>

51 Noting the imperative for programming targeting adolescent girls’ specific needs as appropriate
Relevance

This section reviews how UNICEF programming aligns with beneficiaries’ assessed needs (which may change over time), good GBViE programme practice, regional and national plans and response strategies and relevant UNICEF strategies and policies.

Relevance to immediate GBViE needs

UNICEF GBViE programming addresses the most pressing, immediate needs of GBV survivors in most countries evaluated. Based on the certain knowledge that GBV is present in all situations, and typically more prevalent during an emergency, most UNICEF COs evaluated had initiated a GBViE-response that addressed immediate needs of GBV survivors, training health providers on clinical management of rape (CMR) and PSS at the minimum. (Note that a core ‘good practice’ planning assumption is that needs assessments are not required to justify the initial response.)

Assessments informed the initial programme design. Supplementary assessments were conducted in some countries to modify programmes and to address data gaps.

In early 2013, UNICEF Lebanon led a multi-sectoral vulnerability assessment exercise with the Prime Minister’s Office, and produced a Vulnerability Map identifying those locations in which the most vulnerable Lebanese, and highest concentrations of registered refugees were living, to help the response to target the most vulnerable populations in all communities. The assessments and maps were used throughout the emergency response by the government and all UN agencies, and have informed UNICEF’s ‘convergence’ approach to the response. Multiple services, including GBViE prevention and response services, were delivered to vulnerable host and refugee communities through public ‘gateways’, including government-run Social Development Centres (SDCs), Primary Health Care Centres (PHCs), community centres, municipal buildings, schools, hospitals and mosques/religious buildings. This has reduced the number of locations beneficiaries need to attend to receive services, and increased efficiency in terms of delivery costs.

Inter-agency assessments inform most initial responses, however there is no standardised approach to conduct GBV assessments in the initial stages of an emergency. For example in Nepal post-earthquake, needs assessments were not conducted as the Government of Nepal maintained that everyone was vulnerable.

In each country, further assessments either by UNICEF or partners are used to understand the specific nature of GBV given the context, and assessment results inform programme modifications.52

Regular safety audits are an on-going element of GBV programming in most countries evaluated, and the Apart from Child Protection, WASH programmes most commonly include GBViE elements in safety audits. The results and recommendations inform the WASH emergency response and the programme monitoring framework protection/safety-related indicators. (This is a ‘good practice’ example that can be duplicated by other sections.)

One UNICEF partner in South Sudan related how they undertake safety audits on a weekly basis, during which they engage in site observation as well as direct dialogue with community members. Every month community mapping is done, where a map is used for FGD participants to identify where they feel safe and unsafe. It was the safety audits conducted in the Malakal protection of civilian spaces, for example, that highlighted significant concerns women had about safety related to WASH facilities, eventually leading to UNICEF’s flagship WASH-GBV project, discussed in more detail in section 4.2.3.

findings inform programme development.53

52 In South Sudan, the GBV community conduct localised assessments, when conflict flares up in hot spots. In Lebanon, the design of mobile safe spaces was informed by assessments on how best to meet needs of hard to reach vulnerable communities including refugees and host families.

53 In South Sudan, these are being conducted regularly by IPs, and in CAR, IRC conducts safety audits among internally displaced people (IDPs), using a globally verified tool.
Reflection of the needs and views of different groups in GBV programming, including changing needs

Assessments of the needs of adolescent girls were conducted in Jordan and Lebanon and programmes modified on the basis of the findings. In countries where quality of care feedback is gathered, the views of different groups inform future programming.

The team did not find that assessments were routinely conducted on the needs of children and women relating to incidence of GBV, although targeted assessments were conducted in Lebanon and Jordan to identify how to make programming more accessible and relevant to adolescent girls. The views of adolescent girls informed programming content, provision of child care for young mothers, and timing of activities. Feedback on the quality of care is not yet standardised across UNICEF IPs, although quality of care monitoring is being conducted among girls and women attending GBV programming in South Sudan, CAR and Lebanon, where IPs are using FGDs and other feedback mechanisms.

Changing GBViE needs were documented, particularly in protracted emergencies, and are being addressed with revised programming models.

Changing circumstances and priorities during different stages of protracted emergencies require a shift of approach away from immediate response to more systems based sustainable approaches. The team found examples of UNICEF revising, or planning to revise its programme models in all the countries evaluated. Results of safety audits inform adjustments to programmes. Programming adjustments were also informed by reports collated through the Gender-based Violence Information Management System (GBVIMS) and other information management systems, changing situations in terms of new laws, or changed political structures.

Alignment with corporate, regional and national strategies and corporate commitments

In the majority of countries visited, UNICEF GBViE specific programming is well aligned with national plans and with UNICEF corporate strategies. This is the case even when corporate commitments are not known or referenced by Country Offices in their programme documents.

In Lebanon, Jordan, South Sudan and Somalia, GBViE programmes are aligned with national response plans (Lebanon Crisis Response Plan, Jordan Response Plan, South Sudan Humanitarian Response Plan 2016, Somalia National Action Plan for Ending Sexual Violence (2014)) and regional plans (Syria Crisis

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54 Some Makani centres (Jordan) include programmes designed so participants could ‘drop in’ when they finish chores. In Lebanon and Jordan, there is childcare provided, either staffed by professionals (Lebanon) or by mothers (Jordan), so mothers with young children can benefit from programmes.

55 The tools are included in the Communities Care and the Resource Pack, however, and will be more widely available once these sets of guidance are fully rolled out.
Regional Refugee and Resilience Plan). In Lebanon, the Government response plans for the sectors led by UNICEF were developed with support from UNICEF, and are thus closely aligned with UNICEF priorities.

Overall, GBVIE programmes are well aligned with corporate strategies and plans as expressed in the UNICEF Strategic Plan, the Equity Approach, the CCCs and the GAP, although in some cases COs had no particular knowledge of, nor made reference to, these key documents. Apart from the Equity Approach, non GBV-specialist CO staff are generally not aware of the corporate priorities relating to GBV. Most offices made no reference to the GAP, even while implementing programming that focus on one or more of the GAP programming priorities. In situations where many new UNICEF staff join a Co in the wake of a major emergency (such as the Syrian refugee crisis), most are not well versed with the CCCs.

Alignment with corporate GBVIE guidance

No RTE countries are implementing a comprehensive GBVIE programme as set out in the Resource Pack. UNICEF CAR, South Sudan, Lebanon and Jordan, however, are implementing most of the ‘Minimum Actions during Immediate Response to a Crisis’ and, to a lesser extent, the ‘Expanded GBV Prevention and Response interventions’ (see Table 2). Uptake of the IASC GBV Guidelines (for the systematic integration of GBV risk mitigation across sector programmes) is generally weak, with the exception of a few countries where integration is supported through targeted programmes.

<table>
<thead>
<tr>
<th>Minimum actions during immediate response to a crisis</th>
<th>Expanded GBV prevention and response</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effective coordination of humanitarian action to address GBV.</td>
<td>1. Effective coordination of GBV-related humanitarian and recovery action.</td>
</tr>
<tr>
<td>2. GBV risk mitigation across clusters and sectors in line with IASC Guidelines.</td>
<td>2. GBV risk mitigation across clusters and sectors in line with IASC Guidelines.</td>
</tr>
<tr>
<td>3. Age-appropriate clinical and crisis care for sexual assault.</td>
<td>3. Strengthening coordinated multi-sectoral care and support systems and services.</td>
</tr>
<tr>
<td>4. Safe spaces for women and girls.</td>
<td>4. Ongoing protection interventions to reduce vulnerability.</td>
</tr>
<tr>
<td>5. Dignity kits.</td>
<td>5. Primary prevention initiatives to empower girls and women, address harmful attitudes and social norms and legislative and policy interventions. This includes testing and scaling up prevention initiatives.</td>
</tr>
</tbody>
</table>

Table 2. Minimum and expanded actions for GBVIE prevention and response as per the draft Resource Pack

A multi-sectoral service provision (appropriate health care, PSSS, security and legal/access to justice) is necessary to ensure comprehensive care for GBV survivors. UNICEF IPs provide PSS to some degree in all countries; medical response, including capacity-strengthening on CMR, is implemented in all countries except Pakistan and Nepal.

56 As the GAP runs from 2014 – 2017, COs could have regularly referenced targeted priorities in programming by 2016. The exceptions were Jordan, where the former GBVIE Specialist wrote a thought piece on how to implement the GAP in Jordan (Gender equity: how will UNICEF advance gender equality and the empowerment of women and girls in Jordan), and South Sudan where the CO GBV strategy referenced the GAP. However, in other countries, even GBVIE specialists were not conversant with the GAP.

57 Basic PSS was quickly set up in most countries, providing listening and referral services. In Lebanon, Jordan PSS programmes expanded to provide a more comprehensive service later in the response.

58 In both these countries, UNFPA is leading on CMR capacity strengthening.
Providing ‘safe spaces’ is a key delivery modality of GBV response in most countries evaluated. Dignity kits are distributed in all countries evaluated, although not exclusively by UNICEF. In Lebanon, dignity kits are distributed to incentivise girls and women to join programmes in safe spaces. Community-based safety assessments are being conducted by UNICEF or IPs in most countries evaluated, which generate practical activities to mitigate every-day risks of GBV. Interventions to facilitate survivor safety are undertaken in some of the countries through community safety patrols, support to shelters for survivors and their children (Nepal, Jordan and Lebanon), and ‘hotlines’ (Somalia and Nepal). Support to other elements of GBViE multi-sectoral care and support systems, such as security sector response (police) and access to justice, are not addressed (or to a limited extent in most evaluation countries as part of the GBV programme).

In all countries, UNICEF was a valued partner within the GBViE-sector coordination mechanism. In South Sudan, UNICEF lead a sub-national GBV sub-cluster, and until a few months before the team visited Lebanon, UNICEF had co-led the national and regional sub-cluster.

The most consistent and largest gaps between field practice and the minimum and expanded actions concern GBV risk mitigation through the systematic integration of GBViE across all UNICEF sections and clusters led by UNICEF, and context specific prevention initiatives including focused programming to address social norms (see further discussion in 4.2.2 and 4.2.3).

Alignment with GBViE Theory of Change

The UNICEF corporate Theory of Change (ToC) for GBViE is relatively new and, perhaps as a result, the evaluation team found no ToCs for GBViE at country or regional level. Even so, UNICEF GBViE programming in most countries is generally consistent with the core programme areas of the new corporate ToC, although some elements are only partially covered and others minimally covered.

The COs that did have a GBV rationale, or a strategy for elements of GBViE programming (that included good GBV programming practice, priorities and action plans), did not provide overall logic for the programme. Strategies, while important, are not a substitute for a ToC that provides a comprehensive approach and clarifies the nature of changes which different interventions are expected to catalyse/produce.

In Table 3, each strategic intervention from the draft ToC (Figure 1) is listed with an assessment of the degree the UNICEF GBViE programmes addressed that strategic intervention. Table 3 generalises across assessments of individual country RTE reports the extent that each strategic intervention is covered (but not the effectiveness of the interventions).

59 The evaluation team acknowledges that contextual challenges such as lack of infrastructure (or in refugee contexts, unwillingness to report to police and judiciary) challenge work on multi-sectoral response. One exception is the capacity strengthening police and social workers on response in dealing with GBV survivors in South Sudan. Currently a small project (33 police trained in Juba to date), after a year with ongoing mentoring for trainees, 18 police were liaising with the community. Of 15 social workers trained, 11 remained active in the programme.

60 I.e. the 2016 GBV Strategy in South Sudan, based on contextualised priorities, and the GBV Package Concept and GBV Programme Structure for Somalia (although it was not clear to what extent the Somalia tools were being used, as Child Protection staff interviewed during the evaluation were not familiar with them).
### Table 3 - Degree of Implementation of the Strategic interventions from draft GBViE Theory of Change, generalized across seven RTEs

<table>
<thead>
<tr>
<th>GBViE Strategic Interventions in the UNICEF ToC</th>
<th>Degree of application</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High - 🍃🍃🍃</td>
</tr>
<tr>
<td></td>
<td>Moderate - 🍃🍃</td>
</tr>
<tr>
<td></td>
<td>Low - 🍃</td>
</tr>
<tr>
<td><strong>MITIGATE RISKS</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Advocate for prioritisation of GBV</td>
<td>🍃</td>
</tr>
<tr>
<td>▪ Implement and monitor essential actions outlined in the 2015 IASC GBV Guidelines across clusters/sectors</td>
<td>🍃</td>
</tr>
<tr>
<td><strong>BUILD RESILIENCE</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Community safety assessments</td>
<td>🍃🍃</td>
</tr>
<tr>
<td>▪ Distribute dignity kits</td>
<td>🍃🍃🍃</td>
</tr>
<tr>
<td>▪ Establish safe spaces</td>
<td>🍃🍃🍃</td>
</tr>
<tr>
<td>▪ Integrate GBV into DDR efforts</td>
<td>Minimal61</td>
</tr>
<tr>
<td><strong>PROMOTE ACCOUNTABILITY</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Monitor Conflict Related Sexual Violence</td>
<td>🍃</td>
</tr>
<tr>
<td>▪ Engage and advocate with duty bearers to comply with international humanitarian law</td>
<td>🍃🍃</td>
</tr>
<tr>
<td>▪ Advocate for PSEA</td>
<td>🍃</td>
</tr>
<tr>
<td><strong>PROVIDE QUALITY SERVICES TO SURVIVORS</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Make health, psychosocial and safety services available</td>
<td>🍃🍃🍃</td>
</tr>
<tr>
<td>▪ Identify and address barriers to accessing services</td>
<td>🍃🍃</td>
</tr>
<tr>
<td>▪ Strengthen quality of available services</td>
<td>🍃🍃</td>
</tr>
<tr>
<td>▪ Publicize information about availability and benefits of services</td>
<td>🍃🍃🍃</td>
</tr>
<tr>
<td>▪ Establish/strengthen referral systems, including for victims of PSEA</td>
<td>🍃🍃</td>
</tr>
<tr>
<td><strong>LAY THE FOUNDATION FOR LONG-TERM CHANGE</strong></td>
<td></td>
</tr>
<tr>
<td>▪ Economic and social empowerment interventions for women and girls</td>
<td>🍃</td>
</tr>
<tr>
<td>▪ Programming to shift harmful social norms</td>
<td>🍃</td>
</tr>
<tr>
<td>▪ Support legal and policy reform and build capacity of government to implement and enforce them</td>
<td>🍃🍃</td>
</tr>
</tbody>
</table>

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61 In CAR and South Sudan, and addressed minimally. NB: The intervention is relevant only where a DDR process is planned or underway, led or supported by the UN.
Programme Effectiveness

The extent that programmes and interventions at all levels are achieving or are likely to achieve the intended purposes.

Effectiveness of UNICEF’s emergency response to GBV

In the majority of countries evaluated, COs succeeded in mounting a rapid and significant GBViE response following the declaration of a Level 3 (L3) emergency.

In Lebanon, Jordan, and South Sudan UNICEF began implementing a GBViE response within weeks of a L3 emergency declaration or escalation of crisis. In Nepal, where the CO focused on protection monitoring, GBV Watch Groups and anti-trafficking (as requested by the Government), the deployment of protection officers to earthquake-affected areas was achieved within days of the earthquake. By contrast, in Somalia, the emergency response started in 2006, but the UNICEF GBViE response began in 2011 with the deployment of a GBViE Specialist as part of the surge response to the famine in the Horn of Africa, after which the programme expanded quickly.

Following an incursion in the Protection of Civilians area, around the peace-keeping base in Malakal, Upper Nile State, South Sudan, GBV services were re-established on the same day that the incursion happened and expanded throughout the following week. (See box).

62 Existing, pre-crisis Child Friendly Spaces, where community mobilisation was conducted, were bases to disseminate GBV messages to communities during the first days of the response, with GBV referral mechanisms and case management put in place in the CFS shortly after. (Jordan)
In most countries evaluated, the UNICEF GBViE response significantly expanded the provision of GBV services/programmes compared with pre-crisis levels, especially medical services for survivors, PSS, safe spaces, dignity kit distribution, support for shelters and awareness raising and community outreach. In some cases, UNICEF is supporting services to hundreds of thousands of survivors and women and children at risk.

In CAR, the establishment of Listening Centers across the country for displaced populations returning home to areas where services are limited, has created stable, safe locations where girls and women survivors can receive support.

“In the centre we are happy when we sit together like this... if you have something that is paining you, you can tell someone, and also we receive some of the messages here in the centre that can make change.”
FGD participant, South Sudan

In most of the countries, UNICEF interventions significantly improve access to PSS and CMR services for survivors and those at risk of GBV amongst Internally Displace Persons (IDP), refugee populations and host populations. Many FGD participants expressed appreciation, in particular for the PSS and the courses provided in the safe spaces. Safe spaces were also appreciated as places where children, adolescents and women could gather together for peer support. Many FGD participants also expressed frustration, however, at the lack of income-generating activities and that a lack of income was the most pressing need overall.63

Most of the countries evaluated did not have a UNICEF GBV programme pre-crisis. UNICEF and partners scaled up services significantly in CAR, Jordan, Lebanon, Somalia and South Sudan. Despite this, in South Sudan, CAR and Somalia, all large countries with serious security and access challenges, high numbers of GBV survivors and those at risk remain, with limited or no access to services.

UNICEF Lebanon has developed a standard package of GBViE services to be integrated by all IPs in safe spaces which are established in ‘gateways’. (Locations where multiple humanitarian sectors deliver services in one location). Services which target girls and women as a priority aim to empower them to support each other and include age-appropriate PSS, life-skills courses, recreation activities, skills/vocational development, accessing safe and multi-sectoral GBViE response through case workers, reproductive health care, development of coping strategies, hygiene promotion and sensitisation on women’s rights. Childcare is provided by trained assistants. All IPs deliver both Child Protection and GBV programmes at the same location. This is certainly efficient in terms of resources and for those accessing multiple services in one location.

In all countries evaluated, in the context of the universal stigma associated with acknowledging and reporting GBV, UNICEF is building trust through social activities in safe spaces, where reporting can be done confidentially.

Pervasive social stigma attached to disclosing GBV, and security-related fear, deters girls and women from seeking care and support for GBV in each country evaluated.64 To help raise the level of participation and reduce stigma of attending safe space centres, GBV-related activities are implemented, in a confidential manner, as part of programmes that support survivors and those at risk with activities, such as the informal education in the women friendly spaces (WFS) in Somalia, South Sudan, Lebanon, Jordan and within the Women’s Watch Groups in Nepal. The existence of socially-acceptable spaces where girls and women can build friendships and access resources and services was appreciated by attendees in every location evaluated. This is especially important in societies where women are often socially isolated by cultural restrictions on their mobility, such as Syrian refugees in Lebanon and Jordan.

63 FGD participants didn’t necessarily relate income-generation with GBV. For many, however, lack of income is the priority, any response which does not address this is a cause of frustration. (See also 4.2.2)
64 This is a universal constraint and is not related to UNICEF programming or specific countries.
Innovative approaches are being developed and implemented to enhance programme quality. Innovative approaches have enhanced the quality of the services being provided, in particular:

- In Lebanon, whole-of-facility Clinical Management of Rape (CMR) training is conducted with all staff (medical and administrative) at health facilities, aimed at ensuring that survivors are treated in a survivor-centred and confidential manner by all facility staff, not just medical staff.
- In South Sudan, training, mentoring and support is provided to local NGOs that don't have previous GBV experience to raise the number of organisations qualified to provide PSS, social mobilisation/awareness raising, and referral of survivors and those at risk to appropriate services.

One stop centres in Somalia (see box).

As part of the Life Stage Approach, programmes that target adolescent girls and boys are being implemented in some countries, but are a notable gap in others. UNICEF’s anti-trafficking interventions in Nepal target adolescent girls, among other groups, with programming for prevention, protection and prosecution as well as rescue, rehabilitation and reintegration. Emergency support is provided to families with a child, including adolescents or a woman at high risk of trafficking.

UNICEF also supports the police, Ministry of Home Affairs and immigration officers to establish checkpoints.

In Lebanon and Jordan, life-skills curricula and safe-space activities target adolescents to raise awareness, offer certain socio-economic-empowerment activities, and age-appropriate PSS and life-skills courses to empower them to engage with their community and peers, productively and successfully, even under highly stressful situation of displacement.

Other countries evaluated did not address adolescents as a targeted group, despite the fact that adolescent girls are the highest risk group for many types of GBV. In CAR, Somalia and South Sudan, adolescent girls are expected to access services through WFS, so although services are available, the programmes do not include interventions that target adolescents specifically. In Nepal, adolescents are beyond the scope of the GBVIE programme that’s

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65 Emergency support is a one-off payment of US$50 to the family, with ongoing support by trained social workers whom identify community resources available for families.

66 Other UNICEF sectors that address child marriage were beyond the Evaluation scope. The issue was not raised by programme staff during any country mission.
agreed with the Government; in Pakistan, adolescents are addressed under a regional development programme.

In Jordan and Lebanon, addressing child marriage is a priority of GBViE programmes (child marriage by definition engages adolescent girls). Programmes focus on reducing levels of child marriage and providing support to child brides/mothers. Elsewhere, Child Protection/GBV staff are aware of the link between child marriage and GBV, but service delivery that addresses sexual violence (CMR and PSS programming) is prioritised over addressing child marriage in an immediate response.67

UNICEF Headquarter technical support to Country Offices, and regionally from inter-agency GBViE specialists, is appreciated, but lack of GBViE Specialists in regional offices limits technical support and thus UNICEF is not party to inter-agency regional decision-making on GBViE. All the evaluation countries benefit from, and greatly appreciate, in-person and remote technical support from the CPS in New York. Members of the former GBV AoR Rapid Response Team and the current Regional Emergency GBV Advisors who conducted missions to Pakistan, Jordan, Lebanon, South Sudan and CAR also provided valuable technical support. However, the few specialist GBViE staff in UNICEF, and the lack of dedicated GBViE Specialists/Advisors in UNICEF Regional Offices (in contrast to UNHCR and UNFPA), limits the level of technical support available to COs. UNICEF is thus not always represented at regional level in inter-agency discussions and decisions.

In CAR and Somalia, GBViE Specialists who were originally deployed on surge assignments stayed on as staff members.

