

# Evaluation of UNFPA / UN Women GBV 2- year Central Emergency Response Fund (CERF) Allocation



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## GLOSSARY

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| Gender   | The socially constructed roles, behaviours, activities and attributes that a given society considers appropriate for individuals based on the sex they were assigned at birth. (IOM SOGISEC glossary)  |
| Gender Based Violence (GBV)                                      | Gender-based violence is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females (IASC Guidelines for Integrating Gender-Based Violence Interventions into Humanitarian Action)  |
| Gender-based violence in emergencies (GBViE)                     | In emergencies, such as conflict or natural disasters, the risk of violence, exploitation and abuse is heightened, particularly for women and girls. At the same time, national systems and community and social support networks may weaken. An environment of impunity may mean that perpetrators are not held to account. Pre-existing gender inequalities may be exacerbated. Women and adolescent girls are often at particular risk of sexual violence, exploitation and abuse, forced or early marriage, denial of resources and harmful traditional practices. Men and boys may also be survivors. GBV has significant and long-lasting impacts on the health and psychological, social and economic wellbeing of survivors and their families (UNICEF glossary of terms and concepts) |
| Interagency Minimum Standards for GBV Programming in emergencies | The Interagency Minimum Standards for GBV Programming in emergencies define what agencies working on specialised gender-based violence programming need to achieve to prevent and respond to gender-based violence and deliver multi sectoral services. The objective of the Minimum Standards is to establish a common understanding of what constitutes minimum prevention and response programming in emergencies.  |
| Gender Mainstreaming   | A strategy for assessing the gendered implications of any planned action, including policies, programming or legislation, and for ensuring gender concerns and experiences are an integral consideration in the design, formulation, implementation, analysis and monitoring of planned actions. (IOM SOGISEC glossary)  |
| Gender Equality  | The concept that women and men, girls and boys have equal conditions, treatment and opportunities for realising their full potential, human rights and dignity, and for contributing to (and benefitting from) economic, social, cultural and political development. Gender equality is, therefore, the equal valuing by society of the similarities and the differences of men and women, and the roles they play. It is based on women and men being full partners in the home, community and society. Equality does not mean that women and men will become the same but that women's and men's rights, responsibilities and opportunities will not depend on whether they are born male or female. (UNICEF glossary of terms and concepts)   |
| Localisation   | Localisation refers to the acknowledgment of local actors' role in providing humanitarian assistance in their communities, and increasing the investment in them to improve outreach, effectiveness and accountability   |
| Response   | Refers to immediate interventions that address survivors' physical safety, health concerns, psychosocial needs, and access to justice, in line with the survivor-centred approach. The provision of multi-sectoral services and assistance to all survivors of GBV contributes to ensuring people's safety, improving physical, mental, sexual and reproductive health, and facilitating access to justice. All survivors of GBV, including survivors of SEA perpetrated by humanitarian workers, have the right to immediate life-saving protection and GBV services. (UNHCR GBV toolkit)   |
| Subcontractor  | Refers to organisations with specific technical capacities that were hired by implementing partners to implementation of set of activities or services   |
| Prevention   | Refers to actions that prevent GBV from occurring by addressing its root causes, namely gender inequality, systemic discrimination and unequal power relations between women and men, as well as people with diverse SOGI. GBV is preventable. (UNHCR GBV toolkit)   |
| Risk mitigation  | Refers to a process and specific interventions in all phases of humanitarian programming. It includes actions that are taken in each humanitarian sector and area of work to reduce risks and exposure to GBV and improve safety as part of an agency-wide mainstreaming approach. Cross-sectoral coordination is essential to ensure a comprehensive approach. Risk mitigation measures also contribute to reducing the risk of SEA. (UNHCR GBV toolkit)  |

|   |   |
|---|---|
| <p>GBV specialist programming</p>                 | <p>Refers to the core GBV programme areas of prevention and response – aspects of which must be mainstreamed but which is undertaken by an GBV specialist. A GBV specialist ‘is someone who has received GBV-specific professional training and/or has considerable experience working on GBV programming (UNHCR GBV toolkit)</p>   |
| <p>Gender-responsive programming and policies</p> | <p>Intentionally employing gender considerations to affect the design, implementation and results of programmes and policies. Gender-responsive programmes and policies reflect girls’ and women’s realities and needs, in components such as site selection, project staff, content, monitoring, etc. Gender-responsiveness means paying attention to the unique needs of females, valuing their perspectives, respecting their experiences, understanding developmental differences between girls and boys, women and men and ultimately empowering girls and women (UNICEF glossary of terms and concepts)</p> |
| <p>Women-Led Organisation</p>                     | <p>“[Organisation] with a humanitarian mandate and/or mission that is governed/directed by women or whose leadership is principally made up of women (demonstrated by 50 per cent or more occupying senior leadership positions)” (UN Women 2022b)</p>  |
| <p>Women-Rights Organisation</p>                  | <p>“{Organisation} with the primary focus of advancing gender equality, women’s empowerment and human rights. WROs are also considered as those that have, as part of their mission statements, the advancement of women’s and girls’ interests and rights” (UN Women 2022b)</p>  |

## LIST OF ACRONYMS

|          |  |
|----------|--|
| AAB      | ActionAid Bangladesh   |
| ACHA     | Abdel Shafi Community Health Association   |
| ACTED    | Agency for Technical Cooperation and Development   |
| ALVF     | Association de Lutte Contre les Violences Faites aux Femmes                              |
| BACE     | Bangladesh Association of Consulting Engineers   |
| CBO      | Community-Based Organisation   |
| CCERR    | Community Care for Emergency Response and Rehabilitation                                 |
| CERF     | Central Emergency Response Fund (CERF) Block Grant                                       |
| CFSI     | Community and Family Services International  |
| CFTA     | Culture and Free Thought Association   |
| CIC      | Camp in Charge   |
| CMR      | Clinical Management of Rape  |
| COMINSUD | Community Initiative for Sustainable Development   |
| CPP      | Comprehensive Planning Process   |
| CSO      | Civil Society Organisation   |
| CVA      | Cash and Voucher Assistance  |
| CWFD     | Concerned Women for Family Development   |
| DMS      | Data Management System   |
| EQs      | Evaluation Questions   |
| EU       | European Union   |
| FGD      | Focus Group Discussion   |
| GBV      | Gender-Based Violence  |
| GBV AoR  | Gender-Based Violence Area of Responsibility   |
| GBViE    | Gender-Based Violence in Emergencies   |
| GENFAMI  | Fundación para el desarrollo en Género y Familia   |
| GoN      | Government of Nigeria  |
| HDP      | Humanitarian Development Peace   |
| IcSP     | Instrument contributing to Stability and Peace   |
| IDP      | Internally Displaced Person  |
| IGA      | Income Generating Activity   |
| IOM      | International Organization for Migration   |
| IRC      | International Rescue Committee   |
| KII      | Key Informant Interview  |
| LGA      | Local Government Area  |
| MRCS     | Myanmar Red Cross Society  |
| NSAG     | Non-State Armed Groups   |
| OCHA     | United Nations Office for the Coordination of Humanitarian Affairs                       |
| ODK      | Open Data Kit  |
| OECD-DAC | Organisation for Economic Cooperation and Development - Development Assistance Committee |
| OSSHD    | Organization for Social Services, Health and Development                                 |
| PFPPA    | Palestinian Family Planning and Protection Association                                   |
| PMRS     | Palestine Medical Relief Society   |
| PPE      | Personal Protective Equipment  |
| PSEA     | Prevention of Sexual Exploitation and Abuse  |
| PWWSD    | The Palestinian Working Woman Society for Development                                    |
| REGA     | Regional Emergency GBV Advisors  |
| SQL      | Structured Query Language  |
| SRH      | Sexual and Reproductive Health   |
| SSL      | Secure Sockets Layer   |
| SYFS     | Save Youth Future Society  |
| TOR      | Terms of Reference   |
| UNEG     | United Nations Evaluation Group  |
| UNFPA    | United Nations Population Fund   |
| WLO      | Women-Led Organisation   |
| WRO      | Women's Rights Organisation  |

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Finally, the evaluation's focal points for both UNFPA and UN Women, as well as steering group members, were key to validate the methodology, ensure the quality control and support in liaising with the CERF's stakeholders.

# EXECUTIVE SUMMARY

## Introduction

### Background & Objectives

While GBV remains a vastly underfunded sector, UNFPA and UN Women received CERF funding in the amount of \$25 million in 2021 to support the strengthening of prevention, mitigation, and response to gender-based violence in emergencies (GBViE) over two years. These funds were intended to ensure a multi-sectoral GBV response including medical care, psychosocial support, safe spaces, legal support, and counselling as well as access to livelihoods related training and cash for work opportunities in 11 countries for UNFPA, and 6 countries for UN Women. A key feature of the grant was to promote the empowerment of WLOs/WROs in order to contribute to localisation.

Samuel Hall was commissioned to conduct an evaluation of the block grant with the objective to assess whether the project met its stated objectives, as well as identifying learnings of wider relevance to advancing GBV prevention and response programming, and enhancing Women Led Organisations' participation in humanitarian action.

### Methodology

This research employed a qualitative approach to address the evaluation questions, falling under the three OECD DAC criteria of efficiency, effectiveness, and sustainability, while further considering the important cross-cutting themes of humanitarian principles, inclusivity, accountability to affected people, and PSEA. The evaluation used a participatory, cultural- and gender-sensitive approach, to ensure that all critical stakeholders were included and that the results captured context-specific aspects of GBV. The data was collected through an online survey, key informant interviews, focus group discussions, conducted both in person and remotely, in the 6 countries where both UNFPA and UN Women implemented activities. This data was triangulated with an in-depth analysis of project documentation.

## Key results - Efficiency

### **A positive contribution to the GBV response across countries, but insufficient amounts and coverage in light of the needs**

Overall, the CERF funds have had a positive contribution on the efficiency of the GBV prevention and response in the areas where activities have been implemented. Depending on the operational context, the funds either allowed to scale up the GBV response and/or were used to provide GBV services in areas where these did not exist before. In most cases, the CERF funds allowed for the complementing of UNFPA's and/or UN Women's pre-existing programmes, thus capitalising on existing interventions and coordination mechanisms. The funding support was particularly critical in the current context, where local organisations working on GBV often struggle to access funds. In addition, the CERF funds also allowed to expand the GBV community by building the capacity on GBV prevention and GBV response of local organisations which were not working on GBV previously, in addition to those who were already providing such services. Overall, across the different countries, funds were used as per the plan and were primarily oriented towards service delivery.

Notably, UNFPA and UN Women exceeded the 30% funding requirement for WLOs/WROs. However, most of the IPs believed that the interventions were insufficient to address the GBV needs: several respondents highlighted that the implementation period was too short to allow for substantial impact on the GBV response, as changing gendered norms and behaviours leading to GBV is a long-term process, and services are continuously needed as long as the objective of zero GBV is not achieved. Additionally, as the allocation allowed to increase the outreach of services, the number of reported cases also increased which created a challenge in responding to the consequential increased needs, while funding and services were not expanded.

### **A relatively high level of flexibility**

The grant management was relatively flexible in the design of activities, allowing IPs to adapt to their respective contexts, which made a difference in allowing for a change of locations and/or adaptations of activities – wherever needed. In contexts affected by ongoing conflict and/or political crises where the situation was changing swiftly, agencies were able to request changes in the funds allocation, which ensured that the funds were used to address the needs in the most efficient way.

However, the funds could have had a stronger impact on the response if processes had been more flexible throughout the entirety of the implementation period, thus allowing for funds to be directed towards the most urgent needs of crisis affected communities, as well as flexibility in engaging in new partnerships when necessary.

## Strengthening the collaboration between UN Women and UNFPA

Strengthening the collaboration between UNFPA and UN Women was an explicit objective of the CERF allocation, with the intention to create synergies between actors working on GBV and leverage the comparative advantages of each agency. UNFPA and UN Women agreed to have two common outcomes – one focused on social norms and one dedicated to the capacity strengthening and empowerment of WLOs and WROs – and maintained agency-specific outcomes reflecting the differences of mandates. The collaboration between UNFPA and UN Women varied greatly from one country to another. It appears that overall, however, a stronger coordination between UNFPA and UN Women could have allowed synergies and would have benefited the response by ensuring a more comprehensive and consistent set of activities and services, addressing GBV in a cohesive manner.

It appears the grant led to increased exchanges between UNFPA and UN Women at the global level. At the country level, the operational context and the existence of past collaborations played an important role in whether the two agencies were able to effectively coordinate activities: in some cases, UNFPA and UN Women had been working together previously and had already developed a working relationship. In Myanmar, where the collaboration was the strongest, the coordination between the two agencies allowed for an improvement in efficiency and quality of the implementation, as agencies were able to share lessons learned and challenges and to complement each other's interventions. However, in several countries (Ethiopia, Cameroon, and to some extent Bangladesh, Colombia, and Palestine where only a few activities were coordinated), each agency appears to have implemented activities without seeking synergies with its counterpart, with staff from UNFPA and UN Women in Ethiopia explaining they did not even know that the CERF projects were implemented in the context of a collaboration between UN Women and UNFPA at the beginning of the project.

## Key results - Effectiveness

### Achievements against the project outcomes

#### **Outcome 1 (common to UNFPA and UN Women): “Targeted people, through program intervention, report changes in perceptions and attitudes towards social norms and practices that perpetuate gender-based violence and gender equalities”**

Overall, a wide range of activities were implemented as part of the CERF to contribute to changing perceptions of participants on social norms. Differences can be observed between countries, both on the quantity of activities that aimed to reach this outcome in particular, and in the approach - there was no strong direction as the type of and issues related to social norms vary greatly, which lead to inconsistencies between countries.

Social norms-specific activities followed different approaches and practices depending on the local contexts as they needed to be adapted to the specific norms and needs of the locations; when possible, they were designed to a great extent by community-based organisations. They took the form of awareness raising sessions, information dissemination, community psychosocial activities, and advocacy, and targeted women as well as the community in general. In some countries, specific groups were targeted, especially men, youth, and local authority figures (religious leaders, police, and local government).

Among the activities dedicated to changing perceptions and behaviours towards social norms, the evaluation has highlighted good practices in terms of approaches and activities. Two approaches were identified as good practices: the reliance on local actors; and the inclusion of specific groups. Four activities were particularly effective: women networks, positive masculinity training, men alliances, and youth campaigns.

#### **Outcome 2 (common to UNFPA and UN Women): “WLOs and WROs are empowered to increasingly engage in decision-making and leadership in GBV response, mitigation and prevention.”**

One of the key features of the CERF block grant was the emphasis on the empowerment of WLOs/WROs and its contribution to the localization agenda. This component of the projects was particularly important as WLOs/WROs are largely underrepresented in the GBV response and receive limited funding. The commitment to this feature was clearly reflected in the budget allocation requirements, as CERF requested that a minimum of 30% of the funding would pass through to WLOs/WROs working on GBV.

While there have been promising achievements in several countries, the approaches used, and the results achieved varied greatly between countries. Across countries, there were two key orientations: (1) capacity strengthening to enhance local organisations' ability to respond to GBV; and (2) empowerment of WLO/WRO through greater participation in humanitarian forums. In addition to providing an assessment of the results under these two orientations, the evaluation of outcome 3 highlighted shortcomings, namely: (3) a high dependency on funds; and (4) an under-representation of WLOs among implementing partners even when funding targets to WLOs were exceeded.



**Outcome 3: “Quality multisectoral GBV response services are accessible to women and girls and delivered through a survivor-centred approach” (UNFPA); “Women and girls who have experienced / are experiencing GBV or at risk of GBV benefit from provision of and access to quality, multi-sectoral services, including legal aid” (UN Women)**

Unlike project outcomes 1 and 2, the third outcome was specific to each agency, reflecting their respective mandates. The activities included under UNFPA’s outcome 3 corresponded to the GBV response services that the agency traditionally provides in emergency settings, covering case management, psychosocial support, referral pathways, as well as SRH services. These activities are often complemented with information dissemination and awareness raising to increase access to the services, as well as capacity building activities for the organisations providing the services on the ground. Meanwhile, activities implemented by UN Women under Outcome 3 primarily included GBV information dissemination, legal assistance, psychosocial support and referrals.

In most countries, the CERF funds allowed both agencies to reinforce, and in some cases to complement, existing programming. The CERF funds were mobilised by country offices to scale up the response in a context of increasing GBV needs. Another achievement with regard to Outcome 3 was the increase in the use of services observed by stakeholders across country locations. While stakeholders adopted a holistic approach, with the aim of providing a wide range of services in one place, the ability to do so was strongly dependent on the operational context and on context-specific opportunities, related for example to the focus of implementing partners and/or local organisations being present locally.

In view of the range of services that the projects had the ambition to provide, the service delivery component could have benefitted from a stronger collaboration between UNFPA and UN Women. While country offices actively sought to identify complementarities and potential synergies in some cases, the coordination focused primarily on the joint project outcomes (Outcomes 1 & 2) in most countries. In the cases where country offices coordinated on Outcome 3, it often meant that agencies avoided duplication by making sure the geographical areas of intervention were not the same, rather than actively seeking to jointly operate in one region to complement each other’s interventions.

**Outcome 4: “Reduced risk of GBV through provision of livelihoods opportunities, cash transfers including cash for work” (UN Women)**

Access to increased livelihoods opportunities for women is an effective means to reduce the risk of GBV, and the results of the CERF under outcome 4 confirm the CERF’s relevance, appropriateness, and effectiveness in this regard - leading to agencies being interested in upscaling their activities related to livelihoods and cash transfers. Although Outcome 4 is a UN Women-specific outcome, UNFPA has also implemented livelihoods-related activities as part of their multisectoral services to GBV survivors, because of the correlation between economic dependency and GBV, independently of the services provided by UN Women. The evaluation provides evidence that livelihood activities conducted as part of the CERF contributed to incrementally changing perceptions and gender norms at household level, in addition to increasing women’s resilience. Women economic empowerment contributes to increasing their role as decision-makers in the household, because of their contribution to the finances and expenditures, and their increased ability to respond to their and their families’ needs.

Despite the fact that activities implemented as part of this outcome were limited in quantity, and not equally implemented depending on countries, data collected as part of this evaluation indicate a certain level of effectiveness in supporting the prevention of GBV - and this constitutes an area which ought to be further explored through upscaled, more focused interventions.

**Facilitating and hindering factors**

The local footing of the organisations implementing activities and both agencies’ extensive networks at the local level beyond the CERF, were the main facilitating factors in all contexts. In addition to their local anchoring, IPs’ and WLOs’ level of expertise was a key facilitator in some cases. Because of this, we observe significant differences in the CERF grants’ impact and effectiveness between countries as local actors have different levels of expertise. In most countries, the technical support provided by UNFPA and UN Women was described as a facilitating factor. The most positive aspects of this relationship were the technical support and follow-up throughout the project; good communication; and flexibility.

In all countries, the implementation was affected by the humanitarian context, to different degrees. The main challenges reported by evaluation participants are: (1) safety of staff and communities; (2) disruption of services; (3) limited access and movement restrictions; and (4) poverty’s impact on needs. Moreover, as the CERF started in 2021, it was highly affected by the COVID-19 pandemic. The pandemic increased the challenges, especially the disruption of services and access restrictions.

**Key results - Sustainability**

While the CERF grant was a valuable investment for addressing GBV in emergency contexts, further funding is crucial to enable implementing partners to sustain their service delivery in activities such as livelihoods and cash transfers. WLOs/WROs often face structural, operational and financial challenges as they tend to be smaller than mainstream humanitarian organisations and have fewer networks with and less influence on international actors.

An important factor increasing chances of sustained activities beyond the grant period is the strengthened capacity of implementing partners. In this regard, the evaluation found that the CERF funds allowed for an investment in efforts to strengthen WLOs/WROs' internal capacity. Meanwhile, other evaluation findings point to certain gaps in capacity strengthening, which is a risk factor in relation to the sustainability beyond the grant period.

## Key results - Cross-cutting issues

Overall, project implementers - Country Offices, implementing partners, subcontractors and grantees - applied principles of inclusivity, accountability to affected people, PSEA guidelines as well as humanitarian principles, including do-no-harm, along the CERF implementation. However, the level and modalities of application varied, especially among local actors. The CERF grant contributed to the training of partners' staff on PSEA and enabled some of the local organisations to strengthen their PSEA policies, although there is still a margin for improvement in regard to humanitarian principles and PSEA policies.

## Conclusion and Recommendations

### Conclusion on the overall evaluation

The CERF Block Grant was a timely, unique and innovative allocation. It provided a relatively high amount of funding in view of the fact that the GBViE sector experiences chronic underfunding. Notably, the allocation led UNFPA and UN Women to engage in a collaborative effort at the global level to address GBViE and to test new ways of working and approaches in the GBV response, resulting in valuable learning opportunities.

Country Offices were granted the autonomy to design activities and select partners, allowing a tailored and flexible approach to the GBV response. However, the variations observed regarding the type of activities implemented illustrate the confusion around the intended results that can emerge from the absence of harmonisation and result in the lack of a cohesive approach. It is worth noting that the inconsistencies could have been mitigated if there had been stronger guidance on the approach to be used to achieve results from agencies' Head Offices at the project's inception, along with a clearer formulation of the project outcomes.

As regards the collaboration between UNFPA and UN Women, the findings point to a number of overall positive practices both at global and country levels. However, fostering strengthened and closer collaboration between UNFPA and UN Women undoubtedly holds significant potential for achieving further enhanced outcomes. To effectively harness their combined strengths when working on common projects, the focus should be on identifying and leveraging complementarities, ideally adopting a consistent model across countries, building on UNFPA's pre-existing mandate and standardised approach on GBV.

Lastly, while the project exhibited significant ambition, it allocated relatively small amounts to each local organisation and activities. This raises the question of whether this comprehensive approach, attempting to address numerous challenges simultaneously, was the most effective strategy to take within the given parameters and size of the fund, or if interventions should have been rolled out in fewer locations through a more well-resourced and integrated approach, and/or by building further on the work of existing national and local GBV responders.

### Recommendations

The evaluation report provides a series of overarching recommendations based on the evaluation findings. In relation to donors' participation in the project, it was recommended that sufficient time is allocated to the inception phase and that adequate attention is given to defining clear project goals, strategies, and approaches to achieve the desired outcomes. Recommendations also emphasise the importance of the inclusion of GBV in needs assessment, the allocation of adequate additional funds and resources towards coordination mechanisms and capacity building for the participating agencies as well as the systematisation of funding targets for WLOs/WROs and investments in capacity building.

Regarding the collaboration between UNFPA and UN Women, the authors recommended ensuring that a shared understanding of the desired outcomes at global level also trickles down among all relevant stakeholders at implementation level. It was also recommended to encourage collaboration from head offices rather than leaving the identification of complementarities and synergies to the country office level, and to leverage the CERF funded project for joint resource mobilisation at both HQ and country levels.

When it comes to knowledge sharing and learning, this evaluation concludes that it is key to facilitate learning opportunities throughout the project implementation and suggests further utilising monitoring dashboards for cross-country learning purposes. Recommendations also include enhancing ongoing efforts related to fostering cross-agency collaboration with additional UN agencies and GBV actors, as well as the documentation and dissemination of best practices focused on GBViE and related issues.

In relation to monitoring, the report concludes that indicators and reporting systems can be adjusted to better meet the needs and capacities of smaller organisations, in particular women-led organisations. The report emphasises the importance of establishing baseline and endline measurements for the different impact and that of a comprehensive evaluation and assessment of the indicators used in the project.

Lastly, with regards to outcome design, the report emphasises the importance of ensuring that outcome statements are clear, focused, and aligned with the project's objectives and engaging WROs and WLOs in Outcome Development. Additional recommendations related to the outcome design include considering framing outcome statements in terms of specific objectives that are more tangible and actionable, conducting regular review and refinement of the outcomes, and fostering a learning and adaptive management approach within the project.

### **Outcome-level recommendations**

Based on the evaluation findings and reflections, the report formulates a series of recommendations to enhance the effectiveness and relevance of the project outcomes. With regards to Outcome 1 (social norms), it was recommended to formulate clear and specific objectives when designing interventions targeting social norms, to promote community-level actors' involvement for enhanced sustainability and to systematise the engagement of men and boys.

In relation to Outcome 2 (empowering WLOs/WROs), recommendations include the provision of additional guidance on how to define and prioritise WLOs or WROs, as well as how to select partners in the field. It was also recommended to develop a systematic and clear division of roles between UNFPA and UN Women in relation to WLO/WRO engagement, based on their respective interventions, experience and partners in the countries, and to ensure consistency and coherence through mainstreamed training sessions in collaboration with the GBV AoR and other coordination structures such as Gender in Humanitarian Action Coordination Groups.

When it comes to Outcome 3 (multisectoral services delivery), the report suggests facilitating a collaborative process among agencies to jointly identify priority needs, conduct service mapping, and identify key gaps in service provision. It is also recommended to encourage a division of work that leverages the strengths and expertise of each actor involved and to identify opportunities for all actors in the field to complement each other's existing interventions.

Finally, regarding Outcome 4 (livelihoods and women's economic empowerment), the report suggests allocating additional resources to livelihood activities; and adapting the choice of livelihood activities based on the specific opportunities and context of the targeted areas. It is also recommended to collaborate with experienced organisations that have prior experience and expertise in implementing livelihood programmes in the targeted areas.

# 1. Introduction

## Background

Gender-Based Violence (GBV) is “an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females.”<sup>1</sup> It includes threats of such violence and acts both in the public and private spaces as well as violence perpetrated by the state. GBV is a major rights violation, which disproportionately affects women and girls globally. At times of crises and emergencies, the risk of violence and abuse - including GBV - is heightened, while institutional systems and community support networks are weakened. This leads to situations where women and girls face an increased risk of rights violations, such as sexual violence, domestic violence including intimate partner violence, exploitation and abuse, denial of resources, as well as child marriage and other harmful traditional practices while having reduced access to health and legal services<sup>2</sup>.

However, GBV responses have long been considered non-essential, especially in acute emergency settings where humanitarian actors in the field face competing priorities and often have limited resources and time to respond. The lack of technical capacity and expertise of international and local organisations, including donors and UN agencies, explains why GBV is often not prioritised when resources are allocated, and why limited investments in addressing GBV are made, as demonstrated in a 2020 study released by IRC: “Donor agencies experience a similar lack of technical expertise at field level, reducing their ability to perceive, analyse and respond to GBV needs and associated funding requests”.<sup>3</sup> The same study reported that GBV funding accounted for only 0.12 per cent of all humanitarian funding in 2016, 2017 and 2018. In addition, the cross-cutting nature of GBV response means that coordination between actors operating in emergency and often challenging contexts can be difficult.<sup>4</sup>

Against this backdrop, Women-led Organisations (WLOs) and Women Rights Organisations (WROs) are in an even more difficult position with regards to funding their operations as they receive limited funding. These organisations depend largely on grants and donations for funding which endangers their sustainability and impact. According to a recent report on Philanthropy and Feminist movements, only 1% of gender-focused international aid in 2018 was dedicated to WROs.<sup>5</sup> Furthermore, most WLOs have never received multi-year/unrestricted funding. This highlights the importance of supporting WLOs to ensure their effectiveness, efficiency and sustainability when tackling GBV. In this context, UNFPA and UN Women received CERF funding in the amount of \$25 million in 2021 to support the strengthening of prevention, mitigation, and response to gender-based violence in emergencies (GBViE). In addition, a key feature of the grant was to promote the empowerment of WLOs/WROs in order to contribute to localisation. These funds were intended to ensure multi-sectoral GBV response including medical care, psychosocial support, safe spaces, legal support, and counselling as well as access livelihoods related training and cash for work opportunities across diverse country settings.<sup>6</sup> The project is implemented in 11 countries and is being evaluated on its achievement of the project outcomes.

## Objectives

The objective of the evaluation is to assess whether the project met its stated objectives, as well as identifying learnings of wider relevance to advancing GBV prevention and response programming, and enhancing Women Led Organisations’ participation in humanitarian action. Aligned with this purpose, the evaluation was designed to achieve three specific objectives, as outlined in the TOR:

1. Assess the achievements of the project against four outcomes developed by the participating agencies and how the dedicated funding facilitated their efforts to address GBV;
2. Identify the project’s promising practices, and lessons learned in addressing GBV prevention, mitigation, and response in humanitarian settings;
3. Examine the benefits of targeted funding to improve WLOs’ capacities for increased involvement in GBV prevention and response and associated promising practices and challenges.

<sup>1</sup> IASC, 2015. Guidelines for Integrating Gender-Based Violence Interventions into Humanitarian Action.

<sup>2</sup> International Rescue Committee, 2020. Where is the money. How the humanitarian system is failing in its commitments to end violence against women and girls.

<sup>3</sup> *Ibid*

<sup>4</sup> Shake The Table, 2022. Lighting the Way.

<sup>5</sup> *Ibid*

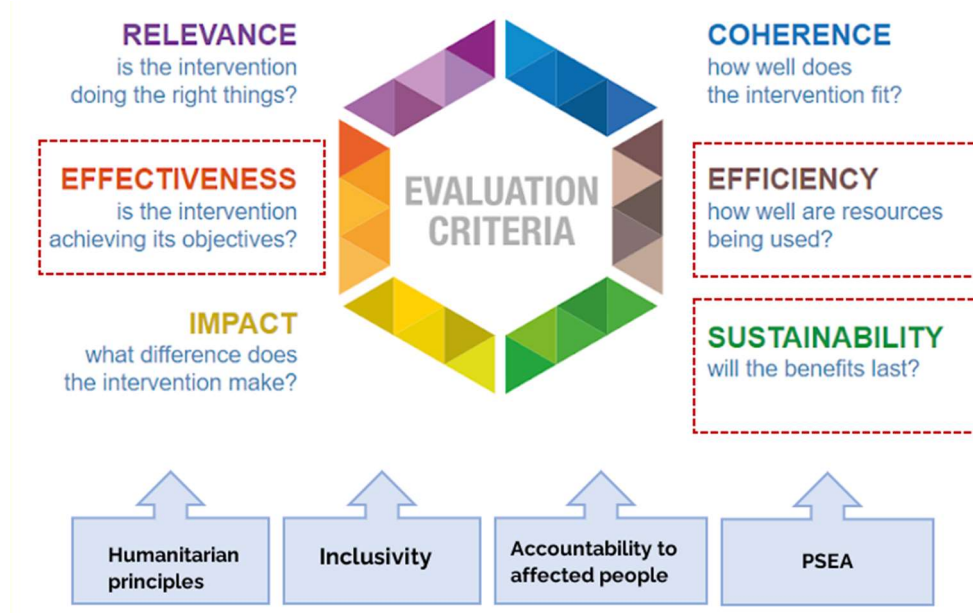
<sup>6</sup> The effectiveness section under ‘facilitating and hindering factors’ gives insight on how the country contexts impacted the implementation.

