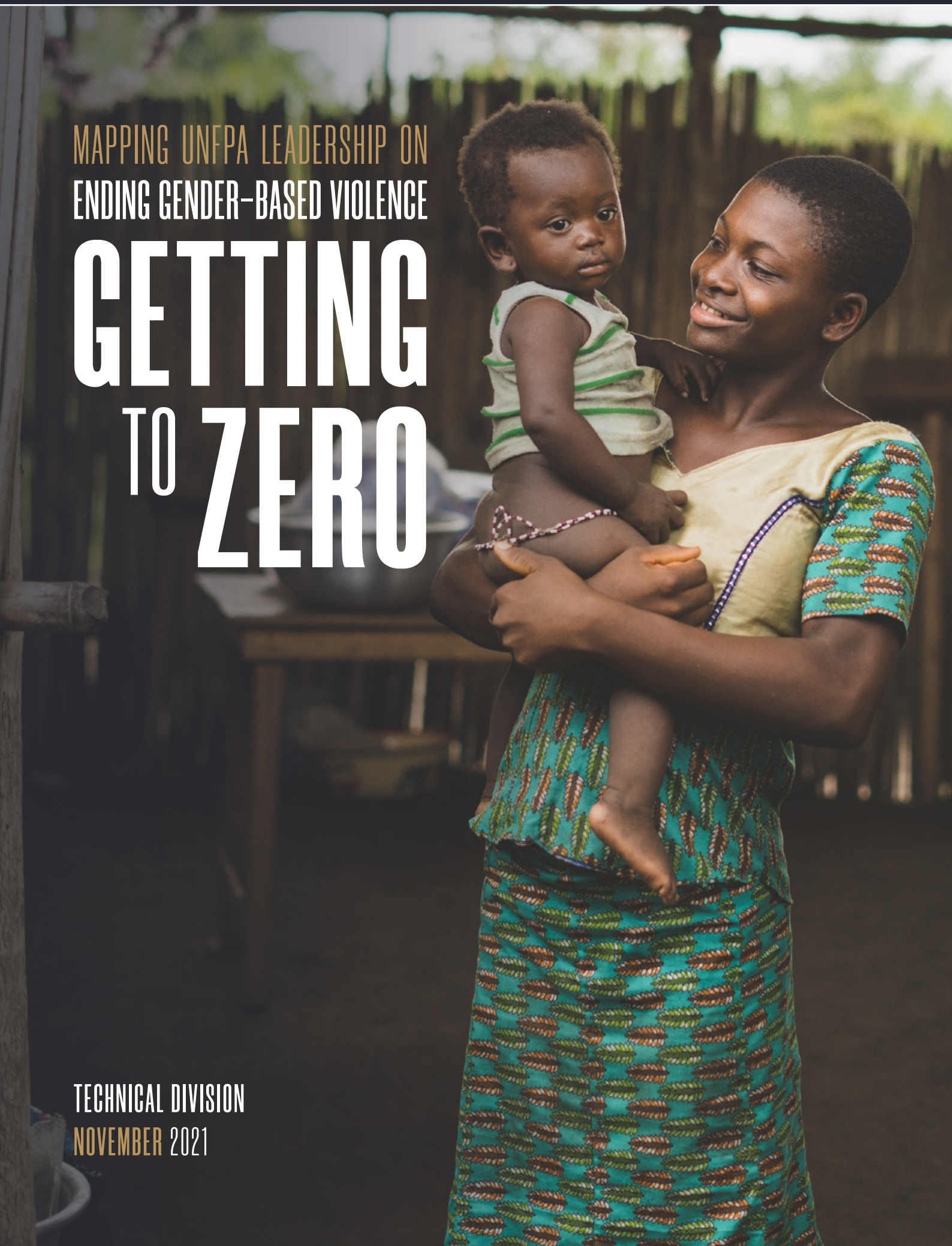
GENDER BASED
VIOLENCE DASHBOARD



MAPPING UNFPA LEADERSHIP ON

ENDING GENDER-BASED VIOLENCE

GETTING TO ZERO

TECHNICAL DIVISION

NOVEMBER 2021

TABLE OF CONTENTS

2018–2020 UNFPA GBV HIGHLIGHTS

KEY RESULTS IN NUMBERS

UNFPA supports programmes to prevent, respond, and mitigate GBV in over

134 countries and territories (111 country offices)

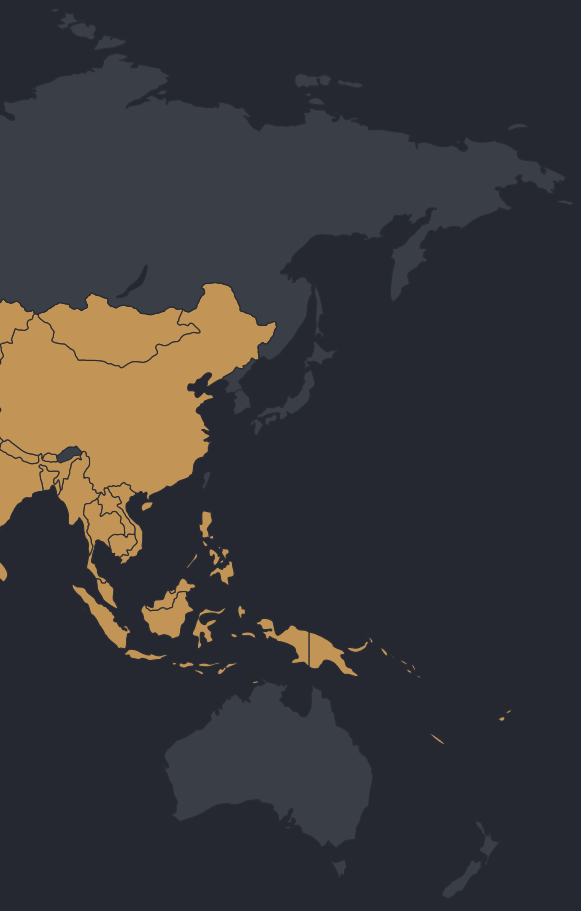
$484 MILLION

funded GBV prevention and response interventions under Output 11 of the Strategic Plan;

$62 MILLION

funded interventions under Output 12 of the Strategic Plan on eliminating harmful practices;

The **TOP SEVEN DONORS** were **Canada, the United Kingdom, the European Commission, Norway, Sweden, Australia and Denmark;**



UNFPA offices were engaged in

400

GBV PROJECTS

and programmes globally.

66% of UNFPA offices worked on GBV as part of Universal Health Coverage;

96% of UNFPA offices supported the development of national laws and policies that comply with international laws and agreements;

92% of UNFPA offices invested in health system strengthening;

88% of UNFPA offices worked to strengthen social services;

69% of UNFPA offices engaged in strengthening judicial services;

94% of UNFPA offices worked with civil society organizations;

88% of UNFPA offices worked on research and evidence generation;

93% of UNFPA offices were engaged in improving GBV data availability and quality;

97% of UNFPA Country, regional and subregional offices were involved in multisectoral engagement and coordination;

88% of UNFPA offices actively worked on GBV prevention and most offices have used a gender-transformative approach to programming;

96% of UNFPA offices worked with men and boys on GBV prevention and response;

38% of UNFPA offices addressed GBV in a context of environmental degradation and climate change;

88%

of UNFPA country offices made

prevention and response services available to groups who may otherwise be left behind;

95%

of UNFPA offices worked on integrating

GBV and SRH services;

99%

of UNFPA offices supported

GBV interventions adapted to COVID-19;

BACKGROUND

Gender-based violence (GBV) is one of the world's most pervasive human rights violations. Defined as any harmful act perpetrated against a person's will and based on socially ascribed gender differences between females and males, GBV includes acts that inflict physical, sexual or mental harm, threats of such acts, coercion and deprivation of liberty.[1] The number of women and girls subjected to GBV is staggering: An estimated 736 million women – almost 1 in 3 – have experienced intimate partner violence, non-partner sexual violence or both at least once.[2]

GBV prevalence is symptomatic of pervasive gender inequality resulting in women's lack of empowerment and decision-making, including over their bodies and sexual and reproductive health. Only 55 per cent of women can make their own decisions on sexual and reproductive health and rights (SRHR).[3] The United Nations Population Fund (UNFPA) recognizes GBV within a context of structural inequalities, discrimination and intersectionality, which places women's experiences at the intersection of a number of simultaneous oppressions including (but not limited to) race, ethnicity, class, caste, gender, sexuality, disability, nationality, immigration status, geographical location and religion.

The UNFPA Strategic Plans (2018-2021, 2022-2025) are committed to ending GBV as part of three transformative results: zero preventable maternal deaths, zero unmet need for family planning, and zero GBV and harmful practices, including female genital mutilation and child marriage by 2030. These results align with global frameworks including the Convention on the Elimination of All Forms of Discrimination against Women and the Sustainable Development Goals (SDGs), in particular Goal 3 (ensure healthy lives and promote well-being for all at all ages) and Goal 5 (achieve gender equality and empower all women and girls). In 2019, commitment to the three transformative results was reinforced at the 25-year follow-up to the 1994 International Conference on Population and Development (ICPD), the Nairobi Summit. It mobilized political will and financial commitments to accelerate full implementation of the ICPD Programme of Action.[4]

1 United Nations, 1993. Declaration on the Elimination of Violence against Women. A/RES/48/104.

2 WHO (World Health Organization), 2021. *Global, Regional and National Estimates for Intimate Partner Violence Against Women and Global and Regional Estimates for Non-partner Sexual Violence Against Women*. Website: https://www.who.int/news/item/09-03-2021-devastatingly-pervasive-1-in-3-women-globally-experience-violence.