In COs where significant GBViE programmes are implemented at scale, the support of CO leadership has been key, with the Representative, Deputy Representative, and the Chief of Child Protection (in some combination) supporting the GBViE response as a priority and ensuring that funding is allocated. Support from the Country Office leadership and Child Protection Chief has been a key factor for success in the prioritisation of GBV in a UNICEF humanitarian response. Decisions by the Chief of Child Protection to recruit specialised GBV expertise and allocate funding to GBV activities are especially important.

When UNICEF CO leadership supports GBViE, it raises the profile of GBV as a priority in the inter-agency or government response, regardless if the RO has prioritized it as part of the emergency response, as is the case of MENARO.

Effectiveness of GBV Prevention

In most of the evaluated countries, GBViE programmes raise awareness as the primary approach to GBV prevention. In a few countries, innovative approaches to prevention have also been introduced. Somalia and South Sudan are pilot countries for the Communities Care Programme, for which evaluation results are forthcoming. However, evidence of what works to truly address entrenched norms and attitudes that underpin GBV is still limited across the GBV-sector as a whole. In the UNICEF Theory of Change, GBV-prevention is part of ‘laying the foundation for long-term change’. The Resource Pack suggests that a comprehensive approach to GBV prevention includes building children and women’s resilience through targeted initiatives that reduce GBV-related risks

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67 Apart from obvious reproductive health issues associated with child mothers, GBVIMS data in some countries links child marriage and higher rates of domestic violence and intimate partner violence.
and vulnerabilities; building duty-bearer accountability and action in accordance with relevant international norms and standards; and tackling underlying drivers of GBV.\(^{68}\)

UNICEF’s community-based approach to reduce the risks of GBV equips communities from the first stages of emergency response to identify GBV-related safety and security problems and implement solutions to reduce GBV threats. (Draft section of the UNICEF GBViE Programme Resource Pack: Building Safety and Resilience). Other systems-building, prevention initiatives that build resilience and reduce vulnerability include gender-sensitive non-food item distributions including dignity kits. Comprehensive prevention includes GBV risk mitigation through systematic integration of GBV throughout all humanitarian sector responses in line with the sector-specific recommendations contained in the IASC GBV Guidelines.

Raising awareness was the most widespread prevention intervention in UNICEF GBViE programming in all RTE countries. The programmes aimed to reduce incidence of GBV and increase uptake of services. Both in safe space programming and as part of capacity building for national government and civil society partners, programmes aimed to build awareness of protection actors, caregivers (male and female), women, adolescents and children that GBV is a human rights abuse; about the harm resulting from GBV; and on the nature and location of services available to survivors and those at risk.

Volunteers and community members are also trained to recognise different types of GBV and to refer survivors and those at risk to appropriate care and support through a variety of community mechanisms.\(^{69}\)

Mixed media messaging around GBV is another UNICEF approach to communicate to communities and humanitarian actors about GBV issues. Examples included:

- Anti-trafficking messages in Nepal.
- The inter-agency ‘Amani’ campaign in Jordan. In 2014, the campaign developed a set of standard, interagency Child Protection/GBV messages that have since been regularly rolled out across all sectors. They form the basis of community, civil society and government awareness raising and capacity strengthening on GBV.
- In Lebanon, the CO have used theatre and film as well as engagement with supportive Muslim clerics and other trusted leaders to engage with communities on GBV.

\(^{68}\) GBV drivers include, but are not limited to, social norms and practices that either condone or promote GBV through socially-ascribed gender roles that allow male abuse of power against females.

\(^{69}\) Including: members of Child Protection Committees (Pakistan and Jordan), and as participants of Child Protection/GBV courses in safe spaces in Lebanon who have the opportunity to form community committees and use events to share their learning with members of their own communities. (According to one UNICEF IP, about 50 per cent of course participants join the committees). In South Sudan, female community focal points in WFS programmes are also trained to refer members of their communities to GBV services.
UNICEF Lebanon Country Office is taking initiatives to challenge social norms that underlie a prevalence of GBV.

- Since 2013, UNICEF has engaged a group of well-respected Muslim clerics, who receive training on basic Child Protection and GBV concepts and on the risks relating to child marriage. Friday messages were prepared and delivered by male religious leaders on DV, child marriage and sexual harassment and one female religious leader has delivered sermons and led FGDs on child marriage and other issues with women and girls.

- A UNICEF partner engages with communities with the ‘theatre of the oppressed’. Targeting communities with high levels of child marriage, they initiate community debates by working closely with community leaders and other key individuals such as mothers-in-law.

- A GBV animated video on child marriage, developed in consultation with girls, boys, and male and female caregivers, is used at awareness-raising sessions. Posters and leaflets with key messages on child marriage are distributed through outreach volunteers to reinforce the messages of the video.

It’s a challenge to measure the effectiveness of an approach to address GBV. A UNICEF-wide monitoring mechanism does not yet exist, although the team was informed of several planned and pilot initiatives:

- The Communities’ Care approach includes a mechanism that may provide the basis for monitoring;

- In South Sudan, the GBViE team is planning to create guidance on community mobilization/awareness-raising which will include tools to measure effectiveness;

- In Jordan, UNICEF is planning an assessment of the effectiveness of Standard Operating Procedure material (which includes the Amani campaign), which should produce some interesting lessons learned on what has worked in that setting.

While raising awareness is an integral part of a comprehensive GBViE response, standing alone it does not constitute a quality prevention approach. Recognizing this, the CPS GBViE team developed the Communities’ Care Programme, which is being piloted in Somalia and South Sudan.\(^70\)

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\(^70\) The Communities Care: Transforming Lives and Preventing Violence Programme is a UNICEF flagship pilot initiative being rolled out and evaluated in South Sudan and Somalia. It aims to advance approaches to prevention of and response to GBV, especially sexual violence against women and girls affected by conflict and disaster. It is a participatory, community-based intervention with the goal of creating safer communities through transforming harmful social norms that contribute to sexual violence into social norms that uphold women and girls’ equality, safety and dignity. The programme offers an introductory training to the community; the community selects 25 members who engage in 15 weeks of discussions (twice per week) on subjects such as human rights, human dignity, fairness, power, violence etc. The programme also has a community-based care component. The development of evidence-based ‘good practices’ from this project will inform future GBV prevention and response programming and guidance.
pilots are not yet available but anecdotal feedback is positive.\textsuperscript{71} The UNICEF Somalia Chief of Child Protection, reported: “Initial results are good and the programme seems to be working!” The Communities Care pilot will lay the groundwork to work on tackling social norms that support GBV (and in GBViE programming across the whole sector.)

The Evaluation of UNICEF GBViE Programmes found that, in most of the evaluation countries, UNICEF’s GBViE response doesn’t yet address, in-depth or systematically, the cultural and social norms/attitudes that perpetuate GBV as ‘acceptable’ behaviour among service providers and in communities.

In some cases, IPs did not appear to understand the importance of addressing social norms (which in severe situations can compromise survivor safety).\textsuperscript{72} In the countries evaluated, programming that tackles deeply entrenched attitudes and behaviours will require context-specific assessments (building on the Communities Care initiative), and would benefit from consistent integration with Communication for Development (C4D). The evaluation team recognises that initial interventions such, as Health and PSS, is the priority for GBViE at the start of an emergency. However, given the protracted nature of the emergencies evaluated, more resources allocated to develop in-depth understanding of contextualised interventions---that address root causes based on theories of behaviour change and communication for social change---would significantly strengthen long-term GBV prevention.

Safe opportunities for girls and women to earn income is part of a comprehensive GBV prevention strategy. Income earning offers alternatives to harmful strategies such as child marriage, child labour or survival sex. In Lebanon, Jordan and South Sudan, economic empowerment activities are part of some programming, but not to the scale that addresses shortfalls in household income.

Economic opportunities for those at risk or survivors of GBV need to be offered in a manner that won’t add to the risk of violence (for example, men feeling threatened by household women generating income). Trainings on small-scale socio-economic opportunities (soap making, hairdressing, etc.) are offered in WFS in Lebanon but on a limited scale because of a legal prohibition on refugees working. In South Sudan, UNICEF IPs support small-scale handicraft projects in WFS to sell the products in tourist venues. In Jordan, the Makani project provides skills training for refugee youth (18-24 years) to run small businesses in the camps/host communities within the legal restrictions on their ability to work. UNICEF does not monitor training outcomes in terms of numbers of businesses established or income generated, but is aware that some trainees have set up businesses following the courses.

In Makani centres, Life Skills includes ‘productive work skills’ that support young people to conceptualise initiatives for small business in areas of work that are safe to engage in. For refugees (who have legal restrictions on their ability to work in Jordan), ‘skills training; includes repairing mobile phones and refrigerators and hairdressing/beauty—endeavors that are in demand in the refugee camps.

\textsuperscript{71} Johns Hopkins University is conducting longitudinal Randomised Community Trials of the pilot, implemented by a IP, to assess to what extent the Communities Care Programme meets objectives. However, these are in initial stages and the evaluation team did not have access to any of their findings.

\textsuperscript{72} In Somalia, the evaluation team found that a lack of understanding by IPs led to actions that could compromise survivor safety. One IP who operated a shelter told women experiencing Domestic Violence that: “This is life. You have to go on.” The IP explained that they speak with husbands before the women return home and consider that this “resolves” the problem, and that “the husbands don’t beat them anymore.” This indicates a fundamental misunderstanding of the nature of intimate partner violence.
In all evaluated countries, UNICEF has been successful in advocating laws and policies that prevent GBV.

In all the countries evaluated, UNICEF has been successful in advocating for changes to laws and policies to strengthen the protective environment for girls and women and reduce their exposure to GBV. UNICEF worked with it advantage of being a trusted partner with the governments, and influenced policy to add significant value in terms of potential GBV prevention. (See Section 4.4.4).

Regardless of this progress, however, laws and policies concerning GBV incidence, prevention, response and reporting, and with perpetrator impunity, remain to be developed, agreed upon and systematically implemented.

UNICEF is a member of various fora that expand understanding of prevention of GBViE.

Globally, UNICEF leads on developing new approaches for prevention of GBV, working with different partners. UNICEF is a member of the Independent Advisory Board for What Works to Prevent Violence Against Women and Girls and a partner in the CPC Network to develop Transforming Households: Reducing Incidence of Violence in Emergencies (THRIVE, 2016). The THRIVE network builds an evidence-base of drivers of household violence, informs interventions and evaluates programmes, working to overcome the current paucity of evidence of what works to prevent GBViE (see 4.2.6: UNICEF monitoring and evaluation of GBViE interventions).

Integration of GBViE risk mitigation activities across all sectors

With some notable ‘good practice’ examples, risk mitigation of GBV by integrating the GBV issue into UNICEF sectors is limited. Outside Child Protection Programmes, many UNICEF sectors have yet to address the critical gap in GBViE risk mitigation, even in COs that benefit from the advice of GBViE Specialists.

The evaluation team found limited understanding amongst many UNICEF sector chiefs in the countries evaluated that GBViE risk mitigation necessarily encompasses the systematic integration of GBV approaches/activities across all other UNICEF programme sectors. (UNICEF was a co-convenor of the global GBV AoR on GBViE; a contributor to the 2005 IASC GBV Guidelines; lead in drafting the 2015 IASC GBV Guidelines.) With the exception of some GBV and Child Protection specialists, the lack of GBV integration in UNICEF sections was not perceived as an urgent concern by the sections.

The Evaluation of UNICEF GBViE Programmes found cases where a section staff member took initiative to work with the GBViE technical staff to integrate GBV, sometimes with the support of a section chief, but the responsibility was with the GBViE staff and not with the sections. Limited section chief support is a major constraint, and for which specialist GBViE support cannot substitute. In some cases, donors

73 https://whatworksglobal.wordpress.com/2015/03/10/independent-advisory-board-first-meeting/
75 While the 2015 revision of the IASC GBV Guidelines was only launched in September 2015, so a few months before the evaluation started, the 2005 version promoting integration of GBV across all sectors (albeit with far less detailed and practical guidance for each sector than the 2015 revision) was the IASC tool which was most often referred to according to an IASC study conducted in 2009. (Review of IASC Products, Silva Ferretti, December 2009). However, in the past few years, use of the 2005 guidance appears to have lessened. Both the 2005 IASC GBV Guidelines and the revised 2015 version provide practical guidance and recommendations for how integration of GBV risk mitigation can be incorporated into emergency response.
76 In Somalia, the WASH cluster was selected as a pilot for training on the 2015 GBViE GBViE Guidelines. But the lack of specialist follow-up to translate the training into practice once the specialist left has led to the initial enthusiasm being lost and a feeling of being ‘let down’. Similarly, in Jordan the health sector and in South Sudan the WASH sectors had been pilots for the rollout of the IASC GBV Guidelines but in neither
strongly support the integration of GBV in other sector programmes (see South Sudan WASH/GBV and DDR examples below).

Survey results revealed a better scenario concerning the levels of integration across sectors than the team observed during evaluation missions, especially for Child Protection but also with Education, WASH, Health and C4D. Over a third of the Country Offices that responded, integration was said to be happening. However, the team has no way to verify this.

Some activities that contribute to risk mitigation are undertaken by sectors as part of good programming practice, but are not recognised specifically as contributing to GBV risk mitigation. For example, some sections scored themselves relatively highly in the self-assessments on including girls and women as discrete groups during needs assessments, which is in line with the good practice recommendations in the IASC GBV Guidelines for all sectors. But there are seldom monitoring indicators to report on the extent actions contribute to GBV risk mitigation. Similarly, education interventions that encourage girls to remain in school are good education practice, and inherently—reduce the rates of child marriage. As long as these actions are not captured as contributing to GBV risk mitigation, the picture will be incomplete.

In general, the material points to the fact that UNICEF sections have a way to go to recognise their critical role in meeting UNICEF’s commitments in this area.

In South Sudan, USAID supports a flagship integrated WASH/GBV project. Its three strategies are:

1. Ensure a gender and risk analysis is conducted to define gender roles and responsibilities, cultural norms and belief in the project.
2. Strengthen the delivery of effective coordinated and integrated life-saving WASH and GBV interventions to people affected by the current crisis.
3. Support vulnerable populations to cope better with shocks by strengthening their coping mechanisms.

In the last quarter of 2015, UNICEF and partners enhanced water supplies, improved sanitation facilities and promoted hygiene as well as facilitating discussions on health, GBV, literacy, and craft making in eight WFS. The GBViE team supported WASH to integrate GBV risk mitigation elements into their work plan, monitoring tools, and PCAs. M&E tools and lesson learning processes are being developed as part of the programme as well as documenting processes to inform future risk mitigation efforts in other countries.

WASH/GBViE programme in South Sudan (see box) is in the early stages of implementation but, with a strong monitoring and evaluation component, should produce some interesting and highly relevant lessons and tools to strengthen GBViE integration in WASH programming more generally.

Elsewhere, the country evaluations found examples of GBV-messaging included in training for hygiene promoters (Lebanon); WASH safety audits being conducted with input on questions and analysis of results from GBViE Specialists (Jordan); and segregation of bathing/latrine facilities (in most countries evaluated).

The UNICEF Multi-country GBViE Programme Evaluation revealed good examples of GBV integration in other sector programmes.

GBV integration across several sectors is inherent in the Makani model in Jordan (Education, Child Protection and Life-skills for Adolescents and Youth). In South Sudan, which is one of several countries implementing the global Peace-building, Education and Advocacy (PBEA) programme, GBV (and case had they systematically integrated GBV into their programmes by the time of the evaluation missions.
gender equality) messaging was included in the PBEA curriculum, in elements of conflict sensitivity and in a series of digital and audio discussions groups for pastoralists.\textsuperscript{77} As noted above, good education practice in encouraging girls to stay in school longer contributes to reducing child marriage.

Integrating GBV risk mitigation across sector programming is in line with UNICEF’s overall movement towards delivering a more holistic and comprehensive emergency response.\textsuperscript{78} Integrated responses between sectors is also favoured and promoted by donors who support GBViE.\textsuperscript{79} However, the momentum and understanding among non-Child Protection sections in UNICEF is not yet at a point where GBV is systematically integrated into programming.

The Child Protection Section in New York recognises that the integration of GBV risk mitigation is not currently systematic. At headquarters level, the IASC GBV Guidelines recommendations were integrated into all UNICEF sections’ Annual Work Plan in 2016. The GBViE Specialist at Headquarters is working with the WASH sector to roll out the Guidelines at global level for WASH partners, highlighting them in all sector network meetings.

Donor and global partners interviewed appreciated UNICEF leadership of the revision of the 2015 IASC GBV Guidelines, and look to UNICEF to lead the implementation of the Guidelines’ recommendations systematically across all UNICEF-led sectors. UNICEF is taking action to address this. The agency is the major, and largely the only, agency mobilising funds for the ongoing roll-out of the revised IASC GBV Guidelines, which is targeting ten countries with support from the inter-agency Task Force during 2016/2017. However, more resources are required to speed up the dissemination of the guidance.

\textbf{Summary of programme progress against ToC strategic objectives}

Table 4 summarises the evaluation team’s assessment of progress against each of the strategic objectives of the ToC. The table reiterates the findings discussed in the text, and so highlights are included in the table, with references of more detailed discussion provided. (The colours on the table are related to the colours used in the January 2016 draft of the ToC and have no relevance to the level of progress of the activities.)

\textbf{Most and least effective interventions}

As discussed in detail elsewhere in the report, interventions such as safe spaces, CMR, dignity kits, advocacy against GBV and innovative capacity development are effective interventions across several countries. The GBV programmes reviewed were effective, however significant gaps in key programme areas—notably the systematic integration of GBV into other sectors—do remain. Some interventions are now being implemented on a small scale or pilot phase, thus cannot be assessed yet.\textsuperscript{80}

Based on the evaluation team analysis, safe spaces (a variety of models in different settings) provide well-appreciated centres where women, girls and children can gather safely to share their experience

\textsuperscript{77} These discussions are conducted via radio broadcasts, and audio/digital sets then given to pastoralist communities so the men and women can have further discussions on the topics which address family issues (including polygamy and domestic violence), women’s empowerment, and sending girls to school.

\textsuperscript{78} For other good practice examples of UNICEF delivering multiple holistic and co-located services see the Vine Management Consulting 2015 report on integrated programming in UNICEF, commissioned by PD HATIS.

\textsuperscript{79} In the case of the WASH-GBV programme in South Sudan, USAID is strongly supportive of the approach, and suggested that it was one strategy for accessing more funding for GBV because money can be accessed through a larger number of funding streams (not just protection).

\textsuperscript{80} Effectiveness, as discussed at the start of section 4, is interpreted in the light of the evaluation questions (Annex 6).
and access information, training, PSS and referral for health care. Development of Government led-policies and frameworks that address Child Protection/GBV in Lebanon, Jordan and Somalia are effective to improve systems that address GBV. Capacity strengthening in health centres and for staff to provide CMR in a number of countries was a most effective intervention to improve survivor access to services and promote models for sustainable response.

Leveraging UNICEF’s advocacy and influence as a trusted partner to governments to support the development or revision of legal frameworks that prevent and respond to GBV, in line with international standards, has yielded positive results in each country evaluated. In several countries, UNICEF developed innovative and well-received strategies to strengthen capacity of national and international partners for GBV (see Sections 4.4.2 and 4.4.3 for details). UNICEF support to coordination mechanisms, for example providing technical expertise to develop good practice guidance, has also been highly appreciated (see Section 4.5).

Certain critical areas of programming were being carried forth in only a few countries and on a small scale. For example, GBV integration was minimal in the Disarmament, Demobilisation and Reintegration programmes in CAR and South Sudan.

UNICEF is spearheading the Communities Care Project and initial results indicate the project’s significant contributions to understand how to shift social norms on GBV in humanitarian settings. In other prevention interventions, however, messaging was seldom standard and the effectiveness has not been assessed.

Livelihood and socio-economic empowerment programming for girls and women is an important element of addressing GBV and is implemented on a small scale in some of the settings evaluated. However, it has not been implemented on a scale which made a real contribution to economic empowerment of GBV survivors. It is noted that economic empowerment for GBV survivors and those at risk is a complex issue, and the GBV sector is still evolving how best to address it in different settings, sensitive that interventions do not exacerbate risk of violence in the home and community.

In South Sudan, a UNICEF-supported programme is building understanding and capacity of police and social workers to deal appropriately with GBV survivors, and building community confidence to approach these professionals safely. The results to date of this initiative are encouraging, but the intervention is small scale and only in one evaluated country, so an assessment of its effectiveness is not yet possible.

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81 Including on safe space programming (Lebanon); WFS (South Sudan); case management (Jordan); shelter protocols (Jordan).

82 Addressing socio-economic empowerment is essential both to realize women’s rights and to achieve broader development goals such as economic growth, poverty reduction, health, education and welfare which are closely related to addressing the issue of GBV.