## Conceptual Framework

This research employed a qualitative approach. In addition to an in-depth analysis of the project documentation, additional primary data was collected through multiple sources, to build on, and specifically address, the gaps in the literature.

To meet the set objectives of the evaluation, the evaluation team ensured that the questions set out within the TOR<sup>7</sup> were aligned with - and deemed adequate to address - the broader objectives proposed for the evaluation. These evaluation questions fall under the three [OECD DAC criteria](#) of efficiency, effectiveness, and sustainability, and further consider the important cross-cutting themes of humanitarian principles, inclusivity, accountability to affected people, and PSEA.

Figure 1: DAC Evaluation Criteria and cross-cutting issues. Adapted from: OECD, Evaluation criteria



Human rights, gender, and equity were prioritised throughout this evaluation, and are included across the evaluation questions and evaluation tools. Furthermore, this evaluation adopted the following lenses to ensure that the final output is as representative as possible of a wide range of related stakeholders:

- Participatory approach: The evaluation employed a participatory approach to the extent possible within the research scope, to ensure that the most appropriate sources of data are collected across all stakeholder types while facilitating the participation of all critical stakeholders through the entire evaluation process.
- A culturally and gender-sensitive approach to ensure that the research and tools allow to adequately capture the specificities of GBV issues depending on the context specific to each of the countries included in the evaluation.

The evaluation also conforms to guidelines and standards set by the UN. In particular, the assessment will be guided by [UNEG Ethical Guidelines for Evaluation](#) (2020), and [UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluation](#) (2014).

## Evaluation Questions

The following evaluation questions were refined from the initial TOR to ensure a more clearly articulated and succinct focus for the evaluation.

The three selected OECD-DAC evaluation criteria - Efficiency, Effectiveness and Sustainability - constitute the primary research framework used for this evaluation. Research questions outlined in the ToR have been mapped to the three criteria below.<sup>8</sup> A column is included outlining the source data to answer each question.

Table 1: Proposed Research Questions

<sup>7</sup> UNFPA, 2023a, Terms of Reference (Contract UNFPA/CHE/PSC/23/001).

<sup>8</sup> OECD/DAC, 2019. Network on Development Evaluation, "Better Criteria for Better Evaluation Revised Evaluation Criteria Definitions and Principles for Use".

## EVALUATION QUESTIONS

### EFFICIENCY

1. Were project resources used efficiently?
2. To what extent, and in what ways, did the project result in increased synergies and complementarities between UNFPA and UN Women supported interventions (across common and agency specific outcomes)?
3. To what extent, and in what ways, did this direct infusion of funds to the agencies make response to GBV more efficient?

### EFFECTIVENESS

4. To what extent, and in what ways, did the project achieve the common and agency-specific outcomes?
5. What were the key factors both facilitating and hindering the achievement of the desired results? What, if any, were the key challenges?

### SUSTAINABILITY

6. What has been the contribution of CERF funded programmatic activities to strengthening institutional capacities of women-led and women rights' organisations to engage in humanitarian decision making; and scale up GBV programming interventions in crisis affected communities?
7. What factors across the 6 country contexts can potentially contribute to sustainability and ownership of the programme by WLOs and other local actors beyond the two-year implementation period?

### CROSS-CUTTING ISSUES

8. To what extent, and in what ways, were cross-cutting themes such as humanitarian principles, inclusivity, accountability to affected people and PSEA taken into consideration and advanced in the implementation of the programmatic activities?

## Sampling

### Online survey

Table 2: Online Survey Sampling

| Research Tool | Target Population  | Sample Size                             | Achieved Targets  |
|---------------|--|---|---|
| Online survey | <ul style="list-style-type: none"> <li>• WLOs / WROs involved in the activities in the 11 participating countries</li> <li>• UNFPA representatives in Geneva/New York and in the 11 participating country offices</li> </ul> | The survey targeted <b>150 contacts</b> | <p><b>45 respondents in total</b><br/>(71% (32) WLOs / WROs and 19% (13) UN Women / UNFPA)</p> <ul style="list-style-type: none"> <li>• 9% (4) Colombia</li> <li>• 24% (11) Palestine</li> <li>• 4% (2) Ethiopia</li> <li>• 24% (11) Cameroon</li> <li>• 20% (9) Myanmar</li> </ul> |



|  |  |  |   |
|--|--|--|---|
|  | <ul style="list-style-type: none"> <li>UN Women representatives in New York and in the 11 participating country offices</li> <li>Members of the GBV AoR</li> </ul> |  | <ul style="list-style-type: none"> <li>2% (1) Thailand</li> <li>16% (7) Bangladesh</li> </ul> |
|--|--|--|---|

An online survey was sent to all the organisations directly involved in the implementation of the activities in the 6 participating countries (WROs/WLOs, UNFPA and UN Women).

The questions included in the survey covered the main research questions under Efficiency, Effectiveness and Sustainability (EQ1 to EQ7), but targeted in particular the extent to which the project achieved the common and agency-specific outcomes and the identification of the factors that have facilitated or hindered the achievement of the results.

## Key Informant Interviews (KIIs)

Table 3: KII Sampling plan

| Research Tool            | Target Population   | Sample Size          | Achieved targets     |
|--------------------------|---|----------------------|----------------------|
| KII tool (Global Actors) | <ul style="list-style-type: none"> <li>UNFPA and UN Women HQ level</li> <li>OCHA representatives</li> <li>Members of the GBV AoR</li> <li>Directors/leadership of selected WLOs / WROs</li> </ul> | 8 - 12 KIIs in total | 17 KIIs <sup>9</sup> |

In addition to the KIIs conducted as part of the case studies, 17 KIIs were conducted remotely with selected stakeholders. The evaluation team conducted these interviews with UN representatives based in HQs (UNFPA, UN Women and OCHA).

## Focus Group Discussions (FGDs)

Table 4: FGD Sampling plan

| Research Tool | Target Population   | Sample Size        | Achieved targets |
|---------------|---|--------------------|------------------|
| FGD tool      | <ul style="list-style-type: none"> <li>Additional inter-agency mechanisms to advance localisation (REGAs)</li> <li>UNFPA GBViE advisors where relevant</li> <li>Humanitarian Development Peace (HDP) Nexus actors</li> <li>National GBV and Gender equality actors</li> </ul> | 3 to 5 remote FGDs | 6 remote FGDs    |

In addition to the FGDs conducted during the country case study field visits, additional FGDs were conducted remotely by the evaluation team with a group of approximately 5 respondents.

The main focus of these FGDs was to triangulate information received through KIIs and the literature review, as well as filling the knowledge gaps previously identified. The FGDs were based on an open-ended questionnaire lasting approximately two hours. With consent, conversations were recorded for data quality control purposes.<sup>10</sup>

<sup>9</sup> This figure does not include the key informant interviews conducted as part of the country case studies (presented in the table below).

<sup>10</sup> Samuel Hall data protection and security protocols abide by The European Union's General Data Protection Regulation (GDPR). A unique identifier (uuid) is applied for every respondent, and recorded in the survey, KII or FGD records, to anonymise the dataset.

## Country Case Studies

The evaluation included four case studies to allow the research team to collect detailed information on the activities implemented at the country level and the results achieved. The countries were selected in order to include examples from different regions, and by taking into consideration any potential operational and logistical constraints. The table below presents the selected countries and the activities performed in each of them:

*Table 5: Case studies sampling plan*

| Country    | Research Tool | Target Population  | Sample Size | Achieved targets        |
|------------|---------------|--|-------------|-------------------------|
| Bangladesh | KII tool      | <ul style="list-style-type: none"> <li>UNFPA and UN Women representatives from Country Offices and Sub-offices</li> <li>Additional relevant UN agencies (OCHA)</li> <li>Government actors (if relevant)</li> </ul> | 5 - 10 KIIs | 10 KIIs                 |
|            | FGD tool      | <ul style="list-style-type: none"> <li>National WLOs / WROs</li> </ul>   | 1 - 2 FGDs  | 2 FGDs                  |
| Colombia   | KII tool      | <ul style="list-style-type: none"> <li>UNFPA and UN Women representatives from Country Offices</li> <li>Additional relevant UN agencies (OCHA)</li> <li>Government actors (if relevant)</li> </ul>                 | 5 - 10 KIIs | 8 KIIs (5 women, 3 men) |
|            | FGD tool      | <ul style="list-style-type: none"> <li>National WLOs / WROs</li> </ul>   | 1 - 2 FGDs  | 5 FGDs (all             |
| Ethiopia   | KII tool      | <ul style="list-style-type: none"> <li>UNFPA and UN Women representatives from Country Offices</li> <li>Additional relevant UN agencies (OCHA)</li> <li>Government actors (if relevant)</li> </ul>                 | 5 - 10 KIIs | 6 KIIs                  |
|            | FGD tool      | <ul style="list-style-type: none"> <li>National WLOs / WROs</li> </ul>   | 1 - 2 FGDs  | 2 FGDs                  |
| Palestine  | KII tool      | <ul style="list-style-type: none"> <li>UNFPA and UN Women representatives from Country Offices</li> <li>Additional relevant UN agencies (OCHA)</li> <li>Government actors (if relevant)</li> </ul>                 | 5 - 10 KIIs | 11 KIIs                 |
|            | FGD tool      | <ul style="list-style-type: none"> <li>National WLOs / WROs</li> </ul>   | 1 - 2 FGDs  | 4 FGDs                  |



In Ethiopia, the Samuel Hall team itself conducted the in-person interviews, while national researchers were recruited to collect the primary data in Bangladesh, Palestine and Colombia - the latter provided accurate, translated transcriptions to the Samuel Hall team for analysis. The national consultants were drawn from Samuel Hall’s pool of experienced local researchers, who have previously conducted high quality qualitative data collection for Samuel Hall. The evaluation team was responsible for the daily oversight. The table below provides the name of the staff responsible for data collection and oversight for each of the case study countries:

*Table 6: Case study management*

| Country    | Person in charge (in country)                                 | Languages used      | Oversight       |
|------------|---|---------------------|-----------------|
| Bangladesh | National researchers - Abu Shazid, Israt Jahan and Baby Akter | Bengali and English | Juliette Samman |
| Colombia   | National researchers - Claudia Toro and Sara Rodas            | Spanish and English | Saliama Taiwa   |
| Ethiopia   | Tewelde Adhanom (Samuel Hall Field Coordinator)               | Amharic and English | Eléonore Thénot |
| Palestine  | National researchers - Rawan Samamreh and Huda Odeh           | Arabic and English  | Juliette Samman |

### Limitations and constraints

**Scope of field work:** Due to time and resource constraints, the evaluation team was not able to visit each country included in the project. However, this was successfully mitigated through conducting interviews remotely and sharing the online survey with representatives from the 6 participating countries. In addition, case studies were conducted to allow the team to examine in further detail the range of activities implemented at the country level. Furthermore, the research team in coordination with UNFPA and UN Women decided not to interview GBV survivors due to high safeguarding complexities to avoid retraumatizing participants, for limited additional value given the scope of the evaluation.

**Dependence on UNFPA and UN Women for access and sampling:** The evaluation team was highly dependent on the ability of UNFPA and UN Women to provide relevant contacts in each country and on the willingness of respondents to take part in the evaluation.

**Thematic scope:** The scope of this evaluation could not cover the assessment of quality of services, but rather served as a guidance tool on capacity strengthening.

## 2. Efficiency

### 2.1 Impact of the infusion of funds on the GBV response

#### A positive contribution to the GBV response across countries

Overall, the CERF funds have had a positive contribution on the efficiency of the GBV prevention and response in the areas where activities have been implemented. Depending on the operational context, the funds either allowed to scale up the GBV response and/or were used to provide GBV services in areas where these did not exist before, including very remote areas (e.g., in Colombia, Palestine and Bangladesh's disaster-prone areas whose access was more limited than other areas where the CERF was implemented). UNFPA's role as lead agency of the GBV sub-cluster/sectors, globally, and UN Women's co-lead in Colombia and involvement in Humanitarian action, ensured that the funds were used to fill critical gaps in resource provision and service delivery, capitalising on the fact that the agencies have access to timely and detailed information on the GBV needs and on the activities being conducted by the GBV community in a given context. In most cases, the CERF funds allowed for the complementing of UNFPA's and/or UN Women's pre-existing programmes, thus capitalising on existing interventions and coordination mechanisms. In addition, the CERF funds allowed some of the local organisations to continue providing services for which they had been lacking resources, which therefore ensured the continuity of GBV services as well as their expansion: several IPs and subcontractors were indeed able to recruit staff, increase their outreach and the quality of services provided through the grant, and additional services were delivered as part of the CERF, including CVA and livelihood services.

The funding support was particularly critical in the current context, where local organisations working on GBV often struggle to access funds. In addition, the CERF funds also allowed to expand the GBV community by building the capacity on GBV prevention and GBV response of local organisations which were not working on GBV previously. As a result of collaborative efforts between UNFPA and UN Women on awareness raising sessions and capacity building of local organisations, there was increased community participation and knowledge in advocating for GBV prevention especially among men and boys. The CERF funds were also used to respond to new crises which led to increased GBV needs. In particular, in Ethiopia, the allocation allowed for the provision of mental health support services, comprehensive case management, dignity kits and lifesaving clinical management of rape (CMR) service provision to GBV survivors in war time, which had a particularly detrimental impact on the GBV situation. This was also true in Myanmar, where the CERF funds were allocated shortly after the military coup which destabilised the country in February 2021.

#### Insufficient amounts and coverage in view of the needs

UNFPA and UN Women exceeded the 30% funding requirement for WLOs/WROs, thus allocating a relatively considerable amount of funding to them. However, most of the IPs believed that the interventions were insufficient to address the GBV needs: several respondents highlighted that the implementation period was too short to allow for substantial impact on the GBV response, as changing gendered norms and behaviours leading to GBV is a long-term process, and services are continuously needed as long as the objective of zero GBV is not achieved. Additionally, the amounts provided to IPs meant that the geographic coverage was limited in some countries, as emphasised by the following evaluation participant:

*"The CERF Funds cover 2 subdivisions out of 34 in the Northwest and 2 out of 26 subdivisions in the Southwest. Therefore, in terms of geographical coverage in the conflict-affected regions, CERF funds are limited." (E-survey, Cameroon)*

The insufficiency of the amounts in relation to the needs was underlined in particular in Ethiopia, where there have been numerous reports of sexual violence in Tigray and Amhara regions in the context of the war. IPs in the Amhara region stressed that both the amounts allocated, as well as the implementation period, need to be increased in order to have a stronger impact as the needs remain extremely high. Similarly, While the demand is particularly high in Tigray as a result of the war, funds were insufficient to address the needs. IPs also suggested that solely providing GBV services is a challenge when people are facing food insecurity and do not have their basic needs met:

*"The people we serve, they demand a lot but [what we provide is limited] because of the financial shortage, budget limitations, as well as even our coverage is limited, the demand is throughout Tigray. In Tigray currently there is an emergency food security assessment and 85% of the Tigrayan people currently are food insecure. They need immediate emergency assistance." (KII 6, Ethiopia)*

A similar phenomenon was found in the other locations as well. In Cameroon too, IPs cited the insufficient resources to meet up the needs as one of the weaknesses of the project, while in Palestine, most of the subcontractors<sup>11</sup> reported that the limited funding was one of the main challenges they faced during the implementation. A

<sup>11</sup> Subcontractors are organisations (mostly WLOs/WROs) contracted by implementing partners to provide certain activities or services.

representative of a WLO highlighted that the costs required to achieve the desired target were higher than the allocated budget.

Finally, the efficiency and quality of implementation was affected by the fact that the duration of the implementation period could not be adapted despite the different contextual challenges and needs in each location. In Ethiopia, IPs were not able to implement activities for several months and later on had to utilise the funds in a limited amount of time, affecting the quality of the activities implemented.

## 2.2 Use of resources

### A service-oriented allocation

Overall, across the different countries, funds were used as per the plan and were well-targeted at the GBV response, with limited administrative costs and few revision requests:

*"[The] agencies have used the resources pretty much as planned [...] the implementation went as planned and resources were used as planned - both agencies had revision requests that were approved but for administrative reasons, nothing to do with implementation, and even where they had difficulties implementing like Ethiopia, they did manage to surmount them and mitigate them." (KII 3, Global)*

Another positive aspect was that UNFPA and UN Women were able to go beyond the 30% requirement for WLOs meaning a significant amount benefitted these organisations directly, which was particularly appreciated by OCHA. This success was particularly valuable because WLOs play key roles in fostering women's empowerment - including economic empowerment - and leadership, acting as linkages between the community, the government and INGOs as well as providing services to the community.

A common monitoring dashboard for implementing partners in all countries has been effectively used throughout the grant period to track the implementation of the project and progress towards outcome and output indicators. This has allowed UNFPA and UN Women at the HQ level to closely monitor the use of the resources and has encouraged partners to adhere to plans and ensure project budget spending in line with the intended purpose.

With the funds being targeted at the GBV response primarily, coordination functions were not covered by the CERF,<sup>12</sup> which meant that UNFPA and UN Women had to find other sources of funding to cover for the coordination roles at the global level. However, while large organisations might be able to find alternative resources to cover the coordination needs, local partners raised concerns about the fact that the grant did not cover administrative costs, especially as the processes and requirements were perceived as a challenge for some of the local organisations involved in the projects (see below).

In countries of implementation too, respondents highlighted that the CERF funds were mostly dedicated to service delivery, and that the funds were used to address particularly pressing needs. In some countries, IPs also expressed satisfaction about the fact that the agencies gave them the possibility to propose activities during the proposal phase based on their knowledge of the context, which ensured that the funds were effectively used to fill the gaps identified by local actors (although this practice was not systematic, as several IPs stressed that they were not included in the project design).

When it comes to the implementation, in Colombia, IPs felt very confident that the funds were used efficiently as partners involved in the project were able to implement a large number of activities despite the limited amounts available. In addition, IPs stressed that the funds were invested in services that were needed by women, suggesting a survivor-centred use of the resources. In Palestine too, stakeholders reported that funds were used in an efficient way and directed towards survivors. UNFPA highlighted that the CERF funds had a strong impact as they were used to target marginalised groups who are often left behind.

UNFPA also underlined that for the funds to be most efficient, it is important to ensure longer term results by investing more in women's economic empowerment, so as to address one of the root causes of GBV, and to include advocacy activities targeted at Palestinian authorities so as to improve the legal framework:

*"We could also work on long-term economic empowerment for women to provide them with a source of income. The continuous provision of services by organisations has no long-term impact, so we need to focus on development in the CERF and direct it towards economic empowerment." (KII 4, Palestine)*

IPs were also overall extremely positive about what had been achieved with the funds, highlighting that the targets were reached, and impact was particularly satisfying in relation to the amounts available.

While stakeholders unanimously praised the fact that the funds were oriented towards service delivery, some representatives of UN Women expressed regrets about the fact that the CERF could not be used to build institutional capacities within UN agencies and across key humanitarian actors. UN Women's interventions in humanitarian

<sup>12</sup> As per the CERF guidelines and lifesaving criteria. UN, 2020. Central Emergency Response Fund Life-Saving Criteria.

settings being relatively new, some of the respondents felt that technical support and capacity building on GBViE service delivery, particularly for outcome 3, would benefit the quality and the efficiency of the implementation by UN Women, also noting that institutional capacity building on Gender in Humanitarian Action (GIHA) more broadly would require additional internal investments.

Meanwhile, while the funds were oriented towards service delivery, some of the respondents shared reflections about which interventions should be prioritised. In several countries, respondents highlighted the importance of the livelihood component, in order to help tackle one of the root causes of GBV, and therefore allow for a sustainable and stronger impact. In this regard, some respondents recommended increasing the number of grants to women, as well as the amount of the grants allocated, stressing that economic empowerment initiatives are an efficient way to prevent GBV while also playing a key role in the GBV response and support to survivors.

### **A relatively high level of flexibility**

The grant management was relatively flexible in allowing IPs to adapt to the context, which made a difference to allow for changes of locations or adaptations of activities – wherever needed. IPs also underlined that the management of the project was smooth thanks to UNFPA and UN Women’s flexibility and dedication to the project, reflected in particular in their engagement in regular technical exchanges with IPs, which facilitated the implementation of the activities.

In contexts affected by ongoing conflict and/or political crises where the situation was changing swiftly, agencies were able to request changes in the funds allocation and received rapid feedback from the CERF secretariat. This ensured that the funds were used to address the needs in the most efficient way. In Ethiopia for instance, despite the challenging context of the conflict affecting the Northern part of the country, both agencies’ IPs in the Amhara region unanimously stressed that the grant management was very flexible which made the implementation easier especially in the context of the war, and which allowed for the modification of the intervention areas.

However, UNFPA suggested that the funds could have had a stronger impact on the response if there had been more flexibility to adapt the activities throughout the implementation and to direct funds to the most urgent needs of crisis affected communities, as well as flexibility in engaging in new partnerships when necessary. To exemplify this need, a respondent spoke of the needs for health workers in contexts of emergencies: if an organisation needs funds to pay for the salaries of health workers in a location, agencies are only able to provide funds for this purpose if the organisation is a partner of the project. The respondent further explained that including an additional partner throughout the implementation requires lengthy bureaucratic procedures which hinders a rapid response to the needs, especially as communication can be difficult in a context of crises:

*“[In order to] deploy the midwife quickly [...] [t]hey might be from other NGOs, right? That NGO may not be our partner, but we should have that kind of flexibility in terms of selecting partners, changing partners, adding partners or removing partners.” (KII 4, Ethiopia)*

Meanwhile, there were some IPs who felt that there was not sufficient opportunity to adapt and modify activities throughout the implementation period, which in combination with the limited levels of fundings released through the CERF, made the respondent feel that greater impact and efficiency could have been achieved with additional flexibility and resourcing. Considering the nature of the emergency contexts in humanitarian response projects, UNFPA and UN Women and IPs would benefit from less bureaucracy and more flexibility in their procedures.

### **Project partners: IPs, subcontractors and grantees**

Each country adopted its own strategy regarding the selection of partners. The main criteria considered when selecting IPs included their presence in areas with urgent humanitarian needs as well as their potential for more effective roles when their capacities are strengthened. While IPs included WLOs, agencies often had to partner with organisations with stronger capacities to meet the selection criteria, which themselves were in charge of contracting with WLOs - as subcontractors - for the implementation of the activities. In some cases, the WLOs also regretted that the funds were given to an IP acting as an ‘intermediary’ instead of being directly given to them, in charge of implementing the activities, which they thought could have improved efficiency.

The same approach was used in Palestine, where agencies also partnered with organisations with a specific focus, with the intention to build on their respective expertise for greater efficiency. This meant each WLO was covering a specific activity under a component managed by an IP. WLOs, including IPs reported that this approach scattered the services and that this division of roles created challenges as the implementation period and budgets available were both limited:

*“This grant was kind of limited in both time and funds, we were part of a big group of implementing organisations working together, or more like complementing each other’s work, each based on their field of focus and speciality. This honestly caused a challenge for us.” (FGD 3, Palestine)*

Some of the partners thought that this model posed challenges and affected the efficiency of the implementation. A respondent explained that the GBV services should be apprehended as a chain of steps rather than isolated tasks,

highlighting that separating the activities in such a manner hinders the measurement of results. This approach also meant that some of the partners were involved in the project for a few months only, which raises the question of efficiency, as they received training, equipment and hired staff to deliver the services.

A different model was implemented in Colombia, where smaller WLOs and WROs were not subcontractors of larger IPs but instead grantees: as part of the capacity-building and in addition to the training they received, they were also provided with grants to implement certain activities designed in agreement with the IPs. Although it also resulted in service delivery (similarly to subcontractors), the approach was integrated in the capacity-building of WLOs/WROs (under outcome 2).

### Implementation period and amounts provided to partners

While the implementation period is particularly long for a CERF allocation (CERF usually have a duration of 6 months on average), partners at the local level raised concerns about the short timeframe of the partnership agreement. In particular, the subcontractors (who in some cases took part in the project for three to six months only) highlighted that the processes and requirements were too demanding given the small amount of the grant and the limited time available, and also underlined the organisational difficulties posed by the fact that the project often did not cover administrative costs. One respondent commented on these matters as follows:

*“We were the ones who are closer to the public, working more in the field, so they should increase the budgets allocated for us [referring to grassroots organisations], or make it clear for the direct partners that we should have space in the way we distribute this budget, that is allocated for us, because we know best what our beneficiaries need.” (FGD 4, Palestine)*

This problem was particularly frequently mentioned in Palestine, where the number of subcontractors involved in the project from UNFPA’s side was high. Some of the partners expressed frustration as they were expected to implement many activities in a limited amount of time and had to invest all their resources to deliver while the project only covered a coordinator’s position.

In other countries too, local organisations reported challenges because of the short duration of the implementation period, and explained that the time required to fulfil the reporting requirements was significant:

*“The reporting method was a problem for us before, we had to prepare a report every month, monitoring report, project report. This was very difficult to maintain. One challenge was that a large amount of work and time was going behind the reporting that decreased our work efficiency in other areas.” (KII 9, Bangladesh)*

The short duration of the partnership agreement also raises the question of the quality of the service provided, especially for activities that require follow ups with service users. In particular, IPs involved in livelihood activities raised that the activities would have had a stronger impact if the project duration was longer and that the short duration of the project meant that it was difficult to follow up on individual cases.

While IPs were discontent with the short implementation period, the project duration was actually perceived as exceptionally long by OCHA, UNFPA and UN Women, since CERF allocations are usually used to fund emergency projects of a duration of six months on average. The longer implementation period of the CERF grant was therefore a unique feature.

### Delays in accessing funds

In Ethiopia, there were delays in funding disbursements, either because of bureaucratic procedures or country-specific operational challenges, which reportedly left some of the IPs in difficult situations. In some contexts, such as Ethiopia where the banking system was no longer operational in the Tigray region, additional delays were experienced. In such cases, IPs had to use their own resources to cover the expenses and meet the needs of the GBV survivors.

In other countries however, IPs were very positive about the allocation of funds and reported they had received cash advances which allowed them to start implementation. In Colombia for example, a UNFPA IP mentioned that funds were transferred in advance which facilitated the implementation - and both agencies’ IPs said they received transfers in a timely manner.

### Reporting modalities

A detailed and specific M&E system was developed to track data in a way which is easy to use for IPs and helps country offices to fill in the global systems. UNFPA and UN Women staff at both country and global levels stressed that while this process required a lot of time investment, it allowed for the tracking of activities and results in a detailed and timely manner to allow for adaptation of programmatic activities. As the monitoring dashboard was accessible to all parties, it allowed for a comparison of achievements from one country to another, and for an exchange of information on the challenges faced and good practices.



IPs were introduced to the process through an orientation workshop before the implementation of activities started. Some of the partners were very positive about the reporting processes, in particular those who had been working with UNFPA and/or UN Women before and who were already familiar with these requirements. In some countries, IPs appreciated the fact that the agencies followed up closely, providing feedback on the implementation.

However, in all countries, some of the partners reported challenges related to the reporting requirements, either because they felt the platform used was too complex, or because the reporting requirements were considered too heavy in view of the limited time available. The short timeframe allocated for reporting was particularly difficult to manage for smaller organisations, which were already working under pressure to implement all activities in a limited amount of time. For IPs who recruited subcontractors, it was often a challenge to collect the data on time. Partners also felt that some of the requests related to reporting were redundant and that too many documents were requested, leading to a significant amount of time spent for each activity despite the fact that the amount of the grant was limited. Subcontractors also reported that they had to report to both the UN agency and the IP, with the IP acting as an intermediary, creating long submission and review processes.

## 2.3 Synergies and complementarities between UNFPA and UN Women interventions

### Strengthening the collaboration between UN Women and UNFPA: an objective of the CERF allocation

One of the objectives of the CERF allocations is to encourage stronger coordination between organisations active in the field. Therefore, strengthening the collaboration between UNFPA and UN Women was an explicit objective from OCHA's perspective. The rationale behind was to create synergies between actors working on GBV, leveraging the comparative advantages of each agency, i.e., UNFPA's strong coordination role as lead agency on GBV and ample experience working on GBV service provision in emergency contexts and UN Women's experience on women's economic empowerment and livelihoods, gender equality as well as its exposure to both humanitarian and development sectors:

*"We have seen more and more coordination and integration between the two agencies, and we hope this will continue, beyond the CERF allocation. With the focus on the nexus, the value of having UN Women in both of these worlds, the humanitarian and the development, can bring the GBV engagement to be more integrated with what the development actors are doing in the same context: maybe the peace ones to some extent. So, it should hopefully have benefits." (KII 3, Global)*

At the global level, according to OCHA, UNFPA and UN Women's collaboration was further enhanced thanks to the grant, although stakeholders admitted that making initial decisions on the design of the project was challenging at the beginning. In the early stages of the project, OCHA therefore took on a coordination role to facilitate exchanges between UNFPA and UN Women regarding the project outcomes and indicators. OCHA requested the two agencies to come up with a joint result framework, which led the agencies to work closely together during the inception phase despite the differences in terms of mandates. UNFPA and UN Women agreed on two common outcomes – one focused on social norms and one dedicated to the capacity strengthening and empowerment of WLOs and WROs – and maintained agency-specific outcomes reflecting the differences of mandates. The collaboration between UNFPA and UN Women varied greatly from one country to another and it appears that overall, however, a stronger coordination between UNFPA and UN Women could have allowed synergies and would have benefited the response. In particular, stronger synergies between UNFPA and UN Women would have contributed to an improved response by ensuring a more comprehensive and consistent set of services, addressing GBV in a cohesive manner. Their joint efforts could potentially have enabled an enhanced capacity strengthening of partners, including Women's Leadership Organizations (WLOs), thus strengthening the overall support network and empowering local organisations to play a more significant role in preventing and responding to GBV. Additional considerations on the benefits of a stronger collaboration will be provided in the following sections as well as in the conclusions.

In some contexts, UNFPA and UN Women coordinated from the onset of the project and collaborated closely which allowed them to use the funds to fill gaps. In other countries, UNFPA and UN Women country offices had limited exchanges, and in some cases, were not informed about the collaboration until after they submitted the proposal (see below). According to UN Women, the time allocated to the inception phase was insufficient to hold discussions around complementarities and synergies together with UNFPA:

*"In an ideal scenario, these discussions could have happened at the beginning of the project but let's not forget this was not a joint programme and we were given one month to come up with a result framework[...] [W]e started the implementation of the project without the maturity of these discussions at the global level, so this is something to consider when we look at complementarity." (KII 2, Global)*

Nonetheless, there seems to have been more exchanges between UNFPA and UN Women at the global level thanks to the grant.

