

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

**2012-2017**

**Eastern Europe and Central Asia  
Regional Case Study**

Evaluation Office, UNFPA

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

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## Acronyms and Abbreviations

CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CLA	Cluster Lead Agency
CM	Child Marriage
CMR	Clinical Management of Rape
CO	Country Office
EECA(RO)	Eastern Europe and Central Asia (Regional Office)
EU	European Union
FGM	Female Genital Mutilation
GBSS	Gender Biased Sex Selection
GBV	Gender-based Violence
GEEW	Gender Equality and Empowerment of Women
GFP	Gender Focal Point
GPC	Global Protection Cluster
HFCB	Humanitarian and Fragile Contexts Branch
HSR	Health Sector Response (to GBV)
HR(BA)	Human Rights (Based Approach)
ICPD	International Conference on Population and Development
MISP	Minimum Initial Service Package (for reproductive health in crisis situations)
MSR	Multisector Response (to GBV)
NGO	Non-governmental organization
OCHA	Office for the Coordination of Humanitarian Affairs
PD	Population Dynamics
SGBV	Sexual and Gender Based Violence
SRH	Sexual and Reproductive Health
UNFPA	United National Population Fund
VAW	Violence Against Women

# 1. Context and Background

## Region context

### *Eastern Europe and Central Asia Region*

There are 17 programme countries in the UNFPA Eastern Europe and Central Asia (EECA) region. Broadly speaking, three sub-regions exist (Eastern Europe, Caucasus and Central Asia) with different economic structures, languages and cultures.



The region has a recent history characterized by rapid and profound political, economic and social change. Economic growth has been significant, but uneven, with differing social implications. Financial, economic and security crises continue to affect investments in health, education and social protection throughout the region.

Gender discrimination and patriarchal attitudes towards the roles of women and men still

characterise many spheres of life in the region. The political will to promote gender equality has been largely declarative but has not promoted real change. Decreased public investment in childcare, the elderly and disabled care (for example, day-care facilities, personnel and training) generate growing reliance of families and states on unpaid care provided by women and girls.

The high dependency of families on women's unpaid labour keeps women, even those who are educated and highly skilled, away from formal employment and decent work opportunities, and undermines their economic independence. This increases vulnerability to gender based violence.

EECA is experiencing a 'feminisation' of poverty among the elderly. Population aging affecting countries in Western and parts of Eastern Europe and the South Caucasus has a key gender dimension: women will constitute most of the aging population and this will further increase women's load of unpaid care work. It also exposes elderly women to increased economic dependency and vulnerability to domestic violence.

Most states in the region have legislation addressing GBV/violence against women (VAW), however laws are mainly focused on domestic violence and rarely mention sexual harassment and conflict-related sexual violence. GBV laws in many countries still lack strong implementation and monitoring mechanisms.

Over the past ten years funding for gender equality policies and political attention to gender equality have both declined throughout the region. Increasing conservatism and controversial discussions about values and norms associated with gender equality have slowed, even sometimes reversed, progress. Existing gender relations and cultural barriers foster a gap between desired fertility (two children) and aggregate fertility.

### *GBV and harmful practices*

The recent regional programme evaluation estimated that 26 per cent of women in Eastern Europe, 23 per cent of women in Central Asia and 19 per cent of women in Western Europe have experienced

either physical and/or sexual violence by an intimate partner or sexual violence by a non-partner. The region's crisis-affected areas reveal the increase in gender-based violence (GBV) in emergencies (for example, a rate 3 times higher among women IDPs in Ukraine, compared to host community residents– UNFPA EECARO data).

Although difficult to measure, published data, mostly several years out of date, shows GBV in the region to be widespread, and targeted violence against sexual minorities, bride kidnapping and honour killings are reportedly on the rise in some countries. The persistence of GBV, particularly intimate partner violence, is a crucial issue in EECA and one of the ubiquitous and entrenched indicators of gender inequality.

Young girls continue to be exposed to harmful traditional practices such as early and forced marriage in some countries and sub-regions; honour killing and bride-kidnaping is still practiced in some countries of the Region, as well as other forms of gender discrimination such as gender-biased sex selection; female genital mutilation (FGM) is practiced in at least one country of the region. Gender discrimination and GBV is observed among different population groups like, young people, ethnic minorities, migrants, women with disabilities, etc. Moreover, other forms of sexual and gender-related exploitation (such as the trafficking of girls and young women) is a significant issue in countries with a high female illegal-migration rate.

Gender-biased sex selection, a form of harmful practice and manifestation of gender discrimination, persists in parts of Eastern Europe, the South Caucasus and Central Asia, and has already resulted in an estimated 171,000 'missing' girls. Critically, the practice both reflects and perpetuates a culture of devaluing girls. Moreover, within two decades it will translate into a demographic imbalance affecting men's marriage prospects, while at the same time increasing the likelihood of human trafficking, GBV and socio-political unrest.

While important progress has been made in recent decades, especially that CEDAW has been ratified by all countries of the region and domestic violence laws exist in 13 countries (although the laws rarely mention sexual harassment and conflict-related sexual violence), it is important to note that the implementation of such legislation is inconsistent and monitoring mechanisms are mostly weak.

GBV is still not sufficiently recognised as a multisectoral nor health-related issue, and is mainly characterised as a law enforcement concern. Despite decades of raising awareness and interventions to address GBV, only a few countries have dedicated legal instruments that address domestic violence, and victims still have limited access to justice and health services and face the risk of being re-victimised.

Laws addressing GBV in many countries still lack strong implementation and monitoring mechanisms. Victims of sexual and other forms of violence often suffer stigma and social shame in the community. The absence of comprehensive referral mechanisms, and interagency coordination and cooperation mechanism to support victims of GBV and few links with the health sector overall – and SRH services specifically – is a significant gap in the EECA region.

The paucity of sex-disaggregated data and focused studies addressing gender issues undermines the ability to design evidence-based advocacy in the region. The use of gender statistics in setting of national development priorities and policy formation remains quite limited. Added to this, weak national preparedness in terms of GBV data has contributed to initial lack of coordinated national responses to provision of GBV services in humanitarian and conflict crises.

### *Economic and social context*

Unemployment and poverty remain high, as does the escalation of conflicts and the humanitarian crises within the region and the resulting population movements and migration, disproportionately affecting young people and vulnerable populations.

Poor economic growth in some countries has constrained the labour market's ability to absorb the significant number of young people who are entering the workforce for the first time. The youth unemployment rate is currently much higher than ten years' previously in all countries of the region and, also, much higher than for the total adult population. Poverty and a lack of opportunities for young women and girls make them more vulnerable to forced and sexual exploitation, early/child marriage and consequently more susceptible, to unwanted pregnancy, HIV and STI and other health risks.

The Syrian refugee crisis that has spread into Turkey and onwards into Europe and the armed conflict in Ukraine both continue to test the resilience of national responses in the region, while floods and earthquakes remain a constant threat to many countries.

Central among the challenges affecting implementation of the International Conference on Population and Development (ICPD) agenda is the migration and refugee crisis with 1.4 million men, women and children making the hazardous journey to Europe between 2015 and 2016, in the pursuit of safety and dignity. In 2016, Turkey became the country with the highest number of refugees, estimated to be around three million.

Displaced women and girls are particularly vulnerable to high-risk and unwanted pregnancies, miscarriages, new-born complications, unsafe abortions, unsafe deliveries and resulting deaths, gender-based violence (including sexual violence and exploitation), early and forced marriage, and HIV and other sexually transmitted infections.

These issues, however, are often not sufficiently addressed in traditional humanitarian responses, which tend to focus primarily on ensuring basic services for provision of food and water, shelter, sanitation and first aid. While data are limited, gender-based violence (GBV) to girls and women is of particular concern; while those working in Greece noticed that male Unaccompanied Minors (UAM) were also victims of GBV, which brings a new dimension to the situation. UNFPA decided to focus on male UAM (boys and young men) because there were less services established for them.

### *Population and Development*

Although population is on the rise in many parts of the world, many countries in Eastern Europe are facing population decline. The proportion of the population older than 60 in Eastern Europe is expected to increase to 31 percent by 2050, posing a significant challenge of rapid ageing. High male adult mortality is contributing to the feminisation of ageing. In addition, most countries in the EECA region are losing working age population due to emigration.

Population movements of male migrant workers have a particularly negative impact on women. For example, some economic migrants, return infected with HIV and contract female partners with HIV. As a result, these women are exposed to violence, stigma and discrimination both in family and public space, and may transmit HIV to a child.

Furthermore, nearly 54 percent of all international migrants in South Eastern Europe, Eastern Europe and Central Asia are women. Women and girls are more likely to end up in unregulated migration channels and become victims of sexual violence and sexual exploitation, both during the journey and at the place of arrival.

These trends of population aging and population movement have critical implications for development, causing gaps in the labour force, increasing pressure on social safety nets and services, reducing intergenerational solidarity and creating barriers for a healthy family life. Population and development (PD) in many EECA countries, particularly in Eastern Europe, are a cause for much concern to their governments. The reaction to this concern tends to be based on a limited understanding and often short-term vision of the implications of the present demographic trends.

Some countries are implementing pro-natalist policies that not only curtail the right to reproductive choice but also require significant investments against doubtful returns; and, of course, have considerable implications in terms of gender and women's rights (not to be seen and treated as baby-manufacturing machines). This understanding of demographic processes challenges the core principles of the ICPD agenda.

### **UNFPA response, including GBV and harmful practices interventions**

UNFPA's EECA Regional Programme (RP) is currently in the fourth year of implementing the revised Regional Programme Intervention Plan (RIAP) 2014-2017. The preparation of the plan was guided by the ICPD beyond 2014 review outcomes, the post-2015 development framework, Beijing Platforms and its review and Human Rights Treaty Bodies Concluding observations and recommendations (CEDAW, UPR) and global and regional programme resource availability.

The region comprises mostly middle-income countries, ranging from those in the European Union (EU) neighbourhood, to emerging donors with their own regional ambitions, to poorer, landlocked countries, which have been significantly impacted by multiple crises and conflicts and where the population still lacks access to certain basic services. Technical support is also provided to EU countries.

A recent evaluation of the Regional Programme concluded that it is aligned with the global UNFPA Strategic Plan 2014-2017 and contributes to its renewed focus on women's reproductive health and rights, adolescent and youth issues, gender equality; and population-related policies for countries' national development agendas. It is guided by six principles:

1. National ownership of the ICPD agenda;
2. Human-rights-based approach;
3. Programmatic relevance and focus on results;
4. Adding value for money based on comparative advantage and complementarity;
5. Joint programming and delivering as one; and
6. Accountability and transparency.

According to the UNFPA quadrant model, the EECA region is characterised by upper-middle and high-ability to finance, and medium- to low need. As such, the region's chief mode of engagement is limited to 'Advocacy and Policy Advice'.

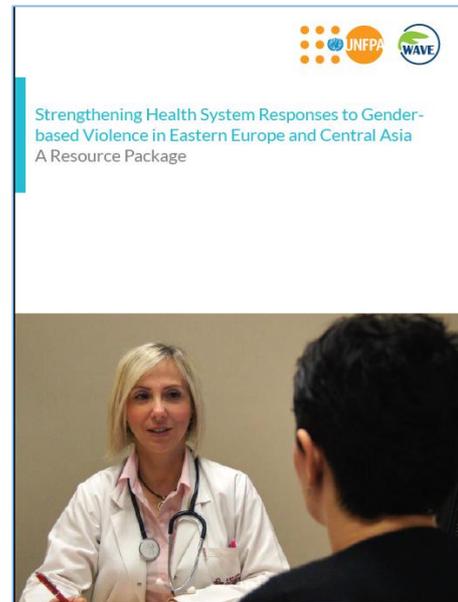
Under Outcome 3 of the UNFPA Strategic Plan, the regional programme has two main outputs:

- Output 3.1 (contributing to SP Output 9): *"UNFPA COs and national partners are provided with cross-country evidence and tools to advocate for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights."*
- Output 3.2 (contributing to SP Output 10): *"UNFPA COs and national partners are provided with evidence and tools to promote laws, policies and programmes for a comprehensive multisectoral response to GBV and to prevent harmful practices and other forms of gender discrimination."*

### Programme Intervention area 1: HEALTH SECTOR RESPONSE to GBV

To provide sustainable solutions to improve the health-sector response to gender-based violence EECARO together with the Violence against Women European Network (WAVE), an umbrella organisation of more than 150 non-governmental organization (NGOs), developed a Resource and Training Package for Strengthening Health System Response to GBV in Eastern Europe and Central Asia. The Resource and Training Package is designed for healthcare professionals at both the level of management and frontline service providers. The Resource Package seeks to provide health care professionals in EECA with evidence and tools to promote laws, policies and programmes, with the overall aim of achieving a comprehensive multi-sectoral response to GBV, of which the health sector is an important part. UNFPA EECA RO jointly with IP WAVE launched the Package via webinars and three cluster workshops covering all 17 countries of the EECA Region and supported countries in adaptation process. As a result, the Resource Package has been adapted, translated and integrated by the national health care system in the following countries of EECA region: Albania, Moldova, Azerbaijan, BiH, Kosovo, Kazakhstan, Serbia, Kyrgyzstan, Ukraine and Tajikistan.

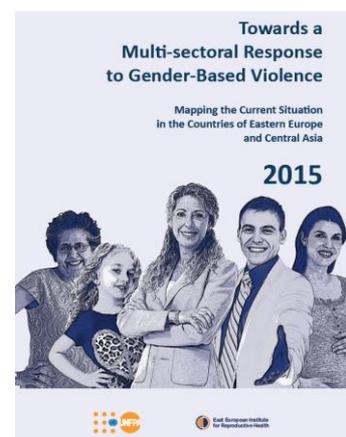
With extensive advocacy within the WAVE network the EECA RO Resource and Training package gained a new regional dimension - beyond the EECA region. As part of the new EU Daphne Project called IMPLEMENT the UNFPA resource package serves the basis for implementing capacity building in six EU countries (Austria, Bulgaria, France, Italy, Germany, and Romania) to strengthen the specialized support for victims of GBV in emergency and obstetrical care that will employ the trainings tailored to their national needs. The resource package will be part of an EU intervention for those countries motivated to incorporate a systems-based approach to support victims in various healthcare settings.



### Programme Intervention area 2: MULTI-SECTORAL RESPONSE to GBV

The UNFPA Eastern Europe and Central Asia Regional Office (EECA RO) in partnership with the East European Institute for Reproductive Health (EIRH) introduced in 2014 a regional initiative to support multi-sectoral, coordinated responses to Gender-based Violence (GBV). The overall goal of the initiative is to strengthen the capacity of the national stakeholders (in particular, institutions and organizations from key sectors: psychosocial welfare, police, justice and health care) and offices from EECA region for a comprehensive response to, and prevention of GBV.

The results of the EECA RO *Mapping the Current Situation in the Countries of Eastern Europe and Central Asia*, conducted in 2014-2015 in 17 countries and territories, revealed that further efforts are needed to introduce or to strengthen the multi-sectoral response to GBV in EECA countries, particularly by developing the capacities at institutional and individual levels. In 2015, within the framework of the Joint Global Programme, the United Nations (UNFPA, WHO, UNDP, UN Women, UNODC) launched a set of *Global Standards and Essential Services for Women and Girls Subject to*



Violence (ESGs). At the same time, UNFPA EECA RO developed a set of *Standard Operating Procedures (SOPs)* on gender-based violence that provides clear and detailed description of routine actions of professionals from three key sectors who may provide assistance for GBV victims/survivors.

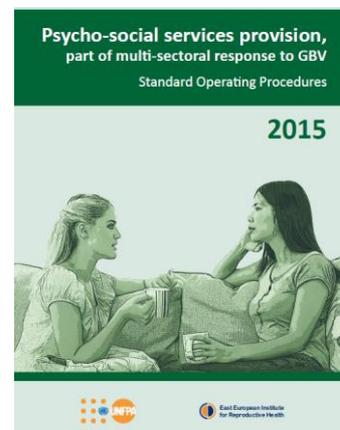
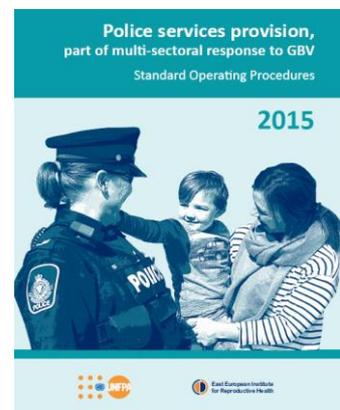
The two packages - ESGs and SOPs - were presented through number of inter-regional training workshops “Effective response to gender-based violence by the multi-sectorial teams in Eastern Europe and Central Asia Region”, organized by the UNFPA Gender, Culture and Human Rights Branch and EECA Regional Office in early 2016. The interregional events was followed by the development of a Roll-out strategy of above mentioned two packages in EECA region in order to build a strong foundation for future efforts to address GBV in EECA countries, by introducing or advancing multi-sectorial coordinated approach based on global and regional standards and procedures. The coordinated multisectoral response to GBV model and principles are successfully introduced in the Region through different modalities:

- 1) Supporting country offices in policy dialogue with key government stakeholders to advocate the MSR to GBV and the adaptation of the ESGs and SOPs.
- 2) Providing technical assistance to national partners and COs in adapting of the ESGs and SOPs to the country contexts.
- 3) capacity building of multi-sectoral teams for effective implementation of MSR and integration of ESGs and SOPs into their sectoral documents/by laws.
- 4) providing technical assistance in adapting or set-up of national multi-sectoral response mechanism to GBV at country and sub-national level.