3 UNFPA (United Nations Population Fund), 2020. *Ensure Universal Access to Sexual and Reproductive Health and Reproductive Rights: Measuring SDG Target 5.6.* Website: https://www.unfpa.org/sdg-5-6.

4 UNFPA (United Nations Population Fund), 2020. *Accelerating the Promise: The Report on the Nairobi Summit on ICPD25*. Website: https://www.unfpa.org/publications/nairobi-summit-icpd25-report.

Almost

1 IN 3

have experienced intimate partner violence, non-partner sexual violence or both at least once.

736 MILLION WOMEN

2 BILLION PEOPLE

live in fragile and conflict-affected area

UNFPA's work towards the transformative results takes place in a global context where an estimated 2 billion people live in fragile[5] and conflict-affected areas. This figure is projected to grow to 2.3 billion by 2030.[6] Vulnerability to GBV increases for women and girls in humanitarian and emergency settings. This has been amply demonstrated during the COVID-19 crisis, which has impeded and even reversed progress on sustainable development and gender equality.[7] Although it has not been safe to conduct GBV prevalence surveys in most locations during the pandemic, available data show dramatic rises in hotline calls, police reports and internet searches for assistance in every region.[8] The onset of the global climate crisis represents another threat to equitable and sustainable development as well as an impending GBV emergency, with climate-related migration, conflict over resources, health challenges due to environmental degradation and increased poverty becoming drivers of harmful practices and violence against women and girls.

Linkages among global health, environmental and GBV issues are complex and have multiple layers. It is increasingly evident that bridging humanitarian and development action is critical in making progress towards zero GBV. UNFPA continues to invest in this continuum approach, working with civil society and government to strengthen institutional capacity to provide continuous care across all of the sectors and phases of emergency response and recovery that impact development.

5 For definitions and the 2019 World Bank list of fragile situations, see: http://pubdocs.worldbank.org/en/892921532529834051/FCSList-FY19-Final.pdf.

6 OECD (Organisation for Economic Co-operation and Development), 2018. *States of Fragility 2018*. Website: https://www.oecd-ilibrary.org/development/states-of-fragility-2018_9789264302075-en.

7 UNFPA (United Nations Population Fund), 2020. *Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage*. Website: https://www.unfpa.org/pcm/node/24179.

8 UNFPA (United Nations Population Fund), 2020. "Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage." Website: https://www.unfpa.org/resources/impact-covid-19-pandemic-family-planning-and-ending-gender-based-violence-female-genital.

PURPOSE AND METHODOLOGY OF THE MAPPING EXERCISE

This mapping exercise took place in late 2020, covering programmes implemented over 2018 to 2020, in line with UNFPA 2018-2021 Strategic Plan. The exercise sought to determine UNFPA's work in ending GBV and to identify opportunities for increased investment in the quality and coverage of programming, including investment in UNFPA staff as a core resource.

A web-based questionnaire collected qualitative and quantitative data across UNFPA country, regional and subregional offices. Questions probed types of GBV work, engagement with other institutions and organizations, the number and level of staff involved in gender and GBV programming, and the need for support in strengthening such initiatives. The mapping used a basic survey tool that, while informative, did not yield sufficient detail required to understand variations among countries and regions.


TIDAK
MEMBENARKAN
ALASAN

RESULTS

Response rates

Of the 124 UNFPA offices operating in 155 countries, territories and areas worldwide, 119 completed the survey, a response rate of 96 per cent. Regionally, the response rates were 100 per cent for the Arab States, Eastern and Southern Africa, and Eastern Europe and Central Asia. The response rate for Asia and the Pacific was 96 per cent. 91 per cent for both the Latin America and Caribbean and the West and Central Africa regions.

Funding

A total of approximately $484 million funded GBV prevention and response interventions under Output 11 of the Strategic Plan (2018-2020). The mapping showed that UNFPA offices are engaged in approximately 400 GBV projects and programmes globally. Of these, 11 per cent have more than one funding source. The most common funding sources are United Nations and UNFPA regular resources (29 per cent), the European Union (10 per cent) and donor countries. Canada, the United Kingdom, the European Commission, Norway, Sweden, Australia and Denmark .[9]

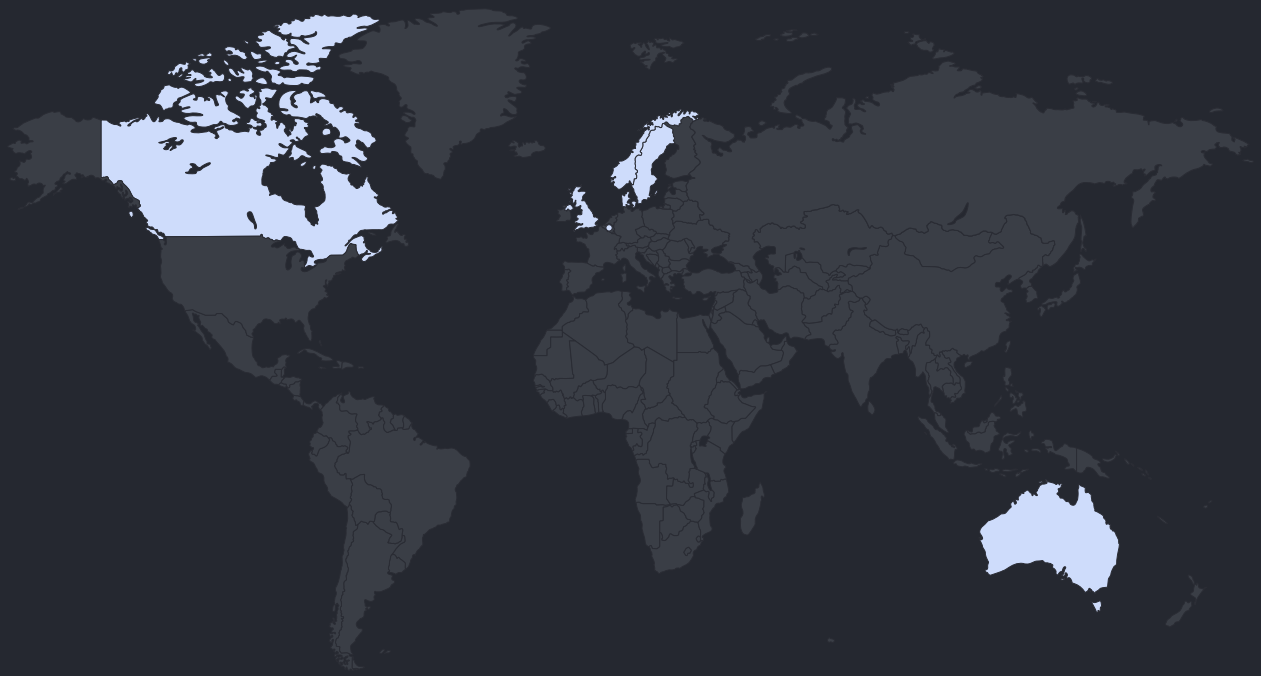
Funding for Output 12, on eliminating harmful practices, is not included here but totalled $61,722,119 from 2018-2020. This represents 11.3 per cent of all funds allocated to GBV and harmful practices.

9 UNFPA programme expenses from 2018 to 2020, based on information from the Finance Branch retrieved on 23 June 2021.

$484 MILLION

in donor support has enabled UNFPA's work on gender-based violence

The top seven donors were
Canada, the United Kingdom, the European Commission, Norway, Sweden, Australia and Denmark



FINDINGS

The following sections outline findings from the mapping categorized within the five UNFPA modes of engagement as defined in the Strategic Plan business model. These are: advocacy and policy dialogue; capacity development; knowledge management; partnership and coordination; and service delivery.[10] Findings are then presented from cross-cutting survey questions and questions on organizational needs. The final section of the report presents conclusions and recommendations based on analysis of the survey results.

Advocacy and Policy Dialogue

Advocacy and policy dialogue refer to direct interaction with national decision makers and other stakeholders on the development, improvement, reform and monitoring of legislation, strategies, plans, budgets and programmes.

Advocacy and policy dialogue at the national, regional and global levels is central to maintaining and progressing political commitment to accelerate action towards gender equality and reducing GBV and harmful practices. UNFPA engages in dialogue around four main areas: human rights, universal health coverage, national legislation, and strengthened governance mechanisms and partnerships.

Advocacy to promote,respect and protect international human rights of women and girls is central to the work of UNFPA. Compliance with human rights accelerates action and accountability on efforts to achieve gender equality, reduce GBV and improve SRHR.[11] A review of the 4,000 recommendations related to gender equality and GBV made during the second cycle of the Universal Periodic Review found that at least 50 per cent of accepted recommendations have been acted upon by 90 per cent of States.[12] This indicates that international human rights instruments are central mechanism through which regional and national progres in working towards ending GBV can be made. Among UNFPA offices, 83 per cent have followed up on international human rights instruments, with half describing their work as “extensive”.