## Agency-specific benefits

As UN Women became a IASC member in 2022, CERF funds allowed the agency to consolidate its interventions in GBViE as UN Women had preexisting GBV interventions only in some of the countries of intervention. In countries where UN Women had previously been implementing humanitarian programmes - as in Bangladesh, Cameroon, Colombia and Palestine - the allocation allowed the agency to strengthen and complement some of its interventions.

For UNFPA similarly, the CERF funds allowed for the reinforcement of existing interventions, an increased outreach, and further strengthened partnerships with local partners.

## In-country experiences of collaboration

Most stakeholders agreed that there is potential for synergies and complementarities between UNFPA's and UN Women's GBV response interventions, in particular in view of UNFPA's expertise on case management and UN Women's work on livelihoods, women's leadership and on gender equality more broadly. UN Women at the global level highlighted that positive achievements and good practices emerged from the collaboration between the two agencies in some countries, reflected in the exchange of information, resources and tools (service mapping and referral pathways), as in Cameroon and Myanmar, in the coordination around service provision in safe spaces and/or multipurpose centres (as in Bangladesh). In contexts where the collaboration was more limited, the joint intervention allowed for the coverage of a wider geographical area in terms of service delivery for survivors (as in Ethiopia where UNFPA and UN Women worked with different IPs in different regions of the country). At the country level, the operational context and the existence of past collaborations played an important role in whether the two agencies were able to effectively coordinate activities: in some cases, UNFPA and UN Women had been working together previously and had already developed a working relationship.

In Myanmar for instance, the CERF model holds potential as the collaboration between the two agencies was considered successful by both parties and could lead to future collaboration as the two agencies have been trying to jointly identify funds to continue some of the activities beyond the project implementation period. UNFPA and UN Women in Myanmar was facilitated by the fact that the agencies had a close working relationship and they jointly conducted a mapping of partners and activities to identify gaps and decide which activities should be implemented and in which locations. This coordination allowed to avoid duplication and to have a clear repartition of work between UNFPA and UN Women:

*"This is a joint project [...] so [we had an] agreed division of responsibilities, division of work so that we don't duplicate our efforts. We also have SOP for cash support throughout the GBV cash management under this CERF project to clarify how and when to provide cash support. (KII 1, Myanmar)*

Arguably, the coordination between the two agencies allowed for an improvement in efficiency and quality of the implementation, as UNFPA and UN Women were able to share lessons learned and challenges in coordination meetings, initially held monthly during the initial phase of the project, then quarterly. A respondent also shared a good practice in Myanmar whereby UN Women had an underspend in their budget, and they were able to reallocate the extra funds to complement the activities that UNFPA were supporting through identifying gaps together in order to make sure these funds could be used in the most efficient manner. This coordination between UNFPA and UN Women in turn benefitted GBV survivors through the referrals as well as WLOs/WROs through the expansion of the network of organisations taking part in the coordination of the GBV sub-cluster/sector.

Good practices were also identified in Bangladesh with the inclusion of UNFPA's midwifery services in UN Women's multipurpose centres, where those services were not available before. The fact that all services were available in one location allowed to improve the quality of the response, making it more user-friendly.

This approach of the service delivery was however not used in all countries. In several countries, each agency appears to have implemented activities without seeking synergies with its counterpart. In Palestine for instance, while there was coordination between UNFPA and UN Women through the participation in the GBV sub-cluster/sector, it was not the case for service delivery. Stakeholders reported that the role repartition between UN Women and UNFPA could be improved to avoid that both spread themselves thin by focusing on all components without necessarily being best placed to do so.

Nonetheless, in some countries, including Palestine, the specific expertise of both agencies was used in a complementary manner when it comes to training delivery to WLOs (IPs, subcontractors and grantees) as UN Women conducted training on institutional capacities, including for fundraising and participation in Humanitarian Response Plans, while UNFPA conducted technical training on GBV and case management.

Meanwhile, in other countries, the collaboration was scarce, and country offices of each agency had limited to no knowledge of the other's activities. In Ethiopia, staff from UNFPA and UN Women explained they did not even know that the CERF projects were implemented in the context of a collaboration between UN Women and UNFPA. The UNFPA country office was told after submitting the proposal and proposing the activities that it was supposed to be a collaboration with UN Women. The staff from UNFPA said they could have used the synergies as UN Women and

UNFPA have different focus and areas of expertise - which could have been leveraged if they had been working in the same location, which was not the case here. UNFPA and UN Women were not operating in the same region and were partnering with different IPs - stronger coordination could be achieved in the future according to UN Women.

When it comes to the coordination with additional actors, this was primarily addressed through the participation in existing coordination forums, in particular through the GBV sub-cluster/sector. UNFPA and UN Women did not report to Humanitarian Coordinators in countries, but OCHA at the global level received interim reports submitted by each of the two agencies.

### **GOOD PRACTICES - EFFICIENCY**

- Allocating a predetermined percentage of the funds to be channelled directly through local organisations (including WLOs and WROs) (donor).
- Facilitating adaptive implementation by allowing for flexibility to accommodate unforeseen contextual changes, while also providing timely feedback to enable country-level actors to promptly react and modify their interventions (donor).
- Collaboratively engaging from the project's initial phase to collectively identify needs and establish a consensus on the allocation of roles and responsibilities (Responsible agencies).
- Contributing to resilience and empowerment through fostering complementarity around service delivery for survivors, social norm-related programming, capacity strengthening for WLOs and livelihoods (Responsible agencies).
- Identifying potential synergies and opportunities to enhance existing programming by leveraging each partner's strengths and complementing one another (Responsible agencies).



## 3. Effectiveness

### 3.1 Achievements against the project outcomes

#### 3.1.1 Outcome 1 (common to UNFPA and UN Women): Targeted people, through program intervention, report changes in perceptions and attitudes towards social norms and practices that perpetuate gender-based violence and gender equalities

The first outcome of the CERF block grant relates to addressing social norms, an ambitious objective for a two-year project in multiple countries. Social norms being embedded in societies, cultures and behaviours, it is challenging for a single project to impact them, especially within such a limited time frame. Participants of the evaluation, whether agencies' head offices, country offices, or implementing partners, agree that the impact on social norms is a longer-term objective which would have been difficult to achieve and measure as part of the CERF block grant.

This being said, the CERF in fact aims at changing in particular the perceptions and attitudes of targeted people towards such social norms, rather than the social norms themselves - a better defined and more realistic approach. The evaluation data suggests that the CERF has contributed to changing perceptions to some extent.

- Reaching a shared understanding of, and measuring, social norm change

In order to ensure effective and coherent monitoring of results against Outcome 1, UN Women and UNFPA engaged in joint reflection work to articulate the most relevant indicators to measure participants' perceptions of social norms, as part of which a concept note was developed to set definitions so that all actors have a shared understanding. Furthermore, drawing from previous work on social norms and positive masculinities, UN Women and IPs conducted surveys at the level of community members/participants in project activities to track progress. Once these definitions were set, one common indicator was defined for outcome 1 in all countries of implementation: ***the percentage of women, men, girls and boys who report that they disagree or strongly disagree with locally relevant harmful social norms.***

Two tools were implemented as part of this outcome, which contributed to understanding and measuring the achievements.

The first tool was the aforementioned perception survey, which constituted the main tool to measure the achievement in regard to the indicator. It was composed of a series of statements with which participants were asked whether they agreed or disagreed. A version was available for participants under 18 years old (girls and boys) and one for participants over 18 years old (women and men). The statements proposed in the survey reflected harmful social norms falling under violence (e.g. "There are times when a woman deserves to be beaten"), sexual relationships (e.g. "A woman who has sex before she marries does not deserve respect"), reproductive health and disease prevention (e.g. "Husband should be outraged if their wife asks them to use a condom") and gender norms (e.g. "A man should have the final word about decisions in his home")<sup>13</sup>. The evolution in disagreement with these statements constituted the indicator's measure for outcome 1.

Additionally, a study was conducted to examine indicators of change in individual beliefs and social norms related to GBV and harmful practice in humanitarian settings. This study was designed in collaboration with John Hopkins University and consisted in a survey on "Social Norms and Beliefs about GBV" targeting the staff of project stakeholders: implementing partners, Women-led organisations, and Women's rights organisations<sup>14</sup>. The survey measured staff agreement with the norms as well as their perceptions of community endorsement of these norms. In this study, the social norms indicators were the response to sexual violence, husband's right to use violence, protecting family 'honour', female genital mutilation, child marriage, and gender equity.

Surveys were conducted at country level at the beginning of the implementation period (baseline study) to assess the GBV situation. The objective of this study was both for programmes and monitoring: for programmes, to help identify the harmful social norms that existed at the local level and should be targeted by activities; and for monitoring, as it standardised the tools and informed the progress between baseline and endline. However, the outcome's indicator was measured based on the first tool (perception survey). Results on the evolution in agreement with harmful social norms are not yet available in all countries for both agencies - UNFPA had not shared the results at the time of the evaluation, and UN Women shared results from the endline survey but not the evolution since baseline. Nevertheless, some data was either published through a country-specific report (Palestine) or communicated via the e-survey (Colombia).

Overall, monitoring was challenging at two levels:

<sup>13</sup> CERF annual report, 2022a. Annex 1: Outcome 1 beneficiary survey.

<sup>14</sup> CERF Baseline Social Norms and Personal Beliefs Report, 2022.

Firstly, as the baseline had not been undertaken yet at the time of the proposal draft, setting a target percentage of disagreement with social norms would not have been realistic. Thus, the project team opted to target a certain percentage of increase (20%) of participants' disagreement with harmful social norms.

Secondly, although survey tools were developed with common areas of change to measure and contextualised according to the country, setting a common survey to measure the same indicators in all countries was challenging. This was particularly because social norms differ, and each setting comes with different sensitivities and different ways of approaching issues pertaining to GBV in an appropriate and careful manner. Additionally, social norms would require a longer funding period to assess accurately as perceptions in the community take a much longer time to transform.

- **Activities designed to promote perception change**

Overall, a wide range of activities were implemented as part of the CERF to contribute to changing perceptions of participants on social norms. Differences can be observed between countries, both on the quantity of activities that aimed to reach this outcome in particular, and in the approach - there was no strong direction as the type of and issues related to social norms vary greatly, which lead to inconsistencies between countries, as expressed by a respondent:

*“Activities related to social norms, if you want to be precise, each country does it one way or another; it can be through survivor centred [activities], awareness raising, being sensitive about communications; in some countries we see male involvement and in others we do not. When we have a 2-year plan, very decentralised, it is very contextual.” (KII 4, global)*

Two types of activities have contributed to changing the behaviours and perceptions towards social norms:

- (1) GBV multisectoral services (outcome 3) which, without aiming to change perceptions as their first objective, do lead to results in this regards;
- (2) Activities aiming specifically at changing perceptions around social norms at community level, which are the ones that vary the most depending on countries;
- (3) Adapting funding patterns to channel resources towards the work of WLOs/WROs was a key catalyst to enabling social transformation

Regarding the GBV services, these appear to have contributed incrementally towards changing women's and survivors' perceptions, including by increasing knowledge on their rights and empowering them to speak up. This is particularly true of the legal services, psychosocial services (including survivors' networks), Sexual and Reproductive Health and Rights services, and livelihood activities. Indeed, because GBV tolerance is very high, especially in humanitarian settings, services contribute to their denormalisation even when they don't target social norms directly. One KII participant elaborated on this notion as follows:

*“[G]ender-based violence is exacerbated in conflict situations in humanitarian settings due to patterns of discrimination, social norms, and beliefs surrounding gender and the tolerance of gender-based violence. This leads to tolerance within communities and institutions, allowing gender-based violence to persist and intensify in these humanitarian situations in various ways. Impunity generates greater ‘tolerance’ or a sense of entitlement among individuals to carry out these actions. Therefore, working on strengthening organisations involved [means] working to denormalise gender-based violence, to understand it as a human rights issue, particularly affecting the rights of women, girls, and other sexual identities and orientations.” (KII 2, Colombia)*

The effectiveness of these activities in regard to outcome 1, was stronger when associated with activities dedicated to target perceptions. Indeed, the second type of activities which contributed to reaching outcome 1, are activities dedicated to target perceptions around social norms at community level. These activities have been at the centre of the project in all countries; they were both an outcome in themselves, and a means to increase the achievement of other outcomes, since social norms were also a major hindering factor in all locations. In addition to increasing positive behaviours, they contributed to preventing GBV and increasing the number of women who are aware of and empowered to seek services.

Social norms-specific activities followed different approaches and practices depending on the local contexts as they needed to be adapted to the specific norms and needs of the locations; when possible, they were designed to a great extent by community-based organisations. They took the form of awareness raising sessions, information dissemination, community psychosocial activities, and advocacy, and targeted women as well as the community in general. In some countries, specific groups were targeted, especially men, youth, and local authority figures (religious leaders, police, and local government). A number of good practices emerged from the different approaches taken, as listed below.

In addition to these two types of activities, participants in Colombia mentioned that strengthening Women-Led Organisations (outcome 2) was in itself contributing to changing perceptions on GBV because they set an example of

different behaviours at community level - as women leaders are themselves community members and yet, fight GBV rather than abiding to harmful norms.

### Good practices: 2 approaches and 4 activities

Among the activities dedicated to changing perceptions and behaviours towards social norms, the evaluation has highlighted good practices in terms of approaches and activities, which are detailed in this section. **Two approaches** were identified as good practices: the reliance on local actors; and the inclusion of specific groups. **Four activities** were particularly effective: women networks; positive masculinities training; men alliances; and youth campaigns. Good practices were identified in particular in Cameroon, Ethiopia and Palestine, where activities on social norms were more developed than in other countries.

### Reliance on local actors, with a prioritisation of WLOs and WROs

Most Country Offices relied on local actors, especially Women-Led Organisations for the implementation of social norms related work. Indeed, working with local actors to implement activities on such a challenging and sensitive topic at community level is a strong facilitator, as these groups are more likely to be known and trusted by the community. Additionally, communication is easier both in terms of language and means - such as community radio or social networks. At best, community-based organisations were implementing these activities - which enables them to have a transformative role as they show examples of community members with different perceptions and behaviours; when it was not possible, Country Offices relied on actors with previous experience in engagement with the community.

In some countries, community-based organisations (CBOs), especially Women-Led Organisations, were involved in the design of activities - this varied depending on the capacities of such organisations in the country. In the cases where Country Offices were able to include CBOs in the design, it provided an added value as local organisations have a deep understanding of the social norms they are embedded in, which increases the relevance of proposed activities.

Moreover, as social norms vary within a country, the collaboration with CBOs for activity design contributes to having the most appropriate and relevant response for the specific locality, rather than a country- or region-based action plan.

Finally, prioritising WLOs and WROs as local partners, not only supports transformative projects - it also builds on these organisations' pre-existing networks and experience on gender-related issues at community level; and WLOs and WROs can show higher commitment to Gender Equality and Women's Empowerment, and to PSEA.

### Inclusion of specific groups

The inclusion of specific groups in the action plan, through targeted activities, was an effective practice that most countries adopted. In particular, activities tailored for men, youth, and religious leaders, showed great effectiveness in changing the perceptions and behaviours - in the case of men, because they are often the ones who set the standards, and often the main perpetrators of GBV; in the case of youth and leaders, because of their role as transformative agents for social norms - thus have the potential to increase the impact beyond the project's implementation.

Men were targeted through specific activities in all countries, although fewer activities targeting men were implemented in Colombia and Bangladesh, thus reducing the impact on social norms. In Colombia for example, men's involvement was limited to community mobilisation and awareness raising activities. Overall, men-specific activities included training and awareness raising activities, as well as developing networks of allies for advocacy purposes. As these activities were particularly effective, examples of good practices are developed below. Although the near exclusion of men in Colombia and Bangladesh is backed by the need to focus on women's and gender and sexual minorities' safety, IPs and COs have highlighted that it limited the results in relation to social norms.

Activities targeting youth can be classified in two types. The first type is activities that addressed harmful social norms among youth, based on the assumption that (1) such social norms are not yet embedded and alternative norms can be more easily absorbed by them, and (2) they are forming the future society and are thus an essential component to impact social norms on the long term. Such activities are mostly awareness raising activities and campaigns, including - when possible - at school.

The second type of activities targeting youth are activities based on the assumption that the young generation is more aware and supportive of positive social norms, and can thus be active in awareness and advocacy campaigns - not as targets, but as transmitters of transformative messages. Such activities are described below.

Finally, religious leader mobilisation by implementing partners, which was done in Ethiopia and Cameroon in particular, showed good results as they are influential figures whose perceptions and behaviours are respected and often followed by community members. They were not targeted by specific campaigns, but rather included as mediators, with project staff reaching out to them to increase their understanding and acceptance of women's rights

and mobilising them to raise awareness among the community. It was particularly effective for specific topics such as child marriage and girls' education.

*"We worked a lot with traditional and religious leaders, who are the main - the main people, for example, who seal child marriages, and we were able to observe a change, a clear decline in these marriages. We have been able to observe, for example, the fact that traditional leaders were also raising awareness among people, among parents, about the importance of sending girls to school rather than to marriage." (KII 1, Cameroon)*

## Women networks

Women networks were implemented in Palestine and Ethiopia, with different formats between and within the countries. A first type of women network consisted in survivors' network, whose main activities were psychosocial support and information sharing. The second type of network observed as part of the CERF was larger and involved women who were not GBV survivors, but could provide information and resources; its main objective was to provide practical support to survivors. Two examples are presented here, which reveal the two main outcomes of such networks.

First, women networks contribute to denormalising the GBV they are experiencing or have survived from; and enable them to speak out and seek support. In Ethiopia, a network was set up in four districts in the form of "coffee corner groups" to help change survivors' behaviours and break their silence, in addition to facilitating the identification of other survivors. Each group was constituted of 15 to 20 women who were sharing their experiences of GBV, as well as information to increase their own protection, learn about women's rights and services, identify and refer other survivors.

Second, women networks play a role of relay and practical support when survivors need and want to access services and rights. They are mobilised, for example, for legal actions. This type of network increases access to services, as survivors are not isolated and benefit from efforts provided by other women, either survivors themselves, or advocates. In Palestine, a forum was created to connect GBV survivors and other women, who are mobilised to support survivors and advocate for their rights. All this contributes to increasing the impact on women's perceptions and knowledge about their rights.

## Positive masculinities training

Positive masculinities training was conducted in Palestine and Cameroon. This activity is part of good practices because of the results reported by the project staff (implementing organisation and lead agency) in terms of change in perceptions, as the quote below illustrates. Positive masculinities provide alternative behaviours and norms: it does not only raise awareness about women's rights and the harm that social norms create - but also proposes solutions for change. Despite the limited acceptance of the term and strong opposition expressed by participants in the early stage of implementation, in both countries, change was observed as a direct result of the training. In Palestine, positive masculinities training targeted the National Security Forces; despite strong challenges, the activity was successful and participants were keen to continue such training:

*"In the workshops with the NSF [National Security Forces], who were all men, we could sense some opposition or criticism to these ideas, but we could see the shift throughout the course and towards the end how their perspectives changed. That's when we felt the impact of this training was very big, because at the beginning when our specialists went to the sessions the NSF participants used to give them very tough criticism [...] undermining the content and the specialists, but later they were actually interested to stay due to the techniques and the language used in the dialogue and discussions, to a point that one of the groups in Nablus and Tubas asked for another session, an advanced one on the same topic." (FGD 4, Palestine)*

In Cameroon, male community members were targeted, and women observed a change in the behaviours of men who had participated in the positive masculinities training.

## Men alliances

This innovative activity was implemented in Palestine, based on the experience and proposition of a local implementing partner, which was accepted by UNFPA - and due to the success of the activity, it was extended to 5 governorates in the West Bank. The men alliances or 'coalitions' are groups of men who support, defend, and advocate for women and women's rights in conservative areas. Their members engage with women through the IP, to understand women's issues and needs, and thus increase the relevance of the groups' activities. They conduct three types of actions:

- (1) Support to women in needs in their communities - including financial support through fundraising;
- (2) Advocacy to the government to better enforce women's rights and protection;
- (3) Campaigns in men-only places (cafes, sports events, etc.) by initiating conversations on women's rights.

## Youth campaigns

As mentioned before, youth were included in activities both targeting them - to change their perceptions - and building on their transformative roles - as drivers of change. As part of the first category, a successful activity implemented by UN Women's IPs in Cameroon and Palestine, was 'He for She' dialogues. In both countries, they showed results and male participants became defenders of girls' and women's rights.

Focusing on the transformative role of youth proved to be a particularly effective activity. As youth tend to be more aware of GBV issues, they can contribute to changing behaviours. Two innovative activities included a university competition to create a social media campaign on positive masculinities in Palestine and an intergenerational dialogue in Ethiopia:

*"There are differences in attitudes and understandings of sexual violence between the previous and the current generation. Therefore, we implemented this intergenerational dialogue in four districts to narrow the gap between the two generation and to create a society that hates sexual violence. In this dialogue young women and men as well as mothers and fathers were participating." (FGD 2, Ethiopia)*

- **Results on perceptions and attitudes towards social norms**

Overall, project implementers in all countries have made significant efforts to tackle social norms, as evidenced by the number of activities dedicated to changing perceptions and behaviours towards social norms - both to reach the target of outcome 1, and to mitigate the challenges that social norms pose in increasing access to services and prevention of GBV. In several countries, partners have developed innovative approaches to reach good results, some of which were elaborated in the previous section.

The evaluation found good results in regard to the indicator of this outcome, i.e. an increased percentage of women, men, girls and boys who report that they disagree or strongly disagree with locally relevant harmful social norms; however this was observed through qualitative data collection and does not replace the need for the baseline/endline survey results comparison. The main achievements of the CERF project in contributing towards changing perceptions and attitudes towards social norms through the increased knowledge of and agreement with women's rights; progress in disagreement with harmful social norms; and increased commitment of men and boys to fight GBV.

## Increased Awareness and Disapproval of Gender-Based Violence

In Cameroon, Colombia, Myanmar and Palestine, participants to the evaluation provided evidence that the CERF contributed to an increased awareness and disapproval of GBV. In contexts where GBV incidence and prevalence are particularly high and often socially accepted, especially in emergencies, this result is a key step towards reducing GBV.

An evaluation participant in Myanmar, for instance, highlighted small and incremental changes in people's perceptions on domestic violence along the following lines:

*"IPs they also mentioned some changes, at the community level, for example of course women they saw domestic violence like a kind of normal thing they have to go through, they realise it should not happen and that this is human right violations [...] and they want to change their knowledge with their friends or people in the same community. It's a small change, but change in relation to perceptions and attitudes are being observed" (KII 1, Myanmar)*

Similar positive changes were reported from the CERF-related activities in Palestine where partners reported that the tolerance vis-à-vis GBV was lower among women who had taken part in livelihood activities - 94% (vs 87% in the control group) indicated that they will not tolerate GBV against them according to a UN Women survey respondent<sup>15</sup>.

A survey respondent in Colombia communicated a number of positive outcomes of their work under the CERF, highlighting the following changes reported in the perception survey:

- The statement *'If a man assaults his wife or partner, other people outside the family must intervene'* went from having an acceptance of 37.5% to 84%, suggesting a change in the mentality and in the need to protect women in cases of violence.
- The statement *'the woman must have the freedom of refusing to have sexual relations with her partner husband'* went from an acceptance of 46.4% to 83.8%, which shows increased knowledge regarding what sexual violence and consent of the woman implies.
- The statement *'It is acceptable for someone to hit their spouse or partner, for example, in cases of infidelity'* went from 30.8% totally disagreeing to 96%.
- The statement *'If a woman continues with her partner after being beaten, it is because she likes it'* had a percentage difference of 48.5%, going from totally disagreeing from 11.5% in the entry line to 60% in the line of exit.

<sup>15</sup> In Gaza, UN Women's M&E approach on social norms measured change in four different domains: violence, reproductive health, sexual relations and gender norms



- The statement 'A woman's duty is to sexually satisfy her partner' showed change, going from 23.1% totally disagree to 84% totally disagree.

In addition to the community level, the increased awareness and disapproval of GBV was also observed at the level of local authorities (Colombia) and religious leaders (Cameroon). In Colombia, the family commissioner's office has reportedly become more efficient and dedicated to pursuing persecutors; while in Cameroon, religious leaders are becoming drivers of change.

It should be noted however, that it is difficult to ascertain the degree these results can be attributed to the CERF funded activities alone, given the ongoing and long-standing work of various actors in promoting social norm change in many locations which pre-date the CERF grant. In addition, there is the potential of a social desirability bias at play, where there can be a tendency for respondents to present themselves and their social context in a way that is perceived to be socially acceptable, but not necessarily entirely reflective of reality.<sup>16</sup>

### Increased knowledge about women's rights and increased decision-making

The CERF activities, both social norms-specific and multisectoral services, have contributed to women and community members becoming more aware of and adhering to women's rights. This has an impact, on one hand, on perceptions and behaviours regarding harmful social norms; and on the other hands, increases the prevention of and response to GBV. These changes were mentioned the most in Palestine and Bangladesh, where participants to the project are reportedly empowered to claim their rights, and in some cases are more included in decision-making within the household. In Bangladesh, findings point to female participants reporting an increased awareness of their rights, including their rights to freedom of movement and economic autonomy. In Palestine, a study on women's resilience conducted as part of the CERF showed that women's decision-making had increased as a result of the CERF activities; women who were targeted for livelihood activities showed the highest progress in this regard.<sup>17</sup>

### Stronger disagreement with harmful practices and norms

The evaluation identified concrete examples of harmful social norms towards which project participants' perception had reportedly changed. Certain incremental changes could be observed in relation to girls' education, victim blaming, and child marriage. Regarding child marriage specifically, key informants have observed a reduction of cases in Bangladesh, Cameroon and Ethiopia. In Ethiopia, UNFPA reports that some child marriages have been cancelled as a result of the awareness raising activities conducted in a locality. However, these are observations of the projects' stakeholders, and quantitative data would be needed to triangulate it with figures at community level, and it is moreover important to note that efforts to address child marriage would have been taking place in most localities prior to, and in parallel with, the CERF grant funded interventions, meaning that attribution is difficult. One respondent highlighted the following:

*"To give you an example, in one district, because of this community conversation, a lot of child marriage cases were cancelled. Even we reported that to the Geneva office, actually a lot of child marriage cases have been cancelled, this is due to the prevention activities that we managed to bring these results." (KII 3, Ethiopia)*

### Commitment of men and boys to fight GBV

Finally, activities targeting men and youth appeared to have contributed in certain ways to a higher commitment and contribution of men in addressing GBV and harmful social norms. Results were observed in particular in Bangladesh, Cameroon and Palestine. At household level, men reportedly contribute more to chores, family planning and caretaking (Bangladesh and Cameroon); at community level, they report GBV cases (Cameroon) and advocate for women's rights, as in the case of the men's alliances in Palestine.

*"Men have reported discussing family planning issues with their wives, Men have reported rape cases and taken to services (legal, PSS, livelihood), Men have advocated, and women [were] included in the traditional quarter councils. Men are creating awareness in the communities particularly in remote communities." (E-Survey, Cameroon)*

However, once more it is difficult to ascertain the degree to which these observed changes can be attributed to the CERF grants alone.

In conclusion, through specific activities and through service delivery, the CERF appears to have contributed towards an incremental change in perceptions and behaviours towards social norms. Although the endline survey results are necessary to confirm that the targeted evolution is met in all countries and for both agencies, the evaluation provides evidence of good results for this outcome and indicator, as there is a stronger disagreement with harmful social norms. However, these results are still a limited contribution to changing social norms in the broader sense, which can hardly be an objective for a 2-year project - and thus, was not part of the measure for outcome 1.

<sup>16</sup> Bergen, N. and Labonté, R., 2020. "Everything Is Perfect, and We Have No Problems: Detecting and Limiting Social Desirability Bias in Qualitative Research", *Qualitative health research* 30 no 5.

<sup>17</sup> UN Women, 2022a. UN Women Gender Sensitive Resilience Capacity Index (GS-RCI) Report - Palestine.

Finally, tackling social norms was both an objective as part of outcome 1, and a means to prevent GBV and increase access to services. The activities implemented as part of social norms are hence also contributing to strong results under the other outcomes too. Indeed, beyond outcome 1, various good practices of innovative and adapted activities have contributed to prevent GBV and protect survivors, to increase the outreach of services, and to create positive behaviours from community members, better awareness of rights and adherence to positive norms. Positive results were recorded across countries; in Cameroon, evidence shows women and men being increasingly active and vocal at community level to oppose GBV; in Palestine, the sharing of experience by survivors who benefitted from the project encourages others to seek services and participate in the CERF activities.

### GOOD PRACTICES - OUTCOME 1

- Inclusion of local organisations, especially women-led and / or community-based organisations working on gender equality and women’s empowerment, in the design of action plans to identify activities relevant and adapted to tackle social norms related to gender in the context.
- Proposing different types of activities, including innovative approaches and activities tackling particular groups, especially men and local leaders.

### 3.1.2 Outcome 2 (common to UNFPA and UN Women): “WLOs and WROs are empowered to increasingly engage in decision-making and leadership in GBV response, mitigation and prevention.”

The tables below present the indicators used by both agencies to measure the results achieved under Outcome 2. It mentions the target and not final results, as the objective is to indicate what results were expected from this outcome and how it was measured - however the latest level of achievement is visible through the colour code.