83 Economic empowerment for women and girls is a relatively new area of humanitarian response, one in which some partners (e.g. the Women’s Refugee Committee and IRC) have developed some expertise. However, the evaluation scope did not include assessing whether GBV actors have been able to address socio-economic empowerment/income generation that was not part of UNICEF programming.
Table 4. Summary assessment of progress against the GBViE Theory of Change strategic objectives

<table>
<thead>
<tr>
<th>Strategy Objectives from the Theory of Change (draft March 2016)</th>
<th>Progress</th>
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<tbody>
<tr>
<td><strong>SO1: Mitigate Risks</strong></td>
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<tr>
<td>Advocate for prioritisation of GBV</td>
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<tr>
<td>- In Jordan and Lebanon, UNICEF recognition that increased rates of child marriage were a negative coping mechanism for Syrian refugees and that this type of GBV needed to be addressed as a priority. This recognition and the resulting advocacy resulted in the sector being seen as a priority within protection since the start of the crisis.</td>
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<tr>
<td>- In Somalia, GBViE has a criticality rating of 2 (next to highest) meaning that, should resources be diminished, GBV would be a 2nd tier priority for continuing to be a focus of the response. While this is positive and was a result of UNICEF advocacy, given the widespread and accepted nature of GBV in Somalia, it should be considered a 1st tier priority in the team’s view.</td>
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<tr>
<td>- In Jordan, Lebanon, Somalia and South Sudan, advocacy within the CO by GBViE Specialists and supportive Child Protection Chiefs and CO leadership resulted in GBViE being allocated funding from CO budgets.</td>
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<tr>
<td>- All countries - Advocacy with national actors created greater awareness of GBV as a problem and acceptance that its prevention and provision of response services need government action.</td>
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<tr>
<td>- Even where the GBV programmes are strongest, GBViE is not afforded the same profile within COs as other UNICEF sectors.</td>
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<tr>
<td>Implement and monitor essential actions outlined in the IASC GBV Guidelines across clusters/sectors</td>
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<tr>
<td>- There are notable examples of good practice recommended in the IASC GBV Guidelines, in particular:</td>
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<td></td>
<td>o Jordan - integrated education-youth-Child Protection programmes in Makani centres.</td>
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<td></td>
<td>o South Sudan - the WASH-GBV programme.</td>
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<tr>
<td>- Integration of GBV risk mitigation activities is not systematic in any of the countries evaluated, and the responsibility for integration of GBV is still considered by all other actors (except GBV) to lie with Child Protection/GBV rather than being ‘everyone’s responsibility’, as the Guidelines emphasize.</td>
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<tr>
<td><strong>SO2: Build Resilience</strong></td>
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<tr>
<td>Safety assessments</td>
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<tr>
<td>- Jordan - Safety audits have been conducted periodically by WASH including GBV elements with input from the GBViE Specialist. WASH programming was adjusted in the light of audit findings in terms of ensuring lighting, siting male and female latrines separately, ensuring doors have internal locks which children can reach.</td>
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<tr>
<td>- CAR and South Sudan - Regular safety assessments are conducted by some UNICEF IPs (IRC).</td>
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<tr>
<td>Distribute dignity kits</td>
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<tr>
<td>- Dignity/hygiene kits are distributed in all countries evaluated, but not exclusively by UNICEF.</td>
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<tr>
<td>- Of note is UNICEF Lebanon’s use of dignity kits as incentives, which has been effective in attracting women and girls to engage with programming provided in WFS, and in making their engagement acceptable to their male family members.</td>
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<tr>
<td>Establish safe spaces</td>
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<tr>
<td>- Safe spaces were established in some form in all the COs evaluated and, with the range of programming offered with them addressing the stated objectives and appreciated by the beneficiaries. (See also below (SO4) and section 4.2.5)</td>
<td></td>
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</tbody>
</table>
Integrate GBV into DDR efforts

Of those countries evaluated, integration of GBV within DDR programmes was encountered in CAR and South Sudan, and is – to date – very limited in these countries.

- **CAR** - the focus is on ‘gender-sensitive DDR’ rather than specifically addressing GBV.
- **South Sudan** - the donor (DANIDA) is emphasising the importance of integrating GBV as a priority into the next phase of the DDR programme.

**SO3: Promote Accountability**

Monitor CRSV

- The Monitoring, Analysis and Reporting Arrangements on Conflict Related Sexual Violence (MARA) is functional in CAR, Somalia and South Sudan. While UNICEF is a member of the working groups, it is the evaluation team’s impression that relatively few cases of conflict related sexual violence (CRSV) have been verified through the MARA, compared with the ubiquity of the problem. In South Sudan, UNICEF contributed extensively to a draft information sharing protocol (ISP) on the MARA as well as to an annex in the GBVIMS Information Sharing Protocol on how/when GBVIMS data can feed into the MARA.
- UNICEF co-leads the Monitoring and Reporting Mechanism on grave violations of children’s rights in situations of armed conflict (MRM) in **all countries evaluated except Pakistan**. UNICEF regularly draws on MRM data to inform advocacy.
- Effectiveness could be strengthened by linking the MRM and MARA in countries where they are both in place to exploit UNICEF’s leadership in the MRM and to improve the MARA.
- **Jordan** - MRM information for Syria is collected once refugees are in Jordan, which is unusual and can present challenges for data collection, but is good practice in the context.

Engage and advocate with duty bearers to comply with IHL

- The UNICEF Multi-country GBViE Programme Evaluation assessed UNICEF’s support to national laws and policies in comparison with international standards (see also SO5), but didn’t make a study of the engagement with duty bearers to comply with IHL.

Advocate for PSEA

- Levels of awareness of SEA and UNICEF’S PSEA structures, systems and responsibilities varied considerably **across COs** and between staff in the COs.
- UNICEF is taking a lead, within the UN system, to advocate for PSEA. For example, in South Sudan, the Deputy Representative was drafting a guidance note for the Humanitarian Country Team on PSEA.
- In most countries, the senior CO staff were well aware of the protocols and responsibilities, while other staff were less so.
- **CAR** - training is being regularly provided to all staff and partners in the wake of the recent PSEA allegations, and staff and partners are well versed with the protocols and responsibilities relating to PSEA.

Survivors benefit from appropriate care

**SO4: Provide Quality Services to Survivors**

- The **UNICEF GBViE Programmes** found “UNICEF supported programmes have achieved remarkable changes in children’s wellbeing” as well as

<table>
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<th>Make health, psychosocial and safety services available</th>
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<tr>
<td>All evaluated countries - PSS and CMR are the two interventions that have been most consistently and widely implemented in the countries evaluated. (See also section 4.2.5 for discussion on safe spaces that typically include provision of PSS services). Innovative mechanisms included the Listening Centres in CAR and the GBV Watch Groups in Nepal.</td>
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<tr>
<td><strong>Jordan</strong> - is the only country where effectiveness of UNICEF PSS programming was evaluated. The Evaluation of UNICEF GBViE Programmes found “UNICEF supported programmes have achieved remarkable changes in children’s wellbeing” as well as</td>
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Identifying some areas for improvement. In this evaluation, women and girl FGD participants almost universally reported their appreciation for safe spaces where they could meet and access PSS.

- Effectiveness of CMR training in terms of providing sufficient coverage of services for survivors varied between countries in line with funding, security and access, and levels of national capacities of medical staff and facilities.
- Lebanon - Innovative training for whole of facility staff on CMR aimed at ensuring that survivors treatment by all staff is appropriate and in line with good practice
- South Sudan - UNICEF supported the provision of mobile CMR training as a strategy to increase levels of coverage. However, the widespread lack of services and challenges with access in many parts of South Sudan means that it is considerably harder to provide services which are commensurate with the needs than in countries such as Jordan and Lebanon.

| Identify and addressing barriers to accessing services | Barriers identified include:  
|------------------------------------------------------|--------------------------------------------------|
|                                                      | ▪ Stigma associated with acknowledging GBV and seeking assistance by survivors and their families;  
|                                                      | ▪ Constraints on mobility for girls and women relating to cultural/religious practices in some countries (particularly among Islamic communities) and relating to security risks in areas of conflict (CAR, Somalia, South Sudan).  
| Strategies to address these include:  
|                                                      | ▪ Mobile service provision (mobile safe spaces in Lebanon, mobile CMR training in South Sudan, Pakistan CO is planning to support the government provision of Child Protection mobile services in the future which will include some GBV activities).  
|                                                      | ▪ Awareness raising among communities, survivors, children and caregivers, community leaders and government staff is directed at increasing knowledge of GBV and the associated problems and possible ways to reduce incidence of GBV and also to increase awareness of service provision.  
|                                                      | ▪ This is all very positive although, with the exception of pre- and post-course evaluations little evaluation has been done to date to determine whether, and to what extent, barriers to accessing services are being broken down by the programming. However, as part of the Communities Care programme, work on social norms to address issues of access and demand for services is included, and assessments of any progress made as a result of the programme will go some way to addressing this lack of information on addressing these barriers. (See also 4.4.2) |

| Strengthen quality of available services | UNICEF prioritised building capacity of national partners in all countries with the aim of strengthening the quality of available services.  
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          | (See section 4.4.2 and 4.4.3).  

| Publicize information about availability and benefits of services | Awareness raising on the availability and importance of services for GBV survivors and those at risk is a key element of programming in all countries evaluated, including:  
|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------
| ▪ Community mobilisation through outreach, engagement with community leaders, training volunteers, establishing child protection committees (Jordan, Pakistan); post-WFS course committees (Lebanon); and elsewhere through women, child and girl friendly spaces.  
<p>| ▪ Amani messaging on Child Protection and GBV issues and services which was developed early in the response in Jordan and was been systematically rolled out across all humanitarian sectors, and used to inform capacity development training for all partners. As one key element of the Amani messaging, local service provider information is included in the information and is kept updated. |</p>
<table>
<thead>
<tr>
<th>Conditions that foster GBV are transformed</th>
<th>Establish/strengthening referral systems, including for victims of PSEA</th>
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<tr>
<td></td>
<td>▪ UNICEF is working to strengthen availability and standards of referral services in all countries evaluated through capacity strengthening for professionals, civil society and government staff.</td>
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<td>▪ UNICEF was instrumental in developing GBV Standard Operating Procedures (SOP), which are foundational to effective referral systems.</td>
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<td>o In Jordan, the SOPs were developed by the then joint Child Protection/GBV sub-cluster and were foundational to the sectors’ response including capacity strengthening, awareness raising throughout the whole response.</td>
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<td></td>
<td>▪ UNICEF also played a key role in GBV SOP development in CAR where, in the context of recent allegations of SEA, UNICEF ensures that victims are referred to the appropriate medical facilities (if needed and with survivor consent). Access to PSS is also ensured through existing community structures as well as support with reintegration into communities.</td>
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<table>
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<tr>
<th>SOS: Lay the Foundation for Long Term Change</th>
<th>Economic and social empowerment interventions for women and girls</th>
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<tr>
<td></td>
<td>▪ Overall the, economic and society empowerment interventions were limited. (See section 4.2.2) However, the evaluation found some examples which are small scale but could be built upon, including:</td>
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<td>o Jordan - Skills training for young men and women targeted at activities for which there is demand in the camps. Progress in terms of course participants establishing businesses is not monitored but anecdotally, UNICEF is aware that a number of the course participants are generating income.</td>
</tr>
<tr>
<td></td>
<td>o Lebanon – Socio-economic activities, such as handicraft making, soap making, beauty training and hairdressing are part of the courses offered in gateways, but these are very small scale and are aimed at boosting the participants’ confidence rather than making any substantial contribution to household income.</td>
</tr>
<tr>
<td></td>
<td>o South Sudan - IPs sell the handiwork products made by women and girls in WFS as they have access to tourist outlets.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programming to shift harmful social norms</th>
<th>Somalia and South Sudan - Communities Care pilots in South Sudan and Somalia are underway, but evaluation findings will not be available until late 2016/early 2017. (See section 4.2.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ Awareness raising/challenging social norms initiatives are implemented in all countries in a variety of ways, including some innovative projects using different media, but again – evaluations of effectiveness are limited. (See section 4.2.2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Support legal and policy reform and build capacity of government to implement and enforce them</th>
<th>▪ This is an area of UNICEF comparative advantage, for GBV as for other sectors. (See 4.4.4)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ In all countries evaluated UNICEF is a valued partner to the government, and is seen by other partners has having considerable leverage to catalyse or support policy changes, and strengthen governments to enforce these in line with international good practice. (See section 7.4.2)</td>
</tr>
</tbody>
</table>
Monitoring/evaluation data

Clarity and specificity of programme objectives varied across countries, as did monitoring and reporting frameworks such as baselines, targets and indicators. UNICEF’s GBV project and programme monitoring systems focus mostly on activities and outputs and do not collect information on effectiveness in preventing/mitigating risks of GBV, benefits of care for survivors, or changes in behaviour/attitudes as a result of the programme inputs. UNICEF is aware of these constraints, which are common to the GBV sector, and is engaged at global level and in some countries in developing more sophisticated systems and approaches.

The types of programme planning and monitoring documents varied across the evaluated countries and direct comparisons were difficult. In CAR, Jordan and Lebanon, addressing GBV is a clearly stated objective in programme documents at either outcome or output level, with different combinations of baselines, targets and indicators. Child Protection results in other programme and country documents did not reference GBV. Progress against desired results was being achieved in all countries for which programme documents were available. As further discussed below, in some countries regular monitoring is taking place but results are typically measured by the number of participants and survivors receiving care, rather than the changes in levels of risk of GBV, effects of care on survivors, or positive shifts in behaviour/attitudes as a result of activities.

Data that illustrates how GBVIE programmes contribute to safety for children and women or reduce the risk of GBV—used for reporting and to inform strategic programming approaches—is limited. This significant gap reflects a global challenge of collecting monitoring data across the GBV sector:

- Reliable data on types and incidence of GBV and on service provision for GBV survivors pre-crisis is typically sparse, and it is challenging to develop baselines against which to measure progress.
- Many types of GBV are widely under-reported due to stigma and lack of supportive services. (Sexual violence is widely believed to be one of the most under-reported crimes worldwide.)
- Concerns about survivor safety, the respect for confidentiality, and survivor consent means that data on support to survivors cannot be widely disseminated.
- Impact monitoring is more difficult and expensive than activity monitoring, and requires higher skill levels.

Planning initiatives to expand monitoring and data gathering is underway and being implemented in the RTE countries:

- In Jordan, UNICEF supports the development of a National Tracking System for case management of Child Protection and GBV;
South Sudan’s 2016 GBV strategy recognises monitoring as a ‘critical element’ and plans for strengthened monitoring against strategy indicators (which are themselves linked to donor reporting requirements). While typically pre- and post-evaluation training surveys measure the immediate effectiveness of capacity-building interventions, a more sophisticated monitoring system was developed by UNICEF and an IP in South Sudan to track work with national partners as well as communities. (See box).

Third Party Monitoring (TPM) was used in Pakistan and Somalia where UNICEF cannot access implementation sites because of security issues, and in Nepal where additional monitoring capacity was needed quickly post-earthquake. However, the sensitivity and confidentiality of GBV data presents challenges for monitors who have not been trained in appropriate data collection and sharing protocols. Without specialist training, TPM cannot assess the quality or effectiveness of GBV service provision, limiting the value of their reports.

UNICEF is a member of country GBVIMS task forces in all countries evaluated. While the GBVIMS is used to inform GBViE programming, there are challenges in data quality and data access in some countries. Globally, UNICEF is involved in the Primero initiative and hosts the GBVIMS surge team.

In all countries evaluated, UNICEF was a member of the GBVIMS that collects, analyses and shares data on service provision for GBV. Where available, consolidated GBVIMS reports were reviewed during the RTEs. While GBVIMS data informs UNICEF programming in most of the countries, GBVIMS and other data collection systems face a series of challenges in data sharing, consolidation, triangulation, accuracy and completeness.

The UNICEF Multi-country GBViE Programme Evaluation did not target the GBVIMS as a subject. However, COs noted challenges in its implementation, including:

- Consolidation of data from different sources (e.g. GBVIMS, Child Protection Management System (CPIMS), MRM and MARA) is rarely achieved;
- Use of terminology is inconsistent which limits meaningful analysis and can lead to ‘double counting’ by partners submitting data to the GBVIMS (e.g. in CAR);
- The number of partners allowed to contribute data to GBVIMS is limited by criteria for participation (literacy, numeracy, access to necessary supplies) to help ensure reliable data. Though technically appropriate, the participation of national partners and reach of the data collection is limited, and considered ‘exclusive’ by some governments and partners;
- Even with criteria for capacity standards of local partners, and training to support the implementation of the GBVIMS, national partners are using the GBVIMS, but not all have the expertise necessary to record the data, causing a number of problems;

Even though there have been attempts to reconcile the different data sets in Nepal, (global standard GBVIMS used by UNFPA and 10 IPs; UNICEF adapted form of the GBVIMS used with the GBV Watch Groups and data from the government owned hotline), this hasn’t been achieved. This is a real loss in terms of triangulating and verifying different types of GBV being reported and being able to establish differences by type, geographic location or demographic profile between GBV reports and access to services.

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86 The intention is to develop a master framework with a selection on indicators which IPs can report against, as well as identifying additional indicators as necessary, which are both consistent with the GBV strategy and donor indicators. This was supported with targeted capacity building for IPs on their ability to capture and use programme results.

87 It should be noted that the evaluation was not assessing the functioning of GBVIMS but considering it as a programming resource for UNICEF.

88 South Sudan and Somalia are the two RTE countries where MARA data is being collected.

89 For example, GBV was interpreted by some partners in Jordan as including young boys being sent to work in the informal sector.
In CAR, national partners are using the GBVIMS, but with limited expertise to record the data, causing an inaccuracy in the types and number of incidents recorded;

In South Sudan and Somalia, a reluctance of GBVIMS meant that results were not readily available to UNICEF and other GBVIMS users or partners.

Globally, UNICEF is involved in a number of interagency initiatives to standardise and increase sophistication of GBV data collection and analysis, participating in:

- The Global GBVIMS Steering Committee, and hosting the GBVIMS surge team at HQ;\(^{90}\)\(^{91}\)
- As lead of the inter-agency Primero initiative since 2013;\(^{92}\)
- Developing guidance such as the Provisional Guidance Note on the Intersections between the GBVIMS and the Monitoring and Analysis Reporting Arrangements (MARA), 2015.\(^{93}\)

Given the importance of data collection and analysis for reporting and informing future programme planning and advocacy, current resources (human and financial) dedicated to this area are not sufficient.

External but related monitoring mechanisms, e.g. the Displacement Tracking Mechanism (DTM) designed and implemented by the Camp Coordination and Camp Management Cluster (CCCM), include information on GBV risk factors, which could be used for a more complete picture of GBV incidence and type.\(^{94}\) So far, the potential of working more closely on this system has not been maximised.

**Initiatives were identified at both global and country level which aim to expand the knowledge base on what works and what does not work in terms of addressing GBVIE in different contexts.**

The need for evidence on good practices and lessons learned in GBV prevention and response across different settings remains a key priority, and UNICEF is taking action to address the gaps:

- Globally UNICEF is involved in a number of initiatives to strengthen data collection, analysis and learning on GBVIE;
- This UNICEF Multi-country GBVIE Programme Evaluation is itself being undertaken to address the gap;
- The Jordan CO presented on GBVIE in Bangladesh (October 2015), and on the Early Marriage Assessment and draft UNICEF Early Marriage Action Plan during a MENARO annual meeting;

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\(^{90}\) The Steering Committee is made up of International Refugee Committee (IRC), UNHCR, UNFPA, UNICEF and the International Medical Corps (IMC). The GBVIMS is currently being implemented in 25 crisis affected countries

\(^{91}\) The GBVIMS Surge Team consists of two consultants hired by UNICEF and serving as inter-agency representatives of the Steering Committee and two consultants hired by UNHCR to provide technical support to on-going implementation of the GBVIMS in selected conflict-affected contexts and to other past or potential roll-out sites and to develop resources and lessons learned to further assist implementation of the GBVIMS in humanitarian contexts worldwide (www.gbvims.com)

\(^{92}\) Primero (Protection-related Information Management) is an open-source software application that helps GBV service providers securely collect, store, manage, and share data for protection-related incident monitoring and case management. UNICEF, IRC, Save the Children, UNFPA, DPKO and OSRSG-CAAC are developing and testing this new system for 'effective and secure' information management support to Country Offices and field-level protection workers to meet the standards outlined in the Minimum Standards for Child Protection in Humanitarian Action. Primero supports multiple modules, including field-tested, inter-agency CPIMS and GBVIMS. See [www.primero.org](http://www.primero.org)


\(^{94}\) CCCM DTM data collectors receive training on managing GBV data in line with good practice and how to liaise with GBV colleagues in-country to share relevant information and referrals of GBV cases. In some countries (including South Sudan), joint SOPs were developed between the CCCM and GBV (sub-)clusters on appropriate referrals of GBV survivors by CCCM staff.
The new CPD for Lebanon (which started mid-2016), includes a defined outcome on evidence-gathering in the Child Protection Programme;

The evaluation team encouraged senior staff in CO’s with innovative programming to share experience with partners and within UNICEF. Dedicating staff time to collect and share experiences and lessons learned to inform future programming was acknowledged as a challenge, not just for GBV. Given the relative youth of GBViE programming, it is a priority to build understanding across the sector of what works well in different contexts.

**Constraints on the effectiveness of GBViE programming**

The UNICEF Multi-country GBViE Programme Evaluation revealed internal and external constraints on the implementation of effective GBViE programmes. A widespread lack of clarity among UNICEF staff at all levels on the commitments to GBViE, the nature of a comprehensive GBViE response, and the relationship within UNICEF between GBV, Child Protection, Gender, and Violence Against Children are constraints to effective GBViE programming.

Both HQ interviews and the RTE missions revealed limited knowledge of the UNICEF commitment to address GBV amongst UNICEF staff. While the team heard from some senior CO staff that it was imperative for UNICEF to address GBV (with correspondingly strong programming in these countries), this view was not generally reflected in country or HQ interviews. There was confusion among a number of non-specialist staff between gender mainstreaming and GBV, and in some countries, staff (including senior staff) asked the team what GBV meant. Although a corporate GBViE strategy was developed in 2014, no references were made to it by COs or by non GBViE specialist staff at HQ, indicating that it is not well known across UNICEF.

In particular, lack of clarity was evident among non-GBViE specialist staff in relation to:

- **Definition**: The UNICEF definition of GBV is not well known by staff in HQ, ROs or in COs;
- **Commitment**: Many staff do not know UNICEF’s GBV commitments, the nature of UNICEF programme interventions on GBV or whether UNICEF should address GBV in all emergency responses;
- **Targeting**: Where GBViE programmes are implemented, most staff agree that UNICEF’s GBViE response should target children including adolescents, but they are less clear about whether women should be targeted as survivors in their own right, or whether women survivors are a concern primarily as ‘caregivers’ in light of the adverse effects of GBV on their children. Staff are also not clear on how UNICEF does or should engage with men and boys in relation to GBV;
- **Team Roles and responsibilities**: CO and non-specialist staff at HQ are confused about the relationship between GBV, Child Protection, Violence Against Children, and gender equality, which appear to staff to be overlapping areas of programming, each with a separate technical team at HQ.