So far, the roll out process based on the above modalities resulted in coverage of 12 countries in EECA region where the adaptation of Global Essential Services Package for women and girls subject to violence and Regional Standard Operation Procedures for frontline services such as police, health and social are successfully going on with strong political support from the side of Governments of Kazakhstan, Kyrgyzstan, Ukraine, Belarus, Moldova, BiH, Tajikistan and Belarus. EECA RO continues to provide remote and mission based technical assistance as well as supports UNFPA COs in advocating for MSR approaches based on above mentioned packages in Macedonia, Albania, Armenia, Uzbekistan and Georgia.

### Programme Intervention area 3: GBV in Emergency and Humanitarian context

The number of disasters and complex emergencies has increased in EECA region and at some part these trends continue to be more protracted and diverse. Given that these challenges require new ways of working in response to these realities UNFPA EECA RO has committed to be ready and equipped to take action to prevent and respond to GBV, no matter the context. Within the frame of a Multi Sectoral Response to GBV initiative in the EECA region, UNFPA ECA RO is strengthening the continuum approach to ensure that GBV prevention and response are implemented in all settings.



GBV in Emergency aspect was integrated into the policy advocacy and capacity building workshops organized in EECA countries and a special session was dedicated to present the Minimum Standards for Prevention and Response to Gender –Based Violence in Emergencies as part of the Global Roll out initiative of this guideline. The Russian version of the guideline was printed out by EECA RO and presented in Ukraine, Kyrgyzstan and Tajikistan while an English version of the guideline was presented in Macedonia both for national stakeholders and Country Office colleagues to apply in their work stream. More countries are planned to be covered under the different programmatic modalities by UNFPA in the region.

#### **Programme Intervention area 4: CEDAW and UPR**

Through the innovation approach applied EECARO in collaboration with OHCHR Regional Office and CEDAW Committee expanded partnership to state agencies that are involved in UPR Recommendations and CEDAW Concluding Observations implementation and reporting process. Regional workshops on “CEDAW Concluding Observations and UPR recommendations” conducted two years in a row ensured improving capacity in quality of reporting; sharing of experiences between the countries helped increase and upgrade current depth or level of knowledge on CEDAW and UPR, and to familiarize with a wide variety of instructional examples on addressing CEDAW COBs and UPR recommendations, particularly with focus on SRHR, that were relevant to the diversity of participant contexts.

#### **Programme Intervention area 5: CHILD and EARLY MARRIAGE**

EECARO has partnered with NGOs and research institutions from fourteen countries to support national qualitative studies, which have been disseminated through provision of Fact Sheets and advocacy at the policy level. The study provided a brief overview of child marriage in the following countries and territories: Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo (UNSC 1244), the Kyrgyzstan Republic, the former Yugoslav Republic of Macedonia, Serbia, Tajikistan, Turkey, Ukraine, and Uzbekistan. 14 countries factsheets on child marriage represented the national level small-scale qualitative study to explore the root causes of child marriage in EECA Region and allowed to develop the Regional Overview that was presented in number of the Regional events and strategic consultations.

The work of EECA RO has been recognized in the Region and beyond, the UNFPA factsheets are used by global Networks like ‘Girls not Bride’ and through engagement with EU NGOs. One of examples is on partnering with the University of Vechta (Germany), Orient Express (Austria), Psytel (France), APF (Portugal), Bawco (UK). The EU Daphne project on harmful practices “EU Roadmap on Referral Pathway addressing early/forced marriage (FEM) for frontline professionals” with University of Vechta (DE) and the project partners from (Austria, France, Portugal, Germany and UK) was launched in late 2015<sup>1</sup>. UNFPA served as an Associate Partner in its implementation. The participation in this project

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<sup>1</sup> Objectives of the project include: (1) development and obtaining victim/expert feedback on an integrated, multiprofessional EU Roadmap of Referral Pathway addressing forced or early marriage or forced sexual relationships for frontline professionals throughout the EU; (2) implementing and evaluating the EU Roadmap with multi-sectoral actors (child protection system actors, actors within health sector, within law enforcement, within the domains of education and childcare, justice and victim support services) in contact with victims or potential victims of harmful practices in 5 Member States (AT, DE, FR, PT, UK); (3) disseminating the EU Roadmap in the EU Member States via the project partners and in Eastern Europe and Central Asia via the United Nations Population Fund. The objective (3) is partially under the responsibility of UNFPA, EECA RO has developed a dissemination plan of the EU Roadmap via the UNFPA network in EECA region.

allowed the EECA RO to extend its coverage to 5 EU countries both in terms of technical guidance and sharing best practices.

### **Programme Intervention Area 6: GENDER-BIASED SEX SELECTION/PRENATAL SEX SELECTION IN FAVOR OF BOYS**

Through technical EECA RO supported national level studies and interventions in the area of sex selection and successful partnership with APRO and HQ GHRCB allowed to conduct interregional consultations and cross-fertilization of experience that resulted into setting the framework for UNFPA to support country-based, regional, cross-regional and global initiatives to address and prevent gender-biased sex selection in line with the 2014-2017 Strategic Plan. EECA RO worked on development of regional analysis of the issue by producing a Policy Brief on Gender-biased sex selection aimed at government policymakers and constitute a concise summary of a particular issue and provides the policy options to deal with it and related recommendations. Currently EECA RO supports implementation of Global Programme on Prenatal sex selection that involves three countries from the Region: Armenia, Azerbaijan and Georgia.

### **Programme Intervention Area 7: GENDER-TRANSFORMATIVE PROGRAMME AND WORKING WITH MEN AND BOYS FOR GENDER JUSTICE**

EECARO has pioneered work on gender transformative programming in the Region by partnering with number of organizations and global networks like Promundo-US, Global MenCare Network and MenEngage Alliance. EECARO partnered specifically with the Promundo to support International Men and Gender Equality Survey (IMAGES) research and introduced the methodology of gender transformative programming, leveraging further to the policy level interventions as well as going down to the grass-root level social norm change.



UNFPA EECARO in partnership with civil society, government representatives, UNFPA country-offices, Promundo–US and MenEngage Alliance Global Secretariat, launched in 2016 a regional platform called the “EECA MenEngage Platform”. The platform is envisaged as an alliance of non-governmental organizations, civil society organizations and UN partners across 17 countries in the Eastern Europe and Central Asia region.

Functioning as an issue-based coalition, the Platform members building on joint advocacy efforts aim to work collectively and individually to generate, disseminate and exchange knowledge and information on engaging men and boys in gender equality, whereby addressing harmful masculinities is one of the main strategies of gender-transformative programming. Among the valuable tools provided, long-distance capacity building opportunities in the form of webinars are offered to members. Through a call for proposals and the allocation of funds, UNFPA EECA RO is supporting the development and implementation of country-level initiatives within the thematic areas covered by the platform.

Social Media Platforms such as Facebook and Twitter are widely used for dissemination of knowledge and changing behaviors and norms as part of EECA RO Gender transformative programme. Furthermore, UNFPA EECA RO has established partnership with well-known private universities in Istanbul by approaching communication and advocacy departments to facilitate youth-focused

projects and support the development of communication products by young people. Considering the presence and proactivity of youth on social media, it is fundamental to capitalize on this advantage by utilizing strategies and channels resulting more appealing to them.

**Programme Intervention Area 8: REGIONAL AND GLOBAL LEVEL ADVOCACY to leverage positive and effective change while addressing the conservative regional discourse**

EECARO has been engaged in working with member states to promote gender equality issues through regional and global events such as the ICPD and Beijing reviews, and the Post 2015 development assistance consultations but also through permanent missions, NGOs, academia, parliamentarians and other actors. In many instances UNFPA has played a central role in number of key regional meetings such as the Beijing+20 Conference, the Regional Intergovernmental Conference on Human Capital, 2017 Regional Forum on Sustainable Development and others, in collaboration with many other agencies. Two examples of those are:

*Regional Intergovernmental Conference on Human Capital*, that included the specific session “To change the world, invest in women and girls” allowed to discuss how the countries in the region, by investing in gender equality, can improve development outcomes and enhance prosperity; set the ultimate vision on gender equality in EECA region by showcasing the good practices on policy responses and lessons learned from the region and reinforce synergies between ICPD2014 and post-2015 agendas at national and regional levels. Gender was mainstreamed into all sessions discussion while a dedicated Panel and working groups addressed specially VAWG, linkages between fertility and gender equality, prenatal sex selection and other harmful practices, gender sensitive family friendly policies and ultimately established common understanding on the way forward in the EECA region to advance gender equality and address development challenges.

*Regional Beijing+20 Consultations and Regional Review Meeting* and Sub-Regional Review Meeting envisioned strong partnership with UNECE, UN Women, UNDP and ILO and included on the formulation and facilitation of the Panel 7 of the Meeting: Preventing and eliminating violence against women and girls and organization of two UNFPA Side Events on (i) Taking a Stand against Practices that Harm Women, which focused extensively on legal frameworks, raised a concern on the terms used and how this can legitimize such practices, touched upon the root causes; and on (ii) Health-Sector Response to Gender-based Violence jointly with WHO that confirmed that VAWG being among the most widespread violations of human rights in the region is required immediate attention of the policy makers and civil society to address this phenomena and work on prevention, protection and services for the GBV survivors in more active manner.

**Programme Intervention Area 9: UN PARTNERSHIP**

UNFPA co-chairs the UN Regional Working Group/Issue-based Coalition on Gender and empowerment of women since 2015 that comprises of 11 UN agencies. Regional Guidance Note on Gender & SDGs and the Issue Brief on Gender and Empowerment of Women was developed by RWGG and IBC-Gender, under the leadership of UNFPA, UNDP, UNICEF and UN Women

UNFPA is also active in working bilaterally with different sister Agencies. For instance, jointly with UNICEF on the study “MAKING THE CONNECTION: Intimate partner violence and violence against children in Eastern Europe and Central Asia” or jointly with OSCE on a Survey on the Well-being and Safety of Women in South East Europe, Eastern Europe and the South Caucasus. Through the Interagency mechanism of the UNDAF Peer Support Group EECA provided technical assistance on integration of GBV and gender mainstreaming in UNDAF and Country Programme Documents to all relevant countries in the region.

## Budget restrictions

All these interventions have been undertaken in the face of massive budget reductions. For the whole regional programme (2014-2017), the budget was revised down from \$38 million to \$30 million – a loss of \$8 million or 21% – half of which came in 2017. The majority of the reduction (\$6.5 million) was from core funds, including a reduction of \$3.7 million in 2017 alone.

### EECARO Regional Programme comparison of original and revised budgets.

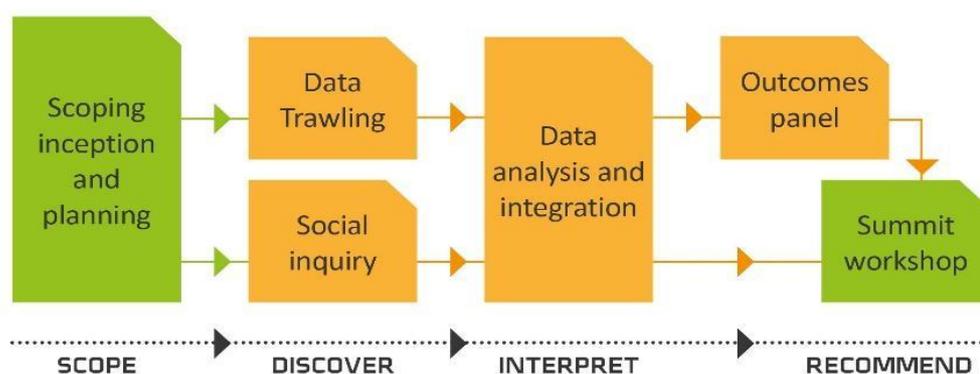
RIAP Budgets		2014	2015	2016	2017	Total 2014 - 2016
Original	Core	7,556,000	7,556,000	7,556,000	7,556,000	30,224,000
	Non-Core	2,146,830	1,723,126	1,844,480	1,893,592	7,608,028
	Total	9,702,830	9,279,126	9,400,480	9,449,592	37,832,028
Revised	Core	7,473,571	6,964,908	5,401,180	3,837,760	23,677,419
	Non-Core	1,875,806	1,333,087	1,554,172	1,431,214	6,194,279
	Total	9,349,377	8,297,995	6,955,352	5,268,974	29,871,698
Difference	Core	(82,429)	(591,092)	(2,154,820)	(3,718,240)	(6,546,581)
	Non-Core	(271,024)	(390,039)	(290,308)	(462,378)	(1,413,749)
	Total	(353,453)	(981,131)	(2,445,128)	(4,180,618)	(7,960,330)

Source: UNFPA EECARO, December 2016

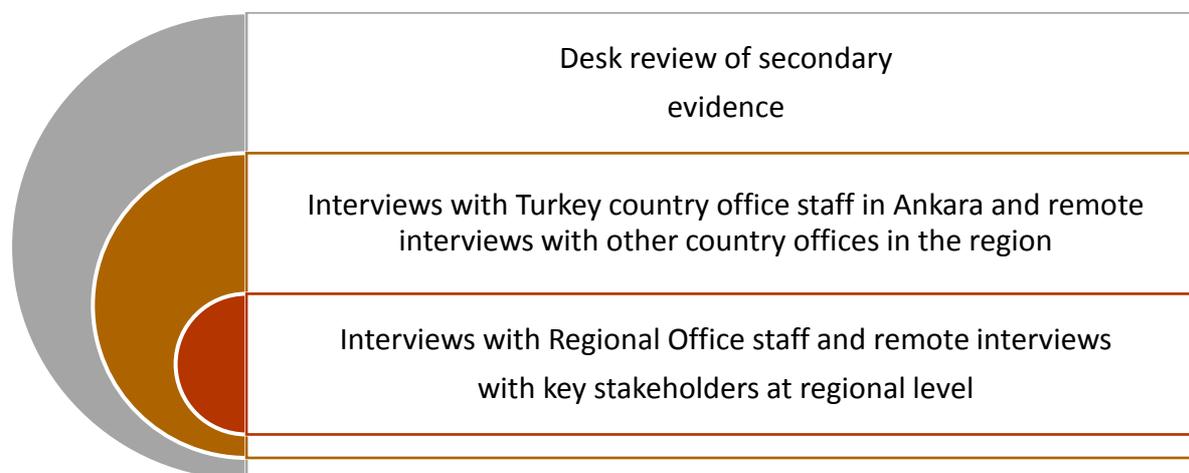
## 2. Methods

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

### The CORT process



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



Overall, the case study consulted with **24 people, including 17 women and 7 men** from 3 different stakeholder groups.

Evidence from primary data was coded in Nvivo, from where it was synthesised and combined with secondary data using realist synthesis. Evidence on the achievement of outputs primarily came from secondary data; evidence on the mechanisms of change and strategic relevance of UNFPA interventions primarily came from primary data. The analysis was triangulated with the 2017 Evaluation of the Regional Programme.

<sup>2</sup> Available at <http://betterevaluation.org/plan/approach/cort>.

### 3. Findings

#### *EQ1 Stakeholder priorities and human rights based approach*

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

**Finding 1: GBV and harmful practices programming in EECA region is strongly shaped by the meta narrative of low fertility, pronatalism, aging, traditionalisation, economic nationalism and securitisation. Within this context, UNFPA is left to represent many of the most politically sensitive issues, requiring local strategies and use of languages that do not feature in the global conversation on GBV and harmful practices. The role of the regional office is central to navigating this challenge of finding effective instrumental entry points to address GBV and harmful practices without abandoning human rights based approaches, key populations and the most marginalised people.**

Evaluation assumption:	Alignment of UNFPA interventions at global, regional and country level with international, regional and national policy frameworks including strategic plan outcomes
Case study evidence	<ul style="list-style-type: none"> <li>● The regional programme is designed to respond to international and organizational norms and goals</li> <li>● EECA region has a unique political narrative that contests the language or aims of many of these norms and goals</li> <li>● The regional office plays an important role in helping to translate global discourse into local strategies, but greater corporate responsiveness to this need would be warranted</li> </ul>

The 2017 independent evaluation of the regional programme found that *“the Regional Programme is considered to have strong relevance to the regional context ... at times treading in unknown waters to reflect regional issues and evolving priorities. Furthermore, the Regional Programme has adapted to important emerging issues in the region ... by working to reposition family planning in a region.”*

Overall, there is substantive evidence of efforts by the regional office to align GBV and harmful practices programming with both the UNFPA Strategic Plan frameworks and the needs and expectations of country offices. The regional programme evaluation concluded that EECAO *“is working on human rights, GBV, male involvement and harmful practices ([GBSS], child marriage and FGM)] – topics that are very appropriate at the national, regional and international level”*. The case study evidence triangulates strongly with this conclusion.

A number of UNFPA regional staff emphasize that despite being an organisational ‘construct’ (there are no political or cultural bodies that encompass the UNFPA region), many countries in EECA region share common concern about low fertility and ageing. Furthermore, whilst UNFPA has worked on ageing for a long time, there has been an organizational failure to create a value proposition on ageing or low fertility, and to build a reputation within these issues. This has excluded an important entry point for wider engagement in national development strategy, including on GBV.