Table 7: Summary of UNFPA indicators, target and achievement by country, June 2023 (not final)<sup>18</sup>

|  | Bangladesh                 | Cameroon                   | Colombia                   | Ethiopia                   | Myanmar                    | Palestine                  |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Indicator  | Target                     |                            |                            |                            |                            |                            |
| <b>Output: WLOs and WROs are empowered to increasingly engage in decision making and leadership in GBV response, mitigation and prevention</b> |                            |                            |                            |                            |                            |                            |
| Percentage of targeted WLOs/WROs that report increased capacity to implement GBV risk mitigation, prevention and response interventions.       | 80%                        | 80%                        | 80%                        | 80%                        | 80%                        | 80%                        |
| Percentage of targeted WLOs/WROs that report increased involvement/participation in humanitarian decision making.                              | 20% increase from baseline | 20% increase from baseline | 20% increase from baseline | 20% increase from baseline | 20% increase from baseline | 20% increase from baseline |
| <b>Output: Increased capacity of local women’s organisation(s) to implement GBV prevention and response programmes</b>                         |                            |                            |                            |                            |                            |                            |
| Total number of WLO targeted that report increased capacities to implement GBV prevention and response programming                             |                            |                            |                            | 5                          |                            |                            |
| # of WLOs that have received technical or operational capacity development support   | 16                         | 6                          | 10                         | N/A                        | 14                         | 10                         |

<sup>18</sup> UNFPA, 2023b. Global GBV CERF (UOH70) Monitoring Dashboard (live document).

|   |                 |  |     |  |     |     |
|---|-----------------|--|-----|--|-----|-----|
| # of WLO staff that have received technical or operational capacity development support   | N/A             | N/A  | N/A |  | 200 | N/A |
| <b>Output: Participation of Women's Rights and women led organisations in key humanitarian structures is increased.</b>                       |                 |  |     |  |     |     |
| # of WLOs/WROs targeted who participate in relevant local fora (LCT meetings, local GBV sub-clusters/sectors,) captured at a quarterly basis. |                 |  | 10  |  |     |     |
| Exceeded  | Pending results | Partially reached: number exceeded, but percentage not reached |     |  |     |     |

Table 8: Summary of UN Women indicators, target and achievement by country, June 2023 (not final)<sup>19</sup>

|   | Bangladesh | Cameroon | Colombia | Ethiopia | Myanmar | Palestine |
|---|------------|----------|----------|----------|---------|-----------|
| Indicator   | Target     |          |          |          |         |           |
| Percentage of targeted WLOs/WROs that report increased capacity to implement GBV risk mitigation, prevention and response interventions.  | 80% - 14   | 80% - 20 | 60% - 10 | 80% - 13 |         | 90% - 8   |
| Percentage of targeted WLOs/WROs that report increased involvement/participation in humanitarian decision-making.   | 50% - 9    | 80% - 20 | 60% - 10 | 80% - 13 | 50% - 7 | 90% - 8   |
| <b>Output: WLOs/WROs and representatives of self-organised women's groups have enhanced leadership skills to engage in humanitarian decision making</b>   |            |          |          |          |         |           |
| Number of targeted WLOs/WROs that report increased access to tools and resources in cluster/sector and inter-cluster humanitarian planning and response processes and mechanisms                                    | 14         |          | 10       |          | 14      | 8         |
| Number of WLOs/WROs and representatives of women's organisations and networks that report on strengthened leadership skills, increased capacities and knowledge to engage in humanitarian decision making processes | 9          | 20       | 60       | 8        |         |           |
| Number of targeted WLOs/WROs that report increased knowledge of entry points and process to access humanitarian funding as result of UN Women supported training  |            |          |          |          | 14      |           |
| <b>Output: WLOs/WROs have increased access to information and understanding of humanitarian decision making processes and mechanisms (including humanitarian funding mechanisms)</b>                                |            |          |          |          |         |           |

<sup>19</sup> UN Women, 2023. Consolidated final outcome monitoring sheet\_Y2 Q4 (13.06.2023).



|  |                 |  |    |
|--|-----------------|--|----|
| Number of targeted WLOs/WROs that report increased knowledge of humanitarian funding mechanisms  |                 |  | 10 |
| Number of targeted WLOs/WROs that report receiving funding through participation in the humanitarian response plan (HRP) or Humanitarian Fund (HF) |                 |  | 6  |
| Exceeded   | Pending results | Partially reached: number exceeded, but percentage not reached |    |

One of the key features of the CERF block grant was the emphasis on the empowerment of WLOs/WROs and its contribution to the localization agenda. This component of the projects was particularly important as WLOs/WROs are largely underrepresented in the GBV response and receive limited funding. The commitment to this feature was clearly reflected in the budget allocation requirements, as CERF requested that a minimum of 30% of the funding would pass through to WLOs/WROs working on GBV.

Activities under Outcome 2 contributed to sustainability and to the localisation agenda, but also ensured that the services were being provided with the expected quality and standards, in particular the IASC principles and minimum standards.

While there have been promising achievements in several countries, the approaches used and the results achieved varied greatly between countries. Across countries, there were two key orientations: (1) capacity strengthening to enhance local organisations' ability to respond to GBV, and (2) empowerment of WLO/WRO through greater participation in humanitarian forums, as further elaborated in the below sections. In addition to providing an assessment of the results under these two orientations, this part of the report moreover outlines key findings relating to shortcomings under Outcome 2, namely as addressed in section (3) a high dependency on funds, and (4) an underrepresentation of WLOs among implementing partners even when funding targets to WLOs were exceeded.

- **Provision of technical support to strengthen WLOs/WROs' contribution to the GBV response**

With over 30% of the CERF funds being directly allocated to WLOs/WROs, a key aspect of the project consisted in ensuring that selected local organisations were able to provide quality services as part of the GBV response. In line with this, activities across all countries included a capacity strengthening component targeting WLOs/WROs specifically, although the thematic focus and implementation modalities varied significantly from one context to another. In most cases, additional WLOs/WROs were able to benefit from the capacity strengthening activities, even though they were not delivering services under the CERF grant. Activities focused both on technical and organisational capacities depending on the needs expressed by the organisations and/or identified by UNFPA and UN Women.

In terms of organisations benefiting from capacity strengthening activities, in some cases, the project aimed to enhance the quality of the services provided by organisations which were already working on GBV, but in others, it allowed to bring in new WLOs, with no previous experience working on GBV, into this sector. The agencies' role in GBV sub-cluster/sectors globally was an advantage, both by bringing in the GBV AOR's concepts and response, and through the lead of sub/cluster/sector by UNFPA - and co-lead by UN Women in Colombia. The participation of WLOs/WROs in the GBV sub-cluster/sector contributed to strengthening the technical capacity of local organisations as it gave them access to a number of tools and information, also allowing them to take part in technical discussions on GBV response and ensuring that standardised models were used across the service provision.

Although the division of roles and responsibilities varied from one country to another, an approach used in several countries (such as Palestine and Ethiopia) was to have UNFPA take the lead in providing training to WLO/WRO on GBV issues and GBV response, while UN Women was often in charge of training provision around human rights, survivor-centred approaches, and gender in humanitarian action - In Palestine, for example, UN Women provided training on gender in humanitarian action, including programme cycle, humanitarian coordination, and Humanitarian Response Plans. This approach appears to have been an effective division to draw on the strengths of each agency (this will be developed later in this report). Additionally, implementing partners reported that they felt empowered to address and speak openly about GBV-related issues and that the activities undertaken made them feel more confident to address these sensitive issues.

A seemingly important factor contributing to strong results was the fact that Country Offices were given freedom to select the WLOs/WROs that should be supported, albeit with different processes being used between countries. No guidance was provided regarding the definition to be used to qualify as a WLO and/or a WRO as part of the CERF - although definitions have been adopted by the two agencies - and which type of organisation should be prioritised, in

order to place the onus on the COs to select the most relevant and well-placed organisations to achieve the strongest possible results. UNFPA and UN Women country offices selected the organisations themselves, except in some cases where UNFPA delegated this task to IPs - there was no reported example of such cases for UN Women. In Palestine for instance, one of UNFPA's IP describes the selection process they implemented:

*"Ten institutions were nominated, and five of them were chosen based on evaluation. [...] [T]here was a somewhat long and complex process of evaluation, selection, needs identification, and determining how much funding could cover the cost, as the budget was not sufficient for each institution, it was about \$7,000-8,000, an amount that was not large."*  
(FGD 2, Palestine)

In Cameroon too, UNFPA's IPs developed a questionnaire to identify WLOs operating in the areas of implementation, considering several criteria (area where the WLO operates, date of creation, number of members and proportion of women in leadership positions, main activity conducted, with a focus on organisations promoting women's rights and addressing the needs of vulnerable women and girls).

The number of organisations supported varied also from one country to another, from three to over a dozen, which can be explained by the fact that the number of existing WLOs/WROs and their capacity varies significantly depending on the context. It may be worth reflecting on whether there should be a minimum number of organisations supported in any forthcoming initiative, or whether quality should consistently be prioritised over quantity. Given the positive feedback received from countries where a larger number of organisations were included in the project (such as Palestine and Colombia), it seems that involving a minimum number of WLOs - when possible - is overall beneficial.

Nuancing this result, UN Women's study on WLOs and WROs engagement in humanitarian action highlights that working with one partner for different interventions in the same area of focus could show better results as the partner would build a stronger expertise<sup>20</sup>. Our evaluation showed that overall, working with experienced WLOs/WROs, rather than a high number of partners, increased the quality of service delivery. In this regard, implementing CERF through agencies with strong country experience and local network, including long-lasting partnerships with experienced WLOs/WROs, is an essential factor to reach strong and sustainable results in terms of localisation.

### **Support provided to the WLO/WRO**

The type of support provided, as well as the modalities to conduct the capacity strengthening activities, were also very different across countries, a factor which is once again testament to the strong localised approach of the grant, allowing for the most appropriate model to be utilised in each location. In several countries, UNFPA and UN Women provided technical support themselves, relying on their own staff and field-based consultants. In Ethiopia for example, the WLOs/WROs who received grants benefitted from technical support throughout the implementation from UNFPA consultants in addition to the training sessions, which ensured that the services were provided with the expected standards. In addition, other WLOs active in the area of implementation benefitted from the training even though they were not providing services under the CERF project.

Similarly positive results were recorded in Palestine, where following an assessment of the capacity of the selected organisations, the project allowed to provide capacity building to as many as 14 WLOs who received grants in order to include GBV in their strategic plans and improve their skills and knowledge in GBV (including case management, CMR, MIS, PSEA, referral, and detection). IPs were overall positive about the impact on the capacity building on their organisation, explaining for instance that they were able to develop the capacity to provide services that they could not offer before.

In some countries, the focus on empowering WLO/WRO yielded additional positive outcomes, such as new and fruitful collaborations between UNFPA and UN Women country offices. This was the case in Myanmar, where the agencies conducted an assessment in 2021 to assess the extent to which WLOs were participating meaningfully in humanitarian response and coordination structures and to identify their needs for further capacity building. Based on the results from the assessment, UNFPA and UN Women undertook the joint development of a capacity building plan which benefitted all GBV actors (not only WLOs/WROs but also UN agencies, INGOs, local organisations). Beyond the CERF funds, UNFPA - which has been active in capacity strengthening of local organisations as part of its programming - also used the results from this assessment to strengthen their participation in the GBV sub-cluster/sector and GBV working groups, meaning that the joint assessment conducted under the CERF project also allowed to strengthen existing efforts in this regard. One evaluation participant moreover explained:

*"[T]he capacity development plan was jointly implemented, and this plan is also linked to other capacity development plans of other organisations, networks or working groups like CPiE [Child Protection in Emergencies] and gender - it also includes linkages to the accountability and PSEA network."* (KII 2, Myanmar)

<sup>20</sup> UN Women, 2022b. Women-Led Organizations and Women's Rights Organizations role in humanitarian action in Palestine: Barriers and opportunities.

Interviews with agencies and WLO/WROs showed overall very positive results, despite the fact that WLOs/WROs can be scarce in some contexts and sometimes have very limited organisational capacities. In Bangladesh for instance, despite the fact that the number of WLOs supported was relatively limited, UNFPA was positive about the impact that the training session had on the organisations, highlighting the contribution of the training sessions in allowing WLOs to raise their voice and take a stronger role in policy and advocacy.

In the same country context, the local WLOs trained by UN Women in Cox's Bazar were positive about the impact of the training they received, highlighting that it has enabled them to respond to GBV cases in ways they were not able to before, whilst also strengthening their subject matter knowledge on a range of GBV related matters.

Another benefit in terms of empowerment is related to the fact that the project brought together local actors who were now afforded with opportunities to collaborate and complement each other's interventions. To exemplify this positive result of the CERF, one of the organisations in Palestine explained that the project allowed them to reinforce their linkages to actors providing services that they were not able to offer, therefore improving their ability to better meet the survivors' needs:

*"The funding gave us the opportunity to cooperate and sub-contract with other organisations and service providers. We are convinced that we cannot provide all different services for the women, that's why it's important to have connections with other organisations where they provide types of services different from ours." (KII 10, Palestine)*

### **Beyond the GBV response, addressing the needs for stronger financial and organisational capacities**

A common challenge faced in the context of Outcome 2 is related to the resources of the WLOs/WROs which, beyond their technical skills on GBV, often face certain shortcomings in their financial and organisational capacities. This was particularly true in e.g., Colombia, Cameroon and Bangladesh, where a strong focus of the CERF grant was placed on the financial reporting, project management, and operations in general.

This component was often included in the capacity strengthening activities in other countries as well, based on the gaps identified at the beginning of the project. In addition, in some countries, such as in Palestine, Colombia and Ethiopia, the capacity building activities also included the provision of equipment, furniture and specific systems to help organisations develop their infrastructure and manage projects efficiently. This tailored and flexible approach to capacity strengthening and resourcing of partners appears to be commendable in meeting each partner's most critical needs to enable them to move forward and build their organisations incrementally.

### **Limitation of the technical training on GBV**

Overall, whilst most of the WLOs/WROs interviewed were relatively positive about the support received, some underlined that a more continuous support is needed in order to strengthen the capacity of local organisations in a more deep-going and sustainable way. For WLOs to be able to access new opportunities and take a stronger role in the GBViE response, continuous support and regular follow-ups are needed to ensure the built capacities continue in the long run, especially as in most cases, there was no direct application of learnings during the CERF implementation. Some of the training sessions were also considered too brief to cover certain areas, as expressed by a respondent:

*"[T]he last training was about statistical analysis of standards, which was for just 1 day. This training was not given enough time as it included a lot of information and I felt like we would have needed more time for this topic." (FGD 4, Palestine)*

When it comes to IPs specifically, while they often stressed that the communication was smooth with UNFPA and UN Women and that the focal points provided adequate support when they faced challenges, some of the local organisations felt that they needed more capacity strengthening in order to meet the reporting requirements imposed by the UN agencies. IPs also believed there could be stronger support to the IPs by advocating for them when there is a capacity gap so that they can get support.

- **Empowerment of WLOs/WROs to take part in humanitarian coordination mechanisms**

The support provided by UNFPA and UN Women also aimed to empower WLOs/WROs so that they can engage in decision-making processes, in particular in humanitarian coordination fora (HCTs & GBV sub-cluster/sector mechanisms). Overall, the evaluation found that the results in this area were inconsistent across countries. While the support provided was appreciated by WLOs/WROs, it was often considered too limited to be able to say that it had had a tangible impact on the ability of such organisations to actively engage in decision-making and leadership in GBV response, mitigation and prevention. Nonetheless, there were promising practices which, if strengthened and maintained, have the potential to effectively contribute to this objective especially if long term investments in capacity strengthening are in place under HCT and cluster/sub-cluster/sector system.

At the global level, UNFPA and UN Women were overall relatively positive about the achievements. UN Women were particularly satisfied with this stream of work, outlining the catalytic investment enabled by the CERF funds as well as the contribution to the localisation agenda, underlining that over 200 WLOs benefited from training and capacity building about the humanitarian architecture in order to strengthen WLO engagement in humanitarian planning and decision-making processes. UN Women insisted on the importance of this specific focus in light of the longer-term results it yields, and specifically noted the potential of such efforts targeting networks of WLOs, likely to increase the outreach.

In countries where such efforts have been undertaken, various positive results have been observed. In Ethiopia for instance, the emphasis on advocacy allowed WLOs to actively engage in protecting the rights of women and girls through their participation in an ‘anti-harm’ protection practice forum, which allowed them to report any concerns they identify in the response and to have a say in the measures taken to address survivors’ needs.

The UN Women country office also emphasised the achievements obtained in Ethiopia, not only because supported WLOs joined the humanitarian country teams and started taking part in coordination meetings, but also because some of these organisations designed their own programs to respond to GBV, which was considered a key success.

From their perspective, IPs in the Amhara region expressed satisfaction with the support received and the impact on their organisations and valued in particular the fact that it allowed for linkages to be created with other organisations operating in the humanitarian sector.

Positive results were also reported in Palestine, where both UNFPA and UN Women provided capacity building activities that allowed WLOs/WROs to engage in humanitarian forums. Discussions with OCHA were held to agree on the needs and focus of the capacity building activities. Stakeholders stressed that the WLOs’ inclusion to the GBV sub-cluster/sector contributed to making their voices heard and their participation to the “think tank forum” bringing together organisations working on GBV organisations. In addition to the GBV sub cluster/sector, WLOs/WROs were also included in the Humanitarian Country Team (HCT) to facilitate their participation in overall humanitarian planning, coordination and advocacy. Although this participation was deemed positive by respondents, they also underlined that much support is needed and that capacity building activities should continue beyond the project implementation period. Indeed, UN Women’s study on WLOs and WROs inclusion in humanitarian action demonstrated that the strong expertise required to fully participate in humanitarian coordination mechanisms is one of the main factors hindering smaller WLOs/WROs’ integration.<sup>21</sup>

The support provided reportedly made WLOs/WROs more confident about their ability to advocate for the rights of women and girls at the policy level.

Other countries were more nuanced about the impact of the project in terms of empowerment of WLO/WROs. In Myanmar for example, despite the good practices observed in terms of collaboration between UNFPA (taking the lead on the GBV) and UN Women and the development of a joint capacity development plans, other sources of funding were used by UNFPA to build the capacity of the local organisations using the results from the assessment conducted under the CERF. UNFPA felt that while the CERF alone was not sufficient to increase their engagement in humanitarian coordination, the funds complemented interventions undertaken by UNFPA as the lead of the GBV sub-cluster/sectors.

In Cameroon, one of the WLO implementing partners was able to take part in the humanitarian working group for the first time through the project, and was able to act as an intermediary, sharing the questions and concerns expressed by WLOs at the grassroots level where the latter were not able to take part in the humanitarian working groups at the regional level:

*“These people participating in the humanitarian working groups were able to communicate with the Women-Led Organizations at the community level and bring their opinion. They had requests to the decision panels at the regional level because they could not bring them directly at the different platforms, but they could carry their solicitation, they could carry their occupation at this table.” (KII 2, Cameroon)*

Meanwhile, one of the limitations highlighted by some of the WLOs/WROs interviewed was the fact that they were not included at the design stage of the project. This may be a missed opportunity, as they would be able to contribute to the identification of the needs and priorities in terms of GBV mitigation, prevention and response.

- **High dependency on funds**

One of the shortcomings relating to the objective of empowering WLOs/WROs, is the dependency on funds from donors, which are often not directed at local organisations. The consequence is a lack of sustainable funds to maintain or upscale services. With limited financial capacity, organisations are not always able to maintain services after the end of the implementation period and also struggle to ensure continued organisational development, as maintaining staff and/or equipment is a challenge.

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<sup>21</sup> UN Women, 2022b.

The dependency on funders also means that these organisations often have to implement activities based on requirements coming from donors, and therefore do not necessarily have the freedom to design their action plans and/or set their priorities based on their own needs assessment and local expertise.

A key challenge faced by WLOs/WROs in all of the countries covered by the evaluation is indeed the lack of access to funding opportunities, especially for smaller organisations whose organisational capacities prevent them from meeting the requirements expected by most donors.

For such reasons, the support provided to WLOs by the agencies and their IPs often included targeted training sessions aimed at supporting local organisations in accessing funds and managing projects in a way that make them eligible to donor requirements. In all countries where interviews with WLOs were conducted, WLO representatives expressed satisfaction regarding the support received in grant management, proposal writing, monitoring and reporting, and the support received in identifying potential donors. In addition, the WLOs that joined the GBV sub-cluster/sector through the CERF project gained exposure to information on funding opportunities. One respondent elaborated as follows:

*“The GBV area of intervention gave us visibility in the GBV area of responsibility cluster. The CERF fund made our profile strong to get into other funds and support, to be eligible in fund criteria. It also supported us to have strong relationships with local offices, and it allowed us to support the local leadership. If you don't support the local authorities, they don't open their doors. And it made us visible in the emergency cluster, our institutional capacity was built.” (FGD 1, Ethiopia)*

In Palestine, both UN Women IPs in Gaza secured fundings from other donors after the project and consider that the increased visibility and expertise provided by their long-term partnership - including prior to the CERF - with UN Women and their role in the GBV sub-cluster/sector have contributed to it. Similarly, the UNFPA CO highlighted the experience of a WLO which was enabled to access funding and be part of a humanitarian project after having benefited from capacity building activities and gained exposure and visibility through the participation in the project.

- **Under-representation of WLOs among IPs**

Another key limitation identified under Outcome 2 is the reliance of both UN agencies on implementing partners that were not WLOs. This was more apparent for UNFPA and less for UN Women whose majority of IPs were WLOs; in the case of Palestine, all IPs were WLOs. In Cameroon as well as in Ethiopia, UNFPA partners receiving CERF funds included only one WLO each, while in Myanmar, none of the six IPs were WLOs. Meanwhile, in Myanmar, WROs were well represented but only one of UN Women's IP was a WLO. In Colombia, two out of 5 IPs were WLOs, although a high number of WLOs benefited from funds as grantees. In some countries, IPs were international NGOs with no specific focus on GBV. In the Tigray region of Ethiopia for instance, UNFPA partnered with Food for the Hungry (FH), who started operating on GBV through this project, but was not able to include WLOs/WROs. The following evaluation participant explained how they had gone about preparing for undertaking the GBV work, being new to this area of work:

*“[We are] a new partner for GBV, currently due to the support, due to the funds we have strengthened our capacity in implementing women and girls centred projects. We are now equipped with knowledge experts [and we] have introduced new systems, we have recruited new experts.” (KII 6, Ethiopia)*

UNFPA staff in Ethiopia, in this case, is acutely aware of the under-representation of WLOs among IPs and some therefore questioned the extent of the impact the CERF funds can have on strengthening local organisations, especially since they are unable to partner with WLOs directly because of UN policies and requirements (financial processes, audits and micro-assessments), which results in smaller organisations being left aside. Alternatively, the agency partners with INGOs who can in turn contract a WLO.

As stated above, as the WLOs/WROs landscape in some countries is primarily made up of small organisations with a limited level of professionalisation, relying mostly on volunteers and with limited financial reporting skills, this poses challenges in view of the financial reporting requirements that humanitarian interventions entail.

In conclusion, the evaluation findings relating to Outcome 2 indicate that the implementation of the CERF fund has brought about promising results to some extent in all countries. The fact that the UN agencies provided tailored support allowed for the adaptation of content to the needs of the implementing organisations and enabled the provision of context-relevant interventions. Hundreds of WLOs/WROs globally benefitted from much needed capacity building activities on a wide range of topics, from project management to GBV service delivery as well as on leadership and decision-making and on humanitarian architecture. A number of WLOs were included in coordination platforms and had the opportunity to link with other humanitarian actors and potential partners, gaining access to information, knowledge, resources, and the ability to make their voices heard. WLOs benefited from increased visibility and exposure, placing them in a better position to access funding opportunities and grow as organisations. However, the evaluation findings moreover identified certain shortcomings and lessons learned, which call for a mainstreaming of the approaches used and a stronger collaboration between actors (see recommendations below).



## GOOD PRACTICES - OUTCOME 2

- Involvement of a meaningful number of WLOs to have a stronger impact, maximise the investment in capacity building activities, and allow for peer learning, exchanges, and linkages between organisations.
- Prioritisation of local organisations in identifying their capacity building needs and developing tailored interventions to identify jointly identified gaps (e.g., UNFPA process in Palestine).
- Holding consultations with community-level WLOs to identify the GBV needs and to design activities.
- Partnering with other agencies to conduct mappings and capacity assessments of WLOs and jointly develop and implement capacity building plans to draw on each agency's areas of expertise drawing on promising practices such as Myanmar and Palestine.
- Provision of technical support throughout the implementation in addition to training sessions.

### 3.1.3 Outcome 3: Quality multisectoral GBV response services are accessible to women and girls and delivered through a survivor-centred approach" (UNFPA); "Women and girls who have experienced / are experiencing GBV or at risk of GBV benefit from provision of and access to quality, multi-sectoral services, including legal aid" (UN Women)

The tables below provide the outputs used by each agency, reflecting the wide range of activities contributing to Outcome 3.

Unlike project outcomes 1 and 2, the third outcome was specific to each agency, reflecting their respective mandates. The activities included under UNFPA's outcome 3 corresponded to the GBV response services that the agency traditionally provides in emergency settings, covering case management, psychosocial support, referral pathways, as well as SRH services. These activities are often complemented with information dissemination and awareness raising to increase access to the services, as well as capacity building activities for the organisations providing the services on the ground. These overlap partially with the activities implemented by UN Women under Outcome 3, which primarily included GBV information dissemination, legal assistance, psychosocial support and referrals.

Table 9: Summary of outputs by country for UNFPA<sup>22</sup>

| Output  | Bangladesh | Cameroon | Colombia | Ethiopia | Myanmar | Palestine |
|---|------------|----------|----------|----------|---------|-----------|
| Quality multisectoral GBV response services are accessible to women and girls and delivered through a survivor centred approach                                   | X          | X        | X        | X        | X       | X         |
| Lifesaving integrated GBV/SRH services are available and accessible to women and girls  | X          | X        | X        | X        | X       | X         |
| Women and girls access quality PSS (including case management services).  | X          | X        | X        | X        | X       | X         |
| GBV risk mitigation measures contribute to positive changes in reported perceptions of safety and risks   | X          | X        | X        | X        | X       | X         |
| Safe and ethical information management systems for GBV incident monitoring and case management are established and/or supported through inter-agency mechanisms. | X          |          | X        | X        |         | X         |

<sup>22</sup> UNFPA, 2023b.

|  |  |   |   |  |   |   |
|--|--|---|---|--|---|---|
| Cash Voucher Assistance (CVA) is integrated as a survivor centred GBV response service modality.   |  | X | X |  | X | X |
| Girls' access adolescent-specialised integrated SRH/GBV services*<br><i>* Indicators or activities specific to adolescents are included in other countries, but not as an output</i> |  | X |   |  |   | X |
| Engage men, boys, and community leaders in community dialogues accountable to women and girls to support GBV prevention, mitigation and response                                     |  | X |   |  |   |   |
| Security and Justice actors are supported to integrate a survivor-centred approach in their responses to GBV survivors including safe and ethical referrals                          |  |   | X |  |   |   |
| Community members (women, men, girls and boys) have increased knowledge, access to information and understanding of key issues related to GBV prevention and positive gender norms.  |  |   |   |  | X |   |

Table 10: Summary of outputs by country for UN Women<sup>23</sup>

| Output  | Bangladesh | Cameroon | Colombia | Ethiopia | Myanmar | Palestine |
|---|------------|----------|----------|----------|---------|-----------|
| Representatives of community-based mechanisms, including protection networks and women's groups have increased capacities to design, implement and monitor protection and GBV prevention strategies and initiatives | X          | X        |          | X        | X       | X         |
| Availability of GBV multi-sectoral service delivery, capacities and information services through protection centres, empowerment hubs and technology/remote options   | X          | X        | X        | X        |         |           |
| Community members (women, men, girls and boys) have increased knowledge, access to information and understanding of key issues related to GBV prevention and positive gender norms                                  |            | X        |          | X        | X       | X         |
| WLOs/WROs have increased knowledge and access to tools to lead/engage in GBV mitigation and response strategies and programming in line with international standards and do no                                      |            | X        |          | X        |         |           |

<sup>23</sup> UN Women, 2023.

harm principles

- **Increased outreach and use of services**

In most countries, the CERF funds allowed both agencies to reinforce, and in some cases to complement, existing programming. The CERF funds were mobilised by country offices to scale up the response in a context of increasing GBV needs. This was the case across countries in view of the impact of the COVID-19 pandemic but was aggravated by country-specific developments. In Myanmar for instance, where transportation became a challenge following the military coup, the CERF funds were used to increase the number of women and girls' centres, so as to bring services closer to potential users. In Ethiopia, the funds allowed both UNFPA and UN Women to address the needs of the GBV survivors in the context of the war affecting the Northern part of the country. In areas where services were already provided, the funds allowed the implementers to reach a higher number of women and in some cases, to ensure that existing services were not interrupted as a result of the lack of available funds. In Palestine for example, the CERF funds were mobilised by UNFPA and UN Women to support shelters whose operations were jeopardised, at a time of increasing GBV needs. In addition, the CERF funds also allowed organisations to start implementing services in new areas.

Another achievement with regard to Outcome 3 was the increase in the use of services observed by stakeholders across country locations. This was the case in Palestine where UNFPA and several IPs underlined that the demand for GBV services had increased during the project, which was confirmed by a WLO representative who reported that the number of cases addressed was 4,300 this year and 3,500 the previous year, while the average was between 2,000 and 2,500 per year in the past. This might be the result of the emphasis put by both UNFPA and UN Women in Palestine, on information dissemination and awareness raising on available GBV services. Stakeholders underlined that the CERF funds enabled the development of communications materials and tools, taking into account existing sensitivities on GBV issues, which allowed potential service users to access information:

*"The CERF project is one of the projects that has developed communication tools and materials. It has created a social campaign, videos, and phone messages. The person responsible for the CERF project developed a complete communication plan to ensure how the CERF will be implemented and how its message will be delivered to sensitive communities, whether in North Gaza or South Gaza. These communities are not always accepting the idea of change, so there were many very sensitive discussions by the communication team and those responsible for implementing the CERF project on how to convey its message without being attacked by these communities. There was positive feedback from survivors on the videos and the campaign that we launched. In the CERF, it had a significant impact on the communities."*  
(KII 4, Palestine)

In addition, the CERF funds allowed to update the referral guide – an activity regularly undertaken by UNFPA – but also to print and disseminate it under the name of the GBV working group.

An innovative approach taken to increase the number of users, in particular in the context of the COVID-19 pandemic, was the development by the organisation Aisha (UN Women's IP in Palestine) of a mobile application for accessing legal and psychological counselling and provide case management services, which allowed women who were not willing or able to access safe spaces to get support. In Bangladesh, UN Women and its partner CWFD used a similar approach with the provision of information and MHPSS services through Alapon Helpline.

- **Variations across countries and agencies in the holistic and integrated approach**

Both UNFPA and UN Women provided multisectoral services, although with different focus areas. While UNFPA's interventions were in line with the agency's approach consisting in promoting an integrated SRH and GBV minimum response package, the activities provided by UN Women tended to focus on psychosocial support and referrals and included a legal component.

While stakeholders adopted a holistic approach, with the aim of providing a wide range of services in one place, the ability to do so was strongly dependent on the operational context and on context-specific opportunities, related for example to the focus of implementing partners and/or local organisations being present locally.

A positive achievement was that the CERF funds were in some cases used to strengthen the multisectoral nature of the service delivery: for example, UNFPA underlined that in Palestine, the safe spaces and shelters were able to provide services which were not included before, including cash assistance and vouchers, which were integrated into the case management model. Legal assistance was also introduced using the CERF funds, which allowed for the recruitment of lawyers.