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95 In UNICEF HQ interviews, conceptualisation of UNICEF’s responsibilities also varied quite widely.
96 This was an almost universal finding among those interviewed at HQ, RO and CO, with the exception of some of the GBViE Specialists.
97 Again, with the exception of some Child Protection and GBViE Specialists, this was a near universal finding.
Survey responses also indicated a limited understanding of GBViE.\(^98\) Of the few detailed survey responses that did show a detailed understanding, most came from four of the seven RTE countries which have specialised GBViE programmes and staff.\(^99\)

**Other constraints to implementing effective GBViE programming**

Further constraints highlighted in the survey, country evaluations and in global interviews, included:

- Staff consider that the structural nature (in terms of deeply entrenched cultural and social norms) that underlie GBV cannot be addressed in short emergency timeframes;
- GBV is perceived by some non-specialists as difficult and potentially risky to address, with concerns that poorly implemented interventions may cause more harm;
- Not including GBViE specialists routinely in surge deployments leads to GBV not being taken into account early in the response when emergency priorities, plans and budgets are developed.

In the survey, the most frequent request was for technical support to understand and implement GBViE programming, both for UNICEF staff and for partners, followed by the need for more funding. This is entirely consistent with the country RTE findings. Survey respondents ranked the barriers to GBViE programming, in descending order of importance (see Figure 2):

![Barriers to GBV programming](image)

**Figure 2**

Additional contextual challenges include:

- Mounting an effective GBViE response under the high pressure of a rapid onset emergency, including funding and capacity constraints;\(^100\)
- Ensuring protection and safety for survivors and those at risk, their communities, and responders;\(^101\)

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\(^98\) CO respondents were asked to list the actions taken under five categories of GBViE intervention: risk mitigation, building resilience, promoting accountability, providing quality support to survivors, and creating positive change. The responses were generally formulaic, and showed a lack of understanding of which interventions fitted under which heading.

\(^99\) Jordan, Lebanon, Nepal, and South Sudan. Other detailed and pertinent responses came from countries not subject to RTE, including Barbados, Colombia, and Fiji.

\(^100\) Overall, protection and education are the least well-funded sectors for humanitarian response. (Study on Protection Funding in Complex Humanitarian Emergencies, Murray & Landry, 2013)

\(^101\) Even in non-conflict settings, reporting GBV or accessing services can lead to retribution for the individual, family, community or for the service provider from perpetrators or the wider community.
Mandatory reporting for some types of GBV (e.g. sexual violence) by health care providers and the police can be a deterrent for survivors in reporting GBV and accessing care;\textsuperscript{102}

A lack of prioritisation of GBViE by governments, and sometimes by the UN or UNICEF.\textsuperscript{103} GBV is categorised as ‘life-saving’ by the Central Emergency Response Fund, but is not always supported by decision-makers which can de-prioritise GBV in an emergency response;

In Pakistan, cultural challenges in addressing an issue widely considered ‘taboo’ by influential groups is a constraint.\textsuperscript{104}

UNICEF’s effectiveness as a GBV actor/leader within the global sector

The UNICEF contribution to GBViE sector guidance and inter-agency initiatives, and its leadership role in the GBV AoR, are acknowledged and valued for the contribution to understanding of good programming across the sector. However, among global partners’ share frustration that UNICEF headquarters/global leadership are not prioritizing GBV to the same degree as other sectors in which UNICEF plays a leading role.

The global GBV community agrees on the importance of the UNICEF contributions to global GBViE sector initiatives and guidelines, and that UNICEF has moved the field forward in significant ways.\textsuperscript{105} UNICEF co-led the GBV AoR since its establishment in 2008 and, in this role has led or been a key player in the development of seminal guidance, including the IASC GBV Guidelines (2005 and 2015); the \textit{Handbook for Coordinating Gender-based Violence Interventions in Humanitarian Settings} (2010) and the GBV AoR Advocacy Strategy (2015). In response to the Haiti earthquake, UNICEF led the development of the GBViE Tip Sheets for all humanitarian sectors for the IASC Gender Marker. UNICEF has also been a leading actor and catalyst for global initiatives such as the Real-Time Accountability Partnership on GBViE (RTAP) and the Call to Action on Protection from GBViE, helping to develop the Call to Action Road Map 2016. The agency remains a key player in these initiatives.

Senior UNICEF management have made high-level public statements on GBV, but the statements do not match the profile and leadership given to other UNICEF-led humanitarian sectors.\textsuperscript{106} UNICEF’s global partners and donors would like to see UNICEF senior management, from the Executive Director down, advocate regularly for GBViE as a life-saving issue of emergency response, restating UNICEF’s commitment to GBV, and affirming that UNICEF’s protection mandate for children and women includes GBV.

Efficiency

\textit{Measure of outputs versus inputs on levels of financial and human resource within UNICEF and via implementing partners, and how well these have been used to generate outputs.}

As noted under evaluation limitations above, UNICEF does not collect information of the cost effectiveness of its GBViE programming. Therefore, in addressing efficiency, the UNICEF Multi-country

\textsuperscript{102} This also directly contravenes the survivor-centred approach/response which is a foundational principle of good GBV programming.

\textsuperscript{103} In Somalia, UNICEF argued initially for GBV to be considered ‘programme criticality 1’ (i.e. of the highest importance and to be prioritised if the whole programme needs to be scaled down.) The rest of the UN disagreed.

\textsuperscript{104} In a donor meeting which the team attended, several donors which are usually leading proponents of GBV programming spoke about how challenging it is to address GBV in Pakistan because of the resistance of members of the religious establishment.

\textsuperscript{105} Reflected in global KII with INGO and UN partners and donors.

\textsuperscript{106} The Deputy Executive Director Programmes has spoken several times at Call to Action conferences, and UNICEF recently announced additional programming commitments at the World Humanitarian Summit (UNICEF’s Game Plan: Addressing Gender-based Violence in Emergencies, draft June 2015).
GBViE Programme Evaluation paid attention to the sufficiency of human and financial resource to support the planned goals of the GBViE programmes. To this end, financial reports and staffing capacity were reviewed.

**Human Resources**

UNICEF COs launched and scaled up GBViE programmes because of CO decisions to recruit dedicated GBV expertise. Having GBViE specialists in-country from early in a response is a success factor to GBV prioritisation, and highly influences programme funding. The quality of UNICEF national and international GBViE specialist staff is high in the countries evaluated.

Most country programmes evaluated benefited from skilled GBViE staff. Specialist staff contribute GBV technical strength to UNICEF in the eyes of Government and NGO partners. They strengthen GBV coordination, and their presence increases donor confidence. Internally, dedicated GBViE specialist staff have advocated successfully and influenced funding, prioritisation and the profile of GBV within the CO. Given the small numbers of specialist staff in most offices, where they have left without a quick replacement, this left a major gap.\(^\text{107}\) Table 5 shows the dedicated GBViE staffing levels in the countries visited.

<table>
<thead>
<tr>
<th>Country</th>
<th>GBViE Specialist Staff</th>
<th>Dates in post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lebanon</td>
<td>1 P3, 1 National GBV Officer</td>
<td>January 2013 – June 2016</td>
</tr>
<tr>
<td>Jordan</td>
<td>1 P3</td>
<td>Jan 2014 – Dec 2015 (previous staff member from 2013)</td>
</tr>
<tr>
<td>South Sudan</td>
<td>1 P4, 1 P3, 1 National GBV Officer, 1 P4 based in Upper Nile</td>
<td>September 2013 – December 2015, April 2015 – August 2016, April 2014 – June 2015; September 2015 – present</td>
</tr>
<tr>
<td>Somalia</td>
<td>1 P3, 3 National GBV Officers, 2011 (arrived as part of surge)</td>
<td>2011 (arrived as part of surge) – March 2015, ? duration</td>
</tr>
<tr>
<td>Nepal</td>
<td>No specialist GBViE Staff</td>
<td>? duration</td>
</tr>
<tr>
<td>CAR</td>
<td>1 P3, 1 National GBV Officer</td>
<td>Arrived as part of surge – present 2013-2016</td>
</tr>
<tr>
<td>Pakistan</td>
<td>No specialist GBViE Staff</td>
<td></td>
</tr>
</tbody>
</table>

Table 5: GBViE Specialist Capacity in RTE countries

In some RTE countries, the continuity of Child Protection Chiefs, key Child Protection staff members and GBViE specialists over years increased the effectiveness of GBViE programmes, as the specialists gained experience of what works in the country context; strengthened understanding of CO leadership and enjoyed leadership support; and built strong working relationships with the key international and national actors in-country.

UNICEF GBViE is significantly under-resourced in terms of personnel compared with other programming areas for which it leads global humanitarian coordination. Structurally, GBViE is ‘housed’ under Child Protection, which limits visibility of GBViE and makes it seem that GBViE is only a component of Child Protection rather than its own issue.

\(^{107}\) In Somalia, with the departure of the former GBViE Specialist, the sub-cluster lost focus on GBViE and moved into long-term gender equality issues. Given UNICEF’s importance as a donor, this has a significant negative effect on the wider sector response as well as on UNICEF’s own response.
None of the countries evaluated have a sufficient number of GBViE specialists to lead specialist programming and provide an adequate level of support to other UNICEF sectors to integrate GBV risk mitigation systematically, to the point that the other sections can ‘own’ the integration process.

In the survey findings, only a few of the 50 countries that responded reported that they had a dedicated GBViE specialist. Two-thirds reported that the Child Protection Officer held the lead responsibility for GBViE, while for another quarter, the responsibility lay with the Gender Focal Point.

The lack of dedicated GBViE specialists within UNICEF limits RO and HQ assistance to COs, although the support provided is appreciated. The absence of GBViE Advisor positions in ROs also limits UNICEF’s influence in inter-agency regional level discussions and decisions on GBViE.

Regional Gender Advisors are responsible to implement the GAP, including the GBViE targeted priority. GBViE requires a specialist’s skill-set and not all Regional Gender Advisors can provide specialist technical support to COs on GBViE. Only one UNICEF Regional Gender Advisor has GBViE experience; and throughout the Syria response, MENARO had had no Gender Advisor in place. The Regional Child Protection Advisors whose roles include GBViE, have many responsibilities and thus have limited opportunity to support GBViE programmes, nor always the requisite knowledge to do so.

Several COs are planning to launch GBViE programmes.

Twenty of the 50 COs that responded to the survey had not supported or implemented a GBViE programme in the past five years, but of the 20, more than half plan to start such a programme in the next year. In addition to the global initiatives such as the Call to Action and RTAP that highlight GBViE as a critical part of emergency response, the demands for technical support for GBViE programming will thus continue to increase.

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108 Of note is that none of the CO visited have a Gender Advisor, with the exception of Pakistan where the newly appointed Gender Advisor arrived one week before the evaluation team mission; this, despite UNICEF policy that all CO with budgets of over USD20 million should have a Gender Advisor. MENARO have advertised for a P4 GBV Advisor as the evaluation report was being written.
There is a worldwide shortage of GBViE specialists. To strengthen GBViE capacity, UNICEF developed and conducted training globally for CO staff and humanitarian roster partners. The UNICEF GBViE Specialist in Jordan (2014-2015) benefited from UNICEF-led GBViE training immediately prior to taking up her post, which she considered to be very important in equipping her for the role.

**GBViE Funding**

levels of funding for GBViE programming varies between countries evaluated, by a considerable margin; an important factor in the scale of programming in relationship to the assessed needs.

In Lebanon, Jordan and Nepal, funding is not a limiting factor. Lebanon and Jordan are well funded and among the largest emergency responses in UNICEF’s history. Elsewhere, funding shortages (among other constraints such as security and access) have restricted UNICEF’s response to the assessed needs as part of the overall GBV response. Globally, humanitarian funding is not keeping pace with needs, and the Syria crisis has reduced funding for South Sudan, Somalia and CAR, which all received far less than requested in 2015 and in 2016.

According to humanitarian donors that prioritise GBV (including USA, UK and ECHO), funding for GBV programming is available when proposals demonstrate a strong evidence base and effective monitoring and reporting on results. Donors also favour joint projects. Donors emphasise that, where funding is in line with the principles of Good Humanitarian Donorship, UNICEF allocates funds to GBViE internally. Thus, internal advocacy to prioritise GBV, and the ability to demonstrate results at the outcome level, is important.

<table>
<thead>
<tr>
<th>Mixed fortunes in GBViE funding (based on CO documentation):</th>
</tr>
</thead>
<tbody>
<tr>
<td>In Lebanon, from the CO budget of $150 million, $7.3 million (30% of the Child Protection budget) is allocated to GBViE. The CO was more than 100% funded in 2015.</td>
</tr>
<tr>
<td>In Jordan, the CO budget was fully funded for 2015 and 50% funded by March 2016.</td>
</tr>
<tr>
<td>In South Sudan, by March 2016, only 6% of the humanitarian appeal had been met.</td>
</tr>
<tr>
<td>In UNICEF Somalia, GBViE is funded through internal allocation by the CPS, with Child Protection is the best-funded section within the CO at 80% of the funds requested. GBV funds are not reported separately from Child Protection funds.</td>
</tr>
<tr>
<td>The humanitarian effort in CAR is chronically underfunded. The GBV/SEA budget of $2.4 million was only 10% funded at the time of the RTE, with an additional planned $1.5 million to ‘build a protective environment’ for women and children more than 50% funded. UNICEF CAR received an $1.8 million from HQ to address SEA following the scandal in 2016, some of which will be used to strengthen the GBV programme.</td>
</tr>
</tbody>
</table>

109 For example, Caring for Child Survivors of Sexual Abuse guidelines and training materials (developed with International Rescue Committee); training on coordination; and training on an introduction to GBViE programming delivered to members of UNICEF’s roster partners including Irish Aid and Norwegian Refugee Council.

110 In Nepal, despite protection programming being highlighted as a primary objective of the Flash Appeal by the HC, the Protection Cluster request represented only 3% of the total appeal. This was 55% funded by 29th May 2015 compared with 28% funded for the whole Flash Appeal.

111 In CAR, the 2016 Humanitarian Response Plan was 3% funded by March 2016. The 2016 the Common Humanitarian Fund will not be allocating funding to any UN agencies, as they are funding NGOs directly.

112 Such as the jointly funded ‘Hemayati’ Shelter for women and their children who need to leave their own homes as a result of GBV in Irbid, in Jordan. UNICEF, UNFPA and UN Women are being jointly funded by the Norwegian government to establish and support this government led shelter.
COs evaluated provided estimate figures on funding levels for GBViE programmes, shown in Table 6:

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Child Protection spend</th>
<th>GBViE (from RTE reports)</th>
<th>GBV related PIDB codes</th>
<th>Remarks drawn from CO comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAR</td>
<td>2016</td>
<td>5.3</td>
<td>0.2</td>
<td>0.9 (2015)</td>
<td>Funding March 2016 year to date. Additional $0.8m for ‘protective environment’ so far. $0.2m funding at the time of the evaluation mission, annual budget $2.1m for GBV+SEA together.</td>
</tr>
<tr>
<td>Jordan</td>
<td>2015</td>
<td>19.5</td>
<td>0.8</td>
<td>3.8</td>
<td>(0.6m for ‘systems strengthening). GBViE spend from COAR</td>
</tr>
<tr>
<td>Lebanon</td>
<td>2015</td>
<td>26.2</td>
<td>7.3</td>
<td>Not provided</td>
<td>GBViE budget set by LCO as 30% of Child Protection</td>
</tr>
<tr>
<td>Nepal</td>
<td>2015</td>
<td>6.3</td>
<td>Unknown</td>
<td>3.6</td>
<td>Funding for first 9 months. GBViE funds from Child Protection unknown and for GBV overall not known.</td>
</tr>
<tr>
<td>Pakistan</td>
<td>2015</td>
<td>0.72</td>
<td>0</td>
<td>1.0</td>
<td>GBViE is totally integrated within the Child Protection programme</td>
</tr>
<tr>
<td>Somalia</td>
<td>2015</td>
<td>2.0</td>
<td>1.9</td>
<td>2.7</td>
<td>16% of total UNICEF budget is for GBViE.</td>
</tr>
<tr>
<td>South Sudan</td>
<td>2015</td>
<td>Unknown</td>
<td>2.5</td>
<td>0.5</td>
<td>At December 2015 2m for WASH/GNV project (USA) Humanitarian Appeal poorly funded</td>
</tr>
</tbody>
</table>

Table 6 – Funding for GBViE programming in RTE countries, million US Dollars, to nearest $0.1 million
Source – RTE country reports based on CO documentation/PIDB data

Subsequent to the country visits, the Evaluation Management Group at UNICEF Headquarters provided a 2015 financial report based on Programme Information Database (PIDB) system codes for Child Protection for the seven countries evaluated plus DRC. The code that matches most closely is 060602 ‘Prevent and address gender based violence of girls and women in humanitarian action’ but there are other codes with similar descriptions. The Evaluation Management Group’s figures do not tally with the figures provided by the COs in Table 6. This illustrates that the coding and reporting of GBV spend requires more attention.

**GBViE Budgets and Costs**

In-country, GBV programme costs are often subsumed into Child Protection figures. Unit costs—or the relative cost of delivering different GBV programmes—were not available and with the exception of Lebanon, were not attempted by COs.

The UNICEF budget structure does not require GBV to have a separate budget from Child Protection as it falls under the management of the Chief of Child Protection. Of the countries evaluated, only Lebanon allocates a set percentage (30 per cent) of its Child Protection budget to GBViE. This funding is carefully protected within Child Protection but GBViE results were not reported separately from Child Protection in the CO reports. Elsewhere, no specific amount or percentage of funding for GBViE is allocated routinely, although the GBViE programme in Jordan is fully funded. As the figures above illustrate, GBV spending does not seem to be systematically tracked in the countries evaluated.

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113 Other closely related PIDB codes overlap especially 060601 ‘Prevent and address violence, exploitation and abuse of children in humanitarian action’ and 0603030 ‘Prevent and address gender based violence sexual abuse and exploitation. Given how close these codes are in their description, there is a good chance of COs being unsure which code to use.

114 It was outside the scope of the evaluation to assess the reasons for the mismatch between HQ and CO figures.

115 This will change in reporting on the 2016 UNICEF Humanitarian Refugee Response Plan and the new CPD beginning 2017, in which dedicated resources earmarked for GBV will be tracked separately against the proposals.
Efficiency of UNICEF partnership processes and support

UNICEF is considered a strong and valued technical partner for GBViE by international and national implementing partners, national governments and donors. Some UNICEF partnership processes, not specific to GBV programming, are compromising efficiency of GBViE programmes.

UNICEF is valued by donors and other international GBV actors for its strong local relationships and long-term presence in a country. UNICEF’s focus on capacity strengthening of government and civil society is particularly appreciated. UNICEF’s influence with governments in emergencies is supported by a strong funding base and technical finesse (both humanitarian and GBV) as well as trust generated by a respected engagement with government counterparts.

UNICEF’s leadership in coordination and advocacy on GBV is highly rated by inter-agency partners, donors and national governments. Partners indicated considerable concern when UNICEF stepped back from GBV leadership.116

Overwhelmingly, UNICEF is considered by implementing partners to be a good partner, although some administrative challenges were highlighted.117 These included:
- Where Programme Cooperation Agreements (PCAs) are signed for less than a year, a great deal of time is spent by IPs in writing extensions, diverting resources from project implementation;
- Gaps between PCAs disrupt partners’ projects and can result in loss of qualified staff. This lowers the partner’s capacity and wastes the training efforts of both the partner and UNICEF;
- Some IPs expressed concern over unhelpful behaviour in a number of the countries evaluated, including: frequent, unplanned demands for information with no stated or clear purpose; unplanned meetings called at short notice, sometimes with no apparent value to the IP; and frequent requests to host VIPs.118,119

Some COs (Somalia, Lebanon, Jordan) have begun signing PCAs for longer periods of one, even two years. This provides security for the partners to plan and recruit, lowers staff turnover, and recognises the longer term programming approaches that underpin good GBViE programming.

From interviews with partners in South Sudan:
“UNICEF stands alone in the quality of the support and genuine partnership.”
“UNICEF provides something very distinctive: they are both donors and partners.”
“The strongest part of UNICEF is having a GBV Specialist at the field level to support us. It’s really good to solve problems when he’s there.”
“UNICEF is doing a beautiful job—they support us, and give us incentives.”

Some COs (Somalia, Lebanon, Jordan) have begun signing PCAs for longer periods of one, even two years. This provides security for the partners to plan and recruit, lowers staff turnover, and recognises the longer term programming approaches that underpin good GBViE programming.

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116 In Lebanon, where UNICEF had stepped back from co-leading the GBV sub-cluster a few months before the evaluation mission. Partners including previous UN co-leads expressed their concern that this indicated a reducing priority placed on GBV programming (although senior CO staff said this would not be the result). Concern was also expressed by partners that this would involve UNICEF withdrawing regional coordination resources which could compromise the excellent coordination which had existed to that point.
117 Experience from previous Vine Management Consulting studies for UNICEF would suggest that these challenges are not specific to GBV partners.
118 In Lebanon, one partner said that refugees had suffered rent hikes because landlords considered that beneficiaries who have connections with ‘important people’ must have access to additional funds.
119 Despite the generally very positive view of UNICEF as a partner, the team found some instances where local partners preferred to keep working under the umbrella of an INGO so that the INGO could screen out the extraneous demands of UNICEF and let the local NGO get on with its service delivery work. By contrast, other partners really appreciated direct contact with UNICEF.
**Sustainability/Connectedness**

The extent to which emergency response activities take into account and support a longer-term approach, including in connection with UNICEF’s regular development programming.

**Linking emergency and longer-term development programming**

As GBV is not a standard component of regular UNICEF programmes, emergency programming to address GBV must be initiated at the onset of an emergency, typically with limited or no programming or partnerships to build on. While many of the countries evaluated have implemented a GBVIE emergency response in a timely way, there are obvious benefits to improved emergency response by having GBV as a core element of the Country Programme. Moreover, continuing to prioritise GBV post-emergency can maximize the gains made during emergency response.

Of the RTE countries, South Sudan was the CO where GBV was addressed in the regular Country Programme pre-crisis, albeit with low levels of service provision. For most countries this meant, in practice, limited preparedness for GBVIE and limited numbers and capacity of partners able to respond to GBV. These challenges are typically compounded by the limited existing national GBV service provision (government or civil society) and limited to no pre-crisis GBV capacity in the CO. The Government of Nepal had a contingency plan to which UNICEF contributed; the countries evaluated did not have a GBV contingency plan. While this had not prevented quality GBVIE response in some countries, it had added to the challenge of responding effectively and efficiently in the early stages of the emergency.

Survey respondents and country interviewees acknowledged the importance of integrating GBV into the Country Programmes to maximise the investment made during the crisis response, and to ensure that preparedness activities are incorporated into regular programmes of countries that are subject to cyclical emergencies.