In general, UNFPA staff in the regional office found that content and messaging from HQ is generally directed at global conversations, with a focus on low-income and human development contexts.

Global communications materials are often not relevant – and sometimes even damaging – in the EECA context. For example, whereas global messaging highlights the effect of family planning on lowering fertility in low income countries, where this is desirable, UNFPA EECA is working in a context where high fertility is being framed at the top level of politics as the national patriotic role of women: so arguments for SRHRR have to be messaged as being complementary to population growth and conducive to national prosperity and (economic) security. These wider dynamics influence the strategic positioning of UNFPA to advocate with the same governments on GBV and harmful practices.

At the same time, regional staff noted an increased demand for support around gender. Besides the backlash in terms of women's rights, the GBV and harmful practices are becoming more of a public concern also due to the fact that the region is exposed to conflict and natural disaster. The mandate of UNFPA to lead the GBV area of responsibility in humanitarian response has led to GBV gaining more attention.

The prevention of, and response to, GBV in emergencies was found to have created opportunities to advance the issue more broadly. For example, in both Turkey and Ukraine it was not previously possible to find funding for scaling support before the crises. In Turkey through additional funding the programme has been expanded from the support from camp based refugees to urban refugees (which constitute 90% of the refugees in country) in multiple areas (SRH-including clinical management of rape, GBV, Youth friendly services and services for LGBTI); in Ukraine the multi-sectoral response to GBV concept on national and sub-national levels have been introduced through additional funding. Indeed, some country-level staff consider that UNFPA's legacy with GBV offers an entry point to redress the lack of the development-humanitarian nexus in the current UN narrative around the SDGs.

**Finding 2: While data on the prevalence of GBV and harmful practices is weak in EECA region, UNFPA interventions have been designed based on thorough qualitative analyses and mapping exercises. These sometimes delay the development of UNFPA funding proposals in comparison with other UN entities who are fundraising based on less specific and analytical situation analysis data. UNFPA is leveraging partnerships with OSCE to address gaps in GBV prevalence statistics given the other demands on its own shrinking budget.**

Evaluation assumption:	UNFPA interventions based on comprehensive situation analyses of affected populations in development and humanitarian contexts <sup>3</sup>
Case study evidence	<ul style="list-style-type: none"> <li>● All the major interventions commissioned by the region have been based on detailed mapping and data analysis.</li> <li>● The diversity of language is a defining characteristic and challenge of operations in a region that is 'constructed' by the UN.</li> <li>● The work to build a Multi Sector Response (MSR) framework benefited from the existing legacy of the UNFPA EECA's Health Sector Response (HSR) package and leveraged the standards in the global programme on essential services that was emerging in 2015.</li> </ul>

<sup>3</sup> Whereas it may be important to have clear data on GBV in development settings, no data on GBV prevalence is needed to launch a GBV in emergencies response. For this reason, UNFPA, governments and partners signed a Call to Action in 2013 highlighting that they "commit to act – or fund action – to prevent and respond to VAWG in emergencies before waiting for evidence of specific instances of VAWG to emerge." The case study thus challenges the evaluation assumption that "comprehensive analysis" and "humanitarian settings" should be associated.

At the regional office level, the most recent process to choose the regional programme focus was through the lessons learned, analysis of context in 17 EECA countries on multi-sectoral and comprehensive response to GBV approaches, gender transformative programming to understand the priorities of country offices in addition to routine consultations with COs to agree and tailor country specific. Within the area of gender, the regional office will in future prioritize 1) interagency regional engagement around Gender and GBV mainstreaming in SDGs localization processes in the EECA countries; 2) GBV, 3) harmful practices, 4) gender transformative work with men and boys, 5) CEDAW/UPR reporting, and 6) GBV in emergencies.

All the major interventions commissioned by the region have been based on detailed mapping and data analysis. This leads to relevant and appropriate interventions, but also introduces a time lag. UNFPA is not a first mover and does not occupy new spaces, even if it eventually brings greater quality to its interventions.

For example, in 2014 UNFPA and Promundo-US mapped the situation of gender transformative programming, including work with national partners, across the EECA region. The findings of this mapping were the basis for strategizing gender transformative programming (GTP) in EECA region. This was the basis for the online EECA Men Engage platform, to bring together national stakeholders, experts and academia working in the field of GTP and organize online forums, a series of knowledge management activities, and country-by-country support. A similar approach was taken to GBV along with the Eastern European Institute of RH to map the situation on GBV response mechanism in 17 EECA countries and need of each country and UNFPA country office so as to avoid overlapping work with other UN entities.

The diversity of language is a defining characteristic of operations in the region. For example, few existing medical staff in Turkey speak Arabic. For this reason, the provision of Women and Girls Safe Spaces in Turkey had to recruit staff among Syrian (and Iraqi) refugees to provide Arabic-language services. This targeting of the needs of refugees is a limiting factor on the potential use of such services by host populations.

The particular characteristics of the target groups for GBV in emergencies are also reported by UNFPA staff as differing across the region. For example, case study interviews suggested that Syrian refugees in the Balkans are associated with the middle classes (who can afford to pay for crossing into the EU), whereas refugees dispersed within Turkey are more likely from households that had low socio-economic status.

The manifestation of the refugee crisis in EECA region is different from neighbouring countries under the Arab States Regional Office. There are few formal camps, with estimated 90% refugees dispersed among host populations or in transit. Access to camps is also very difficult, as authorities do not allow international NGO partners (implementing partners). For these reasons, all UNFPA operations to address GBV in Turkey are outside of camps – the investment required to secure permits to operate in camps (as an additional presence to GBV interventions by UNHCR) was viewed as inefficient given that the greatest underserved needs were outside camps.

The work to build a Multi Sector Response (MSR) framework benefited from the existing legacy of the UNFPA EECAO's Health Sector Response (HSR) package and leveraged the standards in the global programme on essential services that was emerging in 2015. MSR is now a comprehensive package based on global ESGs and (a regional protocol with step-by-step guidance for health, psychosocial and police sectors) that forms a framework for UNFPA country offices to engage relevant stakeholders and link health sector interventions to wider systems.

As with GBV, the response to harmful practices has been shaped by the available data.

- The multisectoral Response to GBV Regional Intervention is based on EECA RO Study “Towards a Multi-sectoral Response to Gender-Based Violence: Mapping the Current Situation in the Eastern Europe and Central Asia Region. 2015”, the Regional Strategy, and available prevalence studies on VAW.
- The Gender Transformative Regional Programme is tailored based on the Assessment of Gender Transformative Programming in EECA Region, data from IMAGES, and other attitudinal studies and Regional Roadmap agreed with the COs and Promundo as IP. The largest body of work was undertaken on the drivers of child marriage, a qualitative analysis that has been used by several national partners as well as UNICEF.
- The Programmatic and policy response to address prenatal sex -selection is based on national studies undertaken on prenatal sex selection (Azerbaijan, Georgia, and Armenia are included in the global programme on gender biased sex selection); taking into account lessons from Asia Pacific region and partnering for expertise with South Korea. Conservative forces in several countries in the region are using gender bias sex selection in favour of boys as a pretext to seek the banning of abortions and restricted access to the SRH services and realization of reproductive rights..
- Female genital mutilation has only been identified as an issue among one community in Georgia. A joint qualitative study on the response to this with UNICEF is being supported by expertise sought from UNFPA headquarters, EECA RO and the Arab States Regional Office.
- Whilst it is not included in the scope of the evaluation, honour killings were flagged as a harmful practice in Turkey and bride kidnapping in Kyrgyzstan.

Whilst EECA is not included in the global programme on child marriage, both UNICEF and UNFPA are looking at the social norms around child marriage and their commonalities with violence in child marriage. Experience so far suggests that linking these multiple manifestations of violence in the home to global programming on violence against children is challenging because the gender and child protection communities are distant from one another<sup>4</sup>.

**Finding 3: EECARO is supporting pioneering work on gender transformative programming with men and boys by country offices in the region, in alignment with the human rights based approach to programming. This seeks to address some of the underlying drivers of GBV and harmful practices within an increasing patriarchal social and political context. There are also specific examples of work on sensitive issues with marginalised, such as groups boys selling sex in South East Europe, and with shelters provided for members of the LGBT community in Istanbul. Increasingly, however, authorities will not countenance funding for the human rights agenda, greatly reducing opportunities for handover of these interventions to national authorities.**

Evaluation assumption:	UNFPA interventions are based on gender analysis and address underlying causes of GBV and harmful practices through non-discrimination, participation, and accountability.
Case study evidence	<ul style="list-style-type: none"> <li>● The UNFPA regional office started working with Promundo in 2011 to train country offices in strategies for incorporating men and boys in strategic partnerships to deliver transformative programming.</li> </ul>

<sup>4</sup> The evaluation noted that the use of different language across agencies – such as GBV by UNFPA, SGBV by UNHCR, VAW by UN Women, and VAWG by UNICEF – exhibits a propensity to imply fundamental differences in models whilst disguising common ground.

	<ul style="list-style-type: none"> <li>● Making the human rights case for addressing violence is increasingly difficult, and will not be countenanced by many governments.</li> <li>● Ground-level programming work, experience, and evidence has given UNFPA the credibility and authority to successfully engage in policy-level advice.</li> </ul>
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The UNFPA regional office started working with Promundo in 2011 to train country offices and partners in strategies for incorporating men and boys to deliver gender transformative programming (GTP). A series of capacity building events and remote technical assistance by EECA RO has resulted into expansion of the GTP approach throughout the region, and currently 12 country offices have GTP on the country level.

EEAC RO also promoted the IMAGES methodology which is an attitudinal study on gender equality that was applied in Armenia, Azerbaijan, Georgia, Moldova, and Kyrgyzstan. Regional interventions has been leveraged into some bilateral partnerships, for example in Georgia, Azerbaijan, Serbia, Ukraine, Belarus, Tajikistan, and Turkey around fatherhood and social norms around masculinities. For example, MenCare campaigns that address issues ranging from overall notions of gender equality to the manifestation of gender discrimination as different harmful practices and VAW.

Promundo emphasizes that this work with men and boys is part of a transformative, rather than instrumentalist, approach that is seeking to rectify the oversimplification of simply adding in men and boys to existing gender project. Consequently, the regional office work with men and boys seeks to be cognizant of, and responsive to, criticisms of working with the men and boys constituency<sup>5</sup>.

Across the region, addressing sensitive issues around human rights is becoming an increasingly difficult task in the prevailing political climate, even as core resources for this work in UNFPA is reducing. At the same time, UNFPA is facing a wide range of intractable challenges relating to GBV. For example, in Bosnia and Herzegovina, UNFPA is seeking to address a legacy of conflict related sexual violence towards women – trying to find entry points in a context where all sides perceive themselves as survivors. By comparison, in Greece, 97% of unaccompanied minors within the refugee population are young boys; many of whom are selling sex to older men as a survival strategy. Issues related to sexuality are extremely sensitive in this context.

Within the regional office, the staff and leadership emphasised a renewed commitment to human rights is on the agenda as the key framework for the United Nations; with greater focus on, and engagement with, civil society and groups who are most marginalized or left behind. Self-assessed gaps in the coverage of previous work include addressing the double burden of GBV against people especially women and girls with disabilities (which are largely underreported), and violence against key populations – for example, the level of violence against sex workers is assessed to be 100%. The evaluation notes that the additional focus on availability of services for women with disabilities within the multi-sectoral response framework is consistent with the new strategic plan.

Gender staff in another UN entity regional office emphasized that making the human rights case for addressing violence is increasingly difficult, and will not be countenanced by many governments in countries across the region. Developing joint platforms across multiple agencies is seen as an important determinant of leverage.

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<sup>5</sup> Criticisms of working with men and boys have included:

- 1) drawing resources and attention away from women and girls in spaces that are hard won
- 2) exploiting a feminist approach to gain access to resources
- 3) ensuring that men and boys remain accountable to women and girls

Despite these challenges, there are pockets of work in the region of engagement with LGBTI groups, sex workers and trans-sex workers; such as shelters in Istanbul. However, the staff overseeing these interventions do not feel connected to peers working on similar challenges.

Some of the country offices note that UNFPA’s legacy of work with particular marginalized groups means that it is both seen as an important agency for work on GBV, but also means it is subject to increasing political pressures and sensitivities. At the regional level, this legacy is seen by UNFPA staff to have supported an approach to GBV that is unique in terms of being grounded in an understanding of the wider population – not just specific persons of interest.

Programme staff in Ukraine and Turkey emphasized the credibility that ground-level programming work, experience, and evidence has given the agency to engage in policy-level advice. In a context where many entities are offering policy support, support to multi-service provision outside of the main cities is a strong differentiating factor for UNFPA.

## ***EQ2 Most relevant interventions***

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

**Finding 4: UNFPA comparative strengths are challenging to determine in a continuously evolving regional context, UN system and donor environment. There is an acknowledgement among other UN entities of UNFPA technical expertise in GBV and harmful practices, and important relationships with both governments and civil society (particularly in the health sector). However, this does not seem to translate into active stakeholder support for UNFPA fundraising, mandate or leadership. The dilemma is often framed within UNFPA as a choice between being a niche agency, or competing for broader significance – a dichotomy that misses the synergies that can exist between having niche competencies and leveraging these for strategic influence.**

<b>Evaluation assumption:</b>	UNFPA interventions are aligned with its comparative strengths across settings informed by a robust mapping of other in-country stakeholders and support including at subnational level or in areas/populations at risk
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<b>Case study evidence</b>	<ul style="list-style-type: none"> <li>● Competition for limited funding in GBV (and gender in general) is placing downwards pressure on the use of evidence-informed approaches that take time to develop and are complex to communicate</li> <li>● At the global level, donors are channelling funding for areas that are core UNFPA competencies to other UN entities (e.g. GBV in emergencies to UNICEF, SRH and FGM to UN Women). These behaviours impact on regional and country level cooperation</li> <li>● The global relationship between UN Women and UNFPA urgently requires investment in a ‘détente’ around GBV (and other areas) to unite the strengths of both entities</li> <li>● UNFPA framing of GBV and harmful practices is differentiated by a focus on community mobilization, in contrast to the typical institutional focus of the UN system</li> </ul>
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The recent regional programme evaluation concluded that UNFPA adds value at the regional level *“by being the primary promoter and defender of the ICPD agenda, a unique and highly relevant human rights platform. The sensitivity of the agenda in the context of an increasingly conservative EECA region makes UNFPA’s unwavering leadership an essential component of the human rights landscape.”*

The focus of UNFPA EECA work on multi sectoral response and prevention to GBV has been started in 2013, with the response by-the health sector as an entry point. This was based on a combination of mandate, existing work with ministries of health through work on SRH, and to answer demand from country offices. A package, including comprehensive manual and training package, was developed in partnership with the European Network on Violence Against Women and Girls – a network of over 150 NGOs. This package is intended to maintain flexibility for country offices to take a range of locally-grounded strategies, from mainstreaming GBV in health sector work to addressing GBV as part of a wider portfolio of gender equality work.

Other UN agencies see the comparative strength of UNFPA has advancing gender equality in the health sector – especially with regard to institutionalizing a gender responsive mindset in ministries and service providers – and, to a lesser degree, on the legal frameworks for addressing gender based violence. Having expertise on population dynamics is also seen as a promising source of strength for wider UN efforts to advance human rights in the political context of an aging population.

Whilst other UN entities emphasise UNFPA’s strength in service provision, assuming the stance solely of a specialist in service provision is not a sufficient strategy alone. For example, UNICEF identified that several contexts exist where UNFPA and UNICEF can jointly achieve a lot more regarding the intersection of gender and youth. Similarly, UNFPA country level staff proposed that humanitarian funds can be leveraged for hybrid interventions addressing both service provision and capacity development or policy influence.

Within UNFPA country and regional offices, the relationship with UN Women is seen as ‘giving-away’ a legacy of work, knowledge, organizational positioning, and the public health perspective. Interviews with both organizations emphasized the difference in institutional framing – UNFPA perceived as having SRH at the centre of the ‘bullseye’ and gender equality as a contributing factor; and UN Women with gender equality as women’s human rights as its predominant framing. Thus, several sources suggested that UN Women is looking to UNFPA to leverage the totality of its mandate and strengths – not just the gender programme – in support of gender equality. These strengths are perceived to be particularly acute in terms of working relationships with the health sector, population dynamics analytics, and the legal frameworks relevant to ICPD.<sup>6</sup>

The recent regional programme evaluation addressed the question of the division of labour between UNFPA and UN Women, finding that *“there is enough work in the region for multiple agencies – even if it is not matched by the funding – and implementation on a number of levels will be enhanced if each agency is able to identify its comparative strengths and agree on how to collaborate.”* There are issues with potential for pioneering this division of labour – with regional interest and need from both UN Women and UNFPA to collaborate on growing interest in data and statistics for the SDGs. Moving this forward requires clear division of labour, coordinated (or joint) external funding strategy with potential partners (Russian Federation, EU directorates, private foundations).