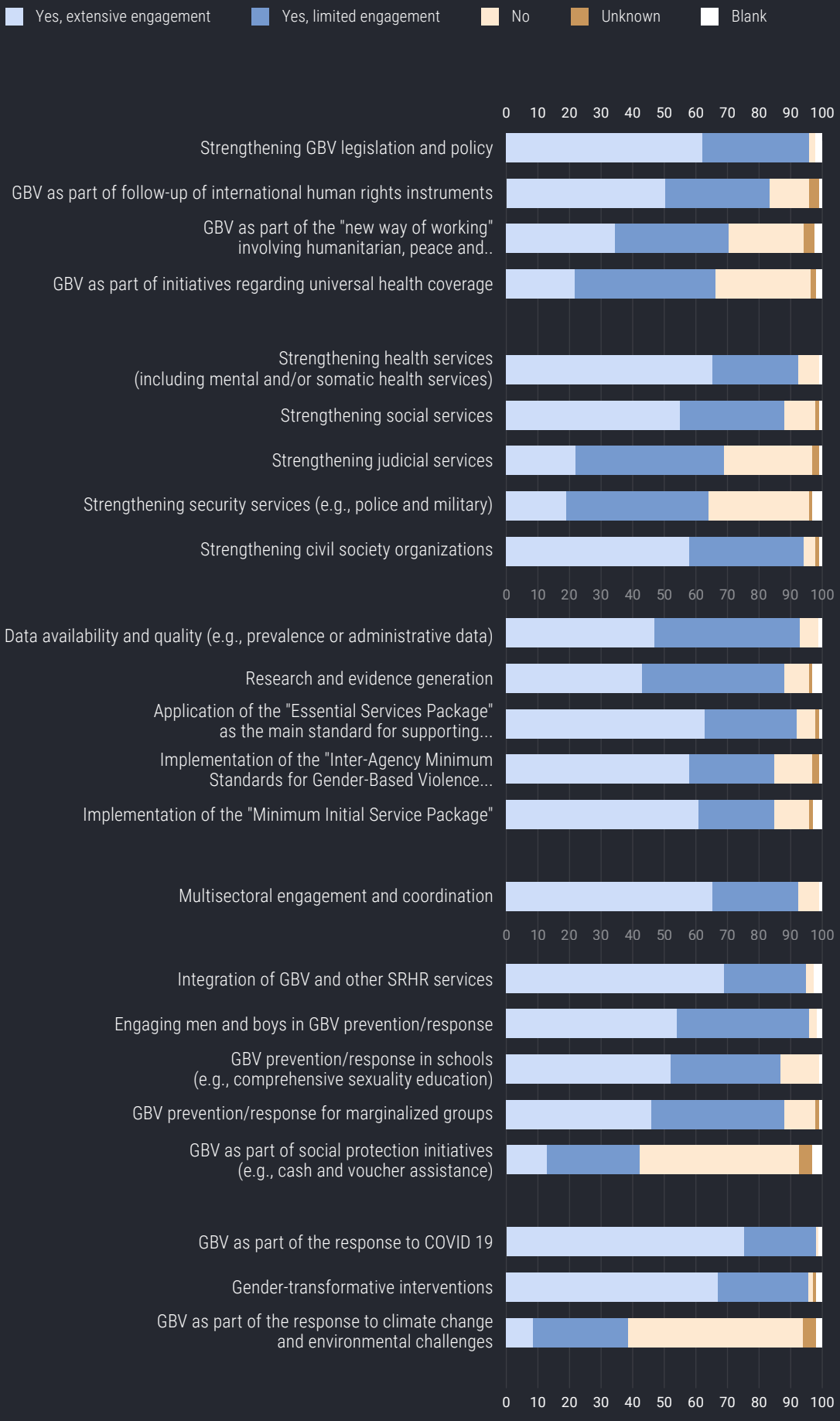
UNFPA engages in a multisectoral approach to advocacy and policy dialogue. One of the most pressing issues is the integration of SRHR and GBV in Universal Health Coverage, which is

10 UNFPA (United Nations Population Fund), 2017. Strategic Plan 2018-2021. Website: https://www.unfpa.org/strategic-plan-2018-2021.

11 Fernández Barragués, 2020. “Accountability for Sexual and Reproductive Health and Rights in Development Practice: Building Synergies.” *Sexual and Reproductive Health Matters* 28(1): 1848399. DOI: 10.1080/26410397.2020.1848399.

12 UNFPA (United Nations Population Fund), 2018. *From Commitment to Action on Sexual and Reproductive Health and Rights. Lessons from the Second Cycle of the Universal Periodic Review*. Website: https://www.unfpa.org/sites/default/files/pub-pdf/UNFPA_PUB_2019_EN_Lessons_from_the_second_cycle_of_the_universal_periodic_review.pdf.

Figure 1. Extent of work on specified aspects of GBV, percentage of Country Offices



increasingly recognized as a human rights issue. Universal health coverage that incorporates SRHR and GBV-related health care is central to ensuring GBV survivors and all women realize the right to obtain appropriate care.[13] **66 per cent of UNFPA offices work on GBV as part of Universal Health Coverage.**

UNFPA provides technical, human and financial resources to support the development of national laws and policies that comply with international laws and agreements. This is critical to creating an environment that enables effective GBV prevention and response. **The majority of UNFPA offices, 96 per cent, conduct these activities**, wich **63 per cent making this an area of extensive focus.**

UNFPA offices are participating in the "new way of working", which calls on humanitarian, development and peace actors to demonstrate greater cooperation, coherence, coordination and complementarity in their activities. Strengthening governance mechanisms and partnerships is key for establishing stable GBV response systems that remain functional in emergencies. **Seventy per cent of country and regional offices are working on GBV across the humanitarian-development-peace nexus.**

Key messages

1. **There is substantial room for growth in advocacy promoting the integration of GBV within Universal Health Coverage.**
2. **There is an opportunity for increased advocacy to promote integration of GBV into Universal Health Coverage.**
3. **Programming across the humanitarian-development-peace nexus is critically important, especially in protracted crises and situations of high risk of natural disasters occurring.**

Capacity development

Capacity development entails transferring skills and strengthening individual and institutional competencies. The process supports consistency and capability in quality service provision, safe and ethical prevention programmes, and data collection and analysis. While commodities, communications and knowledge products are critical resources, people are at the core of GBV prevention and response programmes, which therefore require a high level of investment in capacity and skills development.

13 UNFPA (United Nations Population Fund), 2019. Sexual and Reproductive Health and Rights: *An Essential Element of Universal Health Coverage.* Website: https://www.unfpa.org/featured-publication/sexual-and-reproductive-health-and-rights-essential-element-universal-health.

Among UNFPA offices, 92 per cent are investing in health system strengthening, and 67 per cent involved in extensive efforts to build GBV capacity with health partners. **Work to strengthen social services takes place in 88 per cent of offices,** with 55 per cent indicating extensive work and 34 per cent limited work.

22 per cent of offices are extensively engaged in strengthening judicial services, while 47 per cent have some limited involvement. **Among all sectors, offices were least likely to engage with police and military units**. This may be due to the extensive work of other UN Agencies, including UNODC, UNDP and UNWOMEN.

UNFPA's commitment to localization is reflected in efforts to support civil society organizations. **A total of 112 of the 119 responding offices, 94 per cent, work with these groups**.

In its capacity-building support for partners, ranging from governments to civil society, UNFPA has promoted a range of best practice guidance tools and minimum standards, including the RESPECT framework and the Essential Services Package.

UNFPA has responded to the demand for more accurate, reliable and comparable prevalence data on violence against women with the kNOwVAWdata initiative. It provides technical support and builds the capacity of countries to conduct ethical and scientifically robust prevalence studies. The initiative is now being scaled up globally, as detailed under the knowledge management section.

94 PER CENT

of UNFPA offices work with civile society organozations

Key messages

1. There is substantial engagement with the health and social service sectors, with room for increased focus on developing capacity within the judicial and progress in developing capacity within the judicial and security sectors.
2. Work to strengthen civil society is robust in some locations and will contribute to the crucial role of movement building in ending violence against women, this area requires more attention.
3. Guidance and support for capacity in social services, which encompasses case management, is central to UNFPA engagement.

Knowledge management

Knowledge management is a dynamic process of generating, using and sharing knowledge products and evidence, including innovative solutions.[14] In UNFPA's work on GBV, knowledge management involves the generation of data and research, the evaluation of current prevention and response programmes, and the use and dissemination of existing knowledge and initiatives.

Data, research and evaluation

Developing and sharing a strong body of research and evidence on the prevalence and drivers of GBV can inform the design and implementation of appropriate prevention and response programmes. **Among UNFPA offices, 88 per cent are working on research and evidence generation, with 43 per cent being extensively involved**. The response suggests,the response suggests a global need for increased tools and guidance to gather and evaluate evidence onn programmes they are implementing. In fact, **59 per cent of offices have indicated the need for more tools and guiance**.

UNFPA obtains GBV incidence data from systems that collect information about survivors who have accessed services, and GBV prevalence data from surveys of the general population. **While 93 per cent of offices were engaged in improving GBV data availability and quality, 47 per cent reported extensive engagement.** Nine countries in Asia and the Pacific (Bhutan, Kiribati, Mongolia, Pakistan, Papua New Guinea, Samoa, Sri Lanka, Tonga and Viet Nam) have published reports on findings from violence against women prevalence surveys through support from the kNOwVAWdata initiative.