However, the countries evaluated all included elements of capacity strengthening to build long-term capacities and systems for addressing GBV. Lebanon CO is also including GBV in its new Country Programme, building on the progress to date in addressing GBV during the crisis response; in South Sudan, the CO is changing its approach so that they “do emergency… in a way that sets foundations… more recovery, more longer term work.” Other RTE countries have also expressed their intention, following the evaluation missions, to clarify and strengthen GBV in forthcoming CPDs.

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120 The pre-crisis programme only had two IPs.
121 By contrast, 24 CO in the Latin America/Caribbean region include GBV in their regular programme, although, for most of them, not with a focus on GBVIE.
122 For example, preparedness in South Sudan was limited to some contingency stock for dignity kits and preparedness plans drafted by GBV actors for certain operations.
123 One serendipity of the evaluation mission was confirmation that the GBV team will remain as a discrete entity within the Child Protection section in the new CPD for Lebanon following discussions on this between the Child Protection and evaluation teams.
124 As of 2017, the new CPD focuses on the transition to a more development-oriented programming.
125 KII, South Sudan CO
All countries evaluated are focusing on community engagement to build resilience and sustained mechanisms for change.

To some degree, community mobilisation is a feature of GBV programming in all countries evaluated. Various models are employed in prevention and response programming, such as community committees (Lebanon), child protection committees (Pakistan), community protection groups and outreach volunteers/workers (associated with Makani centres in Jordan), women’s community focal points (associated with WFS in South Sudan), and GBV Watch Groups (Nepal). The relative effectiveness of these different models has not yet been assessed. Monitoring over time will measure the changes by each approach. The upcoming evaluation of the Makani model in Jordan should provide a useful indication of the impact of community engagement on changed attitudes and behaviours among refugee and host communities.

Building partnerships and capacitating governments and civil society during crisis response to support national capacity to address GBV

To support the Ministry of Social Affairs (MoSA) in Lebanon, the CO has worked with them to develop and implement the National Plan to Safeguard Children and Women in Lebanon (2014-2016). This aims to improve the quality of life and mitigate protection risks for vulnerable children and women in the country. It has focused on strengthening existing government structures, system and policies, particular within MoSA at central and regional levels. The plan has supported MoSA to integrate the regular national programme with the response programme in the context of immense challenges posed by the Syrian refugee crisis, which required a stronger and more reliable system to address GBV and Child Protection. A review of the National Plan is planned in 2017.

Effective, sustainable GBV programming is owned and led by civil society and national government, which is the UNICEF approach in most of the countries evaluated (adapted to the context). Local ownership is recognized as key to success by respondents of the survey, who reported that the strategies used in UNICEF’s GBViE programming are evenly distributed between strengthening humanitarian efforts to address GBViE,126 funding and technical support to civil society or NGO implementing partners to address GBViE,127 and supporting government to uphold its responsibilities to address GBViE.128

In line with good practice, all COs are focused on building government capacities and systems to prevent and respond to GBV and on supporting longer-term programming as part of humanitarian response.

In Jordan and Lebanon, the injection of emergency funding over a three to four year period has provided a significant opportunity to build government frameworks and technical capacity from the earliest days of the response. By contrast, in South Sudan, the CO has focused more heavily on civil society capacity strengthening as, in the current context of fragmented government, it is considered a better investment for the long-term provision of services and programming.

126 Most frequently ‘Develop capacity of humanitarian actors’ and ‘Provide technical assistance across sectors and clusters through promotion and training on the GBV Guidelines’, (both at 65%), followed by ‘Promote accountability for protection from sexual exploitation and abuse by humanitarian workers’ and ‘Coordinate humanitarian actors’ (both at 54%).

127 ‘Provide technical assistance to enhance programme quality’ (77%), ‘Fund programmes/partners’ (74%), followed ‘Train on GBViE, including training on organizational development (planning, finances, reporting etc.)’ (54%), and ‘Provide technical assistance to support the strategic direction development for implementing partners’ (51%).

128 ‘Advocate for and support enactment of laws/policies/protocols’ was the main support by far (68%), followed by ‘Provide technical assistance to support the strategic direction development for government’ (55%), ‘Fund services and programmes’ (52%), and ‘Mobilize resources for the government’ (50%).
The most common challenge to capacity development faced by the COs is the frequent turnover of government leaders and staff. Relationships have to be continuously re-established, the rationale for GBViE programming re-explained and training provided repeatedly to the same ministries. In the most unstable operating environments, such as CAR, the Government is re-forming and has not yet reached all the prefectures.

South Sudan, Lebanon and Jordan have developed innovative capacity strengthening strategies with a focus on engaging civil society and providing tailored capacity strengthening.

UNICEF’s impact in GBViE is constrained by the limited number of local non-government organizations (LNGOs) and individual professionals with the skills to respond to GBV, even in middle income countries with high human capital and relatively strong civil society. In all countries visited, pre-crisis GBV services were sparse and tended to be concentrated in capitals. UNICEF developed innovative strategies to address this challenge. Lebanon, Jordan and South Sudan are tailoring capacity-strengthening to work with IPs starting from ‘where they are’, including through the ongoing mentoring of LNGOs by INGOs and UNICEF. This appears to be a practical and effective strategy for strengthening capacity to deliver GBV programming in a sustainable way.

UNICEF South Sudan employs a tiered model for capacity building. The wide base of the pyramid reflects the majority of GBV actors in South Sudan operating at a basic level. Through on-site technical support, peer-to-peer learning and development of guidelines/minimum standards, UNICEF seeks to enable partners to “graduate” to implementing GBV interventions in the higher levels of the pyramid. Close monitoring and evaluation of projects supports quality implementation and shapes technical support provided by UNICEF’s GBV team. In the second half of 2015, GBV staff conducted more than 20 field visits to provide direct mentoring and technical support to partners, training 51 individuals (33 from national organisations, 11 government, seven INGOs). The average improvement from pre-test to post-test was 29 per cent.

With a low level of GBV capacity among civil society in South Sudan, UNICEF conducted ‘introduction to GBV’ training sessions for civil society organisations that had no experience of implementing GBV programmes. The trainings identified a number of IPs that were keen to expand their skill set, had worked with INGO mentors and with UNICEF, and are now implementing elements of GBViE response.
Other examples of good practices in capacity building to promote sustainability and build resilience include:

- Funding salaries for additional Government staff to augment GBV capacity in the relevant ministry (Lebanon, Jordan);
- Developing GBV training courses that IPs then deliver to government departments, that also support the government to integrate into their training curricula (in all countries, to some degree);
- Training school counsellors to recognise and refer potential cases of GBV as part of addressing widespread violence in schools (Jordan; South Sudan and Somalia as part of the Communities Care pilots);
- Developing standard training on case management for government and civil society, and rolling it out across different ministries and national partners (Jordan, Somalia).

Ensuring the appropriateness of training content is key. In Somalia, although GBV training is rolled out regularly, the evaluation team observed that a standard ‘introduction to GBV’ is used without considering the audience or being contextualised to specific areas of the country, limiting its relevance and utility.

UNICEF’s capacity strengthening approaches and activities were universally welcomed by partners. However, in most countries, the need remains to develop objective measures of their effectiveness.

**UNICEF advocacy to strengthen GBV Laws, Policy and Guidance**

UNICEF made progress with support of the development of new or revised laws, policies, partnerships and government capacity for GBV in all countries evaluated. In many cases, UNICEF is a ‘GBV champion’ with a trusted partner status with the Government that is an asset in advocating for legal and policy frameworks for GBV into greater alignment with international good practice.

The UNICEF relationship with country governments, built by its presence before, during and after crises, is a comparative advantage. UNICEF has strong - perhaps unique - leveraging potential with governments which has been well utilised in advocacy on GBV.

Good practice examples in developing policy and legal framework include:

- Three immediate post-earthquake policies relating to trafficking in Nepal;
- The development of the National Plan to Safeguard Children and Women in Lebanon (see box in section 4.4.2);
- High level legislation in Somalia, where the CRC was publically ratified by the President on 20 January 2015, and legislation outlawing of all forms of FGM/C in Puntland is drafted;
- Taking the lead on developing CMR protocol and guidance on women friendly spaces (South Sudan);
- Developing a Protocol of Care for use in shelters (Jordan);
- Successful advocacy to change the statute of limitations for rape cases from 35 days to six months in Nepal;
Advocacy against the legal requirement for medical staff to report incidence of GBV (Lebanon, Jordan) and for survivors to report GBV in order to receive medical care (South Sudan);
Advocacy against the legal provision (under Shari’a law) for perpetrators of rape to marry their victims as a form of recompense (Pakistan, Somalia, Jordan, some communities in Lebanon);
Support of government engagement in the development of training materials and protocols with the final products integrated into their own training manuals/courses (Jordan);
Support provided to provincial governments to develop and implement protective frameworks for children which will include GBV provision (Pakistan).

While challenges remain in implementing these laws and policies, their passage into law is a critical step in the state’s recognition of its responsibility to protect women and girls from GBV.

The survey findings indicate that a number of national studies and assessments are underway on domestic violence; several governments adopted, or are about to adopt, legislation on violence against women, and requesting UNICEF support with implementation.

**UNICEF advocacy for prioritisation of GBV across the emergency response**

UNICEF’s role in advocating for addressing GBV early in some emergencies resulted in its prioritisation within the agency and more broadly across the overall response.

UNICEF’s recognition of child marriage as a child protection issue early in the Syrian refugee crisis was a key factor in the prioritisation of GBV in Lebanon and Jordan.

In South Sudan, a donor key informant noted that the Representative’s “willingness to say things which may not be popular but are critical to say,” including issues relating to protection, Child Protection and GBV was appreciated by international partners. The agency’s long-term presence in South Sudan and widely respected technical strength in humanitarian response, as well as the Representative’s willingness to make a stand, were all factors credited with creating a platform from which UNICEF could advocate on behalf of the wider humanitarian community on sensitive but important issues of protection.

**Coordination**

The extent/nature of UNICEF CO programming contribution to realizing sector strategies, plans and priorities, and how UNICEF added value to GBV sector response in the country.

UNICEF is active and effective in GBV coordination. Whether in a sector leadership role or not, UNICEF is an influential actor in the GBV coordination mechanisms in all the countries evaluated. Where UNICEF is the co-leader of GBV coordination, there is enhanced GBV programming. In the view of partners, UNICEF leadership of GBV coordination equates with the priority UNICEF places on GBV in the country. Both excellent and poor GBVIE working relationships were found between UN protection agencies working on GBV in the countries evaluated. UNICEF’s technical inputs are widely considered to have strengthened the GBV sector as a whole.

In the RTE countries, governments and partners expressed appreciation for UNICEF’s role in GBV coordination. In all countries evaluated, UNICEF is a respected partner and was considered by all types of partners to have potential to transform GBVIE response. UNICEF’s influence in coordination comes from:
- The scale of its programme;

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129 Donor KII, South Sudan
- Long-term presence in-country;
- Position as a trusted government partner; and
- Strong technical capacity.

The quality of working relationships between protection agencies, especially UNHCR, UNFPA and UNICEF (and in some settings, UN Women), affected the quality of coordination and, therefore, the effectiveness of GBV sector-wide programming and advocacy.130

Globally, the UNICEF and UNFPA relationship for GBViE coordination is perceived by donors and partners to have fragmented and become more competitive in recent years, with a knock-on effect in some countries which compromised a coordinated, sector-wide programmatic response in those settings. Both excellent and poor working relationships were found in the countries evaluated, as detailed in the individual RTE country reports.131

UNICEF’s recent agreement that UNFPA will take on the role of the GBV AoR leadership, made during this UNICEF Multi-country GBViE Programme Evaluation, may ease the tensions at headquarters, but may not improve country-level GBV response. As the 2014 evaluation of UNICEF cluster lead roles noted: “Challenges remain... as UNFPA’s field presence/capacity is reportedly weaker than UNICEF’s, and expectations of UNICEF may remain high unless other potential co-leaders step forward.” 132,133

Given UNICEF’s considerable resources and technical capacity for humanitarian response, as well as its mandate for GBViE, the evaluation team consider that it important for survivors and those at risk that UNICEF continues to be a leading agency on GBViE, regardless of who leads GBViE coordination in-country.

Donors are not likely to welcome UNICEF stepping back from GBViE leadership at global level. Governments of emergency affected countries may find it difficult to accept, especially where UNICEF has a large or the largest GBViE programme.134 Given that the decision was made well into the period of the Evaluation of UNICEF GBViE Programmes and after most global interviews had been conducted, the evaluation team did not include global partner response to this decision in their global KIIs. However, during the KII conducted at the start of the evaluation, donors and other global partners

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130 The evaluation TOR specifically excluded an evaluation of the performance of GBV coordination mechanisms, except as they impacted on UNICEF’s programming in-country. Even so, a number of interviewees internal and external felt that the poor working relationship between UNICEF and UNFPA in some countries and at HQ level had had a negative impact on the sector’s ability to respond to the needs in certain countries (notably South Sudan and DRC).
131 UNICEF co-led the humanitarian (S)GBV coordination mechanisms in Lebanon (until December 2015), in Jordan (2013-2014), and still leads the GBV Working Group in Upper Nile State of South Sudan. Programming in these countries/states for GBV had been efficiently and effectively coordinated. In Nepal, UNFPA, UN Women and UNICEF have worked closely together on GBV since the start of the earthquake response and have an effective working relationship. Relationships have been tense in South Sudan between UNICEF and UNFPA due to UNFPA’s proprietary management of GBV at the national level, illustrated in one example by the fact that UNICEF has only recently been admitted to the GBVIMS Task Force led by UNFPA (despite being a global GBVIMS partner). In Somalia, relationships in the GBV Working Group deteriorated to the point where the Representatives had to intervene, but have improved somewhat since. In Pakistan, the SGBV Task Force (TF) (only active at sub-national level and led by UNFPA) had not met for six months. Many CO staff did not even know that UNICEF was the global co-lead for GBViE or that the GBV TF existed in Peshawar.
132 Following the recently finalised Management Review of the GBV AoR.
134 With the exception of refugee emergencies where UNHCR takes the lead in coordination.
were looking to UNICEF to take a stronger role in coordination and leadership of the sector, given its considerable resources and comparative advantages.

Pertinent to UNICEF’s role is that the current political and financial prioritisation of GBV/Violence Against Women and Girls by a number of key humanitarian donors is an opportunity to expand and improve GBVIE response. UNICEF’s strong humanitarian capacity and dedicated cluster support unit in Geneva means that it has considerable resources—more than any other UN agency—to maximise this opportunity.

**Coverage**

The extent of UNICEF’s geographic and demographic programming reach compared with the needs of those at risk of or affected by GBV, as assessed by UNICEF and/or the GBV sector as a whole.

Of the seven RTE countries with GBVIE programmes, four have large scale GBVIE programmes; in the countries where high levels of funding are channelled through UNICEF, the agency was providing assistance to many thousands of women and children in line with assessed needs. However, overall, it was challenging to ascertain a clear picture of GBVIE coverage where GBV data is not disaggregated from Child Protection data.

Where funding is adequate, the UNICEF response (as part of the overall sector response) has been commensurate with the assessed needs. This was the case in Jordan and Lebanon, and in Nepal where UNICEF has a specific role at the request of the Government of Nepal. Elsewhere, particularly where security and resultant access challenges are acute, both geographic and demographic coverage in terms of service provision for GBV survivors/those at risk is much lower. Availability of funding also had a major impact on coverage.

As noted, given the universal under-reporting of GBV, the scale of GBVIE needs is hard to assess accurately, and systems for how effectively the needs are addressed relatively under-developed. While some programme activities (particularly PSS and case management) had targets for assistance to affected populations which are reported against in most countries, these were often not GBV specific, but are combined with Child Protection figures and targets.

Table 7 provides a partial picture of coverage using total numbers receiving GBV (/Child Protection) services. Figures are from 2015, unless stated otherwise.

**Some countries have developed innovative models to expand the reach of GBVIE programmes**

- In South Sudan, coverage was expanded by increasing the number of local NGOs engaged in GBV prevention and response through training those who expressed interest but who had no previous GBV experience (see Section 4.4.3);[^135]

[^135]: Although, even so, UNICEF still only has 11 IPs in South Sudan for GBV.
- UNICEF supported an increase in the numbers of GBV Watch Groups in the 14 earthquake-affected districts of Nepal, mobilised by UNICEF Protection Officers\textsuperscript{136} in districts where UNICEF had no programming pre-earthquake;
- Mobile CMR training and provision in South Sudan expand the CMR training reach, and a way for UNICEF to identify under-served locations;
- Mobile safe spaces reached vulnerable communities that would not otherwise be able to access GBV services in Lebanon (see box);
- The Makani ‘My Space’ model expanded the age range receiving services (five to 24 years) in comparison with previous child friendly spaces (five to 18 years). In response to FGDs’ identified constraints on the attendance of adolescent girls, UNICEF and IPs provide transport to and from Makanis;
- Following the evaluation mission, the Child Protection team in Pakistan is planning to support Government provision of mobile Child Protection services to hard-to-reach communities (in KP/FATA). This will focus on training children, families and communities children’s personal safety, and provide PSS services. The training will be framed as addressing violence against children, but will include elements of GBV awareness raising.\textsuperscript{137}

GBV Watch Groups in Nepal are involved in awareness raising around GBV issues, early detection of at risk individuals, resolving minor cases where possible and referrals to police for more serious and criminal cases, referral of survivors to services (health, PSS, legal and justice, and shelter). Watch Groups address rape, polygamy, DV, trafficking, economic violence and gender discrimination relating to property ownership and citizenship documentation.

In Lebanon, mobile safe space services allow women and girls in hard to reach communities to access services, in a context where female mobility outside the home is restricted. The same range of services is provided as in static safe spaces for a minimum of six months. 150,000 girls and women have been reached through mobile safe spaces by UNICEF and its partners. The GBVIE Specialist has developed a checklist with guidance/standards on how to establish, manage and run static and mobile safe spaces, and what services should be offered, including legal, medical, and PSS, case management and access to specialised services.

\textsuperscript{136} 3,598 GBV Watch Groups were established in these 14 districts.
\textsuperscript{137} This was shared with the evaluation team in a follow up telecom to the mission with the Child Protection Chief, and is a recent development.
### Table 7 - Coverage of GBV (Child Protection) services by RTE country

<table>
<thead>
<tr>
<th>Country</th>
<th>Geographic coverage</th>
<th>Demographic/numerical coverage</th>
<th>Comments</th>
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<tbody>
<tr>
<td>CAR</td>
<td>UNICEF GBV programming currently covers 47 sub-prefectures (67% of national territory), which is more than 50% of all those prefectures or sub-prefectures in CAR that offer GBV services.</td>
<td>UNICEF facilitated the provision of support to almost 2,700 survivors in 2015, and funded 20 Listening Centres across the country.</td>
<td>Many women and girls cannot access static services available at major hospitals and Listening Centres because they have no means to reach the facilities. There are large geographic areas not covered and mobile services have not been introduced.</td>
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<tr>
<td>Jordan</td>
<td>Services for GBV survivors are provided by the SGBV sector in refugee camps, informal tented settlements and host communities to those assessed as vulnerable in all governorates in Jordan. 1 government run shelter was opened in North Jordan supported by UNICEF, serving, for the first time in this part of the country, women and children who need to leave their homes.</td>
<td>UNICEF delivered PSS to 168,386 boys and girls (83% of the target), through 151 operational Makanis and CFS in one refugee camp.</td>
<td>Mobile safe spaces extended the reach to children and women in hard to reach communities. Those with disabilities and particularly those with mental health challenges are not targeted and often cannot access services.</td>
</tr>
<tr>
<td>Lebanon</td>
<td>Child Protection/GBV staff are present in 4/5 field offices supporting service provision in Lebanon. GBVIE services were provided through 36 Social Development Centres as well as other ‘gateways’.</td>
<td>600,000+ women/children were reached with Child Protection/GBV services, representing 80% of the GBV sector target of which 162,198 individuals accessed mobile and state safe spaces.</td>
<td>Mobile safe spaces extended the reach to children and women in hard to reach communities. Those with disabilities and particularly those with mental health challenges are not targeted and often cannot access services.</td>
</tr>
<tr>
<td>Nepal</td>
<td>UNICEF has protection officers and is supporting GBV Watch Groups and anti-trafficking interventions in all 14 earthquake affected districts.</td>
<td>A total of 2.8 million children and 525,000 women were targeted for assistance under the Protection cluster. UNICEF supported 156,731 children and caregivers with PSS and 1,851 people were intercepted from being trafficked.</td>
<td>Existing government vulnerability criteria were used to target the emergency response. No Multi-Cluster Initial Rapid Assessment was conducted as the government decided “everyone is vulnerable” post-earthquake in the affected districts.</td>
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<tr>
<td>Pakistan</td>
<td>50 PLaCES operational in three districts of KP/FATA, where the humanitarian response is being implemented.</td>
<td>55,978 children and caregivers accessed PLaCES (18,852 girls, 22,695 boys, 14,431 women). (Child Protection sector 2016 target 400,000; GBV inter-agency sector target 200,000.)</td>
<td>GBV programming is part of Child Protection/VAC programme with no disaggregation of figures within PLaCES in KP/FATA between Child Protection/GBV. Following the evaluation mission, the programme will move to supporting the government to provide mobile services, as the present model proved ineffective.</td>
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<tr>
<td>Somalia</td>
<td>UNICEF implements programming in all three zones of Somalia. Coverage in main hubs (Mogadishu, Garowe etc.) is good, with programming dwindling</td>
<td>7,700+ survivors of GBV were assisted by UNICEF in 2015. In the last quarter of 2015, the GBV sector as a whole reached 22,859 people with GBV</td>
<td>Engaging adolescent girls is a gap apart from management of GBV cases. One IP in Mogadishu as a programme targeting adolescent girls on vocational skills building. An inter-agency GBV assessment was conducted which is expected to provide</td>
</tr>
<tr>
<td>South Sudan</td>
<td>UNICEF operate 8 WFS in 6 locations including Juba; lead coordination in Upper Nile State; delivers CMR training in Western and Central Equatoria, Unity, Upper Nile and Rumbek states; dignity kits were distributed in Jonglei</td>
<td>82,188 beneficiaries reached for GBV prevention and response (of a total displaced population of 1,696,962 IPS)</td>
<td>Coverage is based on where partners are available and interested to work as well as where there is an identified need (particularly for mobile CMR training), which is almost everywhere. This reflects the ubiquity of needs: “...Coverage is so scarce, you could set up a programme anywhere.”</td>
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</tbody>
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138 CAR COAR 2015
139 2 existing shelters are in Amman.
140 Azraq camp where new arrivals are still being registered.
141 The SGBV sub-cluster target for Lebanon as a whole for 2015 was 720,000 in 251 priority locations.
142 1,437 girls, 825 women, 414 boys, 176 men (Consolidated Emergency Report, UNICEF Nepal, April – December 2015)
143 Protection, Learning and Community Emergency Services – a multi sector safe spaces model developed in Pakistan after the 2011 flooding. However, in the present humanitarian response, these are delivering very limited programming for GBV.
144 Bannu district, North Waziristan Agency, Kurram Agency, identified as ‘high needs’ in inter-cluster multi-sector (Health, education, WASH, shelter and protection clusters) assessments conducted in Sept 2015
145 Pakistan COAR, 2015
146 Of a total of 1,263,000 people in need in KP/FATA, (Pakistan Humanitarian Strategic Plan, 2016)
147 Somaliland, Puntland and the South Central Zone. Each zone has their own government.
148 Overall, 3.2 million people are in need of humanitarian and livelihood support of which 855,000 are in crisis and emergency, Somalia COAR, 2015
149 17% girls, 11% boys, 56% women, 11% men (Somalia GBV Sub-cluster bulletin, September – December 2015)
150 Somalia COAR 2015 (no figures for those reached through GBV programming are provided in the COAR)
151 The GBV sector as a whole provides services to those in POC sites (the population of which represents approximately 10% of displaced population), because of security and access challenges to other populations. (South Sudan Crisis: Why we must broaden the debate on GBV data, Aug 2014, GBV sub-cluster, South Sudan)
**Prevention of Sexual Exploitation and Abuse (SEA)**

Following the high profile SEA abuses by United Nations personnel in CAR, senior CO staff in almost all countries were aware of SEA responsibilities and complaint procedures. Some training is ongoing, but a significant proportion of UNICEF staff are still not conversant with procedures and responsibilities in the event of allegations of SEA. Awareness of staff varies considerably between the COs, as does the implementation of PSEA training.