EECA RO is emblematic of the shift in the relationship between UNFPA and UN Women, and opportunities for both collaboration within the frame of Regional Working Group on Gender/Issue-Based Coalition on Gender and Empowerment of Women as co-chairs that facilitate including of 10

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<sup>6</sup> Nevertheless, one interviewee suggested that the current reality is “very pronounced competition [between UNFPA and] UN Women to own the [gender] space.”

agencies regional offices and delivered number of regional level products and provision of coordinated technical assistance to the UNCTs and gender theme group.

Turkey provides an example of the dynamics around coordination<sup>7</sup>. After the creation of UN Women, leadership of the UN gender theme group was transitioned from UNFPA to UN Women, with the latest UN result group on gender now fully led by UN Women. At the same time the massive shift to humanitarian financing in recent years has elevated UNFPA's mandated role to lead coordination of the GBV area of responsibility. The humanitarian response constitutes most of the budget for addressing gender based violence: thus the need for dialogue between the two entities has to embrace coordination between humanitarian and development spaces – as well as within them.

Attempts in Turkey to ease the renegotiation of agency responsibilities in both the coordination and programmatic domains include a 'Women Friendly Cities' initiative to bring together the full UN Country Team, and a shared gender advisor hosted in the Resident Coordinator's Office. In the latter case, this has allowed rapid joint responses to events such as the killing of a member of the LGBT community. Yet, despite these attempts, and the scale of the challenge with GBV, the problem of inter-agency work distribution remains stubborn – with overlapping programmes and strategies fuelled by donors seeking to fund through a single window.

Within the gender space, resources are highly constrained. According to most interviewees, this requires even greater prioritisation of a détente and effective working partnership between UN Women and UNFPA. Resource mobilisation and programming at both country and regional level (building on the existing positive experience of regional level coordination). The role of the UNRC office is also critical in as in many cases joint programmes approaches and fundraising are coordinated by UNDP and the UNRC office. Ideas suggested to the evaluation team from within UNFPA ranged from improving UNFPA's capability to market itself as a broad and capable actor to donors in the gender space; to building niche technical excellence to support delivery of joint programmes within the UNCT or even under a broader UN gender resource mobilisation umbrella.

At the root of this wide diversity of opinions are questions of interagency power, trust, autonomy, and recognition: questions that gender experts should be better at naming and addressing. At the same time, however, the evaluation also heard from both agencies that there is a willingness and recognition of the need to move faster than global dialogue between both agencies to pilot improved joint working in EECA region. Certainly, within the context of GBV, the view of common civil society implementation partners is that combining both broader-perspectives of gender equality (brought by UN Women) and public health (brought by UNFPA) is critical to addressing the full prevention-response-eradication spectrum.

In the eyes of civil society interviewees, UNFPA is set apart from other UN entities in terms of:

- Seeing gender as relational – working with men and boys as both gatekeepers to women's empowerment and as human beings with needs and vulnerabilities of their own.
- Being a key ally to open sensitive social and political spaces that would otherwise be available to civil society.
- Combining personal passion with professional courage and skill to address the most challenging and 'forgotten' issues, even with limited resources.

The case study also heard evidence to suggest that a differentiating factor for UNFPA is being the only agency that is primarily supporting a community response to GBV and harmful practices – with other entities adopting the assumption of a formal institutional response by national systems. The regional

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<sup>7</sup> Turkey is illustrative, but not representative. The joint statement on coordination from UNFPA and UN Women executive directors indicated that where UNFPA is leading on the country level it will remain; in EECA Region UNFPA lead gender theme groups in number of countries (Azerbaijan, Belarus, Uzbekistan, Turkmenistan (shared with UN Women as a rotational function)).

programme evaluation found that the strengths of the UNFPA regional gender programme have been mobilizing countries in the region around CEDAW and ICPD, including production of tools and provision of unique technical expertise – especially the multi-sector and health-sector responses to GBV (as evidenced by the inclusion of these frameworks in EU-funded projects<sup>8</sup>, and demand-led policy advice to the Basque Government in Spain).

Current thinking about improving the strategic effectiveness of regional level programming was described to the case study as:

- Shifting from regionally-direct multi-country programming to a focus on the comparative advantage of creating a region-wide enabling environment for country offices – working with regional bodies that establish intergovernmental frameworks (such as the EU and OSCE).
- Focusing regional support around outlying countries, rather than maximising the number of countries covered, to generate original knowledge that can assist all country offices in the region.
- Reducing reliance on HQ support to initial humanitarian assessments and ongoing technical support to.

#### The comparative strengths of UNFPA within the UN system

What can UNFPA do / what is UNFPA doing?	Who else can do this?	What is different about UNFPA?
Multisector and health sector response to GBV	UN-Women	Coordinated inter-ministerial/inter-sector approach, Health sector response, support through its sexual and reproductive health programmes, historical relationships, service delivery expertise, public health perspective, and continuum approach between emergency/humanitarian and development context
Working across the spectrum of different types of harmful practices	UNICEF	Addressing structural causes of gender inequality within the wider context of communities
Work on changing social norms and working with men and boys through Gender Transformative Programming	None currently doing	Addressing patriarchy as a structure of oppression within which men exist, rather than solely as an agent of change for another group
Service delivery expertise – reinforcing policy advice with programmatic evidence	UNICEF	Addressing sensitive issues relating to sexual health and reproductive rights
Mandate to lead the GBV area of responsibility and coordinating most GBV sub-clusters (outside of refugee settings), and co-ordinate together with UNHCR, where requested by UNHCR, GBV sub-working groups in refugee settings.	UNHCR	Bringing technical expertise to the table, with GBV specialists capable of building capacities of service providers, mainstream GBV in all sectors, GBV multi-sector response benefitting from an integrated GBV-SRH approach.
Leverage population dynamics expertise to make instrumental case for gender	None	
Data collection	UNHCR, UNICEF, UN-Women	Facilitating the collection, analysis, dissemination, and use of reliable data and information

<sup>8</sup> UNFPA has worked with NGOs working with minorities, and research institutions from five countries (Austria, France, Germany, Portugal and the United Kingdom), to develop an EU referral system to NGOs for cases of early marriage and the provision of technical)

**Finding 5: The development of regional theories of change is a recent phenomenon, and has seen rapid iteration and improvement. In addition to shifting from regionally-led multi-country programming to influencing the regional enabling environment, the regional gender programme has established a clear approach of advocating for women and girls' rights, changing harmful social norms and improving response to GBV and harmful practices through the multi-sector response. This is being implemented across a range of contexts – from humanitarian, to development, to within regions of EU countries.**

Evaluation assumption:	UNFPA interventions based on coherent and robust theories of change which can adapt to rapidly shifting situations and contexts
Case study evidence	<ul style="list-style-type: none"> <li>• The development of multisector response, health sector response, and gender transformative programming packages has helped to systematize the approach of UNFPA to GBV across the region</li> <li>• The corporate bullseye and the quadrant system have proven challenging to implement, adding sources of contestation rather than strategic consistency</li> <li>• There is increasing need within EECA for evidence about theories of change that work in addressing GBV and harmful practices in increasingly conservative and religious social settings</li> </ul>

The evaluation notes that the regional case study includes a formative period 2008-2013 in which the office in Istanbul was being established and incorporating functions previously undertaken in Bratislava and Almaty. As a consequence, the overall regional programme represents an evolution of prior initiatives within the context of a new bloc; the UNFPA EECA region is also different from WHO, OCHA, UNHCR, UNICEF, UNDP and economic commission regions (but the same as the UN Women region).

Regional advisors recall that prior to the Strategic Plan 2014-2017 there was no overall theory of change, a situation that was later addressed through consultation in the design of that strategic plan. A regional approach to gender is seen as only having started in 2013 with the recruitment of a P5 gender advisor for the first time. This approach is characterized as having evolved from a health sector response, to multi-sector response, and finally to gender-transformative programming. Alongside this have been practical attempts to integrate GBV into SRH work, for example where there are shared implementing partners.

The interpretation of the quadrant system has been a source of frustration to UNFPA development staff in the region, with a focus on advocacy and policy proving to be insufficient in a context where institutions are often found to be weak. In response to this, the last Regional Programme *“used its positioning to bring thought leadership, capacity development and knowledge brokering to affect policy change at both country and regional levels.”*

In particular, this is seen to not only overestimate the general institutional fragility in middle income countries, but ignores massive disparities between parts of the population within these countries. The regional programme evaluation concluded that *“where alignment with UNFPA policies and strategies has been challenging is in conforming to the UNFPA business model for middle-income, ‘pink’ countries. There is a strong sense that limiting engagement exclusively to policy and advocacy can significantly constrain both the relevance and effectiveness of regional programming. Most significantly, capacity development and knowledge remain critical needs in the region and a cornerstone of Regional Programme value added.”*

Several members of staff highlighted the importance of interpreting the UNFPA ‘bullseye’ of SRH as only being achievable through ‘the outer rings’, including gender equality. According to senior staff in the UNFPA regional office, in the context of EECA, SRH can only be achieved once state-sponsored reproductive violence against women is addressed in terms of addressing the social and political demands for more children and violation of women’s rights justified by low fertility and demographic insecurity. Regional staff note the difference in approaches between responses to harmful practices: the global programme on gender biased sex selection is seen as having evolved bottom-up from initial studies and advocacy in Albania, Armenia, Azerbaijan and Georgia. By comparison, the global programme on child marriage is seen as a top-down intervention that started as a dialogue at the global and the regional level.

Senior UNFPA staff at country level cite a remaining gap in organisational strategy or guidance for successfully responding to operational contexts of increasing conservatism – including learning from the experience of colleagues in other regions adapting corporate language and narratives to the cultural values of local politics and populations.

### ***EQ3 UNFPA leadership and structures***

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

**Finding 6: Despite regional technical support to GBV (for example, through the health sector response package), the level of funding for interventions at country level has been uneven and varied considerably over time. Significant increases in GBV activity have occurred in emergencies, with this being leveraged into ‘hybrid’ humanitarian-development interventions by creative country offices. UNFPA visibility – especially with EU directorates – remains behind what it needs to be to sustain longer-term interventions.**

<b>Evaluation assumption:</b>	UNFPA support is sustained to GBV and specific harmful practices across strategic plan periods at the global, regional and country level
<b>Case study evidence</b>	<ul style="list-style-type: none"> <li>● The reduction in core and non-core funds for regional offices is changing the role of regional advisors from pure technical assistance to including a significant aspect of fundraising</li> <li>● In EECA, UNFPA does not have the visibility nor traction with donors – especially the relevant EU directorates – needed to consistently secure funding for GBV (and harmful practices), especially in development settings</li> <li>● While innovative approaches have been taken to design hybrid humanitarian interventions with development outcomes, and to leverage OSCE and EU Daphne research projects, these do not substitute for a strong financial foundation</li> </ul>

Regional level programming faces a conundrum. Increasingly, sparse global level funds are being targeted by HQ to support organizational core funding; whereas country level funds are not available to region-wide interventions. Without an obvious Regional donor ‘counterpart’, regional advisors have few options for fundraising no matter that they are now supported by a regional level resource mobilisation expert – prompting a preference for advocacy and normative interventions that are less

resource intensive. In contexts such as Turkey this has been exacerbated by the withdrawal of US funding to SRH and the changing dynamics between the national government and the EU.

Within the EECA region, the EU is an especially significant potential donor, with multiple directorates (HOME, NEAR, DEVCO, and ECHO) having direct interests in areas covered by UNFPA work on GBV and harmful practices. However, the current UNFPA representation to the EU in Brussels is limited – with insufficient human resources to build relationships with and advocate to multiple directorates, support country office capacity in resource mobilization from multiple directorates, as well as maintaining existing workloads of legal and contracting requirements for all of UNFPA who interact with EU. The new Global Programme on GBSS also opens an avenue for new opportunities, because the programme is funded by EU and country offices are encouraged to work closely with EU delegations on the ground. Whilst both the regional and country offices have prepared programme proposals for fundraising, the evaluation did not encounter substantive evidence of ongoing relationship building with EU missions at country level, or directorates-general at the regional level to enhance the probability of success..

To some extent, it was noted that this priority need to strengthen decentralized resource mobilization capacity (and accompanying functions such as public relations) is reflective of an organization that is globally in transition from specialist work supported by core funds to a decentralized operational agency increasingly dependent on local fundraising. Whilst there is a regional strategy, and resource mobilization adviser, in place to support decentralized fundraising for GBV and harmful practices, the main progress so far appear to be in relation to accessing humanitarian funding for GBV in emergencies at the country level. This also reflects a historical corporate approach to fundraising that has de-emphasised the visibility of UNFPA so as to place national partners at the centre of initiatives.

During the initial stages of humanitarian crises, UNFPA has struggled to assert itself as a legitimate and capable humanitarian actor in some countries within the EECA region. This has not been helped by slow initial responses and bureaucratic barriers that excluded UNFPA from the first humanitarian convoy to enter Syria from Turkey. Whilst UNFPA has put in place humanitarian standard operating procedures, the organisational commitment to these in terms of resourcing and political prioritisation has not been evident. In Ukraine, UNHCR, UNICEF and OCHA all surged humanitarian expertise into the country whilst the local UNFPA staff were attempting to get up-to-speed with GBV in emergencies in a context that had very little gender programming prior to the emergency; assessments in Greece were undertaken by members of the UNFPA Humanitarian and Fragile Context Branch (HFBCB) team flying in on missions from New York, and months passed before an international team of GBV and SRH coordination, programming and IM specialists was deployed on the ground (managed initially by EECARO from Istanbul, and in a second phase from Belgrade).

However, once initial constraints have overcome, country offices are able to present multiple examples of evidence that UNFPA has important strengths that can add unique value to a humanitarian response. In particular, UNFPA has an internal narrative (not always shared by other agencies) that it has the ability to ‘connect the dots’ and leverage data to overcome artificial thematic divisions: for example, between health, gender, youth, HIV, and protection. Furthermore, UNFPA’s work on the Minimum Initial Service Package (MISP) for SRH in crisis settings and essential services Standard Operating Procedures (SOP) provides a strong ‘hook’ for the humanitarian-development nexus – with humanitarian GBV sub-clusters acting as a good basis for longer-term GBV multisector response strengthening in Ukraine.

Country level UNFPA staff agreed in interviews that donors are not perceiving UNFPA as a key protection-sector actor, exhibiting a tendency to preference funding to UNHCR or UN Women as the overall lead agencies on protection and violence against women. This, combined with a substantial decrease of 50% of core resources in the past 4 years, is resulting in the cessation of funds to

pioneering work such as with Promundo on men and boys. Increasingly, the role of regional advisors is being reframed from technical advice to resource mobilisation to address this gap.

**Finding 7: UNFPA has consistently provided leadership around the most sensitive human rights issues – especially relating to GBV in emergencies and gender-biased sex selection, where it has defined and continues to occupy the space. The multisector response approach, boys on the move project, and EECA MenEngage are all concrete examples of leadership. Furthermore, UNFPA and UN Women coordination through regional gender mechanisms is an important success, and a good foundation for addressing the distribution of labour for GBV programmes. The biggest gap in capabilities for leadership are the organisational capacities needed to fully implement the UNFPA humanitarian SOPs, and the use of population data analysis as an entry point to address gender with conservative governments.**

Evaluation assumption:	UNFPA provides leadership on sexual and reproductive rights, health and gender equality within international, regional and national fora (including UN coordination)
Case study evidence	<ul style="list-style-type: none"> <li>● UN coordination on gender at regional level is working effectively and is a basis for more and better joint programming</li> <li>● UNFPA is often at the forefront of identifying and speaking out about GBV and harmful practices that are politically and socially sensitive</li> <li>● The biggest gap in capabilities for leadership are the organisational capacities needed to fully implement the UNFPA humanitarian SOPs</li> <li>● UNFPA has considerable potential to leverage population data analysis to create entry points for gender work</li> <li>● These organisational strengths have not translated into significant fundraising opportunities</li> </ul>

UN coordination on gender in the region was cited as a strength in multiple interviews with multiple entities. UNFPA’s engagement in UN coordination through the regional gender working group is generally recognized and valued by other UN agencies. UNFPA co-leads this EECA Regional Working Group on gender together with UN Women. In 2015, in collaboration with UNDP, UN Women and the UN System Staff College, UNFPA organised a regional Training of Trainers (TOT) on Gender and the SDGs, which brought together gender equality experts from across the UN system in EECA. UNFPA also contributed to an inter-agency Issue Brief on “Gender Equality, Women’s Rights and Women’s Empowerment in Europe and Central Asia”.

As the co-chair of the regional working group on gender, UNFPA is seen by other UN entities as an important contributor to the joint work of the UN system, demonstrating a willingness to prioritise coordination ahead of promoting an individual agency agenda. Other UN entities look to UNFPA to represent the interests of the non-gender-specialist entities, for example in engaging a wider group of agencies in the EU global gender initiative. There is also acknowledgement that the current coordination approach is mostly process-oriented, and demand was expressed to the evaluation for more concrete regional joint programming. For example, at the country level UNFPA is viewed as an

informal leader of practical UN joint responses to conflict-related sexual violence through activities such as training the health sector or initiating stigma alleviation programmes<sup>9</sup>.

The clearest space and demand for ongoing UNFPA leadership relates to work at the intersection of health and gender, with both partners and the agency noting UNFPA's comparative strength (and legacy) in working with health institutions. This was found to be evident in interviews relating to organisational positioning in both development contexts (normally vis-à-vis UN Women) and humanitarian contexts (normally vis-à-vis UNHCR).