59 PER CENT

of offices have indicated the need for more tools and guidance on guidance on research and evidence generation

Dissemination of knowledge and evidence

Conceptual and operational guidance supports the use of knowledge and evidence. UNFPA has developed a number of global programmes and knowledge products alone or in partnership with other UN agencies, governments, institutions and civil society organizations to gather and use available evidence on ending GBV and harmful practices.[15] Table 1 presents these along with the number of offices using them.

14 UNFPA (United Nations Population Fund), 2017. Strategic Plan 2018-2021. Website: https://www.unfpa.org/strategic-plan-2018-2021.

15 Harmful practices have not been included in the funding figure above. Of the approximately $546 million allocated to end GBV and harmful practices from 2018-2020, funding for ending harmful practices is 11.31 per cent of the total.

Table 1. Major programmes generating and sharing knowledge on GBV and harmful practices

Initiative or programme	Type	Main objective	Number of implementing countries
kNOwVAWdata [16]	Joint initiative/ programme	To support safe and ethical data collection, analysis and reporting on violence against women through technical assistance and capacity development.	15
Spotlight Initiative[17]	Joint initiative/ programme	To end violence against women and girls through laws and policies, strengthened institutions, prevention programmes, response services, safe and ethical data collection and reporting, and stronger women's movements.	26
Essential Services Package for Women and Girls Subject to Violence[18]	Knowledge product/ guidance tool	To bridge the gap between international commitments on GBV and country implementation by providing guidance on essential services for GBV survivors and coordination of these services.	94
UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation: Accelerating Change[19]	Joint initiative/ programme	To eliminate female genital mutilation through gender-transformative approaches, service provision, community engagement, legal and policy frameworks and government ownership	17

16 UNFPA (United Nations Population Fund), 2021. **kNOwVAWdata, Phase 1 Report**. Website: https://asiapacific.unfpa.org/en/publications/knowvawdata-phase-i-report.

17 Launched in 2017, the Spotlight Initiative is a global, multi-year partnership between the European Union and the United Nations that is being implemented in 26 countries. For more, see: https://www.spotlightinitiative.org/.

18 UN Women, et al., 2015. **Essential Services Package for Women and Girls Subject to Violence**. Website: https://www.unfpa.org/essential-services-package-women-and-girls-subject-violence.

19 Since 2008, UNFPA and UNICEF have jointly led the largest global programme to accelerate the elimination of female genital mutilation in 17 countries. For more on the UNFPA-UNICEF Joint Programme on the Elimination of Female Genital Mutilation, see: https://www.unfpa.org/unfpa-unicef-joint-programme-eliminate-female-genital-mutilation.

Initiative or programme	Type	Main objective	Number of implementing countries
Global Programme to End Child Marriage[20]	Joint initiative/ programme	To tackle child marriage in high-burden countries through partnerships, gender-transformative interventions, stronger response services, and effective legal and policy frameworks.	12
Gender-biased Sex Selection and Son Preference Programme[21]	Joint initiative/ programme	To end gender-based sex selection through the development of costed national action plans, policy and legal reforms, and broad social movements aime d at changing the harmful gender norms that drive son preference.	6
Women and Young Persons with Disabilities Guidelines[22]	Knowledge product/ guidance toolw	To provide guidance and recommendations on inclusive and accessible services related to GBV and SRHR for women and young persons with disabilities across settings, including humanitarian contexts.	74
The Inter-Agency Minimum Standards for GBV in Emergencies Programming[23]	Knowledge product/ guidance tool	To establish a common understanding of what constitutes minimum prevention and response standards in GBV programming in emergencies.	69 (extensive) 32 (limited) Total: 101 offices
Minimum Initial Service Package (MISP) for SRH in Crisis Situations[24]	Knowledge product/ guidance tool	To establish minimum requirements and standards for sexual and reproductive health services and interventions in emergency and humanitarian contexts.	72 (extensive) 19 (limited) Total: 91 offices

20 The UNFPA-UNICEF Global Programme to End Child Marriage has been implemented since 2016 across Africa, the Middle East and South Asia in 12 of the highest prevalence countries. For more on the programme, see: https://www.unfpa.org/unfpa-unicef-global-programme-end-child-marriage.

21 For more on the Gender-biased Sex Selection and Son Preference Programme, see: https://www.unfpa.org/gender-biased-sex-selection.

22 UNFPA (United Nations Population Fund), 2018. Women and Young Persons with Disabilities: Guidelines for Providing Rights-Based and Gender-Responsive Services to Address Gender-Based Violence and Sexual and Reproductive Health and Rights for Women and Young Persons with Disabilities. Website: https://www.unfpa.org/featured-publication/women-and-young-persons-disabilities.

23 UNFPA (United Nations Population Fund), 2019. The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. Website: https://www.unfpa.org/minimum-standards.

24 Inter-Agency Working Group for Reproductive Health in Crisis, 2020. Minimum Initial Service Package (MISP) for SRH in Crisis Situations. Website: https://www.unfpa.org/resources/what-minimum-initial-service-package.

Ninety-two per cent of offices use the Essential Services Package for Women and Girls Subject to Violence, while 85 per cent use other and additional key guidance and packages such as the **Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming and the Minimum Initial Service Package for SRH in Crisis Situations.** Yet **41 per cent of offices need more guidance and tools** to strengthen their gender and/or GBV work, particularly for data and information management, working across the humanitarian-development-peace nexus, innovative technologies, gender-transformative approaches and GBV coordination.

FORTY-FIVE

per cent of offices indicated that south learning would strengthen their GBV work

Knowledge management includes exchanging experiences and promising practices between UNFPA offices and partners, for example, through South-South cooperation and participation in multi-country GBV programmes. **Forty-five per cent of offices indicated that such exchanges would strengthen their GBV work.**

Key messages

1. Given the extensive engagement of UNFPA offices in data generation and availability as well as developing research and evidence, a focus on capacity building is essential.
2. Interest in exchanging experiences indicates an opportunity for more work on validation and dissemination of South-South learning.
3. Overall, systematic evaluations of interventions remain a crucial need, including peer-reviewed evidence of effectiveness, to provide the basis for scaling up and adapting successful programmes.

Partnership and coordination

Partnership and coordination are central to the other four modes of engagement. Coordination ensures that advocacy and capacity development have the intended reach, that knowledge products have a high level of ownership and dissemination, and that service delivery activities leave no one behind.

In line with UN reform, UN organizations and their partners increasingly work under joint programme modalities to maximize the comparative advantages of each entity and facilitate resource mobilization. Examples include the UNFPA-UNICEF Global Programme to End Child

Marriage, the UNFPA-UNICEF Joint Programme on the Elimination of FGM,[25] and the Spotlight Initiative, which is based on a partnership between the UN and the European Union to eliminate all forms of violence against women and girls, including harmful practices.[26]

Also central to effective GBV programming is UNFPA's work to build and maintain partnerships with governments, civil society, and other local and global actors to advance advocacy, policy and legislative work. UNFPA leads the coordination of GBV subclusters in emergency settings and works to establish and strengthen national GBV coordination bodies. **Country, regional and subregional offices are heavily involved in multisectoral engagement and coordination, with 80 per cent performing extensive work and 17 per cent limited work.**

Table 2. UNFPA partnerships and engagement, extensive and limited, percentage

UN organizations	Civil society	Service providers	Academia	Traditional/ community leaders	Faith-based organizations	Private sector
92, extensive 8, limited	77, extensive 22, limited	86, extensive 11, limited	31, extensive 52, limited	42, extensive 39, limited	42, extensive 32, limited	12, extensive 41, limited
Total: 99	**Total: 99**	**Total: 97**	**Total: 83**	**Total: 81**	**Total: 74**	**Total: 53**

UNFPA programmes, including on GBV and harmful practices, have a strong focus on working with young people as beneficiaries and agents of change. **62 per cent of country offices engage extensively with youth organizations.**

25 The UNFPA-UNICEF Global Programme to End Child Marriage has been implemented since 2016 across Africa, the Middle East and South Asia in 12 of the highest-prevalence and/or high-burden countries.

26 Launched in 2017, The Spotlight Initiative is a global, multi-year partnership between the European Union and the United Nations that is being implemented in 26 countries.

Key messages

1. UNFPA engages with traditional leaders and faith-based organizations as they enjoy a high level of influence in communities.
2. Engagement with youth organizations is a key area of opportunity, particularly given the leadership of UNFPA in both, adolescence and youth programmes.
3. Over three quarters of offices work extensively with civil society organizations, additional support on strengthening and sustaining engagement could be productive.
4. UNFPA's GBV coordination leadership provides a critical opportunity to reinforce policy and advocacy efforts and ensure technical quality in collaboration on GBV prevention and response.
5. UNFPA's engagement in joint programmes has resulted in collaboration on knowledge products and offers opportunities for increased advocacy and capacity building, including for staff development.

Service delivery

GBV service delivery refers to support to GBV survivors in terms of service quality, accessibility, availability and acceptability.[27] Service delivery also broadly encompasses early intervention as a form of GBV prevention and supports helping individuals and groups to prevent GBV risks in their homes and communities, and change social norms that perpetuate these risks.

Rates of engagement in service strengthening by sector overlap with data reported in the capacity development section. Among offices, **86 per cent work extensively with service providers.** UNFPA's role in multisectoral coordination (see the section on partnerships and coordination) guides the development of referral mechanisms through which social, judicial, security, health and other services are delivered safely and confidentially.