As explained in Section 2, the performance of UNICEF Country Programmes with regard to the PSEA was not originally part of the scope of the UNICEF Multi-country GBViE Programme Evaluation. But, as SEA is a high priority in UNICEF following the report on the United Nations’ response to the allegations of SEA in CAR, questions were added to the evaluation on UNICEF’s PSEA policies and action plans, staff familiarity, and whether alleged victims of SEA are referred to the appropriate services provided for survivors of GBV. In CAR, the evaluation team studied in detail how the GBV team and programme were impacted by the current focus on SEA.

The awareness of SEA and UNICEF procedures and responsibilities varied considerably between COs, and UNICEF ROs also have different levels of attention to training their COs on SEA:

- In MENARO, the Regional Director personally briefed Country Representatives and disseminated information on respective actions and responsibilities of staff members if accusations are made.
- Training on PSEA was conducted in Lebanon, Nepal, Jordan and CAR and in Upper Nile in South Sudan, although the team interviewed CO staff who had not received training in all settings.
- Awareness of UNICEF SEA roles and responsibilities in Pakistan Country Office was low.
- In South Sudan, a recent case of SEA lacked a supportive response and was highly publicised by the victim. The Special Representative of the Secretary General of United Nations Mission in the Republic of South Sudan (UNMISS) recognises the risk of SEA in a peacekeeping mission and requested quarterly reports on the situation, but in practice there are still no proper reporting channels in place. Training by ESARO for the South Sudan CO was discussed in 2015, but not yet conducted. The Deputy Representative in South Sudan is drafting a paper on PSEA for the United Nations Country Team and UNMISS in order to support a system of response.
- In Nepal, training on PSEA for CO staff is underway.

Despite trainings, in all countries, except CAR, staff did not have an evident understanding of PSEA and the measures required if incidents are reported.

In countries other than CAR, and particularly in Somalia, the Evaluation of UNICEF GBViE Programmes found that complaint mechanisms are not established; staff don’t know where to refer a complainant for care and support through the GBV referral pathways, and in many instances the referral pathways are not sufficiently established to ensure support for an SEA complainant.152

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152 In Somalia, a GBV hotline (Ceebla meaning ‘No Shame’) was launched with AMISOM funding, but there is a perception that victims who report will suffer retribution (a fear supported by the lack of action on past allegations).
In CAR, SEA has become a dominant issue for the UNICEF Child Protection/GBV team, who estimate that 50 to 60 per cent of its work time is currently dedicated to SEA. (The CO is addressing this with increased staffing). Additional funding had been made available to the CO for SEA and through training staff awareness had increased (most recently in April 2016).

UNICEF CAR worked at virtually every level of the complaint process; was alerted by partners or community members when allegations that include children were made; and pre-verified the information before it was shared with the Secretary-General’s Special Representative. UNICEF also worked to ensure that children’s rights were respected during the interview and response process. There was a close overlap with the GBV programme in the response for SEA victims, with UNICEF ensuring they were referred to the appropriate medical facilities; that they had access to PSS, which could include assistance with education, vocational training and sensitisation of the community; and, as necessary, supporting their reintegration into their communities. Huge stigma remains, however, and victims are still excluded from their own communities.

In CAR, while all staff of the UNICEF Country Office and among IPs were familiar with the issue of SEA, understanding reporting mechanisms still varied from vague to strong. IPs are still concerned that the system lacks accountability and that many victims do not report SEA. There is a perception among some staff that, with the focus on SEA, other cases of GBV are being de-prioritised. However, some of the additional SEA funding is used to strengthen GBV response, and the focus on SEA is serving to raise the profile in CAR on children and women’s rights as well as on child protection more generally.

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153 During the last year UNICEF recruited four staff to strengthen the Child Protection team, three focus on SEA.
154 Victims are often at risk from perpetrators and need ongoing protection or relocation and support families with school fees, food, hygiene kits and income generating activities.
155 Not all UNICEF staff in Bangui understood the mandate to report. Those who did, were not always clear what services are available to complainants. Most IPs understood that survivors of SEA should receive the same services as survivors of other types of GBV.
156 From IP interviews: Particularly where peacekeepers are involved as “they just send them back to their countries”. There is still a perception that “we can’t report directly to UNICEF because there is no mechanism for protection”.

CONCLUSIONS

Based on the findings discussed above, the evaluation team reached the following conclusions. Reference is made to the related recommendations which were derived from these conclusions.

Successes in UNICEF’s GBViE programming

UNICEF has played a leading role at global level in developing the GBViE sector

UNICEF is consistently recognised as a global leader for GBViE. UNICEF makes significant contributions to global initiatives on GBViE. At a technical level, the agency is perceived as a leader and innovator in developing seminal sector guidance and quality GBViE tools. For over a decade, UNICEF has been at the forefront of the evolution of GBViE coordination, acting as co-lead for the GBV AoR and helping to catalyse initiatives to raise the profile of GBViE, including the Call to Action. With the addition of the Resource Pack, the GBV Theory of Change, the IASC GBV Guidelines and the Game Plan, UNICEF can offer a comprehensive set of programme guidance. (Recommendation 10).

UNICEF has shown that it has the capacity to deliver appropriate GBViE services

Some Country Offices have succeeded in mounting significant GBViE responses that, cumulatively, are providing expanded services and support to hundreds of thousands of GBV survivors and those most at risk in vulnerable refugee, IDP and host communities. Where UNICEF is adequately resourced with funds and GBV expertise, it delivers a minimum package of specialised GBViE services and when possible the expanded package of measures envisaged in the Resource Pack. In some countries, innovative programming is expanding the reach and accessibility of the GBV response. The services are seen as relevant by beneficiaries themselves, by partners and government. Using its long term presence and understanding of the country, UNICEF has been able to adapt its GBV services to the emergency operating contexts in the countries evaluated. Governments appreciate that UNICEF support has been vital in allowing GBV services to expand well beyond the service levels available before the crisis.

A consistent set of factors underlies successful UNICEF GBViE programming

Where UNICEF implements GBViE programming, the underlying success factors are:

- The presence of one or more GBViE specialist(s) for a period of years;
- Consistent support for GBViE prioritisation and leadership by UNICEF CO leadership and the Chief of Child Protection;
- Protection of a proportion of the Child Protection budget for GBViE, even though, formally, there is no separate GBViE budget in any RTE country;
- Adequate number of skilled international and/or national implementing partners and/or strategies for scaling up skilled partners through capacity building initiatives;
- Government acceptance of the need to take action on GBV;
- Technical support provided by in-country GBViE Specialists or from the CPS at HQ, and in some cases, from the GBV AoR rapid response team.

UNICEF’s is a trusted and influential partner of government and civil society regarding GBViE

At country level, UNICEF is a respected partner, seen as capable of implementing GBV programming by raising awareness; effective advocacy for GBV; developing guidance, training, policies and legislation for GBV; and building the capacity of both government and civil society partners. UNICEF promotes the importance of addressing GBViE with Government and other agencies in all the
countries evaluated. UNICEF is recognised by partners as making a major contribution to the total GBVIE-sector results through the scale of its programming, the development of technical guidance, its funding of assessment exercises, and its engagement with and leadership of interagency and government planning. Appreciation for UNICEF is further enhanced where UNICEF GBVIE programmes are aligned with national priorities, as was the case in most of the RTEs. UNICEF’s influence with national governments with regard to GBV is highly valued by donors, UN partners, NGOs, and civil society organisation partners.

UNICEF is partially meeting its current commitments to address GBVIE

At country level, the majority of RTE countries are addressing UNICEF’s mandated responsibilities for GBV to varying degrees, albeit sometimes inadvertently where UNICEF’s commitments to GBVIE are not well understood. UNICEF raised and allocated emergency funding; as noted however, funding has fallen far short of needs in some of the programmes evaluated. The GBV services in the RTE countries are generally consistent with the draft UNICEF GBV Resource Pack and the recently finalised UNICEF GBVIE Theory of Change. At UNICEF HQ, there has been partial support for the agency’s GBV mandate from leadership at different levels, but not with the same consistency and emphasis as for other UNICEF sectors. (See 6.2.4)

UNICEF is making a contribution to system building in most countries

Lebanon and Jordan COs have focused strongly on system-building since the first days of the crisis, maximising the opportunity of increased funding for the Syria crisis, to implement a long-term plan and strengthen government and civil society, and create sustainable country-based capacity to prevention and respond to GBV. This includes building on the experience from their GBVIE programmes into their regular Country Programme. South Sudan is also focused on building systems, although with proportionately fewer resources compared with the need. Elsewhere, system building is also being addressed, but limited funding and capacity of government partners will require ongoing investment of human and financial resources.

UNICEF has made a positive contribution to GBVIE sector coordination and sector goals

Given the multi-sectoral nature of specialised GBVIE response (health, PSS, legal/justice, security) effective coordination is a programming necessity for the GBVIE sector. Where UNICEF was, or is, leading sector coordination, its guidance in developing strong sector plans, providing coordination resources and contributing to delivery of GBV services and other programmes is appreciated by government and other agencies. As a member of the coordination mechanism, UNICEF is also appreciated for its contribution to the sector response, even when, on occasion, tensions and competition with UNFPA have undermined cooperation and constrained programming.

It remains to be seen how the recent UNICEF decision to step back from co-leadership of the global GBV AoR will affect coordination at country level. Judging by the evaluation team’s perceptions, UNICEF’s withdrawal from country-level coordination processes will not be welcomed by GBV donors and partners. In countries with a significant UNICEF GBVIE programme, it is logical that the UNICEF CO lead or co-lead GBV coordination structures. The evaluation team surmises that UNICEF’s decision to withdraw from leadership is unfortunate. As UNICEF transitions away from global GBV AoR co-leadership, its message is to “continue to contribute substantially as a lead partner in the GBV AoR
and support UNFPA in its coordination role at the field level.” ¹⁵⁷ A leadership that is essential to ensure GBViE programmes are implemented as well as possible in crisis-affected countries.

**Gaps and Challenges in UNICEF’s GBViE programming**

*The Resource Pack, the ‘Game Plan’ for GBViE (both in draft at the time of writing) and the roll out of the IASC GBV Guidelines are UNICEF initiatives that, once agreed and implemented, will address several of challenges discussed in this section.*

**The level of attention and resources for GBViE do not meet the scale of the problem**

GBV is the most pervasive, the least visible, and the least addressed human rights abuse in the world, and is known to be aggravated during times of crisis. UNICEF, at an institutional level, is not giving GBViE the attention it deserves, nor is it taking consistent action to prevent and reduce GBViE. UNICEF’s mission statement, the CCCs, Strategic Plan and GAP all commit the agency to addressing GBV to support the rights and welfare of children and women. Whether or not a specific emergency is declared, there is an on-going global emergency in which millions of women and girls are being killed, raped, beaten, exploited, trafficked and coerced on the basis of their gender. Services to support healing and initiatives to prevent violence against women are currently inadequate. A prioritisation of GBV should, therefore, be central to UNICEF’s humanitarian response and human rights based approach. Notwithstanding the several positive examples highlighted in the RTE reports, the low levels of investment in GBViE compared with other sectors makes it appear that UNICEF is treating GBViE as a peripheral protection issue.

As a UN agency with a protection mandate, and particularly given its mandate to address GBV, UNICEF’s donors and partners are looking to the senior leadership of UNICEF to match its public commitment to GBV to the leadership it has shown at a technical level.

UNICEF could signal its recognition of GBV as the most widespread abuse of human rights by rebalancing the technical resources for GBV with other technical sections in New York and Geneva HQs, in its regional offices, and in countries with, or at risk of, emergencies.

The support structures that assist COs to implement GBV programmes are not adequate. With just one P4 GBViE specialist in New York HQ and no regional GBV advisers, the current structure cannot effectively support the fulfilment of the agency’s commitments to tackle GBV. Structurally, GBV is subsumed under Child Protection, lowering its visibility.

Where COs lack specialist technical capacity in-country, particularly in the early days of the response when programme and funding priorities are set, GBV is not prioritised as highly as other UNICEF areas of response, which, in turns tends to result in lower funding for GBViE.

(Recommendations 2, 5, 6, and 10)

¹⁵⁷ The key messages continue: “This includes maintaining current coordination capacity at the national level in priority countries until UNFPA has the requisite resources to take on the management and assume full accountability. Until the transition and beyond, at the sub-national level, UNICEF will continue to promote and lead sub-national GBV coordination, given UNICEF’s large operational coverage.”
UNICEF staff have limited knowledge of GBV, and of UNICEF’s commitments and approach to GBViE

The evaluation team found a lack of clarity, and limited understanding and agreement, on how UNICEF defines and addresses GBV at all levels of the organisation. Many non-specialist staff were unclear of the organisation’s response to GBV as part of its mandate and responsibilities. There is a limited awareness of the GBV elements of the CCCs. There are differences of opinion on whether UNICEF’s GBV programming should target women as caregivers or as survivors in their own right, and whether/how violence against boys and men is covered. The GAP confirms that the Child Protection Section has leadership for GBViE at HQ level but, in practice, many staff are not clear on the respective responsibilities for GBViE between Child Protection, the major new initiative on Violence against Children, and the PD Gender and Rights Unit (Recommendation 3).

UNICEF lacks clear communication on GBViE

Linked closely to Conclusion 6.2.2, UNICEF lacks clear corporate communication on what GBV is, why it matters in emergencies and how programme staff can contribute to addressing it. With poor communication, GBViE is not adequately understood (beyond GBV, Child Protection and some sector specialists) and, few programme staff are engaged. The challenge for UNICEF will be in communicating to a wide UNICEF audience the basic tenets of GBV and the responsibilities for GBViE. The COs and UNICEF’s GBV partners expressed to the evaluation team that clear communication on UNICEF’s GBViE position and prioritisation would be appreciated. The CPS GBViE team recognised this. Clarifying UNICEF’s responsibilities for addressing GBV are key objectives of the roll out of the Resource Pack and the IASC GBV Guidelines, which is very timely given these findings of the evaluation. Communicating the interventions that UNICEF routinely implements would address the lack of understanding of the nature of UNICEF’s GBV responsibilities. (Recommendations 1, 3 and 4)

UNICEF is not meeting some elements of its GBV commitments

Some elements of the proposed comprehensive, multi-sectoral approach captured in the Resource Pack and IASC GBV Guidelines are implemented only to a limited extent. These include risk mitigation (see also 6.2.6), broad-based social norms programming to prevent GBV (which is at an early stage of development) and ensuring appropriate multi-sector response for survivors, including those who wish to report GBV to the police or seek access to justice. The countries evaluated recognised child marriage is an expression of GBViE, only Jordan and Lebanon have the resources to address it. UNICEF GBViE programmes tend to focus on sexual violence, overlooking other forms of GBV. And, although data suggests that intimate partner violence is among the most prevalent forms of GBViE, targeted programming to address this problem is limited. (Recommendation 4)

The lack of experienced GBViE capacity limits UNICEF’s partnerships to expand its programming at both global and country level

Most of the RTE and global interviews brought up the lack of sufficient partners for GBViE. As noted under the findings on Sustainability, UNICEF has developed the capacity of new local partners. The innovative capacity-strengthening approaches developed at country level are examples of using creative strategies for expanding the base of GBV services. Innovative approaches need to be developed and resourced at the global level.

The areas of GBViE response where UNICEF is not focussed (e.g. livelihoods), UNICEF can build its capacity with a surge roster or build new partnerships at global level. (Recommendations 2 and 5)
There is limited integration of GBV risk mitigation in UNICEF sector programmes

To date, UNICEF has not maximised opportunities to mitigate risks of GBV through its health, nutrition, education and WASH programmes. The UNICEF Multi-country GBViE Programme Evaluation found individual good practice examples of GBV risk mitigation in sector programmes, which have the potential to be replicated. Otherwise, systematic GBV integration by the sectors themselves was not taking place in the countries evaluated, even in the best funded emergency programmes. There has been strong encouragement for some high profile projects integrating GBV across other sectors by donors.

It should be a concern to UNICEF that the lack of integration of risk mitigation is not generally seen as a shortcoming or missed opportunity by the sector teams, all the more so given that UNICEF has greater potential to achieve GBV risk mitigation through its sector programmes than any other UN agency, both within its own programme and by influencing the several clusters and sector working groups UNICEF belongs to. However, UNICEF CO management is not prioritising GBV risk mitigation and in no country evaluated has the tipping point been reached where sectors have taken ownership of systematic integration.

While UNICEF has endorsed the IASC GBV Guidelines and is committed to their implementation through the Call to Action, and now requires GBV integration in annual sector workplans, this has not yet had a tangible impact on GBV integration in the countries evaluated. Hopefully, the ongoing roll out of the IASC GBV Guidelines and subsequent evaluations this has catalysed in target countries will reveal an increase in the integration of GBV risk mitigation activities. (Recommendation 4).

So far the scope of GBViE prevention is limited but a comprehensive approach is being piloted

The UNICEF GBViE programmes evaluated tend to rely on awareness raising as the primary approach to prevention. In the UNICEF ToC, GBV prevention is part of ‘laying the foundation for long-term change’ which is critical to achieving a sustained reduction in levels of GBV. According to the Resource Pack, a comprehensive approach to prevention includes: building children and women’s resilience and duty bearer accountability, action in accordance with relevant international norms and standards; and tackling the underlying drivers of GBV. UNICEF is a leader in developing and trialling new approaches to prevention, including the Communities Care Programme piloted in Somalia and South Sudan. (Recommendations 4 and 5)

Adolescent girls are not being addressed routinely in GBViE response

Adolescents are an important target group for UNICEF. Engaging adolescents (10 – 18 years) and youth (19-24 years) is key to addressing GBV, and particularly preventing GBV as they will be the opinion leaders and decision makers of the future. Adolescent girls are also the group at overall highest risk of many forms of GBV. They are also the target group for the GAP priority of reducing child marriage. However, with the exception of Nepal, Lebanon and Jordan, the GBViE programmes evaluated did not focus on, or provide interventions which were specifically tailored to, adolescents. This is an important gap and should be a routine focus of all UNICEF GBViE responses. (Recommendation 4 as related to age appropriate programming.)

GBViE is constrained by GBV not being a standard element in UNICEF country programmes

One of UNICEF’s strengths is that it can use its regular development programme, and especially its government and NGO partnerships, as a springboard for its emergency response. While GBV is a priori
a major rights issue in all countries where UNICEF has a Country Programme, GBV is not a routine
element of regular UNICEF programmes and UNICEF has no dedicated non-emergency GBV support
capacity at HQ or in ROs. As the evaluation findings indicate, some COs have GBV programmes, or are
building on the current emergency programmes to ensure ongoing GBV programming, but there is no
corporate structure to assure consistent implementation.

Where GBV is not a component of the Country Programme, preparedness for GBViE is constrained. In
every country evaluated, even the middle-income countries, there was limited attention to GBV pre-
crisis, and few civil society organisations with skills and experience to prevent GBV. The COs were able
to implement an effective GBViE response---even with no pre-emergency GBV capacity---but the
absence of GBV in regular programmes makes it harder and slower to establish GBV services, and to
mobilise the risk mitigation and prevention elements of GBViE. Some of the evaluation countries
continue focus on GBV over the longer-term, including it in new CPDs, the lack of GBV interventions
in regular UNICEF programming slow gains made during emergency response and the issue is not
sustained or built upon as part of regular development programming, which is critical for the issue to
be tackled effectively. The Evaluation of UNICEF GBViE Programmes found country cases where GBV
programming stopped when emergency funding ran out. (Recommendation 8)

UNICEF needs better evidence to demonstrate the impact of its GBViE programming

In most evaluation countries, UNICEF staff recognized the importance of collecting high quality data
on: the nature of GBV, the needs and help-seeking behaviour of survivors and those at risk, and the
existence of and gaps in multi-sectoral programming. In some programmes, monitoring activities is
sophisticated. However, the collection and analysis of data on programme effectiveness, quality and
results (such as enhanced safety for at-risk groups and changes in attitudes and behaviour towards
GBV) is lagging behind.