In Myanmar too, the CERF funds were used to expand the range of services provided with the recruitment of midwives to provide counselling on family planning and SRH services in addition to the services already available in women and girls' centres. In Bangladesh, a similar approach was used by UN Women with the multipurpose women's centres in Cox's Bazar where GBV survivors as well as vulnerable women and girls can access psychosocial services, legal assistance and information on girls and women's rights, SRH services (provided by UNFPA-funded midwives) as well as basic literacy and numeracy training.

In other countries, however, the range of services provided was more limited and gaps were noted, as observed for instance in Ethiopia. In the Tigray region, UNFPA noted that activities focused on psychosocial services and GBV case management but did not include midwifery services and that safe spaces were not equipped with CMR supplies. Legal assistance was not provided either, despite the fact that the conflict led to a very high number of GBV cases. There was also no livelihood component in the region either (UN Women was not operating in the region under the CERF project), while the needs were particularly high because of the conflict.

A respondent also shared reflections about the services to prioritise in the context of the war, as GBV survivors and/or vulnerable women and girls might be reluctant to access GBV services and primarily seeking livelihood and legal assistance. The respondent further explained that communities should be sensitised on the importance of GBV services as part of development interventions to ensure that the services provided are effectively used during emergencies, underlining that awareness raising should not be the responsibility of humanitarian actors as they implement the GBViE response.

In Ethiopia's Amhara region, UN Women's interventions included a legal component despite the challenges faced in the context of the conflict, providing training for lawyers, judges, prosecutors and police forces as well as mobile legal counselling services for women and girls. Furthermore, UNFPA provided training support to health service providers working in hospitals and health centres in the region. However, the response was not fully multisectoral in nature, in that key GBV response services were missing. A safe house started operating in the Amhara region, after a series of challenges brought on by the war but also resulting from the reluctance of community members which prevented IPs from opening safe houses in the Afar region. The safe house provided health services as well as psychosocial support, but did not include GBV case management, referral pathways and livelihoods support. The multisectoral service delivery therefore appears to have been only partially implemented in the Ethiopian context. In areas in Amhara where services for survivors were insufficient, UN Women supported IPs to provide services such as mobile legal aid clinics. While the context of war has severely affected the implementation there, it is plausible that a stronger collaboration between UNFPA and UN Women would have allowed to provide a wider range of services in both regions. Positive results could for instance have been achieved with UNFPA focusing on the provision of GBV case management services in Tigray, Amhara and Afar regions and UN Women delivering livelihood and legal aid services in those same areas.

The context of implementation was also challenging in Colombia, because of the security situation in the targeted regions. UN Women's interventions focused on the provision of psychosocial support, legal assistance as well as information dissemination on GBV. UNFPA's interventions allowed to reinforce the integration of GBV/SRH services and support was provided to safe spaces to provide a wide range of services (psychosocial support, case management, awareness raising and referral services).

- **Survivor-centred approach**

Making sure services are delivered with a survivor-centred approach, i.e., an approach that places the rights, needs and desires of women and girls as the centre of focus of service delivery, has been a core commitment of the project. In addition to the training and capacity building activities, UNFPA and UN Women shared tools and guidelines to service providers, which contributed to an improvement of the quality of service. The participation in the GBV sub-cluster/sectors was instrumental in this regard as it ensures that partners have a shared understanding of the expected standards and have access to relevant policies and guidelines.

Building the capacity of the service providers was not the only way to ensure the survivor-centred approach throughout the project: the emphasis put on the multisectoral service delivery also contributed to the survivor-centred approach as it allowed survivors to access all the services they might need in a single location. The provision of equipment and materials also contributed to making service delivery points more user-friendly. In Palestine for instance, shelters were upgraded by UNFPA and UN Women thanks to the CERF funds, making the space more comfortable for survivors and service users. Innovative solutions were also found to ensure that services are provided in a discrete manner to avoid the stigmatisation of users and in several countries, efforts were made to bring the services closer to women, so that they do not have to travel to centres or service delivery points.

Several good practices were observed in terms of ensuring a survivor-centred approach. In Colombia, both IPs and grantees supported by the projects stressed that the interventions were guided by the needs expressed by survivors themselves. Consultations with women were held at the community level to hear directly from survivors and vulnerable women about the activities they wanted to prioritise. In Ethiopia, the participation of WLOs in the anti-harm protection practice forum mentioned earlier in this report also contributed to ensuring that the needs and

interests of the survivors are being heard. The forum also gave WLOs a space to advocate in favour of GBV survivors and women's rights. In Ethiopia still, the content of the dignity kit was adapted to include a torch as IDPs explained that one of the challenges they faced was the exposure to attacks at night.

In some contexts, the agencies and their partners faced particular challenges. In Bangladesh for instance, partners explained they are facing obstacles when it comes to making the response more survivor-centred in the context of referrals. As the women's centres supported by UN Women do not include legal assistance, GBV survivors are referred to the camp management (CIC), which tend to be male-dominated and does not always provide adequate support to women, but remain the competent stakeholder for specific services. A multisectoral approach as well as coordination between UNFPA and UN Women for complementarity of services will be crucial to addressing these challenges.

Finally, one of the respondents shared some reflections about the approach to be prioritised depending on the context and individual case, stressing that a household-centred approach is also relevant and perhaps more impactful for specific GBV situations as engaging with perpetrators and male family members allow to target the root causes of violence and challenge harmful by social norms.

- **Improving the quality of the services provided**

Another area of focus, directly related to multisectoral nature of the services provided and the promotion of a survivor-centred approach, has been capacity strengthening activities aimed at increasing the quality of the services provided, especially in light of the commitment to contribute to the localisation of the GBV response.

As mentioned earlier, in addition to the capacity building activities and the technical support provided by both agencies, there was an effort to harmonise GBV services through the development of SOPs and the dissemination of guidelines and tools, often through the GBV sub-cluster/sector. This helped to ensure a certain level of standardisation in the way the services are provided in line with the Interagency Minimum Standards for GBV Programming in emergencies<sup>24</sup>, especially for actors who were not working on GBV before the project. When available, agencies also made sure that service providers were also using the national systems, which also contributes to the sustainability of the GBV response. In Colombia for instance, despite the limited presence of governmental institutions in some areas of interventions, IPs were able to collaborate with the ombudsperson, an important actor in the protection sector.

Across countries, WLOs/WROs were satisfied with the training they received from UN agencies or from contractors providing supervision services. They stated that it allowed them to better respond to the needs of the service users.

One aspect contributing to the quality of the service delivered that was observed only in one specific instance was the inclusion of a 'caring of carer' dimension: in Palestine, following the two military operations in Gaza in 2021 and 2022, it became clear that service providers were in need of support. Therefore, the CERF funds were used to provide supervision and psychosocial services to service providers for the first time.

UNFPA and UN Women identified areas where further improvement could be achieved in terms of capacity building and quality of the service delivery, in particular when it comes to more technical aspects of the GBV response which would require additional training sessions and more follow up. For instance, in several countries, the clinical management of rape (CMR) has been a particular area of focus. In Palestine, where the CERF funds allowed to integrate CMR into SRH services and to build the capacity of the ministry of health, UNFPA stressed that further capacity-building was needed, based on the feedback received from training participants - in Palestine UNFPA trained both agencies' partners on GBV. The respondent admitted that the key concepts addressed during the training remained unclear to service providers, which raises concerns in terms of quality of services:

*"We conducted trainings on the subject of clinical management of rape in coordination with the Ministry of Health and NGOs. This is a sensitive topic, and not all medical teams are knowledgeable about it. We trained several medical teams and mental health service providers in the Ministry of Health and some NGOs in Gaza and the West Bank. There was a challenge in this training due to the funding, and many concepts are still unclear to service providers. [...] The recommendations from the training we conducted were that the duration of the training was not sufficient to cover all the concepts, and they needed advanced training and regular follow-up on these topics. Therefore, it is important to focus on these training sessions." (KII 3, Palestine)*

This raises one of the main limitations of localisation, especially when projects bring in new actors with limited experience in GBV. Despite the strong added value that contracting local organisations bring in, care should be taken to dedicate sufficient resources to capacity building and technical support to ensure that the Interagency Minimum Standards for GBV Programming in emergencies are met, and alignment with do-no-harm - especially when projects bring in new actors, including less experienced WLOs and WROs. This is consistent with the conclusions of UN

<sup>24</sup> GBV AoR, no date. The Interagency Minimum Standards for GBV in Emergencies Programming. Standard 3: Staff Care and Support.

Women’s study on WLOs/WROs in humanitarian action, which recommends building on long-term partnerships to allow stronger capacity building of the WLOs/WROs.<sup>25</sup>

- **A call for stronger synergies between UNFPA and UN Women**

In view of the range of services that the projects had the ambition to provide, the service delivery component could have benefitted from a stronger collaboration between UNFPA and UN Women. While country offices actively sought to identify complementarities and potential synergies in some cases, the coordination focused primarily on the joint project outcomes (Outcomes 1 & 2) in several countries. The coordination often meant that agencies made sure to avoid duplication by making sure the intervention areas were not the same, rather than actively seeking to jointly operate in one region to complement each other’s interventions.

In Ethiopia for example, agencies focused on different regions, which did not allow for complementary interventions and led to leaving some of the survivors’ needs unaddressed. The agencies also did not have regular exchanges on the approach used, for example in terms of overcoming the challenges posed by the conflict during the implementation period.

In Cameroon, both UN Women and UNFPA provided GBV response services (GBV case management and referrals, psychosocial and SRH) while UNFPA provided economic empowerment activities in the safe spaces. From an efficiency but also from a quality perspective, it could have been beneficial for each agency to jointly intervene in the same locations and decide on a case-by-case basis which agency should be implementing specific types of services based on the operational contexts, respective experience in the country, existing programming and partners.

The collaboration between UNFPA and UN Women was stronger in Asia, with good practices observed in both Myanmar and Bangladesh. An example of a positive practice of complementarity of interventions was observed in Bangladesh with the presence of UNFPA-funded midwives in UN Women’s multipurpose women’s centres, which allow for the reinforcement of the multisectoral nature of the response provided in these centres. In Myanmar, the collaboration between UN Women and UNFPA focused primarily on Outcomes 1 and 2 but also addressed service delivery as agencies made sure to exchange on a regular basis during the inception phase at the early stages of the implementation to jointly map existing services, identify needs and prioritise the services to be delivered with the CERF funds. UNFPA and UN Women tried to leverage their respective areas of expertise to complement each other to some extent (with UNFPA taking the lead on the GBV response while UN Women focused on economic empowerment). Another good practice was that agencies prioritised the use of the GBV sub-cluster/sector as the main coordination platform to avoid a duplication of coordination mechanisms.

### GOOD PRACTICES - OUTCOME 3

- Mobile applications to increase the number of service users accessing e.g., legal and psychological counselling, and provide case management services for women not willing or able to access safe spaces.
- Strengthened multisectoral nature of service delivery by leveraging safe spaces and shelters to provide new services, e.g., including cash assistance and vouchers and/or legal aid, health services and SHR.
- Community sensitisation regarding the importance of GBV services to ensure that the services provided are effectively used during emergencies.
- Strengthened collaboration between UNFPA and UN Women is important to ensure a complementary approach which helps identify gaps in service delivery and provide a wider range of services thus improving impact.
- Sharing of tools and guidelines with service providers - in addition to training and capacity building activities - for improvement of quality of service and harmonisation of GBV services
- Participation in the GBV sub-cluster/sector ensures that partners have a shared understanding of the expected standards and have access to relevant policies and guidelines.
- Participation in the humanitarian coordination mechanisms also enables the identification of needs and priorities for the project to address.
- Discreet delivery of services helps to avoid the stigmatisation of users.

### 3.1.4 Outcome 4: Reduced risk of GBV through provision of livelihoods opportunities, cash transfers including cash for work (UN Women)

Access to increased livelihoods for women is an effective means to reduce the risk of GBV, and the results of the CERF under outcome 4 confirm the CERF’s relevance, appropriateness, and effectiveness in this regard - leading to agencies

<sup>25</sup> UN Women, 2022b.

being interested in upscaling their activities related to livelihoods and cash transfers. There are three levels on which livelihoods, and more generally women’s economic empowerment, impact GBV, i.e., three levels through which such activities can reduce the risk of GBV:

- (1) Poverty is a factor of violence and psychological burden on women;
- (2) The economic dependency of survivors prevents them from escaping the cycle of violence;
- (3) Livelihoods can have a transformative impact on gender norms as they empower women at community level and in their households.

*“When women start small projects, they feel like decision-makers, and their personalities and traits develop. These women are empowered by their ability to generate a semi-stable income for their husbands, children, and provide [for] their basic protection needs, these women feel a sense of empowerment and are able to provide for themselves and their families.” (KII 3, Palestine)*

Although Outcome 4 is a UN Women-specific outcome, UNFPA has also implemented livelihoods-related activities as part of their multisectoral services to GBV survivors, because of the correlation between economic dependency and GBV. Cash transfers and grants for income-generating activities were provided to GBV survivors as part of UNFPA activities.

- **Measuring the effectiveness of livelihoods interventions in reducing GBV risks**

Eight indicators measure the achievement of outcome 4. Three of these indicators measure the overall achievement of the outcome (in bold in Table 11):

- (1) Percentage of targeted GBV survivors and women at risk who report increased control over financial resources following their participation in livelihood interventions, including cash for work.
- (2) Percentage of targeted women at risk who report sole or joint decisions in household decision making as a result of livelihood interventions.
- (3) Increase in the number of GBV survivors/at risk women and girls accessing livelihood opportunities to mitigate GBV (protection) risks.

Additionally, four indicators measure the achievement of the output: GBV survivors and at-risk populations have increased access to short-term vocational training and temporary cash for work opportunities (in italic in Table 11):

- (1) Number of survivors and at-risk populations reporting on increased control over financial resources following their participation in livelihood interventions, including cash for work
- (2) Number of survivors and women at risk benefited from skills/ vocational training and income generating opportunities
- (3) Number of GBV survivors and women at risk accessing micro-livelihood opportunities and training
- (4) Number of GBV survivors and women at risk having access to unconditional cash transfers with a view to enhancing protection
- (5) Number of GBV survivors who access livelihoods and income generation support

Not all indicators were measured in all countries, because the number of activities related to outcome 4 varied greatly - which will be developed below. In Ethiopia, for example, only vocational training was provided as part of this outcome. Table 11 below summarises the targets for each country in regard to the eight indicators; the level of achievement known at the time are also indicated through a colour code, however the final results were not available at the time of the evaluation.

Table 11: Summary of indicators, target and achievement by country, June 2023 (not final)<sup>26</sup>

|   | Bangladesh  | Cameroon    | Colombia  | Ethiopia | Myanmar     | Palestine |
|---|-------------|-------------|-----------|----------|-------------|-----------|
| Indicator   | Target      |             |           |          |             |           |
| <b>Percentage of targeted GBV survivors and women at risk who report increased control over financial resources following their participation in livelihood interventions, including cash for work.</b> | 60% - 3,750 | 70% - 1,000 | 70% - 520 |          | 70% - 1,500 | 60%- 200  |

<sup>26</sup> UN Women, 2023.

|  |                 |  |           |             |           |
|--|-----------------|--|-----------|-------------|-----------|
| Number of survivors and at-risk populations reporting on increased control over financial resources following their participation in livelihood interventions, including cash for work | 3,750           | 60   |           |             |           |
| <b>Percentage of targeted women at risk who report sole or joint decision in household decision making as result of livelihood interventions.</b>                                      | 40% - 336       | 70% - 1,000  |           | 70% - 1,500 | 60% - 200 |
| <b>Increase in number of GBV survivors/at risk women and girls accessing livelihoods opportunities to mitigate GBV (protection) risks.</b>   | 75% - 4,600     |  | 60% - 300 |             |           |
| Number of survivors and women at risk benefited from skills/ vocational training and income generating opportunities   | N/A             |  |           | 240         |           |
| Number of GBV survivors and women at risk accessing micro-livelihood opportunities and training  |                 |  |           |             | 812       |
| Number of GBV survivors and women at risk having access to unconditional cash transfers with a view to enhancing protection  |                 |  | N/A       |             | 420       |
| Number of GBV survivors who access livelihoods and income generation support   | N/A             |  |           |             | 740       |
| Exceeded   | Pending results | Partially reached: number exceeded, but percentage not reached |           |             |           |

- **Activities with potential to contribute to increased access to livelihoods and financial autonomy**

Three types of activities implemented under the CERF grant have contributed to Outcome 4, by increasing women's access to short-term or long-term livelihoods:

- (1) Skills development and vocational training;
- (2) Income generating opportunities;
- (3) Unconditional cash transfer.

As outcome 4 is specific to UN Women, this section focuses on activities implemented by UN Women partners; however, a few examples from UNFPA partners will be mentioned when they contribute largely to increasing livelihoods - when it is the case, it will be specified that these are from UNFPA activities.

### **Skills development and vocational training**

The evaluation provided evidence of skills and vocational training activities in Bangladesh and Cameroon, which were done in complementarity with other livelihood activities, such as CVA or grants. In Bangladesh, different types of training were conducted, including basic skills (e.g., literacy) and vocational training. Although the IP who conducted the training did not provide grants, women were able to start income-generating activities by combining their learnings from the training with small grants received separately, illustrating the complementarity of both types of livelihoods support (training and grants). As one respondent explained:

*"We have many cases such as N., a woman from Cox's Bazar, who sold seashells. She opened a shop with training, but we haven't provided any financial assistance or support in her business. She managed everything on her own and worked hard. There are organisations that provide this kind of financial assistance. In fact, there is another case like this. She also [...] opened a shop with her mother-in-law here [...]. They [had] received a grant before but couldn't do anything with*



*it for lack of capacity during that time. Later they both took the grant in the name of one person and opened this shop.”*  
(KII 9, Bangladesh)

In both countries, vocational training required coordination with governmental entities. In Cameroon, there was a successful cooperation with the Ministry of Women Empowerment and training was conducted through Ministry-approved centres. On the contrary, in Bangladesh, the government’s late response delayed livelihood activities, which could only start after a year of implementation.

### **Income-generating opportunities**

The provision of grants for small and medium enterprises (SMEs) contributed to create, or sustain, income-generating opportunities for women. While this type of activity was not often cited during the evaluation, a number of interesting examples emerged. In Ethiopia, for instance, the evaluation provided examples of support for existing SMEs affected by the humanitarian situation - i.e., goods and properties were damaged or destroyed. It is not evident whether such support also existed for the creation of new SMEs.

Livelihood support was also implemented by UNFPA, as sustainable livelihood is perceived as a means to prevent GBV and support survivors in escaping the cycle of violence. In Palestine, UNFPA’s IPs distributed a small grant of 800 USD to 200 Women for small income-generating projects. While one IP mentions that some of the women who created small projects can now legally declare their activity, other evaluation participants mentioned that it was a burden for the organisation and for the recipients, because the amounts were limited (800 USD) and no cost was included for support and follow-up from partners. As one respondent explained:

*“The funding for small projects to women that are on the brink of collapse was very small. We are talking about an amount of \$800 to start a new project from scratch. This assistance actually overwhelms the beneficiary instead of benefiting them and becomes a psychological and economic burden on the beneficiary. After the project fails, we suffer greatly with women, and it is also a failure for the institution. We have to start again from scratch with them. With regards to small projects, we need to restructure this entire approach, and the funding needs to be sustainable.”* (FGD 2, Palestine)

In addition to entrepreneurship support, cash-for-work activities were also implemented in Palestine. While cash-for-work is a short-term livelihoods solution, UN Women’s IP had an innovative approach in line with the CERF and could contribute to increasing women’s networks for future income-generating activities. 150 Women were enrolled in a short-term life skills training, followed by 3 months of cash-for-work which consisted in integrating a community-based organisation. Participants received 300 USD.

### **Cash and Voucher Assistance (CVA)**

CVA was provided through different modalities, including unconditional cash transfers (recipients receive the amount and can use it according to their own agency) and vouchers (recipients can use the amount, in the form of a voucher, with specific service providers and for specific goods, both defined by the distributor). This activity was implemented by UN Women in most countries. In addition to increasing protection and access to GBV-related services, CVA also contributed to livelihoods as some women used it to develop income-generating activities. One evaluation participant in Colombia elaborated on the topic as follows:

*“[We] did provide a monetary delivery in cash or supplies that were made to women at risk of femicide or survivors of gender violence, with the intention of covering, for example, medical services derived from the situation of violence, the transfer of women to safe places away from the places where they were with their aggressors, food, or emergency rent for when they left the areas where they were with their aggressors. And there even some of the women used the money or part of the money to start a small business that could also respond to this scenario of leaving the safe zone, and be able to support themselves and their families”* (KII 4, Colombia)

In Ethiopia, to ensure that these grants responded to women’s needs and would not be shared or used for other purposes, UN Women’s IP did not transfer the cash directly to women but rather, managed funds and provided goods or services according to the instructions of the recipients.

While CVA falls under Outcome 4 for UN Women - even though its objective is to enhance protection - UNFPA also implemented cash transfers as part of Outcome 3. Overall, UNFPA prioritised vouchers over cash transfers whereas UN Women prioritised cash transfers. The CVA provided by UNFPA were sometimes used for livelihoods as well, as in Bangladesh, where cash assistance was provided to vulnerable women to help them start a business.

- **Results observed on the effectiveness of livelihoods in reducing GBV risks**

In addition to the result derived from the indicator monitoring tools, whose final results are yet to be published at the time of writing, the evaluation was able to identify specific results of the activities in reducing GBV risks through increasing financial resources of women. Going back to the three levels on which livelihoods and GBV meet, conclusions can be drawn in relation to the effectiveness of the activities implemented as part of the CERF to prevent livelihoods through livelihoods provision. Nevertheless, these results were mostly demonstrated in Palestine due to



the extent of the activities on livelihoods as well as UN Women's efforts to analyse their impact, including through a dedicated study on resilience.<sup>27</sup> Results should thus be nuanced as similar studies in other countries would be necessary to draw general conclusions.

### **Poverty reduction to reduce women's vulnerability to GBV in emergencies**

Overall, access to livelihoods and in particular CVA contributed to an alleviation of some of the financial burden on GBV survivors, especially in humanitarian contexts which were increasing the risk of GBV and precariousness of survivors. Because of this, CVA distributed by UNFPA as part of outcome 3 also had an impact in contributing incrementally towards reducing women's vulnerability to GBV, in combination with other forms of interventions and approaches to reduce vulnerability. However, implementing partners and other project stakeholders working with both UN Women (outcome 4) and UNFPA (outcome 3) stressed that the budget was insufficient to meet the needs. On the one hand, some IPs mention that they would need to reach more women with equal financial support; on the other hand, some partners suggest reaching less women but with higher amounts.

Nevertheless, UN Women's study on the impact of CERF activities on women's resilience in Palestine demonstrated that livelihoods improved women's capacities to meet their needs and their families' and contributed to reducing negative coping strategies.<sup>28</sup> Additionally, Women targeted at part of outcome 4 showed the greatest impact on resilience, especially in Gaza.<sup>29</sup>

### **Increasing economic autonomy of survivors**

In Palestine in particular, the CERF showed evidence of the effectiveness of livelihoods-related activities in contributing towards a reduction of GBV risks by increasing survivors' financial economy. This allowed some women the opportunity of breaking the cycle of violence: by contributing to reducing the level of control of the perpetrator at household level (as financial dependency can be used as a form of control and violence in itself); and in some cases, by providing women with resources to escape. The increase in economic autonomy is complementary to services and activities provided under other outcomes, increasing the prevention of GBV (reduction of financial dependency) and its response (provision of resources to escape violence).

It is unclear if such an impact was reached as well in other countries, and if it related to specific activities, stakeholders, or contextual factors - in Gaza, UN Women's IP focused on PSS mentioned that the majority of GBV cases that reach out to them are related to economic issues:

*"On our hotline, we receive 300 to 400 cases per month, and 80% of these cases are rooted in economic issues." (KII 9, Palestine)*

An element tends to point towards the specificity of Gaza when it comes to this result. Indeed, livelihood activities in the West Bank reportedly had less impact on GBV risks. This might be related to the fact that GBV risks were initially higher in Gaza or other contextual factors - but they could also lie in the mode of implementations and selection of women, as IPs were different in both locations.

### **Transformative impact of livelihoods on gender norms**

The evaluation provides evidence that livelihood activities conducted as part of the CERF contributed to incrementally changing perceptions and gender norms at household level. Women economic empowerment contributes to increasing their role as decision-makers in the household, because of their contribution to the finances and expenditures, and their increased ability to respond to their and their families' needs. In Palestine for example, cash for work interventions enabled survivors to work for three months with a community-based organisation, consequently promoting self-reliance for survivors. This new role in the household, in turn, reduces the risk of GBV. Evidence of such impact is available in Colombia and Palestine - confirming the results of the resilience study.<sup>30</sup>

To conclude, despite the fact that activities implemented as part of this outcome were limited in quantity, and not equally implemented depending on countries, data collected as part of this evaluation indicate a certain level of effectiveness in supporting the prevention of GBV - and this constitutes an area which ought to be further explored through upscaled, more focused interventions. The work implemented generated further interest, especially for UNFPA Palestine Country Office, to develop this component after observing the effectiveness of CVA in presentation of GBV and protection of survivors.

In addition to the impact measured as part of the CERF, including livelihood activities as part of GBV prevention presents a potential in terms of sustainability - especially developing long-term income-generating opportunities for women at risk and survivors:

<sup>27</sup> UN Women, 2022a.

<sup>28</sup> Negative coping strategies include strategies such as selling essential items, cutting necessary health or education expenses, engaging household members in illegal, exploitative or degrading jobs. See UN Women, 2022a.

<sup>29</sup> Ibid.

<sup>30</sup> UN Women, 2022a.

*“With regards to livelihood and cash, it would be interesting to look at the whole issue of sustainability and [...] how the funding and programmatic interventions under the CERF contributed to women's access to these financial resources and increasing their resilience in the longer term and beyond the project duration.” (KII 2, global)*

#### GOOD PRACTICES - OUTCOME 4

- Combination of short-term and long-term (SME grants and vocational training) economic support to prevent GBV risks at household level, including domestic violence and intimate partner violence.
- Upscaled SME support through grants for increased sustainability, with better results observed when implemented in complementarity with life-skills and vocational training.
- Gender-adapted Cash-for-work, implemented by temporarily integrating survivors as CBO staff (“work” component) in exchange for cash transfers.
- Coordination with governments to facilitate the implementation through timely authorisation of activities, including cash transfers, and resource mobilisation; and to design ministry-approved training programmes.

### 3.2 Facilitating factors

#### 3.2.1 IPs expertise, experience, and localisation

The local footing of the organisations implementing activities and both agencies’ extensive networks at the local level beyond the CERF, were the main facilitating factors in all contexts. First, it contributed to providing local expertise as well as adapted and relevant activities and approaches. Second, the local expertise and anchoring facilitated the implementation due to the community networks and trust; and networks with authorities to access certain areas.

##### Local footing and community networks

Working with either local partners, or partners with experience working with the community, facilitated the implementation because of their knowledge of the context and the trust the community has towards them. Both UN Women and UNFPA were able to rely on existing partnerships with WROs and/or WLOs in most countries, which facilitated the implementation of the activities. The level of trust that local organisations have built with communities was mentioned by WLOs as a facilitating factor across the countries. In Myanmar, where the crisis put mutual trust at stake, this was essential in order to be able to implement the CERF in the first place:

*“Partners already built a good relationship with the community, the trust, this was quite important especially as our project started after the military coup; there was a general mistrust and uncertainty, quickly deteriorating humanitarian situation. Without having our previous partners, it would have been difficult for us to start up the CERF project in that condition.” (KII 1, Myanmar)*

Overall, having local partners helps identify solutions to various challenges, due to their networks and knowledge of the context. For example, in Myanmar, it allowed the CERF to be implemented in remote areas or areas with restricted access due to conflict.

In Ethiopia as well, the strong social ties and knowledge of the context of local IPs have allowed them to implement activities despite all the difficulties they faced in the context of the conflict. As cash was not available, IPs were able to access some goods and services without paying, taking up debts when possible, or using their own resources:

*“The trust we have from the community opened a door for us to get materials and services from suppliers’ without payments, especially when there was no cash. So, the social ties we have with the community supported us to implement the project[...] We didn’t have to hire a guard to the [women safe space], the IDP community was guarding the space by themselves.” (FGD 1, Ethiopia)*

Additionally, local partners are able to mitigate challenges related to social norms due to their knowledge of these norms and of potential opportunities they are aware of in their communities. For example, in Cameroon and Palestine, IPs worked with religious leaders as drivers of change. Thanks to their local knowledge, IPs were able to implement relevant and adapted terminology and tactics, including by referring to religious texts.

Finally, most implementing partners’ staff were women, which was also key in the implementation where social norms reprehend contacts between women and men.

## Partners' expertise in GBV response

In addition to their local anchoring, IPs' and WLOs' level of expertise was a key facilitator in some cases. Because of this, we observe significant differences in the CERF grants' impact and effectiveness between countries as local actors have different levels of expertise. In Palestine for example, community-based organisations, WLOs, local NGOs, INGOs, national and local government authorities involved in the CERF grant have strong pre-existing technical capacities and experience working with GBV survivors; some of them were already part of the GBV sub-cluster/sector. While the CERF contributed to increasing these capacities, especially the outreach, the existing expertise contributed to the success of the project.

In humanitarian contexts, organisations' and staff's commitment was also key as they were also directly impacted by the situation. This is true in Ethiopia, where the civil war which broke out during the implementation period created adverse working conditions:

*"When we arrived there, there was no electricity, internet, water, and other infrastructure. And it was a great hindrance to our work. But our staff were very committed, and we did the job." (FGD 2, Ethiopia)*

In Palestine, the capacity of local actors to continue delivering quality services despite difficult working conditions and psychological pressure due to the attacks on Gaza in 2021 was facilitated by the caring of carers, as described in section A - Outcome 3. A specialised organisation delivered psychosocial and mental services to service providers, in addition to technical advisory - 'supervision' - for case management.

### 3.2.2 The Relationship with managing agencies

In most countries, the technical support provided by UNFPA and UN Women was described as a facilitating factor. The most positive aspects of this relationship were the technical support and follow-up throughout the project; good communication; and flexibility.