Since risk of GBV and gaps in access to services are often compounded for marginalized groups, **88 per cent of UNFPA country offices seek to make prevention and response services available to groups who may otherwise be left behind.** They include refugees, displaced populations, persons with disabilities and indigenous people.

27 UNFPA (United Nations Population Fund), 2017. Strategic Plan 2018-2021. Website: https://www.unfpa.org/strategic-plan-2018-2021.

Ninety-five per cent of UNFPA offices work on integrating GBV and SRHR services, which is key to optimizing resources for prevention and response.

Some offices have adopted **cash and voucher assistance** as a GBV social protection intervention, with **14 per cent reporting extensive implementation and 29 per cent limited implementation.**

Harmful gender and social norms that normalize GBV fuel negative social and medical consequences because they create a hostile environment in which women often choose not to disclose GBV or access health care, protection or legal services. Safe and effective survivor-centred responses must be complemented by GBV primary prevention programmes that address the drivers and causes of violence against women and girls. **88 per cent of offices said they were working actively on GBV prevention.**

NINETY-FIVE

PER CENT OF UNFPA OFFICES work on integrating GBV and SRHR services

As an example of promising prevention strategies, work on school-based prevention, such as through comprehensive sexuality education, is underway in 104 countries. The mapping points to opportunities to expand: **52 per cent of offices are extensively involved in comprehensive sexuality education or other forms of school-based GBV programming.**

UNFPA's inclusive approach to prevention includes engagement with men and boys to promote positive masculinities and challenge gender inequality. **Most offices, 96 per cent, work with men and boys on GBV prevention and response, with 55 per cent have extensive engagement.**

Key messages

1. There is a key opportunity to increase cash and voucher assistance programmes to support social protection. This would require investment in capacity, guidance and tools.
2. Increased availability of evaluations on UNFPA's focus engagement on men and boys is recommended to contribute to a global evidence based on gender transformative programming.
3. As evidence accumulates for comprehensive sexuality education as an effective primary prevention strategy for GBV, guidance and tools are required.

Cross-cutting issues

The recent performance of offices and staff in response to COVID-19 demonstrates a powerful institutional capacity to meet unprecedented circumstances. **Almost all offices, 99 per cent, have supported GBV interventions adapted to COVID-19.** Successes and lessons learned should inform the response to future regional and global challenges.

Almost all offices,

99 PER CENT,

have supported GBV interventions adapted to COVID-19

Imminent use and expansion of this capacity will be necessary to address GBV amid a worsening global climate crisis. This effort will require significant resources, new types of expertise, and strategic alliances among partners in every sector and governments at every level. **38 per cent of UNFPA offices are addressing GBV in a context of environmental degradation and climate change. Regional variation is fairly wide, with East and Southern Africa reporting the highest rate of engagement (19 per cent extensive, 52 per cent limited) and two regions indicating no extensive engagement to date (the Arab States and Eastern Europe and Central Asia**).

UNFPA is increasingly investing in advocacy, capacity development and partnerships for gender-transformative programming, with **67 per cent of offices categorizing such work as extensive and 29 per cent indicating a more limited emphasis.** UNFPA applies the RESPECT framework to develop gender-transformative interventions. It is designed to expand evidence on what works and can be sustained and scaled up through advocacy and national commitment.

Key messages

1. UNFPA offices and staff overwhelmingly responded to the challenge of ensuring service continuity during the COVID 19 pandemic.
2. Given the focus of UNFPA across humanitarian, peace building and development nexus, UNFPA are uniquely position to adress the GBV in the context of the climate crisis.
3. There are opportunities to increase knowledge and use of UNFPA's existing gender-transformative programming to prevent violence against women and girls.

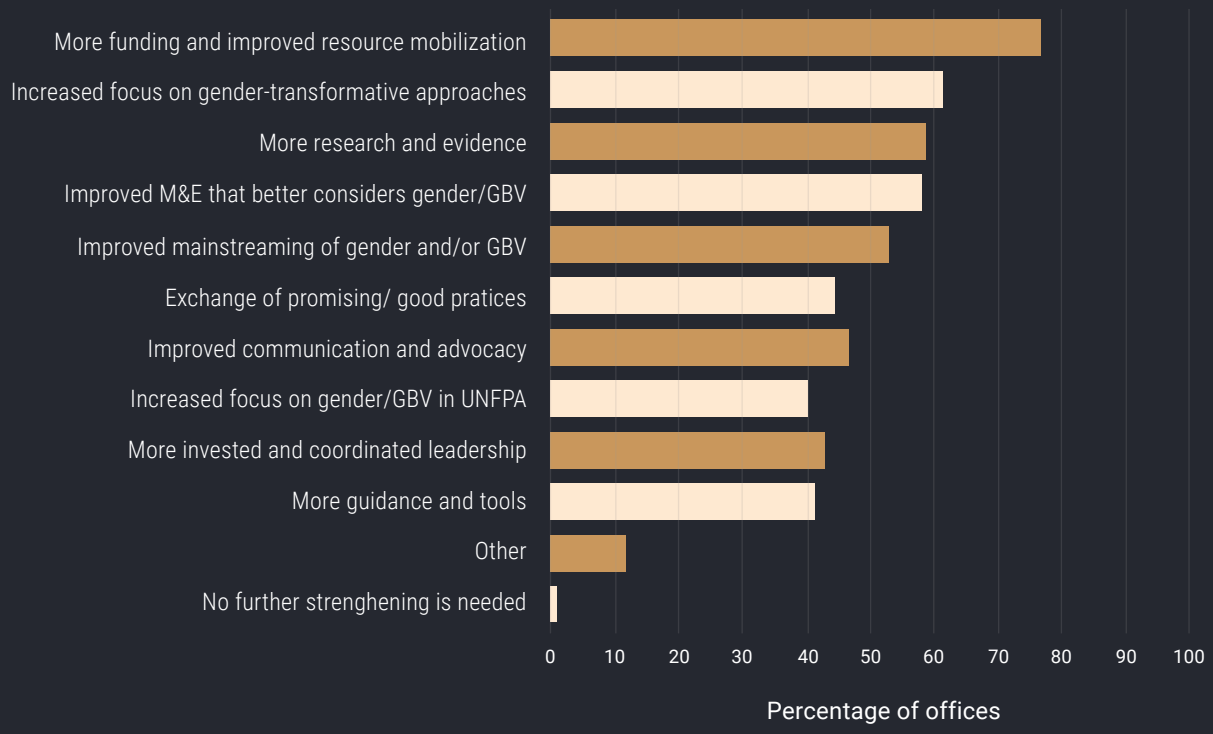
UNFPA organizational capacity and needs

The survey gathered data on personnel for carrying forward the GBV agenda. Most offices have a dedicated gender specialist (77 per cent) or GBV specialist (69 per cent). In many instances, the same person performs both roles (56 per cent). A total of 588 UNFPA personnel work at least 50 per cent of their time on gender/GBV at all levels, including headquarters. This may represent a slight undercount due to the format of the survey question, which did not track numbers higher than five per staff level per office.

Table 3. Gender and GBV specialists per region

Type	Arab States region	Asia and Pacific region	East and Southern Africa Region	Eastern Europe and Central Asia Region	Latin America and the Caribbean Region	West and Central Africa Region	Head-quarters	Total
Gender-Based Violence/ Gender	5	6	8	2	1	4	3	29
	15	8	12	0	1	10	2	48
	23	16	15	2	5	14	0	75
	19	26	18	8	7	22	0	100
	14	8	10	4	10	9	0	55
	24	19	11	9	3	11	2	79
	6	5	3	0	1	3	2	20
	29	32	21	22	28	38	4	174
	5	0	1	47	3	0	0	9
TOTAL GENDER AND GBV	140	120	99	94	59	111	13	636

Figure 2. Requirements for offices to improve gender and/or GBV work, percentage



GBV's multisectoral nature requires a comprehensive approach, encompassing the full life cycle and the multiple needs and roles of women and girls, and combining effective response measures and prevention. The complexity of integrated programming and the coordination and policy dialogue to support it increasingly require expertise not only on GBV broadly but also, more specifically, on health, mental health, legal and justice systems, security, education, prevalence and administrative data, social norms change, cash transfer and social protection systemsand economics in both humanitarian and development settings as well as in the context of climate change. Specialized skills are also required to respond to women in all their diversity.

UNFPA must continue to invest not only in ensuring adequate staffing levels but in supporting existing staff so that as the scope of programming expands, it bridges gaps between sectoral and technical specialties. Furthermore, as programmes address GBV across humanitarian, peacebuilding and development contexts, there is an increasing need for staff with the capacity, knowledge and flexibility to move between and integrate programmes meeting different needs. Increased use of mechanisms for sustained, focused staff support, such as technical hubs and specialist surge teams, along with intensive capacity building and mentoring will be necessary to position the agency for leadership in GBV programming.The finding that 51 per cent of offices have used the UNCT-SWAP Scorecard to assess gender mainstreaming practices and performance indicates ongoing work to map and strengthen capacities.[28]

Asked to identify key needs, 91 per cent of country offices noted that improved resource mobilization is a priority, followed by 73 per cent requiring more focus on gender-transformative approaches to programming. Other top needs are support for accelerating research (70 per cent), gender/GBV-sensitive approaches to monitoring and evaluation (69 per cent), and improved mainstreaming of GBV and gender into programming (63 per cent).