A number of UNFPA colleagues, however, highlighted that being perceived – or intentionally positioning UNFPA – as operating primarily in the health space carries major risks for sustainability in a region that is increasingly pronatalist (hence the multisector approach being advocated by EECARO). They emphasise the strength of UNFPA in population dynamics, and the intersection between gender and wider socio-economic development, as having underutilised potential for resource mobilisation and advocacy. Similarly, there was a view expressed among several UNFPA colleagues that the organisation has a long history of work in the humanitarian space; but that sole leadership of the GBV area of responsibility requires a much stronger and more responsive capacity (financially, number and skills of humanitarian staff) to meet humanitarian needs, act as the provider of last resort, act in a timely way, and secure humanitarian action as a corporate strength.

Expanding the presence of UNFPA in data analysis is, indeed, an ambition of the Regional Office. Current work to join an OSCE-led project to gather regional data on GBV is viewed as an important strategic investment, as is reaching out to regional powers interested in data for the SDGs. The view from civil society partners is that UNFPA RO can build on these initiatives to strengthen the links between gender, SRH, and population dynamics within the framework of the Multi-Sector Response to GBV.

The evaluation saw substantive evidence of UNFPA RO having demonstrated strong leadership in pioneering support to gender transformative work with men and boys. In partnership with Promundo, the regional office mapped existing programmes working with men and boys and targeted technical assistance to improve these. As a result, more work is now being done with adult fathers on engendered worldviews, support is being given to country offices to monitor and evaluation gender transformative programming, and a critical mass of expertise and networking is being established in the region.

In multiple interviews, it was highlighted that UNFPA is very often a 'first mover' in EECA region to talk publicly about harmful practices, including child marriage and gender biased sex selection. At country-level, successful approaches to building on this 'first-mover' status and strategically positioning UNFPA include leveraging organisational data, global expertise and local research to co-chair a special task force on child marriage with government in Georgia. The policy scope of the taskforce has now been extended to coordinate national and NGO responses to all harmful practices, including the only known example of FGM being practiced among a specific community in EECA region.

Whilst these approaches have enabled policy influence, however, they have not systematically translated into successful resource mobilisation or public reputation. At the regional-level, this is perceived by UNFPA staff to be a 'communications-gap' – failure to communicate a wider profile that is both discoverable and understood by non-experts, including potential donors. According to this narrative, the historical UNFPA strategy of facilitating other institutions in the background is not suited to a competitive non-core funding environment.

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<sup>9</sup> In the Balkans, UNFPA staff cite research that shows stigma as the main barrier to demanding and accessing support.

**Finding 8: Management of programmes has been highly efficient in terms of execution rates and immediate deliverables within the development context. Within the humanitarian space, there are large gaps in corporate systems, guidance and practice regarding scaling operations, programmes and coordination. While staff have attempted to overcome these through country-level creativity and support from regional, HQ, and Amman-based specialists; the nascent systematisation and weak peer-to-peer learning structures have led to UNFPA being slower than other UN agencies.**

Evaluation assumption:	UNFPA systems and structures support economy, efficiency, timeliness and cost effectiveness
Case study evidence	<ul style="list-style-type: none"> <li>● Execution rates for GBV-related projects have been very high – in the range of 94%-100%.</li> <li>● By comparison with the regional office systems that are successfully supporting gender programming in development contexts, the mechanisms for supporting GBV in emergencies are nascent, emergent, and uneven.</li> <li>● The implication of these systems is that learning and systems-development are repeated by each office, and emergency responses are slow as a result.</li> </ul>

The case study notes high execution rates across regional gender programmes, ranging from 94%-100%. The regional programme evaluation found efficiencies in terms of leveraging resources through partners and the UN system, shifting towards the use of issue-based teams, and integrating cross-programme approaches. These included *“the integration of gender-based violence tools and approaches within Humanitarian Response interventions, addressing needs of young key populations in HIV programming, and providing evidence on youth needs as a critical demographic in population policy making.”*

As noted previously, the evaluation case study encountered a universal view among participants that the UNFPA quadrant system of classifying countries and strategies has not been appropriate to EECA for development settings and long-term responses. Despite having upper or lower middle income status, country offices report that most of the relevant national institutions have insufficient capacity to implement UNFPA policy advice. Programming that includes capacity building has been essential to making progress on GBV and harmful practices. According to country office informants, the role of the regional office has been invaluable in terms of both providing the framework for this programming (the multi-sector response package), and strengthening national healthcare systems to adapt and support the roll-out of this package. In this regard, the support of regional office was reported in contrast to the perceived burden of cost recovery requirements placed against local fundraising by HQ, Copenhagen and Brussels.

Regional office mechanisms that have enabled this level of support on gender include: 1) advisors that act as a bridge between country offices and the HQ expertise they need (such as for Georgia in addressing FGM, or communications in adapting global messages); 2) a regional cross-cutting team (communications, resource management, partnerships) using social media to engage with donors and to showcase work that was made possible by their contributions at country level; 3) facilitated knowledge exchange directly with other regions, such as on child marriage and gender biased sex selection; and 4) the Regional Office Technical Assistance Management System to track how many documents have been reviewed.

By comparison with the regional office systems that are successfully supporting gender programming in development contexts, the mechanisms for supporting GBV in emergencies are nascent, emergent,

and uneven. Whilst a lot appears to have been learnt from emergencies in Turkey, Ukraine, and South East, it remains the view among all informants that the regional office remains insufficiently prepared for responding quickly to emergencies. Five important challenges to regional humanitarian response were identified during interviews:

1. Despite the establishment of multidisciplinary support teams to specific emergencies, such as Ukraine, the pace of advisory services in the regional office is geared to development and not humanitarian responses. Aside from the culture of speed in humanitarian response, there is no agreed expectation between regional specialists and advisors about 'dropping' development caseloads in the rest of the region to respond to one or more emergencies (including by going on mission). As a consequence of this, for example, there is an unresolved difference in view regarding the number of regional advisor missions to Greece that were required to ensure timely local GBV, CMR<sup>10</sup> and SRH advice – and who was responsible for initiating these missions;
2. More guidance is needed by country offices regarding recruiting new staff in humanitarian responses, including the most important minimum requirements. Country offices lack the experience required to differentiate potential staff with genuine humanitarian skills, from those who are 'reframing' unrelated experience as 'humanitarian' due to the local job market;
3. Administratively there have been many bottlenecks – for example assigning the Greece response to an already-overstretched country representative covering multiple Balkans countries, taking 4 months to get specialists on the ground in Greece despite having a global surge roster (which was depleted of GBV experts at that time), or failing to include materials on the first UN convoy into Syria because of the lack of corporate tools for cross-border, cross-line and third party monitoring;
4. There is no system in place to meet demand from country offices for specialist or cross-thematic speakers/advice, for example on the link with youth and humanitarian response in Turkey; and
5. No clear pathways for seeking internal legal advice in the unusual contexts associated with humanitarian action – such as the forced closure of a key implementing partner.

The current sense from country offices responding to emergencies is that there has been individual advice from humanitarian specialists within UNFPA, but a lot of country-level trying and learning alone, a lack of corporate guidance and systems, a need for mainstreaming of humanitarian response among other technical advisors, and more appropriate options for tagging hybrid humanitarian-development work within UNFPA tracking systems. There are also specific requests for additional support from the regional office level, such as with procurement in emergencies.

Despite these challenges, a number of positive dimensions to UNFPA's response were also included in the evidence: 1) the effectiveness of the Amman Hub for Syria in coordinating the responses of multiple country offices and multiple regions, 2) the development in Turkey (supported by the Amman Hub) of an online tool for common reporting by implementing partners based on 'Activity Info', 3) GBV accounts for half of the 'surge' positions in EECA, and has clear links to the development nexus through the multisector response, 4) and emergency response funds have been processed quickly in order to support country offices.

The priority issues identified by EECARO to improve the humanitarian response are: 1) to increase the Emergency Fund budget at the corporate-level to allow for more timely response, 2) extend the Emergency Fund length from 6 to 12 months, 3) to allow Emergency Fund periods to cover multiple financial years (i.e. not be forced to close on 31 December).

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<sup>10</sup> Clinical Management of Rape

**Finding 9: Global and regional programmes are proving to be a concrete model for cross-country and interregional sharing and learning; with low evidence of corporate knowledge management systems and structures being useful to the region.**

Alongside the context of pronatalist politics, EECARO faces distinct challenges in terms of the artificiality of the regional borders. There are no obvious pan-regional partners, media, identities, or events. In addition, there is a high level of language diversity across the region. As a consequence, the regional office has to work through sub-regional clusters of countries sharing similar characteristics in order to reach its audience. In some of these cases, the common translation of terms used by UNFPA at the global level can carry a high political risk for UNFPA in local engagement – especially regarding education.

Across several interviews with country-level staff it was notable that the main vector for learning and exchange was the structure created by regional or programmes – with both time and resources specifically allocated to inter-country learning and knowledge management. Regional and global programmes are reported to have helped staff to strengthen the positioning of UNFPA, helped harmonise deliverables, and ensured horizontal and triangular collaboration.

Within the EECA region, of the 17 countries with UNFPA presence, only seven have dedicated gender experts<sup>11</sup>. The other 10 country offices have gender focal persons. A similar situation was indicated by UNDP. Whilst the level of specialist expertise and the interconnect nature of GBV and harmful practices thus requires integration of expertise from across the organization, the evaluation identified several instances of structural barriers to achieving this.

For instance, the flow of information and knowledge about gender programming is vertical until the point where there is no longer a gender specialist, and then it runs horizontally to the gender focal person – this means, for example, that a regional SRH advisor or humanitarian specialist are not receiving direct inputs from Gender Branch in HQ, but horizontally from the gender advisor in the regional office. There are two important implications: 1) the evaluation heard estimates that 95% of regional advisors' time is spent addressing vertical (to CO or HQ) communication, and only 5% to horizontal (intra-RO) coordination – thereby missing opportunities to reinforce gender within most communications with COs, and 2) the continuity and resilience of gender advice is largely dependent on the availability of one or two staff members. The opportunity, therefore, is for Gender Branch in HQ to develop a wider communications network outside of gender specialists.

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<sup>11</sup> Ukraine (standalone outcome triggered by response to conflict), Uzbekistan, Turkmenistan, Armenia, Georgia, Azerbaijan, Turkey

## EQ4 Strategic partnerships

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

<p><b>Finding 10: EECARO has developed concrete and pioneering approaches at the regional level to working with men and boys (such as EECA MenEngage, MenCare, gender transformative programming, and boys on the move). Innovative Regional Office partnerships with organisations like OSCE and the Basque Government are complemented by individual country examples of innovative partnerships, such as private sector partnerships in Turkey.</b></p>	
<p>Evaluation assumption:</p>	<p>Diverse and inclusive partnerships engaged through well well-governed and accountable partnerships that offer mutual benefits, including with civil society and men and boys</p>
<p>Case study evidence</p>	<ul style="list-style-type: none"> <li>• EECA has made concerted and concrete efforts to develop partnerships for and with boys and men – as both agents of change (MenEngage) and survivors of GBV (Boys on the Move).</li> <li>• Good opportunism with partnerships such as OSCE makes a limited budget stretch further, but new sources of funds are still required. EECARO is actively reaching out beyond the EU countries to address this.</li> <li>• Country level experiences are addressing some of the gaps in corporate approaches to partnerships – such as with the private sector – and represent an important source of learning.</li> </ul>

The 2017 regional programme evaluation noted the innovation and potential of EECARO strategic partnership efforts to engage with, and leverage the experience of, non-EU states and organisations, including the Russian Federation. It also indicated that significant added value has come from having a UNFPA liaison consultant in Sofia, and from the partnerships established with Romania. At the same time, the evaluation concluded that *“more consideration should be given to defining measurable objectives, determining the most cost effective partnership modalities and understanding the tangible outcomes of these partnerships”*.

The evaluation discovered a range of examples of both countries in EECA and the regional office engaging with non-traditional audiences, in addition to the historical relationship that UNFPA has with CSOs alongside partnerships with government. As examples, in Kosovo a partnership was brokered with religious leaders from both Orthodox and Muslim communities to condemn conflict related sexual violence in their constituencies; in Turkey, the ‘business against violence’ initiative is mainstreaming GBV work within a major national conglomerate; and the regional office is supporting the Basque regional government in Spain to implement the Multisector Response framework.

A meta narrative across the region was found to be developing partnerships that strategically respond to the resurgence of powerful traditionalist and pronatalist political narratives. Chief among these is the work with Promundo to strengthen transformative programming with men and boys – an entry point that remains open among to many policy makers – for example with the campaign for paternity leave in Georgia. At the regional level, partnerships with OSCE on household-level survey focusing on violence against women, paying particular attention to the experience of women in conflict and post

conflict settings, and with the Russian Federation have been developed based on common ground; and highlights the comparative strength that population dynamics represents for UNFPA to engage constructively in contested spaces.

Within the regional gender programme, the development of an EECA MenEngage online platform is emblematic of the push into gender transformative programming. Seeking to support community-building among like-minded organisations, the evaluation was told by non-UNFPA sources that the EECA regional office support to the website (including ongoing curation by an intern), promotion of a MenCare campaign conference in Belgrade, and training of UNFPA country offices makes it the most active region in terms of gender transformative programming with men and boys.

The evaluation also found the work with the private sector in Turkey to be notable for its synergies between the comparative strengths of the partners. This appears to have overcome a major challenge noted by some UNFPA informants that there is a gap in corporate knowledge in how to develop real value from private sector partnerships – that businesses are not looking to give UNFPA money, but are seeking means to leverage their organizational footprint to advance social agendas. This is also reflected in organizational rules excluding profit making entities from being UNFPA implementing partners – with the example given to the evaluation of the missed potential of working with ultrasound manufacturers to address misuse of their equipment in gender biased sex selection in favour of boys.

**Finding 11: Two of the most important strategic partnerships for UNFPA work on GBV in EECA – with UN Women and the EU directorates – are underperforming and failing to contribute to the potential they have for catalysing, scaling and accelerating change. Furthermore, the strategy for addressing these shortfalls remains unclear, even where there is willingness.**

Evaluation assumption:	Strategic partnerships catalyse and accelerate positive changes
Case study evidence	<ul style="list-style-type: none"> <li>● The programming relationship between UNFPA and UN Women at both regional and country level is at a low point. In the face of enormous challenges, the agencies are seen by mutual stakeholders to be acting in barely-stifled competition rather than in concert. High level attention is required to address this.</li> <li>● The corporate relationship between UNFPA and the EU is weak overall, and is not effectively communicating the value proposition of UNFPA to address GBV and harmful practices in support of EU objectives<sup>12</sup>.</li> </ul>

As noted above the case study found a broad range of strategic partners working with UNFPA in EECA region, ranging from multilateral institutions (such as OSCE), to EU-funded research projects, to well-placed CSOs (such as Promundo-US or EEIRH). However, it found that a large amount of staff time and energy (on both sides) appears to be spent on just one of the core strategic partnerships relating to GBV and harmful practices: the complex relationship with UN Women. As observed elsewhere in the case study, this relationship is multi-dimensional: coordination at the regional level, programming at the regional and country levels, and strategic positioning at the global level as well as vis-à-vis partners such as the EU.

Despite the tensions that were reported, both UNFPA and UN Women highlight the scale of the challenges being faced, the need to both be present and effective, and the potential of EECA region

<sup>12</sup> With some notable exceptions, such as ECHO giving large funds to Turkey CO and Amman hub. Recently Turkey CO also signed a 12 million euro budget agreement for several years with EU.

to demonstrate leadership in managing this dynamic. The key elements emerging from interviews that may shape the future of the relationship between UNFPA and UN Women are:

- Building on the successful regional level gender coordination (such as joint review of UNDAF documents) and country level agreements (such as in Ukraine<sup>13</sup>) to guide more and better joint programming.
- Developing a shared, public and clear articulation on the global level of what each agency does in terms of programming on the issues of GBV and harmful practices (among other issues).
- Aligning internal technical-staff incentive structures and instructions (e.g. for fundraising or programming) to external commitments and narratives at the most senior levels of management.
- Mapping both entities' interventions and partners across all countries in the region to get a full objective picture of any overlap, and ensuring this is resolved and/or managed.
- Agreeing a shared understanding of the different languages regarding GBV, EAW, and harmful practices – including with other UN entities – that are employed by the entities, to avoid assumptions about differences in meanings.
- Working together to enhance the understanding of donors regarding the shared value that each entity brings to addressing GBV and harmful practices in development contexts, humanitarian response, and the continuum in between: resolving to reflect this understanding in all proposals and advocacy issued by either entity in the region.
- Coming to a specific agreement on the regional division of labour for work on gender statistics if this is not forthcoming at the global level.

Aside from UN Women, the evaluation found key relationships with UNHCR (on emergencies), UNDP (on MAPS missions), UNICEF<sup>14</sup> (on harmful practices, emergencies and joint multi-country study on VAW/VAC) and IOM (in the Balkans) relating to GBV and harmful practices. The regional office has also entered into a strategic research partnership with OSCE, drawing on resources from across the thematic programmes to do so. Whilst the coordination and division of labour is clearer with these entities, some interviewees noted the challenge of dealing with donors – particularly EU directorates – who want to fund only a single 'main player', even where UNFPA offers complementary and unique strengths<sup>15</sup>.