Both agencies' follow-up, guidance and monitoring facilitated the implementations. They helped IPs prepare their action plan and were efficient in providing support when needed, which was appreciated across countries. As one evaluation participant explained:

*"What we really appreciated was the constant follow up, we had to report on how far we've gone and then before we start the project, we had a starter meeting where we prepared a GBV implementation plan and we could report where we had some difficulty, and the response time was very fast." (FGD 1, Cameroon)*

A partnership-based relationship, fluid communication, and flexibility of agencies are major facilitating factors. Responding to GBV in emergencies, by essence, requires reactive communication and flexibility as emergency situations may occur during this implementation. Overall, this was the case and agencies were open to adjusting budgets or action plans if needed. However, in Ethiopia, this flexibility seems to have been limited by the challenges that the agencies themselves were facing, which we will develop in a dedicated paragraph. In Colombia as well, the relationship with UN Women was not as fluid at first, but a change in the staff allowed to improve it and facilitated the activities.

In several cases, the relationship was facilitated by past or ongoing collaborations between IPs and the UN agencies. Both UNFPA and UN Women designed the CERF action plan in complementarity with their other programmes; they worked with partners they already had, which allowed for a smoother implementation as IPs were used to UN processes and communication was easier. In addition, it increased organisations' sustainability - and the sustainability of services - as they have access to regular, if not continuous, funding opportunities. Additionally, it increases the relevance of the CERF as it builds on the strengths and weaknesses of previous programmes and partners.

### 3.2.3 CERF inclusion in the ecosystem of actors

The fact that the CERF was not an isolated project contributed to strong results because it allowed for the coordination of implementation with actors at two levels:

- (1) Humanitarian coordination mechanisms and actors;
- (2) Local governments and communities.

#### Coordination with humanitarian coordination mechanisms and actors

The CERF was also included in the ecosystem of humanitarian actors, which helped strengthen the IPs, subcontractors and grantees, including WLOs/WLOs, as they had access to resources, up-to-date information, and relevant networks. As UNFPA leads the GBV sub-cluster/sector globally, with UN Women as a co-lead in Colombia, local organisations' access to such resources were strongly facilitated and WLOs were included in the sub-cluster/sector in several countries:

*“The key factor that enabled a maximum response from this grant was the participation of these organisations in the GBV sub-cluster. They were constantly updated on the topic of GBV and its services and became connected with larger organisations.” (KII 3, Palestine)*

In addition to increasing WLOs’ knowledge and resources, coordinating with the GBV sub-cluster/sector contributed to identifying gaps and providing the most relevant response, in complementarity with other actors.

Beyond the GBV sub-cluster/sector, IPs’ access to and collaboration with specialised actors was a facilitating factor for service provision, through referrals and to identify challenges, best practices and mitigation measures. IPs and subcontractors had access to other clusters and sub-clusters/sectors such as PSEA, protection, and health. In Palestine, UN Women leadership of the Gender in Humanitarian Action (GIHA) working group was integrated into the CERF training program - overall, both agencies’ roles in humanitarian coordination was a key factor to increase their partners’ network and visibility. Additionally, they provided networks beyond the structured coordination mechanisms. The CERF provided a strong network of humanitarian actors, CSOs, and government agencies working together to prevent and respond to GBV in emergencies. Such networks helped identify and mitigate challenges. For example, in Palestine, a UNFPA IP mobilised their networks through ‘conferences’ of stakeholders with technical and contextual knowledge to improve case management by collaboratively mapping challenges and resources of the different stakeholders to ensure the best service delivery.

Finally, in some countries, the CERF built on or increased the coordination between UNFPA and UN Women. However, there are inconsistencies in this regard. In Myanmar, the coordination between UNFPA and UN Women started in the early phases and allowed the best use of complementarities, which acted as a strong facilitating factor. In Cameroon and Bangladesh, they coordinated during the implementation which increased the efficiency of the CERF. In other countries, little coordination existed. With more time allocated to the inception phase, more complementarities could have been mobilised across countries.

### **Coordination with governments and communities**

Governmental support was strongly unequal between countries; however, in cases where it existed, it played a key role in facilitating both the implementation and the sustainability of the project. In Ethiopia, the IP AWSAD was part of the first actors to reach the area after the outbreak of war; the support they received from the government to set up their office and start implementing activities was essential. In Cameroon as well, the government was supportive of the CERF activities. It was a partner for livelihood activities - vocational training - and overall facilitated the programme by developing national guidelines and coordinating humanitarian actors. This commitment contributes to sustainable results beyond the CERF.

### **Community outreach and mobilisation**

Communities played a facilitating role in the identification of participants - awareness-raising sessions at community level helped identify survivors by increasing the number of cases being reported, as mentioned in Cameroon and Colombia, for example. Moreover, IPs’ and WLOs’ existing programmes and networks facilitated the outreach.

In addition to increasing the outreach, the support of the community was also facilitating the implementation of activities as the project included many community-based activities - such as activities in schools or requesting the approval of local authorities. In emergency contexts, where IPs already face multiple external challenges, the support of the community is essential. In Ethiopia, IPs encountered such support despite the extreme situation in which community members were finding themselves. Their support of the CERF helped IPs continue to deliver services and prevent further challenges:

*“At that time, the community was under attack and suffering. There was nothing to eat or drink. There was a security issue. And while this is happening, the government and community thought that the project is important. This was a good help for our work.” (FGD 2, Ethiopia)*

## **3.3 Hindering factors and challenges faced in the implementation**

### **3.3.1 Humanitarian crises**

One of the specificities of GBV in emergencies, is that the challenge of responding effectively to GBV is compounded by the limitations of services and response capacities due to the crisis. The targeted countries are experiencing violent conflict, presence of hostile military forces, armed groups or militias, and/or natural disasters. In addition to crises that were already ongoing in the targeted country, several violent outbreaks occurred during the implementation phase, especially in Ethiopia and Myanmar. Such humanitarian crises have a strong impact on projects and sometimes prevent long-term progress:

*“The prolonged humanitarian crisis makes it difficult for people to experience any improvements, regardless of the services provided. These factors have an impact as if nothing has been done. While you focus on providing psychological support and legal rights for women, any escalation quickly brings us back to stage one.” (KII 9, Palestine)*

In all countries, the implementation was affected by the humanitarian context, to different degrees. The main challenges reported by evaluation participants are: (1) safety of staff and communities; (2) disruption of services; (3) limited access and movement restrictions; and (4) the impact of poverty on needs.

Moreover, as the CERF started in 2021, it was highly affected by the COVID-19 pandemic. The pandemic increased the challenges, especially the disruption of services and access restrictions. It required organisations to adapt their services, including by developing technologies, such as hotlines and mobile applications.

### **Safety of staff and communities**

In Myanmar and Ethiopia, the security situation deteriorated dramatically during the implementation of the project. This had consequences as the staff of the IPs were themselves at risk as they were operating in a zone affected by the war. In Ethiopia, the timeline of the project was highly affected, as the war hit in the middle of the implementation and mitigation measures were not sufficient. In Myanmar, the first few months of the project were deeply affected as local organisations had to stop their activities for the safety of their staff; they were able to implement activities in the rest of the timeline, as the project had just started.

However, the safety risk was very high in Myanmar, which led to changing the activity plan - livelihood activities were not implemented as money transfers would have put both the organisation and the recipient at risk. Still, this measure was not enough and some of the staff related to the project have been harassed by armed groups, which is not only a challenge but a high ethical concern.

Additionally, as the conflict in both countries directly impacted the communities, and because of the nature of these conflicts as internal to the countries, community distrust was strong. People tend to be afraid to seek help from an organisation and sometimes have negative behaviours towards organisations. In Ethiopia, the office of an IP in the Amhara region was destroyed, and items were stolen.

Such safety risks for staff members were not limited to Ethiopia and Myanmar. Nevertheless, in other contexts, as the humanitarian context preceded the intervention, so did the security context. Thus, UN agencies, implementing partners, civil society organisations, and communities, had integrated these risks and mitigating measures and behaviours, reducing the impact of the insecurity on the project.

### **Disruption of services**

The emergencies faced in different countries of the CERF, impact the services both public and private, which consequently impacted the implementation of activities. In Ethiopia, money transfer services were stopped in some of the regions, as the government banned money, grain, and medical transfers, leading IPs to use their own resources. Transfers were also challenging in other countries as the project targeted remote areas, where bank and mobile coverage is poor.

Public services were also disrupted because of COVID-19 - this strongly impacted the implementation in Bangladesh, for instance - and because of conflicts. In Palestine, legal services were disrupted during the attacks in Gaza, which led cases to accumulate and pushed IPs to focus on other types of activities in the meantime.

In Palestine, services present specific challenges because of the prolonged humanitarian and political crisis resulting from Israeli occupation. The legal systems and its enforcement are particularly weak due to the lack of control of Palestinian administrations over the territory, as well as the discontinuity between the West Bank and Gaza, and within both regions:

*“The legislative council is ineffective, and even with a transfer system in place, our police force is limited in its ability to operate effectively in area C [areas in the West Bank under Israeli control], which is related to the occupation, and all of this affects women who are victims of violence.” (KII 1, Palestine)*

Specifically, the discontinuity between Gaza and the West Bank, both geographical and administrative, was a major challenge for all actors involved in both locations. It affected the implementation as institutional partners differed in their approaches - also hindering the sustainability of the CERF because of the lack of coordination and unified regulation between the authorities of the West Bank and those of Gaza. Additionally, organisations' staff couldn't move from one region to the other, thus the response and services couldn't be harmonised.

### **Limited access and movement restrictions**

The access to locations was a major challenge in all countries, as the CERF targeted locations either remote or strongly affected by the humanitarian crises. Access was limited due to conflict and volatile security situations; climate and disasters; poor connections; and COVID-19 restrictions. In addition to impacting the implementation, the



limited access also increased other challenges such as the difficulty to recruit, as not many qualified individuals are able or willing to relocate in these areas.

In all countries, participants reported access restrictions due to the presence of armed groups. In addition to the measures that organisations might take for the safety of their staff, these restrictions were coming from local authorities and / or armed groups themselves - in Cameroon, Colombia and Palestine, checkpoints would temporarily prevent access to certain regions. In Bangladesh, because of violence in the camp, the government restricted access to and movement within the camps for NGO workers.

In Ethiopia, the consequences were more significant as access was restricted for a long period of time. Activities in Tigray had to be relocated for most of the project's timeline, as the region was not accessible; in Amhara, they had to restrain to some areas which they could access. It impacted the overall timeline as adaptation took time, as explained by the following respondent:

*"Tigray was one of the target areas. But operationally, the implementing partners could not continue because of difficulty accessing and reaching out to individuals. So they had to relocate, they had to relocate their interventions to a more accessible area. [...] [T]here was no other option because CERF funding was a time bound." (KII 2, Ethiopia)*

Access was also limited because of climate related disasters which destroyed roads and other routes in the area of implementation. In Colombia and in Cameroon, floods impacted the implementation - in Choco, access was difficult for almost a year. In Bangladesh as well, the project was implemented in hurricane-prone areas, however this was taken into consideration by integrating DRR in the design in order to provide continuous GBV services.

Nevertheless, movement restrictions were not always well considered in the CERF. In Ethiopia and Palestine, transportation costs were not well covered or limited to public transportation, while remote areas cannot be reached this way.

### **The impact of poverty on needs**

In Bangladesh, Ethiopia and Palestine, evaluation participants pointed out the impact of poverty on the CERF and GBV response. Firstly, given that poverty multiplies the needs of women, including the needs of survivors of GBV, lifesaving and survivor-centred services thus need to take into account their most basic needs.

This is aggravated by the conflicts that were sparked during the CERF implementation. In addition to Palestine, where IPs provided more emergency services after the 2021 attack on Gaza, in Ethiopia as well, CERF activities were adapted. Communities were suffering and missing first necessity items such as food; thus, services such as legal aid was not considered a priority.

Secondly, in contexts where many needs are not met, some IPs reported that community members would expect support in cash and material and question the relevance of GBV services - which is one of the reason of GBViE relevance, since such services tend to be secondary in emergency while the number of GBV cases, actually, rises in such contexts. In Ethiopia, IPs had to convince WLOs of the importance of the training they received, rather than items to reconstruct their offices:

*"[T]hey challenged us a lot by asking questions like why don't you give us cash and material support even though there is training. But finally, when the situation became stable, they realised that the training is very important." (FGD 2, Ethiopia)*

Finally, poverty increased the risk of crisis in some contexts. Specifically, in Bangladesh, poor dwelling conditions lead to fires seemingly on a regular basis, and are particularly vulnerable to floods, and as crises multiply, so does the risk of GBV and the reduction in services.

### **3.3.2 Political challenges**

Engaging with authorities is both essential - as services should be provided by these institutions - and a major challenge in some countries. Across countries, authorities showed overall limited resources and capacities to respond to women at risk. This leads to poor services and fewer referrals; moreover, women who managed to escape, risk to come back to their aggressor due to the lack of support from the state. One evaluation participant emphasised the following:

*"With the institutions it is difficult, first to build trust with them, second that they do what they are supposed to do. In the end, we are only complementary to what the institutional framework must do, so this work is always complex, because there is also a lot of mistrust on the part of women to carry out processes with the institutions, due to confidentiality issues, which are sometimes broken by the lack of humanity, and the care they provide" (KII 3, Colombia)*

As a consequence, there is an important lack of trust, due to the absence of response from the authorities; negative practices such as handing over the reports to the aggressor in Bangladesh; and proximity with armed forces in



Colombia. This lack of trust leads to a low rate of reported cases, and a distrust by extension to actors who develop referral systems within the official framework.

Authorities' lack of or slow response can be attributed to their limited human and financial capacities. However, in some cases, there is arguably a lack of political will to respond to GBV. In Palestine, for instance, the humanitarian context - leading to difficulty in implementing any public service - crosses with harmful social norms when it comes to gender. This leads to weak services to women and no accountability to the perpetrators, which increases the needs and number of people in need of GBV services, to which the CERF could not always respond - due to the scale of the project, but also because some services can only be provided by public institutions. Additionally, it creates a gap between services provided by the civil society and governmental entities, which poses a challenge for sustainability.

Moreover, the lack of efficiency of governmental entities - either due to their limited capacities or political will - impacted the CERF by slowing down authorisation processes. In Bangladesh and Palestine, activities were delayed because the authorisations for activities would take months to be delivered. In Bangladesh, the management of refugees and specific authorisation processes also directly impacted the CERF - as activities in the camps had to go through the Camp In Charge (CIC) office, and entrepreneurship is restricted for Rohingya people:

*"The fact that the Rohingya refugees are not able to earn an income, the fact that they are not able to set up formal businesses imposes huge restrictions." (KII 10, Bangladesh)*

### 3.3.3 Social norms

In addition to their role in GBV and its normalisation, social and societal factors were hindering factors for the implementation of the CERF on two levels:

- (1) Survivors are stigmatised and seeking shelter perceived as shameful for the survivors, hindering outreach and access to services;
- (2) GBV service providers are threatened, and their activities actively prevented by groups, sometimes governments.

#### Stigmatisation of survivors

In Ethiopia and Palestine, evaluation participants pointed out that it is not socially accepted for women to seek shelter or even help - society perceives women seeking refuge as 'shameful'. Mitigation measures were implemented, such as including religious leaders and governmental authorities to facilitate advocacy campaigns. In Palestine, an efficient measure was to reduce the visibility of shelters by setting them up inside health centres:

*"These women who come to the centre claim that they need health services and secretly go to the section that provides psychological services, and they hide it from their families. The community refuses the idea of women seeking psychological treatment and advocating against their husbands in court, rejecting the beliefs that society has instilled in them." (FGD 2, Palestine)*

Nevertheless, in Ethiopia, the reluctance to use the services provided at the shelter in Afar - due to the negative perceptions of survivors seeking shelters - led to moving the shelter to another location (Kobo, in Amhara region).

Additionally, women can feel discouraged as they believe the social norms will prevent them from accessing their rights. For legal cases in particular, the power imbalance leads to women being scared of asserting their rights as they believe they wouldn't win their cases, which could lead to losing their children - in addition to the risk of social exclusion.

#### Threats and prevention of activities

WLOs and WROs reported being subjected to threats and attacks in Bangladesh, Colombia, and Palestine. This included attacks on activists - in Bangladesh, for example, women leaders relocated temporarily after such an attack to ensure their protection. In Palestine, partners pointed to one specific group which actively prevented activities from happening, especially awareness raising activities and activities engaging men. Additionally, a WLO mentioned being hacked by this same group, because of their advocacy activities.

In addition to civil or religious groups, governmental entities sometimes acted along the same lines: in Palestine, the government banned community-based organisations from intervening in schools, seemingly after the attack on an activist. They also would not endorse activities using certain terminology such as GBV, gender justice, and sexual and reproductive health.

On the side of the project participants, social and gender norms also translated into groups of individuals preventing them from participating. This was reported mostly in Bangladesh, where family members would prevent participants from attending the courses. In one case mentioned by the respondent, the IP created a community committee to help mitigate this challenge, by gathering respected people in the community who intervened and convinced the family to let the participant attend:

*“A girl [...] could not come to the education programme organised by the project because her family did not allow her, especially her mother-in-law. We used to counsel [the] family again and again. For counselling, we formed a community [committee] with local members (Chairman, Member, Imam, local elite etc) for their significant acceptance in the community. After six months, [her] mother-in-law saw her change and she also joined the education program. Now, A has a grocery store, a cow and a plot of land.” (KII 9, Bangladesh)*

Additionally, at the household level, cash assistance was impacted by gender norms and role repartition: in Bangladesh, a project implementer pointed out that in non-women-headed households, the women receiving cash transfer would sometimes not be able to manage the CVA, which required additional follow-up to make sure funds were used in the intended way.

Overall, social and gender norms have negatively impacted activities as there was a lot of work to do so that communities - and sometimes authorities - can accept concepts related to GBV and normalise the participation in activities.

### 3.3.4 CERF management

While the relationship with the managing agencies was overall considered as a facilitating factor, the management of the CERF was hindering due to (1) its limited scale - in time and amount; (2) heavy processes, complicated by the multiplicity of layers; and (3) WLOs/WROs' lack of sustainability, preventing the continuity of services.

#### Scale of the project

Both the short duration of partnership agreements and limited funding of the CERF were cited by partners across countries, especially subcontractors, as a challenge. The limited duration of the CERF, especially for some partners who were contracted for a few months, limited their ability to propose innovative activities and solutions. It also pushed WLOs to work under a lot of pressure, with many activities to implement in a very short time.

Some activities, by nature, require time - it is the case of e.g., mental health treatment, especially psychological therapy, which requires long-term implementation. Referral systems also increase the time required for case management, as cases would be treated by a first partner, then transferred. This delayed the final service delivery which can turn in cases not being treated as part of the CERF:

*“From these 267 survivors, CARITAS who is the livelihood partner, would only support 50. The design of the project was like a chain. AMEF was supposed to be on the front line and then CARITAS at the end.” (FGD 2, Cameroon)*

The limited timeline of the CERF was even more challenging because of the humanitarian context and the outburst of crises during the implementation time, preventing service delivery. In Ethiopia, IPs faced challenges because of the war as activities could not be implemented when the conflict was active and there was no flexibility with the implementation period.

Additionally, funds were limited and sometimes insufficient for the partners to implement the activities. Subcontractors, in particular, pointed out that the budget covered activities but were limited for their administrative costs, which burdened organisations - especially WLOs - who needed to use their own resources. The limited budget for transportation, for instance, hindered the outreach in general, and in particular for women with disabilities who were unable to use public transportation. Additionally, as the project is implemented in emergency settings, unpredicted costs can emerge for which the budget does not have flexibility.

Nevertheless, in Palestine, the phased approach of the CERF allowed partners to adjust the budget and integrate some of the subcontractors' remarks. For example, while the need for additional staff was not included in the first phase, the IP adapted the budget of the second phase to include the cost of a staff member.

There are high needs for GBV services, which the fund cannot fully cover. This includes in particular health and legal services, for which IPs often provide referrals rather than the service in itself. Even when existing services are strengthened - by supporting external health centres, for instance - it cannot always cover all locations or people in need. Moreover, in the case of services that are provided by the IPs, whether case management, PSS or cash assistance, the fund cannot allow IPs to support all people in need, especially as the number of reported cases increase thanks to the CERF activities. Complementarity between UN Women and UNFPA, coordinated communication and joint resource mobilisation would be crucial in bridging this gap.

This is also true for services to WLOs, as they sometimes need more capacity building than initially planned. This was raised in particular in Cameroon where IPs realised during the first training sessions that the support provided by the project would not be sufficient to fully address the capacity building needs of the local organisations.

#### Complex processes

As the CERF is a consequent project, both in terms of funds, countries, and actors, it goes with heavy processes which were challenging for IPs and subcontractors. Reporting had to be harmonised across countries, which led to

monitoring and reporting mechanisms which were difficult for some IPs who were used to their internal processes only. The multiplication of layers added to this challenge, as subcontractors had to abide by the processes of both IPs and managing agencies; and IPs had to collect data and information from multiple subcontractors to report to UNFPA or UN Women. Moreover, as IPs did not always have direct access to GBV survivors, they required additional audits of subcontractors to make sure the guidelines are being adhered to by those organisations as well.

While direct IPs had the possibility to provide a comprehensive and holistic response, WLOs and WROs were mostly acting as subcontractors, providing short-time and limited scope of activities. The division of sectors and activities among partners created some inconsistencies as it required extra coordination; it led to unequal results between stakeholders, and in some cases hindered the provision of multisectoral services to all women.

Moreover, the complex processes of the UN sometimes led to delays in transferring the grants, causing additional burden on organisations as salary payments and activities were delayed or covered by their own funds. However, this challenge was not encountered in all countries; in Colombia, IPs have received the grant in a timely manner.

The modalities used for cash assistance delivery was not always adapted to the context; not only coverage was sometimes limited, additionally, cash service providers often required legal documentations that recipients did not always have - especially GBV survivors whose abusers sometimes keep the document as a means of control.

Finally, the level of support and flexibility from the managing agency varied across countries. While it was a facilitating factor in most countries, in Ethiopia, several IPs pointed out that the support in the outburst of the war was limited and both agencies had limited flexibility; one respondent in particular mentioned that UNFPA processes were adapted to development context, but suffered to adapt to emergencies:

*“Working with UNFPA is not new and we have 19 years of experience. But the past two years have been very challenging. [...] I think UNFPA itself in the country office was more development oriented. Then an emergency occurred, and they tried to manage their emergency response by the development tuned process. [...] From my observation the approach they followed to manage the emergency response in Tigray or Amhara or Afar during these two years was not appropriate for the emergency.” (KII 1, Ethiopia)*

### **Lack of financial sustainability of organisations**

Overall, IPs and community-based organisations - including WLOs and WROs - lacked financial sustainability and would not be able to provide services without the CERF funds. Consequently, when the project ends, the service providers do not have the means to continue delivering the service, and survivors might be left with no support. The lack of continuity is a huge challenge for case management when services need to continue after the scope of the project, but many of the IPs reported not having the funds to do so.

This is particularly problematic for WLOs or sub-grantees whose capacities were built as part of the CERF. A lot of progress has been made through the project, but these organisations are very financially precarious, thus progress risks being lost if they cannot find funds to continue their activities.

Besides sustainability, the lack of financial autonomy also impacts capacities as there is important staff turnover. This turnover impacts the quality of services as it can create discontinuity during recruitment phases; requires additional capacity-building for new hires; and hinders the relationship with the communities and the network of practitioners.

Finally, insufficient levels of funds provided risk burdening organisations on a financial and administrative level, and may in some cases also mean that organisations cannot fully control their strategic plan as the activities depend on the funds they are able to raise:

*“We really appreciate all the support and funding they have been providing, but what we need is sustainability, and less limitation on the scope of the fund. For us we know our mandate and we know what we are willing and able to offer, so the funding shouldn't limit the implementing organisations with certain activities within a certain period, then for another period to do different kinds of activities.” (KII 10, Palestine)*

### **LESSONS LEARNED - HINDERING AND FACILITATING FACTORS**

- Implementation through local actors, including but not limited to WLOs and WROs, is a key facilitating factor, especially in emergencies where distrust is high.
- Caring of Carers contributed to ensure the quality of services in contexts where staff as well were affected by crises.
- Long-term partnerships between IPs and UN agencies facilitates processes and sustainability of service.
- The flexibility of managing agencies is key, especially in emergencies.
- Multiple layers hinder the implementation and holistic approach; however, it facilitates the implementation. Stronger coordination between all stakeholders can help such approaches.

- A phased approach facilitates the flexibility, especially with multiple layers of actors, to take into consideration organisations' needs and adapt the budget.
- Cash assistance modalities may be revised to facilitate the distribution to survivors who may not have documentation or access to service providers.
- Innovative approaches can help mitigate the challenges posed by social norms. Good practices include integrating shelters within health centres to reduce visibility; creating community committees to advocate at family level; and changing terminology to increase acceptance of activities.

## 4. Sustainability

### 4.1 Factors influencing sustainability beyond the implementation period

#### Importance of sustained funding

While the CERF grant was a valuable investment for addressing GBV in emergency contexts, further funding is crucial to enable implementing partners to sustain their service delivery in activities such as livelihoods and cash transfers. WLOs/WROs often face structural, operational and financial challenges as they tend to be smaller than mainstream humanitarian organisations and have fewer networks and less influence with international actors. In a survey conducted in 2022 among WROs/WLOs in Palestine, 56% of WLOs/WROs reported that their funding has been negatively affected by the COVID-19 pandemic. Similarly in the same survey, 50% of participants reported not having received any funding for humanitarian projects.<sup>31</sup>

Meanwhile, the collaboration between UNFPA/UN Women and the local WLOs/WROs creates potential for these organisations to find complementary sources of funding and facilitate resource mobilisation. In Colombia, local partnerships have generated funding for Lutheran World Federation to continue their work in GBV response as well as strengthening the capacity of other local WLOs. Likewise in Palestine for UN Women, investments in capacity building for WLOs preceded and continue past the funding period.

A positive example of WLOs securing further funding due to the CERF grant is demonstrated in Palestine. WLOs' growing expertise made possible by the CERF fund increased their visibility and made it possible for them to obtain further funding, including one WLO receiving funds from UNDP for a livelihoods project:

*"As our expertise in a specific field grows, it opens doors to approach other funders operating in the same field. [...] Thanks to our increasing experience in this field, we were able to showcase our achievements to UNDP, which resulted in securing a new livelihoods project." (KII 11, Palestine)*

For WLOs/WROs, coordinated resource mobilisation efforts for example through country-pooled funding will be key in ensuring sustained funding.

#### Improved technical and infrastructural capacity of WLOs/WROs in the GBV sector

An important factor increasing chances of sustained activities beyond the grant period is the strengthened capacity of implementing partners. In this regard, the evaluation found that the CERF funds allowed to invest efforts into WLOs/WROs' internal capacity building as well as strengthening the capacity of their local partners. For instance, the grant reinforced the increased infrastructural capacity of WLOs/WROs and in Colombia, where organisations were able to build commercial premises to facilitate their activities and consequently increase their visibility and networks in their territories. Similarly, for Alianza Por Solidaridad, the CERF grant enabled them to position themselves as experts in the GBV humanitarian response sector and act as a benchmark for other humanitarian actors in the same context. With the increased capacity of WLOs/WROs, they were able to participate in decision-making processes and participate in knowledge sharing and capacity building of other IPs as a result.

The evaluation found similar findings in Ethiopia, Myanmar and Bangladesh, where capacity building was a key component of the project. IPs in Amhara expressed satisfaction with the technical support received from UN Women in terms of GBV response and humanitarian coordination mechanisms. Likewise in Bangladesh, capacity building was a key aspect of the project and also resulted in good coordination between various organisations through the CERF fund:

*"A large part of the capacity building was a collaboration between UN Women and UNFPA. Along with them, there are other organisations such as WLO and WRO, as well as various local organisations at the Cox's Bazar level, which have many opportunities for capacity-building development for their staff. The areas of capacity-building development were mainly gender-based violence-related. GBVIMS has worked on capacity building in GBV, women's leadership, and other areas. There was also social mobilisation, men's and boys' engagement, and other activities and training that were within the scope of this fund." (KII 4, Bangladesh)*

In Myanmar, an in-house resource team was established and materials pertaining to GBV project interventions were provided even past the funding period. Women and girls were trained on awareness raising, referral pathways, operating the Her Space and iWomen mobile app, collective farming and She-Saving. Learnings and best practices from the CERF funding have created an enabling environment for creative resource mobilisation.

Meanwhile, other evaluation findings point to certain gaps in capacity strengthening, which is a risk factor in relation to the sustainability beyond the grant period. For instance, in Cameroon, the capacity building of Community Women Self Organised Groups should be prioritised to strengthen their resource base and empower them to continue participating in emergency GBV response activities such as providing food and shelter to GBV survivors. In addition,

<sup>31</sup> UN Women, 2022b.

having a national GBV strategy which guides all the actors working on GBV is a foundational strategy that will facilitate the standardised interventions on the field.

## 4.2 Ownership of the program by women-led organisations and local actors

### 4.2.1 Ownership, agency and voice

With variations between countries, the CERF grant gave WLOs/WROs a certain level of freedom to strategise on the interventions to be prioritised in each country's context. In most locations, the flexible nature of the funds enabled WLOs/WROs to target groups and tailor their GBV response depending on the needs of the community.

Furthermore, WLOs/WROs experienced increased visibility within their communities and as a result were able to actively participate in advocacy dialogue and act as focal points for knowledge sharing. The pre-existing networks of WLOs/WROs within the community also established their role in case identification and referrals, including in hiring specialists where needed, and this demonstrated their autonomy in various processes throughout the project.

In Ethiopia, WLOs took the initiative to map out the number of partner organisations in existence, presented their challenges to UN Women and suggested mitigation strategies to counter the limited number of WLOs. These strategies included engaging informal institutions such as school groups and women's development groups. Through the advocacy of local organisations, the network of local associations (NEWA) was recognised as a member of the humanitarian team by OCHA.

### 4.2.2 Integration of WLOs/WROs into humanitarian coordination mechanisms

UNFPA being the lead of the GBV sub-cluster/sector globally, with UN Women as a co-lead in Colombia, they served as a reference point for implementing organisations especially in terms of coordination and communication with other organisations. The integration of WLOs/WROs into the GBV sub-clusters/sectors and in other humanitarian coordination mechanisms thanks to the support of UNFPA and UN Women helped them be part of decision-making processes from the inception. The Palestinian case studies showed good practices in this regard: UN Women's training on WLOs/WROs on Gender in Humanitarian Action, including Humanitarian Response Plan, complemented UNFPA's technical capacity-building and role as the GBV sub-cluster/sector lead. Through this action, WLOs/WROs participated in proposals, negotiations with donors and resource mobilisation. Additionally, this integration increased their visibility and facilitated their access to future funding opportunities.<sup>32</sup>

The integration of WLOs/WROs in the GBV sub-clusters/sectors can also enable the inclusion of GBV prevention and response into the humanitarian response plans thus allowing WLOs/WROs to be part of flash appeals by UNOCHA to be considered for long term funding. In Myanmar for example, GBV has been integrated into the HNO and HRP although livelihood components still require more advocacy.