The survey and interview tools required to understand changes in societal attitudes to GBV require
relatively high levels of skills and sensitivity. These methods are also more expensive than quantitative
measures of, for example, the uptake of services. UNICEF therefore needs selective but relatively
heavy investment in population samples to measure changes in attitudes, and to assess the perceived
impact of GBViE measures. UNICEF needs to invest more in analysing what is working well in GBViE in
different contexts, to be accountable to affected populations and to meet donor demands for
evidence of the value of GBViE programmes. The Resource Pack is targeting monitoring and evaluation
to addressing this gap. (Recommendations 6, 7 and 9)

Familiarity with PSEA roles and responsibilities amongst staff varies between
COs, but is generally limited, with the exception of CAR

The awareness of SEA and UNICEF procedures and responsibilities varies between COs, and ROs and
COs have different levels of emphasis on staff training. Overall---although SEA is a significant issue in
humanitarian response and was explicitly raised during evaluation interviews in South Sudan and
Somalia---with the exception of CAR, there is no uniform understanding about reporting, or how to
provide support to individual victims or those at risk. Also with the exception of CAR, UNICEF IPs
typically have a limited understanding of PSEA, and while some have ethical guidelines in place, they
do not cover PSEA in detail. This is a concern, as IPs train social workers and counsellors who work
with vulnerable girls and women, and it is critical that these first responders understand how to
address allegations using confidential, survivor-centred approaches. (Recommendation 11)
**RECOMMENDATIONS**

**Recommendation 1: Clarify the scale, severity and impacts of GBViE, and UNICEF’s mandate, commitment and response to GBViE**

Based on UNICEF’s mandate and organisational commitments, and in line with the new Game Plan, UNICEF should scale up strategies to:

- Underscore the scale and severity of GBViE as a human rights abuse for programme staff at HQ, RO and CO with humanitarian responsibilities;
- Clarify the organisational responsibility to address GBViE as a standard element of any UNICEF emergency response;
- Re-emphasise to CO management that all programme sections have a role in mitigating GBV risks, as elaborated in detail in the IASC GBViE Guidelines (see Recommendation 4);
- Emphasise that integrating GBV into sector programmes will enhance each programme by responding more adequately to the needs of the target beneficiaries;
- Senior leadership should formally and informally communicate UNICEF commitments to GBV to staff and partners, including the IASC and donors;
- Produce communication packages and regular briefings on GBV and UNICEF responsibility, for staff and external actors (targeted to different groups as appropriate) with straightforward messaging, including:
  - The UNICEF definition of GBV and GBViE;
  - An introduction to GBV (types, root causes, contributing factors in different contexts);
  - Why GBV increases in crisis or emergencies;
  - UNICEF’s Theory of Change (in a simplified form);
  - UNICEF’s commitments and components of response to GBViE.

*Lead actor:* Chief of Child Protection Section, GBViE Specialist, New York  
*Support from:* Division of Communications, Gender Team, Division Chiefs, and Senior UNICEF leadership  
*When:* Ongoing (internal and external communication)

**Recommendation 2: Bring Headquarters’ GBViE technical support in line with other leading UNICEF programmes**

UNICEF should resource GBViE programming in line with its commitments and with resourcing of other programme areas. This will require:

- An additional two to three GBViE advisers at Headquarters (P4 level and above), within CPS or otherwise.158
- Appointment of a GBViE Adviser and/or identification of such expertise, in each regional office.159

These Regional Advisors should form part of a UNICEF GBV Professional Learning Network coordinated from HQ (see Recommendation 9). Advisor roles:

- Assist COs to adapt the Game Plan and ToC to their country context;
- Advise on emergency preparedness, policy development and GBViE standards at country level;
- Organise “Introduction to GBViE” training for non-specialist staff (Recommendation 3);
- Keep COs briefed on corporate agreements and strategies, such as the GAP;

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158 The evaluation team did not draw conclusions on whether GBViE should remain part of the Child Protection Section, where its visibility in the organization and with donors may be limited. Regardless of this issue, emphasis should be on additional technical resources available to guide and support GBViE programming.

159 Whether the focus of any one adviser is GBV as a whole or GBViE is a decision for UNICEF and might vary according to the situation in crises/regions. The recruitment of a GBViE Regional Advisor for MENARO is in process.
• Provide technical support to COs and to Child Protection specialists to implement the Resource Pack, lead countrywide roll out, and continually integrate the recommendations of the 2015 IASC GBV Guidelines (Recommendation 4);
• Ensure that learning on GBV is collaborated and shared between COs in the region, widely within UNICEF, and with external partners;
• Assist with resource mobilisation for GBV programming;
• Strengthen the existing GBViE talent pool in line with the Game Plan, to maintain a cadre of GBViE specialists (referred to as a ‘swing capacity team’ in the Game Plan) as part of all UNICEF emergency surge capacity (to be deployed on a ‘no regrets’ basis within five days of an emergency to COs with inadequate GBViE staff capacity).

Lead actors: Chief of Child Protection Section
Support from: Director PD, Programme and Budget Review, Regional Directors
When: Ongoing

Recommendation 3: Clarify roles on GBViE prevention, risk mitigation and response, decision-making and programming

UNICEF should clarify roles, responsibilities and accountability concerning issues around GBViE prevention, risk mitigation and response across the organisation, including defining those responsible for:
• GBV preparedness at country level;
• Regional Office support to GBViE at country level;
• Planning and initiating GBViE response (including the role of sectors);
• Raising funds for GBViE;
• The Game Plan implementation;
• Integrating risk reduction;
• Addressing social norms regarding GBV;
• Monitoring and evaluation of GBV programmes;
• How GBV in the regular country programme relates to GBViE programming
• To clarify the roles and responsibilities of the HQ CPS and Gender team, and regional and country offices.

Lead: Director PD
Support: Child Protection Section, Director of UNICEF Office of Emergency Programmes (EMOPS)
When: 2017

Recommendation 4: Implement Resource Pack roll-out plans and 2015 IASC GBV Guidelines; provide basic GBViE training to target audiences in UNICEF

In line with relevant strategies for achieving Game Plan outcomes, roll out these two seminal programme resources within UNICEF to build understanding of UNICEF’s programming responsibilities for GBV, and familiarize target groups with relevant resources to support this. This process requires explicit support from senior management.

Resource Pack

Develop a detailed Implementation Plan for the Resource Pack that identifies:
• A step-by-step approach on guidance for different target groups, a detailed timeline, and resources required to support the rollout project;
• A detailed Communications Strategy including the different tools to be developed to support the roll out (see Recommendation 3); and
  Training/introductory packages for GBV specialist and non-specialist target groups.

160 This recommendation reaffirms strategies 3 and 4 of the Game Plan.
**IASC GBV Guidelines**

Drawing on the existing inter-agency Implementation Strategy, develop a plan to roll out the IASC GBV Guidelines to all UNICEF teams who engage with humanitarian response (i.e. programme sections, EMOPS, Communication for Development (C4D) and resource mobilisation). Identify resources required and communication strategies, and develop monitoring and evaluation tools (based on indicators included in the IASC GBV Guidelines for each sector) using the best external research available (or commission such research as necessary).

**Non-specialist Training**

The non-specialist training course should be part of training on humanitarian response, and provided to all sections. Ideally, this will become mandatory, as is the gender equality e-training. Language used in all materials should be relevant and familiar to the other sections. It is imperative that non-GBV specialists are provided with short, practical guidance and examples within the training to avoid the risk of their being put off by the complexities of the comprehensive approach. Practical examples of good practice in risk reduction, basic engagement skills with survivors and strategies for supporting positive social norms should inform the course material. UNICEF has already advertised for a GBViE capacity building specialist who will be able to support this and other training. (This training will be closely linked to the communications package of Recommendation 3, but should be part of the rollout of the Resource Pack and IASC GBV Guidelines.)

**Lead actors:** GBViE Specialist, Chief Child Protection at HQ (to develop plans and materials); RO Director, Regional Child Protection and Gender Advisors, Regional Deputy Directors  
**Support actors:** Global Gender Team, PD Sector Chiefs, EMOPS  
**When:** 2017 and on-going

**Recommendation 5: Build capacity and partnerships for GBViE specialist programming**

Expand GBViE response coverage and address UNICEF GBViE programming gaps (including GBV prevention):
- Strengthen existing, and build new, partnerships with organisations, especially INGOs, to expand UNICEF’s coverage and increase the organisational pool that can prevent and respond to GBViE in line with international standards;
- Cover gaps in UNICEF capacity in the multi-sectoral approach to GBViE by:
  - Strengthening internal capacity in livelihoods, legal protections and collaboration with the police and security sector; and/or
  - Developing strategic partnerships with organisations that specialize in these areas, perhaps including the agreement of global Memoranda of Understanding.

**Lead:** GBViE Specialist, Child Protection Section  
**Support:** Humanitarian Action and Transition Section (HATIS), EMOPS Geneva, AoR members, IASC  
**When:** Ongoing

**Recommendation 6: Improve systems that generate and prove outcome-level results of GBV programming and that share knowledge**

UNICEF should amend its emergency procedures as follows:
- Amend emergency sector planning, monitoring and reporting frameworks to include GBV risk mitigation, in line with the recommendations for sectors in the IASC GBV Guidelines. Ensure emergency officers understand the requirement, and ensure GBViE focal points are appointed by section chiefs in all emergency-prone countries (ideally before emergencies happen);  
At country level, to strengthen the quality and completeness of data on GBV incidence and the effectiveness of UNICEF’s programming:
- Strengthen in-country and global partnerships to develop UNICEF’s ability to assess programming effectiveness regularly and to measure programme quality systematically. (UNICEF HQ to locate additional external technical expertise);
- Routinely disaggregate GBV data on funding from Child Protection and, where possible, for risk mitigation in other sectors;
- Allocate and manage separate GBViE plans and budgets within its emergency management procedures, whether as a sub-category of CP or separately;
- As part of the current UNICEF strategic planning exercise, ensure that PIDB codes are simplified to one for GBViE separately from SEA and from more general activities addressing violence against children;
- GBViE budgets, targets and results should be visible separately from CP in Situation Reports, Country Office Annual Reports, the Humanitarian Action for Children annual reports and other key documents (even if GBV continues to be organised under CP).
- Triangulate and cross reference existing in-country data collection systems, including GBV specific data collection by GBV/Child Protection actors (GBVIMS/+ – including Primero, National Systems for GBV data collection) and non-GBV systems, e.g. the CCCM DTM.
- Address safety and ethical concerns about sharing data between agencies through negotiation between partners at HQ/RO level, to ensure that all partners have access to data regularly in line with quality information sharing standards to inform programming, reporting and advocacy.

**Lead:** Field Results Group, EMOPS, HATIS  
**Support:** GBViE Specialist Child Protection Section. Chiefs Child Protection and PME teams in-country  
**When:** 2017

**Recommendation 7: Build GBV programmes into Country Programmes of at-risk countries**

To raise GBV awareness and improve readiness to respond, UNICEF country offices, particularly those working in at-risk countries, should build GBV programming into the Country Programme. In countries with established investment in GBViE services, or that build on GBViE national capacity and systems in ongoing emergency response, GBV should be included as a priority in subsequent Country Programme Documents.

**Lead:** UNICEF Country Representatives  
**Support:** Chiefs of Child Protection, Chiefs of all UNICEF Sectors, Child Protection Section, PD, GBViE Specialist Child Protection and PME teams, Field Results Group  
**When:** On-going as the next round of new Country Programme Documents and Strategy Notes are developed

**Recommendation 8: Improve the global environment learning and innovation on GBViE**

To draw value from knowledge on GBViE, including understanding gained through this evaluation, UNICEF should:

- Research the feasibility of establishing a Professional Learning Network within the GBV Sector with regular meetings of GBV specialists, and resources (dedicated time) to capture and publish good practices, lessons learned and strategies for innovation. As resources allow, establish a moderated online platform to share experiences in real time;
- Hold periodic meetings to exchange information with partners and GBV actors (possibly through the GBV AoR with documents available on the GBV AoR website);
- Identify and undertake studies that further GBViE understanding and expertise (for example, a study that determines the ‘tipping points’ where other sectors can take ownership of integrating GBViE into their programmes).

**Lead:** Child Protection Section
Support: GBViE Specialists (country, regional and headquarters level), Chiefs Child Protection and PME teams
When: 2017 and ongoing

Recommendation 9: Continue to invest in UNICEF’s role as a leader of the GBViE sector

UNICEF is perceived as the leading organization in research and experience for the GBViE sector. This role should be maintained with investment in human and financial resources as necessary. Current leadership roles and memberships in inter-agency and other global fora should also be maintained by engaging in cutting-edge development of programme guidance and in sector partnerships (such as RTAP, Call to Action). As these initiatives will likely result in more GBViE programming, this will have resource implications for UNICEF.

In light of the recent decision to step back from co-leadership of the GBV AoR, and its uncertainty on GBViE programming in crisis settings, UNICEF should:

- Monitor UNICEF GBV prevention and response to ensure no reduction in scale, funding or prioritization of GBViE response and that GBViE responses by the sector are not compromised by the decision;
- If the above monitoring results reveal that those at risk and survivors of GBV have been negatively affected, or that UNICEF is not able to contribute to the sector as strongly, consider how to re-engage with sector leadership;
- UNICEF leadership of GBV-coordination mechanisms at country level should continue to engage, according to the relative strength of partners and as the GBV situation indicates.

Lead: Deputy Executive Director for Programmes
Support: Director PD, Child Protection Section
When: Immediate and ongoing

Recommendation 10: Ensure country office commitment to PSEA; strengthen UNICEF staff understanding of PSEA roles and responsibilities

- Strengthen understanding and awareness of UNICEF staff of PSEA roles, responsibilities and accountability;
- Ensure that staff are aware of the mechanisms for reporting an alleged incident of SEA;
- Ensure all COs have an assigned PSEA focal point and reporting mechanisms;
- Ensure that GBV services are available for victim referral;
- Ensure that UNICEF staff and IPs know how to refer victims to appropriate GBV services, safely and confidentially.

Lead: According to UNICEF PSEA accountabilities
When: Immediately
ANNEX 1 – EVALUATION TERMS OF REFERENCE

MULTI-COUNTRY REAL TIME EVALUATION OF UNICEF GBVIE PROGRAMMES

Terms of Reference

1. INTRODUCTION OF THE SECTION

UNICEF provides technical leadership to governments and development partners to strengthen monitoring and evaluation, research, and knowledge management to ensure that intervention packages to address gender-based violence (GBV) in conflict and disaster contexts are evidence-based and based on best practice.

For the purpose of this project objectives of the Child Protection Section, particularly the Child Protection in Emergencies (CPiE) team working in this area of responsibility are as follows:

1) To improve monitoring, evaluation and documentation of GBV-related programmes in humanitarian contexts supported by UNICEF;
2) To provide technical support for improved programming, including on monitoring and evaluation and implementation research to UNICEF HQ, Regional and Country Office programs;
3) To conduct and commission strategic analyses or reviews on GBV in humanitarian contexts in order to guide policy and practice;
4) To publish and disseminate new findings and innovations in addressing GBV in humanitarian contexts throughout UNICEF and beyond, and apply them directly to the development and implementation of a UNICEF wide GBV in Emergencies (GBViE) Programme Framework and technical Resource Pack;
5) To work jointly with and support capacity building of local research teams (as feasible) as well as with international research and monitoring and evaluation working groups to advance evidence for interventions and strategies to prevent and respond to GBV in humanitarian contexts.

2. BACKGROUND INFORMATION

UNICEF’s efforts to respond to GBV in situations of armed conflict and disasters lie at the heart of the agency’s mandate for the protection, health and well-being of children and women. Addressing GBV in emergencies is a lifesaving measure and central to promoting the rights of children and women affected by conflict and disasters to safety, dignity and protection. Illustrative of this priority accorded to the issue, GBViE is furthermore one of the four pillars of UNICEF’s Gender Action Plan 2014, for which there are objectives against which progress is reported regularly to UNICEF’s Executive Board.

In the past decade, UNICEF has been at the forefront of efforts to prevent and respond to GBV in emergencies, both globally and at country level. Globally UNICEF has been instrumental in the development of interagency GBV technical standards, programming tools and resources, and a strong advocate for action and accountability on GBV within the humanitarian system. At country level, UNICEF has delivered essential services and programmes for survivors of GBV and piloted innovative prevention and risk reduction interventions in the midst of emergencies, as well as building capacity of government, NGOs and other civil society actors to strengthen structures, systems and services to institutionalise and operationalise legal protections for children and women from GBV and ensure survivors rights to quality health and psychosocial care are realized.

UNICEF Headquarters (HQ) is committed to supporting Regional Offices (ROs) and Country Offices (COs) to continue to deliver on UNICEF’s mandate to protect children and women from GBV through consistent and effective GBV prevention and response in emergencies. HQ, through the Child Protection in Emergencies Team in the Child Protection Section, is therefore currently developing a range of resources for COs to use for designing, monitoring and evaluating stand-alone GBV programmes that are part of a COs Child Protection response and improved integration of GBV prevention and response across all sectors of UNICEF’s humanitarian response, in line with the Core Commitment’s for Children (CCCs) and other humanitarian standards. This includes the development of the new UNICEF Gender-based Violence in Emergencies (GBViE) Programme Resource Pack, a new tool that will be disseminated to all relevant UNICEF Country Offices and implementing partners engaged in GBViE programming. The Resource Pack aims to support UNICEF COs and implementing partners to identify and prioritize strategies and interventions for addressing GBV, to fulfil UNICEF’s mandate...
and to promote consistent, comprehensive and evidence-based GBV programming across countries and emergencies, appropriate to the context.

The GBViE Programme Resource Pack will include Child Protection-specific guidance as well as cross-sectoral GBV programming guidance for UNICEF and implementing partners aligned with revised Inter-agency Standing Committee GBV Guidelines (2015). The Programme Resource Pack will assist COs to assess the GBV situation in different types and phases of an emergency, as well as different funding realities and human resource capacity levels, and then design and monitor outcome-based GBV prevention and response programmes. The Programme Resource Pack will bring together existing resources for good practice in GBV prevention and response programming, and will also fill critical gaps in technical and programming materials for GBV strategies and interventions for which there is currently a lack of guidance.161

To support development of the GBViE Programme Resource Pack, and to facilitate continuous learning and improvement within UNICEF’s ongoing GBV response in emergency-affected countries, the CPIE Team of the Child Protection Section, in collaboration with ROs and COs, is undertaking an evaluation to analyse two different facets of UNICEF’s GBV response in emergencies — 1). GBV programming as a comprehensive whole (programme-wide evaluation, including both GBV-specialized programmes as well as cross-sectoral programmes focused on GBV risk mitigation for example); and 2). GBV-specific interventions (including service provision for survivors; safe spaces; or dignity and hygiene kit distributions, for example).

### 3. PURPOSE, OBJECTIVES & SCOPE OF WORK162

#### Evaluation Purpose:
To strengthen UNICEF’s current and future GBViE programming based on real-time learning.

#### Evaluation Objectives:
1. Work with country programmes to assess GBViE programme quality and generate learning that informs future UNICEF GBViE programming
2. Develop recommendations to help UNICEF operationalize its organizational commitments to GBViE at HQ, regional and country levels
4. Develop a real-time GBViE programming evaluation methodology that can be used by UNICEF and, potentially, other GBViE actors.

The UNICEF Multi-country GBViE Programme Evaluation will:
- Assess UNICEF’s response to GBV in 8-9 current emergencies against standard criteria for evaluating humanitarian action, namely: relevance, effectiveness, connectedness/sustainability, coordination, coherence, coverage, efficiency.163
- Identify gaps, tools and good practices in safe, participatory and survivor-centred GBV programme design and delivery, including strategy development, GBV assessment and situation analysis in emergencies, capacity development, and monitoring and evaluation.

A total of 8 to 9 countries will be visited during the UNICEF Multi-country GBViE Programme Evaluation. In approximately half the countries, the evaluation will include the whole UNICEF programme, encompassing both GBV specialised programming (standalone GBV interventions) and integrated programmes (GBV risk mitigation actions/approaches which are mainstreamed across the programmes of other sectors). In the other countries

161 While significant strides were made by the humanitarian community in developing guidance, tools and capacity-building resources to standardise GBV interventions and institutionalise good practice models and approaches in the last decade, especially in relation to service delivery for survivors of sexual violence, there remain gaps in key areas of GBV risk mitigation and prevention in particular.

162 The evaluation purpose, objectives, evaluation criteria and evaluation questions are revised in this version of the ToR to reflect those in the evaluation Inception Report (Dec 2015).

163 For more information on DAC criteria see Evaluating humanitarian action using the OECD-DAC Criteria: An ALNAP guide for humanitarian agencies.
visited, the Evaluation of UNICEF GBViE Programmes will focus on specific interventions which may be either specialised or integrated.

The UNICEF Multi-country GBViE Programme Evaluation is focus primarily on learning at country level, looking at the extent to which UNICEF’s GBViE programming is modelled on good and emergent practice with a view to strengthening UNICEF’s GBViE programmes and guidance. It will also assess how well UNICEF corporate commitments/responsibilities were translated into practice on the ground.

**UNICEF Programme-wide evaluation**

Using a real-time evaluation approach\(^\text{164}\), the UNICEF Multi-country GBViE Programme Evaluation will assess UNICEF’s comprehensive GBV response across 4-5 country programmes comprising multiple GBV projects and interventions, in order to draw lessons to improve current and future practice in participating countries, as well as future emergencies across countries.

**GBViE Intervention-specific evaluation**

The intervention-specific element will assess programming as for the whole of programme evaluations, and will also identify lessons and good practices from across emergency and programme contexts to generate evidence-based information and tools for use in the Programme Resource Pack, to provide participating countries with information from their own context, as well as from others, and to support ongoing and future fundraising and programming.