Overall, the case study noted the corporate relationship with the EU system to be weak by comparison with UN entities. As noted elsewhere, the evaluation heard that the resourcing of the UNFPA Brussels Office is focused on administrative tasks rather than strategic relationship building with the directorates; country interviews revealed a low level of interaction with EU delegations (except for humanitarian funding supported by ECHO); and UNFPA faces the challenge that health is not included in the *acquis communautaire* (unlike gender equality). There are calls from some staff within the regional office for UNFPA to attempt to develop a major regional programme with the EU to begin to address these challenges and perceptions – and to illustrate UNFPA core strengths in the context of current regional challenges and the SDGs. This could potentially build on forthcoming experience in

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<sup>13</sup> Discussions in Ukraine resolved that UN Women have comparative advantage in prevention, understanding and creating demand; and UNFPA has advantage in multisector coordination and practical implementation because of its longer-term presence, its institutional relationships as well as its institutional know-how when it comes to GBV in emergencies and its mandate by the IASC to lead the GBV area of responsibility.

<sup>14</sup> Further areas identified for joint programming with UNICEF include integrating work on GBV, harmful practices, gender, and adolescents; and building on the existing multi-sector response framework to enhance referral pathways for child survivors of violence.

<sup>15</sup> Joint programming has taken place – such as in Georgia – and this is reportedly driven by demands from donors (in this case Sweden).

Georgia, Azerbaijan and Armenia which are part of the new EU Global Programme on Prenatal sex selection, son preference and low value for girls.

These core strengths, emerging from evaluation interviews, revolve around a willingness and historical experience with engaging in politically sensitive issues. For example, while UNICEF is engaged in child protection, UNFPA is bringing the issue of boys selling sex to the table; while UN Women is engaged in women’s empowerment, UNFPA is supporting the overall rollout of the multi-sectoral response in the region, safe spaces for refugee women, and two shelters for LGBTQ refugees in Istanbul. In addressing these issues, UNFPA is seen by its civil society partners to be uniquely consensual and collaborative – developing and implementing joint agendas rather than commissioning CSOs to implement its own agenda.

### **EQ5 Contribution to outputs**

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

**Finding 12: EECARO technical assistance has been used to strengthen the capacity of key national institutions and civil society partners to revise and implement policy commitments to addressing GBV/ harmful practices. The regional programme has consistently achieved or exceeded the targets that have been set in this regard. A central feature of this work has been the development of the multisector response approach as an organising framework – with the benefit that it builds directly on regional experiences.**

Evaluation assumption:	Strengthened national and civil society capacity to protect and promote gender equality through development and implementation of policies and programmes across the development-humanitarian continuum
Case study evidence	<ul style="list-style-type: none"> <li>● MSR guidelines, materials and factsheets have been an important tool to develop and direct capacity of national and civil society actors – building on regional experiences. These are also a legacy that will be sustained.</li> <li>● Substantive outputs have been achieved in embedding essential services guidelines in national regulatory frameworks, and MISP protocols into national preparedness plans.</li> <li>● EU Road Map on early marriage, adaptation and rollout of EECARO Training and Resource Manual for Health Sector Response to GB in EU countries and technical assistance to the Basque Government are clever approach under SDG philosophy – reaching within the EU</li> </ul>

Overall, the 2017 regional programme evaluation found that *“the EECA Regional Office has largely accomplished its intended objectives and planned results and is considered a high performing programme overall ... The overarching constraint to the Regional Programme’s effectiveness is the low overall budget allocation and the repeated reductions in core budget ... the Regional Programme has*

*largely adapted by stretching itself thin, resulting in programme fragmentation, less than thorough interventions, and unclear accountability for outcomes.”*



With regard to gender, the regional programme met, and mostly exceeded, its targets. The regional programme evaluation concluded that *“activities at country level have assisted countries with much needed information, strategies, mechanisms and tools to be able to address issues of concern relating to CEDAW implementation, GBV, GTP and other key areas.”* Despite this success, the evaluation also identified two major constraints to gender programming that triangulate with this case study:

1. Gender as a cross-cutting issue is not always well understood by all UNFPA staff, making it challenging to identify and leverage entry points for integrated working;
2. The bullseye is a source of dispute regarding which issues take centre stage in UNFPA responses, and what the pathways to impact are for UNFPA programming on issues such as GBV and harmful practices.

#### Regional Programme gender output indicators and targets 2014-2016

Output	Indicator		2014	2015	2016	2017 Planned
Output 3.1. (Contributing to SP Output 9): UNFPA COs and national partners are provided with cross-country evidence and tools to advocate for implementation of international agreements, national legislation and policies in support of gender equality and reproductive rights	3.1.1. Number of countries which confirm receiving TA relevant to UNFPA mandated area of implementing CEDAW COBs	Baseline/Target	17	17	N/A	N/A
		Reported	17	17	N/A	N/A
	3.1.2 Regional gender transformative programme platform established which provides technical assistance to EECA countries	Baseline/Target	No	YES	YES	
		Reported	No	Yes	Yes	
Output 3.2 (Contributing to SP Output 10): UNFPA COs and national partners are provided with evidence and tools to promote laws, policies and programmes for a comprehensive multi-sectoral response to GBV and to prevent harmful practices and other forms of gender discrimination	3.2.1. Number of countries which confirm receiving technical assistance on addressing harmful practices, specifically child and forced marriage and gender-biased sex selection per year	Baseline/Target	8	8	4	4
		Reported	14	12	6	
	3.2.2. Number of countries which confirm receiving technical assistance on multi-sectoral and health-sector response to GBV per year	Baseline/Target	3	4	2	2
		Reported	9	6	11	

Source: UNFPA EECARO Gender Programme, January 2017

UNFPA staff and partners interviewed for the case study identified the following major contributions of UNFPA programming to addressing GBV and harmful practices:

1. Sustainable capacity development of the health sector to respond to survivors of violence in a context where there are reported to be very low levels of citizen confidence in state systems<sup>16</sup>.
2. Engagement with religious leaders to secure condemnation of particular forms of GBV (including conflict related sexual violence) and harmful practices.
3. Supporting emergency preparedness through integration and training on the Minimum Initial Service Package (MISP), including clinical management of rape (CMR), within the context of a multisector response framework linking the health and protection sector.
4. Response to GBV in humanitarian settings, implementing two main guidelines: the IASC guidelines for the prevention and response to GBV in humanitarian settings (2015), and UNFPA Minimum Standards for Prevention and response to GBV in Emergencies (2015).
5. Enabling national government ownership from the outset of programmes, grounded in the long presence of UNFPA and reputation as a reliable, trustworthy partner.
6. Contribution of the regional office through technical assistance, creating space for learning exchange, and capacity development around emerging issues such as gender transformative programming with men and boys. The extension of this to national programmes through technical cooperation provided by country offices.
7. The multisector and health sector response packages provide a concrete product that can be taken by country offices and adapted with national partners – including in high income countries in the European Union – supported by study tours to Romania.
8. Leveraging an on-the-ground presence outside of capital cities – such as women-friendly cities in Turkey – to speak with authority in the policy space: responding to politicians’ demands to see concrete examples of policy advice in action.
9. Pioneering work on gender transformative programming with men and boys in at least 11 countries.

**Finding 13: EECARO has invested in several knowledge initiatives within the region – including qualitative studies, partnering with OSCE, and developing the EECA MenEngage platform. Overall, however, there is limited evidence of corporate (organisation-wide) knowledge management being a systematised process that links country-level, regional and global evidence to decision makers.**

Evaluation assumption:	Enhanced information and knowledge management to address GBV and harmful practices, including increased availability of quality research and data for evidence-based decision-making
Case study evidence	<ul style="list-style-type: none"> <li>● No statistical surveys of GBV have been undertaken by UNFPA in the region, and gender statistics has not been put forward as a priority in the next version of the regional programme.</li> <li>● Qualitative studies have proven to be powerful tools for mobilising stakeholders to engage in addressing GBV in development settings (not all stakeholders are aware of interagency commitment to initiate GBV in emergencies programming even where no data is available).</li> <li>● Participation in Global Programmes (such as on Child Marriage, GBSS) provides a strong structure for sharing learning across countries, and with regional technical advisors.</li> </ul>

<sup>16</sup> Reported as below 10% in some ex-Soviet states, compared to 90% confidence in the church as an institution.

The regional office is participating in an OSCE-led prevalence study on GBV, the results of which will be used to guide policy related actions from 2019. EECARO previously published "Towards MSR Response to GBV in the Region: Mapping of current Situation in EECA" and "Mapping GTP Programming" reports, both of which to guiding technical assistance; and has provided technical support to qualitative assessments of specific harmful practices at country level. However, the evaluation did not find evidence of concrete systematic links between the work on GBV/ harmful practices and the population dynamics regional programme in terms of statistics data. No statistical surveys of GBV have been undertaken by UNFPA in the region (because of cost), and gender statistics have not been put forward as a priority in the next version of the regional programme. Given the cost of statistical surveys, there is significant scope in the region to further explore options for using administrative data for GBV statistical purposes.

By comparison, greater use has been made of evaluation. GBV and harmful practices were covered in the recent evaluation of the regional programme, and a synthesis of country programme evaluations was undertaken to identify and share lessons between countries. The main gap identified by the case study in this regard is the need for a structured process to direct further research into areas identified in evaluations as requiring further investigation – for example in meeting the demand from country offices for research into how men think and practice, so as to influence what they believe about gender equality.

Overall, there is limited evidence of knowledge management being a systematised process that links country-level, regional and global evidence. The continuous flow of feedback and inputs provided by regional advisors is not captured and synthesized into shared knowledge; although the EECA MenEngage platform is a specific attempt to address this in one domain in a format than extends beyond the boundaries of UNFPA. While a technical response to this may be to promote the development of computer-mediated knowledge platforms, the evaluation heard from colleagues in UNDP that similar systems have often been found to be 'supply driven', with colleagues requiring external incentives to fully use the systems.

Several mechanisms for better sharing knowledge are already active in EECA region:

1. The case study noted that participation in Global Programmes (such as on Prenatal Sex Selection in favour of boys) provides a strong structure for sharing learning across countries, and with regional technical advisors.
2. The multi-sector response was built on existing experience in Romania, and ensured that roll-out of the framework could be backstopped with experience sharing visits to observe the Romanian model in action.
3. Sub-regional workshops and webinars have been used to enable the roll-out of the health sector response, culminating in an inter-regional workshop.
4. The Global meeting of MenCare created a significant opportunity for south-south sharing in relation to gender transformative programming.

In addition to these experiences, interviewees noted several lessons relating to knowledge sharing and management:

1. Working with common implementing partners (CSOs) across regions can also enable direct south-south sharing, to complement vertically-integrated knowledge management systems (CO-RO-HQ-RO-CO).
2. The UNFPA-produced factsheet on Child Marriage and Regional Policy Briefs has been used extensively by many actors, since it filled an information gap and provided thorough analysis

on number of issues. Similarly, global approaches and guidelines for addressing FGM have been an important input for UNFPA Georgia.

3. The importance in the region of translating tools into Russian and national languages to address a very large gap with the English- and Spanish-language knowledge universe.
4. The value of knowledge-portals that extend beyond a single agency, or even beyond the UN system. Transitioning from knowledge portals that are information repositories, to active communities that answer questions, embrace the regional culture of blogging, and link into social media.

**Finding 14: Within EECA region, countries are supporting the establishment of mobile, community-based, and specialist services. These have been technically supported by the regional office. While the coordination structures and policy frameworks to enable these services have been established, the evidence largely indicates that funding for quality service provision remains fragile and lacks domestic political commitment.**

Evaluation assumption:	Quality services promoting gender equality, freedom from violence and well-being
Case study evidence	<ul style="list-style-type: none"> <li>● Services have been designed by country offices with technical support from, or via, EECARO – often meeting the needs of a highly vulnerable and/or marginalised group.</li> <li>● Despite attempts to build government ownership, the future of most service provision remains dependent on external support, and future financing appears to be fragile.</li> </ul>

The theory of change for developing high quality GBV and harmful practices services across the EECA region has evolved as follows:

1. Make a politically-viable case for addressing GBV and harmful practices using the entry points of SRH, humanitarian response, population dynamics, or transformative programming within men and boys.
2. Leverage the multi-sector response framework to convene multiple stakeholders and advocate for integrated gender-responsive services to prevent GBV and meet the needs and rights of survivors of violence.
3. Within this, undertake comprehensive capacity building training of the health sector to address GBV using the UNFPA health sector response package, and through partnership with civil society.

In Turkey, this has manifested in Women and Girls Safe Spaces for Syrian refugees providing emergency integrated SRH and GBV services in Arabic; in Georgia, it has created a platform to extend multisector response to domestic violence and targeting young people through UNFPA representation on a national technical working group; in Ukraine, it has led to mobile teams that are supported by multisector coordination; and in the EU the multisector approach has been adopted by academic health-sector projects that have been piloted in six EU countries.

The main challenge that has faced quality service delivery in EECA region is addressing circumstances where the capacity of implementing partners falls short. For example, in Turkey where a major national implementing partner has recently been closed by the national government. Unlike UNICEF and UNDP – who also worked with this partner – UNFPA does not have the operational backstopping or corporate capacity to undertake direct implementation. The case study finds this to be a particularly

relevant issue given the possibility that GBV in emergencies may become an increasingly significant element of the UNFPA portfolio.

<b>Finding 15: Advocacy has featured as a major aspect of UNFPA work and contributions in EECA. The advocacy strength of UNFPA has been, and continues to be, within the technical-bureaucratic space of national institutions and policy making.</b>	
Evaluation assumption:	Advocacy, dialogue convening and coordination advances national operationalization of international commitments, including through (co-)leadership of the GBV area of responsibility.
Case study evidence	<ul style="list-style-type: none"> <li>• The Multisectoral Response package is considered by both the regional office and partners as making a major contribution in terms of being a common advocacy platform.</li> <li>• UNFPA has gained trust from long term work with national government institutions around service provision, and has established authority from working at the decentralized (sub-national) level – which is not typical for UN entities in the region, most of whom are focused on policy advice.</li> <li>• The most successful area of public communications is seen by regional office staff to be in relation to gender biased sex selection and working with men and boys, which has received substantive media attention and is seen by its main UN partners as a space that UNFPA opened, set the agenda, and owned the space.</li> </ul>

Advocacy has featured as a major aspect of UNFPA work and contributions in EECA, as might be expected from countries in the ‘pink quadrant’. An overarching theme encountered by the case study in interviews was the need to increasingly adapt advocacy messages and approaches to work effectively in increasingly conservative political contexts: pursuing human rights but through the lens of issues such as economic security and population dynamics.

Within this framing, the case study observed that most advocacy relates to protecting and implementing existing laws and protocols to reach the most marginalized people, rather than advocating for new policies. Within this context, civil society partners play a crucial role in enforcing the policy cycle.

As noted elsewhere in the case study, the Multisector Response package is considered by both the regional office and partners as making a major contribution in terms of being a common advocacy platform. Within this framework, UNFPA and EEIRH have advocated at the national level across the region to enhance the legislative framework in support of the Health Sector Response to GBV as well as strengthen interagency coordination in an attempt to ensure the sustainability of service provision and national capacity development as well as bring GBV issue as part of policy dialogue. This includes embedding the Istanbul Convention and the global essential services guidelines within national adopted documents for institutions such as the police, health, psychosocial and justice systems. The impact of legal and regulatory frameworks is magnified by a regional public administrative culture that only implements formally stipulated policies.

The multisector response EECA RO resource tools are seen to be very clear and useful materials for the purposes of advocacy and training of individual institutions and agreeing formal interagency coordination, referral mechanisms and protocols between these institutions. However, the level of

resourcing available is seen to be a major limiting factor – a situation that is seen by partners to be exacerbated by a sense of competition within the UN system for limited resources at country level. There are, however, examples of innovative financing arrangements – such as the roll-out of training in southern Kazakhstan that was funded by the national government due to high demand and recognition of UNFPA technical expertise.

The advocacy strength of UNFPA has been, and continues to be, within the technical-bureaucratic space of national institutions and policy making. UNFPA has gained trust from long term work with national government institutions around service provision, and has established authority from working at the decentralized level – which is not typical for UN entities in the region, most of whom are focused on policy advice.

By comparison, UNFPA is regarded as far weaker within the public communications domain. Part of this is due to the nature of the issues being addressed – the regional office observed that no effective way to explain the outcomes of the multisector response through individual stories has yet been found; and several country offices noted that UNFPA is frequently engaging with politically ‘untouchable’ issues that need to be addressed with sensitivity.

The most successful area of public communications is seen by regional office staff to be in relation to gender biased sex selection and working with men and boys, which has received substantive media attention and is seen by its main UN partners as a space that UNFPA opened, set the agenda, and owned the space. The reasons for this success are given as:

1. That the issue itself is not widely known about and is thus seen as new and unexpected.
2. That the populations at risk from gender biased sex selection are counter-intuitive.
3. That this harmful practice is a problem across the region, including Western European countries.
4. That UNFPA is generous with recognizing collaborative efforts and the contributions of others.