28 United Nations Sustainable Development Group, 2018. United Nations Country Teams-System-wide Action Plan (UNCT-SWAP) Scorecard. Website: https://unsdg.un.org/resources/unct-swap-gender-equality-scorecard.

CONCLUSIONS AND RECOMMENDATIONS

The mapping affirms UNFPA's broad presence in GBV prevention and response worldwide, encompassing over 400 programmes supported by $484 million from 2018-2020. Results indicate key strengths to accelerate achievement of ending GBV and show areas requiring intensified efforts.

A consistent theme is that generating quality data, research and evidence is a prime accelerator of gender-transformative programming. Therefore, the need to build staff and partner capacity in this area is of the utmost importance. A second theme is the importance of skilled and purposeful engagement with young people, civil society and women-led organizations.

The high reliance on non-core funding resources may hamper flexibility and long-term strategic direction. Increased, longer-term and more predictable investments in GBV interventions, and greater visibility, innovation and scale-up capacity could speed up results.

The recommendations outlined below are based on the mapping as well as supporting data, organized by mode of engagement to provide insights for strategic planning and communication.

Over

400 programmes

in GBV prevention and response worldwide supported by UNFPA

Advocacy and policy dialogue

- Build on UNFPA's significant opportunity to guide joint strategic and advocacy initiatives through its global leadership and coordination, including under the Secretary-General's Political Engagement Strategy on Gender-based Violence, the Generation Equality Forum, the Bodily Autonomy Action Coalition and the GBV Action Coalition.
- Leverage UNFPA's comparative advantage in working across SRHR and GBV to advance advocacy and dialogue on the substantive, sustained integration of the latter into Universal Health Coverage. This would support increased recognition of and investment in GBV as a global health crisis.

Capacity building

- Explore needed technical and financial investment to support the capacity building of national stakeholders, civil society groups and women's-led organizations at the grass roots to deliver quality GBV response services across all sectors.
- As the range of interventions to support evidence-based, inclusive GBV programming continues to expand, make adequate investment in staff capacity to support this process. Prepare staff, for example, to implement and monitor quality response and prevention services that leave no one behind, including by working with youth, men and boys, LGBTQIA+ individuals, people with disabilities.
- Continue to assess and address gaps in capacity regarding data, research and evidence generation to inform GBV response and prevention work. This requires investment in technical capacities to assert leadership in safe GBV research and data collection.[29]
- Expand the range of capacity of staff to work across the nexus including to be able to align country-level strategic frameworks, programme focus, modes of engagement, choice of implementing partners, geographical coverage and operations across different contexts.

Knowledge management

- Intensify focus on research and the evaluation of interventions to provide robust evidence for GBV programming and accelerate scaling up effective practices, including gender-transformative approaches to prevention. This recommendation further supports findings from the 2018 evaluation of UNFPA's GBV programming regarding the need to systematize the production and exchange of outcome-level

29 In 2021, UNFPA began addressing gaps in internal capacity to provide technical advice on the collection and use of data. Fifty UNFPA staff members from 31 offices in all regions embarked on training through the kNOwVAWdata initiative. The roll-out of this initiative through regional institutions is key to increasing the capacity of UNFPA staff, national stakeholders and civil society organizations.

learning.[30] It is critical to document, assess and disseminate learning through products that meet the needs of country offices in diverse contexts.

- Build on this mapping and analysis to establish a methodical process for promoting, coordinating and updating knowledge management products, and tracking their uptake.
- Establish learning platforms to support direct sharing of knowledge among programmes along with resources to build evidence collection and monitoring skills.
- Expand South-South learning. Almost half of consulted offices requested more opportunities to strengthen their work on GBV and gender through the exchange of good or promising practices.

Partnerships and coordination

- Maintain leadership in the GBV Area of Responsibility for humanitarian settings and ensure adequate support to country offices in fulfilling GBV coordination functions, including resource mobilization, quality assurance, and partnerships with government and civil society.
- Leverage UNFPA's coordination role to convene partners and stakeholders to drive forward an agenda for innovation in GBV response, prevention, advocacy, and data collection and analysis. This recommendation concurs with the recent UNFPA evaluation on gender equality and women's empowerment.[31]
- Use an ecosystem approach to identify, invest in and sustain strategic relationships and collaboration that enhance UNFPA's strengths to advance transformational change, as was also recommended in the evaluation on gender equality and women's empowerment.[32] Enabling this approach requires conducting stakeholder mapping and partnership analyses to focus resources on alliances most relevant for different contexts and desired outcomes.
- Increase engagement, inclusion and coordination with traditional and faith leaders as well as faith-based organizations. Given their high level of influence, it is important to identify challenges in developing work with these groups, develop evidence-based guidance and pursue opportunities for South-South knowledge exchange.
- Employ UNFPA's expertise and support for a wealth of pre-existing partnerships with networks of young people to increase their engagement in reaching a critical community, including through innovative social and technology initiatives.

30 UNFPA (2018). NEED FULL REFERENCE

31 UNFPA (United Nations Population Fund), 2021. Evaluation of UNFPA Support to Gender Equality and Women's Empowerment (2012-2020). Website: https://www.unfpa.org/sites/default/files/admin-resource/GEWE_Evaluation_Report_May2021.pdf. See Recommendation 2.

32 Ibid.

Service delivery

- Develop guidelines and tools to better support the integration of GBV and SRHR in both response and prevention. UNFPA's experience offers unique opportunities to optimize resources and leverage comparative advantage in this intersection of essential services, as was also noted in the evaluation on gender equality and women's empowerment.[33]
- Ensure that GBV programming employs gender-transformative approaches, including working with men and boys response, early intervention and primary prevention, including by addressing gendered norms that reinforce discrimination.
- Develop technical guidance and capacity-building tools that support staff in mobilizing male community members while prioritizing the voices of women and girls in designing prevention programming that addresses their wishes and needs.
- Strengthen evidence-based prevention programming, including through support for data collection and analysis as well as ongoing documentation of promising initiatives from Spotlight Initiative joint programmes and the implementation of the Essential Services Package.

Cross-cutting

- Evaluate and analyse whether UNFPA's current technical capacity and operational flexibility are on track to meet needs in humanitarian emergencies in the coming decades, given how complex crises and state fragility, recurrent pandemics, population movement and the climate crisis threaten progress on GBV and harmful practices.
- Promote gender equality as central to ending GBV across all contexts; humanitarian, peace and development.
- Emphasize the urgency of prioritizing GBV in policies and response plans to ensure the continuity of services and safety of survivors during the extended COVID-19 pandemic, cycles of resurgence and the new global context for future health crises.
- Ensure that mechanisms and systems for interagency collaboration developed for the COVID-19 response are integrated and adapted, wherever possible, to promote access to quality services across humanitarian, development and peace actions. This recommendation reinforces findings from the UNFPA evaluation on gender equality and women's empowerment.[34]

33 Ibid., Conclusion 2.

34 Ibid., Conclusion 4.

- Position UNFPA, by undertaking research and engaging necessary expertise, to adapt gender and GBV programming to meet the imminent challenges of climate change. This will require increased understanding of the direct impact of the crisis on the prevalence of GBV and greater capacity to mitigate and respond most effectively.

- Better define and guide programming that is gender transformative to ensure best practices are used, documented and shared.

UNFPA organizational capacity and needs

- Strengthen UNFPA's positioning on gender and GBV through increased core funding to maintain relevant expertise at senior levels, including through analysis of Outcome 3 staffing levels.[35]

- Increase the diversity of expertise available to support UNFPA staff in meeting the demands of multisectoral GBV prevention and response, which includes the capacity to manage programming and coordination that bridges gaps among sectors (for example, health and SRHR, legal systems and livelihoods) as well as gaps in knowledge about inclusive design for groups with specialized needs (LGBTQIA+, persons with disabilities, etc.).

- Strengthen the mainstreaming of gender and GBV across all areas of UNFPA work. This requires increased capacity as well as systematic collaboration among UNFPA programme areas to capitalize on GBV, SRHR, and adolescent and youth expertise. It includes work to accelerate ending GBV through pivotal initiatives such as comprehensive sexuality education, youth engagement, SRHR demand-generation programmes as well as universal health coverage that encompasses SRHR/GBV services.

35 This recommendation echoes the first recommendation of the *Corporate Evaluation of UNFPA Support to the Prevention, Response to and Elimination of Gender-Based Violence and Harmful Practices (2012-2017*). The recommendation equally applies to humanitarian settings, as advised in the same document, which "strongly recommends UNFPA Senior Management to fully support the operationalisation of this [IASC] commitment to ensure that senior-level humanitarian GBV coordinators are present in all active humanitarian emergencies".

ANNEX 1. REGIONAL FINDINGS

Advocacy and policy dialogue

More than half of offices in all regions are extensively engaged in **strengthening GBV laws and policies**. Rates range from 71 per cent (West and Central Africa) to 56 per cent (the Arab States). More than 85 per cent of offices in each region engage in some level (limited or extensive) of GBV legal or policy strengthening.

Following up on **international human rights instruments was a strategy to advance GBV policy** varies significantly across regions. Thirty-five per cent of offices in Asia and the Pacific and 25 per cent in the Arab States reported no activity. In terms of extensive engagement, offices in the Arab States had the lowest rate at 31 per cent; those in West and Central Africa had the highest at 62 per cent.