In collaboration with participating COs, 3-5 interventions for which there is some evidence of efficacy in GBV risk mitigation and prevention, but limited technical and programming guidance, will be identified for review through this UNICEF Multi-country GBViE Programme Evaluation. Potential specific GBV-related interventions for review include:

- Safe Spaces for children and women in displaced settings that mitigate risk of diverse forms of GBV through a range of services and resources, including access to information, health and psychosocial support services and referral, non-formal educational and empowerment activities.
- Dignity and WASH kit and other gender sensitive non-food items (NFI) distribution to improve women and girl’s dignity, mobility and safety from GBV in displaced camps and settlements;
- Economic Empowerment for adolescent girls and women to reduce their vulnerability to engaging in unsafe and exploitative survival and income generation activities, such as exploitative transactional sex.
- Intimate partner violence prevention and response services that address some aspect of intimate partner violence prevention, risk mitigation and service delivery for girls and women experiencing domestic violence.
- Child marriage prevention and response initiatives that address education, economic and social norms dimensions of child marriage in humanitarian settings,\(^\text{165}\) and/or empowerment and support services for married girls to reduce the risk of secondary GBV, such as intimate partner violence, and promote their health and protection.
- Sectoral mainstreaming of GBV prevention in line with revised IASC GBV Guidelines to document what is working and what the challenges are regarding integration of recommended GBV actions for different sectors to reduce children and women’s risk of GBV and facilitate better referral and access to services for survivors.

\(^{164}\) “A Real-time evaluation is one carried out whilst a programme is in full implementation and almost simultaneously feeds back its findings to the programme for immediate use.” (Sandison, 2003, p8)

\(^{165}\) The impact of emergencies on child marriage patterns and trends and married girls’ exposure to further violence and harm will also be examined, as these issues both require further investigation in humanitarian settings.
The UNICEF Multi-country GBVIE Programme Evaluation will not include an assessment of the sub-cluster (or other GBV coordination mechanism) function per se as it is focused on the GBV programming function of UNICEF. It will, however, evaluate the extent/nature of UNICEF’s programming contribution to realizing sub-cluster strategy/plans and addressing identified gaps, and will address how the agency has added value to the whole GBV response, including leadership and advocacy activities, within the CO and across the response as a whole.

**Country selection criteria:**
The following criteria will be used in selecting the COs to participate in the evaluation process:

- CO capacity and willingness to engage
- Regional diversity
- Generalizability of GBVIE programming to other emergency contexts
- Overall climate for supporting GBV programming
- Maturity of the GBV programme (in other words, how long has the programme been functioning; has it been expanded over time, etc.)
- Whether or not UNICEF has GBV specialist(s) in place in the CO
- Whether or not there is a functioning inter-agency GBV coordination mechanism
- Phase of response (with the goal of having a diversity of phases represented across the selected countries)
- Targeted populations (with the goal of having a diversity of types of populations - e.g. displaced/non-displaced; women/adolescent girls/children; parents; communities, etc. - represented across the selected countries)
- Overall national capacity/willingness of governments to engage in GBV-related programming (with the goal of having both supportive and less supportive national capacity represented across the selected countries)
- Conflict and disaster settings (with the aim of having both types of setting represented across the selected countries)

Based on these criteria, the following countries were shortlisted for participation in the evaluation process: Central African Republic, Jordan, Lebanon, Mali, Myanmar, Pakistan, Somalia and South Sudan (discussions on-going with the DRC and Turkey). Final decisions on CO engagement will be made prior to the commencement of the missions.

**Evaluation questions**
The table below sets out the key evaluation questions to be addressed in the final evaluation report under each of the evaluation criteria:

**Relevance**
1. To what extent is UNICEF GBVIE programming for care, support, protection, and risk reduction based on:
   a. assessed needs and data analysis? (Are the different needs of needs of women, adolescents, and children considered separately?)
   b. established good practice for GBVIE service provision, risk reduction and prevention? (Is UNICEF employing the most appropriate strategies to ensure further violence is reduced and survivors provided with appropriate services and support?)
2. To what extent has risk reduction been integrated into other UNICEF sector programmes?
3. To what extent do GBVIE programmes adapt to changing needs, and how well are the changing needs documented?
4. How well have views of survivors and other high risk groups (adolescent girls, women, children) been reflected in programme assessment, design, implementation and monitoring? (covers AAP)
5. Are programmes built on a clear Theory of Change for GBVIE programming? To what extent is this consistent with a corporate/regional Theory of Change and with UNICEF standards and guidelines expressed through the CCCs or elsewhere?)
6. To what extent has a human-rights approach been taken in design, implementation, and monitoring of GBVIE programming?

**Effectiveness**
7. To what extent have UNICEF GBViE programmes improved survivors’ access to quality, life-saving, multi-sectoral services for care and support?
8. How quickly has UNICEF been able to establish services at the scale required?
9. To what extent has the programme contributed to preventing and mitigating risks of GBV for women, adolescents and children?
10. Are programme objectives clear and specific for different GBViE areas of programming? How far have programme objectives been achieved / likely to be achieved?
11. Which have been the most/least effective programmes? Why?
12. How systematically have results been captured/used/learned from?
13. How and how effectively has 1) UNICEF leadership and 2) technical support from HQ, regional and country levels contributed to the effectiveness of UNICEF GBViE programming? Including ensuring that GBVIE is included in the earliest response strategies and funding priorities?

Connectedness and Sustainability
14. How, and how effectively does UNICEF GBViE programme design and implementation link emergency programming with UNICEF’s longer-term programming to prevent and respond to GBV? Is UNICEF’s approach to GBVIE built into its conceptualisation and implementation of sustainable resilience programming?
15. How effectively have partnerships with civil society and government been built to address planned GBVIE outcomes?
16. How and to what extent has the capacity of local and national partners been strengthened through the programme?
17. To what extent has UNICEF’s internal and external advocacy contributed to improved GBV response and prevention? (Including clarifying UNICEF’s specific programme and leadership roles?)

Coordination
18. To what extent are programmes consistent with good practice (Resource Pack and revised GBViE Guidelines)
19. Does/how does UNICEF add value to the GBVIE response (through leadership, standard setting, coordination)?

Coverage
20. Are there any gaps in GBVIE programming (specialised and integrated) in terms of geographical and demographic coverage? How has UNICEF (a) identified the gaps and (b) taken action to close the gaps?

Efficiency
21. To what extent have UNICEF financial and human resource inputs been commensurate/adequate to the task of meeting GBV programming need?
22. To what extent have UNICEF inputs achieved value for money outputs?

4. UNICEF RESPONSIBILITIES
The UNICEF Child Protection Section will work internally across various sections and departments as needed, including with Education, HIV and AIDS, and Health Sections of the Programme Division, with the Evaluation Office, building rich multi-sectoral collaboration. The UNICEF Research Task Force, Evaluation Office and Office of Research - Innocenti (UNICEF-IRC) in Italy will further provide critical technical support on the design and implementation of the evaluation design and on important ethical considerations. In each country site, a local researcher or team will also be engaged and involved in the evaluation process. Where possible/ feasible, appropriate Government Ministries/actors will be engaged to ensure government buy-in and learning.

More specifically, UNICEF HQ will be responsible for the following:
1. Selection and orientation of the evaluation team
2. Liaison with the evaluation team
3. Collection of relevant internal materials
4. Facilitation of the identification of appropriate local researcher(s) and government actors
5. Facilitation of new data collection—e.g. administrative support for arranging country visits and video/teleconferences
6. Coordination of stakeholders
7. Securing agreement of country and regional offices for field visits
8. Review and acceptance of intermediate and final products
9. Facilitation of feedback to local groups and actors on feedback from the evaluation process and outcomes
10. Authorizing payment

Important note: UNICEF may elect to designate a project manager for the evaluation.

UNICEF Country offices
1. Designation of a focal point for support.
2. Liaison with and introduction of the evaluation and M&E team to national counterparts and other partners.
3. Logistical support to evaluation team, including limited administrative support with domestic travel (where not feasible from outside the country) and accompanying team on field missions where feasible.
4. Provision of documents for review; serving as key informants; assisting in identifying other country-level KIs.
5. Review of reports for factual errors and omissions.

5. EXPECTED DELIVERABLES AND TIME LINE
The UNICEF Multi-country GBViE Programme Evaluation will involve three phases of data collection and reporting:

Phase A: Inception and initial data collection:
(i) Desk review of published and grey literature; programme and related documents including concepts and proposals outlining programme logic or theories of change and indicators, assessment, monitoring and other reports; and other relevant documents such as intervention tools, UNICEF and interagency GBV, Child Protection and protection assessment documents, strategies and plans.
(ii) Initial interviews with UNICEF colleagues and partners at global level
(iii) Development of inception report which will include a final ToR, methodology, mission timeline and draft evaluation tools

Phase B: In-country evaluations
Key informant interviews with key UNICEF Regional and CO staff; engagement of local research teams as relevant, including undertaking capacity building as needed.
(i) Key informant interviews with implementing partners and other relevant humanitarian actors on the ground, focus group discussions and key informant interviews with members of affected populations, and observation and field visits to intervention and programme sites, where relevant.
(ii) Brief country specific reports

Phase C: Consultation and reporting
(i) Draft overall evaluation report
(ii) Final report

6. KEY SKILLS, TECHNICAL BACKGROUND, AND EXPERIENCE REQUIRED
The UNICEF Multi-country GBViE Programme Evaluation will be conducted in 8-9 Country Offices that will be supported by a team of experts in NYHQ in terms of the evaluation framework, methodologies and tools.

The approach will be guided by the principle of credibility – that is, ensuring that the best evidence available is harnessed, and that it is analysed appropriately, so as to generate well-grounded findings, conclusions and recommendations that UNICEF can act on. The selected institution must demonstrate commitment to ensuring that all activities adhere to the guiding principles of programming, employing human rights, participatory, and survivor-centred approaches, including adherence to the WHO Ethical and Safety Recommendations for researching, documenting and monitoring sexual violence in emergencies.166

Proposing institutions must include, at a minimum, two experts (a leader and a technical expert), one of whom must have significant research/evaluation background in GBV programming in emergencies and the other a strong background in mixed-method research and analysis. The Team Leader and the additional technical expert member will be responsible for undertaking and developing all tools and resources required to effectively measure programme outcomes and for the bulk of data collection and analysis (doing so in a timely and high-quality manner). Work cannot be given to graduate or PhD students, field work must be supervised in-country by the Team Leader or the Technical Expert. In view of the sensitive nature of this programme and its focus on women and girls, at least one member of the team is expected to be female. It will further be expected that the proposing institution will demonstrate capacity to convene an experienced team with the appropriate size and technical expertise to fully manage and capably perform and deliver throughout all of the phases of the evaluation, including the field work and reporting, in the timeframe outlined.

**Team Leader:**
- Demonstrated experience as the Principal Investigator on similar projects.
- Extensive research and evaluation expertise and experience (at least 10 years at a senior level). Research and/or evaluation experience in emergency contexts is needed.
- Knowledge and experience in working on GBV in development settings at a minimum; Familiarity with GBV programming in emergencies a strong plus
- Team leadership and management, interpersonal/communication skills.

**Technical Expert:**
- A minimum of 10 years working on GBV in emergencies.
- Strong research/evaluation expertise and experience (at least 5 years at a medium level), including methodological and data collection skills with focus on GBV in emergencies.
- Demonstrated skill in conducting research and evaluations of GBV in emergencies programmes.
- Team work and inter-personal communication and strong commitment to undertake the evaluation.

**Team Leader and Members:**
- Advanced university degree in social science, preferably with multi-disciplinary training.
- Significant international exposure and some experience in working with UN and NGOs in emergency contexts.
- Established record in conducting high quality, utilisation focused evaluations and research in GBV or related areas.
- Strong analytical, synthesising, report writing and presentation skills.
- Must be willing and able to work in a challenging environment affected by an emergency and independently.
- Background in engaging local research teams, including undertaking capacity-building as needed.
- Good communication, advocacy and people skills. Ability to communicate with various stakeholders in multi-cultural contexts and to express concisely and clearly ideas and concepts in written and oral form.
- Language proficiency: Fluency in English is mandatory, good command of French and/or Arabic is an asset.

**7. DURATION**
The expected period of assignment is from December 2015 to July 2016; noting that in-country missions will take place from January-April 2016.
ANNEX 2 - UNICEF’S GAME PLAN: ADDRESSING GENDER-BASED VIOLENCE IN EMERGENCIES

The Problem

Gender-based Violence (GBV) constitutes a global crisis which undermines social and economic progress. One in three females around the world will experience physical and/or sexual violence in her lifetime, and this estimate fails to account for the numerous undocumented incidents and less recognized forms of GBV, such as trafficking and child marriage. Conflict and disasters intensify violence and erode protections for girls and women, making gender-based violence in emergencies (GBViE) one of the greatest protection challenges faced by affected communities around the world.

Preventing and responding to GBViE is recognized as a life-saving measure and an essential component of humanitarian action. In spite of this, response to GBViE remains grossly inadequate in humanitarian settings. As one of the world’s greatest human rights violations, GBV must be addressed in order to achieve fulfilment of the universal rights to equality, security, liberty, integrity and dignity of all human beings.

Addressing GBV directly supports governments in achieving multiple targets within the Sustainable Development Goals (SDGs). Addressing GBV also helps UNICEF achieve outcomes for children, including child survival, universal access to education and HIV/AIDS. As one of the largest operational humanitarian and development agencies, UNICEF has the capacity to contribute toward change in the lives of girls and women in all emergency-affected areas for the better.

UNICEF’s Leadership and Targeted Priority Game Plan

UNICEF has spearheaded the development of global standards on GBViE and played a lead role in humanitarian coordination efforts, working in partnership with governments, NGOs and communities to develop locally appropriate responses in some of the world’s most intense and complex emergencies. As a leading agency on GBViE, UNICEF has made addressing GBViE one of four cross-sectoral targeted priorities in the Gender Action Plan (GAP) and recently announced additional commitments toward addressing GBViE at the World Humanitarian Summit. To reinforce these efforts, UNICEF will expand its leadership by significantly scaling up its GBViE programmes in order to:

1) Guarantee all survivors of GBV have access to appropriate care, support and protection services;  
2) Improve the safety and protection of girls and women from GBV in affected communities; and  
3) Lead preventative action to address the conditions and social norms that give rise to GBV and support positive change in norms and practices.

UNICEF’s targeted priority game plan outlines its short-, medium- and longer-term goals to address GBV, linked by a theory of change (TOC) to the scope, priority strategies and resource requirements for each of these goals. In addition to identifying strategies to address GBV, the game plan promotes innovative programmes and builds the evidence base for UNICEF’s GBViE programming. UNICEF identified three clearly defined phases, each with a discreet objective and core activities that are the building blocks for the next phase. At the end of each phase there will be an evaluation to assess the extent to which UNICEF is reaching its goals in relation to programming and corporate-level leadership on GBViE. The learning from the short-term will be used to inform and influence the medium- to long-term.

167 Global & regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence,  
WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council 2013, p 42

- **Short-term (1-4 years):** UNICEF will implement and measure the impact of the standard UNICEF GBViE response package in 25 countries, demonstrating UNICEF’s commitment to addressing GBViE as a corporate priority.

- **Medium-term (5-10 years):** UNICEF will be a thought leader for the GBViE sector by scaling-up to reach more girls and women, locations and countries, and engaging more governments, donors and other actors to increase their support for preventing and responding to GBViE across all sectors of humanitarian action.

- **Long-term (11-15 years):** UNICEF’s vision for sustainable and transformative change will be measured by the increased number of survivors benefiting from life-saving care; reduction in community acceptance of GBV; and law and policy reform and implementation to protect girls and women from GBV.

**Geographic Focus**

Over 45 UNICEF COs have noted their interest in wanting to report results on addressing GBViE; of these, 31 are high-burden countries where GBV is known to be a significant risk for girls and women. While the corporate-level GBViE game plan and related tools will be made available to all UNICEF Country Offices globally, 25 of these countries will be provided with support to implement the GBViE programming framework via their own game plans.

**Strategies to Achieving Outcomes**

UNICEF prioritizes strategic action at the country (CO), regional (RO) and headquarters (HQ) levels. The strategies draw on UNICEF’s expertise and leadership across multiple sectors, its engagement in multiple countries, and its multi-sectoral capacity and resources. Central to all UNICEF actions is its commitment to centering the voices, guidance, and leadership of girls and women within humanitarian action and supporting their full participation in the political, social and economic development of their communities. Key strategies include:

- **Leveraging partnerships and engaging in advocacy to address GBViE.** UNICEF can only deliver on its goals if there is significant increase in senior leadership and institutional support within UNICEF, as well as far greater investment of resources to support effective programmes and tools. Corporate tools will be developed in order to continue to galvanize a corporate shift within UNICEF, as well as a realization across the organization of UNICEF’s mandate to address GBViE. The production of state of the art GBViE position papers will be developed to guide the evolution of the GBViE sector. Game plan actions will include working with all sectors and divisions of UNICEF at HQ, RO and CO levels, the Global Cluster System, and partners on the Call to Action on Protection from GBViE, to raise global awareness and encourage global response. Taking advantage of its ability to impact and influence all sectors of humanitarian action, as well as governments, UNICEF will leverage its relationships with governments, emergency responders, global and regional partners, research and academic institutions, foundations, inter-faith initiatives, non-governmental organizations, the private sector and the media.

- **Strengthening UNICEF's capacity to provide technical assistance and to enhance capacity and expertise for addressing GBViE across the humanitarian system.** The game plan engages UNICEF to expand and strengthen capacity and promote greater collaboration across all UNICEF sectors and emergency operations. This requires technical support at CO, RO and HQ levels for GBV programming, including: the deployment of additional GBViE expertise at headquarters, regional and country levels; the implementation of a global capacity development strategy, which includes a swing capacity team for deployment to emergencies within 5 days of an emergency; expansion of the UNICEF GBViE talent group and efforts to build the capacity of UNICEF’s roster partners to fill gaps for GBViE-related surge deployments; and a UNICEF-specific accreditation process for GBViE training. Such capacity building will ensure the right people are in the right place at the right time to build effective programmes.

- **Scaling up programming to implement Minimum and Expanded GBViE Response Packages to affected girls and women in every emergency.** This includes rolling out the UNICEF minimum or expanded GBViE

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169 UNICEF Gender Action Policy (2014)
Response Packages in all game plan target countries to provide essential programming that responds to the needs of GBV survivors and mitigates GBV-related risks for all girls and women. Among others, response package interventions include: ensuring dignity kits are available for vulnerable girls and women; implementing age-appropriate clinical and crisis care for sexual assault; engaging communities in addressing harmful social norms that perpetuate GBV; and supporting the economic and social empowerment of girls and women. In addition, it will include promoting and leading sub-national GBVIE coordination given UNICEF’s large operational coverage at the field level. Because GBV is recognized as a global health crisis which undermines social and economic progress, implementing the GBVIE Response Package strengthens response systems and moves communities toward development.

- **Setting and implementing GBVIE standards across sectors.** UNICEF played a lead role in the revision of the 2015 IASC GBV Guidelines and the 2016 GBV Coordination Handbook, both of which establish important standards for the coordination, prevention and mitigation of GBV. Through the game plan, UNICEF will continue to provide global leadership on the rollout of the GBV Guidelines and other inter-agency standards across all sectors and the humanitarian system. This will require partnership and collective action across all UNICEF sectors and will reinforce the capacity of the GBV Guidelines Implementation Support Team. It will also include a focus on information management to assess the extent to which sector programmes achieve the recommendations outlined in the GBV Guidelines. The establishment of a corporate mechanism to promote adherence to the Guidelines through policy and employment commitments will also be prioritized.

- **Engaging in innovation to develop and test new tools and programmes to address GBVIE.** UNICEF has a track record of leadership and innovation in GBVIE programming and tools.\(^{170}\) Through the game plan, UNICEF will take the field to the next level by applying innovative technologies to our work in preventing and responding to GBVIE. This will include adapting open source software platforms such as RapidPro to support real-time GBV risk mapping and analysis, as well as strengthening accountability mechanisms and feedback systems to track quality services for girls and women and enable their meaningful participation in humanitarian interventions that affect them. Collaboration with governments and other partners in a range of emergency settings will be essential to piloting these technological innovations through the GBVIE Innovation Challenge.

- **Building the evidence base.** All of UNICEF’s work to address GBV contributes to building the evidence base for what works and why. Key evidence-building initiatives already underway include the global evaluation of UNICEF GBVIE programming (to be completed in 2016) and the 3-year pilot of a programme to address social norms and reduce conflict-related sexual violence (*Communities Care: Transforming Lives and Preventing Violence*), which is being implemented in Somalia and South Sudan. Building on the results of these initiatives and on the global TOC for GBVIE, UNICEF will develop a systematic methodology for monitoring and evaluating tangible outcomes for girls and women, leading to a strengthened evidence base and a humanitarian system that is more responsive to the needs and rights of girls and women. Given the importance of cash-based interventions in emergencies, and the simultaneous dearth of evidence on the use of cash transfers to mitigate risk and promote the empowerment of adolescent girls and women in emergencies, this will be a particular area of focus in the game plan. Key evidence milestones will be the identification of indicators to include in the next UNICEF Strategic Plan that will track the contribution of multiple sectors to addressing GBVIE; improving coding in VISION to track GBVIE-related expenditures for all UNICEF sectors; and advocacy and technical support to Country Offices for the inclusion of relevant indicators in UNICEF and national monitoring systems. Technical support and guidance will also be provided for data collection, analysis and use of data to inform GBVIE programme design and implementation.

Significant increase in senior leadership and institutional support, as well as additional technical support for GBVIE programming, is required at CO, RO and HQ levels to enable deployment of additional GBVIE expertise at regional and country levels and to facilitate capacity development across all UNICEF sectors and clusters. Strengthening UNICEF’s leadership and capacity will enable UNICEF to scale-up response services in all emergencies, developing innovative tools to meet the changing humanitarian landscape and building the

\(^{170}\) For example: UNICEF’s key role in developing the Call to Action Roadmap, carrying out a multi-country GBVIE programme evaluation, developing the UNICEF GBVIE Programme Resource Pack and implementing the Communities Care: Transforming Lives and Preventing Violence programme in Somalia and South Sudan.
evidence base for what works. A dedicated GBViE HQ team (based in both New York and Geneva) will guide programming and facilitate strategic thinking, evidence generation and innovation. ROs will serve as critical liaisons between HQ and COs, provide technical support to COs, and leverage regional platforms and resources. COs will be supported to work cross-sectorally to create contextually appropriate action plans – each with a TOC and specific results framework based on UNICEF’s global GBViE TOC and the strategies toward change listed above.