There are other interventions that are seen as having some of the same potential to engage and surprise audiences – both in terms of the general public and donors. For example, the MenEngage initiative is seen as new, unexpected, and yet intuitive to understand once it is explained. At the same time, it was also suggested to the evaluation team that the basic tenets of GBV are not communicated enough in EECA: that 1 in 3 women across all strata and throughout a mix of economies are subject to GBV; and the fact that GBV is pervasive and not tied to economic development leads to the argument that specific interventions are needed to address this phenomenon.

Corporately, the case study observed that advocacy and communications have been addressed as discrete domains: advocacy has been practiced in the technical domain, led by advisors, and communications have been focused on showcasing UNFPA contributions, led by communications specialists. The regional programme evaluation observed that there is significant scope to further explore behaviour-change communications (such as MenCare) and communications for development (C4D) programming. More recently, the regional office has promoted the approach at both regional and country level of trying to link communications and advocacy. There is now an integrated advocacy and communications plan in all countries in the region. These represent a shift away from emphasis on visibility and celebratory days, and towards ongoing reinforcement of strategic priorities in each country.

By comparison with perception at the regional level of low corporate prioritization of gender communications in a development context, there is seen to be a strong focus on GBV in Emergencies – partly because of the UNFPA mandate for leading GBV in emergencies, but also because the support to mobile teams with individual cases and stories is easier to communicate from a public information

perspective. Alongside the success of communicating GBSS, UNFPA is credited with bringing significant attention to the need for a GBV response in Ukraine and Turkey.

The case study noted that the EECA MenEngage platform also offers strong potential for differentiated communications; and that some unique examples of UNFPA support to Western European countries have not fully featured in communications. For example, the symbiotic relationship between UNFPA and Spain in terms of the Basque Government implementation of the multisector response approach: an institutional donor to UNFPA benefiting from the knowledge created by EECARO and its partners. Or, the EU-funded roadmap on Child Marriage in the EU that has incorporated the knowledge and expertise of UNFPA.

## EQ6 Contribution to outcomes

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

**Finding 16: Crises have proved to be opportunities to leverage renewed societal and donor interest in GBV: within the development context, very limited funding has been available for GBV. Region-wide challenges to implementing policy commitments include constraints in national capacities. Whilst training to address these gaps is relevant, it has not been sufficiently monitored or followed-up to ensure sustained outcomes at the country level.**

Evaluation assumption:	Gender equality and sexual and reproductive rights policies enforced
Case study evidence	<ul style="list-style-type: none"> <li>• National institutional capacity to implement, and civil society capability to monitor, are common regional limitations on policy implementation.</li> <li>• Capacity development is integral to address this, but there is a gap in monitoring outcomes or establishing strategic follow-up to training.</li> <li>• Crises can be leveraged to address national strengthening of GBV response.</li> </ul>

The main evidence collected by the case study in interviews pointed to the region-wide challenge of implementing comprehensive national policy frameworks – due to constraints in institutional capacity, political focus, detailed protocols and regulations, or lack of finance. Within the development context, very limited funding appears to be available for GBV, with regional and country offices having to combine multiple sources of finance to support training events.

The regional programme evaluation found that while capacity development is an important and relevant approach in EECA, at present *“insufficient attention is paid to monitoring of capacity development interventions or to training follow-up in particular ... These investments would focus on two areas: (1) training follow-up to support trainees to apply their learning in real-life situations and; (2) monitoring of the longer-term benefits and application of training interventions to determine whether they have led to the desired/expected changes. Good coordination and complementarity between RO and CO programming strongly favours training follow-up and monitoring but is not approached in a systematic or rigorous way.”*

Part of the challenge is seen to be the secondary- or tertiary-focus of UNFPA corporate prioritization of gender – with the bullseye being interpreted as having the possibility to ‘hit’ SRH results directly,

without requiring gender equality outcomes. It was noted that GBV is not present in the bullseye at all (and neither are LGBTI, young people, or women’s human rights).

This situation changes in humanitarian contexts. In both Turkey and Ukraine, the humanitarian situation has triggered an intense awareness of, and financing for, GBV. In Turkey this has been used to fund some hybrid programmes – such as institutional training for the police that will benefit both refugees and the domestic population. In Ukraine, the humanitarian context has accelerated the process of ratifying the Istanbul Convention as well as applying the continuum approach from humanitarian to the development in GBV response through integration of a multisector response to GBV based on Global and Regional guidelines for quality and standard services into sub-national systems.

While crises have proved to be opportunities to leverage renewed societal and donor interest in GBV, they have also created significant challenges to gender equality and SRH outcomes. In particular in the sudden, unpredictable, and large scale turnover of government staff – and the risk that the turbulent political and financial environment represents to partners’ sustainability. For example, in Turkey it is estimated that over half of the 40,000 police officers training in GBV response have been removed from post.

Furthermore, despite apparent success in communications, the issues that UNFPA is engaging in on harmful practices remain controversial and peripheral. Other UN entities recognize that gender biased sex selection (GBSS) is an area of comparative advantage for UNFPA – but they also see it as a tough space to work in, with substantive differences between GBSS in EECA region and global knowledge built on the experiences in China and India<sup>17</sup>.

**Finding 17: Extensive work has been undertaken to integrate the minimum initial service package for reproductive health in crisis situations into national preparedness arrangements; but it is not possible to evaluate the efficacy or outcomes of this work given current monitoring practices.**

Evaluation assumption:	GBV and harmful practices integrated into life-saving structures and agencies
Case study evidence	<ul style="list-style-type: none"> <li>● EECARO has supported substantial activity to integrate MISPs into national preparedness strategies.</li> <li>● Along with other regional programme output indicators, this has been tracked based on quantity (countries) rather than quality (such as changes in practice)</li> <li>● The EECA Inter-Agency Working Group (IAWG) for the MISP has been conducting a region-wide readiness assessment of 19 countries to implement the MISP at the onset of a crisis. A regional report will be forthcoming.</li> </ul>

A major area of work in EECA has been support to integrating the Minimum Initial Service Package (MISP), including clinical management of rape standard operating protocols, into national systems and preparedness plans, alongside training to ensure familiarity and capability in delivering these commitments. This has included work in Greece, which had to overcome the assumption that MISP is not relevant to EU countries.

<sup>17</sup> In EECA, for example, technology to enable GBSS is readily available and tends to be practiced in relation to the third child as a result of legal and social codes, including inheritance.

## Regional Programme humanitarian response output indicators and targets 2014-2016

Output	Indicator		2014	2015	2016	2017 Planned
Output 1.4 (contributing to SP Output 5): MISP integrated within national preparedness action plans through provision of technical, operational and programmatic support	Indicator 1.4.1: Number of countries in which UNFPA supports MISP integration into national preparedness plan	Target	3	6	8	10
		Reported	19	19	19	19*
	Indicator 1.4.2: Number of Country Offices supported by the RP to develop their Minimum Preparedness	Target	n/a	5	10	17
		Reported		5	17	17*

Source: UNFPA EECARO Humanitarian Programme, December 2016

\* Planned

In addition, the regional office has contributed to integrating GBV in regional frameworks, such as the Regional Action Plan for Health with WHO, and efforts made to collaborate on Disaster Risk Reduction with UNDP to mainstream GBV in emergencies into their training manual developed for building capacity of UNDP staff as well as national counterparts in the region.

### **Finding 18: Current approaches to monitoring are insufficient to capture outcomes of GBV and harmful practices interventions on empowerment, agency, voice and well-being of target populations.**

Evaluation assumption:	<p>Informed, effective and inclusive participation in decision-making to change social norms</p> <p>High quality, accessible and effective services for sexual and reproductive health and well-being</p>
Case study evidence	<ul style="list-style-type: none"> <li>Little evidence is available to the evaluation to suggest that outputs have yet filtered into structural changes in SRH service provision or reductions in GBV and harmful practices</li> </ul>

The case study found the least amount of evidence in terms of outcomes relating participation that changes social norms, and transformed accessibility of health services. Regarding the former, the work on transformative programming with men and boys is just beginning, and holds promise to achieve outcomes – but is also substantively different from women and girls participating in decision making regarding GBV harmful practices prevention, response and elimination. Regarding the latter, while substantial regional achievements have been made – including bringing attention to ‘secret problems’, demonstrating service provision in emergencies, and providing the framework for a multisector response – little evidence is available to the evaluation to suggest that these have yet filtered into structural changes in SRH service provision or reductions in GBV and harmful practices. Indeed, sustaining the advances that have been made faces some significant challenges, as will be explored later in the case study.

## EQ7 Sustainability

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

<b>Finding 19: There is a consensus that UNFPA EECARO applies best practices in terms of ensuring strong national ownership of GBV and harmful practices interventions with counterpart national institutions. However, aside from exceptions, this sits within a wider context of high-level political and financial commitments to gender equality that are fragile and unpredictable.</b>	
<b>Evaluation assumption:</b>	Political will and national ownership of GBV and harmful practices interventions (including integration of GBV and harmful practices into national financing arrangements)
<b>Case study evidence</b>	<ul style="list-style-type: none"><li>● Throughout EECARO interventions runs a strong emphasis on local institutional ownership by both governments and civil society partners.</li><li>● In some cases, such as Ukraine and Kazakhstan, ownership is supported by strong government demand for integration of emergency GBV activities with national referral systems and structures.</li><li>● The meta political narrative in EECA threatens the long term sustainability of GBV/ harmful practices interventions despite the ownership of the technical institutions.</li></ul>

The case study heard evidence from multiple sources – civil society and UN – of a bipolar dynamic in terms of national ownership of UNFPA work on GBV and harmful practices:

1. Among technical national and local government partners (health ministries, police, city administrations, etc) there is strong ownership of UNFPA-supported interventions and responsiveness to the activities of these projects, including written demands from national partners to UNFPA country offices for multisector response training. This is based on:
  - a. historical working experience that has built up deep trust,
  - b. evidence based policy advocacy from the side of UNFPA COs/RO (mapping GBV response mechanism in 17 EECA countries)
  - c. technical expertise, guidelines and standards from UNFPA HQ and EECARO
  - d. extensive consultation during the design phase of interventions, and
  - e. care in giving visibility to the role and contribution of partners.
2. Among the highest levels of politics within the region, there is an emergent political discourse that makes transition of UNFPA-supported services into national institutions extremely difficult, because of:
  - a. emerging trend in the region on re-traditionalism and conservatism regarding women's human rights, especially reproductive rights,
  - b. an emergence of rhetoric in some countries that opposes – or creates caution – in accepting the interventions of the international community, including the UN and the ICPD mandate,
  - c. new services funded from humanitarian resources do not have evident sources of national financing to enable continuation,

- d. services to the most vulnerable groups, in particular including LGBTQ communities and sex workers, or on sensitive issues, such as incest, do not have the political support to secure national funding, and
- e. political turbulence in certain countries leading to high turnover in institutional staff.

Despite these challenges, the evaluation did encounter positive examples. In Ukraine, UNFPA worked very closely with the national authorities from the outset of designing the GBV in emergencies response to shape a sustainable long term approach. This has resulted in establishment of a coordination mechanism in response to GBV/DV at the municipal level of the city which serves IDPs from conflict area integration of the multisector response approach into institutions and services for all citizens, not just internally displaced persons. Such approaches are reinforced once data from GBV monitoring systems give national authorities examples of progress that they can report back to constituencies.

Within the challenging macro political context, the case study heard evidence of the importance of a joint UN response. In Turkey, a joint response from the UN – led by the RC – has led to national co-funding of activities. In Georgia, UNFPA has worked with the UN Gender Theme Group alongside outreach to government and media to strategically advance work on harmful practices.

**Finding 20: While the future operating context for gender equality and SRH organisations in EECA remains uncertain and under threat, the regional programme has established a series of approaches and packages that will remain relevant and continue to shape future work. UNFPA staff have identified a need to prioritise strengthening support to the sustainability of implementing partners – and having corporate backup systems for when they fail.**

Evaluation assumption:	Capacity of local and national stakeholders to prevent and respond to GBV and harmful practices
Case study evidence	<ul style="list-style-type: none"> <li>● UNFPA EECARO has a strong culture of partnership-as-equals with regional CSO implementing partners.</li> <li>● The external uncertainty and unpredictability of funds combined with lack of corporate emergency funds/plans means that the sustainability of interventions is fragile. This threatens relationships, planning, continuity, and handover.</li> <li>● When IPs fail or are closed down by government, UNFPA country offices are not equipped to switch to direct implementation, severely disrupting continuity of services.</li> </ul>

As noted earlier in the case, there is a substantive gap in the data available on GBV prevalence in EECA. The regional office is currently seeking to address this through a strategic partnership with OSCE to support the completion of a prevalence survey (although, interesting, this is drawing on existing funds rather than involving new fundraising). While this approach clearly addresses an information gap and strategic places UNFPA in the conversation, ad hoc surveys are also expensive and face many challenges with sustainability. At the same time, UNFPA colleagues highlight that it is extremely difficult to reliably use national administrative data for statistical purposes regarding GBV. This situation suggests that the second-tier prioritization of work on gender statistics in the forthcoming regional programme will have real implications for the longer term sustainability of work on GBV.

Lessons have been learnt from the last regional programme regarding training as a means to achieve sustainable change. For example, questions remain regarding strategies for sustaining the knowledge

that has been transferred from training on the multisector response or the MISP. This is not a simply a challenge for programme design, but is driven by the larger context of the level and type of funding that is made available to GBV and HARMFUL PRACTICES interventions. For example, the hybrid humanitarian-development activities now being supported in Turkey may be rapidly defunded if EU-Turkish relations further decline. Evaluative work within the region suggests that the sustainability challenge is also related to uncertainty about what this term really means at the different levels (project, country, regional).

*“Government ownership of results is fostered through close working relationships at both regional and country levels. Capacity building too is used by EECARO as a critical approach to achieve sustainable outcomes ... However, it is noted that the region’s important focus on advocacy and policy is not sufficiently supported by sustainable civil society engagement. In a region with increasingly limited financing, where countries are transitioning from being UNFPA beneficiaries at a time of deepening conservative values, the importance of leaving behind sustainable, indigenous civil society leadership to continue to advance UNFPA’s mandate, and to serve as ‘watchdogs’, cannot be overstated. Similarly, sustainability of some implementing partners has not been sufficiently emphasised to date and contributes to a vulnerability of these institutions, and therefore the programmes they support, in the long term. To date, strategic planning and business planning has not been a core component of UNFPA’s association with these organisations.” (UNFPA Regional Programme Evaluation, 2017)*

Despite these challenges, one aspect of the work undertaken by UNFPA will definitely remain – the frameworks and toolkits developed to address GBV and harmful practices. In particular, the ‘boys on the move’ work in South East Europe, the multi-sector and health sector response materials (including the regional Road Map for GBV), and the country level materials developed as part of the global programmes on harmful practices.

### GBV in emergencies

**Finding 21: Humanitarian work has become a large part of the UNFPA portfolio in EECA in recent years, with GBV in emergencies activities in Turkey, Ukraine, Greece, and the Balkan countries. Corporately UNFPA is not yet fully geared to emergency response, and the internal political will to act fast and act strong (beyond the humanitarian teams) in emergencies is not yet what it needs to be. Nevertheless, the region has generated some remarkable successes and innovations in establishing nationally-owned and well integrated GBV in emergencies response – with significant scope for systematising and sharing learning from these experiences.**

Evaluation assumption:

Coverage, coherence and connectedness of humanitarian response to GBV and harmful practices

Case study evidence

- Corporately UNFPA is not yet fully geared to emergency response, despite having established standard operating procedures. While corporate tools, procedures and guidance are still evolving, the organisation is not yet geared to allow systematic timely and efficient emergency response.
- Mainstreaming of GBV in emergencies , especially of the UNFPA leadership of the GBV area of responsibility, across all programmatic components and advisor positions is a gap in both internal RO capacity and culture.
- A slow start to recent humanitarian interventions casts doubt on corporate capacity to implement humanitarian SOPs and the adequacy of FTP ceilings/endurance. But, learning and

	<p>adaptations from Turkey, Greece and Ukraine can be captured and used to enhance future responsiveness; and meaningful investments have been made in terms of humanitarian specialists, surge arrangements, and local tracking systems.</p> <ul style="list-style-type: none"> <li>● Despite the challenges, UNFPA has demonstrated unique potential to identify the ‘invisible’ case of GBV, to understand GBV within the wider context of host communities and institutional systems, and to speak out about it despite political sensitivity.</li> </ul>
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Under the global UNFPA Strategic Plan Output 5, the regional office humanitarian programme has far exceeded targets for integration of MISP within national preparedness action plans – reporting support by country offices to 19 countries by 2017 (versus a target of 10); and support from the UNFPA regional office to 17 country offices by 2016 (versus a target of 10).