Work on the **integration of GBV and SRHR into universal health coverage policy** is proceeding most extensively in West and Central Africa and East and Southern Africa (33 per cent of offices in each region). Lower rates of extensive engagement are in Eastern Europe and Central Asia (6 per cent), Asia and the Pacific (13 per cent) and the Arab States (19 per cent). There is considerable variation within regions. In every region except East and Southern Africa, more than 20 per cent of offices are not engaged in this policy work.

Capacity building

Work on **strengthening health systems** (including mental health and psychosocial support) and social services is significantly more robust than on judicial and security service strengthening. Extensive health strengthening is above 50 per cent of offices in all regions except Latin America and the Caribbean (45 per cent). This includes 81 per cent in East and Southern Africa, 78 per cent in Asia and the Pacific, 81 per cent in East and Southern Africa, 67 per cent in Eastern Europe and Central Asia, and 56 per cent in the Arab States.

There is fairly strong engagement in **building social services capacity**, with 40 per cent or more of offices in each region indicating extensive work. Most regions also have offices with no engagement: 17 per cent in Asia and the Pacific, 13 per cent in the Arab States, 15 per cent

in Latin America and the Caribbean, 11 per cent in Eastern Europe and Central Asia, and 5 per cent in West and Central Africa. Five per cent of East and Southern Africa offices did not respond to this question.

Capacity building in the **security sector** appears to be the most challenging area of work. Forty-eight per cent of offices in Asia and the Pacific offices and 50 per cent in Latin America and the Caribbean are not engaged, with only 4 per cent and 5 per cent, respectively, reporting extensive engagement. Eastern Europe and Central Asia offices have the most extensive involvement at 44 per cent, but intraregional variation is high, with 33 per cent of offices having no engagement.

Knowledge management

Globally, the **Essential Services Package** is being implemented extensively in 63 per cent of offices and to a limited degree in 29 per cent. The regional range in extensive use varies from 75 per cent in Latin America and the Caribbean to 48 per cent in West and Central Africa. While 69 per cent of offices in the Arab States reported extensive implementation, 19 per cent have no implementation.

The **Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming** are being extensively implemented by 58 per cent of UNFPA offices and implemented in a limited way by 27 per cent. In all regions, extensive implementation is above 50 per cent except in Eastern Europe and Central Asia, with 45 per cent of offices at the extensive level, 3 per cent at a limited level and 22 per cent with no implementation. The Arab States has the highest percentage of offices (69 per cent) using the Minimum Standards at an extensive level.

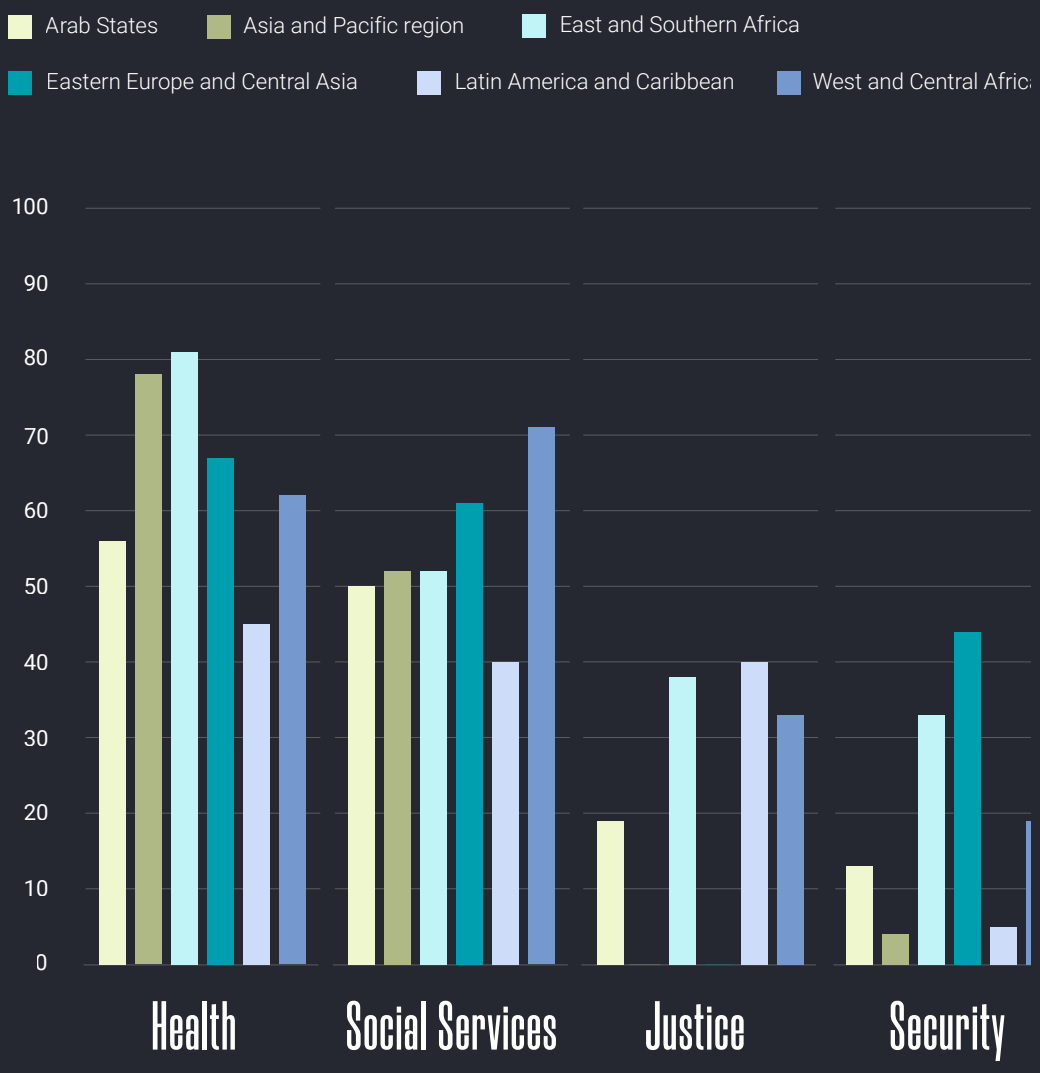
Implementation of the **Minimum Initial Service Package (MISP) for SRH in Crisis Situations** is taking place in 85 per cent of UNFPA offices (61 per cent extensive, 24 per cent limited). The highest rates of extensive implementation are in West and Central Africa and East and Southern Africa, both at 71 per cent, and in Latin America and the Caribbean at 65 per cent. Asia and the Pacific, Eastern Europe and Central Asia, and the Arab States indicated extensive use at 57 per cent, 50 per cent and 44 per cent, respectively.

Extensive engagement in **research and evidence generation** ranged from 29 per cent in offices in West and Central Africa to 67 per cent in Eastern Europe and Central Asia. Work on **data availability and quality** was extensive in 71 per cent of offices in East and Southern Africa and 52 per cent in Asia and the Pacific. Latin America and the Caribbean had the lowest share of offices engaging extensively, at 25 per cent.

Partnerships and coordination

All regions reported high levels of **multisectoral engagement and coordination**. Seventy per cent or more of offices in each region work extensively in this area, with the Arab States have the largest share at 88 per cent. Only two offices have no multisectoral engagement, one in Asia and the Pacific and one in the Arab States.

Figure 3. Extensive engagement by sector, percentage of offices per region



Service delivery

Extensive work on the **integration of SRHR and GBV** services takes place in 86 per cent of offices in East and Southern Africa, 76 per cent in West and Central Africa, 75 per cent in the Arab States, 65 per cent in Latin America and the Caribbean, 57 per cent in Asia and the Pacific, and 56 per cent in Eastern Europe and Central Asia. Most offices are engaged at some level, extensive or limited, as shown by overall rates of involvement of 100 per cent for East and Southern Africa and Latin America and the Caribbean, 96 per cent for Asia and the Pacific, 94 per cent for West and Central Africa, and 88 per cent each for Eastern Europe and Central Asia and the Arab States.

Integration of GBV prevention and response into schools, including comprehensive sexuality education, is proceeding at some level (limited or extensive) in 56 per cent of country programmes in the Arab States, 83 per cent in Eastern Europe and Central Asia, 87 per cent in Asia and the Pacific, 95 per cent in East and Southern Africa, 95 per cent in West and Central Africa, and 100 per cent in Latin America and the Caribbean. The greatest intraregional variation is in the Arab States, where 38 per cent of country programmes do not engage in this areas of work.

Except for five country offices (three from Asia and the Pacific, one from West and Central Africa and one from the Arab States), all offices report involvement at some level (limited or extensive) in **engaging men and boys in GBV prevention and response**, resulting in rates above 85 per cent in each region. In Eastern Europe and Central Asia and the Arab States, 72 per cent and 69 per cent of offices, respectively, are extensively working on male engagement.

Cash and voucher assistance as a GBV social protection intervention has not yet been widely adopted in most regions. The highest levels of extensive engagement are in the Arab States at 19 per cent of offices and Asia and the Pacific at 17 per cent. In most regions, significant opportunities remain to explore cash and voucher assistance, given no engagement by 72 per cent of offices in Eastern Europe and Central Asia, 65 per cent in Asia and the Pacific, 55 per cent in Latin America and the Caribbean, 48 per cent in East and Southern Africa and 38 per cent in West and Central Africa.