In Palestine, UNFPA also visited donors and organised their visits to the safe spaces in the community as a way of reflecting on services provided and creating links with the community for sustainability.

*"Some of these organisations are part of the GBV sub-cluster, which helped them be involved from the start, participating in preparing proposals and needs identifications [...]. Some organisations prepare proposals and negotiate with other donors and organisations to mobilise funding." (KII 1, Palestine)*

Having said that, the integration into humanitarian coordination mechanisms needs to be accompanied with an adaptation on the end of other stakeholders, and not only WLOs/WROs' capacity building. UN Women's study on their inclusion in humanitarian action in Palestine<sup>33</sup> highlighted a limitation of this integration in humanitarian coordination mechanisms, due to the unequal power balance. Beyond integrating WLOs and WROs into humanitarian clusters, additional efforts are necessary to ensure a 'honest engagement',<sup>34</sup> which according to UN Women's study is limited outside of the protection cluster and GBV sub-cluster, in the context of Palestine. While this CERF evaluation shows good results in terms of WLOs and WROs inclusion in GBV sub-cluster/sectors and other humanitarian coordination spaces in different countries, including the ones dedicated to Gender in Humanitarian Action, further research is needed to assess whether the inclusion in the GBV sub-cluster leads to WLOs/WROs empowerment and meaningful participation in decision-making.

<sup>32</sup> As mentioned in section IV.A., the evaluation found out that several IPs of both agencies received funds from other donors after the CERF.

<sup>33</sup> UN Women, 2022b.

<sup>34</sup> Ibid.



## 4.3 Potential contributors to sustainability in each country context

### 4.3.1 Prioritising interventions to ensure women's immediate needs are met

In Colombia and Palestine, a key contributor to sustainability was the focus on economic empowerment interventions such as livelihood activities and cash-based assistance. While psychosocial, legal aid and awareness raising interventions were fundamental and widely prioritised in the project locations, WLOs/WROs reported that economic empowerment should be a foundational approach as GBV survivors and women at risk often need cash assistance to meet basic needs such as food, medication or transport and shelter to escape dangerous situations. Moreover, the facilitation of income generating activities for GBV survivors and women at risk could contribute to the sustainability of case management and ensure continuity of results beyond the project implementing period.

In Palestine, UNFPA's investment in the number of implementing partners and the introduction of the Cash Voucher Assistance (CVA) system for GBV case management - also implemented by UN Women as part of outcome 4 - enabled the provision of comprehensive and holistic GBV services. Linkages between SRH services and GBV were key elements, for example supporting national capacity on clinical management of rape and the support to the health system responding to GBV. WLOs working on SRH and GBV were supported to provide capacity building, guidance and direction for 14 grassroots WLOs to better function in their communities. Building on this first experience of CVA in GBV response - while UN Women has a strong expertise in this area -, UNFPA is planning to invest in this modality and involve more youth and WLOs to create a social movement supporting the gender equality agenda towards addressing GBV.

Furthermore, project interventions in Palestine had a multidimensional impact on women's livelihoods, decision-making, wellbeing, and perceptions of gender equality across geographic locations. However, different results were produced in the various locations and by the diverse types of assistance. While the project seems to have the greatest impact on women from the Gaza Strip, it did not have the same level of impact on women from the West Bank, suggesting that the model of assistance was more aligned to the enablers in the Gaza Strip than those in the West Bank.

In Ethiopia on the other hand, a key contributor to sustainability was the focus on GBV prevention rather than response by channelling efforts towards addressing negative gender norms. The 2-year funding period of the CERF grant was longer than most humanitarian projects, and this created the opportunity for IPs in Ethiopia to shift their focus to GBV prevention as a way of creating sustainability within the project.

### 4.3.2 Continued community engagement and local partnerships

In Cameroon, Bangladesh and Myanmar, the engagement of community leaders and religious leaders was an instrumental approach particularly in implementing the social norms-related interventions. As explained by this respondent, engaging with communities is a potential contributor to the sustainability of interventions beyond the funding period:

*"With regards to the service delivery and social norms related activities, I think what can make the difference in the long run is this engagement and investment in community mobilisation and engagement: engagement of leadership, community leaders, religious leaders and men and boys in the communities because we are talking about the work that can remove some of the barriers, so the investment in social norms can serve the crisis affected communities and beyond the two year duration." (KII 2, global)*

In Myanmar, WLOs/WROs conducted capacity building initiatives for men and boys to promote their involvement in GBV prevention which is an important factor for sustained results beyond the funding period. In Bangladesh, the coordination between WROs/WLOs and CICs (Camp in Charges) and existence of women friendly spaces has positively resulted in more reporting on violence, an indicator that women have begun to trust in the institutions and mechanisms put in place, increasing the potential for sustained results. Similarly in Cameroon, religious leaders were key focal persons in awareness raising activities as they had already established trust with community members. As a result, positive masculinities training (He For She Modules) were conducted among boys and men, and women reported a shift in perspectives on gender norms at the family structure level. A baseline and endline survey conducted in Cameroon indicated a 46.5% increase in the number of women, men, girls and boys who disagreed with harmful social norms and discriminatory attitudes towards GBV survivors.<sup>35</sup>

In Palestine and Bangladesh, the role of community volunteer networks in awareness creation and case referrals presents a contributing factor to the sustainability of the project beyond the funding period. WLOs and IPs have developed networks of volunteers in the community who participate in awareness raising activities and have been trained by the WLOs on detection and referral of cases. In Gaza, protection networks made up of lawyers, journalists

<sup>35</sup> CERF annual report, 2022b. Cameroon.

and GBV survivors carry out initiatives to respond to GBV issues and maintain ownership of the services. Similarly in Bangladesh, a pool of 160 volunteers were trained in supporting the dissemination of the Alapon services information and referral services to ensure Mental Health and Psycho-Social Support for adolescents.

In Palestine, the GBV sub-cluster developed a referral guide where WLOs were able to leverage their networks to refer cases to their partners depending on the expertise required. Through the CERF grant, WLOs improved their networks and strengthened their capacity in case referrals which are key in contributing to the sustainability of the project beyond the funding period:

*“If the [CERF] project comes to an end, our partner can continue working with our target audience if there are similarities between their objectives and ours.” (KII 5, Palestine)*

Notably, both UN Women and UNFPA have exceeded the 30% target for funding local WLOs as per the corporate commitment towards the CERF Secretariat. In the case of UN Women, this resulted in direct funding to 14 WLOs across the six countries where the CERF Global Block Grant was implemented. Currently, both agencies are working on a thematic deep dive on partnerships with WLOs.

In Myanmar, localisation is a key approach in ensuring the sustainability of the project beyond the funding period, as local organisations currently have more expertise in the development sector than in the humanitarian response sector. A baseline survey was conducted in 2021 to assess the Myanmar CSO’s capacity to participate in humanitarian coordination mechanisms and action including capacity of organisations to design, implement and monitor protection and GBV prevention and response strategies. The survey results revealed that the main capacity development needs are on GBV survivors support, English language skills, food security, livelihood, agriculture and cash-based intervention.<sup>36</sup> Localisation can be done through civil society actors to empower them in making the shift from development projects to humanitarian response projects, thus expanding their expertise in implementing similar projects in the future.

In Colombia and Bangladesh, involvement of the government and local authorities was essential in establishing a sustainable approach to the project.

In Bangladesh, government involvement and collaboration with WLOs/WROs is crucial in terms of providing technical support in GBV response and ensuring sustainability. In addition to this, youth leaders in the community were trained to promote awareness on GBV and acted as linkages with the community. Similarly in Colombia, local authorities such as the police, ombudsman and prosecutor’s office played an active role in the referral pathways and facilitated the emergency transfer of women who were in violent situations. This intervention was particularly valuable for women at risk as many lacked access to financial resources.

### GOOD PRACTICES - SUSTAINABILITY

- Economic empowerment interventions such as livelihood activities and cash-based assistance to enable immediate access to resources as needed and promote longer term self-reliance opportunities for GBV survivors and women at risk.
- Integration of GBV prevention and response in the HNO and the HRP.
- Longer funding periods for GBV interventions for prevention, including addressing harmful social and gender norms within the community.
- Localisation through the capacity building of WLOs/WROs to foster ownership of the process by the community and create a multiplier effect in terms of impact in GBV response mechanisms.

<sup>36</sup> CERF Capacity Development Plan, 2021.

## 5. Cross-cutting issues

### 5.1 Application of humanitarian principles, inclusivity, accountability to affected people and PSEA

Overall, project implementers - country offices, implementing partners, subcontractors and grantees - applied principles of inclusivity, accountability to affected people, PSEA guidelines as well as humanitarian principles, including do-no-harm, along the CERF implementation. However, the level and modalities of application varied, especially for local actors. Progress was made through training of staff and development of guidelines, but there is still a margin for improvement in regard to humanitarian principles and PSEA policies.

In terms of Prevention of Sexual Exploitation and Abuse, all staff involved in the project were trained and signed policies of either the implementing partners or the managing agency. Implementing partners, in particular, were trained on safeguarding to ensure the understanding of and adherence to PSEA.

When it comes to community-based organisations and subcontractors, however, although they signed the IPs' policies, many were missing a proper PSEA policy. This is one of the reasons why in some cases, UNFPA and / or UN Women had to partner with INGOs only, as WLOs have fewer policies and complaint systems. WLOs' guidelines and institutional capacities on PSEA require further strengthening for them to integrate such projects as implementing partners.

The do-no-harm principle was largely mentioned by partners as a driving principle. Additionally, UNFPA and the GBV sub-clusters/sectors have guidelines and standards that help IPs, subcontractors and grantees, including WLOs/WROs, apply the do-no-harm principle during the implementation of projects like the CERF. This was well applied throughout the project - however an IP in Palestine opened an interesting discussion related to the do-no-harm principle for GBV projects, stating that organisations can't always protect women in their households. It leads to the question of potentially negative impacts of requesting GBV services for women, such as retaliation by perpetrator - the importance of leaving survivors the choice of services is thus essential, but the question raised was whether it is enough to conclude that there is no risk of doing harm:

*"Unfortunately, we are unable to protect them in their own living spaces and environments. That's why a big part of our work depends on women's choices and decisions, so it becomes a question of: is this woman able to carry the responsibility? And have all the life-skills training and awareness sessions that we have provided before receiving financial support really helped her in improving her life?" (KII 10, Palestine)*

This leads to the question of accountability to affected people - most evaluation participants mentioned the feedback mechanisms they had in place. Among those are usual practices, such as boxes at the safe space level (suggestion box and / or complaint box); surveys to service users; and non-physical feedback mechanisms such as hotline, mailbox, websites, and organisations' secretary. A limitation of the feedback mechanisms, especially the most traditional ones, is that while actors can have them, it is difficult to guarantee that they are used. For this reason, innovative mechanisms were proposed by IPs, subcontractors and grantees, which are sometimes more adapted to ensure proper participation and thus accountability to affected people. Examples of such mechanisms are developed in the 'good practices' section below.

In terms of inclusion, overall, service providers were making services available regardless of survivors' statuses and backgrounds. However, in Ethiopia, IPs seem to have targeted communities based on their displacement status (IDPs, for instance) which raises questions in terms of equity and inclusion.

In Myanmar, including different communities in the same safe space, and through the same IP or WLO, was sometimes challenging due to the conflicts between communities. Service providers had to adapt through their hiring strategy, for example, to have staff from different communities:

Reportedly, the CERF targeted mostly, if not only, women GBV survivors - with the exception of Bangladesh and Colombia where LGBTQI+ GBV survivors were included, and Ethiopia, where IPs have tried to address the needs of male GBV survivors in one centre. However, in most countries, the needs of male GBV survivors were not addressed, as highlighted for instance by the following respondent in Ethiopia:

*"There were male victims in Dessie. The safehouse we had was for women only, so we could not let them in. But we have provided them counselling service and material support in one stop centre." (FGD 2, Ethiopia)*

## 5.2 Good practices identified

The CERF grant contributed to the training of partners' staff on PSEA and enabled some of the local organisations to strengthen their PSEA policies. In Palestine and Myanmar, the evaluation pointed to examples of partners, especially WLOs/WROs' institutional strengthening in this regard - which might lead to increasing their legitimacy when applying for grants.

A good practice to upscale the capacity building of local organisations when it comes to PSEA, was to join efforts and mandates of UNFPA and UN Women to provide the most relevant resources and training. In Bangladesh for example, IPs' capacities were assessed to identify their needs, and both agencies coordinated to respond, using in particular UN Women's position in the PSEA working group.

In terms of do-no-harm, and ensuring survivors' safety and trust, IPs tended to prioritise hiring women staff, which was explicitly mentioned in Colombia and Bangladesh - not only their gender, but also their experience in the field, were essential criteria utilised as part of a careful selection process.

Confidentiality was also a practice that partners carefully applied, through specific mechanisms such as a reduced number of staff involved in case management. In Bangladesh, this was particularly at stake as there was a social practice of publishing the identities of survivors. IPs were trained by the GBVIMS, to understand the importance of confidentiality and means to provide it.

In terms of inclusion, partners adopted inclusive approaches to address the needs of vulnerable groups, such as minorities, women living with disabilities, and displaced communities, including by following guidelines for disability inclusion. In Palestine, UNFPA partnered with organisations working with different categories who are usually "left behind", including women with disabilities, people suffering from mental disorders or cancer patients to open GBV services within these organisations. In Ethiopia, organisations have used their presence in the sub cluster/sector to advocate in favour of a more inclusive approach.

Finally, as mentioned above, innovative, adapted, and effective practices were adopted to ensure accountability to and feedback from affected people. In some cases, partners have established their own mechanisms, while in others they have created links with existing national mechanisms.

In Bangladesh for instance, Rohingya community volunteers associated with the project take up the role of accountability mechanism, to raise any issue faced throughout the project to the focal point.

In Colombia, some service providers of safe spaces have scaled up their feedback mechanism through a coordinated assembly, during which organisations share their activities, challenges, good practices and feedback from the community, to learn collectively and improve services:

*"We handle accountability at the socio-organisational level. What do I mean? Because this rendering of accounts happens every year in the organisational assemblies of UNIPA. These are held in the first days of June, where the 32 shelters meet, all the people from the 32 shelters, so that the councils - in this case the women's and family council - render accounts and say what their progress was, and in what was intervened in the communities on the lines of action to work on the projects that were being carried out in this period of time. So we do this accountability based on UNIPA's organisational strengthening framework." (FGD 4, Colombia)*

In Ethiopia, a feedback mechanism was created among actors in the district and zonal levels, called the 'anti-harm protection practice forum' which was made up of a technical and steering committee for WLOs to report if service users are not able to access services on time. WLOs also use this forum to advocate in favour of GBV survivors and women's rights. For instance, in the event that a specific service is reported as not being provided to the communities in need, the technical committee asks the referral focal point to give explanation. The issue can further be escalated to the steering committee if there is inaction from the referral focal point.

These three examples have in common that they rely on networks to facilitate feedback - either within the community, or between service providers themselves to collectively learn and safeguard the GBV response. Nevertheless, they do not replace feedback mechanisms at service level, such as complaint boxes, hotlines, and satisfaction surveys, and efforts could be made to ensure that these mechanisms are also used.

### LESSONS LEARNED - CROSS-CUTTING ISSUES

- PSEA: WLOs strengthening and better implementing their PSEA policies will facilitate their inclusion in projects as IPs instead of subcontractors.
- Inclusivity: Progress can be made to include male survivors of violence through tailored approaches; the Interagency Minimum Standards for GBV Programming in emergencies can be referred to to include male survivors in GBV response.

- **Accountability:** using networks within the community (e.g community volunteer networks) or between service providers (e.g. fora or assemblies of practitioners) is a good practice to increase feedback, but networks do not replace service-level reporting mechanisms (boxes, surveys, hotlines, etc.) and IPs need to ensure that service recipients have the relevant information and access to use these.

## Conclusion and Recommendations

### A. Conclusion on the overall evaluation

The CERF Block Grant was a timely, unique and innovative allocation. It provided a relatively high amount of funding in view of the fact that the GBViE sector experiences chronic underfunding<sup>37</sup>. This allocation occurred at a crucial moment when GBV needs were escalating globally due to the COVID-19 pandemic and to country-level crises in many of the selected locations. The grant presented a unique opportunity to dedicate a substantial funding envelope to much-needed GBViE interventions. Notably, the allocation led UNFPA and UN Women to engage in a collaborative effort at the global level to address GBViE. The CERF funds were moreover significant in that they were used to test new ways of working and approaches in the GBV response, resulting in valuable learning opportunities.

Country offices were granted the autonomy to design activities and select partners and in some cases, sought advice from GBV actors present in the field. This approach can be seen as an acknowledgement of the expertise of the GBV community and demonstrates a commitment to implement activities tailored to each context. This approach proved particularly relevant as most of the challenges faced in the GBV response are context-specific, therefore necessitating customised adaptations to the specific country context. The tailored and flexible nature of the response, catering to the identified needs, was greatly valued by stakeholders.

However, it is important to acknowledge that such diversity in approaches across countries also carries the inherent risk of potential inconsistencies. Ensuring a certain level of harmonisation helps avoid confusion, conflicting practices, and inefficiencies, enabling a more streamlined and effective delivery of services. Importantly, it helps maintain a certain level of quality in service delivery: by establishing standardised approaches and ways of working, organisations can ensure that their interventions meet expected standards and best practices as per IASC standards. This ensures that affected populations receive appropriate and reliable assistance, leading to better outcomes and improved overall impact. While customisation enhances effectiveness, efforts must be made to ensure coordination and knowledge sharing to mitigate any unintended discrepancies and foster harmonisation wherever possible. The variations observed regarding the type of activities implemented under Outcome 1 illustrate the confusion around the intended results that can emerge from the absence of harmonisation and result in the lack of a cohesive approach. However, it is worth noting that the inconsistencies could have been mitigated if there had been stronger guidance from head offices at the project's inception, along with a clearer formulation of the project outcomes. With access to clear direction and guidance on the preferred approach and focus area under each outcome, combined with spaces for learning between countries, agencies could have fostered greater consistency and alignment throughout the project implementation without hindering the benefits of localisation and autonomy in designing context-specific activities.

Overall, for each of the outcomes, the evaluation found strong overall results. It concludes that there may be an opportunity to maintain the flexible approach demonstrated by the CERF project, while offering additional guidance to ensure even stronger results on a future occasion.

Specifically, regarding Outcome 1 focused on social norms, while this evaluation cannot conclude that activities led to changes in social norms - a result that could not possibly be achieved within two years - this review however found that the CERF funds achieved small-scale and incremental positive results in relation to the attitudes vis à vis GBV and stronger disagreement with harmful social norms, the increased knowledge of and agreement with women's rights, and early indications of potentially enhanced commitment of men and boys to fight GBV. These results have the potential to contribute in the longer-run to preventing gender-based violence but also contribute to improving the response by leading to greater use of services and greater commitment by local actors in the fight against GBV. Once more, such longer-term results would require continued and sustained efforts over a much longer period and cannot be expected to result from the two-year CERF grant period under evaluation. However, a clearer understanding of social norms, including the intended meaning, objectives, evidence-driven implementation strategies, and measurement methods, through the development of a dedicated theory of change could help achieve stronger results in this area. Social norms encompass a wide range of aspects and can translate into diverse programmatic activities. Therefore, it may have been beneficial for the project to prioritise specific programmatic areas and adopt a more focused approach, accompanied by clear and well-defined objectives. This would have provided greater clarity and direction in addressing social norms, building strong foundations for sustained efforts over a longer period, which could eventually bring about noteworthy changes in attitudes and beliefs towards social norms.

When considering outcome 2 (empowering WLOs/WROs), there have been promising results, both in terms of improved technical capacities of WLOs/WROs on GBV response as well as organisational capacities, but also in greater participation in humanitarian coordination forums. Meanwhile, the variations in approaches across countries

<sup>37</sup> Only one percent of all humanitarian assistance is targeted at GBV according to the 2022 Global Humanitarian Overview. See OCHA, 2022, Global Humanitarian Overview.



also bring forth important considerations regarding the most effective means of engaging with WLOs. The support needed for WLOs and WROs to participate effectively in decision-making and leadership in GBV response, mitigation and prevention are numerous and varied and relate both to internal factors (institutional capacities of the targeted organisations as well as their technical capacities in relation to GBV and to humanitarian response more broadly) and external factors within the operating environment (perceived credibility among more established actors, etc). As the duration and resources available for the project do not allow to fully cover all the needs and lead to a veritable transformation of the WLOs' and WROs' capacity to elevate their participation across different humanitarian processes and platforms, questions arise about how to prioritise to maximise the impact around capacity strengthening (i.e., what kind of approach to capacity strengthening to be used and which areas to focus on when delivering training sessions). This prompts the question of whether a stronger focus or more comprehensive guidance is needed to maximise impact: key aspects to address include determining which specific WLOs and WROs should be targeted, establishing selection criteria, prioritising capacity strengthening needs, and clarifying roles and responsibilities between each agency. These considerations were approached differently in each country while there could have been more clarity on how to prioritise the needs.

Under Outcome 3 (multisectoral services delivery), the evaluation found that the CERF funds contributed to an increased outreach and an improvement of the services for survivors and crisis affected women and girls as well as at risk groups in areas where the interventions were implemented. However, service delivery is another area where achieving a certain level of harmonisation could prove advantageous to ensure similar standards are met in terms of quality and type of services delivered. Although UNFPA maintained relatively consistent interventions under outcome 3 by employing a standardised approach to GBV response in emergencies<sup>38</sup>, UN Women's implemented activities exhibited significant variation. It would therefore be advisable to ensure for future scenarios that any multi-agency interventions are aligned with the IASC standards to ensure consistency not only within the services by each actor, but also between them. On a related note, the presence of separate outcomes for each agency, specifically focused on service delivery, sometimes resulted in similar interventions being implemented independently, potentially fostering competition instead of capitalising on the respective strengths of each agency. Consequently, outcome 3 represents a domain that could benefit from both stronger collaboration and greater alignment between agencies, to enhance focus and ultimately yield improved outcomes.

Finally, the evaluation findings highlighted the significant variation in the implementation of activities under outcome 4 (livelihoods and women's economic empowerment), which is the outcome specific to UN Women only, across countries. There have been positive outcomes at the individual and household levels where interventions have been implemented, with notable positive effects on perceptions and gender norms within households. However, while stakeholders recognised the importance of the livelihood component in addressing gender-based violence, insufficient resources and time partly hindered the implementation of impactful activities. To enhance the effectiveness of outcome 4, it is recommended to foster greater harmonisation and discussions on how to meaningfully address livelihoods within emergency contexts including complementarity with GBV service delivery and interventions. By addressing these considerations, future initiatives can better support individuals and households in overcoming the challenges of gender-based violence while promoting sustainable livelihoods.

As regards the collaboration between UNFPA and UN Women, the findings point to a number of overall positive practices both at global and country levels. However, except in a few examples where the collaboration was strong enough to improve service delivery, the collaboration, and thus its impact on the provision and efficiency of services, was overall limited. Fostering strengthened and closer collaboration between UNFPA and UN Women undoubtedly holds significant potential for achieving further enhanced outcomes. The two agencies possess distinct areas of expertise and approaches in addressing GBV issues, which can lead to fruitful complementarities. To effectively harness their combined strengths, the focus should be on identifying and leveraging complementarities, ideally adopting a consistent model across countries, building on UNFPA's pre-existing mandate and standardised approach on GBV. Ways to improve the collaboration should be informed by existing IASC mandates. This approach would promote synergy and maximise the impact of their collaborative efforts in combating GBViE.

Lastly, while the project exhibited significant ambition, it allocated relatively small amounts to some local organisations and activities. This raises the question of whether this comprehensive approach, attempting to address numerous challenges simultaneously, was the most effective strategy to take within the given parameters and size of the fund, or if interventions should have been rolled out in fewer locations through a more well-resourced and intensive approach, and/or by building further on the work of existing national and local GBV responders. This also prompts the question of the benefits of a special CERF allocation within a global programme targeting multiple contexts with different characteristics compared to direct CERF allocations to fund the response to specific crisis requirements.

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<sup>38</sup> GBV AoR, no date.

## B. Recommendations

This section provides a series of recommendations based on the evaluation findings. The overarching recommendations includes recommendations specifically directed at the donor (i.e. OCHA) while the following recommendations apply to both UNFPA and UN Women.

### Overarching recommendations

#### Donors' participation in the project

- Adequate time for inception phase: Recognize the significance of the inception phase, especially for large and long-term humanitarian projects. Ensure that the inception phase allows sufficient time for all participating agencies to contribute effectively and provide valuable input. This would also be valuable in ensuring that a positive environment for fruitful collaboration, mutual trust and open communication channels are created between the implementing agencies.
- Balanced attention to 'bigger picture' vs specifics: Ensure that adequate attention is given to defining clear project goals, strategies, and approaches to achieve the desired outcomes, and avoid an over-focus on specific details related to e.g., the indicators.
- Emphasise the inclusion of GBV in needs assessment: UNOCHA plays a crucial role in ensuring effective coordination and collaboration among various humanitarian actors. In view of this, it is key that OCHA stresses the significance of including Gender-Based Violence (GBV) in the needs assessment conducted by clusters. It is also recommended to explicitly include GBV and Gender in Humanitarian Action related priorities and funding in the Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP).
- Invest in coordination and capacity building: Allocate adequate additional funds and resources towards coordination mechanisms and capacity strengthening for the participating agencies. As the capacities vary from one Country Office to another, capacity building needs should be assessed and the results should inform the development of capacity building plans designed to facilitate the implementation of the joint programme. The training programmes should contribute to enhanced coordination by including contents aimed at enhancing coordination skills, understanding of each participating agency's roles and responsibilities, and overall capacity to work together more effectively in the context of normative frameworks dedicated to GBV in emergencies and Gender in Humanitarian Action. Prioritise funding joint programmes over siloed programs to maximise the effectiveness and impact of humanitarian interventions: By pooling resources, expertise, and efforts, stakeholders can align their strategies, avoid duplication of efforts, and achieve synergies, assuming that the agencies receiving funds are able to collaborate. This coordinated approach ensures a more coherent and comprehensive response, minimising gaps and maximising the use of available resources. In addition, joint programmes promote a holistic and comprehensive approach to addressing complex challenges. Rather than focusing on isolated aspects of a problem, joint programmes encourage a broader perspective that considers interrelated issues and their interconnected solutions. In this regard, joint programmes bringing together the work carried out by the two agencies on GBV and the expertise of UN Women around gender equality and women's empowerment in both development and humanitarian settings allow for a comprehensive approach leading to more sustainable and durable outcomes.
- Systematise funding targets for WLOs/WROs and invest in capacity building on the basis of the outcomes of joint needs assessments: Local WLOs/WROs possess invaluable contextual knowledge, cultural understanding, and expertise. However, the lack of longer term, flexible and sustained funding remains the main barrier hindering the empowerment of WLOs/WROs. They are often deeply rooted in the communities they serve, allowing them to have a nuanced understanding of local needs and to engage in sensitive issues even when there is resistance at the community level. By allocating funding to local organisations, OCHA can tap into this expertise, leading to more contextually appropriate and effective humanitarian responses. Local WLOs/WROs are often better positioned to provide immediate and timely responses in humanitarian emergencies because of their proximity to affected communities which allows for quick mobilisation and efficient delivery of assistance. Allocating funding to local organisations promotes local ownership, empowerment, and capacity building. This approach fosters a sense of ownership, encourages local participation and leadership, and strengthens local institutions, leading to sustainable development and long-term resilience. Finally, allocating funding to local organisations fosters sustainable partnerships between international and local actors. In this respect, the partnerships established with the WLOs/WROs by UNFPA and UN Women as part of the CERF-funded projects can be pursued within the framework of future programmes. It is also recommended to identify and share any lessons learned regarding the allocation of funding to local organisations and/or WLOs/WROs with partners, donors and other country-level actors in view of future CERF grants. In addition to systematise the allocation of funding to

WLOs/WROs, it is recommended that OCHA invests in capacity building of local actors, which can be done through the GBV AoR and Gender in Humanitarian Action Working Groups when it comes to WROs/WLOs: this would strengthen the capacity for WLOs to access funds, which would improve the sustainability of the interventions.

## Collaboration between UNFPA and UN Women in the context of joint allocations

The following recommendations aim to enhance coordination, consistency, and collaboration between UNFPA and UN Women, at various different levels of the two agencies.

- Establish a shared understanding of outcomes at the onset of the project design with participation of country level experts and senior management: Ensure that the shared understanding of the desired outcomes found between UNFPA and UN Women at global level also trickles down among all relevant stakeholders at implementation level. This can be achieved through thorough consultation and dialogue, led jointly by UNFPA and UN Women, during the planning phase. Clear objectives should be defined, and guidance should be provided to countries to ensure consistent implementation. This will help align efforts and facilitate coordination between different actors.
- Encourage collaboration from head offices: Head offices should take an active role in encouraging and facilitating collaboration between different country offices. This can be achieved through regular communication, sharing of best practices, and organising collaborative platforms for knowledge exchange. These exchanges could be held at the regional level to allow for context-specific discussions. It is important to ensure that country offices are aware that the project is a joint collaboration and that they understand the importance of working together towards common goals. Promoting a culture of collaboration within the organisation by recognizing and rewarding collaborative efforts should also be part of that effort. This can be done through performance evaluations, sharing success stories, and creating platforms for cross-functional collaboration. By emphasising the value of collaboration, it becomes a shared responsibility at all levels of the organisation.
- Strengthen complementarities and synergies from head offices: Rather than leaving the identification of complementarities and synergies solely to the country office level, Head offices should actively promote and facilitate this process. Head offices can provide guidance and tools for country offices to identify potential areas of collaboration and synergies. This will ensure a more consistent and coordinated approach across different country contexts. This should not mean however that the division of roles must be the same in all countries, as agency's strengths and experience may vary from one country office to another. It is therefore important that the areas of focus agreed upon are based on the in-country operational context. In addition, enhance communication channels between Head offices and country offices to ensure that relevant information, updates, and guidance are effectively disseminated. This will help foster a better understanding of joint collaboration efforts and enable country offices to align their implementation strategies accordingly.
- Leverage the CERF funded project for joint resource mobilisation at both HQ and country levels. The experience of the CERF-funded projects can be used as a business case for resource mobilisation by showcasing concrete evidence of the organisations' capacity to collaborate on GBV response, prevention and mitigation.
- Develop common standards and make use of existing standards when possible: The two agencies ought to work together to ensure the application of existing standards with regard to programme quality, coverage, and so forth, not least in relation to social norm change where there is an absence of commonly agreed standards.