Humanitarian work has become a large part of the UNFPA portfolio in EECA in recent years, with GBV in emergencies activities in Turkey, Ukraine, Greece, and the Balkan countries. Each of these has provided unique experiences, with some common observations at the regional level. The common observations across interviews include:

1. Low prioritisation within the realities of the UN humanitarian system of the need to recognise and address GBV/ harmful practices (especially among populations in transit or dispersed among host communities), and the absence of investment in UNFPA as the provider of last resort.
2. The progress of disengagement from is particularly difficult, especially when approaches and services require multisector coordination – there is not an obvious national partner with the capacity, finances or mandate to take over leadership. This is exacerbated further in non-programme countries, such as Greece, where UNFPA has no official presence to build and maintain relationships with national institutions.
3. UNFPA faces a significant challenge to catch-up with UNICEF and UNHCR in terms of how fast it can expand operations and deploy human resources in emergencies. UN Women is also expanding its systems for humanitarian response, including work on ERAW. In the future, UNFPA needs to be stronger and faster if it is to advocate for and coordinate the GBV in emergencies response.
4. Surge capacity has been essential to improving the GBV in emergencies response – over half of surge positions in EECA have been in GBV.
5. Once other UN entities are convinced of UNFPA capacity in an emergency, they can become powerful allies in lobbying donors and cluster leads to accept UNFPA leadership on GBV in emergencies.
6. Expanded teams in humanitarian settings have overstretched the core management capacity of UNFPA country offices with, for example, Turkey CO needing to manage the quality of work of associates in 15 provinces, and the operations in Greece being managed by a multi-country representative based in Belgrade. UNFPA staff see significant scope for the agency to be more bold and to think ‘bigger’ in terms of scaling its capacity to win and absorb more humanitarian funding.
7. The funding situation in emergencies affecting EECA has been strongly tied to broader variations in the prevailing political narratives – making it impossible to predict the level of the funding pipeline and thus difficult to design sustainability into interventions.

Lessons from particular countries, but with wider relevance, include the importance of readiness. This can look different in different contexts – for example, UNFPA Georgia is leading on GBV in the UNCT

humanitarian preparedness structure, whereas UNFPA Ukraine were able to advance the GBV in emergencies agenda quickly because they were prepared before the emergency with reliable survey data on GBV prevalence<sup>18</sup> (because of which they were able to make a strong case to donors including the UK and US). Of some concern to the case study was the apparent absence of peer-to-peer learning and knowledge sharing between regional humanitarian responses – for example, the experiences from Georgia of developing mobile teams in 2008 were not systematically shared with Ukraine.

*“The [Humanitarian] Programme staff recognises that the Programme is not as efficient as it could be. The [humanitarian] teams that UNFPA has trained to respond are gradually coming together and functioning in a better way, working together to imbue team members with a sense that this is not just an emergency response to a sudden situation, but that long-term processes must be instilled into their work. However, they have not yet reached that point in terms of having the right equipment, approach and personal mind-set.*

*Key informants feel that all or at least most activities in the other programmes should complement the humanitarian response and that, where this is not happening, it is not the best use that could be made of human, financial and technical resources.” (UNFPA Regional Programme Evaluation, 2017)*

Seed financing has been essential to establishing GBV in emergencies in Turkey, but the financial and time cap is viewed as being both insufficient to cover the risks associated with making confident and rapid decisions to scale interventions, and as substantively below the equivalent facilities in other entities. There is also need for emergency funds to cushion the unexpected withdrawal of donors from political contentious spaces. The current arrangements set UNFPA at a disadvantage within the UN system by creating a high level of caution in initiating or scaling GBV in emergencies interventions in a timely way and with an appropriate level of activities and staffing.

Nevertheless, the case also has also illustrated in the previous pages some remarkable successes in establishing nationally-owned and well integrated GBV in emergencies responses given that the region has rapidly transitioned from being entirely development work to hosting the highest number of refugees in the world. Within this context, the combination of UNFPA heritage and humanitarian mandate makes it unusually well positioned to establish hybrid interventions that bridge the development-humanitarian continuum.

The regional programme evaluation found that UNFPA should plan for continuing and further humanitarian crises in the region – especially in the context of the SDG focus on addressing the needs of most marginalized groups. It noted that the recent conflicts in Ukraine and the refugee crises in Turkey and South East Europe have changed the emphasis of preparedness of country offices: from “SRH-focused only” readiness for the implementation of the Minimum Initial Service Package (MISP), to a more comprehensive systemic capacity of all UNFPA country offices to implement a full-scale humanitarian response that encompass the whole mandate of UNFPA, including prevention and response to gender based violence against women, girls, men and boys.

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<sup>18</sup> The case study notes that this is an ideal, and that GBV response should be initiated even where there is no prevalence data since the need to act quickly on GBV in emergencies is based on the higher GBV prevalence in humanitarian settings, in relative terms, and the increase in vulnerabilities of many population groups, especially (but not only) women and girls, boys, migrants, refugees, population in crowded settings, key populations, and people living with handicaps.

## 4. Considerations for the overarching thematic evaluation

### A. Use of instrumental entry points to address GBV and harmful practices with a human rights based approach

The implementation of GBV and harmful practices programming in EECA region is strongly shaped by the meta narrative of low fertility, pronatalism, aging, traditionalisation, economic nationalism and securitisation. Increasingly, authorities will not countenance funding for the human rights agenda, greatly reducing opportunities for handover of these interventions to national authorities.

The role of the regional office is central to navigating this challenge of finding effective instrumental entry points to address GBV and harmful practices without abandoning human rights based approaches, key populations and the most marginalised people. UNFPA is often looked to by the UN system to represent many of the most politically sensitive issues, requiring localised strategies and use of language that does not feature in the global conversation on GBV and harmful practices.

EECARO is supporting pioneering work on gender transformative programming with men and boys by country offices in the region. This seeks to address some of the underlying drivers of GBV and harmful practices within an increasing patriarchal social norms and sensitive political context.

### B. UNFPA as a choice between being a niche agency, or competing for broader strategic significance

The development of regional theories of change is a recent phenomenon, and has seen rapid iteration and improvement. In addition to shifting from regionally-led multi-country programming to influencing the regional enabling environment, the regional gender programme has established a clear approach of advocating for the multi-sector response whilst building concrete capacity for a health sector response. This is being implemented across a range of contexts – from humanitarian, to development, to within regions of EU countries.

There is an acknowledgement among other entities of UNFPA technical expertise in GBV and harmful practices, and important relationships with both governments and civil society (particularly in the health sector). However, this does not seem to translate into active support for UNFPA fundraising or leadership. The dilemma is often framed within UNFPA as a choice between being a niche agency, or competing for broader significance – a dichotomy that misses the synergies that can exist between having niche competencies and leveraging these for strategic influence.

### **C. Leadership on the most sensitive human rights issues**

UNFPA has consistently provided leadership around the most sensitive human rights issues – especially relating to GBV in emergencies and development through continuum approach, working with men and boys, and gender-biased sex selection, where it has defined and continues to occupy the space. The multisector response approach, boys on the move project, and EECA MenEngage Platform are all concrete examples of leadership. Nevertheless, UNFPA visibility – especially with EU directorates (including ECHO, the Directorate-General for European Civil Protection and Humanitarian Aid Operations) – remains behind what it needs to be to sustain longer-term interventions.

Management of programmes has been highly efficient in terms of execution rates and immediate deliverables within the development context. Furthermore, UNFPA and UN Women coordination through regional gender mechanisms is an important success, and a good foundation for addressing the distribution of labour for GBV programmes. Global and regional programmes are proving to be a concrete model for cross-country and interregional sharing and learning.

Despite regional technical support to GBV (for example, through the health sector response package), the level of funding for interventions at country level has been uneven and varied considerably over time. Significant increases in GBV activity have occurred in emergencies, with this being leveraged into ‘hybrid’ humanitarian-development interventions by creative country offices.

The biggest gap in capabilities for leadership are the organisational capacities needed to fully implement the UNFPA humanitarian SOPs. There are large gaps in corporate systems, guidance and practice regarding scaling operations, programmes and coordination on GBV in emergencies. While these have sought to be overcome through country-level creativity and support from regional, HQ, and Amman-based specialists, the nascent systematisation and weak peer-to-peer learning structures have led to UNFPA being slower than other UN agencies. Key operational priorities are substantially increasing the scale and duration of emergency funds under HFCB leadership, and reinforcing humanitarian surge capacity.

### **D. Pioneering innovative approaches and partnerships with some challenges**

EECARO has developed concrete and pioneering approaches at the regional level to working with men and boys (such as EECA MenEngage, MenCare, gender transformative programming, and boys on the move). Innovative Regional Office partnerships with organisations like OSCE and the Basque Government and other EU-based projects are complemented by individual country examples of innovative partnerships, such as private sector partnerships in Turkey.

More problematically, two of the most important strategic partnerships for UNFPA work on GBV in EECA – with UN Women and the EU directorates – are underperforming and failing to contribute to the potential they have for catalysing, scaling and accelerating change. Furthermore, the strategy for addressing these shortfalls remains unclear, even where there is willingness.

### E. Development of the multisector response approach as an organising framework

The regional programme has consistently achieved or exceeded the targets that have been set for GBV and harmful practices interventions. A central feature of this work has been the development of the multisector response approach as an organising framework – with the benefit that it builds directly on regional experiences. EECARO technical assistance has been used to strengthen the capacity of key national institutions and civil society partners to revise and implement policy commitments to addressing GBV and harmful practices.



Advocacy has featured as a major aspect of UNFPA work and contributions in EECA. The advocacy strength of UNFPA has been, and continues to be, within the technical-bureaucratic space of national institutions and policy making. EECARO has also invested in several knowledge initiatives – including qualitative studies, partnering with OSCE, and developing the EECA MenEngage platform. Overall, however, there is limited evidence of corporate knowledge management being a systematised process that links country-level, regional and global evidence to decision makers.

Within EECA region, countries are supporting the establishment of mobile, community-based, and specialist SRH/GBV services. These have been technically supported by the regional office and the GBV specialists of UNFPA Humanitarian and Fragile Contexts Branch (HFCB). While the coordination structures and policy frameworks to enable these services have been established, the evidence largely indicates that funding for quality service provision remains fragile.

### F. Systems not in place at country level to capture outcomes of GBV and harmful practices interventions

Extensive work has been undertaken to integrate the minimum initial service package into national preparedness arrangements; but it is not yet possible to evaluate the outcomes of this work on a continuous basis<sup>19</sup>. Crises have proved to be opportunities to leverage renewed societal and donor interest in GBV.

Within the development context, very limited funding has been available for GBV. Region-wide challenges to implementing policy commitments include constraints in national capacities. Whilst training to address these gaps is relevant, it has not been sufficiently monitored or followed-up to ensure sustained outcomes. Overall, current approaches to monitoring are insufficient to capture outcomes of GBV and harmful practices interventions on empowerment, agency, voice and well-being of target populations.

<sup>19</sup> An MISP readiness assessment has been finalized by all countries in the region, and a regional report is currently being drafted.

**G. Strong national ownership within a fragile and unpredictable context**

There is a consensus that UNFPA EECARO applies good practices in terms of ensuring strong national ownership of GBV and harmful practices interventions with counterpart national institutions. However, this sits within a wider context of high-level political and financial commitments to gender equality that are fragile and unpredictable.

While the future operating context for gender equality organisations in EECA remains uncertain and under threat, the regional programme has established a series of approaches and packages that will remain relevant and continue to shape future work. UNFPA staff have identified a need to prioritise strengthening support to the sustainability of implementing partners – and having corporate backup systems for when they fail.

**H. UNFPA not yet fully geared to emergency response**

Humanitarian work has become a large part of the UNFPA portfolio in EECA in recent years, with GBV in emergencies activities in Turkey, Northern Syria (cross-border activities from Turkey), Ukraine, Greece, and the Balkan countries. Corporately, at country, regional and global levels, UNFPA is not yet fully geared to emergency response, and the internal political will to act fast and act strong (beyond the humanitarian teams) in emergencies is not yet what it needs to be. UNFPA capacity to deploy emergency experts either internally or from other external mechanisms (stand-by partners and external consultants), as well as its budget for emergency response are insufficient. Nevertheless, the region has generated some remarkable successes and innovations in establishing nationally-owned and well integrated GBV in emergencies responses – with significant scope for systematising and sharing learning from these experiences.

## 5. Annexes

### A: Reference Group

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

### B: People interviewed

#### UNFPA, EECARO, Istanbul, Turkey

1. Alanna Armitage, Regional Director
2. Ian McFarlane, Deputy Director
3. Mahbub Alam, Regional M&E Advisor
4. Tamar Khomasuridze, SRH Advisor
5. Louise Dann, Resource Mobilisation and Partnerships Adviser
6. Jens-Hagen Eschenbaecher, Communications Advisor
7. Emmanuel Roussier, Humanitarian Response Specialist
8. Nigina Abaszade, Technical Advisor on Gender
9. Nurgul Kinderbaeva, Gender Program Specialist
10. Eduard Jongstra, PD Advisor

#### UNFPA Country Offices

11. Lela Bakradze, Assistant Representative, UNFPA Georgia
12. Zeynep Başarankut Kan, Assistant Representative, UNFPA Turkey
13. Meltem Agduk, Gender Programme Coordinator, Development Prog., UNFPA Turkey
14. Duygu Arıĝ, Manager of Human. Prog (Western Turkey), UNFPA Turkey
15. Fatma Hacıođlu, Manager of Human. Prog (Eastern Turkey), UNFPA Turkey
16. Pavlo Zamostian, Assistant Representative, UNFPA Ukraine
17. Doina Bologa, UNFPA Representative, Serbia, BiH, Kosovo, and Senior Emergency Coordinator, Greece

#### UN Regional Offices

18. Alia El-Yassir, UN Women
19. Bharati Sadasivam, UNDP
20. Barbora Galvankova, UNDP
21. Maha Muna, UNICEF

#### Implementing Partners

22. Ionela Horga, EEIRH
23. Jane Kato, Promundo
24. Robert Thomson, Consultant

## C. Documents reviewed

### Strategic Documents

1. Regional Intervention Action Plan 2014-17\_August2013\_Original
2. EECA\_MTR\_final\_March 2011
3. RIAP 2014-17\_Amendment 1
4. RIAP 2014-16 Consolidated 8 Feb
5. Final Regional Programme Evaluation Report July 2013
6. Final Regional Programme Evaluation Report 2017

### Gender materials

7. Survey Report on Multisector Response to GBV in EECA region
8. Regional Standard Operating Procedures (SOPs) for frontline services: - police, health, psychosocial.
9. Roll out Strategy of Multispectral response to GBV based on Global Essential Services Package for women and girls subject to violence and Regional SOPs
10. Website/EECA MenEngage Platform Strategy <http://eecamenengage.net/en/>
11. EECARO Mapping Results Report on Gender Transformative Programming;
12. Survey Report on Multisector Response to GBV in EECA region;
13. CEDAW/UPR Tracking Matrix;
14. Info on Health Sector Response in EECA region;
15. INITIAL ASSESSMENT REPORT: Protection
16. Risks for Women and Girls in the European Refugee and Migrant Crisis;
17. Concept Note Greece final Draft.
18. Link to IMAGES survey in 3 Countries (Kyrgyzstan, Moldova, Georgia)
  - a. <http://eecamenengage.net/en/resources-materials/137-research-tools-and-findings>
19. IMAGES survey in BiH
20. VAW Regional Brief
21. Sex Imbalance report Armenia 2013
22. Skewed Sex Ratio at Birth Azerbaijan
23. Sex-selective abortions report Armenia
24. Sex imbalances at birth Albania
25. Gender-biased sex selection Georgia
26. Child Marriage Regional Brief
27. Child Marriage Country Briefs (14 countries)
28. Gender-biased sex selection Regional Brief
29. IPCAT Capacity assessment narratives for IPs : WAVE, EEIRH, Promundo – US

### Annual Work Plans

30. 2012
31. 2013
32. 2014-2015
33. 2016

### Humanitarian

34. FAROS WP (Greece)
35. IMC WP (Greece)
36. SOPs for frontline services (Health, Police, psychosocial, Generic MSR)
37. UNFPA-WAVE Resource Package
38. MobileTeam report Ukraine 2016
39. Hotline Report Ukraine
40. SitRep: Turkey, Greece, Serbia Oct 2016

41. Mobile Team Report – Dec.2015
42. Sit Rep Serbia Nov 2016
43. Sit Rep Macedonia Oct-Nov 2016

#### **Annual reports**

44. ROAR (2012)
45. ROAR (2013)
46. SPR 2012-2013
47. ROAR (2014)
48. ROAR (2015)

#### **Mission reports by EECARO on Multi sectoral response to GBV intervention**

49. Kyrgyzstan, Belarus (2015)
50. Macedonia , Ukraine, Kazakhstan, Tajikistan (2016)
51. Humanitarian Mission Report (Greece, 2016)

#### **Newsletter on Gender Transformative Programming**

52. Edition 1, June 2015 (English) <http://eepurl.com/bkNEDL>
53. Edition 2, September 2015 (English): <http://eepurl.com/byRAYT>  
Edition 3, December 2015 (English): <http://eepurl.com/bITi81>
54. Edition 4, June 2016 (English): [here](#)
55. Edition 5 <http://eepurl.com/cmRYw1>

#### **European Union**

56. Health Sector Response to GBV- IMPLEMENT Training manual; Mission report to Basque country ;
57. Child Marriage – EU FEM project document; Dissemination Plan by UNFPA, Road Map for frontline services

#### **United Nations**

58. Regional Strategic Partnership Framework on Gender in Europe and Central Asia
59. TOR ECA RWGG
60. ECA RWGG AWP 2015-16
61. Minutes of RWGG meetings (Q 1, Q 2, Q3 )
62. ECA Regional Working Group on Gender List of Member Agencies



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