Cross-cutting issues

The regional variation in programming to address GBV in the context of climate change and environmental degradation was notable, with East and Southern Africa showing the highest rate of engagement at 19 per cent extensive and 52 per cent limited. In Asia and the Pacific, 13 per cent of offices are extensively engaged and 26 per cent are engaged at a limited level. The Arab States and Eastern Europe and Central Asia have seen no extensive engagement to date, with limited engagement in 31 per cent and 22 per cent of offices, respectively.

Most offices have used a **gender-transformative approach** to programming. In every region, rates of use are above 90 per cent, although the process needs additional refinement and guidance to ensure that best practices are followed and shared.

Inclusion of **GBV into COVID-19 responses** is nearly universal. In every region, 67 per cent or more of offices have been extensively engaged in meeting GBV needs during the pandemic. Only two offices had no engagement, one each in West and Central Africa and the Arab States.

UNFPA organizational capacity and needs

Use of consultants and contractors to supplement UNFPA's GBV and gender staff is most pronounced in Eastern Europe and Central Asia and Latin America and the Caribbean, where they fill 48 per cent and 47 per cent of such positions, respectively. They hold 34 per cent of positions in West and Central Africa, 27 per cent in Asia and the Pacific and 21 per cent each in East and Southern Africa and the Arab States.

More than 70 per cent of offices in each region identified funding and resource mobilization as their highest priority. Overall, an increased focus on gender-transformative approaches was the second highest priority (50 per cent or more of offices in every region).

Figure 4. Priority needs by region, percentage of offices

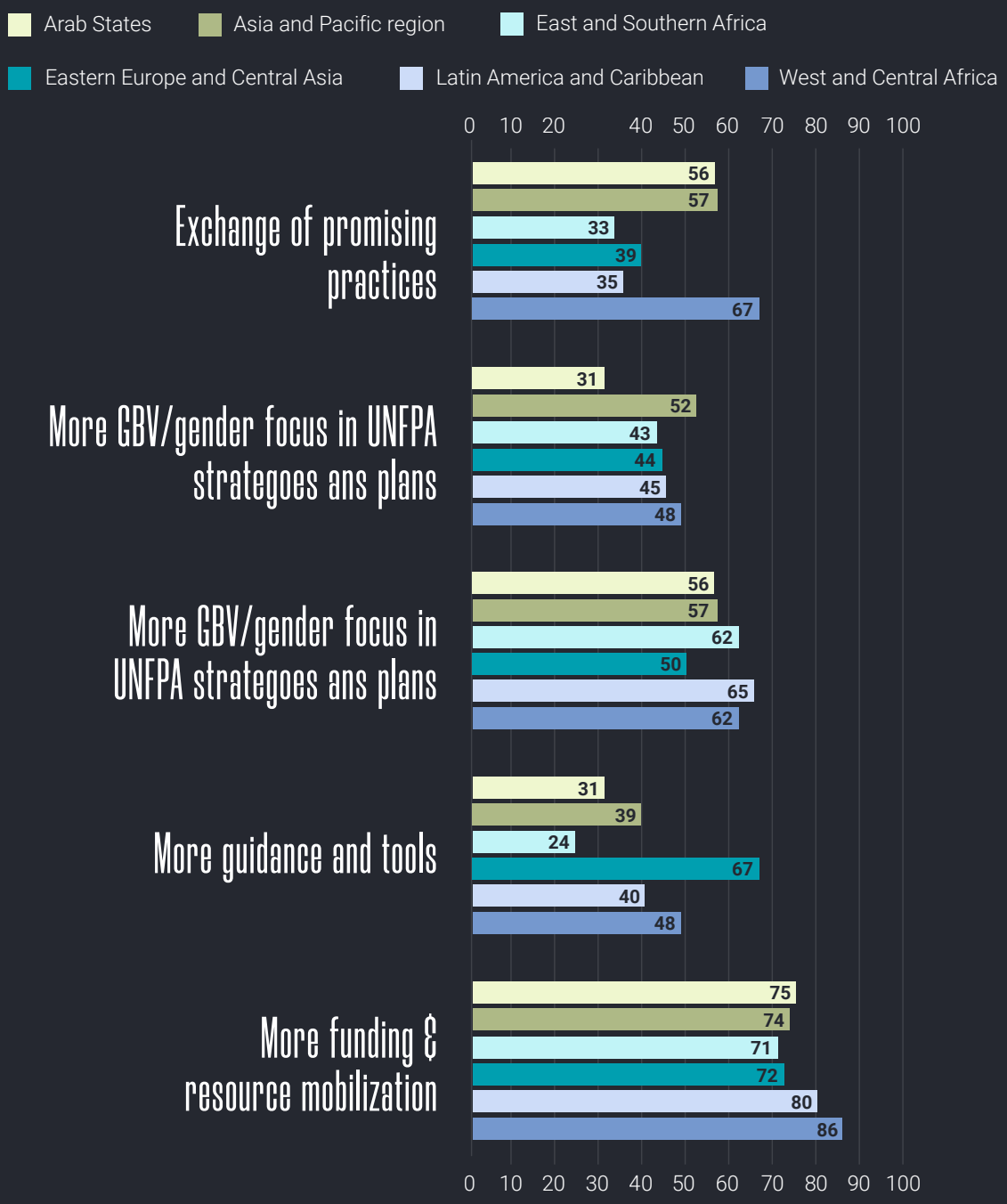
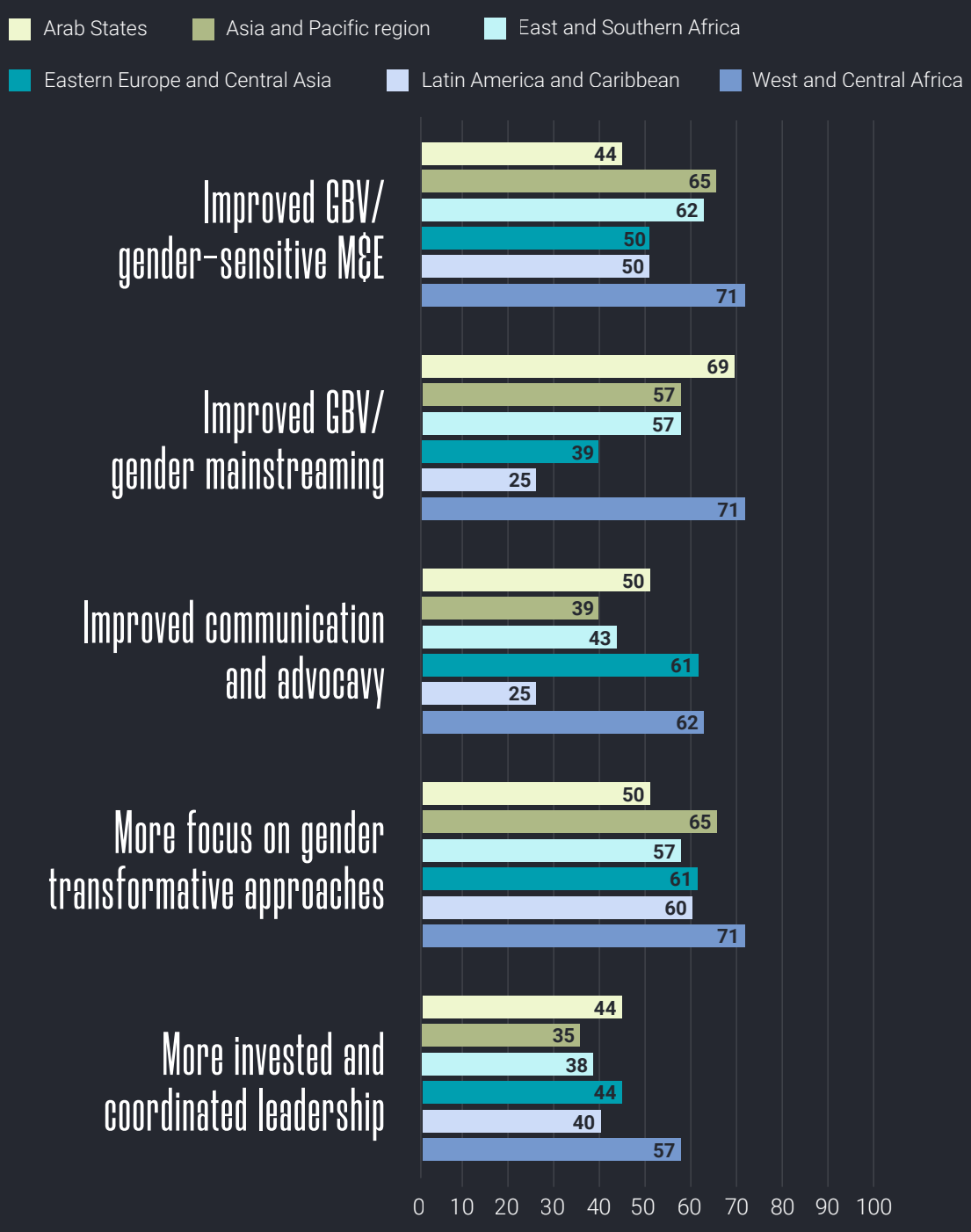


Figure 5. Priority needs by region, percentage of offices



GENDER BASED
VIOLENCE DASHBOARD