## Knowledge sharing and learning opportunities

Knowledge sharing and learning on project outcomes is key to improve the future joint programmes and create stronger impact. Although agencies intend to foster learning following the completion of the project, for instance by holding a series of webinars on good practices, there could have been fruitful opportunities for learning, collaboration, and knowledge-sharing throughout the project implementation. The following recommendations aim to promote a culture of continuous improvement, enhance coordination, and contribute to more effective GBViE programming across agencies and countries.

- Facilitate learning opportunities throughout implementation: Provide inter-country learning opportunities organised jointly by UNFPA and UN Women at least once a year throughout the implementation to discuss challenges faced, lessons learned and best practices as well as application of global IASC standards on GBV in Emergencies and complementarity with Gender in Humanitarian Action. This can include virtual or in-person exchanges between countries, webinars, workshops, or knowledge-sharing platforms. These

platforms can also bring together agencies and countries involved in similar projects to share experiences, challenges, and best practices. By fostering continuous learning and collaboration, valuable insights can be gained and applied in real-time.

- **Utilise monitoring dashboards effectively:** Monitoring dashboards can provide valuable information, so it is important to ensure that country offices actively engage with them. Encourage country offices to spend time reviewing the dashboard of other countries in detail, allowing them to compare results, identify common challenges, and share lessons learned. Provide training and guidance on how to effectively use the monitoring dashboard as a tool for learning and collaboration.
- **Share learning across agencies:** Leverage existing mechanisms - in particular resources such as the global GBV AoR website, its Community of Practice and Helpdesk or existing sharing opportunities through the Global Protection Cluster - to share the learning and experiences from the project with other agencies and stakeholders. This sharing of knowledge, in particular the lessons learned and best practices, can help improve coordination and collaboration among agencies and contribute to the broader GBV community in countries. Similarly, collaborative platforms for knowledge exchange and learning should be established/strengthened at regional and country level.
- **Contribute to the GBV AoR in order to enhance ongoing efforts related to fostering cross-agency collaboration with additional UN agencies and GBV actors:** UNFPA and UN Women can take part in existing initiatives led by the GBV AoR to encourage collaboration and information-sharing among other actors involved in similar projects in the same geographic locations. It includes taking part in regular meetings, workshops, or working groups where agencies can come together to discuss challenges, exchange ideas, and identify opportunities for collaboration. These interactions can promote a culture of learning, trust, and cooperation among agencies.
- **Document and disseminate best practices including through allocation of specific resources for knowledge management:** Encourage country offices and agencies to document successful strategies, innovative approaches, and best practices throughout the implementation of the project. These documented experiences can be shared within the organisation and with the broader GBV community in countries. This can be done through case studies, reports, or other knowledge products, ensuring that the valuable lessons learned are accessible and can inform future projects and initiatives. Such efforts require dedicated resources which can be drawn from the project budget.
- **Establish communities of practice:** Create internal UNFPA / UN Women communities of practice that focus on GBViE and related issues. These communities can bring together those involved in the programme to share experiences and collaborate on addressing common challenges. Communities of practice provide a platform for ongoing learning, networking, and building a shared understanding of effective approaches in GBViE programming. It is also recommended to leverage the existing Community of Practice managed by International Medical Corps (IMC) for the GBV AoR to share lessons learned on the programme.

## Monitoring

The indicators and reporting systems can be adjusted to better meet the needs and capacities of smaller organisations, women-led organisations, and local partners. This will enhance the effectiveness and relevance of indicators while ensuring a robust monitoring and evaluation framework for measuring project impact.

- **Flexibility for smaller organisations, in particular WROs / WLOs and women-led networks:** Recognise that the reporting requirements may pose challenges for smaller organisations and provide additional support, guidance, and capacity-building opportunities to assist these organisations in understanding and meeting these requirements. Tailor reporting templates and processes to accommodate their specific capacities and context.
- **Sensitivity to WLOs and local partners:** Acknowledge the unique needs and capacities of women-led organisations and local partners when designing indicators and engage in meaningful consultations and collaboration with these organisations to ensure indicators are relevant and useful for their work. This means exchanges on indicators need to take place during the inception phase between Head offices and country offices.
- **Evaluation and assessment of indicators:** Consider conducting a comprehensive evaluation and assessment of the indicators used in the project. Organise a meeting involving UNFPA, UN Women, country offices and implementing partners to discuss and assess the effectiveness of the indicators and their ability to measure change and progress. Identify which indicators worked well and which ones did not provide meaningful insights or were not relevant. This collaborative approach will allow for shared learning and improvement in indicator design. It is also recommended to include indicators relevant to the IASC commitments on

gender equality and women's empowerment (beyond GBV), and to capture learnings to feed into global evaluation design at agency level.

- **Baseline and endline measurements:** Emphasise the importance of establishing baseline and endline measurements for the different impact indicators. In this regard, the survey on social norms conducted as part of the CERF-funded project appeared to be an innovative initiative as gender surveys are not a standardised practice in humanitarian contexts. Ensuring baseline and endline data are collected will provide a clear starting point and enable the evaluation of progress and impact achieved through project activities. It is important to ensure high quality of any forthcoming data collection tools and methods to ensure that baseline and endline data are captured accurately.
- **Prioritise joint monitoring and build monitoring capacities at global and country levels:** Significant efforts were invested in the design and use of indicators in the context of the CERF-funded projects, which was underlined by UNFPA and UN Women representatives at HQ and country levels but also by partners. In view of the challenges faced in some cases to fulfil the monitoring requirements, it should be considered to invest in strengthening monitoring capacities, not only for the agencies but also for the partners involved in the project.

## Project outcome design

- **Clarify and Strengthen Outcome Statements:** Ensure that outcome statements are clear, focused, and aligned with the project's objectives. Take into consideration the specific context and duration of the project when formulating outcome statements. Avoid overly broad or vague wording that may lead to conceptual disagreements or misinterpretations. Instead, use language that is specific, measurable, achievable, relevant, and time-bound (SMART) to provide clear programmatic direction.
- **Engage WROs and WLOs in Outcome Development:** Involve relevant stakeholders, including implementing partners and survivors/service users and WLOs/WROs in particular, in the development of outcome statements. Seek their input and feedback to ensure that the outcomes accurately reflect their needs, priorities, and aspirations based on their knowledge of the challenges faced by women and girls and overall gender-specific aspects. This collaborative approach can help create a sense of ownership and alignment among all stakeholders and could moreover inform future programme design for any similar projects.
- **Focus Outcome Statements on Specific Objectives:** Consider framing outcome statements in terms of specific objectives that are more tangible and actionable. For example, instead of a broad outcome on social norms, focus on specific objectives such as sensitising communities around gender equality, conducting awareness-raising campaigns on women's rights, or promoting behaviour change towards gender-based violence prevention. This approach provides clearer direction and facilitates programmatic implementation.
- **Regular Review and Refinement:** Conduct regular reviews of outcome statements throughout the project lifecycle. Solicit feedback from stakeholders on the clarity, relevance, and effectiveness of the outcomes. Based on this feedback, make necessary refinements to improve the outcomes, ensuring they remain aligned with the project's goals and reflect the evolving needs of the context.
- **Learning and Adaptation:** Foster a learning and adaptive management approach within the project. Encourage open discussions and reflection on outcome statements and their programmatic implications for future programming in the areas of gender equality, GBV and social norms more broadly. Create opportunities for learning from experiences, sharing best practices, and adjusting programmatic approaches as needed to enhance the clarity and effectiveness of the outcomes. It is advisable to ensure accountability to all parties involved in the implementation, not least local partners, WLOs, WROs who could benefit from, and who are arguably entitled to, having access to such learnings.

## Outcome-level recommendations

Based on the evaluation findings and reflections, the following outcome-specific recommendations are proposed to enhance the effectiveness and relevance of the project outcomes:

### Outcome 1 - Addressing social norms

- **Clarify objectives for changing social norms and make use of existing frameworks:** When designing interventions targeting social norms, formulate clear and specific objectives. This will help provide a shared understanding among partners and stakeholders in different countries. Selecting a stronger focus and/or providing guidance to country offices on how to approach the outcome (i.e., clear articulations of the intended scope, approach, and activities related to the outcome), will ensure greater coherence and effectiveness in addressing social norms. Programmatic guidance based on existing frameworks and



evidence driven strategies should also address any potential conceptual disagreements and provide clarity on how to interpret and operationalise the outcome statements. Making use of existing global frameworks (such as RESPECT) also includes exploring the adaptation of these established frameworks to the unique challenges of humanitarian settings.

- Promote community-level actors' involvement for sustainability: Encourage the active engagement of community-level actors in project activities to foster sustainability. Strong ownership at the community level will facilitate the continuity of interventions beyond the implementation period. By involving local actors, such as community leaders, influencers, and grassroots organisations, the activities can be more contextually relevant, responsive, and impactful in challenging and transforming social norms.
- Systematise engagement of men and boys: Develop a systematic approach to engage men and boys in efforts to promote gender equality and positive masculinities. This can include designing targeted training programs and communication materials that promote positive gender roles and behaviours. By involving men and boys as allies in transforming social norms, it contributes to more inclusive and sustainable change and fosters a culture of gender equality. It is however important to engage men and boys along with women and girls, as part of the broader prevention efforts, rather than in isolation.

### Outcome 2 - Empowering WLOs/WROs

- Provide additional guidance on partner selection: Offer clearer guidance on how to define and prioritise Women-Led Organizations (WLOs) or Women's Rights Organizations (WROs), as well as how to select partners in the field. If internal policies do not allow to partner directly with WLOs as IPs, WLOs should alternatively be included in the design phase, for example through consultations, to be part of the design of the activities based on their knowledge of the local context, but also to ensure realistic objectives are set, in order to avoid the situation faced in some countries where subcontractors felt overwhelmed.
- Establish a clear division of roles between UNFPA and UN Women, informed by the IASC: Develop a systematic and clear division of roles between UNFPA and UN Women in relation to WLO/WRO engagement, based on their respective interventions, experience and partners in the countries. The division of roles should be informed by each agency's programming in a given country to best leverage existing partnerships. The collaboration should involve joint capacity development plans, addressing the identified needs of selected organisations. Consider engaging additional partners such as OCHA for training sessions on humanitarian architecture and capacity strengthening relevant to accessing pooled funds to increase quality funding and sustainability of efforts to enhance the breadth and effectiveness of capacity-building efforts.
- Ensure consistency and coherence through mainstreamed training sessions in collaboration with the GBV AoR: Strengthening capacity when collaborating with new partners on addressing gender-based violence is of paramount importance, as the quality of services delivered hinges upon this crucial foundation. While maintaining a certain level of flexibility, mainstreaming the training sessions would ensure a certain level of consistency and coherence. The capacity building activities could be organised in several modules, clearly distinguishing training aimed at strengthening organisational capacities from technical components. These efforts should build on the forthcoming GBV AoR capacity strengthening strategy (2023) which includes activities specifically targeting WLOs/WROs and other local GBV actors, such as accompanying WLO/WROs to take on GBV coordination leadership roles and training on GBViE technical standards and guidance. The training sessions should always be paired with regular technical support to ensure that organisations have the opportunity to receive guidance and refine their practices when they implement activities and ensure complementarity with training/capacity strengthening interventions for local actors across other relevant humanitarian coordination platforms such as Gender in Humanitarian Action.

### Outcome 3 - Multisectoral services delivery

- Build on GBV AoR efforts to jointly identify needs and lead actors: Facilitate a collaborative process among agencies to jointly identify priority needs, conduct service mapping, and identify key gaps in service provision and referral mechanisms. This collaborative approach will ensure a comprehensive understanding of the operational context and enable efficient allocation of resources. Assign lead roles to the agency best equipped to address each specific area of intervention based on their expertise and capacity, while building on ongoing interventions.
- Foster division of work and utilise comparative strengths: Encourage a division of work that leverages the strengths and expertise of each actor involved. By assigning tasks and responsibilities based on each other's



strengths, actors can maximise their impact and ensure a coordinated response. This collaboration will promote efficient utilisation of resources, prevent duplication of efforts, and create synergies among agencies.

- **Complement existing interventions:** Identify opportunities for all actors in the field to complement each other's existing interventions. Look for areas where the strengths of one actor can enhance the effectiveness of another actor's ongoing initiatives, as observed in Bangladesh, where UN Women's multipurpose women's centres were complemented by UNFPA-funded midwives, creating a comprehensive and integrated support system. Collaborative approaches like this can improve service delivery and outcomes.
- **Develop communication materials:** Focus on the development and dissemination of communication materials to increase awareness and utilisation of services. Create targeted, culturally sensitive and accessible materials that effectively reach the intended audience. These materials can promote knowledge about available services, encourage help-seeking behaviour, and combat stigma surrounding gender-based violence. Utilise various communication channels, including traditional and digital platforms (including different forms of edutainment), to ensure widespread dissemination.
- **Establish online and phone-based resources for GBV survivors** considering analysis of the gender digital gap and access (or lack thereof) of displaced women and at-risk populations to digital technologies and tools: Develop online and phone-based resources to support GBV survivors, such as helplines and applications for case management. This is particularly relevant in situations with movement restrictions, remote areas, or limited access to physical services, at least in contexts where refugees are able to access phones. Such resources provide an alternative means for survivors to seek support, access information, and receive counselling. This approach can help mitigate the fear of stigma and increase accessibility to services, especially during emergencies or crises.

#### Outcome 4 - Livelihoods

- **Allocate sufficient resources to livelihood activities:** Livelihood initiatives require substantial investment to be effective. In particular, ensure that skills development training programmes are of sufficient duration to provide participants with the relevant skills and knowledge. Additionally, provide adequate grants or financial support that enables participants to initiate their chosen livelihood activities. Insufficient resources and time may hinder the long-term success and sustainability of livelihood programmes. In the same line of thinking, income generating activities should include coaching and ongoing support (such as technical advice, business management skills, and access to market information) to participants. Regular monitoring and follow-up can help address challenges, provide guidance, and maximise the impact of livelihood activities. While the success of livelihood intervention is highly dependent on the characteristics of local markets, it is recommended to conduct market assessment simultaneously with humanitarian needs assessments.
- **Tailor livelihood approaches to local realities:** Adapt the choice of livelihood activities based on the specific opportunities and context of the targeted areas. Consider the local economic conditions, available resources, and market demands. Tailoring the approach ensures that livelihood initiatives align with the local realities and have a higher chance of success. It may involve selecting from various options such as skill development, economic support, cash for work, cash assistance, or vouchers, based on what is most suitable and feasible in the given context. While customisation of the approaches is paramount when it comes to livelihood interventions, it remains essential to ensure a shared understanding of the meaning of livelihoods in emergencies across agencies.
- **Collaborate with experienced organisations:** Partner with organisations that have prior experience and expertise in implementing livelihood programmes in the targeted areas. Collaborating with established local or international organisations that specialise in livelihood interventions can bring valuable knowledge, resources, and networks to the project and help ensure that livelihood interventions are based on relevant data and research and results in viable livelihood activities. Additionally, consider engaging development-oriented actors who have a long-term focus on sustainable livelihoods. This should build on the growing body of evidence on the role of livelihoods in ending violence against women<sup>39</sup> and on the OECD-DAC recommendations on the Humanitarian-Development-Peace Nexus<sup>40</sup>. Such collaborations can lead to more sustainable and impactful outcomes by leveraging existing expertise and resources including on issues of complementarity of GBV and livelihood interventions.

<sup>39</sup> See for instance, GBV AoR, 2020, GBV AoR Helpdesk: Gender Based Violence in Emergencies. Evidence Digest: GBV in Emergencies and Livelihoods.

<sup>40</sup> OECD, 2023. DAC Recommendation on the Humanitarian-Development-Peace Nexus, OECD/LEGAL/5019.

## BIBLIOGRAPHY

Bergen, N. and Labonté, R., 2020. "Everything Is Perfect, and We Have No Problems: Detecting and Limiting Social Desirability Bias in Qualitative Research", *Qualitative health research* 30 no 5.

CERF annual report, 2022a. Annex 1: Outcome 1 beneficiary survey.

CERF annual report, 2022b. Cameroon.

CERF Baseline Social Norms and Personal Beliefs Report, 2022.

CERF Capacity Development Plan, 2021.

GBV AoR, 2020, GBV AoR Helpdesk: Gender Based Violence in Emergencies. Evidence Digest: GBV in Emergencies and Livelihoods.

GBV AoR, no date. The Interagency Minimum Standards for GBV in Emergencies Programming. Standard 3: Staff Care and Support. Available at <https://gbvaor.net/gbviems>

IASC, 2015. Guidelines for Integrating Gender-Based Violence Interventions into Humanitarian Action.

International Rescue Committee, 2020. Where is the money. How the humanitarian system is failing in its commitments to end violence against women and girls.

OCHA, 2022, Global Humanitarian Overview.

OECD, 2023. DAC Recommendation on the Humanitarian-Development--Peace Nexus, OECD/LEGAL/5019.

OECD/DAC, 2019. Network on Development Evaluation, "Better Criteria for Better Evaluation Revised Evaluation Criteria Definitions and Principles for Use".

Shake The Table, 2022. Lighting the Way.

UN, 2020. Central Emergency Response Fund Life-Saving Criteria. Available at: <https://cerf.un.org/sites/default/files/resources/CERF%20Life-Saving%20Criteria%202020.pdf>

UNFPA, 2023a, Terms of Reference (Contract UNFPA/CHE/PSC/23/001).

UNFPA, 2023b. Global GBV CERF (UOH70) Monitoring Dashboard.

UN Women, 2023. Consolidated final outcome monitoring sheet\_Y2 Q4 (13.06.2023).

UN Women, 2022a. UN Women Gender Sensitive Resilience Capacity Index (GS-RCI) Report - Palestine. Available at: [https://palestine.unwomen.org/sites/default/files/2023-03/GS%20RCI%20report%20Final\\_0.pdf](https://palestine.unwomen.org/sites/default/files/2023-03/GS%20RCI%20report%20Final_0.pdf)

UN Women, 2022b. Women-Led Organizations and Women's Rights Organizations role in humanitarian action in Palestine: Barriers and opportunities. Available at: <https://reliefweb.int/report/occupied-palestinian-territory/women-led-organizations-and-womens-rights-organizations-role-humanitarian-action-palestine-barriers-and-opportunities>.

## ANNEXES

### ANNEX 1. Number and repartition of participants (individuals)

|                   | OCHA     | UNFPA staff | UN Women staff | UNFPA partners' staff | UN Women partner's staff | Common partner's staff | Unspecified | Total      |
|-------------------|----------|-------------|----------------|-----------------------|--------------------------|------------------------|-------------|------------|
| Global KII & FGDs | 3        | 1           | 1              | 0                     | 0                        | 0                      | 0           | 5          |
| e-survey          | 0        | 5           | 8              | 10                    | 12                       | 7                      | 4           | 46         |
| Bangladesh        | 0        | 2           | 3              | 5                     | 5                        | 4                      | 0           | 19         |
| Cameroon          | 0        | 1           | 1              | 0                     | 0                        | 9                      | 0           | 11         |
| Colombia          | 0        | 1           | 2              | 13                    | 3                        | 0                      | 0           | 19         |
| Ethiopia          | 0        | 2           | 1              | 6                     | 7                        | 0                      | 0           | 16         |
| Myanmar           | 0        | 3           | 3              | 1                     | 0                        | 0                      | 0           | 7          |
| Palestine         | 0        | 4           | 1              | 17                    | 3                        | 1                      | 0           | 26         |
| <b>Total</b>      | <b>3</b> | <b>19</b>   | <b>20</b>      | <b>52</b>             | <b>30</b>                | <b>21</b>              | <b>4</b>    | <b>149</b> |

## ANNEX 2. Research tools

### Tool 1. KIs with UNFPA and UN Women at global and regional levels

1. Please briefly describe your role and your connection to the project.
2. To what extent, and in what ways, has the CERF fund contributed to making the response to GBV more efficient?
3. I would now like us to look at ways in which the CERF fund achieved the common and agency-specific outcomes.
  - a. Firstly, can you share concrete examples of any ways in which the CERF funded project have started contributing towards longer-term changes in perceptions and attitudes towards social and gender norms? Have you received any reports from grantees with evidence showcasing early contributions to such change?
  - b. Secondly, can you comment on whether you have seen an increase in WLOs' and WROs' engagement in decision making and leadership in GBV response, mitigation, and prevention?
  - c. Thirdly, what multisectoral GBV response services for women and girls have been made available thanks to the fund? Would you say these are delivered through a survivor centred approach? Do they include legal aid?
  - d. Fourthly, please share information about livelihood opportunities, cash transfers including cash for work which have been made available thanks to the fund.
4. What were the key factors both facilitating and hindering the achievement of the desired results of the CERF fund? What, if any, were the key challenges?
5. To what extent, and in what ways, did the CERF project result in increased synergies and complementarities between UNFPA and UN Women supported interventions (across common and agency specific outcomes)?
6. Are you aware of any ways in which the CERF financial resources could have been used more efficiently by UN Women and/or UNFPA?
7. What has been the contribution of the funding in terms of strengthening institutional capacities of women-led and women rights' organisations to...
  - a. scale up GBV programming interventions in crisis affected communities?
  - b. engage in humanitarian decision making alongside larger actors?
8. Have you identified factors that can potentially contribute to sustainability and ownership of the programme by WLOs and other local actors beyond the two-year implementation period?
9. As part of your grant agreements with grantees, are there any specific requirements for grantees to demonstrate how humanitarian principles and PSEA will be adhered to in the implementation of the funded project?
10. By the same token, have you included requirements and reporting obligations on ensuring inclusivity and accountability to affected people as part of the funded projects? (Follow up: Do you have any documentation to share in this regard, and/or are you able to share some insights into how this is done by the grantees?)

### Tool 2. FGDs with global stakeholders

1. Please briefly describe your role and your connection to the CERF fund.
2. To what extent, and in what ways, has the CERF funding during the period X-Y contributed to making the response to GBV more efficient?
3. I would now like us to look at ways in which the fund has achieved the common and agency-specific outcomes of UNFPA and UN Women.
  - a. Do you think that CERF-funded activities have the potential to contribute changes in perceptions and attitudes towards social and gender norms?
  - b. Secondly, can you comment on whether you have seen an increase in WLOs' and WROs' engagement in decision making and leadership in GBV response, mitigation, and prevention?
  - c. Thirdly, what multisectoral GBV response services for women and girls have been made available thanks to the fund? Would you say these are delivered through a survivor centred approach?
  - d. Fourthly, please share information about legal aid, livelihood opportunities, cash transfers including cash for work which have been made available thanks to the fund.
4. What were the key factors both facilitating and hindering the successful implementation of GBViE projects, specifically under the CERF fund? What, if any, were the key challenges?
5. To what extent, and in what ways, did the project result in increased synergies and complementarities between UNFPA and UN Women supported interventions?
6. Are you aware of any ways in which the CERF financial resources could have been used more efficiently by UN Women and UNFPA or by the implementing partners on the ground?
7. What has been the contribution of the activities to strengthening institutional capacities of grantees (including women-led and women rights' organisations)?

8. Have you identified factors that can potentially contribute to sustainability and ownership of the programme by WLOs and other local actors beyond the two-year implementation period?

### Tool 3. KIs with implementing partners at country level

1. Please briefly describe your role and your connection to the CERF-funded project.
2. Please tell me how your CERF funded project has contributed to the GBV response in your location. What are the specific activities implemented through your project?
  - a. To what extent would you say your project is survivor-centred, and in what ways?
3. Have you implemented any livelihoods opportunities and/or cash transfer programmes thanks to the CERF fund?
  - a. Were such opportunities available in your intervention areas before this project?
  - b. Have you faced particular challenges in relation to the implementation of livelihood opportunities / cash transfer programmes?
4. Have you provided legal aid to survivors of GBV under the CERF funded project?
  - a. Were legal aid services available in your intervention areas before this project?
  - b. Have you faced particular challenges in relation to the legal aid services to GBV survivors?
5. What, in your opinion, has worked well in terms of the administration of the grant from UNFPA and UN Women (grant process, reporting, etc). What could have been done differently to make it more efficient and helpful for you as a grantee?
6. What, if any, factors have facilitated and hindered good results by CERF grantees in the GBV response over the evaluation period? What, if any, challenges have you noticed?
7. Are you aware of any ways in which the CERF financial resources could have been used more efficiently...
  - a. by UN Women and UNFPA?
  - b. by implementing organisations?
8. What has been the contribution of the project activities to strengthening your organisation's / WLOs and WROs institutional capacities of women-led and women rights' organisations to...
  - a. scale up GBV programming interventions?
  - b. engage in humanitarian strategic conversations and/or decision making alongside larger stakeholders?
9. Will your organisation be able and keen to continue the project beyond the CERF funding period? If yes, would you say it has opened up opportunities to secure new funding?
10. What are the measures in place in your organisation to ensure humanitarian principles and PSEA were adhered to in the implementation of the project funded by CERF?
11. How have you ensured inclusivity and accountability to affected people as part of the project?

### Tool 4. KII with UNFPA and UN Women at country level

1. Please briefly describe your role and your connection to the CERF fund.
2. Do you think that the projects and specific activities funded by the CERF Fund in your country have been relevant within your specific country context (ie have the CERF funded projects met the most pressing priorities and needs here)? Please elaborate.
3. To what extent do you think that CERF-funded activities in the country are having an impact on perceptions and attitudes towards social and gender norms?
4. What multisectoral GBV response services for women and girls have been made available thanks to the fund?
  - a. Would you say these are delivered through a survivor centred approach?
5. Please share information about legal aid, livelihood opportunities, cash transfers including cash for work which have been made available thanks to the fund.
6. What, if any, factors have facilitated and hindered good results by CERF grantees in the GBV response over the evaluation period? What, if any, challenges have you noticed?
  - a. How would you describe WLOs' and WROs' engagement in decision making and leadership in GBV response, mitigation, and prevention in your country or area?
7. To what extent, if at all, has the CERF funding supported WLOs and WROs to have more voice in the GBV response?
8. Are you aware of any ways in which the CERF financial resources could have been used more efficiently...
  - a. by UN Women and UNFPA?
  - b. by implementing organisations ?
9. Do you have the impression that the CERF funding has encouraged implementing organisations to continue the projects beyond the funding period?
10. As part of your grant agreements with grantees, are there any specific requirements for grantees to demonstrate how humanitarian principles and PSEA will be adhered to in the implementation of the funded project?

11. By the same token, have you included requirements and reporting obligations on ensuring inclusivity and accountability to affected people as part of the funded projects? (Follow up: Do you have any documentation to share in this regard, and/or are you able to share some insights into how this is done by the grantees?)

### Tool 5. FGDs with WLOs and WROs

1. Please briefly describe your role and your organisation
2. Please tell me about the grant you received from the CERF Fund, and how your project has contributed to the GBV response in your location. What are the specific activities implemented through your project?
3. To what extent would you say your project is survivor-centred, and in what ways?
4. What, in your opinion, has worked well in terms of the administration of the grant from UNFPA and UN Women (grant process, reporting, etc). What could have been done differently to make it more efficient and helpful for you as a grantee?
5. What would you say has worked less well and should be changed?
6. What, if any, external factors have facilitated and hindered good results for your project on GBV response over the period from February 2021 to February 2023? What, if any, challenges have you noticed?
7. Are you aware of any ways in which the CERF financial resources could have been used more efficiently?
8. Did the funding you received from CERF allow you to strengthening your organisation's internal capacities in any way?
  - a. Have you been able to scale up your GBV interventions, or did the fund merely allow you to sustain the level of activity you already had in place?
  - b. Has the funding contributed to more opportunities for your organisation to be part of key decision making and important conversations about the GBV response, alongside larger stakeholders?
9. Will your organisation be able and keen to continue the project beyond the CERF funding period?
10. What are the measures in place in your organisation to ensure humanitarian principles and PSEA were adhered to in the implementation of the project funded by CERF?
11. How have you ensured inclusivity and accountability to affected people as part of the project?

### Tool 6. Online Survey

1. Where are you based? [Country, city]
2. Please indicate your role/organisation and briefly describe your connection to the CERF fund.
3. What are the main challenges related to GBV in emergencies in your region / country?
4. What are the strengths and weaknesses of the GBV in emergencies response in your region / country?
5. Are you aware of how CERF funds were used in your region / country? Yes / No question
  - a. [If "yes"] Have CERF-funded activities made a positive contribution to the GBViE response in your response / country in view of the key challenges and needs you previously described? Select a grade between 0 and 3 (0 being no contribution at all, 1 being limited contribution, 2 being fair contribution, and 3 being high contribution)
  - b. Explain your answer
6. Have you / your organisation been implementing a CERF funded project? Yes / No /Not sure
  - a. [If "yes"] What multisectoral GBV response services for women and girls have been made available thanks to the fund? Tick all that apply.
    - i. Legal Aid
    - ii. Livelihood Opportunities
    - iii. Cash transfers
    - iv. Cash for work
    - v. Other (please describe)
  - b. Would you say your CERF funded project(s) was/is delivered through a survivor centred approach? Please elaborate.
  - c. Can you share concrete examples of changes in perceptions and attitudes towards social and gender norms which the people targeted by the programme interventions have reported?
  - d. What were the key factors both facilitating and hindering the achievement of the desired results? What, if any, were the key challenges?
  - e. Have you identified factors that can potentially contribute to sustainability and ownership within your organisation of the programme beyond the two-year implementation period?
7. Is your organisation a WLO / WRO taking part in a CERF-funded activity? Yes / No
  - a. [if yes] What, if any, has been the contribution of the activities to strengthening institutional capacities of your organisation? Please provide specific examples
  - b. Can you comment on whether you have seen an increase in your organisation's engagement in decision making and leadership in GBViE response, mitigation, and prevention?



## ABOUT SAMUEL HALL

Samuel Hall is a social enterprise that conducts research, evaluates programmes, and designs policies in contexts of migration and displacement. Our approach is ethical, academically rigorous, and based on first-hand experience of complex and fragile settings.

Our research connects the voices of communities to changemakers for more inclusive societies. With offices in Afghanistan, Germany, Kenya, and Tunisia and a presence in Somalia, Ethiopia, and the United Arab Emirates, we are based in the regions we study. For more information, please visit [www.samuelhall.org](http://www.samuelhall.org).



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